NHS
University Hospitals Coventry and Warwickshire NHS Trust

Workforce Race Equality Standards (WRES)

Data Insight and Actions 2025 / 2026

(Data as at 31st March 2026)

Overview

The Workforce Race Equality Standard (WRES) highlights continued progress in several areas of workforce equality, alongside some persistent and significant disparities that require focused action.

What's improving?

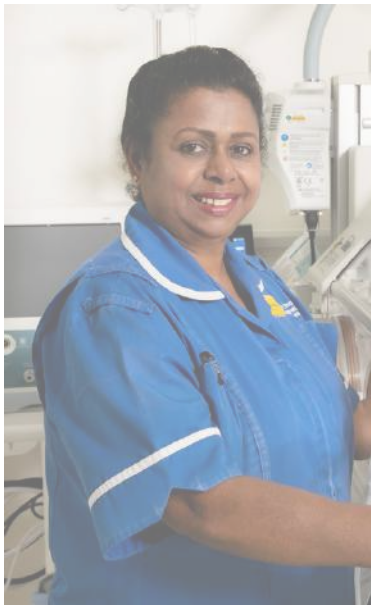
- Workforce representation and ethnicity declaration rates continue to improve, providing a clearer picture of our workforce and where action is needed.
- Colleagues from Global Majority backgrounds remain less likely to enter the formal capability process.
- Access to non-mandatory training and development remains at parity.
- Fewer colleagues from Global Majority backgrounds report discrimination from managers and colleagues than in previous years.
- Experiences of bullying, harassment and abuse from staff have continued to reduce for all groups.

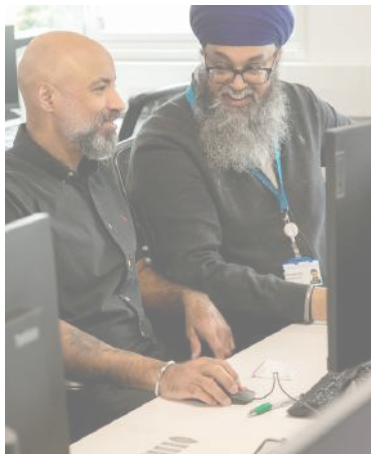
Where do we need to focus?

- Candidates from Global Majority backgrounds remain 1.93 times less likely to be appointed from shortlisting than white candidates.
- Perceptions of equal opportunities for career progression remain significantly lower for Global Majority colleagues.
- Colleagues from Global Majority backgrounds continue to report higher levels of discrimination from managers and colleagues.
- Harassment, bullying and abuse from patients, relatives and the public remains higher for Global Majority colleagues.
- Board representation does not yet reflect the diversity of the wider workforce.

What happens next?

- Reducing recruitment disparities through the Inclusive Recruitment Action Plan.
- Improving progression and leadership opportunities through mentoring and development pathways.
- Strengthening psychological safety, allyship and inclusive leadership.
- Building on staff network and executive sponsorship arrangements to amplify lived experience and staff voice.
- Continued data quality improvements to support action and accountability.





WRES At A Glance

University Hospitals Coventry and Warwickshire NHS Trust

Ind 1: Representation

Representation across all bands has increased to 40.38% the highest to date. Unknown has reduced to 3.81%

Ind 3: Formal Capability

Staff from Global Majority backgrounds are less likely to be entered into the formal capability process.

Ind 4: Continued Professional Development

Staff from Global Majority backgrounds are just as likely to access continued professional development.

Indicator 5: Abuse from Patients

Whilst we have seen an improvement, this is still higher than our 2024 result of 24.7% by 1.7% for staff from Global Majority Backgrounds

Ind 6: Abuse from Staff

Reduced since 2023 by 6.5% for staff from Global Majority backgrounds.

Ind 8: Abuse from Managers

3% reduction since 2023

Indicator 2: Shortlisting

Whilst ind 2 has improved, staff from Global Majority backgrounds are still twice less likely to be appointed from shortlisting. Our unknown data makes up **65%** which impacts data accuracy.

Ind 7: Equal Opportunities for progression

The 10% disparity correlates with experiences of representation and shortlisting for staff from Global Majority backgrounds, particularly in senior roles.

Ind 9: Board Representation

Highlights a disparity when compared to the make up of the overall workforce, particularly when considered alongside Indicator 1 and Indicator 2.

A Word On Language

University Hospitals Coventry and Warwickshire NHS Trust

You will see in our reports that we now use the term "Global Majority" instead of "BME." Most of the world's population (around 85%) comes from these backgrounds, so the word "minority" doesn't really fit, particularly with the ever-increasing and rich diversity in the UK. Research conducted by NHS Race & Health Observatory shows that "BME" or "BAME" can feel outdated, unhelpful and negative.

We know not everyone will feel connected to the new term, and some may worry it risks taking away from the very real challenges people face. At UHCW, we want to be clear: **racism, discrimination, and inequity remain real and harmful, and tackling them is central to our work**. We also recognise that:

- No single term works for everyone, and broad labels can sometimes feel too general or impersonal.
- Some groups, such as Gypsy, Roma, and Traveller communities, face unique disadvantages that are not well represented by "Global Majority"
- "Global Majority" is a reporting category, not a label for an individual person. For WRES reporting, we have to use broad groupings, even though they cannot reflect the full richness of individual identities.

Your identity matters, and we respect the language you choose for yourself. The terms used in reports are only tools for tracking progress, not for defining people. Our commitment is to keep listening, keep improving the language we use, and above all, keep focusing on what matters most: **addressing inequality, tackling discrimination, and creating a workplace where everyone feels they belong.**

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The Inclusion Delivery Plan remains the Trust's primary mechanism for addressing workforce inequalities.

While WRES, WDES and Gender Pay Gap reporting each measure different aspects of colleague experience, representation and opportunity, the themes identified are strongly interconnected.

The actions outlined above have therefore been prioritised to address multiple indicators simultaneously, ensuring a coordinated, evidence-based approach to inclusion, belonging and equity across our organisation.

Inclusion
PRINCIPLES

1. Empowering Our People
2. Transforming Experiences
3. Data-Driven Accountability
4. Leadership Development
5. Meaningful Self-Assessment

Indicator 1

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Percentage of staff in AFC pay bands, medical & dental subgroups, and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce

Year	White	Global Majority	Unknown
2022	62.87%	27.17%	9.97%
2023	60%	32.5%	7.6%
2024	58.5%	36.7%	5.9%
2025	57.3%	38.5%	4.2%
2026	55.8%	**40.36%**	**3.81%**

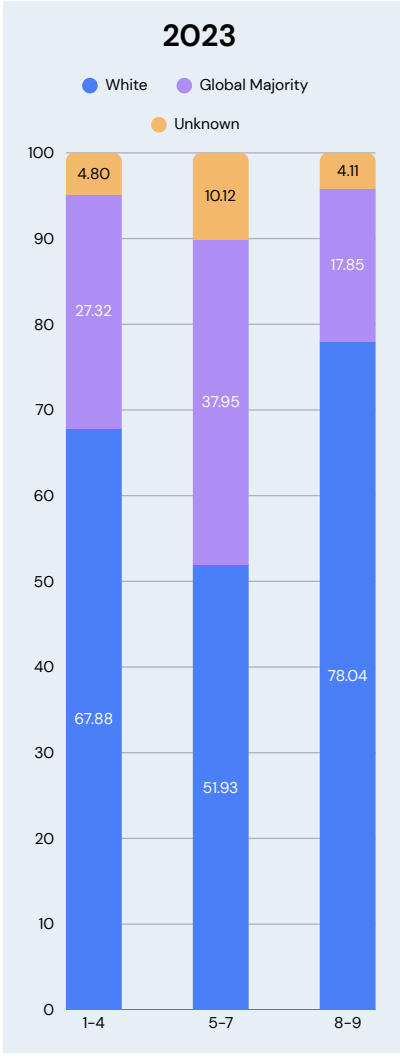
Representation is above local average for people from Global Majority backgrounds of **34.5%** for Cov and Warks (2021 Census)

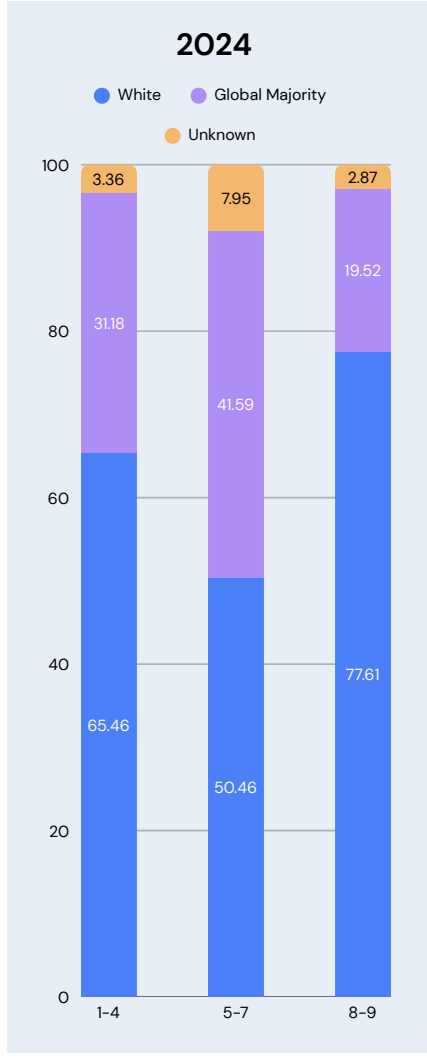
Unknown data has fallen to **3.81%** which is a sustained improvement reduced by **6.16%** since 2022.

The disparity has fallen by **19.66% since 2022.**

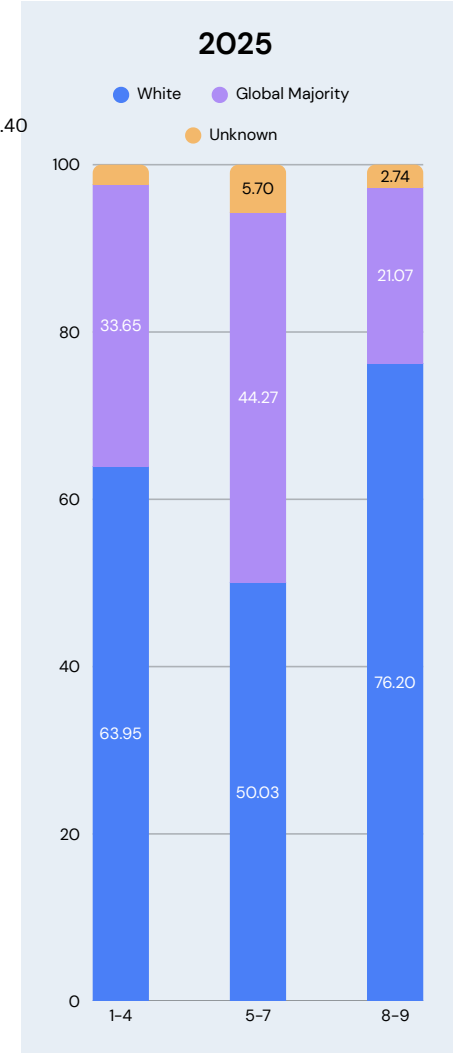
Indicator 1

Representation by Banding as a Percentage %



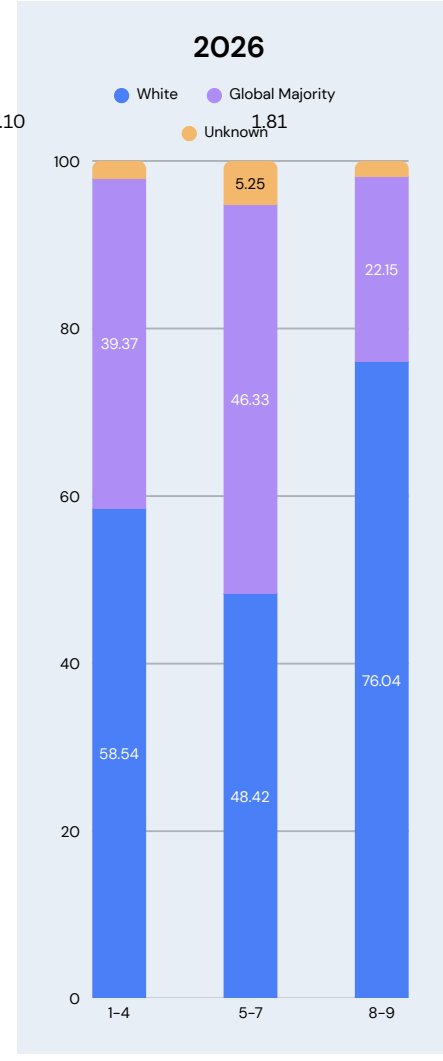


2.40



2.10

1.81



We have seen improvements in **bands 5-7** moving from **37.95%** in 2023 to **46.33%** in 2026.

Representation in **bands 8-9** continues to improve, from **17.85%** in 2023 to **22.15%** in 2026.

Roles from band 8 and upwards require focused intervention to improve the disparity more acutely, and to ensure senior leadership is representative of the wider workforce.

Indicator 1

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Localised data-sharing campaigns,
- Strengthened staff networks with executive sponsorship and an annual growth plan/maturity measure,
- Strengthened recruitment processes,
- Strengthened inclusive mentoring programme
- Piloting local EDI action plans.

Impact

More colleagues are sharing their data, providing a clearer understanding of representation across the organisation, enabling prioritised action.

Next

- Develop departmental equality dashboards, with a focus on representation in higher bands, improve local EDI accountability
- Utilise staff network, Inclusive Mentoring and research insight to better understand barriers to progression and representation.
- Work with UMEN to continue to promote sharing ethnicity data for applicants, new starters and existing colleagues

Indicator 2

University Hospitals Coventry and Warwickshire NHS Trust

Relative likelihood of staff from Global Majority backgrounds being appointed from shortlisting across all posts	
2022	1.48
2023	1.49
2024	1.33
2025	1.95
2026	**1.93**

A figure above 1 indicates that staff from Global Majority backgrounds are less likely than white staff to be appointed from shortlisting

Whilst we have seen a marginal improvement in indicator 2 this year, staff from Global Majority backgrounds remain almost twice less likely to be appointed from shortlisting. The graph highlights the stark disparity - This requires intensive review and focused action.

It is important to recognise that **65%** of those appointed from shortlisting did not share their data.

Indicator 2

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Implemented the Inclusive Recruitment Action Plan across medical workforce and resourcing from January 2026, including:
  - Launch of an Inclusive Managers toolkit, (July 26)
  - Updated Inclusive Candidate Guide, (July 26)
  - Launch of sharing interview themes before interview (re-launched July 26)
  - Revised shortlisting scoring (from 0-1 to 0-3)
  - Improved candidate feedback processes.

- Continued the Inclusive Mentoring programme, with two cohorts now complete and one on-going (27 partnerships in total across cohorts.)

Impact

Recruitment equity is now embedded within a formal improvement programme, enabling greater oversight, consistency and accountability for inclusive recruitment practices.

Next

- Continue to track and evaluate recruitment interventions,
- Strengthen recruitment manager support
- Enhance Equality Impact Assessments to inform workforce planning and decision-making with equity as a standard.
- Future proof Inclusive Mentoring Programme
- Identify capacity to split relevant data by clinical group for prioritised and localised actions
- Work with UMEN to continue to promote sharing ethnicity data for applicants, new starters and existing colleagues

Indicator 3

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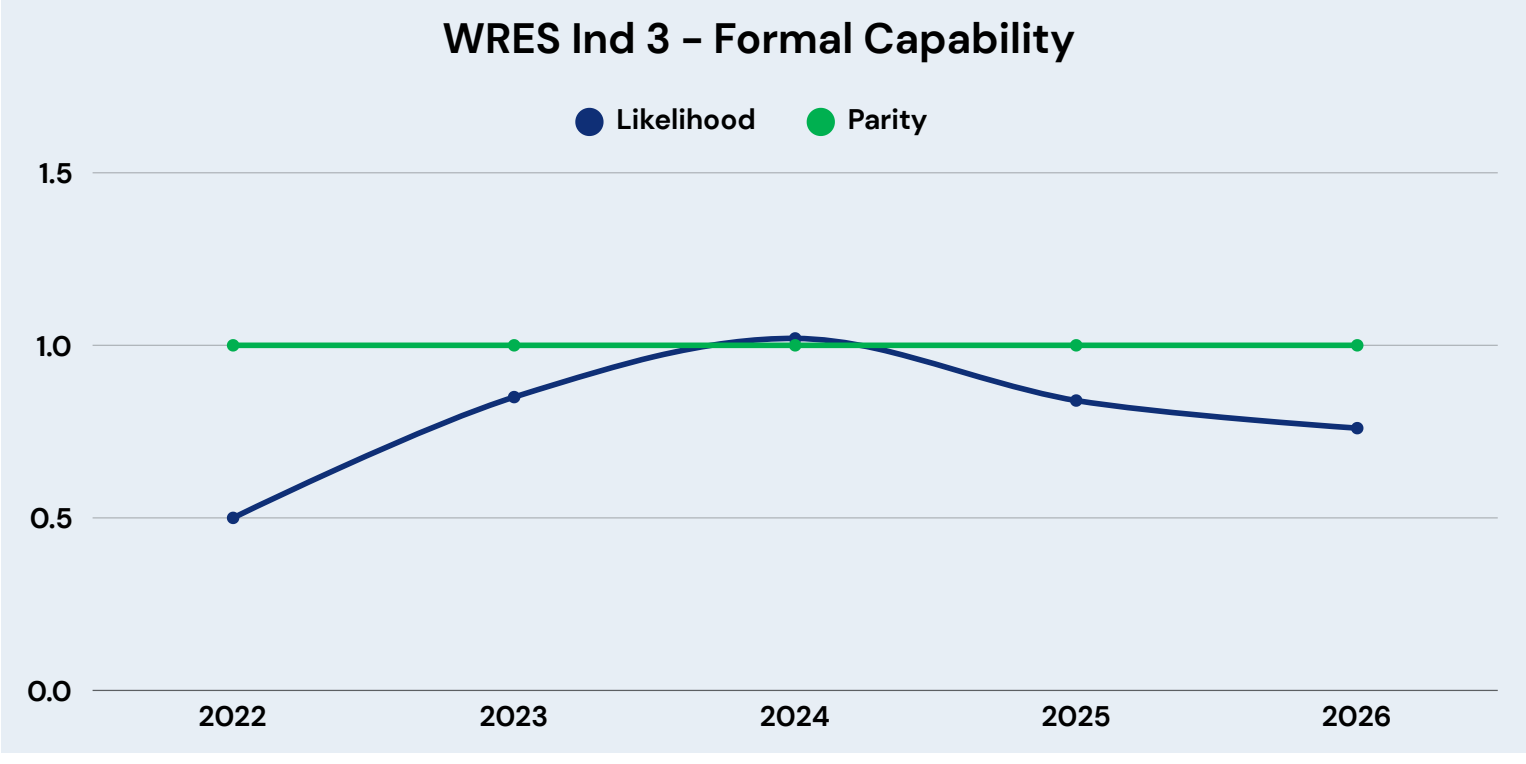
Relative likelihood of staff from Global Majority backgrounds entering the formal capability process	
2022	0.50
2023	0.85
2024	1.02
2025	0.84
2026	0.76

A figure above 1 indicates that staff from Global Majority backgrounds are more likely than white staff to enter the formal capability process

According to Indicator 3 data, staff from Global Majority backgrounds are consistently less likely to enter the formal capability process.

Indicator 3

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

Improved understanding of workforce inequalities by linking employee relations data, workforce intelligence and staff experience measures, supported by **Active Bystander** learning and a greater focus on psychological safety.

Impact

This has strengthened the Trust's ability to identify emerging themes and move beyond compliance reporting towards understanding lived experience and process fairness.

Next

Undertake deeper intersectional analysis of formal processes and identify opportunities to improve fairness, consistency and early intervention.

Indicator 4

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University Hospitals Coventry and Warwickshire NHS Trust

The relative likelihood of white staff accessing non–mandatory training and continuous professional development compared to staff from Global Majority backgrounds	
2022	n/a
2023	1.01
2024	1.00
2025	1.00
2026	1.00

A figure above 1 indicates that staff from Global Majority backgrounds are more likely than white staff to enter the formal capability process

According to Indicator 4, staff from Global Majority backgrounds and white staff are equally as likely to access non-mandatory training and continued professional development.

Whilst sustaining this is positive, indicator 1 and 2 data around representation in senior roles and shortlisting highlight a systemic issue.

Indicator 4

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Refreshed EDI learning pathways
- Expanded development opportunities through:
  - Inclusive mentoring,
  - Staff networks as development opportunities,
  - Active bystander learning
  - Inclusive recruitment training.
- UHCW Leader tool developed by OD Team to ensure fair representation of leader cohorts
- NMAHP Appraisal work around EDI goals.

Impact

Colleagues have access to a broader range of learning and development opportunities which support confidence, capability and inclusion, with this access extending to all colleagues to improve cultural intelligence.

Next

- Expand mentoring opportunities, creating a sustainable mentor pool
- Improve visibility of development pathways and progression opportunities with staff networks as channels for prioritising access.
- Identify improvements to inclusive leadership pathways and opportunities
- Development of manager guidance around practical and policy related inclusion tools

Indicator 5

NHS
University Hospitals Coventry and Warwickshire NHS Trust

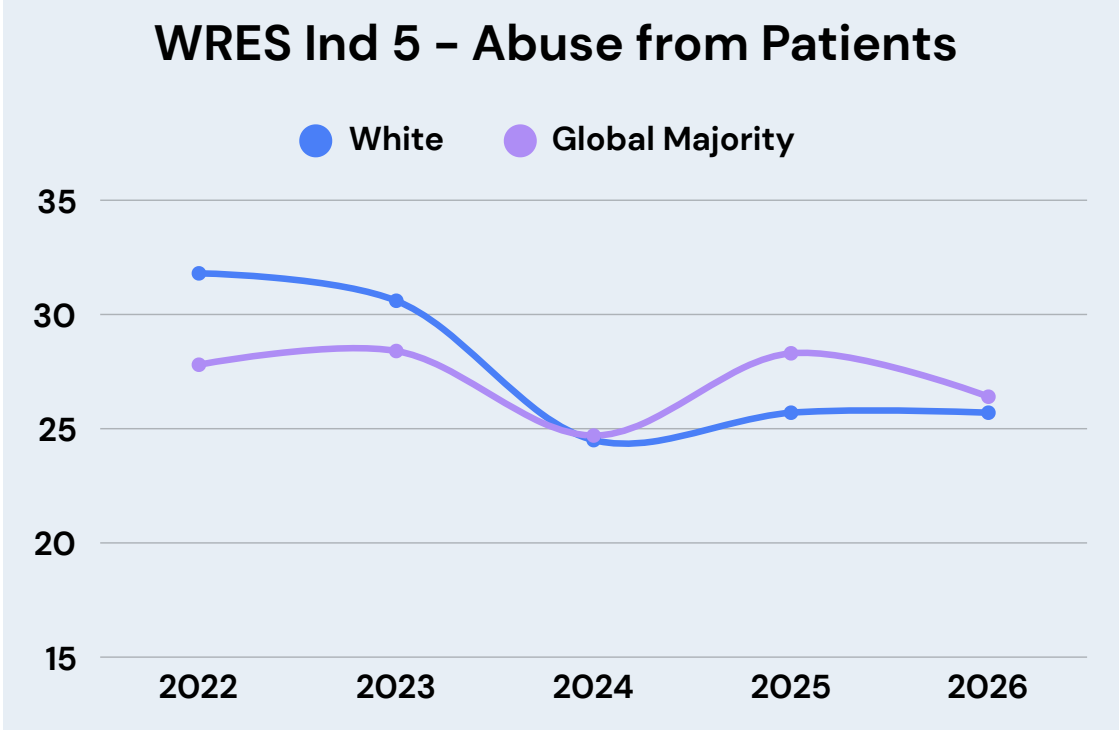
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, relatives or the public in last 12 months

Year	White	Global Majority	Disparity
2022	31.8%	27.8%	4%
2023	30.6%	28.4%	2.2%
2024	24.5%	24.7%	-0.2%
2025	25.7%	28.3%	-2.6%
2026	25.7%	**26.4%**	**-0.7%**

Experience of harassment, bullying and abuse from patients or service users, relatives or the public are the closest to parity since 2022, with a **0.7% gap**. Whilst this is positive, this fluctuates - requiring intervention.

Indicator 5

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Refreshed the No Excuse for Abuse campaign,
- Strengthened reporting pathways
- Delivered targeted awareness activity focused on violence, aggression and hate incidents.

Impact

Improved visibility of reporting mechanisms and organisational support has strengthened local intelligence, and enabled more responsiveness to concerns.

Next

- Work with high-impact areas to develop priority action plans and continue raising awareness of support and reporting mechanisms.
- Triangulate Datix, FTSU and WRES data to support priority areas

Indicator 6

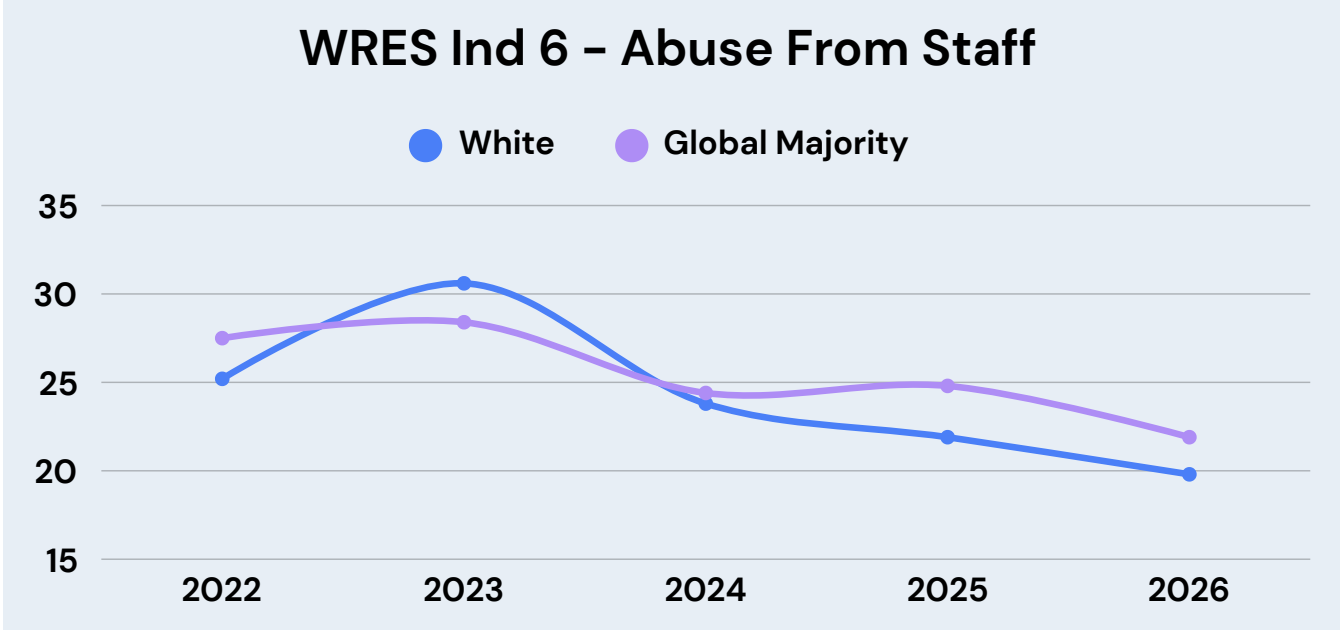
NHS
University Hospitals Coventry and Warwickshire
NHS Trust

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months			
Year	White	Global Majority	Disparity
2022	25.2%	27.5%	-2.3%
2023	30.6%	28.4%	2.2%
2024	23.8%	24.4%	-0.6%
2025	21.9%	24.8%	-2.9%
2026	19.8%	21.9%	-2.1%

Experiences of harassment, bullying and abuse from staff are the closer to parity with a **2.1%** gap, a reduction on 2025.

Experiences for both groups has reduced since 2023 by **10.8%** for white staff, and **6.5%** for staff from global majority backgrounds.

Indicator 6



What Have We Done?

- Introduced Active Bystander training, reaching over 400 leaders since Feb 26
- Strengthened staff network support and formalised feedback routes,
- Refreshed EDI learning resources
- Promoted speaking up and civility initiatives across the organisation.

Impact

These initiatives have increased awareness of inappropriate behaviours and helped create greater confidence to challenge and report concerns, with living our values providing the framework to recognising poor behaviour, and Active Bystander providing the tools to step in.

Next

- Strengthen manager capability to address concerns quickly, consistently and compassionately by prioritising managers for in person Active Bystander sessions from Nov 26.
- Development of Inclusive Manager guidance around policy and best practice
- Trust-Wide launch of Anti-Racism module

Indicator 7

NHS
University Hospitals Coventry and Warwickshire NHS Trust

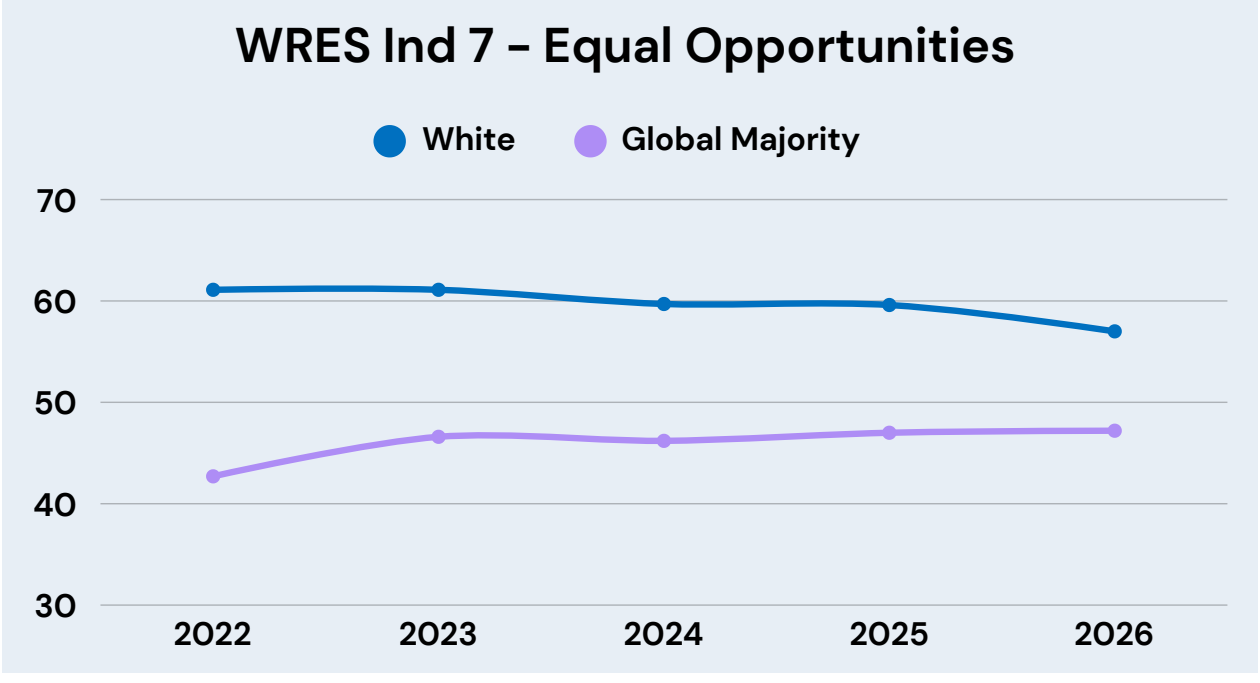
Percentage believing that the Trust provides equal opportunities for career progression or promotion			
Year	White Staff	Global Majority	Disparity
2022	61.1%	42.7%	-18.4%
2023	61.1%	46.6%	-14.5%
2024	59.7%	46.2%	-13.5%
2025	59.6%	47%	-12.6%
2026	57%	47.2%	-9.8%

This indicator has remained stagnant since 2022, with the disparity primarily seeing a reduction due to the percentage for white staff reducing. Having said that, the experience of colleagues from Global Majority backgrounds data has improved by **4.5%** since 2022.

The **9.8%** disparity in experience correlates with Indicator 1 and 2 around representation and shortlisting for staff from global majority backgrounds, particularly in senior roles.

Indicator 7

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Re-Introduced inclusive mentoring,
- Strengthened staff network leadership opportunities
- Embedded inclusion into development and recruitment initiatives.
- Improved resources and guidance as part of the Inclusive Recruitment Action Plan
- Supported external PHD research in to the experiences of Nurses and Midwives from Global Majority backgrounds, highlighting key barriers and actions.

Impact

Career progression has become a key inclusion priority, supported by greater visibility of barriers and expanded access to development opportunities, as well as the need for prioritising Inclusive Leadership.

Next

- Expand mentoring opportunities,
- Strengthen development pathways
- Utilise workforce data to better understand progression barriers locally.

Indicator 8

NHS
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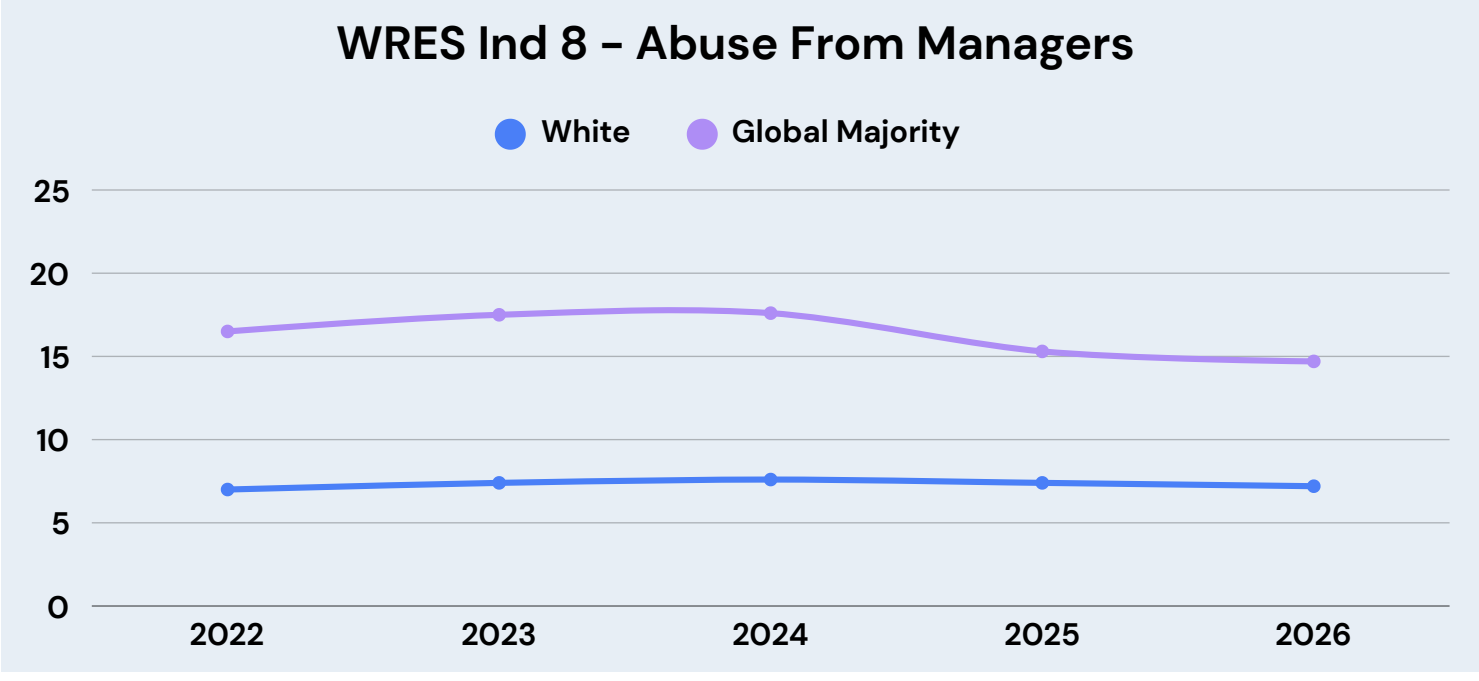
In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader or other colleagues?

Year	White	Global Majority	Disparity
2022	7.0%	16.5%	-9.5%
2023	7.4%	17.5%	-10.1%
2024	7.6%	17.6%	-10%
2025	7.4%	15.3%	-7.9%
2026	7.2%	**14.7%**	**-7.5%**

Whilst the data shows sustained improvements, the disparity in experience continues to highlight the need for prioritised action as staff from Global Majority backgrounds are twice as likely to experience discrimination from a manager or team leader.

Since 2023, this disparity has reduced positively by **3%** for staff from Global Majority backgrounds, with the experience for white staff remaining consistent around **7.4%.**

Indicator 8



What Have We Done?

- Delivered bespoke inclusion learning and Active Bystander training,
- Strengthened staff networks
- Improved organisational focus on psychological safety and allyship through Inclusive Mentoring
- Encouraged use of Datix for incidents

Impact

Improved awareness of discrimination, increased confidence to report incidents and strengthened organisational conversations around inclusion and belonging.

Next

- Develop practical manager resources around policy, process and development
- Strengthen accountability for inclusive leadership and embed Active Bystander Champions.

Indicator 9

University Hospitals Coventry and Warwickshire NHS Trust

Percentage difference between Board membership and overall workforce disaggregated *(total board minus Overall workforce)*

Year	White	Global Majority	Unknown
2023	19.8%	-11.1%	-8.7%
2024	32.5%	-25.5%	-6.9%
2025	35%	-29.2%	-5.8%
2026	25.2%	**-30.8%**	**5.6%**

The data above represents the mandatory data shared nationally as of April 2026, prior to our data sharing drive.

This indicator compares the composition relating to ethnicity of the Board, with that of the overall workforce. Positive values indicate that a group is represented on the Board at a higher proportion than within the workforce, whilst negative values indicate lower representation on the Board than within the workforce.

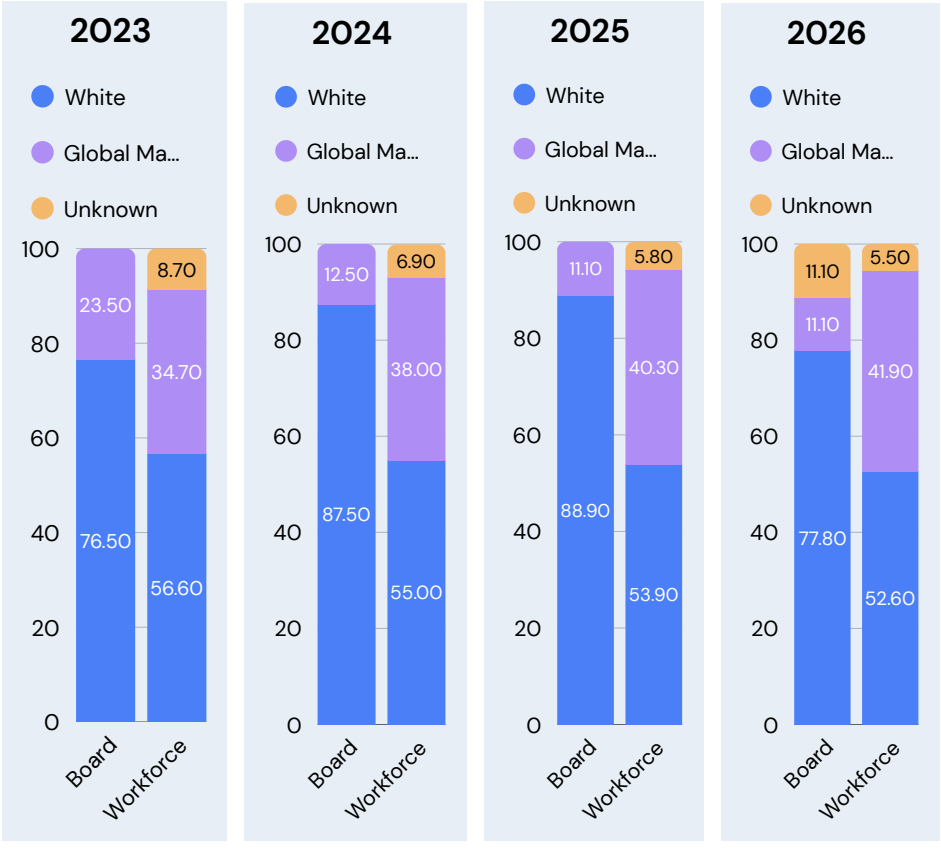
Following a Board ethnicity data completion exercise to support our inclusion activity, all Board members have now disclosed their ethnicity and there are no longer any unknown records.

This provides confidence that the Board diversity data is complete and accurate. The Board is currently comprised of **77.8%** white members and **22.2%** members from Global Majority backgrounds. Whilst diversity relating to ethnicity is present at Board level and improving, the Board remains less diverse than the overall workforce. This means that white staff continue to be overrepresented and staff from Global Majority backgrounds underrepresented at Board level when compared with the wider organisation.

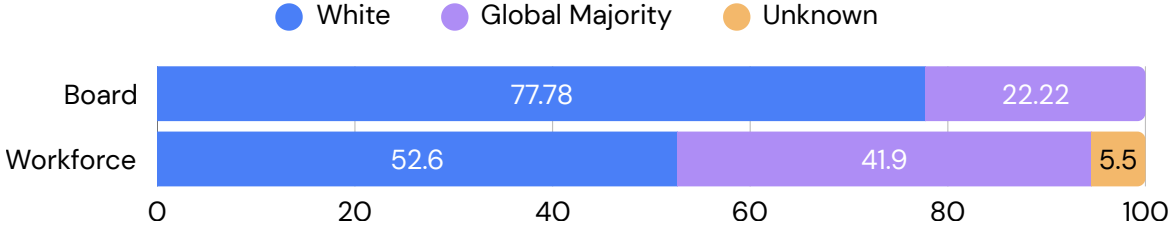
Indicator 9

University Hospitals Coventry and Warwickshire NHS Trust

Board Representation compared to Whole Workforce as a percentage % before data



Board Representation compared to Whole Workforce as a percentage % post data drive



Board data shows 14 members from a white background and 4 members from a Global Majority background

What Have We Done?

- Increased executive engagement through staff networks and embedded regular review through Trust governance structures.
- Engaged Board Members in Inclusive Mentoring programme, with one Board level mentor onboarded.
- Data drives to improve the sharing of demographic data

Impact

Board level accountability for inclusion has increased, improving oversight of workforce equality priorities and organisational performance.

Next

- Further strengthen leadership accountability through staff networks and Inclusive Mentoring.
- Provide assurance of Anti-Racism, Anti-Muslim Hostility and Antisemitism standing within refreshed Equality, Diversity and Human Rights policy through governance structures.

IDP Priority	What Have We Done?	Impact	What Comes Next?	Indicator
Inclusive Recruitment	Launched Inclusive Recruitment Action Plan, including revised shortlisting scoring, candidate guidance, interview themes, recruitment resources and improved feedback processes.	Established a consistent organisational approach to reducing bias and improving equity throughout recruitment processes.	• **Q3 2026/27 (Oct-Dec 2026):** Review recruitment data and candidate feedback. • **Q4 2026/27 (Jan-Mar 2027):** Refine actions and agree 2027/28 priorities.	WRES 2, WDES 2, GPG 1,2,6
Staff Networks	Chairs and Co-Chairs for all networks, Introduced executive sponsorship arrangements, and a staff network maturity framework.	Increased staff voice, strengthened governance and improved alignment between lived experience, workforce data and organisational priorities.	• **Q2 2026/27:** Complete network maturity assessments and annual plans. • **Q3 2026/27:** Implement manager guidance, sponsor development and network growth plans. • **Q4 2026/27:** Review maturity progress and network impact.	WRES 6,7,8,9 WDES 7,9a,9b GPG 1,2,6
Inclusive Mentoring Programme	Launched the Inclusive Mentoring Programme and increased access to development opportunities across underrepresented groups.	Improved access to support, career development, networking and leadership opportunities.	• **Q3 2026/27:** Programme evaluation, expansion planning and sustainability review.	WRES 4,7,9 WDES 5,7 GPG 1,2,6
Staff-wide Adjustment Passports	Developed disability and wellbeing passports and increased awareness of reasonable adjustments through wellbeing and inclusion initiatives.	Improved visibility of workplace support needs and encouraged more proactive wellbeing conversations.	• **Q3 2026/27:** Implement and embed passports and guidance into LMS • **Q4 2026/27:** Evaluate colleague experience and effectiveness.	WDES 3,6,8
Active Bystander Programme	Delivered Active Bystander training to 500+ staff in first quarter of 26	Improved understanding of how colleagues can recognise, challenge and respond to inappropriate behaviour.	• **Q3 2026/27:** Deliver local awareness and engagement activity. • **Q4 2026/27:** Evaluate impact and identify future priorities.	WRES 5,6,8 WDES 4.1,4.2,4.3,4.4 GPG

IDP Priority	What Have We Done?	Impact	What Comes Next?	Indicator
EDI Learning & Development Pathways	Refreshed EDI learning pathways and expanded access to inclusion, disability awareness, neurodiversity and recruitment learning resources	Improved awareness, knowledge and confidence across a range of inclusion topics.	• **Q2 2026/27:** Finalise role-based pathways and resources. • **Q3 2026/27:** Re-launch and promote learning pathways. • **Q4 2026/27:** Review uptake and outcomes.	WRES 4,7,8 WDES 4,5,7,8 GPG
Data-Driven Accountability	Improved workforce reporting, strengthened EDI metrics and aligned reporting arrangements to the Inclusion Delivery Plan.	Enabled improved analysis of workforce inequalities and strengthened organisational oversight of inclusion priorities.	• **Q2/3 2026/27:** Support departmental action planning. • **Q4 2026/27:** Evaluate progress against workforce equality indicators.	WRES 1-9 WDES 1-10 GPG 1-6
Equality Impact Assessments (EIAs)	Continued embedding Equality Impact Assessments across organisational change and workforce initiatives.	Increased consideration of inclusion, equity and potential unintended consequences during decision making.	• **Q3 2026/27:** Launch guidance and form • **Q4 2026/27:** Review compliance and quality.	All measures
Accreditation & External Assurance	Continued delivery against accreditation frameworks including Veteran Aware and wider inclusion benchmarks.	Provided external challenge, assurance and opportunities for continuous improvement.	• **Q2-Q4 2026/27:** Deliver accreditation action plans via Staff Networks and monitor improvement activity	All measures
Manager Inclusion Toolkit	Developed guidance and resources supporting inclusion, wellbeing and equitable people management practices.	Increased consistency of manager support across key inclusion themes.	• **Q3 2026/27:** Launch guidance and embed within manager development programmes. • **Q4 2026/27:** Review utilisation and feedback.	WRES 2,6,7,8 WDES 3,5,6,8 GPG 1,2,6
No Excuse for Abuse Campaign	Refreshed organisational campaigns, reporting routes and support resources relating to harassment, bullying, abuse, violence and hate incidents.	Improved awareness of reporting mechanisms, organisational support and available interventions.	• **Q3 2026/27: Prioritise h**igh-impact areas using local intelligence. • **Q4 2026/27:** Review incident trends and impact.	WRES 5,6 WDES 4.1,4.2,4.3,4.4

Governance and Accountability

Our approach to WRES governance is designed to ensure transparency and meaningful oversight at every stage of the reporting cycle.

Each year, the data is presented to the People and Culture Committee and Chief Officer's Group. This early stage review focuses solely on the data, enabling conversations around themes, disparities, and allowing time for reflection and challenge.

Our action plans and strategic commitments return to Chief Officers Group, followed by formal review and endorsement in September by the People and Culture Committee and then through October's Public Trust Board. This staged governance process ensures that our commitments are not only visible and accountable, but also shaped by diverse voices across the organisation.

By embedding our reports into our annual governance rhythm, we ensure that equity, anti-racism and inclusion is not a standalone initiative, but a core part of how we lead, listen, and learn.

Workforce Disability Equality Standards (WDES)

Data Report and Insights 2025 / 2026

– (Data as at 31st March 2026)

Overview

The Workforce Disability Equality Standard (WDES) demonstrates continued progress in creating a more inclusive environment for disabled colleagues, with improvements seen across several key indicators.

What's improving?

- Workforce representation and disability declaration rates have increased.
- Confidence in reporting harassment, bullying and abuse continues to improve.
- Experiences of harassment and discrimination from managers, colleagues and the public have reduced.
- Staff voice has been strengthened through DAWN, staff networks and lived experience initiatives.
- Board representation of disabled colleagues remains positive and above workforce representation levels.

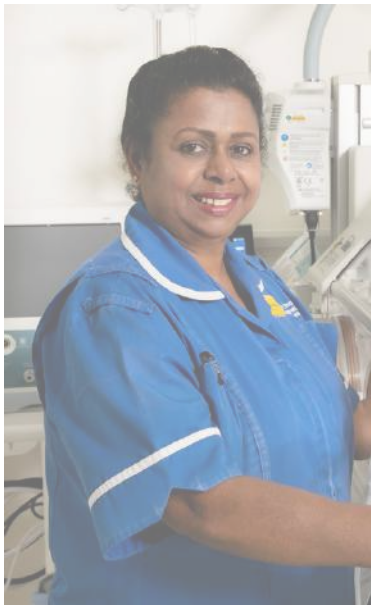
Where do we need to focus?

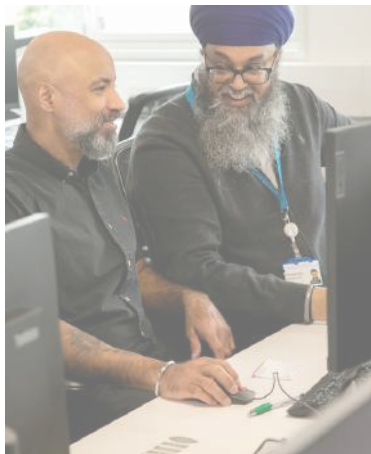
- Disabled candidates remain 1.42 times less likely to be appointed from shortlisting.
- Career progression outcomes remain less positive for disabled colleagues.
- Fewer disabled colleagues report feeling valued at work.
- Satisfaction with reasonable adjustments has declined since 2025.
- Reports of pressure to work when unwell have increased for the first time in five years.
- 16.21% of colleagues have not shared their disability status, limiting our understanding of workforce experience.

What happens next?

- Inclusive recruitment and reducing barriers to appointment.
- Improving access to workplace adjustments and manager support.
- Career progression, mentoring and leadership opportunities.
- Strengthening psychological safety and reducing harassment and discrimination.
- Ensuring all colleagues, including disabled colleagues, feel valued, supported and able to thrive.

These priorities will continue to be delivered through the Inclusion Delivery Plan and its associated workstreams.





NHS
University Hospitals Coventry and Warwickshire NHS Trust

WDES At A Glance

Ind 1: Representation

Increased representation of 2.59% since 2022 - with more colleagues sharing data.

Ind 4.1: Abuse from Patients

Reduced since 2022 by 7.6%

Ind 4.2: Abuse from Managers

7.4% reduction since 2022.

Ind 4.3: Abuse from Colleagues

5.1% reduction since 2022.

Ind 4.4: Reporting Abuse

Rising steadily year on year suggesting improved self advocacy and allyship

Ind 9b: Amplifying Experiences

Supporting colleagues to understand their rights and advocate for adjustments.

Ind 10: Board Representation

Board representation is above workforce representation of disabled colleagues by 16.2%.

Ind 2: Appointed from Shortlisting

Disabled candidates 1.5 times less likely to be appointed from shortlisting.

Ind 3: Formal Capability

A rising number of disabled colleagues have entered the formal capability process.

Ind 5: Career Progression

Mixed results each year with results at their lowest since 2022.

Ind 6: Pressure to Work When Unwell

Increase seen for the first time in 5 years, requiring priority action.

Ind 7: Feeling Work is Valued

Mixed results in this indicator requiring focus.

Ind 8: Reasonable Adjustments

Reduction on previous year, intervention required to improve.

Ind 9a: Staff Engagement

Declined year-on-year and required focused attention.

A Word On Language

LTC = Long-Term Condition

At UHCW NHS Trust, we use the term "disabled colleagues" because it reflects the social model of disability. The social model recognises that people are disabled not by their health condition or impairment, but by the barriers society places in their way - for example, inaccessible buildings, unhelpful attitudes or inflexible processes. By using this language, we highlight our responsibility as an organisation to remove those barriers and create an inclusive environment where everyone can thrive.

While the social model shapes our approach to equality and inclusion, we also recognise that the medical model of disability remains important. The medical model focuses on diagnosis, treatment, and clinical support - which are crucial for access to healthcare, reasonable adjustments and ensuring colleagues receive the right support for their health needs. Both perspectives are valuable, and we use them together: the medical model helps us understand and meet health needs, while the social model challenges us to improve systems, environments, and attitudes.

We also know that identity and language are deeply personal. Some colleagues may prefer terms such as "person with a disability," "living with a health condition" or other descriptions that reflect their lived experience. We respect and support everyone's right to self-identify. Our use of "disabled colleagues" is about setting an inclusive organisational standard, but it does not override how individuals choose to be referred to.

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The Inclusion Delivery Plan remains the Trust's primary mechanism for addressing workforce inequalities.

While WRES, WDES and Gender Pay Gap reporting each measure different aspects of colleague experience, representation and opportunity, the themes identified are strongly interconnected.

The actions outlined above have therefore been prioritised to address multiple indicators simultaneously, ensuring a coordinated, evidence-based approach to inclusion, belonging and equity across our organisation.

Inclusion
PRINCIPLES

1. Empowering Our People
2. Transforming Experiences
3. Data-Driven Accountability
4. Leadership Development
5. Meaningful Self-Assessment

Indicator 1

NHS
University Hospitals Coventry and Warwickshire NHS Trust

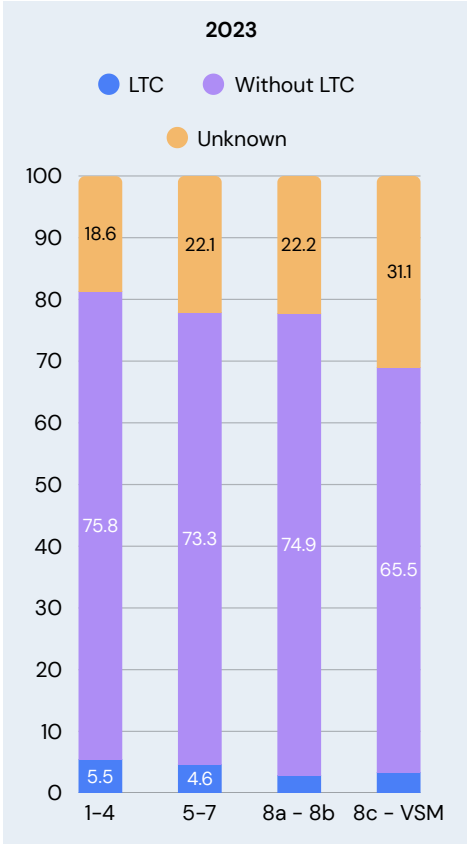
Percentage of staff in AFC pay bands, medical & dental subgroups, and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce **(LTC = Long-Term Condition)**

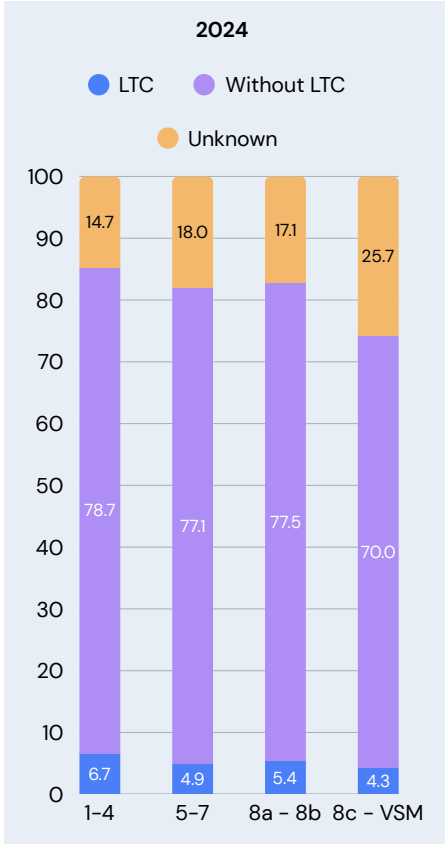
Year	With LTC	Without LTC	Unknown
2022	3.61%	66.81%	29.58%
2023	4.82%	74.22%	20.96%
2024	5.6%	74.58%	16.67%
2025	5.26%	71.85%	22.89%
2026	**6.2%**	77.59%	**16.21%**

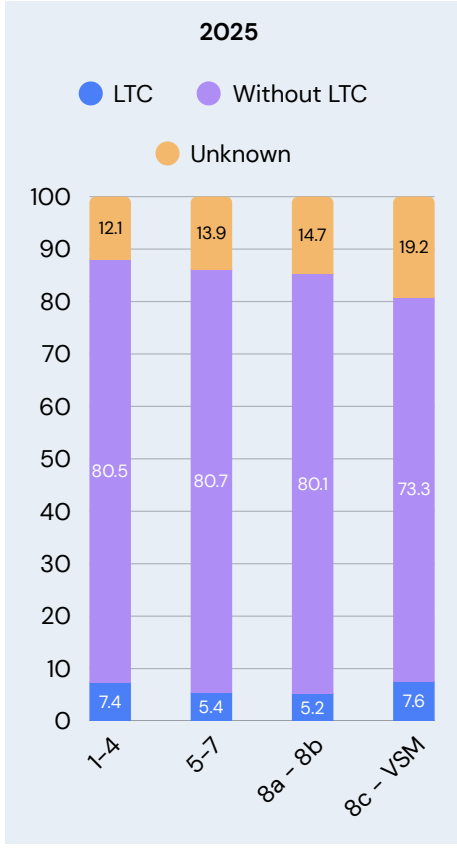
Representation has improved since 2022, with unknown data at it's lowest after an unexpected increase in 2025. **6.2%** of our colleagues share their data as disabled, however, this is far below the national average of 20%. Unknown data has fallen by **13.37%** since 2022 - there is still work to do to close this gap to more accurately prioritise action. Representation of disabled colleagues is slowly improving throughout all bands since 2022.

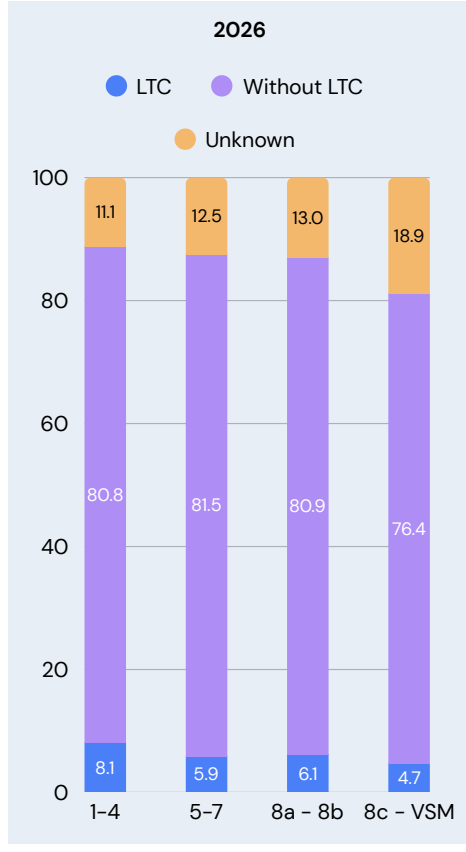
Indicator 1

Representation by Banding (AFC 1 to VSM) as a percentage









What Have We Done?

- Improved disability data-sharing communications
- Strengthened support for the Disability and Wellbeing Network (DAWN)
- Supported colleagues and managers with reasonable adjustments
- Embedded adjustments into Inclusive Recruitment guidance

Impact

More colleagues are sharing their status, improving organisational understanding of representation and supporting prioritised interventions. Representation of disabled colleagues has continued to improve across most staff groups.

Next

- Continue improving declaration rates and utilise departmental data to identify local priorities
- Work alongside DAWN to understand lived experience and barriers to inclusion.
- Continue improvements through Sickness Absence Value Stream including Passports and Reasonable Adjustment Support

Indicator 2

University Hospitals Coventry and Warwickshire NHS Trust

Relative likelihood of non-disabled staff without a long-term condition compared to disabled staff being appointed from shortlisting across all posts	
2022	0.93
2023	1.11
2024	1.04
2025	1.15
2026	**1.42**

A figure above 1 indicates that disabled staff are less likely than non-disabled staff to be appointed from shortlisting

The graph highlights rising disparity in experience between staff with a long-term condition, and staff without. A disabled candidate is now nearly **1.5 times less likely** to be appointed from shortlisting which requires review and focused action.

70% of those appointed from shortlisting did not share their data, which requires priority review and analysis of data from ESR and TRAC.

Indicator 2

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Implemented the Inclusive Recruitment Action Plan in Jan 26, including candidate guidance, recruitment process improvements, revised shortlisting approaches and a stronger focus on inclusive recruitment practices, including symptoms of neurodivergence and menopause.

Impact

Inclusive recruitment is now embedded within a formal improvement programme, increasing organisational focus on recruitment equity and accessibility.

Next

- Evaluate recruitment outcomes, strengthen manager guidance around workplace adjustments during recruitment and onwards, and improve understanding of barriers experienced by disabled candidates and colleagues.
- Work with DAWN to continue to promote sharing ethnicity data for applicants, new starters and existing colleagues

Indicator 3

University Hospitals Coventry and Warwickshire NHS Trust

Relative likelihood of non-disabled staff without a long-term condition compared to disabled staff entering the formal capability process

2022	3.37
2023	1.16
2024	0
2025	1.04
2026	**1.25**

A figure above 1 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process. This Metric is based on data from a two-year rolling average of the current year and the previous year (April 2024 to March 2025 and April 2025 to March 2026).

Data shows a rising number of disabled colleagues entering the formal capability process. This highlights the need for focused analysis of capability incidents involving disabled colleagues, including proactive, supportive and reasonable adjustments.

8 colleagues have not shared disability data, which can skew the results.

Indicator 3

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Improved links between workforce, employee relations and EDI data and strengthened organisational focus on early intervention, wellbeing and psychological safety.
- Strengthened Disability and Wellbeing Network support through executive sponsorship and routes for sharing lived experience and translating this into measurable actions.

Impact

This has improved understanding of workforce experiences and increased opportunities to identify potential barriers affecting disabled colleagues.

Next

- Review capability cases involving disabled colleagues, strengthen support around consideration of reasonable adjustments and identify opportunities for earlier support interventions.

Indicator 4.1

NHS
University Hospitals Coventry and Warwickshire NHS Trust

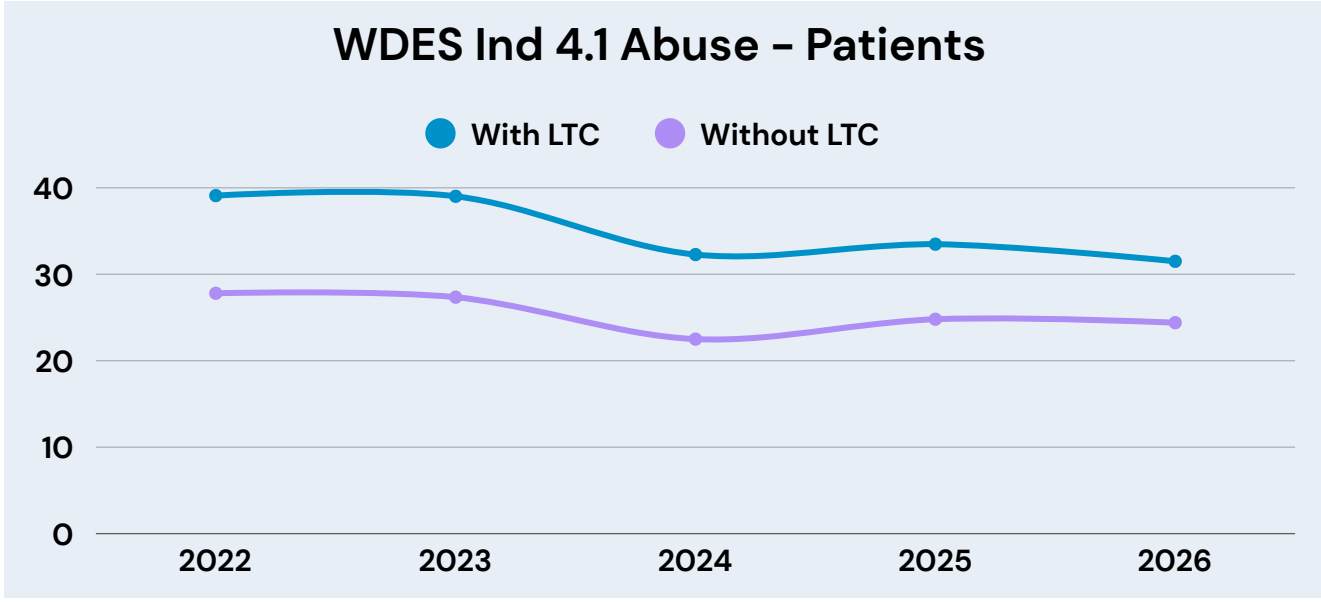
Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, service users, relatives or the public in last 12 months

Year	With LTC	Without LTC	Disparity
2022	39.1%	27.8%	-11.3%
2023	39.02%	27.35%	-11.67%
2024	32.28%	22.50%	-9.78%
2025	33.48%	24.89%	-8.59%
2026	**31.5%**	24.4%	-7.1%

Disabled colleagues experiencing harassment, bullying or abuse from patients has reduced since 2022 by **7.6%.** The disparity in experience of harassment, bullying and abuse from patients or service users, relatives or the public now sits at **7.1%**.

Indicator 4.1

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Refreshed the No Excuse for Abuse campaign, strengthened reporting routes and promoted learning focused on violence, aggression and hate incidents.
- Strengthened staff network support and formalised feedback routes,
- Refreshed EDI learning resources
- Promoted speaking up and civility initiatives across the organisation.

Impact

Improved visibility of support and reporting mechanisms has increased organisational understanding of abuse-related concerns and helped inform targeted responses.

Next

- Strengthen manager capability to address concerns quickly, consistently and compassionately by prioritising managers for in person Active Bystander sessions from Nov 26.
- Development of Inclusive Manager guidance around policy and best practice
- Use local data and staff feedback to support intervention in high-impact areas and improve awareness of reporting and support pathways.

Indicator 4.2

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from managers in the last 12 months

Year	With LTC	Without LTC	Disparity
2022	20.7%	10.6%	-10.1%
2023	19.46%	9.61%	-9.85%
2024	17.56%	8.99%	-8.57%
2025	15.65%	7.08%	-8.57%
2026	13.3%	6.8%	-6.5%

This figure has reduced by **7.4%** since 2022, with the disparity reducing more significantly between 2025 and 2026.

Between 2022 and 2025 the disparity has been between **8.5% and 10%.**

In 2026, this gap has reduced to **6.5%.**

Indicator 4.2

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Strengthened EDI learning, wellbeing resources, staff network support and organisational conversations around inclusive leadership, adjustments and psychological safety.
- Developed Inclusive Recruitment toolkits and guidance for managers and candidates.
- Opened up Inclusive Mentoring programme to other groups where data shows poorer outcomes.

Impact

These initiatives have helped improve awareness of the experiences of disabled colleagues and promoted more inclusive leadership practices.

Next

- Develop additional manager guidance around disability inclusion, workplace adjustments and psychologically safe conversations.
- Prioritise managers for Active Bystander learning

Indicator 4.3

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from colleagues in the last 12 months

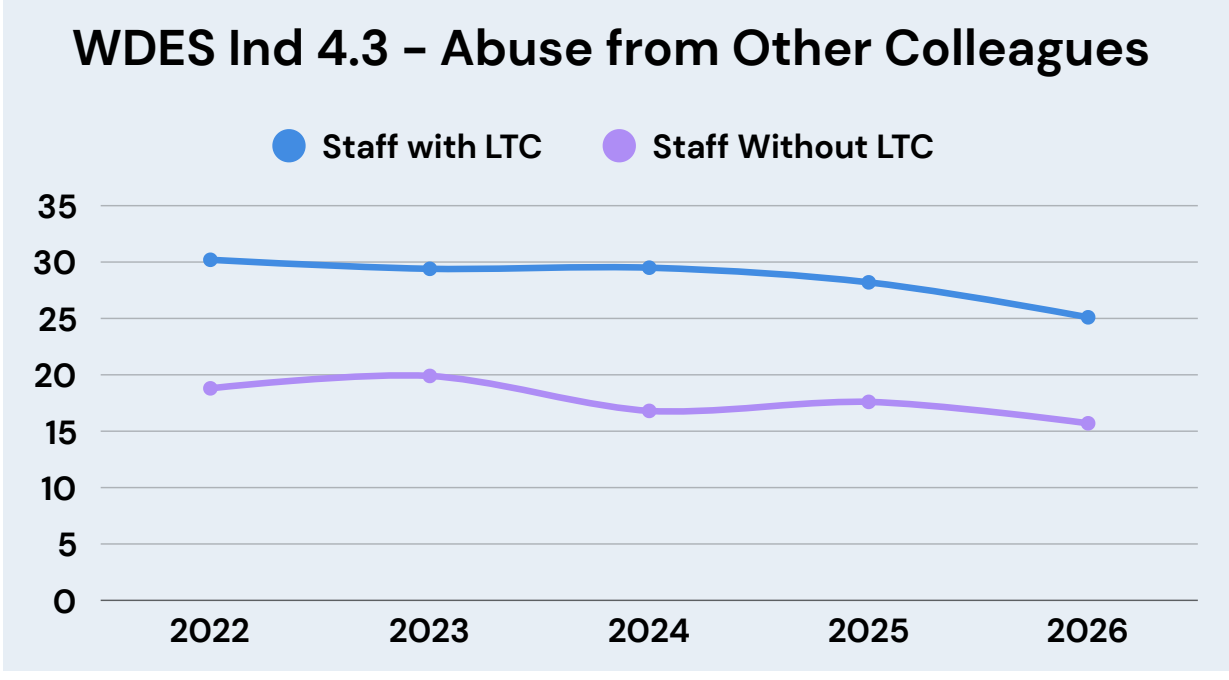
Year	With LTC	Without LTC	Disparity
2022	30.2%	18.8%	-11.4%
2023	29.4%	19.9%	-9.5%
2024	29.5%	16.8%	-12.7%
2025	28.2%	17.6%	-10.6%
2026	**25.1%**	15.7%	-9.4%

Whilst 2026 data has seen the largest decline and sustained improvement, there remains a stark **9.4%** disparity in experience between colleagues who have shared a long-term health condition, and those without.

Whilst a disparity remains that requires attention and action, this gap is slowly reducing year on year.

Indicator 4.3

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Introduced Active Bystander training
- Strengthened staff networks and
- Refreshed inclusion learning programmes to support allyship and positive workplace behaviours.

Impact

Awareness of inappropriate behaviours (Living Our Values) and confidence to step in (Active Bystander) has continued to improve across the organisation.

Next

- Continue promoting disability awareness and allyship across teams as well as an understanding of process.
- Adjustment passports for all staff to identify potential improvements for all

Indicator 4.4

University Hospitals Coventry and Warwickshire NHS Trust

Indicator 4.4 - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Year	With LTC	Without LTC
2022	42.1%	39.9%
2023	47.4%	42.7%
2024	51.6%	47.8%
2025	52.9%	50.5%
2026	**55.1%**	51.9%

Having seen continued improvement in indicators relating to bullying, harassment and discrimination, it is positive to see the figure of reporting these incidents steadily increasing - this highlights slow but improved confidence in reporting and advocating for self and others, whilst seeing a reduction in incidents.

Indicator 4.4

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Strengthened reporting mechanisms, promoted Freedom to Speak Up routes and increased awareness of support available following incidents.

Impact

Reporting confidence has improved, helping ensure concerns are better understood and addressed.

Next

- Continue building confidence in reporting processes and ensure colleagues understand how concerns are investigated
- Triangulate FTSU, Datix and workforce data to help prioritise local actions

Indicator 5

University Hospitals Coventry and Warwickshire NHS Trust

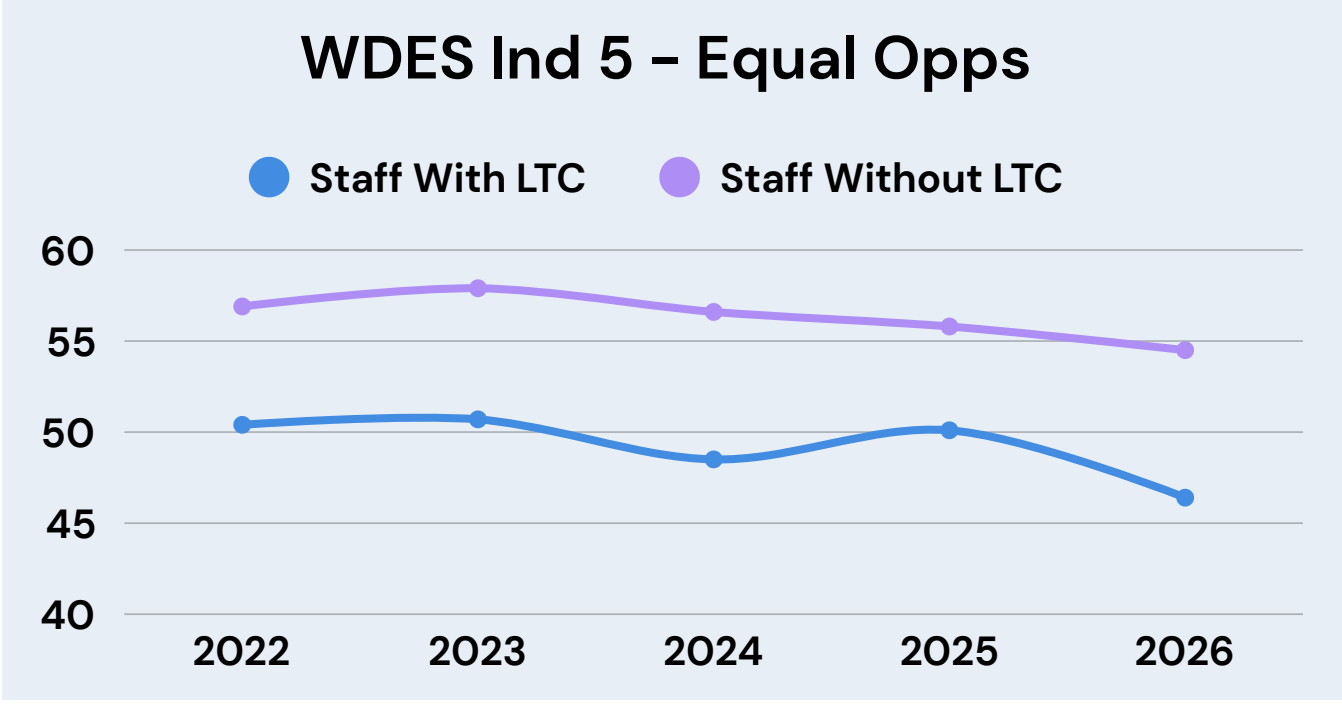
Percentage of Disabled staff compared to non-disabled believing that the Trust provides equal opportunities for career progression or promotion

Year	With LTC	Without LTC	Disparity
2022	50.4%	56.9%	-6.5%
2023	50.7%	57.9%	-7.2%
2024	48.5%	56.6%	-8.1%
2025	50.1%	55.8%	-5.7%
2026	**46.4%**	54.5%	-8.1%

We continue to see inconsistent results in this indicator, with experiences for disabled colleagues, and colleagues without a long-term health condition at it's lowest in the last five years. This requires focused efforts to improve, particularly due to the disparity in experiences of over **8%** after marginal improvements in 2025.

Indicator 5

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Introduced Inclusive Mentoring,
- Strengthened development pathways and expanded opportunities for involvement in staff network leadership and inclusion activity.

Impact

Career progression and representation have become key disability inclusion priorities, supported by increased access to development opportunities.

Next

- Expand mentoring opportunities,
- Explore staff network leadership approaches
- Improve understanding of progression barriers experienced by disabled colleagues.

Indicator 6

University Hospitals Coventry and Warwickshire NHS Trust

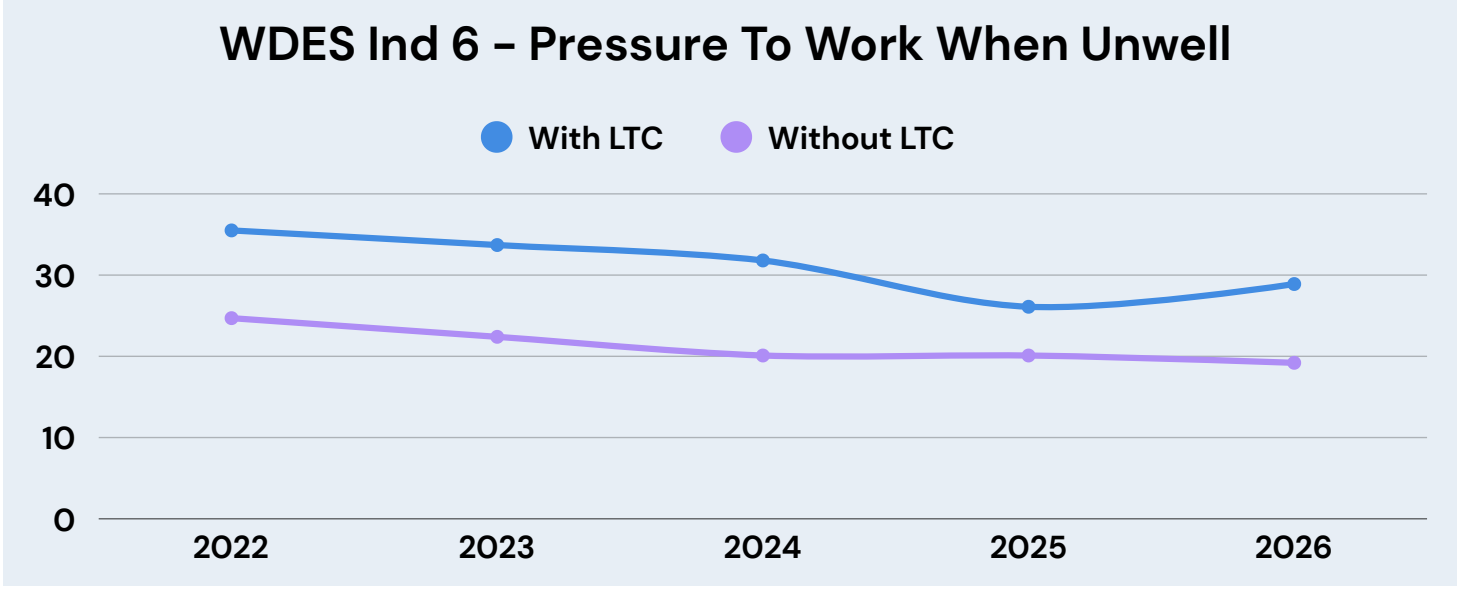
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Year	With LTC	Without LTC	Disparity
2022	35.5%	24.7%	
2023	33.7%	22.4%	
2024	31.8%	20.1%	
2025	26.1%	20.1%	
2026	**28.9%**	19.2%	

After having seen year on year improvements in this indicator, we have seen an increase of **2.8%** for staff with a long-term health condition. This correlates with increased requests for support around reasonable adjustments and sickness triggers.

Indicator 6

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Developed disability and wellbeing passports,
- Increased awareness of workplace adjustments and strengthened wellbeing support available to colleagues.

Impact

Support conversations between managers and colleagues have become more visible and proactive, helping improve awareness of available support.

Next

Develop practical manager guidance on attendance, workplace adjustments, wellbeing conversations and supportive return-to-work approaches.

Indicator 7

University Hospitals Coventry and Warwickshire NHS Trust

Percentage of Disabled staff compared to non-disabled staff saying they are satisfied with the extent to which their organisation values their work

Year	With LTC	Without LTC	Disparity
2022	29.2%	42.4%	-13.2%
2023	32.3%	44.6%	-12.3%
2024	30.1%	45.9%	-15.8%
2025	33.8%	44.8%	-11%
2026	**31.2%**	45.2%	-14%

We continue to see inconsistent results in this indicator, with experiences for disabled colleagues, and colleagues with a long-term health condition at it's lowest since 2022. This requires focused efforts to improve, particularly due to the disparity in experiences of over **14%**

Indicator 7

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Strengthened staff voice mechanisms through staff networks, executive sponsorship, listening activities and inclusion-focused engagement opportunities.

Impact

Disabled colleagues have increased opportunities to share experiences and influence organisational priorities.

Next

- Embed the network maturity framework and forward planning, and further strengthen opportunities for colleagues to influence service and workforce improvements.

Indicator 8

University Hospitals Coventry and Warwickshire NHS Trust

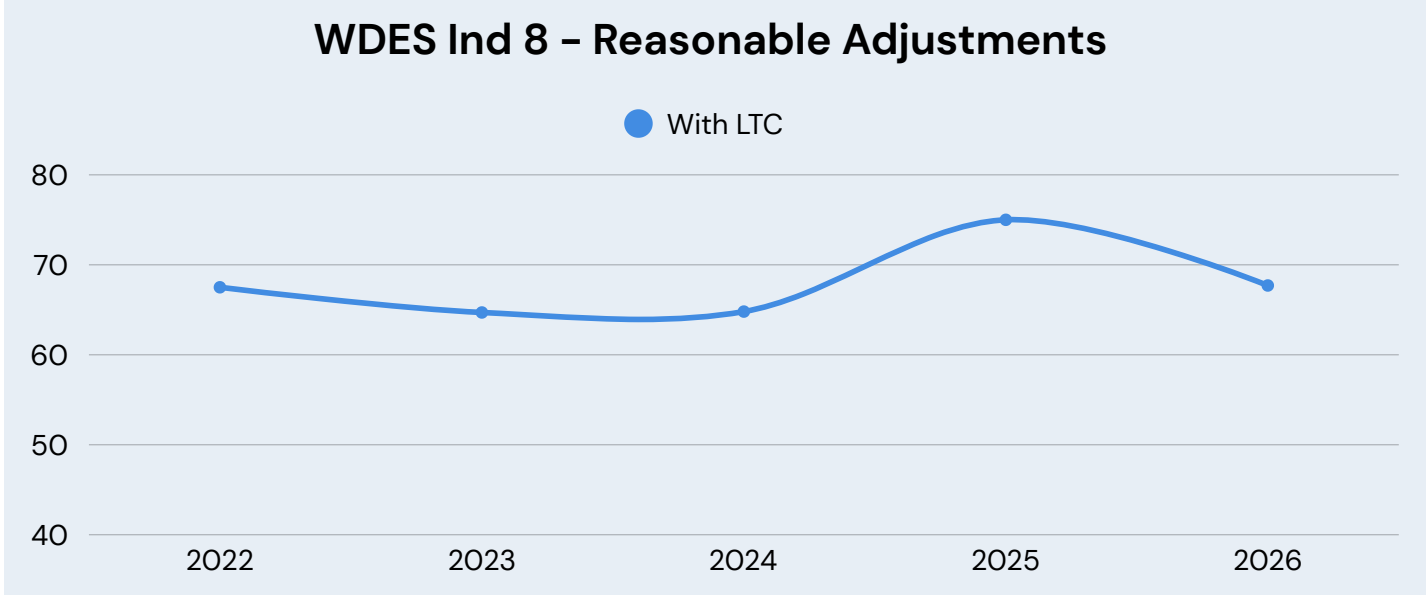
Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.

Year	With LTC
2022	67.5%
2023	64.7%
2024	64.8%
2025	75%
2026	**67.7%**

After a 10.2% increase last year, the results for 2026 have dipped by **7.3%** - whilst this still remains an improvement on the period between 2022 - 2024, it is important we focus on this area to ensure reasonable adjustments are being provided, or alternatives that are suitable are offered, proactively rather than reactively.

Indicator 8

University Hospitals Coventry and Warwickshire NHS Trust



What Have We Done?

- Developed a Trust-wide disability and wellbeing passport
- Enhanced awareness of reasonable adjustments through policy, guidance and wellbeing initiatives.

Impact

Reasonable adjustments are increasingly recognised as a proactive support mechanism rather than a reactive intervention.

Next

Implement the passport framework across the organisation and provide practical support and guidance for managers and colleagues, with a view to improve sickness absence trends and staff experience.

Indicator 9a

University Hospitals Coventry and Warwickshire NHS Trust

Staff Engagement score (0-10)			
Year	With LTC	Without LTC	Disparity
2022	6.9	6.4	0.5
2023	6.9	6.4	0.5
2024	6.26	7	-0.74
2025	6.29	6.97	-0.68
2026	**6.20**	6.91	-0.71

This indicator has slowly declined year-on-year and requires focused attention.

Indicator 9a

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Strengthened staff networks, executive sponsorship arrangements and opportunities for colleagues to participate in organisational decision-making.
- Continued Inclusive Mentoring programme.

Impact

Staff voice continues to be recognised as an important driver of inclusion, improvement and organisational learning.

Next

- Implement network development plans, improve engagement opportunities and utilise network feedback to shape organisational priorities.
- Develop supportive guidance for managers to enable colleague attendance and input into networks.

Indicator 9b

University Hospitals Coventry and Warwickshire NHS Trust

Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard	
Year	With LTC
2023	YES
2024	YES
2025	YES
2026	YES

The Trust continues to strengthen initiatives that amplify the voices of disabled staff and embed lived experience into organisational culture.

- Neurodiverse Empowerment Group
- Monthly Deaf Awareness Sessions
- Improved support for Disability and Wellbeing Network (DAWN), with a member survey launched and Chair position filled, with meetings, engagement and events planned through 26/27.
- WDES results to inform DAWN action plans to align with organisational priorities relating to Disabled Staff experience.
- Inclusive Mentoring Programme expanded.
- Wellbeing conversations incorporated in to appraisals, with reasonable adjustments to follow as a next step.
- Disability and Carers Passports
- EDI Pathway launched including Disability Awareness and Neurodiversity in the Workplace e-learning.
- Utilise WDES findings to inform network action plans, strengthen executive sponsorship arrangements and implement the network maturity framework.

Indicator 10

University Hospitals Coventry and Warwickshire NHS Trust

Percentage difference between the organisations' Board membership and overall workforce disaggregated *(total board minus Overall workforce)*

Year	With LTC	Without LTC	Unknown
2022	-3.61%	-2.53%	6.14%
2023	+13.28%	+5.29%	-18.58%
2024	+12.43%	+11.38%	-8.95%
2025	+11.41%	+5.93%	-17.34%
2026	**+16.2%**	**-16.48%**	**0.45%**

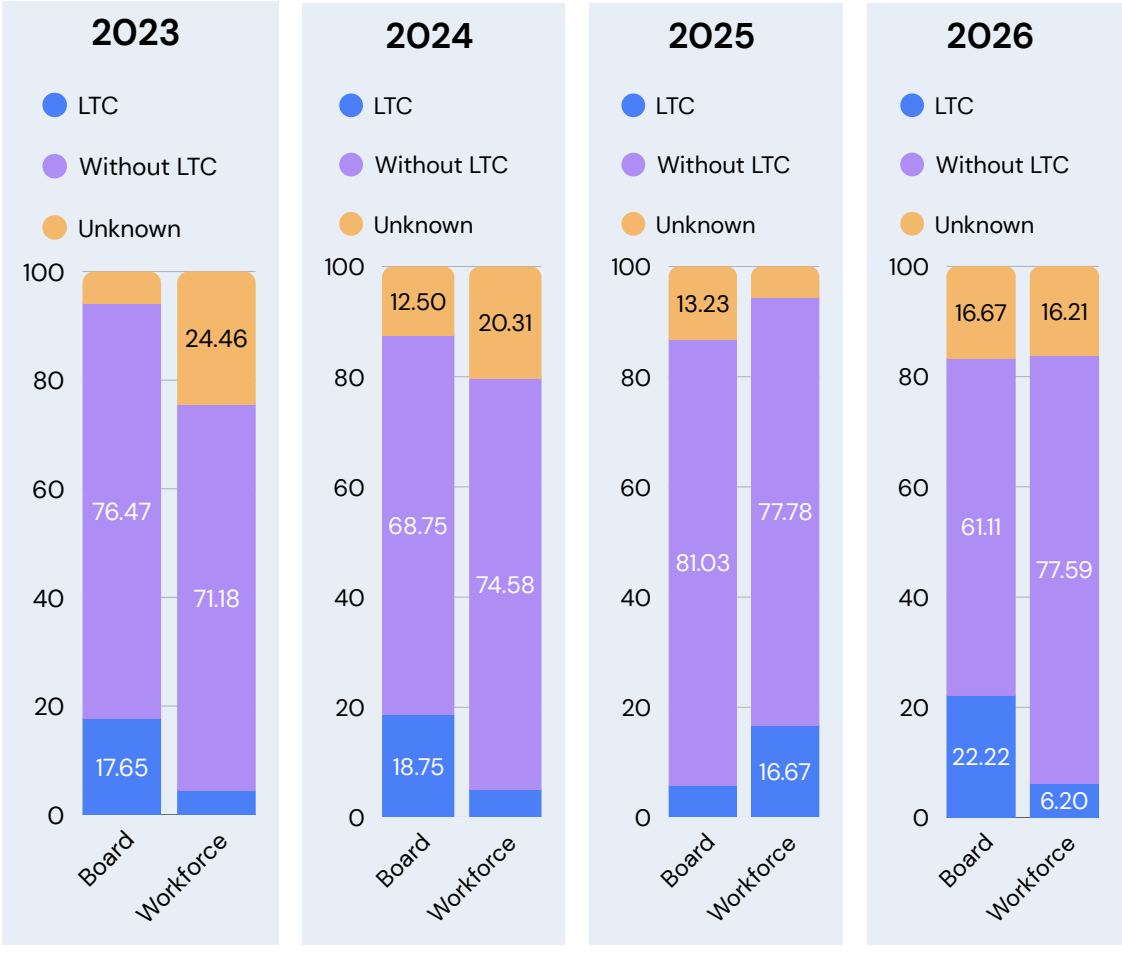
The data above represents the mandatory data shared nationally as of April 2026, prior to our data sharing drive.

This indicator compares the composition relating to disability status of the Board, with that of the overall workforce. Positive values indicate that a group is represented on the Board at a higher proportion than within the workforce, whilst negative values indicate lower representation on the Board than within the workforce.

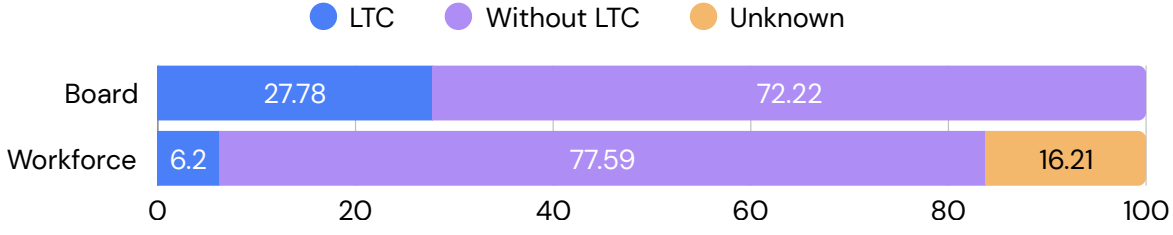
In 2026, disabled colleagues were represented on the Board at **16.2%** higher than within the wider workforce. Following a Board data completion exercise, all Board members have now declared their disability status, with no unknown records remaining. This provides confidence in the accuracy of the data and indicates that disabled colleagues are proportionately well represented at Board level when compared with the wider organisation.

Indicator 10

Board Representation compared to Whole Workforce as a percentage % pre data drive



Board Representation compared to Whole Workforce as a percentage % post data drive



Board data shows 13 members with a disability, and 5 members with a disability.

University Hospitals Coventry and Warwickshire NHS Trust

What Have We Done?

- Increased visibility of disability inclusion within governance structures
- Improved executive engagement with staff networks and Inclusive Mentoring.
- Data drives to improve the sharing of demographic data

Impact

Board-level accountability for disability inclusion has increased, supporting greater oversight of workforce equality priorities.

Next

Continue strengthening leadership accountability, succession planning and representation within senior leadership pathways, within our UHCW Leader Programme.

IDP Priority	What Have We Done?	Impact	What Comes Next?	Indicator
Inclusive Recruitment	Launched Inclusive Recruitment Action Plan, including revised shortlisting scoring, candidate guidance, interview themes, recruitment resources and improved feedback processes.	Established a consistent organisational approach to reducing bias and improving equity throughout recruitment processes.	• **Q3 2026/27 (Oct-Dec 2026):** Review recruitment data and candidate feedback. • **Q4 2026/27 (Jan-Mar 2027):** Refine actions and agree 2027/28 priorities.	WRES 2, WDES 2, GPG 1,2,6
Staff Networks	Chairs and Co-Chairs for all networks, Introduced executive sponsorship arrangements, and a staff network maturity framework.	Increased staff voice, strengthened governance and improved alignment between lived experience, workforce data and organisational priorities.	• **Q2 2026/27:** Complete network maturity assessments and annual plans. • **Q3 2026/27:** Implement manager guidance, sponsor development and network growth plans. • **Q4 2026/27:** Review maturity progress and network impact.	WRES 6,7,8,9 WDES 7,9a,9b GPG 1,2,6
Inclusive Mentoring Programme	Launched the Inclusive Mentoring Programme and increased access to development opportunities across underrepresented groups.	Improved access to support, career development, networking and leadership opportunities.	• **Q3 2026/27:** Programme evaluation, expansion planning and sustainability review.	WRES 4,7,9 WDES 5,7 GPG 1,2,6
Staff-wide Adjustment Passports	Developed disability and wellbeing passports and increased awareness of reasonable adjustments through wellbeing and inclusion initiatives.	Improved visibility of workplace support needs and encouraged more proactive wellbeing conversations.	• **Q3 2026/27:** Implement and embed passports and guidance into LMS • **Q4 2026/27:** Evaluate colleague experience and effectiveness.	WDES 3,6,8
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Data-Driven Accountability	Improved workforce reporting, strengthened EDI metrics and aligned reporting arrangements to the Inclusion Delivery Plan.	Enabled improved analysis of workforce inequalities and strengthened organisational oversight of inclusion priorities.	• **Q2/3 2026/27:** Support departmental action planning. • **Q4 2026/27:** Evaluate progress against workforce equality indicators.	WRES 1-9 WDES 1-10 GPG 1-6
Equality Impact Assessments (EIAs)	Continued embedding Equality Impact Assessments across organisational change and workforce initiatives.	Increased consideration of inclusion, equity and potential unintended consequences during decision making.	• **Q3 2026/27:** Launch guidance and form • **Q4 2026/27:** Review compliance and quality.	All measures
Accreditation & External Assurance	Continued delivery against accreditation frameworks including Veteran Aware and wider inclusion benchmarks.	Provided external challenge, assurance and opportunities for continuous improvement.	• **Q2-Q4 2026/27:** Deliver accreditation action plans via Staff Networks and monitor improvement activity	All measures
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Governance and Accountability

Our approach to WDES governance is designed to ensure transparency and meaningful oversight at every stage of the reporting cycle.

Each year, the data is presented to the People and Culture Committee and Chief Officer's Group. This early stage review focuses solely on the data, enabling conversations around themes, disparities, and allowing time for reflection and challenge.

Our action plans and strategic commitments return to Chief Officers Group, followed by formal review and endorsement in October by both the People and Culture Committee and the Public Trust Board. This staged governance process ensures that our commitments are not only visible and accountable, but also shaped by diverse voices across the organisation.

By embedding our reports into our annual governance rhythm, we ensure that equity and inclusion is not a standalone initiative, but a core part of how we lead, listen, and learn.

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Gender Pay Gap

Data Report and Insights 2025 / 2026

(Data as at 31st March 2026)

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Introduction

- Under the Equality Act 2010, Specific Duties and Public Authorities Regulations 2017, **any organisation with 250 or more employees** are required to report their gender pay gaps each year.

- The Gender Pay Gap (GPG) reporting regulations were introduced in 2017 **to reduce and eliminate pay differences** between males and females.

- Reporting has been mandated to **highlight any imbalances in pay** and **allow employers to consider reasons** for any inequality and take **necessary steps to address** these.

- This years UHCW NHS Trust data was taken on **March 31st 2026**, and is due for publication by March 30th 2027.

- There are **no restrictions** in place around sharing this data ahead of the submission date.

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Is the Gender Pay Gap the same as Equal Pay?

No, the Gender Pay Gap and Equal Pay are different.

- **Equal pay** = men and women earning equal pay for the same or similar work. Unequal pay is unlawful.
- **The Gender pay gap** = the difference between men and women's average pay within an organisation.

Why is there a gap?

Nationally, average pay for women tends to be lower than men due to less women working in senior posts. There are a number of reasons for imbalances in pay which can include:

- Gender imbalance around childcare and caring responsibilities
- "The Motherhood Penalty" - for example, maternity leave impacting career progression and professional registrations, as well as unstructured return to work support
- Limited awareness and support for menopause symptoms and menstrual related illnesses
- All of the above lead to a higher proportion of women working part time, therefore, earning less than their full-time counterparts on average.

Overview

University Hospitals Coventry and Warwickshire NHS Trust

The Trust's Gender Pay Gap continues to show gradual improvement over time, reflecting progress in representation and career development opportunities for women. These improvements reflect positive movement in workforce distribution and increased female representation within the highest pay quartile.

What's improving?

- The mean gender pay gap has reduced to **24.4%,** continuing a five-year downward trend.
- The median gender pay gap has reduced to **17%**, indicating sustained progress over time.
- Women's representation within the highest pay quartile has increased from **58.78%** to **62.57%** since 2021/22.
- The proportion of staff receiving bonus payments shows a significantly smaller gap than in previous years.
- Delivery of mentoring, inclusive recruitment, women's health initiatives and staff network development continues to support progression and career development opportunities.

Where do we need to focus?

- The mean and median gender pay gaps remain significant, highlighting ongoing structural inequalities in workforce distribution.
- Women remain overrepresented within the lower pay quartiles and underrepresented within higher-paid and senior roles.
- Bonus pay outcomes continue to be influenced by representation within consultant and senior clinical leadership roles.
- Workforce demographics suggest further work is required to strengthen progression pathways and leadership representation for women.

What happens next?

- Strengthening progression pathways into senior and leadership roles.
- Expanding mentoring, sponsorship and leadership development opportunities.
- Supporting flexible working, women's health and wellbeing initiatives.
- Improving workforce intelligence to better understand barriers to progression and representation.
- Continuing to embed inclusive recruitment and talent management practices to support long-term reduction in the gender pay gap.

These priorities will continue to be delivered through the Inclusion Delivery Plan and its associated

Calculation 1

University Hospitals Coventry and Warwickshire NHS Trust

Average Gender Pay Gap as a **mean** average

(Calculated by adding all the values in a data set together, and then dividing that total by the number of values in the set.)

	21/22	22/23	**23/24**	**24/25**	**25/26**
Men	£26.14	£27.35	£26.74	£28.20	£29.12
Women	£17.94	£18.93	£19.83	£21.00	£22.01
Difference	£8.20	£8.42	£6.91	£7.20	£7.10
% Variance	31.37%	30.79%	25.84%	25.54%	**24.4%**

What have we done?
Progressed actions through the Inclusion Delivery Plan including inclusive recruitment, inclusive mentoring, women's health support, staff network development and leadership development opportunities.

Impact
These initiatives support greater equity in career progression and representation, contributing to the continued reduction in the mean gender pay gap.

Next
Focus on progression into senior roles, strengthening workforce intelligence and identifying barriers affecting representation across higher pay bands as well as supporting through adjustment passports.

In 25/26, the mean gender pay gap is **24.40%**, a reduction from **31.37%** in 21/22, indicating a continued improvement over time.

This reduction shows gradual progress in addressing the overall distribution of male and female staff across pay bands, although progress has slowed over the last three years. The gap remains significant and continues to be influenced by a higher proportion of men in senior and higher-paid roles, as well as a higher concentration of women in lower-paid roles as is shown in calculation 6.

Calculation 2

University Hospitals Coventry and Warwickshire NHS Trust

Average Gender Pay Gap as a **median** average

(Calculated by identifying the middle value in a list of numbers)

	21/22	22/23	23/24	24/25	25/26
Men	£21.18	£21.34	£21.35	£22.99	£23.82
Women	£16.31	£17.23	£17.23	£19.00	£19.78
Difference	£4.87	£4.11	£4.12	£4.00	£4.04
% Variance	22.99%	19.26%	19.30%	17.38%	17%

What have we done?
Strengthened organisational focus on representation, progression and inclusion through recruitment, development and mentoring initiatives.

Impact
Improved representation across pay quartiles has supported gradual improvements in the median gender pay gap.

Next
Continue supporting career progression, talent development and inclusive leadership opportunities for women across the organisation.

In 25/26, the median gender pay gap is **17%**, reduced from **22.99%** in 21/22, highlighting gradual progress.

The median gap is lower than the mean gap, indicating that extreme high earners (more likely to be male) are influencing the mean more significantly. While the reduction in the median gap is positive, it continues to reflect **underlying structural differences in role and grade progression between men and women.**

Calculation 3

University Hospitals Coventry and Warwickshire NHS Trust

Average bonus gender pay gap as a mean average.

	21/22	22/23	23/24	24/25	25/26
Men	£5,945.54	£4,262.86	£13,597.44	£9,848.79	£12,979.96
Women	£2,083.86	£4,228.61	£14,287.21	£9,381.55	£12,131.86
Difference	£3,861.68	£34.26	£689.77	£467.24	£848.10
% Variance	64.95%	0.8%	5.07%	4.74%	**6.53%**

What have we done?
Improved workforce analysis and understanding of the relationship between bonus payments, workforce demographics and senior representation.

Impact
Greater understanding of structural factors influencing bonus outcomes has informed organisational priorities around progression and leadership representation.

Next
Continue strengthening leadership pipelines and monitor participation within bonus-eligible roles.

In 25/26, the mean bonus pay gap is **6.53%**, compared to **64.95%** in 21/22, this is due to the adjusted distribution of bonus pay nationally. We have seen a growing disparity over the last three years.

The bonus gap continues to be influenced by the distribution of Clinical Excellence Awards and LCIA payments, which are primarily associated with consultant level roles where men are more highly represented, and nominated.

Calculation 4

University Hospitals Coventry and Warwickshire NHS Trust

Average bonus gender pay gap as a median average.

	21/22	22/23	23/24	24/25	25/26
Men	£162.02	£4,090.20	£10,000.00	£9,048.00	£12,063.96
Women	£162.02	£4,090.20	£10,000.00	£9,048.00	£12,063.96
Difference	£0.00	£0.00	0.00%	0.00%	0.00%
% Variance	0.00%	0.00%	0.00%	0.00%	**0.00%**

What have we done?
Maintained oversight of bonus reporting data and monitored trends relating to participation and representation.

Impact
This provides assurance regarding equity of bonus outcomes whilst highlighting broader workforce representation challenges.

Next
Continue analysing participation patterns and consider how wider leadership development initiatives support future representation.

The Trust's **only** bonus payments relate to the Clinical Excellence Award (CEA) schemes, which operate consistently across all NHS Trusts. Local CEA's are now frozen; therefore, any local awards referenced in this report are historic and can no longer be amended or newly awarded. Historically, these awards recognised consultants with at least one year's service who demonstrated impact beyond their core role, such as through research, innovation, or service development.
National Clinical Impact Awards are managed independently by the Advisory Committee on Clinical Impact Awards (ACCIA) and assessed against national criteria with a strong focus on fairness, equality, diversity, and inclusion. These National awards are granted for a five-year period and **contribute to the variation in bonus payments referenced in calculation 5 (next page).**

Calculation 5

University Hospitals Coventry and Warwickshire NHS Trust

Proportion of men receiving a bonus payment and proportion of women receiving a bonus payment

	21/22	22/23	23/24	24/25	25/26
Staff receiving bonus pay - Men	269	275	97	69	**80**
Staff receiving bonus pay - Women	137	144	42	32	**35**
Total Employees - Men	2,179	2,171	2,179	2,890	**2,864**
Total Employees - Women	7,386	7,597	7,240	9,610	**9,576**
% - Men	12.35%	12.67%	4.45%	2.39%	**2.79%**
% - Women	1.85%	1.9%	0.58%	0.33%	**0.37%**

Difference - Men - Women

22/23	+10.77pp
23/24	+3.87pp
24/25	+2.06pp
25/26	**+2.42pp**

What have we done?
Enhanced workforce analysis and strengthened understanding of representation within roles associated with bonus payments.

Impact
This has improved visibility of workforce composition and the influence this has on bonus reporting outcomes.

Next
Support progression opportunities and continue monitoring trends relating to representation within senior clinical roles.

In 25/26, **2.79%** of male staff received a bonus compared to **0.37%** of female staff.
While the disparity remains, the gap has reduced significantly from **10.50%** in 21/22 to **2.42%** in 25/26.
Due to these being nationally awarded, we have limited control of results. Statutory guidance requires that the proportion of staff receiving a bonus is calculated using the Trust's entire relevant workforce as the baseline, rather than only those individuals in bonus-eligible roles. This methodology is intentionally designed to highlight structural disparities in workforce composition.

Calculation 6

University Hospitals Coventry and Warwickshire NHS Trust

Calculation 6: Gender Representation by Quartile Pay Bands

	22/23		23/24		24/25		25/26	
	Women	Men	**Women**	Men	Women	**Men**	**Women**	**Men**
Q1 - Lower (Lowest Paid)	82.99%	17%	81.02%	18.98%	80.64%	19.36%	**80.53%**	**19.47%**
Q2 - Lower Middle	82.48%	17.5%	82.75%	17.25%	82.95%	17.05%	**81%**	**19%**
Q3 - Upper Middle	82.71%	17.3%	82.81%	17.19%	81.25%	18.75%	**82.18%**	**17.82%**
Q4 - Upper (Highest Paid)	59.7%	40.3%	60.7%	39.3%	61.39%	38.61%	**62.57%**	**37.43%**

What have we done?
Delivered inclusive recruitment, mentoring, staff network development, women's health support and leadership development initiatives.

Impact
These initiatives support retention, development and progression opportunities, helping improve representation across all quartiles.

Next
Strengthen progression pathways, improve succession planning and utilise workforce data to better understand barriers affecting movement into the highest-paid roles.

In 2025/26, women remain the majority across all quartiles but are **still concentrated in the lower three and underrepresented in the highest**. This shows continued improvement, with women in the highest quartile increasing from **58.78%** in 21/22 to **62.57%**, and **reducing in the lowest** from **84.74%** to **80.53%**. While progress is evident, overall distribution remains a key driver of the gender pay gap.

IDP Priority	What Have We Done?	Impact	What Comes Next?	Indicator
Inclusive Recruitment	Launched Inclusive Recruitment Action Plan, including revised shortlisting scoring, candidate guidance, interview themes, recruitment resources and improved feedback processes.	Established a consistent organisational approach to reducing bias and improving equity throughout recruitment processes.	• **Q3 2026/27 (Oct-Dec 2026):** Review recruitment data and candidate feedback. • **Q4 2026/27 (Jan-Mar 2027):** Refine actions and agree 2027/28 priorities.	WRES 2, WDES 2, GPG 1,2,6
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