TRUST BOARD	
Annual Equalities Report 2026	
DATE OF MEETING	30 July 2026
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ASSURANCE
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Claire Budgen, Organisational Development Specialist
PRESENTED BY	Sarah Jenkins, Executive Director of People and Organisational Development (Interim)
APPROVED BY	Sarah Jenkins, Executive Director of People and Organisational Development (Interim)
EXECUTIVE SUMMARY	This report describes the workforce profile for the core Trust and supplies statistics and commentary for the core Trust and the combined Trust. The analysis has been supplemented by data from the Gender Pay Gap report, WRES report 2025 and the NHS Staff Survey 2025.
RECOMMENDATION / ACTIONS	• Enhance Board Members' cultural competence through providing a series of development sessions. Aligned to the Line of Sight Board Development Plan to ensure 1 plan. • Actively address race and gender disparity so that we understand what the barriers to high paid roles are and how to address them. Further develop our coaching support, develop interview skills development sessions for minority

	ethnic staff and for women. • Support the Staff Networks to grow in order to advocate, educate and influence, in particular the networks for Women, Race and LGBTQ+. • Implement the programme of Sexual Safety training so that people feel able to address aggression where it occurs and create conditions of respect where it will not thrive. • Run a Pulse Survey against the five themes from the NHS Staff Survey to understand whether there are any disparities in staff experience relating to protected characteristics. • Explore reasons for staff choosing 'Do not wish to disclose' for any monitoring question, particularly regarding their Religion. • Work with Patient and Donor groups to embed the organisational values of Caring, Respectful and Accountable and affirm that discrimination on the grounds of race, sex or gender, or any other protected characteristic, is not welcomed.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	**Date**
Executive Management Board	2.7.26
Quality, Safety and Performance Committee	9.7.26

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS

Executive Management Board endorsed the report for onward submission to the Quality, Safety and Performance Committee.

The Quality, Safety and Performance Committee welcomed the three-year trend analysis contained in this year's report. They also highlighted as positive the increase in declarations for most of the protected characteristics which enables the Trust to make better-informed decisions. An area for future interest was to understand intersectionality and whether there are any combinations of characteristics that lead to specific areas of disadvantage or challenge. It was reported in response to this point that the forthcoming Workplace Equality Standard report would surface key points of intersectionality for our attention.

7 LEVELS OF ASSURANCE	
If the purpose of the report is selected as **'ASSURANCE',** this section **must be** completed.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Level 3 - Actions for symptomatic, contributory and root causes. Impact from actions and emerging outcomes *Please refer to the Detailed Definitions of 7 Levels of Evaluation to Determine RAG Rating / Operational Assurance and Summary Statements of the 7 Levels in Appendix 3 in the **"How to Guide for Reporting to Trust Board and Committees"***

APPENDICES	
1	Velindre Core Trust – three-year statistics for protected characteristics
2	Combined Trust legal entity – three-year statistics for protected characteristics

1. SITUATION

The Public Sector Equality Duty (PSED) within the Equality Act 2010 requires all public authorities covered under the specific duties in Wales to report their equality data each year. The Trust is required to publish this report by 31 March 2027.

2. BACKGROUND

The Trust formally reports equality data for the legal entity of the Trust including all hosted organisations. In addition, the Trust examines the data for its core services, which excludes NWSSP. Therefore, there are two sets of figures used in this report, found at Appendix 1 and Appendix 2.

Actions responding to issues raised by these figures for the core Trust are developed through our Strategic Equality Plan actions.

This year's report includes change over the past three years for the core Trust and the combined Trust. The discussion includes relevant findings from the NHS Staff Survey 2025, the Workforce Race Equality Standard (WRES) and our Gender Pay Gap report. This ensures we have a well-rounded understanding of our workforce profile and what steps to take to fulfil the requirements of the Public Sector Equality Duty.

During the summer of 2026 the WRES will be replaced in NHS Wales by the Workforce Equality Standard (WES). This will give insights across a range of protected characteristics and direct attention to workforce risks and opportunities for improvement for the 2027 Annual Equalities report.

3. ASSESSMENT

3.1 This assessment provides graphs and tables relating the core Trust workforce profile. The narrative also includes commentary on the combined Trust profile in order to address both sets of data.

Gender

Characteristic	Category	2024 Headcount	2024 %	2025 Headcount	2025 %	2026 Headcount	2026 %
Gender							
Gender	Female	1312	74.0%	1427	74.6%	1506	75.0%
	Male	460	26.0%	486	25.4%	501	25.0%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**

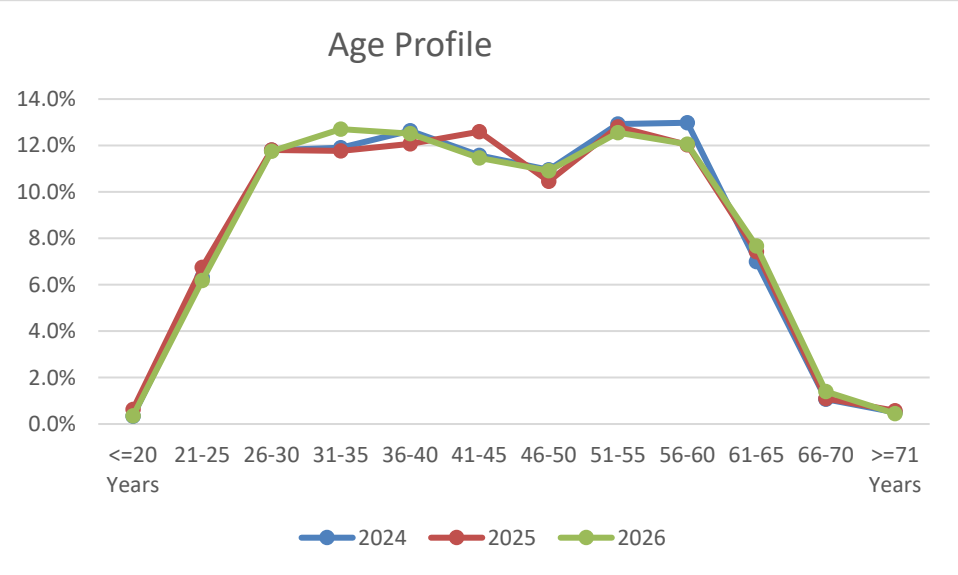
The Trust employs three times as many women as men. These proportions have remained relatively stable over the past three years, with a marginal increase in the female share of the workforce. With 1,506 women in the workforce, spread over all age ranges, it will be important to support women's health, in particular mitigating any impact of menopause on work. There is a risk that our workforce is impacted where middle aged adults, in particular women, are caring for children and older parents at the same time.

The gender profile for the combined Trust is much more even, with 60% female and 40% male. This reflects the different range of jobs in play in the two groups: NWSSP acts as the Single Lead Employer for Resident Doctors and has a more even spread of men and women within their corporate functions whereas the core Trust employs Nurses and other Healthcare professionals who are more likely to be women.

The mean Gender Pay Gap for the core Trust for 2026 stands at 10.1%. Whilst this is lower than many other NHS organisations, it does reflect a systemic barrier to high paid jobs for women. The root of the pay gap lies in the top end of Quartile 4 of salaries where men are over-represented and also there the highest hourly rates of pay.

One of the key issues emerging from the 2025 NHS Staff Survey was dissastisfaction with access to flexible working or support for work life balance. This is likely to affect women more often than men, due to the persistence of social norms pertaining to women being chief care givers. This was reflected in the statistics and the free text comments where people have described unequal access to flexible, hybrid or part-time working opportunities.

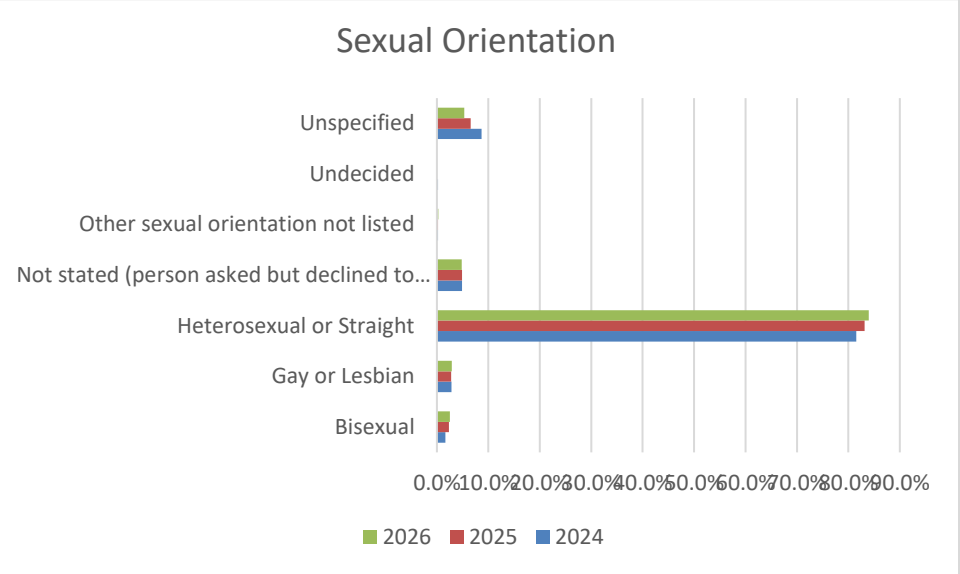
Age



The age profile shows an even distribtuion of employees across the age ranges. The 2024 peak at age 60 has reduced and the trend is towards having an even spread across the ages. This is a heathy balance bewteen retaining expertise and developing the next generation of healthcare professionals.

In contrast, the combined Trust shows a weighting towards the age range 26 to 35: the key age groups for Resident Doctors.

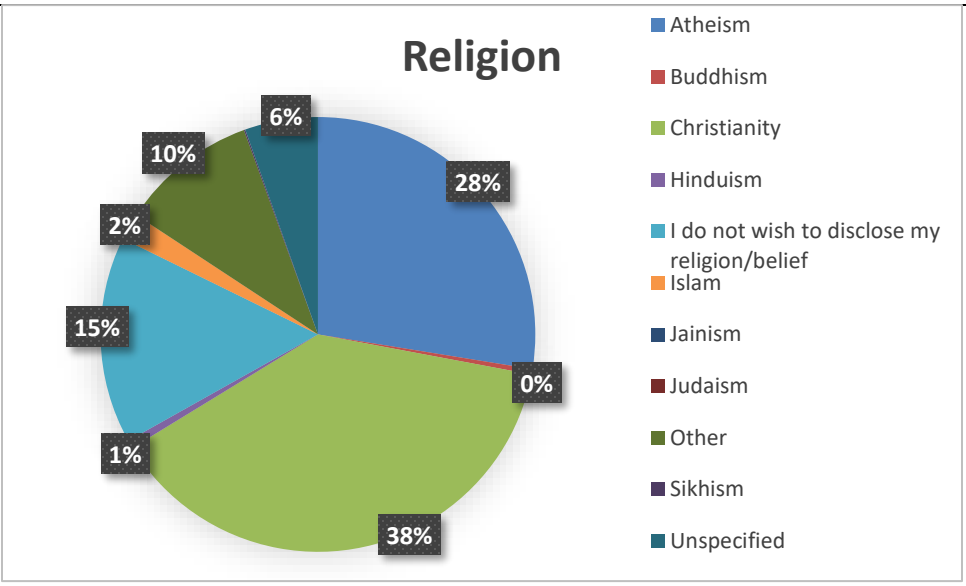
Sexual Orientation



84% of the workforce record themselves as heterosexual/straight. The figures show an increase in all specified categories over the past three years with a corresponding drop in Unspecfied/Undecided/Not Stated. Whilst the actual numbers are small, there has been an increase in employees recording themselves as bisexual.

The combined Trust reports a lower proportion for heterosexual/straight people, at 75%. However, this is compensated by 15.7% being unspecified. There are no clear patterns of difference between the other groups when comparing the core Trust and the combined Trust.

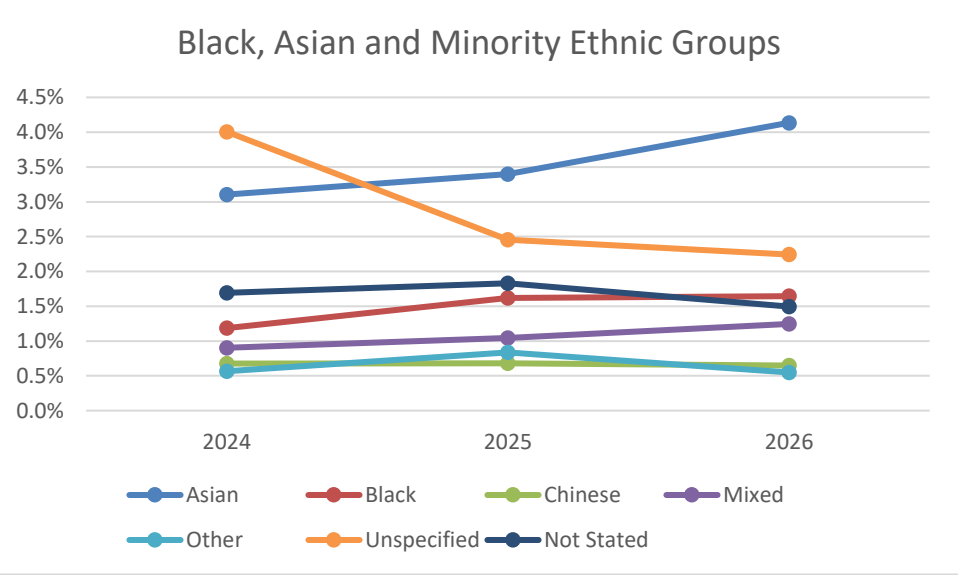
Religion



The largest group is Christianity, followed by Atheism then I do not wish ot disclose. The figures at Appendix 1 show that Christianity is decreasing over time whilst Atheism is increasing. All other religions report 2% or lower of the workforce. This reflects a trend towards secularism in wider society.

When looking at the combined Trust, all specified religions report falling percentages over the last three years. The biggest change is the increase in 'I do not wish to disclose my religion' which has gone from 10% in 2024 to 21% in 2026. This compares with a steady 15% for the core Trust. These figures may reflect a nervousness about declaring one's religion and the reasons for choosing this option should be explored sensitively.

Race

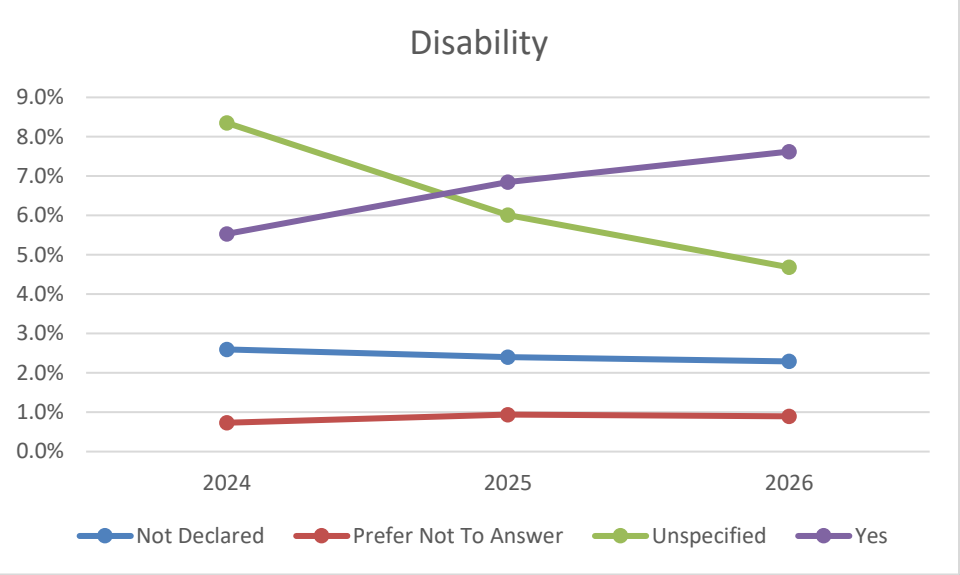


The data at Appendix 1 shows that the proportion of the workforce who are White has remained at 88% for the past three years. The graph above shows the relative change amongst the minority ethnic groups contained within the remaining 12% of the workforce. There has been an increase in staff from an Asian background, moving from 3.1% to 4.1%, and a decrease in employees listed as Unspecified from 4% to 2.2%.

The data for the combined Trust show a broader range, with 71.6% reporting themselves as White and 10.3% selecting Asian as their ethnic group. There is a higher level of non-reporting with a total of 8.7% of the combined Trust not selecting any group.

The WRES report 2025 showed improvements since 2024 in terms of declaring ethnicity on ESR and parity of Board representation and staff composition. However, three main areas of concern emerged where ethnic minority staff were having a poorer experience at work than white colleagues: bullying, harassment and discrimination, perceiving a lack of opportunity to progress and being less likely to be appointed to a role following shortlisting. These findings were taken into account in the equalities programmes in hand during the year.

Disability



The data at Appendix 1 shows that 84.5% of the workforce say they do not have a disability, up slightly since 2024. The graph above shows the data for the other reporting categories and demonstrates a clear increase in the percentage of people reporting having a disability, growing from 5.5% in 2024 to 7.6% in 2026. The biggest drop is in the unspecified category which means more people are choosing to actively record their status.

The figure for people saying they do not have a disability was very similar for the combined Trust, at 85.1%. However, the percentage reporting that they did have a disability was lower, at 4.1%. This is blanaced by a greater proportion not stating their situation which is 8%.

The results of the 2025 NHS Staff Survey showed dissastisfaction with access to flexible working and support for work life balance which may relate to staff with disabilities. People are able to request changes to working patterns in order to accommodate disabilities. Recognising the change in the law around flexible working that puts the onus on the employer, it is still appropriate for service needs to be considered in addressing any request. The Trust will benefit from extending the understanding of managers about what might be possible under the heading of Reasonable Adjustments for Disability.

Disablity came up as the strongest equalities theme within the free text comments in the 2025 Staff Survey. Comments highlighted concerns about how staff with long-term conditions, mental health needs, and health-related attendance are managed, with a strong emphasis on flexibility, compassion and practical support.

Marital Status

Characteristic	Category	2024 Headcount	2024 %	2025 Headcount	2025 %	2026 Headcount	2026 %
Marital Status							
Marital Status	Civil Partnership	32	1.8%	38	2.0%	43	2.1%

	Divorced	114	6.4%	124	6.5%	128	6.4%
	Legally Separated	11	0.6%	14	0.7%	10	0.5%
	Married	908	51.2%	981	51.3%	1021	50.9%
	Single	543	30.6%	594	31.1%	641	31.9%
	Unknown	98	5.5%	108	5.6%	109	5.4%
	Widowed	16	0.9%	19	1.0%	22	1.1%
	(blank)	50	2.8%	35	1.8%	33	1.6%
	Grand Total	**1772**	**100.0 %**	**1913**	**100.0 %**	**2007**	**100.0 %**

The proportion of married people has remained stable, varying marginally around 51%. Other categories have increased, compensated by a drop in those having no category reported.

For the combined Trust, married and single are almost equal at 35.1% and 31.1% respectively. This reflects the younger workforce shaped by being the Single Lead Employer. The Office for National Statistics reports the median age for marriage in 2023 as 34.8 years for men and 33 years for women, which is later than the majority of doctors complete their Resident Doctor training.

Maternity

Characteristic	Category	2024 Headcount	2024 %	2025 Headcount	2025 %	2026 Headcount	2026 %
On Maternity							
On Maternity	Yes	39	2.2%	48	2.5%	38	1.9%
	No	1733	97.8%	1865	97.5%	1969	98.1%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**

The rate of maternity leave varied between 1.9% and 2.5% during the period, with 38 people on maternity leave on 31 March 2026. This will be a predictable feature within a female dominated workforce with an even age profile, as described above.

There is a slightly higher Maternity rate for the combined Trust, at 3%.

Gender Reassignment

ESR does not record Gender Reassignment and therefore we do not hold statistics on this characteristic.

The Office for Statistics Regulation confirmed on 12.9.24 that the gender identity estimates for the Census 2021 are no longer accredited official statistics.

Whilst we cannot present statistics on Gender Reassignment the Trust has a Supporting Transgender Staff Policy which provides a framework for staff who have transitioned or who are in the process of transitioning their gender.

4. SUMMARY OF MATTERS FOR CONSIDERATION

Priorities for 2026-27 have been selected to respond to the findings from this analysis to also support the achievement of the five goals set out with the NHS Staff Survey Action Plan, measured by the Staff Survey scores set out below.

	NHS Staff Survey 2025 All Staff
Team Time We are stronger together	73.3%
Psychological Safety We are able to speak up	70.7%
Psychological Safety Compassionate Leadership	72.5%
Psychological Safety Negative experiences	92.2%
We nurture healthy working environments	64.7%
We champion flexible working	65.6%
We are continuously learning and improving	67.9%

These actions will be captured in the over-arching Culture and Wellbeing plan. We are in the process of redesigning our Culture & Inclusion Report to become our Culture & Wellbeing Report and Plan. This will align with the new Welsh Government Performance Framework. All intelligence and data we obtain provides a piece of the cultural jigsaw for our organisation.

4.2 Actions for 2026-27

- Enhance Board Members' cultural competence through providing a series of development sessions. This will be connected to the Line of Sight Work on shaping a Board Development Plan, so there is one plan.

- Actively address race and gender disparity during widening access activities so that we understand what the barriers to high paid roles are and how to address them. Further develop our coaching support, develop interview skills development sessions for minority ethnic staff and for women. These activities can be offered to all staff and still have a positive impact on the gender pay gap, WRES and WES.

- Support the Staff Networks to grow in order to advocate, educate and influence, in particular the networks for Women, Race and LGBTQ+.

These groups will have an impact on women and minority ethnic staff's ambition and their preparedness for senior leadership positions. Peer support and sharing of experiences will assist members to learn and improve and seek further opportunities in the Trust.

- Implement the programme of Sexual Safety training, following on from the adoption of the policy so that people feel able to address aggression where it occurs and create conditions of respect where it will not thrive.

- Run a Pulse Survey against the five themes from the NHS Staff Survey to understand whether there are any disparities in staff experience relating to protected characteristics. Take these findings forward with the 2026 NHS Staff results and the new Workforce Equality Standard findings (due July 2026).

- Explore reasons for staff choosing 'Do not wish to disclose' for any monitoring question, particularly regarding their Religion. Address the findings as part of building Psychological Safety within the NHS Staff Survey work.

- Work with Patient and Donor groups to embed the organisational values of Caring, Respectful and Accountable and affirm that discrimination on the grounds of race, sex or gender, or any other protected characteristic, is not welcomed.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: **Choose an item**	
If yes - please select all relevant goals:	
• Outstanding for quality, safety and experience	☒
• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations	☐
• A beacon for research, development and innovation in our stated areas of priority	☐
• An established 'University' Trust which provides highly valued knowledge for learning for all.	☐
• A sustainable organisation that plays its part in creating a better future for people across the globe	☒

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) *For more information: STRATEGIC RISK DESCRIPTIONS*	**Choose an item**
QUALITY AND SAFETY IMPLICATIONS / IMPACT	**Select all relevant domains below** Safe ☐ Timely ☐ Effective ☒ Equitable ☒ Efficient ☐ Patient Centred ☐
	The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021). *[Please include narrative to explain the selected domain in no more than 3 succinct points].* **Click or tap here to enter text**
QUALITY IMPACT ASSESSMENT *The duty of quality requires quality-driven decision-making for all strategic decisions. The duty of quality is operationalised through the Heath and Care Quality Standards. Therefore, when making decisions about healthcare services, NHS organisations are required to consider the impact of that decision on the Health and Care Quality Standards.*	Not required - not a strategic decision
	The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it. As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.

SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: *For more information: https://www.gov.wales/socio-economic-duty-overview*	Not required
	[In this section, explain in no more than 3 succinct points why an assessment is not considered applicable or has not been completed]. **Click or tap here to enter text**

TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: **Choose an item**
If yes select the relevant goals: • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. ☐ • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. ☐ • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health ☐ • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances ☒ • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. ☐ • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. ☐ • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being ☐

FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	This section should outline the financial resource requirements in terms of revenue and/or capital implications that will result from the Matters for Consideration and any associated Business Case. Narrative in this section should be clear on the following:

	Source of Funding: **Choose an item** Please explain if 'other' source of funding selected: **Click or tap here to enter text** **Type of Funding:** **Choose an item** **Scale of Change** Please detail the value of revenue and/or capital impact: **Click or tap here to enter text** **Type of Change** **Choose an item** Please explain if 'other' source of funding selected: **Click or tap here to enter text**
EQUALITY IMPACT ASSESSMENT *For more information:* *https://nhswales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx*	Not required - please outline why this is not required
	[In this section, explain in no more than 3 succinct points what the equality impact of this matter is or not (as applicable)].
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Yes (Include further detail below)
	Click or tap here to enter text
	The Public Sector Equality Duty (PSED) within the Equality Act 2010 requires that all public authorities covered under the specific duties in Wales report their equality data each year. The Trust is required to publish this report by 31 March 2027.

6. RISKS

This section should indicate whether any matters addressed in the report carry a significantly increased level of risk for the Trust – and if so, the steps that will be taken to mitigate the risk - or if they will help to reduce a risk identified on a previous occasion.

ARE THERE RELATED RISK(S) FOR THIS MATTER	Yes - please complete sections below

WHAT IS THE RISK?	BAF06 There is a strategic risk that our people will not feel a sense of belonging, not feel valued in their roles, not understand how they contribute to organisational success, and will be unable to speak up in confidence, resulting in a negative impact on staff experience if we do not foster a cohesive culture in line with our organisational values.
WHAT IS THE CURRENT RISK SCORE	12
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	By contributing to a cohesive culture where all staff are respected in line with our organisational values.
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	No
All risks must be evidenced and consistent with those recorded in Datix	

Appendix 1

Velindre – three-year protected characteristics comparison

Characteristic	Category	2024 Headcount	2024 %	2025 Headcount	2025 %	2026 Headcount	2026 %
Gender							
Gender	Female	1312	74.0%	1427	74.6%	1506	75.0%
	Male	460	26.0%	486	25.4%	501	25.0%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
Age Band							
Age Band	<=20 Years	6	0.3%	12	0.6%	7	0.3%
	21-25	112	6.3%	129	6.7%	124	6.2%
	26-30	209	11.8%	226	11.8%	236	11.8%
	31-35	211	11.9%	225	11.8%	255	12.7%
	36-40	224	12.6%	231	12.1%	251	12.5%
	41-45	205	11.6%	241	12.6%	230	11.5%
	46-50	194	10.9%	200	10.5%	219	10.9%
	51-55	229	12.9%	245	12.8%	252	12.6%
	56-60	230	13.0%	230	12.0%	242	12.1%
	61-65	124	7.0%	142	7.4%	154	7.7%
	66-70	19	1.1%	21	1.1%	28	1.4%
	>=71 Years	9	0.5%	11	0.6%	9	0.4%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
Sexuality							
Sexuality	Bisexual	29	1.6%	44	2.3%	50	2.5%
	Gay or Lesbian	50	2.8%	53	2.8%	58	2.9%
	Heterosexual or Straight	1445	81.5%	1591	83.2%	1685	84.0%
	Not stated (person asked but declin	86	4.9%	93	4.9%	97	4.8%
	Other sexual orientation not listed	4	0.2%	4	0.2%	5	0.2%
	Undecided	4	0.2%	3	0.0%	5	0.0%
	Unspecified	154	8.7%	125	6.5%	107	5.3%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
Religious Belief							
Religious Belief	Atheism	430	24.3%	515	26.9%	553	27.6%
	Buddhism	4	0.2%	4	0.2%	8	0.4%
	Christianity	698	39.4%	738	38.6%	769	38.3%
	Hinduism	10	0.6%	11	0.6%	12	0.6%
	I do not wish to disclose my religion,	263	14.8%	291	15.2%	309	15.4%
	Islam	32	1.8%	34	1.8%	40	2.0%
	Jainism	0	0.0%	0	0.0%	0	0.0%
	Judaism	1	0.1%	2	0.1%	0	0.0%
	Other	178	10.0%	190	9.9%	205	10.2%
	Sikhism	0	0.0%	0	0.0%	2	0.1%
	Unspecified	156	8.8%	128	6.7%	109	5.4%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
Ethnic Origin							
Ethnic Origin	Asian	55	3.1%	65	3.4%	83	4.1%
	Black	21	1.2%	31	1.6%	33	1.6%
	Chinese	12	0.7%	13	0.7%	13	0.6%
	Mixed	16	0.9%	20	1.0%	25	1.2%
	Other	10	0.6%	16	0.8%	11	0.5%
	White	1557	87.9%	1686	88.1%	1767	88.0%
	Unspecified	71	4.0%	47	2.5%	45	2.2%
	Not Stated	30	1.7%	35	1.8%	30	1.5%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
Disability							
Disability	No	1467	82.8%	1603	83.8%	1696	84.5%
	Not Declared	46	2.6%	46	2.4%	46	2.3%
	Prefer Not To Answer	13	0.7%	18	0.9%	18	0.9%
	Unspecified	148	8.4%	115	6.0%	94	4.7%
	Yes	98	5.5%	131	6.8%	153	7.6%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
Marital Status							
Marital Status	Civil Partnership	32	1.8%	38	2.0%	43	2.1%
	Divorced	114	6.4%	124	6.5%	128	6.4%
	Legally Separated	11	0.6%	14	0.7%	10	0.5%
	Married	908	51.2%	981	51.3%	1021	50.9%
	Single	543	30.6%	594	31.1%	641	31.9%
	Unknown	98	5.5%	108	5.6%	109	5.4%
	Widowed	16	0.9%	19	1.0%	22	1.1%
	(blank)	50	2.8%	35	1.8%	33	1.6%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**
On Maternity							
On Maternity	Yes	39	2.2%	48	2.5%	38	1.9%
	No	1733	97.8%	1865	97.5%	1969	98.1%
	Grand Total	**1772**	**100.0%**	**1913**	**100.0%**	**2007**	**100.0%**

Appendix 2

Combined – three-year protected characteristics comparison

Characteristic	Category	2024 Headcount	2024 %	2025 Headcount	2025 %	2026 Headcount	2026 %
Gender							
Gender	Female	4445	59.1%	4727	59.3%	4982	60.4%
	Male	3075	40.9%	3243	40.7%	3260	39.6%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
Age Band							
Age Band	<=20 Years	21	0.3%	26	0.3%	30	0.4%
	21-25	759	10.1%	844	10.6%	865	10.5%
	26-30	1506	20.0%	1537	19.3%	1569	19.0%
	31-35	1555	20.7%	1599	20.1%	1684	20.4%
	36-40	960	12.8%	1041	13.1%	1077	13.1%
	41-45	618	8.2%	676	8.5%	688	8.3%
	46-50	505	6.7%	526	6.6%	553	6.7%
	51-55	592	7.9%	607	7.6%	607	7.4%
	56-60	590	7.8%	623	7.8%	631	7.7%
	61-65	314	4.2%	376	4.7%	421	5.1%
	66-70	71	0.9%	83	1.0%	87	1.1%
	>=71 Years	29	0.4%	32	0.4%	30	0.4%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
Sexuality							
Sexuality	Bisexual	133	1.8%	176	2.2%	199	2.4%
	Gay or Lesbian	139	1.8%	175	2.2%	188	2.3%
	Heterosexual or Straight	4450	59.2%	5717	71.7%	6182	75.0%
	Not stated (person asked but dec	340	4.5%	396	5.0%	354	4.3%
	Other sexual orientation not liste	8	0.1%	15	0.2%	15	0.2%
	Undecided	6	0.1%	5	0.0%	8	0.0%
	Unspecified	2444	32.5%	1486	18.6%	1296	15.7%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
Religious Belief							
Religious Belief	Atheism	1595	21.2%	1805	22.6%	1644	19.9%
	Buddhism	69	0.9%	52	0.7%	48	0.6%
	Christianity	2356	31.3%	2463	30.9%	2306	28.0%
	Hinduism	128	1.7%	133	1.7%	108	1.3%
	I do not wish to disclose my religi	749	10.0%	872	10.9%	1729	21.0%
	Islam	472	6.3%	481	6.0%	369	4.5%
	Jainism	1	0.0%	2	0.0%	2	0.0%
	Judaism	7	0.1%	8	0.1%	4	0.0%
	Other	473	6.3%	569	7.1%	560	6.8%
	Sikhism	14	0.2%	15	0.2%	13	0.2%
	Unspecified	1656	22.0%	1570	19.7%	1459	17.7%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
Ethnic Origin							
Ethnic Origin	Asian	797	10.6%	821	10.3%	852	10.3%
	Black	276	3.7%	305	3.8%	314	3.8%
	Chinese	60	0.8%	62	0.8%	74	0.9%
	Mixed	109	1.4%	134	1.7%	157	1.9%
	Other	201	2.7%	241	3.0%	230	2.8%
	White	5017	66.7%	5780	72.5%	5900	71.6%
	Unspecified	915	12.2%	471	5.9%	545	6.6%
	Not Stated	145	1.9%	156	2.0%	170	2.1%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
Disability							
Disability	No	5474	72.8%	6672	83.7%	7015	85.1%
	Not Declared	198	2.6%	180	2.3%	160	1.9%
	Prefer Not To Answer	27	0.4%	31	0.4%	43	0.5%
	Unspecified	1547	20.6%	761	9.5%	663	8.0%
	Yes	274	3.6%	326	4.1%	361	4.4%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
Marital Status							
Marital Status	Civil Partnership	101	1.3%	115	1.4%	119	1.4%
	Divorced	249	3.3%	272	3.4%	289	3.5%
	Legally Separated	22	0.3%	27	0.3%	26	0.3%
	Married	2680	35.6%	2830	35.5%	2897	35.1%
	Single	2238	29.8%	2229	28.0%	2567	31.1%
	Unknown	1074	14.3%	1264	15.9%	1216	14.8%
	Widowed	39	0.5%	42	0.5%	46	0.6%
	(blank)	1117	14.9%	1191	14.9%	1082	13.1%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**
On Maternity							
On Maternity	Yes	217	2.9%	198	2.5%	246	3.0%
	No	7303	97.1%	7772	97.5%	7996	97.0%
	Grand Total	**7520**	**100.0%**	**7970**	**100.0%**	**8242**	**100.0%**