Workforce Race Equality Standard (WRES) - 2022 Report and Action Plan

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# Introduction

Over 2022 and beyond, Vita Health Group has continued to attempt to improve the experience of colleagues from racially minoritised communities. This work has focused on areas identified in our 2021 WRES action plan. This is something that Vita Health Group will continue to do year on year with the completion of the company’s annual WRES report where clear objectives for improvement will be identified and then acted upon accordingly.

Key successes of 2022-23 included the review and roll out of new EDI informed recruitment policies and procedures for example, the introduction of our ‘Ethnicity Matters Scheme’, the implementation and promotion of our Zero Tolerance policy and updated procedures on the Freedom to Speak Up processes. There has also been a successful roll out of our Microaggressions training via lunch time learning sessions as well as a recorded webinar of the training both of which are accessible to all staff. This training has a specific focus on the harm caused by racial microaggressions and evidences our commitment to tackle all forms of racial discrimination, abuse, and harassment. Additionally, there has been significant changes over the last 10 months within the organisation, and the EDI Team has now changed to the People Services Team (PST). The PST has grown significantly and now includes the following functions: EDI, Health, Wellbeing and Inclusion and oversight of Freedom to Speak Up processes and the F2SU Guardians. This is a positive development for the organisation and will ensure that we have a centralised service which can focus on the health, wellbeing, and inclusion of all our staff. Thebusiness has also continued to invest in colleague networks, including the Race Equality Network which ensures colleagues from racially minoritised backgrounds have further support. The REN is also open to all employees which encourages further allyship and learning for example, through the networks focused educational guest speaker sessions. The company has also continued to roll out the THRIVE mentoring programme with steps taken to ensure equitable access for colleagues of all backgrounds and the business has also invested in training for managers around Equality, Diversity, and Inclusion, including elements covering race and ethnicity. For example, the Microaggressions webinar training is mandatory for all managers to complete on our Learning & Development (L&D) internal training system (The Knowledge).

Not all objectives from our 2021 report have been achieved and the business recognises the need to redouble its efforts to ensure tangible improvements for colleagues of racially minoritised backgrounds. A key point of learning and reflection following last year’s report is to ensure that we have clear and tangible actions which will help us to ensure that we can focus on achieving these objectives. It is essential that the company recognises that the purpose of WRES is to ensure that our work on tackling racial inequalities is a continual process and we are striving to make improvements year on year.

The WRES continues to be a key tool for analysing ethnicity in the workforce, providing a snapshot of experiences and outcomes at a point in time.

Our 2022 results provide us with a clear indication of ongoing disparities in access to career opportunities and treatment in the workplace. For example, although there have been some improvements compared to last year’s report, the data this year tells us that there has been an increase in individuals who have experienced discrimination at work from a manager, team leader or other colleagues. This is something that has gone up for colleagues of all ethnic backgrounds including white colleagues. Nonetheless, this figure is still higher for staff from racially minoritised backgrounds evidencing our need to tackle this disparity as well as addressing wider workplace discrimination concerns. There is also evident inequality regarding roles in the company where racially minoritised staff are less likely to be in more senior higher paid roles. This is the case for both clinical and non-clinical roles.

# Language

Descriptions and classifications can be helpful for monitoring and identification purposes, and this is the case when looking at inequalities or discrimination that may be faced by people based on their ethnicity.

Historically the terms Black, Asian and minority ethnic (BAME) or Black and minority ethnic (BME) have been used to define groups or people who collectively are not white. It is recognised that these terms cover a wide range of people who have a diverse range of needs and experiences, so it can be problematic to conflate into a solitary group. Our Race Equality Network have also previously expressed a collective discomfort regarding the use of these terms.

On this basis where possible we are moving to using more appropriate terms such as racially minoritised; people who experience racism or terms that define specific groups, such as Black Caribbean or Southeast Asian. This decision was made in consultation with our Race Equality Network.

We recognise that language changes and there currently is not a consensus view on this, so we will continue to review this regularly as a business and welcome feedback. We want to ensure we are regularly working in partnership with our Race Equality Network regarding language and terminology regarding ethnicity to ensure we are led by those with lived experience.

# Method

The WRES requires NHS organisations and including independent service providers to self-assess against nine indicators (see appendix 1) of workplace experience and opportunity.

Four indicators relate specifically to workforce data, four are based on data from the national NHS colleague survey questions, and one considers racially minoritised colleague representation on boards. Vita Health Group collects this data via its annual colleague survey.

Feedback on the findings was gathered from the wider business, with all colleagues invited to participate in focus groups to comment and co-develop improvement actions. Vita Health Group’s Race Equality Network have also been formally consulted as part of the process.

# Findings

[The full dataset for 2022 is in](https://www.vitahealthgroup.co.uk/wp-content/uploads/2021/02/WRES-Data-Template-Jan-2021.xlsx) appendix 2. However, key findings are outlined below.

* 17.3% of the VHG workforce is from racially minoritised communities in comparison to 77.2% of white staff who work for the organisation. This is in line with the wider England and Wales population mix but is behind NHS Trusts who average greater levels of ethnic diversity (24.2%). The percentage of our staff from racially minoritised communities has also increased slightly since last years data (15.8%) which is promising as this figure is increasing.
* There is an under representation of racially minoritised colleagues in clinical and non-clinical senior and very senior management roles – this extends to board level representation. As this was a similar finding last year, this is an area of focus that the company will need to consider more carefully and continue to actively address. Additionally, there is an under representation of racially minoritised staff in middle roles, particularly for clinical roles (although there has been an increase in these roles since last year which is positive). Our Ethnicity Matters scheme in time will hopefully help with closing this gap (further details of this scheme are explained later in the report).
* Our 2022 data shows us that 0.0 white staff entered formal disciplinary proceedings in comparison to 0.0 members of racially minoritised staff.
* Percentage of colleague experiencing bullying, harassment or abuse from patients, relatives, or the public in the last 12 months reduced in comparison to 2021 across all groups. However, scores overall remain too high with 14.4% of racially minoritised colleagues and 18.3% of white colleagues experiencing these issues.
* Additionally, although the percentage rate is lower for racially minoritised communities, the ‘ethnicity unknown’ category is significantly higher at 29.6% and this was 23.2% last year evidencing that colleagues under this ethnic category have experienced an increase in bullying, harassment or abuse from patients, relatives, or the public since last year. It is possible that individuals from racially minoritised backgrounds could fall within this category and further work will need to be carried out with The People Services Team and HR to review the collection of ethnicity data.
* Racially minoritised colleagues are also more likely to experience discrimination from a manager/team leader (8.1%) and other colleagues than white colleagues (7.3%). This represents an increase for both groups vs. the last reporting period (2.6% for white staff & 5.5% for racially minoritised staff).
* Unfortunately, this year we have been unable to report on the likelihood of colleague’s accessing non-mandatory training by ethnicity. This was due to some limitations with our data reporting systems prior to June 2022. The L&D Team have advised that improvements have been made to the data reporting systems on non-mandatory training following June 2022 onwards, therefore we should be able to report on this indicator in next year’s report.
* There has been an overall increase in racially minoritised colleagues’ perception of equal opportunities, 67.9% (2021) to 72.5% (2022) however this still lags white colleagues who score 75% on this metric. There is also a score of 52% in the ‘ethnicity unknown’ category for this metric.

VHG is focussed on the areas where the data does not represent appropriate workforce diversity or experience and are committed to using this information to identify opportunities for improvement and address highlighted issues.

# Limitations

## Data Issues

Overall, our data collection has improved in comparison to the prior year. Last year it had not been possible to report on likelihood of appointment from shortlisting due to data issues within our Applicant Tracking System. We are pleased to confirm that this year we can report on this data.

Our data from 2022 shows us that 0.25 of racially minoritised staff were likely to be appointed from shortlisting in comparison to 0.38 of white staff. This shows us that white staff have a higher chance of being shortlisted than staff from racially minoritised backgrounds.

**Delayed Reporting**

As our 2021 report was delayed in its release, some of the 2021 objectives remain relevant, and we will continue to work on these alongside the objectives identified from the 2022 data in 2023/24.

As stated previously, it is essential that as a company we recognise the importance of making improvements year on year regarding tackling racial inequalities and it is inevitable that some of previous years actions will continue to be relevant for the following years. This is because it takes time, commitment, dedication, and accountability when making improvements in relation to racial inequalities.

One point of reflection from last year’s report is that making progress with a few specific quantifiable and tangible actions is much better than having lots of identified actions which are unclear and unmeasurable. Consequentially, the company has aimed to focus on more specific and tangible actions in this year’s report.

# Conclusion

Vita Health Group recognise and acknowledge that the 2022 WRES results and subsequent findings present areas of marginal improvement.

However, we are still not delivering on our ambition to have representative workforce or guaranteed equal opportunities and experience for our colleagues irrespective of their background.

Vita Health Group continues to be committed to making improvements and positive changes for our racially minoritised colleagues, which will also bring wider benefits to the organisation. We also recognise the link between better outcomes for service users and patients from racially minoritised backgrounds when we make improvements for colleagues from racially minoritised backgrounds. We know that we need to be more representative of the communities that we serve.

# Actions taken to date.

To date, Vita Health Group has taken important steps in respect to issues around race equality, including:

* A full review of the recruitment process with the rollout of full suite of EDI informed recruitment policies.
* The introduction and roll out of our ‘Ethnicity Matter’s Scheme’ with the aim to help individuals from racially minoritised communities to have a better chance of being shortlisted for more senior roles where they meet the minimum criteria for the advertised roles.
* Ongoing support of the VHG Race Equality Network (REN) & REN guest speaker sessions.
* Development of microaggressions (focussing on race/ethnicity) training both in a recorded webinar and online sessions format. This training has been expanded and made available to the wider company.
* Expansion of the Equality, Diversity, and Inclusion team into the People Services Team.
* Engagement with national race equality awareness campaigns – Race Equality Week.

# Engagement and Communication Plan

We want to ensure that we use this data effectively and build on the progress taken to date, evaluating the information, and using this intelligence to inform the actions taken.

The following action plan and timetable will guide next steps.

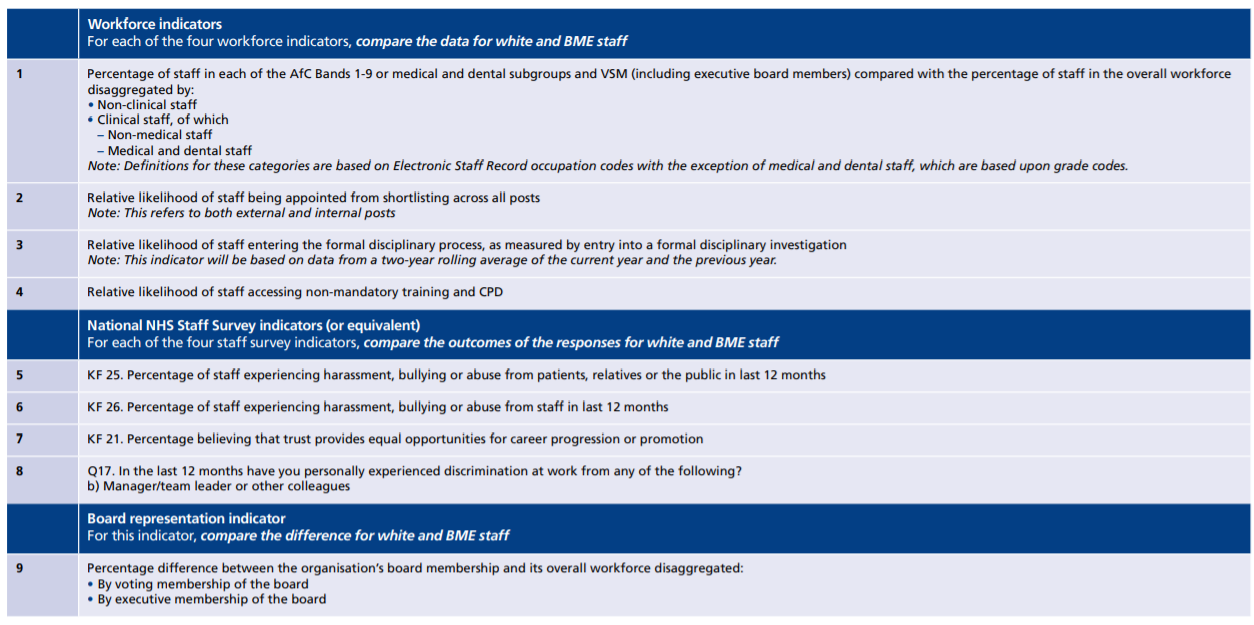
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| Action | Who is Responsible | When |
| Full review and analysis of WRES matrices and identification of potential actions. | People Services Team and allocated EDI Practitioner | July 2023 |
| Engagement with Vita Race Equality Colleague Network & wider company. | Race Equality Network Lead/Co-Ordinator in partnership with allocated EDI Practitioner | July 2023 |
| Feedback to Executive Management Team and agree next steps. | EDI Board Lead | July 2023 |
| Publish agreed next steps/ actions on our website. | People Services-Head of Service & allocated EDI Practitioner | October 2023 |
| 3-month review on actions, and collection and review process to begin for 2023 data collection. | People Services Team | January 2024 |

# Analysis & Action Plan – 2022-2023

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| --- | --- | --- | --- | --- |
| WRES Objective | What is the issue we need address? | What has been done/ what are we doing already? | What is already in the pipeline? | What else should we be doing/considering? |
| Racially minoritised colleague representation at different levels of seniority in the organisation | Under-representation of racially minoritised staff seems to have declined this year for both clinical and non-clinical roles which is a positive result.  For both clinical and non-clinical roles, although there has been an increase in staff from racially minoritised backgrounds since last year in all role types apart from support roles, there is still gaps between white staff, particularly for clinical roles.  For example, there has been an increase of racially minoritised staff in senior and very senior manager roles for both clinical and non-clinical,  however again, there is a difference between white staff in these positions still.  Although there has been an increase of staff from racially minoritised backgrounds in middle level roles in both clinical and non-clinical roles, there is a gap where white staff are more likely to be in these positions particularly for clinical roles.  Out of all roles, middle roles also have the highest ethnicity unknown category scores for both clinical and non-clinical roles and have increased since last year in this role category.  A gap also remains for senior and very senior roles, however, there has been overall improvements since last year, with more racially minoritised staff in these positions. | New EDI informed recruitment policies and procedures in place are now being monitored.  Workforce representation reporting by Ethnicity.  Companywide mentoring program in place with equitable access irrespective of background.  Ongoing support of VHG Race Equality Network to gauge needs and support requirements for racially minoritised colleague members.  Commitment to internally advertising roles for minimum period. | Consideration of more targeted mentoring/coaching scheme/interventions for racially minoritised colleagues.  Clearly publish career progression pathways.  Use of targeted recruitment platforms.  Highlight colleague networks on website. | Advertise roles on a more diverse range of platforms. Websites such as Race Equality Matters.  Promotion of external mentoring schemes via company email, PST Newsletter, Yammer & Race Equality Network.  Promotion of our ‘Ethnicity Matters’ scheme and to ensure we measure whether this is being accessed and utilised.  People Services Team and HR to review collection of ethnicity data and develop communication piece around collection of ethnicity data. |
| The likelihood of colleagues being appointed from shortlisting if they are from racially minoritised backgrounds or white | 0.25 staff from racially minoritised backgrounds were likely to be appointed following shortlisting in comparison to 0.38 of white staff. We do not have data to compare this to from last year, however this shows us that staff from racially minoritised backgrounds are less likely to be appointed following shortlisting. | Shortlisting review workshop training.  Updated shortlisting guidance – including positive action justification.  Vacancies restricted to internal applicants for 1 week to target known inequality racially minoritised colleague shortlisting, giving underrepresented colleagues a better chance of being visible/shortlisted/appointed if not competing with external applicants.  Applicant Tracking System (ATS) data collection limitation has been reviewed and improved since last year. We are now collecting this data.  Anonymised recruitment to prevent unconscious bias. | Continued improvements to applicant EDI data collection.  Consideration and promotion of inclusive interview panels.  Support for positive action as per our Recruitment & Selection policy. | Promotion of our ‘Ethnicity Matters’ scheme and to ensure we measure and audit access rates.  Advertise roles on a more diverse range of platforms.  Audit compliance with internal recruitment processes including internal advertising and diverse interview panels.  Review recruitment policies, ensure the policies are socialised and ensure unconscious bias training is promoted and available.  Monitor unconscious bias training compliance and raise further awareness. |
| The likelihood of colleagues entering the disciplinary process if they are from racially minoritised backgrounds or white | This year’s data shows us that 0.0racially minoritised staff compared to 0.0 white staff had entered the disciplinary process. | Raising awareness of policies that would mitigate the likelihood of disparity in the use of disciplinary process (e.g., Zero Tolerance Policy). Further training for managers on EDI considerations (e.g., GOALs training, updated mandatory training).  Support made available for managers and colleagues from People Services Team to help develop understanding regarding issues and provide support and direction to problem solve and move forward. | Development of microaggressions training and delivery to wider company. This training helps raise awareness around racial microaggressions that can take place in the workplace.  The training also highlights the severe impacts of racism including trauma and how this can impact work performance & wellbeing among racially minoritised staff, which can make them potentially more vulnerable to performance reviews and/or entering the workplace disciplinary processes. | Monitor colleague attrition rates to understand if colleagues from racially minoritised backgrounds are leaving at higher rate and at lesser length of service. This year, the middle, senior and very senior manager roles have increased for racially minoritised staff (although there are still disparities between racially minoritised staff and white staff e.g., middle level roles).  However, as in 2021, the most common type of role for racially minoritised staff was a support role, and as this has declined, it would be good to understand the number of individuals that have left the company and individuals who may have progressed into more senior roles.  Use exit interviews to identify if there are any trends and reasons for racially minoritised colleague leaving.  Deliver People Services ‘Aspire’ Team training to Corporate Services managers which has a focus on EDI and the importance of understanding intersectionality, power, privilege, prejudice, and discrimination. Once piloted, consider rolling out to managers in wider company.  Ensure microaggressions online training and webinar continues to be accessible. The webinar has also been made mandatory for managers to access and watch.  Further promote Zero Tolerance Policy. |
| The likelihood of colleague accessing non-mandatory training for racially minoritised colleagues in comparison to white colleagues | Unfortunately, we do not have data for this metric this year. This is due to some limitations with our data reporting systems prior to June 2022. We should have this data for next year’s report. | Roll out of companywide mentoring scheme.  Increased range of non-mandatory training available. | Improvements to data collection within our L&D department have been made so we can collect information on this metric. We now have data for this from June 2022 onwards which can be included in next year’s report.  Promotion of external targeted opportunities (E.g., multiple NHS Leadership Academy development programmes and access to mentoring such as Edward Jenner & Mary Seacole Programme’s). | Continue to promote external targeted professional development opportunities (E.g., multiple NHS Leadership Academy development programmes and access to mentoring such as Edward Jenner & Mary Seacole Programme’s).  Continue to promote THRIVE internal mentoring programme among racially minoritised staff and measure access rates among racially minoritised staff. |
| Percentage of colleague experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months | Colleagues from racially minoritised backgrounds are marginally less likely than their white counterparts (14.4% vs 18.3%) to experience harassment, bullying or abuse from patients, or members of the public. This is a reduction since last year’s scores of (20.9% of racially minoritised staff vs 19.3% of white staff).  The ethnicity unknown’ category has increased from last year (23.2% vs 29.6%). Staff from racially minoritised backgrounds could fall within this ethnic category. | Zero Tolerance Policy and process.  Zero Tolerance Equality training to supervisors and managers.  Promotion of Zero tolerance process on the intranet.  Microaggression training.  Solidarity statement on the website.  Promotion and championing through CEO.  Email signature Zero Tolerance statement.  Raise awareness of freedom to speak up process.  Goals EDI training awareness for managers.  Freedom to Speak Up policy and procedures. | Implementation of new 121 process to provide opportunities for colleague to speak up.  Expansion of the microaggressions training with a focus on racial microaggressions. Sessions accessible to whole company via lunch time learn sessions and webinar attendance is mandatory for managers.  Further development & review of the Freedom to Speak Up Processes (F2SU) and oversight under the People Services Team.  Further awareness raising of the Freedom to Speak up process & guardians.  Review of Freedom to Speak Up policy & Zero Tolerance policy by People Services Team.  Completion of People Services Team Inductions with discussion around Zero Tolerance policy and Freedom to Speak Up. | Speak up guardians to build direct route with Race Equality Network.  Deliver People Services ‘Aspire’ Team training to Corporate Services managers which focuses on the importance of managers understanding what constitutes harassment and discrimination and important policies/procedures which must be followed. Once piloted consider rolling out to managers in wider business.  Ensure all managers access the microaggressions webinar training and to ensure that this training is made mandatory for managers.  People Services Team and HR to review collection of ethnicity data and develop communication piece around collection of ethnicity data.  Further promote our Zero Tolerance Policy & update/further promote our Solidarity Statement on our external website. |
| Percentage of colleague experiencing harassment, bullying or abuse from colleague in the last 12 months | Racially minoritised colleagues experiencing bullying, harassment or abuse from colleagues has decreased from last year (7.3% vs 4.4%) and has decreased slightly for white colleagues (3.3% vs 3.1%). However, the ‘ethnicity unknown’ category has increased this year (6.1% 2022 vs 5.4% 2021) and this category could include staff from racially minoritised backgrounds. | Freedom to speak up process established.  New Appraisal process launched including manager training with an increased focus on 121 support and enquiry around wellbeing.  Goals EDI training awareness for managers. | Review of grievance process.  Roll out of microaggressions and race inequality training.  Promote freedom to speak up process. | Speak up guardians to build direct route with Race Equality Network.  Deliver more lunch time learn microaggressions training sessions with focus on racial microaggressions.  To promote microaggressions webinar across the whole business.  HR to review data monitoring of ethnicity. (Due to increase in ‘ethnicity unknown’ category).  Further promote our Zero Tolerance policy. |
| Percentage believing that VHG provides equal opportunities for career progression or promotion | There has been an overall increase in racially minoritised colleague perception of equal opportunities since last year’s data (67.9% 2021 to 72.5% 2022) however this still lags white colleagues who score 75% on this metric. | Review of Recruitment practices across the  business and launch of new process and procedures.  Mentoring and coaching programme launched.  Vacancies limited to internal applicants initially to improve chances of racially minoritised colleagues being successful regarding promotion and career progression as not competing with external applicants. | Improve communication of career pathways  Introduction of ‘Ethnicity Matters’ scheme to encourage individuals from racially minoritised backgrounds to access more senior roles. | Continue to promote ‘Ethnicity Matters’ scheme and to ensure we can measure when and how often this is being accessed. |
| In the last 12 months have you personally experienced discrimination at work from managers/ team leader or other colleagues | 8.1% of colleagues from racially minoritised backgrounds experienced discrimination in comparison to 7.3% of white colleagues. This represents an increase for both ethnic groups from last year (2.6% for white colleagues and 5.5% for racially minoritised colleagues in 2021) however, colleagues from racially minoritised backgrounds are still scoring higher than white colleagues on this indicator. | Zero Tolerance Policy and process.  Zero Tolerance Equality training to supervisors and managers.  Promotion of Zero tolerance process on the intranet.  Microaggressions training.  Solidarity statement on the website.  Promotion and championing through CEO.  Email signature Zero Tolerance statement  Addressing issues of Zero Tolerance where relevant  Freedom to speak up policy launched | Development of microaggressions training with focus on racial microaggressions. Training delivered both in meetings, via lunch time learn and via recorded webinar format. Completion of the webinar training is mandatory for all managers. | Improve direct links between freedom to speak up guardians and Race Equality Network, directly highlighting how support can be accessed.  Deliver more lunch time learn microaggressions training sessions.  Further promote our Zero Tolerance Policy. |
| Percentage difference between the organisations' Board voting membership and its overall workforce | 17.3% of Vita's workforce as of 31st March 2022 were from racially minoritised backgrounds and 11.1% of Vita’s voting board members are from a racially minoritised background. The percentage difference between the boards voting membership & our overall workforce for racially minoritised staff is,  -6.2%. For white staff, the overall percentage difference here is +11.7%.  Regarding exec board membership, as 17.3% of VHG staff are from a racially minoritised background, and 16.7% are from a racially minoritised background on our exec board, the percentage difference between VHG’s exec board members and overall, racially minoritised workforce is -0.6%. For white staff, the percentage difference here is +6.1%.  It is easy to see from these figures that the overall board is more representative of white staff  evidencing some levels of inequality when it comes to board representation for racially minoritised staff. | New recruitment policy and procedures in place.  Introduction of THRIVE mentoring programme, and sharing of this programme in the staff networks, including the Race Equality Network.  Colleague networks highlighted on company website. | Introduction of ‘Ethnicity Matters Scheme’ to encourage racially minoritised staff to have access to more senior positions. | Advertise roles on a more diverse range of platforms.  Promotion of external mentoring schemes.  Measure who is accessing the THRIVE programme and if there is any difference in ethnicity. If so, think about the ways we can make this more accessible to racially minoritised staff. Ensure staff have the chance to feedback on the programme so improvements can be made. |

# APPENDICIES

1. WRES Indicators – reproduced from NHS Workforce Race Equality Standard (WRES), 2021



1. 2022 WRES Data

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Indicator | Data item |  | | Measure | 31st March 2022 | | |
| White | BME | Ethnicity Unknown |
| Number of colleagues in each of pay bands or medical subgroups and VSM (including executive Board members |  | Non-Clinical Workforce | |  |  |  |  |
|  | 1 | Support |  | Headcount | 124 | 22 | 7 |
|  | 2 | Middle |  | Headcount | 87 | 19 | 7 |
|  | 3 | Senior |  | Headcount | 21 | 3 | 0 |
|  | 4 | VSM |  | Headcount | 24 | 2 | 0 |
|  |  | Clinical Workforce | |  |  |  |  |
|  | 1 | Support |  | Headcount | 65 | 14 | 3 |
|  | 2 | Middle |  | Headcount | 431 | 92 | 31 |
|  | 3 | Senior |  | Headcount | 27 | 9 | 2 |
|  | 4 | VSM |  | Headcount | 1 | 2 | 0 |
|  |  |  |  |  |  |  |  |
|  | 1 | Trainees |  | Headcount | 119 | 38 | 15 |
|  |  |  |  | **TOTAL** | 899 | 201 | 65 |
| Relative likelihood of colleague being appointed from Shortlisting across all posts | 1 | Number of shortlisted applicants | | Headcount | 215 | 83 | 0 |
| 2 | Number appointed from shortlisting | | Headcount | 81 | 21 | 0 |
| Relative likelihood of colleague entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation | 1 | Number of colleagues entering formal disciplinary | | Headcount | 0.002 | 0.010 | 0.0 |
|  |
| Relative likelihood of colleague accessing Non mandatory training | 1 | Number of colleagues accessing Non training and CPD | | Headcount | N/A | N/A | N/A |  |
|  |
| Percentage of colleague experiencing Bullying, harassment or abuse from patients, relatives, or the public in last 12 months | 1 | % Percentage of colleague experiencing Bullying, harassment or abuse from patients, relatives, or the public in last 12 months | | Headcount | 18.3% | 14.4 | 29.6% |  |
|  |
| Percentage of colleague experiencing Bullying, harassment, or abuse from colleague members in last 12 months | 1 | % Of colleague experiencing Bullying, harassment, or abuse from colleague members in last 12 months | | Headcount | 3.1% | 4.4 | 6.1% |  |
| Percentage believes that the trust provides equal opportunities for career progression or promotion | 1 | % Believes that the trust provides equal opportunities for career progression or promotion | | Headcount | 75% | 72.5% | 52% |  |
| In last 12 months have you personally experienced discrimination at work from manager/team leader and other colleagues | 1 | % Of colleague who personally experienced discrimination at work from manager/team leader and other colleagues | | Headcount | 7.3% | 8.1% | 10.2% |  |
| Percentage difference between the organisations' Board voting membership and its overall workforce. | 1 | Total Board Members: Voting Board Members | | Headcount | 8 | 1 | 0 |  |
| 2 | Total Board Members: Non-Voting Board Members | | Headcount | 1 | 0 | 0 |  |
| 1 | Total Board Members: Exec Board Members | | Headcount | 5 | 1 | 0 |  |
| 2 | Total Board Members: Non-Exec Board Members | | Headcount | 4 | 0 | 0 |  |
|  | | | | | | |  |
| Number of colleagues in overall workforce | | | Headcount | 899 | 201 | 65 |  |
| 1 | Total Board Members - % by ethnicity | | % | 90% | 10% | 0% |  |
| 2 | Voting Board Members - % by ethnicity | | % | 88.9% | 11.1% | 0% |  |
| 3 | Non-Voting Members - % by ethnicity | |  | 100% | 0% | 0% |  |
| 4 | Exec Board Members - % by ethnicity | | % | 83.3% | 16.7% | 0% |  |
| 5 | Non-Exec Board Members - % by ethnicity | | % | 100% | 0% | 0% |  |
| 6 | Overall workforce - % by ethnicity | | % | 77.2% | 17.3% | 5.6% |  |
| 7 | Difference (Total voting Board - Overall workforce) | | % | 11.7% | -6.2% | n/a |  |
| 7 | Difference (Total exec Board - Overall workforce) | | % | 6.1% | -0.6% | n/a |  |