Workforce Race Equality Standard (WRES) - 2023 Report and Action Plan

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# Introduction

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 & 2022 WRES action plans. 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 2023 included:

* the review and roll out of updated EDI informed recruitment policies and procedures,
* the introduction of our ‘Ethnicity Matters” positive action scheme,
* the continued promotion of our Zero Tolerance policy,
* an updated company Statement of Solidarity
* 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, the EDI & Sustainability Team has grown and now includes: EDI, Health, Wellbeing and Inclusion, Sustainability, and oversight of Freedom to Speak Up processes and the F2SU Guardians.

This is a positive development for the organisation and shows VHG’s commitment to progressing inclusivity, challenging discrimination and supporting colleague wellbeing. We recognise as an organisation that to succeed in our EDI strategy, this will take time, dedication & commitment on an ongoing and continual basis.

Vita Health Group has also continued to invest in colleague networks, including the Race Equality Network (REN) 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). Over 2024, the business plans to roll out further training on Anti-Racism.

A key point of learning and reflection following last year’s report was to ensure that we have clear and tangible actions which will help us to ensure that we can focus on achieving these objectives. This focus has enabled us to successfully progress several actions including:

* Advertising certain job roles on more diverse platforms (e.g. Race Equality Matters website).
* Establish, promote & evaluate the Ethnicity Matters Scheme.
* Monitor unconscious bias training compliance & review the content.
* Deliver Aspire Corporate Manager Training (ongoing).
* Review of exit interviews for any patters of RMC colleagues leaving (ongoing).
* Monitor colleague attrition rates (ongoing).
* Review of recruitment policy.
* Promotion of community targeted professional development schemes.
* Delivery of further microaggressions training sessions.
* Further promote Zero Tolerance Policy.
* Monitor accessibility of THRIVE Mentoring Programme with consideration of ethnicity.
* Participation in Race Equality Week, featured on Race Equality Matters website & input from Senior Leaders.

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.

# 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 individuals into a solitary group. Our Race Equality Network (REN) 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 independent NHS 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 REN have also been formally consulted as part of the process.

# Findings

[The full dataset for 2023 is in](https://www.vitahealthgroup.co.uk/wp-content/uploads/2021/02/WRES-Data-Template-Jan-2021.xlsx) appendix 2. However, some of the key findings are outlined below:

* In 2023, 18.7 % of the overall workforce were from a racially minoritised background. This has increased since 2022, where 17.3% of the VHG workforce were from a racially minoritised background. This is in line with the wider England and Wales population mix but is behind NHS Trusts who average greater levels of ethnic diversity (in March 2023, 26.4% of the workforce across NHS trusts in England where from a racially minoritised background).
* Although overall progress has been made, there is still areas where clear disparity exists. For example, in March 2023, there was evident disparity within the category of non-clinical senior roles, where there are 10% of racially minoritised colleague’s vs 90% white colleagues within these roles. Similarly, within very senior manager non-clinical roles, where 10% of roles are made up of racially minoritised colleagues vs 80% of white colleagues (& 10% ethnicity unknown).
* The percentage of colleague experiencing bullying, harassment or abuse from patients, relatives, or the public in the last 12 months has increased from 14.4% in 2022 to 15% for racially minoritised colleagues in 2023. White colleagues experience of this has decreased since 2022 from 29.6%) to 19.6% in 2023.
* A positive finding is regarding the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months, as this has decreased for racially minoritised colleagues from 4.4% in 2022 to 2.7% in 2023. But has increased for white colleagues from 3.1% in 2022 to 5.8% in 2023. This has also increased for the ethnicity unknown category in 2022 (6.1%) to 10.1%. It is possible that individuals from racially minoritised backgrounds could fall within this category and further work still needs to be done to increase declaration rates. We want all colleagues to feel supported to share & report their ethnicity but equally respect that there may be instances where colleagues do not wish to do so.
* Racially minoritised colleagues are less likely to experience discrimination from a manager/team leader than in 2022 which was reported as 8.1% and decreased to 5.3% in 2023. They are however still more likely to experience this than white colleagues (4.6%). There has been an improvement overall for both racially minoritised and white colleagues for this indicator since 2022.
* There has been a year-on-year improvement for indicator 7, where in 2023 86.7% of racially minoritised colleagues reported that they believe the organisation provides equal opportunities for career progression or promotion compared to 72.5% in 2022. This does however still lag white colleagues (89.2%).

# Limitations

## Data Issues

Overall, our data collection has improved in comparison to prior years. Last year we were unable to report on the relative likelihood of staff accessing mandatory training; this has been resolved for 2023.

**Delayed Reporting**

We acknowledge that our WRES report is slightly delayed in relation to the national WRES 2023 report which was published in March 2024. This is in part due to previous timelines that have been delayed. In addition, our annual staff survey is collected at a separate time frame to the national NHS survey, and this is where a large proportion of the data comes from for our WRES report.

Consequentially, our report has been released slightly later than the national 2023 WRES report to give us time to analyse these findings. The WRES Guidance acknowledges that there may be discrepancies with data collection where organisations have different data collection methods to the national survey, and this is expected.

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, and accountability when making improvements in relation to racial inequalities. As we focused on more quantifiable and tangible actions in our 2022 report, although many of the actions are ongoing, we have been successful in implementing many. With this in mind, we aim to ensure that any additional actions which are developed from the 2023 report remain quantifiable, tangible, and measurable.

# Conclusion

Vita Health Group recognise and acknowledge that the 2023 WRES results and subsequent findings present areas of marginal improvement.

However, we are still not fully delivering on our ambition to have a representative workforce or guaranteed equal opportunities and experience for our colleagues irrespective of their background. We are dedicated to achieving this and have shown improvements since our first WRES report released in 2021.

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.
* Advertising certain job roles on more diverse job sites such as Race Equality Matters.
* 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 EDI & Sustainability Team.
* Expansion of our Freedom to Speak Up (F2SU) function & Lead F2SU Guardian role under the EDI & Sustainability Team.
* Annual engagement with national race equality awareness campaigns – Race Equality Week (including Linkdin & VHG website).
* Feature on Race Equality Matters website with statements from our CEO & EDI & Sustainability Director.
* Development of Anti-Racism training due to be rolled out in 2024.
* Release of our Solidarity Statement.
* Review and re-socialisation of our Unconscious Bias Training.
* Review & re-socialisation of our Zero Tolerance Policy.

# 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.

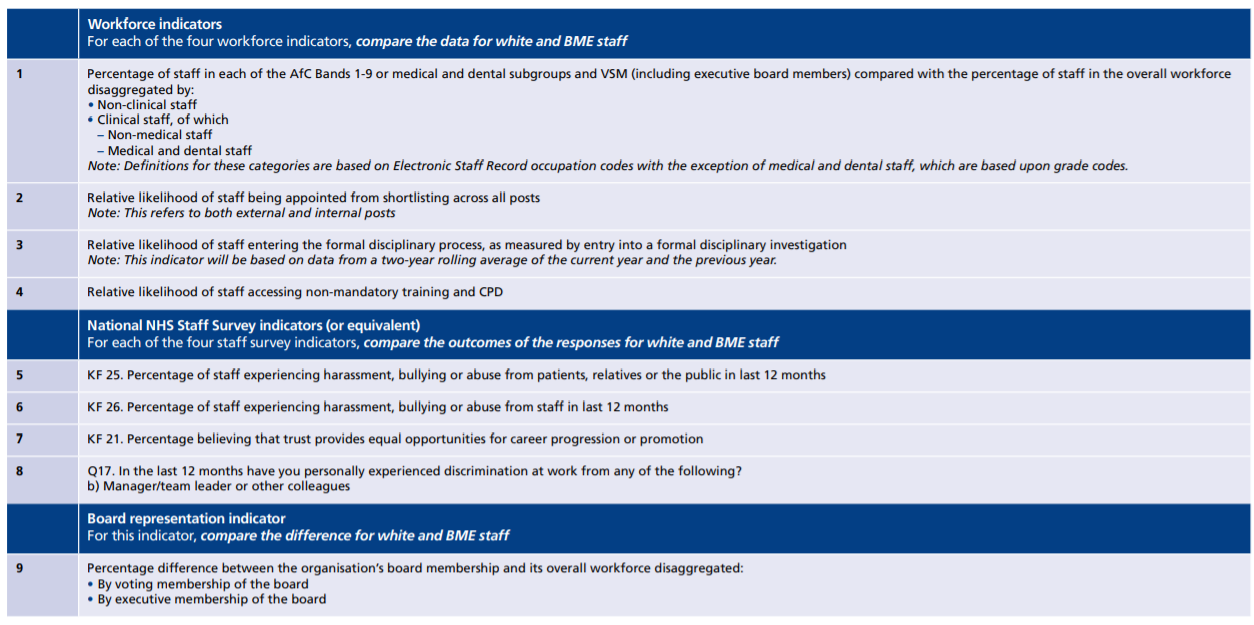
|  |  |  |
| --- | --- | --- |
| Action | Who is Responsible | When |
| Full review and analysis of WRES matrices and identification of potential actions. | EDI & Sustainability Team and allocated EDI Practitioner | June 2024 |
| Engagement with Vita Race Equality Colleague Network & wider company. | Race Equality Network Lead/Co-Ordinator in partnership with allocated EDI Practitioner | July 2024 |
| Feedback to Executive Management Team and agree next steps. | EDI & Sustainability Director | July-August 2024 |
| Publish agreed next steps/ actions on our website. | EDI & Sustainability Team in partnership with Marketing Team | October 2024 |
| 3-month review of actions, and process to begin for 2024 data collection. | EDI & Sustainability Team | January 2025 |

# Analysis & Action Plan –2024

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| --- | --- | --- | --- |
| WRES Objective | What is the issue we need address? | What We Are Currently Doing | What Else Do We Need to Do? |
| 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 for some of the categories, however, there is still also under-representation in some of the bands including: Middle non-clinical, senior non-clinical, senior clinical roles and VSM clinical roles.  **Non-Clinical Roles 2023:**  **Support Roles:**  RMC-16% (vs 14.4% 2022)  White-74% (vs 81% 2022)  Unknown-10% (vs 4.6% 2022)  There is a positive trend here where RMC colleagues have increased.  **Middle Roles:**  RMC-15% (vs 16.8% 2022)  White-78% (vs 77% 2022)  Unknown-7% (vs 6.2% 2022)  This shows there are slightly less RMC staff since 2022 in middle non-clinical roles.  **Senior:**  RMC-10% (vs 12.5% 2022)  White-90% (vs 87.5% 2022)  Unknown-0%  This shows there are slightly less RMC colleagues since 2022.  **Very Senior:**  RMC-10% (vs 8% 2022)  White-80% (vs 92% 2022)  Unknown-10% (vs 0% 2022)  This is a positive trend, where RMC colleagues have slightly increased.  **Clinical Roles 2023:**  **Support Roles:**  RMC-20% (vs 17.1% 2022)  White-70% (vs 79.3% 2022)  Unknown-10% (vs 3.7% 2022)  This shows a positive trend, where there are more RMC colleagues in clinical support roles.  **Middle:**  RMC-20% (vs 16.6% 2022)  White-70% (vs 77.8% 2022)  Unknown-10% (vs 5.6% 2022)  This also shows a positive trend with more RMC colleagues.  **Senior**  RMC-20% (vs 23.7% 2022)  White-60% (vs 71.1% 2022)  Unknown-20% (vs 5.3% 2022)  This shows a slight decline in RMC colleagues since 2022.  **Very Senior:**  RMC-30% (vs 67% 2022)  White-70% (vs 33% 2022)  Unknown-0% (vs 0% 2022) | Advertising 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 & audit of our ‘Ethnicity Matters’ scheme.  EDI & Sustainability Team and HR are reviewing collection of ethnicity data. | Develop communication piece around collection of ethnicity data and the importance of this for accurate representation.  As we are not yet representative of the populations we serve, to consider how we can make our services more inclusive e.g. review website and additional language function. To also consider if we need a pathway for racially minoritised communities to access our services. |
| The likelihood of colleagues being appointed from shortlisting if they are from racially minoritised backgrounds or white | 0.26 staff from racially minoritised backgrounds were likely to be appointed following shortlisting in comparison to 0.34 of white staff. This tells us that white staff are 1.3 times more likely to be appointed from shortlisting then racially minoritised colleagues.  There is a positive trend here, where last year, white staff were 1.52 times more likely to be appointed.  This tells us that this disparity has decreased since 2022. | We have promoted our ‘Ethnicity Matters’ scheme to ensure we measure and audit access rates.  We are advertising roles on a more diverse range of platforms (e.g. Race Equality Matters).  Auditing compliance with internal recruitment processes including internal advertising and diverse interview panels.  Reviewing recruitment policies & ensuring policies are socialised.  Promoted & reviewed our Unconscious Bias training. Also monitoring compliance and completion rates.  We advertise roles internally prior to roles going external so internal applicants have an opportunity to apply earlier. | To consider if we could have ‘speaks another language’ as an additional skill (under desirable criteria) on job descriptions with the view to recruit more diverse talent. |
| The likelihood of colleagues entering the disciplinary process if they are from racially minoritised backgrounds or white | This year’s data shows us that the relative likelihood for this indicator is 0.6. As the figure is below 1, this tells us that racially minoritised colleagues are less likely than white colleagues to enter the formal disciplinary process. This is similar to the 2022 findings, which was also a score of below one (0.0). | We are monitoring colleague attrition rates to understand if colleagues from racially minoritised backgrounds are leaving at higher rate and at lesser length of service.  We review exit interview feedback to identify if there are any trends and reasons for racially minoritised colleague leaving.  We have delivered ‘Aspire’ Team training to Corporate Services managers which has a focus on EDI and the importance of understanding intersectionality, power, privilege, prejudice, and discrimination. There is a plan for this manager training to be delivered more widely throughout the company (Leadership Essentials Manager Training).  Microaggressions Training webinar has been made mandatory for managers to access and watch. Managers are also required to complete a Knowledge Check prior to completion to evidence understanding.  We have promoted our Zero Tolerance Policy. |  |
| The likelihood of colleague accessing non-mandatory training for racially minoritised colleagues in comparison to white colleagues | This year’s data tells us that the likelihood of white colleagues accessing mandatory training was 0.9 and was 0.9 for racially minoritised colleagues. The overall relative likelihood was 1. As the score is 1, there is no difference between white and racially minoritised colleagues accessing non-mandatory training. | We have promoted 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). We continue to do this as and when these programmes arise.  We continue to promote THRIVE our 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 | **2023 findings by ethnicity:**  **RMC**-15% (vs 14.4% 2022)  **White-**19.6% (vs 18.3% 2022)  **Unknown**-22.8% (vs 29.6% 2022)  This is a negative finding, where this indicator has slightly increased for RMC and white colleagues. | Our Speak Up Guardians are building direct links with the Race Equality Network.  We have delivered our Aspire Managers 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. We plan to deliver this to other teams in the wider business (This has been renamed Leadership Essentials Training). We have also delivered this training to managers in our Leicester, Leicestershire & Rutland Talking Therapies Service.  We have made our Microaggressions Training webinar mandatory for managers. We also monitor the compliance around this.  The EDI & Sustainability Team and HR are reviewing collection of ethnicity data.  Promoted our Zero Tolerance Policy & updated our Solidarity Statement on our external website. | Develop communication piece around the importance of collecting of ethnicity data.  To consider/review whether Zero Tolerance & Solidarity Statement is referenced in communications to patients & service users prior to service provision. |
| Percentage of colleague experiencing harassment, bullying or abuse from colleague in the last 12 months | **2023 Findings by Ethnicity:**  **RMC**-2.7% (vs 4.4% in 2022)  **White**-(5.8% vs 3.1% in 2022)  **Unknown**-(10.1% vs 6.1% 2022)  There is a positive trend here, where less racially minoritised colleagues are reporting experiences of harassment, bullying and abuse from colleagues, however, this has increased since 2022 for white colleagues and has also increased for colleagues with an unknown ethnicity. | Speak up guardians building direct route with Race Equality Network.  Delivered more lunch time learn microaggressions training sessions with focus on racial microaggressions. These continue to be delivered on an ongoing basis.  Promoted & continue to promote microaggressions webinar across the whole business.  Promoted our Zero Tolerance policy. | Develop communication piece around the importance of collecting of ethnicity data.  To remind managers about the importance of sharing/discussing the Zero Tolerance policy during staff inductions.  To consider making the unconscious bias training manadatory e.g. as a one off completion.  To consider whether we could have an option for ‘minoritised background’ on the staff survey where individuals do not have to specificy spefically what their ethnicity is (this might encourage more indivduals to report their ethnicity). |
| Percentage believing that VHG provides equal opportunities for career progression or promotion | **2023 Findings by Ethnicity:**  **RMC**-86.7%% (vs 72.5% in 2022)  **White**-89.2% (vs 75% in 2022)  **Unknown**-77.2% (vs 52% in 2022)  There is a positive trend here, where this has increased for all ethnic groups since 2022 where the scores are relatively high. However, racially minoritised colleague’s score slightly lower than white colleagues still. | Continued to promote ‘Ethnicity Matters’ scheme and continued to measure when and how often this is being accessed.  Continued to promote THRIVE Mentoring programme to all colleagues. |  |
| In the last 12 months have you personally experienced discrimination at work from managers/ team leader or other colleagues | **2023 Findings by Ethnicity:**  **RMC**- 5.3% (vs 8.1% in 2022)  **White**-4.6% (vs 7.3% in 2022)  **Unknown**-(15.2% vs 10.2% in 2022)  There is a positive trend in this indicator where all ethnic groups have reported less discrimination at work from managers, team leaders or other colleagues than in 2022.  Racially minoritised colleagues are however slightly more likely to experience this than white colleagues still. | Building direct links between Freedom to Speak up Guardians and Race Equality Network, directly highlighting how support can be accessed.  Delivered ongoing lunch time learn microaggressions training sessions & promoted webinar.  Promoted our Zero Tolerance Policy. |  |
| Percentage difference between the organisations' Board voting membership and its overall workforce | **Total Voting Board Members:**  **RMC-**12.5% (vs 11.1% in 2022)  **White**-75% (vs 88.9% in 2022)  **RMC Colleague overall difference:**  -6.7% RMC colleagues (vs -6.2% in 2022)  **White colleague overall difference:**  +3.4% white colleagues (vs +11.7% in 2022)  (The above figures are the same for the Exec Board membership).  The data tells us that white colleagues are still more represented at board level, however, there has been an overall decrease in white staff at board level since last year which has reduced the disparity between RMC colleague since 2022. | Advertising roles on a more diverse range of platforms e.g. Race Equality Matters website.  Promotion of external mentoring schemes.  We are measuring who is accessing the THRIVE programme with consideration of the protected characteristics and if there is any difference in ethnicity. If there is any presenting difference or disparity, we have agreed to address this (e.g. with a 20% benchmark for racially minoritised colleagues). |  |

# APPENDICIES

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



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.      2023 WRES Data |  |  |  |  |  |  |  |
| Indicator | Data item |  | | Measure | 2023 | | |
| 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 | 153 | 33 | 20 |
|  | 2 | Middle |  | Headcount | 90 | 17 | 8 |
|  | 3 | Senior |  | Headcount | 27 | 3 | 1 |
|  | 4 | VSM |  | Headcount | 22 | 2 | 4 |
|  |  | Clinical Workforce | |  |  |  |  |
|  | 1 | Support |  | Headcount | 78 | 23 | 12 |
|  | 2 | Middle |  | Headcount | 492 | 124 | 47 |
|  | 3 | Senior |  | Headcount | 28 | 10 | 7 |
|  | 4 | VSM |  | Headcount | 4 | 2 | 0 |
|  |  |  |  |  |  |  |  |
|  | 1 | Trainees |  | Headcount | 156 | 53 | 15 |
|  |  |  |  | **TOTAL** | **1050** | **267** | **114** |
| Relative likelihood of colleague being appointed from Shortlisting across all posts | 1 | Number of shortlisted applicants | | Headcount | 1270 | 655 | 18 |
| 2 | Number appointed from shortlisting | | Headcount | 0.34 | 0.26 | 0.11 |
| 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 | 0.0064 | 0.004 | 0 |
|  |
|  |  |  | |  |  |  |  |  |
| Relative likelihood of colleague accessing Non mandatory training | 1 | Number of colleagues accessing Non training and CPD | | Headcount | 0.9 | 0.9 | 2.2 |  |
|  |
| 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 | 19.62% | 15.04% | 22.78% |  |
|  |
| 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 | 5.75% | 2.65% | 10.12% |  |
| 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 | 89.17% | 86.73% | 77.22% |  |
| 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 | 4.56% | 5.31% | 15.18% |  |
| Percentage difference between the organisations' Board voting membership and its overall workforce. | 1 | Total Board Members: Voting Board Members | | Headcount |  |  |  |  |
| 2 | Total Board Members: Non-Voting Board Members | | Headcount |  |  |  |  |
| 1 | Total Board Members: Exec Board Members | | Headcount | 6 |  | 1 |  |
| 2 | Total Board Members: Non-Exec Board Members | | Headcount |  | 1 |  |  |
|  | | | |  |  |  |  |
| Number of colleagues in overall workforce | | | Headcount | 938 | 252 | 120 |  |
| 1 | Total Board Members - % by ethnicity | | % |  |  |  |  |
| 2 | Voting Board Members - % by ethnicity | | % | 75.00% | 12.50% | 12.50% |  |
| 3 | Non-Voting Members - % by ethnicity | |  |  |  |  |  |
| 4 | Exec Board Members - % by ethnicity | | % | 75.00% | 12.50% | 12.50% |  |
| 5 | Non-Exec Board Members - % by ethnicity | | % |  |  |  |  |
| 6 | Overall workforce - % by ethnicity | | % | 71.60% | 19.23% | 9.16% |  |
| 7 | Difference (Exec Board - Overall workforce) | | % | 3.40% | -6.73% | 3.34% |  |
|  | 8 | Difference (Voting Board-Overall Workforce) | | % | 3.40% | -6.73% | 3.34% |  |