People, Education & Research Committee Meeting
30 June 2022

Title of the paper:	Public Sector Equality Duty Report 2021/22
Agenda Item:	
Presenter:	Rob Eames, (Interim) Deputy Chief People Officer Tamzin Doggart, (Interim) Equality, Inclusion and Diversity Lead
Author(s):	Tamzin Doggart, (Interim) Equality, Inclusion and Diversity Lead
Purpose:	*Please tick the appropriate box* *For approval* √ *For discussion* *For information* √
Executive Summary:	The Equality Act 2010, sets out the Public Sector Equality Duty (PSED): • To advance equality of opportunity • To foster good relations between those who share a protected characteristic and those who do not, and • To eliminate unlawful discrimination, harassment and victimisation. Under the act, there are specific duties to: • Publish information to demonstrate compliance with the general duty • Publish data on the make-up of the workplace • Publish data on those affected by the Trust policies and procedures • Publish one or more equality objectives. This report demonstrates how the Trust is meeting its Public Sector Equality Duty by publishing the data required under the three areas of the legislation. The current NHS equality and diversity monitoring framework (Equality Delivery System) that all health organisations must evidence their compliance with, is being reviewed and updated this year. EDS2022 will be launched later in the year and the Trust is reviewing its plans in relation to this. The results shown in this report benchmark well to other NHS Provider organisations, with some figures showing moderate improvements (Workforce Race Equality Scheme and Workforce Disability Equality Scheme).

Trust strategic aims: *(please indicate which of the 4 aims is relevant to the subject of the report)*	**Aim 1** **Best care**	**Aim 2** **Great team**	**Aim 3** **Best value**	**Aim 4** **Great place**
	Objectives 1-4	*Objectives 5-8*	*Objective 9*	*Objective 10-12*
	X	X		

Links to well-led key lines of enquiry:	☐Is there the leadership capacity and capability to deliver high quality, sustainable care? ☐Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver? ☐Is there a culture of high quality, sustainable care? ☐Are there clear responsibilities, roles and systems of accountability to support good governance and management? ☐Are there clear and effective processes for managing risks, issues and performance? ☒Is appropriate and accurate information being effectively processed, challenged and acted on? ☐Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services? ☐Are there robust systems and processes for learning, continuous improvement and innovation? ☒How well is the trust using its resources?
Previously considered by:	<table><tr><td>Committee/Group</td><td>Date</td></tr><tr><td>N/A</td><td></td></tr></table>
Action required:	The Committee are asked to read and discuss the enclosed paper and note how that the Trust is meeting the Public Sector Equality Duty requirements: The Committee is also asked to: • To approve the adoption of a new equality objective to fully implement the EDS2022 when it is launched and use this to inform the future Trust's equality, diversity and inclusion agenda • to approve the report for publication on the Trust website.

Agenda Item:

People Education and Research Committee – 30 June 2022

Title of paper: Public Sector Equality Duty Report 2021/22

Presented by:
Rob Eames, (Interim) Deputy Chief People Officer
Tamzin Doggart, (Interim) Equality, Inclusion and Diversity Lead

1. Purpose

The Equality Act 2010, sets out the Public Sector Equality Duty (PSED):
- To advance equality of opportunity
- To foster good relations between those who share a protected characteristic and those who do not, and
- To eliminate unlawful discrimination, harassment and victimisation

Under the act, there are specific duties too:
- Publish information to demonstrate compliance with the general duty
- Publish data on the make-up of the workplace
- Publish data on those affected by the Trust policies and procedures
- Publish one or more equality objectives.

This report demonstrates how the Trust is meeting its Public Sector Equality Duty by publishing the data required under the three areas of the legislation.

2. Background

The first two aims of the PSED (advancing equality and fostering good relations) apply to the first 8 of the 9 protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage or civil partnership status). The last aim, eliminating unlawful behaviour, applies to all 9 protected characteristics.

We aim to promote a culture of equality and inclusion with our staff and across our patient services so that, working in partnership with our local communities, we can deliver compassionate care, equitable outcomes and experiences for all our patients.

The current NHS equality and diversity monitoring framework (Equality Delivery System) that all health organisations must evidence their compliance with, is being reviewed and updated this year. EDS2022 will be launched later in the year and the Trust is reviewing its plans in relation to this.

This report will now set out the Trust data sets under the three areas of the PSED.

3. To advance equality of opportunity

3.1   Staff Survey Results

At 31 March 2022 the Trust employed 5,385 people (March 2021 was 5,138). The national staff survey results for 2021 provided an opportunity to test engagement and for the Trust to receive valuable feedback from staff. The Trust improved its level of engagement with a 3% increase from BAME heritage respondents. The other notable improvement was 2.5% more people were happy to share their sexuality compared to the last financial year, although this was primarily straight/heterosexual staff.

We benchmark well against other NHS Providers and are slightly above average in the response to how our staff feel that we respect difference (over two thirds of the respondents rather this positively) and slightly below the average in relation to career progression and promotion (just over half of the respondents rated this positively). The two questions and results are as follows:

- I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).   69% responded positively (Acute average 68%).
- Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?   54% said yes (Acute average is 55%).

Our Staff Survey action plan in response to these results has a golden thread of "We are inclusive", which has three areas of focus: Being **respectful and considerate** to all; **Learning** at the heart of what we all do; **Re-energising** all our workforce.

The Trust results are similar to other NHS Providers. It is important to note there have been improvements (often around 1-2%) since last year. These improvements are shown in Appendix 1, the Workforce Race Equality Standard.

3.2   Ethnicity

The proportions of BAME staff have grown quite significantly over the last two years (from 40% to 45%) and are at much higher levels than the local population (around 30%).

	2020	2021	2022	Change 2021-22	Change 2020-22
BAME	40%	42%	45%	3%	5%
White	53%	50%	48%	-2%	-5%
Not known	7%	8%	7%	-1%	-0.7%

Of the 2,445 BAME staff, over three-quarters were made up of these groups:
- Asian or Asian British – Indian   894
- Any other Asian background   516
- Black or Black British – African   346
- Asian or Asian British – Pakistani   157

Seniority and Ethnicity

Using the three broad pay bandings of BAME colleagues, all three groupings have increased between 2021 and 2022 (see yellow and green highlights).

2022				
	BAME	Not Stated	White	Total
Bands 2-8	1969	299	2363	4631
	43%	6%	51%	
Band 9+ (incl medics / consultants)	476	53	225	754
	63%	7%	30%	

Band 9+ (excl medics / consultants)	7	4	23	34
	21%	12%	68%	

2021				
	BAME	Not Stated	White	Total
Bands 2-8	1866	318	2465	4649
	40%	7%	53%	
Band 9+ (incl medics / consultants)	386	113	220	719
	54%	16%	31%	
Band 9+ (excl medics / consultants)	5	2	24	31
	16%	6%	77%	

The diversity of the highest paid staff (bands 9+) have increased the most and this is mainly due to Consultants and 'Other Medics', who comprise the majority of this group.

Bandings	BAME	Not Stated	White	Total		BAME	Not Stated	White
Band 9	4	0	9	13		31%	0%	69%
Director – Trust Board	1	1	6	8		13%	13%	75%
Non-Executive	2	1	5	8		25%	13%	63%
VSM	0	2	3	5		0%	40%	60%
Consultant	173	8	111	292		59%	3%	38%
Other Medic	296	41	91	428		69%	10%	21%
Totals	2445	352	2588	5385				

WRES Data

The WRES data, see Appendix 1, shows that the majority of indicators have improved in the last 12 months. This shows there is an advancement of equality of opportunity at the Trust.

We have a very active Multicultural "Connect" Network, it is well established and growing stronger. They have around 300 members and typical activities include:
- Recruitment events to invite more people to join
- Safe space facilitated meetings for people to raise issues (6 weekly)
- Global workforce celebrations of all ethnicities, i.e.South Asian, typically facts, food and music (6 weekly)
- Information through twitter, emails and the twice-weekly e-update.
- Celebrating success: the Trust had 4 finalists at the national BAME Health & Care Awards 2022.
- The Chair of Connect presents a 6-monthly update to the People, Research & Education Committee. PERC also has a standing item for diversity and inclusion.

3.3   Gender

The workforce remains predominantly female (78% two years in a row). Although there is good representation this reduces in the higher pay bands.

	2021			2022		
	No of e'ees	Female	Male	No of e'ees	Female	Male
Bands 2-8	4,649	83%	17%	4,631	83%	17%
Band 9+ (incl consultants / medics)	719	46%	54%	754	44%	56%
Band 9+ (excl consultants / medics)	31	48%	52%	34	41%	59%

The data tells us:
- There are far more women in the lower/middle paid roles (83%)
- For Band 9+ employees (in 2021 the main workforce was 83% female and AfC managers were 48% female, whereas in 2022 this had widened to 83% and 44%, respectively).

- Figures for women/men in Band 9+ Agenda for Change and people on Consultant/Medic T&Cs have similar percentages (41 and 44%). This is different to the BAME figures, where more consultants / medics are BAME than other higher paid employees (21% and 63% respectively).

Gender pay gap

Comparing data to March 2021 and to March 2020, most figures stayed the same with the mean bonus pay reducing slightly.
- Women occupy 66% of the top quartile, highest paid jobs (same in 2020/21)
- Women occupy 81% of the fourth quartile, lowest paid jobs (82% in 2020/21).
- Mean (average) hourly pay, women's mean hourly pay is 27% lower than men's (same in 2020/21).
- Mean (average) bonus pay: women's mean bonus pay is 29% lower than men's (27% in 2020/21)
- Bonus pay was received by: 36% of women; 64% of men (1% and 7% respectively in 2020/21).

The Divisional Director for Emergency Medicine is forming a network for female Doctors and their male allies. Focus groups and a survey are exploring people's experiences following the British Medical Associations Women in Medicine report

A management development programme for women is available, Athena (funded by application CPD), as well as a range of in house and external leadership and management programmes that women are able to put themselves forward for.

3.4   Age

The majority of staff are aged 26-60. The younger age brackets of -20 and 21-25 will have a lot of people who are still studying, at school and university.

Number of people in each age bracket, March 2022
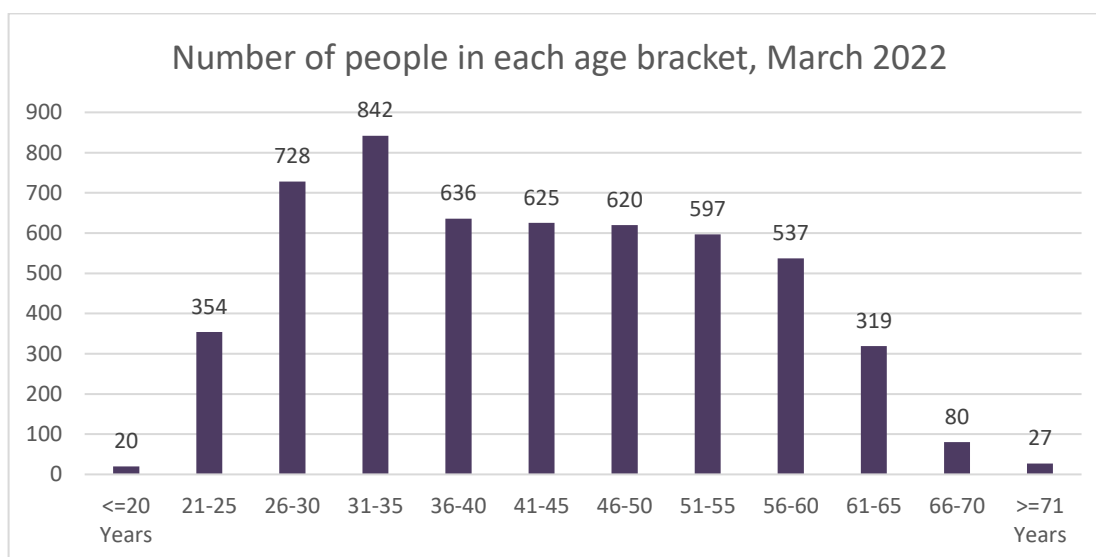
The current concern is that many people are leaving the workforce from the age of 61 onwards (reducing by 218 people, from 537 to 319). If we can retain staff to the current national retirement age of 67 then we would have over 200 more very experienced people for approx. an extra 7 years and we have a real focus on retention initiatives.

3.5   Disability

The number of staff who have shared on ESR that they have a disability has risen this year. It was at 1% for a number of years but due to work by the staff network it started rising in 20/21 (2%) and this year was just over 3% (175 people). This is similar to the NHS average of 3%.

However, most ESR data is provided at the start of employment and the majority of disabilities are acquired during employment, which means the ESR figures are potentially low. The annual staff survey shows around 17% of staff identify as having a physical or mental health conditions or illnesses (compared to a national average of 23%).

The staff survey also asked "Has your employer made adequate adjustment(s) to enable you to carry out your work?" West Herts 19% answered No, compared to nationally 6% (see Reasonable Adjustments Plan, below).

WDES

Please see Appendix 2 for WDES data where the majority of the figures improved.

Equalities data on ESR has been increased in a number of ways, including:
- regular comms in our all staff bi-weekly email, promoting a step-by-step guide to complete ESR, highlighting what the data is used for.
- Approaching the members of Diversability network
- 'Please Communicate Clearly' badge for colleagues with auditory impairments who rely on lip reading and have therefore been impacted by the wearing of face masks. The application form for these badges also included a reminder of the need to update ESR.

The Trust also has a very active disability network and "Diversability" started in October 2019.
- Meetings are monthly and have alternate invitees: steering group (8) / all members (46). Stakeholders are also invited, such as the Head of OH, Workforce Wellbeing Lead, Staffside.
- Regular topics include WDES, parking facilities and each meeting has a safe space for people to raise issues. Personal issues are only raised very occasionally but the safe space is there.
- Communication includes E-updates, intranet articles and the minutes are sent to PERC for information

Diversability ran two safe space sessions in 2021/22. Themes of feedback include:
- The value of Working from Home and the need for this to continue
- The need for greater compassion, using the social model not the medical model of disability. For instance, having the regular 'wellbeing' phone calls with the same individual.
- Technology, such as laptops for homeworking and specialist software, should not be a 'fight'.
- The need for Disability Awareness training for key staff groups, such as reasonable adjustments for line managers.

The Reasonable Adjustments Plan form was introduced by the Diversability staff network in June 2021 and it will be further embedded in 2022.

In 2019 the Trust was recognised under the Disability Confident scheme. The scheme is a best practice standard to do with work, including trainees and placements. Level 2 assessment was carried out in April 2022 and the Trust is working towards Level 3.

There are several HR procedures to support people's health, including OH reports, return to work meetings and phased return. In several places the Supporting Attendance Policy enables people with disabilities to be treated according to their needs, such as considering an extended phased return. The Menopause policy supports equity in gender, age and potentially disability.

The Trust has several schemes in place to prevent the development of long-term mental health conditions, including burnout:
- Increased Mental Health First Aiders and Wellbeing champions
- Awareness and usage increase with our local wellbeing hub – Here for you.
- Referral links between Here for you, the Employee Assistance Programme and occupational health.
- Annual health and wellbeing events such as WellFest in May.
- Health check opportunities four times a year.

- Discounted fitness classes, from exercise to yoga.
- Where possible, staff rest areas are being introduced within hospital buildings.

Staff survey results have been analysed with Divisional and Trust-wide action plans being developed to address feedback. Diversability has been contacted for nominations for each working group to ensure representation.

3.6 Sexual orientation

The number of people who have shared their sexual orientation has increased from 62% to 69% (including LGB+ and heterosexual) in the last year. The number of people on ESR who are LGB+ has doubled from 1% to just over 2% (114 people).

Although this is positive, the number of people who have 'not stated' their sexual orientation (person has been asked but declined to answer) has grown from 8.8% to 10.2%. This may be for a number of reasons including people are happy to state this elsewhere but do not feel it is relevant to their employer.

With 2% identifying as LGB+ on ESR it is difficult to say what the expectation is. An Office for National Statistics survey in 2020 showed around 94% of people identify as straight/heterosexual and this figure has consistently reduced since the first survey in 2014 as people become more comfortable to share their sexuality. Although we might expect 6%, the true figure at the Trust may be higher than the local population, as it is with other protected characteristics.

	Bisexual	Gay or Lesbian	Undecided	Other sexual orientation not listed	Heterosexual or Straight	Not stated *	Unspecified **
2022	1.0%	1.0%	0.1%	0.0%	67.0%	10.2%	20.7%
2021	0.8%	0.8%	0.1%	0.1%	63.5%	8.8%	26.0%

* person asked but declined to provide a response
** not recorded

The Trust has had an LGBT+ staff network since January 2021. It includes safe space to talk about workplace issues, raise awareness and create a community. The figures above are a positive indication that this positive culture change has been working, albeit we need to get figures for a further 31% of staff on ESR.

This network has requested a more equitable level of co-ordinator support and funding that has been agreed for other networks, such as Connect and Diversability, and there should be some scope for this (see Proposed Staffing, below).

3.7 Gender Reassignment and Transgender

Historically no employees have been recorded as transgender on ESR and recruitment data it is the same (including candidates who were not appointed). One ex-employee started gender reassignment while working here and left before it was completed. The individual chose not to record this on ESR.

In addition, records of non-binary colleagues are limited as currently the ESR system is programmed to only record male or female. The way for colleagues to share that they are non-binary is to identify as "Mx" (gender neutral title) in the tittle category. There is one person in the Trust who has done this.
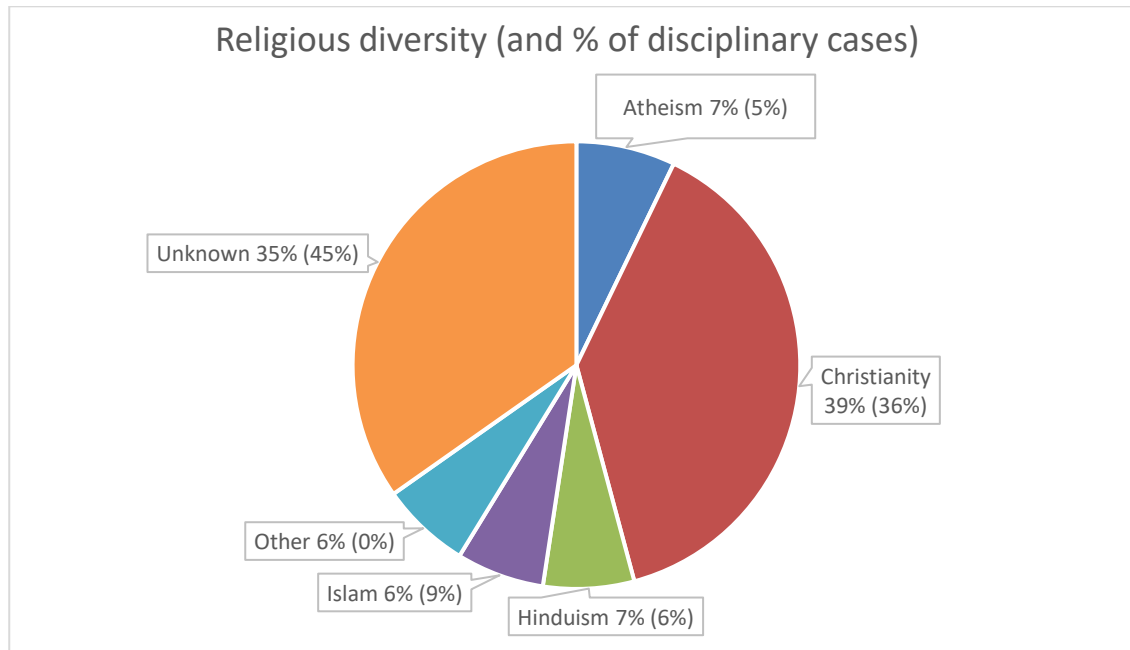
The LGBT+ staff network reaches out to and supports transgender people, as above.

They request all staff to demonstrate care and respect for the transgender community by including preferred gender pronouns in email signature, alongside your name. (Examples include: "he, him, his", "she, her, hers" or "they, them, theirs").

3.8 Religion

Since last year a further 7% of new starters have shared their religion on ESR (dropping from 42% to 35%) and the proportions have stayed approximately the same (i.e. most stated they were Christian and this remains the majority group by far).

The pie chart below shows that the Trust disciplinary cases follow the same percentage trends (majority Christian, with some Muslims, Hindus and Atheists) as our workforce makeup.

Religious diversity (and % of disciplinary cases)

- Atheism 7% (5%)
- Christianity 39% (36%)
- Hinduism 7% (6%)
- Islam 6% (9%)
- Other 6% (0%)
- Unknown 35% (45%)

The Trust's Chaplaincy offers emotional, spiritual and religious to people of all faiths. Chaplains provide a confidential 'listening ear', with an on-call service out of hours. The refurbished pastoral and counselling rooms have been well used by staff.

3.9 Pregnancy & Maternity and part-time working

There are similar numbers when compared to last year's data. In 2021/22, 124 members of staff went on maternity leave, 18% of them left employment after their maternity leave, which is just below the Trust turnover rate of 19%.

Of the remaining 101 people who had been on maternity leave in 2021/22 and stayed with us, 51% returned part-time and 49% full-time. In the previous year there were more people who returned part-time (60%).

	Full Time	Part Time	Total
Bands 2-8	3,221	1,410	4,631
	70%	30%	
Bands 9+ (incl medics / consultants)	631	123	754
	84%	16%	
Bands 9+ (Agenda for Change)	33	1	34
	97%	3%	

All pregnant staff have a risk assessment, which may involve occupational health if required. This considers the pregnant worker's physical and mental health.

The Trust has a Carers staff network which recognises the correlation between caring responsibilities and the impact this may have on the hours worked.

There is a maternity policy that goes above and beyond statutory minimums and the reviewed flexible working policy is available from day 1 (this is more generous that many NHS policies, which require 26 weeks of service before requesting flexibility).

4. Fostering good relations between those who share a protected characteristic and those who do not

There are regular events run by Connect network to improve people's understanding of different cultural groups; all staff are invited to participate. The LGBT staff network has promoted the role of allies. There is a Disability Champion to share lived experience with the workforce.

There are other initiatives planned, such as reciprocal mentoring, which will improve the good relations and people's experience of inclusion.

5. To Eliminate unlawful discrimination, harassment and victimisation

In 2021/22 there were 23 relevant Employee Relations (ER) cases: 9 bullying and harassment cases; 7 disciplinary cases that had a discrimination element ; 7 disciplinary cases that had a bullying element. The outcomes of these were
- 7 were not taken forward
- 13 were resolved informally
- 1 was resolved at a facilitated meeting
- only 2 had formal action: one letter of concern and one written warning.

Other data comes from the staff survey. Around 10% of respondents answered Yes to:
- In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?
- In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

Of the 10% that answered, the following discrimination was perceived.

Ethnic background	Gender	Religion	Sexual orientation	Disability	Age	Other
63%	16%	5%	4%	5%	13%	24%

The Trust has the appropriate policies, processes and networks to support staff where this is raised.

6. Conclusion and proposed equality objective

The results shown in this report benchmark well to other NHS Provider organisations, with some figures showing moderate improvements (Workforce Race Equality Scheme and Workforce Disability Equality Scheme).

It is therefore proposed that the Trust adopt a new equality objective to fully implement the EDS2022 and use this to inform the future Trust's equality, diversity and inclusion agenda. This will help us in measuring, monitoring and developing plans moving forwards

7. Recommendations

The Committee are asked to read and discuss the enclosed paper and note how that the Trust is meeting the Public Sector Equality Duty requirements

The Committee is also asked:
- To approve the adoption of a new equality objective to fully implement the EDS2022 when it is launched and use this to inform the future Trust's equality, diversity and inclusion agenda
- to approve the report for publication on the Trust website.

Rob Eames

Interim (Deputy Chief People Officer)

Appendix 1

WRES Data 2021/22
(Workforce Race Equality Standard)

			Reported 2021	Reported 2022		Comment
1	Percentage of BME staff	Overall	40.0%	42.0%	↑	Much higher than local population
		VSM	13.0%	17.0%	↑	Higher proportion but still low
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.72	1.65	↓	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.01	0.60	↓	Was equal but now in favour of BAME staff
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.10	0.98	↑	Note: data collection method for 2020 changed to match 2021
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	BME	30.4%	29.4%	↓	Close to equal (BAME + White)
		White	26.3%	28.1%	↑	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	27.7%	23.6%	↓	Close to equal (BAME + White)
		White	23.2%	23.4%	↔	
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	BME	43.9%	50.3%	↑	Much improved but still room for improvement
		White	60.1%	58.0%	↓	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.2%	14.2%	↔	
		White	5.3%	6.9%	↑	
9	BME board membership	BME	11.8%	20.0%	↑	
		White	88.2%	73.3%	↓	

Appendix 2

WDES Data 2021/22
(Workforce Disability Equality Standard)

		2020		2021		
1	Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Disabled (number)	Disabled (%)	Disabled (number)	Disabled (%)	
	Cluster 1 (up to Band 4)	16	1.62%	30	2.67%	↑
	Cluster 2 (Bands 5-7)	20	1.01%	43	2.14%	↑
	Cluster 3 (Bands 8a-8b)	2	1.30%	4	2.35%	↑
	Cluster 4 (Bands 8c-9 and VSM)	0	0.00%	1	6.25%	↑
	Cluster 5 (Medical/dental consultants)	0	0.00%	0	0.00%	↔
	Cluster 6 (Medical/dental, non-consultants)	1	0.38%	2	0.72%	↑
	Cluster 7 (Medical/dental, trainees)	1	0.78%	3	2.42%	↑
		40	1.05%	83	2.07%	↑
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.30		1.52		↑
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	3.58		1.92		↓
		Disabled	Non-Disabled	Disabled	Non-Disabled	
4a	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Patients or other members of the public	33.1%	26.9%	32.3%	27.8%	↓
4b	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers	24.3%	11.7%	18.5%	9.6%	↓
4c	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Other Colleagues	24.9%	17.4%	26.0%	18.4%	↑
4d	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	45.8%	43.9%	50.0%	46.1%	↑
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	47.4%	54.4%	48.2%	55.8%	↑
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	31.8%	21.5%	29.6%	22.7%	↓

		2020		2021		
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	34.7%	50.8%	35.0%	45.5%	↑
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	67.5%	69.6%	n/a	n/a	↑
9a	The staff engagement score for Disabled staff, compared to non-disabled staff.	6.4	7.0	6.3	6.9	↓
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Diversability network)	Yes		Yes		↔
10a	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce (voting membership of the Board)	10%		16%		↑
10b	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce (Executive membership of the Board)	-1%		-3%		↓