

Appendix 1 - Workforce Race Equality Standard (WRES) 2019/20 Reporting Template

1. Background

To supplement the submission of the Trust's annual Workforce Race Equality Standard (WRES) raw technical data, the Trust is required to produce a reporting template which provides an overview of the Trust's data, accompanied by an Action Plan (see Appendix 2) designed to address the gaps in workplace experience between White and BAME staff.

The report and Action Plan must be published on the Trust's external website by 31 October 2020 (nationally extended from the normal date of 30 September due to the COVID-19 pandemic).

2. Introduction

The Trust employed 9,562 staff at 31 March 2020, which is an increase of 348 staff compared to the previous reporting period.

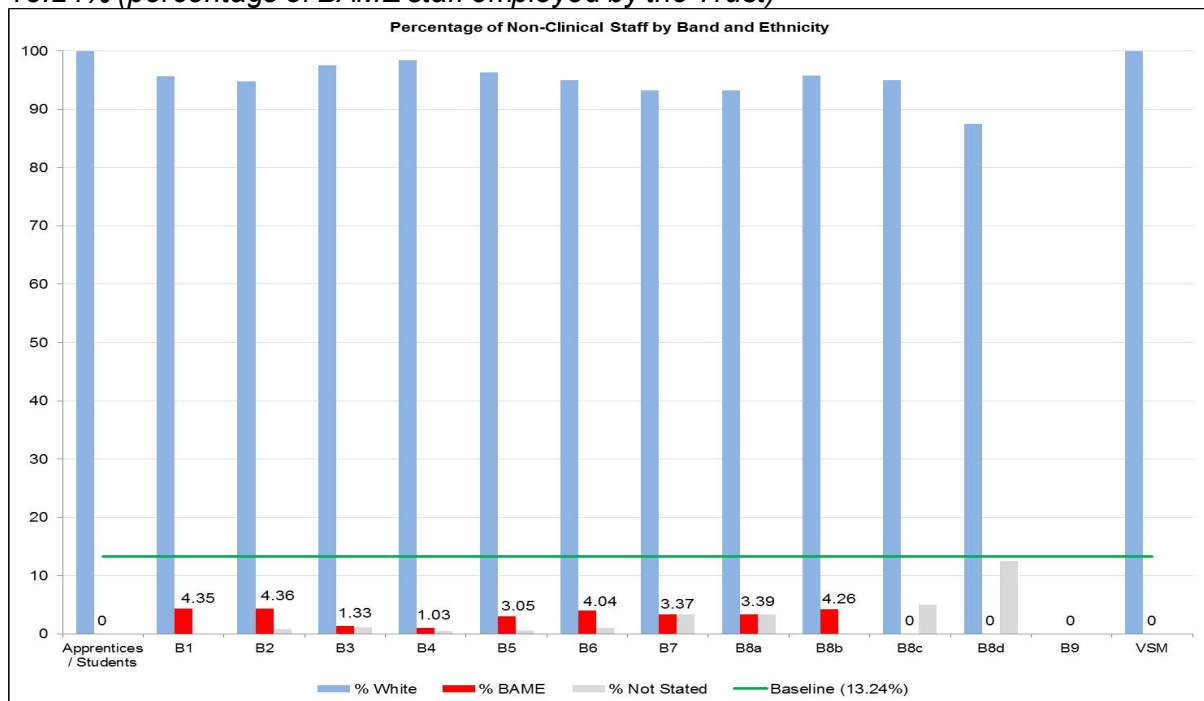
Since the commissioning of the WRES in 2015, the Trust has seen a yearly increase of the number and percentage of BAME staff employed by the Trust:

Ethnicity	31 March 2018	31 March 2019	31 March 2020
White	7755 (87.26%)	7953 (86.31%)	8162 (85.36%)
BAME	988 (11.12%)	1111 (12.06%)	1266 (13.24%)
Not Stated	144 (1.62%)	150 (1.63%)	134 (1.40%)
Grand Total	8887	9214	9562

3. WRES 2019/20 Data

3.1 Indicator 1: Percentage of Staff in each of the AfC Bands 1-9 or Medical and Dental Sub Groups and Very Senior Managers (including Executive Board Members) compared with the Percentage of Staff in the Overall Workforce

Table 1: Percentage of non-clinical staff by band at 31 March 2020 using a baseline of 13.24% (percentage of BAME staff employed by the Trust)



NB: Percentage impacted by the number of BAME staff in each band, see following table.

Table 2: The number and percentage of non-clinical staff in each band over 3 years

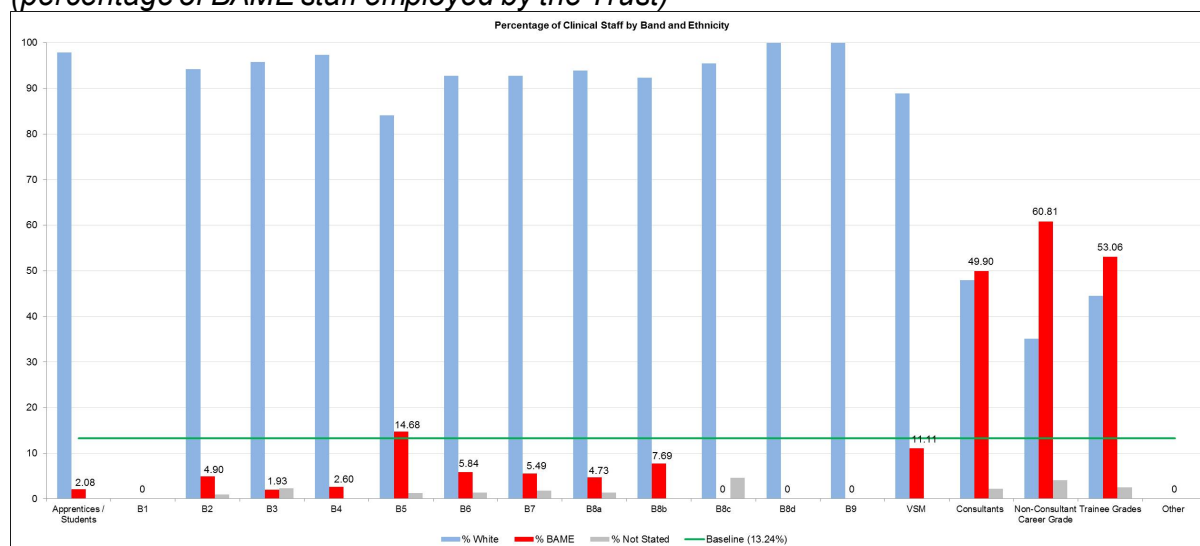
Band	2017/18							2018/19							2019/20						
	Number and % of Non-Clinical Workforce							Number and % of Non-Clinical Workforce							Number and % of Non-Clinical Workforce						
	White		BAME		Not Stated		Total	White		BAME		Not Stated		Total	White		BAME		Not Stated		Total
No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%	No.	No.	%	No.	%	No.	%	No.	
Under B1	27	100.00%	0	0.00%	0	0.00%	27	28	100.00%	0	0.00%	0	0.00%	28	20	100.00%	0	0.00%	0	0.00%	20
B1	224	91.43%	16	6.53%	5	2.04%	245	238	92.25%	16	6.20%	4	1.55%	258	44	95.65%	2	4.35%	0	0.00%	46
B2	690	97.05%	16	2.25%	5	0.70%	711	748	96.77%	19	2.46%	6	0.78%	773	914	94.81%	42	4.36%	8	0.83%	964
B3	479	97.56%	7	1.43%	5	1.02%	491	522	97.75%	8	1.50%	4	0.75%	534	439	97.56%	6	1.33%	5	1.11%	450
B4	218	98.20%	2	0.90%	2	0.90%	222	225	97.83%	3	1.30%	2	0.87%	230	191	98.45%	2	1.03%	1	0.52%	194
B5	174	97.21%	3	1.68%	2	1.12%	179	165	96.49%	5	2.92%	1	0.58%	171	158	96.34%	5	3.05%	1	0.61%	164
B6	103	97.17%	3	2.83%	0	0.00%	106	103	97.17%	3	2.83%	0	0.00%	106	94	94.95%	4	4.04%	1	1.01%	99
B7	74	92.50%	2	2.50%	4	5.00%	80	86	94.51%	2	2.20%	3	3.30%	91	83	93.26%	3	3.37%	3	3.37%	89
B8a	50	90.91%	3	5.45%	2	3.64%	55	55	91.67%	2	3.33%	3	5.00%	60	55	93.22%	2	3.39%	2	3.39%	59
B8b	41	100.00%	0	0.00%	0	0.00%	41	41	97.62%	1	2.38%	0	0.00%	42	45	95.74%	2	4.26%	0	0.00%	47
B8c	17	100.00%	0	0.00%	0	0.00%	17	19	100.00%	0	0.00%	0	0.00%	19	19	95.00%	0	0.00%	1	5.00%	20
B8d	10	90.91%	0	0.00%	1	9.09%	11	10	90.91%	0	0.00%	1	9.09%	11	7	87.50%	0	0.00%	1	12.50%	8
B9	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0.00%	0	0	0.00%	0	0.00%	0	0.00%	0
VSM	12	100.00%	0	0.00%	0	0.00%	12	18	100.00%	0	0.00%	0	0.00%	18	22	100.00%	0	0.00%	0	0.00%	22
Total							2197							2341							2182

Key Findings:

Table 1 and 2 highlight:

- BAME staff are under-represented across all the AfC bands and VSM in the non-clinical workforce, with no BAME staff from 8c upwards.
- The highest number and percentage of BAME staff are employed in band 2 (4.36% / 42 staff).
- There has been a reduction in the number of staff employed at band 1 (from 258 staff at 31 March 2019 to 46 staff at 31 March 2020). This is due to the Agenda for Change Contract Refresh, which resulted in the closure of band 1 to new entrants on 1 December 2018. NHS organisations were encouraged to upskill band 1 roles to band 2 roles. Existing staff (employed prior to 1 December 2018) employed in band 1 roles were given the opportunity to transfer to a band 2 role with effect from 1 April 2019, however they could choose to remain at band 1.
- 2 BAME staff in Estates and Ancillary wished to remain at band 1 following the Agenda for Change Contract Refresh.

Table 3: Percentage of clinical staff by band at 31 March 2020 using a baseline of 13.24% (percentage of BAME staff employed by the Trust)



NB: Percentage impacted by the number of BAME staff in each band, see following table.

Table 4: The number and percentage of clinical staff in each band over 3 years

Band	2017/18							2018/19							2019/20									
	Number and % of Clinical Workforce				Total No.	Number and % of Clinical Workforce				Total No.	Number and % of Clinical Workforce				Total No.									
	White		BAME			Not Stated		White			BAME		Not Stated			White		BAME		Not Stated				
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%					
Under B1	26	100.00%	0	0.00%	0	0.00%	0.00%	26	45	95.74%	2	4.26%	0	0.00%	0.00%	47	47	97.92%	1	2.08%	0	0.00%	0.00%	48
B1	6	100.00%	0	0.00%	0	0.00%	0.00%	6	0	0.00%	0	0.00%	0	0.00%	0.00%	0	0	0.00%	0	0.00%	0	0.00%	0.00%	0
B2	1299	94.75%	58	4.23%	14	1.02%	1.02%	1371	1257	94.09%	65	4.87%	14	1.05%	1.05%	1336	1308	94.17%	68	4.90%	13	0.94%	1.02%	1389
B3	400	96.62%	7	1.69%	7	1.69%	1.69%	414	405	96.43%	7	1.67%	8	1.90%	1.90%	420	545	95.78%	11	1.93%	13	2.28%	1.69%	569
B4	121	94.53%	7	5.47%	0	0.00%	0.00%	128	116	95.08%	6	4.92%	0	0.00%	0.00%	122	187	97.40%	5	2.60%	0	0.00%	0.00%	192
B5	1652	87.32%	215	11.36%	25	1.32%	1.32%	1892	1619	86.07%	242	12.87%	20	1.06%	1.06%	1881	1604	84.11%	280	14.68%	23	1.21%	1.32%	1907
B6	842	93.76%	42	4.68%	14	1.56%	1.56%	898	891	93.49%	49	5.14%	13	1.36%	1.36%	953	938	92.78%	59	5.84%	14	1.38%	1.56%	1011
B7	571	93.45%	25	4.09%	15	2.45%	2.45%	611	580	93.70%	29	4.68%	10	1.62%	1.62%	619	591	92.78%	35	5.49%	11	1.73%	2.45%	637
B8a	102	91.07%	9	8.04%	1	0.89%	0.89%	112	123	91.79%	9	6.72%	2	1.49%	1.49%	134	139	93.92%	7	4.73%	2	1.35%	0.89%	148
B8b	43	97.73%	1	2.27%	0	0.00%	0.00%	44	48	96.00%	2	4.00%	0	0.00%	0.00%	50	48	92.31%	4	7.69%	0	0.00%	0.00%	52
B8c	17	100.00%	0	0.00%	0	0.00%	0.00%	17	16	100.00%	0	0.00%	0	0.00%	0.00%	16	21	95.45%	0	0.00%	1	4.55%	0.00%	22
B8d	4	100.00%	0	0.00%	0	0.00%	0.00%	4	4	100.00%	0	0.00%	0	0.00%	0.00%	4	4	100.00%	0	0.00%	0	0.00%	0.00%	4
B9	3	100.00%	0	0.00%	0	0.00%	0.00%	3	3	100.00%	0	0.00%	0	0.00%	0.00%	3	3	100.00%	0	0.00%	0	0.00%	0.00%	3
VSM	16	100.00%	0	0.00%	0	0.00%	0.00%	16	9	100.00%	0	0.00%	0	0.00%	0.00%	9	8	88.89%	1	11.11%	0	0.00%	0.00%	9
Cons.	215	47.57%	230	50.88%	7	1.55%	1.55%	452	226	47.98%	234	49.68%	11	2.34%	2.34%	471	239	47.90%	249	49.90%	11	2.20%	1.55%	499
Non-Cons. Career Grade	21	34.43%	37	60.66%	3	4.92%	4.92%	61	24	36.92%	39	60.00%	2	3.08%	3.08%	65	26	35.14%	45	60.81%	3	4.05%	4.92%	74
Trainee Grades	298	46.93%	305	48.03%	32	5.04%	5.04%	635	329	44.28%	368	49.53%	46	6.19%	6.19%	743	363	44.49%	433	53.06%	20	2.45%	5.04%	816
Other	0	0.00%	0	0.00%	0	0.00%	0.00%	0	0	0.00%	0	0.00%	0	0.00%	0.00%	0	0	0.00%	0	0.00%	0	0.00%	0.00%	0
Total								6690								6873								7380

Key Findings:

Table 3 and Table 4 highlight that BAME staff equate to:

- 14.68% (280) of the total band 5 clinical staff;
- 49.90% (249) of the total Consultant level;
- 60.81% (45) of the total Non-Consultant Career Grade level; and
- 53.06% (433) of the total Trainee Grade level.

3.2 Indicator 2: Relative Likelihood of Staff being Appointed from Shortlisting across all Posts

Table 5: The percentage of staff shortlisted and appointed over 3 years

Ethnicity	2017/18	2018/19	2019/20
White	21.69%	20.40%	22.13%
BAME	15.77%	23.08%	16.96%
Not Stated	29.41%	23.53%	50.91
Relative likelihood	1.38	0.88	1.30

Key Findings:

- BAME candidates are less likely than White candidates to be appointed from shortlisting.
- Recruitment figures in general have reduced in the past year, from 5011 shortlisted in 2018/19 to 3622 shortlisted in 2019/20 (difference of 1389) and a reduction in those appointed from 1039 in 2018/19 to 794 in 2019/20 (difference of 245). This will partly be due to the COVID-19 pandemic as non-essential recruitment was put on hold in February 2020.
- It is worth noting that due to data retention, TRAC only holds data for 400 days.

3.3 Indicator 3: Relative Likelihood of Staff Entering the Formal Disciplinary Process, as Measured by Entry into a Formal Disciplinary Investigation

Table 6: Percentage of staff who have entered into a formal disciplinary process over 3 years

Ethnicity	2017/18	2018/19	2019/20
White	0.97%	0.92%	1.20%
BAME	0.91%	0.63%	0.79%
Not Stated	2.08%	0.67%	5.97%
Relative likelihood	0.94	0.69	0.66

Key Findings:

- BAME staff continue to be less likely to enter into a formal disciplinary process than White staff.
- The figures include those where the outcome was dealt with through the accepted responsibility route.

3.4 Indicator 4: Relative Likelihood of Staff Accessing Non-Mandatory Training and CPD

Table 7: Percentage of staff who have accessed non-mandatory training and CPD over 3 years

Ethnicity	2017/18	2018/19	2019/20
White	73.23%	85.43%	97.06%
BAME	74.29%	90.10%	90.52%
Not Stated	90.00%	88.67%	94.03%
Relative likelihood	0.99	0.95	1.07

Key Findings:

- Whilst the number of BAME staff who access non-mandatory training and CPD has increased slightly, White staff are 1.07 times more likely to access non-mandatory training and CPD than BAME staff.
- Further work to explore how staff who record training and CPD undertaken outside HEY247 on the HEY247 system can be captured in the reporting data is being undertaken.

3.5 Indicator 5: KF25. Percentage of Staff experiencing Harassment, Bullying or Abuse from Patients, Relatives or the Public in last 12 Months

Table 8: Comparison over 3 years of the percentage of staff who have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months

Ethnicity	2017/18	2018/19	2019/20
White	25.02%	25.15%	24.72%
BAME	20.95%	24.07%	25.25%

Key Findings:

- The number of BAME staff who stated that they had experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months has increased for the third consecutive year.
- A sub group of the BAME Leadership Network has been formed to tackle bullying and harassment; further details are contained within the Action Plan 2020/21 (see Appendix 2).

3.6 Indicator 6: KF26. Percentage of Staff Experiencing Harassment, Bullying or Abuse from Staff in last 12 Months

Table 9: Comparison over 3 years of the percentage of staff who have experienced harassment, bullying or abuse from staff in the last 12 months

Ethnicity	2017/18	2018/19	2019/20
White	27.59%	28.18%	25.75%
BAME	27.12%	29.59%	30.07%

Key Findings:

- The number of BAME staff who state that they have experienced harassment; bullying or abuse from staff in the last 12 months has increased for the third year running.
- As stated in Indicator 5, a sub group of the BAME Leadership Network has been formed to tackle bullying and harassment; further details are contained within the Action Plan 2020/21 (see Appendix 2).

3.7 Indicator 7: KF21. Percentage Believing that Trust Provides Equal Opportunities for Career Progression or Promotion.

Table 10: Comparison over 3 years of the percentage of staff who believe the Trust provides equal opportunities for career progression or promotion

Ethnicity	2017/18	2018/19	2019/20
White	89.60%	89.59%	88.53%
BAME	80.60%	81.68%	78.88%

Key Findings:

- Both BAME and White staff numbers have decreased in the last year which means that less staff believe they have equal opportunities for career progression or promotion.
- The gap between White and BAME staff has widened.
- A sub group of the BAME Leadership Network has been formed to look at recruitment and promotion; further details are contained within the Action Plan 2020/21 (see Appendix 2).

3.8 Indicator 8: Q17. In the last 12 Months have you Personally Experienced Discrimination at Work from a Manager/Team Leader or other Colleagues

Table 11: Comparison over 3 years of the percentage of staff who have personally experienced discrimination at work from a manager/team leader or other colleagues

Ethnicity	2017/18	2018/19	2019/20
White	5.32%	6.06%	5.46%
BAME	11.04%	13.19%	14.52%

Key Findings:

- 14.52% of BAME staff state that they have personally experienced discrimination at work from any a manager/team leader or other colleague.
- The figure 14.52% represents a 1.33% increase from the previous reporting period (2018-19).
- The data shows BAME staff are nearly three times more likely to experience discrimination at work from a manager/team leader or other colleagues compared to White staff.

3.9 Indicator 9: Percentage difference between the Organisations' Board Membership and it's Overall Workforce disaggregated by Voting Membership of the Board / by Executive Membership of the Board

Table 12: Comparison over 3 years of the percentage difference between the organisations' Board membership and it's overall workforce

Ethnicity	2017/18	2018/19	2019/20
% difference between White and BAME staff	-11.1%	-5.8%	-6.1%

Key Findings:

- Table 12 shows that the percentage difference between White and BAME staff has increased, as there continues to be a higher representation of White staff at Board level compared to the Trust's overall workforce. Additionally, at 31 March 2020, the Trust had 2 vacancies (a Non-Executive and Associate Non-Executive vacancy).
- Board vacancies specifically reference in the job advert that applications from under-represented groups are welcomed and the Trust Board use their networks to promote the role. However, work to increase BAME representation at Board level needs to continue.
- The last Executive appointment was for the role of Chief Medical Officer which was filled by a BAME colleague, who, following a period of temporarily acting into the role, was successfully appointed on a permanent basis in June 2019.

4. Trust Achievements throughout 2019/2020

There have been a number of achievements in the past year, which are detailed in sections 4.1 to 4.6 below.

4.1 BAME Summit

In October 2019 the Trust ran it's first BAME Leadership Summit with over 45 colleagues from across a wide range of professions attending. The aim of the event was to support, encourage and explore opportunities for BAME colleagues both personally and professionally.

The summit, attended by the Trust's Chief Executive, Chris Long, provided an opportunity to re-energise the Trust's BAME Leadership Network and shape priorities for the future. Bo Escritt, National Diversity Lead, attended as a guest speaker sharing her experiences as a BAME colleague developing BAME Networks across the NHS.

The summit played a fundamental part in raising interest in, and involvement with, the BAME Leadership Network. Following the summit, the Network has grown from 43 to 137 members.

Actions that have taken place since the BAME Leadership Summit include:

- Appointed a BAME Leadership Network Chair and Joint Deputy Chairs.
- Reviewed and re-designed the Trust's in-house leadership development programmes to ensure HUTH leaders role model compassionate and inclusive leadership. The new content, which was piloted in November 2019 with a group of senior managers, has had excellent feedback. Work continues to ensure that inclusion is at the core of all of the Trust's internal leadership programmes.
- The Executive Team received feedback of the lived experiences of BAME colleagues within the Trust. The purpose was to raise awareness of the challenges and obtain support to build upon the excellent feedback received during the BAME Leadership Summit.

- Reviewed and updated the BAME pages on the Trust's intranet to provide an overview of the Summit and provide updated information on the leadership and development opportunities available.
- Held a number of BAME Leadership Network meetings to build upon the feedback from the Summit and shape the purpose and key objectives of the network going forward.

Alongside the Senior Management Team, the BAME Chair and Deputy Chairs have played a fundamental role in supporting BAME staff during the COVID-19 pandemic. Further detail is included in section 4.6.

4.2 Success at the National BAME Awards

The Trust experienced success at the National BAME Awards ceremony held in London. Six staff were shortlisted, of which two went on to win awards for Clinical Champion of the Year and Groundbreaking Researcher.

4.3 Eid al Adha Celebrations

The Eid al Adha Celebrations (also called the "Festival of the Sacrifice") is the second of two Islamic holidays celebrated worldwide each year. The Communication and Catering Teams worked together to acknowledge and raise the awareness of this key period of celebration. The Catering Team created a special menu to mark the occasion and the Communications Team developed branded flyers to go out to all staff. The Lottery Committee also provided funding to purchase Eid banners and decorations for the Trust restaurants.

4.4 Equality, Diversity and Human Rights Training

In 2017 the Trust agreed that Equality Training would become a part of the suite of mandatory and statutory training for staff. As at 31 March 2020, 96.7% of staff were compliant with the requirement to complete this training.

4.5 Training and Awareness Sessions

The Chair of the Trust's Diversity and Inclusion Steering Group worked with Humberside Police to deliver a number of Hate Crime Awareness sessions.

4.6 Support to BAME Staff during the COVID-19 Pandemic

In March 2020 COVID-19 was declared a global pandemic by the World Health Organisation (WHO). Following evidence that the BAME population nationally were more adversely impacted by COVID-19 compared to White people, the Trust introduced a number of proactive measures to support BAME staff.

These included:

- Priority COVID-19 testing for BAME staff and their family members with mild symptoms.
- Development of a BAME specific risk assessment and subsequent feedback sessions for BAME staff and managers to understand how helpful and effective BAME staff have found the risk assessment to be, in order to learn from experience and take further action as required.
- Priority antibody testing.
- The introduction of a panel to support BAME staff for the duration of the pandemic if they have any concerns about the support that they are receiving from line management. The panel will be led by the Trust's Freedom to Speak up Guardian, supported by the BAME Leadership Network Chair and Deputy Chairs.

The Trust will continue to review and explore how to support BAME staff during this unprecedented time.

5. Summary

As shown in section 3, 'WRES 2019/20 Data', improvements have been made across the following indicators:

- The number of BAME staff employed by the Trust has increased for the third consecutive year. The 2019/20 data shows an increase of 155 BAME employees compared to the previous reporting period (2018/19).
- BAME staff continue to be less likely to enter into the formal disciplinary process than White staff.

Further improvements need to be made across the following indicators:

- BAME candidates are less likely than White candidates to be appointed from shortlisting.
- BAME staff are less likely to access non-mandatory training and CPD than White staff.
- The number of BAME staff who stated that they had experienced harassment, bullying or abuse from patients, relatives, the public or staff in the last 12 months has increased for the third consecutive year.
- The number of BAME staff who believe they have equal opportunities for career progression or promotion has gone down.
- The staff survey results show that 14.52% of BAME staff state that they have personally experienced discrimination at work compared to 5.46% of White staff.
- Whilst, following a successful period of acting into the role of Chief Medical Officer, a Trust BAME colleague was appointed into the role on a permanent basis from June 2019, further work to increase BAME representation across the Trust Board needs to continue.

In conclusion, whilst work to improve a number of the WRES indicators needs to continue, the achievements detailed in section 4, 'Trust Achievements throughout 2019/2020', highlights the Trust's commitment to the equality, diversity and inclusion agenda.

The recent appointments of the BAME Leadership Network Chair and Deputy Chairs and the enhanced opportunities that have been given for the Executive Team to engage with BAME staff has re-energised the Network. The Trust now has a strong base from which to develop further.

The Trust continues to be committed to closing the gap between White and BAME worklife experience as shown within the actions detailed within the Action Plan 2020/21 (see Appendix 2).

Appendix 2 - Workforce Race Equality Standard Action Plan 2020/21

The Action Plan 2020/21 has been developed, based on the 2019/20 WRES technical data results, to help close the gaps in workplace experience between White and Black and Ethnic Minority (BAME) staff. A separate detailed workplan supports the Action Plan.

Action	WRES Indicator	Timescale	Lead
Launch an internal and external “Zero Tolerance To Racism” Campaign for staff, patients and visitors.	Indicators 5, 6, 8	End December 2020	Director of Communications/Marketing Manager
Empower BAME staff to speak up, raise concerns and ensure adequate/visible support mechanisms are in place.	Indicators 5, 6, 8	End December 2020	Director of Workforce/BAME Chair and Deputy Chairs
Re-fresh and re-energise mandatory and statutory equality and inclusion training to include powerful, impactful videos to highlight and celebrate contribution of BAME colleagues within the Trust.	All	End March 2021	Head of Education/BAME Network/Equality and Inclusion Lead
Develop mandatory leadership and management development programmes focusing on discrimination, bullying and harassment, unconscious bias, cross-cultural understanding and micro-aggression which develop managers to empower BAME staff to speak up and raise concerns.	Indicators 5, 6, 8	End March 2021	Head of Organisational Development/Senior Organisational Development Practitioner
Review recruitment and selection processes to ensure equal opportunity to employment and career progression.	Indicators 1, 2, 7	End December 2020	Head of HR Services/Equality and Inclusion Lead/BAME Leadership Network
Design a BAME specific induction programme highlighting the Trust’s commitment to BAME colleagues as well as signposting to colleagues in the Trust and local BAME community groups/services.	All	End December 2020	Director of Communications/Head of Organisational Development
Develop proposal for achieving proportionate percentage of BAME staff in senior and managerial roles from Band 6 and above across all staffing groups.	Indicators 1, 9	End December 2020	Head of HR Services/Equality and Inclusion Lead/BAME Chair
Review end to end process and outcomes to identify any bias in informal and formal grievance, investigation and disciplinary processes.	Indicator 3	End March 2021	Head of Workforce/BAME Leadership Network

WRES Indicators

1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2. Relative likelihood of staff being appointed from shortlisting across all posts
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4. Compare the data for white and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD
5. KF: 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8. Q17. In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues
9. Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce.