



# Workforce Disability Equality Standard (WDES)



## 2019 Annual Report

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Integrated Quality Committee/Trust Board  
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## **Workforce Disability Equality Standard (WDES)**

### ***What is the Workforce Disability Equality Standard?***

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. WDES came into force on 1 April 2019, reporting the WDES Metrics will follow the same timetable as the Workforce Race Equality Standard (WRES).

The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

BSMHFT is required to submit their WDES data for 2019 to NHS England by 1<sup>st</sup> August 2019. BSMHFT WDES report will be presented at: Workforce Subcommittee, the Integrated Quality Committee (ICQ) and shared with the Clinical Commissioning Group prior to being placed in the public domain by September 2019 as per regulations set by NHS England. Please see **Appendix 1** for BSMHFT WDES data.

### ***Making a difference for disabled staff***

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of trust.

<https://www.england.nhs.uk/about/equality/equality-hub/wdes/>, (2019)

## **Giving NHS staff the backing they need**

As set out in the interim NHS People Plan, we need more staff working in the NHS over the next five years, both to address existing shortages and to deliver the improvements set out in the Long Term Plan. Taking the same approach will not be enough on its own. There needs to be a broader range of people in different professions, working in different ways, supported by more effective use of

existing technologies and faster application of scientific and technological innovation. Cultural change on a wide scale is a must to build the diverse workforce that is required for a world-class 21st century healthcare system. This includes improving access for marginalised groups to the good quality jobs offered, promoting positive cultures, building a pipeline of compassionate and engaging leaders, and making the NHS an agile, inclusive and modern employer, if we are to attract and retain the people we need to deliver on the plans as outlined below:

Workforce planning needs to be central to our overall planning processes and should cover workforce growth and workforce transformation for all areas of NHS-funded care.

In line with the themes of the interim NHS People Plan, system plans will need to set out specific action to:

- Setting out the **workforce growth** planned for different groups;
- Show the action that will be taken to improve retention, international recruitment and maximise use of the Apprenticeship Levy;
- Ensuring that overall efficiency and productivity plans include practical, system-wide action to improve **workforce efficiency** and **release greater time for care**, including changes in skill mix, new ways of working, better use of scientific and technological innovation, and reductions in sickness absence.

**Make the NHS the best place to work:** Delivering the themes set out in the interim NHS People Plan, including setting targets for BME representation across its leadership team and broader workforce by 2021/22, improving mental and physical health and wellbeing and enabling flexible working. This includes responding to the requirements of the new Workforce Disability Equality Standard, introduced in April 2019;

- **Improve leadership culture:** Establishing the cultural values and behaviours we expect from our senior leaders, implementing system-wide processes for managing and supporting talent, and developing strategies to support all staff to work in compassionate and inclusive leadership cultures;

- **Deliver a holistic approach to workforce transformation and workforce growth** ('more people, working differently'), including:

- **Change the workforce operating model:** Describing – as part of broader ICS development – plans to develop the capacity (including prioritising urgent action on nursing shortages), capability, governance and ways of working. This will enable ICSs to take on growing responsibility for workforce and people activities, informed by the capacity building diagnostic and tool that we have

developed with local systems. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf>, (2019)

**Snapshot of BSMHFT WDES Data (see Appendix 1 for a full account of BSMHFT WDES data)**

	<b>Indicator</b>	<b>BSMHFT</b>	
<b>1</b>	<b>Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2019</b>	175 disabled staff 3399 not disabled 380 Not stated  Please see appendix 1 for a full breakdown	
<b>2</b>	<b>Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.</b>	304 disabled applicants were shortlisted compared to 4676 non-disabled.  8 disabled staff were appointed from shortlisting compared to 177 non-disabled staff	
<b>3</b>	<b>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</b>	At present the Trust does not record information specifically for disabled staff.	
<b>4</b>	<b>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:  i. Patients/service users, their relatives or other members of the public  ii. Managers  iii. Other colleagues  b) 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. The data for this Metric should be a snapshot as at 31 March 2019</b>	Disabled	Non-disabled
		40.6 %	31.7%
		22.4%	13.7%
		34.3%	21.2%
		56.6%	58.5%
<b>5</b>	<b>Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal</b>	Disabled	Non-disabled
		66.8%	74.6%

	<b>opportunities for career progression or promotion.</b>		
<b>6</b>	<b>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.</b>	Disabled 23.9%	Non-disabled 21.2
<b>7</b>	<b>Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.</b>	Disabled 37.2%	Non-disabled 46.1
<b>8</b>	<b>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</b>	Disabled 70.5% (207 responses)	Non-disabled N/A
<b>9a</b>	<b>a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</b>	Disabled 6.6%	Non-disabled 6.8%
<b>9b</b>	<b>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)</b>	Yes BSMHFT has an active Disability and Neurodivergence Staff Network	
<b>10</b>	<b>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</b>	There is currently no know disabled representation at Board level	

### **BSMHFT Disability and Neurodivergence Staff Network**

BSMHFT officially launched its Disability Staff Network in 2018, prior to this it was the Dyslexia working group.

- The network is chaired by Romulus Campan, Qualified Forensic Mental Health Assistant Practitioner supported by Dave Thomlinson, Executive Director of Finance as Board Sponsor.
- The network is made up of a group of BSMHFT staff with visible and non-visible disabilities, long enduring health conditions and neurodivergent conditions.
- The group represents multidisciplinary backgrounds across the whole of the Trust whom are of different genders, ethnicity, religion/faith, age and of sexual orientation.
- The network is an open group and is supported by the Trust with interest and active support from the Human Resources and Inclusion team.
- The network has a democratic structure with a focus on engaging with and listening to all members.

- The network links to the Trust Board via the Director of Community Engagement and Inclusion.
- The network values the importance of intersectionality and has a partnership agreement with the other two staff networks supporting BAME and LGBT+ staff within BSMHFT.

### ***Why we developed into a network***

“We are here to make a difference to the experience of staff within our Trust. We influence policy and decision making and we have a voice. The network is about sharing best practice and the empowerment of staff members, supporting non-disabled staff and managers by raising awareness of issues relating to disability, ensuring that the Trust benefits from disabled employees’ experience and changes policy and practice as a result.”

“We act as a consultative group when looking to improve accessibility and as a resource for disabled and neurodivergent staff to express their views and concerns. “

*Romulus Campan, Disability and Neurodivergence Staff Network Chair (2018)*

### ***So far the Network has:***

- Participated in the ‘networks to networks’ event which brought all the Staff Networks (BAME, LGBT+, the Disability Network, the dyslexia working group) under one roof with their executive sponsors. Together they celebrated the successes of 2017 and planned how the networks could work together in the future.
- Inputted into policy and procedural consultation.
- Sign-posted staff to relevant agencies to support their concerns.
- Developed a confidential email address that any staff member can access for advice and support.
- Implemented dyslexia assessments for staff.
- Challenged the Trust to look at issues for reasonable adjustments and accessibility.
- Attained level 2 of the Disability Confident Scheme
- Continuing to work alongside the estates and facilities directorate, ensuring that issues such as accessibility, car parking and adjustments to buildings etc remain high on the agenda.
- Work alongside the community engagement team to support staff with their disabilities, thus improving the experiences of staff across BSMHFT, ensuring equity in all divisions.
- Actively taken part in the regional and national consultation phase of WDES, this enabled the Chair(s) at the time to share their own lived experience and challenges which they endure daily.

- Showcased their work during the Equality, Diversity and Inclusion (EDI) Event in September 2018, this allowed them to raise the networks profile but also pose some very challenging questions, in particular around the Sickness Absence Policy which is now being reviewed.
- Participated in the Trusts EDS2 self-assessment in March 2019.
- Hosted a number of in conversation sessions with the community engagement team.

Speakers included:

- Professor Tom Shakespeare, a social scientist and bioethicist, and academic who writes talks and researches disability, ethical issues around prenatal genetic testing and end of life assisted suicide in June 2018.
- Francesca Martinez, Global headliner, 'wobbly' comedian and writer discussed the themes of inclusion and diversity, in February 2019.
- Supported the launch of the National Day of Staff Networks in May 2019: Leading for Change, key speakers included Cherron Inko-Tariah MBE - Founder of the National Day of Staff Networks, Yvonne Coghill OBE - Director of Implementation Workforce Race Equality Standard (WRES), Wendy Irwin - Head of Equality and Diversity Royal College of Nursing, Paul Martin OBE - CEO of LGBT Foundation and Dr Myriam Francois a Journalist, documentary maker and writer for the guardian The day was aimed at encouraging staff networks to pull together as a community and celebrate collaboratively not as separate groups, promoting intersectionality.

***What we aim to do next:***

We aim to make the network pro-active in the business of the Trust to ensure staff with disabilities and/or impairments are represented equitably. We aim to be information champions on disability and neurodiversity to improve the confidence of our staff, service users, patients and customers in the services we provide as a Trust. We aim to improve our network as we progress, engaging with staff to ensure positive experiences within BSMHFT.

The network is particularly keen to do more to support staff with mental health conditions. As a result, we are implementing Lived Experience Advisor roles, through which network members living and working themselves with mental health conditions, will be offering support and mentoring for Trust staff.

“We’re committed to tackling inequality in the workplace wherever we find it. Employing people with lived experience of disability or long-term health conditions is a major asset: these staff can draw on their own experiences to show understanding, empathy and role modelling to people using services.”

Dave Tomlinson, Executive Director of Finance and Board Sponsor



## **Summary**

Our Trust is committed to recruiting and retaining disabled people and people with health conditions for their skills and talent. We understand that we need to think differently about disability, and improve how we attract, recruit and retain disabled staff. We take our responsibilities to comply with the Workplace Equality Standard very seriously.

Appendix 1 – BSMHFT WDES DATA 2019

			31st MARCH 2019																
			DISABLED				NON-DISABLED				DISABILITY UNKNOWN OR NULL				OVERALL STAFF				
			Total Disabled		% Disabled / ratio		Total Not Disabled		% Not Disabled / ratio		Total Unknown or Null		% Unknown or Null / ratio		Total				
INDICATOR		MEASURE	Pre-Populated	Verified data	Pre-Populated	Verified data	Pre-Populated	Verified data	Pre-Populated	Verified data	Pre-Populated	Verified data	Pre-Populated	Verified data	Pre-Populated	Verified data	Notes		
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The data for this Metric should be a snapshot as at 31 March 2019	1a) Non Clinical Staff																	
		Bands 1	Headcount	3	3	3%	4%	63	59	56%	86%	46	7	41%	10%	112	69		
		Bands 2	Headcount	6	5	4%	7%	115	54	79%	73%	25	15	17%	20%	146	74		
		Bands 3	Headcount	7	3	3%	4%	189	71	88%	88%	19	7	9%	9%	215	81		
		Bands 4	Headcount	15	10	5%	7%	248	116	86%	81%	24	17	8%	12%	287	143		
		Bands 5	Headcount	3	2	3%	2%	100	79	94%	93%	3	4	3%	5%	106	85		
		Bands 6	Headcount	9	4	10%	6%	65	48	76%	77%	12	10	14%	16%	86	62		
		Bands 7	Headcount	2	1	3%	2%	58	40	94%	91%	2	3	3%	7%	62	44		
		Bands 8a	Headcount	2	2	5%	5%	36	34	84%	83%	5	5	12%	12%	43	41		
		Bands 8b	Headcount	1	1	3%	3%	37	29	93%	91%	2	2	5%	6%	40	32		
		Bands 8c	Headcount	0	0	0%	0%	15	12	100%	100%	0	0	0%	0%	15	12		
		Bands 8d	Headcount	1	1	9%	20%	9	4	82%	80%	1	0	9%	0%	11	5		
		Bands 9	Headcount	0	0	0%	0%	1	1	100%	100%	0	0	0%	0%	1	1		
		VSM	Headcount	0	0	0%	0%	6	8	67%	57%	3	6	33%	43%	9	14		
		Other	Headcount	0	0	0%	0%	0	5	0%	28%	1	13	100%	72%	1	18		
			Cluster 1 (Bands 1 - 4)	Total	31	21	4%	6%	615	300	81%	82%	114	46	15%	13%	760	367	
			Cluster 2 (Band 5 - 7)	Total	14	7	6%	4%	223	167	88%	87%	17	17	7%	9%	254	191	
	Cluster 3	Total	3	3	4%	4%	73	63	88%	86%	7	7	8%	10%	83	73			

(Bands 8a - 8b)																	
Cluster 4 (Bands 8c - 9 & VSM)	Total	1	1	3%	3%	31	25	86%	78%	4	6	11%	19%	36	32		
<b>1b) Clinical Staff</b>																	
Bands 1	Headcount	0	0	0%	0%	1	0	20%	0%	4	0	80%	0%	5	0		
Bands 2	Headcount	4	2	13%	6%	19	22	61%	63%	8	11	26%	31%	31	35		
Bands 3	Headcount	30	34	4%	4%	651	749	90%	90%	43	53	6%	6%	724	836		
Bands 4	Headcount	8	12	6%	5%	109	228	88%	90%	7	13	6%	5%	124	253		
Bands 5	Headcount	31	33	6%	6%	450	459	83%	83%	61	62	11%	11%	542	554		
Bands 6	Headcount	35	40	5%	5%	666	674	88%	87%	60	63	8%	8%	761	777		
Bands 7	Headcount	15	14	5%	4%	282	297	89%	90%	20	20	6%	6%	317	331		
Bands 8a	Headcount	3	3	2%	2%	111	112	92%	92%	7	7	6%	6%	121	122		
Bands 8b	Headcount	1	2	2%	3%	58	66	95%	94%	2	2	3%	3%	61	70		
Bands 8c	Headcount	0	0	0%	0%	24	26	100%	100%	0	0	0%	0%	24	26		
Bands 8d	Headcount	0	0	0%	0%	5	12	100%	92%	0	1	0%	8%	5	13		
Bands 9	Headcount	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%	0	0		
VSM	Headcount	0	0	0%	0%	4	0	50%	0%	4	0	50%	0%	8	0		
Medical & Dental Staff, Consultants	Headcount	1	1	1%	1%	105	107	86%	86%	16	16	13%	13%	122	124		
Medical & Dental Staff, Non-Consultants career grade	Headcount	1	1	2%	2%	40	40	83%	83%	7	7	15%	15%	48	48		
Medical & Dental Staff, Medical and dental trainee	Headcount	1	1	1%	1%	33	33	49%	49%	33	34	49%	50%	67	68		

		grades																
		Other	Headcount	0	0	0%	0%	2	1	100%	100%	0	0	0%	0%	2	1	
		Cluster 1 (Bands 1 - 4)	Total	42	48	5%	4%	780	999	88%	89%	62	77	7%	7%	884	1124	
		Cluster 2 (Band 5 - 7)	Total	81	87	5%	5%	1398	1430	86%	86%	141	145	9%	9%	1620	1662	
		Cluster 3 (Bands 8a - 8b)	Total	4	5	2%	3%	169	178	93%	93%	9	9	5%	5%	182	192	
		Cluster 4 (Bands 8c - 9 & VSM)	Total	0	0	0%	0%	33	38	89%	97%	4	1	11%	3%	37	39	
		Cluster 5 (Medical & Dental Staff, Consultants)	Total	1	1	1%	1%	105	107	86%	86%	16	16	13%	13%	122	124	
		Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	Total	1	1	2%	2%	40	40	83%	83%	7	7	15%	15%	48	48	
		Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	Total	1	1	1%	1%	33	33	49%	49%	33	34	49%	50%	67	68	
2	Relative likelihood of Disabled staff compared to non-disabled staff being	Number of shortlisted applicants	Headcount		304													

	<b>appointed from shortlisting across all posts.</b>	Number appointed from shortlisting	Headcount		8				177								
	<p>Note:</p> <p>i) This refers to both external and internal posts.</p> <p>ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme.</p> <p>This information will be collected on the WDES online reporting form to ensure comparability between organisations.</p>	Relative likelihood of shortlisting/appointed	Auto-Populated		0.03				0.04								
		Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff	Auto-Populated					1.44									
3	<b>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by</b>	Number of staff in workforce	Headcount		175				3399								
		Number of staff entering the formal capability	Headcount		0				0								

	<p><b>entry into the formal capability procedure.</b></p> <p>Note: i) This Metric will be based on data from a two-year rolling average of the current year and the previous year (2017/18 and 2018/19). ii) This Metric is voluntary in year one.</p>	process																for disabled staff.	
		Likelihood of staff entering the formal capability process	Auto-Populated		0.00				0.00										
		Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Populated					0											
<b>4</b>	<p><b>a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</b> i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues</p>	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	Number of Respondents/%	323	323	40.6%	40.6%	1017	1017	31.7%	31.7%								

<b>b) 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. The data for this Metric should be a snapshot as at 31 March 2019</b>	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Number of Respondents/%	312	312	22.4%	22.4%	999	999	13.7%	13.7%							
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Number of Respondents/%	315	315	34.3%	34.3%	993	993	21.2%	21.2%							
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Number of Respondents/%	175	175	56.6%	56.6%	388	388	58.5%	58.5%							

5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	Number of Respondents/%	223	223	66.8%	66.8%	630	630	74.6%	74.6%							
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.	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Number of Respondents/%	238	238	23.9%	23.9%	580	580	21.2%	21.2%							
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.	% staff saying that they are satisfied with the extent to which their organisation values their work.	Number of Respondents/%	323	323	37.2%	37.2%	1012	1012	46.1%	46.1%							



8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Number of Respondents/%	207	207	70.5%	70.5%											
9a	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	Number of Respondents/Score	325	325	6.6	6.6	1017	1017	6.9	6.9					6.8	6.8	
9b	b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)  Note: For your Trust's response to b)	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	(yes) or (no)		Yes													BSMHFT has an active Disability and Neurodivergence Staff Network

10	<p>If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.</p> <p><b>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:</b></p> <ul style="list-style-type: none"> <li>• By Voting membership of the Board</li> </ul> <p><b>The data for this metric should be a snapshot as of 31st March 2019</b></p>																	
		Total Board members	Headcount		0			8				6			14			
		<i>of which: Voting Board members</i>	Headcount		0			8				6			14			
		<i>: Non Voting Board members</i>	Auto-Populated		0			0				0			0			
		Total Board members	Auto-Populated		0			8				6			14			
		<i>of which: Exec Board members</i>	Headcount		0			5				3			8			
		<i>: Non Executive Board members</i>	Auto-Populated		0			3				3			6			

		Number of staff in overall workforce	Headcount		175				3386				378				3939	
		Total Board members - % by Disability	Auto-Populated		0%				57%				43%					
		Voting Board Member - % by Disability	Auto-Populated		0%				57%				43%					
		Non Voting Board Member - % by Disability	Auto-Populated		0%				0%				0%					
		Executive Board Member - % by Disability	Auto-Populated		0%				63%				38%					
		Non Executive Board Member - % by Disability	Auto-Populated		0%				50%				50%					
		Overall workforce - % by Disability	Auto-Populated		4%				86%				10%					
		Difference (Total Board - Overall workforce)	Auto-Populated		-4%				-29%				33%					
		Difference (Voting membership - Overall Workforce)	Auto-Populated		-4%				-29%				33%					

		e)																
		Difference (Executive membership - Overall Workforce)	Auto-Populated		-4%					-23%								