

Objective: Inclusive Leadership

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

Which protected characteristics fare well?

Age	<input type="checkbox"/>	Marriage & civil partnership	<input type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Pregnancy & maternity	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Race	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>

Evidence drawn upon for rating	Initial Grade
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The Chief Executive is sponsoring a Diversity & Inclusion Strategy which commits the Trust to inclusion in everything we do. A workshop to develop this strategy was held in early February 2019. Members of the Board, the Senior Leadership Team, the Trust’s Equality and Diversity Group, BAME Workers Forum, LGBT Forum and LAWDII joined senior members of the national NHS WRES team to work on the strategy to address and sustain workforce inclusion.

The Board has participated in two seminars on the Workforce Race Equality Standard, delivered by Yvonne Coghill (Director of the NHS Workforce Race Equality Standard).

Since July 2018 Private Board meetings have included a Staff Story contributed by member of staff from a protected group. A way of sharing learning from these stories more widely is being developed.

Members of the Trust Board, including the Trust Chairman, are participating in a Reverse Mentoring Scheme with BAME members of staff.

The Head of Organisational Development is an active member of the Bristol Manifesto for Race Equality Strategic Leads Group.

The Trust Chairman is also very clear that inclusion should be at the heart of the Trust’s activities, and was a keynote speaker at the Black History Month Event co-hosted at the Trust with the regional RCN team.

The Director of People, on behalf of the Trust, has signed up to the Bristol Equality Charter as a pledge for equality across Bristol.

The senior leadership has established the Patient Inclusion & Diversity Group which is specifically looking at patient inclusion issues.

The recommended grading for this outcome is Developing. This is because, although the importance of inclusion is recognised at Board and senior level, there is more work to be done before this commitment is routinely demonstrated by all senior leaders.

Initial Grade

Developing

Grading key

Undeveloped	Developing	Achieving	Excelling
There are no examples of a strong and sustained commitment.	Only some of the examples show a strong and sustained commitment.	Many of the examples show a strong and sustained commitment.	All of the examples show a strong and sustained commitment.

Objective: Inclusive Leadership

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

Which protected characteristics fare well?

Age	<input type="checkbox"/>	Marriage & civil partnership	<input type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Pregnancy & maternity	<input type="checkbox"/>	Sex	<input type="checkbox"/>
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Evidence drawn upon for rating	Initial Grade
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<p>Refreshed Equality Impact Assessment Guidance and forms were agreed by SDG in March 2018 and publicised subsequently. To test whether EIAs are being used effectively it was agreed that the Equality & Diversity Officer would complete a mini-audit of policies, strategies, proposals and consultations developed between April and October 2018.</p> <p>From the documents reviewed which relate to senior boards and committees, the following emerged:</p> <ul style="list-style-type: none"> • Planning documents (Divisional Operating Plan templates, for example) do not ask for equality-related impacts to be identified or considered • Papers to Trust Board and other senior committees do not identify equality-related impacts <p>The mini-audit found that there is no evidence that reporting and planning at senior level – Corporate or Divisional – take into consideration equality-related impacts or risks.</p> <p>As a result of these findings, the following recommendations were made:</p> <p>Knowledge and, primarily, confidence, in how to carry out an EIA needs to be increased.</p> <p>Board and senior committee papers – Chairs and administrators to be reminded of their responsibilities in this area.</p> <p>Divisional Operating Plans – template to include a link and prompt to the EIA guidance and form, and Equality & Diversity Divisional Objectives to include: “Ensure that all Divisional Plans take account of Equality & Diversity considerations using Equality Impact Assessments, with planned actions to mitigate any potential disadvantages to staff or patients from protected groups”.</p> <p><i>The recommended grading for this Outcome is Undeveloped, based on the findings of the mini-audit carried out into the effective use of Equality Impact Assessments.</i></p> <p><i>Next steps towards ‘Achieving’ grading:</i> Develop & establish a method of prompting chairs & administrators of Board / senior committees to ensure that papers containing proposals affecting people include an EIA - from March 2019 (to be including in Paper-writing training) Develop bite-sized sessions to build knowledge and, primarily, confidence, in how to carry out an EIA. Offer to appropriate teams (eg Trust Secretariat, Employee Services, HRBPs, E&D Group, PIDG). Members of those teams will be encouraged to cascade the</p>	<p style="color: red; font-weight: bold;">Undeveloped</p>
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4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	
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Disability	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>
Pregnancy & maternity	<input type="checkbox"/>
Race	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Evidence drawn upon for rating	Initial Grade
sessions through appropriate Divisional and other groups and committees – from mid-February 2019	
Conduct a follow-up audit of Board and senior committee papers in August/September 2019	

Grading key

Undeveloped	Developing	Achieving	Excelling
None of the papers took account of equality-related risks and their management.	Only some of the papers took account of equality-related risks and their management.	Many of the papers took account of equality-related risks and their management.	All of the papers took account of equality-related risks and their management.

Objective: Inclusive Leadership

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Which protected characteristics fare well?

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Evidence drawn upon for rating – Recommended initial grading = Developing

Managers in Divisions across the Trust were asked to respond to a series of questions (shown in bold, below). The responses have been summarised below to inform the initial grading.

Do managers/supervisors make a positive effort to ensure that members of their teams understand and work with any cultural differences of team members? (Not just religious or ethnic differences, but age, disability, gender or sexual orientation.)

Responses overall indicate that cultural diversity in teams leads to recognising and celebrating that diversity with other team members, including new members of teams.

Many responses indicated that teams share cultural experiences through food. (*Examples: Promotion of international days, where the team bring and share food from their cultural backgrounds. / Our dietetics team always engage with staff and support with health promotion and, when able, spend time sharing our work and learning about different cultures and diets from members of staff. We find this a great way to embrace people and learn, and use this information to enrich the advice and care we give our patients.*)

Responses overall indicate many instances of the use of flexible working options to support team members with caring responsibilities; physical/mental health conditions; religious observance; older employees; pregnancy and return from maternity leave.

Responses overall indicate that Managers feel confident in discussing adjustments for staff with disabilities under the Equality Act and how these adjustments must be communicated to relevant colleagues when these adjustments have a material effect on their working.

Responses overall indicate that managers promote the Trust Values and a positive and open working environment where staff are encouraged to discuss and be respectful of cultural and other differences.

Responses overall indicate support for religious observance, within the needs of the service. (*Example: Flexibility encouraged in the clinical services, to allow colleagues, when practical, adequate time to attend Muslim Friday prayers at The Sanctuary. This is communicated to other staff members to ensure there is understanding of the significance. Flexible working application process also considers religious commitments, such as Sabbath or holy days, with divisional employees supported to allow them to balance their work commitments with their religious practices.*)

Responses overall indicate a recognition of the importance of effective communication between colleagues and with service users, taking into account any specific communication needs.

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Evidence drawn upon for rating – Recommended initial grading = Developing

Responses overall indicate that managers challenge inappropriate behaviour and encourage a culture of openness. *(Examples: Try to create a positive environment by ensuring that posters & information about diversity, well-being & support are displayed in the office / Always open about my EU background and share how some actions/things make me feel so staff have idea of potential impact)*

Some responses recognised that more can be done around breadth of knowledge of cultural differences. Suggestions included regular follow-up on Staff Survey to ask questions around equality and diversity to tease out any areas we are weaker on, and materials that are more representative of the general population i.e. more diverse images of disabled people, BAME people etc.

Do managers/supervisors tackle any issues of discrimination? (Between staff and from patients to staff and vice versa.)

Responses overall indicate that any instances of discrimination are taken extremely seriously, with staff encouraged to highlight any issues of discrimination that they have experienced directly, or witnessed happening to others, to senior members of staff.

(Example: Staff are aware of how to raise concerns and make a complaint, and of the Trust's approach to zero tolerance of discrimination. Trust Values are emphasised in team meetings, one to ones, and appraisals.)

Responses overall indicate that Managers and supervisors are aware of the Dignity at Work policy and procedure and Disciplinary policy and procedure, and would be able to find guidance, should an accusation of discrimination occur.

Responses overall indicate that managers always try to challenge any inappropriate comments or culturally insensitive attitudes. *(Example: When and if this arises, hear the complaint raised and arrange to meet and discover the issues. 'Nip it in the bud' is a perfect tool to refer to as catching things early and setting the correct and positive expectations is more helpful in resolving issues and challenging viewpoints.)*

In some areas instances of discrimination from patients/service users are directly challenged by senior staff. *(Example: Emergency Department now issues warning to members of the public following incidents of violence and aggression, as a supportive measure to department employees, some of these being incidents of racial abuse.)*

However, it is acknowledged that there is the potential for a further review of how well supported individuals are by their colleagues, following these incidents. Potentially exploring further training support for staff from colleagues, to understand the impact racist language may have on a fellow colleague.

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Evidence drawn upon for rating – Recommended initial grading = Developing

One Division is currently reviewing representation of BAME staff in divisional casework, with a view of establishing whether there is proportional representation in our casework figures, relative to our percentage of BAME staff in our overall workforce. The aim of this piece of work is to ensure this is always an ongoing dialogue regarding practical mechanisms to prevent any behaviours managed under Trust disciplinary process which may be the result of cultural differences. Suggested mechanisms which may be considered, would include a pre-investigation checklist, or cultural ambassador reps on the panels.

Do managers/supervisors support/encourage members of their teams to be part of a staff forum or network? (For example, the BAME Workers Forum, LGBT Forum or LAWDII.)

Responses indicate that awareness of the Staff Forums is variable across the Trust and within Divisions. Where managers are aware of the Forums, responses indicate that information is widely shared and managers are willing to support individuals to be part of a staff forum if relevant or appropriate. Responses indicate that promotion of staff forums needs to be improved (corporately and within Divisions).

Some Divisions have their own Divisional Staff Forums. Membership is open to staff at all levels and from all disciplines, and each area is encouraged to send voluntary representatives. Generally, staff are encouraged to be involved in team meetings and the Divisional Staff Forum.

Do managers/supervisors make a positive effort to ensure that members of their teams are respectful of, understand and respond to the health beliefs and practices (including cultural and communication needs) of patients/service users from different backgrounds? (Could be anything from communicating with visually impaired or deaf patients to differing religious/cultural practices around end of life care.)

Responses overall indicate that great care and attention is paid to the differing needs of patients/service users. Many managers mentioned use of translating and interpreting services, including BSL. In some areas the importance of ensuring chaperones are available is recognised. Clinical teams who work closely with patients with different communication needs are supported to show sensitivity and compassion in their daily interactions.

Some responses indicated support for staff to be aware of varying cultural and religious practices. (Examples: Some cultures are very family oriented.

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Evidence drawn upon for rating – Recommended initial grading = Developing

We reiterate to staff how it might be appropriate to ask patient if family member would also like to attend/ join the consultation; how to contact chaplain, Hindu priest and Imams via switchboard.)

Other responses referred to specifics from certain areas, and are given in full below.

Audiology – Support for patients with hearing loss

As our patient group comprises people with acquired hearing loss, which can encompass other disabilities (sight, balance, tinnitus, and any other existing congenital conditions) our staff are aware of the needs of our patients and demonstrate this daily.

Any issues arising from difficulties in communication reported by other staff or patients or their family are investigated and dealt with, this may invoke further training and observation of clinics by senior staff before ‘signing off’ - i.e. we received a comment about an area of improvement from one of our sight impaired patients who agreed to come and complete training in our team meeting on how to address, assist and support sight impaired patients.

Includes working with the D/deaf community. For example, some service users use BSL, and we arrange for BSL interpreters if they require. Encourage staff to establish with patients if they would like to be seen with BSL or foreign language interpreter. Some cultures are very family oriented. We reiterate to staff how it might be appropriate to ask patient if family member would also like to attend/ join the consultation.

Advise staff in local induction and through essential training of need for diplomacy if patients present with values which are not aligned to our own, and deemed to be discriminatory in any way (culture, gender, orientation, age, religion, other). Using appropriate assertiveness we advise people of the Trust’s zero tolerance policy to such attitudes and behaviour.

Sexual Health – Support for transsexual patients

Within the sexual health service we have had a number of training sessions for staff helping them support transsexual patients, we also have a core group of staff members who are working with Freedom which is a local trans youth project; through focus groups and listening sessions at their youth groups we are working towards a service which works for everyone. Historically members of the trans community have found it very difficult to attend health services, generally due to a lack of understanding from health care professionals, so these have been an effort to improve these.

Due to the logistics of the clinic itself, it has separate male and female waiting areas which anyone who identifies as that gender can use, but the service

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Evidence drawn upon for rating – Recommended initial grading = Developing

also have a 3rd waiting area which can be used by anyone so if someone doesn't feel that they fall into the binary of male or female there is somewhere they can wait where they will hopefully feel comfortable. There are also signs for toilets, all clinic toilets are for everyone to use and ideally toilets should just have a sign saying "toilet" and no pictures of male / female figures on.

Outpatient Speech & Language Therapy are recognised nationally for their voice therapy work with transgender patients.

Children's

We are about to launch a trial of a Somali link worker in paediatric diabetes to improve patients diabetic control and outreach into our Somali community based locally, as we have identified that this group could benefit from further support.

Our dietetics team embrace different cultures as their roles are to support children and families and their diets. They always consider peoples' cultural backgrounds, and use teaching aids (like diet sheets) and produce that are culturally adapted. They provide food suitable for all cultural needs. They also work with minority groups in the community and work with community health staff and schools to help provide what patients need. We provide food suitable for all culturally needs.

Residences

We discuss issues in relation to service users (who may also be members of staff) & try wherever possible to meet their needs within limited resources, for example we are not able to guarantee women-only accommodation for female service users but we were able to respond positively to a request from 2 young female Muslim students to be placed in a house together as they did not feel comfortable in an all-male environment.

We have made reasonable adjustments in order to meet the needs of disabled service users (particularly in relation to Relatives hostel) for example we agreed to take an in advance booking for a person who had short-term memory issues as a result of an illness & arranged for them to make visits to the hostel in advance, so that the customer & her carers were able to familiarise themselves with the environment & routes around the hospital etc.

Admin/Resus Officers – support for course attendees

Enquiries are made with regard to dietary requirements, additional needs etc. We ask for the preferred name for the name badge to ensure essential details are not missed, e.g. family and given name. Once, a Chinese candidate felt very insulted that we had not used the full name because it was too long to fit on the badge but this was deeply insulting to his family. The team learned from this experience.

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From information gathered on the application forms for our courses, we ensure special needs are met. For example, Halal meat, vegan food, candidates observing Ramadan may need additional fluids and a place to pray. Additional time is offered for the written exams for those with dyslexia or for candidates whose first language is not English. We specifically ask candidates what they would like written on their name badge.

Therapies teams also provide: ladies only sessions in hydro; interpreters; leaflets in other languages. Treatment on wards is arranged at suitable times, showing sensitivity to prayer times.

Are managers/supervisors confident about having conversations about cultural or other differences?

Responses overall indicate that managers are very willing to have and to learn from conversations about cultural differences, with levels of confidence varying according to the frequency and subject of these conversations.

For example:

Feedback from the division has been that managers confident in discussing health related disability, due to the regular need for these conversations regarding disabilities during informal and formal HR processes, to ensure adequate support for individuals. Conversations regarding other protected characteristics are not as prevalent; therefore there may be a need for a further focus on providing managers/supervisors with advice/guidance on discussing cultural differences.

Responses overall also indicate that there is an appetite for more information to be made available.

Trust-wide, middle managers and other line managers are supported to support their staff in the following ways:

The Trust's Equality, Diversity & Human Rights Policy highlights the roles and responsibilities of managers and all staff, emphasising the requirement for all managers to support their staff to work in culturally competent ways within a work environment free from discrimination.

Through undertaking the Trust's Equality, Diversity & Human Rights training, all managers should be better equipped to support staff to work in culturally competent ways. (Equality, Diversity & Human Rights is one of the UK Core Skills training elements and forms part of Essential Training for all staff, available as an online package or as face-to-face training.)

Managers of Facilities staff have supported face-to-face training sessions to enable their staff to access this training.

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Evidence drawn upon for rating – Recommended initial grading = Developing

Trust-wide compliance figures for this training increased from 82% in January 2018 to 96% in January 2019.

The Trust’s Dignity at Work Policy (incorporating tackling bullying and harassment at work), emphasises the role of managers in establishing and maintaining a work environment which protects and promotes dignity at work and is free from harassment, bullying, discrimination or abuse.

Rollout of the Dignity at Work Policy included introductory sessions for management teams which included linking the Trust’s Leadership Behaviours with the positive behaviours expected of all staff. Bespoke sessions have been and continue to be delivered on request.

The Trust has produced guidance for managers about release time for staff wishing to be part of the Trust’s Staff Forums, to encourage support for participation.

Equality & Diversity information to support managers and staff is available on the staff intranet.

Spiritual and Pastoral Care information to support managers and staff is available on the staff intranet. Guidance for managers and staff about taking time out of the working day for religious observance is in development.

2018 National Staff Survey Results

In the 2018 National Staff Survey, responses to questions about discrimination showed that:

94.9% of all staff who responded said they had not experienced discrimination from patients/service users, their relatives or other members of the public.

Groups who said they experienced higher levels of discrimination from members of the public were BAME staff; gay men; bisexual staff; Buddhist and Muslim staff.

75.6% of all staff who responded said they had not experienced harassment, bullying or abuse from patients/service users, their relatives or other members of the public.

Groups who said they experienced higher levels of harassment, bullying or abuse from members of the public were members of staff aged 16-20, disabled staff, gay men, bisexual staff, Buddhist, Muslim, and staff with other religions.

The Trust is finalising a policy which reiterates its zero tolerance approach to violence, harassment, discrimination or abuse from members of the public.

Accompanying documents will include guidance for managers and staff on the support available if they are subjected to unacceptable behaviour from service users or other members of the public.

92.6% of all staff who responded said they had not experienced discrimination from a manager/team leader or other colleagues.

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Evidence drawn upon for rating – Recommended initial grading = Developing			
<p>Groups who said they experienced higher levels of discrimination from colleagues were staff with a disability, BAME staff, staff who preferred not to disclose their gender, bisexual staff, Buddhist, Muslim and staff with other religions.</p> <p>88.4% of all staff who responded said they had not experience harassment, bullying or abuse from managers.</p> <p>Groups who said they experienced higher levels of harassment, bullying or abuse from managers were staff with a disability, staff who preferred not to disclose their gender, gay men, bisexual staff, and Buddhist staff.</p> <p>81.6% of all staff who responded said they had not experienced discrimination from other colleagues.</p> <p>Groups who said they experienced higher levels of harassment, bullying or abuse from colleagues were staff with a disability, BAME staff, staff who preferred not to disclose their gender, gay, lesbian and bisexual staff, Buddhist, Hindu and Muslim staff.</p> <p>Recommended initial grading</p> <p>Based on the information submitted, we are Achieving in some areas, but we acknowledge some areas need more work so overall the recommended initial grading is Developing.</p> <p>Areas for improvement which have been identified will improve the working experience of staff from all protected groups.</p>			

Grading key

Undeveloped	Developing	Achieving	Excelling
Staff members from all protected groups fare poorly compared with the overall workforce OR evidence is not available.	Staff members from only some protected groups fare as well as the overall workforce.	Staff members from most protected groups fare as well as the overall workforce.	Staff members from all protected groups fare as well as the overall workforce.