



HEALTHCARE SAFETY  
INVESTIGATION BRANCH

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# EQUALITY IN OUR WORKFORCE

Report 2019

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(This report reflects a first Equality in our Workforce Report as an aggregate of data for those appointed for fiscal years 2018-2019)

## **NOTE**

This is the first HSIB report on the Equality of the HSIB workforce relating to the appointment of 174 HSIB staff in the fiscal year period of 2018-2019. HSIB is hosted by NHS Improvement (NHSI) which is responsible for HSIB staff recruitment processes. The data in this report is, therefore, received from NHSI. The data presented is for joiners in 2018-2019. It is not adjusted for leavers. All graphs and data are attributed to the fiscal year 2018-2019.

## ABOUT HSIB

The Healthcare Safety Investigation Branch (HSIB) conducts independent investigations of patient safety concerns in NHS-funded care across England.

Most harm in healthcare results from problems within the systems and processes that determine how care is delivered. Our investigations identify the contributory factors that have led to harm or have the potential to cause harm to patients. The recommendations we make aim to improve healthcare systems and processes in order to reduce risk and improve safety.

## ABOUT THIS REPORT

### 1.1 Reporting period

This report provides information about equality in HSIB's workforce for the recruitment period of 2018-2019. The data has been provided by NHS Improvement for the period 2018-2019. A full breakdown of data is provided in Annex 1.

We are sharing this information to comply with the public sector equality duty which requires us to publish information relating to people who share a relevant protected characteristic.

### 1.2 The public sector equality duty

The public sector equality duty makes it unlawful to discriminate against people who share a protected characteristic. Our employment monitoring will enable us to act to remove any potential for discrimination, promote equality and foster good relations between people of different backgrounds.

Protected characteristics covered by the Equality Act 2010 are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

## HSIB WORKFORCE PROFILE

### 2.1 Overview

This is the first HSIB review of its workforce for a one year period (2018-2019) by Equality. In subsequent years, we will be able to establish trends and obtain a deeper understanding of issues affecting any of the protected characteristics in our workforce.

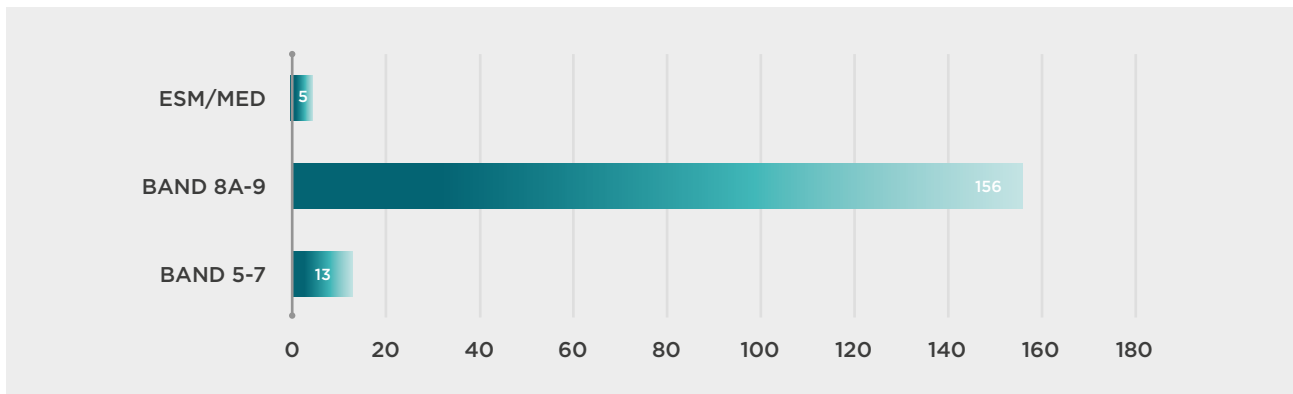
The headcount joining HSIB for the year 2018-2019 was 174 as at 31 March 2019. During that period, we employed 155 staff on a full-time equivalent basis and 19 staff on a part time basis. Our workforce comprises staff who are permanent, seconded or are on fixed term contracts. The data in this report is drawn from recruitment data and so does not include temporary staff in place via agencies or staff that were in post prior to 1 April 2018.

As a national organisation with staff located across the country in different geographical teams, there is a high number of homeworkers (134 out of 174 who joined in 2018-2019). There is a requirement for staff to be agile and travel to different NHS and other sites to undertake their roles. The national Maternity Programme recruitment for 2018-19 is predominantly represented as female (123 female employees and 11 male employees) and this is reflected in the overall gender split of the organisation for the year. This workforce is particularly characterised by a mix of secondments and fixed term staff due to the current workforce model. Due to the level of secondments from Trusts, there is a rolling programme of recruitment to appoint when staff return to their Trusts.

Our staff are split across five Agenda for Change bands (5-9) in 2018-19 as a grouping comprising Executives and Senior Managers (ESM) and Clinical Advisors. The roles within bands 8 and above relate typically to: Executives; Senior Management Team; Wider Leadership Team; Maternity Team Leaders.

## ABOUT HSIB

### HEADS BY AFC GRADE RECRUITED IN 2018-19



#### Equality in our workforce:

New Starters are asked to provide information on their protected characteristics at the time of recruitment. However, there are staff who do not wish to disclose information on certain protected characteristics. Therefore, we continue to look for ways to capture information on all protected characteristics. This will not only allow more meaningful diversity data analysis, but also better inform our strategic decision-making in recruitment, retention and resourcing.

In 2018-19, self declarations were:

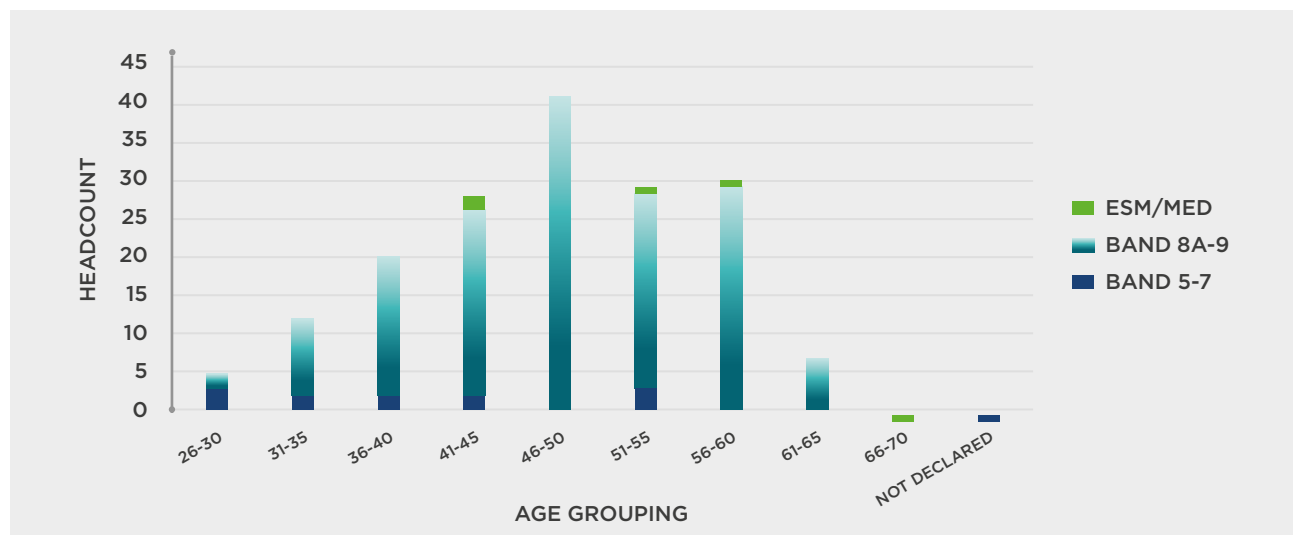
Ethnicity: **88.5%**  
 Religion/Belief: **79.25%**  
 (excludes other category)

Sexual Orientation: **94.82%**  
 Disability: **2.31%**

#### 2.2 Age

In 2018-19 our workforce shows a relatively high number of staff in the age bracket of 41-50 years (69) and 51-65 years (66) which equates in total to 77.6% of the workforce. The highest number of staff are employed on AfC 8 bands (middle management and specialist) roles. Our youngest employees number five aged between 26 to 30 years, representing 2.87% of the workforce, occupying entry and professional entry level roles.

### AGE OF EMPLOYEES BY BAND FOR 2018-2019 JOINERS

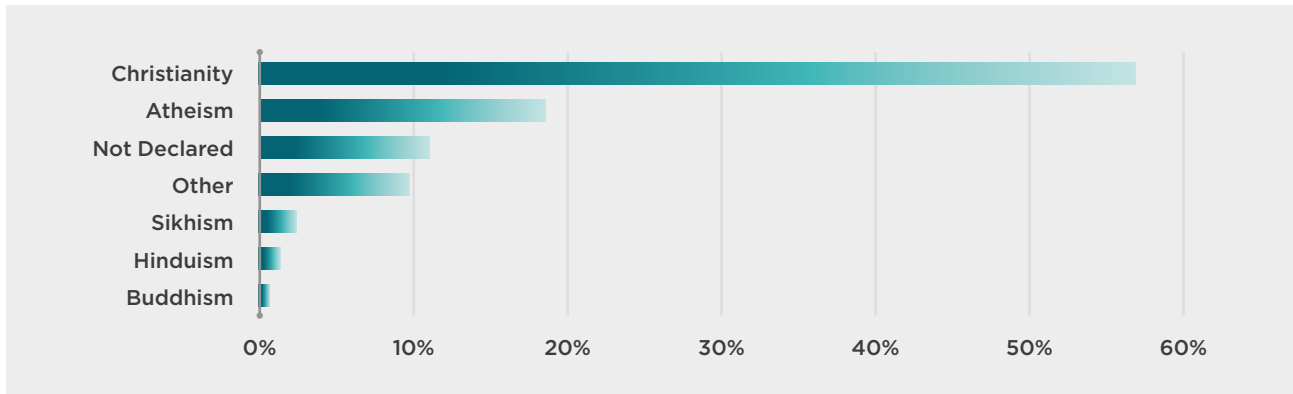


## 2.4 Religion and belief

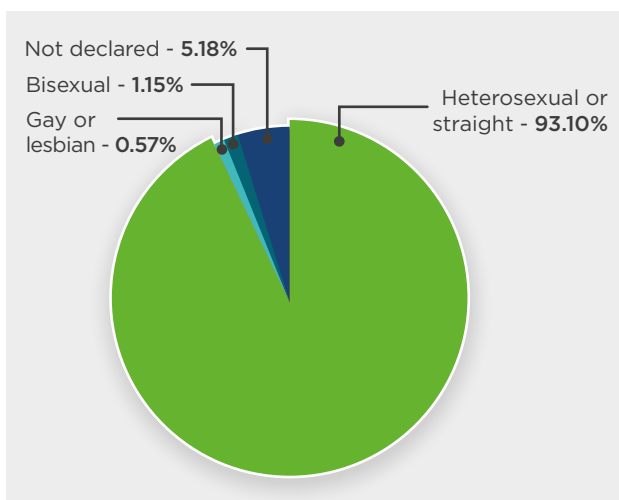
Over 9.77% of our staff have chosen the category of other for their belief which may mean other religions/beliefs are not listed as a choice whilst 10.92% have chosen not to report their religion. Christianity is the most commonly declared religion 56.90%, atheism accounts for 18.39% whilst other religions: Buddhism (0.57%), Hinduism (1.15%) and Sikhism (2.30%) are represented in small numbers across our workforce. In our accommodation strategy, we are reviewing the possibility of space to provide for a quiet or multi-faith room.

RELIGION OR BELIEF	HEADS	% OF HEADS
Buddhism	1	0.57%
Hinduism	2	1.15%
Sikhism	4	2.30%
Other	17	9.77%
Not Declared	19	10.92%
Atheism	32	18.39%
Christianity	99	56.90%
<b>Grand Total</b>	<b>174</b>	

## RELIGION OR BELIEF ACROSS THE WORKFORCE



## SEXUAL ORIENTATION DISCLOSED IN 2018-19



## 2.5 Sexual orientation

The workforce identifies as 93.10% heterosexual or straight. The percentage of bisexual and gay or lesbian are 1.15% and 0.57% respectively whereas 5.18% has chosen not to disclose their sexual orientation.

## 2.6 Gender

HSIB runs a large maternity programme. Statistically, there is a high probability that females are and will be recruited to this programme given the type of experience required. The workforce identifies as 86.82% female and 13.18% male. Females are significantly over represented in every band except ESM/ Medical (Clinical Advisers) where there is a more even split of 3 females to 2 males.

## 2.7 Transgender

No employees have declared that the gender they identify with now is not the gender they were born with, nor have any declared they are in the process of reassigning their gender.

## 2.8 Disability

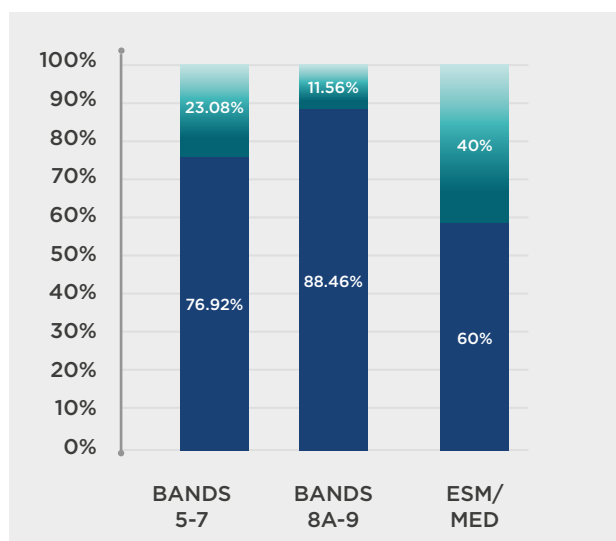
There are four employees who have declared a disability representing 2.31% of the workforce. NHSI operates the 'two ticks' scheme and will guarantee an interview for disabled people who meet the essential job specification.

We run employee wellbeing activities to raise awareness of health issues and, among other topics, promote understanding of workplace stress. We aim to provide a supportive workplace environment for disclosure with further opportunities to disclose through return-to-work absence meetings, occupational health referrals, line manager training and emphasis on open and honest performance development conversations. It is important to remember that anyone may be disabled temporarily or medium term during the course of their employment and necessary adjustments should be made.

## 2.9 Pregnancy and maternity

As at 31 March 2019, three employees were on maternity leave all occupying middle management roles/specialist roles. These staff members were not recruited during the timeframe of this report.

## GENDER BY AFC BAND



## 2.10 Applicants for employment

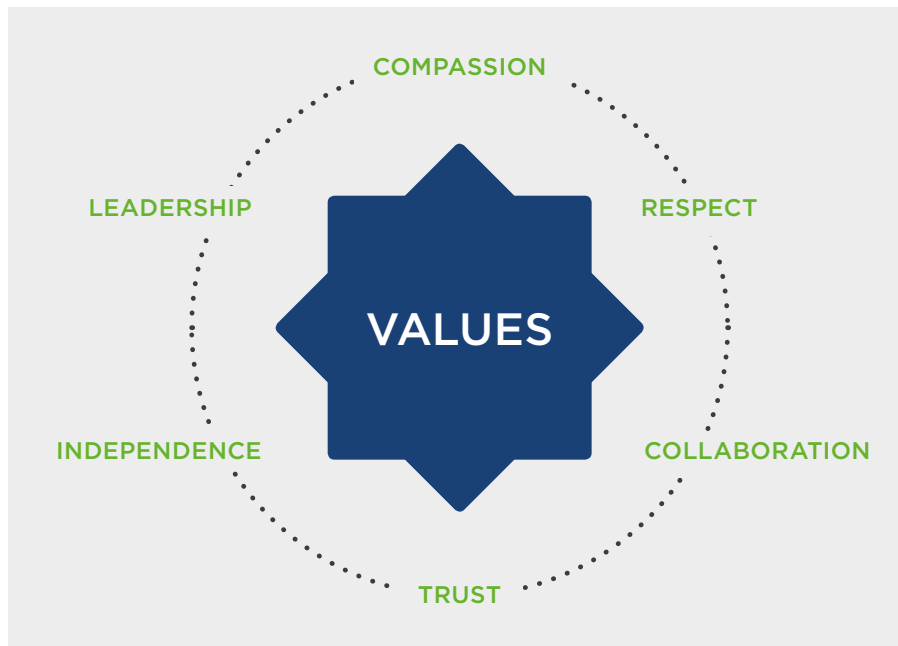
During 2018-2019 we recruited 174 people to HSIB. These were predominantly to support the maternity programme. HSIB uses the NHSI TRAC system to process recruitment campaigns and produce recruitment metrics.

## 2.11 Employee survey

HSIB has not undertaken a staff survey so far but this will take place in June 2019. A formal procurement was undertaken and the company handling the exercise will work with HSIB on analysis of the results and thematic learning from which an action plan will be drawn up. The results on response and considerations of fairness and inclusion will be reported next year.

## OUR EQUALITY REPORT 2018-2019

HSIB's business, including the relationships we create, our approach to work and the decisions we take should all be built on the values we have agreed. These values are also enshrined in the NHS Constitution which we abide by as a publicly funded body.



## DEFINITIONS

### We define:

- *“Equality”* as creating fair circumstances where everyone can fulfil their role and reach their potential. This means removing barriers, eliminating discrimination and ensuring equal opportunities and access for all groups and identities.
- *“Diversity”* as being about differences. Our organisation is committed to promoting a culture that actively values differences. Each person is an individual with visible and non-visible differences.
- *“Inclusion”* as a culture where everyone respects and accepts differences, and everyone can feel valued for their contributions and be themselves at work without needing to hide aspects of their identity out of fear. A safe and inclusive culture enhances the way we all work.

## REFLECTING THE SOCIETY WE SERVE

We aim to represent the diversity of the communities we serve. This means we expect our workforce to reflect the wider population in terms of demographics. We want to attract and retain a wide range of staff who identify across the protected characteristics in the same proportion as the wider population of England.

This is an ongoing ambition that signals the desire to remove barriers for different groups, and improve our reach into different communities. A diverse workforce helps us understand and stay in touch with issues that are relevant to diverse populations, and create responsiveness in the healthcare system at the level of governance, leadership, support, policy-making, regulation and commissioning. Employment can be considered a health outcome. This means that staying in employment, and having a good experience at work, can help people be healthier. We need to consider our equality report from the perspectives of equal opportunity, access and support for all groups and identities.

We want to be an inclusive organisation committed to providing equal opportunities throughout employment. This begins during the design of inclusive, accessible jobs, and covers recruitment, induction, learning and development, day-to-day work, travel for work and moving on. Crucially, it is important to recognise that some people and groups face barriers that others do not. Ensuring equal opportunity and access may mean taking extra steps to remove barriers and enable full participation.

What does the data in our equality report tell us: HSIB is a young organisation and data recording on recruitment is received from the host organisation, NHSI. Analysing our data to see where we can improve is an incremental process begun in 2018-2019. In terms of Equality, Diversity and Inclusion,

collective leadership via internal and external collaboration will ensure we can implement steps to become a more diverse and inclusive workplace.

The data we have for one-year's recruitment 2018-2019 gives some clear indications of areas where we can focus across protected characteristics. This is unbenchmarked data at this point given that HSIB is still maturing and is a unique organisation in the safety landscape. Statements below relate to data on protected characteristics excluding marital status, transgender or maternity.

- **Ethnicity** – our workforce is significantly underrepresented for BAME staff. As a national organisation reflecting the communities we need to serve, this demographic needs significant attention. Those choosing not to declare are 11.5% of the workforce which is a concern to address.
- **Gender** – we have a workforce which is overrepresented by females at most levels, although this is more even at the most senior level. This is mostly due to the nature of the maternity programme and the stronger likelihood of females being appointed. Nevertheless, midwifery expertise is not an absolute requisite for the appointments and there is scope to work towards balancing the gender demographic.
- **Age** – the data shows how the workforce is clustered in the ranges of 41-65 with a high percentage of 38.5% in the range of 51-65 which is indicative of the need for talent management and succession planning especially given the high numbers in senior pay grades.
- **Disability** – four people have declared a disability and we need to understand any adjustments necessary which could be affecting recruitment or wellbeing of those who have declared.
- **Sexual Orientation** – numbers of declared non-heterosexual staff are small (3) and we also need to understand any reasons for the number of those (9) who chose not to declare. Vigilance of any discriminatory

behaviour is important as for any other protected characteristic.

- **Religion** – numbers of non-Christian/Atheist staff are small and as an inclusive workforce it would be valuable to understand the category of “other” religions/beliefs accounting for nearly 10% of the workforce as well as the reasons for the c. 11% who chose not to declare.

### What have we done so far to address EDI in the workforce and equality for staff in 2018-2019?

#### Recruitment:

- Staff are recruited “*blindly*” via the NHSI Trac system which shows no names or easily identifiable information related to certain protected characteristics. To some extent this can reduce unconscious bias.
- We have included statements in our advertising about wishing to attract applicants from diverse backgrounds
- We are advertising on twitter which has a national/international reach
- We have included information on unconscious bias in recruitment training
- For recruitment panels we have begun to include at least one protected characteristic on a panel especially for senior appointments
- We use competency based interview questions to explore candidates’ behaviours and value base
- To promote inclusivity of staff input to recruitment, we have set up stakeholder meetings with applicants (senior posts) and although this input is not scored, their considerations have been heard.

#### Staff survey:

We have engaged an external provider to run a staff survey which includes questions around equality, inclusivity. The results of these will lead to the development of an action plan.



## STAFF ENGAGEMENT GROUP (SEG)

SEG was established in 2019 with non-hierarchical representation. It will consider a range of areas related to inclusivity and staff wellbeing.

**Home Working Policy** – HSIB complies with NHSI policies but where none exists it develops its own. As a national organisation with a high number of homeworkers, adjustments for physical and mental health are important. A draft policy and guidance have been prepared to address these areas and has highlighted loneliness as a factor for vigilance in homeworking.

**Trauma Risk Impact Management (TRiM)** – this training initiative has been launched to support staff resilience and reduce the potential for mental health issues. This programme provides peer support, particularly for maternity investigators, who may be adversely affected by engaging with patients and families who have undergone traumatic incidents. The peer support process also aims to increase corporate staff wellbeing.

**Experts by Lived Experience (EbLE)** – we are including EbLEs in our investigations where appropriate to enhance their credibility. EbLEs have experienced care pathways first hand and can give unique insights into issues, many of which are related to protected characteristics, particularly disability. Staff working with EbLEs will develop a greater understanding of health inequalities and specifics around protected characteristics through these interactions.

## What more can we do to improve Equality, Diversity and Inclusion for our workforce in 2019-20?

### Recruitment:

As part of a strategic approach to recruitment and retention the following elements can be considered for inclusion but there are “*quick wins*” which can be achieved in the interim:

#### Achievable in the Short Term

- Increase the visibility of statements on attracting diversity to our workforce via our website recruitment page, twitter account
- Introduce dedicated training on unconscious bias from external speaker/trainer to reach as many staff as possible but particularly recruiters

- Increase and monitor the inclusion of equality and diversity in recruitment panels, even if that means drawing in external expertise.
- Mandate diverse appointment panels for critical vacancies at 8c and above, and for all band 9, ESMs.
- Review with NHSE/I the use of Equality Diversity Representatives to determine any further support.
- Give employees the option of updating their personal details via a self-service option on ESR as being promoted by NHSE/I. (A banner on ESR will alert to this but managers should encourage their staff to declare)

### Talent and Succession Management Programme (Strategic)

- Consider a positive action programme to target and sponsor talented BAME staff into more senior roles
- Consider the benefits for all staff of having a mentoring programme and a diversity based reverse mentoring programme. The latter acknowledges that everyone within the organisation has something to bring to the table and to foster positive attitudes to managing generational diversity.
- <https://civilservice.blog.gov.uk/2018/10/26/the-all-round-benefits-of-reverse-mentoring/>
- Consider and explore with NHS Apprenticeship Programme whether is scope to use apprentices in the organisation
- Use the Staff Engagement Group to understand any underlying issues which might affect attraction of certain communities, particularly disabled applicants
- Consider ways to improve levels of non-declaration for some protected characteristics.
- Provide a breakdown of leavers by protected characteristics for the 2019/2020 equality report

- Understand future proofing requirements around data eg a potential reporting requirement on ethnicity pay gap  
  
Other actions to increase the opportunities and culture for improving our equality in the workforce:
- Institute a rolling programme of training around Equality, Diversity and Inclusion using external trainers as well as collaboration with NHSE/I. Such training to include specific advice on the numerous ways in which bias can affect recruitment and how to mitigate it effectively.
- Maximise the benefits from our membership of enei – their resources, training, events and ensure these are widely disseminated
- Equality Diversity Champions – invite a small number of staff across the organisation to be ED champions to link in with Head of Equality and Diversity – objectives and process to be defined.
- Consider, in line with A Model Employer (NHSI 2019) the setting of an aspirational target for BAME recruitment

#### How will we measure success in year?

- Data: Review data in year and at the end of 2019-20 and establish if there are any trends, improvements, deterioration/regression for each protected characteristic
- An exit interviews process being delivered in 2019 will enable HSIB to gain feedback from leavers in order to improve aspects of working within HSIB, better retain employees, consider areas which impacts negatively on our values and reduce turnover. Face to face engagement with Human resources and senior or line managers are one opportunity as well as the possibility of completing questionnaires anonymously. Questions include ones related to cultural and equality information. Themes and feedback for development of improvement plans will be developed.
- Staff Survey Action Plan – consider SMART actions that relate to equality and track implementation
- Consider the benefit of ED champions and their contribution.

## APPENDIX 1

Data Tables for Workforce for fiscal year 2018-2019

**TABLE 1: HEADCOUNT BY AFC GRADE**

AFC Grade	HEADS	% OF HEADS
Band 5-7	13	7.47%
Band 8a -9	156	89.66%
ESM/MED	5	2.87%
<b>Total</b>	<b>174</b>	

**TABLE 2: AGE BY AFC GRADE**

AGE BAND	26-30		31-35		36-40		41-45		46-50		51-55		56-60		61-65		66-70		NOT DECLARED		GRAND TOTAL	
	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads
<b>AFC Grade</b>	3	1.72%	2	1.15%	2	1.15%	2	1.15%	0.00%	0.00%	3	1.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1	0.57%	13	7.47%
<b>Band 5-7</b>	2	1.15%	10	5.75%	18	10.34%	24	13.79%	41	23.56%	25	14.37%	29	16.67%	7	4.02%	0.00%	0.00%	0.00%	0.00%	156	89.66%
<b>Band 8a-9</b>	2	1.15%	10	5.75%	18	10.34%	24	13.79%	41	23.56%	25	14.37%	29	16.67%	7	4.02%	0.00%	0.00%	0.00%	0.00%	156	89.66%
<b>ESM/MED</b>	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	5	2.87%
<b>Grand Total</b>	<b>5</b>	<b>2.87%</b>	<b>12</b>	<b>6.90%</b>	<b>20</b>	<b>11.49%</b>	<b>28</b>	<b>16.09%</b>	<b>41</b>	<b>23.56%</b>	<b>29</b>	<b>16.67%</b>	<b>30</b>	<b>17.24%</b>	<b>7</b>	<b>4.02%</b>	<b>1</b>	<b>0.57%</b>	<b>1</b>	<b>0.57%</b>	<b>174</b>	<b>100%</b>

**TABLE 3: ETHNICITY BY ROLE LEVEL**

ETHNICITY	NOT DECLARED		BME		WHITE		ORG TOTAL	
	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads
<b>AFC Grade</b>	3	1.72%	2	1.15%	8	4.60%	13	7.47%
<b>Band 5-7</b>	16	9.20%	3	1.72%	137	78.74%	156	89.66%
<b>Band 8a -9</b>	1	0.57%	0	0.00%	4	2.30%	5	2.87%
<b>ESM/MED</b>	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Grand Total</b>	<b>20</b>	<b>11.49%</b>	<b>5</b>	<b>2.87%</b>	<b>149</b>	<b>85.63%</b>	<b>174</b>	<b>100%</b>

**TABLE 4: SEXUAL ORIENTATION**

SEXUAL ORIENTATION	HEADS	% OF HEADS
<b>Heterosexual or Straight</b>	162	93.10%
<b>Bisexual</b>	1	0.57%
<b>Gay or Lesbian</b>	2	1.15%
<b>Not Declared</b>	9	5.18%
<b>Total</b>	<b>174</b>	<b>100%</b>

**TABLE 5: RELIGION AND BELIEF**

RELIGION OR BELIEF	HEADS	% OF HEADS
<b>Buddhism</b>	1	0.57%
<b>Hinduism</b>	2	1.15%
<b>Sikhism</b>	4	2.30%
<b>Other</b>	17	9.77%
<b>Not Declared</b>	19	10.92%
<b>Atheism</b>	32	18.39%
<b>Christianity</b>	99	56.90%
<b>Grand Total</b>	<b>174</b>	<b>100%</b>

**TABLE 6: GENDER**

GENDER	FEMALE		MALE		ORG TOTAL	
	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads
<b>AFC Band</b>	3	1.72%	2	1.15%	13	7.47%
<b>Band 5-7</b>	16	9.20%	3	1.72%	156	89.66%
<b>Bands 8a-9</b>	1	0.57%	0	0.00%	5	2.87%
<b>ESM/MED</b>	0	0.00%	0	0.00%	0	0.00%
<b>Grand Total</b>	<b>20</b>	<b>11.49%</b>	<b>5</b>	<b>2.87%</b>	<b>174</b>	<b>100%</b>

