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<b>HSE RACE EQUALITY SCHEME</b>			

### Purpose of the paper

1. Board members to note and endorse HSE's Race Equality Scheme.

### Background

2. Public authorities are required to publish a race equality scheme setting out how they will meet their duty to promote race equality and to review their scheme every three years. The race equality scheme (Annex A) has been produced following the latest review of HSE's scheme and in consultation with internal and external stakeholders.

3. The scheme has evolved since it was introduced in 2002 by building on progress and taking into account changing business priorities; we will continue this approach. As part of the annual progress review we will address any issues relevant to race equality arising from the development of the new health and safety strategy.

4. Key influencers on the development and content of the scheme were:
  - the guidance in the former Commission for Racial Equality Codes of Practice
  - agreement of HSE's Diversity Steering Group to oversee and progress the development of the scheme
  - involving internal and external stakeholders from an early stage
  - lessons learned from the review of our race equality scheme 2005 - 2008
  - progress against the race equality scheme action plan 2005 - 2008.

5. This led to key priorities and actions set out in Annex A pages 5 – 32. We have also looked at other public authorities' race equality schemes and HSE's scheme is in line with them.

6. Work started on this scheme at the end of 2007, it was published on HSE's intranet and website for public consultation in May 2008 with a closing date of 14 July 2008. We are aiming to publish the final scheme in October 2008 and to review progress annually.

7. The proposed race equality scheme priorities, at that time subject to public consultation, were included in the Diversity Progress Report 2007 – 2008 and Diversity priorities for 2008 -2009 (HSE/08/30). The Executive Board noted the progress and priorities and acknowledged the good work that had been done. There were no issues arising from the public consultation that required a refocus or change to the race equality scheme priorities or action plan.

## Argument

8. The scheme sets out our priorities which build upon our progress on race equality. It takes account of the lessons learned from the review of our race equality scheme 2005 – 2008 and areas identified for improvement e.g. clearer outcomes and performance measures and improving our monitoring arrangements. This will involve working with colleagues across the organisation and with our stakeholders.

9. Particular priorities of the scheme are:

### External Diversity

- continue to ensure race equality is embedded in our normal working practices;
- to require through early interventions that the Olympic Delivery Authority and the Principle Contractors have systems in place to check competence and provide appropriate health and safety induction for all workers;
- to develop a diversity website.

### Internal Diversity

- to develop a more regionally based approach to recruitment and levels of representation of BME staff to reflect more closely the make up of local communities;
- to research and, if needed, develop proposals for a personal development scheme to help BME staff (and other under represented groups) to compete for senior posts more effectively;
- to increase the involvement of BME staff as assessors and interviewers in our internal vacancy filling arrangements.

10. The early involvement of stakeholders (including Hugh Robertson TUC, representatives of Migrant Rights Network, Runnymede Trust, Asian Business Association, MAGNET (HSE's black and minority ethnic staff network), HSE lead on Migrant Workers, Diversity Steering Group and Sayeed Khan) has been a key element in setting external priorities for action.

11. There were helpful discussions with MAGNET and the trade unions about those aspects of the scheme that apply directly to our staff. Following these discussions it was agreed that one internal priority should be dropped – ie, to introduce a range of initiatives to reward and recognise positive contributions to race equality. It was thought that there was too big a risk that if they were not properly designed and managed they could hinder rather than support race equality and effort would be better spent in progression the main priorities set out above.

12. Internal and external stakeholders have been consulted throughout, (pages 12 and 13). The main comments received following the public and internal consultation have been addressed by clarifying and strengthening parts of the narrative. An overview of the feedback from the consultation is at Annex B. Additionally PFPD and Communications Directorate have been consulted on financial costs and presentation implications of the Scheme.

## **Presentation**

13. The scheme will be promoted on the HSE website and intranet, in *Express* and *e-express*. The scheme will be made available in alternative formats upon request.

## **Finance/Resource Implications for HSE**

14. The cost of the scheme is borne by HSE (paragraph 12). The principal benefits include: better stakeholder engagement leading to more effective, better targeted delivery of our business; improved workforce diversity; progress towards achieving our vision; and compliance with legal requirements.

15. It costs approximately £48K to develop and support delivery of the external elements of the scheme in 2008/09, and it is estimated that will cost a similar amount per year for 2009-2011. This will come out of the Policy Group budget. This includes the salaries of the equivalent of 0.9 units of staff (Bands 2-4) devoted to driving forward external priorities, providing advice to operational and policy colleagues, central co-ordination and monitoring of the race equality scheme. Funding for the internal aspects of the scheme will come out of the HR budget dedicated to diversity, covering salary costs and specific events; and it is estimated that the scheme will cost about £40,000 each year. These costs will be met from existing budget allocations. The total cost of the race equality scheme will therefore be £88,000 a year for the next three years

## **Action**

16. Board members to note and endorse HSE's race equality scheme and to agree that the annual review of progress will address any issues arising from the development of the new strategy.

## **Paper clearance**

17. This paper was produced by Cath Cottam and John Rowson and was cleared by the Senior Management Team on 3 September 2008.

EQUALITY SCHEMES FRAMEWORK  
Race Equality Scheme

Health and Safety Executive

**May 2008**

**(Amended following consultation, in August 2008)**

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## Introduction

The Health and Safety Executive are committed to eliminating discrimination and promoting equality in our policies and how we deliver our services.

To reflect the Health and Safety Executive's approach to diversity, our race equality scheme has been incorporated into an overarching equality framework, alongside our disability and gender equality schemes. We are committed to all aspects of equality and will make sure our agenda embraces diversity in full, including religion and belief, sexual orientation and age.

Our scheme will evolve over time and we will monitor progress with our stakeholders and change the scheme as we need to, to ensure ongoing success.

This document sets out how we will meet the general and specific duties to promote race equality.

We outline:

- the mission and purpose of the Health and Safety Executive (HSE);
- our approach to diversity;
- how we consulted people; and
- our approach to impact assessment and monitoring progress.

We then set out in more detail our:

- Race equality scheme action plan. The plan takes into account the lessons learned from the review of our race equality scheme and consultation with stakeholders.

## The role of the HSE

The HSE is responsible for promoting better health and safety at work.<sup>1</sup>

**Our mission** is to protect people's health and safety by ensuring risks in the changing workplace are properly controlled.

We look after health and safety in factories, farms, hospitals and schools, nuclear installations and mines, offshore gas and oil installations, the safety of the gas grid and the movement of dangerous goods and substances, and many other aspects of the protection both of workers and the public.

We conduct and sponsor research, promote training, provide an information, and advisory service and submit proposals for new or revised regulations and approved codes of practice.

We are committed to delivering key targets to improve health and safety outcomes in Britain through progressive improvement in the control of workplace risk. There is now a much stronger focus on health programmes, as well as more traditional risks.

More details of HSE's current activities can be found on our website at <http://www.hse.gov.uk>

## Our diversity commitment

### The vision for diversity

**Our vision** is "to gain recognition of health and safety as cornerstone of a civilised society". That society is a diverse one. To achieve our vision, we must **protect everyone's health and safety** in the workplace whatever their race, gender, disability, age, religion or sexual orientation – indeed whatever their background and outlook on life. Our ability to improve health and safety outcomes depends on this – it's a business imperative.

To be successful HSE needs to understand the diverse society in which it operates; be clear about the impact of our policies and operations on that diverse society; and conduct our business with sensitivity and respect for people's different needs, vulnerabilities and perspectives on life.

We will do this best if we ourselves reflect that diverse society. Encouraging and valuing diversity among our own staff is key to our success and effectiveness. We want to be a fair and inclusive organisation, respecting what each person brings to our business and recognising the value they add.

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<sup>1</sup> From 1 April 2008 the powers and functions of the Health and Safety Commission and the Health and Safety Executive were brought together into a single national regulatory body. This body is called the Health and Safety Executive.

In 2005 we reviewed how we operate in an increasingly diverse society, to see where we could improve. As a result, the HSE Board agreed the following 8 key priorities for making the vision a reality.

### **Making the vision a reality: 8 key priorities**

1. **raise awareness** among staff about diversity and the need for further progress
2. **build** - and make better use of - **evidence** in our policies and operations
3. **design interventions** to take account of different needs among particular groups of workers
4. **reach out** to people with particular understanding of diversity to help us to improve our policies and delivery
5. improve the **diversity of our workforce**
6. continue to take positive action to improve **career progression** for under represented groups
7. encourage and support diversity **staff networks**
8. reward good **behaviour** and tackle unacceptable behaviour.

Work on the eight priorities has informed the development of all our equality schemes. Annex 2 gives the full text of the priorities and details of our progress on race equality on all eight key priorities.

We also set up a Diversity Steering Group, chaired at Senior Management Team level, to steer and drive diversity in HSE. The steering group, includes our diversity champions (for race, gender, disability and sexual orientation), representatives of our staff networks and Trades Unions. It monitors progress against our schemes, and initiates action where required to ensure delivery.

## **Where we are on race equality**

### **Review of our race equality scheme 2005 -2008**

We have reviewed progress against our race equality scheme 2005 -2008 to set a new agenda for action. We summarise our findings on what we have done to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity;
- promote good relations between people of different racial groups.

Our review covers the period prior to the merger of the Health and Safety Commission (HSC) and Health and Safety Executive on 1 April 2008. The review therefore makes reference to the former HSC.

## **Main findings**

### **For everyone:**

Overall, we have made useful and consistent progress on our race equality scheme. The focus on producing and refining toolkits in year one has been important in enabling staff to consider race equality in the development of policy and services. For example we piloted and launched a refined **Equality Impact Assessment Tool** to help foresee the potential impact of policies not just on race, but on other diverse groups.

We have seen the integration of equality considerations into our day-to-day business, in particular in our policy development, key programmes and in proactive field operations work. For example, we have included specific reference to the diversity guidance and links to the toolkits in all programme instructions and programme documentation.

Our understanding of cultural needs and how to reach minority groups is growing and we are building stronger links with both regulatory partners and external stakeholders. For example, the HSC endorsed a programme of work aimed at migrant workers, which focused on developing better channels of communication with workers, advice for employers, targeted inspection and enforcement: all enabled by publication of good practice guidance for visiting staff, and on coordinated working with other departments and intermediary organisations.

There is a wealth of good work from our field operations divisions, and the development of our **intranet site** is enabling us to **share** this experience across HSE.

Additionally we are building up our evidence base, sharing research findings and good practice with staff through our intranet site.

### **For our staff:**

Race equality is mainstreamed into our HR policies and procedures, and embedded in all the training and learning support that is provided, particularly line manager training. Processes such as recruitment, promotion and pay are regularly monitored. New policies are subjected to equality impact assessments. The challenge is to ensure that all our policies and procedures continue to promote and support race equality, and bring about the changes wanted.

Overall levels of representation of Black and Minority Ethnic (BME) staff have remained virtually static over the three years of the 2005 Race Equality Scheme. The lack of progress towards the 2008 targets is disappointing, but this has been affected by having to limit recruitment and reduce overall staffing levels over the last two years.

Over the last two years we carried out an extensive study into career progression issues affecting BME staff, consulting closely with MAGNET, the BME staff network. The study did not find any evidence of systemic problems with our internal vacancy

filling arrangements, but in focus groups BME staff spoke about general weaknesses in processes that support staff development, which they thought might have had an impact on career progression. They were disappointed at the lack of progress in increasing the numbers of BME staff at higher job bands.

As a result of the study we are preparing an action plan for a more regionally focused approach to recruitment and representation and we are researching proposals to determine whether we should introduce a development scheme to help BME staff to compete more effectively for senior positions.

### **Lessons learned**

Our review shows we need to improve our action planning by focusing upon:

- fewer actions;
- clearer outcomes of our actions;
- performance measures;
- improving our monitoring arrangements.

This will involve working with colleagues across the organisation and with our stakeholders.

### **Next steps for our race equality scheme 2008 - 2011**

We want to build upon our progress on race equality. We summarise below the key priority areas we want to take action on.

More detailed information, including timescales, can be found in the race equality action plan (Annex 1). We may add new actions to reflect changes to business priorities.

### **For everyone**

- Work on race (as with other diversity considerations) is firmly embedded in our working practice and is consistently built into our key programmes, for example, our communication work on dermatitis with the Ethnic Beauty and Hair Association. **We will ensure this continues.**
- The construction work for the London Olympic Games and Paralympic Games will provide opportunities to promote race equality, eliminate discrimination and promote good community relations. For example, by targeting people from black, Asian and minority ethnic backgrounds for skills development and employment opportunities especially within the five Host Boroughs, the London Olympic Games and Paralympic Games has the potential to reduce traditionally high unemployment amongst people from those communities. **"HSE's Intervention Strategy** will facilitate this approach by ensuring that principal contractors working on Olympic projects have systems in place for checking competence of and providing appropriate health and safety induction for all workers and that the Olympic Delivery Authority and its delivery partner

continue to monitor these systems **to ensure equality of health and safety outcomes for all workers** regardless of race, ethnicity or cultural background".

- We have developed more effective internal communications on race through our intranet site. Our staff now have access to a more co-ordinated "one stop shop" for information on race issues, research findings and good practice. **Our next step is to complete the development of our website to enable the wider health and safety community to capitalise on work to date.**
- Existing inspection, advice and guidance (for both workers and employers) and exploratory collaborative work designed to protect migrant workers will continue. A specific priority is research to try and establish the degree of health and safety risk faced by migrant workers. **The findings will help determine future priorities.**
- Our vision is to be an organisation which reflects the diversity of the society in which it operates and which conducts its business with sensitivity and respect for people's different needs and perspectives on life. We are exploring the representation of diverse groups in our advisory and stakeholder groups. This was an action from our disability and gender equality schemes. **We will make sure that race is included in our work towards improving the diversity of our advisory and stakeholder groups.**

#### **For our staff:**

- Race equality is also embedded in our internal policies and functions. The major study we carried out into the career progression of BME staff (see page 7) will help to inform the agenda for the next three years, along with regular monitoring of HR policies, and consultations with the trade unions and the BME staff network (MAGNET). We will develop a new recruitment strategy that promotes and establishes HSE as a place where people from a BME background would like to work. To help achieve this, we will adopt a more regionally based approach to recruitment and levels of representation of BME staff, wherever possible, to reflect more closely the make up of local communities. We will work with specialist diversity recruitment specialists and establish links with other organisations that have been successful in improving diversity in recruitment.
- In 2007/08 we introduced a mentoring scheme to help staff to take forward their personal career development, and for the first tranche gave priority to BME staff. We will now carry out research and develop proposals to consider introducing a development scheme to help BME staff (and other under represented diversity groups) to compete for senior posts more effectively. The scheme would run along similar lines to those in other organisations, where it has been difficult to increase levels representation of BME staff at senior positions.
- An important issue for BME staff is the level of representation of BME staff on external recruitment and internal promotion panels. In 2007/08 we started to increase the number of BME staff trained to act as external assessors and will continue to build the numbers. As part of a project to further develop our internal

vacancy filling arrangements, we will seek to increase the number of BME staff trained to act as panel members.

- We are retendering our centrally contracted training provision, which covers personal development, line management and HR policies and procedures. This training is provided for all line managers and staff. Potential contractors will be required to demonstrate their commitment to race equality in the tender process. We will refresh and widen the full range of training and other learning interventions to support and promote race equality and diversity more generally.

## **Assessment of functions and policies**

We have assessed our functions and policies for their relevance to the race equality duties and have prioritised them for future action. We assessed both our public duties and those to our staff. Policy makers, operational staff, facility management managers, staff networks and trade union representatives were involved. Details of the outcomes of the assessments are at Annex 5.

## **Consultation**

### **Engaging our external stakeholders**

We met with a range of external stakeholders in the field of health and safety (including representatives of the TUC, Runnymede Trust, Asian Business Association, Migrant Rights Network, representatives of MAGNET (HSE's Black and Minority Ethnic staff network) and the HSE lead on Migrant Workers) and their feedback influenced the priorities for action. Key outcomes of the meeting were a refocusing of priorities and outcomes, a clear steer on the immediate priorities for year one and the inclusion of additional priority actions.

### **Engaging our staff**

Internally, the Trade Unions and the BME staff network (MAGNET) are represented on the Diversity Steering Group and are consulted about taking forward our duties as an employer. We have discussed the proposed 2008 – 11 Race Equality Scheme with them as part of the consultation process and included a number of suggested amendments.

## **Employment Data**

HSE's workforce data is analysed by race, gender, and disability. Our database also provides information on age, location, length of service, time in current post, salary, hours of work, and employment status (temporary/permanent etc). We also collect statistics about starters, promotion and performance appraisal and leavers.

A significant number of staff are reluctant to disclose their ethnic group – at the end of 2007 just under two-thirds (65%) had disclosed. This limits our ability to come to definitive conclusions about progress based on statistical analysis.

We ask staff to disclose their ethnic group at recruitment and then through periodic follow-up letters. In 2007, supported by the launch of a new self-service e-HR system, we wrote to staff recently recruited and asked them to disclose their ethnic group (and whether they had a disability). We explained that the information would be used to monitor progress on race equality and gave reassurances about confidentiality. However, the main outcome was that staff who had not previously disclosed now ticked the “do not want to disclose ethnic group” box on the system. Disclosure is a problem across the civil service and we will do more research to understand better this reluctance to disclose.

## **Complaints**

We have well-established formal systems for handling complaints about HSE and its staff.

We provide our staff with clear guidance about how they should conduct themselves when dealing with the public, duty holders or other groups. Any complaints against staff relating to their conduct, including any form of harassment, would be independently investigated and appropriate action taken if the complaint were upheld.

## **Grievances**

Internally, our HR guidance identifies all forms of harassment and discrimination (whether related to race or the other diversity strands) as misconduct or serious misconduct, which line management is required to deal with effectively. The guidance advises staff how to raise grievances informally or formally, with line managers, HR Division or via trade union representatives. We have contracted an external agency to provide an employee assistance programme that staff can approach in confidence about any issues of harassment or unacceptable behaviour.

HR monitors all formal grievance and discipline cases. There are very few formal grievance or discipline cases from which to identify trends or patterns. However, all cases are monitored for equality and discrimination issues.

## **Monitoring progress and evaluation**

The Diversity Steering Group monitors progress against our schemes, and initiates action where required to ensure delivery.

We also involve external stakeholders in the review of our progress. We do this through relationships we have established with key interested groups. Internally we

consult trade unions, the race staff network and staff (through staff surveys) as part of reviewing progress.

Progress against the schemes is reported to the HSE Board every year.

## **Equality Impact Assessment**

We have developed a web-based tool to carry out equality impact assessments. The tool involves a two-stage process: an initial screening to assess whether the proposed policy, service, project or procedure has potential equality implications for different groups; and then a full assessment with detailed evidence analysis, stakeholder engagement and consideration of alternative approaches.

The assessment tool is also used to assess human resources policies and functions to meet the specific employer duties under the race equality scheme. We have trained HR staff and others with corporate responsibilities (e.g., accommodation and IT equipment) to enable them to carry out equality impact assessments.

We actively promote the tool and the Diversity Steering Group monitors its use.

## **Procurement Standard**

To comply with our legal duty under the Race Relations Act, we take race equality into account when procuring goods, works, or services from external providers.

We regularly monitor and review our procurement policies and practices to ensure they do not discriminate unlawfully and that they promote equality of opportunity and good race relations.

Where relevant, we work with contractors to develop the delivery of specific goods, works or services to promote race equality. We regularly monitor performance with contractors and consult service users.

## **Equality Scheme Review**

We review progress of our race equality scheme every 12 months and will carry out a full evaluation within three years' time to help set a new agenda for action. As part of this process we will make sure that we involve stakeholders and staff and trade unions.

## **Annual progress reports**

Annual progress reports on all our equality schemes will be published on our intranet and website and summarised in our annual reports.

## Race Equality Action Plan 2008 to 2011

Action	Diversity priority the action relates to	Outcomes and performance measures	Who is responsible	Timing
<b>For everyone</b>				
1. To continue to ensure race equality is embedded in our normal working practices	Design interventions to take account of different needs among particular groups of workers.	Equality Impact Assessment tool and Communications Toolkit applied to policy, programme and operational initiatives.  Monitoring of progress reports which will also include monitoring data from Fit3 surveys	Policy Group, Field Operations, CoSAS	2008 – 2009
2. To require through early interventions that the Olympic Delivery Authority and the Principal Contractors have systems in place to check competence and provide appropriate health and safety induction for all	Design interventions to take account of different needs among particular groups of workers.	There is evidence that the ODA and delivery partner have systems in place to ensure that health and safety competence checks and suitable induction is provided for workers on site	Olympics Coordinator	2008 - 2012

Action	Diversity priority the action relates to	Outcomes and performance measures	Who is responsible	Timing
workers				
3. To carry out research on the degree of health and safety risk faced by migrant workers.	Build and make better use of the evidence base in our policies and operations.	Stronger statistical evidence base, leading if appropriate to action plan for further targeted work	Policy Group/CoSAS	Mid-2008
4. To develop an HSE website on diversity.	Build and make better use of the evidence base in our policies and operations.	<p>Raised public awareness of our commitment to race equality, information on what we are doing.</p> <p>Sharing research findings; priorities and further actions; and good practice.</p> <p>Improved links to other useful websites.</p>	External Diversity Team, Communications Directorate.	<p>Front page and links to key websites for completion by May 2008.</p> <p>Full completion by March 2009</p>
5. To work towards improving the diversity of our advisory and stakeholder groups.	Reach out to people/organisations	<p>Exploration of targeted advisory and stakeholder groups to improve understanding of how they make sure that known minority groups are represented.</p> <p>Statistical profile of the industries covered by the advisory and stakeholder groups form baselines to a review of their membership profile.</p>	Policy Group	For completion by March 2009

Action	Diversity priority the action relates to	Outcomes and performance measures	Who is responsible	Timing
		<p>“ A Guide to Managing HSC Advisory Committees” (GAP 2) reviewed against current equality legislation and updated where necessary.</p>		
<b>For our staff</b>				
6. To develop a regional approach to recruitment and representation	External Recruitment	Recruitment exercises attracted a diverse range of recruits that reflect, where appropriate, regional populations (HR recruitment statistics).	HR and D/Ds	2008 – 2012, starting with recruitment campaigns beginning in autumn 2008
7. To introduce a development scheme to help BME staff (and other under represented groups) to compete for senior posts more effectively	Internal vacancy filling and promotion	There are increased levels of representation of BME staff in senior positions (HR staff in post statistics)	HR	By June 2008
8. To improve the representation of BME staff on internal job selection panels	Internal vacancy filling and promotion	Increased staff confidence in the vacancy filling arrangements (staff survey)	HR and D/Ds	By September 2008 and ongoing

Action	Diversity priority the action relates to	Outcomes and performance measures	Who is responsible	Timing
9. To introduce a new range of training courses and learning interventions to support race equality	Staff training and all HR policies and procedures	Staff and managers promote and support race equality (evaluations of learning outcomes, Staff Survey).	HR	New training provider(s) to start delivering courses by September 2008 but then ongoing
10. To support setting up a single HQ on Merseyside	HWWW	<ul style="list-style-type: none"> <li>• Successful and diverse recruitment helps to fill Merseyside HQ posts (recruitment statistics)</li> <li>• Staff are successful in finding alternative employment or relocate successful (HWWW statistics and staff questionnaires)</li> </ul>	HR and D/Ds	April 2008 to March 2010

### Review of race equality progress 2005 – 2008

#### 1. Raising Awareness amongst all staff of the business benefits of diversity; the Board's Vision for diversity; and the need for further progress in HSE.

- HSE Board members have **championed the diversity agenda** through chairing the Diversity Steering Group and the Race, Disability, Women's, and Lesbian, Gay, Bisexual and Transgender (LGBT) staff networks.
- We have prompted **dialogue and debate** through local office briefing sessions ("Exchange Briefings") on diversity and articles in our internal publications.
- HSC/E members attended an internal seminar on diversity. This provided an opportunity for discussion on the external and internal challenges faced by HSE. Speakers included representatives from the Runnymede Trust, colleagues from our science unit, human resource and worker involvement teams. The outcome was an endorsement of the current approach on migrant workers and acknowledgement that more work needed to be done on ageing workforce.

#### 2. Build – and make better use of - the evidence base in our policies and operations, for example on stress and ethnicity and on differential patterns of ill health among different ethnic groups.

- We have developed and launched our **intranet site** on race factors. This will help us to share good practice particularly from field operation initiatives, for example the use of our translation service.
- Our **web pages** on race are at an early stage of development. These pages will give access to information on our corporate approach to diversity, and what we are doing to promote equality and eliminate discrimination. Also provided will be access to research and links to useful sites. We are aware of a demand for the website and this action will be carried over to the next race equality scheme action plan.
- We publicised the findings of **research** on our intranet site for use by policy and operational colleagues. Literature reviews on religion, culture and beliefs were completed in 2007, and we will be publishing the main findings on our intranet. We recognise the need to bring together our existing HSL research on race to provide a fuller picture and to help decide further action. This activity, included in our 2007 action plan, has not been completed and will be carried over to our new race action plan.
- We have celebrated **Black History Month** by holding events jointly promoted by MAGNET, our Black & Ethnic Minority Staff Network, and our

External Diversity Team. These events provided an opportunity to share research findings and good practice from operational initiatives.

### 3. Design Interventions to take account of different needs and impact on particular groups (such as older workers) and so help improve health and safety outcomes.

- We piloted and launched a refined **Equality Impact Assessment Tool** to help mainstream diversity into day-to-day policy-making and service delivery. The tool helps our staff consider and make sure we meet the needs of different groups when developing policy or in delivering our services. The tool was piloted on both the Workplace Health Connect and Disease Reduction Programme, and amended to take account of feedback.
- Areas where we have carried out impact assessments include
  - The Fit3 Workplace Transport Route Map. The findings influenced the development of the DVD in a direction that acknowledged language, literacy and learning difficulties. The output is film footage that relies on spotting the difference between the dangerous method (where someone is shown being injured) and the safe method. - with little dialogue and no written information on screen.
  - Small Medium Enterprise (SMEs) project. This is essentially a communications project, seeking to provide guidance and information to SMEs. The initial equality impact screening identified a need for further information on the diversity in SMEs. Work is underway to gather this information.

### 4. Reach out to people/ organisations with particular understanding of diversity, to improve our policies and delivery (eg how best to influence ethnic minority owned/managed businesses) and to ensure our advice and information is widely accessible (eg for migrant workers).

- Significant activities during the life of the existing scheme included the development of our “**Diversity Communications Toolkit**” and **translation framework** (following a review of how we communicate with diverse groups). These not only provide cultural and disability awareness, but provide practical advice for our staff to help them identify how best to engage their audiences and stakeholders. We have actively promoted these tools in our organisation.
- At local level, Field Directorates continue to **engage effectively** with organisations and intermediaries in local communities, and with employers and workers from ethnic minorities. Examples include:
- A Health & Safety Advisory Officer was seconded to the Asian Business Federation. This provided an opportunity to share experience and increase cultural understanding.

- At a conference aimed at London's Black and Minority Ethnic (BME) owned hair and beauty sector we gave information and advice about dermatitis. Following this, the organisers have met with our Disease Reduction Team to discuss project work and ways to support this organisation in training their trainers.
- We are making sure key relevant issues are addressed in our new and revised publications: for example "Working safely in a multicultural food and drink industry," which is available in several languages to reflect the diversity of the workforce in that sector.
- We exhibited at two of London's biggest festivals, RISE and MELA, to pass on the positive messages about workplace safety to people from diverse communities. We provided visitors to our stand with advice and information about health and safety that can help prevent injury whilst at work.
- We took an opportunity to communicate with London Landlords directly, to ensure that they understand their health and safety duties and responsibilities towards their tenants. Our staff gave talks in the following areas: gas safety, asbestos, legionella and control of contractors. An article on gas safety was also written for the Landlord magazine which has a circulation of approx 15,000. Many landlords were from the BME community.
- We held a seminar for inspectors on migrant worker issues, and have produced an extensive guidance pack for them, available on our Intranet (and to Local Authority inspectors staff through the Extranet) to ensure consistency of approach.
- We contributed to the Welsh Assembly Government's (WAG) two publications for migrant workers: the "Welcome to Wales Pack" and the "Voluntary Code of Practice for Employing Migrant Workers". Both these documents were produced by a stakeholder group, which represented all the relevant enforcement agencies and support organisations. As well as the value of the documents themselves, this has given us the opportunity to have a voice and show that we are a key partner in promoting good race relations.
- We continue to work with Trade Unions and other intermediaries, for example in providing advice to Polish workers (including through Polish language media) and holding an awareness day for Rumanian workers in the construction sector.

## **5. Diversity of the Workforce: as part of the workforce strategy continue to improve the diversity of our workforce.**

### **Recruitment**

- Over the last three years we have used a wide range of national and regional newspapers (including: the Guardian, Scotsman, South Wales Echo, Birmingham Evening News, and Luton News) to advertise career

opportunities in HSE to attract a diverse range of applicants. We have reviewed selection processes, including the use of on-line application procedures and assessment centres, and have provided diversity training for staff involved in selection processes. In vacancy prospectuses we have included the personal career histories of a diverse range of staff to encourage a wide range of applicants.

- We have had mixed recruitment success. In 2005/06, a Foundation Programme to develop staff to become inspectors or work in policy or corporate roles succeeded in attracting a diverse pool of 19 recruits. However, campaigns over the last couple of years to recruit trainee inspectors have been far less successful.
- The tables at Annex 3 show HSE starters for the three years. In 2005/06, 15 (3.6%) of 419 starters declared they were from a BME background. In 2006/7 there were 5 BME starters (11.1%) out of 45 starters. So far in 2007/8 (up to 31 December 07) there have been no BME starters out of total of 86 starters. However, two large recruitment campaigns have run recently and the ethnic group data has yet to be updated.
- Over the last three years we have encouraged staff to declare their ethnic group (they now directly input the information themselves as part of an employee self service web-based HR system), but a third of staff still prefer not to disclose their ethnic group. We do not know the ethnic group of 60% of starters in the last two years. This problem is receiving further attention.

### **Levels of representation**

- After recruiting heavily in 2005/6 to take forward major health and safety initiatives, we reined back recruitment over the next two years to stay within our three-year spending settlement. The recruitment tables at Annex 3 illustrate this. In 2005/06, 419 staff were recruited; in 2006/07, 45 staff were recruited; and in 2007/08, up to December, 86 staff had been recruited.
- These restrictions on recruitment have hindered progress towards the ambitious targets in the 2005 Race Equality Scheme. At the end of the 2005/06, the Railway Inspectorate transferred from HSE to the **Office of Rail Regulation**. The Inspectorate had a large London presence and significant number of BME staff – 28 out of 160 (16%), which lowered overall levels of representation in HSE in 2006.
- The tables at Annex 3 show that overall levels of BME representation have remained at about 5% of all staff (including non-declarations). Representation fell from 5.7% to 5.0% by March 2006, to 4.7% by March 2007 and then increased to 4.9% by December 2007. However, the large number of non-declarations militates against drawing any overall trends. It was disappointing that we failed to recruit more BME staff during 2005/06, when there was substantial recruitment.
- There has been a slight increase in representation at job bands 1 and 2, but a slight decrease in representation at other job bands. The changes are mainly the result of a reduction in the overall staffing numbers from 4,144 staff at 1 April 2005 to 3,756 staff at the end of December 2007.

Historically there has been little difference in the respective overall internal promotion rates of BME staff and white staff. Typically about a quarter of staff applying for promotion are successful. However the numbers of BME staff applying for promotion are small and it is not possible to draw firm conclusions.

## **6. Career development: continue and develop positive action to enable under-represented groups to develop the skills to progress upward more quickly.**

- Over the last two years we carried out an extensive study to identify whether there were any aspects of our internal promotion arrangements or there were wider organisational issues that were limiting the career progression of BME staff. The terms of reference for the study were developed and agreed with MAGNET the BME staff network, and supported by HSE's trade unions.
- The study produced its final report in January 2008. Based on an analysis of internal vacancies filled between April 1999 and March 2006, no evidence was found of any overall patterns or trends in the comparative overall success rates of BME and white applicants. It should be noted though, for statistical purposes, that there were relatively few BME candidates for posts at higher job bands in most years.
- The study also included focus groups with BME staff at different locations. The focus groups thought HSE was a reasonable employer, but still had some way to go to promote a fully diverse culture. They also thought that HSE's vacancy filling arrangements and wider staff development policies were not effective in supporting the career progression of all staff, not just BME staff. They were disappointed at the lack of substantial progress in increasing levels of representation at higher job bands.
- From a range of recommendations in the study report, a short action plan is being developed which will focus on: adopting a more regional approach to recruitment and levels of representation so that HSE's UK network of offices better reflects the communities they serve; development schemes to help BME staff to develop so that they can compete more effectively for senior positions; and improving the representation of BME staff on vacancy panels.
- A mentoring scheme to support the personal career development of BME staff (and staff in other under represented diversity groups) was introduced in 2007/8. It was developed with an external specialist consultancy. HSE invited managers to act as mentors and has selected and trained a number of them for the role. Staff were invited to apply for a place on the scheme. Thirteen BME staff applied and have been accepted onto the scheme.

## **7. Encourage and support the existing networks for women, disability and ethnic minorities, and the establishment of others.**

- MAGNET is a well established BME staff network that has been running for about three years. HSE provides funding to support network events and offers support in other ways, such as using confidential staff records to mail BME staff on the network's behalf to help set up a communities interest website.
- HSE regularly consults MAGNET about issues that affect BME staff and works with the network in taking forward research projects like the career progression study.

## **8. Reward good behaviour, and tackle unacceptable behaviour, wherever it occurs.**

- HSE gives high performance awards (HPAs) to individual members of staff who perform outstanding well and demonstrate HSE's values, linked to the annual performance appraisal system. HPAs may be earned by making positive contributions to taking diversity forward. HSE also offers team awards for outstanding achievements, particularly for actions that reach out across teams and support colleagues.
- HSE has policies in place to tackle unacceptable behaviour. Wherever possible any problems that emerge are tackled locally and quickly, but there are arrangements in place to refer problems for central HR advice where needed.

## Employment data

Recruitment: starters from 1 April 2005 to 31 December 2007

Job Band	1 Apr 05_31 Mar 06				
	BME	White	Unknown	Total	BME/total
SCS	-	2	1	3	0.0%
Band 1	-	1	3	2	0.0%
Band 2	1	7	7	18	5.6%
Band 3	2	57	9	82	2.4%
Band 4	1	95	14	139	0.7%
Band 5	6	27	4	57	10.5%
Band 6	5	69	20	118	4.2%
Total	15	258	58	419	3.6%

Job Band	1 Apr 06_31 Mar 07				
	BME	White	Unknown	Total	BME/total
SCS	-	2	1	3	0.0%
Band 1	-	1	1	2	0.0%
Band 2	-	1	3	4	0.0%
Band 3	3	2	13	18	16.7%
Band 4	2	3	3	8	25.0%
Band 5	-	2	1	3	0.0%
Band 6	-	2	5	7	0.0%
Total	5	13	27	45	11.1%

Job Band	1 Apr 07_31 Dec 08				
	BME	White	Unknown	Total	BME/total
SCS	-	1	1	2	0.0%
Band 1	-	1	1	4	0.0%
Band 2	-	2	10	9	0.0%
Band 3	-	10	23	19	0.0%
Band 4	-	3	43	17	0.0%
Band 5	-	5	24	9	0.0%
Band 6	-	6	44	26	0.0%
Total	-	28	146	86	0.0%

**Note:** The April 2007 to 31 December figures include the transfer of 36 staff to HSE from the *Office for Civil Nuclear Security* and *UK Safeguards Office*.

## Levels of representation

BME staff as a percentage of all staff in the job band

<b>Job Band</b>	<b>01-Apr-05</b>	<b>31-Mar-06</b>	<b>31-Mar-07</b>	<b>31-Dec-07</b>	<b>2008 Targets</b>
SCS	2.00%	2.00%	1.99%	1.89%	4.00%
Band 1	1.54%	1.60%	1.63%	2.42%	4.10%
Band 2	2.10%	2.10%	2.33%	2.77%	3.70%
Band 3	4.40%	4.20%	3.72%	3.92%	6.80%
Band 4	6.30%	6.00%	5.11%	5.50%	7.80%
Band 5	10.20%	8.60%	9.35%	9.07%	16.50%
Band 6	7.90%	6.30%	5.62%	5.75%	17.60%
All	5.70%	5.00%	4.72%	4.93%	10.50%



### Race Equality Duty

Duties under the Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000

#### General Duty

HSC/E have a general duty to promote race equality, which requires that we aim to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity; and
- promote good relations between persons of different racial groups

#### Specific Duties

To help meet the general duty HSC/E also have specific duties. These fall into two categories:

Those covering policy and service delivery, to:

- assess functions and policies, or proposed policies, which are relevant to meet the general duty;
- assess and consult on the likely impact of proposed policies on the promotion of race equality;
- monitor policies for any adverse impact on the promotion of race equality;
- publish the results of assessments, consultations and monitoring;
- ensure public access to information and services we provide; and
- train staff in connection with both the general and specific duties.

Those relating to our role as an employer, to:

- To monitor, by racial group:
  - the numbers of staff in post; and
  - applicants for employment, training and promotion from each racial group;
- to monitor, by racial group, the number of staff who:
  - receive training;
  - benefit or suffer detriment as a result of performance assessment procedures;
  - are involved in grievance procedures;
  - are the subject of disciplinary procedures; or
  - cease employment with the body.

## Annex 5

### Assessment of functions and policies

We have identified the following functions and policies as relevant to the general duty on race and prioritised them for future action.

#### Functions and policies affecting everyone

##### High relevance

- Publication and promotion of information regarding workplace risks etc, including website, leaflets and advice.
- Promotion of our messages through the media.
- Advice on occupational health and safety.
- Risk assessment.
- Working with other departments and organisations.
- Promotional initiatives and events.
- Consultation with stakeholders on new policy

##### Moderate relevance

- Operational guidance (publications and instructions).
- Inspection of work activities enforced by HSE.
- HSL research.
- Development of guidance, Codes of Practice and legislation.

##### Low relevance

- Forensic service to HSE.
- Legal interpretation.
- Procurement.
- Permissioning and licensing.

#### Functions and policies affecting our staff

##### High relevance

- Establishment of a single Merseyside HQ – “How and where we work project”.
- Performance appraisal and performance management.
- Staff training including public sector duties on race equality.
- Retender of centrally contracted training courses.
- External recruitment.
- Internal vacancy filling and Promotion.

## **Low relevance**

- Internal health and safety.
- Pay and conditions (excluding performance-related pay – which is covered under “Performance Appraisal”).
- Grievance procedures.
- Disciplinary procedures.
- Absence and ill health management.
- Pensions and retirement.
- Exit monitoring.
- Expenses (T&S).
- Trade Union representation (staff unions: Prospect, PCS, and FDA).
- Provision and support internally of information and communication technologies and other support.

### Summary of consultation on HSE race equality scheme

The proposed race equality scheme was posted on the HSE website and intranet for consultation and sent to targeted key external and internal stakeholders (including MAGNET staff network, Equality and Human Rights Commission, TUC, Asian Business Association, Afro-Caribbean Business Network, Small Business Forum) to respond by 14 July 2008.

External stakeholders were asked to comment on the priorities which impact on our interface with them as regulators, in particular the priorities set out under the headings “for everyone” Annex A, page 10 and the race action plan actions 1 – 5 , page 16.

Number of internal responses: 3  
Number of external responses: 4  
Total number of responses: 7

The level of external response may be as a result of early involvement of key stakeholders.

#### Overview

From the comments received, there are no major gaps, omissions regarding priorities for action and no emerging themes.

Some external respondents appeared to be unclear of HSE’s legislative requirements under the Race Relations Act 1976 as amended by the Race Relations (Amendment) Act 2000. A couple of respondents were concerned about the impact of the impact of HWWW and setting up a single Merseyside based HQ on race equality.

#### General Presentation

There were a number of comments relating to the inclusion of further supporting information, rephrasing or strengthening narrative. These comments have been taken into account.

#### MAGNET

MAGNET submitted a comprehensive response to the consultation document, focusing a number of issues that directly relate to staff. They supported the overall priorities, but raised a number of issues and sought clarifications about some points. HR met with MAGNET to discuss their comments and, as a result, made changes to clarify certain points in the text and future priorities.

## **HSE Trade Unions**

HR met with the trade unions to discuss the consultation document. They support the overall priorities and will regularly review progress with HR as part of the ongoing internal diversity monitoring arrangements.