BOARD PAPER - NHS ENGLAND

Title: Promoting Equality and Tackling Health Inequalities

Clearance:

- Bill McCarthy, National Director: Policy
- Jo-Anne Wass, National Director: Human Resources and Organisation Development

Purpose of paper:

- To outline NHS England's obligations and strategic approach to promoting equality and tackling health inequalities; and

- To propose the priority deliverables for advancing equality and tackling health inequalities, including NHS England's Equality, Diversity and Inclusion in the Workplace strategy.

Key issues and recommendations:

- NHS England has the capacity to promote equality and tackle health inequalities as a system leader; through the effective discharge of our commissioning functions; and as an employer.

- This paper is recommending the adoption of a number of policy deliverables covering these first two areas and for the third area the Equality, Diversity and Inclusion in the Workplace Strategy.

Actions required by Board Members:

The Board are asked to:

- approve the strategic approach to Equality and Health Inequalities;

- approve the proposed Equality Objectives for NHS England; and

- approve the priority deliverables for advancing equality and tackling health inequalities, as summarised in this paper, including the Equality, Diversity and Inclusion in the Workplace Strategy.

Promoting Equality and Tackling Health Inequalities

Introduction

1. NHS England is committed to 'high quality care for all, now and for future generations'. This cannot be delivered without taking action to advance equality and tackle health inequalities.

2. Alongside this values-based commitment, sit our legal duties to promote equality, as required by the Equality Act 2010, and to address health inequalities, as required by the Health and Social Care Act 2012.

3. This paper summarises the evidence as to the scale of the challenge and the interventions that can make a difference. The paper invites the Board to agree NHS England's approach and priority actions and gives assurance in respect of our legal duties.

The Role of NHS England

4. NHS England has the capacity to promote equality and tackle health inequalities in three ways:

    a. As a system leader, in collaboration with other parts of the health and care system. This is enacted principally through convening debate, brokering agreement, and holding up a mirror on performance to the whole of the NHS;

    b. Through the effective discharge of our commissioning functions. This includes the way we directly commission (e.g. primary care, specialised services), support and assure CCG commissioning and the work we do on incentives and rules; and

    c. As an employer, we employ approximately 6,000 staff and aim to be an exemplar employer. Priorities in this area are set out in the companion paper, 'Equality, Diversity and Inclusion in the Workplace'

5. The proposed approach is to use evidence to prioritise actions we can take in each area, alongside assurance on our legal duties to establish our programme of work for the next 15 months.

What the Evidence Tells Us

6. The available data show that there are inequalities in both health outcomes and service experience that have endured over time, despite substantial investment in healthcare. Inequalities are in evidence between groups of people with different characteristics, and across geographies. For example:

7. Experience of care:

   a. GP Patient Survey results in 2012/13 show variation by ethnicity in patient confidence and trust in their GP: British (67%), compared with Chinese (42%), and Bangladeshi (52%). This variance by ethnicity was replicated in the same survey in terms of the percentage of patients who would definitely recommend their GP surgery to someone else: British (51%), compared with Chinese (30%), and Pakistani (34%);

   b. Evidence from the 2012 Adult Inpatient Patient Survey shows that the overall patient satisfaction score varies significantly by ethnicity. White British had an overall score of 76.7 whilst six of the black and minority ethnic groups had significantly lower scores.

8. Staff Experience and Leadership

   a. The 2012 NHS Staff Survey found that harassment, bullying or abuse from staff was experienced more by disabled staff (33%) and other black staff (31%), than by non-disabled (21%) and white British staff (22%). The survey also found that such experiences were more prevalent for gay male staff (30%) than for heterosexual staff (23%);

   b. In 2012, just 1% of NHS chief executives came from a BME background. This compares to 14% of staff from black and minority ethnic backgrounds in the total NHS workforce;

   c. Nursing and Midwifery Council (NMC) and General Medical Council (GMC) research in 2010 found that BME (Black, Minority Ethnic) staff are almost twice as likely to be disciplined than white staff;

   d. More positively, a snapshot of CCG leadership on governing bodies shows that 12% are from BME, and 37% are women.

9. Outcomes

   a. At birth, males in the least deprived areas of England can expect to live about 15 more years disability-free than males in the most deprived areas; for females it is almost 13.5 years. These differences have increased recently – poorer people live shorter lives, but live more of these lives with limiting illnesses;

   b. People with severe mental illness die on average 20 years younger than the general population, often from preventable physical illnesses

   c. The average age of death of a rough sleeper is 30 years earlier than the average population (47 and 43 years for men and women respectively);

d. There is a significant difference in rates of diagnosis, treatment and outcomes for the five biggest killers (cancer, stroke, heart disease, lung and liver disease) depending upon where you live;

e. Lesbian, gay and bisexual people are at higher risk of depression and anxiety disorders and are twice as likely to smoke.

10. Tackling this injustice is not straightforward. Despite attempts to target significant improvements, the data illustrates that there has been limited progress made. Furthermore, NHS England's functions will have limited impact in isolation; at least as important will be actions by Public Health England, and local government colleagues. And partnerships between public services and the voluntary sector will also be essential in supporting groups who can, at times, be wary of and least well-served by the statutory sector.

11. We should see this as a challenge to the quality of partnership working and the rigour of our work, not as an excuse to be unambitious.

What Can the NHS do?

12. It is estimated that 15-20% of the life expectancy gap can be directly influenced by healthcare interventions. NHS England is in a strong position to influence the performance of the health service through its role as commissioner of primary care services and as system leader. A number of evidence-based high impact interventions have been shown to work in tackling health inequalities and reducing the gap in life expectancy. These include:

a. Widespread, systematic adoption of the most cost-effective high impact interventions as recommended by the National Audit Office report into Health Inequalities, and the Public Accounts Committee Report into Tackling Inequalities in life expectancy:

- Increased prescribing of drugs to control blood pressure;
- Increased prescribing of drugs to reduce cholesterol;
- Increase smoking cessation services;
- Increased anticoagulant therapy in atrial fibrillation;
- Improved blood sugar control in diabetes;

b. Late diagnosis of the big killer diseases is common, particularly in disadvantaged communities, and targeted approaches to case finding in hypertension, COPD, lung cancer, cardiovascular risk and harmful drinking will improve outcomes and reduce health inequalities;

c. Improving access to health care for vulnerable populations. For example ensuring the homeless are able to register with a GP and that older people with cancer are given access to chemotherapy as determined by their functional status and not their age;

d. Involving people and communities in designing services to meet their health and care needs ensures we create a service that works for our

service users and that we break down any barriers stopping people from fully utilising the services we provide.

e. Integration of care and services, so that they are commissioned around the needs of the patient and community rather than the needs of the professional or the service;

f. The Making Every Contact Count initiative, which systematically puts the prevention, protection and promotion of health and wellbeing at the heart of every patient contact in the NHS.

g. Using the Equality Delivery System (EDS) as a toolkit helps NHS organisations to drive improvements, strengthen the accountability of services to those using them, and bring about workplaces free from discrimination.

Patient and Public Voice

13. Our approach to advancing equality and tackling health inequalities is influenced not only by what the data tells us but by listening to, and learning from, patients and the public.

14. Over the last 12 months, NHS England has held four 'Values Summits' in Leeds, Bristol, Manchester and London. The NHS Values Summits have brought together a diverse range of people and perspectives, including patients and communities, voluntary and charitable bodies and the NHS workforce. They have encouraged greater understanding of how people's differences, social status and cultural expectations can affect their experiences of health and care.

15. In addition, NHS England held a number of workshops at its AGM in September of this year, bringing together patients, communities, subject experts, experts by experience, clinicians and staff to develop and feedback key messages on priorities for change. And, NHS England has carried out a broad consultation with over 500 respondents on our strategic approach.

16. Throughout this engagement a number of clear themes have emerged:

a. The importance of working in partnership. In Leeds we heard about the rich contribution from the Community Voluntary Sector and in Bristol about the need for all agencies to work together. At the Manchester summit we heard from 'Lived Experience' volunteers about recovery approaches, exploring what volunteering and co-production can bring to integrated care.

b. Improving the capacity and capability of health and social care organisations to be able to collect consistent data for patients and the workforce, and to understand and act upon the information, is an essential preliminary step to ensuring that we meet the needs of our communities.

c. Ensuring that our workforce is as diverse as it can be at all levels of the NHS, so that our workforce is representative of the population that we serve, and that leadership is reflective of the workforce, is fundamental to encouraging equality.

d. Participants at the health inequalities workshop held at NHS England's AGM highlighted the need to use evidence to inform decision making. This included the need for clinicians and managers to truly understand how services are experienced by different people as well as for better disaggregation and interpretation of quantitative data by protected characteristics and geography.

Assurance of Legal Duties

17. At our Board meeting on 12 April 2013 we agreed our interim equality objectives to ensure we met the duties outlined under the Act. We have reviewed our objectives and discussed them with our Department of Health colleagues to propose a revised set of objectives as set out in Annex A.

18. Taken together, we assess that our proposed strategic priorities outlined below put us in a sound place to meet our legal duties and our accountabilities.

Proposed Strategic Priorities

19. We have used a combination of statistical and research evidence, taken together with public and patient views, to propose priorities for the next 15 months.

20. Four priorities relate to NHS England acting as a system leader:

a. Re-establish the EDC; The Council brings together parties to provide collective leadership on equality and health inequalities issues across the NHS. Its purpose is to shape the future of the NHS from an equality, health inequalities and human rights perspective and to improve the access, experiences, health outcomes and quality of care for all who use and deliver health and care services;

b. Launch EDS2; The Equality Delivery System (EDS) was rolled out to the NHS in July 2011 to help NHS organisations to improve their equality performance and meet the public sector Equality Duty. Based on its independent evaluation and subsequent engagement with a spread of NHS organisations and stakeholders, a refreshed EDS 2 is now available. Implemented appropriately, this will systematically address problems of under representation and workforce diversity;

c. Expand and improve data available to measure equality and health inequalities; A National Equality and Health Inequalities data group is being established to determine data collection, monitoring and

dissemination requirements and drive delivery within NHS England and the wider system;

d. Work with the NHS Leadership Academy and Health Education England to develop and implement talent identification and management programmes aimed at nurturing and encouraging more diverse leadership in the NHS.

21. Five priorities relate to NHS England's exercise of its commissioning functions:

a. Embed the criterion of reducing inequalities in health outcomes in resource allocation methodology;

b. Incentivise and prioritise improvements in primary care towards areas and groups of people, including homeless people, with the worst health outcomes;

c. Embed equality and tackling health inequalities in the clinical commissioning group assurance and support regimes, building on the evidence of effective interventions;

d. With regard to specialised commissioning, we shall review the use of derogations so that inappropriate variations across geographies will be tackled over time.

e. Develop and implement the NHS England programme for promoting parity of esteem.

22. Our deliverables with associated milestones are set out in Annex B.

23. The companion paper, "Equality, Diversity and Inclusion in the Workplace Strategy", identifies priority actions for NHS England as an employer.

Assurance and Reporting

24. The Board will receive regular updates detailing that priority actions have been completed and that they are having the desired impact through the Performance Report.

25. The Board, through its committees, will receive on-going updates on programme risks and mitigating actions.

26. Once a year the Board will receive a report outlining a full stocktake of our progress against our priorities.

Next Steps

27. The Board is asked to agree the following actions:

- approve the strategic approach to Equality and Health Inequalities;

- approve the proposed Equality Objectives for NHS England; and

- approve the priority deliverables for advancing equality and tackling health inequalities, as summarised in this paper, and in the comparison paper, the Equality, Diversity and Inclusion in the Workplace Strategy.

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December 2013

Annex A : Objectives
Proposed Equality Objectives for NHS England

Duty

1. Specific duties, set out in regulations to the Equality Act, help public bodies to meet the general duty and require them to prepare and publish equality objectives at least every four years by 6 April 2013.

Current Position

2. The proposed Equality Objectives for the period from 30 November 2013 to 31 March 2016 are:

    a. NHS England will implement the Equality Delivery System (EDS) as an organisation, and use it to help deliver on the general and specific duties of the public sector Equality Duty;

    b. NHS England will encourage Clinical Commissioning Groups (CCGs) to adopt the EDS where they have not already done so, and will support CCGs to meet the public sector Equality Duty;

    c. NHS England will support health care services that it directly commissions, to meet the public sector Equality Duty.

Next Steps

3. In line with good practice, the proposed Equality Objectives will be reviewed on an annual basis.
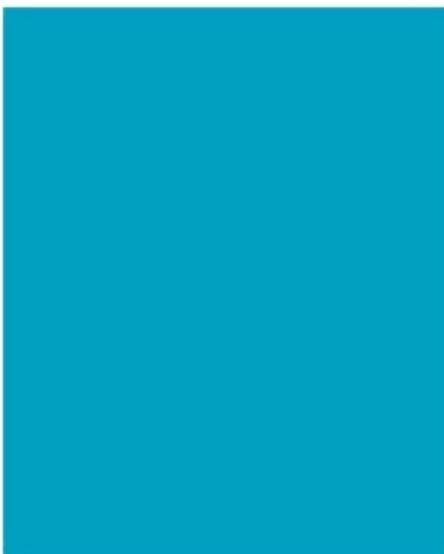
Annex B – Equality and Health Inequalities Strategic Priorities and Deliverables

December 2013

Strategic Priority	Success Measure	Timeframe
1. NHS England as system leader re-launches and supports the NHS Equality and Diversity Council.	Robust and visible leadership on advancing equality and tackling health inequalities with a focus on a discrete number of outcomes.	November 2013
2. Support NHS organisations to improve equality performance and meet the public sector Equality Duty.	Launch EDS2 on behalf of the NHS;	November 2013
	NTDA, Monitor an NHS England to support and oversee the implementation of EDS2, so that there is a minimum of 95% implementation across all NHS Trusts, NHS Foundation Trusts, and CCGs across England.	January 2014
3. Robust data available to measure equality and health inequalities, determine priorities and drive improvement.	Feasibility that the NHS Staff Survey, NHS Patient Survey, the Friends & Family Tests for patients and staff collect data against the 9 characteristics given protection by the Equality Act 2010, is fully explored	Process to begin from October 2013
	Data and information disaggregated by inequality and equality dimensions to be collected and available for use in local Joint strategic needs assessments and Health and Wellbeing strategies (including NHSOF indicators).	September 2014
4. Creating an NHS workforce and leadership that is reflective of the communities that we serve, and that are free from discrimination.	Embed values-based recruitment across the NHS – so that work environments are free from discrimination	January 2014
	Nurture workforce and leadership talent across the NHS – helping to create workforce that is as representative of the population	January 2014
5. Resource allocation supports NHS England's duties around inequalities.	Embed the criterion of reducing inequalities in health outcomes into allocation methodology	December 2013

6. Incentivise and prioritise improvements in primary care towards communities and groups who experience inequalities in healthcare and outcomes.	Review how financial resources and contract incentives can be better targeted to reduce unwarranted variations, including through primary care allocations, General Medical Services funding formula, Personal Medical Services contract reviews and development of other primary care contracts;	For implementation from April 2015
	Ensure strategic framework for commissioning of primary care supports the ability of general practice to tackle health inequalities, and make the most of the diverse workforce;	January 2014
	End Minimum Practice Income Guarantee and seniority payments for general practice - and recycle resources into core funding, to enable fairer distribution of resource.	Process to begin from April 2014
7. Embed equality and tackling health inequalities in the CCG assurance regime.	Develop mortality indicator (Potential Years of Life Lost) and embed in CCGs annual Health Inequalities assurance review template.	March 2014
8. Remove derogations which permit geographic variations in care standards.	Develop and implement a programme of removal for all existing derogations as part of the legal duty/equality and inequalities review.	June 2015
9. Support the reduction of mental illness inequalities through the Parity of Esteem programme.	Premature mortality reduction commitment for Serious Mental Illness to be established and implemented.	March 2014

Equality, Diversity and Inclusion in the Workplace

Equality, Diversity and Inclusion in the Workplace Strategy

First published: December 2013

Updated: N/A

Prepared by: Stephen Moir and Helen Bullers

Equality, Diversity and Inclusion in the Workplace Strategy

2013 to 2015

Contents

Equality, Diversity and Inclusion in the Workplace Strategy 2013 to 2015

1.   Values and Principles underpinning this strategy

1.1   Equality, diversity and inclusion are not just words. They are principles which are fundamental to NHS England's vision – *to achieve high quality care for all, now and for future generations*.

1.2   The NHS belongs to **all** of the people and ensuring services are accessed and experienced equitably; being responsive to the diversity of the people who use NHS services; and designing services around individual patients – these ambitions are essential components of our vision.

1.3   As a significant commissioner of NHS services in England, we believe our workforce should reflect the diversity of the wider population in order that we can better understand the people we serve and stay in touch with issues which are relevant to all parts of the population.

1.4   This document sets out our equality, diversity and inclusion ambitions for NHS England as an employer of approximately 6,000 people, and how we propose to achieve them.

1.5   The basic concept underpinning the strategy is summarised by one of the values at the heart of the NHS Constitution[1] -- that "everyone counts":

"We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind."

NHS Constitution

1.6   At the core of this strategy is a fundamental belief that valuing our staff for their individuality will create a culture in which talent, creativity and innovation can thrive. In NHS England, everyone counts in helping us to create a patient-focused organisation. We want each and every person we employ, and those who want to work for us, to experience us as a fair, open, supportive and respectful organisation.

1.7   This inclusion based approach will recognise that individuals should be considered holistically. Individuals who work for us, or who want to work for us, will be treated fairly and respected irrespective of age, disability, gender, gender reassignment, marriage or civil partnership, maternity and pregnancy, race/ethnicity, religion or belief and sexual orientation. The differences between individuals will be valued.

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[1] To view the full NHS Constitution document click here.

1.8 This document describes how we will achieve our ambitions through a clear focus on five strategic themes:

- Leadership and culture
- Recruitment
- Talent management and performance
- Workforce
- Governance

2. Background and development of this strategy

2.1 NHS England is a new national organisation which was formed as a consequence of the Health and Social Care Act 2012, with the transfer of staff from more than 160 organisations, including ten Strategic Health Authorities, 151 Primary Care Trusts and the Department of Health (DH). We formally commenced operation on 1 April 2013 and in the run up to 1 April, and afterwards, we have been undertaking direct recruitment to a series of roles, in addition to those staff who joined us through the transfer arrangements.

2.2 We now have approximately 6,000 staff. NHS England operates through 27 locally based area teams, which are in turn supported by four regional teams and one national support centre. As an organisation, we make a significant contribution to the collaborative leadership for the health system as whole, in partnership with other national bodies and the DH.

2.3 As part of the system leadership arrangements for the NHS, NHS England has a key role in shaping the overall NHS strategy for equalities and health inequalities. This includes providing leadership and co-ordination for the Equality and Diversity Council for the NHS in England. In addition, NHS England leads the development of the Equality Delivery System (EDS), which can be applied by all individual NHS organisations to test and assess their progress in tackling equalities and health in equalities both in terms of service provision and employment.

2.4 We therefore recognise the absolute importance of NHS England becoming a role model within the NHS in issues relating to equality, diversity and inclusion. Previous approaches to the improvement of workplace equality and diversity have not always achieved the step change required by many health organisations to make a significant difference in this area. We want to make major improvements in this area.

2.5 Like all other public bodies, NHS England must also have due regard to the law and for seeking to uphold fully the Public Sector Equality Duty of the Equality Act 2010. This requires that NHS England:

- Eliminates unlawful discrimination, harassment, victimisation and any other conduct under the Act;
- Advances equality of opportunity between people who share a protected characteristic and people who do not share it;
- Fosters good relations between people who share a protected characteristic and people who do not share it.

2.6 However, we believe that achieve our ambitions we need to go beyond legislative compliance.

2.7 This strategy has developed through a series of discussions within the Equality and Diversity and Strategy Group (EDSG), an advisory group which we set up during the start-up phase of NHS England. Research has been undertaken on the approaches that all leading edge employers have deployed in both the public and private sector. This led to eight evidence based action areas that it was agreed the strategy should encompass:

- Proactive leadership from the board and senior management;
- Top level champions;
- Recruitment practices;
- Talent management;
- Performance management;

- Monitoring;
- Action plans and target setting;
- Public focus and visibility[2].

2.8   As well as the EDSG, this strategy has been developed through a collaborative process involving consultation and engagement with the following groups and individuals:

- NHS England's executive team;
- The Equalities and Health Inequalities team, within the Policy directorate;
- NHS England's Patients and Information directorate;
- Excellent organisation workplace champions;
- And through the use of 'critical friends' and subject matter experts within and outside the NHS.

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[2] This research was commissioned by the NHS Institute for Innovation and Improvement and carried out by Birmingham Health Management Research Centre.

3.   Strategic themes

3.1   We plan to drive forward action under five strategic themes in order to achieve the ambitions outlined in this strategy. These are:

- Leadership and culture
- Recruitment
- Talent management and performance
- Workforce
- Governance

Leadership and culture

3.2   For equality, diversity and inclusion to flourish, it needs active commitment from and the support of all of our leaders, starting with the Board, but right throughout the organisation. Without leadership that is willing to honestly and frankly face up to difficult issues and address underlying cultural challenges and barriers, a culture of diversity and inclusivity will not firmly take root. NHS England will embrace the challenge of creating a supportive culture and will ensure that this is role modelled by the behaviours of organisational leaders at all levels and demonstrated through their actions.

3.3   Our aims in respect of leadership and culture are to:

- Develop an organisational culture which is inclusive and recognises, respects and values diversity and difference, which is inclusive of everyone and where everyone feels they have opportunities to succeed and grow.
- Ensure that the Board and senior leaders provide visible leadership on this issue.
- Eliminate discrimination, harassment and victimisation.

3.4   Our key actions and implementation timelines for this strategic theme are:

- We will report to the Board regularly on our progress with equality, diversity and inclusion in the workplace (via the Integrated Performance Report).
- We will adopt an evidence-based approach to understanding the root causes of our current workplace diversity and use this insight and research to lead our improvements in this regard (starting in Quarter 4, 2013/14).
- Members of our senior leadership team will each support and mentor individuals from under-represented backgrounds (starting in Quarter 1, 2014/15).
- We will identify and communicate across NHS England, top-level diversity leaders who have access to Board members and who are prepared to give honest and open challenge and feedback to the Board and leaders of NHS England (starting in Quarter 1, 2014/15).
- We will ensure we are engaged with and responding to the needs of all our people within NHS England and will measure this through the staff barometer.
- We will use our volunteering programmes / approach to develop our cultural competence at a local level (starting in Quarter 2, 2014/15).
- We will develop our entire workforce to be culturally competent and knowledgeable about their local population and will measure through our 360 organisational feedback (starting in Quarter 3, 2014/15).

3.5   We expect to achieve the following outcomes through these key actions:

- The diversity profile of our leaders and very senior managers will be more representative of the people we serve.
- Staff from all groups will be more satisfied and feel they are treated fairly and with respect.

- Our staff will be more confident that they are engaged and consulted on decisions that affect them and are kept informed.

Recruitment

3.6   This theme is about ensuring we can attract and select from the widest possible range of talent to create and sustain a diverse and inclusive organisation. Recruitment approaches within the NHS are often very formal and traditional and do not sufficiently adopt a values based approach to selection. NHS England wishes to source talent at all levels from much wider sources. This means that we will require a fundamental redesign of our approach to recruitment activity and the careful positioning of the organisation as an exciting, stimulating and supportive organisation. This is both about our attraction strategies and employer brand, as much as it is the manner in which we select people for jobs.

3.7   Our aims in respect of recruitment are:

- We will be known externally, as well as amongst our staff, as an excellent employer.
- We will become an employer of choice amongst our diverse communities and in each area and region.
- We will recruit from the widest possible recruitment pool to appoint the best and most talented people.
- We will use an approach to recruitment which balances competence and values.

3.8   Our key actions and implementation timelines for this strategic theme are:

- We will undertake research to understand our brand, image and impact as a potential employer across our diverse communities and geographical areas (starting in Quarter 2, 2014/15).
- We will undertake research to develop a competence and values based approach to recruitment and will train managers to support this (starting in Quarter 2, 2014/15).
- We will sponsor awards to promote equality, diversity and inclusion as well as good employment practices both within NHS England and externally (starting in Quarter 3, 2014/15).
- We will develop a range of exemplar employment policies, which support inclusion (end of Quarter 4, 2013/14 and ongoing).
- Our agile and flexible working approaches will be developed to ensure they help us recruit and retain an inclusive workforce, enabling us to integrate our principles of inclusion into practice (end of Quarter 4, 2013/14 and ongoing).
- We will support apprentice programmes at a local area/ regional level and support these to be in place in every area and regional team (end of Quarter 4, 2014/15).
- We will advertise using a range of media, including social media, so we reach the widest pool of staff (end of Quarter 3, 2014/15).
- We will embed equality, diversity and inclusion through staff induction (start Quarter 1 2014/15 and ongoing).

3.9   We expect to achieve the following outcomes through these key actions:

- We will have a workforce that is more representative at all levels and is more understanding of the people we serve during the period of the strategy.
- We will have a wide pool of people from which to recruit.
- We will be known as an exemplar employer and will be the employer of choice in all our areas and regions as evidenced through our progress measures, organisational feedback and staff barometer.

Talent management and performance

3.10   The retention and development of talent and the careful and considered management of performance to unlock the potential within every member of staff is critical. This strategic theme recognises that the talent and diversity inherent in our existing workforce is as important as the talent inherent in our potential workforce.

3.11   Our aims in respect of talent management and performance are:

- To identify, support and develop talent from diverse backgrounds across the organisation.
- To develop an approach to talent and performance which is inclusive.
- To ensure that our unconscious preferences do not prevent us from seeing the talent that is right in front of us.

3.12   Our key actions and implementation timelines for this strategic theme are:

- We will develop our talent and performance management system so that it is based on our values, is inclusive and takes account of the diversity of our people (starting in Quarter 2, 2014/15).
- We will ensure that we promote based on a combination of both values and competence, and that we seek out early potential (starting in Quarter 3, 2014/15).
- We will build a new performance development and review system to ensure that progress towards improving equality and diversity is routinely assessed as part of the performance review (starting Quarter 1, 2014/15).
- We will help support staff, in particular those from under-represented groups, to realise their potential, to enable NHS England to make best use of the skills and talents of its diverse workforce (end of Quarter 4, 2014/15).
- We will improve the progression of staff from under-represented groups, with a particular emphasis on very senior manager roles (end of Quarter 4, 2014/15).
- We will improve the confidence of all staff in our disciplinary, grievance and anti-bullying and harassment processes so they are seen to be proportionate and fair (end of Quarter 3, 2014/15).
- Each member of the NHS England Leadership Forum will mentor a member of staff from an under-represented group that has been identified as having potential through the PDR process (end of Quarter 4, 2014/15).

3.13   We expect to achieve the following outcomes through these key actions:

- We will have a workforce that is more representative at all levels and is more understanding of the people we serve.
- We will have a talent pipeline from a wider range of our groups and communities.
- Our talent and performance management systems are seen externally as leading edge and based on our values and inclusion.

Workforce

3.14   Creating the right working environment through the careful design of roles, physical and virtual workplaces will enable staff to be more engaged, more productive and more aware of equality, diversity and inclusion. This theme aims to enhance awareness and the positive appreciation of difference amongst everyone we employ to ultimately provide more meaningful and better outcomes for patients.

3.15   Our aims in respect of workforce are:

- Our workforce will reflect the profile of the English population at all levels, including local variations at an area team and regional level.
- We will do more to equip staff so they have the confidence to deal with issues of equality and diversity and to treat people fairly and with respect.
- We will ensure the provision of reasonable accommodations – modifications or adjustments to a job or work environment to assure that a qualified individual with a disability, has rights and privileges in employment equal to those of employees without disabilities – to create an adaptive work environment.

3.16   Our key actions and implementation timelines for this strategic theme are:

- We will continue to work to develop a workforce at all levels that reflects the diversity of the population of England and locally in our areas and regions (ongoing).
- We will deliver learning and development programmes which increase knowledge and equip our people to value and respect difference and achieve cultural change and will incorporate these approaches into management development (end of Quarter 4, 2014/15 and ongoing).
- We will audit all our properties and venues from which we operate to ensure they have appropriate facilities for people with disabilities and make any adjustments required (end of Quarter 2, 2014/15).
- We will support staff who want to form self-sustaining networks to support improvements to equality, diversity and inclusion in the workplace, known as Employee Resource Groups. These groups will enable staff members to connect and strengthen their networks and develop their skills and give back to their communities (end of Quarter 1, 2014/15).
- We will participate in external benchmarking such as participating in the Stonewall Equality Index and use this to further develop the scope of the equality, diversity and inclusion programmes (end of Quarter 4, 2013/14 and ongoing).

3.17   We expect to achieve the following outcomes through these key actions:

- Our workforce will reflect the profile of the English population at all levels, including local variations at an area and team level.
- We will be rated externally as an employer that supports an inclusive approach and values diversity and difference, for example by being listed within the Stonewall top 100 employers.
- We will be open and transparent about our equality and diversity workforce data.

Governance

3.18   Governance is not simply about having processes, systems and controls in place to ensure we are making progress in respect of equality, diversity and inclusion. It is fundamentally about how we hold ourselves honestly to account for delivering real and tangible progress in becoming an inclusive and diverse workplace.

3.19   Our aims in respect of governance are:

- We will strengthen the governance of equality, diversity and inclusion issues within NHS England.
- We will ensure that there is visible leadership at area, regional and national levels ensuring that there are robust performance management processes for equality, diversity and inclusion which feed into the PDR processes and business planning objectives.
- We will put in place a range of equality, diversity and inclusion annual objectives and targets and managers account for and deliver improvements.

3.20   Our key actions and implementation timelines for this strategic theme are:

- We will review and strengthen the organisational governance of equality, diversity and inclusion issues to deliver this strategy (end of Quarter 1, 2014/15).
- We will review annually, using appropriate data, our equality objectives to support the delivery of this strategy and ensure these meet our legal obligations (end of Quarter 3, 2014/15).
- We will use the EDS to show our progress in improving diversity and inclusion and in equality performance and will engage our staff and the public in how we score ourselves with regard to the EDS (starting Quarter 2, 2014/15).
- We will review and improve our approach to conducting equality impact assessments, not only to fulfill our legislative requirements but also to drive change and improvements (end of Quarter 4, 2014/15).
- We will adopt a blended approach to governing and review our progress on equality, diversity and inclusion by utilising both qualitative and quantitative measures to understand our progress (end of Quarter 2, 2014/15).

3.20   We expect to achieve the following outcomes through these key actions:

- We will have made demonstrable improvement in our diversity and equality performance as assessed through the EDS.
- We will publish annually our equality objectives to support the delivery of this strategy.

3.21   All the actions for each of the five strategic themes are captured in once place, in Appendix 1.

4.   Framework for the delivery of this strategy

4.1   As a key part of the NHS England Business Plan 2013-14, "Putting Patients First", we are committed to developing NHS England to be an "Excellent Organisation" and the achievement of an equal, diverse and inclusive workplace is a key means for us to demonstrate good practice to the wider health and social care economy, but fundamentally to benefit from the advantages that diversity can bring to the workforce of NHS England.

4.2   Recognising that strong and effective governance structure will be needed to support and enable the delivery of this strategy, as well as providing constructive challenge, the Board of NHS England established an EDSG, which is chaired by the National Director: HR and OD and involves representation from the non-executive directors, other members of the executive team and senior staff from the HR and OD directorate, the equalities and health inequalities team and the patients and information directorate.

4.3   The EDSG meets quarterly and has actively been engaged in the shaping of this strategy and ensuring that it is wholly aligned with the NHS England system strategy for Equalities and Health Inequalities, as well as the refreshed Equality Delivery System. The EDSG will also provide strategic leadership and oversight to challenge the progress in delivering this strategy and ensuring that the strategic themes becoming meaningful and are connected with our organisational improvement and development activities, such as the "Excellent Organisation" programme. The EDSG and the governance and leadership structure for equality, diversity and inclusion will be reviewed and refined during the term of this strategy, as will the measures and metrics by which we assess our progress.

4.4   Importantly, the EDSG will ensure that the delivery of this strategy is insight and evidence led, drawing upon a discrete range of metrics to track progress, both qualitative and quantitative, and listening to the feedback from Employee Resource Groups, our staff side partners and, most importantly from NHS England staff. To help with the achievement of measuring and tracking our progress a number of blended metrics, measures and feedback have been

developed to underpin this strategy. The draft set of metrics are set out in Appendix 2 to this strategy. The metrics have been developed in such a way to be identifiable in respect of one or more of the five strategic themes and to therefore support the overall assessment of progress, as well as the specific tracking of the respective theme area. This approach will enable a scorecard to be developed for the strategy as a whole, aligned to the key actions identified for each of the five themes and their implementation. By integrating reporting in this manner, we will enable a holistic overview of progress to be maintained and scrutinised.

4.5   Additional governance and support for the delivery of this strategy will be provided through the NHS England Partnership Forum equality and diversity sub-group and through the active engagement with and learning from a range of external bodies that can inform and advise NHS England upon this strategy, such as Opportunity Now and Stonewall, as well as through the application of the EDS.

5.   Conclusion

NHS England has made a clear commitment to becoming an excellent organisation and exemplar employer. This will only be possible to achieve if we first become an inclusive and representative organisation of the people that we serve. This strategy sets out the strategic framework and themes against which progress will be made, helping us to become an organisation where talent, creativity and innovation can flourish, and where we capitalise on the different insight people bring. NHS England will be an employing organisation which is guided by the values of the NHS Constitution, and where everyone really does count.

December 2013

Equality, Diversity and Inclusion in the Workplace Strategy

Overview of actions by timeline

Strategic Theme	2013/14	2014/15			
	Q4	Q1	Q2	Q3	Q4
Leadership and Culture	Regular Board reporting				
	Evidence based analysis and research				
		Mentoring scheme			
		Experiences of different groups measured through the barometer			
			Developing cultural competence at local level through volunteering programmes.		
				Staff development programmes	
Recruitment			Brand, image and impact		
			Values based recruitment		
				Diversity and inclusion awards	
	Development of employment policies				
	Review of agile and flexible working approaches				
					Apprenticeship programmes
				Wider advertising strategy	
		Embedding equality, diversity and inclusion through induction.			
Talent and Performance			Talent and performance management system		
			Values based promotion		
		PDR system linked to equality, diversity and inclusion			
					Focus on support staff
					Stocktake of diversity of VSM roles
				Audit of disciplinary, grievance and anti-bullying and harassment processes	
Workforce	Monitor workforce diversity				
					Embedding equality, diversity and inclusion through management development.
			Estates audit		
		Support staff Employee Resource Groups.			
	External benchmarking				
Governance		Governance review			
				Review equality objectives	
			Implement Equality Delivery System		
					Review our approach to conducting equality impact assessments
			Review metrics and measurement methodology		

Appendix 2

NHS England

Equality, Diversity and Inclusion in the Workplace Strategy – Measuring progress

All measures of progress will support the delivery of the Governance strategic theme set out in the strategy.

- Equality Delivery System (EDS2) – *measuring progress against all strategic themes.*

- top 5% of earners that are women – *Leadership and Culture; Recruitment themes.*

- top 5% of earners from BME backgrounds - *Leadership and Culture; Recruitment themes.*

- top 5% of earners that consider themselves to have a disability or long-term condition - *Leadership and Culture, Recruitment themes.*

- top 5% of earners that classify themselves as lesbian, gay, bisexual and transgender (LGB&T) - *Leadership and Culture, Recruitment themes.*

- Percentage of overall number of employees that are women – *Recruitment and Workforce Themes.*

- Percentage of overall number of employees from BME backgrounds – *Recruitment and Workforce Themes.*

- Percentage of overall numbers of employees that consider themselves to have a disability or long-term condition – *Recruitment and Workforce themes.*

- Percentage of overall number of employers that classify themselves as LGB&T – *Recruitment and Workforce themes.*

- Percentage of "managers" from protected characteristic groups – *Leadership and Culture themes.*

- Percentage of external appointments from protected characteristic groups – *Recruitment and Workforce themes.*

- Percentage of internal appointments from protected characteristic groups – *Recruitment and Workforce themes.*

- Percentage of exit interviews citing equality, diversity or inclusion grounds as the reason for leaving the employ of NHS England – *Recruitment theme and Workforce themes.*

- Percentage of voluntary turnover monitoring within protected characteristic groups - higher/lower than overall voluntary turnover rate – *Recruitment and Workforce themes.*

- Metrics and reporting in respect of access to, completion of and engagement with learning and staff development opportunities can be further developed – *Talent Management and Performance and Workforce Themes.*

- Metrics relating specifically to staff experience measured by the Staff Barometer and NHS Staff Survey – *all themes.*