Equality objectives and information as at 30 March 2021

28 January 2022

Contents

Overview

This report on compliance with the Specific Equality Duties reports on compliance as at the end of March 2021. Under the proposed Health and Care Act 2022, NHS Improvement which is made up of Monitor and the NHS Trust Development Authority (NHS TDA) will be formally incorporated into NHS England. This report therefore brings together the reports for NHS England and NHS Improvement but identifies where there are differences in the employment information.

1. NHS England and NHS Improvement: Meeting our Public Sector Equality Duty (PSED) and our equality objectives

1.1 Advancing equality and the COVID-19 pandemic

The Equality and Human Rights Commission (EHRC) and the government Equalities Office (GEO) suspended enforcement of the regulations that require the annual publication of equality information, gender pay gap reporting and equality objectives for the 2019/20 reporting period.[1]

In view of the adverse equality impacts of the COVID-19 pandemic, NHS England and NHS Improvement extended the existing equality objectives until the end of March 2022, recognising that it was not possible to undertake effective engagement with key stakeholders to develop revised equality objectives because of the impact of, and focus on, the COVID-19 pandemic during 2020/21.

However, in light of the pandemic NHS England and NHS Improvement added a new equality objective focused on ensuring that the equality and health inequality impacts of COVID-19 were fully considered, and that clear strategies were developed and implemented for the NHS workforce and patients.

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[1] https://www.gov.uk/guidance/gender-pay-gap-reporting-changes-to-enforcement

1.2 Our equality objectives for 2020/21 and 2021/22

The equality objectives for NHS England and NHS Improvement for 2020/21 addressed our role as an NHS system leader, commissioner and our own role as an employer. The seven overall objectives are:

1. To improve the capability of NHS England's commissioners, policy staff and others to understand and address the legal obligations under the PSED and duties to reduce health inequalities set out in the Health and Social Care Act 2012.

2. To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS.

3. To improve the experience of Lesbian, Gay, Bisexual and Transgender People (LGBT+) patients and improve LGBT+ staff representation.

4. To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS, with specific reference to identifying how to address issues in relation to health inequalities and patient safety.

5. To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the PSED in relation to patients, service-users and service delivery.

6. To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice.

7. To ensure that the equality and health inequality impacts of COVID-19 are fully considered and that clear strategies are developed and implemented for the NHS workforce and patients. To ensure that the proposed NHS People Plan and patient focused strategies reflect this and make an effective contribution to advancing equality for all protected characteristics and to reducing associated health inequalities.

2. NHS England and NHS Improvement: Meeting our Public Sector Equality Duty (PSED) and our equality information

2.1 Advancing equality for patients and an increased focus on addressing health inequalities

In July 2020, NHS England, with support from system leaders, published the letter 'Third phase of NHS response to COVID-19'.[2] This letter was supported by detailed guidance, 'Implementing phase 3 of the NHS response to the COVID-19 pandemic' which was published in August 2020.[3] This guidance and the associated letter identified that in wave 1 of the pandemic *'COVID-19 had shone a harsh light on some of the health and wider inequalities that persist in our society'*. The guidance also identified that like nearly every health condition, it had become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination.

The guidance noted that the impact of the virus had been particularly detrimental on people living in areas of greatest deprivation, on people from BAME communities, older people, men, those who are obese and who have other long-term health conditions, people with a learning disability and other inclusion health groups, those with a severe mental illness and those in certain occupations[4]. It also noted that COVID-19 risked further compounding inequalities which had already been widening. The guidance, published in August 2020, set out eight urgent actions to address equality and health inequalities.[5] During financial year 2021/22, NHS England and NHS Improvement continued to track progress and issues relating to delivery of the eight urgent actions.

At the end of March 2021, NHS England and NHS Improvement published Planning and Implementation Guidance for 2021/22. This set out five key priority actions for

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[2] https://www.england.nhs.uk/coronavirus/publication/third-phase-response/
[3] https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/
[4] https://www.england.nhs.uk/about/equality/equality-hub/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/
[5] https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

the NHS to tackle health inequalities which were: Priority 1: Restore NHS services inclusively; Priority 2: Mitigate against digital exclusion; Priority 3: Ensure datasets are complete and timely; Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes; and Priority 5: Strengthen leadership and accountability[6].

In 2020/21, NHS England and NHS Improvement also made a strategic decision to establish a new division to provide an expanded focus on tackling health inequalities; a Director of Health Inequalities was appointed and the Health Inequalities Improvement Team was established in the last quarter of 2020/21.

2.2 National Advisor for LGBT Health

During 2020/21, the National Advisor for LGBT Health and their team continued to work on a number of priorities to reduce health inequalities and to improve the experience of healthcare for LGBT+ people and to address the inequalities of experience of the LGBT+ NHS workforce.

This work focused on three key areas: improving data collection and monitoring, education, training and workforce development and supporting the NHS to deliver LGBT+ inclusive services.

In 2020/21, we worked with NHS England's Insight and Feedback team to include, for the first time, an inclusive question on gender identity and trans status in the GP Patient Experience Survey. This work enabled us to better understand the experiences of trans and non-binary people in primary care and will support better data collection and monitoring in other settings.

We commissioned a partnership of LGBT+ community organisations to work on 'Phase 2' of the Rainbow Badge project to build on the successful Rainbow Badge initiative by developing a quality assurance framework to support NHS trusts in their work to address LGBT+ health inequalities and to ensure an inclusive workplace for their LGBT+ staff. We also commissioned Anglia Ruskin University to undertake a mapping exercise to identify best practice in LGBT+ education and training which will publish guidance and recommendations in 2021/22 on the approach to workforce development required to address LGBT+ health inequalities.

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[6] https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf

2.3 Development of the Equality and Inclusion team focused on workforce

With the launch of the People Directorate in April 2020, the Equality and Inclusion team was established. For the first time there was a team in NHS England and NHS Improvement whose mandate was to provide the national strategic direction on making the NHS a place where everyone experiences belonging, by focusing on equality and inclusion. The NHS workforce is not immune to the inequalities that pervade society at large and it was clear during the pandemic that there were groups within the workforce who were disproportionately affected by both the virus and the collateral impacts of the emergency and pandemic response.

2.4 Workforce Race Equality Standard

Since 2015, NHS England has been leading on the strategic approach for workforce race equality across the NHS. The WRES[7] supports NHS organisations (as well as independent providers of NHS services) to identify and close the gaps in workplace experience between BME and white staff.

Annual WRES data reports show year-on-year improvements across several WRES indicators. The focus has now evolved toward trust accountability to support and deliver meaningful change for BME staff that leads to better representation, the closing of disciplinary and pay gaps, and an improved experience relative to non-BME colleagues.

Two frameworks underpinning this work are: (i) the Model Employer[8] strategy to increase BME representation across the NHS workforce pipeline and at leadership levels; and (ii) A Fair Experience for All[9] framework to support NHS organisations in closing the ethnicity gap in the application of disciplinary action between staff groups. The 2020 WRES Report[10] was published in March 2021 during the COVID-19 pandemic that has disproportionately impacted BME staff and signals clearly, as the People Plan 2020/21 did, that actions must be prioritised to address the

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[7] https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/
[8] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf
[9] https://www.england.nhs.uk/wp-content/uploads/2019/07/closing-the-ethnicity-gap.pdf
[10] https://www.england.nhs.uk/wp-content/uploads/2021/02/Workforce-Race-Equality-Standard-2020-report.pdf

disparities. The report is the sixth publication since the WRES was mandated and continues to cover all nine indicators. It also compares data against previous years.

2.5 Workforce Disability Equality Standard (WDES)

The WDES[11] was launched in 2019 following extensive engagement, which included disabled staff, stakeholders, leaders and national bodies. The ten metrics compare the experiences of disabled and non-disabled staff annually and are published and reviewed by trusts locally. A national WDES report is produced with analysis of trends and key findings. The WDES applies to NHS trusts and has been extended to ALBs in 2020. Like the WRES, the WDES supports NHS trusts and ALBs to identify and close the gaps in experience between disabled and non-disabled staff. The focus of work includes developing and strengthening staff networks, responding to the impact of COVID-19 on disabled staff and developing a WDES five-year strategy.

3. NHS England and NHS Improvement: Meeting our Public Sector Equality Duty (PSED) and employment reporting and employment information for staff who work for NHS England and NHS Improvement

3.1 Equality, diversity and inclusion

This part of our report comments on NHS England's and NHS Improvement's role as an employer of staff who work for NHS England and NHS Improvement. The adverse impact of COVID-19 on BME people has led inevitably to a refocus of our equality, diversity and inclusion (EDI) priorities for 2020. In line with the NHS response to COVID-19, our work has followed the frame of:

- protecting staff

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[11] https://www.england.nhs.uk/about/equality/equality-hub/wdes/

- supporting staff (including supporting health and wellbeing)
- engaging staff (including communications, Staff Networks and representation in decision making).

We took immediate actions to enhance our engagement with our BME colleagues to inform our response and plans:

- a Listening programme through an internal survey to understand what difficulties and challenges COVID-19 posed for them, what support and help we could offer
- engagement with the BME staff network.

As a result, we put the following in place.

3.2 Protecting staff

We developed an individual risk assessment to give a framework to discussions with each person about their health and risk factors. This was to support conversations about working from home and how to mitigate adverse impact from any exposure to COVID-19 risks. Whilst the risk assessment is for all our people, we put a particular emphasis on those at risk and in the vulnerable categories.

3.3 Supporting staff

We developed and published a guidance document for managers on how to have effective 1:1 conversations with their staff, emphasising the importance of putting inclusion and compassion at the centre of every conversation. We reviewed and refocused the products offered by our internal health and wellbeing workstream and, for example, produced a financial wellbeing toolkit. We ran health and wellbeing sessions focused on resilience and supporting working parents. We introduced reasonable adjustment passports for disabled colleagues.

3.4 Engaging staff

We established an Equality Impact Assessment (EQIA) specialist group to support the recovery phase by acting as a reference group/sounding board. The group was specifically set up to increase the contribution of colleagues who are not normally involved (eg staff network members, those working on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) across the

organisation and colleagues leading on EDI for the whole NHS) to get as wide a voice as possible involved and some different perspectives on what we need to do.

We established a new Equalities Advisory Group to co-ordinate our current EDI work and collect the messages we are hearing. We aligned HR and OD business partner teams to the nine Staff Networks to amplify their work and ensure staff voices are heard by building their lived experience into policies and practices.

In March 2020 it was agreed to set an aspirational target to achieve 19% BME representation at all levels by 2025. Later in the year we agreed accelerated efforts to address the disproportionate impacts on our BME people through local actions in regions and national directorates, and the adoption of the BME talent strategy to support BME colleagues progress in their career pathways.

This is the first year that the WDES has been rolled out across all ALBs, including NHS England and NHS Improvement. The WDES underpins our commitment to ensure disability equality is a priority for our organisation. The implementation of WDES is captured in our People Promise under 'We are compassionate and inclusive', which supports our goal 'We are open and inclusive'. Our focus will be on the following two areas which from expert advice we know can have significant impact:

- Reasonable adjustments: to ensure the policy and process exceeds the current practice standards and that they reflect our new ways of working as a result of COVID-19, mental health and flexible working arrangements.
- Senior level visibility: our senior leaders speak out about what it looks and feels like to work in the NHS with a disability and take on an advocacy responsibility for disability equality.

Our commitment to engaging with our people is strong and we believe it is key to our organisation culture of being compassionate and inclusive. Our ambition is to have a diverse workplace where all our people feel they are genuinely part of an organisation that cares about them and supports them to bring their whole self to work every day.

Enhanced efforts have been placed on our staff networks, enabling a sense of belonging in our organisation. The staff networks provide insights based on personal lived experiences on issues such as policy development, improving

facilities and accessibility, our ways of working, health and wellbeing and feedback on what it looks like and feels like to work in our organisation.

Looking forward, the NHS People Plan has set out our clear actions on addressing inequalities through our core practices. The People Plan theme of belonging in the NHS has made inclusion and leadership the two core components of our EDI work.

3.5 Gender of staff and senior managers – NHS England

The gender profile of the total 'on payroll' workforce is unchanged from 2019/20. There has been a 12% reduction in the number of female senior managers to 56%.
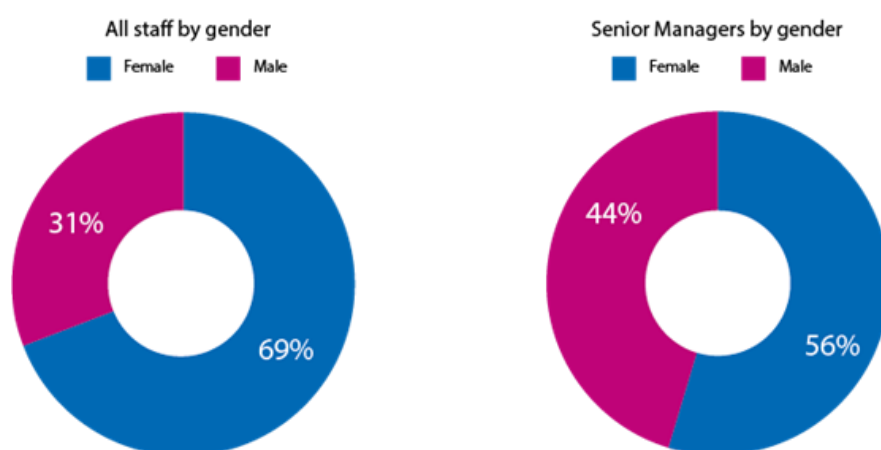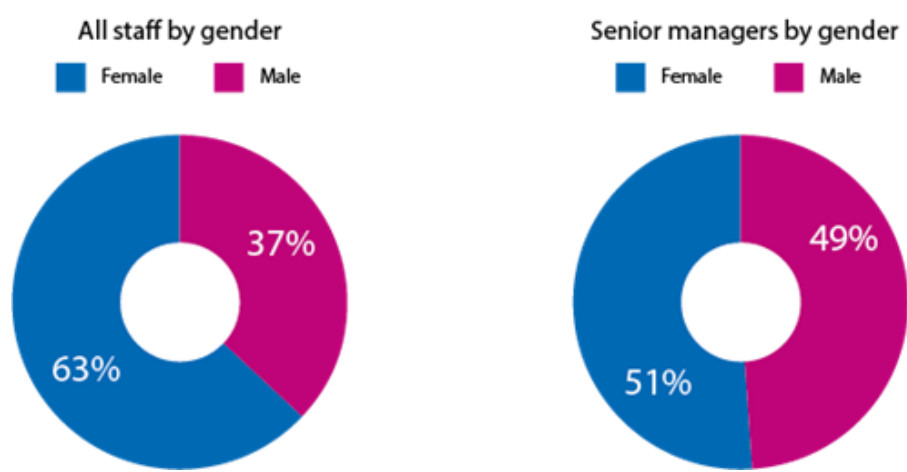

3.6 Gender pay gap – NHS England

Based on the government's methodology, the mean gender pay gap across NHS England and NHS Improvement is 16.7%, an improvement from 18.3% in the prior year.

Year	Mean gender pay gap
2020	16.7%
2019	18.3%
2018	19.5%

3.7 Gender of staff and senior managers – Monitor and NHS Trust Development Authority

The gender profile of the total 'on payroll' workforce is unchanged from 2019/20. There has been a 12% reduction in the number of female senior managers to 51%.

All staff by gender

Female   Male

63%   37%

Senior managers by gender
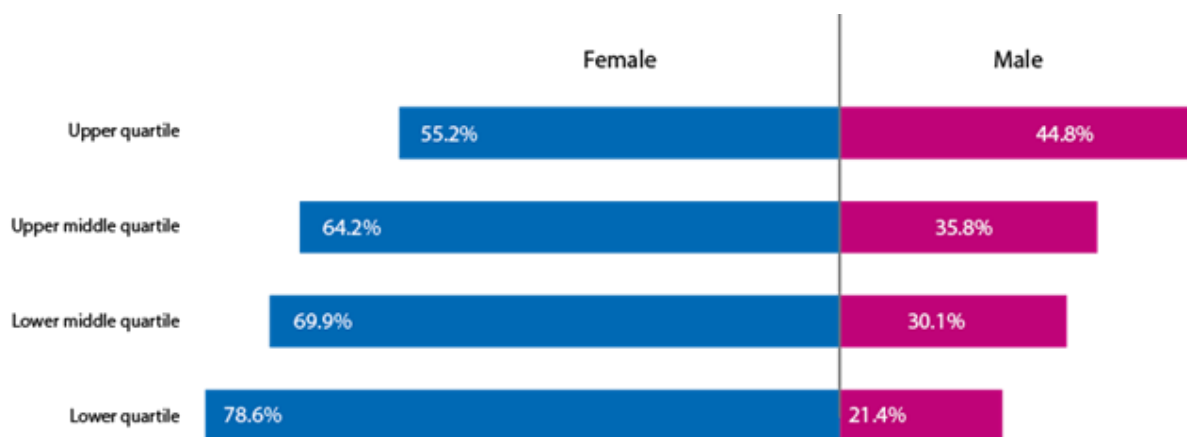
Female   Male

51%   49%

3.8 Gender pay gap - Monitor and NHS Trust Development Authority

Based on the government's methodology, the mean gender pay gap across NHS England and NHS Improvement is 16.7%, an improvement from 18.3% in the prior year.

Year	Mean gender pay gap
2020	16.7%
2019	18.3%
2018	19.5%

The proportion of males and females in each pay quartile for NHS England and NHS Improvement is detailed below. Women represent the majority of staff in the upper pay quartile.
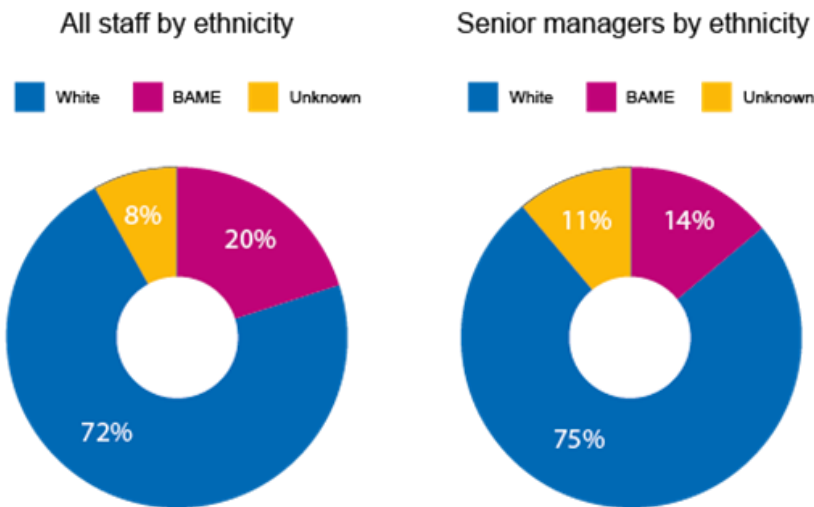
	Female	Male
Upper quartile	55.2%	44.8%
Upper middle quartile	64.2%	35.8%
Lower middle quartile	69.9%	30.1%
Lower quartile	78.6%	21.4%

Working in partnership with our recognised trade unions and our Women's Network we continue to progress initiatives which aim to address gender equality in our workforce. Our Gender Pay Action Plan includes specific priorities around recruitment practice, reward and recognition, flexible working, developing talent pipelines and intersectionality. The Gender Pay Gap Report is available on our website (NHS England » Gender pay gap report 2020).

3.9 Ethnicity of staff and senior managers – NHS England

The proportion of people employed by NHS England who consider themselves to be from a BME heritage has increased from 17% (in 2019/20) to 20%. The proportion of senior managers who identify as BME has also gone up from 10% to 14%.
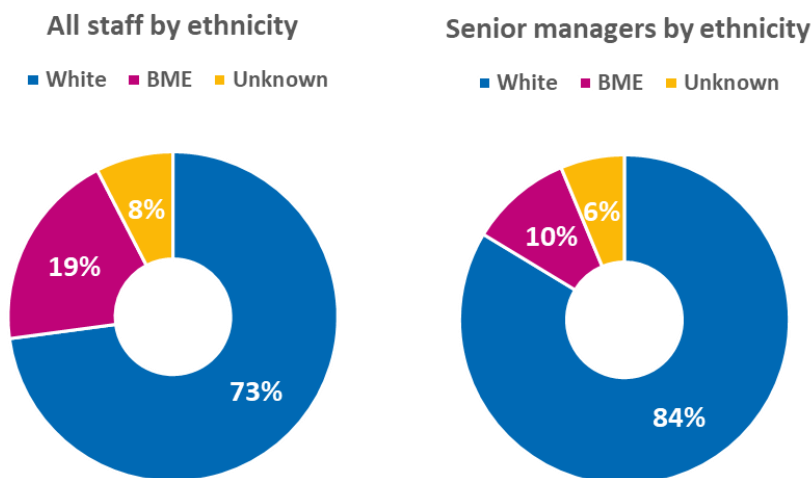
We continue to use the annual publication of the WRES data return as a driver for improvements in the working lives of BME staff. NHS England and NHS Improvement are working to ensure that within five years at least 19% of all senior staff are from BME backgrounds.

All staff by ethnicity
- White
- BAME
- Unknown

8%
20%
72%

Senior managers by ethnicity
- White
- BAME
- Unknown

11%
14%
75%

3.10 Ethnicity of staff and senior managers - Monitor and NHS Trust Development Authority

The proportion of people employed by NHS Improvement who consider themselves to be from a BME heritage has increased from 18% (in 2019/20) to 19%. The proportion of senior managers who identify as BME has gone down from 17% to 10%.
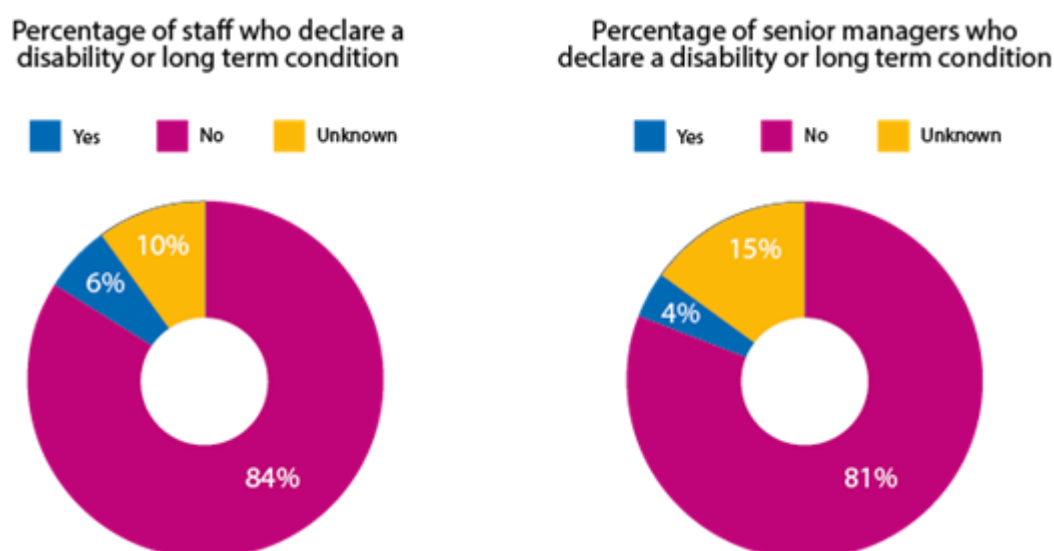
We continue to use the annual publication of the WRES data return as a driver for improvements in the working lives of BME staff. NHS England and NHS Improvement are working to ensure that within five years at least 19% of all senior staff are from BME backgrounds.

All staff by ethnicity
- White
- BME
- Unknown

8%
19%
73%

Senior managers by ethnicity
- White
- BME
- Unknown

6%
10%
84%

3.11 Declarations of disability of long-term conditions – NHS England

We have continued to work with our DAWN Network to support employees within the workplace and strive to ensure that all decisions relating to employment practices are objective, free from bias and based solely on work criteria and individual merit. These principles are reinforced in our joint Recruitment and Selection policy and our Equality, Diversity and Inclusion in the Workplace policy.

The percentage of staff that have declared a disability or long-term condition are given in the charts below.

Percentage of staff who declare a disability or long term condition

Yes No Unknown

10% 6% 84%

Percentage of senior managers who declare a disability or long term condition

Yes No Unknown

15% 4% 81%

As a Disability Confident Employer, recognised by the Department for Work and Pensions, we continue to work towards fulfilling our commitments to employ more disabled staff, and support disabled staff to work, develop and progress.
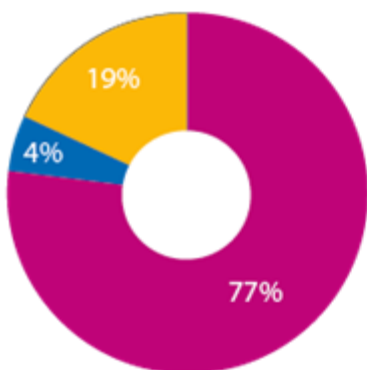
3.12 Declarations of disability of long-term conditions – Monitor and NHS Trust Development Authority

We have continued to work with our DAWN Network to support employees within the workplace and strive to ensure that all decisions relating to employment practices are objective, free from bias and based solely on work criteria and individual merit. These principles are reinforced in our joint Recruitment and Selection policy and our Equality, Diversity and Inclusion in the Workplace policy.

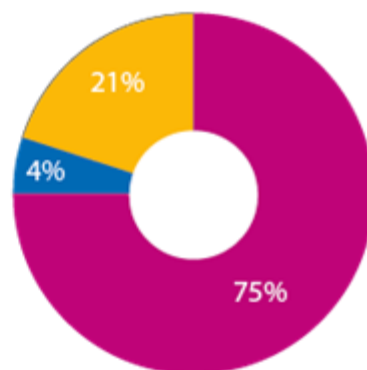The percentage of staff that have declared a disability or long-term condition are given in the charts below.

Percentage of staff who declare a disability or long term condition

Yes | No | Unknown

19%
4%
77%

Percentage of senior managers who declare a disability or long term condition

Yes | No | Unknown

21%
4%
75%

As a Disability Confident Employer, recognised by the Department for Work and Pensions, we continue to work towards fulfilling our commitments to employ more disabled staff, and support disabled staff to work, develop and progress.

3.13 Sexual orientation of staff and senior managers – NHS England

The percentage of staff who disclose their identity as lesbian gay bisexual and transgender + (LGBT+) is given in the tables below:
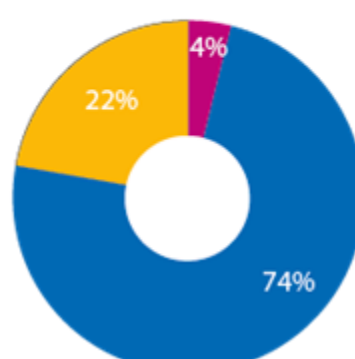

Sexual orientation of all staff

Heterosexual | LGBT+ | Unknown

4%
16%
80%
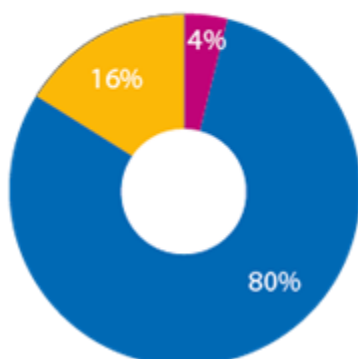
Sexual orientation of senior managers

Heterosexual | LGBT+ | Unknown

4%
22%
74%

3.14 Sexual orientation of staff and senior managers – Monitor and NHS Trust Development Authority

The percentage of staff who disclose their identity as lesbian gay bisexual and transgender + (LGBT+) is given in the charts below:

Sexual orientation of all staff

Legend: Heterosexual | LGBT+ | Unknown

- 3%
- 26%
- 71%

Sexual orientation of senior managers

Legend: Heterosexual | LGBT+ | Unknown

- 4%
- 28%
- 68%
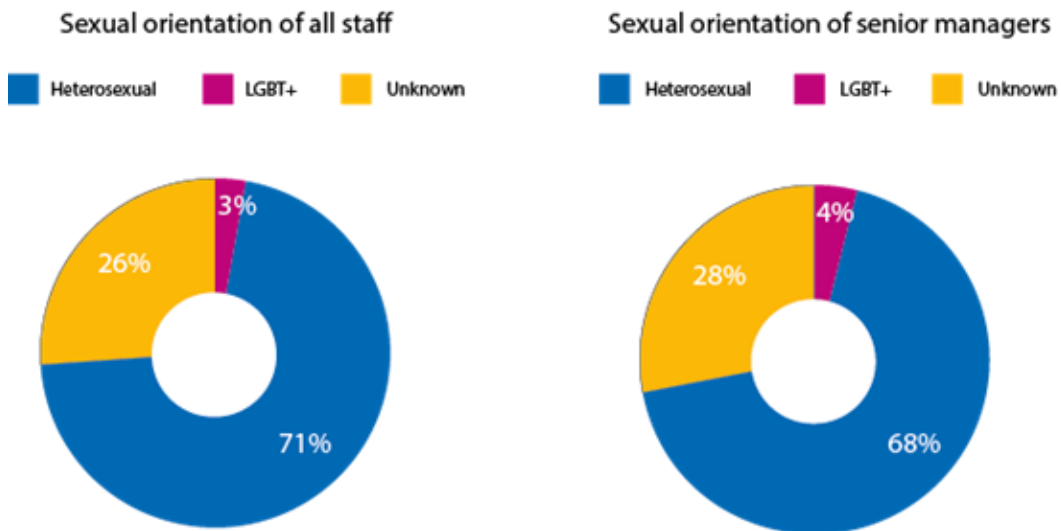
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