

Review of progress in 2025/26: delivering the equality objectives and meeting the wider equality requirements

As at 31 March 2026

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1. Meeting our Public Sector Equality Duty: our equality objectives

1.1 Key legislative requirements

The purpose of the [Specific Equality Duties](#) (SEDs) is to enable ‘[the better performance](#)’ by public authorities of the [Public Sector Equality Duty](#) (PSED). The Equality and Human Rights Commission (EHRC) sets out the 3 sets of requirements in the specific duties in its [technical guidance](#):

- the first set requires certain listed authorities to publish gender pay gap information on their employees
- the second set requires certain listed authorities to publish information to demonstrate their compliance with the general equality duty (‘equality information’)
- the third set requires the preparation and publication of 1 or more equality objectives, which each organisation thinks it should achieve to do any of the things mentioned in the general equality duty (‘equality objectives’)

The SEDs allow for the [publication](#) of ‘information within another published document’, but the information must be published ‘in a manner that is accessible to the public.’ The EHRC also [advises](#) that ‘objectives should focus on the biggest equality challenges that a public authority faces’.

1.2 The purpose of this report

This report explains how NHS England met the requirements of the PSED and the 2 sets of reporting requirements provided by the SEDs (see parts 2, 3 and 4).

Work has been progressing on integrating many of NHS England’s functions and teams into a restructured Department of Health and Social Care (DHSC). If the legislation required receives Royal Assent by 31 March 2027, resulting in the disestablishment of NHS England, this will be the final SED review report published by NHS England.

In that event, responsibility for future PSED and SED reporting will sit with DHSC. In setting the equality objectives for 2026/27, consideration was given to the impact of the integration process on progress against NHS England’s 2025/26 equality objectives and targets (see appendices 1 and 2).

2. Pay gap reporting during 2025/26

2.1 Diversity pay gap reporting

On 24 March 2026, NHS England published its [Diversity pay gap reporting 2024/25](#). The reports covered gender, ethnicity, disability and sexual orientation pay gaps, based on data from the NHS Electronic Staff Record (ESR). The reporting period covered 1 April 2024 to 31 March 2025, with hourly pay calculated in accordance with government guidelines. Each of the pay gap reports is discussed in turn below.

2.2 Gender pay gap reporting

The [report](#) provided data showing that, as at 31 March 2025, NHS England had a mean gender pay gap of 10.58% and a median gap of 11.2%, meaning women earned less per hour on average than men. While the mean gap narrowed slightly compared with the previous year, the median gap increased.

Women made up nearly two-thirds of the NHS England workforce and were the majority in most pay bands, including over half of the highest-paid roles. However, women were also disproportionately represented in the lowest-paid quartile, where over 72% of roles were held by women. Although women earned more than men in a small number of mid-level bands, men were more prevalent at the most senior grades and tended to earn more in higher pay bands overall, contributing to the headline pay gap.

2.3 Disability pay gap reporting

Disability pay gap reporting is not yet a statutory reporting obligation, but the government has announced plans to make it so. The [report](#) provided data showing that, as at 31 March 2025, NHS England had a mean disability pay gap of 8.12% and a median gap of 6.38%, both in favour of non-disabled staff. This represented an increase on the previous year for both measures, indicating a widening gap. The analysis noted that changes in workforce composition and higher rates of disability disclosure compared with earlier years were likely to have influenced the overall figures.

Disabled staff made up 11.61% of the workforce, slightly below their representation in the wider working population, and were under-represented in the highest-paid roles, accounting for just 8.4% of the upper pay quartile. Conversely, disabled staff were more represented in the lowest-paid quartile.

The report also highlighted that workforce turnover, new joiners being more likely to declare as non-disabled, and shifts from “unknown” to declared disability status contributed to the year-on-year increase in the disability pay gap.

2.4 Ethnicity pay gap reporting

Ethnicity pay gap (EPG) reporting is not yet a statutory reporting obligation, but the government has announced plans to make it so. The [report](#) identified that NHS England, as at the 31 March 2025, had a mean ethnicity pay gap of 5.47% and a median gap of 5.65%, both in favour of White employees. While hourly pay rates for ethnic minority staff broadly kept pace with, and in many pay bands exceeded, those of White staff, these differences did not eliminate the overall pay gap at an organisational level.

Ethnic minority staff made up 23.45% of the workforce, almost double their representation in the wider working population. They accounted for around 22% of the upper pay quartile and just under 28% of roles in the lowest-paid quartile. The data showed that White staff were more prevalent in the most senior and better-paid roles, where pay growth has been strongest, which was a key driver of the overall gap.

Analysis by pay band showed that across most Agenda for Change (AfC) bands (3 to 9), mean pay for ethnic minority staff was higher than for White staff, suggesting that the headline gap is not due to consistent within-band differences. Instead, the gap is largely structural, reflecting distribution across grades and senior leadership roles. At Executive Senior Manager (ESM) level, the mean hourly pay was lower for ethnic minority staff than for White staff, and the difference here was larger than in most AfC bands. Given that pay is higher at this level, this gap may have a greater influence on the overall mean than small differences in lower bands.

2.5 Sexual orientation pay gap reporting

Sexual orientation pay gap reporting is not a statutory reporting obligation. NHS England has adopted this approach to support our obligations under the PSED. The [report](#) showed that, as at 31 March 2025, there was little to no overall sexual orientation pay gap at NHS England. The mean pay gap was 0.06% in favour of heterosexual employees, and the median pay gap was 0%, indicating parity at the midpoint of the pay distribution. The mean pay gap has steadily decreased over recent years, whereas the median pay gap has remained at 0%.

Lesbian, gay or bisexual (LGB) staff made up 5.01% of the workforce, slightly higher than their representation in the wider working population, and were evenly distributed across pay quartiles. They accounted for 4.75% of the highest-paid roles and 4.98% of the lowest-paid roles, showing no material over- or under-representation at either end of the pay scale. This balanced distribution was reflected in the negligible overall pay gap.

Analysis by pay band showed small variations in average pay at specific grades, with LGB staff earning more in some senior roles (notably ESM/MDL) and less in a

small number of lower bands. However, these differences offset each other and did not produce a meaningful overall gap. As no recipients of Clinical Impact Awards identified as LGB during the reporting period, it was not possible to calculate a sexual orientation bonus pay gap. Overall, the findings indicated that pay differences by sexual orientation were minimal and stable.

2.6 Action planning and pay gap reporting

The [report](#) set out a programme of practical workforce and governance actions aimed at addressing pay gaps, building on actions already taken. Looking ahead, NHS England proposed continuing to monitor and report pay gap trends during the DHSC integration period, ensuring transparency and accountability through transition. Planned actions included:

- co-designing inclusive leadership development pathways with DHSC colleagues, building on existing mentoring and sponsorship models
- ensuring that high-potential individuals from under-represented groups are proactively identified, supported and retained during organisational change

The organisation also committed to using pay gap evidence more systematically to inform decision-making. This included:

- embedding pay gap and inclusion metrics into integration governance dashboards
- using the data to shape workforce planning and talent strategies
- actively engaging staff networks to ensure lived experience informs action

Pay gap data will be used to help identify and mitigate unintended equality impacts and ensure decisions made during transition remain equitable and evidence-based.

3. Progress against the 2025/26 equality objectives and targets

3.1 Context

A summary of progress made during 2025/26 for each of the 8 equality objectives and associated targets is provided here.

3.2 Equality Objective 1 (COVID-19 and recovery)

Equality Objective 1: To ensure that the equality and health inequality impacts of COVID-19 and key lessons learnt are fully considered and clear strategies are developed and implemented for the NHS workforce and patients of all ages as the NHS continues to move beyond the recovery phase. To ensure that patient and workforce focused strategies reflect this and make an effective contribution to advancing equality for people of all ages by reference to protected characteristics and to reducing associated health inequalities.

Target 1: To advance the actions outlined in the [elective reform plan](#), NHS England will identify and work to address inequalities within elective care through enhancing data collection and utilisation, reviewing patient transport options, and leveraging technology to ensure greater equity in managing patient pathways.

Progress against target 1: As part of the work to develop a new elective delivery plan beyond 2025, NHS England had established a task and finish group before 2025/26. This review considered:

- the available national data
- the efficacy of local interventions
- the input of a diverse group of stakeholders and patient representatives to identify the most effective national and local actions to address health inequalities across all patient groups, including consideration of protected characteristics beyond those recorded in national data

Following this work, NHS England published a new delivery plan – [Reforming elective care for patients](#) – in January 2025. The plan set out the core deliverables needed to return to the 18-week wait standard for elective care and outlined clear expectations for NHS England, providers and systems. These were supported by delivery standards, enabling NHS England to monitor progress against the plan’s commitments and take action where progress was not being made.

During 2025/26, a robust programme management approach was implemented to support the elective reform plan, with health inequalities established as a dedicated

workstream. The first priority of this workstream was the regular publication of waiting list information, broken down by age, sex, ethnicity and deprivation. This was a vital step in improving data transparency and supporting systems and providers to better understand their data, acting as a springboard for further local analysis across all protected characteristics.

In July 2025, the first [publication of this data](#) took place, with the data refreshed monthly and routinely made available on the [NHS England website](#) through the Waiting List Minimum Data Set (WLMDs). The data, published in July 2025, showed that:

- more than half (56%) of the overall waiting list was made up of working-age people (19 to 64), with a third (33%) aged 65 and over and 11% aged 18 or under
- among people aged 18 to 64 on the waiting list, gynaecology accounted for the highest proportion of patients (12% of all 18 to 64-year-olds), while among those aged 65 and over, the largest share were waiting for ophthalmology (14% of those 65 and over)
- people of working age were slightly more likely to be waiting over 18 weeks than under-18s or over-65s
- where sex was recorded, women made up a higher proportion of the waiting list (57%) compared to men (43%); women were also more likely than men to be waiting over 18 and 52 weeks

The data also varied by locality, highlighting different demographic profiles and the range of challenges providers faced in addressing health inequalities. In line with NHS England's [Statement on health inequalities](#), published in November 2025, each provider and system was expected to use this national data, alongside local sources, to explore, identify and address localised inequalities in elective care.

To supplement the release of data and ensure it was as useful as possible, work was undertaken to improve the quality of data fields required to identify patient demographics, particularly ethnicity coding. As a result, data quality reporting is now routinely available through standard internal data quality reports and is followed up through the elective recovery data quality workstream. This work took account of developments in national equality monitoring, including proposals being developed jointly by NHS England and the DHSC under the Unified Information Standard for Protected Characteristics (UISPC).

In October 2025, NHS England published its Ethnicity Recording Improvement Plan, setting out actions to improve ethnicity coding across NHS datasets. During 2025/26, Elective Recovery and the National Health Inequalities Improvement Team worked to implement relevant recommendations within elective datasets.

Reporting on health inequalities data became a standard addition to internal performance reporting within the elective programme during 2025/26, and was included and updated through the programme board, including monitoring of gaps in performance between demographic groups and how these are changing over time.

NHS England does not directly control the data captured on the frontline. Updated data standards and other measures can improve the accuracy and completeness of equality monitoring data. The implementation of the Unified Information Standard for Protected Characteristics (UISPC), see Equality Objective 3, will support such improvements.

3.3 Equality Objective 2 (capability)

Equality Objective 2: To improve the capability of NHS England to understand and address the PSED's legal obligations and the interface with the separate health inequalities duties.

Target 1: To improve the capability of NHS England's teams to understand and address the PSED's legal obligations.

Progress against target 1: In December 2025, NHS England launched a comprehensive Equality and Health Inequalities Assessment (EHIA) package. This package included:

- a pre-assessment tool
- a new EHIA template
- updated guidance to support staff in completing EHIAs

The intranet page dedicated to EHIAs was significantly improved in February 2026, offering clearer, more accessible information for all staff. To further support learning and compliance, a new intranet page was introduced in March 2026. This included the introduction of on-demand training materials covering the Equality Act 2010, the Public Sector Equality Duty, and the core health inequalities duty under the National Health Service Act 2006.

3.4 Equality Objective 3 (information)

Equality Objective 3: To improve the mapping, quality and extent of equality information to better facilitate compliance with the PSED in relation to patients and NHS service-users of all ages, NHS service delivery, and the NHS workforce.

Target 1: To continue to work with the DHSC, Office for National Statistics (ONS), NHS arm's-length bodies, and other government bodies to identify how best to

carry forward and oversee the work of the UISPC Project and move to publish the reports.

Progress against target 1: During 2025/26, NHS England continued to work in partnership with UISPC Publication Steering Group (PSG), comprising DHSC, NHS system partners and cross-government bodies with responsibilities for the development and management of NHS systems, information governance, surveys and associated matters with respect to workforce and patient systems.

The PSG met periodically during 2025/26. In parallel, NHS England worked collaboratively with DHSC to refine the programme direction and next phase of the UISPC Programme. This joint work ensured that the programme continued to evolve in step with broader government priorities and supported preparation for future publication of the UISPC reports. Towards the end of 2025/26, plans were drawn up relating to publication, public consultation and engagement during 2026/27.

3.5 Equality Objective 4 (internal workforce)

Equality Objective 4: To improve, by reference to protected characteristics, 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.

Target 1: To review this equality objective and develop an equality objective and targets appropriate to the integration of NHS England into the Department of Health and Social Care.

Progress against target 1: During 2025/26, NHS England reviewed its 2024/25 equality objective and developed a revised equality objective and supporting targets to reflect the planned integration of many of NHS England's functions and teams into the Department of Health and Social Care. These were endorsed by the Executive Team in August 2025 and were as follows:

- strengthen engagement as part of the reset of the staff networks
- develop a successor to the Trans Equality Policy in line with anticipated EHRC guidance
- offer advanced training programmes that provide inclusive opportunities for starting a career and developing talent
- improve the Workplace Adjustment (WPA) Service to ensure colleagues with a justified need receive support more efficiently and effectively

As part of this process, a review of the former equality objective (improving recruitment, retention, progression, development, and staff experience for those

colleagues with protected characteristics) was completed. Given the organisation-wide changes, the focus pivoted from recruitment and retention to improving development opportunities and staff experience. Progress against these priorities is summarised as follows.

Staff networks

NHS England had 11 staff networks covering the 9 protected characteristics, each of which:

- set plans and priorities for 2025/26
- were provided with either an executive or senior sponsor
- were supported by a head of human resources (HR) and an administrator
- met regularly with the Director of Integration and his team to raise and discuss any live issues, and received tailored support, for example, on visa and nationality rules within the civil service and in response to global events with an adverse impact on staff, such as the Manchester synagogue attack and Bondi Beach murders
- met with the new Chief Executive in June and September 2025
- participated in a joint development session with the wider executive team in December 2025, which included a focus on the Improving NHS England Together programme
- collaborated in a joint NHS England and DHSC networks meeting in June 2025

Training needs analysis

- A training needs analysis was also carried out during 2025/26, which informed a bespoke development programme for chairs of networks.

Trans Equality Policy review

- A cross-organisational task and finish group was established to review the existing Trans Equality Policy and Procedure and develop recommendations for the executive group.
- A work programme was established ahead of publication of the statutory guidance from the Equality and Human Rights Commission (EHRC), which has since been published, and in collaboration with the Cabinet Office.
- In December 2025, NHS England drafted a 7-stage policy review framework, which proposed a desktop review in early 2026. The framework anticipated that following the review, and in tandem with the delayed publication of the statutory guidance from the EHRC (and subject to government approvals),

work to develop a new policy and procedure would be taken forward at the appropriate time, in conjunction with DHSC and the Cabinet Office.

Early careers and talent development

- NHS England remained committed to the 10,000 Black Interns Programme and hosted 72 interns across 13 directorates and regions in summer 2025, with a personal welcome from the Chief Executive and Director of Integration. Feedback remained strong: placement managers were consistently positive, and interns rated their experience 4.7 out of 5, with 94% saying they would recommend the programme to others.
- Following the 2025 cohort, and as part of our continued commitment to inclusive early-career pathways through to intended abolition, NHS England confirmed its continued commitment to the programme in 2026.
- The Accelerated Development Programme (ADP), launched as a 'pilot' in November 2024, aimed to improve career progression for colleagues from ethnic minority, disabled and LGBT backgrounds by offering 12-month placements in band 8c or 8d roles. Following a thorough assessment and selection process, 8 participants were successful in securing placements, which started between April and May 2025. The ADP participants received coaching, tailored learning, and practical experience, all supported by a senior leader acting as a career sponsor. The programme team met each participant to understand their individual aspirations and circumstances, which informed the next steps and will shape subsequent evaluation activity following the conclusion of the programme in 2026/27.

Workplace Adjustments Service improvements

- During 2025/26, NHS England strengthened the Workplace Adjustments (WPA) Service and introduced clearer standards for colleagues. The service moved into the Inclusion team in April 2025, and a new WPA team was established later that summer. The team carried out process reviews, listened to feedback and used continuous improvement methodology to reduce delays and improve service standards and consistency. As a result, the number of unresolved cases decreased from 578 in April 2025 to 7 in March 2026.
- New service level agreements for workplace adjustments were developed and communicated as part of the Improving NHS England Together programme of work in March 2026. These agreements require the WPA team to refer colleagues within 2 days of receiving their request, enabling them to book appointments as needed. The supplier is then expected to offer all appointments within a 2-week timeframe.

- Alongside the operational improvements, the team updated Hub content, developed a request form and refreshed all email templates. Supplier service levels were also revised to ensure a more responsive and timely service by March 2026.

Improving NHS England Together (INHSET)

INHSET, launched towards the end of 2025, aimed to make NHS England more effective and a better place to work, support staff development and rebuild engagement with the organisation's purpose, while preparing the organisation for the intended integration of many of its functions and teams to the DHSC. The programme sought to address longstanding issues identified by staff, including in ways of working, inconsistent workplace standards, inconsistent performance management, siloed working and opaque decision-making.

Early engagement with staff networks as part of the INHSET programme strengthened their collective voice and influence. Early work focused on supporting ideas raised by staff networks and acting at pace. For example, following input from the menopause network, free sanitary products were made available across much of the estate. It was agreed during 2025/26 that additional and similar improvements would be taken forward in 2026/27.

3.6 Equality Objective 5 (patient access and communication)

Equality Objective 5: To improve access and reduce communication barriers experienced by individuals and groups of people of all ages, by reference to protected characteristics, who need NHS services.

Target 1: To publish the updated Accessible Information Standard (AIS) self-assessment framework, e-learning resources and supporting documentation

Progress against target 1: The [Accessible Information Standard](#) (AIS) was refreshed and published on 30 June 2025 and included the [AIS self-assessment framework](#). The AIS aims to ensure that people who have a disability, impairment or sensory loss can access and understand information about NHS and adult social care services and receive the communication support they need to use those services. Additional supporting information was published for the standard at the same time, including implementation guidance and guidance on using the self-assessment framework. During 2025/26, NHS England also updated and published the [E learning for healthcare staff for the AIS](#).

Target 2: Through the implementation of further, co-produced equity and equality interventions for maternity and neonatal care, in addition to those in local maternity and neonatal systems' equity and equality action plans, NHS England will

strengthen and better co-ordinate action to improve equity for mothers and babies from Black and Asian ethnic groups and improve workforce race equality within maternity and neonatal services. NHS England will measure progress in relation to reducing inequalities in perinatal mortality and preterm birth rates for babies from Black and Asian ethnic groups and identify how good practice can be shared and spread.

Progress against target 2: During 2025/26, NHS England delivered a range of national programmes aimed at improving equity for mothers and babies from Black and Asian ethnic groups and improving workforce race equality within maternity and neonatal services. This work focused on implementing agreed interventions, improving co-ordination across the system, and establishing the infrastructure and capability needed to address persistent inequalities.

While progress was made in implementing agreed interventions in 2025/26, inequalities in maternal and perinatal outcomes persisted. This reflected the scale and complexity of the challenge, including the social determinants of health, which influence health outcomes but are outside the control of healthcare. Many of the initiatives delivered during this period, including the [Perinatal Equity and Anti-Discrimination Programme](#) (PEADP) and workforce-focused interventions, were designed to address structural, cultural and behavioural drivers of inequality. As such, their impact on outcomes is expected to be realised over the medium to long term rather than on a year-on-year basis. This reporting period, therefore, focused on establishing the conditions for sustained improvement, embedding consistent approaches nationally, and strengthening the infrastructure, capability and accountability required to deliver a reduction in inequalities over time.

Inequalities in outcomes remained evident.

- **Maternal mortality:** In 2022 to 2024, the mortality rate for women in England from Black ethnic backgrounds increased; it was nearly 3 times (32.42 per 100,000 maternities) that of White women (11.93). Asian women (15.14) had a slightly higher rate compared to White women. [MBRRACE-UK 2026](#)).
- **Stillbirth and neonatal mortality:** In 2023, the stillbirth and neonatal mortality rate for Black babies (11.1 per 1,000 total births) was double that of White babies (5.6). For Asian babies (9.2), the rate was 60% higher (ONS 2025) compared to that of White babies. Ethnic disparities in perinatal outcomes persisted. Stillbirth rates declined for Black and White babies but increased by 9.8% for Asian babies. Black babies remained more than twice as likely to be stillborn as White babies. Neonatal mortality rates decreased across all ethnicities; however, rates for Asian and Black babies remained much higher than for White babies ([MBRRACE-UK 2025](#), UK data).

Other indicators provided a more mixed picture. The [CQC maternity survey](#) shows women from Black, Asian and mixed ethnic backgrounds reported average or better

than average experiences of maternity care compared with White women. Ethnicity data completeness in the Maternity Services Data Set continued to improve to 97% in 2024/25 but remained incomplete, limiting the ability to fully understand and address inequalities.

Key progress in 2025/26 included the implementation and expansion of national programmes and interventions to support equity. The [Perinatal Equity and Anti-Discrimination Programme](#) (PEADP) was established to upskill trusts to tackle discrimination and racism affecting both service users and staff, with all trusts expected to complete the programme by the end of 2027. The [Maternal Care Bundle](#) was published in December 2025, setting out best practice standards to target mortality and morbidity in the 5 clinical areas with the highest rates.

NHS England also prioritised 6 evidence-informed interventions to address drivers of higher maternal and perinatal mortality, including the publication of the [Maternity and Neonatal Equalities Dashboard](#) in January 2026. The dashboard's purpose is to make health inequalities visible, measurable and actionable in maternity and neonatal services, supporting trusts to identify and address disparities, with a focus on women from Black and Asian ethnic groups and those living in deprived areas.

Workforce focused initiatives continued to be delivered at scale, including:

- a reverse mentorship and talent programme (completed by 415 clinical staff and educators since its launch on 16 March 2023)
- a second cohort of the leadership development and allyship programmes
- [cultural competence and cultural safety e-learning](#) (which saw 64,774 sessions completed between the launch of the training in 2018 and June 2025)

These programmes aimed to improve the experience of maternity and neonatal staff from ethnic minority backgrounds and to strengthen leadership capability to address inequity and racism. As with the PEADP, these interventions aim to contribute to improved outcomes over time through sustained changes in culture, behaviour and practice.

Investment in enhanced midwifery continuity of care teams [where safe staffing is in place](#) and the continued application of the [Core20PLUS5](#) approach for maternity further supported efforts to reduce inequalities. In June 2025, 66 enhanced midwifery continuity of carer teams – targeted at the most deprived 10% of neighbourhoods and those with high proportions of women of Black, Asian and mixed ethnicity – were in full operation. An additional 13 teams provided continuity of carer without enhanced staffing. [Research](#) using NHS data for almost 1 million women showed a 28.6% reduction in stillbirths for Black women and increased breastfeeding for women placed on the midwife continuity of carer pathway by 24

weeks, reinforcing the importance of sustained implementation where safe staffing levels are in place.

Other guidance to support systems included NHS Race and Health Observatory [resources](#) to improve detection of jaundice in newborn babies (published in June 2025); NHS England funds the work of the Observatory. NHS England also commissioned a [toolkit to help educators identify and remove racial bias from maternity and neonatal education and training](#).

During 2025/26, efforts were directed towards laying the groundwork necessary to achieve long-term equity objectives and to promote continuous improvement in outcomes for mothers, infants, and the maternity and neonatal workforce. Nonetheless, disparities in outcomes persisted, and the continued existence and magnitude of these inequalities highlight the need for sustained action in this area.

3.7 Equality Objective 6 (system workforce)

Equality Objective 6: To improve, by reference to protected characteristics, the recruitment, retention, progression, development and experience of staff in the NHS workforce.

Target 1: To continue to implement the high impact actions (and their associated success metrics) included in the national NHS Equality, Diversity and Inclusion (EDI) improvement plan seeking by 2025/26 to develop improvement trajectories for this programme.

Progress against target 1: Progress during 2025/26 focused on system-level action to support delivery of the NHS EDI improvement plan.

Board member appraisal

The [Board Member Appraisal Framework](#) was published in April 2025. In relation to EDI, the framework required that the board members' objectives include an EDI-specific objective (as outlined in the NHS Equality, Diversity, and Inclusion Improvement plan).

Board members were assessed against the NHS [Leadership Competency Framework for Board Members](#), which included specific domains to ensure leaders promote equality and inclusion, reduce health and workforce inequalities, and create a compassionate, just and positive culture.

During 2025/26, the National EDI Policy Team expanded and strengthened links with regulators to explore how implementation of the EDI improvement plan supported organisations in meeting statutory requirements, including compliance with the Public Sector Equality Duty (PSED). To strengthen accountability, NHS England convened quarterly meetings with the CQC, EHRC, General Medical Council (GMC), Health and Care Professions Council (HCPC), and Nursing and

Midwifery Council (NMC). These meetings enabled the sharing of intelligence on system progress with:

- EDI improvement plan implementation
- the delivery of the 6 high-impact actions
- compliance with regulatory frameworks

EDI Dashboard

Established in 2023 and hosted on the [Model Health System](#), the EDI Dashboard in 2025/26 enabled NHS organisations to monitor progress against specific EDI actions. The dashboard aggregates and triangulates multiple workforce datasets, including:

- the NHS Staff Survey (NSS)
- the Workforce Race Equality Standard (WRES)
- the Workforce Disability Equality Standard (WDES)
- Gender Pay Gap data
- National Education and Training Survey (NETS)

October 2025 marked the first time workforce race and disability standards data were uploaded before the next round of staff survey questions.

The adoption of this digital-first approach enabled a faster transition from data collection to analysis and dashboard publication within 6 months. In turn, this allowed organisations to access their data before starting staff survey campaigns, supporting timely improvements based on EDI metrics and high-impact actions. The purpose and benefit of this approach were to provide contributors with better real-time data, facilitating performance management and enabling organisations to drive improvements in their own disparities.

To support this digital-first approach, NHS England organised 5 learning events to support EDI leads and people professionals to:

- maximise use of the dashboard
- strengthen system capability by enhancing data-driven decision-making
- promote shared learning
- support organisations to deliver measurable improvements in equality, diversity and inclusion

More than 200 participants attended and [recordings from these events](#) were made available on the Futures collaboration platform.

Progress against high-impact action 2

[High-impact action 2](#) of the NHS EDI improvement plan requires NHS organisations to embed fair and inclusive recruitment processes and talent management strategies to address under-representation and lack of diversity across the workforce.

NHS England partnered with Henley Business School to deliver a Senior Leader Apprenticeship programme that embedded EDI into leadership development, people management and patient care. The first cohort began in summer 2025, with impact monitoring planned following the intended integration of relevant NHS England functions and teams into DHSC.

The Reciprocal Mentoring Programme was updated and relaunched as a ‘train the trainer’ for regional colleagues to facilitate delivery across their organisations. The programme aimed to strengthen leaders’ understanding of care delivery for diverse patient and service user groups. Applications opened in autumn 2025, with the first cohort of 18 participants starting training in January 2026. A feasibility study was also initiated to explore the reopening of the NHS Leadership Academy Positive Action Programmes on an open-access basis for all systems and regions.

The [Diversity in Health and Care Partners Programme](#), commissioned by the National EDI team and delivered by NHS Employers, contributed to the delivery of the NHS EDI improvement plan and the [10 Year Health Plan for England](#), as well as the development of the forthcoming 10 Year Workforce Plan. The programme was recommissioned for 2025/26 and started in September 2025 with a virtual masterclass for board members on the strategic business case for EDI and tackling health inequalities.

During this period, the National EDI team supported the development and implementation of the [Educator Workforce Programme](#) as a strategic enabler of the 10 Year Health Plan. The programme was structured around 8 priorities, including career frameworks, educator wellbeing, and embedding EDI principles across education and training. Targeted actions included:

- the development of culturally sensitive resource packs
- the introduction of a national educator and supervisor career framework
- the systematic embedding of EDI principles across programme commitments
- the delivery of a baseline assessment of educator wellbeing

These actions supported progression, retention and capacity building, helping to ensure that those shaping clinical knowledge and practice – particularly within maternity services – better reflected the diversity of the populations they served, thereby enhancing quality, safety and equity of care.

A review of the NHS EDI improvement plan began during 2025. The aim was to ensure that equality priorities and delivery mechanisms were explicitly aligned with the NHS's long-term strategic direction, as articulated in the 10 Year Health Plan. By bringing together system leaders, employers and trade union colleagues during 2025, the review tested whether the high-impact actions and supporting metrics remained relevant as services, structures and workforce models evolved. It also considered whether they could be sustained through digital platforms and clearer accountability during a period of transition.

Crucially, the review consolidated learning from implementation and fed this directly into the development of the 10 Year Health Plan and the forthcoming 10 Year Workforce Plan. It helped shape future priorities by identifying what had worked, where challenges remained, and how minimum expectations for modern employment and workforce standards should reflect equality, diversity and inclusion. In doing so, it created a foundation for embedding EDI as a core, enabling element of long-term NHS reform rather than a standalone or short-term programme.

3.8 Equality Objective 7 (integrated care boards)

Equality Objective 7: To work with integrated care boards (ICBs) to support their compliance with the Equality Act 2010's Public Sector Equality Duty (PSED) and the associated Specific Equality Duties (SEDs) taking due account of the NHS reform agenda and significant changes in relevant legislation.

Target 1: To work in partnership with Equality and Human Rights Commission (EHRC) to ensure clear guidance is produced for ICBs on the development of equality information and equality objectives.

Target 2: To identify the best ways to support ICBs to meet PSED and SED requirements.

Progress against targets 1 and 2: During quarter 1 of 2025/26, NHS England continued to update its guidance to the system on both the health inequalities duties and the Public Sector Equality Duty. In July 2025, NHS England published [Health inequalities and equality legal duties: A reference document for NHS commissioners and providers](#) to support ICBs and other NHS organisations in understanding and meeting the requirements of the health inequalities duties and the Public Sector Equality Duty. This resource was designed to improve the quality of equality information and support systems in strengthening their legal compliance. Input was secured from the EHRC on the guidance published in July 2025.

In September 2025, NHS England published [Implementing integrated care board mergers and boundary changes to take effect in April 2026 and 2027](#). This

guidance provided an overview of technical transition and explained that the guidance would be supplemented by a detailed timeline of actions and a due diligence checklist to support integrated care boards to deliver the changes. The due diligence checklist included clear requirements on equalities and health inequalities. In addition, NHS England took steps to support continued compliance during the run-up to the proposed mergers and following the ICB mergers. These included:

- reminding ICBs that, while they are independent legal entities, the [NHS Standard Contract Service](#) Condition 13 requires NHS organisations to be compliant with relevant legal obligations, including equality obligations
- drawing the attention of regional leads supporting the merger process and relevant ICBs to key equality duties, including the PSED
- requesting information from ICBs on compliance with the PSED and health inequalities duties
- identifying what information could be published by NHS England in 2026/27 to support this equality objective
- exploring a number of issues with the EHRC about how the Specific Equality Duties would impact newly merged ICBs in the absence of transitional arrangements

During 2025/26, the standard review of the [NHS Standard Contract for 2026/27](#), published in January 2026, led to strengthening Service Condition 13 following consultation with ICBs and the wider system. The central changes were:

- SC 13.3: an explicit reference to section 40A of the Equality Act 2010 was added, strengthening the legal equality and harassment framework with which providers must comply
- SC13.6: workforce EDI accountability was strengthened by extending reporting beyond national metrics to include locally agreed workforce EDI action plans, increasing expectations on governance and board-level transparency

3.9 Equality Objective 8 (system landscape)

Equality Objective 8: To ensure that the equality objectives for NHS England address the relevant statutory functions, duties, powers and responsibilities of NHS England and address the NHS reform agenda and significant changes in relevant legislation.

Target 1: Working in partnership with the DHSC to agree arrangements for reviewing NHS England's equality objectives and targets and assessing which should be maintained and amended.

Target 2: Working in partnership with the DHSC, to work towards making NHS England's equality objectives and targets more performance and outcome driven in accordance with recommendation 4.

Progress against targets 1 and 2: During the year, NHS England and the DHSC held joint discussions on their respective approaches to setting equality objectives and fulfilling the Specific Equality Duties (SED) reporting requirements. This work supported a shared understanding of statutory expectations and explored opportunities for greater alignment of methodologies, taking into account the intended integration of many of NHS England's functions and teams into DHSC.

It was agreed how this information could be used to inform work in 2026/27. Consideration was also given to identifying key equality-focused legislative provisions in existing NHS legislation, to ensure early consideration of how these could be taken into account in future legislation.

During 2025/26, the SED Secretariat continued to engage with relevant NHS England teams to explore opportunities for performance and outcome focused measures for NHS England's equality objectives. This included exploring the practical implications of setting more performance and outcome-driven equality objectives and targets in line with recommendation 4, see part 5 of this report. The approach adopted reflected NHS England's role in setting expectations, strengthening governance and assurance, supporting capability and improving transparency across the system in relation to equalities. It also recognised the potential risks of setting system-wide equality outcomes at a national level, which could have unintended adverse consequences.

4. Meeting our Public Sector Equality Duty (PSED): our wider equality information

4.1 Patient equalities

The Equalities and Involvement team continued to work with relevant objective and target owners to ensure that these are performance-focused. The content of this report includes reporting on a range of performance-focused and data-driven measures.

The NHS Equality and Diversity Council (EDC) met twice in the reporting period, in line with its terms of reference. Continuity of leadership was maintained following organisational changes, with the previous EDC co-chair (Joan Saddler) continuing in that role. The council continued to bring together senior leaders from NHS commissioning organisations, professional membership bodies, EDI leads in NHS organisations and key partners.

The meetings of the EDC focused on the implementation of the [10 Year Health Plan for England](#), published in July 2025, health inequalities and the wider quality agenda set out by NHS England. The Council also looked to its future role within the restructured DHSC, and agreed that this will be the subject of future meetings.

NHS England's LGBT Health team focused on delivering the [LGBT+ health evidence review](#), commissioned by the Secretary of State for Health and Social Care in April 2025. The review aimed to:

- identify the barriers to accessing healthcare services that LGBT+ people face
- explore experiences of healthcare (with a particular focus on poor experiences)
- better understand the impact of LGBT+ health inequalities on outcomes and patient safety
- make evidence-based recommendations for change

The review undertook a literature review, received submissions of evidence, analysed national datasets and surveys and facilitated 43 engagement sessions involving over 600 people at both regional face-to-face meetings and national online sessions.

During 2025/26, NHS England continued to engage with the LGBTQ+ Sounding Board as a patient and public voice (PPV) mechanism, supporting engagement and

consultation on policy and programme development on areas relevant to LGBT+ people.

In addition to work highlighted elsewhere in this report, the Equalities and Involvement team contributed to strategic equalities initiatives, including working in partnership with the DHSC to [develop the Equalities Impact Assessment](#) for the 10 Year Health Plan, published in December 2025.

This EQIA assessed how the DHSC and NHS England had worked in partnership to meet the requirements of the Public Sector Equality Duty (PSED), section 149(1) of the Equality Act 2010, and related provisions under section 149 more generally, in the development of the 10 Year Health Plan. It recognised that developing the plan, its content and implementation were important functions of DHSC and NHS England.

This EQIA also identified potential risks requiring mitigation as proposals are implemented. It incorporated assessments for each chapter of the plan, exploring the proposals through the lens of each protected characteristic. The EQIA informed the development of the 10 Year Health Plan and the strategic work to support teams in implementing its key provisions during 2025/26.

4.2 National Healthcare Inequalities Improvement Programme

The National Healthcare Inequalities Improvement Programme undertook a range of work in 2025/26 to reduce health inequalities.

In May 2025, NHS England published the [Patient safety healthcare inequalities reduction framework](#). The framework sets out 5 principles to reduce patient safety healthcare inequalities across the NHS, in line with the Core20PLUS5 approach for adults and children and young people. It is designed for all NHS providers and their staff, particularly leaders, managers and educators who are implementing strategies to foster a culture of inclusive, safe care.

Also in May 2025, NHS England published the [Improvement framework: community language translation and interpreting services](#). This framework supports the NHS provision of consistent, high-quality community language translation and interpreting services to people with limited English proficiency. The launch webinar was held in June 2025 and was followed up by a range of activities to promote the framework.

In September 2025, the NHS England Board received its [annual report](#) on healthcare inequalities, including the work of the NHS Race and Health Observatory to address the health inequalities related to the protected characteristic of race.

In 2025/26, 6 health inequalities contextual (non-scored) metrics were embedded in the [NHS Oversight Framework for 2025/26](#). In October 2025, NHS England also finalised a plan to improve the quality of ethnicity data in health datasets, setting out targeted actions to strengthen the quality, consistency and completeness of ethnicity data recording. This supports NHS organisations to better identify and act on health inequalities data.

In November 2025, NHS England published a refreshed [Statement on information on health inequalities](#). The statement supports relevant NHS bodies to meet their legal duties and take an evidence-led improvement approach to tackling health inequalities, aligned with Core20PLUS5 for adults and children and young people. It also provides guidance on using health inequalities information to inform local action and reporting.

4.3 Workforce equalities

4.3.1 The Workforce Disability Equality Standard and the Workforce Race Equality Standard

The [Workforce Disability Equality Standard \(WDES\)](#) and [Workforce Race Equality Standard \(WRES\)](#) are mandated standards that provide a strategic direction for disability and race equality across the NHS in England. The reports served the following key functions:

- to enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
- to provide a national picture of the WDES and WRES in practice, to colleagues, organisations and the public on the developments in the workforce disability and race equality agendas

NHS England published the [Workforce Disability Equality Standard: 2024 data analysis report for NHS trusts](#) and the [Workforce Race Equality Standard: 2024 data analysis report for NHS trusts](#) in June 2025.

4.3.2 New legislation introduced in 2025/26 and planned legislation

The Worker Protection Act (2024) introduced new employer duties to prevent workplace harassment. The national EDI team, with support from NHS Providers, took proactive steps to prepare NHS organisations to meet their statutory duties and ensure alignment with wider EDI priorities, particularly around bullying, harassment and workplace safety. The key work is set out below.

- Facilitated an online learning event with NHS Providers to update organisations on the EHRC sexual harassment technical guidance and share practical resources to support implementation.
- Convened a roundtable with NHS Employers in spring 2025 to share good practice and identify mechanisms to deter sexual harassment and embed workplace accountability for the prevention of sexual violence.
- As part of an annual contract, NHS England's National EDI team commissioned NHS Employers to deliver [Equality and Human Rights Week](#), a programme designed to strengthen awareness and understanding of equality, diversity and inclusion across the NHS workforce. The week was structured around themes, including neurodiversity, the role of active bystanders in addressing bullying and harassment, cultural diversity, recent legal changes in equality legislation and sexual safety. This initiative supported the organisation's commitment to fostering a safe, inclusive and respectful working environment.

During 2025/26, NHS England supported the NHS in developing and implementing improvement plans to eliminate pay gaps, ensuring fairness and equity across the workforce. This work involved:

- engaging with systems to identify challenges and highlight examples of good practice
- in July 2025, commissioning NHS Employers to develop, publish and promote [new guidance](#) on the potential impact of NHS Terms and Conditions of Service on pay gaps

4.4 Previous key considerations from the EHRC

4.4.1 EHRC: detention of people with a learning disability and autistic people

In 2025/26, NHS England continued to support local areas in developing community alternatives to mental health inpatient care, including establishing a national community of practice and engaging with people, families and key stakeholders to develop guidance on what should be in place locally. NHS England supported the government's work to progress the [Mental Health Act 2025](#); Royal Assent was received in December 2025. This legislation is intended to reduce the number of people with a learning disability and autistic people who are detained in mental health hospitals.

The [Medium-Term Planning Framework](#), published in October 2025, included 2 new commitments that seek to reduce the number of admissions into mental health

hospitals and reduce the number of people who have had the longest length of stay.

NHS England's learning disability and autism housing capital programme made £13 million available in 2025/26 to support local areas in developing housing to reduce the number of autistic people and people with a learning disability in a mental health hospital setting.

In 2025/26, NHS England was awarded £473m capital funding from the Spending Review to invest in new community models, including community-based mental health support and other capital projects.

4.4.2 EHRC: detention of ethnic minority people under the Mental Health Act 1983

The [Patient and carer race equality framework](#) (PCREF) became mandatory for all NHS mental health trusts from April 2025. PCREF was embedded into the NHS Standard Contract and inspection processes, with the Care Quality Commission (CQC) and Mental Health Act reviewers [explicitly assessing implementation](#). This strengthened board-level accountability, improved transparency and linked race equality directly to regulatory oversight.

In 2025/26, implementation also expanded, moving from a small number of pilot sites to national coverage across all mental health trusts. Early evidence pointed to improvements in ethnicity data completeness, increased community involvement, and enhanced workforce training on anti-racist practice. National publication of detailed, ethnicity-specific detention statistics continued, enabling trusts, integrated care systems (ICSs) and regulators to benchmark performance and scrutinise inequalities more effectively. PCREF was also aligned with wider Mental Health Act reform and the use of Advance Choice Documents, aiming to reduce coercion and improve culturally appropriate care.

However, significant ongoing challenges remained. Despite these advances, detention rates for ethnic minority groups did not reduce during 2025/26, and in some cases, disparities widened. The most recent [Mental Health Act statistics](#) (2024/25), published in September 2025, showed that people from a Black or Black British background were detained under the Act at rates 4 times higher than White people – an increase from 3.5 times the year before. NHS England has been explicit that PCREF is a **medium- to long-term intervention**, meaning that while the foundations for change are now in place, translating structural and regulatory progress into measurable improvements in detention outcomes remains the key unresolved challenge, as outlined in [this blog](#) by NHS England's Mental Health Equalities Adviser in October 2025.

5. Major legislative and NHS reforms and the impact on NHS England's equality objectives and targets

5.1 Recent and planned changes to equality legislation

Following the general election in July 2024, the government announced a range of planned changes to employment and equality legislation, which were not due to come into force until either later in 2025/26 or 2026/27. Of these equality-focused legislative changes, the [Employment Rights Act 2025](#) achieved Royal Assent in December 2025. This Act includes a number of equality implications. [Guidance](#) published by ACAS, last updated in February 2026, identified that it will be essential for all organisations to address the provisions that came into force during 2025/26 and to prepare to address those provisions that will come into force during 2026/27 and future years. This has been considered when reviewing NHS England's equality objectives and targets for 2026/27.

In March 2026, the government formally responded to the consultation held during 2025/26 on extending pay gap reporting to disability and ethnicity. The [consultation response](#), published at the end of March 2026, confirmed that 'the UK government intends to take forward all but one of the proposals set out in the consultation.' If the Bill is laid during 2026/27, successfully passes through Parliament and receives Royal Assent, NHS England and DHSC will need to consider how DHSC supports the wider NHS in meeting the requirements.

When reviewing NHS England's equality objectives and targets for 2026/27, consideration has been given to the equality-focused provisions in the proposed Act. However, despite 2 major consultations on [pay gap reporting](#) and [wider equality matters](#) during 2025/26, the absence of the final Bill and Act meant that planning remained necessarily constrained.

Based on the position in March 2026, and assuming the Bill is laid before Parliament during 2026 or 2027, the assessment was that the core provisions are likely to be implemented in phases. As a result, it is considered unlikely that specific action would be required by NHS England before the intended integration of relevant functions and teams into DHSC at the end of March 2027. Given the uncertainty, the assessment was that a watching brief, undertaken in partnership with the DHSC, should be included in a target under Equality Objective 8.

5.2 Key NHS reforms

In March 2025, the Prime Minister and the Secretary of State for Health and Social Care announced that they intended to abolish [NHS England and bring many of its functions into the Department of Health and Social Care](#) over the next 2 years.

In July 2025, the [NHS 10 Year Plan for England](#) was published. This plan created a new model of care that is central to delivery of the government's health mission. During 2025/26, a range of documentation was published to support the implementation of the plan. As part of this, NHS England supported a number of DHSC-led initiatives, including [key engagement activities](#) and the [development of the EQIA to support the plan](#). Key equality-focused activities undertaken are addressed within this report and have informed the revised objectives and targets for 2026/27. In May 2026, the Government published [the Health Bill](#) which sets out wide ranging provisions including the abolition of NHS England and the introduction of a revised health inequalities duty for the Secretary of State.

5.3 Progress against the recommendations set for 2025/26

5.3.1 The recommendations set for 2025/26

4 recommendations were submitted to, and approved by, NHS England's Board in [May 2025](#):

- **Recommendation 1:** Equality Objective 7 (integrated care boards) and Equality Objective 8 (system landscape) should be amended to include consideration of the forthcoming major legislative and policy reforms.
- **Recommendation 2:** The equality objectives and targets should be the subject of a joint review by NHS England, working in partnership with the DHSC during 2025/26, to facilitate recommendation 1.
- **Recommendation 3:** Given the merger programme, the equality objectives and targets in appendix 1 should be regarded as provisional unless reviewed in accordance with recommendation 2. However, the equality objectives and targets must be worked towards unless the review recommends changes, at which time the rationale for any changes will be properly documented and a decision made by the appropriate governance body.
- **Recommendation 4:** NHS England will work towards making our equality objectives and targets more performance and outcome-driven in 2025/26. This will involve the identification of suitable equality-focused performance measures, appropriate statistics and data for relevant equality

objectives and targets. This work will inform the joint review identified in recommendation 2.

Action taken to address each of these recommendations follows this assessment, which has informed the recommendations for 2026/27.

5.3.2 Recommendations 1 and 2 – progress and impact on 2026/27

Equality Objective 7 and Equality Objective 8 were amended to include consideration of the forthcoming major legislative and policy reforms. As further significant legislative changes may be implemented or introduced in 2026/27, these amendments should accommodate them.

5.3.3 Recommendation 3 – progress and impact on 2026/27

The equality objectives and targets were not amended during 2025/26. As evidenced in part 3 of this report, NHS England continued to work towards the agreed equality objectives and targets set for 2025/26. The revised equality objectives and targets for NHS England for 2026/27 are set out in full in appendix 2; the rationale for the changes is set out in appendix 1.

5.3.4 Recommendation 4 – progress and impact on 2026/27

During 2025/26, NHS England worked to make its equality objectives and targets more performance- and outcome-focused. Teams contributing to each objective were asked to consider whether, and how, their objectives and associated targets could be reframed to place greater emphasis on performance, and which equality-focused measures, data and statistics would be most appropriate.

In doing so, 3 central challenges were identified. First, the Public Sector Equality Duty is a duty of due regard rather than a duty to deliver specific outcomes. Second, the setting of national-level equality performance measures could give rise to unintended or adverse consequences. Third, equality-focused performance measures are often most effective when tailored at a programme-by-programme level.

In light of these considerations, NHS England sought to strike an appropriate balance between measures focused on processes, capability, governance and the quality of decision-making, and the cautious use of outcome indicators where these can be applied without undermining statutory responsibilities or creating unintended consequences.

5.4 New recommendations: equality objectives and targets for 2026/27

In considering the recommendations for 2026/27, which may be the final year of NHS England's operation as an arm's length body (ALB) legally separate from the DHSC, it is recommended that the Board:

- notes that the equality objectives and targets for 2026/27, set out in appendix 2, are likely to be the final set of equality objectives and targets for NHS England as a separate legal entity
- approves the revised equality objectives and associated targets for 2026/27 set out in appendix 2
- agrees that, should the Equality (Race and Disability) Bill receive Royal Assent during 2026/27, joint planning between the DHSC and NHS England should take place to support both organisations and the wider NHS to meet the new statutory requirements

Appendix 1: Proposed changes to NHS England's equality objectives and targets for 2026/27 (with rationale)

This appendix explains how NHS England's proposed equality objectives and targets for 2026/27 compare to those for 2025/26. For each equality objective, it first sets out the existing objectives and targets, followed by any proposed change for 2026/27.

Where changes are proposed for 2026/27, a summary rationale is provided. Where no change is proposed, the objectives or targets are marked as '**unchanged**' and are intended to roll over to 2026/27.

Appendix 2 provides the final proposed list of equality objectives and targets for 2026/27.

Equality Objective 1 (COVID-19 and recovery)

Objective and target in 2025/26

Objective: To ensure that the equality and health inequality impacts of COVID-19 and key lessons learnt are fully considered and clear strategies are developed and implemented for the NHS workforce and patients of all ages as the NHS continues to move beyond the recovery phase. To ensure that patient and workforce focused strategies reflect this and make an effective contribution to advancing equality for people of all ages by reference to protected characteristics and to reducing associated health inequalities.

Target: To advance the actions outlined in the elective reform plan, NHS England will identify and work to address inequalities within elective care through enhancing data collection and utilisation, reviewing patient transport options, and leveraging technology to ensure greater equity in managing patient pathways.

Proposed objective and target for 2026/27

Objective: **Revised** from 2025/26 to become Elective Reform

Target: **Unchanged** from 2025/26

Rationale

During 2025/26, NHS England delivered critical elements of the target, including the publication and wider reporting of waiting list data split by patient demographics. However, ongoing monitoring is required, especially as core elements of the elective reform plan are delivered. The objective has been renamed from COVID-19

and Recovery to Elective Reform to reflect the shift from pandemic recovery to sustained delivery of the elective reform plan published in January 2025 as a core priority within the wider 10 Year Health Plan. There will be continued monitoring required to ensure inequalities in elective care are effectively addressed as implementation progresses so the target has been rolled over for 2026/27.

Equality Objective 2 (capability)

Objective and target in 2025/26

Objective: To improve the capability of NHS England to understand and address the PSED's legal obligations and the interface with the separate health inequalities duties.

Target: To improve the capability of NHS England's teams to understand and address the PSED's legal obligations.

Proposed objective and target for 2026/27

Revised objective: To maintain and support the capability of NHS England to understand and address the PSED's legal obligations and the interface with the separate health inequalities duties.

Revised target: To maintain and support the capability of NHS England's teams to understand and address the PSED's legal obligations.

Rationale

During 2025/26, a range of work was undertaken to improve the templates and guidance used by NHS England staff to support compliance with the PSED. This work was rolled out in quarter 4 of 2025/26. As a result, continued support is required to ensure that NHS England's staff can effectively use the new resources during 2026/27.

Equality Objective 3 (information)

Objective and target in 2025/26

Objective: To improve the mapping, quality and extent of equality information to better facilitate compliance with the PSED in relation to patients and NHS service-users of all ages, NHS service delivery, and the NHS workforce.

Target: To continue to work with the DHSC, ONS, NHS arm's length bodies, and other government bodies to identify how best to carry forward and oversee the work of the UISPC Project and move to publish the reports.

Proposed objective and target for 2026/27

Objective: **Unchanged** from 2025/26.

Target: **Unchanged** from 2025/26.

Rationale

This objective and target support NHS England's continued work with the DHSC, ONS, NHS arm's length bodies, and other government bodies to identify how best to carry forward and oversee the UISPC project, including moving towards publishing the relevant reports and considering any arrangements for public consultation and/or engagement.

Equality Objective 4 (internal workforce)

Objective and target in 2025/26

Objective: To improve, by reference to protected characteristics, 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.

Target: To review this equality objective and develop an equality objective and targets appropriate to the integration of NHS England into the Department of Health and Social Care.

Proposed objective and target for 2026/27

Revised objective: To embed equality, diversity and inclusion within the DHSC-NHS England Transformation Programme and other related activity, such as the Improving NHS England Together programme, maximising opportunities for fairness and inclusivity for all colleagues, by reference to protected characteristics.

New target: To ensure that equality considerations are systematically built into the DHSC-NHS England Transformation Programme and other related work, such as the Improving NHS England Together programme, by applying robust Equality Impact Assessments, enabling NHS England to identify and mitigate any risks to colleagues by reference to protected characteristics and take appropriate action.

Rationale

The new objective and target reflect the next phase of and address priority areas identified during 2025/26. The aim is to focus on mitigating risks to inclusion during transition, identifying and addressing potential impacts on equality outcomes arising from transition to support informed decision-making and ensuring compliance with legal requirements.

The revised targets align with the Improving NHS England Together (INHSET) programme. The revised targets reflect many of the challenges identified by staff, during 2025/26 through staff network and staff survey feedback, including inconsistent workplace standards, inconsistent approaches to performance management, siloed working and opaque decision-making. The programme is intended to help NHS England become more effective and a better place to work, support staff development and prepare the organisation for the intended integration of many of its functions and teams within DHSC.

Equality Objective 5 (patient access and communication)

Objective and targets in 2025/26

Objective: To improve access and reduce communication barriers experienced by individuals and groups of people of all ages, by reference to protected characteristics, who need NHS services.

Target 1: To publish the updated AIS self-assessment framework, e-learning resources and supporting documentation.

Target 2: Through the implementation of further, co-produced equity and equality interventions for maternity and neonatal care, in addition to those in local maternity and neonatal systems' equity and equality action plans, NHS England will strengthen and better co-ordinate action to improve equity for mothers and babies from Black and Asian ethnic groups and improve workforce race equality within maternity and neonatal services. NHS England will measure progress in relation to reducing inequalities in perinatal mortality and preterm birth rates for babies from Black and Asian ethnic groups and identify how good practice can be shared and spread.

Proposed objective and target for 2026/27

Objective: **Unchanged** from 2025/26.

New target 1: During 2026/27, NHS England will assess progress in implementing the revised Accessible Information Standard (AIS).

New target 2: During 2026/27, NHS England will support systems to improve equity for mothers and babies from ethnic minority groups and improve workforce race equality within maternity and neonatal services by encouraging systematic implementation and embedding of nationally agreed, evidence-informed equity interventions across maternity and neonatal services. These interventions include the Perinatal Equity and Anti-Discrimination Programme (PEADP), the Maternal Care Bundle (which aims to reduce maternal mortality and morbidity and reduce inequalities), the maternity and neonatal equalities dashboard, equity-focused workforce initiatives and other planned equity actions. Our work in 2026/27 will also

address the recommendations of the final report of the [Independent Investigation into Maternity and Neonatal Services in England](#), chaired by Baroness Amos, and the ongoing work of the [National Maternity and Neonatal Taskforce](#), chaired by the Secretary of State for Health and Social Care.

Rationale

Target 1 for 2025/26 was completed, with the AIS and supporting resources published during the year. This has logically led to a new target for 2026/27, focusing on assessing progress with respect to the implementation of the revised AIS.

However, inequalities in maternity and neonatal outcomes persisted, requiring continued action and a revised target. The proposed target aligns with planned maternity and neonatal safety and equity ambitions but recognises that progress will not be linear given the scale of existing inequalities and wider social determinants. The revised 2026/27 target will also support NHS England and DHSC to implement the government's manifesto commitment to set an explicit target to close the Black and Asian maternal mortality gap.

NHS England proposes that progress for 2026/27 is measured primarily through the implementation of agreed, evidence-informed interventions set out in the [Medium Term Planning Framework](#), including the [PEADP](#) and [Maternity and Neonatal Equalities Dashboard](#). These interventions are designed to address structural, cultural and behavioural drivers of inequality, with improvements expected over the medium to longer term. Focusing on delivery and implementation milestones provides a more robust and meaningful assessment of progress than short-term changes in outcome data, while continuing to track trends in inequalities over time through national reporting.

Equality Objective 6 (system workforce)

Objective and target in 2025/26

Objective: To improve, by reference to protected characteristics, the recruitment, retention, progression, development and experience of staff in the NHS workforce.

Target: To continue to implement the high-impact actions (and their associated success metrics) included in the national NHS equality, diversity and inclusion (EDI) improvement plan seeking by 2025/26 to develop improvement trajectories for this programme.

Proposed objective and target for 2026/27

Objective: **Unchanged** from 2025/26.

Revised target: To continue to implement the high-impact actions (and their associated success metrics) included in the national NHS equality, diversity and inclusion (EDI) improvement plan, seeking by 2026/27 to develop improvement trajectories for this programme.

Rationale

The national EDI team, with colleagues from the Health Inequalities team, reviewed current and future equality objectives, considering the planned 10 Year Workforce Plan. As this work will continue into 2026/27, a minor revision was made, removing the reference to 2025/26 and replacing it with a reference to 2026/27.

Equality Objective 7 (integrated care boards)

Objective and targets in 2025/26

Objective: To work with integrated care boards (ICBs) to support their compliance with the Equality Act 2010's Public Sector Equality Duty (PSED) and the associated Specific Equality Duties (SEDs) taking due account of the NHS reform agenda and significant changes in relevant legislation.

Target 1: To work in partnership with Equality and Human Rights Commission (EHRC) to ensure clear guidance is produced for ICBs on the development of equality information and equality objectives.

Target 2: To identify the best ways to support ICBs to meet PSED and SED requirements.

Proposed objective and target for 2026/27

Objective: **Unchanged** from 2025/26.

Revised target: To continue to support ICBs to meet PSED and SED obligations as part of major NHS reform change programmes.

Rationale

During 2025/26, the EHRC completed its planned programme of support to ICBs, and NHS England published guidance for ICBs and others on health inequalities and equality legal duties in July 2025. In addition, the [EHRC's strategic priorities](#) were transferred to government departments in November 2025. It was therefore agreed with the EHRC that target 1 should be retired for 2026/27.

A major transformation programme for ICBs was agreed during 2025/26. This work helped identify a number of ways that NHS England could support ongoing PSED and SED compliance. The revised target for 2026/27 reflects the need to continue supporting ICBs to meet their equality duties as the transformation programme is implemented.

Equality Objective 8 (system landscape)

Objective and targets in 2025/26

Objective: To ensure that the equality objectives for NHS England address the relevant statutory functions, duties, powers and responsibilities of NHS England and address the NHS reform agenda and significant changes in relevant legislation.

Target 1: Working in partnership with the DHSC to agree arrangements for reviewing NHS England's equality objectives and targets and assessing which should be maintained and amended.

Target 2: Working in partnership with the DHSC, to work towards making NHS England's equality objectives and targets more performance and outcome driven in accordance with recommendation 4.

Proposed objective and target for 2026/27

Objective: **Unchanged** from 2025/26.

Revised target: Working in partnership with the DHSC, explore what arrangements will be made for DHSC to report on the objectives and targets set by NHS England for 2026/27.

Rationale

If NHS England ceases to exist as a separate legal entity by the end of 2026/27, any future reporting on the equality objectives and targets set by NHS England for 2026/27 would become the responsibility of DHSC, in line with its obligations under the PSED and SEDs.

Appendix 2: Proposed equality objectives and targets for 2026/27

This appendix provides the final proposed list of equality objectives and targets for 2026/27.

Equality Objective 1 (Elective Reform)

Objective: To ensure that the equality and health inequality impacts of COVID-19 and key lessons learnt are fully considered and clear strategies are developed and implemented for the NHS workforce and patients of all ages as the NHS continues to move beyond the recovery phase. To ensure that patient and workforce focused strategies reflect this and make an effective contribution to advancing equality for people of all ages by reference to protected characteristics and to reducing associated health inequalities.

Target 1: To advance the actions outlined in the [elective reform plan](#), NHS England will identify and work to address inequalities within elective care through enhancing data collection and utilisation, reviewing patient transport options, and leveraging technology to ensure greater equity in managing patient pathways.

Equality Objective 2 (capability)

Objective: To maintain and support the capability of NHS England to understand and address the PSED's legal obligations and the interface with the separate health inequalities duties.

Target 1: To maintain and support the capability of NHS England's teams to understand and address the PSED's legal obligations.

Equality Objective 3 (information)

Objective: To improve the mapping, quality and extent of equality information to better facilitate compliance with the PSED in relation to patients and NHS service-users of all ages, NHS service delivery and the NHS workforce.

Target 1: To continue to work with the DHSC, ONS, NHS arm's length bodies, and other government bodies to identify how best to carry forward and oversee the work of the UISPC Project and move to publish the reports.

Equality Objective 4 (internal workforce)

Objective: To embed equality, diversity and inclusion within the DHSC-NHS England Transformation Programme and other related activity, such as the Improving NHS England Together programme, maximising opportunities for fairness and inclusivity for all colleagues, by reference to protected characteristics.

Target 1: To ensure that equality considerations are systematically built into the DHSC-NHS England Transformation Programme and other related work, such as the Improving NHS England Together programme, by applying robust Equality Impact Assessments, enabling NHS England to identify and mitigate any risks to colleagues by reference to protected characteristics and take appropriate action.

Equality Objective 5 (patient access and communication)

Objective: To improve access and reduce communication barriers experienced by individuals and groups of people of all ages, by reference to protected characteristics, who need NHS services.

New target 1: During 2026/27, NHS England will assess progress in implementing the revised Accessible Information Standard (AIS).

New target 2: During 2026/27, NHS England will support systems to improve equity for mothers and babies from ethnic minority groups and improve workforce race equality within maternity and neonatal services by encouraging systematic implementation and embedding of nationally agreed, evidence-informed equity interventions across maternity and neonatal services. These interventions include the Perinatal Equity and Anti-Discrimination Programme (PEADP), the Maternal Care Bundle (which aims to reduce maternal mortality and morbidity and reduce inequalities), the maternity and neonatal equalities dashboard, equity-focused workforce initiatives and other planned equity actions. Our work in 2026/27 will also address the recommendations of the final report of the [Independent Investigation into Maternity and Neonatal Services in England](#), chaired by Baroness Amos, and the ongoing work of the [National Maternity and Neonatal Taskforce](#), chaired by the Secretary of State for Health and Social Care.

Equality Objective 6 (system workforce)

Objective: To improve, by reference to protected characteristics, the recruitment, retention, progression, development and experience of staff in the NHS workforce.

Target 1: To continue to implement the high-impact actions (and their associated success metrics) included in the national NHS equality, diversity and inclusion (EDI)

improvement plan, seeking by 2026/27 to develop improvement trajectories for this programme.

Equality Objective 7 (integrated care boards)

Objective: To work with integrated care boards (ICBs) to support their compliance with the Equality Act 2010's Public Sector Equality Duty (PSED) and the associated Specific Equality Duties (SEDs) taking due account of the NHS reform agenda and significant changes in relevant legislation.

Target: To continue to support ICBs to meet PSED and SED obligations as part of major NHS reform change programmes.

Equality Objective 8 (system landscape)

Objective: To ensure that the equality objectives for NHS England address the relevant statutory functions, duties, powers and responsibilities of NHS England and address the NHS reform agenda and significant changes in relevant legislation.

Target 1: Working in partnership with the DHSC, to explore what arrangements will be made for the restructured DHSC to report on the objectives and targets set by NHS England for 2026/27.