National Institute for Health and Care Excellence

Annual Equality Report for 2019/20

As a public sector organisation, NICE is subject to the legal obligations placed upon it by the Equality Act 2010 to comply with the public sector equality duty.

The public sector equality duty requires us to:

Publish an annual report containing statistical analysis of staff and job applicants.

Review and publish a set of specific and measurable equality objectives every four years, from April 2012.

Since 2018/19, NICE has also participated in the NHS workforce race equality standard (WRES) and the workforce disability equality standard (WDES).

This annual equality report 2019/20 presents our progress at the end of the fourth and final year of the equality objectives set by NICE in 2016. This report also sets out an ambitious new set of objectives to cover a four-year period from 1 January 2021 to 31 December 2024.

It also contains a summary of 2019/20 data for the WRES and WDES. Further information on the WRES and WDES can be found in Appendix 1.

1. The Board is asked to:
* receive the report
* approve the proposed equality objectives for the four-year period to 2024.
1. Jennifer Howells
2. Director of Finance Strategy and Transformation
3. November 2020

Background

1. As a public sector organisation, NICE is subject to the legal obligations placed upon it by the Equality Act 2010 to comply with the public sector equality duty. NICE is committed to ensuring that equality, diversity, and inclusion are central to everything that we do. This includes staff working within the organisation, independent members of our advisory committees, and those impacted by the use of our guidance and advice.
2. The public sector equality duty requires us to:
* Publish an annual report containing statistical analysis of staff and job applicants.
* Review and publish a set of specific and measurable equality objectives every four years, from April 2012.
1. Since 2018/19, NICE has also participated in the NHS workforce race equality standard (WRES) and the workforce disability equality standard (WDES).
2. This annual equality report 2019/20 presents our progress at the end of the fourth and final year of the equality objectives set by NICE in 2016. It also contains a summary of 2019/20 data for the WRES and WDES. Further information on the WRES and WDES can be found in Appendix 1.
3. NICE is required under equalities legislation to publish equality objectives at least every four years. NICE last approved equality objectives in 2016 and these are due for renewal in 2020. Prioritisation of urgent COVID-19 work over the last few months has resulted in a delay to developing and presenting the new equality objectives contained in the following paper.
4. This report now sets out an ambitious new set of objectives to cover a four-year period from 1 January 2021 to 31 December 2024
5. For clarity, please note that we use the terms “gender” and “sex” in this report when making reference to the makeup of our staff and committees. We use both terms to accurately reflect how questions are asked of respondents. People self-select their answers to reflect the gender that they identify with.

NICE equality objectives 2016-2020

1. In 2016, NICE set two equality objectives to cover the four-year period to 31 March 2020.

Table 1: NICE equality objectives 2016-2020

| Objective | Theme |
| --- | --- |
| 1. To increase the proportion of NICE advisory body position applications that are from individuals who describe themselves as from black, Asian and minority ethnic groups. | Advisory bodies |
| 2. To increase the proportion of staff from black, Asian and minority ethnic groups in senior roles (agenda for change band 7 and above) across the organisation. | Workforce |

1. These objectives reflected NICE’s commitment to:
* Seek diverse membership for the independent advisory bodies that develop NICE guidance, so that they are representative of the population and provide a wide range of viewpoints and experiences to inform guidance and improve its quality.
* Support all staff regardless of their background and ensure our workplace is inclusive and representative of the public we serve.
1. At the time the objectives were set in 2016:
* Data indicated that broadly similar proportions of people sharing protected characteristics were appointed to the advisory bodies as applied. However, compared with the overall population, there was underrepresentation of people who describe themselves as from black, Asian and minority ethnic (BAME) groups.
* The NICE workforce in management roles did not fully reflect the diversity of the wider population. The majority of staff at NICE from BAME groups occupied junior roles (agenda for change bands 4 and 5) and we did not have a clear strategy for recruiting and developing talent into more senior roles.
1. Action plans were put in place for these objectives and progress was reported annually to the Board in each of the first three years following 2015/16.
2. This report builds on what has been reported in prior years, with new data on guidance produced and appointments to advisory committees during the period 1 April 2019 to 31 March 2020 and a snapshot of workforce diversity at 31 March 2020.

Progress against equality objective 1 – advisory bodies

1. NICE achieved a 7% increase in BAME applicants to advisory body positions in the four years to 31 March 2020 (from 14% when the objectives were set in 2016 to 22% in 2019/20).

Table 2: Ethnicity of applicants to NICE advisory committees

| Ethnicity | Baseline (2015/16) | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
| --- | --- | --- | --- | --- | --- |
| Black or Black British | 2% | 2% | 3% | 2% | 3% |
| Asian or Asian British | 8% | 9% | 10% | 8% | 12% |
| Mixed | 2% | 3% | 2% | 2% | 3% |
| Any other ethnic group | 2% | 2% | 3% | 3% | 4% |
| White British | 67% | 67% | 63% | 68% | 57% |
| Other white background | 9% | 8% | 9% | 8% | 10% |
| Undisclosed | 4% | 4% | 7% | 5% | 9% |
| Data not held | 6% | 5% | 3% | 5% | 4% |

Data on the composition of and appointments to NICE's advisory committees during 2019/20

1. Tables 3a and 3b below detail the ethnicity of applicants and appointees for lay and non-lay committee roles during 2019/20. For lay roles, a slightly higher proportion of BAME applicants was appointed than applied. For non-lay roles, a slightly lower proportion of BAME applicants was appointed than applied.

Table 3a: Ethnicity of advisory committee applicants and appointees (lay roles) in 2019/20

| Ethnicity | % of all applicants | % of all appointees |
| --- | --- | --- |
| White | 72% | 76% |
| Non-white / BAME | 15% | 16% |
| *Not disclosed/not held* | *13%* | *8%* |

Table 3b: Ethnicity of advisory committee applicants and appointees (non-lay roles) in 2019/20

| Ethnicity | % of all applicants | % of all appointees |
| --- | --- | --- |
| White | 64% | 68% |
| Non-white / BAME | 23% | 21% |
| *Not disclosed/not held* | *13%* | *11%* |

1. Further information on the composition of and appointments to NICE’s advisory committees is outlined below by protected characteristic.

Table 4: Age range of advisory committee applicants and appointees (all roles) in 2019/20

| Age | % of all applicants | % of all appointees |
| --- | --- | --- |
| 18 - 35 | 13% | 10% |
| 36 – 50 | 37% | 42% |
| 51 – 65 | 30% | 33% |
| Over 65 | 7% | 4% |
| Not disclosed / not available | 13% | 11% |

Table 5: Gender of advisory committee applicants and appointees (all roles) in 2019/20

| Gender | % of all applicants | % of all appointees |
| --- | --- | --- |
| Male | 35% | 39% |
| Female | 51% | 51% |
| Other | 0% | 0% |
| Not disclosed / not available | 14% | 10% |

Table 6: Sexual orientation of advisory committee applicants and appointees (all roles) in 2019/20

| Sexual orientation | % of all applicants | % of all appointees |
| --- | --- | --- |
| Gay woman (lesbian) | 1% | 1% |
| Gay man | 2% | 3% |
| Bisexual | 2% | 2% |
| Heterosexual (straight) | 77% | 77% |
| Other | 0% | 0% |
| Not disclosed / not available | 18% | 17% |

Table 7: Religion and belief of advisory committee applicants and appointees (all roles) in 2019/20

| Religion/belief | % of all applicants | % of all appointees |
| --- | --- | --- |
| Atheism | 8% | 8% |
| Buddhism | 2% | 1% |
| Christianity | 34% | 35% |
| Islam | 4% | 4% |
| Jainism | 1% | 0% |
| Sikhism | 1% | 1% |
| Judaism | 2% | 2% |
| Hinduism | 3% | 4% |
| No religion | 24% | 24% |
| Other | 2% | 1% |
| Not disclosed / not available | 19% | 20% |

Table 8: Disability status of advisory committee applicants and appointees (all roles) in 2019/20

| Disability status | % of all applicants | % of all appointees |
| --- | --- | --- |
| Disabled | 12% | 8% |
| Not disabled | 73% | 80% |
| Not disclosed / not available | 15% | 12% |

Equality issues impacting on NICE guidance production during 2019/20

1. For the purposes of the public sector equality duty, NICE treats each item of its guidance as an individual policy which requires an equality impact assessment. The aim of this analysis is to ensure that, wherever there is sufficient evidence, NICE’s recommendations support local and national efforts to eliminate discrimination, advance equality of opportunity, and foster good relations.
2. In assessing the clinical and cost effectiveness of interventions and the validity of quality standards and indicators, we consider their impacts on:
* people sharing the characteristics protected by the 2010 Equality Act
* population groups experiencing health inequalities arising from socioeconomic factors
* ‘other’ groups of people whose health may be affected because they have particular circumstances, behaviours or conditions in common.
1. ‘Other’ groups identified in guidance and quality standards development during the year include:
* victims of domestic abuse
* young people leaving care
* refugees and asylum seekers
* people who misuse drugs or alcohol
* people who are homeless
* people whose first language is not English or are unable to read
* carers
1. Identification of ‘other’ groups is an aspect of NICE’s compliance with both general public law requirements to act fairly and reasonably and human rights obligations. Article 14 of the European Convention on Human Rights, as affirmed in the Human Rights Act 1998, prohibits discrimination in relation to Convention rights and freedoms that go beyond the Equality Act in that they include grounds of ‘other status’, by which is meant any definable common characteristic.
2. People may share more than one protected characteristic, be affected by socioeconomic factors, and be in an ‘other’ group, so our equality analysis has to accommodate many permutations.
3. Table 9 outlines the number of potential equality issues identified across the NICE guidance programmes, and the number which subsequently impacted on recommendations. It also provides a breakdown of the potential equality issues that were identified by protected characteristic. A glossary explaining acronyms included in this table is included at Appendix 2

Table 9: Summary of equality analysis of published guidance

This table shows potential equality issues identified by protected, socioeconomic and other characteristics.

| Guidance type (number of items of guidance published) | # equality issues  | Age | Disability | Gender reassignment | Pregnancy and maternity | Race | Religion or belief | Sex | Sexual orientation | Socio-economic | Other | # with impact on recommendations |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diagnostics guidance (4) | 19 | 5 | 7 | 0 | 2 | 3 | 0 | 2 | 0 | 0 | 0 | **3** |
| Highly Specialised Technologies(4) | 7 | 2 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | **0** |
| Interventional Procedures Guidance (28) | 109 | 25 | 23 | 0 | 3 | 15 | 5 | 26 | 0 | 11 | 1 | **0** |
| Medical Technologies Guidance (5) | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **0** |
| Technology Appraisals (105) | 56 | 12 | 5 | 2 | 4 | 9 | 5 | 4 | 0 | 1 | 15 | **10** |
| Clinical guideline(21) | 64 | 16 | 14 | 1 | 3 | 4 | 4 | 2 | 1 | 5 | 14 | **53** |
| Public Health Guideline(3) | 24 | 4 | 4 | 0 | 1 | 0 | 0 | 2 | 1 | 4 | 8 | **20** |
| Indicator Advisory Committee (53) | 84 | 26 | 18 | 2 | 2 | 10 | 4 | 3 | 2 | 17 | 17 | **61** |
| Quality Standard (12) | 53 | 10 | 13 | 0 | 3 | 10 | 0 | 0 | 0 | 8 | 13 | **30** |
| Antimicrobial Prescribing Guideline (6) | 24 | 6 | 6 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 6 | **16** |
| Guideline Updates Team(9) | 53 | 7 | 8 | 2 | 1 | 6 | 3 | 2 | 1 | 8 | 16 | **19** |
| **Total (246)** | **495** | **113** | **100** | **7** | **25** | **61** | **21** | **41** | **5** | **54** | **91** | **212** |

1. Tables 10a & 10b summarise the potential equality issues identified and their impact on recommendations by protected and other characteristics and compares this year with previous years. These tables shows that we are identifying more equality issues than we did some 4 years ago and that these are increasingly impacting on our recommendations.

Table 10a: Number and % of equality issues found by protected and other characteristic

| **Protected characteristic** | **2016-17** | **2017-18** | **2018-19** | **2019-20** |
| --- | --- | --- | --- | --- |
| **Age** | 64 (18%) | 68 (14%) | 87 (20%) | 113 (23%) |
| **Disability** | 56 (16%) | 90 (19%) | 97 (23%) | 100 (20%) |
| **Gender reassignment** | 11 (3%) | 4 (1%) | 5 (1%) | 7 (1%) |
| **Pregnancy & maternity** | 7 (2%) | 16 (3%) | 21 (5%) | 25 (5%) |
| **Race** | 46 (13%) | 71 (15%) | 52 (12%) | 61 (12%) |
| **Religion or belief** | 15 (4%) | 26 (5%) | 16 (4%) | 21 (4%) |
| **Sex** | 34 (10%) | 38 (8%) | 35 (8%) | 41 (8%) |
| **Sexual orientation** | 9 (3%) | 13 (3%) | 6 (1%) | 5 (1%) |
| **Socio-economic** | 21 (6%) | 38 (8%) | 22 (5%) | 54 (11%) |
| **Other** | 85 (24%) | 110 (23%) | 89 (21%) | 91 (18%) |
| **Total number of issues** | **348** | **474** | **430** | **495** |
| **Total guidance produced** | **163** | **193** | **157** | **246** |

Table 10b: Number and % of equality issues with impact on recommendations by protected and other characteristic

| **Protected characteristic** | **2016-17** | **2017-18** | **2018-19** | **2019-20** |
| --- | --- | --- | --- | --- |
| **Age** | 15 (13%) | 18 (10%) | 26 (17%) | 54 (25%) |
| **Disability** | 37 (33%) | 33 (18%) | 39 (25%) | 39 (18%) |
| **Gender reassignment** | 3 (3%) | 3 (2%) | 3 (2%) | 7 (3%) |
| **Pregnancy & maternity** | 2 (2%) | 7 (4%) | 9 (6%) | 13 (6%) |
| **Race** | 10 (9%) | 21 (11%) | 19 (12%) | 21 (10%) |
| **Religion or belief** | 8 (7%) | 11 (6%) | 8 (5%) | 10 (5%) |
| **Sex** | 3 (3%) | 8 (4%) | 7 (5%) | 6 (3%) |
| **Sexual orientation** | 3 (3%) | 5 (3%) | 4 (3%) | 5 (2%) |
| **Socio-economic** | 8 (7%) | 10 (5%) | 7 (5%) | 17 (8%) |
| **Other** | 24 (21%) | 67 (37%) | 33 (21%) | 50 (24%) |
| **Total number of issues** | **113** | **183** | **155** | **212** |
| **Total guidance produced** | **163** | **193** | **157** | **246** |

Actions we have taken to improve BAME representation on committees during 2016-2020

1. The four-year action plan to improve BAME representation on committees included a number of approaches. We have a thriving NICE equality and diversity group (NEDG), including members from every directorate across the Institute, that meets quarterly. It is chaired by Fiona Glen, a Programme Director from the Centre for Guidelines. NEDG leads on the sharing of good practice across NICE and provides a forum for discussing and proposing solutions to cross-institute equality issues.
2. We have revised lay member recruitment documentation. These revised and simplified documents drew on feedback from workshops and focus groups that NICE ran which discussed methods to encourage and increase applications for lay member roles from black, Asian and minority ethnic groups. The revised documentation seeks to be more accessible and appealing to people from a broader range of backgrounds and who may not have previously considered applying for a role with NICE or similar organisation.
3. These sit along the wider changes to the [committee recruitment pages on the NICE website](https://www.nice.org.uk/get-involved/our-committees) which have been comprehensively redesigned to provide information in a more accessible format and therefore encourage applications from those who have not previously been involved with NICE. The pages explicitly reference NICE’s commitment to increasing applications from black, Asian and minority ethnic groups, and are receiving positive feedback. They include a [blog from a committee member](https://www.nice.org.uk/news/blog/working-on-a-nice-committee-to-make-a-bame-difference) encouraging people from black, Asian and minority ethnic groups to apply for committee roles at NICE. We also plan to add a video interview from a committee chair who is from a black, Asian and minority ethnic group, who will talk about their experience working with NICE.
4. Public Involvement Programme now offer mentoring support to lay members, with the aim of ensuring a positive experience for people who have not undertaken a similar role in the past and may be unsure about whether to apply for a vacancy.

Progress against equality objective 2 - workforce

1. The breakdown by band of the ethnicity of NICE’s workforce was first recorded at the end of 2016/17. From 2016/17 until the end of 2019/20, the percentage of BAME staff at band 7 and above decreased slightly (from 12.66% in 2016/17 to 11.37% in 2019/20).

Table 11: Staff self-identified from BAME backgrounds in bands 7 and above

| Ethnicity | 2015/16 baseline | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
| --- | --- | --- | --- | --- | --- |
| BAME | Breakdown not available by band  | 12.66% | 12.83% | 11.66% | 11.37% |

1. The total number of disclosed senior BAME staff as of 31 March 2020 remained the same as of 31 March 2018 (59 people). However, our overall headcount has increased, and new appointees are slightly more likely to be white (see section on employment applicants and appointees).

Workforce diversity summary as of 31 March 2020

1. This section summarises key trends in NICE’s workforce diversity by protected characteristic, as of 31 March 2020. More detail about NICE’s workforce can be found in the [annual workforce report](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/agenda-and-papers-jul-20.pdf), published in July 2020.

Gender

1. Compared with the overall gender split of the workforce, men are over-represented in the most senior grades and some lower grades (bands 3 and 4).
2. The overall gender split of the workforce has not changed significantly over time.
3. NICE’s gender pay gap report is available on [our website](https://www.nice.org.uk/about/who-we-are/corporate-publications/gender-pay-gap-report).
4. The current electronic staff record (ESR), which is nationally used software, does not currently provide an option for employees who prefer to self-describe.

Disability

1. Staff are encouraged to declare any disabilities, which may include learning disability or difficulty, long-standing illness, mental health conditions, physical impairment and sensory impairment.
2. There were 31 staff declaring a disability which is 4.5% of the workforce.

Age

1. Just over half (54%) of NICE’s workforce are 40 years old or less, similar to last year (56%).

Sexual orientation

1. The profile is little changed from last year, with a combined non-disclosure and non-specified rate of 16%.
2. 5% of staff have recorded their sexual orientation as lesbian, gay or bisexual.

Religion and belief

1. The largest proportion were staff who identified themselves as Christian (35%) followed by no religion (27%), similar to last year.

Ethnicity

1. The proportion of staff of white ethnicity increased slightly from 79% in 2018/19 to 80% in 2019/20.

Employment applicants and appointees

1. Data on employment applicants and appointees is gathered via the equality profile of individuals when they complete their application on our recruitment system. This data then automatically transfers to the Electronic Staff Record (ESR) system. There was a total of 5,294 applications for the 146 posts advertised in 2019/20.
2. Discrepancies between the profile of applicants and appointees include:
* Ethnicity: 51% of applicants identified themselves of white ethnicity, compared with 85% of appointees.
* Age: 14% of applicants were under 25 years old, compared with 7% of appointees.
* Gender: 39% of applicants were men, compared with 28% of appointees.

Insights from our 2019/20 WDES and WRES data

1. In 2018/19, NICE took part for the first time in the NHS WRES and WDES, as part of its commitment to ensuring our BAME and disabled staff have equal access to career opportunities and receive fair treatment in the workplace.
2. Full 2019/20 data for the WRES and the workforce disability equality standard (WDES) is included in Appendix 1 of this paper. Key insights from the data include:
* While significantly fewer applications were received from white candidates in 2019/20, white candidates were more likely to be shortlisted for interview, and appointed.
* White interviewees were over three times more likely to be appointed in 2019/20 following interview than people from BAME backgrounds, which has increased from nearly twice as likely in 2018/19.
* There were no staff from a BAME background involved in a disciplinary process in 2019/20.
* In 2019/20, 6% of white staff and 10% of BAME staff reported experiencing harassment, bullying or abuse from staff within the last 12 months. None reported abuse from the public. 2% of white staff and 2% of BAME staff reported experiencing discrimination.
* At 31 March 2020, 92.9% of our Board was from a white background, compared to 82.4% of our workforce.
* Staff from BAME backgrounds are underrepresented in senior roles, and especially at bands 8d and above.
* Disabled staff are underrepresented in bands 8c and above.
* In 2019/20, applicants with disabilities had a similar relative likelihood of being appointed after interview, compared to non-disabled applicants.
* In the past two years, no staff who have declared a disability were involved in a formal capability procedure.
1. The arms-length bodies of the Department of Health and Social Care will work collaboratively in developing action plans and sharing resources and expertise to address the themes identified.

Actions we have taken to support NICE workforce equality, diversity and inclusion during 2016-2020

1. Over the last four years, we have introduced a range of activities, initiatives and improvements to support workforce equality, diversity and inclusion. These included:
* Engaging with staff members within and beyond the NEDG to improve our recruitment practices to increase internal and external applicant diversity. For example, in response to staff feedback, we organised a talk on career development from an Associate Director from a BAME background.
* Appointing a dedicated in-house Recruitment Manager who is working with line managers and the wider HR team to review job adverts to ensure they are attractive and appealing to candidates from a diverse range of backgrounds.
* Promoting specialist development programmes such as the [NHS Leadership Academy “Stepping Up” and “Ready Now” programmes](https://www.leadershipacademy.nhs.uk/programmes/) which seek to support aspiring and current leaders from black and minority ethnic groups.
* Expanding our use of Total Jobs and LinkedIn (two of the UK’s leading jobs boards) as recruitment channels, which have greatly increased our advertising reach.
* Improving our use of social media to target active and passive candidates across multiple communities and channels, which helps us to attract a diverse range of candidates.
* Creating recruitment videos and blogs featuring existing staff, which promotes the diversity of NICE’s workforce and encourages a diverse range of candidates to apply for our roles.
* Redesigning our recruitment and selection training with an increased focus on diversity, inclusion and understanding unconscious bias, and our new recruitment policy explicitly encourages hiring managers to consider the diversity of recruitment panels in advance of inviting candidates to interview.
* Becoming Stonewall Diversity Champions (which supports LGBTQ+ staff), we have signed the Time to Change pledge (which aspires to end mental health discrimination) and we hold the Disability Confident “Employer” standard.

NICE equality objectives 2021-2024

Background

1. In August 2020, a series of listening events was held to help gather staff insight into workforce equality issues. The sessions provoked rich, candid conversations about a wide range of issues relating to equality, diversity and inclusion. While appreciating where we are already doing well, and acknowledging examples of good practice and progress, staff clearly felt that NICE could be doing more to create a diverse and inclusive work culture where everyone can thrive, regardless of background, identity or individual circumstance. The feedback from these listening groups has shaped our proposals for 2021-2024.

Proposed equality objectives for 2021-24

1. As with prior years, two overarching objectives are proposed, covering our service delivery (focusing on guidance) and our workforce. Our objectives reflect areas where there is most to do and where progress would make the biggest impact. The objectives are intended to be ambitious and inspiring for our staff and users, while also specific and measurable.

Table 12: Overarching NICE equality objectives 2021-2024

| Overarching objective | Theme |
| --- | --- |
| 1. To review and improve equality considerations throughout development of our guidance. | Guidance |
| 2. To develop our workforce and culture to be more equal, diverse and inclusive.  | Workforce |

Table 13: Detailed guidance equality objectives 2020-2024

1: To review and improve equality considerations throughout development of our guidance

| Specific objective  | Specific indicator | Measurement |
| --- | --- | --- |
| **Review end to end guidance development across NICE to ensure equality impact fully considered and addressed.** | By 2024 to have reviewed NICE guidance development equality analysis processes, to ensure they are fully compliant with best practice in respect of equalities, and to remove any, inappropriate variation when carrying out these analyses  | Number of guidance development equality processes reviewed each year |
| **Understand challenges experienced by committee members from BAME backgrounds to create a supportive and inclusive culture** | In 2021/22 to carry out a series of facilitated listening events with committee members to better understand their experience of NICE committee work related to equality. To include at least 25% of committee members to participate in listening events increasing to 50% from BAME backgrounds. | Percentage of committee members participating in events. |
| **Address disadvantages faced by committee members from diverse backgrounds** | Create and deliver an action plan based on feedback received from listening events and work to identify and eliminate any disadvantage faced by committee members  | Action plan to be developed and delivered to Board by 11/21 and reported on annually as part of the equalities report |
| **Create diverse committees representative of our population** | Focus on recruitment practices to achieve year on year increase in BAME representation on committees. Sustain the increased rate of applications and increase the rate of appointment to committee roles to be equal to or better than the rate of application | Appointment to role based on application. |

Table 14: Detailed workforce equality objectives 2020-2024

2: To develop our workforce and culture to be more equal, diverse and inclusive.

| Specific objective  | Specific indicator | Measurement |
| --- | --- | --- |
| Improve the quality of our equality data Depending on the characteristic, between 7% to 21% of staff choose not to disclose their equality data. Better data will help us to monitor the impact of our action plan. | To reduce by 50% non-declaration across all protected characteristics. | This will be measured using the equalities monitoring data held on the electronic staff record (ESR) system. |
| Create a more diverse workforceCandidates from BAME backgrounds are under-represented in our workforce. | To seek an increase of 20% in the proportion of BAME staff at bands 1-7, including external hires and internal promotions. | This will be measured using the equalities monitoring data held on ESR. |
| Create a more diverse leadership cadreTo address the under-representation of staff from BAME, disabled, LGBTQ+ groups, and certain religious groups at senior levels | To seek an increase of 20% in the proportion of staff in senior roles from BAME backgrounds (Agenda for Change band 8A and above).To seek annual increases in the proportion of staff from these groups accessing and successfully completing management and leadership development activity (in-house and external). | This will be measured by:Monitoring and improving the number and impact of positive action development opportunities that NICE has each year.Monitoring and improving the diversity of staff attending in-house training and achieving promotions. |
| Create a culture of belongingImproving staff experience for staff from under-represented groups. | To be ‘best in class’ with regard to reported quality of staff experience for under-represented groups, benching marking against other ALBs. | This will be measured by:Monitoring and improving staff experience via the annual staff survey and other metrics including turnover, absence and employee relations cases. |
| Creating a culture where there is equality of opportunity for all | To increase the use and quality of Equality Impact Assessment (EIA) for ‘people’ activity by teams and managers across the organisation | This will be measured by:The establishment of robust processes to ensure high-quality EIA is completed for all relevant ‘people’ activity (to include annual review and reporting, and provision of training). |

Next steps

1. To achieve the workforce and guidance equality objectives, the HR and Organisational Development teams and transformation unit team will lead the development of comprehensive action plans, working closely with staff and committee members across the organisation as well as users of NICE guidance, to develop a meaningful and impactful programme of work. Regular staff and committee member equality listening events will continue to be held, with the next series of staff events scheduled for January 2021.
2. NICE will work closely with equality, diversity and inclusion leads from other arms-length bodies and explore opportunities for more collaborative activity to support this agenda.
3. Once agreed by the Board, NICE’s equality and diversity group will oversee actions to deliver the objectives and monitor progress. Progress updates will be included in future annual equality reports.

Actions required by the Board

1. The Board is asked to:
* Note the equalities, WRES and WDES data presented in the report.
* Note the progress made in the final year of NICE's 2016-2020 equality objectives.
* Note that additional background information about NICE’s statutory role and the legal obligations it is subject to may be added to the final publication of the annual equality report on NICE’s public website, to support the general public’s understanding of its contents.
* Note that Appendix 1 contains a longer WRES and WDES report, that will be published as a standalone item on NICE’s public website.
* Comment on and agree the proposed equality objectives for 2021 to 2024

Appendix 1: Workforce Race and Disability Equality Standards

Background

* 1. The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders. Since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis and since last year, arms-length bodies (ALBs) are also asked to produce and publish WRES data annually.
	2. The main purpose of the WRES is:
* to help local and national NHS organisations (and other organisations providing NHS services) review their data against the nine WRES indicators,
* to produce action plans to close the gaps in workplace experience between white and black, Asian and minority ethnic (BAME) staff, and,
* to improve BAME representation at the Board level of the organisation.
	1. The NHS Workforce Disability Standard (WDES) is a collection of evidence-based metrics that provides the NHS with a snapshot of the experiences of its disabled staff. The comparative data between disabled and non-disabled staff aims to support organisations to understand where key differences lie; provide the evidence needed to produce action plans and enable them to track year on year progress. 2020 is the first time ALBs have been asked to complete the WDES.

Reporting

* 1. It is a requirement of both the WRES and WDES that the data is presented to our Board. We must also publish our data on our website.
	2. We are awaiting a final publication date of the ALB data. The anticipated publication dates are February 2021 for the WRES and March/April 2021 for the WDES.

Our WRES results

* 1. Here are the key findings against the 9 WRES criteria, which is based on our workforce data for 2019/20 financial year.

### WRES Indicator 1: Percentage of staff in each band and VSM compared with the percentage of staff in the overall workforce

* 1. This examines diversity of the workforce in respect of race and whether steps are being taken to increase representation in senior manager positions in the organisation.

Chart 1: Race profile across grades

* 1. Chart 1 shows the race profile of our staff across salary grades. Staff from BAME backgrounds are underrepresented in senior roles, and especially at bands 8d and above.

### WRES Indicator 2: Relative likelihood of staff being appointed after interview across all posts

* 1. This indicator examines whether applicants from BAME backgrounds have a comparative likelihood of being appointed to posts in the organisation when compared with white colleagues.

Chart 2: Race profile across recruitment stages

* 1. According to the WRES calculations, white interview candidates are 3.38 times more likely to be appointed after interview than people from BAME backgrounds, which has increased from 1.76 times more likely in 2018/19. We have had significantly fewer applications from white candidates in 2019/20, but white candidates are more likely to be interviewed and appointed.

### WRES Indicator 3: Relative likelihood of BAME colleagues entering the formal disciplinary process compared to white colleagues

* 1. This indicator examines the relative likelihood of employees from BAME backgrounds being subject to investigation under the disciplinary process compared with white colleagues. This indicator is based on data from a two-year rolling average of the current year and the previous year.
	2. We have very small numbers of formal disciplinary processes at NICE. This year, we have had no staff from a BAME background involved in a disciplinary process (compared to last year’s data, where we had two formal disciplinary cases, one of which involved a BAME staff member and one of which involved a white staff member).

### WRES Indicator 4: Relative likelihood of staff accessing non-mandatory training and career progression development (CPD)

* 1. We do not currently collect this information, and we are investigating ways in which this data can be captured in a systematic way, ideally through our ESR system.

### WRES Indicators 5 to 8

* 1. We normally collect information related to the following indicators in our annual staff survey. The information has not been collected in 2020 as our annual survey was postponed due to Covid-19. The next survey is scheduled for May 2021.
* 5 and 6: Incidence of bullying, harassment and abuse as reported by BAME employees in the annual survey (5: External organisation focussed and 6: Internal organisation focussed). Last year, 6% of white staff and 10% of BAME staff reported experiencing harassment, bullying or abuse from staff within the last 12 months. None reported abuse from the public.
* 7: This indicator looks at the percentage of BAME employees believing that NICE provides equal opportunities for career progression or promotion. Although we ask a broad question about career progression in our staff survey, it is not asked in a way that is comparable with WRES data. The 2021 question will be updated to ensure the data is captured for the future.
* 8: This indicator looks at the percentage of BAME staff who have personally experienced discrimination at work from their manager, team leader or other colleagues. Last year, 2% of white staff and 2% of BAME staff reported experiencing discrimination.

### WRES Indicator 9: Percentage difference between the organisations’

### Board voting membership and its overall workforce.

* 1. This indicator considers if respective percentage of BAME employees on the Board is lower than the overall BAME workforce percentage. Our snapshot data for 31 March 2020 shows that 92.9% of our Board was from a white background, compared to 82.4% of our workforce.

Our WDES data

* 1. Below are the key findings against the 9 WRES criteria, which is based on our workforce data for 2019/20 financial year.

### WDES Indicator 1: Percentage of staff in AfC (Agenda for Change) pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

* 1. 4.5% of NICE’s staff have declared a disability through the ESR (electronic staff record) system. 87.3% of staff do not have a disability, and 8.2% have not provided this information. Disabled staff are underrepresented in bands 8c and above.

Chart 3: Disability profile across pay bands

### WDES Indicator 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed, interviewed and appointed across all posts.

* 1. In 2019-2020, applicants with disabilities had a similar relative likelihood of being appointed following interview, compared to non-disabled applicants.

Chart 4: Disability profile across recruitment stages

### WDES Indicator 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

* 1. This indicator is based on a two-year rolling average. As NICE has very small numbers of formal capability procedures (5 over two years), it is hard to draw meaningful conclusions. However, in the past two years no staff who have declared a disability were involved in a formal capability procedure.

### WDES indicators 4a to 9a

* 1. We normally collect information related to the following indicators in our annual staff survey. The information has not been collected in 2020 as our annual survey was postponed due to Covid-19. The next survey is scheduled for May 2021.
* 4a WDES Indicator 4a: Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Patients/service users, their relatives or other members of the public, managers and other colleagues
* 4b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
* 5: Percentage of disabled staff compared to non-disabled staff believing that the organisation provides equal opportunities for career progression or promotion.
* 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
* 7: Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
* 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
* 9a: The staff engagement score for disabled staff, compared to nondisabled staff.

### WDES indicator 9b: Has your organisation taken action to facilitate the voices of disabled staff in your organisation to be heard?

* 1. This year, we have held a series of listening events and used the perspectives of our disabled staff to shape our new equality objectives and contribute to the formulation of an action plan to improve the working experience of staff with a range of protected characteristics.

### WDES Indicator 10: Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce

* 1. This indicator looks at Board composition compared to the overall workforce, and is disaggregated by voting membership of the Board, and by executive membership of the Board. The figures in Table 1 below are auto-calculated using a formula created by the WDES team to enable us to make like-for-like comparisons with other ALBs.
	2. Disabled staff were under-represented in all Board positions on 31 March 2020, according to data held in our ESR system and by the Department of Health and Social Care who are responsible for non-executive appointments.

Table 1: Board membership as at 31 March 2020

|  | Disabled | Non-disabled | Unknown |
| --- | --- | --- | --- |
| Total Board members | 0% | 100% | 0% |
| * Of which: voting members
 | 0% | 100% | 0% |
| * Of which: non-voting members
 | 0% | 100% | 0% |
| * Of which: executive directors
 | 0% | 100% | 0% |
| * Of which: non-executive directors
 | 0% | 100% | 0% |
| Difference (total Board – overall workforce) | -4% | 13% | -8% |
| Difference (voting membership – overall workforce | -4% | 13% | -8% |
| Difference (executive membership – overall workforce | -4% | 13% | -8% |

Appendix 2: Guidance abbreviations

| Abbreviation | Description |
| --- | --- |
| DG | Diagnostics guidance |
| HST | Highly specialised technologies guidance |
| IPG | Interventional procedures guidance |
| MTG | Medical technologies guidance |
| TA | Technology appraisal guidance |
| CG | Clinical guideline |
| PHG | Public health guideline |
| IAC | Indicator advisory committee |
| QS | Quality standard |
| APG | Antimicrobial prescribing guidance |
| GUT | Guideline updates team |

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