NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Annual Equality Report 2020-2021

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Overview

1. NICE is committed to ensuring that equality, diversity, and inclusion (EDI) is 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. We know that by being inclusive, our guidance products will better reflect society as a whole and support an improvement in patient outcomes.
2. As a public sector organisation, NICE is subject to the legal obligations placed upon it by the Equality Act 2010 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. We faced incredible challenges during 2020/21 due to the ongoing COVID-19 pandemic. However, the resilience of our workforce and our commitment to equality, diversity and inclusion has enabled us to agree new equality objectives and commit to their delivery. As a result of the ongoing pandemic, the new equalities objectives for 2020/21 - 2023/24 were delayed and could not be agreed until November 2020. Therefore, this annual equality report presents the data for the past 12 months, and reflects the progress we have made in the first 3 months of the new objectives from 1 January to 31 March 2021. Although this report provides an update against the new objectives, it is important to note that the work to deliver these new equality objectives is underway but will not be fully reflected in the data presented.
2. The report also contains a summary of 2020/21 data for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES).

Jennifer Howells, director of finance strategy and transformation

Nicole Gee, interim chief people officer

January 2022

Executive summary

1. NICE is committed to EDI, throughout every aspect of guidance development and across its workforce. This report confirms our commitment and highlights how we plan to progress the delivery of our new equality objectives. We know that by embracing equality and diversity, within our workforce, committee membership and guidance development, that our guidance products will be more effective in improving patient outcomes and reducing health inequalities.
2. This report covers a wide range of topics and this summary has been produced to highlight the critical areas and ensure they are recognised and we continue our work to improve on these areas.

Critical Areas

**Guidance**

1. Committee membership remains predominately white and heterosexual.

* 13% of our committee member appointments are from a black, Asian and minority ethnic background, which is consistent with the overall UK population.  However, those from a black background are particularly underrepresented.

1. 25% of Committee members have chosen not to disclose their information which presents a challenge for reporting EDI data and recommendations.
2. Equality considerations related to gender re-assignment, sexual orientation and religion/belief have reduced in number.  We have undertaken a qualitative review of the application of the EIA process in guideline development to inform action planning.

**Workforce**

1. There is an under-representation of black, Asian and minority ethnic staff at both senior and very senior levels. On March 31st, 2021, there were no staff in band 9 roles and above, and only 4 black, Asian and minority ethnic staff at band 8d.
2. At interview stage black and black British candidates are 5 times less likely and Asian and Asian British candidates are 1.5 times less likely to be appointed.
3. There has been a 5-fold increase in the percentage of black, Asian and minority ethnic staff reporting personal experiences of discrimination. 31% of black, Asian and minority ethnic staff compared to 48% of white staff believe that NICE provides equal opportunities with regard to career progression or promotion.
4. 71% of our workforce is female, however, men continue to be over-represented in the most senior grades.

Our Commitment to Change

1. We have set equality objectives since April 2016 and in the last year have set a more ambitious and far-reaching action plan.
2. The critical objectives in our workforce objective are as follows:

* Improve the quality of our equality data by reducing non-self-declaration across all protected characteristics
* Create a more diverse workforce by increasing black, Asian and minority ethnic staff by 20% within bands 1-7 and 20% within bands 8A and above
* Create a more diverse leadership cadre by utilising recruitment and leadership development levers
* Create a culture of belonging by improving the reported quality of staff experience and increasing the use and quality of Equality Impact Assessments (EIA)

1. To date we have started to make improvements and have strengthened the role and remit of the NICE Equality and Diversity Group (NEDG) to monitor and support this activity which now includes Executive Team representation.

* Non-declaration rates have fallen across all staff characteristics but most notably for our highest non declared characteristic areas of religion and sexual orientation.
  + Staff declaring a disability rose to 5.9% of the workforce, an increase on the previous year at 4.5%.
* Black, Asian, and minority ethnic staff at bands 1-7 has increased to 17.7%, an increase from 15%.
* A new EIA process for workforce, with supporting template and training, was launched in April 2021.
* Recruitment processes and documentation has been reviewed and developed with a focus on EDI and accompanied a new training programme for hiring managers
* 3 new staff-led network groups have been launched; NICE and proud, for LGBTQ+ staff, the Race Equality Network (REN), for black, Asian and minority ethnic staff, and the Disability Advocacy and Wellbeing Network (DAWN)

1. The critical objectives in our guidance development are as follows:

* Review end to end guidance development across NICE to ensure equality impact is fully considered and addressed
* Understand challenges experienced by committee members from black, Asian and minority ethnic backgrounds to create a supportive and inclusive culture
* Address disadvantages faced by committee members from diverse backgrounds
* Create diverse committees, representative of our population

1. To date we have undertaken

* A series of listening events with our committee members supported by surveys of committee members and prospective committee members.
* Established working groups and developed action plans to address the themes identified by the listening events and surveys
* Reviewed options for an automated system to support committee recruitment to reduce levels of non-disclosure and improve information.

Background

1. This annual equality report presents our progress in 2020/21 including the first 3 months of our new equality objectives. It also contains a summary of 2020/21 data for the WRES and WDES which NICE has participated in since 2018/19. Further information on the WRES and WDES can be found in Appendix 3.
2. NICE is required under equalities legislation to publish equality objectives at least every four years.
3. 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: 2020-2024

1. The NEDG was originally set up in 2016 with the aim of supporting NICE’s commitment to eliminating unlawful discrimination and promoting equality of opportunity. The role of this group was substantially revised and extended in 2021, with new ToR and is now chaired by the Director of Finance, Strategy and Transformation, and also includes the Interim Chief People Officer and a NED. The group has moved from quarterly to monthly meetings.
2. Externally, the NEDG supports a range of activities to ensure our independent advisory committees and guidance reflect our principles of promoting EDI. Internally, the NEDG is supporting the work to deliver our annual workforce EDI action plan. Further the newly appointed chairs of the three newly established staff networks have become members of the NEDG, to amplify staff voice and the voices of lived experience across NICE.
3. EDI objectives have been included in the corporate business plan and achievement is monitored through NICE’s Transformation Portfolio Board, chaired by the Chief Executive. The Chief Executives of the Arm’s Length Bodies (ALBs) have created a network to collectively consider EDI as a priority. The Chairman of NICE is working with a network of NEDs from other ALBs, with a collective commitment in shaping and delivering their organisation’s diversity and inclusion strategies. The network is committed to sharing good practice and learning from each other to progress towards creating system-wide objectives.
4. NICE is working with the Care Quality Commission (CQC) to conduct a survey focused on reducing health inequalities.
5. In November 2020, NICE set two new equality objectives for a four-year period that came into effect on 1 January 2021.

Table 1: NICE equality objectives 2020-2024

|  |  |
| --- | --- |
| **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 |

Equality Objectives - Guidance

1. Progress against equality objective 1: guidance
2. This section provides a progress report against our new guidance equality objectives as of 31 March 2021.
3. To review and improve equality considerations throughout development of our guidance.

Guidance objective 1

Review end to end guidance development across NICE to ensure equality impact fully considered and addressed

Specific Indicator

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.

1. NICE’s health inequalities methods group is leading work to review the methods and processes used across guidance development centres at NICE in order to develop aligned processes for EIAs across the organisation that will help in addressing barriers and variations in practice. Training will be designed for staff for the effective implementation of this standardised approach. Analysis work is underway to understand how processes operate in each of the directorates, challenges faced and barriers to effective implementation.
2. The NEDG has been reconstituted to include both workforce and guidance development issues, with a new ToR in place. Included on the new NEDG group are members of the health inequalities oversight group to ensure alignment and consistency of approach.

Guidance objective 2

Understand challenges experienced by committee members from black, Asian and minority ethnic backgrounds to create a supportive and inclusive culture

Specific Indicator

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 black, Asian and minority ethnic backgrounds.

1. Three committee listening events have taken place, facilitated by an EDI expert. These events with committee members were used to discuss diversity within advisory committees and during guidance development. A further event will take place in quarter 4 of 21/22, with an additional 4 events in 2022/23.
2. Two EDI surveys have been completed. The first was focused on committee members and the second was for prospective committee members, including targeting those from underrepresented groups. The findings from the survey have been presented to NEDG.

Guidance objective 3

Address disadvantages faced by committee members from diverse backgrounds

Specific Indicator

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.

1. An Institute-wide working group has been established and is developing a comprehensive action plan for improving diversity and equality considerations within advisory committees. Recommendations and feedback from both the listening events and surveys has been used to develop the action plan.

Guidance objective 4

Create diverse committees, representative of our population

Specific Indicator

Focus on recruitment practices to achieve year on year increase in black, Asian and minority ethnic 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.

1. An Institute-wide working group has been established and is developing a comprehensive action plan for improving diversity and equality considerations within advisory committees. This group comprises of staff across the organisation. In addition, a proposal for an automated committee recruitment system has been developed and is due to be considered in Q4.

Equality Objectives - Workforce

1. Progress against equality objective 2: workforce
2. This section provides a progress report against our new workforce equality objectives as of 31 March 2021.
3. In summary, the data shows that our black, Asian and minority ethnic staff, and disabled employees, continue to be underrepresented at senior levels, although we can report small improvements in representation at most levels. It also reveals some concerning discrepancies in the quality of staff experience for these groups in relation to the overall workforce population.
4. This disappointing narrative - which is mirrored in our WRES and WDES data provides an important baseline for our work going forward. We now need to work together to find solutions to the issues the data reveals. An important starting point will be to set quantitative based targets to measure areas where urgent improvement is required.
5. A breakdown of overall workforce population figures by protected characteristic (numbers and percentages) is provided at Appendix 4.

Workforce Objective 1

Improve the quality of our equality data

Specific Indicator

To reduce by 50% non-declaration across all protected characteristics.

1. We have provided data for those characteristics where non-declaration is reportable via ESR (Electronic Staff Record): ethnicity, disability, religion and sexual orientation.

Table 2: Non-declaration rates in the workforce

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Not declared 2019/20** | **Not declared 2020/21** | **% Change** |
| Ethnicity | 5.4% | 4.9% | -9% |
| Disability | 7.4% | 6.7% | -9% |
| Religion | 22.3% | 20.1% | -10% |
| Sexual Orientation | 16.4% | 12.9% | -21% |

1. Non-declaration rates have fallen across all characteristics since the period 2019/20, but most notably for our highest non declared characteristic areas of religion and sexual orientation.

Workforce Objective 2

Create a more diverse workforce

Specific indicator

To seek an increase of 20% in the proportion of black, Asian and minority ethnic staff at bands 1-7.

Table 3: Staff self-identified from black, Asian and minority ethnic backgrounds in bands 1- 7

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **2019/20** | **2020/21** | **% change** |
| Black, Asian and minority ethnic backgrounds | 15.0% | 17.7% | +18% |

1. For 2020/21, the percentage of black, Asian and minority ethnic staff at bands 1-7 has increased from 2019/20.

Table 4: Staff self-identified from black, Asian and minority ethnic backgrounds in bands 7 and above

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **2015/16 baseline** | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** |
| Black, Asian and minority ethnic backgrounds | Breakdown not available by band | 12.7% | 12.8% | 11.7% | 11.4% | 13.4% |

1. The breakdown by staff pay scale (band) of the ethnicity of NICE’s workforce was first recorded at the end of 2016/17. From 2016/17 until the end of 2020/21, the percentage of black, Asian and minority ethnic staff at band 7 and above has increased slightly from 12.7% in 2016/17 to 13.4% in 2020/21.
2. The total number of disclosed black, Asian and minority ethnic staff at band 7 and above as of 31 March 2021 was 75 (up from 59 in 2019/20).

## Workforce Objective 3

Create a more diverse leadership cadre

Specific indicators

To seek an increase of 20% in the proportion of staff in senior roles from black, Asian and minority ethnic backgrounds (Agenda for Change band 8a and above).

1. 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).

Table 5: Staff self-identified from black, Asian and minority ethnic backgrounds in bands 8a and above

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **2019/20** | **2020/21** | **% change** |
| Black, Asian and minority ethnic staff band 8a and above | 8.8% | 11.1% | +26.1% |
| Accessing management and leadership development activity | Data not available | 6.3% | Not applicable |

1. For 2020/21, we have considered data relating to the NICE Foundations Line Management Programme in the management and leadership development programme measure. We aim to include more programmes in this measure in future years.

## Workforce Objective 4

Create a culture of belonging, improving staff experience for staff from under-represented groups

Specific indicator

To seek annual improvements in the quality of experience of staff from under-represented groups using the following measures: staff engagement (employee engagement index from Annual Staff Survey); turnover (LTR FTE%); absence (FTE%); employee relations cases (all cases at formal stage).

The following tables show staff experience measures.

Please note: change figures for sickness and turnover measures are percentage change points within group.

Table 6: Overall workforce population

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2019/20** | **2020/21** | **% Change** |
| Employee Engagement Index (EEI - Annual Staff Survey) | Data not available | 79/100 | Not applicable |
| Turnover (LTR FTE%) | 9.7% | 8.6% | -11% |
| Sickness absence (FTE%) | 2.3% | 1.8% | -22% |
| Employee Relations (number of cases at formal stage) | 12 | 14 | +17% |

Table 7: Self-identified black, Asian and minority ethnic staff

Please note: Turnover and sickness figures are for group (black, Asian and minority ethnic staff) within overall workforce turnover % as per table 6. Change figures for turnover, sickness and ER cases are percentages within group.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2019/20** | **2020/21** | **% Change** |
| Employee Engagement Index (Annual Staff Survey) | Data not available | 81/100 | Not applicable |
| Turnover (LTR FTE%) | 1.1% | 1.6% | +45% |
| Sickness absence (FTE%) | 1.5% | 2.0% | +33% |
| Employee Relations (number of cases at formal stage) | 0 | 3 | +300% |

1. The staff experience data for black, Asian and minority ethnic employees for the period 2020/21 is disappointing, despite the EEI for this group being marginally higher than for the overall workforce population.
2. There were increases in turnover and sickness rates, compared to falls in these measures for the overall population.
3. Of particular concern is a significant increase in the number of black, Asian and minority ethnic staff in the formal stages of ER cases during the period 2020/21. Though small numbers of total cases, an increasing declaration rate should also be noted

Table 8: Self-identified disabled staff

Please note: Turnover and sickness figures are for group (disabled staff) within overall workforce turnover % as per table 6. Change figures for turnover, sickness and ER cases are percentages within group.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disabled** | **2019/20** | **2020/21** | **% Change** |
| Employee Engagement Index (Annual Staff Survey) | Data not available | 75/100 | Not applicable |
| Turnover (LTR FTE%) | 0.4% | 0.3% | -25% |
| Sickness absence (FTE%) | 3.7% | 2.8% | -24% |
| Employee Relations (number of cases at formal stage) | 2 | 0 | -200% |

The staff experience measures for disabled staff present a mixed narrative, with improvements in some areas, but a lower overall employee experience rating.

1. For the period 2020/21, both turnover and sickness rates have fallen slightly, which is consistent with the trend for the overall workforce population.
2. There has also been a fall in the number of disabled staff who are entering the formal stages of the ER process (small overall numbers should again be noted).
3. Disappointingly, the EEI for disabled staff (75/10) is 4 points lower than that of the overall workforce population (79/100), and 6 points lower than that for black, Asian and minority ethnic staff (81/100).
4. This is the last year we will be reporting this metric as a part of our Annual Equality Report (our new metric considers band 8 and above changes).

Workforce Objective 5

Creating a culture where there is equality of opportunity for all

Specific indicator

To increase the use and quality of Equality Impact Assessment (EIA) for workforce activity by teams and managers across the organisation.

1. In this objective we commit to ‘the establishment of a robust process to ensure high-quality EIA is completed for all relevant people activity (to include annual review and reporting, and provision of training)’.
2. A new EIA process for workforce, with supporting template and training, was launched in April 2021. We will report the number of workforce EIAs completed for the first time in the 2022 Annual Equality Report.

Activity undertaken to support NICE workforce equality, diversity and inclusion during 2020/2021

1. The period 2020/21 saw significant disruption to NICE’s ‘business as usual’ activity due to the COVID-19 pandemic. Despite this, we were able to take significant steps forward in relation to progressing the workforce EDI agenda.
2. Following Board’s agreement of our new equality objectives at the end of 2020, the early months of 2021 were spent developing a year 1 EDI action plan for 2021/2, incorporating the ideas and input of staff, as well as drawing on both established and emerging best practice in the field of workforce EDI.
3. The final version of the action plan was shared with NICE’s executive team (ET) in early February. It sets out an ambitious programme of work which aims to refresh our approach to EDI, establishing the firm foundations for making sustainable improvements going forward. A key priority has been to ensure that we put the voice of lived experience at the centre of everything we do, and to embrace the opportunities offered by a confident positive action approach where this supports our objectives.
4. Since February 2021, the HR team have been working with staff across NICE to deliver the action plan, providing regular updates of progress via the Transformation Portfolio Board.
5. Activity associated with the action plan for the most part sits outside of the reporting period of this report, and we will not be able to gauge impact until the next reporting cycle. However, we have taken the opportunity to note key activity and initiatives that have been launched and delivered in the period up to November 2021:

* Recruitment: A review and refresh of our recruitment processes and documentation with a focus on EDI; the development, commissioning and delivery of a new training programme for hiring managers; the development of the NICE Inclusive Recruitment Volunteer Scheme to support diverse panels; engaging a new specialist EDI recruitment platform.
* Developing our EDI staff networks: a refresh of our approach to staff networks, with the launch of 3 new staff-led groups: NICE and proud, for LGBTQ+ staff, the Race Equality Network (REN), for black, Asian and minority ethnic staff, and the Disability Advocacy and Wellbeing Network (DAWN), which supports disabled staff.
* Staff development: the introduction, for the first time, of a mandatory equality objective for all staff in their annual appraisal; development and launch of a new Shadowing Meeting Scheme for black, Asian and minority ethnic staff.
* Workforce Equality Impact Assessment (EIA): development and launch of a new approach to EIA for people activity, including a new template and guidance; in April, c30 staff attended a bespoke EIA training programme to support implementation of this new approach.
* Launch of a new Dignity at Work Policy: in September, we launched a new policy, which is aligned with our new Values and Behaviours.

1. In addition to initiating the above activity, we continue to promote external positive action development programmes such as the NHS Leadership Academy’s “Stepping Up” programme; we also continue to develop activity which aims to attract a diverse talent pool into our entry level Apprenticeships. We retain Disability Confident “Employer” status and remain Stonewall Diversity Champions (which supports LGBTQ+ staff).

Next steps

1. To achieve our guidance and workforce equality objectives, the guidance equality team, and the HR and Organisational Development team will work with other teams leading this agenda across the Institute to develop and implement comprehensive action plans. They will work 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.
2. Regular staff and committee member equality listening events will continue to be held. In addition to the 3 committee listening events that have taken place in 2021, a further one is scheduled for quarter 4 and 4 additional events in 22/23. The next series of 4 staff events are scheduled for 2021/22.
3. 2 committee surveys have been undertaken in July/August 2021, to seek views of current and prospective committee members regarding increasing diversity within committees and considering equalities issues that result in barriers to engagement during guidance development. Actions are already underway to deal with some of the issues raised. A working group has been established to produce and deliver a comprehensive action plan that addresses the findings of the listening events and surveys.
4. NICE will continue to work closely with EDI leads from other ALB’s and explore opportunities for more collaborative activity to support this agenda.
5. Progress updates on delivery of the 2020-2024 objectives will be included in future annual equality reports.

Appendix 1: Equality issues impacting on NICE guidance production during 2020/21

Data on the composition of and appointments to NICE's advisory committees during 2020/21

Table 9: Ethnicity of applicants to NICE advisory committees

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **Baseline** **(2015/16)** | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** |
| Black or Black British | 2% | 2% | 3% | 2% | 3% | 2% |
| Asian or Asian British | 8% | 9% | 10% | 8% | 12% | 10% |
| Mixed | 2% | 3% | 2% | 2% | 3% | 2% |
| Any other ethnic group | 2% | 2% | 3% | 3% | 4% | 2% |
| White British | 67% | 67% | 63% | 68% | 57% | 55% |
| Other white background | 9% | 8% | 9% | 8% | 10% | 8% |
| Undisclosed | 4% | 4% | 7% | 5% | 9% | 19% |
| Data not held | 6% | 5% | 3% | 5% | 4% | 0% |

1. Analysis of data within table 9 indicates that there has been a marginal decrease in percentage of applicants across all ethnicities.
2. However, we note there has been an increase in the number of undisclosed categories which could have an impact on the data presented in table 9.

Table 10: Ethnicity of advisory committee applicants and appointees (all roles) in 2020/21

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | **% Of all applicants** | **% Of all appointees** |
| White | 63% | 62% |
| Non-white / black, Asian and minority ethnic | 18% | 13% |
| *Not disclosed/not held* | *19%* | *25%* |

1. Table 10 follows a similar trend to table 9. There is a slight decrease in % of appointees when compared to % of applicants, and this is more apparent in non-white/black, Asian and minority ethnic groups.
2. Further information on the composition of and appointments to NICE’s advisory committees is outlined below by protected characteristic.

Table 11: Age range of advisory committee applicants and appointees (all roles) in 2020/21

|  |  |  |
| --- | --- | --- |
| **Age** | **% Of all applicants** | **% Of all appointees** |
| 18 - 35 | 12% | 6% |
| 36 – 50 | 34% | 33% |
| 51 – 65 | 30% | 33% |
| Over 65 | 5% | 3% |
| Not disclosed / not available | 19% | 25% |

1. Consistency can be seen in table 11 when comparing the % of applicants and those appointed. However, there is a 50% difference in the 18-35 age range between % of applicants and those appointed. This was also identified within the prospective committee survey we undertook and is included within our overall action plan.

Table 12: Gender of advisory committee applicants and appointees (all roles) in 2020/21

|  |  |  |
| --- | --- | --- |
| **Gender** | **% Of all applicants** | **% Of all appointees** |
| Male | 38% | 36% |
| Female | 44% | 40% |
| Other | 0% | 0% |
| Not disclosed / not available | 18% | 24% |

1. As seen in table 12 above, 24% of those appointed to committees chose not to disclose their gender.

Table 13: Sexual orientation of advisory committee applicants and appointees (all roles) in 2020/21

|  |  |  |
| --- | --- | --- |
| **Sexual orientation** | **% Of all applicants** | **% Of all appointees** |
| Gay woman (lesbian) | 1% | 1% |
| Gay man | 2% | 1% |
| Bisexual | 2% | 1% |
| Heterosexual (straight) | 73% | 68% |
| Other | 0% | 0% |
| Not disclosed / not available | 23% | 28% |

1. The data presented in table 13 shows data for the number of applications and appointees based on their sexual orientation. It highlights that almost a quarter of the applicants chose not to disclose this information.

Table 14: Religion and belief of advisory committee applicants and appointees (all roles) in 2020/21

|  |  |  |
| --- | --- | --- |
| **Religion/belief** | **% Of all applicants** | **% Of all appointees** |
| Atheism | 4% | 3% |
| Buddhism | 1% | 1% |
| Christianity | 35% | 29% |
| Islam | 5% | 4% |
| Jainism | 0% | 0% |
| Sikhism | 1% | 1% |
| Judaism | 1% | 2% |
| Hinduism | 3% | 3% |
| No religion | 26% | 27% |
| Other | 0% | 0% |
| Not disclosed / not available | 24% | 30% |

1. Most applicants have disclosed their religion as Christianity. Furthermore, 30% of committee members have chosen not to disclose their religion.

Table 15: Disability status of advisory committee applicants and appointees (all roles) in 2020/21

|  |  |  |
| --- | --- | --- |
| **Disability status** | **% Of all applicants** | **% Of all appointees** |
| Disabled | 16% | 8% |
| Not disabled | 64% | 64% |
| Not disclosed / not available | 20% | 28% |

1. Whilst the % of applicants and appointees in the not disabled category remained the same, proportionally 50% fewer applicants that have disclosed they are disabled were appointed to committees.
2. In summary, our work to increase the diversity of committee members remains a high priority. A series of committee listening events and 2 surveys have been undertaken during 2021 and have captured challenges faced. A working group and action plan has been produced to start to address these challenges.
3. 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.
4. 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. 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.
2. Table 16 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 is included in this paper within Appendix 3.

Table 16: Summary of equality analysis of published guidance

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Guidance type (no. of items of guidance published)** | **Age** | **Disability** | **Gender reassign-ment** | **Pregnancy and maternity** | **Race** | **Religion or belief** | **Sex** | **Sexual orientation** | **Socio-economic** | **Other** | **Total no. of Equality Issues** | **No. of recomm-endations impacted** |
| Diagnostics Guidance (DG) (5) | 4 | 6 | 0 | 1 | 3 | 0 | 3 | 0 | 0 | 0 | 17 | 3 |
| Interventional Procedures Guidance (IPG) (18) | 14 | 12 | 0 | 0 | 6 | 0 | 13 | 3 | 8 | 2 | 58 | 0 |
| Medical Technologies Guidance (MTG) (10) | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| Technology Appraisals (TAs) (64) | 3 | 10 | 0 | 0 | 4 | 1 | 6 | 0 | 2 | 9 | 35 | 6 |
| Highly specialised technologies (HST) (2) | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Clinical guidelines (CG) (6) | 4 | 4 | 0 | 0 | 1 | 0 | 2 | 1 | 2 | 5 | 19 | 15 |
| Public Health Guidelines (PHG) (1) | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 4 | 4 | 13 | 12 |
| Quality Standards (QS) (9) | 8 | 8 | 0 | 2 | 8 | 1 | 1 | 2 | 3 | 19 | 52 | 24 |
| Antimicrobial Prescribing Guideline (APG) (4) | 4 | 4 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 1 | 15 | 13 |
| Guideline Updates Team (GUT) (2) | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 5 | 1 |
| COVID 19 Team (3) | 8 | 7 | 0 | 2 | 6 | 3 | 6 | 2 | 5 | 8 | 47 | 31 |
| Rapid COVID 19 Guidelines (13) | 13 | 12 | 0 | 1 | 4 | 1 | 3 | 0 | 11 | 4 | 49 | 0 |
| Total (137) | 61 | 65 | 0 | 11 | 37 | 7 | 36 | 8 | 36 | 53 | 314 | 105 |

34% of the equality issues highlighted in EIAs impacted on guidance recommendations.

The biggest impact across the categories presented in table 16 is related to disability, accounting for 20% of the total issues raised.

Compared to the data in 2019-20, the data presented in table 16 is consistent in terms of issues per guideline as well as impacts on guideline recommendations.

Table 17a: Number and % of equality issues found by protected and other characteristic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Protected characteristic** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| Age | 64 (18%) | 68 (14%) | 87 (20%) | 113 (23%) | 61 (20%) |
| Disability | 56 (16%) | 90 (19%) | 97 (23%) | 100 (20%) | 65 (21%) |
| Gender reassignment | 11 (3%) | 4 (1%) | 5 (1%) | 7 (1%) | 0 (0%) |
| Pregnancy & maternity | 7 (2%) | 16 (3%) | 21 (5%) | 25 (5%) | 11 (4%) |
| Race | 46 (13%) | 71 (15%) | 52 (12%) | 61 (12%) | 37 (12%) |
| Religion or belief | 15 (4%) | 26 (5%) | 16 (4%) | 21 (4%) | 7 (2%) |
| Sex | 34 (10%) | 38 (8%) | 35 (8%) | 41 (8%) | 36 (12%) |
| Sexual orientation | 9 (3%) | 13 (3%) | 6 (1%) | 5 (1%) | 8 (3%) |
| Socio-economic | 21 (6%) | 38 (8%) | 22 (5%) | 54 (11%) | 36 (12%) |
| Other | 85 (24%) | 110 (23%) | 89 (21%) | 91 (18%) | 53 (17%) |
| Total number of issues | 348 | 474 | 430 | 495 | 309 |

1. The data in table 16a highlights that the general trend has remained consistent.
2. It can be noted that the number of guidance products we produced during this period reduced considerably as a result of having to respond to the COVID-19 pandemic. The priority during this period was to produce guidance as soon as possible in order to react to the needs of the healthcare system. Therefore, some of the guidance that we produce had to be paused. This directly correlates to the reduction in the number of equality issues.

Table 17b: Number and % of equality issues with impact on recommendations by protected and other characteristic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Protected characteristic** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| Age | 15 (13%) | 18 (10%) | 26 (17%) | 54 (25%) | 18 (17%) |
| Disability | 37 (33%) | 33 (18%) | 39 (25%) | 39 (18%) | 22 (21%) |
| Gender reassignment | 3 (3%) | 3 (2%) | 3 (2%) | 7 (3%) | 1 (1%) |
| Pregnancy & maternity | 2 (2%) | 7 (4%) | 9 (6%) | 13 (6%) | 6 (6%) |
| Race | 10 (9%) | 21 (11%) | 19 (12%) | 21 (10%) | 12 (11%) |
| Religion or belief | 8 (7%) | 11 (6%) | 8 (5%) | 10 (5%) | 2 (2%) |
| Sex | 3 (3%) | 8 (4%) | 7 (5%) | 6 (3%) | 5 (5%) |
| Sexual orientation | 3 (3%) | 5 (3%) | 4 (3%) | 5 (2%) | 5 (5%) |
| Socio-economic | 8 (7%) | 10 (5%) | 7 (5%) | 17 (8%) | 11 (10%) |
| Other | 24 (21%) | 67 (37%) | 33 (21%) | 50 (24%) | 23 (22%) |
| Total number of guidance recommendations impacted | 163 | 193 | 157 | 246 | 105 |

1. The data in table 16b highlights that there has been a decrease of over 50% in the number of equalities issues identified during 2020/21 compared to 2019/20. However, simultaneously, there also has been a reduction of 50% in the total number of pieces of guidance produced during the same period as discussed above.

Appendix 2: Workforce diversity summary as of 31 March 2021

Workforce

1. This section summarises key trends in NICE’s workforce diversity by protected characteristic, as of 31 March 2021. More detail about NICE’s workforce can be found in the [annual workforce report](https://www.nice.org.uk/get-involved/meetings-in-public/public-board-meetings/agenda-papers-july-2021), published in July 2021.

Gender

1. The overall gender split of the workforce has not changed significantly over time, with the proportion of females as of 31 March 2021 at 71%, the same as 2020.
2. The biggest percentage change as of 31 March 2021 relates to bands 5 and 9 where the percentage of female staff increased from 76% to 86%, and from 69% to 79% respectively.
3. Men continue to be over-represented in the most senior grades and some lower grades relative to the overall workforce.
4. 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).
5. Electronic Staff Record (ESR) does not currently provide an option for employees who prefer to self-describe (national work relating to this issue is on-going).

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 43 staff declaring a disability which is 5.9% of the workforce. This is an increase on the previous year (31 staff, or 4.5%).

Age

1. Just over half (51%) of NICE’s workforce are 40 years old or less, similar to last year (54%).

Sexual orientation

1. 5% of staff have recorded their sexual orientation as lesbian, gay or bisexual, which is the same as 2019/20.

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 overall proportion of black, Asian and minority ethnic staff has increased to 14.7%, an increase from 12.3% for the period 2019/20.
2. The percentage of black, Asian and minority ethnic staff at band 1- 7 and above is 17.7%, which is an increase from 15.0% for 2019/20.
3. The percentage of black, Asian and minority ethnic staff at band 7 and above has increased to 13.2% from 11.4% in 2019/20.
4. The percentage of black, Asian and minority ethnic staff at band 8 and above has increased to 11.1% from 8.7% in 2019/20.
5. There continues to be under-representation of black, Asian and minority, ethnic staff at more senior levels, especially at band 8d and above. On March 31st, 2021, there were no staff in band 9 roles, with all staff at that level self-declaring as white, and only 4 black, Asian and minority, ethnic staff at band 8d.

Employment applicants and appointees

1. Data on employment applicants and appointees is gathered via the equality profile of individuals when they complete their application, which is automatically transferred to the ESR system when applicants are appointed. Staff now have access to update their diversity data, along with other personal information, via ESR, and are regularly encouraged to do so.
2. There were a total of 5265 applications for 164 advertised roles in 2020/21. Some of these advertisements were for multiple posts. 12% of applicants were invited to interview.
3. A comparison of the equality profiles of candidates for this period with those from 2019/20 shows small improvements in application/appointment figures for some groups, including an increase in the percentage of successful applications from Asian or Asian British candidates. There were also improvements for those self-declaring as gay or lesbian.
4. However, the data also shows continued challenges with attracting and appointing candidates from groups currently under-represented at NICE, particularly those from a black, Asian and minority ethnic background.
5. For the period 2020/21, there were small decreases in the numbers of applications from black or black British candidates, as well as those from an Asian or Asian British background.
6. Candidates from these groups were also significantly less likely to be appointed following interview than white candidates. Our data tells us that interviewees from a black or black British background faired especially unfavourably during the period 2020/21, with white candidates being 5 times more likely to be appointed following interview.
7. The data relating to interview is especially concerning and suggests that race and ethnicity may be a significant factor in whether or not a candidate is appointed following interview.
8. Key findings with regard to the equality profiles of applicants, interviewees and appointees for 2020/21 include:

Ethnicity

Table 18: Application, interview and appointment data for black, or black British, and Asian or Asian British candidates

1. Please note: bracketed percentages are for 2019/20

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **Applications (% of total applications)** | **Invited to Interview (% of total invited to interview)** | **Appointed (% of total appointments)** | **Difference in % interviewed and % appointed (% points)** | **Relative likelihood of white candidate being appointed from interview** |
| White | 52.% (51%) | 68% (61%) | 77% (85%) | +9 (+24) | n/a |
| Asian/ Asian British | 22% (23%) | 15.% (16%) | 11% (5%) | (-4) (-11) | 1.5 (4.8) |
| Black/ Black British | 13.5% (15%) | 8% (11%) | 2% (3%) | (-6) (-8) | 4.8 (5.4) |

Gender

1. This year we appointed 65 men (31% of filled vacancies) and 146 women (69% of filled vacancies), compared to 2019/20 when we hired 41 men (28% of filled vacancies) and 105 women (71% of filled vacancies)

Disability

1. In 2020/21, 267 applicants (5% of total applicants) disclosed having a disability, and of those, we appointed 14 (6.6% of those appointed). In 2019/20, 5.7% of total applicants disclosed having a disability, and 6.9% of those appointed declared a disability.

Sexual orientation

1. 4.4% of all applicants and 5.7% of appointed candidates disclosed they were gay or lesbian, compared to 3.6% and 3.2% respectively in 2019/20. 2.6% of all applicants and 4.3% of appointed candidates disclosed they were bisexual. In 2019/20, the figures were 2.3% and 5.5% respectively.

Appendix 3: 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 2019, ALBs are also asked to produce and publish WRES data annually. 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 staff, and,
* to improve black, Asian, and minority ethnic representation at the Board level of the organisation.

1. The NHS Workforce Disability Equality 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. NICE, together with other ALBs, first submitted WDES data in 2020, for the period 2019/20.

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. Improved data capture in 2020/21
3. As indicated in last year’s Annual Equality Report, we have made a number of changes to our Annual Staff Survey questionnaire to enable us to better fulfil reporting for the WRES and WDES.
4. Insights from our 2020/21 WRES and WDES data
5. Since 2019, NICE has participated in the NHS Workforce Race Equality Standard (WRES); in 2020, we participated in the NHS Workforce Disability Standard (WDES) for the first time. We are using the data from both standards to ensure our black, Asian and minority ethnic and disabled staff have equal access to career opportunities and receive fair treatment in the workplace.
6. In 2020 the HR team submitted returns to NHS England and Improvement (NHSE/I) for both the WRES and WDES for the period 2019/20, as requested. We are still awaiting a publication date for the WRES and WDES national reports for 2020, which in both cases have been delayed due to the COVID-19 pandemic.
7. The WRES and WDES teams have also postponed data collection for the period 2020/21. To ensure consistency in our own reporting, and as an aid to action planning, we have decided to produce WRES and WDES data sets for our own use. These will be published as a part of this Annual Equality Report on our website, accepting they will be available to public scrutiny without the context of benchmarking from other arm’s length bodies (ALBs).
8. Key insights from our WRES and WDES data for 2020/21 is given below. Where possible and useful, we give comparative data from previous WRES and WDES collections. However, it should be noted that our Annual Staff Survey for 2020 was postponed due to COVID-19, so we are unable to give comparative data for those metrics which are drawn from that source.
9. In common with data relating to our new workforce equality objectives, the key findings from our WRES and WDES data collection for 2020/21 are disappointing, and, at times, make for uncomfortable reading.
10. They show small improvements in the representation of black, Asian and minority ethnic and disabled staff, and raise concerns about the employee experience of staff from these groups. It is especially concerning that there has been a 5-fold increase in the percentage of black, Asian and minority ethnic staff reporting personal experiences of discrimination, and that 16% of those self-identifying as disabled report being bullied in the past 12 months (in contrast to 4% of non- disabled staff).
11. As elsewhere in this report, data should be seen in the context of improving declaration rates and, in the case of ER cases, small numbers.

Key insights for the WRES 2020/21

1. Our WRES data for this year suggests small improvements in the percentage of self-reported black, Asian and minority ethnic staff at bands 1-7, and band 8a and above, as compared to last year. However, black, Asian and minority ethnic staff continue to be underrepresented at senior levels, and especially at band 8d and above. It is notable that since we began reporting against the WRES in 2019, we have been unable to report any black, Asian and minority ethnic staff at band 9 or very senior manager (VSM) level.
2. According to the WRES calculations, white interview candidates are 1.70 times more likely to be appointed after interview than people from black, Asian and minority ethnic backgrounds, which has decreased from 3.38 times more likely in 2019/20, and 3.19 in 2018/19.
3. In 2020/21, 4% of white staff and 10% of black, Asian and minority ethnic staff reported experiencing harassment, bullying or abuse from staff within the last 12 months. In 2018/19, when we last reported against this metric, the figures were 6% and 10% respectively.
4. According to our data, 2% of white staff and 10% of black, Asian and minority ethnic staff reported experiencing discrimination in 2020/21. For 2018/19, when we last reported this metric, the percentages were 2% for both black, Asian and minority ethnic and white staff.
5. 31% of black, Asian and minority ethnic staff reported that they felt there were equal opportunities; the percentage for white staff was 48%. This is the first time we have been able to report against this metric, so no comparative data is available.
6. There were no staff from a black, Asian and minority ethnic background involved in a disciplinary process in 2020/21, which is the same as 2019/20.

Key insights for the WDES 2020/21

1. Our WDES data for this year suggests a small improvement in the percentage of self-reported disabled staff at senior levels, notably at band 9, compared to last year. However, disabled staff continue to be underrepresented at bands 8c, 8d and VSM levels. Disabled staff are currently over-represented at bands 3 and 4.
2. According to the WDES calculations, in the period 2020/21 applicants with disabilities had a similar likelihood of being appointed after interview, compared to non-disabled applicants. This is the same as for 2019/20.
3. For the period 2020/21, 16% of disabled staff reported having personally experienced bullying in the workplace, in contrast to 4% for non-disabled staff.
4. 35% of disabled staff and 46% of non-disabled staff believe that NICE provides equal opportunities with regard to career progression or promotion.
5. 54% of disabled staff report that they are satisfied with the extent to which NICE values their work. The percentage is 62% for non-disabled staff.
6. In the past 2 years, no staff who have declared a disability were involved in a formal capability procedure.

Our WRES results for 2020/21

1. Here are the key findings against the 9 WRES metrics, which is based on our workforce data for the 2020/21 financial year, and data from NICE’s Annual Staff Survey 2021.
2. WRES Indicator 1: Percentage of black, Asian, and minority ethnic staff in each band and Very Senior Managers (VSM) compared with the percentage of staff in the overall workforce
3. This metric examines the diversity of the workforce in respect of race, comparing percentages of staff across grades.

Chart 1: Race profile across grades

1. Chart 1 shows the race profile of our staff across salary grades. Staff from black, Asian and minority ethnic 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 black, Asian and minority ethnic 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 1.70 times more likely to be appointed after interview than people from black, Asian and minority ethnic backgrounds.

WRES Indicator 3

Relative likelihood of staff entering the formal disciplinary process

1. This indicator examines the relative likelihood of employees from black, Asian and minority ethnic 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 black, Asian and minority ethnic background involved in a disciplinary process (which is the same as for the period 2019/20).

WRES Indicators 4 to 8

1. Data for indicators 4 to 8 is provided by the Annual Staff Survey 2021. It should be noted that our annual survey for 2020 was postponed due to COVID-19, so comparisons with last year are not available.

WRES Indicator 4

Relative likelihood of staff accessing non-mandatory training and career progression development (CPD)

1. According to data taken from our Annual Staff Survey, the relative likelihood of black, Asian and minority ethnic background and white staff accessing non-mandatory development and training is about the same (white staff are 1.14% more likely to access).

WRES Indicators 5 and 6

Percentage of staff experiencing harassment, bullying or abuse in the last 12 months (5: Externally focussed and 6: Internally focussed)

1. 10% of black, Asian and minority ethnic staff and 4 % of white staff reported experiencing harassment, bullying or abuse from staff within the last 12 months. No staff from these groups reported abuse from the public.

WRES Indicator 7

Percentage of staff believing that NICE provides equal opportunities for career progression or promotion.

1. 31% of black, Asian and minority, ethnic staff reported that they felt there were equal opportunities; the percentage for white staff was 48%.

WRES Indicator 8

This indicator looks at the percentage of staff who have personally experienced discrimination at work from their manager, team leader or other colleagues.

1. For this period, 10% of black, Asian and minority ethnic staff reported having experienced discrimination, with 73% reporting that the discrimination came from a manager, 36% from colleagues. For white staff, the percentage was 2% (54% from managers; 58% from colleagues).

WRES Indicator 9

Percentage difference between the organisations’

1. Board voting membership and its overall workforce.
2. This indicator considers if the respective percentage of self-declared black, Asian and minority ethnic employees on the voting Board is lower than the overall black, Asian and minority ethnic workforce percentage, according to data held in our ESR system and by the Department of Health and Social Care who are responsible for non-executive appointments.
3. We have an incomplete data set for this metric with regard to our NEDs, so are not submitting a return as per the full WRES template.
4. The figures for our voting executive team are presented in Table 18

Table 19: Voting Board membership as of 31 March 2021

|  |  |  |  |
| --- | --- | --- | --- |
|  | Black, Asian and minority ethnic | White | Unknown |
| Voting Executive Members | 0 | 100% | 0 |

Our WDES data

1. Below are the key findings against the 10 WDES metrics, which is based on our workforce data for the 2020/21 financial year.

WDES Indicator 1

Percentage of staff in each band and VSM compared with the percentage of staff in the overall workforce.

1. 5.9% of NICE’s staff have declared a disability, which is an increase on the previous year (31 staff, or 4.5%).

Chart 3: Disability profile across pay bands

1. Disabled staff are over-represented in bands 3 and 4, and under-represented at bands above 8c (except band 9)

WDES Indicator 2

Relative likelihood of staff being appointed after interview across all posts.

1. For the period 2020-2021, applicants with disabilities had a similar relative likelihood of being appointed following interview, compared to non-disabled applicants (non-disabled staff were 1.05 times more likely to be appointed). There is no change, in this respect, from last year.

Chart 4: Disability profile across recruitment stages

WDES Indicator 3

Relative likelihood of 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, 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. Data for indicators 4a to 9a is provided by the Annual Staff Survey 2021. It should be noted that our annual survey for 2020 was postponed due to COVID-19, so comparisons with last year are not available.

WDES Indicator 4a

Percentage of staff experiencing harassment, bullying or abuse from the public, managers and other colleagues

1. 16% of disabled staff reported having personally experienced bullying for the period 2020/21, in contrast to 4% for non-disabled staff.
2. Disabled staff who had experienced bullying reported that the source was a manager/team leader in 67% of cases, or a colleague in 56% of instances. For non-disabled staff, the percentage was 35% from a manager, and 57% for a colleague.
3. No disabled staff reported having experienced bullying from a member of the public.

WDES Indicator 4b

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

1. 22% of disabled staff say that they reported the last instance of bullying that they experienced; for non-disabled staff, the figure is 35%.

WDES Indicator 5

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

1. 35% of disabled staff and 46% of non-disabled staff believe that NICE provides equal opportunities with regard to career progression or promotion.

WDES Indicator 6

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

1. 52% of disabled staff had felt pressure to come into work, with the pressure coming from their manager in 32% of cases. This compares to 30% of non-disabled staff feeling pressure, with 35% reporting that the pressure came from their manager.

WDES Indicator 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.

1. 54% of disabled staff are satisfied with the extent to which NICE values their work. The percentage is 62% for non-disabled staff.

WDES Indicator 8

Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

1. 78% of disabled staff who had indicated that they needed adjustments had received them.

WDES indicator 9a

The staff engagement score

1. This metric is measured using the Annual Staff Survey Employee Engagement Index (EEI).
2. The staff engagement score for disabled staff is 75/100 and 80/100 for non-disabled staff.

WDES indicator 9b

Has your organisation taken action to facilitate the voices of disabled staff in your organisation to be heard?

1. In the period to March 31st, 2020- 2021, we actively solicited the views of disabled staff across our people workstreams, for example when developing our organisational EDI objectives and EDI Action Plan for 2021/22.
2. Since then, we have been taking every opportunity to build the voices of disabled staff into everything we do, our new approach to equality impact assessment, launched in April 2021, for example, explicitly encourages staff to engage with disabled staff when planning any workforce change activity. In October 2021 staff launched a new network for disabled staff, the Disability Advocacy and Wellbeing Network (DAWN).

WDES Indicator 10

Percentage difference between the organisation’s Board voting and executive 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 19 below are auto calculated using a formula created by the WDES team.
2. We have an incomplete data set for this metric with regard to our NEDs, so are submitting data for our Executive members only.

Table 20: Voting and Executive Board membership as of 31 March 2021

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Disabled** | **Non-disabled** | **Unknown** |
| Executive membership | 0 | 100% | 0 |
| Difference (executive membership– overall workforce | 6% | 13% | -7% |

Appendix 4: Breakdown of workforce by protected characteristic (as of March 31st 2021)

The total staff headcount on March 31st was 728.

|  |  |  |
| --- | --- | --- |
| **Age** | **Headcount** | **% of workforce** |
| 20 and under | 4 | 0.4 |
| 21-25 | 24 | 3.3 |
| 26-30 | 81 | 11.1 |
| 31-35 | 106 | 14.5 |
| 36-40 | 161 | 22.1 |
| 41-40 | 120 | 16.6 |
| 46-50 | 91 | 12.5 |
| 51-55 | 73 | 10.1 |
| 56-60 | 52 | 7.3 |
| 61-65 | 12 | 1.6 |
| 66-70 | 4 | 0.6 |
| Total | 728 |  |

|  |  |  |
| --- | --- | --- |
| **Ethnic Group** | **Headcount** | **% of workforce** |
| Black, Asian and minority ethnic | 107 | 14.7% |
| Not Declared | 36 | 5.0% |
| White | 585 | 80.4% |
| Total | 728 |  |

|  |  |  |
| --- | --- | --- |
| **Disability** | **Headcount** | **% of workforce** |
| No | 634 | 87.1% |
| Not Declared | 49 | 6.7% |
| Yes | 45 | 6.2% |
| Total | 728 |  |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Headcount** | **% of workforce** |
| Female | 520 | 71.0% |
| Male | 208 | 28.1% |
| Total | 728 |  |

|  |  |  |
| --- | --- | --- |
| **Religious Belief** | **Headcount** | **% of workforce** |
| Atheism | 201 | 27.6% |
| Buddhism | 5 | 0.7% |
| Christianity | 252 | 34.6% |
| Hinduism | 14 | 1.9% |
| Islam | 22 | 3.0% |
| Jainism | 2 | 0.3% |
| Judaism | 3 | 0.4% |
| Other | 79 | 10.9% |
| Sikhism | 4 | 0.6% |
| Not declared | 146 | 20.1% |
| Grand Total | 728 |  |

|  |  |  |
| --- | --- | --- |
| **Sexual Orientation** |  | **% of workforce** |
| Bisexual | 17 | 2.3% |
| Gay or Lesbian | 25 | 3.4% |
| Heterosexual or Straight | 589 | 80.9% |
| Other sexual orientation not listed | 2 | 0.3% |
| Undecided | 1 | 0.1% |
| Not declared | 94 | 12.9% |
| Grand Total | 728 |  |

Appendix 5: Abbreviations

|  |  |
| --- | --- |
| **Abbreviation** | **Description** |
| ALBs | Arm’s length bodies |
| APG | Antimicrobial prescribing guidance |
| CG | Clinical guideline |
| CPD | Career Progression Development |
| CQC | Care Quality Commission |
| DAWN | Disability Advocacy and Wellbeing Network |
| DG | Diagnostics guidance |
| EDI | Equality, Diversity and Inclusion |
| EEI | Employee Engagement Index |
| EIA | Equality Impact Assessment |
| ER | Employee Relations |
| ESR | Electronic Staff Record |
| ET | Executive Team |
| FTE | Full-Time Equivalent |
| GUT | Guideline updates team |
| HR | Human Resources |
| HST | Highly specialised technologies guidance |
| IPG | Interventional procedures guidance |
| LGBTQ+ | Lesbian, Gay, Bisexual, Transgender, Queer and others |
| LTR | Labour Turnover Rate |
| MTG | Medical technologies guidance |
| NED | Non-executive Director |
| NEDG | NICE Equality and Diversity Group |
| NHSE/I | NHS England and Improvement |
| PHG | Public health guideline |
| QS | Quality standard |
| REN | Race Equality Network |
| TA | Technology appraisal guidance |
| ToR | Terms of Reference |
| VSM | Very Senior Manager |
| WDES | Workforce Disability Equality Standard |
| WRES | Workforce Race Equality Standard |

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