Board meeting

25 September 2024

Annual Equality Report 2024

Purpose of paper

For information

Board action required

The Board is asked to discuss the annual equality report

Brief summary

This is the final year we will be reporting against NICE's equality objectives 2020-24, so we take stock of progress compared to 2019-20 when these objectives were set. ​

**We have improved the quality of our equality data:** there has been a fall in non-declaration for all groups, both in-year and since 2019/20. This helps give an accurate picture of staff at NICE and better enable targeted action to address identified problems. ​

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**We have made significant progress to create a more diverse workforce**. Following changes to our recruitment process, we increased the proportion of ethnic minority staff at all levels by more than 50% since 2019/20. There continues to be underrepresentation of ethnic minority staff at the most senior levels (13.7%), especially at band 8d and 9, but the 5-year period has seen a 56% increase in senior level ethnic minority staff (band 8a and above). For the first time ever, we also have an ethnic minority member of the executive team. ​

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**Our staff survey indicates that our culture has some great strengths, but we have concerns about the experiences of disabled staff**. Ethnic minority, LGBTQ+ and female staff have the same or better levels of engagement as the overall workforce population and have higher levels of trust in managers. However, disabled staff report lower engagement scores than all other groups, lower trust in managers, and are at significantly greater risk of having poor wellbeing and experiencing bullying and harassment than the overall workforce. We have completed an in-depth inquiry into bullying and harassment and are developing recommendations to tackle this issue.​

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**We have improved equality considerations throughout development of our guidance**. We launched a new Equality and Health Inequality Assessment (EHIA) and started rolling this out across our guidance programmes, are on track to update our methods to better reflect health inequalities, and made changes to committee member recruitment to support diverse and representative committees. There continues to be high variability in the proportion of committee applicants from different ethnic groups.​

Board sponsor

Helen Brown, Chief People Officer