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Diversity policy at the National Health Service in the UK[*]

The National Health Service (NHS) represents the publicly funded healthcare systems in the UK. Primarily funded through central taxation, the core principle of the NHS is to provide a health service that is free of cost for everyone. The NHS has clear values and principles about equality and fairness for both patients and employees.

As a public body, the NHS is bound by the Equality Act 2010 and Public Sector Equality Duty to work towards reducing inequalities in employment and service provision. NHS organisations are required to give fair treatment to everyone regardless of their background or circumstances and to take full regard of individual differences. The specific diversity categories include those identified in the Equality Act 2010: age, gender, disability, ethnicity and race, gender reassignment, marriage and civil partnership status, caring responsibilities, sexual orientation, and pregnancy and maternity.

The degree of public interest and scrutiny, the organisation's size and scale, and its rapid pace of change are key considerations in the NHS diversity policy. In a complex and devolved system, which is made up of almost 500 organisations, it is difficult to attain consistency in the management of diversity, particularly in semi-autonomous organizations. An interview with the NHS's head of equality, diversity and human rights uncovered a major political shift in the language of diversity and its impact on the NHS. Leadership in the NHS needs to maintain momentum as new structures and systems are being imposed. A range of legal and voluntary measures is used in the NHS to promote equality, fairness and diversity. However, given the governmental austerity and budgetary controls, a trend has been a shift in resourcing away from diversity to other areas in the organisation. To maintain the momentum in a changing political environment, equality and diversity leaders in the NHS need to adopt a new political discourse. This entails engaging stakeholders, using social media and other means, to mobilise 'bottom-up' support (Özbilgin *et al*., 2014).

In the backdrop of these political developments, diversity gaps in some areas remain most dominant. For example, in London, where ethnic minority representation in the population is 45 per cent, only 8 per cent of the NHS trust board members are from ethnic minorities, and just 2.5 per cent of chief executives and chairs (Faragher, 2014).

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[*] Professor Mustafa Özbilgin (Brunel University) Jawad Syed (Lahore University of Management Sciences) wrote this mini case as a basis for class discussion rather than to serve as an endorsement, source of primary data, or illustration of effective or ineffective management. It has been adapted from: Özbilgin, M., & Syed, J. (2015). Conclusion: Future of diversity management. In Syed, J., & Özbilgin, M. (eds.), Managing diversity and inclusion, pp. 332-344. London: Sage.

Questions:
1. What factors are affecting NHS to shift resources and attention away from diversity?
2. If you were a diversity manager at NHS, what would you do in this situation?
3. What lessons do you draw from this case study?