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Diversity policy at the National Health Service in the UK*

The National Health Service (NHS) represented the publicly funded healthcare systems in the UK. Primarily funded through central taxation, the core principle of the NHS was to provide healthcare services free of cost for everyone. The NHS upheld clear values and principles regarding equality and fairness for both patients and employees.

As a public body, the NHS was bound by the Equality Act 2010 and the Public Sector Equality Duty to work towards reducing inequalities in employment and service provision. NHS organisations were required to ensure fair treatment for everyone, regardless of their background or circumstances, and to take full account of individual differences. The specific diversity categories included 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 were key considerations in the NHS diversity policy. In a complex and devolved system consisting of almost 500 organisations, achieving consistency in diversity management proved challenging, particularly in semi-autonomous entities. An interview with the NHS's head of equality, diversity, and human rights revealed a significant political shift in the language of diversity and its impact on the NHS. Leadership in the NHS needed to sustain momentum as new structures and systems were introduced. A range of legal and voluntary measures was employed to promote equality, fairness, and diversity. However, due to governmental austerity measures and budgetary constraints, there was a noticeable shift in resourcing away from diversity initiatives towards other organisational priorities.

To maintain progress in a changing political environment, equality and diversity leaders in the NHS needed to adopt a new political discourse. This involved engaging stakeholders and leveraging social media and other communication platforms to mobilise grassroots support (Özbilgin et al., 2014).

Despite these efforts, diversity gaps persisted in several areas. For instance, in London, where ethnic minorities comprised 45 per cent of the population, only 8 per cent of NHS trust

* 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. © Copyright: South Asian Academy of Management. To order copies or request permission to reproduce materials, email: info@southasianaom.org OR call (+92) 3291009981. This publication may not be digitized, photocopied, or otherwise reproduced, posted, used or transmitted, without the permission of South Asian Academy of Management.

board members came from ethnic minority backgrounds. Furthermore, just 2.5 per cent of chief executives and chairs belonged to ethnic minority groups (Faragher, 2014).

References

- Faragher, J. (2014). NHS to face 'regulatory consequences' for failure to improve racial diversity. *People Management*, CIPD, August 1. Available at: <http://www.cipd.co.uk/pm/peoplemanagement/b/weblog/archive/2014/08/01/nhs-faces-regulatory-consequences-for-failure-to-improve-racial-diversity.aspx>
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Questions

1. What factors were affecting the NHS's commitment to diversity and inclusion?
2. What challenges did the NHS face in achieving consistency in diversity management across its decentralized structure, and how could these challenges have been addressed?
3. What strategies could NHS leadership have implemented to bridge the gap between the diverse population it served and the underrepresentation of ethnic minorities in senior leadership positions?
4. If you were a diversity manager at NHS, what would you do in this situation?