Sir Jim Mackey
Chief Executive Officer
NHS England

12 November 2025

Dear Sir Jim

NHS staff survey 2025

We write as Chairs of *SEEN in Health*[1] to raise concerns about the 2025 NHS staff survey.

The survey's stated aims are to help NHS organisations "improve local working conditions and practices", and to "compare the experiences of different types of staff".[2] However, we believe poorly worded survey questions are currently undermining these objectives.

Late last year, we wrote to the Office for Statistics Regulation (OSR) raising concerns about the 2024 NHS staff survey.[3] In its response, the OSR said it had advised NHS England to provide clearer guidance and definitions to survey respondents and told us NHS England had committed to review terminology used in the 2025 survey.[4]

The 2025 staff survey is now underway. While some improvements have been made, we remain concerned that certain questions still limit the NHS's ability to identify and address discrimination and may expose NHS organisations to legal risk under the Public Sector Equality Duty. Our observations are as follows:

Question 15: This question continues to omit some of the protected characteristics set out in the Equality Act 2010. For example, protected Belief is missing – only Religion is noted. As you know, there are high-profile employment tribunals currently underway involving NHS staff who say they have experienced disadvantage because of a protected belief.[5]

The protected characteristic of pregnancy and maternity is also missing. This omission - in a question about fairness in relation to career progression and promotion - is disturbing given the NHS workforce is majority female and we know that some women suffer disadvantage in career advancement while pregnant or on maternity leave.

> **Recommendation: amend question 15 to include all nine protected characteristics set out in the Equality Act 2010.**

Questions 16: We are pleased that question 16 now accurately reflects all nine protected characteristics.

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[1] The Sex Equality and Equity Network for NHS employees (SEEN in Health) launched on 11 May 2024.
[2] Survey documents related to conducting the survey | NHS Staff Survey
[3] Our letter to the Office of Statistics Regulation
[4] Ed Humpherson to SEEN in Health Chairs: Request to Declassify NHS Staff Survey Data – Office for Statistics Regulation
[5] S Peggie v. NHS Fife and B Upton; Ms B Hutchison & Others v. County Durham and Darlington NHS Foundation Trust

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SEX EQUALITY AND EQUITY NETWORK

Question 27 and 27b: The demographic section asks respondents about some protected characteristics, specifically their age, race, sexuality and religion, but it does not directly ask their sex. Instead, question Q27 asks "Which of the following best describes you?" (female, male, non-binary, self-describe, prefer not to say), and Q27b asks "Is your gender identity the same as the sex you were registered at birth?" This convoluted approach is problematic. It:

1. **does not generate robust and complete data about respondents' sex:** some answers to questions 27 and 27b, will not indicate a respondent's sex – see **Annex** to this letter for details. This results in an incomplete sex data which is a serious flaw in the survey.

   The UK Statistics Authority *Inclusive Data Taskforce* recommends that data on sex "should be routinely collected and reported in all administrative data and in-service process data, including statistics collected within health".[6] The Sullivan *Review of data, statistics and research on sex and gender* - which Wes Streeting has agreed to act on - advised that questions about sex should follow the simple wording used in the UK census: "What is your sex?" with two response categories: Female, Male.[7]

2. **combines sex with gender identity:** the question mixes answers about sex ('female' and 'male') with answers about gender identity ('non-binary' or self-describing). Both the OSR[8] and the Sullivan *Review of data, statistics and research on sex and gender*[9] warn against combining the concepts of sex and gender identity in data collection because such questions have a mixed target. They also risk breaching the Public Sector Equality Duty, as they do not identify either the protected characteristic of sex or the protected characteristic of gender reassignment.

   Recommendation: include a clear, direct question about sex, using UK census wording: "What is your sex?" (Female, Male).

3. **limits analysis**: without robust sex data, it is impossible to compare the experiences of men and women, e.g., the rate of sexual harassment experienced by women working in the NHS relative to that experienced by their male counterparts. This means the survey cannot meet its stated objective of enabling a comparison of the experiences of different types of staff.

   The public analysis of the 2024 NHS staff survey data presents no findings at all split by sex.[10] This lack of curiosity about the relative experience of men and women working in the NHS is concerning but perhaps unsurprising given the failure of the survey to gather robust sex data.

4. **presumes all respondents have a gender identity:** question 27b assumes everyone has a gender identity. Gender identity theory is highly contested. It is inappropriate for publicly funded organisations to promulgate highly contested ideas. Many people reject gender identity theory because there is no evidence that everyone has an inner sense of gender (distinct from their knowledge of their sexed body), and gender identities are grounded in restrictive gender stereotypes. There is no option in the survey for respondents to say they have no gender identity. Thus, the survey compels some respondents to assert a belief in gender identity theory which they do not have. Where staff who do not hold a belief in gender identity *choose* to respond to the

[6] Inclusive data taskforce Recommendations report Leaving no one behind. How can we be more inclusive in our data? Paragraph 3.4
[7] Independent review of data, statistics and research on sex and gender - GOV.UK, page 7
[8] Microsoft Word - OSR Sex and Gender Guidance - December 2024.docx, page 6
[9] Independent review of data, statistics and research on sex and gender - GOV.UK, page 5
[10] 2024 National NHS Staff Survey Results - GOV.UK

survey this risks inaccurate conclusions being drawn. We are aware of colleagues who are opting to not complete the survey to avoid this, with implication for all other survey findings.

In posing a similar question in the 2021 Census, the Office for National Statistics subsequently concluded that the question was poorly understood by many respondents, particularly those for whom English is a second language.[11] It is surprising that NHSE has chosen to continue to use it.

The OSR[12] and the Sullivan *Review of data, statistics and research on sex and gender*[13] both advise that data collection should not assume respondents will agree they have a gender identity, and that there should be an option for respondents to record that they have no gender identity. Prof. Sullivan also notes the need to have a clear target in mind for any question about gender identity.

Recommendation: if a question about gender identity is necessary, it should include a 'no gender identity' option amongst the possible answers, similar to the Religion question.

A lack of accurate data on the protected characteristic of sex undermines NHS employers' ability to identify and protect their staff from discrimination. It also prevents them from fulfilling their obligation to monitor equality under the Public Sector Equality Duty.

Given our correspondence with the OSR in late 2024[14] and NHS England's commitment to make improvements, it is troubling that multiple issues persist.

We would welcome the opportunity to discuss these points with you as planning for the 2026 staff survey begins. We also note the OSR's offer to support NHS England on this issue.

We are copying this letter to Ed Humpherson (OSR), the Equalities and Human Rights Commission and Professor Alice Sullivan (UCL), and will publish it on our website alongside previous correspondence on this matter.

Yours sincerely

DH, IB & NK

SEEN in Health Co-Chairs

[11] https://osr.statisticsauthority.gov.uk/correspondence/emma-rourke-to-ed-humpherson-gender-identity-statistics/ paragraph 6

[12] Microsoft Word - OSR Sex and Gender Guidance - December 2024.docx, page 13

[13] Independent review of data, statistics and research on sex and gender - GOV.UK, page 9

[14] Our response to the Office of Statistics Regulation

Annex: ***Conclusions which can be drawn about respondent sex from questions 27 and 27b***

Answer to Q27 "Which of the following best describes you?"	**Answer to Q27b "Is your gender identity the same as the sex you were registered at birth?"**	**Conclusion which may be drawn about respondent's sex based on the two answers**
Female	Yes	Respondent is female
	No	Respondent is male
	Prefer not to say	*Respondent's sex is unknown*
Male	Yes	Respondent is male
	No	Respondent is female
	Prefer not to say	*Respondent's sex is unknown*
Non-binary	Yes	*Respondent's sex is unknown*
	No	*Respondent's sex is unknown*
	Prefer not to say	*Respondent's sex is unknown*
Prefer to self-describe	Yes	*Respondent's sex is unknown*
	No	*Respondent's sex is unknown*
	Prefer not to say	*Respondent's sex is unknown*
Prefer not to say	Yes	*Respondent's sex is unknown*
	No	*Respondent's sex is unknown*
	Prefer not to say	*Respondent's sex is unknown*

Source: SEEN in Health analysis