

NHS Workforce Race Equality Standard report 2021

On 7 April, NHS England and NHS Improvement (NHSE/I) published its annual report for the **NHS Workforce Race Equality Standard** (WRES). The 2021 report provides more granular data compared to previous years, increasing the scope to better understand the intersectionality of race and other characteristics on NHS staff experience.

The WRES report uses the term “Black and minority ethnic” to describe ethnic minority staff. However, this briefing will not use this term, the acronym “BME”, or the alternative acronym “BAME”. Instead, NHS Providers uses the full description “Black, Asian and minority ethnic” or “ethnic minority” as preferred descriptions to denote the same aggregation where disaggregation into more appropriate, distinct categorisations of ethnicity is not possible.

Key findings

- Ethnic minority representation at very senior manager (VSM) level has increased in the NHS to its highest recorded point (9.2%), and there has been an increase in the number of Black, Asian and minority ethnic staff working throughout the workforce.
- There has been a fall in the number of executive directors on trusts boards from an ethnic minority background, which is masked by the increase in overall board figure (12.6%, up from 10%), driven by improved non-executive director (NED) representation.
- Only 44.4% of ethnic minority staff believe that their trust provides equal opportunities for career progression or promotion, compared to 58.7% of white staff. Black, Asian and minority ethnic staff also remain less likely to access CPD and non-mandatory training.
- There have been year-on-year improvements in the disciplinary gap, but ethnic minority staff remain more likely to enter a formal disciplinary process than their white peers.
- Improved data collection in 2021 has highlighted the differing experiences of ethnic minority staff from distinct groups, and shows that people from Black backgrounds are more likely to experience discrimination and mistreatment from colleagues and managers. Gypsy and Irish Traveller staff are the most likely to experience bullying, harassment or abuse from patients and the public.

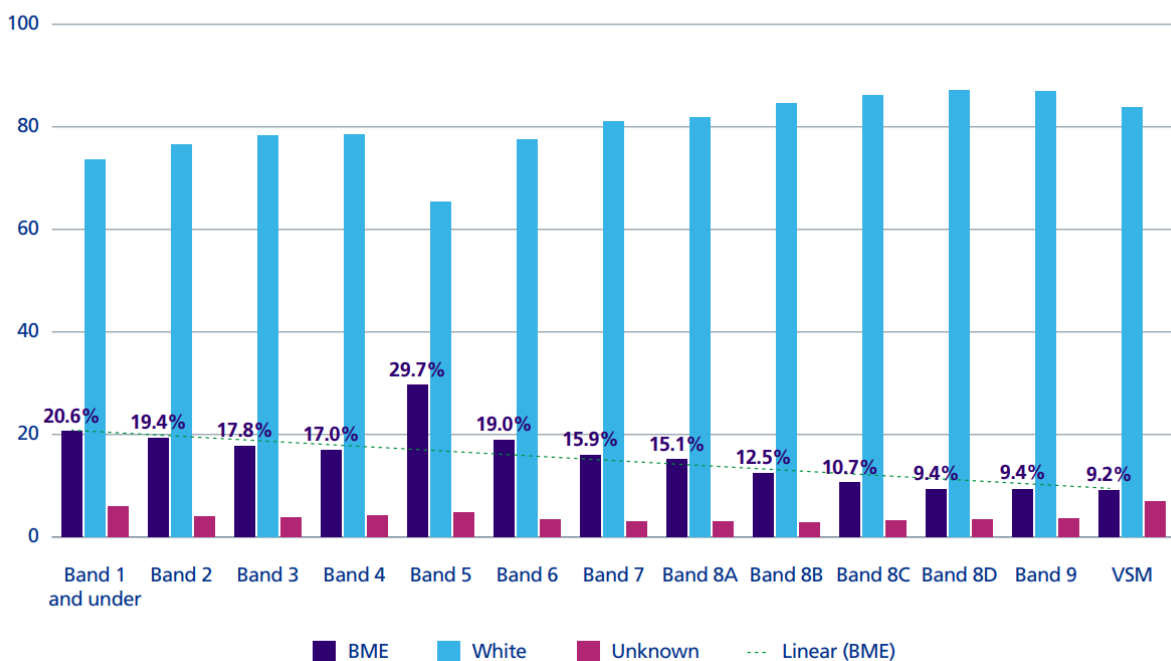
Representation

The NHS is comfortably the largest employer of ethnic minority people in England, and levels of representation at various levels of seniority is a critical metric within any assessment of racial equality

for staff. There is close to 310,000 Black, Asian and minority ethnic staff working across trusts, making up 22.4% of the workforce overall. This proportion has been increasing steadily over the past six years: in 2016, 17.7% of the workforce were from an ethnic minority background, while last year (2020) this figure was 21.1%.

However, the overall level of Black, Asian and minority ethnic staff representation in the NHS has consistently not been reflected in higher pay bands, including at VSM and board level, and this continued to be the case in 2021.

Fig 5. Percentage of staff by AfC pay band and ethnicity for all NHS trusts: 2021.



Source: NHS Workforce Race Equality Standard report, March 2022 (SDCS data collection)

There have been some improvements since last year’s findings (2020 report), most notably in the proportion of ethnic minority very senior managers (VSMs) working in the NHS. At this level, 9.2% is the highest level of representation recorded to date, and an increase from 7.9% in 2020. Overall, since 2018, the number of ethnic minority people at VSM level in trusts has increased by nearly 50% (48.3%).

There have been mixed results against the objective of seeing much greater racial equality at board level. Trusts have made progress in employing a larger number of Black, Asian and minority ethnic NEDs: the aggregate figure in the NHS has increased from 181 to 278 ethnic minority NEDs, a

significant 54% increase which has pushed the overall level of representation across all board roles up to 12.6%, from 10% in 2020.

However, this rise has masked a concerning downturn in representation among executive directors on trust boards. There are 11 fewer ethnic minority executive directors working in the NHS compared to last year (144 in total, down from 155 in 2020) and a large number of trusts where there is no representation for ethnic minority staff: 104 trusts have an all-white executive team, making this the case for nearly half (48%) of organisations across the country.

This year's WRES report has improved data collection by using the Strategic Data Collection Service (SDCS), moving beyond a historical reliance on NHS Digital Workforce Statistics alone and disaggregating "Black and minority ethnic" into specific ethnic groups. While several historical figures within the key indicators have been adjusted according to new methodology, this is not the case for all findings presented in the report. The national data for representation at different levels of seniority is one such finding.

Equal opportunity

There is a considerable gap between the aim and reality of equitable access to development and career opportunities in the NHS, as shown by the data for WRES indicators two, four and seven:

- Relative likelihood of white staff being appointed from shortlisting compared to Black, Asian and minority ethnic staff,
- Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian and minority ethnic staff, and
- Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.

In 186 of the 214 trusts (87%) that provided data on indicator two, white applicants were more likely to be appointed from shortlisting compared to ethnic minority applicants. In 154 trusts (72%), white staff were at least 25% more likely to be appointed. There were no trusts without a disparity. On the whole, white applicants were 61% more likely to be appointed than ethnic minority staff in the NHS, the same discrepancy as in 2020. There has been no overall improvement on this indicator for six years.

In 95 of the 202 trusts (47%) that provided data on indicator four, white staff were more likely to access non-mandatory training and CPD than Black, Asian and minority ethnic staff. In 103 trusts (51%), ethnic minority staff were more likely to access this than white staff. Four trusts had no disparity

in this metric. NHSE/I notes that the North West region has seen a particular improvement on indicator four, from white staff being 26% more likely to access training in 2019, to 13% more likely in 2021, following a sustained focus on ensuring equality of access to training. Across the NHS workforce as a whole, white staff are 14% more likely to access non-mandatory training and CPD compared to their ethnic minority colleagues.

The NHS staff survey data which informs indicator seven shows that only 44.4% of ethnic minority staff believe that their trust provides equal opportunities for career progression or promotion, compared to 58.7% of white staff believing this. This finding is stable from 2020 for ethnic minority staff, but it is 3% down from 2017 and is the lowest recording for white staff in the five-year period of reporting on this metric.

NHSE/I notes that in 98.6% of trusts, a lower proportion of Black, Asian and minority ethnic staff believed that their trust provides equal opportunities for career progression or promotion compared to white staff. The two ethnic groups with the lowest results were staff from a Gypsy or Irish Traveller background and staff from a Black background, with just 47.5% and 57.5% respectively reporting belief that their trust provides equal opportunities for career progression or promotion. These results have been consistently lower than those from other ethnic groups since reporting began on this metric in 2016. In terms of staff group, there has been a sharp decrease, from just over 62% in 2020 to 54.1% in 2021, for ethnic minority women in “general management” who believe that their trust provides equal opportunities for career progression or promotion.

Discrimination and harassment

There are four indicators in the WRES that consider the themes of discrimination and harassment. Indicator 3 looks at the relative likelihood of minority ethnic staff entering a formal disciplinary process in comparison to white staff. This indicator shows year-on-year improvement, with relative likelihood reducing from 1.56 (56% higher) in 2016 to 1.14 (14% higher) in 2021. While progress has slowed between 2020 and 2021 (1.16 to 1.14), it is encouraging to see this gap narrowing and the report does highlight the significant improvement on this indicator in the East of England specifically.

Despite a narrowing gap, it is important to note that half of trusts were still 1.25 times more likely to see minority ethnic staff enter a formal disciplinary process compared to white staff. Regional breakdowns in this year’s report are useful in illuminating areas of best practice which will assist trusts in sharing learning.

The percentage of staff experiencing harassment, bullying or abuse from patients, their relatives or the public (indicator 5) has hovered in the high 20s since 2016 for both minority ethnic staff and white staff. However, the gap between harassment experienced by minority ethnic staff and their white colleagues has grown since 2019 and now stands at 3% with minority ethnic staff more likely to experience these incidents. In 2016, this gap was 1%, while in 2018 this metric reached its narrowest point, at 0.8%.

The report notes that a majority of trusts (72.3%) see minority ethnic staff experiencing bullying, harassment or abuse from patients and the public compared to their white colleagues. NHSE/I suggests that a recent decline in the overall number of incidents since 2020 could be a result of less face-to-face interaction due to the pandemic.

Regionally, trusts in London see higher rates of staff reporting harassment, abuse or bullying from patients, while the North West reports the lowest rates. London is the only region to see white staff experiencing marginally higher levels of harassment or abuse from patients and their families (0.1% difference).

The granularity of data provided in this year's report show significant variation in the experience of staff from different ethnic groups and the intersection of gender and race, with women from "other" Asian backgrounds experiencing high levels of abuse, bullying or harassment (36.6%) and women overall often experiencing higher levels of abuse across several ethnic and occupational groups. These findings show the significant level of harassment and abuse experienced by those from Gypsy or Irish Traveller communities (43.5%). It is also notable to see over 30% of White Irish staff reporting discrimination from patients and their families.

Ambulance staff (operational) are the most likely (54.2%) to have experienced abuse, bullying or harassment, with 76.4% of women from white backgrounds and 72.7% of women from Bangladeshi backgrounds working as ambulance staff experiencing these incidents at work.

There is a marked difference between the proportion of ethnic minority staff and their white peers reporting harassment, abuse or bullying from colleagues in the last 12 months (indicator 6) and this gap has widened over time, from 3% in 2016 to 5.6% in 2021. This is an issue that still affects the clear majority of trusts (92.7%).

This year's data shows men and women equally likely to have experienced harassment of this kind (23.7%). As with harassment from patients, the data overwhelmingly shows that Gypsy or Irish

Traveller staff experience the highest levels of incidents, with 51.1% of men and 44.4% of women from these communities experiencing bullying, abuse or harassment in the last 12 months.

The data also shows that women from “other” Black backgrounds (36.2%) and women from “any other” backgrounds (33.6%) experience particularly high levels of harassment from staff. Broken down by grade, the data shows that ethnic minority women experience the highest levels of abuse from other staff members across a number of occupational groups, including general management (36.2%), as well as medical and dental roles (32.2%) and as registered nurses and midwives (31.8%).

Finally, indicator 8 looks at the percentage of staff personally experiencing discrimination at work from a manager, team leader or colleague. Since 2020 there has been a 2.2% increase for minority ethnic staff and a 0.2% increase for white staff experiencing this type of discrimination. However, it is important to note, the gap between minority ethnic staff and white staff has increased year on year since 2016 and now stands at 10.5% in 2021. Furthermore, a majority of trusts (98.6%) see more minority ethnic staff experience discrimination from a manager, a team leader or another colleague. There has been a rise in ethnic minority staff reporting discrimination of this kind across all regions in England, with highest percentage in the South West.

In the last 12 months, 20.5% of black women experienced discrimination from a manager or colleague, with 19.4% of black staff overall reporting the same. This breakdown, once again, shows a significant level of discrimination against Gypsy or Irish Traveller staff, with 26.2% experiencing this type of discrimination at work.

As seen with bullying, abuse or harassment metrics, minority ethnic women are the most likely (16.9%) to have experienced discrimination from a manager at work and this is reflected across most occupational groups. Figure 21 in the report shows the extent to which ethnic minority staff experience higher levels of discrimination across all occupational groups (reproduced below).

Fig 21: Gender and ethnicity (2020 NHS Staff Survey):



Source: NHS Workforce Race Equality Standard report, March 2022 (SDCS data collection)

Next steps

NHSE/I ask that the intersectionality and different experiences of distinct ethnic groups are borne in mind when reading this year’s WRES report, noting “the benefit of moving towards nuanced race equality indicators”. We strongly agree with this assessment.

NHSE/I also states that systems and employers will be asked to do more to improve staff diversity through recruitment and promotion practices, given the lack of improvement on indicator two. NHSE/I has detailed that its ask will focus the existing 6 high impact actions to overhaul recruitment and promotion practices:

- 1 Ensure executive senior managers (ESMs) own the agenda
- 2 Ensuring fairness
- 3 Positive action on talent
- 4 Prioritise workforce diversity
- 5 Adopting best practice
- 6 Supporting a bigger conversation

We will engage with NHSE/I on this workstream, and support trusts to share best practice and make improvements. This will form part of our member support offer on improving race equality, which we have been developing in 2021/22: our initial research and findings from extensive engagement with trust leaders is published [here](#).

NHS Providers view

Responding to the 2021 NHS Workforce Race Equality report, NHS Providers deputy chief executive Saffron Cordery said:

“NHS leaders and staff will be reflecting on results from the Workforce Race Equality data today.

“It is certainly encouraging to see year on year improvements in the number of ethnic minority staff at both very senior manager level within trusts, and at board level as a whole. However, the decrease in representation among executive directors in the NHS is deeply concerning and must be addressed if progress in other areas is to be maintained.

“Trust leaders have been clear that tackling racial inequality in the NHS workforce is a key priority, and know that increased diversity in senior roles is crucial to ensuring sustainable culture change within their organisations, and ultimately, better care for the diverse populations they serve.

“And while it is promising that trusts have been making small but consistent measures of progress addressing the disciplinary gap for ethnic minority staff compared with their white peers, this report shows there is still much work to be done, with a lack of improvement in equitable access to training and development, and career progression opportunities for ethnic minority staff.

“NHS staff should never be on the receiving end of harassment or bullying – either from their colleagues, managers or patients and their families. Today’s report underscores the fact that these issues need to be tackled head on.

“We wholeheartedly welcome the inclusion of more granular data in this year’s report to help understand how staff with different protected characteristics experience discrimination, including staff from distinct ethnic minority groups. A focus on local action is critical, to help each and every trust tackle structural racism and its effects.”