22 February 2023

on the day BRIEFING

NHS Providers

NHS Workforce Race Equality Standard report 2022

On 22 February 2023, NHS England published the annual Workforce Race Equality Standard (WRES) data report. The 2022 report continues to make use of more granular data than pre-2020 versions, reporting by ethnicity, sex, region and occupation - a welcome inclusion that will aid the development of targeted initiatives to tackle race inequality through an intersectional lens.

The foreword by Navina Evans, chief workforce officer, NHS England and Em Wilkinson-Brice, national director for people, NHS England, makes reference to recommendations from the 'Leadership for a collaborative and inclusive future' review (published June 2022) calling for equality, diversity and inclusion to be embedded at all levels within the health service. The foreword also makes the moral case for tackling race inequality, as in previous years, while making the case for the link between improved staff experience and better patient outcomes for the first time in this report's history.

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

- The overall percentage of ethnic minority staff in the NHS has been increasing year-on-year and now stands at 24.2% (up from 22.4% in 2021, a 1.8% increase). This is likely due to an increase in international recruitment
- Very senior manager (VSM) diversity has also increased to 10.3% from 9.2% in 2021 (a 1.1% increase), while the number of ethnic minority board members now stands at 13.2%, up from 12.6% in 2021 (an increase of 0.6%)

- An increasingly diverse overall workforce means, however, that despite increased board diversity, the gap between whole workforce and board member diversity is widening, with the largest gap at executive level
- There has been no change in the higher relative likelihood of ethnic minority staff entering a formal disciplinary process compared to their white peers (1.14 since 2021)
- Overall, the percentage of ethnic minority staff who believe their employer offers equal opportunities for promotion or progression to all staff has marginally increased to 44.4% (from 44.0% in 2021) but remains lower than the 47.5% reported in 2018. Only 35.4% of black staff believe their employer offers equal opportunities to all, a significant change from 57.5% last year and a decrease of 22.1%
- Reports of abuse, bullying and harassment from patients, their families and the public have increased for all staff since 2021, but there remains a gap (2.2%) in the experience of this behaviour between ethnic minority staff and their white peers
- The number of staff reporting discrimination by a manager or another member of staff has also increased for all since 2020, with ethnic minority staff 10.2% more likely to experience this than white staff

2022 report

The below briefing summarises the nine WRES indicators under the themes of representation, equal opportunity, and discrimination and harassment. Data for the WRES is collected via the Data Collection Framework (DCF), with a return rate of 100%, and via the NHS Staff Survey. For indicators that utilise NHS staff survey data, that data is from 2021, published in 2022.

Representation

The overall percentage of ethnic minority staff across the NHS workforce has increased year-on-year and now stands at 24.2% in 2022, compared to 22.4% in 2021 and up from 19.1% in 2018. At VSM level, the percentage of ethnic minority staff has also increased year-on-year, with 10.3% of staff from an ethnic minority, compared to 9.2% in 2021 and 6.9% in 2018. In previous years granular data has been published showing breakdowns by region and Agenda for Change (AfC) band. This year's report sees the addition of increased granularity across clinical and non-clinical roles, as well as the medical workforce.

By region, London is the most diverse with 49.9% of the workforce from an ethnic minority compared to the South West, where 12.8% of staff are from an ethnic minority. When considered by AfC band, band 5 sees the highest percentage of staff from an ethnic minority (34.3%, compared to 29.7% in

2021), while bands 8d and 9 see the lowest at 10.4% (both 9.4% in 2021). Ethnic minority staff at VSM level represent 10.3% of the workforce (9.2% in 2021).

Band 6 is the most diverse band for non-clinical roles, with 18.8% of staff from an ethnic minority. The percentage of ethnic minority staff is highest in non-clinical bands 5 to 7 roles, yet as the graph below shows (Figure 6), the range does not see dramatic variation across bands. For clinical roles, band 5 is the most diverse band with 36.8% of staff from an ethnic minority. It is worth noting that the next most diverse band for clinical roles is band 2 and under at 24.0%, a difference of 12.8%. Compared to non-clinical roles there is more variation between bands in clinical roles (Figure 8, below), with a high percentage of diversity in clinical band 5 likely the result of international nurse recruitment. The race disparity ratios included in the 2022 report show disparity in the non-clinical and clinical workforces, except in the lower to middle AfC bands for non-clinical roles. The representation gap has been decreasing in non-clinical roles, while it has been increasing in clinical roles.

Figure 6. AfC bands: non-clinical (percentage representation)

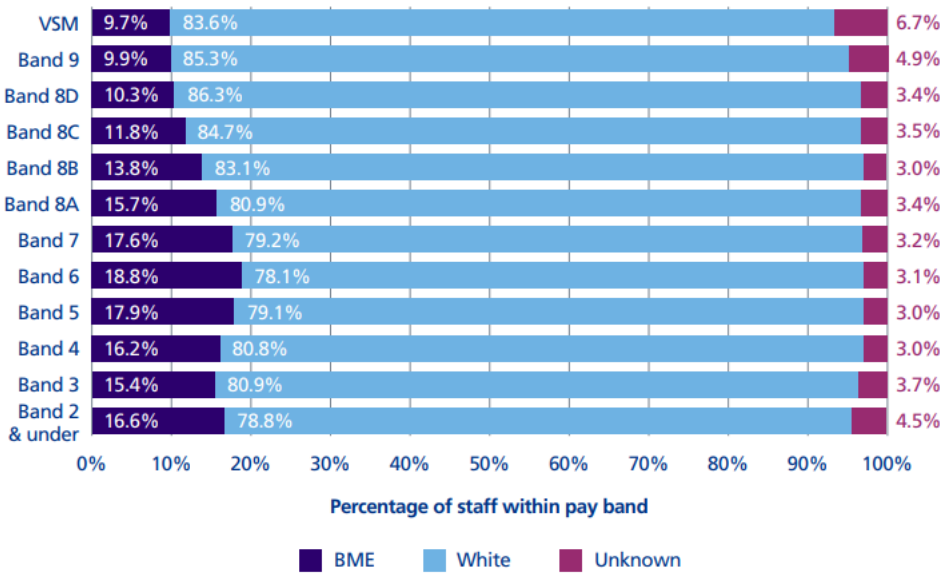
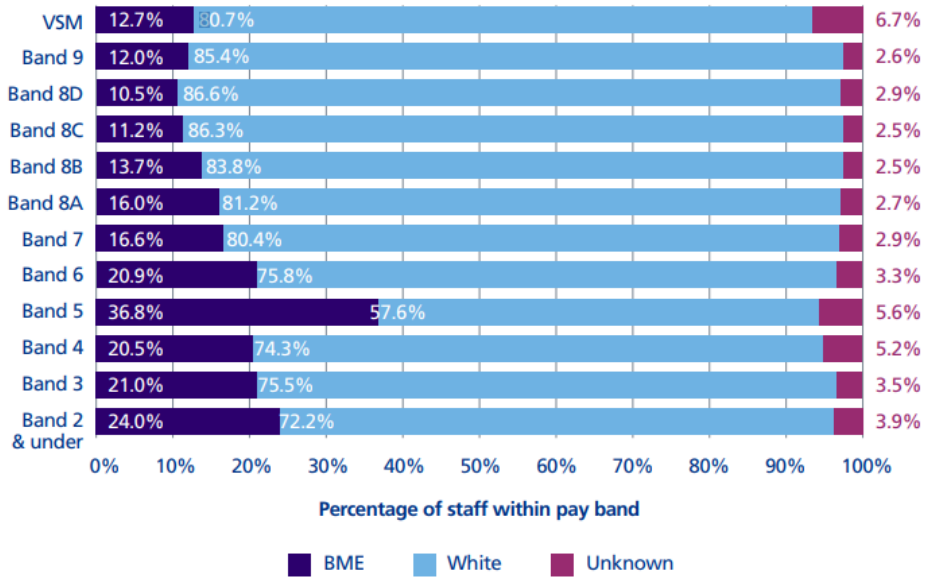


Figure 8. AfC bands: Clinical (percentage representation)



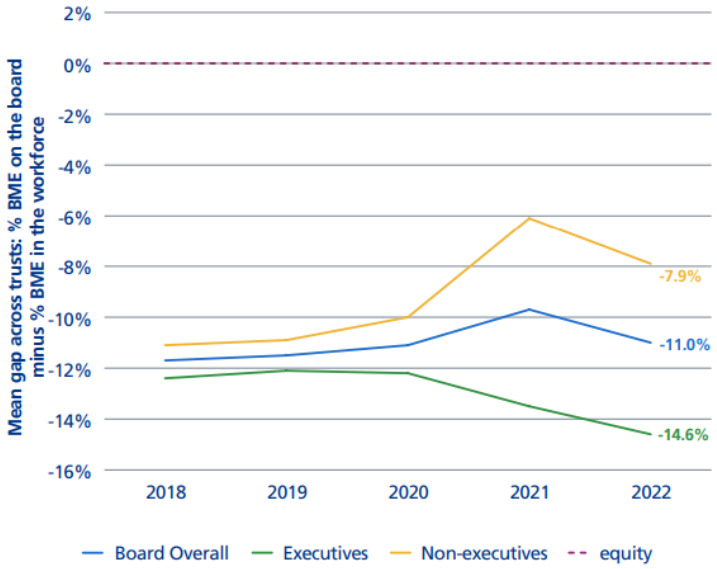
In medical roles, the highest percentage of ethnic minority staff are in non-consultant specialist roles (57.5%), with 46.2% of trainees from an ethnic minority compared to 39.0% of consultants and 31.0% of senior medical managers. In medicine overall, ethnic minority staff make up 44.3% of the workforce.

Today, NHS England also published a 'commitment to collaborate' with Health Education England, NHS Employers, NHS Resolution, the Academy of Medical Royal Colleges, the British Medical Association and the General Medical Council (GMC) as part of the Medical Workforce Race Equality Standard (MWRES). This document outlines five areas of focus:

1. Reducing the disciplinary gap and disproportionate referrals to the GMC
2. Improving diversity in senior medical leadership
3. Increasing diversity on Royal Medical College councils
4. Ensuring meaningful arrangements at a local level for international medical graduates
5. Supporting specialty and associate specialist doctors (SAS) to progress to leadership roles.

Indicator 9 looks at representation at board level and shows an increase in overall board diversity at a national level (13.2% up from 12.6% in 2021). Executive board member diversity has also increased to 9.6% compared to 8.9% in 2021. While there has been an increase in the diversity of board members, the report flags that increasing diversity in the overall workforce means that the mean gap between overall workforce and board diversity is increasing. This most pronounced for executives (Figure 40).

Figure 40.



Equal opportunity

Indicator 2 considers the relative likelihood of white applicants being appointed from shortlisting compared to ethnic minority applicants. It shows improvement to 1.54 compared to 1.61 in 2021, but the relative likelihood was 1.45 in 2018. At 72% of trusts, white applicants are more likely to be appointed from shortlisting than ethnic minority applicants. However, the report notes that regionally the South East and North West have seen year-on-year improvements.

There has not been a change to the higher likelihood of ethnic minority staff entering a formal disciplinary process compared to their white peers (Indicator 3) between 2022 and 2021 (1.14 in both years), with improvement slowing since 2018/19. There is widespread variation on this indicator regionally, while London remains the most challenged.

Access to non-mandatory training and continued professional development (CPD) is measured in Indicator 4, which shows improvement to 1.12 compared to 1.14 in 2021. However, progress on this measure has slowed since 2017. The report notes that all regions "fell within the non-adverse range of 0.80 to 1.25".

Indicator 7 considers the percentage of staff who believe their organisation provides access to equal opportunities for career progression or promotion. In 2021, 44.4% of ethnic minority staff agreed compared to 58.7% of white staff. This compares to 44.0% of ethnic minority staff and 59.6% of white staff in 2020. At almost all trusts (99.5%) ethnic minority staff report their organisation has fewer

progression opportunities compared to their white peers, while men are less likely to believe there are opportunities for promotion or progression compared to women (53.0% and 57.4% respectively). These figures have reduced significantly since 2020, when 80.2% of men and 85.7% of women believed there were equal opportunities for progression at their organisation. Only 35.4% of black staff believe their organisation offers equal opportunity for progression, compared to 57.5% in 2020. Additionally, only 41.4% of staff from Irish Traveller and Gypsy communities believe there are equal opportunities for progression at their organisation, compared to 47.5% in 2020.

Discrimination and harassment

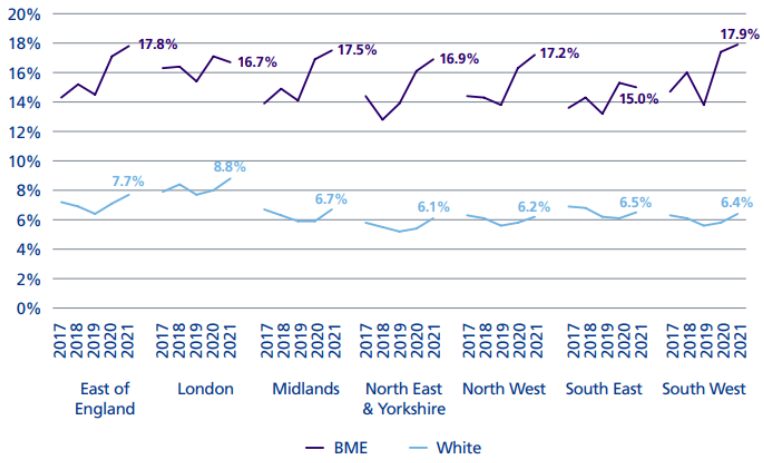
Indicators 5, 6 and 8 utilise data from the 2021 NHS staff survey data published in 2022. Our briefing on these results is available here. Nationally collated NHS staff survey data for 2022 is due to be published on 9 March 2023, and we will publish a briefing on it then.

Experiences of harassment, bullying or abuse from patients, their relatives or the public are measured in Indicator 5. This data shows an increase in incidents since 2020 (28.9%), standing at 29.2% in 2021. Across all years since 2015, ethnic minority staff have been more likely to experience these behaviours compared to their white peers. Regionally, levels of abuse, bullying or harassment are highest for staff from an ethnic minority in the South West (31.3%, compared to 27.5% for their white peers). White staff in London are more likely to experience these behaviours from patients, their relatives and the public (31.3% compared to 30.2% for ethnic minority staff), but this is the only region where this is the case. Women from Irish Traveller or Gypsy communities are the most likely to experience these behaviours compared to all other ethnic groups (42.8%), while women are more likely to experience bullying, harassment or abuse than men overall (27.6% compared to 26.1% in 2021, and 26.8% compared to 26.0% in 2020). When disaggregated by profession, operational ambulance staff are the most likely to experience bullying, harassment or abuse from patients (53.7% compared to 54.2% in 2020), particularly if they are a woman from an ethnic minority. Among registered nurses and nursing and healthcare assistants, white men (44.0%) and ethnic minority men (41.1%) were the most likely to experience these behaviours from patients.

Indicator 6 shows the percentage of staff experiencing harassment, bullying or abuse from staff, has reduced to 27.6% in 2021 from 28.8% in 2020 for ethnic minority staff. The gap between ethnic minority staff and their white peers experiencing these behaviours remains (5.1% in 2021 compared to 5.6% in 2020). Across all regions ethnic minority staff are more likely to experience these behaviours compared to their white peers. However, by profession, ethnic minority women are more likely to experience these behaviours (27.5%), particularly when working in general management (32.8%).

The percentage of staff experiencing discrimination from a manager, team leader or other colleague (Indicator 8) has increased for all staff since 2019, but the gap between the experience of this behaviour by ethnic minority staff (17.0%) compared to their white peers (6.8%) remains large at 10.2% in 2021. Figure 33 demonstrates this at a regional level. NHS England note that there was a marked increase in reports of this behaviour by ethnic minority staff between 2019 and 2020.

Figure 33.



When considered by ethnicity and gender, ethnic minority women were most likely to experience this behaviour (17.1% in 2021 compared to 16.9% in 2020), particularly when working in general management (21.8%). Men from Irish Traveller or Gypsy communities were most likely to have experienced discrimination from another member of staff (24.7%).

Next steps and NHS Providers resources

NHS England note their new operating framework published in October 2022, and their role in supporting integrated care boards (ICBs) to deliver on their plans to tackle race inequality.

As outlined in the foreword of the 2022 WRES report, it is important that the recommendations from the 'Leadership for a collaborative and inclusive future' review are implemented and embedded. The results included in the 2022 WRES report show there is significant work to be done to tackle race inequality, while outlining the moral and business case for doing so. Trust leaders will be undertaking work to understand their local results in more detail to ascertain areas for action.

We continue to engage with stakeholders on tackling race inequality in the NHS and look forward to the expected publication of NHS England's equality, diversity and inclusion improvement plan in spring 2023. NHS Providers is committed to supporting members to tackle race inequality, as outlined in our 'Race 2.0 – Time for real change' report published in March 2022.

We have recently published a number of resources for board members, including '10 questions for boards', 'Why we need to focus on race'. We believe that racism is not for ethnic minority people to solve and have developed a number of resources to support leaders to become more comfortable with the lexicon of race. Resources include videos with trust leaders entitled 'My journey as a white ally'; a podcast and 'ten questions for white allies' to help members challenge themselves and each other on how to embed race equality and champion anti-racism. We have also worked in partnership with the NHS England WRES team to develop resources on inclusive recruitment and talent management outlining evidence based solutions that will deliver improvements in experience and outcomes for ethnic minority people. Our race equality support offer includes regular events and webinars, with more details on upcoming events available here. In November 2022, NHS Providers also published a anti-racism statement and action plan that underpin our public commitment to become an actively anti-racist organisation.

NHS Providers view

Responding to the NHS Workforce Race Equality Standard report, Sir Julian Hartley, chief executive at NHS Providers said:

"Nobody working for the NHS should be subject to discrimination, bullying, harassment and abuse from colleagues or patients. Trust leaders are determined to stamp out this kind of behaviour.

"Trust leaders and staff know there is still lots to do to improve equal opportunities, inclusive recruitment and to reduce the 'disciplinary gap'. It cannot be right that a section of the workforce is still more likely than their colleagues to face unfair treatment and disciplinary action.

"There's no room for racism in the NHS, Britain's biggest employer of people from ethnic minorities.

"Trusts are committed to ensuring that staff at every level are treated with dignity and respect. The recent government-commissioned Messenger review underlined the importance of equality, diversity, and inclusion (EDI) in establishing an NHS-wide culture where leaders feel equipped to deal with all

forms of discrimination, as well as the value of EDI roles. It is crucial that the review's recommendations are taken forward.

"Work to instil values and behaviours which create a more equal, diverse and inclusive health service, ensuring fair treatment and opportunity for everyone, is important. Ensuring the psychological safety of staff is not only key to retention and recruitment but also benefits patient care and outcomes.

"It's great to see greater diversity in the overall NHS workforce and in executive boards but there must be no let-up in the drive to appoint more ethnic minority senior staff.

"NHS Providers' report Race 2.0, Time for real change, showed the scale of the challenge we face. We are supporting trust leaders to tackle the impact of structural racism on staff and patients."