

NHS Workforce Race Equality Standard report 2023

On 18 March 2024, NHS England published the annual Workforce Race Equality Standard (WRES) [data report](#). This year's report includes new analysis on the experience of internationally recruited nursing and midwifery staff, a welcome addition, that will help further support trusts' work to achieve the goals of NHSE's [equality, diversity and inclusion improvement plan](#).

NHSE recently published the results of the [NHS Staff Survey 2023](#), however, the 2023 results have not been included in this most recent WRES report. Where possible, we have included 2023 staff survey data in this briefing.

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.

This briefing outlines the WRES report's key findings and NHS Providers' view. If you have any questions about this briefing, please contact Olli Potter, senior policy officer (workforce), oliver.potter@nhsproviders.org.

Key findings

- The overall percentage of ethnic minority staff across the NHS workforce has increased year-on-year and now stands at 26.4% in 2023, compared to 24.2% in 2022 and up from 17.7% in 2016.
- At very senior manager (VSM) level, the percentage of ethnic minority staff has also increased year-on-year, with 11.2% of staff from an ethnic minority, compared to 10.3% in 2022 and 5.4% in 2016.
- However, while there has been an increase in the diversity of board members, the report again notes that increasing diversity in the overall workforce has resulted in the mean gap between overall workforce and board diversity increasing, particularly among executives (15.7% compared to 13.5% in 2021).
- It is concerning that white applicants remain much more likely than ethnic minority applicants to be appointed from shortlisting at 76% of trusts.

- There have been improvements in the relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff, falling from 1.14 in 2022 to 1.03 in 2023. At 46% of trusts, however, ethnic minority staff are over than 1.25 times more likely to enter the disciplinary process compared to white staff.
- It is concerning to see that abuse, bullying and harassment from patients remains high, alongside the gap in experience of these behaviours between ethnic minority and white staff. Using NHS Staff Survey data from 2023, ethnic minority staff remain more likely to experience these behaviours from patients, their families and the public (28.6%), compared to their white colleagues (24.7%).
- This year's report includes data on the experience of internationally recruited nurses, midwives and nursing assistants and healthcare assistants (HCAs) across a number of metrics:
 - Ethnic minority nurses and midwives recruited internationally were the least likely to agree that their organisation offers equitable access to career progression and promotion as were ethnic minority nursing and HCAs recruited from within the UK
 - White nurses and midwives recruited from outside the UK were more likely than all other groups to experience harassment, bullying or abuse from patients, their families or the public (49.0% in 2022), followed by ethnic minority nurses and midwives recruited from within the UK (40.4% in 2022).

2023 data

The below briefing summarises the nine WRES indicators under the themes of representation, equal opportunity, discrimination and harassment, and internationally recruited nursing staff. Data for the WRES is collected via the Data Collection Framework (DCF), with a return rate of 100% of trusts, and via the NHS Staff Survey. For indicators that utilise NHS staff survey data, this data is from 2022, published in 2023. NHSE has since published 2023 data and our briefing on these results is available [here](#).

Representation

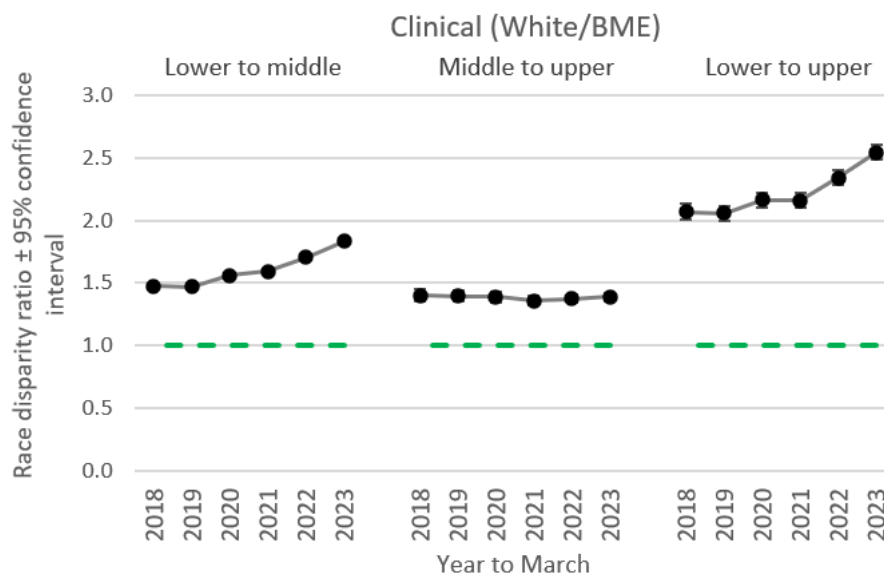
The overall percentage of ethnic minority staff across the NHS workforce has increased year-on-year and now stands at 26.4% in 2023, compared to 24.2% in 2022 and up from 17.7% in 2016. At VSM level, the percentage of ethnic minority staff has also increased year-on-year, with 11.2% of staff from an ethnic minority, compared to 10.3% in 2022 and 5.4% in 2016.

By region, London is the most diverse with 52.1% of the workforce from an ethnic minority (49.9% in 2022) compared to the South West, where 15.0% of staff are from an ethnic minority (12.8% in 2022).

When considered by Agenda for Change (AfC) band, band 5 sees the highest percentage of staff from an ethnic minority (38.5%, compared to 34.3% in 2022), while bands 8d (11.5%) and 9 (11.2%) again see the lowest. Ethnic minority staff at VSM level represent 11.2% of the workforce (10.3% in 2022).

Band 6 remains the most diverse AfC band for non-clinical staff, with 19.8% of staff from an ethnic minority, followed by 18.7% at band 5. However, in clinical roles, band 5 remains the most diverse band, with 41.6% of staff from an ethnic minority background (36.8% in 2022). The next highest band for clinical staff is band 2 and under, at 27.0%, up from 24.0% in 2022. For doctors, 61.0% of non-consultant specialists are from an ethnic minority, followed by 48.8% of trainee doctors. Overall ethnic minority representation among doctors is 46.8%. Race disparity ratios included in the report show that disparity is increasing in clinical (non-medical) roles, particularly in the lower to middle and lower to upper levels (see Figure 1). On this graph, a ratio of one (1) shows equity, and a ratio higher than one (1) shows inequity, with disadvantage to ethnic minority staff. It is also important to note higher non-disclosure rates among clinical staff at VSM level (9.7%) compared to other bands, as well as a non-disclosure rate of 28.4% among 'other' medical staff and 10.8% among trainees.

Figure 1 – Disparity ratios for clinical roles



Indicator 9 looks at representation at board level and shows an increase in overall board diversity at a national level (15.6% up from 12.6% in 2021 and 7.1% in 2016). Executive board member diversity has also increased to 10.8% compared to 9.7% in 2022. While there has been an increase in the diversity of board members, the report again notes that increasing diversity in the overall workforce has resulted in the mean gap between overall workforce and board diversity increasing, particularly among executives (15.7% compared to 13.5% in 2021).

NHSE EDI Improvement Plan

High Impact Action (HIA) 2 calls for trusts and NHS organisations to embed fair and inclusive recruitment processes and talent management strategies, targeted at under-represented groups. A success metric for this HIA is year-on-year improvement on WRES indicators 1 and 9, which has been achieved since 2016.

Equal opportunity

Indicator 2 considers the relative likelihood of white applicants being appointed from shortlisting compared to ethnic minority applicants. It shows that white staff continue to be more likely to be appointed than ethnic minority candidates in all regions, although relative likelihood has fallen nationally to 1.59, compared to 1.61 in 2021. However, regional trends have varied, with the East of England seeing improvement (from 1.96 in 2022 to 1.46 in 2023) and the North East showing deterioration (1.70 in 2021, 2.01 in 2023). It is important to note that white applicants remain much more likely than ethnic minority applicants to be appointed from shortlisting at 76% of trusts.

NHSE EDI Improvement Plan

High Impact Action (HIA) 2 calls for trusts and NHS organisations to embed fair and inclusive recruitment processes and talent management strategies, targeted at under-represented groups. A success metric for this HIA is year-on-year improvement on WRES indicator 2. Between 2022 and 2023 this gap has widened from 1.53 to 1.59.

Indicator 3 examines the relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff, which fell from 1.14 in 2022 to 1.03 in 2023. While all regions saw sustained improvement since 2021, London remains an outlier against wider regional performance, performing more poorly than the rest of the country.

Access to non-mandatory training and continued professional development (CPD) by white staff compared to ethnic minority staff is measured in Indicator 4, which shows improvement to 1.12 compared to 1.14 in 2021. The South East saw its performance worsen slightly, compared to flat or improving trends elsewhere.

Indicator 7 considers the percentage of staff who believe their organisation provides access to equal opportunities for career progression or promotion. Using 2023 NHS Staff Survey **data**, 48.9% of ethnic minority staff agreed, compared to 59.4% of white staff. This compares to 44.0% of ethnic minority

staff and 59.6% of white staff in 2020. Staff identifying as Caribbean or selecting 'Other – Black/African/Caribbean background' are the least likely to report their organisation acts fairly regarding promotion and progression (35.9% and 34.1% respectively). Staff from Gypsy or Irish Traveller communities also report low scores on this measure (36.7%).

Discrimination and harassment

Indicators 5, 6 and 8 utilise data from the 2022 NHS staff survey data published in 2023. NHSE recently published 2023 data on 7 March 2024. Our briefing on these results is available [here](#) and we have utilised 2023 data where possible.

Experiences of harassment, bullying or abuse from patients, their relatives or the public are measured in Indicator 5. In 2023, ethnic minority staff remain more likely to experience harassment, bullying or abuse from patients, their families and the public (28.6%), compared to their white colleagues (24.7%), however rates of abuse have reduced for both ethnic minority (30.4%) and white staff (26.8%) compared to 2022. The WRES report includes breakdowns by gender and role, and data from 2022 shows that women (27.9%) are more likely to experience these behaviours than men (26.3%). Women from white Gypsy or Irish Traveller communities and staff who identify as Asian 'other' are the most likely to experience these behaviours from the public and patients. Women are the most likely to experience bullying, harassment or abuse (30.8%), but when considered by role, men working as registered nurses and as nursing assistants and HCAs experience high levels of these behaviours. Ambulance (operational) staff continue to experience the highest rates of bullying, harassment and abuse from patients and their families, compared to other staff in the NHS.

Indicator 6 shows the percentage of ethnic minority staff experiencing harassment, bullying or abuse from staff has increased to 27.7% in 2022 from 27.6% in 2021. White Gypsy and Irish Traveller staff experienced the highest levels of abuse, bullying and harassment from staff (39.0% for women and 45.7% for men), followed by staff who identify as Arab (33.7% for women and 32.7% for men) and women identifying as Black 'other' (33.6%). Ethnic minority women continue to experience the highest levels of these behaviours from other staff, particularly women working in general management (30.5%), medical and dental staff (32.6%) and registered nurses and midwives (30.7%).

Using 2023 NHS Staff Survey [data](#), the percentage of staff experiencing discrimination from a manager, team leader or other colleague (Indicator 8) has decreased for all staff between 2022 and 2023, but the gap between the experience of this behaviour by ethnic minority staff (15.5%) compared to their white peers (6.7%) remains large at 8.75 percentage points in 2023. The 2022 data

included in the WRES report shows that men (9.3%) are more likely to have experienced this behaviour compared to women (8.3%) and that men from Gypsy or Irish Traveller communities are the most likely to have experienced this behaviour (25.5%). Ethnic minority women working in general management are the most likely to have experienced this discrimination from a manager (19.8%).

Internationally recruited nursing and midwifery staff

This year's report included data on internationally recruited staff working as nurses, midwives and nursing assistants and HCAs in the NHS for the first time. This is particularly important to ensure targeted work to achieve high impact action 5 of the [EDI improvement plan](#) can be completed, and because data from WRES indicator 1 shows that clinical staff in band 5 are the most ethnically diverse group working in the NHS. One factor is that international recruitment to nursing roles at band 5 has been significant in recent years.

These metrics use data from the NHS Staff Survey published in 2023 and collected in 2022. The results show:

- White registered nurses and midwives recruited from outside the UK were more likely to experience harassment, bullying or abuse from patients, their families or the public (49.0% in 2022), followed by ethnic minority nurses and midwives recruited from within the UK (40.4% in 2022). Among nursing assistants and HCAs, the trend is similar with 46.0% of white staff recruited from outside the UK reporting these behaviours and 41.0% of ethnic minority staff from within the UK reporting the same.
- When asked about harassment, bullying or abuse from staff, among registered nurses and midwives, 31.0% of ethnic minority staff recruited from within the UK reported these behaviours, followed by 30.1% of ethnic minority staff recruited from outside the UK. White nursing assistants and HCAs recruited from outside the UK were the most likely to experience these behaviours in 2022 (34.0%), while 29.8% of internationally recruited nursing assistants and HCAs reported experiencing the same.
- White registered nurses and midwives (62.0%) as well as white nursing assistants and HCAs (61.1%) were the most likely to report their organisation provides equal opportunities for career progression or promotion in 2022. Ethnic minority registered nurses and midwives recruited internationally were the least likely to agree (44.2%) as were ethnic minority nursing assistants and HCAs recruited from within the UK (51.5%).
- Ethnic minority staff recruited internationally or from within the UK were the most likely to report experiences of discrimination from other staff in 2022, with white staff recruited from inside the UK the least likely to report experiences of this behaviour.

NHS Providers resources

Our race equality programme has published a wide range of resources to help trusts tackle racial disparity and inequality, aligned with the ambitions of the [EDI improvement plan](#). Most recent examples include:

- [A guide to evidence based effective recruitment and talent management interventions for race equality](#)
- [Closing the gap: a guide to addressing racial discrimination in disciplinarys](#)
- [A guide to supporting your internationally educated workforce](#)

Details of our upcoming events are also available [here](#).

NHS Providers view

As with previous national WRES reports, it is positive to see improvements on some metrics, but it remains clear that there is much to be done to improve the experience of ethnic minority staff in the NHS, particularly with regard to experiences of bullying, abuse and harassment. Progress has been made in addressing disciplinary gaps between ethnic minority and white staff, but it is concerning that this divide remains at almost half of trusts in England. Furthermore, the findings show a specific focus is needed on providing equal opportunities for career progression and promotion for staff from a Black background.

It is welcome, however, to see a continued increase in the overall diversity of the NHS workforce, as well as at board level. This is tempered by the fact that increasing diversity in the overall workforce has resulted in the mean gap between overall workforce and board diversity increasing, particularly among executives.

It is particularly useful to see this year's data broken down to allow for greater analysis of the experiences of internationally recruited nurses, midwives, nursing assistants and HCAs. This will allow trusts to further develop and adapt targeted interventions to support internationally recruited staff, who make up a significant proportion of staff in these roles.

Using the data from this report, there have been year-on-year improvements across WRES Indicators 1 and 9, two of the success metrics linked to high impact action two of [NHSE's EDI improvement plan](#). While these year-on-year improvements have been sustained since 2016, it is important to note that increasing board diversity must, at least, keep pace with increased overall workforce diversity. WRES

Indicator 2 is also linked to high impact action two, so it is concerning to see a worsening of this measure between 2022 and 2023.

We have been working closely with NHSE as part of the initial development and implementation of the EDI improvement plan. As part of this, we have spoken to 12 trusts, integrated care boards and NHS organisations, including a community interest company, to understand the successes, barriers and challenges they have experienced implementing the six high impact actions to date. We will be publishing a final report as part of this piece of work in spring 2024.

Finally, it would be useful for national WRES reports to be published closer to the period of data collection to allow alignment with the latest NHS Staff Survey results and to maximise the breadth of data available to trusts and other stakeholders as they work to tackle inequities experienced by their staff.