INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

INDICATOR 5

INDICATOR 6

INDICATOR 7

INDICATOR 8

INDICATOR 9

NHS Workforce Race Equality Standard

2021 data analysis report for NHS trusts

March 2022

INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

INDICATOR 5

INDICATOR 6

INDICATOR 7

INDICATOR 8

INDICATOR 9

Contents

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Foreword

Em Wilkinson-Brice
Acting NHS Chief People Officer

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Inequalities in any form are at odds with the values of the NHS – the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients.

This data report represents the seventh since the Workforce Race Equality Standard (WRES) was established. It showcases the experience of staff at a pivotal moment in the 73-year history of the NHS. At a time when we continue to manage those directly affected by the pandemic whilst coordinating the recovery of services and simultaneously establishing integrated care systems (ICS) as the future vehicle to deliver the health and care needs across geographical areas. The talents and dedication of the approximately 1.4 million NHS staff are a reflection of their diversity, with over 100 nationalities represented in the workforce engaged in over 350 different health-related careers.

The data in this year's report is a reflection of the systematised and complex picture that applies to racial discrimination in the country. Whilst there has been an increase in the number of very senior managers of black and minority ethnic (BME) origin, there has been a fall in the number of BME executives. While there has been a steady decline in the race disparity in staff being referred into the disciplinary process (especially in some regions), there remain 50% of organisations where this disparity persists. The picture is complex.

This cycle of the WRES sees a significant change of gear with regard to translating data into delivering enduring change. Presenting the data in more nuanced fashion with greater stratification is key to enabling leaders to identify where energy should be best directed to reverse inequity. The soon to be published workforce race equality strategy will assist organisations recognise what actions and what key performance indicators could be deployed to identify the course to follow.

The COVID-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. The report presents the ethnicity aspect of this, and it is evident that there has been a worsening of the experience of BME compared to white staff in key domains, including discrimination from seniors and a sense of equal opportunity. As we plan the recovery of services following the pandemic, addressing these issues of equality and inclusion are core to their success.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Key findings

+ 3.3%

As at 31 March 2021, **22.4%** (309,532) of staff working in NHS trusts in England were from a black and minority ethnic (BME) background. This is an **increase from 19.1%** in 2018. There were 74,174 more BME staff and 71,296 more white staff in 2020 compared to 2018.

+48.3%

The total number of BME staff at very senior manager level has **increased by 48.3%** since 2018 from 201 to 298.

x1.61

White applicants were 1.61 times more likely to be appointed from shortlisting compared to BME applicants; this is the same as 2020. There has been year-on-year fluctuation but no overall improvement over the past six years.

x1.14

BME staff were 1.14 times more likely to enter the formal disciplinary process compared to white staff. This reflects little change from 2020 (1.16) and a significant improvement from 2016 when it was **1.56**. BME staff were more than 1.25 times more likely to enter the formal disciplinary process at 50.0% of trusts.

16.7%

16.7% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2020; the highest level since 2015 (14%).

+12.6%

12.6% of board members in NHS trusts were from a BME background. This is an improvement from **10.0%** in 2020.

+25.6%

The number of BME board members in NHS trusts **increased by 86 (25.6%)** between 2020 and 2021.

43.5%

43.5% of staff from a Gypsy or Irish Traveller background experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

36.2%

36.2% of staff from an "other" Asian background (i.e., other than Bangladeshi, Chinese, Indian, or Pakistani) experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

35.3%

35.3% of staff from an "other" black background (i.e., other than African or Caribbean) experienced harassment, bullying or abuse from other staff in the last 12 months. This has **increased from 32.8%** in 2016.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Key findings

Table 1: WRES indicators for NHS trusts in England: 2016–2021

WRES indicator			Year					
			2016	2017	2018	2019	2020	2021
1	Percentage of BME staff	Overall	17.7% *	18.1% *	19.1%	19.9%	21.1%	22.4%
		VSM	5.4% *	5.3% *	6.9%	7.6%	7.9%	9.2%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.60	1.45	1.46	1.61	1.61
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.56	1.37	1.24	1.22	1.16	1.14
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.1%	28.4%	28.5%	29.7%	30.3%	28.9%
		White	28.1%	27.5%	27.7%	27.8%	27.9%	25.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	27.0%	26.0%	27.9%	29.3%	28.4%	28.8%
		White	24.0%	23.0%	23.4%	24.4%	23.6%	23.2%
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion	BME	73.4%	73.2%	71.9%	69.9%	71.2%	69.2%
		White	88.3%	87.8%	86.8%	86.3%	86.9%	87.3%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.0%	14.5%	15.0%	15.3%	14.5%	16.7%
		White	6.1%	6.1%	6.6%	6.4%	6.0%	6.2%
9	BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%

** Data source: 2016 & 2017 - NHS workforce statistics website*
2018 – 2021 - SDCS data collection

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Introduction

The NHS is committed to tackling racial discrimination to bridge the gaps in experience, opportunity and differential attainment in this diverse workforce. Central to the correction of these inequities is the presentation of detailed data to organisational leaders to allow them to identify the targets for action.

One update that will be instantly evident in this report is the presentation of the data split by gender. In addition the data is stratified by workforce type and by ethnicity. To date, the WRES statistics have been presented as either 'white' or 'BME'. But it is evident that such a generalised presentation concealed detail that reflected the differences between the diverse range of ethnicities of the workforce.

This data report presents the overall national picture, but individual organisations will get their own data in detail in order to help inform their action plan for the year ahead. These annual action plans are an important indicator of an organisation's ambition to deliver race equality for their workforce. NHS organisations and emerging systems have a key role in embedding the WRES within policy levers to ensure workforce equality. With the latter in mind there is a separate CCG report that will be released shortly to assist this.

Another key development in this year's report is the presentation of time trend data. It is clear that there are organisations that have made significant improvements in particular domains, and being able to identify these organisations as exemplars is an opportunity to help disseminate best performance between trusts. Since all organisations have at least one indicator that is in the lowest quartile of the distribution, it is important to learn from those ones where best practice is evidenced.

This year's report also shows some of the emerging data displays. For example we illustrate the disparity ratio, a metric that helps organisations assess how their staff are represented in progression through the seniority ranks. This provides a numerical indicator to be part of the trust dashboard to identify the success of actions taken with regard to inclusive recruitment practices in pursuit of the Model Employer goals.

Another new dataset presented this year shows how individual organisations' board representation matches with their staff ethnicity – a target for action should be that executive and non-executive membership of trust and ICS boards is representative of their workforce.

This year's data presentation also includes a regional display, and as regions develop their race equality strategies it will be an important learning to see how this influences particular indicators, as a model of what is evidence based best practice in delivering race equity and justice in the NHS. The current complex picture of healthcare, and the challenges ahead, will need a concerted and cohesive workforce strategy. This will be embodied in the People Plan 2022 and the national workforce race equality strategy, both of which will present the key areas of action for NHS leaders in their task of reducing health inequalities as they affect both the workforce and patients.

Methodology

The WRES requires NHS trusts and CCGs to self-assess against nine indicators of workplace experience and opportunity. Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers black and minority ethnic (BME) representation on boards. Short definitions of the nine WRES indicators are presented in Annex A of this report.

The detailed definition for each indicator can be found in the WRES technical guidance. The technical guidance also includes the definitions of "white" and "black and minority ethnic", as used throughout this report and within the narrative for the WRES indicators. This report presents data for all NHS trusts in England, against all nine WRES indicators, and where possible, makes comparisons to the WRES data back to 2016 where possible.

Data sources

WRES data for 2020/21 was collected through individual NHS trust and CCGs submissions via the NHS Digital Strategic Data Collection Service (SDCS). A return rate of 100% for both trusts and CCGs was achieved.

Data analyses

For the purpose of data analyses and presentation, organisations have been grouped by the seven NHS geographical regions – East of England, London, Midlands, North East and Yorkshire, North West, South East and South West. Trend data analysis will be limited to 2017 data due to the better quality and reliable data starting that year.

For indicators 2, 3 and 4, statistical analyses included the "four-fifths" rule. The "four-fifths" ("4/5ths" or "80 percent") rule is used to highlight whether practices have an adverse impact on an identified group, e.g. a sub-group of gender or ethnicity. For example, if the relative likelihood of an outcome for one sub-group compared to another is less than 0.80 or higher than 1.25, then the process would be identified as having an adverse impact.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Data caveats

- This report only contains data for NHS trusts.
- Indicator 1 data comes from two different data sources:
  - 2016 and 2017 data are from the NHS workforce statistics website
  - 2018 - 2021 data are from the Strategic Data Collection Service (SDCS) data collection.
  - The difference between the previous report and the present report is that the previous reports used data from NHS workforce statistics (NHS Digital) for indicator 1 (including the VSM percentage); whilst in the present report we've used the actual data submitted through the SDCS portal (and recalculated the values for previous years based on SDCS data too).
- Indicator 3 (staff entering the formal disciplinary process). The calculation has been changed from using a two-year rolling average to using the year end figure. Both the numerator and denominator has changed for this calculations hence this is still comparable to historical figures.
- Four of the WRES indicators (5 to 8) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.
- For the national level staff survey based WRES indicators that compare white and BME respondents, a weighting is applied to each trust's contribution to the national score. This weighting ensures that each trust's results have an impact according to the number of staff employed, rather than according to the number of survey respondents. However, for the regional breakdowns, and for breakdowns looking at ethnicity in more detail or those considering ethnicity and gender, unweighted data are used and respondents are pooled across trusts without adjusting for differing trust sizes.
- Some NHS trusts may have revised their WRES data returns since their submission via SDCS. The results in this report are based on the latest figures returned to NHS England via SDCS and will not necessarily incorporate any updates a trust has made to WRES related publications on organisations' websites.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 1

Key supportive data

Fig 1. Percentage of staff in NHS trusts by ethnicity: 2018 – 2021

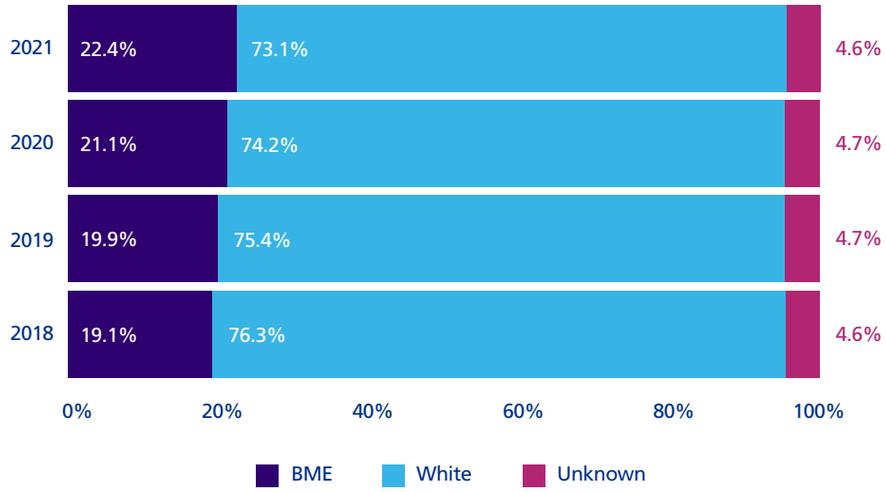
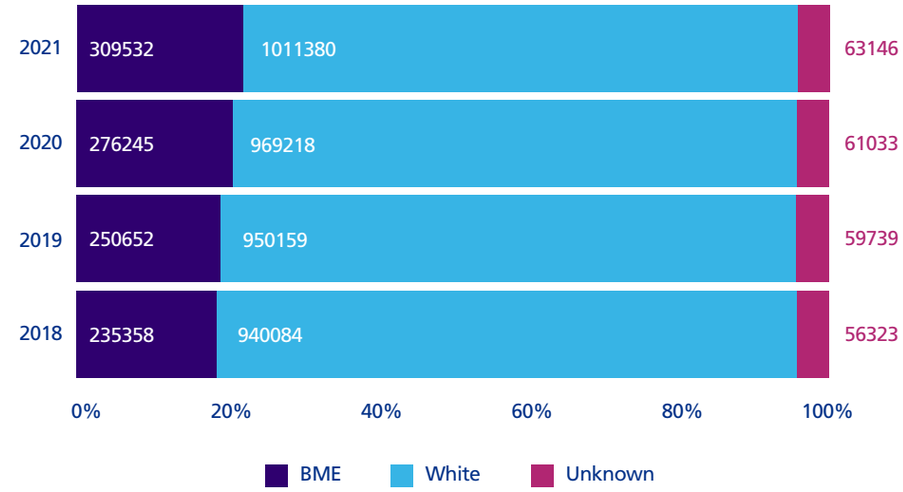


Fig 2. Number of staff in NHS trusts by ethnicity: 2018 – 2021



In 2021, the combined BME workforce in NHS trusts was 22.4% (309,532). Across all NHS trusts there were 74,174 more BME staff in 2021 compared to 2018. Over the same period, the number of white staff increased by 71,296.

Data source: SDCS data collection (NHS trusts only)

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 1

Staff in NHS trusts by ethnicity: Regional headcounts March 2021

Fig 3. Percentage of staff in NHS trusts by ethnicity and region: 2021

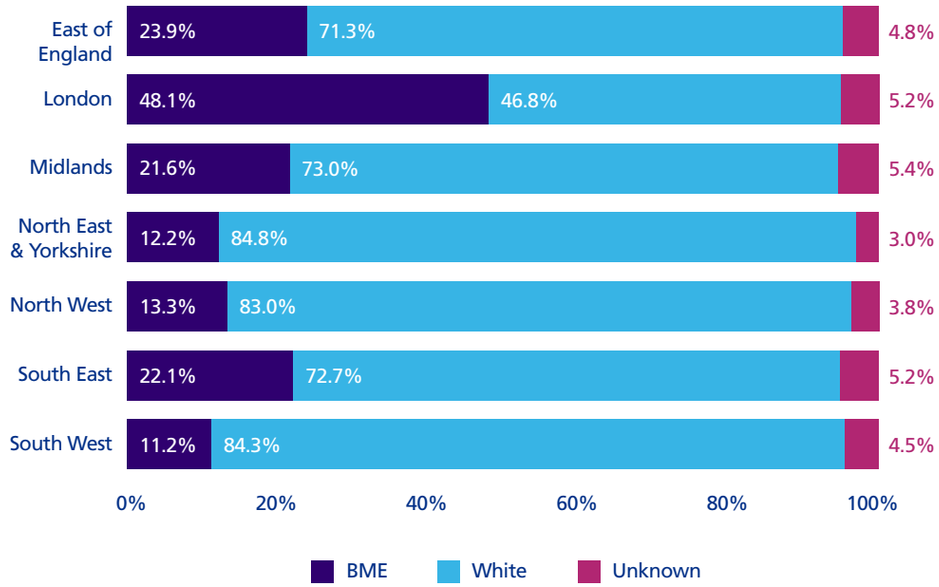
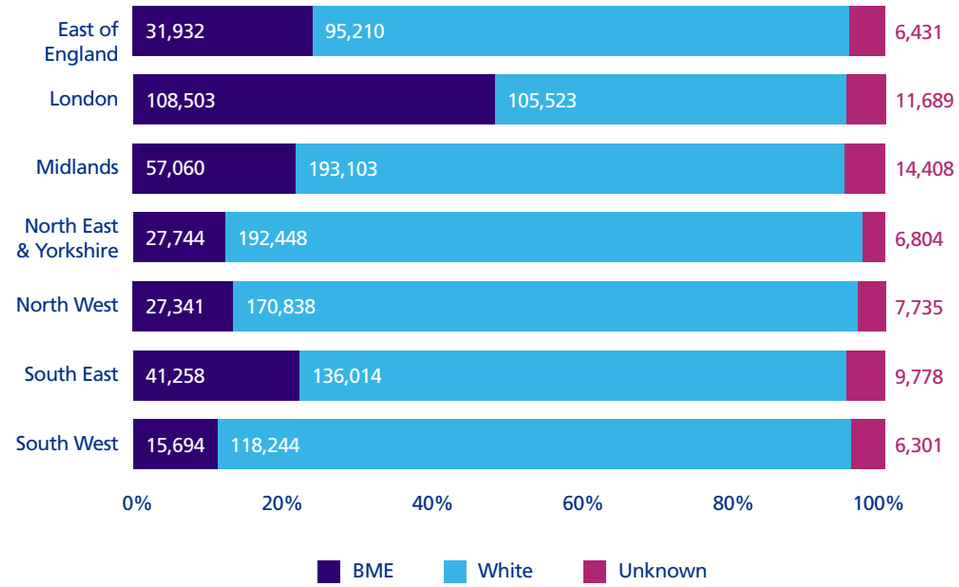


Fig 4. Number of staff in NHS trusts by ethnicity and region: 2021



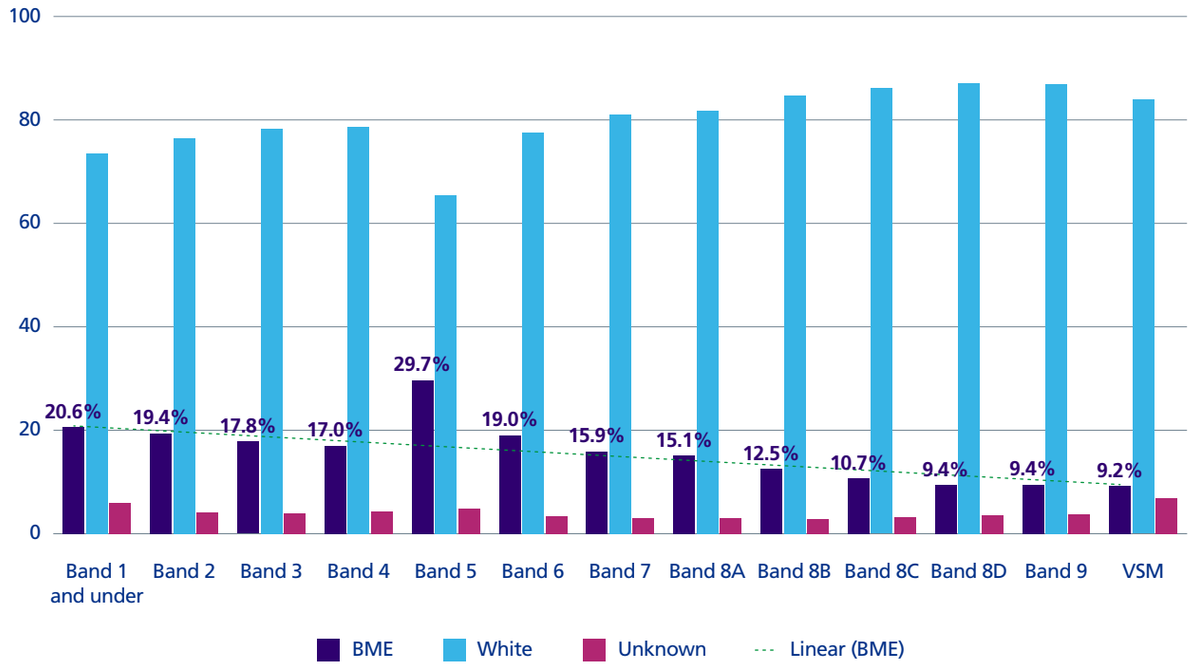
The London region had the highest percentage of BME staff at 48.1% (108,503), whilst the South West had the lowest percentage of BME staff at 11.2% (15,694). Over a third of all BME NHS staff work in the London region; with just under a sixth of the overall NHS workforce in England situated in the London region.

Data source: SDCS data collection

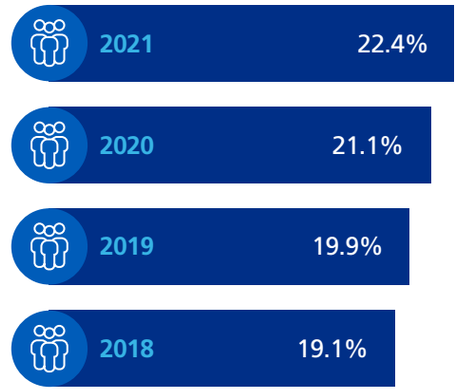
WRES indicator 1

Key supportive data

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



Overall %BME workforce



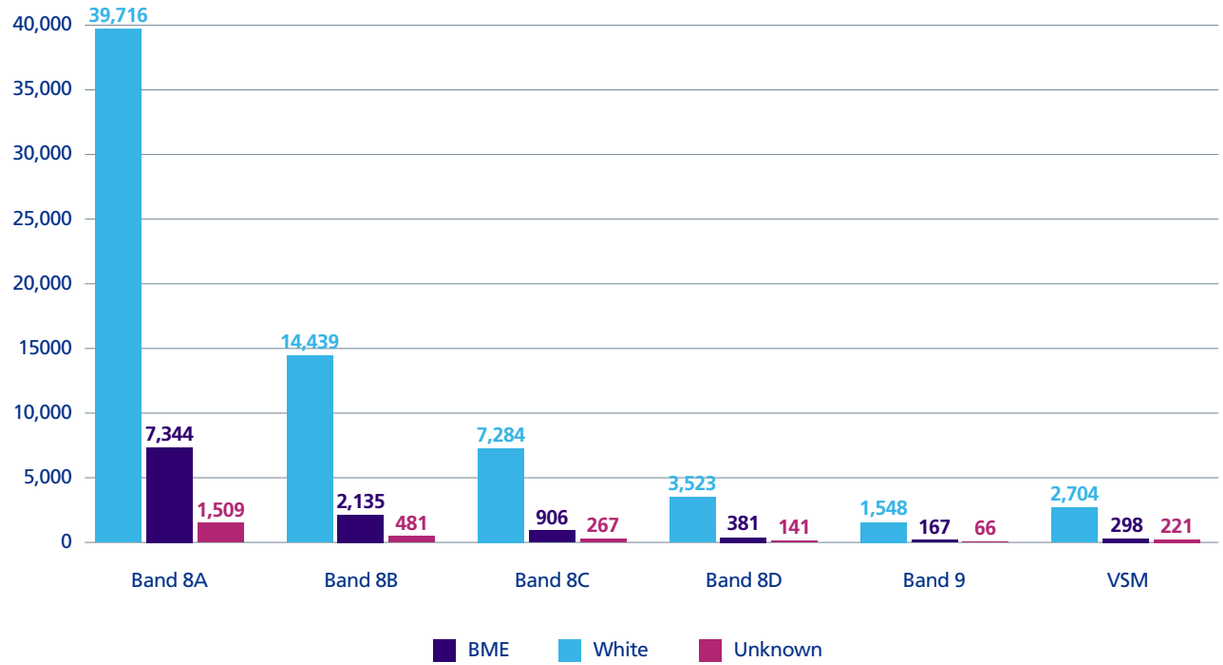
Data source: SDCS data collection (NHS trusts only)

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 1

Key supportive data

Fig 6. Number of staff by AfC pay bands (8a to VSM) and ethnicity for all NHS trusts:



2021

10% (1,752) of staff at AfC pay bands 8c and above were from a BME background. This is significantly **lower than the 22.4%** of all BME staff in the NHS. NHS trusts must do more to build the talent pipeline if they are to deliver the model employer ambitions.

Data source: SDCS data collection (NHS trusts only)

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 1

Key supportive data

Table 2. Disparity ratio by region

The disparity ratio is a reflection of staff progression in terms of representation through the pay bands, comparing BME with white staff. Lower bands refer to band 5 and below, middle bands 6 and 7, higher bands 8a and above.

A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff.

Region	Disparity ratio - 2020			Disparity ratio - 2021		
	Lower to middle	Middle to higher	Lower to higher	Lower to middle	Middle to higher	Lower to higher
East of England	1.43	1.50	2.15	1.45	1.44	2.09
London	1.71	2.13	3.63	1.73	2.07	3.58
Midlands	1.52	1.28	1.95	1.53	1.29	1.97
North East and Yorkshire	1.70	1.29	2.20	1.72	1.18	2.04
North West	1.50	1.47	2.20	1.57	1.36	2.13
South East	1.52	1.69	2.57	1.51	1.66	2.50
South West	2.26	1.56	3.53	2.09	1.67	3.50

Data source: SDCS data collection (NHS trusts only)

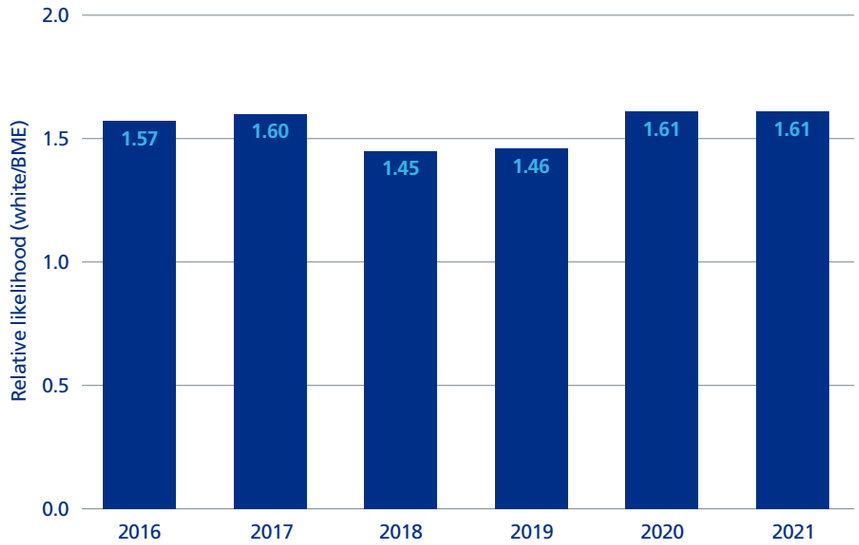
INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

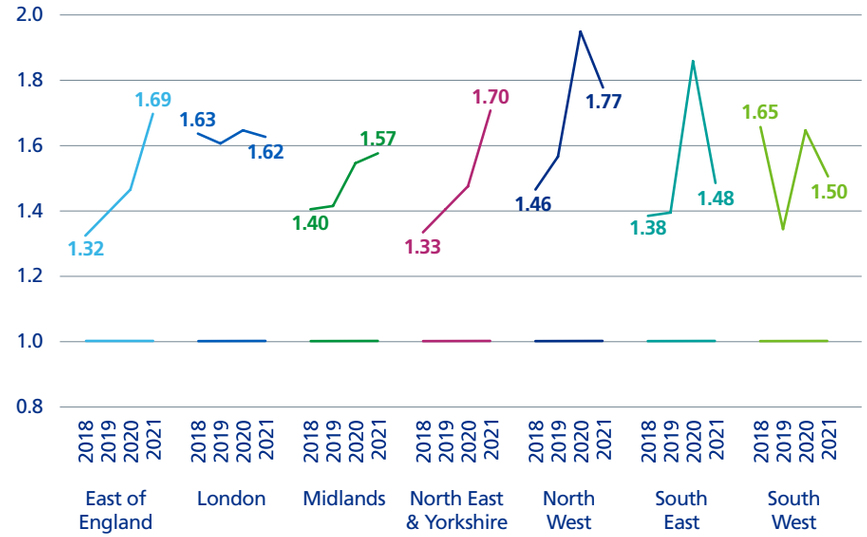
WRES indicator 2

Key supportive data

Fig 7: White applicants being appointed from shortlisting compared to BME applicants: 2016-2021

As per indicator 3 on page 15, in 71.5% of NHS trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting.





Notable improvement in this indicator in South East region following concerted action on that aspect of recruitment.

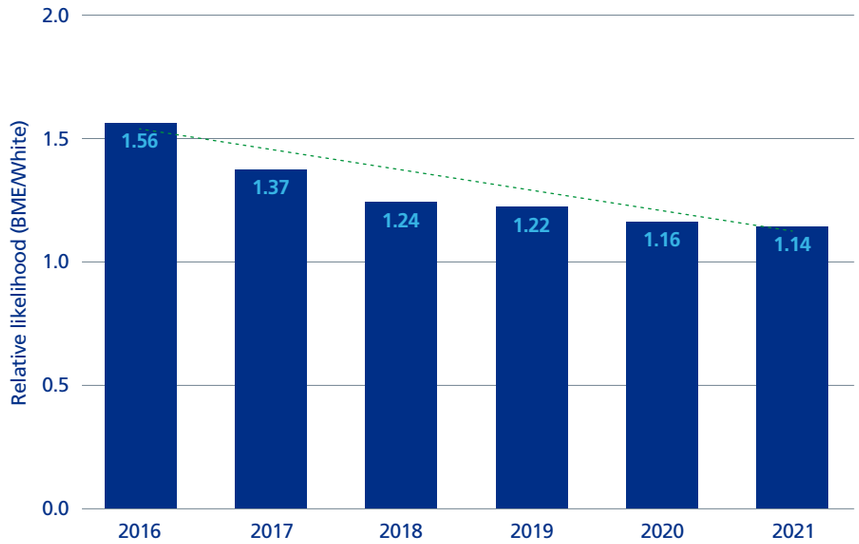
INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

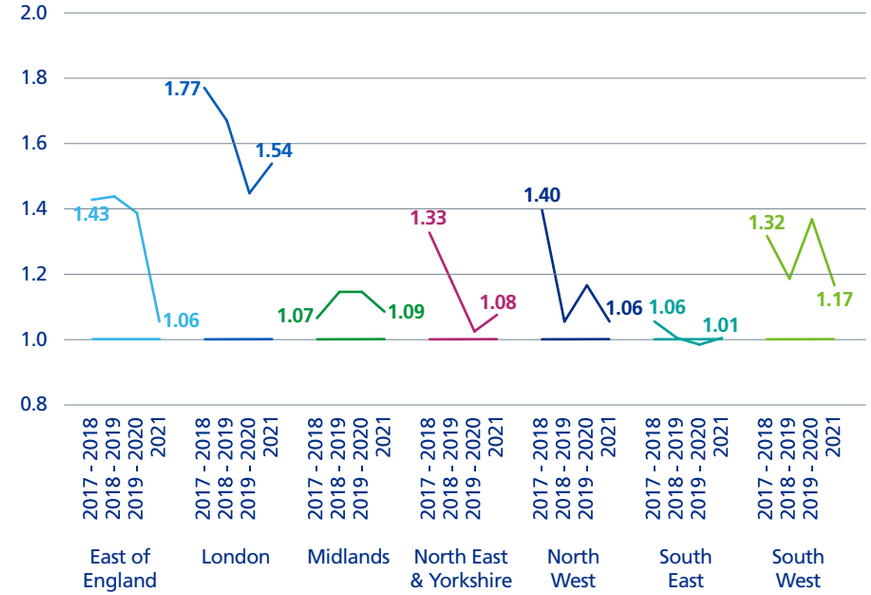
WRES indicator 3

Key supportive data

Fig 8: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff: 2016-2021

In 50% of NHS trusts BME staff were more than 1.25 times more likely than white staff to enter the formal disciplinary process.





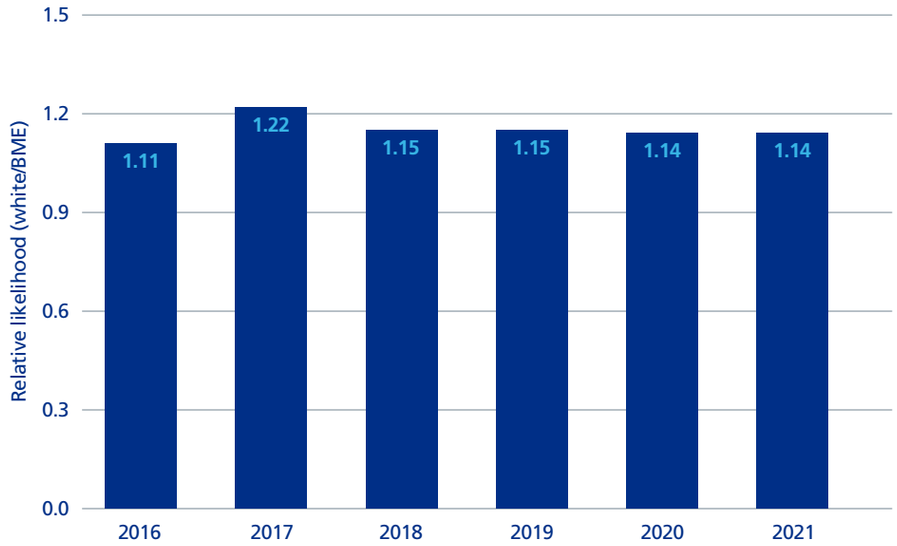
Notable improvement in this indicator in East of England following concerted action on debiasing processes related to disciplinary referral.

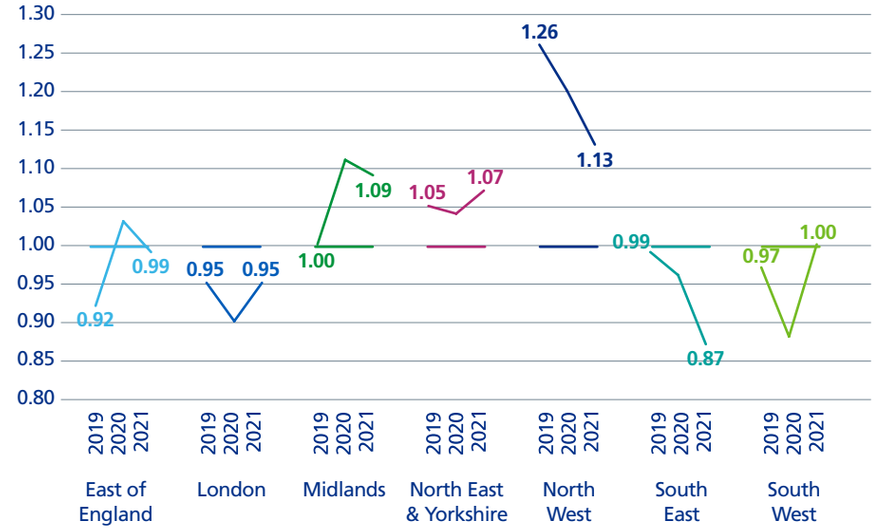
INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 4

Key supportive data

Fig 9: Relative likelihood of white staff accessing non–mandatory training and continuing professional development (CPD) compared to BME staff: 2016 – 2021:





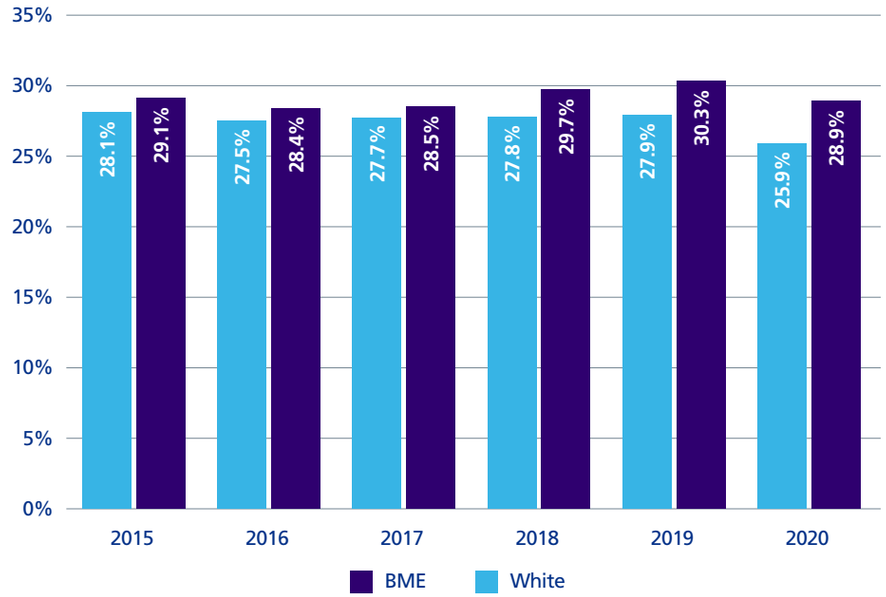
For all regions the data now falls within the non-adverse range of 0.80 to 1.25, based on the four-fifths rule.

Notable improvement in this indicator in North West region following sustained focus on ensuring equality of access to training.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 5

Fig 10: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: 2015 – 2020



For 72.3% of trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

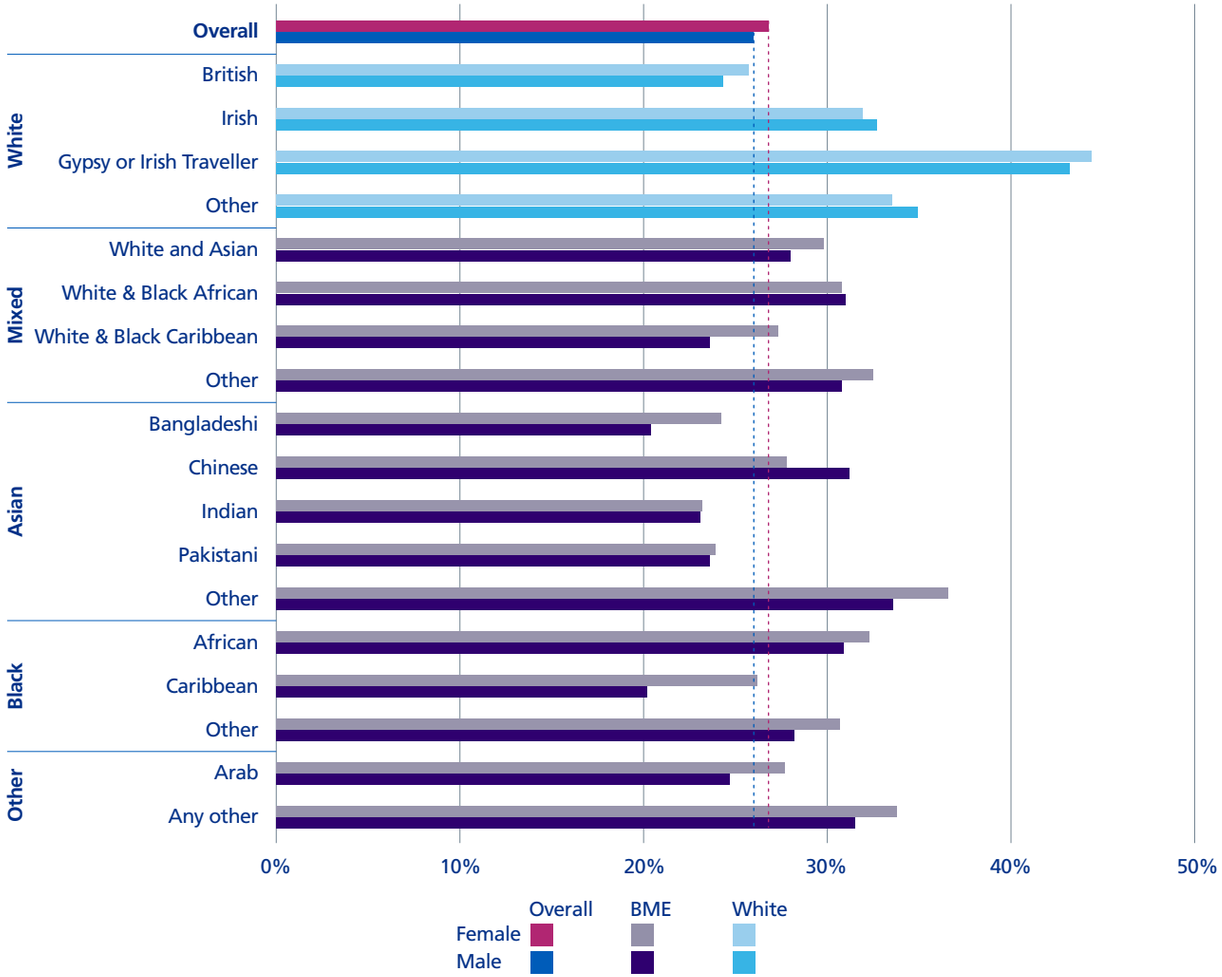
Since 2015, a higher percentage of BME employees have been harassed, bullied, or abused by patients, family, or the general public than white employees. Levels have fluctuated year-on-year since 2015, with 2020 seeing a decrease from 2019 levels for both BME staff and White staff. However this is still higher for BME staff (28.9% compared to white staff (25.9%) The recent decline could be due to the impact of the COVID-19 pandemic, which reduced the amount of face-to-face contact between patients or service users and those providing NHS care.

Across all of the regions, there has been an decrease in the proportion of both BME and white staff who experienced harassment, bullying or abuse from patients, relatives or the public. London has the highest percentages for this indicator, for both BME and white staff.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 5

Fig 11: Ethnicity and gender in detail: 2020 NHS Staff Survey:



Women (26.8%) were more likely than **men (26.0%)** to have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

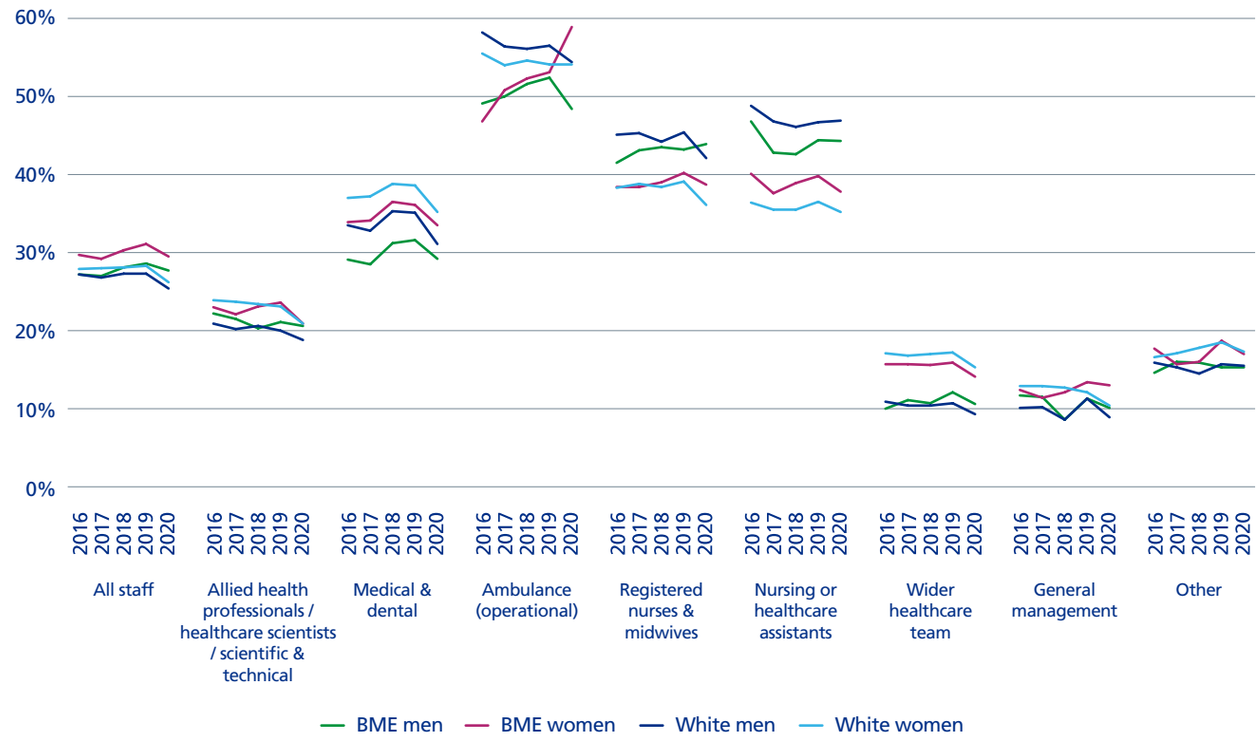
43.5% of staff from a Gypsy or Irish Traveller background experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

Women from "other" Asian backgrounds (36.6%), and **men from "other" white backgrounds (34.9%)** also experienced high levels of abuse.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 5

Fig 12: Gender, profession and ethnicity: (2016 - 2020 NHS Staff Survey):



BME women (29.5%) were most likely to have experienced harassment, bullying or abuse from patients, their relatives or the general public in the last 12 months, a trend that has been evident since at least 2016.

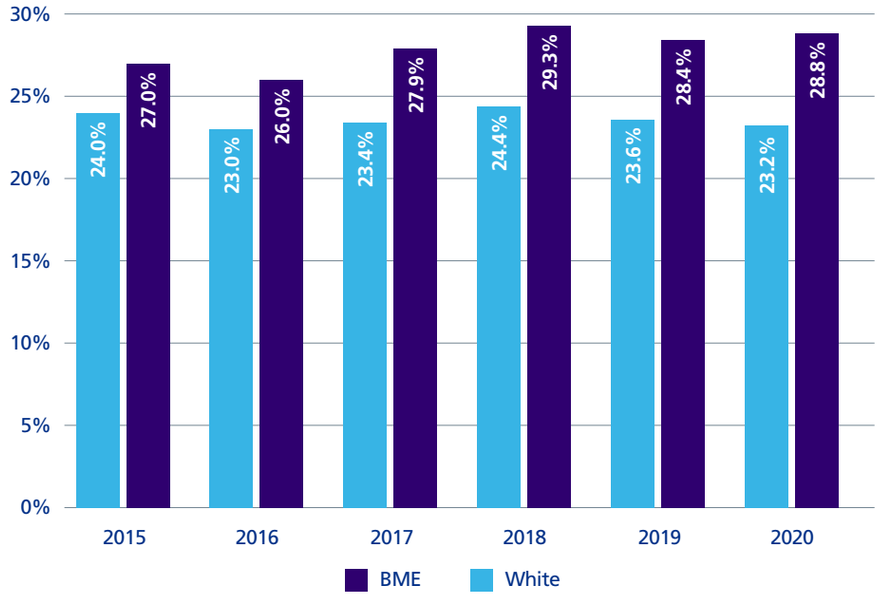
Ambulance (operational) staff (54.2%) experienced the highest level of harassment, bullying or abuse from patients, relatives or the public in the last 12 months. **76.4%** of women from a white other background and **72.7%** of women from a Bangladeshi background were amongst the highest groups to experience harassment, bullying or abuse from patients, relatives or the public in the last 12 months within the ambulance (operational) staff group.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 6

Fig 13: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2015 -2020

For 92.7% of trusts, a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from staff in last 12 months.



The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (28.8%) than for white staff (23.2%) in 2020. This pattern has been evident since 2015.

At regional level the proportion of staff experiencing harassment, bullying or abuse from other staff in the last 12 months remained steady in all regions except the North East and Yorkshire which saw an increase for BME staff.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
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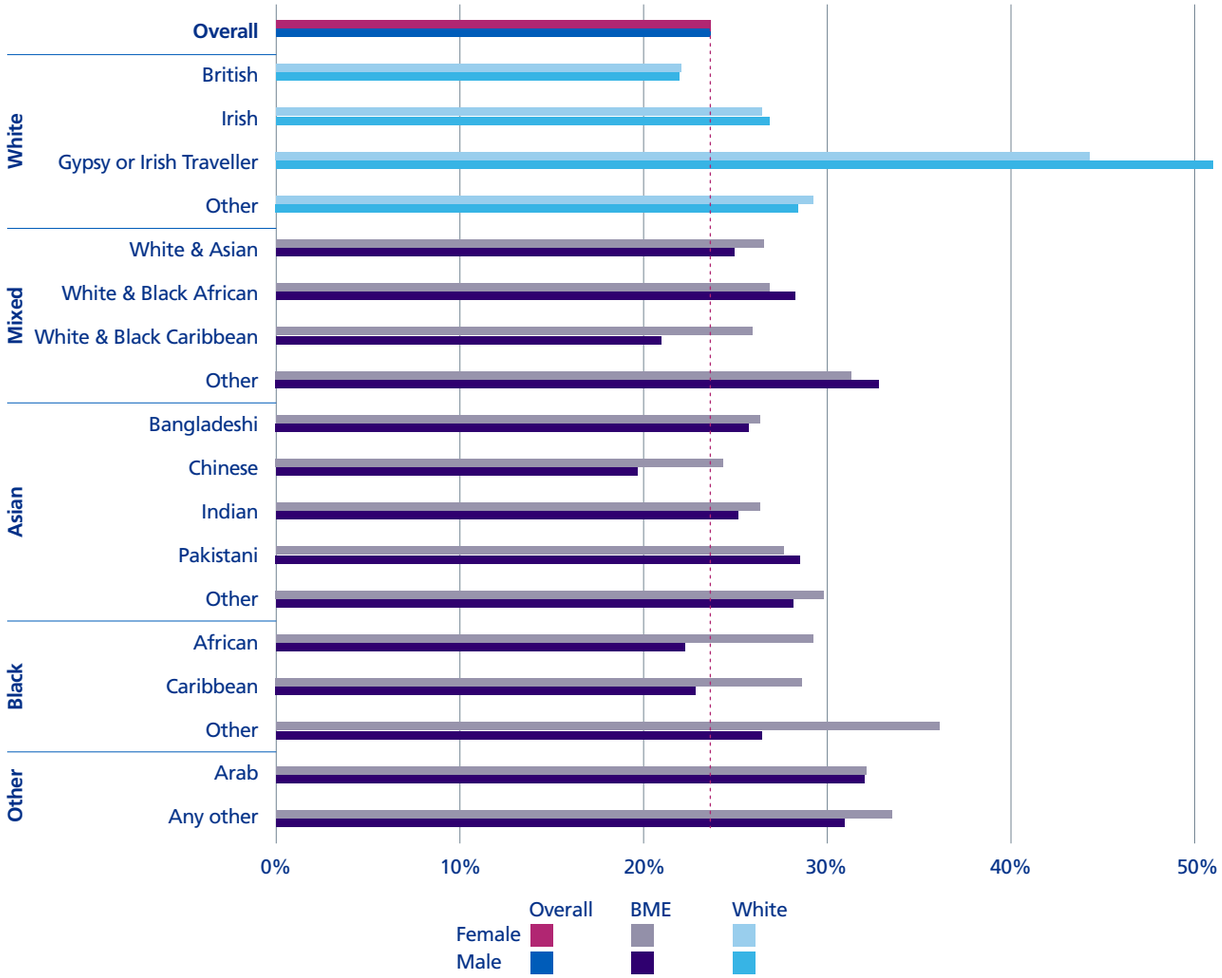
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 6

Fig 14: Ethnicity and gender in detail: 2020 NHS Staff Survey:



Women (23.7%) and **men (23.7%)** were equally likely to have experienced harassment, bullying or abuse from other staff in last 12 months.

White Gypsy or Irish Traveller men (51.1%) and **women (44.4%)** experienced the highest levels of harassment, bullying or abuse from other staff in last 12 months.

Women from "other" black backgrounds (36.2%), and **women from "any other" background (33.6%)** also experienced high levels of abuse.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
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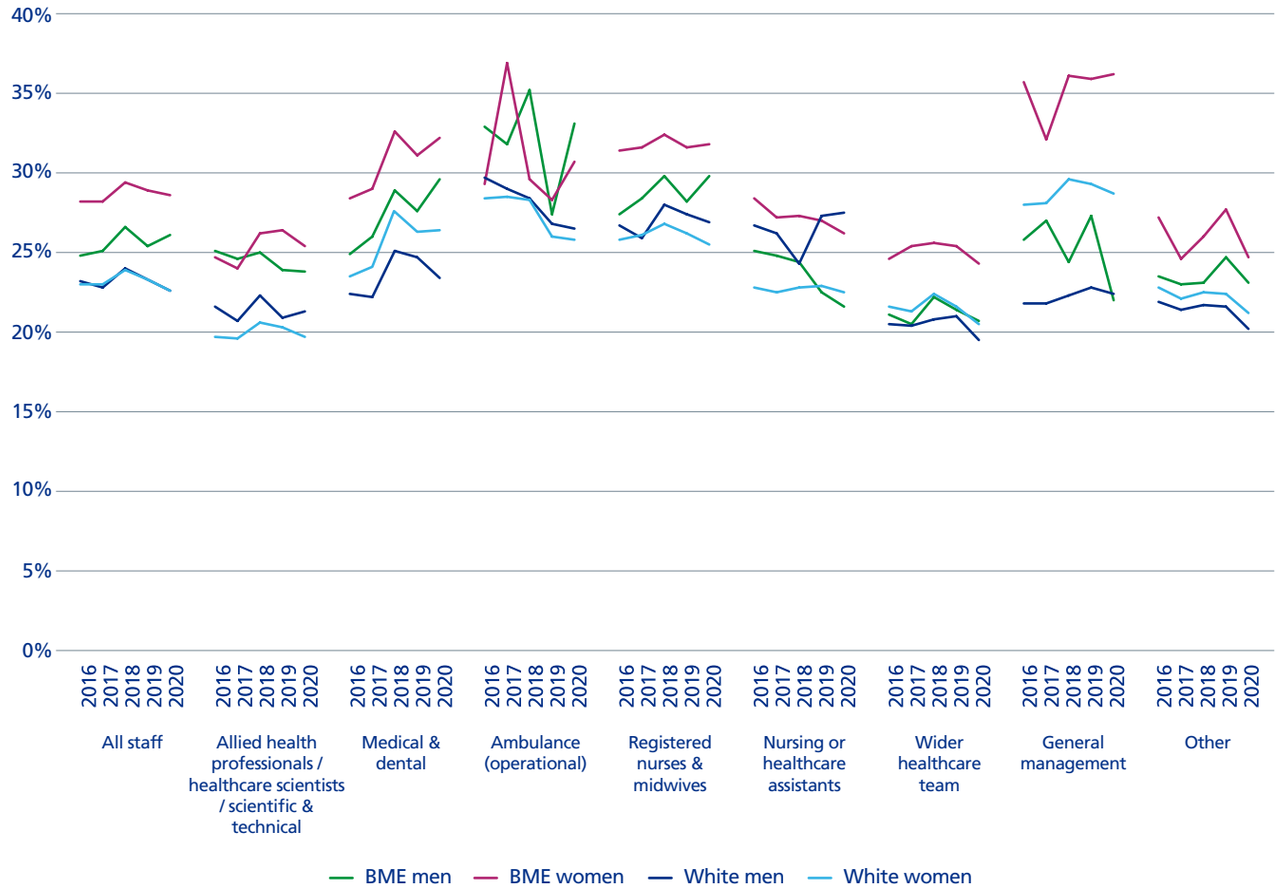
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 6

Fig 15: Gender, profession and ethnicity: (2016 - 2020 NHS Staff Survey):



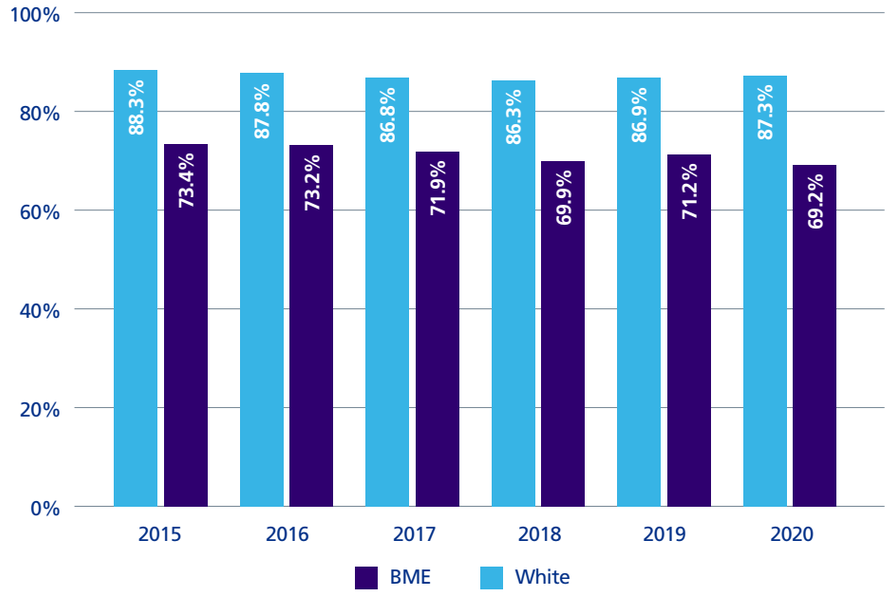
BME women (28.6%) were most likely to have experienced harassment, bullying or abuse from other staff in the last 12 months, a trend that has been evident since at least 2016. This trend was especially evident in **general management (36.2%)**, **medical and dental (32.2%)**, and **registered nursing and midwifery (31.8%)**.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 7

Fig 16: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2015 – 2020

For 98.6% of trusts, a lower proportion of BME staff believed that their trust provides equal opportunities for career progression or promotion compared to white staff



The proportion of BME staff that believed their trust provides equal opportunities for career progression or promotion decreased in 2020 (69.2%) compared to 2019 (71.2%). This is now at its lowest point since 2015.

All regions saw a decrease in the proportion of BME staff who believed that their trust provided equal opportunities for career progression or promotion, the biggest drop was in the East of England from 74.9% (in 2017) to 70.4% (in 2020). London has the lowest percentage of BME staff who believed that their trust provides equal opportunities for career progression or promotion (65.4%)

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
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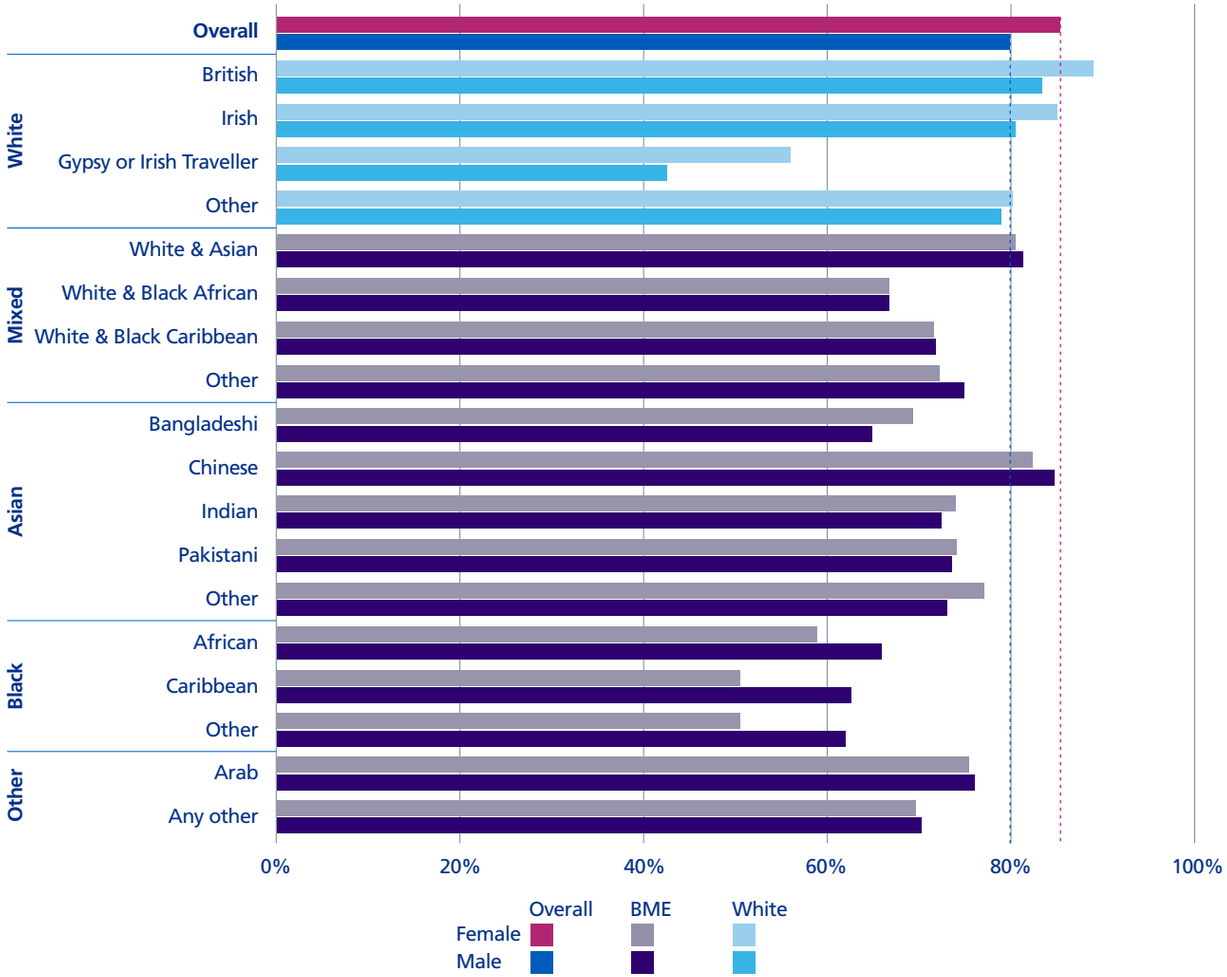
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 7

Fig 17: Ethnicity and gender in detail: 2020 NHS Staff Survey:



Men (80.2%) were less likely than **women (85.7%)** to believe that their trusts provide equal opportunities for career progression or promotion.

Just **57.5%** of staff from a black background believed their trust provides equal opportunities for career progression or promotion, with levels below those of other ethnic groups since at least 2016.

Only **47.5%** of staff from a Gypsy or Irish Traveller background believed that their trusts provides equal opportunities for career progression or promotion.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
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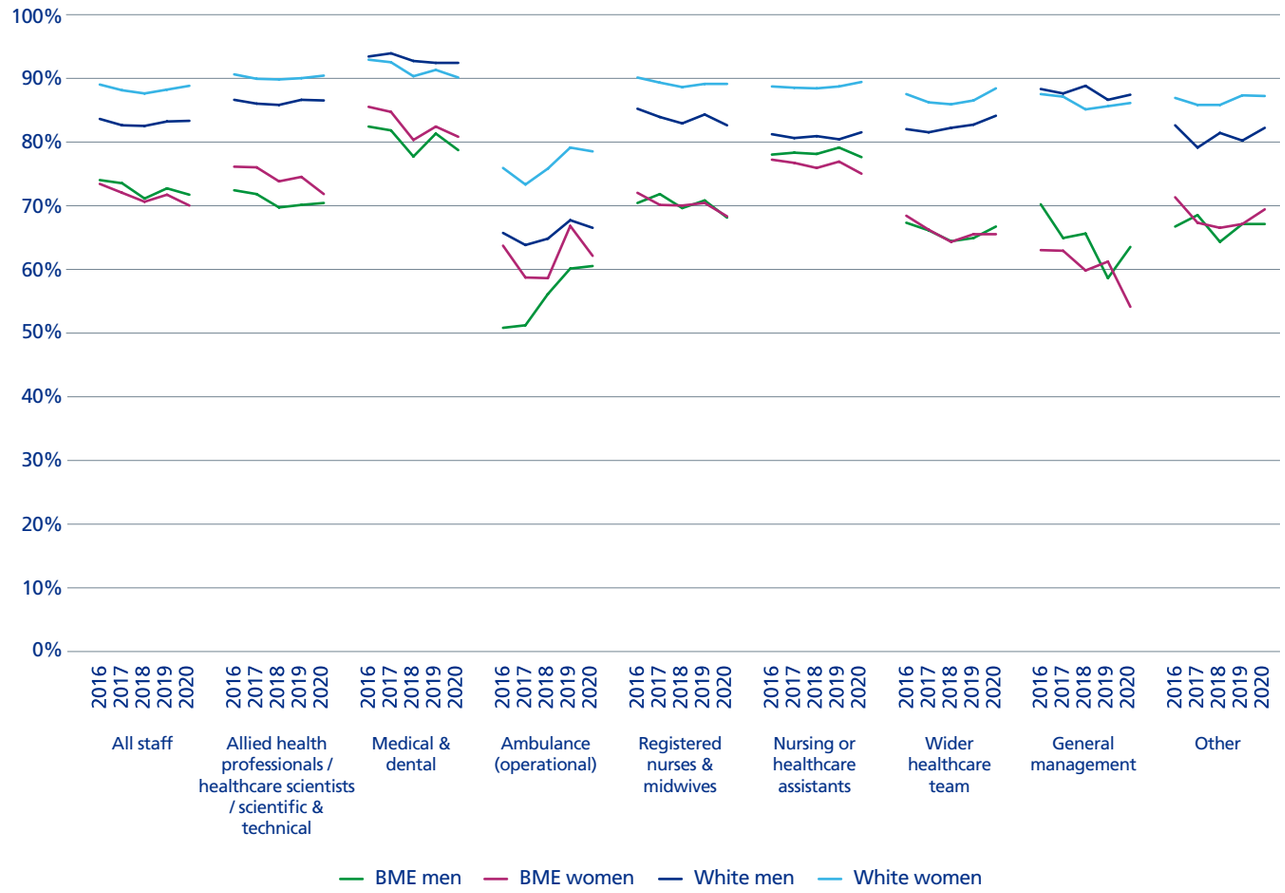
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 7

Fig 18: Gender, profession and ethnicity: (2016- 2020 NHS Staff Survey):



BME women in general management were least likely to believe that their trust provides equal opportunities for career progression or promotion **(54.1%)**, with low levels of belief amongst BME men in general management, too **(63.5%)**.

As a profession, **ambulance staff (operational)** were least likely to believe that their trust acts fairly with regard to career progression and promotion **(70.7%)**, with the lowest levels of belief again amongst **BME women (62.1%)** and **BME men (60.5%)** in this profession.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
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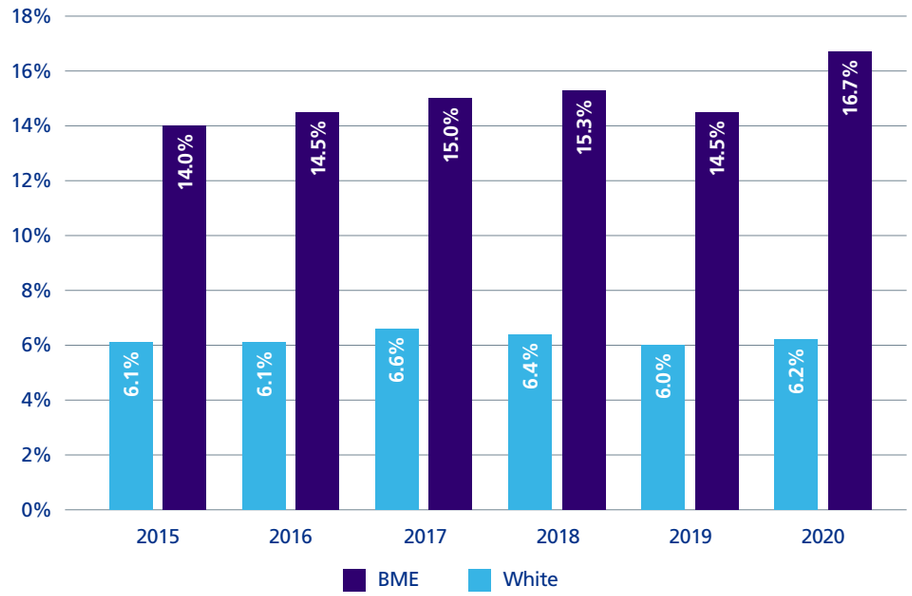
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 8

Fig 19: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues: 2015 – 2020



For 98.6% of trusts, a higher proportion of BME staff compared to white staff experienced discrimination at work from a manager, team leader or other colleagues in the last 12 months.

The percentage of BME staff that personally experienced discrimination at work from a manager, team leader or other colleagues is at its highest level since 2015.

In all the regions the percentage of BME staff that personally experienced discrimination at work from a manager, team leader or other colleagues increased.

The South West had the highest percentage (17.4%) of BME staff that personally experienced discrimination at work from a manager, team leader or other colleagues.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
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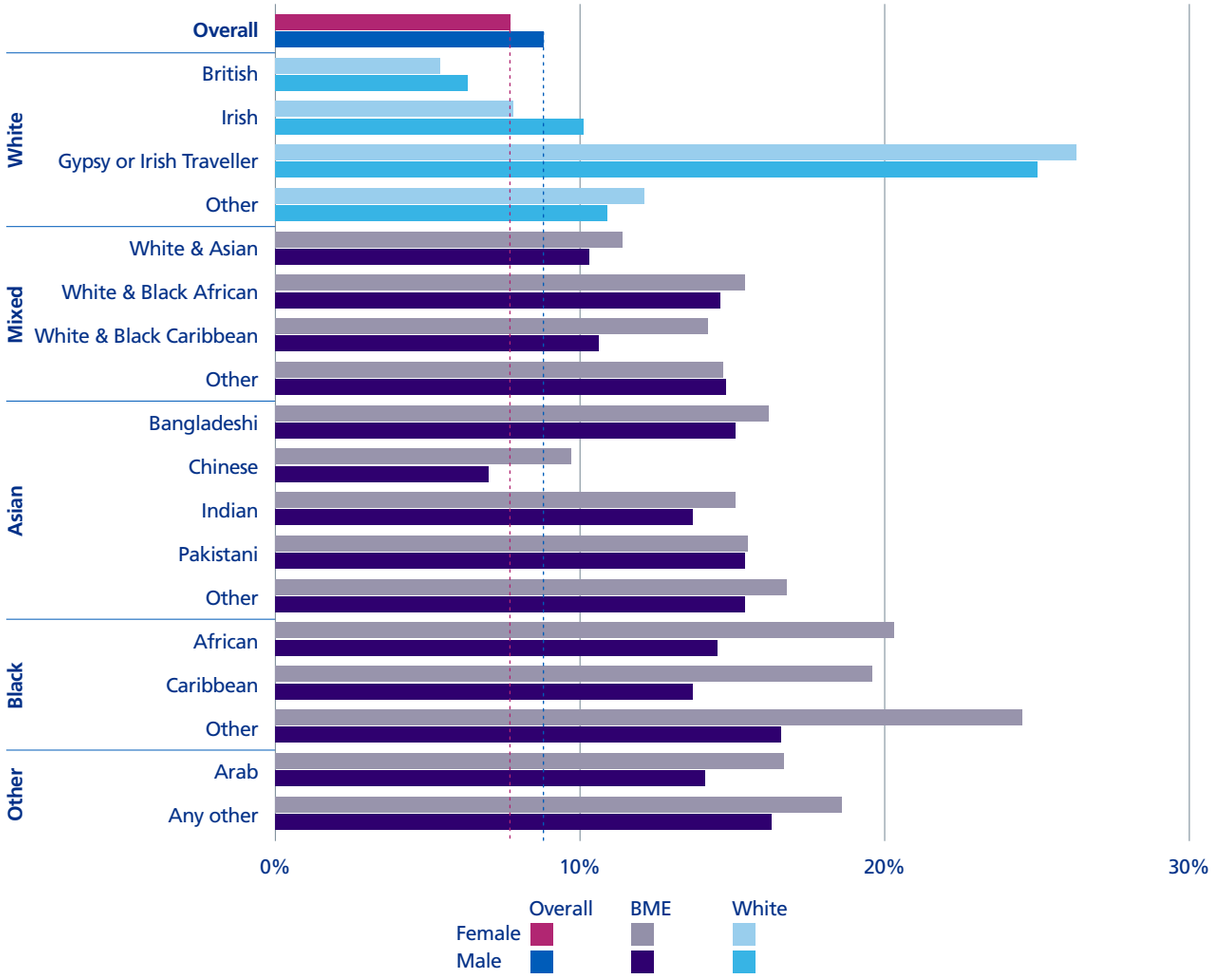
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES indicator 8

Fig 20: Ethnicity and gender in detail: 2020 NHS Staff Survey:



19.4% of staff from a black background and 20.5% of black women in particular, had experienced discrimination from other staff in last 12 months. Black staff, alongside staff from the "any other" group and the Asian "other" group had experienced the highest levels of discrimination from other staff since at least 2016

Men (8.8%) were more likely than **women (7.7%)** to have that personally experienced discrimination at work from a manager, team leader or other colleagues in last the 12 months.

26.2% of staff from a Gypsy or Irish Traveller background experienced discrimination from a manager/team leader or other colleagues in last 12 months.

INDICATOR 1
INDICATOR 2
INDICATOR 3
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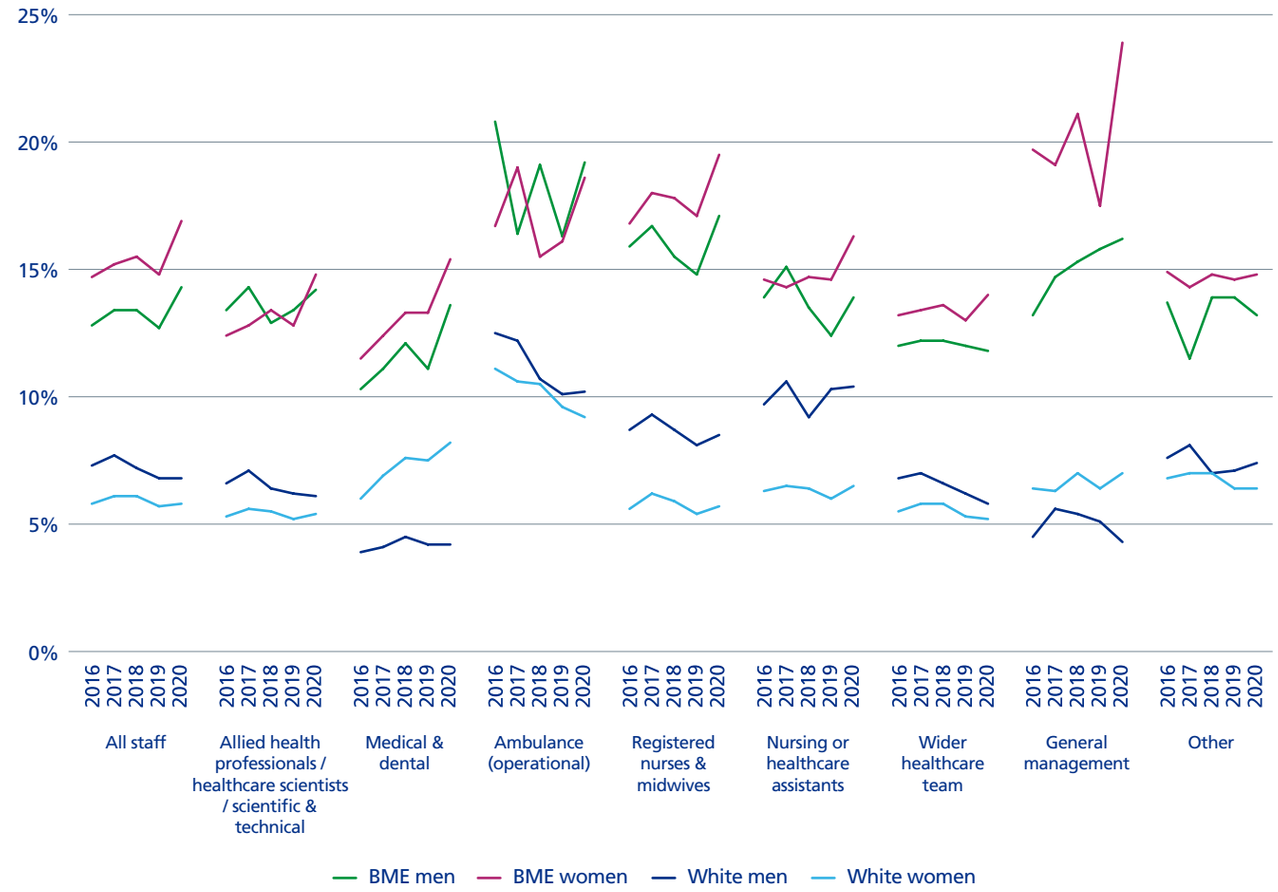
INDICATOR 9

WRES indicator 8

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



BME women (16.9%) were most likely to have experienced discrimination from other staff in the last 12 months, a trend that has been evident since at least 2016. However, rates were also high amongst **BME men (14.3%)**. The trend for high rates of discrimination from other staff amongst BME women and men was apparent across all professional groups in the workforce. The highest rates were observed for BME women in **general management (23.9%)** and **registered nursing and midwifery (19.5%)**.

10.6% of ambulance (operational) staff experienced discrimination from a manager/team leader or other colleagues in last 12 months, the highest levels were amongst **BME men (19.2%)** and **BME women (18.6%)** in this profession.

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Trend summary of WRES Indicators 5 - 8

Fig 22: Trends by occupational group and ethnicity (2019 and 2020 NHS Staff Survey):

	2019 v 2020 trend for BME staff			
Occupational group	Indicator 5	Indicator 6	Indicator 7	Indicator 8
Allied health professionals / Healthcare scientists / Scientific and technical	↓	↓	↓	↑
Medical and dental	↓	↑	↓	↑
Ambulance (operational)	—	↑	↓	↑
Registered nurses and midwives	↓	↑	↓	↑
Nursing or healthcare assistants	↓	↓	↓	↑
Wider healthcare team	↓	↓	—	↑
General management	↓	↓	↓	↑
Other	↓	↓	↑	↑
Unknown	—	↑	↓	↑
National	↓	↑	↓	↑

Improved compared to pre-pandemic

Unchanged compared to pre-pandemic

Deteriorated compared to pre-pandemic

Following the start of the COVID-19 pandemic it is evident that there was an increase in the disproportionately poor experience of black and other ethnic minority staff. This was seen for all components of the workforce in terms of Indicator 8, reflecting experience of discrimination from a leader. Similarly, post-pandemic, there was a deterioration in BME staff feeling their organisation provided equal opportunities for promotion. For a large proportion of frontline BME staff (ambulance, nursing and medical) there was an increase in bullying or harassment for peers, but a trend to less abuse and harassment was reported for allied health professionals and the wider healthcare team. Pleasingly, bullying and abuse from the public was reported less often following the onset of the pandemic

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES Indicator 9

Percentage of board members by ethnicity compared to BME workforce within NHS trusts by region (2021)

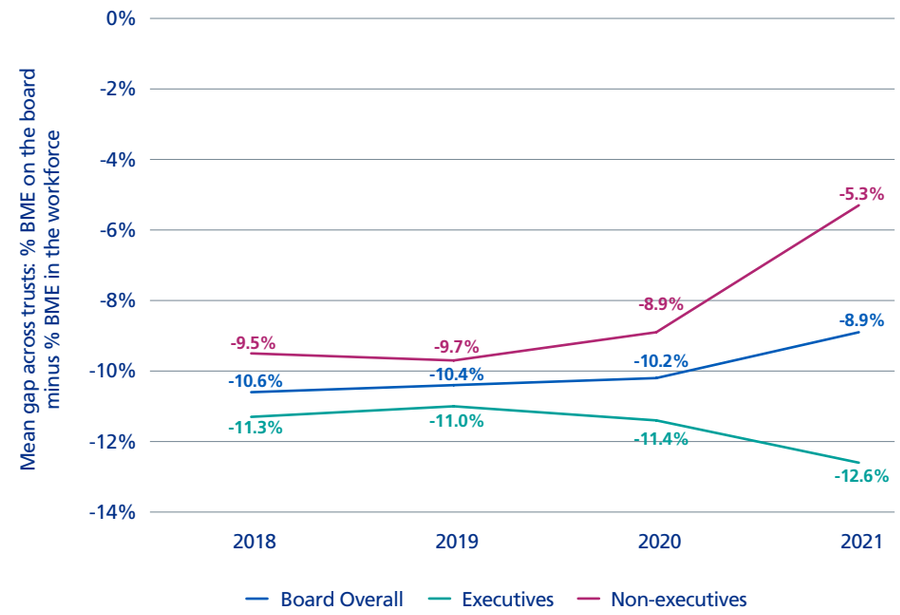
12.6% of board members recorded their ethnicity as BME, compared to 22.4% of staff in NHS trusts. This has increased by 2.6% from the previous year (10.0%).

In all regions, there is a lower proportion of BME people on boards compared to proportion of BME staff.

Region	Board members			Workforce
	White	BME	Unknown	BME staff
East of England	86.5%	8.2%	5.3%	23.9%
London	74.2%	22.6%	3.2%	48.1%
Midlands	82.5%	13.8%	3.7%	21.6%
North East and Yorkshire	87.7%	8.2%	4.0%	12.2%
North West	85.2%	10.7%	4.1%	13.3%
South East	78.6%	13.3%	8.1%	22.1%
South West	85.6%	5.8%	8.6%	11.2%
England Overall	82.4%	12.6%	5.0%	22.4%

Improvement in this indicator in Midlands region following focus on improving representation in organisations.

Fig 23: %BME on Trust Boards minus %BME in the Workforce: 2018 – 2021



The average gap between BME representation on trust boards and BME representation in their workforces has dropped from -10.6% in 2018 to -8.9% in 2021. However, the reduction in this gap has been primarily amongst non-executive directors (-9.5% in 2018 to -5.3% in 2021). The gap has increased amongst executive directors (-11.3% in 2018 to -12.6% in 2021).

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
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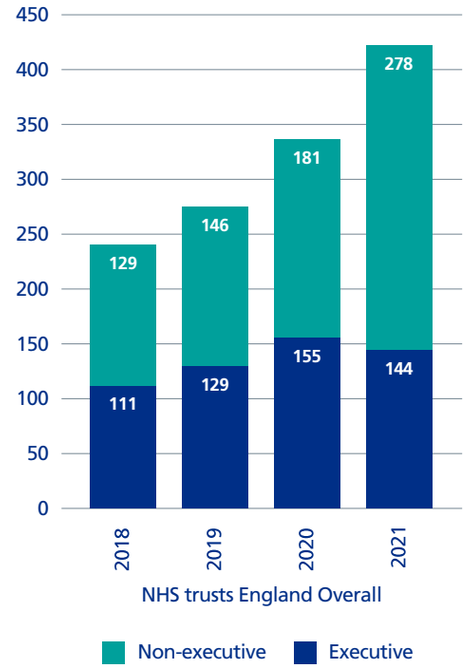
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

WRES Indicator 9

Fig 24: Numbers of BME board members by region: 2018 – 2021



The increase in the number of board members who recorded their ethnicity as BME has been largely amongst non-executive directors; overall, and in all regions except the North West and the Midlands, the number of executive directors who recorded their ethnicity as BME decreased in March 2021 compared to March 2020.

Top ten best performing trusts by WRES indicator

Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9
North East Ambulance Service NHS Foundation Trust	East Sussex Healthcare NHS Trust	Liverpool Women's NHS Foundation Trust	Liverpool Women's NHS Foundation Trust	Wirral Community Health and Care NHS Foundation Trust	Liverpool Heart and Chest Hospital NHS Foundation Trust	Wirral Community Health and Care NHS Foundation Trust	The Clatterbridge Cancer Centre NHS Foundation Trust
Tavistock and Portman NHS Foundation Trust	Surrey and Sussex Healthcare NHS Trust	The Clatterbridge Cancer Centre NHS Foundation Trust	The Christie NHS Foundation Trust	Lincolnshire Partnership NHS Foundation Trust	North Staffordshire Combined Healthcare NHS Trust	The Clatterbridge Cancer Centre NHS Foundation Trust	Coventry And Warwickshire Partnership NHS Trust
Gateshead Health NHS Foundation Trust	University Hospitals Plymouth NHS Trust	Barnet, Enfield And Haringey Mental Health NHS Trust	The Clatterbridge Cancer Centre NHS Foundation Trust	Bridgewater Community Healthcare NHS Foundation Trust	Barnsley Hospital NHS Foundation Trust	Liverpool Heart and Chest Hospital NHS Foundation Trust	Cheshire And Wirral Partnership NHS Foundation Trust
Humber Teaching NHS Foundation Trust	The Royal Wolverhampton NHS Trust	Lancashire & South Cumbria NHS Foundation Trust	Sheffield Children's NHS Foundation Trust	Hertfordshire Community NHS Trust	Lincolnshire Partnership NHS Foundation Trust	Liverpool Women's NHS Foundation Trust	Black Country Healthcare NHS Foundation Trust
Bolton NHS Foundation Trust	Coventry and Warwickshire Partnership NHS Trust	Mid Yorkshire Hospitals NHS Trust	Alder Hey Children's NHS Foundation Trust	North Staffordshire Combined Healthcare NHS Trust	Wye Valley NHS Trust	North West Ambulance Service NHS Trust	London Ambulance Service NHS Trust
Bridgewater Community Healthcare NHS Foundation Trust	University Hospitals Coventry and Warwickshire NHS Trust	East Kent Hospitals University NHS Foundation Trust	Salford Royal NHS Foundation Trust	Solent NHS Trust	Cheshire and Wirral Partnership NHS Foundation Trust	Rotherham Doncaster and South Humber NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust	Medway NHS Foundation Trust	The Hillingdon Hospitals NHS Foundation Trust	Great Ormond Street Hospital for Children NHS Foundation Trust	Midlands Partnership NHS Foundation Trust	North East Ambulance Service NHS Foundation Trust	Pennine Care NHS Foundation Trust	Pennine Care NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust	Cambridgeshire and Peterborough NHS Foundation Trust	Nottinghamshire Healthcare NHS Foundation Trust	The Royal Orthopaedic Hospital NHS Foundation Trust	Leeds and York Partnership NHS Foundation Trust	Bridgewater Community Healthcare NHS Foundation Trust	Lincolnshire Partnership NHS Foundation Trust	Sussex Partnership NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust	Kingston Hospital NHS Foundation Trust	Sheffield Teaching Hospitals NHS Foundation Trust	Gateshead Health NHS Foundation Trust	The Mid Yorkshire Hospitals NHS Trust	Dorset HealthCare University NHS Foundation Trust	Gloucestershire Health and Care NHS Foundation Trust	North Staffordshire Combined Healthcare NHS Trust
The Walton Centre NHS Foundation Trust*	University Hospital Southampton NHS Foundation Trust	North West Boroughs Healthcare NHS Foundation Trust	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Dorset HealthCare University NHS Foundation Trust	Liverpool Women's NHS Foundation Trust	North East Ambulance Service NHS Foundation Trust	Lincolnshire Partnership NHS Foundation Trust

East of England | London | Midlands | North East | North West | South East | South West

Least well performing trusts by WRES indicator

Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9
Northern Lincolnshire and Goole NHS Foundation Trust	Derbyshire Healthcare NHS Foundation Trust	The Shrewsbury and Telford Hospital NHS Trust	North East Ambulance Service NHS Foundation Trust	East of England Ambulance Service NHS Trust	East of England Ambulance Service NHS Trust	East of England Ambulance Service NHS Trust	Barking, Havering And Redbridge University Hospitals NHS Trust
Chesterfield Royal Hospital NHS Foundation Trust	Camden and Islington NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust	Norfolk and Suffolk NHS Foundation Trust	North Cumbria Integrated Care NHS Foundation Trust	Tavistock and Portman NHS Foundation Trust	Shropshire Community Health NHS Trust	London North West University Healthcare NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust	The Walton Centre NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust	Shropshire Community Health NHS Trust	Northumbria Healthcare NHS Foundation Trust	South East Coast Ambulance Service NHS Foundation Trust	Tavistock and Portman NHS Foundation Trust	University College London Hospitals NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Barnet, Enfield and Haringey Mental Health NHS Trust	North Cumbria Integrated Care NHS Foundation Trust	London Ambulance Service NHS Trust	Shropshire Community Health NHS Trust	London Ambulance Service NHS Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	Moorfields Eye Hospital NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust	Herefordshire and Worcestershire Health And Care NHS Trust	Northampton General Hospital NHS Trust	South East Coast Ambulance Service NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	James Paget University Hospitals NHS Foundation Trust	Royal Free London NHS Foundation Trust
North Tees and Hartlepool NHS Foundation Trust	Kent And Medway NHS and Social Care Partnership Trust	Norfolk Community Health And Care NHS Trust	Devon Partnership NHS Trust	University Hospitals Of Morecambe Bay NHS Foundation Trust	Great Ormond Street Hospital for Children NHS Foundation Trust	East Cheshire NHS Trust	Central London Community Healthcare NHS Trust
Derbyshire Community Health Services NHS Foundation Trust	Shropshire Community Health NHS Trust	Norfolk and Norwich University Hospitals NHS Foundation Trust	West Midlands Ambulance Service University NHS Foundation Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	Walsall Healthcare NHS Trust	County Durham and Darlington NHS Foundation Trust	Barts Health NHS Trust
Liverpool University Hospitals NHS Foundation Trust	Derbyshire Community Health Services NHS Foundation Trust	Essex Partnership University NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust	East Kent Hospitals University NHS Foundation Trust	Avon and Wiltshire Mental Health Partnership NHS Trust	East Kent Hospitals University NHS Foundation Trust	West London NHS Trust
South East Coast Ambulance Service NHS Foundation Trust	North Staffordshire Combined Healthcare NHS Trust	Sandwell and West Birmingham Hospitals NHS Trust	Camden and Islington NHS Foundation Trust	Northern Lincolnshire And Goole NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust	Walsall Healthcare NHS Trust	Bedfordshire Hospitals NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust	Guy's and St Thomas' NHS Foundation Trust	East Lancashire Hospitals NHS Trust	South Western Ambulance Service NHS Foundation Trust	Yorkshire Ambulance Service NHS Trust	South Western Ambulance Service NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	St George's University Hospitals NHS Foundation Trust

East of England | London | Midlands | North East | North West | South East | South West

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Trusts showing sustained, long-term improvement, by WRES indicator

Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8
Dorset County Hospital NHS Foundation Trust	Hertfordshire Community NHS Trust	Sherwood Forest Hospitals NHS Foundation Trust	Imperial College Healthcare NHS Trust	Brighton and Sussex University Hospitals NHS Trust	Calderdale and Huddersfield NHS Foundation Trust	North West Ambulance Service NHS Trust
Southport And Ormskirk Hospital NHS Trust	Surrey And Borders Partnership NHS Foundation Trust	University Hospitals Bristol And Weston NHS Foundation Trust	Salford Royal NHS Foundation Trust	Hertfordshire Partnership University NHS Foundation Trust	Cambridge University Hospitals NHS Foundation Trust	University College London Hospitals NHS Foundation Trust
Kingston Hospital NHS Foundation Trust	Pennine Care NHS Foundation Trust	Manchester University NHS Foundation Trust		London North West University Healthcare NHS Trust	Derbyshire Healthcare NHS Foundation Trust	
Buckinghamshire Healthcare NHS Trust				The Royal Orthopaedic Hospital NHS Foundation Trust	Oxford University Hospitals NHS Foundation Trust	
					Royal Berkshire NHS Foundation Trust	

East of England | London | Midlands | North East | North West | South East | South West

A continued focus on inclusive recruitment and promotion

In 2021/22, we asked systems and employers to prioritise actions to improve diversity through recruitment and promotion practices, by developing improvement plans based on WRES findings.

This year, we maintain a focus on this vital lever, as the data shows no improvement in the persisting disparity for appointment at interview of black and minority ethnic (BME) applicants compared to white ones – **in 71.5% of NHS trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting.**

To really make an impact and 'move the dial' on a set of complex and interconnected indicators about the experience of BME colleagues, we must target our efforts and resources on the areas which will have the biggest reward. Improving the inclusivity of recruitment and promotion is essential for a more diverse workforce and more diversity of senior leadership, which we know is a key factor in driving culture transformation, embedding sustainable change and improving patient outcomes.

Therefore, systems and employers should continue delivering the 6 high impact actions to overhaul recruitment and promotion practices:

Ensure executive senior managers (ESMs) own the agenda

Ensuring fairness

Positive action on talent

Prioritise workforce diversity

Adopting best practice

Supporting a bigger conversation

INDICATOR 1
INDICATOR 2
INDICATOR 3
INDICATOR 4
INDICATOR 5
INDICATOR 6
INDICATOR 7
INDICATOR 8
INDICATOR 9

Conclusion and next steps

The 2021 WRES data report reflects the state and complexity of race equality in the NHS. It shows significant progress in the number of VSMs from an ethnic minority, but a fall in the number of executives on trust boards. There has been a reduction in the number of BME staff experiencing harassment from the public, but an increase in the number experiencing discrimination from a manager at work.

The next steps on the journey of the WRES are to move the NHS on to the stage of advancing race equality by using detailed demographic analysis at organisational level, to encourage local, regional and national operations to implement bespoke improvement measures. System-wide learning is a key ambition for future implementation of the WRES. Regional data shows striking examples of what can be achieved when there has been a focus on particular targets. For example:

- Improvement in BME candidates being appointed from interview (Indicator 2) in the South East using the six high-impact actions and debiasing panels
- In the East of England there has been a significant improvement in race disparity for disciplinary referral (Indicator 3) related to a strategy of using a decision tree approach, increasing accountability and check-in stages
- In the Midlands region, there was an improvement in Board representation (Indicator 9) related to a longer-term strategy to develop the executive pipeline.

This learning can be shared and each organisation will have their own detailed data and can identify their own specific targets for action; be it inclusive recruitment, disciplinary disparity, civility culture or leadership development.

The benefit of moving towards nuanced race equality indicators is apparent. For example, the data captures the particular disadvantage experienced by BME women. We must consider this intersectional agenda in equality strategy and policy, including corrective actions on pay gaps, progression across professional groups, civility culture and supporting staff networks to act as barometers of specific inequality issues on the ground. Additional data analysis has also identified the differences experienced by different racial groups and within specific groups. The Gypsy, Roma and Traveller community, though small in number, has consistently reported the highest levels of inequality in experience. Within the BME group, the experiences of Filipino staff differ from those of black staff.

It is with this future-focussed ambition in mind that this WRES report should be viewed, challenging us to be better for our workforce and our patients.