

NHS Workforce Race Equality Standard 2024 data analysis report for NHS trusts

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Context

The NHS Workforce Race Equality Standard (WRES) is published annually and is an essential tool in supporting the NHS to be an inclusive and fair workplace. It helps evaluate progress and identify areas where further improvement is needed. The 2024 report is the latest version; previous years reports can be found on the [NHS England website](https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/the-challenge/).
(<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/the-challenge/>)

The report utilises data from the electronic staff record and the NHS Staff Survey to bring together a national picture of race across the NHS. Local data reports are also sent to individual organisations to support them to make improvements. NHS England's [equality, diversity and inclusion improvement plan](https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/) (<https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/>), published in 2023, is our pathway to support further progress through NHS systems. The plan sets out six actions for systems to consider to create an environment where staff feel they belong, can safely raise concerns, and are empowered to deliver the best care to our patients.

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Foreword

As we work to make the NHS an inclusive and fair workplace, the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) remain essential tools for evaluating our progress and identifying areas where further improvement is needed.

They provide a critical framework to ensure equality of opportunity is not just something we talk about but is central to our organisational culture, policies and practices.

This year's WRES report highlights significant progress since 2016 to create a more inclusive and equitable working environment but also brings attention to the challenges we still face.

There are signs of progress on representation in leadership positions, with the number of very senior managers in the NHS from black and minority ethnic (BME) backgrounds increasing by 85% since 2018.

However, 80% of trusts reported that white applicants were significantly more likely than BME applicants to be appointed from shortlisting. Only 42.3% of staff from a black background believed their trust provides equal opportunities for career progression or promotion.

For the second year in a row, white Gypsy or Irish Traveller women and men experienced the highest levels of harassment, bullying or abuse from other staff. More BME staff than white staff also experienced this.

We know that there is still work to be done to make sure all staff are given equal opportunities to progress in their careers and be free from discrimination, bullying, harassment or abuse from other staff.

The [NHS equality, diversity and inclusion improvement plan](https://www.england.nhs.uk/publication/nhs-ed-i-improvement-plan/) (<https://www.england.nhs.uk/publication/nhs-ed-i-improvement-plan/>), published in 2023, is our pathway to further progress – setting out 6 actions to create an environment where staff feel they belong, can safely raise concerns and are empowered to deliver the best care to our patients.

We know that to achieve the goals that will be set out for our staff in the upcoming 10 Year Health Plan, we must enhance the experience of our workforce, improving retention and attracting new talent to the NHS from the widest possible pool.

Our journey toward achieving equality is ongoing and this report represents an important step in holding the NHS accountable, ensuring transparency and driving the systemic change needed for a more inclusive future.

Dr Navina Evans CBE

Chief Workforce, Training and Education Officer, NHS England

Key findings

In March 2024, 28.6% of the workforce across NHS trusts came from a BME background (434,077 people). This is an increase of 53,969 (14%) on the previous year.

The total number of BME staff at very senior manager (VSM) level has increased by 85% since 2018, from 201 to 372, and it is now at its highest since the inception of the WRES.

BME board membership has also reached its highest level (16.5%) since the WRES was established. However, its growth has not kept up with the rise in BME staff across the NHS workforce (28.6%).

At 80% of NHS trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting, higher than the 76% last year.

A lower percentage of BME staff (48.8%) than white staff (59.4%) felt that their trust provides equal opportunities for career progression or promotion.

With disaggregation, only 42.3% of staff from a black background believed their trust provides equal opportunities for career progression or promotion, with levels below those for other ethnic groups since at least 2015.

For the second year in a row, white Gypsy or Irish Traveller women (34.1%) and men (42.6%) experienced the highest levels of harassment, bullying or abuse from other staff.

The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (24.9%) than for white staff (20.7%). Although disparities between the experiences of BME and white staff persist, the trend for harassment, bullying and abuse from staff has been largely downward since 2018.

A higher percentage of BME staff (15.5%) than white staff (6.7%) experienced discrimination from other staff – a pattern that has been evident since at least 2015.

WRES indicator 1

Percentage and number of staff in NHS trusts by ethnicity

In March 2024, 28.6% of the workforce across NHS trusts came from a BME background (434,077 people). Across all NHS trusts there were 198,719 more BME staff in 2024 compared to 2018 (equating to an 84.4% increase). Over the same period, the number of white staff increased by 75,714 (equating to an 8.1% increase).

Percentage by ethnicity at each AfC pay band for staff in NHS trusts

The largest representation of BME staff is at Agenda for Change (AfC) band 5 at 42.3%. BME representation reduces at higher bands with the lowest representation of 12.0% at AfC band 9. Overall, 4.3% of staff did not disclose their ethnicity, down from a high of 4.7% in 2019. At VSM level, 4.8% of staff did not disclose their ethnicity. Given that 12.7% at VSM level came from a BME background, a non-disclosure rate of 4.8% adds a relatively large margin of uncertainty regarding the actual level of BME representation in the most senior roles.

Percentage by ethnicity at each AfC pay band among non-clinical staff in NHS trusts

In non-clinical roles, 18.8% of staff were from a BME background overall. BME representation is highest in the AfC band 6, 20.9%. BME staff were underrepresented at the senior pay bands (AfC band 8a to VSM level (15.5%)), with BME representation falling to a low of 11.0% at Band 9.

The percentage representation of BME staff in senior non-clinical roles (bands 8C to VSM) has increased year-on-year from 8.3% in 2019 to 13.0% in 2024. However, BME representation in the wider non-clinical workforce has also increased year-on-year at a similar rate from 14.1% in 2019 to 18.8% in 2024. Consequently, the gap between BME representation at senior levels and in the overall workforce in non-clinical roles has varied little over the period 2019 to 2014, and is currently at -5.8%, as it was in 2019. This demonstrates that representational increase is likely to be a natural change as the gap has not been significantly narrowed.

Percentage by ethnicity at each AfC pay band, among clinical staff outside of doctors, in NHS trust

In clinical roles outside of medicine, 29.4% were from a BME background overall. The clinical workforce can be considered in two sections. Staff at AfC band 4 and under include health care support workers and nursing assistants. While staff at AfC band 5 and above include mainly registered nurses, alongside other staff such as physiotherapists, psychologists and pharmacists. BME representation was highest at clinical AfC band 5 (45.7%) which is the base grade for registered nurses. BME representation above AfC band 5 falls dramatically to 25.2% at AfC band 6 and 18.8% at AfC band 7. These are pay bands that include charge nurses and nurse managers.

The percentage representation of BME staff in senior clinical roles outside of medicine (bands 8C to VSM) has increased year-on-year from 8.6% in 2019 to 13.0% in 2024. However, BME representation in the wider clinical workforce outside of medicine has increased at a higher rate year-on-year, from 19.3% in 2019 to 29.4% in 2024. Consequently, the gap between BME representation at senior levels and in the overall workforce in non-clinical roles has increased over the period from -10.7% in 2019 to -16.4% in 2024. Whilst there is a correlated increase in representation as with non-clinical workforce, the data here is suggesting that the gap between BME and white representation at more senior levels is increasing.

Percentage by ethnicity and level of seniority for doctors in NHS trusts

Within medicine, 48.7% of staff were from a BME background overall. BME representation is highest in non-consultant specialist grades at 64.3%, falling to 41.0% amongst consultants, and falling further to 44.6% among senior medical managers.

WRES indicator 2

The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

At 80% of NHS trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting. This is a worsening position from 76% last year and 71% the year before. Trends differ between regions, with year-on-year improvements in the London region, progressive deterioration in the Midlands region, and a marked deterioration in the North West. Recruitment from interview remains the most difficult to change metric, with the national likelihood ratio remaining broadly unchanged since the inception of the WRES in 2016.

WRES indicator 3

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Just over half (51%) of NHS trusts reported BME staff were over 1.25 times more likely than white staff to enter the formal disciplinary process, a deterioration relative to the 46% last year and 47% the year before. The London region has performed persistently worst on this indicator. There has also been a marked deterioration in the South East region. Nationally, 2,733 out of 434,077 BME staff entered formal disciplinary proceedings (0.63% of the BME workforce) compared to 5885 out of 1,015,798 white staff (0.58% of the white workforce).

WRES indicator 4

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

For all regions except the South West, the indicator fell within the acceptable range of 0.80 to 1.25. The South West saw a deterioration in the indicator, moving further below equity from 0.92 in 2023 to 0.79 in 2024. This means that white staff were less likely to undertake non-mandatory training than BME staff across the region as a whole (in 2023/24, 69.9% of BME staff in the South West undertook non-mandatory training compared to 54.9% of white staff; whilst in 2022/23, 71.6% of BME staff in the South West undertook non-mandatory training compared to 65.6% of white staff).

WRES indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The 2023/24 National Staff Survey reported that at 82% of NHS 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, a slight increase compared to 2022 (81%), and higher than in 2021 (71%).

Overall, a higher percentage of BME staff (27.8%) than white staff (24.1%) had been harassed, bullied, or abused by patients, family, or the general public in 2023/24; a pattern that has been evident since at least 2015/16. However, in the last year, levels of harassment, bullying, or abuse by patients dropped to the lowest level seen since the inception of the WRES, with decreases observed in all regions. Nonetheless, it remains a concern that around 1 in 4 staff of any ethnicity experience abuse or harassment from the public.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by gender and ethnicity in detail

Overall, women (25.1%) and men (24.2%) were similarly likely to have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Men (41.2%) and women (37.7%) from a White Gypsy or Irish Traveller background experienced the highest levels of harassment, bullying or abuse from patients, relatives or the public. The next highest levels of harassment, bullying or abuse from patients, relatives or the public were experienced by women (33.6%) from "other" Asian backgrounds and African women (33.0%).

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months by gender, ethnicity and profession

Overall, BME women (28.1%) 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 2015. However, among registered nurses, white men (44.5%) and BME men (40.2%) were more likely to experience harassment, bullying or abuse from patients, their relatives or the general public than their female colleagues; with a similar trend apparent among nursing and healthcare assistants for white men (39.2%) and BME men (40.3%). Overall, ambulance (operational) staff (50.3%) experienced the highest level of harassment, bullying or abuse from patients, relatives or the public.

WRES indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

89% of trusts reported, a higher proportion of BME staff compared to white staff experiencing harassment, bullying or abuse from staff in last 12 months in 2023, lower than in 2022 (94%) or 2021 (93%).

In 2023, the percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (24.9%) than for white staff (20.7%). This pattern has been evident since 2015 and was repeated in all regions. Although disparities between the experiences of BME and white staff persist, levels of harassment, bullying and abuse from

staff have followed a largely downward trend since 2018 and are currently at the lowest level seen since the inception of the WRES.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months by gender and ethnicity in detail

Women (21.0%) and men (20.5%) were similarly likely to have experienced harassment, bullying or abuse from other staff in last 12 months. White Gypsy or Irish Traveller men (42.6%) and women (34.1%) experienced the highest levels of harassment, bullying or abuse from other staff. Women from “other” black backgrounds (30.4%), women from “any other” ethnic background (30.3%), and men (29.4%) and women (28.9%) and from Arab backgrounds also experienced high levels of harassment, bullying or abuse from other staff.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months by gender, ethnicity and profession

In 2023, BME women (24.9%) were more 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 2015. This trend was especially evident for BME women in general management (29.6%), medical and dental (30.3%), and registered nursing and midwifery (26.9%).

WRES indicator 7

Percentage of staff believing that their trust provides equal opportunities for career progression or promotion

In 2023, at 97.6% of NHS trusts, a lower percentage of BME staff than white staff felt that their trust provides equal opportunities for career progression or promotion, compared to 98.6% in 2022 and 99.5% in 2021.

In 2023, a lower percentage of BME staff (48.8%) than white staff (59.4%) felt that their trusts provide equal opportunities for career progression or promotion. This pattern has been evident since at least 2017 (and at least 2015 based on the previous version of this indicator*) and is repeated in all regions. However, year-on-year improvements in this metric for BME staff have been observed since 2020, with belief amongst BME staff that their trusts provide equal opportunities for career progression or promotion now at the highest levels seen since the inception of the WRES, nationally and in all regions.

Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by gender and ethnicity in detail

Overall, men (54.7%) were less likely than women (58.6%) to believe that their trusts provide equal opportunities for career progression or promotion. Women (41.6%) and men (46.7%) from a black background had low likelihoods of believing that their trusts provide equal opportunities for career progression or promotion. For black staff, this metric has tracked below the levels for other ethnic groups since at least 2015. Men from a white Gypsy or Irish Traveller background also had a low likelihood of believing that their trusts provide equal opportunities for career progression or promotion (40.4%).

Percentage of staff believing that their trust provides equal opportunities for career progression or promotion by gender, ethnicity and profession

As a profession, ambulance staff (operational) were least likely to believe that their trust acts fairly with regards to career progression and promotion (48.1%); with especially low levels of belief among BME men (43.1%) and white men (44.3%) in this profession. BME women (44.0%) and BME men (47.4%) in the wider healthcare team also expressed especially low levels of belief, as did BME women (45.1%) and BME men (48.4%) in general management.

The difference between BME and white staff was greatest in the general management staff group with just 45.1% of BME staff believing at their trust acts fairly with regards to career progression and promotion compared to 66.2% of white staff, a gap of 21.1%.

WRES indicator 8

Percentage of staff experiencing discrimination at work from other staff in the last 12 months

In 2023, 99.0% of NHS trusts reported a higher percentage of BME staff than white staff experiencing discrimination from a manager/team leader or other colleagues in the last 12 months, compared with 100.0% of trusts in 2022 and 2021. A couple of trusts in the ambulance sector accounted for this shift.

In 2023, a higher percentage of BME staff (15.5%) than white staff (6.7%) experienced discrimination from other staff; a pattern that has been evident since at least 2015, and which was repeated in all regions. The percentage of BME staff who experienced discrimination from other staff increased markedly between 2019 and 2020, coinciding with the start of the COVID19 pandemic, but has seen year-on-year reductions since 2021 and is now approaching pre-pandemic levels.

Percentage of staff experiencing discrimination at work from other staff in the last 12 months by gender and ethnicity in detail

Men (9.1%) were more likely than women (8.3%) to have experienced discrimination from a manager/team leader or other colleagues in last 12 months. Men from a White Gypsy or Irish Traveller (24.2%) background were most likely to have experienced discrimination from other colleagues, although levels were also high for women from the same background (18.5%). Women from a black background (17.9% across all black backgrounds) and especially women from “other” black backgrounds (21.9%) also experienced high levels of discrimination from a manager/team leader or other colleagues.

Percentage of staff experiencing discrimination at work from other staff in the last 12 months by gender, ethnicity and profession

BME women (15.6%) were most likely to have experienced discrimination from other staff in the last 12 months, a trend that has been evident since at least 2015. However, rates were also high for BME men (12.8%). Rates of discrimination from other staff were especially high for BME women in general management (19.4%), registered nursing and midwifery (17.8%), and in medicine and dentistry (17.0%).

WRES indicator 9

The representation of BME people among board members

Nationally, in March 2024, 16.5% of board members recorded their ethnicity as BME, compared to 28.6% of staff in NHS trusts. In every region, there was a lower percentage of BME board members compared to the overall percentage of BME staff in the workforce. London, where around half of staff in the overall workforce come from a BME background, shows the largest disparity in board membership.

The percentage of board members recording their ethnicity as BME has increased year-on-year at a national level. However, the rate of increase in the percentage of board members recording their ethnicity as BME has not kept up with the rate of increase in the percentage of BME staff in the NHS workforce overall. Consequently, the gap between BME representation on boards and BME representation in the workforce has increased from 9.7% in 2021 to 12.2% in 2024. The gap among executive board members, at 16.8%, was especially large in 2024, having increased from 13.5% in 2021.

The representation of BME people among all board members compared to the workforce overall

The trend in all regions was for the percentage of BME board members to increase year-on-year, thus following the national trend. However, in all regions except London, the gap in BME representation between board and workforce increased because the increases in BME representation on boards were not as large as the increases in BME representation in the wider workforce. The pattern varies for non-executive and executive directors, with an especially large gap for executive directors.

The representation of BME people among non-executive board members compared to the workforce overall

In March 2024, 21.2% of non-executive directors recorded their ethnicity as BME, an increase on the 20.3% seen in 2023 and 18.4% seen in 2022. The gap between BME representation in the workforce and among non-executive board members has increased to 7.5% overall, having remained steady over the previous two years at around 6%.

The representation of BME people amongst executive board members compared to the workforce overall

In March 2024, 11.8%, of executive directors recorded their ethnicity as BME (lower than the 21.2% for non-executive directors), an increase on the 10.8% seen in 2023 and 9.7% seen in 2022. However, the gap between BME representation in the workforce and among executive directors has increased from 14.5% to 16.8% over this period, reflecting larger increases in BME representation in the workforce (from 24.2% to 28.6%) than among executive directors.

Conclusion and next steps

This report highlights the progress we have made in advancing racial equality within our workforce, while also emphasising the areas where further work is required. The reductions in the levels of harassment, bullying, and abuse from the public and by staff, coupled with the increasing confidence of BME staff in their opportunities for career progression, are significant

achievements that reflect our commitment to fostering a fairer and more inclusive environment. However, the findings also remind us that the journey towards achieving full racial equality is ongoing.

In 8 out of 10 NHS trusts, white applicants were notably more likely to be selected for appointments from the shortlist compared to BME applicants. Additionally, at 99% of NHS trusts, a greater proportion of BME staff than white staff reported experiencing discrimination from a manager, team leader, or colleagues within the past year.

The lived experiences shared by our staff provide essential insights that will continue to inform our approach, helping us to drive the cultural and systemic changes needed for sustained progress. We must remain vigilant in our efforts, ensuring that race equality is consistently prioritised in all areas of our work.

Appendix A – Methodology

The WRES requires NHS trusts to self-assess against 9 indicators of workplace experience and opportunity. 4 indicators relate specifically to workforce data, 4 are based on data from the national NHS staff survey questions, and 1 considers BME representation on boards.

The detailed definition for each indicator can be found in the [WRES technical guidance](https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-technical-guidance/) (<https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-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 9 WRES indicators, and where possible, makes comparisons to previous WRES data.

Data sources

WRES data for 2023/24 was collected through individual NHS trust submissions via the Data Collection Framework (DCF). A return rate of 100% for trusts was achieved.

Data analyses

For the purpose of data analyses and presentation, organisations have been grouped by the 7 NHS geographical regions – East of England, London, Midlands, North East and Yorkshire, North West, South East and South West.

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, such as a subgroup 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.

Data caveats

This report only contains data for NHS trusts.

Indicator 1 data comes from 2 different data sources: 1) 2016 and 2017 data are from the NHS workforce statistics website; 2) 2018 to 2024 data are from the Strategic Data Collection Service (SDCS) / Data Collection Framework (DCF).

Indicator 3 (staff entering the formal disciplinary process): the calculation has been changed from using a 2-year rolling average to using the year end figure. Both the numerator and denominator have changed for this calculation; so, current figures remain comparable to historical figures.

4 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.

A number of trusts have revised their past workforce data, which has resulted in the indicators for previous years being recalculated. Also, some NHS trusts may have revised their WRES data returns since their submission via DCF. The results in this report are based on the latest figures returned to NHS England via DCF and will not necessarily incorporate any updates a trust has made to WRES related publications on organisations’ websites.

The way that indicator 7 is calculated has been changed for the national NHS staff survey conducted in November and December 2021 and reported in 2022 onwards. Historic figures have been recalculated back to 2017. (Previously, the figure was derived by dividing the number of “yes” replies by the sum of “yes” and “no” replies; presently, the figure is derived by

dividing the number of “yes” replies by the sum of “yes,” “no” and “don’t know” replies.)

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