

**Workforce Race  
Equality Standard  
(WRES)  
Survey 2022**

initial findings

**September 2022**

# NMC WRES Survey 2022 initial findings

## Contents

Introduction .....	3
Progress against WRES indicators: at a glance .....	4
WRES Data Indicators (1-4): 2022 Initial Findings.....	5
Indicator 1.....	5
Indicator 2.....	7
Indicator 3.....	8
Indicator 4.....	9
WRES Survey Indicators (5-8): Initial Findings .....	10
Survey methodology and data collection .....	10
Indicator 5.....	11
Indicator 6.....	12
Indicator 7.....	13
Indicator 8.....	14
Indicator 9.....	15
Conclusion .....	16
What are we doing in response to our 2022 WRES data? .....	16
How will we know we're making progress? .....	16

## Introduction

In 2019 the NMC made a commitment to sign up to the [NHS Workforce Race Equality Standard \(WRES\)](#), and in 2020 we submitted our first set of data to WRES in line with this pledge. We now do this on an annual basis, and in April 2022 started collecting our third round of data to enable us to begin to benchmark our performance and monitor progress.

The WRES survey, and associated action plan, forms one part of our [EDI plan](#) in line with the NMC Strategy 2020-25. It is a key component of our workforce EDI work, setting our direction in terms of achieving good practice race equality across all areas of the employee lifecycle, tackling our ethnicity pay gap, ensuring our staff have access to career opportunities, development, and progression, and that they and receive inclusive and fair treatment in the workplace.

The 2022 WRES survey ran in July and 34.9 percent of NMC colleagues responded. This is a decrease on the previous year where the response rate was 48.7 percent, a decrease of 13.8 percentage points. Feedback from colleagues indicates that the reasons for this include high workload and the timing of the survey in the 'summer' period, and it coinciding with our 'Your Voice' employee survey this year. We will take this feedback into account when timing future surveys.

In this report we set out the results against each WRES data indicator (1-4) and then the results from our internal WRES workforce survey (indicators 5-8).

This report sets out the following:

1. NMC 2022 WRES data outcomes
2. NMC 2021 WRES data outcomes (for comparison)
3. NHS WRES 2022 report data (for comparison with NHS organisations).

Unfortunately, we have not yet received the 2021 Arm's Length Bodies report from NHS WRES which restricts our ability to externally benchmark our data.

### A note on terminology

The terminology used throughout this document is 'Black and minority ethnic' (BME) which aligns with the terminology used by NHS WRES in its [reporting documents](#). Definitions of BME and white used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and are as used in NHS Digital data, based upon the ONS Census categories. More information can be found at Section 7 of the [WRES Technical Guidance](#).

## Progress against WRES indicators: at a glance

WRES Indicator	Progress compared to 2021		Comments
Overall survey responses	<b>Decreased</b>		Down from 48.7 percent of employees in 2021 to 34.9 percent of employees in 2022
Indicator 1: BME representation across the organisation	<b>Decreased</b>		Overall BME representation decreased by 1.1 percent in 2022. Now 38.2 percent compared to 39.3 percent in 2021.
Indicator 2: likelihood of BME candidates being appointed	<b>Increased</b>		White candidates are 1.24 times more likely to be appointed from shortlisting than BME candidates, compared to 1.62 times more likely in 2021.
Indicator 3: BME employees in disciplinary processes	<b>Decreased</b>		No BME staff entered formal disciplinary process in 2022.
Indicator 4: BME employees accessing non-mandatory training	<b>Decreased</b>		White staff 1.15 times more likely to access non mandatory training than BME staff, compared to 1.03 times in 2021
Indicator 5: employees experiencing external harassment, bullying or abuse (HBA)	<b>White Increased</b>	<b>BME Decreased</b>	0.8 percent of white and 4.0 percent BME respondents said they'd experienced HBA from external sources in 2021, in 2022 this rose to 1% of white respondents, and reduced to 3.8 percent of BME respondents.
Indicator 6: employees experiencing internal harassment, bullying or abuse	<b>Decreased</b>		In 2021, 11.5 percent of white respondents and 14.4 percent of BME respondents said they had experienced HBA from internal sources. In 2022 this decreased to 9.1 percent of white respondents and 10.7 percent of BME respondents.
Indicator 7: perceptions of equal opportunities for career progression	<b>White Decreased</b>	<b>BME Increased</b>	In 2021, 46.1 percent of white respondents agreed there are equal opportunities for career progression, in 2022 this decreased to 43.3 percent. In 2021 35.3 percent of BME employee's respondents agreed and in 2022 this increased to 38.4 percent.
Indicator 8: employees personally experiencing discrimination at work	<b>Decreased</b>		In 2021, 11.9 percent of BME respondents and 7.8 percent of white respondents said they had experienced discrimination, in 2022 this decreased to 8.2 percent and 5.3 percent respectively.

Indicator 9: BME board membership	<b>Decreased</b>	The percentage of BME board members has decreased from 10.5 percent to 5.3 percent since our 2021 submission, representing a decrease of one person.
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## WRES Data Indicators (1-4): 2022 Initial Findings

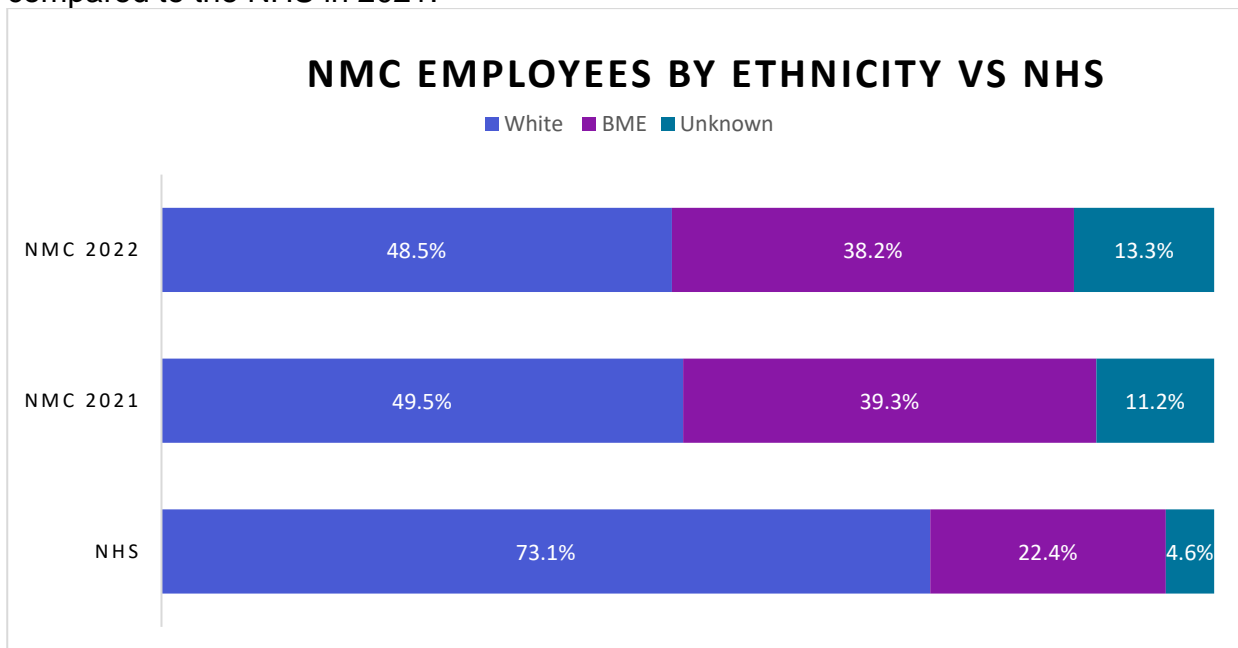
### Indicator 1

**WRES indicator 1 - Staff in each of the NHS Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and Very Senior Manager (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce.**

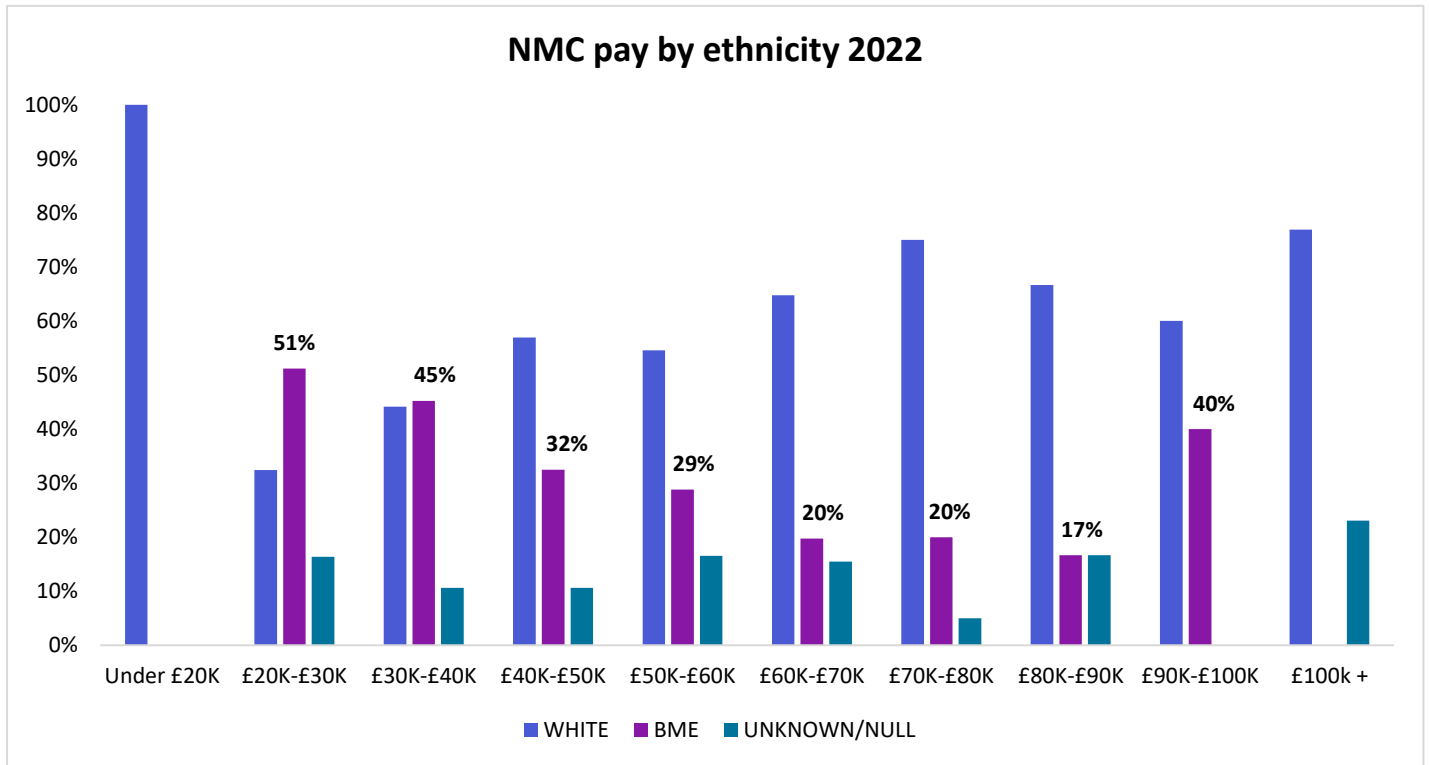
NMC pay grades do not align with the NHS AfC grades. In 2020 it was agreed with WRES that we will submit our pay data in £10k salary intervals in line with other regulators.

- In 2022 the NMC's workforce is 38.2 percent BME. This is **15.4** percentage points higher than the NHS trust average in 2021.
- The proportion of BME employees decreased by **1.1** percentage points in 2022. This is mainly caused by the decrease in the number of new starters declaring their ethnicity, with the number of 'unknown' increasing by 2.1 percent.

Below are the WRES survey results for the distribution of employees by ethnicity compared to the NHS in 2021.



Below is the current distribution of employee's salaries by grade. The WRES survey defines employees paid over £100K as very senior managers (VSM).

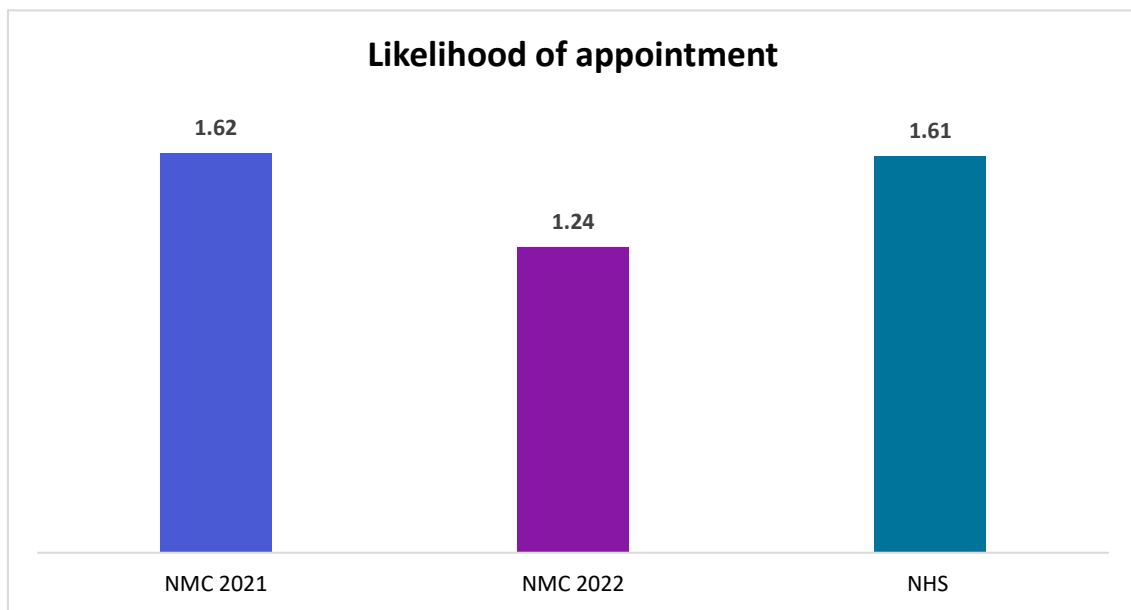


- In 2022 the NMC has zero BME employees at VSM level. This is a decrease of two since 2021 WRES survey.
- In 2021 NHS had 9.1 percent representation at VSM level.

## Indicator 2

### WRES indicator 2 – Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

The NMC asks all candidates to share their ethnicity on an anonymised data collection form at application stage. Below is a graph showing the likelihood of a white applicant being appointed in comparison to a BME applicant, and how we compare to the NHS in 2021:



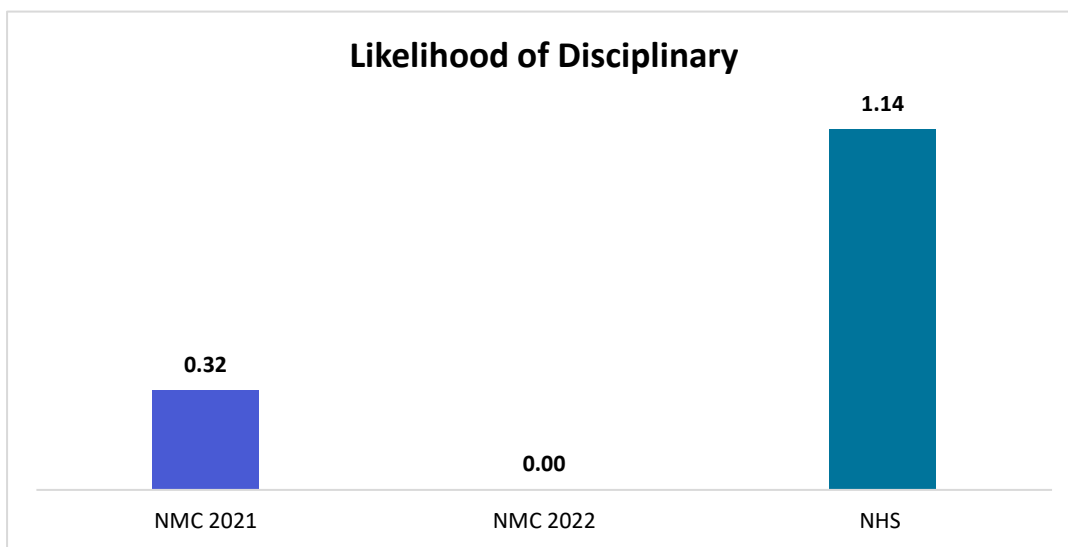
- In 2022 white applicants to the NMC who were shortlisted were 1.24 times more likely to be appointed compared to BME applicants. This is a decrease of **0.38** compared to the NMC in 2021
- The NMC 2022 score is **0.37** below NHS but is still in favour of white applicants.
- WRES defines an acceptable score as the non-adverse range of 0.8 to 1.25 based on the four fifths rule which the NMC falls into. The four fifths rule can be defined as *'if the selection rate for a certain group is less than 80 percent of the group with the highest selection rate, there is an adverse impact on that group'*. This means the current NMC score (1.24) is inside this range.
- 33 percent of the NMC appointments were BME candidates in 2022. As outlined in Indicator 1, the number of new starters not declaring their ethnicity has increased. This influenced a decrease in the proportion of BME staff at NMC.

### Indicator 3

#### WRES indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

The NMC collects data on all formal disciplinary investigations processes.

The graph below shows the likelihood of an employee entering a formal disciplinary process by ethnicity compared to the 2021 NHS WRES data:



- There were no disciplinary cases against BME employees in 2022 reporting period.
- In 2021 BME employees were less likely than white employees to go through a formal disciplinary. There were five formal cases in 2021.

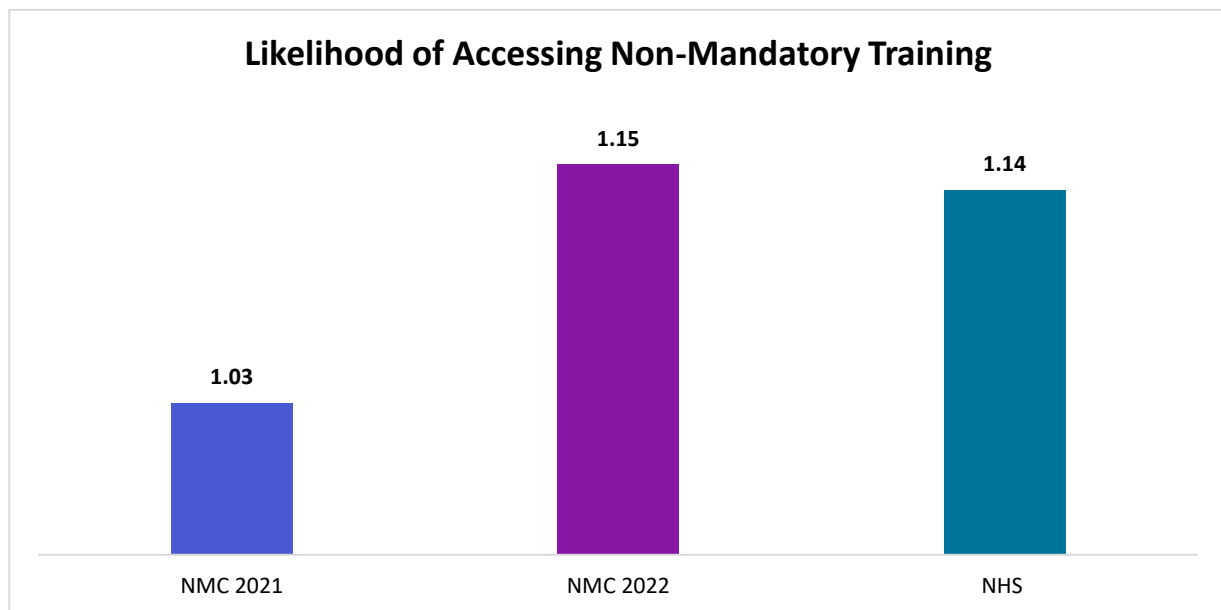


## Indicator 4

### WRES indicator 4 – Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

The NMC collects data on employees undertaking training. However, there are limits to this data as not all training in the NMC is currently recorded in a central location. The data below is therefore a record of training recorded on the HR system.

The graph below shows the likelihood of white employees receiving non-mandatory training compared to BME employees, as recorded by our HR system, against the 2022 NHS WRES Report data:



- There has been an increase in the relative likelihood of white NMC employees receiving non-mandatory training at NMC of **0.12**.
- White employees are 1.15 times more likely than BME employees to receive non-mandatory training at the NMC, an increase on the 2021 figure of 1.03. Across the NHS white staff are 1.14 more likely to access non-mandatory training.
- Similarly to recruitment data, WRES defines an acceptable range of 0.8 to 1.25. We are currently within this range at 1.15. We must not be complacent about this, however, and recognise that future implementation of a new Learning Management System must provide accurate data for all non-mandatory training completed by colleagues. We have committed to this in our EDI Plan, as well as improvements to our recruitment data through a new Applicant Tracker System.

# WRES Survey Indicators (5-8): Initial Findings

## Survey methodology and data collection

### WRES survey questions

- For indicators 5-8 we have collected our data by running the exact WRES Survey questions through a Survey Monkey platform, communicated to all employees through a range of internal mechanisms including the CEO email newsletter, reminders from our EDI Leadership Group members and Workplace, our intranet platform.
- In total 391 employees responded to the survey in 2022 which represents 34.9 percent of all employees
- This is down 13.8 percentage points from 2021 where 48.7 percent of all employees participated.

The breakdown of employees participating this year is summarised in the below table:

Ethnicity	WRES in 2022	NMC 2022	WRES in 2021
White	208	506	243
BME	159	411	202
Unknown	24	204	35
	<b>391</b>	<b>1,121</b>	<b>479</b>

The 2022 response rate as a percentage is therefore:

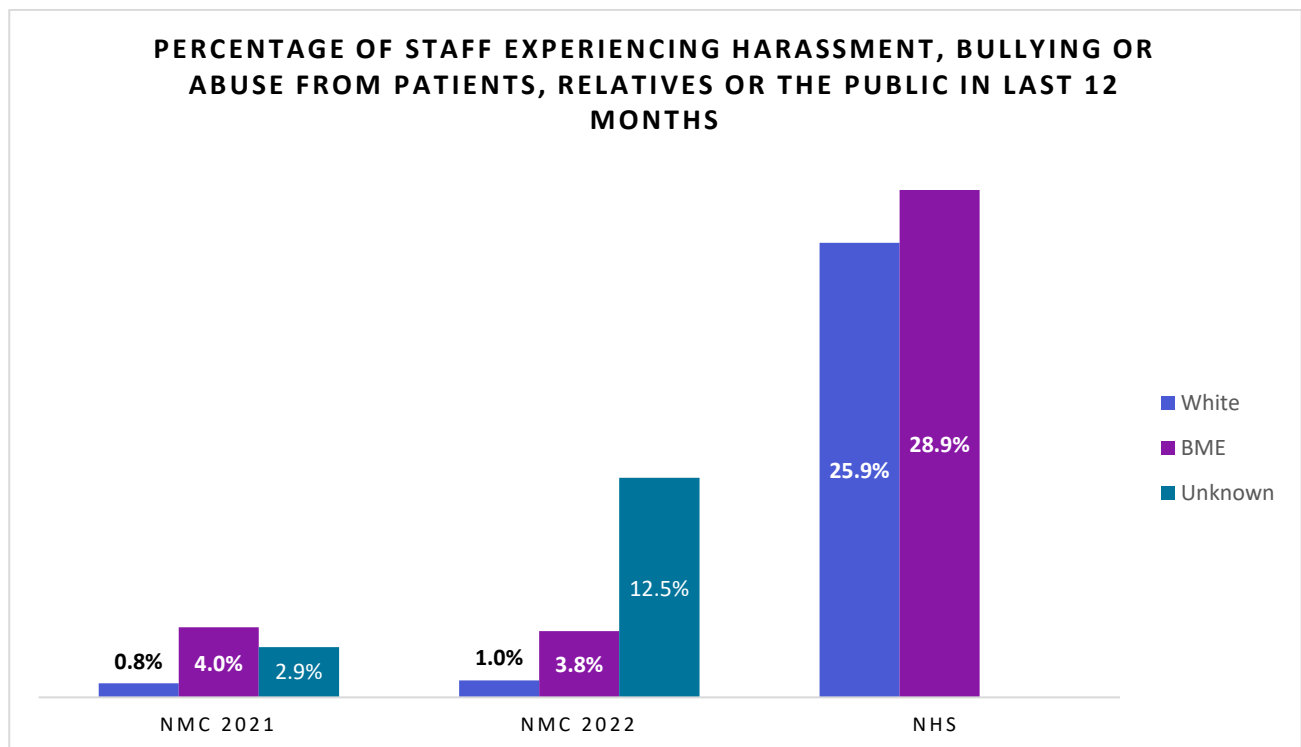
- 41.1 percent of all white colleagues at the NMC responded to the 2022 WRES Survey (compared to 49.9 percent in 2021)
- 38.7 percent of all BME colleagues at the NMC responded (compared to 52.1 percent in 2021)
- 11.8 percent of colleagues whose data is 'unknown' responded (compared to 31.8 percent in 2021)

For comparison purposes, it should be noted that the NHS results in their 2022 published report are from the 2020 NHS Survey.

## Indicator 5

### WRES indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

- At the NMC it is likely that the responses to this question mainly relate to the public as we do not have roles that are in regular contact with patients and relatives.

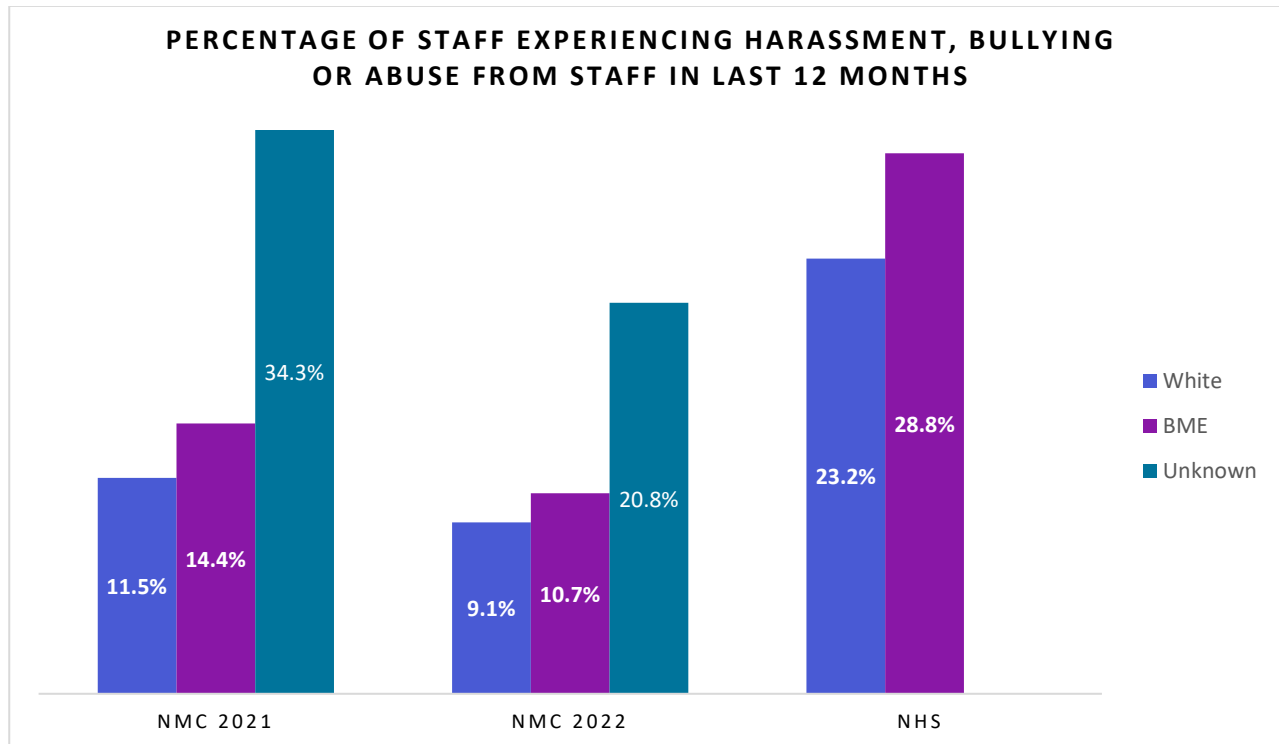


- The percentage of white and BME employees experiencing harassment, bullying or abuse from the public has reduced by **0.2** percentage points since 2021 which is positive.
- However, BME employees are still over three times more likely to experience harassment, bullying or abuse from the public than white employees at the NMC, and this is higher for those with 'unknown' ethnicity data.
- In terms of numerical context, the 3.8 percent of BME respondents reporting external bullying, harassment or abuse represents six people. For white colleagues, the 1 percent represents two people, and for those whose ethnicity is unknown, 12.5 percent represents three people.
- The NMC scores are significantly less than the NHS however this is likely to be due to most of our roles not being public facing.

## Indicator 6

### WRES indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

The graph below compares how NMC employees that participated in the WRES survey answered the question above in 2021 and 2022 compared to the NHS 2020 survey:

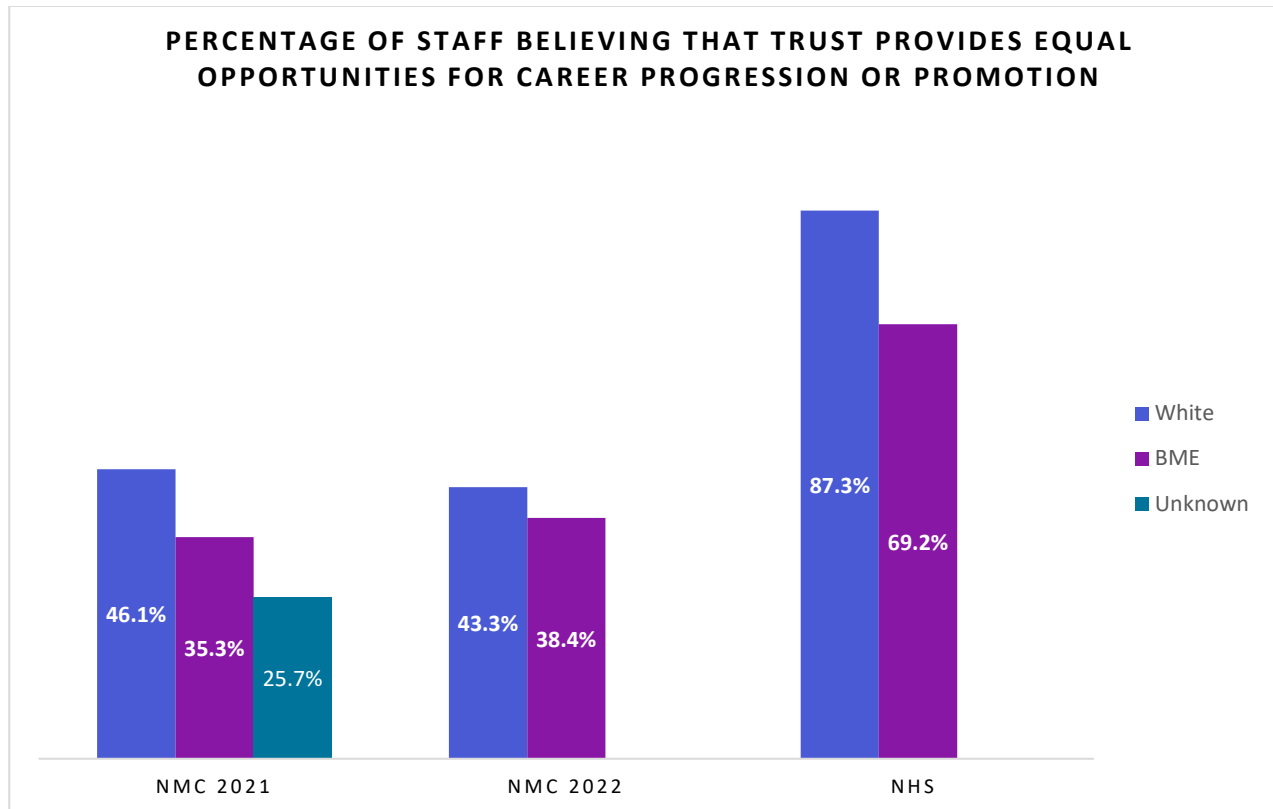


- In 2022 the percentage of employees experiencing harassment, bullying or abuse from staff decreased for both white and BME employees compared to the NMC in 2021 **2.4** percentage points and **3.7** percentage points respectively.
- For numerical context, this represents 19 white respondents, 17 BME respondents and five respondents whose ethnicity is 'unknown'.
- The NMC scores remains significantly below the NHS for both white and BME employees however any score above zero is cause for concern.

## Indicator 7

### WRES indicator 7 – Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

The graph below compares how employees that participated in the WRES survey answered the question above in NMC 2021 & 2022 compared to the NHS 2020:

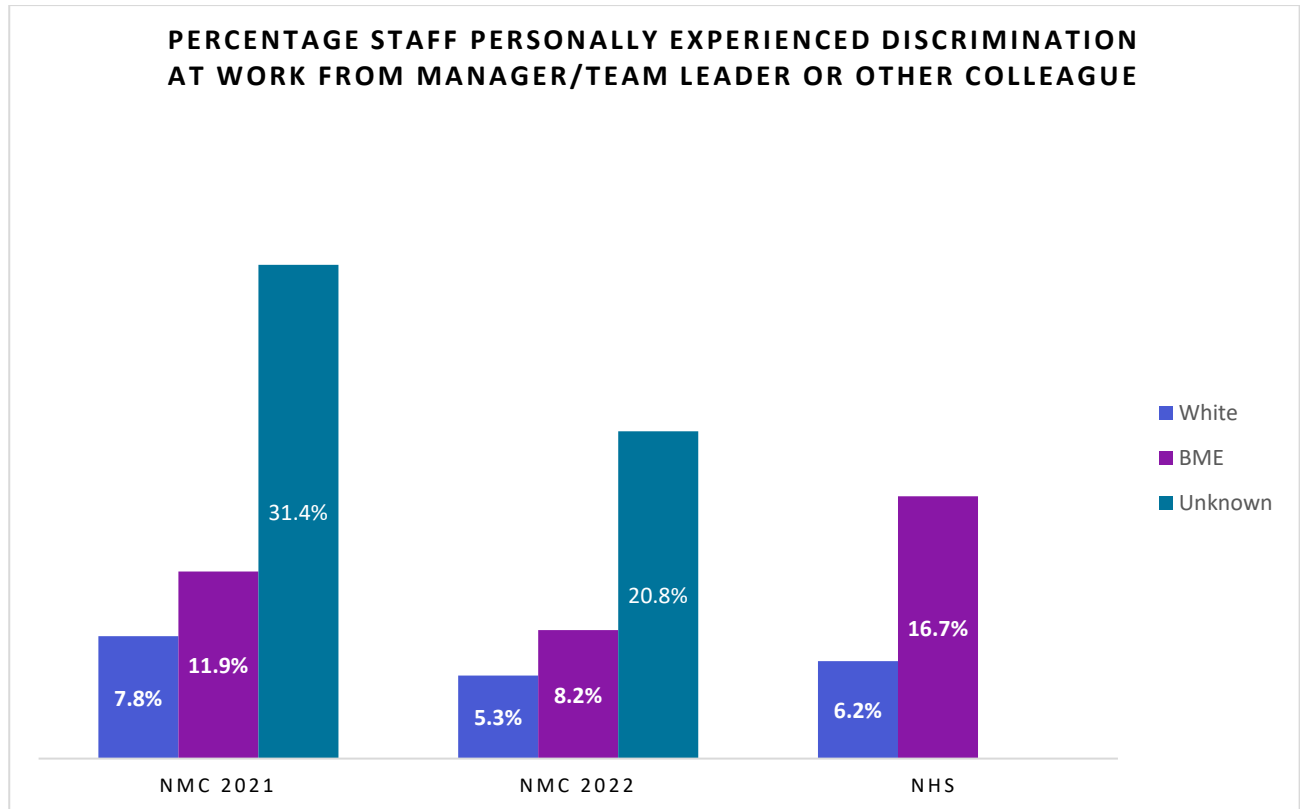


- In 2022 the percentage of white employee's believing that their organisation provides equal opportunities for career progression or promotion has reduced by **2.8** percentage points.
- The proportion of BME employees believing that their organisation provides equal opportunities has increased by **3.1** percentage points.
- For numerical context, this equates to 90 of the 208 white respondents agreeing there **is** equal opportunity for career progression, and 61 of the 159 BME respondents agreeing.
- Despite the slight improvement in our BME score in 2022 our results are significantly lower than the NHS and highlight the work we still must do to improve career progression for BME colleagues.

## Indicator 8

### WRES indicator 8 – In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?

The graph below compares how employees that participated in the WRES survey answered the question above in NMC 2021 and 2022 compared to the NHS 2020:



- In 2022, 8.2 percent of BME respondents said they had personally experienced discrimination at NMC in the past 12 months. This represents a decrease of **3.7** percentage points from 2021.
- There was also a decrease for white employees with 5.3 percent saying they had personally experienced discrimination; down by **2.5** percentage points from 2021.
- For context, this comprises 11 white respondents experiencing discrimination in the past 12 months, 13 BME respondents and five respondents for whom their ethnicity data is unknown.
- The scores for both BME and white employees are lower than the NHS in this indicator, however we must not be complacent about the impact of discrimination experienced from colleagues and aim to tackle this through our EDI Plan.

## Indicator 9

### WRES indicator 9 – Percentage difference between the organisations’ board membership and its overall workforce

The graph below shows how we compare to NMC board membership by ethnicity in 2021.



- For the purposes of WRES, data on our ‘Board’ includes our Council and Executive.
- The NMC has low BME representation at board member level, with BME colleagues representing 5.3 percent of our Board membership. This is compared to the overall NMC representation of 38.2 percent.
- There was a **5.2** percentage point decrease in BME board representation in 2022, this represents a reduction of one person.
- The average 2021 NHS BME board member representation is 12.6 percent which means the NMC is currently 7.3 percentage points below this.

## Conclusion

The purpose of this report is to set out the initial findings of WRES data collection. It was presented to the WRES Working Group, the Executive Board and wider NMC workforce before publication.

Initial analysis demonstrates that, compared to our 2021 submission, we have improved against the following indicators in 2022:

- Indicator 2: likelihood of BME candidates being appointed
- Indicator 3: BME employees in disciplinary processes
- Indicator 6: employees experiencing internal harassment, bullying or abuse
- Indicator 8: employees personally experiencing discrimination at work.

Although this is positive, the proportion of employees that responded to the survey in 2022 was significantly lower than 2021 and WRES is just one measure we use to measure workforce race equality. Against all other indicators our data shows a lack of progress compared to 2021 and we know we need to do more to improve the experiences of our Black and ethnic minority colleagues, and address barriers in recruitment.

## What are we doing in response to our 2022 WRES data?

Our EDI Action Plan 2022-25 looks at how we aim to tackle workforce inequalities through an intersectional and holistic lens. However, the inequalities in our workforce data, WRES results and ethnicity pay gap mean that we have articulated throughout the plan how we will tackle specific race disparities for colleagues.

The actions within our EDI Action Plan which align directly with WRES (for example through links to the indicators or through using WRES to monitor progress) include:

- Improving our mechanisms to report discrimination, bullying and harassment
- Implementing our new Applicant Tracker System to improve how we collect recruitment data and improve our recruitment process
- Mapping the career progression of colleagues and creating targeted actions to improve this, through our Rising Together Mentoring Programme, recruitment training and embedding a new approach to leadership and management development
- Working with colleagues and our BME network to improve inequalities facing ethnic minority groups, e.g. through policy development, learning and embedding leadership accountability.

## How will we know we're making progress?

We will continue to implement WRES but recognise it is not the sole measure of workforce race equality at the NMC. We will also use the monitoring of our EDI Action Plan to measure progress, other internal employee surveys such as our twice-yearly all-



staff 'Your Voice' survey, our ethnicity pay gap reporting, our employee networks and external stakeholder views.

The actions taken will be monitored as part of our EDI Action Plan under the leadership of our EDI Leadership Group members and the scrutiny of both our Executive Board and Council.

Sustainable improvements against WRES measures will be delivered collectively. Some changes can be made quickly but others that are required to change our BME colleagues experiences will take time and continued effort to deliver. We are fully committed to our individual and collective responsibility in making this happen.