

Workforce Race
Equality Standard
(WRES) Survey 2023
initial findings

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 2023 started collecting our fourth 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 2020-2025. It is a key component of our EDI work in relation to the NMC as an employer, setting our direction in terms of achieving good practice in race equality across all areas of the employee lifecycle. It helps to reduce our ethnicity pay gap, ensuring our colleagues receive inclusive and fair treatment in the workplace and feel they have fair access to career opportunities, development and progression.

The 2023 WRES survey ran in June and 34.3 percent of NMC colleagues responded. This is a slight decrease of 0.6 percentage points on the previous year. We will address this reduction through integrating WRES within our Your Voice colleague survey, streamlining the number of survey asks across the organisation.

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 2023 WRES data outcomes**
- 2. NMC 2022 WRES data outcomes (for comparison)**
- 3. NHS WRES 2023 report data (for comparison with NHS Trusts)**

Unfortunately, we have not yet received the 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)¹ 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 ethnicity categories in the NHS data model and are used in NHS Digital data, based upon the ONS Census categories. More information can be found in Section 7 of the [WRES Technical Guidance](#).

¹ The NMC recognises that language in this area is constantly changing and that the people included within such broad terms encompasses diverse ethnic groups. We regularly keep the language that we use under review.

Progress against WRES indicators: At a glance

WRES Indicator	Progress compared to 2022	Comments
Overall survey responses	Worsened	Down from 34.9 percent of colleagues in 2022 to 34.3 percent of colleagues in 2023.
Indicator 1: BME representation across the organisation	Improved	Overall BME representation increased by 1.6 percent in 2023. Now 39.8 percent compared to 38.2 percent in 2022.
Indicator 2: Likelihood of BME candidates being appointed	No change	White candidates are 1.24 times more likely to be appointed from shortlisting than BME candidates.
Indicator 3: BME employees in disciplinary processes	Worsened	No BME staff entered a formal disciplinary process in 2022. Our HR data shows that in 2023 out of a total of 1,082 colleagues three BME colleagues went through a formal disciplinary process compared to one white colleague. Whilst this means BME colleagues were 3.64 times more likely than white colleagues to go through a formal disciplinary process, overall this represents 0.4 percent of all NMC colleagues.
Indicator 4: Employees accessing non-mandatory training	Improved	BME colleagues just as likely to access non-mandatory training as white colleagues.

WRES Indicator	Progress compared to 2022	Comments
Indicator 5: Employees experiencing external harassment, bullying or abuse (HBA)	Improved	<ul style="list-style-type: none"> • BME reduced to 1.9 percent • White reduced to 0 percent
Indicator 6: Employees experiencing internal harassment, bullying or abuse	BME Worsened White Improved	<ul style="list-style-type: none"> • BME increased to 11.7 percent (+1.0 percent) • White reduced to 8.3 percent (-0.9 percent)
Indicator 7: Perceptions of equal opportunities for career progression	BME Worsened White Improved	<ul style="list-style-type: none"> • Both scores are below 50 percent • BME decreased to 30.2 percent (-8.2 percent) • White increased to 46.3 percent (+3.0 percent)
Indicator 8: Employees personally experiencing discrimination at work	BME Worsened White Improved	<ul style="list-style-type: none"> • BME increased to 9.9 percent (+1.7 percent) • White reduced to 4.6 percent (-0.7 percent)
Indicator 9: BME board membership	No change	There was no change in BME board membership with BME representation at board member level remaining at 5 percent

WRES Data Indicators (1-4): 2023 Initial Findings

Indicator 1

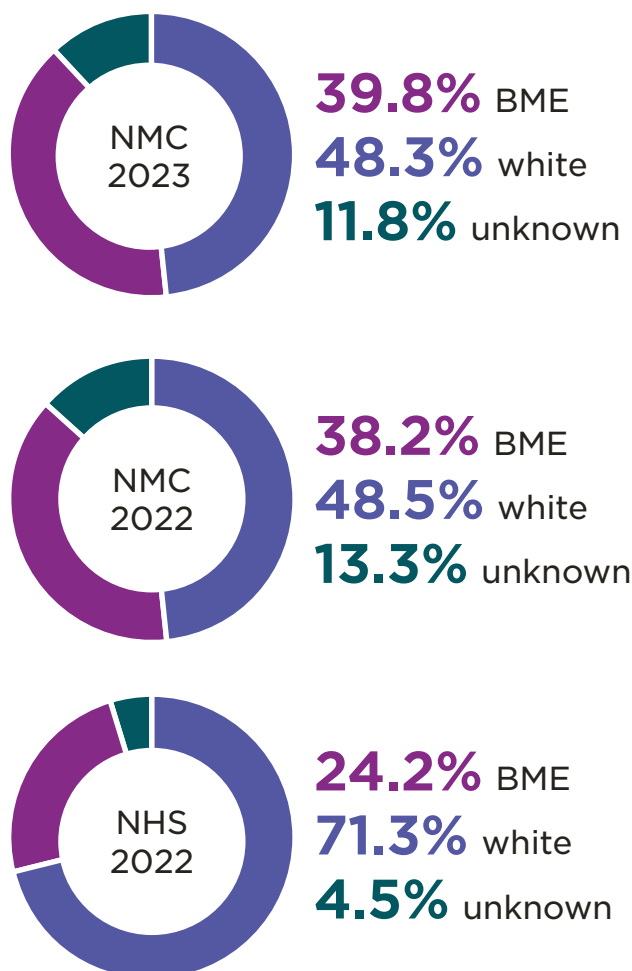
Staff in each of the NHS Agenda for Change (AfC) bands 1-9 or medical and dental subgroups and very senior managers (VSMs) (including Executive Board members) compared with the percentage of staff in the overall workforce

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 2023 the NMC's workforce is 39.8 percent BME. This is **15.6** percentage points higher than the NHS trust average in 2022.
- The proportion of BME colleagues increased by **1.6** percentage points in 2023. This is mainly caused by the increase in the number of new starters rather than changes in the proportion of existing colleagues sharing diversity monitoring data in relation to their ethnicity.

The WRES survey results for the distribution of colleagues by ethnicity compared to the NHS in 2022 are shown on the right hand side of this page.

NMC employees by ethnicity vs NHS²



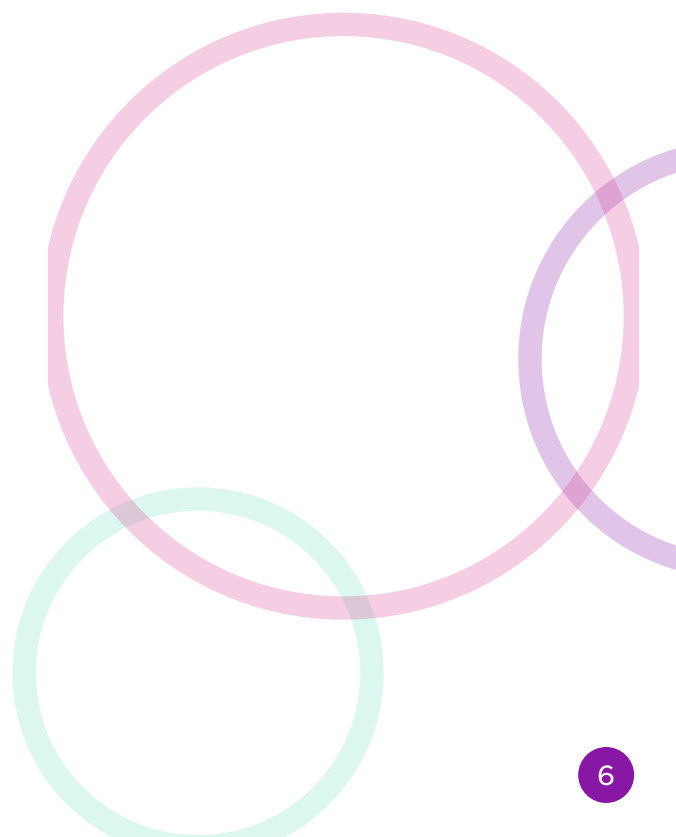
² In all graphs, the figures have been rounded so they may not always add up to 100 percent.

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



In 2023 the NMC had 13 percent of BME colleagues paid over £100K (the equivalent of VSM level in the NHS). This is an increase of 13 percent since the 2022 WRES survey.

In 2022 the NHS had 10.3 percent BME representation at VSM level.

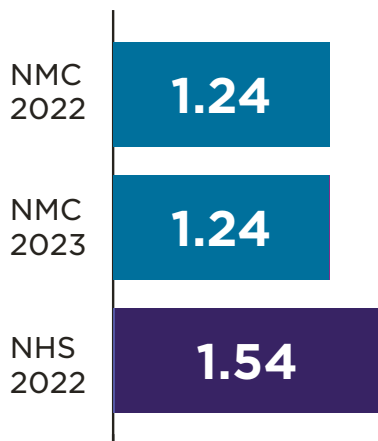


Indicator 2

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 on our applicant tracking system (ATS). Below is a graph showing the likelihood of a white applicant being appointed from shortlisting in comparison to a BME applicant, and how we compare to the NHS:

Likelihood of appointment



- In 2023 white applicants to the NMC who were shortlisted were 1.24 times more likely to be appointed compared to BME applicants. This is unchanged from the previous year. However, 2023 is the first year we have been able to use data exclusively from our ATS around shortlisting and not just appointment data from our HR systems.
- The NMC 2022 score is below the NHS score 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'³. This means the current NMC score (1.24) is inside this range.

³ Information sourced from [NHS England » 1 NHS Workforce Race Equality Standard \(WRES\)2022 data analysis report for NHS trusts](#)

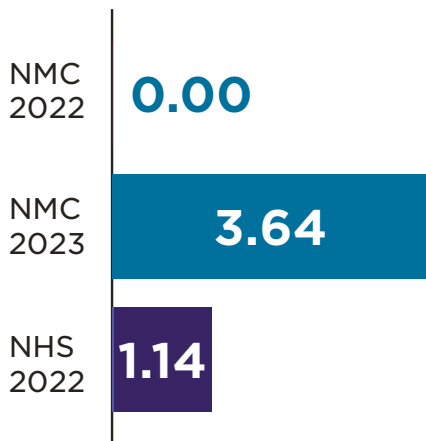
Indicator 3

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 2022 NHS WRES data:

Likelihood of disciplinary



- In 2022, there were no disciplinary cases against BME colleagues, there was one against a white colleague and one was recorded as 'prefer not to say'. There were three in 2023 compared to one white colleague hence the rise in 2023. It should be noted however that this rise is driven by very low numbers, involving three people out of a total of 1,082 colleagues or 0.4 percent of NMC colleagues.
- The NMC 2023 score is **2.5** points above the NHS.

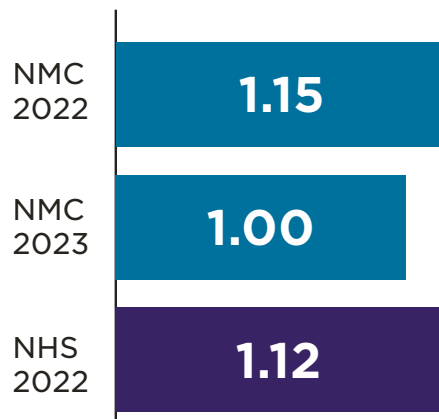
Indicator 4

Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

The NMC collects data on colleagues 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 colleagues receiving non-mandatory training compared to BME colleagues, as recorded by our HR system, against the 2022 NHS WRES Report data:

Likelihood of accessing non-mandatory training



- In 2022 there was a small disparity between the likelihood of white and BME colleagues accessing non-mandatory training, with white colleagues being slightly more likely to access training. This disparity no longer exists. Now BME and white colleagues are equally likely to access non-mandatory training.
- Across the NHS white staff are 1.12 times more likely to access non-mandatory training.

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 WRES Survey questions through a SurveyMonkey platform. This was communicated to all colleagues through a range of internal mechanisms including the Chief Executive and Registrar weekly newsletter, reminders at our two-weekly leadership huddle and through Workplace, our intranet platform.
- Very similar numbers and proportions of white and BME colleagues participated compared to last time.
- In total 399 colleagues responded to the survey in 2023 which represents 34.3 percent of all colleagues
- This is down 0.6 percentage points from 2022 where 34.9 percent of all colleagues participated.

The breakdown of colleagues who participated is summarised in the table below:

Ethnicity	Participation 2023	Participation 2022
White	216	208
BME	162	159
Unknown	21	24
Total	399	391

The 2023 response rate as a percentage is therefore:

- 41.7 percent of all white colleagues at the NMC responded to the 2023 WRES Survey (compared to 41.1 percent in 2022)
- 38.0 percent of all BME colleagues at the NMC responded (compared to 38.7 percent in 2022)
- 9.5 percent of colleagues whose data is 'unknown' responded (compared to 11.8 percent in 2022)

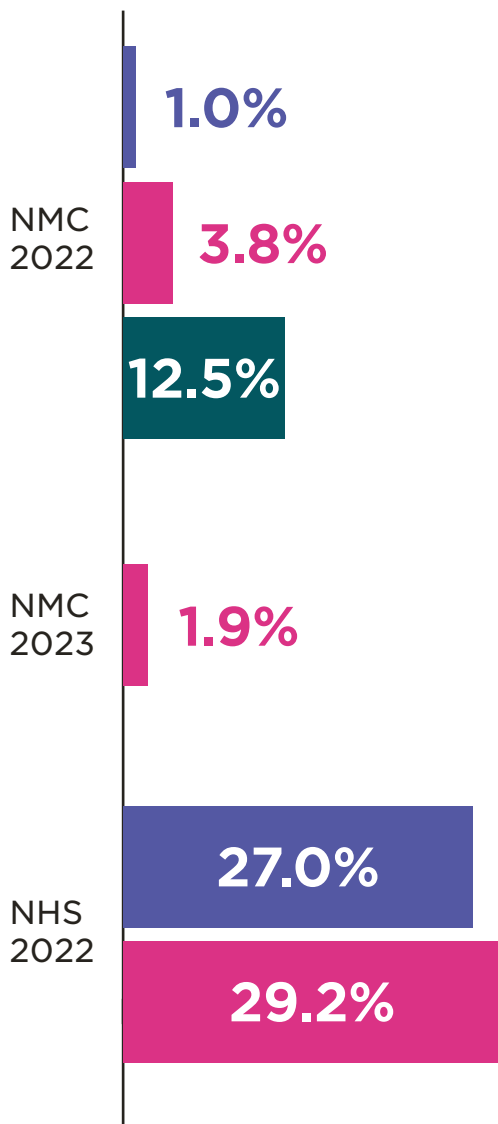
For comparison purposes, it should be noted that the NHS results in their 2022 published report are from the 2022 NHS Survey results only.

Indicator 5

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

The graph below compares how NMC colleagues who participated in the WRES survey answered the question above in 2023 and 2022 compared to the NHS 2022 survey:

● White ● BME ● Unknown



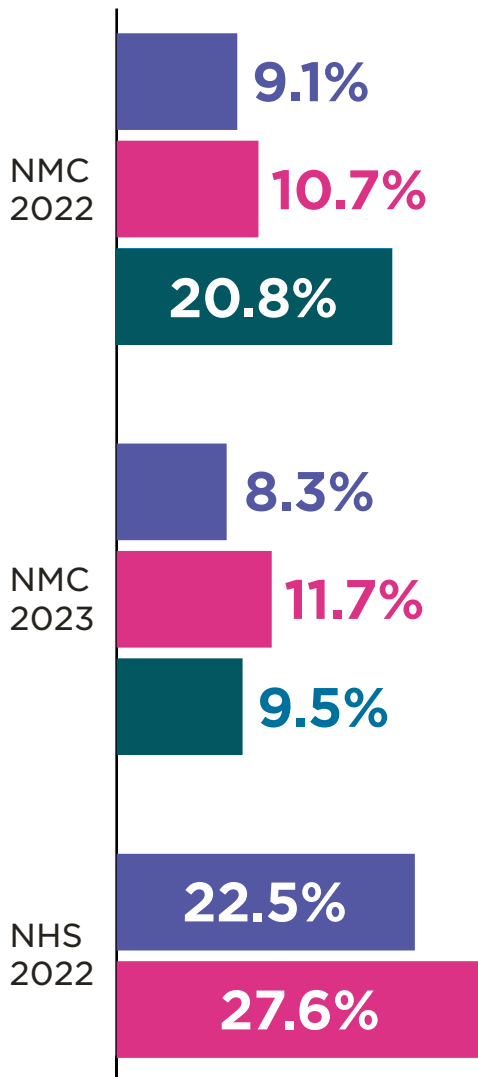
- The percentage of white and BME colleagues experiencing harassment, bullying or abuse from the public both reduced by **1.0 and 1.9** percentage points respectively since 2022 which is positive.
- However, no colleagues at the NMC should experience harassment, bullying or abuse from the public. We have a clear Duty of Care policy for the instances where this does occur. It sets out the steps we will take to ensure the health, safety and wellbeing of our employees if they experience external negative public comment, abuse or harassment in the course of their NMC work and the routes for colleagues to access support.
- The NMC scores are significantly less than the NHS. However, this is likely to be due to many of our roles not being public-facing.

Indicator 6

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

The graph below compares how NMC colleagues who participated in the WRES survey answered the question above in 2023 and 2022 compared to the NHS 2022 survey:

● White ● BME ● Unknown

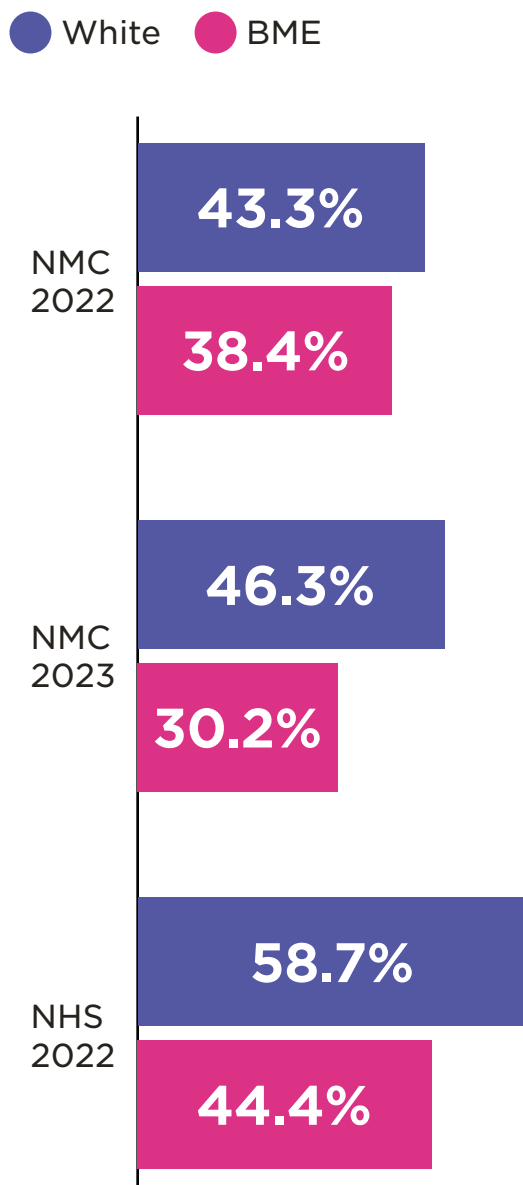


- In 2023 the percentage of colleagues experiencing harassment, bullying or abuse from other staff decreased for white colleagues and increased for BME colleagues compared to the NMC in 2022. This represents a **0.8** percentage points decrease for white colleagues and **1.0** percentage points increase for BME colleagues.
- For context, this represents 18 white respondents, 19 BME respondents and two respondents whose ethnicity is 'unknown'. This is 39 out of the 399 colleagues who responded to the survey or 9.8 percent.
- The NMC scores remain significantly below the NHS for both white and BME colleagues. However any score above zero for colleagues whether they are white or BME is a cause for concern.

Indicator 7

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

The graph below compares how colleagues who participated in the WRES survey answered the question above in NMC 2023 and 2022 compared to the NHS in 2022:

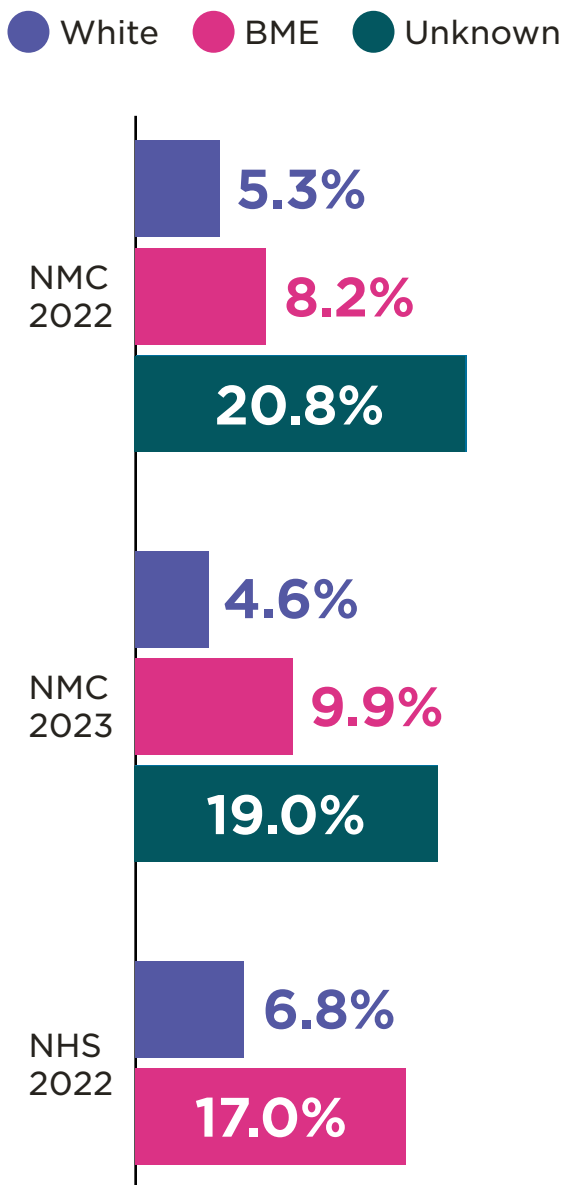


- In 2023 the percentage of white employees believing that the NMC provides equal opportunities for career progression or promotion has increased by 3.0 percentage points.
- The proportion of BME colleagues believing that the NMC provides equal opportunities has decreased by **8.2** percentage points.
- For context, this equates to 100 out of 216 white respondents agreeing there is equal opportunity for career progression, and 49 out of 162 BME respondents agreeing. We are taking action to improve opportunities for career progression as part of our NMC People Plan and have specific actions aimed at improving career progression for BME colleagues.
- The NHS figures have been updated for 2022 and the previous six years as they did not include the “do not know” responses in their calculations. The NMC has always included colleagues who have responded “do not know” in our overall scores. With this change the NMC results are closer to the NHS results than they have been previously but are still lower than the NHS results.

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 colleagues that participated in the WRES survey answered the question above in NMC 2023 and 2022 compared to the NHS in 2022:

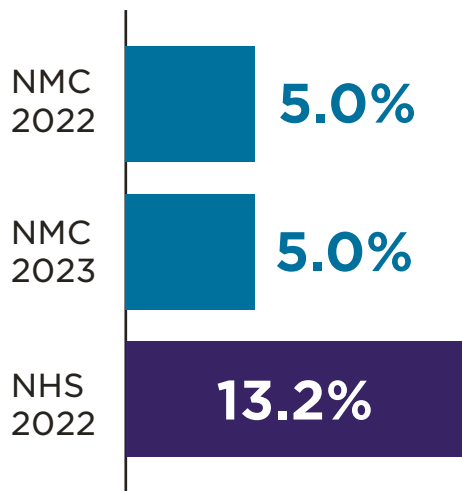


- In 2023, 9.9 percent of BME respondents said they had personally experienced discrimination at the NMC in the past 12 months. This represents an increase of **1.7** percentage points from 2022.
- There was a decrease for white colleagues with 4.6 percent saying they had personally experienced discrimination; down by **0.7** percentage points from 2022.
- For context, this comprises 10 white respondents experiencing discrimination in the past 12 months, 16 BME respondents and four respondents for whom their ethnicity data is unknown. This represents a total of 30 NMC colleagues out of 399 colleagues who responded to the survey or 7.5 percent of respondents
- The scores for both BME and white colleagues are lower than the NHS in this indicator. However we are not complacent about the impact of discrimination experienced from colleagues and are tackling this through our EDI plan.

Indicator 9

Percentage difference between the organisation's board membership and its overall workforce

The graph below shows NMC board membership by ethnicity in 2022 in comparison to the NHS in 2022:



- The NMC has low BME representation at board member level, with BME colleagues representing 5 percent of our Board membership. This is compared to the overall NMC representation of BME colleagues at 39.8 percent.
- There was no change in BME board representation in 2023.
- The average 2022 NHS BME board member representation is 13.2 percent which means the NMC is currently 8.2 percentage points below this.

Conclusion

The purpose of this report is to set out the initial findings of WRES data collection. Before publication it was shared with the Workforce Race Equality Working Group, our Executive Board and NMC colleagues.

Our current WRES data reveals a mixed picture. It's positive that we have improved our performance against three of the indicators. We particularly welcome the increased BME representation across the organisation as we aim to be an employer of choice for a diverse range of candidates. However, our pay data reveals an uneven distribution of BME colleagues across pay bands which we are committed to address.

It is positive that there has been a reduction in the numbers of colleagues experiencing harassment, bullying or abuse from people outside the NMC. We are not complacent about these figures though as there is still a small difference between BME and white colleagues' experience that we aim to address, and we are committed to work to eliminate discrimination of all kinds.



We we are committed to work to eliminate discrimination of all kinds.

Across a number of indicators our performance worsened. Fewer BME colleagues who responded to the survey think that there are equal opportunities for career progression and more BME colleagues reported experiencing discrimination at work and harassment, bullying and abuse from their colleagues than last year. In all three of these measures the experience of white colleagues improved from last year. All of these results indicate that there is more for us to do to improve the experiences of our Black and minority ethnic colleagues.

We highlighted in our report last year that we aimed to address the fall in the response rate to the WRES survey between 2021 and 2022. We have however, been unable to achieve this, maintaining approximately the same response rates as we did previously. We have already taken steps to integrate the WRES survey with our 'Your Voice' colleague surveys to address any survey fatigue that colleagues may be experiencing. This will also improve the quality of our data, so we are able to take more proactive interventions to address concerns in different parts of the NMC and better respond to the feedback received.

What are we doing in response to our 2023 WRES data?

We will continue to deliver the actions set out in our EDI plan (2022- 2025) and have recently refreshed our People Plan to be even more ambitious and make a clearer link to our EDI plan. Our EDI plan sets out specific actions which will address the inequality experienced by our Black and minority ethnic colleagues specifically.

Last year we highlighted a number of areas of our EDI plan that could help in addressing the issues highlighted in our WRES results including:

- implementing our new Applicant Tracker System (ATS) 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
- improving our mechanisms to report discrimination, bullying and harassment.

We introduced our new ATS in late 2022 and it is providing us with improved mechanisms to invite colleagues to share their diversity data at the start of their employment journey. This gives us a clearer picture of where any disparities exist in the different stages of the recruitment process, allowing us to design and target our interventions more effectively.

Qualitative feedback from a recent colleague survey indicates significant improvements in quality and consistency of recruitment. The ATS assists with inclusive recruitment, in particular through a standardised approach to anonymisation of a range of applicant data to address unconscious bias. We will also be introducing mandatory recruitment training for all colleagues sitting on recruitment panels. The training will support colleagues to consistently adopt inclusive approaches to recruitment.



We have a number of actions aimed at improving career progression of colleagues.

We have a number of actions aimed at improving career progression of colleagues. We have outlined these in detail in our pay gap report, setting out the steps we're already taking to address this and how we'll build on these; prioritising actions which increase our representation of BME colleagues in more senior grades which reduces our ethnicity pay gap.



These include the introduction of a Management Essentials programme which is mandatory for all managers across the NMC. The programme is designed to set expectations of all NMC managers, provide a holistic framework for performance management in the hybrid workspace and provide a robust grounding for managers who have not had the chance to fully develop their skills. It will provide tools to help with specific situations, provide the space for managers to pause and reflect and create a community of managers who can provide peer to peer support. Equality, diversity, and inclusion runs through every single part of this programme, both for individuals who we want to support to develop and progress, but also so that all colleagues can benefit from investment in management and leadership.

Improved management capability is critical to achieving consistent delivery of our EDI actions, including ensuring that BME colleagues across the organisation are effectively encouraged, supported and nurtured to develop their careers within the NMC. Our Rising Together mentoring programme is in its third year and we have seen increasing numbers of participants benefiting from a programme of mentoring, networking and formal learning. Around 30 percent of mentees got a promotion, secured a secondment or changed to a new role within 12 months of completing the programme and 95 percent rated their overall experience with the Rising Together programme as very good and excellent.

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We will build on the success of Rising Together through the introduction in the coming year of clear post-programme mechanisms for talent moves and possible progression.

In renewing our commitments to narrow our pay gaps we are also proposing to set new, public targets for the promotion and recruitment of BME colleagues and candidates at grade 6 and above. These will be set out in our new Corporate plan and we will report on progress against them in our Annual Report.

Although the rise in the number of disciplinarys involving BME colleagues is small we are committed to understanding any issues which might be influencing this. To improve our insight in this area we will monitor action short of disciplinary and regularly reflect on the results of this in our People Leadership Group and Workforce Race Equality Working Group.

There's a clear disconnect between what WRES is telling us about BME colleagues' experiences of bullying, harassment and discrimination, and what we see coming through our HR channels in terms of actionable complaints. As well as taking steps to ensure that our policies and processes are up to date and accessible to all, we are seeking to:

1. improve the quality of our data - by integrating WRES within Your Voice so we are able to take more proactive interventions to address concerns in different parts of the business
2. reinvigorate our relationships with our networks, including exploring setting up a network of Fair Treatment Ambassadors
3. create more channels for informal resolution of issues to restore relationships (for example - mediation) outside the formal grievance process.

How will we know we're making progress?

We will continue to implement WRES but recognise that in order to most effectively respond to our WRES results we also need to look at them alongside other measures. We will therefore also use the monitoring of our EDI Action Plan to measure progress; other internal employee surveys including our all-colleague 'Your Voice' survey; progress in increasing senior-level representation of BME colleagues; our ethnicity pay gap data; feedback from employee networks and external stakeholder views. Like WRES, these range of measures combine different types of data of importance, including the experiences and insights of our BME colleagues.

We recognise that progress in some areas may take a number of years (for example - increasing representation at senior levels), but other changes, such as the updating of policies and the establishment of alternative channels to raise issues of bullying, harassment and discrimination can be introduced more quickly.

We will use our Workforce Race Equality Working Group to focus our efforts in progressing this work.

The actions taken will be monitored as part of our EDI Action Plan, guided by our EDI Leadership Group members and the scrutiny of both our Executive Board and Council. We will use our Workforce Race Equality Working Group to focus our efforts in progressing this work.



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