

# Workforce Race Equality Standard (WRES)

Annual Report 2021/2022

October 2022

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## 1. Background

The Workforce Race Equality Standard (WRES) is an annual data collection exercise which highlights the experiences of Black, and Minority Ethnic (BME) compared to their white counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract.

The WRES requires organisations to demonstrate progress against nine metrics specifically focused on race equality and suggests actions to address the disparities identified.

The data and statistics used in this report reflect Workforce indicators, NHS staff survey Indicators and a Board representation indicator.

We collected our data on 31st March 2022 when our workforce consisted of **2879 colleagues. 16.7% were black ethnic minority, 80.83% were white, and 2.47% of colleague's ethnicity is unknown.**

### Workforce data:

The period the organisation's data refers to is Staff in post as of 31st March 2022; Financial Year 2020 /22 for all relevant indicators with the exception of Indicator 3, which may require a 2-year reporting period.

**Note- Indicator 7:** There has been a change in the reporting mechanism of this indicator this year, which affected the percentages as shown in the report. In previous years, the percentage reported was those saying, 'yes' as a proportion of all staff excluding those who said, 'don't know'. For this year's reporting, the figure reported is the percentage saying 'yes' as a proportion of all those who responded (including 'don't know'). This approach has been applied to the historical data in the 2021 reports.

## 1.2 National, regional and local context

National research suggests, diverse organisations that attract and develop individuals from the widest pool of talent consistently perform better. Baroness McGregor-Smith, Race in the Workplace: The McGregor-Smith review (2017)<sup>1</sup>. In the case of ethnic and cultural diversity, our business-case findings are equally compelling: in 2019, top-quartile companies outperformed those in the fourth one by 36 percent in profitability, slightly up from 33 percent in 2017 and 35 percent in 2014. As we have previously found, the likelihood of outperformance continues to be

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<sup>1</sup> <https://www.gov.uk/government/publications/race-in-the-workplace-the-mcgregor-smith-review>

higher for diversity in ethnicity than for gender

McKinsey 2020 report, Diversity Wins: How inclusion matters: (2020)<sup>2</sup>

Despite this, evidence persists of continuing racial injustice and inequalities in UK society and in our workplaces. Recent events such as the Windrush scandal<sup>3</sup> and the Grenfell Tower disaster<sup>4</sup>, the COVID-19 pandemic<sup>5</sup>, and the major 2020 anti-racism protests have highlighted the range of continuing racial injustice experienced in the UK. The COVID-19 crisis has shown how intertwined economic and social indicators such as low pay, inadequate housing and poor health and wellbeing are with ethnicity and ethnic pay and representation gaps. They have also underlined the need for stronger action to be taken in society and in its workplaces to address these areas and to implement lasting and effective solutions.

The [‘No More Tick Boxes’](#) report published by NHS East of England in September 2021, identifies the challenges BME people face throughout the recruitment process. Alongside data gathered from previous years of the WRES, there’s evidence which shows that simply getting to an interview is an immense achievement for BME candidates, considering the cumulative lack of support and opportunity they may have had. Unfortunately, BME candidates remain less likely to be appointed in posts compared to their white counterparts.

The NHS constitution has a specific section that refers to the rights of staff. It recognised that it is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves which really make the difference. High quality care requires high quality workplaces, with commissioners and providers aiming to be employers of choice. The WRES is important because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The main purpose of the WRES is:

- To compare the experiences of BME colleagues compared to their white counterparts.
- To better understand the experiences of BME staff and enable a more inclusive environment.
- To identify good practice and compare our performance with similar Trusts and use the information derived from the metrics to develop a local action plan and demonstrate progress against the indicators of racial equality.
- To help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators.

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<sup>2</sup> <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters>

<sup>3</sup> : <https://www.jcwi.org.uk/windrush-scandal-explained>

<sup>4</sup> <https://www.bbc.co.uk/news/uk-53320082>

<sup>5</sup> <https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

- To produce an action plan to address any differences in the workplace experienced by BME colleagues and their white counterparts and, improve BME representation at the Board level of the organisation.

At a Joined-Up Care Derbyshire, system and organisational level, we believe every person, of all backgrounds, should be able to fulfil their potential at work and feel a true sense of belonging. That is the business case as well as the moral case and it is in line with our values in Derbyshire Healthcare of being an inclusive and compassionate employer with a 'People First' approach and our system wide EDI Strategy 'Creating a sense of belonging with 4 strategic priorities listed below and attached action plan:

- Attracting and recruiting diverse talent
- Inclusive and accountable leadership and decision-making
- Supporting and valuing people
- Building authentic connections and shared understanding

The Trust Board's commitment to addressing racial inequality for patients and staff and is reflected in its vision and ambitions to grow and increase our workforce to meet DHCFT's Acute Dormitory Eradication and PICU programme. This aims to address inequalities patients face in acute mental health inpatient settings by improving patient outcomes and experience

There is a recognition that to change culture takes time however incremental change towards race equality is not enough and that transformation change is essential to create a great place to be cared for and a great place to work.

Last year, this approach included supporting the Trust's WRES Expert, who worked with divisions to support development of their plans to address race inequality; a designated Non-Executive Director for Equality, Diversity and Inclusion; and system investment in the Cultural Intelligence to review the recruitment pathway and the JUCD EDI strategy was developed with extensive engagement across the system and provides our approach to delivery of the Midlands Race Equality and Inclusion Strategy, WRES, WDES and Model Employer targets.

## 2: Reporting Requirements

The following table sets out the reporting requirements for the WRES:

The first 4 indicators are workforce indicators.	
1.	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4.	Relative likelihood of BAME staff accessing non mandatory training and CPD compared to white staff.
National NHS Staff Survey indicators (or equivalent)	
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Percentage of staff experiencing discrimination from managers and team leaders
Indicator 9 focuses on board membership make up	
9.	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the Board</li> <li>• By executive membership of the Board</li> </ul>

The national data submission was completed by 31st August 2021 to the national WRES team, and this report and action plan will be published on the internet by the 31<sup>st</sup> October 2022 as required.

## 2.1 Summary of Data: DHCFT and MIDLANDS 2020/21

### Derbyshire Healthcare NHS Foundation Trust Midlands

Summary for the 2020/21 reporting year

RXM

Indicator number and description			Trust	Midlands	National	Percentile rank*
<b>Indicator 1: BME representation in the workforce by pay band</b>						
BME representation in the workforce overall			15.5%	21.6%	22.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under	Band 3	Band 4	Band 3	
		Band 5 and over	Proportional	Band 8C	Band 8B	
	Clinical	Band 4 and under	Band 4	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
	Medical		Proportional	Consultant	Consultant	
Race disparity ratios	Non-clinical	Lower to middle	5.05	1.02	0.91	100%
		Middle to upper	0.33	1.43	1.39	89%
		Lower to upper	1.68	1.46	1.27	48%
	Clinical	Lower to middle	2.35	1.84	1.59	71%
		Middle to upper	1.17	1.23	1.36	16%
		Lower to upper	2.75	2.27	2.16	46%
<b>Indicator 2: likelihood of appointment from shortlisting</b>						
likelihood ratio White / BME			1.60	1.57	1.61	57%
<b>Indicator 3: likelihood of entering formal disciplinary proceedings</b>						
likelihood ratio BME / White			10.52	1.09	1.14	100%
<b>Indicator 4: likelihood of undertaking non-mandatory training</b>						
likelihood ratio White / BME			1.52	1.04	1.14	68%
<b>Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>						
BME			28.0%	26.8%	28.9%	44%
White			22.8%	25.8%	25.9%	29%
<b>Indicator 6: harassment, bullying or abuse from staff in last 12 months</b>						
BME			27.5%	28.5%	28.8%	47%
White			16.2%	22.8%	23.2%	6%
<b>Indicator 7: belief that the trust provides equal opportunities for career progression or promotion</b>						
BME			72.9%	69.5%	69.2%	48%
White			90.6%	87.8%	87.3%	20%
<b>Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months</b>						
BME			15.5%	16.9%	16.7%	39%
White			4.9%	5.9%	6.2%	21%
<b>Indicator 9: BME representation on the board minus BME representation in the workforce</b>						
Overall			-2.2%	-7.7%	-9.8%	11%
Voting members			+1.2%	-8.4%	-10.0%	5%
Executive members			-3.0%	-12.1%	-13.5%	9%

\* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

## 2.2: Summary of Data JUCD and MIDLANDS 2020/21

### Derbyshire Midlands

#### Summary for the 2020/21 reporting year

Indicator number and description			ICS	Midlands	National	Percentile rank*
<b>Indicator 1: BME representation in the workforce by pay band</b>						
BME representation in the workforce overall			13.9%	21.6%	22.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under	Proportional	Band 4	Band 3	
		Band 5 and over	Proportional	Band 8C	Band 8B	
	Clinical	Band 4 and under	Band 3	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
Medical		Consultant	Consultant	Consultant		
Race disparity ratios	Non-clinical	Lower to middle	1.04	1.02	0.91	12%
		Middle to upper	1.64	1.43	1.39	71%
		Lower to upper	1.70	1.46	1.27	63%
	Clinical	Lower to middle	2.53	1.84	1.59	90%
		Middle to upper	0.74	1.23	1.36	51%
		Lower to upper	1.89	2.27	2.16	24%
<b>Indicator 2: likelihood of appointment from shortlisting</b>						
likelihood ratio White / BME			1.27	1.57	1.61	17%
<b>Indicator 3: likelihood of entering formal disciplinary proceedings</b>						
likelihood ratio BME / White			0.36	1.09	1.14	100%
<b>Indicator 4: likelihood of undertaking non-mandatory training</b>						
likelihood ratio White / BME			0.41	1.04	1.14	93%
<b>Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>						
BME			29.0%	26.8%	28.9%	41%
White			26.5%	25.8%	25.9%	27%
<b>Indicator 6: harassment, bullying or abuse from staff in last 12 months</b>						
BME			29.3%	28.5%	28.8%	73%
White			21.0%	22.8%	23.2%	10%
<b>Indicator 7: belief that the organisation provides equal opportunities for career progression or promotion</b>						
BME			75.2%	69.5%	69.2%	15%
White			89.4%	87.8%	87.3%	3%
<b>Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months</b>						
BME			17.3%	16.9%	16.7%	66%
White			5.4%	5.9%	6.2%	7%
<b>Indicator 9: BME representation on the board minus BME representation in the workforce</b>						
Overall			0.0%	-7.7%	-9.8%	0%
Voting members			-3.5%	-8.4%	-10.0%	27%
Executive members			-5.8%	-12.1%	-13.5%	32%

\* ranks the ICS from 0% (best in the country) to 100% (worst in the country) on each indicator.

### 2.3: Summary of Data DHCFT WRES 2021/22

Improvements and sustained positive outcomes:	
	<b>Indicator 1:</b> The overall BME representation across the Trust has risen from <b>15.5% in 2020-21 to 16.7%</b> .
	<b>Indicator 1:</b> The representation of colleagues from a BME background in non-clinical Bands 6 has increased from <b>1.8% in 2020-21 to 5.66% in 2021-22</b> . The representation of colleagues from a BME background in clinical Bands 8a and 8c has increased by <b>4.5%, and 11% than 2020-21</b>
	<b>Indicator 3:</b> The likelihood of BME staff entering the formal disciplinary process compared to white staff has significantly reduced from <b>10.52 times more likely (2020/21) to 0.00 times more likely (2021/22)</b> .
	<b>Indicator 6:</b> A decrease of BME colleagues experiencing harassment, bullying or abuse from staff in the last 12 months since 2020/21, from <b>27.5% to 22.6%</b> .
	<b>Indicator 8:</b> A decrease of BME colleagues who have personally experienced discrimination at work from their manager/team leader or other colleagues, by <b>0.8% since 2020/21 when it was 15.5% for BME staff</b> .
	<b>Indicator 9:</b> BME colleagues are represented at board level positions, standing at 33.33%, with a positive increase by 16.6% in comparison to the workforce representation

Deterioration and/or sustained negative outcomes:	
	<b>Indicator 2:</b> The relative likelihood of white candidates being appointed from shortlisting compared to BME candidates has <b>increased from 1.6 times more likely (2020/21) to 1.78 times more likely (2021/22)</b> .
	<b>Indicator 6:</b> An increase of White colleagues experiencing harassment, bullying or abuse from staff in the last 12 months since 2020/21, from <b>16.2% to 17.7%</b> .

## 2.4: WRES Data 2021/2022 comparative with 2020/21

Detailed below is the organisation’s WRES data submitted on 31 August 2022 covering the period 1 April 2021 to 31 March 2022.

	2020/21	2021/22
Number of staff employed within Trust	2795	2879
Proportion of BME staff employed within Trust as of 31 March 2022	15.49% (433 people)	16.7% (481 people)
<b>Indicator 1:</b> Percentage of staff in each of the AfC Bands 1-9 and VSM compared with the percentage in the overall workforce	Please see table below (4b, page 11)	
<b>Indicator 2:</b> Relative likelihood of staff being appointed from shortlisting across all posts <i>[A figure above “1” would indicate white candidates are more likely to be appointed from shortlisting]</i>	1.60	1.78
<b>Indicator 3: Relative</b> likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation <i>[A figure above “1” would indicate BME staff are more likely to enter the formal disciplinary process]</i>	10.52 <i>[Note: This indicator is based on data from the current year only, in line with the updated WRES guidance for 2020/21]</i>	0.00
<b>Indicator 4:</b> Relative likelihood of staff accessing non-mandatory training and CPD compared to BME staff <i>[A figure above “1” would indicate BME staff are less likely to access non-mandatory training and CPD]</i>	1.52	0.73
<b>Indicator 5:</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or members of the public	BME: 28.0% White: 22.8%	BME: 28.7% White: 25.4%
<b>Indicator 6:</b> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME: 27.5% White: 16.2%	BME: 22.6% White: 17.7%
<b>Indicator 7:</b> Percentage believing that the Trust provides equal opportunities for career progression or promotion	BME: 72.9% <b>(45.3%)</b> White: 90.6% <b>(66.3%)</b>	BME: 46.8% White: 67.7%
<b>Indicator 8:</b> Percentage of staff who have personally experienced discrimination at work from their manager/team leader or other colleagues in the last 12 months	BME: 15.5% White: 4.9%	BME: 14.7% White: 5.6%
<b>Indicator 9:</b> Percentage difference between the organisation’s Board voting membership and the overall workforce	1.2% (Board Voting Membership from a BME background: 16.7% Overall workforce from a BME background: 15.49%)	16.6% (Voting Board Membership from a BME background: 33.33. BME% of overall workforce is 16.71)

### 3: Representation, recruitment and progression

#### 3.1. Indicator 1: Representation

	The overall BME representation across the Trust has risen from <b>15.5% in 2020-21 to 16.7%.</b>
	The representation of colleagues from a BME background in non-clinical Bands 6 has increased from <b>1.8% in 2020-21 to 5.66% in 2021-22.</b>
	The representation of colleagues from a BME background in clinical Bands 8a and 8c has increased by <b>4.5%, and 11% than 2020-21</b>

#### 3.1.2. Indicator 1 - Breakdown of representation by banding: non-Clinical

NON-CLINICAL						
	2020/21			2021/22		
Band	White %	BME %	Unknown %	White %	BME %	Unknown %
Under Band 1	0.0%	0.0%	0.0%	100.00%	0.00%	0.00%
Band 1	40.0%	20.0%	40.0%	0.00%	0.00%	100.00%
Band 2	72.2%	24.6%	3.2%	67.80%	28.25%	3.95%
Band 3	90.3%	8.7%	1.0%	89.95%	9.05%	1.01%
Band 4	91.3%	7.9%	0.8%	89.44%	9.15%	1.41%
Band 5	85.5%	11.8%	2.6%	84.71%	12.94%	2.35%
Band 6	89.1%	1.8%	9.1%	88.68%	5.66%	5.66%
Band 7	84.6%	7.7%	7.7%	91.30%	4.35%	4.35%
Band 8a	100.0%	0.0%	0.0%	100.00%	0.00%	0.00%
Band 8b	88.9%	11.1%	0.0%	90.00%	10.00%	0.00%
Band 8c	84.6%	15.4%	0.0%	92.86%	7.14%	0.00%
Band 8d	85.7%	14.3%	0.0%	87.50%	12.50%	0.00%
Band 9	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
VSM	87.5%	12.5%	0.0%	75.00%	25.00%	0.00%

3.1.3. Indicator 1 - Breakdown of representation by banding: Clinical

<b>CLINICAL</b>						
Band	2020/21			2020/21		
	White %	BME %	Unknow n %	White %	BME %	Unknow n %
Under Band 1	62.5%	37.5 %	0.0%	62.5%	37.50 %	0.00%
Band 1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Band 2	66.0%	27.7 %	6.4%	75.0%	12.50 %	12.50%
Band 3	72.9%	23.4 %	3.6%	71.6%	25.34 %	3.03%
Band 4	86.9%	11.1 %	2.0%	87.4%	10.81 %	1.80%
Band 5	79.7%	16.3 %	4.0%	75.2%	21.22 %	3.54%
Band 6	88.3%	8.9%	2.8%	87.5%	10.75 %	1.77%
Band 7	87.0%	10.6 %	2.5%	88.6%	9.84% %	1.59%
Band 8a	90.5%	8.3%	1.2%	84.9%	12.79 %	2.33%
Band 8b	88.6%	8.6%	2.9%	87.8%	7.32% %	4.88%
Band 8c	92.9%	0.0%	7.1%	88.9%	11.11 %	0.00%
Band 8d	50.0%	50.0 %	0.0%	50.0%	50.00 %	0.00%
Band 9	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
VSM	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
<b>of which Medical &amp; Dental</b>						
Consultants	40.3%	57.1 %	2.6%	39.7%	57.69 %	2.56%
of which senior medical manager	100.0 %	0.0%	0.0%	100.0 %	0.00%	0.00%
Non-consultant career grade	31.3%	65.6 %	3.1%	43.8%	53.13 %	3.13%
Trainee grades	28.6%	64.3 %	7.1%	33.3%	56.67 %	10.00%
Other	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%

### 3.2 Indicator 9 - Voting Board membership

**Indicator 9:** BME colleagues are represented at board level positions, standing at 33.33%, with a positive increase by 16.6% in comparison to the workforce representation

	2020/21	2021/22
<b>Indicator 9:</b> Percentage difference between the organisation's Board voting membership and the overall workforce	1.2% (Board Voting Membership from a BME background: 16.7% Overall workforce from a BME background: 15.49%)	16.6% (Voting Board Membership from a BME background: 33.33. BME% of overall workforce is 16.71)

The table below reflects board membership and the difference between BME representation on the board and BME representation in the workforce from across the JUCD system, for 2020/21

	% BME	% White	% Overall
Chesterfield Royal Hospital NHS FT	5.5%	5.5%	8.8%
University Hospitals of Derby and Burton NHS FT	-5.9%	-15.8%	-21.7%
East Midlands Ambulance Service NHS Trust	10.9%	-3.3%	-3.3%
Derbyshire Healthcare NHS FT	-2.2%	1.2%	-3.0%
Derbyshire Community Health Services NHS FT	7.4%	10.3%	7.4%

### 3.3. Indicator 2 - likelihood of appointment from shortlisting

	The relative likelihood of white candidates being appointed from shortlisting compared to BME candidates has <b>increased from 1.6 times more likely (2020/21) to 1.78 times more likely (2021/22).</b>
	The relative likelihood of White candidates being appointed from shortlisting compared to BME candidates has <b>increased from 1.6 times more likely (2020/21) to 1.78 times more likely (2021/22).</b>

	Annual - Mar 2022			Annual - Jun 2022			Annual - Sep 2022		
	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
<b>Number of Shortlisted Applicants</b>	2289	871	48	2171	786	40	2263	824	48
<b>Number Appointed from Shortlisting</b>	491	105	19	432	94	7	453	118	9
<b>Relative Likelihood of appointment from Shortlisting</b>	21.45%	12.0 6%	39.5 8%	19.9 0%	11.9 6%	17.5 0%	20.0 2%	14.3 2%	18.7 5%
<b>Relative Likelihood of White Staff being appointed from Shortlisting compared to BME Staff</b>	1.78			1.66			1.40		

The Trust has been introducing several measures that aim at improving the recruitment process and creating a more inclusive approach to it, including mandatory recruitment and selection training with emphasis on Inclusive Recruitment, which now includes modules on unconscious bias and values-based recruitment.

Recruitment Inclusion Guardians (RIGs) were also introduced to recruitment panels at Band 7 and above from February 2020 to address the underrepresentation of BME staff at senior levels. This was expanded to include panels at Band 6 and above in April 2021. The process will be undergoing a review to identify barriers, opportunities and recommending improvements with the aim of widening impact and embedding inclusion to be everyone's responsibility throughout the recruitment process.

The Trust is taking part in a Above Difference Recruitment and Selection Pilot to review the process and propose positive, culturally intelligent, and inclusive initiatives and interventions that will be implemented across NHS Providers in the ICS (Integrated Community System known as Joined Up Care Derbyshire - JUCD). The impact of this initiative is expected to return positive results by 2023 at the earliest.

### 3.4 Indicator 4 - access to non-mandatory training and CPD

	2020/21	2021/22
<b>Indicator 4:</b> Relative likelihood of staff accessing non-mandatory training and CPD compared to BME staff <i>[A figure above “1” would indicate BME staff are less likely to access non-mandatory training and CPD]</i>	1.52	0.73

DATA ITEM	MEASURE	2021			2022			
		WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
	1a) Non Clinical workforce	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	
42	Number of staff in workforce	Auto calculated	2278	433	84	2327	481	71
43	Number of staff accessing non-mandatory training and CPD:	Headcount	128	16	6	327	92	9
44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	5.62%	3.70%	7.14%	14.05%	19.13%	12.68%
45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.52			0.73		

The relative likelihood is derived by dividing the percentage of White staff who undertook non-mandatory training by the percentage of BME staff who undertook non-mandatory training.

Though our data suggests that BME staff are more likely to access training and CPD through the Training Management System. **Note:** that this measure does not record access to wider non-mandatory training and CPD and may offer a misleading picture. Also, despite being more likely to access non-mandatory training, BME staff are still less likely to progress through the organisation and less likely to be appointed from shortlisting (see Indicator 2, page 12).

### 3.5 Indicator 7: fairness in career progression

Percentage believing that the Trust provides equal opportunities for career progression or promotion	BME: 72.9% <b>(45.3%)</b> White: 90.6% <b>(66.3%)</b>	BME: 46.8% White: 67.7%
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**Note: Indicator 7:** There has been a change in the reporting mechanism of this indicator this year, which affected the percentages as shown in the report. In previous years, the percentage reported was those saying, ‘yes’ as a proportion of all staff **excluding those who said, ‘don’t know’**. For this year’s reporting, the figure reported is the percentage saying ‘yes’ as a proportion of all those who responded (including ‘don’t know’). This approach has been applied to the historical data in the 2021 reports.

<b>Indicator 9:</b> BME colleagues are represented at board level positions, standing at 33.33%, with a positive increase by 16.6% in comparison to the workforce representation
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#### 4: Formal disciplinary processes

##### 4a. Indicator 3 - likelihood of entering the disciplinary process

The likelihood of BME staff entering the formal disciplinary process compared to white staff has significantly reduced from **10.52 times more likely (2020/21) to 0.00 times more likely (2021/22)**.

The likelihood of BME staff entering the formal disciplinary process compared to white staff has significantly reduced from 10.52 times more likely (2020/21) to 0.00 times more likely (2021/22) which is a very positive improvement in this area, especially with the Trust having been on the top worst performing Trusts in this area last year.

#### 5: Behaviours and discrimination

##### 5a. Indicator 5 - bullying and harassment from the public

An increase of BME colleagues experiencing harassment, bullying or abuse from patients, relatives or members of the public, since 2020/21 **from 28% to 28.7 %**.

And an increase for White staff since 2020/21, **from 22.8% to 25.4%**.

##### 5b. Indicator 6 - bullying and harassment from staff

A decrease of BME colleagues experiencing harassment, bullying or abuse from staff in the last 12 months since 2020/21, from **27.5% to 22.6%**.

##### 5c. Indicator 8 - bullying and harassment from Managers

A decrease of BME colleagues who have personally experienced discrimination at work from their manager/team leader or other colleagues, by **0.8% since 2020/21 when it was 15.5% for BME staff**.

The National NHS Staff survey provides an insightful view about how staff are feeling working within the Trust. It should be noted that the survey takes place during a set period and highlights the feelings of staff during that time.

## 6. Conclusion

Overall, the WRES collection for 2021/22 has shown several improvements compared to figures previously which is good to see. However, the Trust recognises that it's on a journey and more needs to be done to improve experiences of our BME workforce. Below list some of the progress the BME network has made over the past year

- Some of the network members have just finished the Networks' Chairs Development programme and the outcome is positive. Specially that the programme emphasised on the concept that networks members need to be active and participate. The Trust WRES Expert stated that more members are putting themselves forward more and willing to participate more.
- The Chairs of the BME Networks across the system have been coming together to discuss and plan Black History Month
- The Network has recently submitted their nomination for Midlands Inclusivity and Diversity Award (MIDAS) Scheme and awaiting the response.
- The Network has collaborated with the Women's Network and commissioned a 1-day Training Workshop titled "Leadership for Women of Colour" which was very well attended.

## 7. Key priorities and actions

The Action Plan, in Appendix 1, identifies key actions which will be undertaken over the next 12 months, supporting the organisation to improve.

The action plan (attached Appendix 1) includes those rolling over from the last WRES Report 2020-21, those deriving from the JUCD EDI Strategy 'Creating a Sense of Belonging' and 3 priorities identified by the BME Network from this year's WRES 2021/22 data.

Provider Organisation: **Derbyshire Healthcare NHS Foundation Trust**

Date of Report: **August 2022**

Board Lead for the Workforce Race Equality Standard: **Jaki Lowe, Director of People and Inclusion**

Lead Manager/s compiling this report: **Samina Arfan, Head of EDI /Amany Rashwan, Equality, Diversity and Inclusion Advisor**

Document Control			
Date	Amendment	Version	Comments/Author
08/22	Data analysis and draft report	V0.1	Amany Rashwan
8/22	Report narrative and review	V0.2	Jaki Lowe
14/09/22	Report narrative and review	V0.3	Samina Arfan,
15/09/22	Amendments	V0.4	Samina Arfan, Jaki Lowe
20/09/22	For review and endorsement	V0.5	People and Culture Committee
17/10 /22	For engagement	V0.4	Black Minority Ethnic Staff Network
25/10/22	ELT	Final Draft	Samina Arfan
01/11/22	Final for endorsement	Final	Trust Board
31/10/22	For publication	Final	DHCFT Communications team

## Appendix 1: Action Plan

The action plan below has been developed with the Black and Ethnic Minority staff network, with a focus on improving indicators relating to developing anti racism approaches, the improved usage of data to drive change and create impact (incorporating quality improvement principles), representation in roles band 6 and above, addressing bullying, harassment or abuse and career progression. Improvements in these areas should impact on the overall engagement, experience and feelings of value for colleagues from a BME background and be reflected in these metrics accordingly.

Appendix 1: WRES Action Plan 2022/23				
	Outcome	Actions	Leads	Timescales
1	<b>Improve understanding</b> of local issues across the Trust, learning from current lived experience, to implement best practice responses with a full evaluation of the impact. <b>Measures:</b> Improvement in Indicators 2, 6 and 8 by December 2023	Continued focus in addressing race inequality and the wider EDI agenda through the dedicated designation of a Non-Executive Director as a lead for Equality, Diversity and Inclusion; Executive Sponsor for the BME Network, WRES Experts; Freedom to Speak Up: EDI team.	Chief Executive/ Director of People and Inclusion and Head of EDI	31 <sup>st</sup> October 2023 Quarterly updates
		Building accountability for EDI in every manager's role.	Head of EDI, and Acting Deputy Director of People and Inclusion	31 <sup>st</sup> October 2023 Quarterly updates
		To improve access to the voices of all BME staff (across the breadth BME groups and work status: Bank, junior doctors, apprenticeships etc)	Head of EDI, Freedom to Speak up Guardian, BME Network	31 <sup>st</sup> October 2023 Quarterly updates
		Review previous mentoring programme and propose revised approach for ELT	Head of EDI	January 2023
2	<b>Improve leadership approach</b> and response to improve ethnic minority colleague experience through a consistent, Trust-wide approach to anti racism.	Take stock of current work and set ambition to become a proactive anti-racist organisation aligned with JUCD system approach and good practice anti racism toolkits including Race Code.	Head of EDI, WRES Expert, BME Network,	31st October 2023 Quarterly updates

Appendix 1: WRES Action Plan 2022/23

	<b>Measures:</b> Improvement in Indicators 5-8 by December 2023.	Promote resources, guides and tools including the best practice Anti Racist education and knowledge to help leaders and individuals have productive conversations about race.	Head of EDI/ WRES Expert/ BME Network	31st October2023 Quarterly updates
		Development of Anti-Racism Influencers consisting of White colleagues to provide support to potential and developing allies, utilising the Anti-Racist approaches.	Head of EDI/ WRES Expert/ BME Network	31st October2023 Quarterly updates
3	DHCFT colleagues <b>consistently demonstrate inclusive behaviours</b> and leadership, in line with the good practice 'Behavioural Standard Framework'. <b>Measures:</b> Improvement in Indicators 5 – 8 by December 2023	Development and rollout of training materials (new and existing) to improve support for bystanders on how to safely intervene in conflict situations and support colleagues involved, with accompanying comms campaign.	Head of EDI/Sponsor for BME Network/Chair of BME Network	31st October2023 Quarterly updates
		Review the evaluation of the development programme for staff network members and deliver lunch and learn session on how to handle micros aggressions	Head of EDI, Head of EDI DCHS	December 2022
		Deliver further lunch and learn session on how to handle micros aggressions internally	Head of EDI/Team	31 <sup>st</sup> October2023 Quarterly updates
		Review and enhance current 'it's not ok' to include the best practice Behavioural Standard	Head of EDI/Team	31 <sup>st</sup> October2023 Quarterly updates
4	<b>Building of relationships and trust</b> with black and ethnic minority colleagues. <b>Measure:</b> Improvements in overall BME staff engagement score (National Staff Survey) by December 2023.	Increase and maximise usage of the existing CQ (Cultural Intelligence Facilitators to raise awareness across the Trust about the Cultural Intelligence principles	Head of EDI/ Acting Deputy Director of People and Inclusion/ CQ Facilitators	31st October2023 Quarterly updates
		Build relationships and trust with BME colleagues by improving timescale and to take an active anti-racism approach to responded to concerns raised and to close the loop in Datix	Head of EDI, Freedom to Speak Up Guardian, BME Network, Datix Lead	31st October2023 Quarterly updates

Appendix 1: WRES Action Plan 2022/23

5	<p><b>Improved wellbeing support</b> for BME colleagues, particularly in relation to bullying, harassment and abuse. <b>Measure:</b> Improvement in indicators 5-8 and increase in proportion of colleagues accessing wellbeing and support services who are from a BME background</p>	<p>Deep dive to understand BME staff (including Bank, Junior Doctors, Apprenticeships) an access to wellbeing services, allowing design of better service provision. Especially those experiencing bullying and harassment from patients/relatives/members of the public</p>	<p>Head of EDI/Health and Well-Being Lead/ Freedom to Speak -Up Lead/ Sponsor for BME Network/Chair of BME Network</p>	<p>31st October2023 Quarterly updates</p>
		<p>Providing support to staff in roles which are directly supporting colleagues, developing confidence talking about race.</p>	<p>Head of EDI/Health and Well-Being Lead/ Freedom to Speak -Up Lead/ Sponsor for BME Network/Chair of BME Network</p>	<p>31st October2023 Quarterly updates</p>
6	<p><b>Increase diverse representation in roles at Bands 6</b> and above including Bands 7-8d and improve confidence in fair recruitment and promotion of diverse colleagues. <b>Measures:</b> Improvement in Indicators 1, 7, 9 and RDR by December 2024, and sustained positive score in Indicator 2. Meeting Model Employer targets at Bands 6 and above.</p>	<p>Propose improvements in BME representation (and other under-represented groups) to be included as part of objectives and appraisal for VSMs.</p>	<p>Head of EDI and Acting Deputy Director of People and Inclusion, BME Network Sponsor</p>	<p>31st October2023 Quarterly updates</p>
		<p>Review of the RIGs process to identify barriers, opportunities and recommending improvements with the aim of widening impact and embedding into the recruiting chair's responsibility</p>	<p>Head of EDI/ Recruitment Lead/Staff Network Chairs</p>	<p>31st October2023 Quarterly updates</p>
		<p>Introduce a system of 'comply or explain' to ensure fairness during interviews.</p>	<p>Head of EDI/ Recruitment Manager/Staff Network Chairs</p>	<p>31st October2023 Quarterly updates</p>
		<p>Agree with SMT priority focus to align increased representation with addressing inequalities for example increase BME recruitment to support service delivery across Derby City</p>	<p>Head of EDI/Medical Director</p>	<p>31st October2023 Quarterly updates</p>
		<p>Inclusive recruitment workshops with appointing managers with a particular focus on disrupting bias within recruitment and CQ (Cultural Intelligent) Principles</p>	<p>Head of EDI/ Recruitment Manager/Staff Network Chairs</p>	<p>31st October2023 Quarterly updates</p>

Appendix 1: WRES Action Plan 2022/23

	Further develop the Cultural Intelligence HR/Recruitment National Pilot across the Derbyshire system with Above Difference to recruit and progress inclusively with Cultural Intelligence. Ensure the next stage is aligned with the model employer	Head of EDI, Acting Deputy Director of People and Inclusion and Recruitment Manager	31st October2023 Quarterly updates
	To ensure the organisational new approach for talent and succession planning supports under representative EDI staff groups including BME staff in their career development aspirations and supports future proofing of the Trust as an employer of choice and inclusive	Head of EDI and Acting Deputy Director of People and Inclusion, WRES Expert and BME Network	31st October2023 Quarterly updates
	Enhance EDI support available to: - Train HR policy teams on how to complete robust and effective EIA of recruitment and promotion policies - Ensure that for Bands 8a and above, hiring managers include requirement for candidates to demonstrate EDI work/legacy during interviews.	Head of EDI/ Recruitment Lead/Policy Lead	31st October2023 Quarterly updates
	Improved understanding of what constitutes non- mandatory training	Head of EDI/Training and Development Lead	31st October2023 Quarterly updates
	Review implementation of just and learning culture to ensure a proactive anti-racist approach	Head of EDI and Acting Deputy Director of People and Inclusion, WRES Expert and BME Network	31st October2023 Quarterly updates
	Review the work around raising concerns, complaints and allegations to fast-track racial related abuse and bullying formal and informal	Head of EDI and Acting Deputy Director of People and Inclusion, WRES Expert and BME Network	31st October2023 Quarterly updates

Appendix 1: WRES Action Plan 2022/23

		Review the formal disciplinary procedure for staff including medical and Bank staff to ensure parity between procedure and processes, and integrated support and monitoring of wellbeing alongside all formal HR processes e.g., performance and pathway for bank staff	Head of EDI, Acting Deputy Director of People and Inclusion, Freedom to Speak Up Guardian, BME Network	January 2023
		To agree and have dashboard with the KPIs	Head of EDI, Acting Deputy Director of People and Inclusion, Freedom to Speak Up Guardian, BME Network	
		Agree divisional People EDI plans to include, WRES KPIs	Head of EDI, Senior Employee Relations Manager, Health and Wellbeing Lead and BME Network	31st October2023 Quarterly updates
7	<p><b>Maintain Indicator 3</b>, with an equal and proportional number of ethnic minority staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. <b>Measure:</b> Maintain Indicator 3 to no difference between BME and white colleagues by December 2023.</p>	Deep dive to understand BME staff access to wellbeing services, allowing design of better service provision.  Increase knowledge and representation of wellbeing Champion, providing support and training to champions, increasing diversity, and using data to tackle issues strategically and proactively.	Head of EDI, Acting Deputy Director of People and Inclusion/Divisional Leads	January 2023
		Review the formal disciplinary procedure for staff including medical and Bank staff to ensure parity between procedure and processes, and integrated support and monitoring of wellbeing alongside all formal	Head of EDI, Divisional People Leads, WRES Expert	31st October2023 Quarterly updates

Appendix 1: WRES Action Plan 2022/23				
		HR processes e.g., performance and pathway for bank staff		
		To agree and have dashboard with the KPIs	Head of EDI, Acting Deputy Director of People and Inclusion, Freedom to Speak Up Guardian, BME Network	January 2023
8	Improve data quality and usage.	Review 6-month new starter review meetings for BME staff	Head of EDI, Acting Deputy Director of People and Inclusion, Head of Systems & Information BME Network	31st October2023 Quarterly updates
		Improve monitoring of access to training, development opportunities, career progression and better information at a divisional level	Head of EDI, Acting Deputy Director of People and Inclusion, Head of Systems & Information, Divisional People Leads BME Network	31st October2023 Quarterly updates
		Improve the disaggregation of our BME Staff data by specific groups	Head of EDI, Acting Deputy Director of People and Inclusion, Head of Systems & Information BME Network	31st October2023 Quarterly updates

Below lists the 3 priority areas identified by the Staff network and the Trust WRES Expert which have been incorporated, where appropriate into the action plan above.

1	<p><b>Anti- racism approaches</b> are embedded across the DHCFT to address workforce race inequalities: Work towards the good practice anti racism toolkits including Race Code and quality mark accreditation</p> <p><b>Please note</b>, the priority for 2023 is to develop and align anti racism approaches to the JUCD working towards the Race code Quality Mark will need to be reviewed and agreed for 2024</p>
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2	<b>To utilise quality improvement approaches (QI) where appropriate</b> to demonstrate impact and sustainability
3	<b>Increase diverse representation through improved career progression</b> in roles at Bands 6 and above and improve confidence in fair recruitment and promotion of diverse colleagues.