



**Derbyshire Healthcare**  
NHS Foundation Trust

# Workforce Race Equality Standard (WRES) Annual Report 2023/24

October 2024

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# Introduction

The Workforce Race Equality Standard (WRES) is a data collection framework which measures elements of race equality in NHS organisations. Implementing the WRES is a requirement for NHS Commissioners and NHS healthcare providers including independent organisations through the NHS contract.

The WRES is designed around nine indicators, or measures, which compare Black and Minority Ethnic (BME) colleagues and their White counterparts. We acknowledge and respect that not everyone is comfortable with the term “BME” and prefer other terms instead. However, in following national guidance, this report uses consistent terminology. We also acknowledge that comparing two groups has the disadvantage of masking disparities within each group.

Five indicators of the WRES are populated with workforce data from our Electronic Staff Record (ESR) and show comparative data for BME and White staff. This includes the distribution of staff in each pay band, access to training, likelihood of being appointed following shortlisting, likelihood of entering a formal disciplinary process, and representation in very senior leadership. The remaining four indicators are populated with comparative data from the national Staff Survey and includes: experiences of bullying, harassment, and abuse from colleagues and the public; discrimination, and perceptions of fairness in career progression. The Staff Survey data also shows us the engagement levels of BME and White staff comparatively. Numerical data<sup>1</sup> gleaned from the WRES provides a degree of insight into race equality at the Trust but is best used in conjunction with additional information (such as Freedom to Speak Up, employee relations and recruitment) and the qualitative data from the lived experiences of our colleagues themselves.

Each indicator is set out separately in this report with narrative content and main trends written in italics.

As a public service, our Trust is bound by the Public Sector Equality Duty and, as such, we are committed to:

- Eliminating unlawful discrimination, harassment, and victimisation
- Advancing equality of opportunity between people
- Fostering good relations between people.

In progressing towards these goals, the WRES data is accompanied by an action plan approved by the Trust Board of Directors.

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<sup>1</sup> As a relatively small Trust, our numerical data expressed as percentages or ratios can be more prone to fluctuation. For example, where only a small number of staff are counted (fewer than 10), a small number of additional recruits, or leavers, can have a bigger impact on percentage scores than in larger groups of staff. In the report, we have highlighted where this might be the case and shown data trends over time to give the most accurate picture.

## Context

The Trust serves the population of Derby City and Derbyshire County, both of which have different profiles in race and ethnicity. In the 2021 census, Derbyshire County was 6.3% BME<sup>2</sup>. In the NHS nationally, 22.4% of staff are from a BME background<sup>3</sup>.

A snapshot of data taken on 31 March 2024 shows the total number of staff employed by Derbyshire Healthcare was 3308. Of these, 627 identified as BME and 2612 identified as White. There was no data recorded for 69 members of staff. The proportion of BME staff over time is as follows:

	2018	2019	2020	2021	2022	2023	2024
<b>Total % of BME staff employed within the Trust as of 31 March</b>	12.6	12.9	13.8	15.5	16.7	18.5	18.95%

From 2018 to 2024, the number of BME staff has increased from 314 to 627. This is an increase from 12.6% in 2018 to 18.95% in 2024. Trust diversity has increased year on year since 2018.

## Indicator 1

Indicator 1 is a measure of staff distribution across pay bands (Under Band 1 to Very Senior Manager (VSM)). Data are collected in three main occupational groups: non-clinical, clinical (non-medical), and clinical (medical and dental). The figures as of 31 March 2024 and 2023 are shown in the following table. The headcount figure is the total headcount. The percentage figure is the proportion of BME or White staff *within* each pay band for that year. Percentage figures have been rounded up or down to whole numbers.

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<sup>2</sup> [Ethnic group, language and religion \(arcgis.com\)](https://arcgis.com)

<sup>3</sup> [NHS England » NHS Workforce Race Equality Standard \(WRES\)2022 data analysis report for NHS trusts](#)

## Non-Clinical

	2024			2023		
Pay Band	BME # (%)	White # (%)	Unknown # (%)	BME # (%)	White # (%)	Unknown # (%)
Under Band 1	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	0 (0%)	0 (0%)
Band 1	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	0 (0%)	1 (100%)
Band 2	52 (26.3%)	137 (69.2%)	9 (4.5%)	50 (26%)	135 (70%)	7 (4%)
Band 3	22 (10.5%)	186 (89.0%)	1 (0.5%)	20 (10%)	174 (89%)	1 (1%)
Band 4	18 (11%)	142 (87.1%)	3 (1.8%)	18 (11%)	144 (88%)	1 (1%)
Band 5	17 (18.3%)	74 (79.6%)	2 (2.2%)	9 (11%)	71 (87%)	2 (2%)
Band 6	7 (11.7%)	52 (86.7%)	1 (1.7%)	5 (9%)	51 (89%)	1 (2%)
Band 7	2 (5.4%)	34 (91.9%)	1 (2.7%)	5 (15%)	27 (79%)	2 (6%)
Band 8a	0 (0.0%)	21 (100.0%)	0 (0.0%)	0 (0%)	21 (100%)	0 (0%)
Band 8b	0 (0.0%)	17 (100.0%)	0 (0.0%)	0 (0%)	12 (100%)	0 (0%)
Band 8c	1 (9.1%)	10 (90.9%)	0 (0.0%)	1 (9%)	10 (91%)	0 (0%)
Band 8d	0 (0.0%)	4 (100.0%)	0 (0.0%)	0 (0%)	4 (100%)	0 (0%)
Band 9	0 (0.0%)	2 (100.0%)	0 (0.0%)	0 (0%)	5 (100%)	0 (0%)
VSM	1(16.7%)	5 (83.3%)	0 (0.0%)	1 (20%)	4 (75%)	0 (0%)

*In 2024, the overall percentage of BME staff in non-clinical roles (14.6%) is slightly lower than the figure across the whole Trust (18.95%). 61.6% of the total number of BME staff are concentrated in Bands 2 and 3 (2023 it was 64.2%). Despite a reduction of BME staff in bands 2 and 3 from 2023, in 2024 47.2% of White staff were in the equivalent bands. 1.7% (2 people) of the total number of BME staff are in roles at Band 8a and above compared to 8.6% of White staff (59). In terms of the total number of staff at 8a and above 3.3% are BME and 96.7% White<sup>4</sup>.*

<sup>4</sup> Unknowns have been excluded for this narrative paragraph.

*Further work needs to be done to understand barriers to BME progress in non-clinical roles at band 8a and above. As there is less roles at higher bands, progression needs to be monitored over a longer period and reviewed alongside staff survey training data and leaving reasons for BME staff.*

### **Clinical (non-medical)**

Pay Band	2024			2023		
	BME # (%)	White # (%)	Unknown # (%)	BME # (%)	White # (%)	Unknown # (%)
Under Band 1	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	0 (0%)	0 (0%)
Band 1	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	0 (0%)	0 (0%)
Band 2	1 (7.7%)	12 (92.3%)	0 (0.0%)	1 (25%)	3 (75%)	0 (0%)
Band 3	118 (29.7%)	265 (66.8%)	14 (3.5%)	112 (29%)	259 (29%)	12 (3%)
Band 4	16 (10.5%)	135 (88.8%)	1 (0.7%)	16 (12%)	114 (87%)	1 (1%)
Band 5	115 (28.5%)	280 (69.3%)	9 (2.2%)	84 (25%)	245 (72%)	11 (3%)
Band 6	97 (12.2%)	685 (86.4%)	11 (1.4%)	92 (12%)	649 (86%)	11 (1%)
Band 7	41 (10.6%)	338 (87.8%)	6 (1.6%)	36 (10%)	315 (88%)	7 (2%)
Band 8a	14 (13.6%)	88 (85.4%)	1 (1.0%)	13 (14%)	78 (85%)	1 (1%)
Band 8b	3 (5.5%)	51 (92.7%)	1 (1.8%)	4 (8%)	45 (92%)	0 (0%)
Band 8c	3 (16.7%)	15 (83.3%)	0 (0.0%)	2 (12%)	15 (88%)	0 (0%)
Band 8d	0 (0.0%)	4 (100.0%)	0 (0.0%)	0 (0%)	5 (100%)	0 (0%)
Band 9	1 (50.0%)	1 (50.0%)	0 (0.0%)	1 (100%)	0 (0%)	0 (0%)
VSM	0 (0.0%)	0 (0%)	0 (0.0%)	0 (0%)	0 (0%)	0 (0%)

*The overall percentage of BME staff in clinical (non-medical) roles is slightly lower (17.6%) than the Trust average. Further analysis of groups of staff can bring some of the disparities into sharper focus. For example, the majority of registered nurses (amongst others) are employed at Bands 5, 6 and 7 and, to an extent, the band increase represents career progression.*

For Bands 8a and above BME staff comprise of 11.7% of the workforce (2023 was 12.2%) and White staff 88.3%. 5.1% of BME staff are in bands 8a and above compared to 8.5% of white staff. Although this has not changed considerably from the previous year, further action is required to understand barriers to BME applying for and/or being appointed to Band 8a and above jobs.

As there are less roles at higher bands, progression needs to be monitored over a longer period and reviewed alongside staff survey training data and leaving reasons for BME staff.

## Clinical (medical and dental)

In Clinical (Medical and dental) roles, the disparity is not represented by total numbers in the same way for other groups. For this staff group, disparities can include clinical awards, academic posts, and fitness to practice referrals. This is analysed further in the Medical WRES (MWRES) which will be published in February 2025.

	2024			2023		
	BME # (%)	White # (%)	Unknown # (%)	BME # (%)	White # (%)	Unknown # (%)
Consultants	46 (58.2%)	30 (38.0%)	3 (3.8%)	50 (62%)	29 (36%)	2 (3%)
<i>of which senior medical manager</i>	8 (72.7%)	2 (18.2%)	1 (9.1%)	1 (100%)	0 (0%)	0 (0%)
Non-consultant career grade	25 (62.5%)	14 (35.0%)	1 (2.5%)	22 (58%)	15 (40%)	1 (3%)
Trainee grades	27 (64.3%)	10 (23.8%)	5 (11.9%)	24 (62%)	12 (30%)	3 (7%)
Other				0 (0%)	0 (0%)	0 (0%)

## Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts calculated for the 12 months prior to 31 March in the reporting year. If a candidate is shortlisted, it means they have met the person specification criteria to be interviewed for the post they are applying for.

Indicator 2 is expressed as a “disparity ratio” where complete parity, or equality, is represented by the number 1. A number of 2 would be that a shortlisted candidate is twice as likely to be appointed. In Indicator 2, a number above 1 shows the extent to which a White candidate is more likely to be appointed. The table below shows this trend over the past 5 years.

	2019	2020	2021	2022	2023	2024
Indicator 2	2.86	2.02	1.60	1.78	1.75	2.1

*Indicator 2 shows a continuing disparity over time and the ratio increased in 2024 from 1.75 to 2.1. Given the overall large numbers of shortlisted and appointed candidates, there is a possibility that the overall figure masks wider disparities in particular areas and bands.*

*In 2024 more BME applicants were shortlisted for interview (960) compared to 2023 (834), however in 2024 the number of BME applicants appointed dropped from 102 in 2023 to 97 in 2024. The number of white applicants shortlisted also dropped by 2245 in 2023 to 1827 in 2024 and the number appointed also dropped from 480 in 2023 to 390. In 2024 white applicants were more likely to get the job than BME applicants when shortlisted.*

*The drop in applications shortlisted could be linked to types of roles being advertised. Further analysis is required to understand the roles where BME applications have been shortlisted and reasons as to why they have not been successful. The numbers of withdrawals for shortlisted candidates will be monitored to see if there is any trends in this data and an understanding of the diversity of applicants by band will help identify specific issues across the Trust.*

*There is also external factors that can have an impact on applications for certain roles such as government changes to immigration polices so the impact this has on application numbers can be reviewed.*

### Indicator 3

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. A figure above 1 would indicate BME staff are more likely to enter the formal disciplinary process.

	2018	2019	2020	2021	2022	2023	2024
Indicator 3	3.03	2.45	1.43	10.52	0.0	2.70	2.1
No of cases	Un- available	BME 5 White 13	BME 2 White 11	BME 2 White 1	BME 0 White 4	BME 8 White 5	BME 2 White 4

*This indicator shows the likelihood of entering formal discipline compared to the proportion of BME and White staff in the whole organisation. In summary, the disparity ratio in 2021 shows the greatest disparity but this score is unrepresentative of the small number of total discipline cases overall. The potentially more concerning figure is in 2023.*

*The numerical data here is of some value but needs supplementing with qualitative data to understand the full picture behind the cases. In 2024 there is a reduction in the number cases for BME employees, but the overall pattern remains that BME staff are proportionately more likely to enter formal discipline than are White staff.*

## **Indicator 4**

Relative likelihood of staff accessing non-mandatory training and CPD. A figure above 1 would indicate BME staff are less likely to access non-mandatory training and CPD.

	2018	2019	2020	2021	2022	2023	2024
Indicator 4	1.53	0.97	1.13	1.52	0.73	1.31	0.84

*This disparity ratio applies to all staff so is more likely to be an accurate representation and the trend over time is of greater parity than some other indicators. When read against indicator 7 (perceptions of fairness in career progression and promotion) we can see that a wide disparity remains. This indicates that BME staff are more likely to access non-mandatory training and CPD.*

*It may be that there is more equitable access to professional development learning, but this is not translating into progression so further work needs to be done to understand the barriers to progression for BME staff across services.*

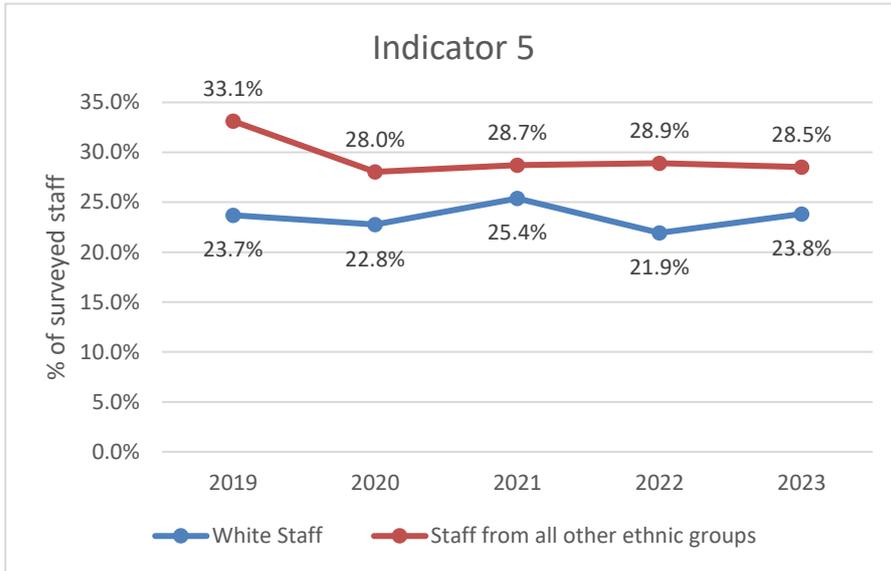
## **Indicators 5-8**

Data for the following Indicators are taken from the staff survey<sup>5</sup> and do not include figures for 2024 as those results will be published in 2025. A benchmarking report compares Derbyshire Healthcare to other Mental Health and Learning Disability Trusts (51 organisations are in the benchmarking group).

<sup>5</sup> The full data set is available here: [NHS Staff Survey Benchmark report 2022 \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com)

## Indicator 5

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



*In 2022, the percentage for BME staff experiencing harassment, bullying or abuse from patients, relatives or members of the public was 28.9% and has reduced slightly in 2023 to 28.5%.*

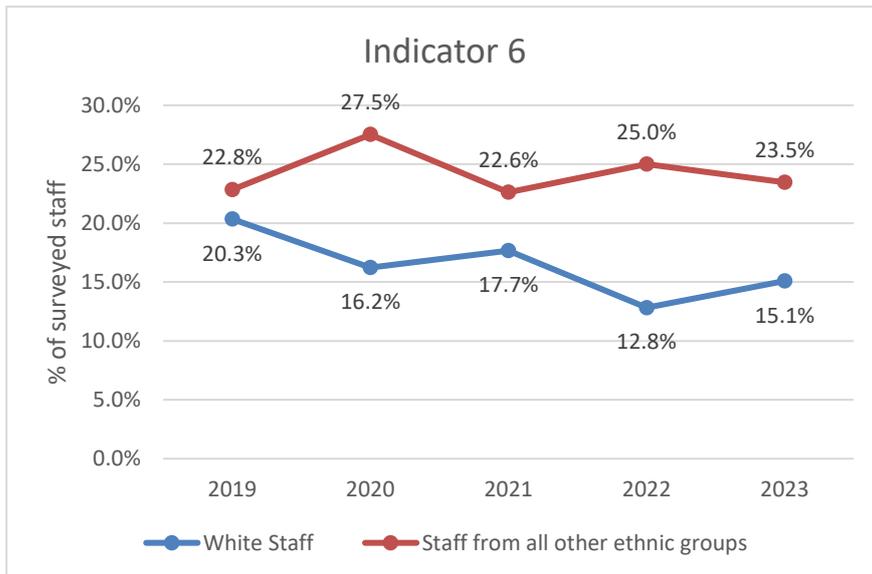
*Since 2020 this figures has been increasing until 2023 showing a slight drop.*

*The 2022 figure for White staff is 21.9% and has increased in 2023 to 23.8%.*

*Out of the respondents to the staff survey (62% of the total number of staff), 74 BME staff and 324 White staff reported being harassed, bullied, or abused by patients, relatives or members of the public.*

## Indicator 6

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

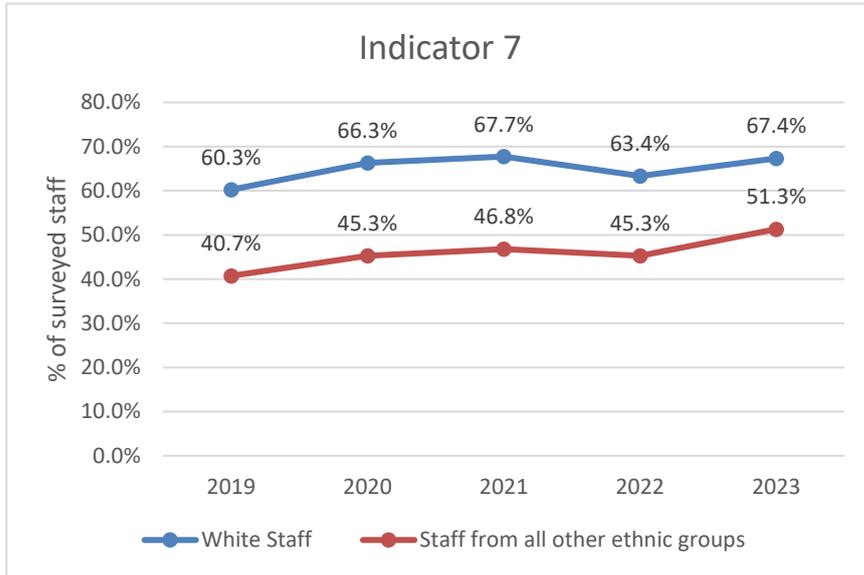


*In 2023, the percentage of BME staff experiencing harassment, bullying or abuse from staff was 23.5% compared to 15.1% for White staff. Incidents of harassment, bullying and abuse from other staff has steadily reduced since 2020 for both groups over time but a persistent disparity has remained.*

*Out of the respondents to the staff survey (62% of the total number of staff), 59 BME staff and 236 White staff reported being harassed, bullied, or abused by their colleagues.*

## Indicator 7

Percentage believing that the Trust provides equal opportunities for career progression or promotion.



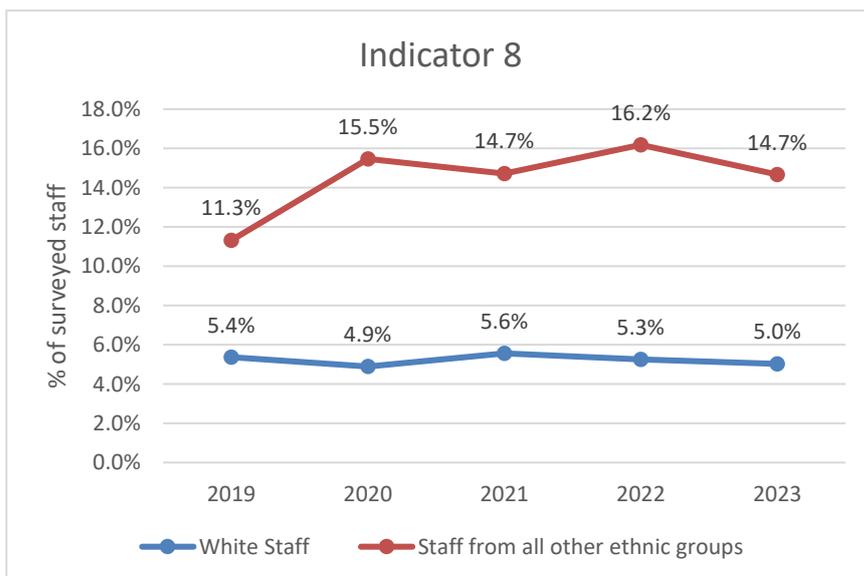
*In 2023, the percentage for BME staff believing that the trust provides equal opportunities for career progression was 51.3% compared to 67.4% for White staff. Figures for both groups have steadily improved over time, but a wide and persistent disparity remains.*

*Out of the respondents to the staff survey, 136 BME staff and 1076 White staff believed the Trust provides equal opportunities for career progression and promotion.*

*Over time, the picture at the Trust is largely consistent with other trusts in the benchmarking group. Compared to that group, our figure is marginally higher for White staff at the trust and lower for BME staff.*

## Indicator 8

Percentage of staff who have personally experienced discrimination at work from their manager/team leader or other colleagues in the last 12 months.



*In 2023, the percentage of BME staff who have personally experienced discrimination at work from their manager/team leader or other colleagues was 14.7% compared to 5% for White staff. Apart from the outlier figure for BME staff in 2019, the data has remained consistent for both groups over time and a persistent disparity remains.*

*Out of the respondents to the staff survey (62% of the total number of staff), 39 BME staff and 79 White staff experienced discrimination from their manager, team leader or other colleagues.*

*The data mirrors the national trend against the benchmarking groups.*

## Indicator 9

Percentage difference between the organisation's Board voting membership and the overall workforce. This Indicator shows the representation of BME staff by comparing two figures: the percentage of BME staff in the organisation, the percentage of BME voting membership at the Board, and then working out the difference.

The percentage below is the difference between the two figures. In 2024, the percentage figure for BME staff across the whole workforce is 18.95% and the percentage for BME voting Board members is: 38.5%. The difference is therefore 19.55%. The previous year difference was 14.8%.

## Conclusions

The WRES provides NHS trusts with a series of quantitative measures which demonstrate race disparity. WRES data has been collected since 2018 from which we can assess trends over time. We can also draw some conclusions about what is and isn't working to improve race equality at the Trust.

Positive progress has been made year-on-year to maximise opportunities at the Trust for minority communities and this has resulted in a more representative total staff group. Over the past two years we have also increased ethnically diverse leadership at Board level. This gives the Trust a firm basis in making progress towards equality.

However, as demonstrated above, there are issues with bullying, harassment and discrimination from colleagues, managers, and members of the public. Although these have reduced since 2022 these are still higher than white colleagues are experiencing.

There is also large disparities between BME and White employees who believe that the Trust provides equal opportunities for career progression or promotion.

We also know that the figures show BME staff in many occupational groups are overrepresented in lower pay bands for both clinical and non-clinical roles (excluding medical roles) and there is a continuing disparity in many mid-level to senior leadership posts. More must be done to understand the reasons why BME staff are not progressing and/or appointed to roles at 8a and above.

Analysing numerical WRES data tells us the "what", and we are committed to further investigation into the "why". To maximise the effectiveness of the WRES, the indicator measures and accompanying actions will be an integral part of wider culture transformation at the Trust.

# Action Plan

Quarterly oversight of the WRES actions sits with the Equality, Diversity & Inclusion (EDI) Steering Group which is chaired by the Non-Executive Director for EDI and the Director of People, Organisational Development and Inclusion. The group brings together colleagues in key corporate roles, with staff networks and staff representatives. In June 2023, NHS England published its EDI Improvement Plan<sup>6</sup> with six high impact actions, some of which are aligned to the WRES objectives below.

Action Area	Activities	Who The EDI Steering Committee will be sighted on all actions and review progress at quarterly meetings	When	Status
<b>Bullying, Harassment, Abuse &amp; Discrimination</b>	Candidates put forward for the Active Bystander Train-the-Trainer programme as well as visual displays to support the active bystander initiative	EDI Team and others (in progress)	2024/25	In progress
	Deliver facilitated sessions on "Understanding & Talking About Race"	EDI Team	2024/25	Ongoing
<b>Inclusive Recruitment</b>	Deliver Chair of panel inclusive recruitment and selection training	Strategic Recruitment Lead	January 2025	Ongoing
	Review and monitor outcomes of BME applicants shortlisted to try to identify trends and themes in outcomes	Strategic Recruitment Lead	January 2025	Ongoing
	Review withdrawal data of applicants to understand if this disproportionately disadvantages particular groups	Strategic Recruitment Lead	2024/25	To be commenced
	Run EDI spotlight events throughout the year to raise awareness of EDI issues	Head of EDI / Head of Resourcing	2024/25	To be commenced
<b>Progression and Promotion</b>	Review of Recruitment Inclusion Guardians	Head of EDI / Strategic Recruitment Lead	2024/25	To be commenced
	Develop specific actions related to JUCD career aspirations and barriers questionnaire for BME colleagues	Deputy Director of People & Inclusion	March 2025	Ongoing

<sup>6</sup> [NHS equality, diversity, and inclusion improvement plan \(england.nhs.uk\)](https://www.england.nhs.uk/equality-diversity-and-inclusion-improvement-plan/)

	Understand Barriers for progression of BME staff in both clinical and non-clinical roles	OD Lead, Head of EDI	January 2025	To be commenced
	Audit outcomes of interviews for BME staff for band 8A and above jobs	Strategic Recruitment Lead	January 2025	To be commenced
<b>Culture of Inclusion and Belonging</b>	Anti Racism strategy development and implementation	Head of EDI	March 2025	Ongoing
	Utilising exit interviews to understand reasons for BME staff leaving the Trust	Head of EDI	October 2024	Ongoing
	Implement divisional actions plans based on staff survey data and results	Head of EDI / EDI team	March 2025	To be commenced