Derbyshire Healthcare
NHS Foundation Trust

Workforce Race Equality Standard (WRES)

Annual Report 2024/25

www.derbyshirehealthcareft.nhs.uk

DHCFT DERBYSHCFT NHS_DERBYSHIREHEALTHCARE

WE MAKE A POSITIVE DIFFERENCE IN EVERYTHING WE DO

Contents

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 data1 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.

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% BME2. In the NHS nationally, 28.6% of staff are from a BME background* (NHS England).*

A snapshot of data taken on *31 March 2025 shows the total number of staff employed by Derbyshire Healthcare was 3287. Of these, 670 identified as BME and 2576 identified as White.* There was no data recorded for 41 members of staff. The proportion of BME staff over time is as follows:

	2018	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Total % of BME staff employed within the Trust as of 31 March	12.6	12.9	13.8	15.5	16.7	18.5	18.95	20.38

From 2018 to 2024, the number of BME staff has increased from 314 to 670. This is an increase from 12.6% in 2018 to 20.38% in 2025. Trust diversity has increased year on year since 2018.

Indicator 1

The table below shows 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 2025 are shown in the following table. The headcount figure is the total headcount.

Non-clinical workforce 2025	**White**	**BME**	**Unknown**
Under B1	0	0	0
B1	1	0	0
B2	151	61	6
B3	177	29	1
B4	150	17	3
B5	77	16	0
B6	49	8	1
B7	31	4	0
B8A	21	0	0
B8B	16	0	0
B8C	10	1	0
B8D	4	0	0
B9	3	0	0

VSM	4	2	0
	694	**138**	**11**

Clinical Workforce 2025	**White**	**BME**	**Unknown**
Under B1	0	0	0
B1	0	0	0
B2	3	3	0
B3	265	165	9
B4	127	18	0
B5	282	159	7
B6	697	122	10
B7	342	41	4
B8A	89	17	0
B8B	52	4	0
B8C	18	2	0
B8D	6	0	0
B9	1	1	0
VSM	0	0	0
	1882	**532**	**30**

Consultants	**White**	**BME**	**Unknown**
Medical & Dental	32	47	3
Of which senior medical mgr.	4	11	0
Non-cons career grade	12	28	0
Trainee grades	10	30	4
	58	**116**	**7**

Non-Clinical

In 2025, the overall percentage of BME staff in non-clinical roles (16.37%) is slightly lower than the figure across the whole Trust (20.38%). 56.7% of the total number of BME staff are concentrated in Bands 2 to 4. 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 2.

In terms of the total number of non-clinical staff at 8a and above 4.9% are BME (3) and 95.1% are White (58). This is a very slight change from last year.

11 Unknowns have been excluded for this narrative paragraph.

Clinical (non-medical)

The overall percentage of BME staff in clinical (non-medical) roles is slightly higher (21.8%) 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 12.6% of the clinical workforce and White staff 87.4%. 4.5% of BME staff are in bands 8a and above compared to 8.8% 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.

30 Unknowns have been excluded for this narrative paragraph

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.

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.

The table below shows the “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. A figure above 1:00 indicates that White candidates are more likely than BME candidates to be appointed from shortlisting. The table below shows this trend over the past six years.

2019	2020	2021	2022	2023	2024	2025
2.86	2.02	1.60	1.78	1.75	2.1	1.81

The above table shows a continuing disparity over time with a slight decrease from 2.1 to 1.81. 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.

The figure has dropped from 2.1 in 2024 to 1.81 in 2025 however further analysis is required to understand at local level where issues are. 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.

Representation across pay bands continues to be influenced by consultant-level roles, but there remains clear underrepresentation of BME staff in higher pay bands, particularly in non-clinical roles.

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 are 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

The table below shows 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	2025
3.03	2.45	1.43	10.52	0.0	2.70	2.1	1.81

Disciplinary data	White	BME	Unknown
Total staff in workforce	2576	670	41
Number of staff entering formal disciplinary	13	4	0
Relative likelihood %	0.5	0.59	
Relative Likelihood	1.81		

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. As seen previously, BME staff continue to be more likely than White staff to enter the formal disciplinary process.

The numerical data here is of some value but needs supplementing with qualitative data to understand the full picture behind the cases. In 2024 and 2025 there are reductions 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

The table below shows the 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	2025
1.53	0.97	1.13	1.52	0.73	1.31	0.84	0.75

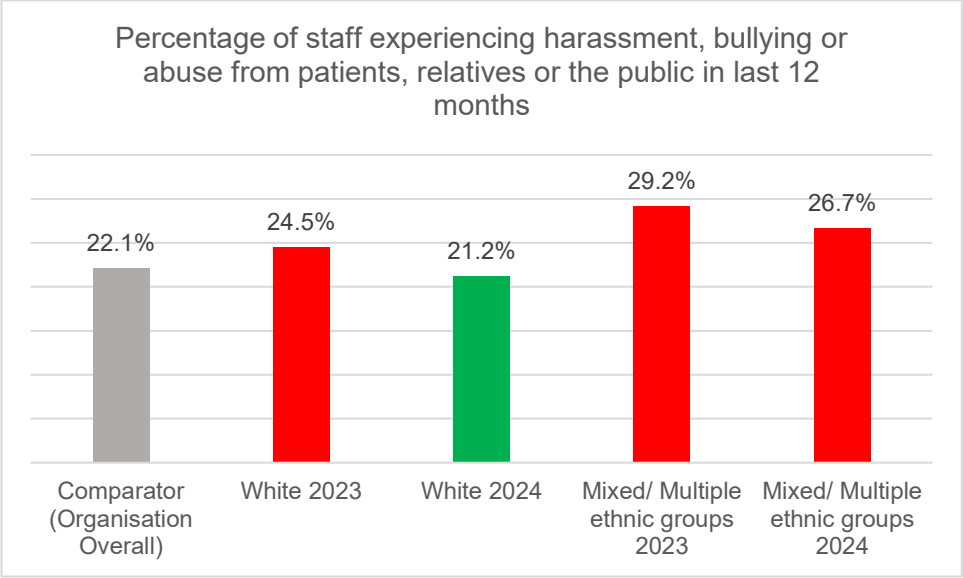
It may be that there is more equitable access to professional development learning, but this is not translating into progression so further work needs to be done to understand the barriers to progression for BME staff across services.

Indicators 5-8

Data for the following Indicators are taken from the 2024 NHS staff survey and do not include figures for 2025 as those results will be published early 2026. A benchmarking report compares Derbyshire Healthcare to other Mental Health and Learning Disability Trusts (50 organisations are in the benchmarking group)

Indicator 5

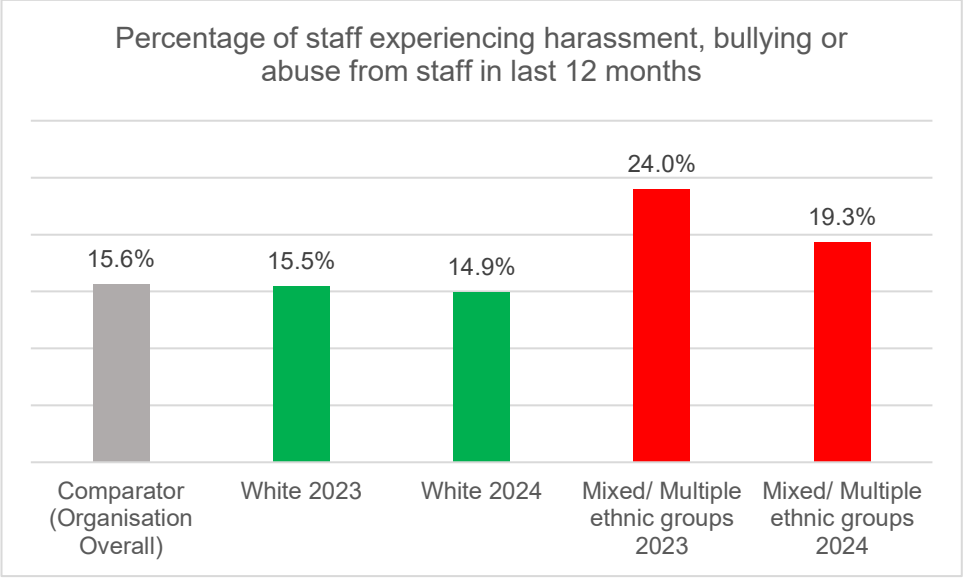
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or members of the public in the last 12 months.



In 2024, the percentage for BME staff experiencing harassment, bullying or abuse from patients, relatives or members of the public was 26.7% and has reduced slightly from 2023 but is still higher than white staff.
The 2023 figure for White staff was 24.5% and has decreased in 2024 to 21.2%.

Indicator 6

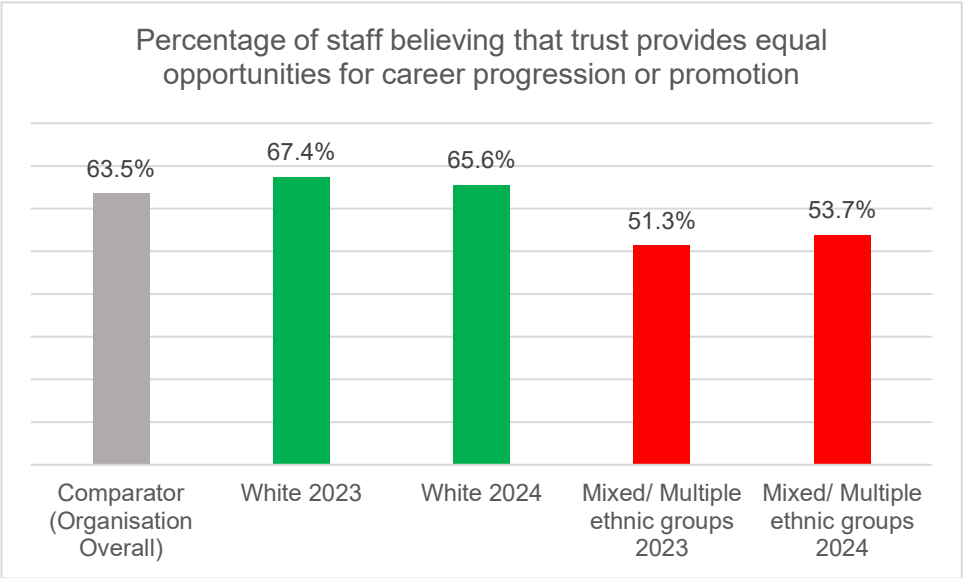
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.



In 2024, the percentage of BME staff experiencing harassment, bullying or abuse from staff was 19.3% compared to 14.9% for White staff. A persistent disparity has remained where BME staff are more likely to experience harassment.
For BME staff, the figure is higher than the benchmarking group, for White staff it is slightly lower.

Indicator 7

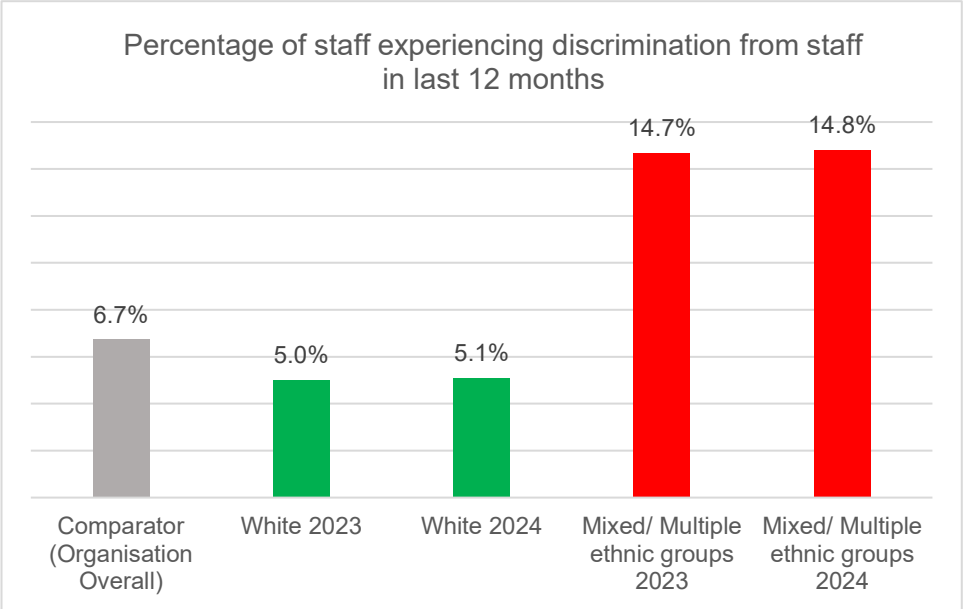
Percentage believing that the Trust provides equal opportunities for career progression or promotion.



In 2024, the percentage for BME staff believing that the trust provides equal opportunities for career progression was 53.7% compared to 65.6% for White staff. This is a slight increase from last year. A wide and persistent disparity remains.
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.

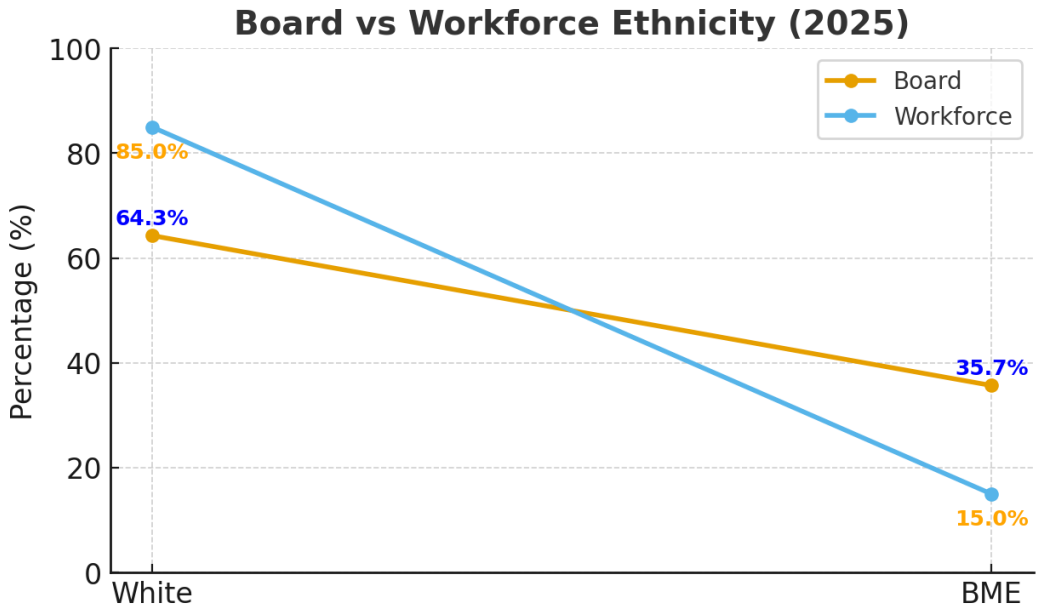


In 2024, the percentage of BME staff who have personally experienced discrimination at work from their manager/team leader or other colleagues was 14.8% compared to 5.1% for White staff. The data has remained consistent for both groups over time and a persistent disparity remains.

Indicator 9

Board Membership

Board vs Workforce Ethnicity (2025)
The chart below shows the comparison between Board membership and overall workforce ethnicity. This demonstrates that BME representation at Board level (35.7%) is significantly higher than in the overall workforce (15%).



Board Membership 2025	White	BME
Total	**9**	**5**
of which are voting Board members	7	5
Non-voting members	2	0
Exec Board members	4	3
Non-exec Board members	5	2
% Board members by ethnicity	**64.3**	**35.7**

This table shows the representation of BME staff at board level.
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 Workforce Race Equality Standard (WRES) provides the Trust with clear measures of where disparities exist and allows us to track progress over time. Since data collection began in 2018, we have been able to identify both areas of positive improvement and persistent challenges that require focused action.

There are encouraging signs of progress. Since 2022, reported incidents of bullying, harassment and discrimination from colleagues, managers, and members of the public have reduced. While BME staff continue to experience these behaviours at higher rates than white colleagues, the downward trend indicates that interventions and awareness-raising initiatives are beginning to have an impact. Engagement with the BME staff network has strengthened, ensuring that lived experiences are shaping conversations and informing decision-making across the Trust. We are also seeing encouraging signs of greater diversity within entry-level recruitment and in medical roles.

However, challenges remain. BME staff are less likely than white colleagues to feel that the Trust provides equal opportunities for career progression or promotion, and they remain over-represented in lower pay bands across both clinical and non-clinical roles (excluding medical posts). Representation at senior levels, particularly Band 8a and above, remains limited. Addressing these disparities is essential if we are to create a fairer and more inclusive organisation.

While WRES data tells us the “what”, we remain committed to understanding the “why”. To maximise the impact of the WRES, the findings and actions will be embedded into the Trust’s wider programme of cultural transformation. In doing so, we aim to deliver sustained progress, ensure accountability, and create a workplace where all staff feel supported, valued, and able to thrive.

Action Plan

Action Area	Activities	Who	When	Status
Bullying, Harassment, Abuse and Discrimination	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).	September 2025	Training was completed in September 2025 by the Freedom to Speak Up Guardian, FTSU Champions, HR, People and Inclusion teams, and clinical staff. Train the Trainer sessions will be delivered from January 2026 onwards.
Inclusive Recruitment	Continue delivery of Chair of panel inclusive recruitment and selection training.	Strategic Recruitment Lead.	October 2025	Training was piloted in 2024/25 and delivered to Trust Leadership Team. Further roll out will commence October 2025.

	Review data by staff type to identify any barriers for BME staff.	Strategic Recruitment Lead, Head of EDI.	January 2026	To commence November 2025.
	Review and monitor outcomes of BME applicants at Band 8a and above.	Strategic Recruitment Lead.	February 2026	To commence November 2025.
	Review panel diversity for roles at Band 8a and above.	Strategic Recruitment Lead.	February 2026	Progress will be monitored through the EDI Working Group. Work is underway to develop refreshed Recruitment Manager Training, aimed at strengthening inclusive recruitment practices and ensuring alignment with the Trust's updated Equality, Diversity and Inclusion priorities.
	Review withdrawal data of applicants to understand if this disproportionally disadvantages particular groups.	Strategic Recruitment Lead.	March 2026	Progress tracked through EDI Working group Q1 2026.
Progression and Promotion	Review of Recruitment Inclusion Guardians.	Head of EDI Strategic Recruitment Lead.	November 2025	Progress tracked through EDI Working group Q1 2026.
Culture of Inclusion and Belonging	The Anti Racism strategy was launched in October 2025. An Anti-Racist statement has been approved by the Board and publicly shared in October 2025. We will work closely with the BME Staff Network through regular meetings as part of the Equality, Diversity and Inclusion (EDI) Working Group. This group will help lead and support the EDI Plan. The BME Network will agree on yearly action plans and review progress regularly to make sure the work is on track and making a difference.	Head of EDI/EDI Team/Key Stakeholders.	October 2025	Strategy launched October 2025. The Anti-Racism Strategy incorporates the recommendations from the Michelle Cox Review, with implementation work already underway.

	Utilising exit interviews to understand reasons for BME staff leaving the Trust.	EDI Team/Divisional People Team.	December 2025	The Organisational Development and Recruitment Lead will work with the EDI Team to identify themes from staff leaving data and information gathered through exit interviews.