

Workforce Race Equality Standard (WRES) Annual Report 2022/23

October 2023

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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; discrimination, and perceptions of fairness in career progression. 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.

¹ 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 2011 census, Derby City was 24.7% BME and 75.3% White, while Derbyshire County was 4.2% BME and 95.8% White². In the NHS nationally, 22.4% of staff are from a BME background³.

A snapshot of data taken on 31 March 2023 shows the total number of staff employed by Derbyshire Healthcare was 3073. Of these, 567 identified as BME and 2442 identified as White. There was no data recorded for 64 members of staff. The proportion of BME staff over time is as follows:

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

From 2018 to 2023, the number of BME staff has increased from 314 to 567. This is a percentage increase of 44.6% compared to the total workforce increase of 18.8%.

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 2022 and 2023 are shown in the following table. The headcount figure (in black) is the total headcount. The percentage figure (in blue) 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.

Non-Clinical

Pay Band	2022			2023		
	BME # (%)	White # (%)	Unknown # (%)	BME # (%)	White # (%)	Unknown # (%)
Under Band 1	0 (0%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Band 1	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)	1 (100%)
Band 2	50 (28%)	120 (68%)	7 (4%)	50 (26%)	135 (70%)	7 (4%)
Band 3	18 (9%)	179 (90%)	2 (1%)	20 (10%)	174 (89%)	1 (1%)
Band 4	13 (9%)	127 (89%)	2 (1%)	18 (11%)	144 (88%)	1 (1%)
Band 5	11 (13%)	72 (85%)	2 (2%)	9 (11%)	71 (87%)	2 (2%)

² [Derbyshire Observatory – Population Ethnicity](#)

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

Band 6	3 (6%)	47 (89%)	3 (6%)	5 (9%)	51 (89%)	1 (2%)
Band 7	1 (4%)	21 (91%)	1 (4%)	5 (15%)	27 (79%)	2 (6%)
Band 8a	0 (0%)	20 (100%)	0 (0%)	0 (0%)	21 (100%)	0 (0%)
Band 8b	1 (10%)	9 (90%)	0 (0%)	0 (0%)	12 (100%)	0 (0%)
Band 8c	1 (7%)	13 (93%)	0 (0%)	1 (9%)	10 (91%)	0 (0%)
Band 8d	1 (13%)	7 (87%)	0 (0%)	0 (0%)	4 (100%)	0 (0%)
Band 9	0 (0%)	0 (0%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)
VSM	2 (25%)	6 (75%)	0 (0%)	1 (20%)	4 (75%)	0 (0%)

In 2023, the overall percentage of BME staff in non-clinical roles is slightly lower than the figure across the whole Trust. 64.2% of the total number of BME staff are concentrated in Bands 2 and 3 compared to 46.9% of the total number of White staff. 1.8% of the total number of BME staff are in roles at Band 8a and above compared to 8.5% of White staff. In terms of the total number of staff at 8a and above (58 excluding unknowns), 3.5% are BME and 96.5% White⁴.

Clinical (non-medical)

Pay Band	2022			2023		
	BME # (%)	White # (%)	Unknown # (%)	BME # (%)	White # (%)	Unknown # (%)
Under Band 1	3 (38%)	5 (63%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Band 1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Band 2	1 (13%)	6 (75%)	1 (13%)	1 (25%)	3 (75%)	0 (0%)
Band 3	92 (25%)	260 (72%)	11 (3%)	112 (29%)	259 (29%)	12 (3%)
Band 4	12 (11%)	97 (87%)	2 (2%)	16 (12%)	114 (87%)	1 (1%)
Band 5	66 (21%)	234 (75%)	11 (4%)	84 (25%)	245 (72%)	11 (3%)
Band 6	79 (11%)	643 (87%)	13 (2%)	92 (12%)	649 (86%)	11 (1%)
Band 7	31 (10%)	279 (89%)	5 (2%)	36 (10%)	315 (88%)	7 (2%)
Band 8a	11 (13%)	73 (85%)	2 (2%)	13 (14%)	78 (85%)	1 (1%)
Band 8b	3 (7%)	36 (88%)	2 (5%)	4 (8%)	45 (92%)	0 (0%)
Band 8c	2 (11%)	16 (98%)	0 (0%)	2 (12%)	15 (88%)	0 (0%)
Band 8d	1 (50%)	1 (50%)	0 (0%)	0 (0%)	5 (100%)	0 (0%)
Band 9	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
VSM	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 higher than the figure across the whole Trust. 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. Looking at the total number of staff in each

⁴ Unknowns have been excluded for this narrative paragraph.

BME and White group for these bands, the percentage differences highlight the uneven distribution.

Clinical (Non-medical) staff at Bands 5-7		
	BME total: 212	White total: 1209
Band 5	(84) 39.6%	(245) 20.3%
Band 6	(92) 43.4%	(649) 53.7%
Band 7	(36) 17.0%	(315) 26.1%

For Bands 8a and above (total headcount excluding unknowns is 163), BME staff comprise 12.2% and White staff 87.7%.

Clinical (medical and dental)

	2022			2023		
	BME # (%)	White # (%)	Unknown # (%)	BME # (%)	White # (%)	Unknown # (%)
Consultants	45 (58%)	31 (40%)	2 (3%)	50 (62%)	29 (36%)	2 (3%)
<i>of which senior medical manager</i>	0 (0%)	1 (100%)	0 (0%)	1 (100%)	0 (0%)	0 (0%)
Non-consultant career grade	17 (53%)	14 (44%)	1 (3%)	22 (58%)	15 (40%)	1 (3%)
Trainee grades	17 (57%)	10 (33%)	3 (10%)	24 (62%)	12 (30%)	3 (7%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

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 2024.

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 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 figure 1. A figure of 2 would be that a shortlisted candidate is twice as likely to be appointed. In Indicator 2, a figure above 1 shows the extent to which a White candidate is more likely to be appointed. The table below shows this trend over time.

	2018	2019	2020	2021	2022	2023
Indicator 2	1.57	2.86	2.02	1.60	1.78	1.75

Indicator 2 shows a continuing disparity over time. Given the overall large numbers of shortlisted and appointed candidates, there is a possibility that the overall figure masks wider disparities in particular areas.

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
Indicator 3	3.03	2.45	1.43	10.52	0.0	2.70
No. of cases	Unavailable	BME 5 White 13	BME 2 White 11	BME 2 White 1	BME 0 White 4	BME 8 White 5

This indicator shows the likelihood of entering formal discipline compared to the proportion of BME and White staff in the whole organisation. On the face of it, 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 overall pattern remains that BME staff are proportionately more likely to enter formal discipline than are White staff. The numerical data here is of some value but needs supplementing with qualitative data to understand the full picture.

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
Indicator 4	1.53	0.97	1.13	1.52	0.73	1.31

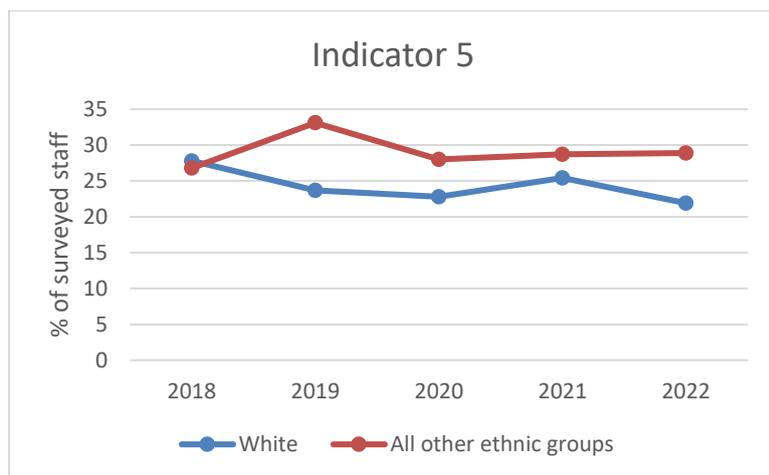
This disparity ratio applies to all staff so is more likely to be an accurate representation and the trend over time is of greater parity than some other indicators. When read against indicator 7 (perceptions of fairness in career progression and promotion) we can see that that a wide disparity remains. It may be that there is more equitable access to professional development learning but this is not translating into progression.

Indicators 5-8

Data for the following Indicators are taken from the staff survey⁵ and do not include figures for 2023 as those results will be published in 2024. A benchmarking report compares Derbyshire Healthcare to other Mental Health and Learning Disability Trusts (51 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 2022, the percentage for BME staff was 28.9% and has risen slightly over time indicating this is a persistent issue in the Trust. The 2022 figure for White staff is 21.9% which is a steady improvement.

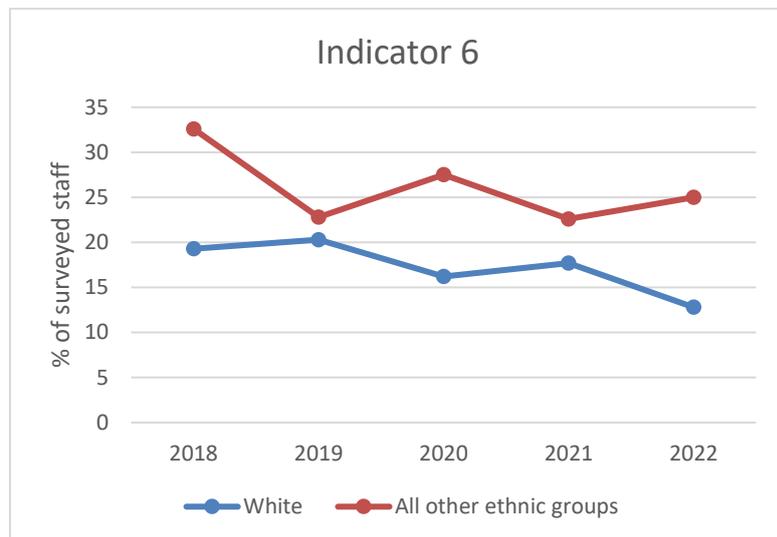
Out of the respondents to the staff survey (48% of the total number of staff), 50 BME staff and 266 White staff reported being harassed, bullied, or abused by patients, relatives or members of the public.

For both groups of staff, the % figures are slightly lower than the average in the benchmarking groups.

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

Indicator 6

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

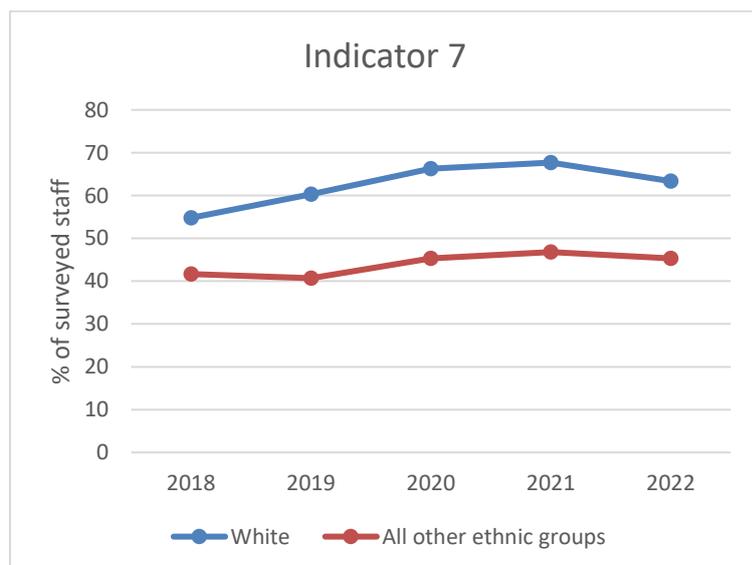


In 2022, the percentage for BME staff was 25% compared to 12.8% for White staff. Incidents of harassment, bullying and abuse from other staff has steadily reduced for both groups over time and a persistent disparity has remained.

Out of the respondents to the staff survey (48% of the total number of staff), 43 BME staff and 163 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.



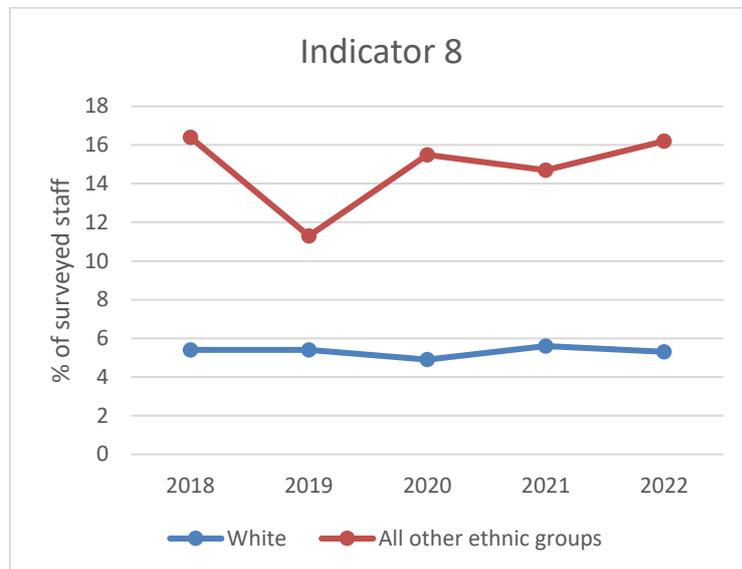
In 2022, the percentage for BME staff was 45.3% compared to 63.4% for White staff. Figures for both groups have steadily improved over time, but a wide and persistent disparity remains.

Out of the respondents to the staff survey, 77 BME staff and 761 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 2022, the percentage for BME staff was 16.2% compared to 5.3% 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 (48% of the total number of staff), 28 BME staff and 64 White staff experienced discrimination from their manager, team leader or other colleagues.

The data mirrors the national trend against the benchmarking groups with an increased percentage figure for BME at the Trust compared to the whole group.

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 figure below is the difference between the two figures. For example, in 2023, the percentage figure for BME staff across the whole workforce is 18.5% and the percentage for BME voting Board members is: 33.3%. The difference is therefore 14.8%. This is similar to the previous year when the difference was 16.7%.

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 is not 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 persistent issues with bullying, harassment and discrimination from colleagues, managers, and members of the public.

We also know that the figures show BME staff in many occupational groups are overly represented in lower pay bands and there is a continuing disparity in many mid-level to senior leadership posts.

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

The Action Plan in the 2022 WRES Report was written in consultation with a broad group of colleagues including members of our BME staff network. Some of the actions have been completed and others are in progress. The actions relating to culture change are necessarily multi-year actions and remain in the 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. The group brings together colleagues in key corporate roles, with staff networks and staff representatives. In June 2023, NHS England published its EDI Improvement Plan⁶ with six high impact actions, some of which are aligned to the WRES objectives below.

The Trust is also undertaking a wide-ranging and comprehensive review into its organisational culture of which WRES will be an integral part.

Action Area	Activities	Who	When	Status
		The EDI Steering Committee will be sighted on all actions and review progress at quarterly meetings.		
Bullying, Harassment, Abuse & Discrimination	Audit of employee relations cases and training for investigations and complaint handling.	Chief Executive Officer with delegated responsibility to be confirmed.	2023/4	To be commenced.

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

		Employee Relations Manager		
	Redesign EDI Essentials Training to clearly state what behaviour consists of, how to prevent it, and manage it when it occurs.	EDI Team	March 2024	To be commenced.
	Candidates put forward for the Active Bystander Train-the-Trainer programme.	EDI Team and others (in progress).	October 2023	To be commenced.
	Deliver facilitated sessions on "Understanding & Talking About Race".	EDI Team	October 2023	To be commenced.
Inclusive Recruitment	Broader project including implementing culturally intelligent approaches.	Strategic Recruitment Lead	Ongoing and to continue in 2024.	Ongoing.
	Redesign and roll-out of recruitment and selection training.			
Progression and Promotion	Review of Recruitment Inclusion Guardians	Head of EDI Strategic Recruitment Lead	March 2024	To be commenced.
	Develop specific actions related to JUCD career aspirations and barriers questionnaire for BME colleagues.	Deputy Director of People & Inclusion	March 2024	Ongoing.
Culture of Inclusion and Belonging	Wide-ranging review of Trust organisational culture (including anti-racism approaches) to be co-designed with	Chief Executive Officer with external partner and delegated authority to be confirmed.	2024	To undergo tendering process.

	stakeholders across the Trust and tender process for external partner.			
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