



# WRES/WDES Data 2022

# Workforce Race Equality Standard 2022

## Staff representation



Our black and minority ethnic workforce representation is **37.6%**.

In 2022 we showed a small increase on the **37%** reported in 2021 **(+ive)**.



## Shortlisting

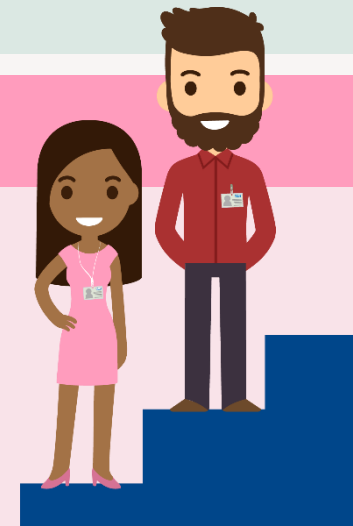


White colleagues are **1.52** times more likely to be appointed from shortlisting.

In 2022 we have decreased the gap on the **2.02** reported in 2021 **(Decreased 25%)**.

## Career progression

**41.2%** black and minority ethnic colleagues believe that our Trust provides equal opportunities for career progression as opposed to **53.7%** white colleagues **(-ive)**.



# Workforce Race Equality Standard 2022

## Professional development



**21%** of White colleagues access non-mandatory training and development opportunities compared to black and minority ethnic colleagues at **16.8%**.

## Disciplinary investigation



Black and minority ethnic colleagues are **1.34** times more likely to enter formal disciplinary process than white colleagues. In 2022 it has almost halved from the **2.26** reported in 2021 (**Decreased 41%**).

## Reporting discrimination

**25.5%** Black and minority ethnic colleagues experienced discrimination at work from other colleagues as opposed to **24.6%** white colleagues (**-ive**).



# Workforce Race Equality Standard 2022

## Bullying and harassment

All colleagues experienced less harassment, bullying or abuse from patients, relatives or the public compared to 2021 **(+ive)**.



**16.4%** black and minority ethnic colleagues compared to **10.6%** white colleagues experienced discrimination at work from manager/team leaders **(-ive)**.

## Board membership



**53.8%** white colleagues  
**38.5%** black and minority ethnic colleagues  
**7.7%** unknown ethnicity



# Staff Voices - WRES

I do not believe it should just be the role of black people and people of colour to teach us about racism and stand up for each other

I personally feel that people with darker skin are treated harsher, their anxieties are not met with empathy. They are belittled and not met with patience. It appeared calculated how the diffusion of people with darker skin tones were separated into different groups.

Racism and inequality must be challenged. Staff have left within months of each other, they could not wait to leave all of them were Black, depressed, stressed, low moral, it needs to change and it needs to change now

I understand that one way to support creating a fairer and more diverse NHS is by supporting and developing BME staff. I believe that all staff should be trained in the importance of diversity and recognising unconscious bias and that discrimination, prejudice, fear or misunderstanding damages working relationships and service effectiveness for service users and carers.

I believe it is important that the workforce reflects the culture and diversity within Birmingham. There has been an increasing demand for services since the covid 19 pandemic and it's vital everyone can access the help they need. I believe that equality, diversion, and inclusion is at the heart of improving mental health and wellbeing by making a positive difference to people's lives

Additional support and knowledge is needed across the trust and challenging those individuals I have concerns about in regards to professionalism.

# Staff Voices - WRES

- Main issue is racial discrimination from service users (gotten really bad – affecting staff mentally)
- Recruitment – Not Inclusive
- Barriers for progression to next level
- Confidentiality breaches from Manager
- Cliques
- Raised issues before, nothing gets done, therefore no longer reporting
- Incentives are not attractive to keep staff
- No progression for HCA staff
- Staffing levels, increase of incidents
- No support or aftercare for staff who have received verbal or physical abuse
- Racial abuse from Service Users

# Workforce Disability Equality Standard 2022

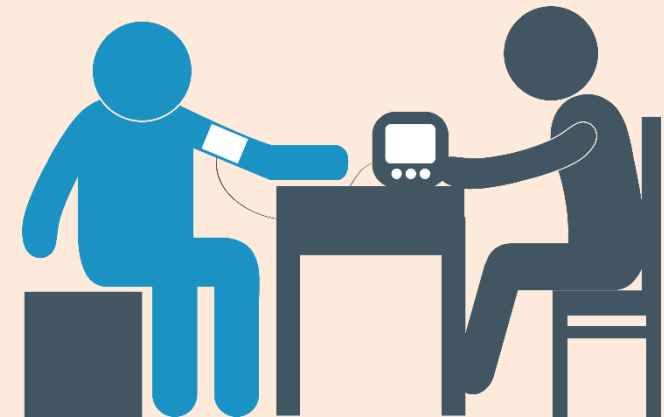


**5.56%** colleagues across our Trust report have long-term condition or illness.

## Colleagues with long-term condition or illness are...



Colleague with disabilities are **1.31** more likely to be appointed from shortlisting than those without compared to **0.67** in 2021 (**Increased 96%**).



Colleagues with disabilities are now equal to those without disabilities to enter the capability process. (**reached equity**)

# Workforce Disability Equality Standard 2022

## Colleagues with long-term condition or illness are...

...more likely to experience harassment, bullying and abuse



from patients or relatives –  
this has increased to  
**41.5%** since last year  
**40.6% (-ive).**



from other colleagues –  
this has increased to  
**28.1%** since last year  
**27.5% (-ive).**



All colleagues have shown an  
increase in reporting bullying  
and harassment if they  
experience it **(+ive)**.



# Workforce Disability Equality Standard 2022



All colleagues have shown an decrease in believing that our Trust provides equal opportunities for career progression or promotion **(-ive)**.

All colleagues have decreased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness **(-ive)**.



# Workforce Disability Equality Standard 2022



**Less (+ive)** colleagues with long-term condition or illness reported that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties since last year.

Other colleagues' experience has **stayed the same (=)**.



There has been a decrease to **71.5%** from **82.7% (-ive)** of colleagues with long-term condition or illness saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

# Workforce Disability Equality Standard 2022



There has been decrease in the engagement score across all **(-ive)**.

Our Trust enables the voices of colleagues with LTC or illness via the **Disability and Neurodivergence Staff Network**.



No declared representation at Board of colleague with long-term condition or illness

# Staff Voices - WDES

I have had some very difficult discussions recently around the general lack of understanding about neurodiversity, such as autism. Due to the lack of understanding, it has left people feeling under-valued by their workplaces and has made them question their chosen career paths within mental health, which is awful to hear about. I appreciate that this is not likely to be unique to our region, but wondered whether it is worth generating some discussion around the steps that can be taken to raise understanding and awareness of neurodiversity.

I have Endometriosis and struggle daily, however my husband has autism and ADHD so I understand the some of the intricacies of living/working with someone who is neurodivergent, and what this journey may look like. I definitely think there needs to be more awareness of ND and the challenges that may come with this. I've also worked with people with dyslexia who struggle completing certain tasks (computer/technology based) so this may be something to focus on

Do we know if there is representation of long term illness/condition within our Exec Team as this information is not shared anywhere

Where I work there are two disabled bays which were kindly created a while ago. I tend to use one and the other one only ever gets correctly used if we have visitors with blue badges. However, on several occasions staff without a blue badge are parking in the space and quote “ because it was empty during covid and its close to the door”. I also realise that this is sore point for me because all anyone see when they see me is probably just fat and they do not realise that I have Eosinophilic asthma and osteo arthritis and like many others have good and bad days.



# Bank Staff Data

## Bank Staff Profile – Ethnicity

Ethnic Group	Headcount	Headcount %
Black, Asian and Minoritised Ethnicities	610	64.21%
White	202	21.26%
Not stated	72	7.58%
Blank	66	6.95%
Total	950	100.00%

## Bank Staff Profile – Disability

Disability	Headcount	Headcount %
No	575	60.53%
Yes	28	2.95%
Not Declared	5	0.53%
Unspecified	342	36.00%
Total	950	100.00%



# Staff Voices – Bank Staff

- Bank staff not seen as important
- Often don't feel included in the team
- Cliques
- No progression for HCA's (especially if you are Bank staff)
- Racial abuse from Service Users



# TSS Engagement to date

- 1) Since October 2021 TSS has an 8b Clinical Nurse Lead (Kerry Harkin) who liaises with Ward Managers / TSS workers / responsible for DMG's, Disciplinary matters, oversees Pastoral Care.
- 2) Since February 2022 TSS a band 5 Pastoral Care Support Worker (Rachael Evans) whose primary focus is to assist with improving worker experience / conflict resolution.
- 3) BSMHFT TSS worker survey conducted by Mandy Fletcher from June to August 2022 – Mandy has the results should you wish to contact her for these. TSS will be developing a plan to answer / assist with each point raised from workers.
- 4) John Travers, Yvonne Richards and TSS have ensured that BSMHFT's bank workers are included in the Nationwide NHS staff survey – active from 26<sup>th</sup> October. This is the first year that Trust's are being offered the chance to have bank workers included.
- 5) TSS to Substantive initiative a constant work in progress.
- 6) TSS Workers now paid upon completion of Fundamental Training – Since June 2022.
- 7) 2<sup>nd</sup> TSS Open Day to be arranged at Uffculme – first one was in May 2022.



## Next step recommendations:

- Review & monitor our Disciplinary practices to ensure they are inclusive
- Develop and implement an anti racist framework
- Identify barriers to career progression for our under represented staff
- Visibility of EDI team across the Trust – working within the Business Partnering Model
- Stage 2 of Data with Dignity Session
- ESR Reporting