



Report to Transforming Our Culture and Staff Experience Committee						
Agenda item:						
Date	Thursday 3 rd July 2025					
Title	Annual WRES/WDES Report					
Author/Presenter	Lynn Phung, Senior Equality, Diversity and Inclusion Lead					
Executive Director	Patrick Nyarumbu – Director for Strategy, People and Partnerships	Approved	Y	✓	N	
Purpose of Report			Tick all that apply ✓			
To provide assurance		✓	To obtain approval			
Regulatory requirement			To highlight an emerging risk or issue			
To canvas opinion			For information		✓	
To provide advice			To highlight patient or staff experience			
Summary of Report						
Alert		Advise		Assure	✓	
<p>This report provides an annual update to Transforming Culture and Staff Experience Sub Committee on the Trust's performance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).</p> <p>It presents data from ESR (as of 31 March 2025) and the 2024 NHS Staff Survey, alongside reflections on lived experiences and progress in embedding a fair, inclusive, and equitable workforce culture across Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).</p>						
Recommendation						
The Committee is asked to: Note the contents of this report						
Enclosures						
N/A						
Strategic Priorities						
Priority	Tick ✓	Comments				
Clinical services		Upskilling the medical workforce to better serve our patient population.				
People	✓	Enhancing the skills of our medical workforce.				
Quality		Training our workforce in evidence-based treatments				
Sustainability		Ensuring the offer is aligned to NHS long term workforce plan.				

BSMHFT

Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES) Report 2025

Authors: Jas Kaur, Associate Director of EDI, and OD and Lynn Phung, Senior EDI Lead

Recipient: BSMHFT reported their WRES/WDES data to gov.uk on 30th May 2025
Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

Contents	Page Number
1: Introduction	5
2: Race Equality: WRES 2025 Overview <ul style="list-style-type: none"> • Indicator 1: Overall Representation • Indicator 2: likelihood of appointment from shortlisting • Indicator 3: likelihood of entering formal disciplinary proceedings • Indicator 4: likelihood of undertaking non-mandatory training • Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months • Indicator 6: harassment, bullying or abuse from staff in last 12 months • Indicator 7: belief that the trust provides equal opportunities for career progression or promotion • Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months • Indicator 9: Global Majority representation on the board minus Global Majority representation in the workforce 	6 - 14
3: Disability Equality: WDES 2025 Overview <ul style="list-style-type: none"> • Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce • Metric 2 - Relative likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities • Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. • Metric 4 - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Patients/service users, their relatives or other members of the public, Managers and Colleagues • Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it • Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion • Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from 	14 - 24

<p>their manager to come to work, despite not feeling well enough to perform their duties.</p> <ul style="list-style-type: none"> • Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work • Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. • Metric 9 - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. 	
4. Organisational Response and Activity	24
5. Challenges and Risk	25
6. Mitigation	25
7. Next Steps and Action Plan	26
8. Assurance	27

1. Introduction

This report provides an annual update to Transforming Culture and Staff Experience Sub Committee on the Trust's performance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). It presents data from ESR (as of 31 March 2025) and the 2024 NHS Staff Survey, alongside reflections on lived experiences and progress in embedding a fair, inclusive, and equitable workforce culture across Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

The Workforce Race Equality Standard (WRES), introduced in 2016, aims to improve the workplace and career experiences of staff from ethnically diverse backgrounds across the NHS. It comprises nine specific indicators that enable NHS organisations to compare the experiences of ethnically diverse staff with those of white staff, helping to identify disparities and drive meaningful change.

- Indicator 1: Overall Representation
- Indicator 2: likelihood of appointment from shortlisting
- Indicator 3: likelihood of entering formal disciplinary proceedings
- Indicator 4: likelihood of undertaking non-mandatory training
- Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Indicator 6: harassment, bullying or abuse from staff in last 12 months
- Indicator 7: belief that the trust provides equal opportunities for career progression or promotion
- Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months
- Indicator 9: Global Majority representation on the board minus Global Majority representation in the workforce

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of staff with disabilities in the NHS. The Workforce Disability Equality Standard is a set of ten specific measures (Metrics) that will enable the Trust to compare the experiences of staff with disabilities and staff without. This information will then be used to develop action plans, allowing the organisation to demonstrate progress against the indicators of disability equality.

- Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce
- Metric 2 - Relative likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities

- Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
- Metric 4 - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Patients/service users, their relatives or other members of the public, Managers and Colleagues
- Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
- Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion
- Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
- Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
- Metric 9 - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Tackling inequalities in the workplace is not only a compliance requirement, but an essential component of our Trust's vision to provide safe, compassionate, and person-centred care. Creating an anti-racist and disability-confident organisation is fundamental to ensuring staff feel valued, respected, and able to thrive, and that service users benefit from a diverse and representative workforce.

2. Race Equality: WRES 2025 Overview

Key Highlights

Improved measures from 2024

- **Shortlisting** - White colleagues are 0.7 times more likely to be appointed from shortlisting. In 2025 we have decreased the gap on the 1.7 reported in 2024. **(+ive)**
- **Disciplinary Investigation** - Global Majority colleagues are 0.82 times more likely to enter formal disciplinary process than white colleagues. In 2024 it was reported at 1.86 **(+ive)**
- **Bullying and Harassment** - 22.8% Global Majority colleagues compared to 21.7% white colleagues experienced discrimination at work from manager/team leaders (the gap has decreased from previous year, with the experience of all colleagues improving) **(+ive)**

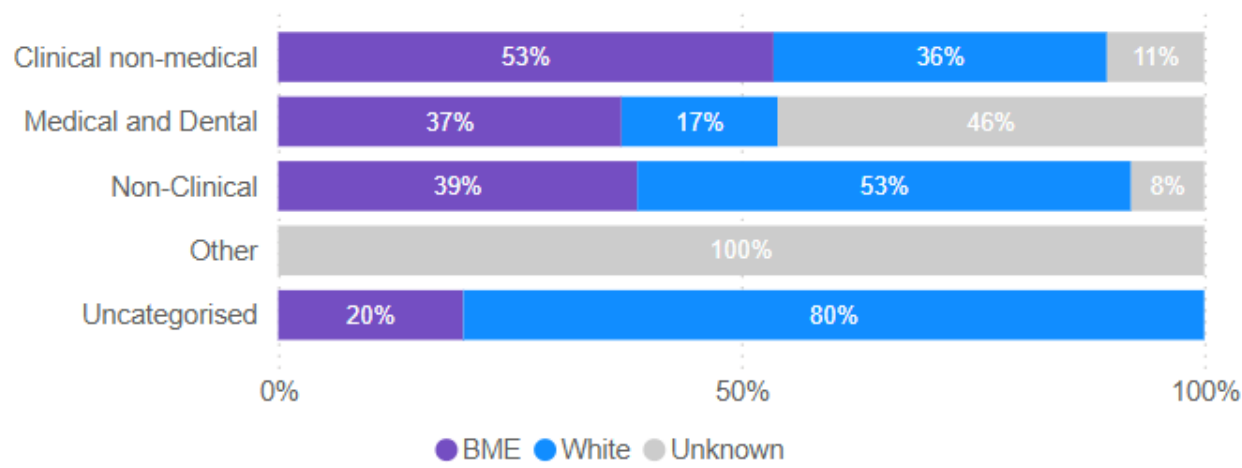
Decline measure from 2024

- **Experiencing Discrimination** - 13.1% (last year 12.2%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to 8.8% (last year 8.8%) white colleagues **(-ive)** gap remains
- **Bullying and Harassment** - All colleagues experiencing harassment, bullying or abuse from patients, relatives or the public is unchanged compared to previous year and the gap remains at 6% **(-ive)**.
- **Career Progression** - 51.0% (52.0% last year) Global Majority colleagues believe that our Trust provides equal opportunities for career progression as opposed to 57.7% (56.4%) white colleagues **(-ive)**
- **Professional Development** - White colleagues are 1.04 likely to undertake non-mandatory training and development opportunities compared to Global Majority colleagues. **(-ive)** 0.89 last year.

In 2025, 44% of BSMHFT’s workforce identified as being from a Global Majority ethnic background, this is a positive increase from 41.5% in 2024 and reflects a continued effort to build a workforce more reflective of our local population. However, representation at senior levels remains at (30%) below the NHS Model Employer target of 40% at Band 8a and above. Targeted interventions remain necessary to shift leadership diversity in a sustainable and systemic way.

Indicator 1: Overall Representation

Role | Ethnicity | Number of staff



Indicator number and description	2019	2020	2021	2022	2023	2024	2025
Global Majority representation			37%	37.6%	39.1%	41.5%	44%

in the workforce overall							
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Clinical / Non Clinical Staff Representation Band 8a +

2023

24%

2024

28%

2025

30%

Indicator 2: likelihood of appointment from shortlisting

The recruitment pipeline shows encouraging signs of progress. White applicants are 0.7 times more likely to be appointed from shortlisting compared to their Global Majority peers. This marks a significant improvement from a disparity of 1.7 the previous year. It suggests that initiatives such as equitable panel representation, the use of Equity Panel Members, and inclusive recruitment practices are starting to have an impact.

Number of shortlisted applicants	Headcount	Global Majority	White	Unknown
Number of shortlisted applicants	Headcount	2140	4635	494
Number appointed from shortlisting	Headcount	587	922	355
Likelihood of shortlisting/appointed	Auto-Calculated	0.274299	0.198921	0.718623
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	Auto-Calculated	0.725198		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
likelihood ratio White / Global Majority	1.57	1.44	2.02	1.52	1.30	1.70	0.70	Increased 87% Since 2019	Positive from previous year

Indicator 3: likelihood of entering formal disciplinary proceedings

Disparities in disciplinary action have reduced significantly, Global Majority staff are now 0.82 times as likely as their white peers to enter a formal disciplinary process, down from 1.86 the previous year. This is a major milestone and reflects the impact of inclusive HR policy reviews, manager training, and the oversight of Inclusion Advisors in formal processes.

Number of staff entering the formal disciplinary process in the financial year	Headcount	Global Majority	White	Unknown
Number of staff entering the formal disciplinary process in the financial year	Headcount	9	11	3
Likelihood of staff entering the formal disciplinary process	Auto-Calculated	0.004111	0.005037	0.004959
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto-Calculated	0.816313		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
likelihood ratio Global Majority / White	2.83	2.70	2.26	1.33	2.02	1.86	0.82	Increased 245% Since 2019	Positive from previous year

Indicator 4: likelihood of undertaking non-mandatory training

Professional development opportunities show a slightly improved picture, white colleagues were 1.04 times more likely to access non-mandatory training, a narrowing from 0.89 in 2024. While this reflects some levelling of access, work remains to ensure transparency, targeted outreach, and proactive encouragement across all staff groups.

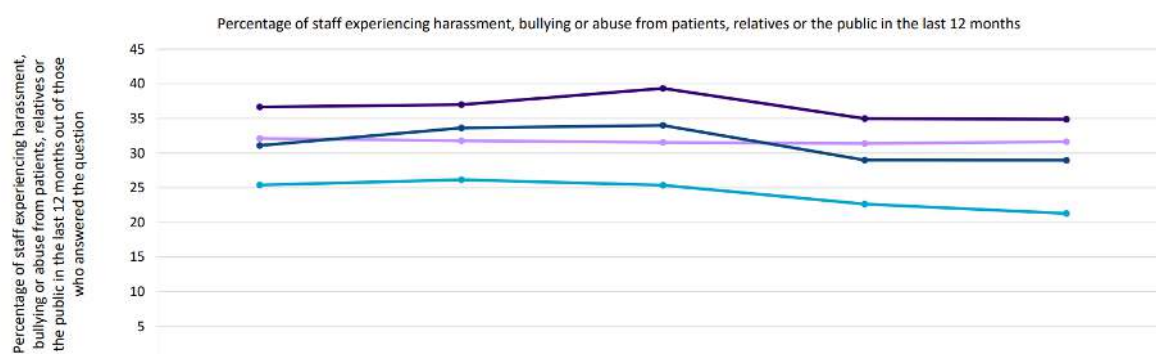
		Global Majority	White	Unknown
Number of staff accessing non-mandatory training and CPD in the financial year	Headcount	1320	1374	350
Likelihood of staff accessing non-mandatory training and CPD	Auto-Calculated	0.603015	0.629121	0.578512

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto-Calculated	1.043292		
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Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
likelihood ratio White / Global Majority	1.01	1.30	1.62	1.25	0.77	0.89	1.04	Increased 3% Since 2019	Positive from previous year

Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months

Incidents of harassment from patients or the public remain consistent, with a 6% gap in experience between ethnic groups. Staff voice feedback highlights frustration at a perceived lack of response or consequences for service user perpetrated racism, and a call for clearer protocols and more visible support for affected staff.



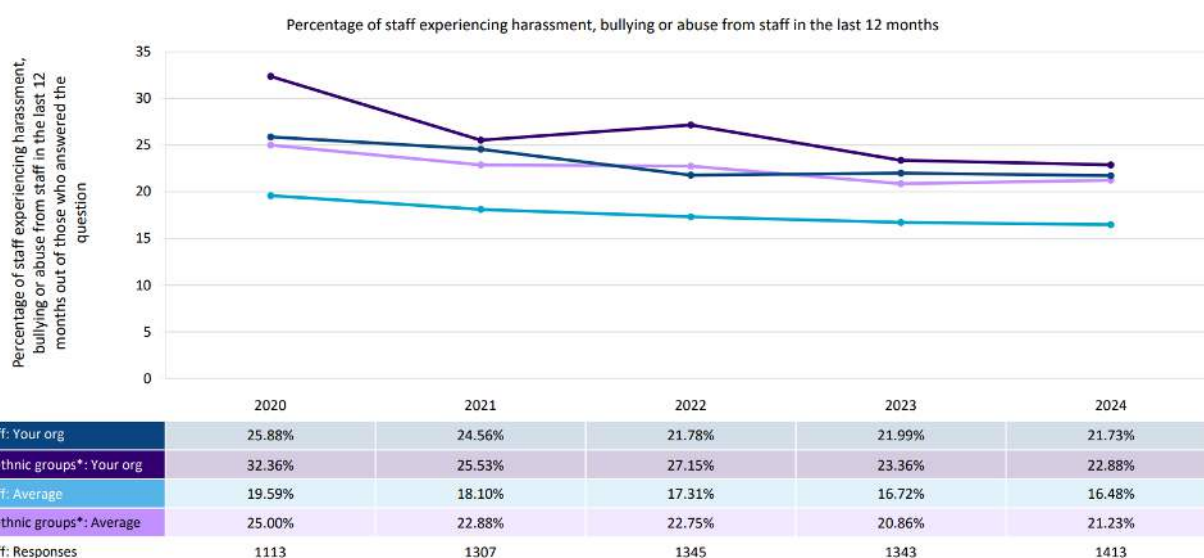
	2020	2021	2022	2023	2024
White staff: Your org	31.10%	33.64%	34.00%	29.00%	28.98%
All other ethnic groups*: Your org	36.67%	37.01%	39.35%	34.99%	34.88%
White staff: Average	25.40%	26.16%	25.37%	22.66%	21.29%
All other ethnic groups*: Average	32.12%	31.79%	31.54%	31.38%	31.64%
White staff: Responses	1106	1308	1344	1342	1415
All other ethnic groups*: Responses	510	708	826	925	1164

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
Global Majority	38.2%	42.3%	36.7%	37%	39.3%	35.0%	34.8%	Decreased 3.4% Since 2019	Positive from previous year
White	32.5%	36.5%	31.1%	33.6%	34%	29.0%	29.0%	Decreased 3.5%	Remains the same

								Since 2019	from previous year
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Indicator 6: harassment, bullying or abuse from staff in last 12 months

Over the past 12 months, 22.8% of Global Majority colleagues reported experiencing harassment, bullying, or abuse from staff, a slight decrease from 23.3% the previous year. Similarly, 21.7% of white colleagues reported such experiences, down from 22% last year. These figures suggest a modest improvement in the workplace environment, indicating a positive trend in efforts to reduce inappropriate behaviour across all groups

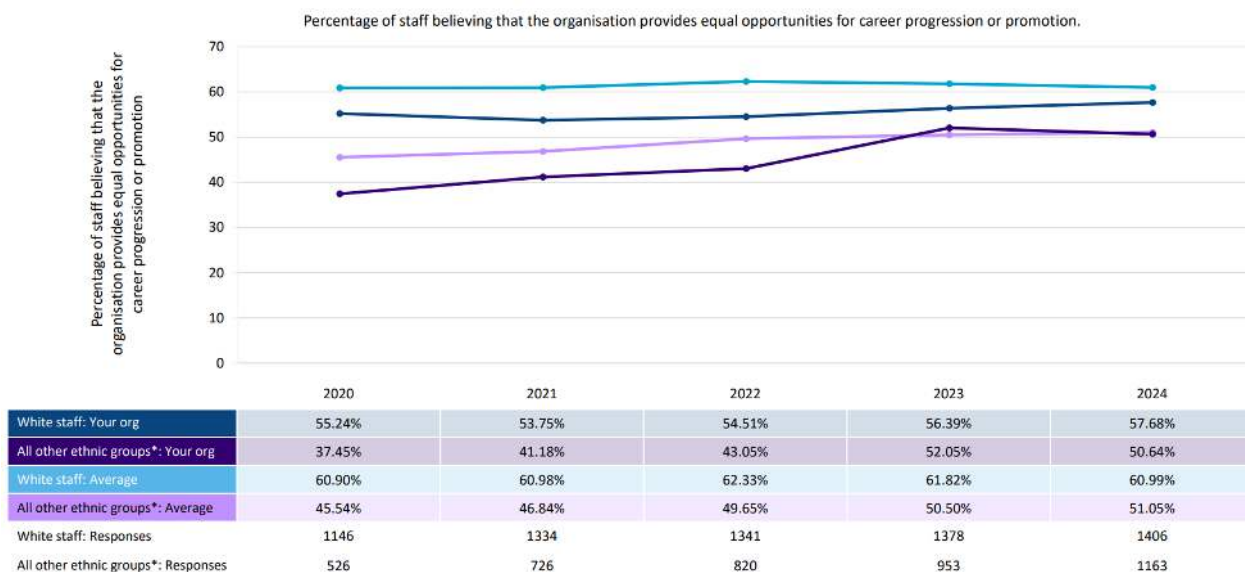


Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
Global Majority	32.8%	34.3%	32.4%	25.5%	27.1%	23.3%	22.8%	Decreased 10% Since 2019	Positive from previous year
White	28.6%	30.5%	25.9%	24.6%	21.8%	22.0%	21.7%	Decreased 6.9% Since 2019	Positive from previous year

Indicator 7: belief that the trust provides equal opportunities for career progression or promotion

Despite these gains, there remain inequalities in perceived access to career progression, 51% of Global Majority colleagues reported feeling that they have equal opportunities for promotion, compared with 57.7% of white colleagues. The widening of this perception gap is concerning, indicating that cultural and structural barriers to advancement persist, even as formal processes become more equitable. Colleagues continue to highlight concerns

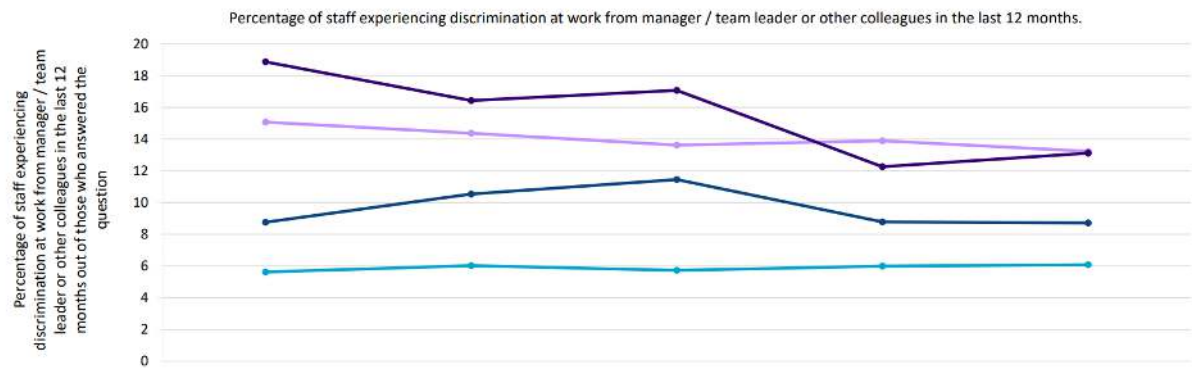
around informal networks, a lack of visible Global Majority leaders, and limited access to mentorship and sponsorship.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion									
Global Majority	60.4%	60.6%	37.5%	41.2%	43%	52%	51%	Decreased 9.4% Since 2019	Negative from previous year
White	78.5%	81%	55.3%	53.7%	54.5%	56.4%	57.7%	Decreased 20.8% Since 2019	Positive from previous year

Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months

Staff experience of discrimination and harassment remains an area of concern. 13% of Global Majority staff reported discrimination from colleagues, this is up slightly from the previous year compared to 8.8% of white colleagues, whose figure remained unchanged. Discrimination from managers or team leaders is slowly improving, but the overall prevalence remains high.



	2020	2021	2022	2023	2024
White staff: Your org	8.76%	10.54%	11.45%	8.78%	8.72%
All other ethnic groups*: Your org	18.87%	16.44%	17.08%	12.26%	13.12%
White staff: Average	5.63%	6.02%	5.73%	5.99%	6.08%
All other ethnic groups*: Average	15.07%	14.37%	13.63%	13.90%	13.23%
White staff: Responses	1153	1347	1336	1367	1399
All other ethnic groups*: Responses	530	724	814	938	1151

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
Global Majority	17.0%	18.6%	18.9%	16.4%	17.1%	12.2%	13.1%	Decreased 3.9% Since 2019	Negative from previous year
White	9.4%	10.0%	8.8%	10.5%	11.5%	8.8%	8.8%	Decreased 0.6% Since 2019	Remains the same from previous year

Indicator 9: Global Majority representation on the board minus Global Majority representation in the workforce

Board representation stands at 47% Global Majority and 53% white. While this marks good progress compared to many NHS Trusts, we recognise the need for ongoing support, mentoring, and accountability in sustaining and deepening this representation.

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2023	
Overall	-19.7%	-4.2%	-7.9%	0.9%	7.1%	1%	3%	Increased 22.7% Since 2019	Positive from previous year
Voting Numbers	0.0%	30.8%	28.6%	38.5%	46.2%	42.8%	46.6%	Increased 46.6% Since 2019	Positive from previous year
Executive Numbers	25%	0.0%	0.0%	28.6%	33.3%	25.0%	37.5%	Increased 12.5% Since 2019	Positive from previous year

3. Disability Equality: WDES 2025 Overview

Key Highlights

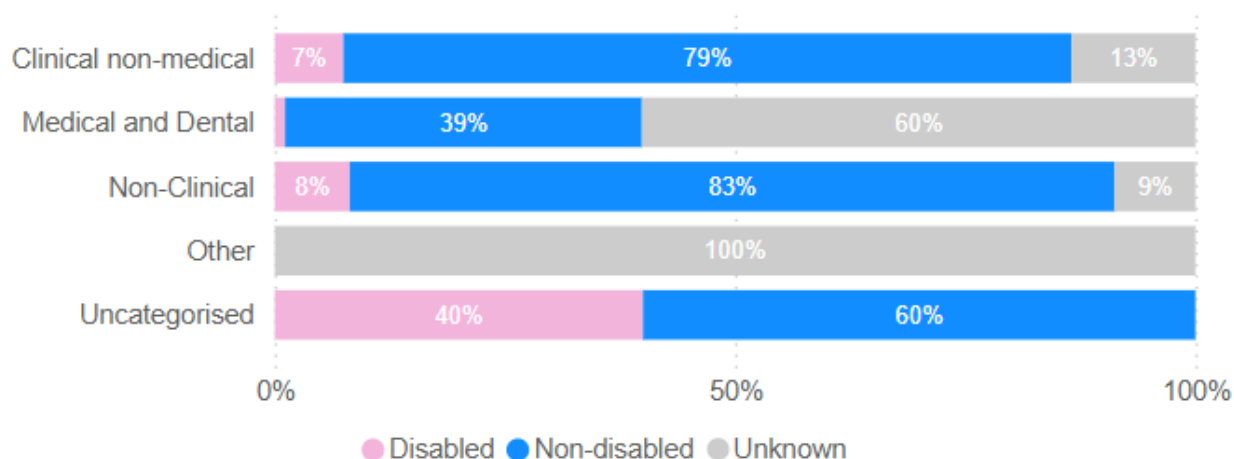
Improved measures from 2024

- Colleagues with long-term condition or illness are - The likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities is 0.92 compared to 1.28 in 2024 **(+ive)**
- Colleagues with disabilities are 3.28 times likely to enter the capability process then those without. (Last year 5.33) **(+ive)**
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from patients or relatives – this has numerically decreased to 35.9% since last year 36.1% **(+ive)**.
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from other colleagues – this has numerically decreased to 23.1% since last year 24.1% **(+ive)**.
- Colleagues have shown an increase in reporting bullying and harassment if they experience it 63.6% to last year 59.9% **(+ive)**.
- All colleagues have increased reporting the satisfaction with the extent to which their organisation values their work, bigger increase amongst colleagues with LTC or illness. 43.1% compared to last year 41.6% **(+ive)**.
- More 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. 18.4% compared to 21.0% last year. **(+ive)**
- There has been an increase to 80.6% from 76.9% from **(+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.

Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce

In 2025, 8.02% of the Trust's workforce declared a long-term condition or disability, up from 7.48% the previous year.

Role | Disability | Number of staff



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025
Disabled	173	184	211	234	264	348	399	51
Non Disabled	3399	3334	3468	3485	3473	3703	3935	
Unknown	380	428	467	491	575	600	645	

Metric 2 - Relative likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities

Recruitment outcomes have improved, the likelihood of non-disabled candidates being appointed from shortlist stands at 0.92, significantly better than the previous figure of 1.28. This suggests a more equitable approach is being adopted during selection processes.

Relative likelihood of non-Disabled candidates compared to Disabled candidates being appointed from shortlisting across all posts. Note: This refers to both external and internal posts.			Disabled	Non Disabled	Unknown
	Number of shortlisted applicants	Headcount	6032	698	539
	Number appointed from shortlisting	Headcount	1337	143	384
	Likelihood of shortlisting/appointed	Auto-Calculated	0.221651	0.204871	0.712430
	Relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled candidates	Auto-Calculated	0.924295		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	1.44	1.23	0.67	1.31	0.84	1.28	0.92	Decreased 56.5% Since 2019	Positive from previous year

Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

The disparity in capability processes has narrowed, disabled staff are now 3.28 times more likely to enter formal capability procedures than their non-disabled counterparts, down from 5.33. This remains an area of concern, highlighting the need for consistent line manager training, early intervention support, and reasonable adjustment reviews.

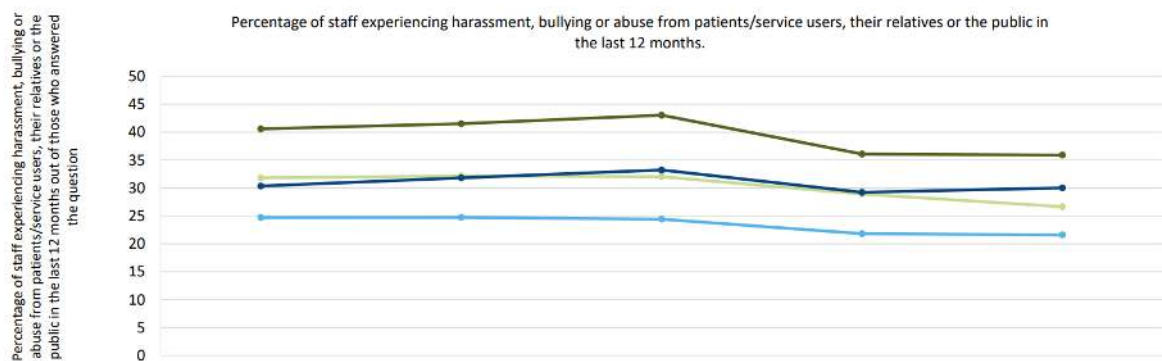
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. Note: This Metric will be based on data from a two-year rolling average of the current year and the previous year (April 2022 to March 2023 and April 2023 to March 2025).			Disabled	Non - Disabled	Unknown
	Average number of staff entering the formal capability process over the last 2 years for any reason. (i.e. Total divided by 2.)	Headcount	4	9	1
	Of these, how many were on the grounds of ill-health?	Headcount	1	0	0
	Likelihood of staff entering the formal capability process	Auto-Calculated	0.007519	0.002288	0.001550
	Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Calculated	3.286550		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	2.06	2.83	5.48	0	0	5.33	3.28	Increase 59.2% Since 2019	Positive from previous year

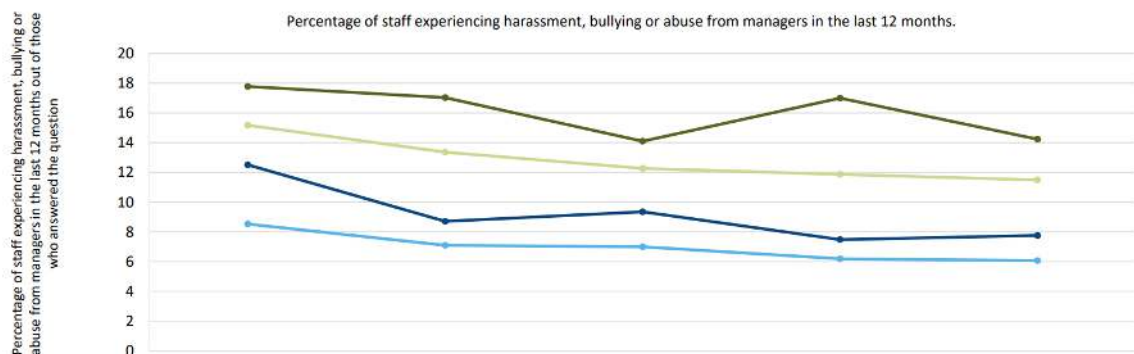
Metric 4 - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from

- Patients/service users, their relatives or other members of the public
- Managers
- Colleagues

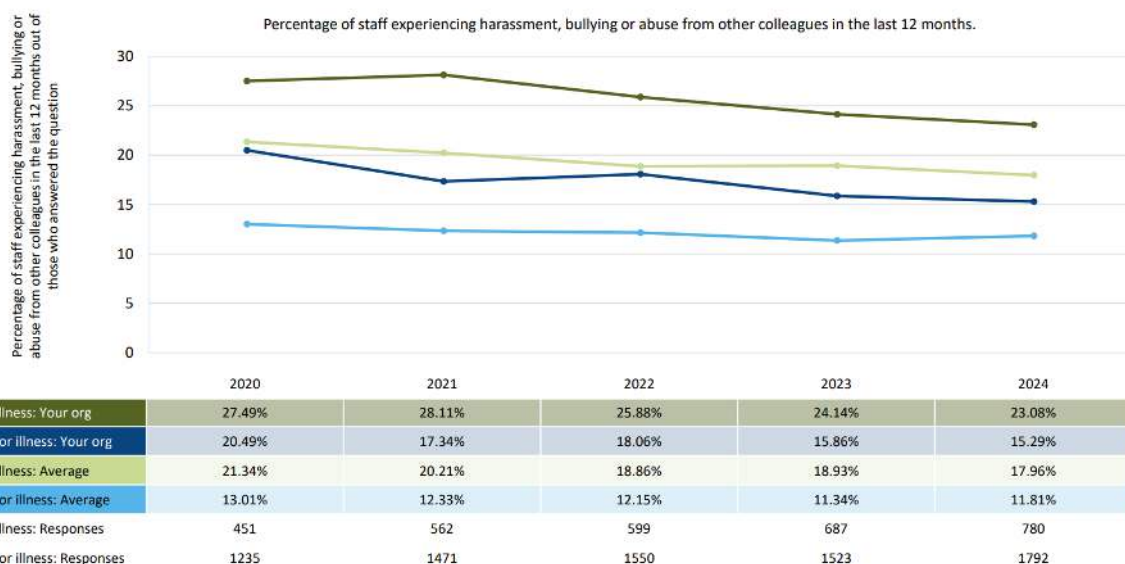
Bullying and harassment remain all too common in the lived experience of disabled staff. Reports of harassment from patients and the public have reduced marginally to 35.9%, while reports of bullying from colleagues decreased to 23.1%. Although these shifts are in the right direction, the overall rates remain high, and feedback continues to highlight a lack of confidence in informal resolution processes.



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	40.58%	41.51%	43.05%	36.08%	35.89%
Staff without a LTC or illness: Your org	30.36%	31.81%	33.23%	29.22%	30.01%
Staff with a LTC or illness: Average	31.81%	32.16%	32.04%	28.92%	26.64%
Staff without a LTC or illness: Average	24.69%	24.73%	24.42%	21.82%	21.60%
Staff with a LTC or illness: Responses	451	571	604	693	783
Staff without a LTC or illness: Responses	1232	1490	1589	1553	1806



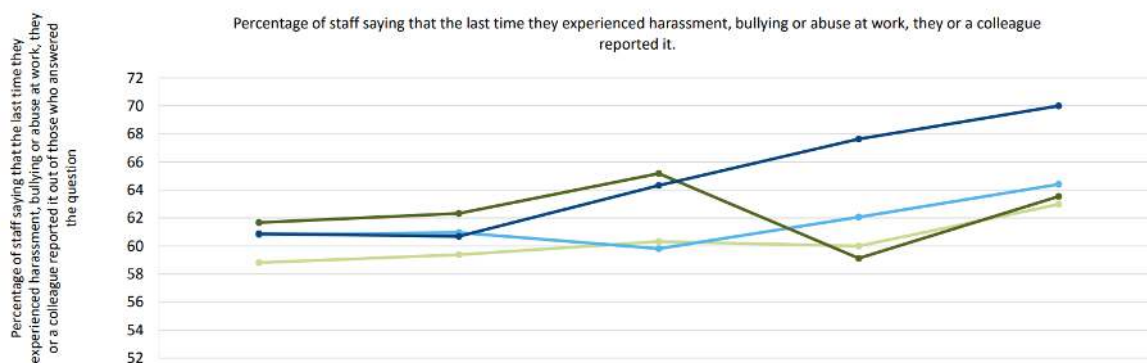
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	17.78%	17.02%	14.09%	16.99%	14.23%
Staff without a LTC or illness: Your org	12.51%	8.70%	9.35%	7.48%	7.75%
Staff with a LTC or illness: Average	15.17%	13.36%	12.27%	11.87%	11.49%
Staff without a LTC or illness: Average	8.52%	7.10%	6.99%	6.19%	6.07%
Staff with a LTC or illness: Responses	450	564	596	682	773
Staff without a LTC or illness: Responses	1231	1471	1562	1529	1793



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
Patients/service users, their relatives or other members of the public	40.6%	45.8%	40.6%	41.5%	43%	36.1%	35.9%	Decreased 4.7% Since 2019	Positive from previous year
Managers	22.4%	23.6%	17.8%	17.0%	14.1%	17.0%	14.2%	Decreased 8.2% Since 2019	Positive from previous year
Other colleagues	34.3%	31.7%	27.5%	28.1%	25.9	24.1%	23.1%	Decreased 11.2% Since 2019	Positive from previous year

Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

On a more positive note, more disabled colleagues are reporting these incidents, 63.6% in 2025 compared to 59.1% in 2024. This indicates growing trust in formal pathways, but also the emotional burden of persistent issues.

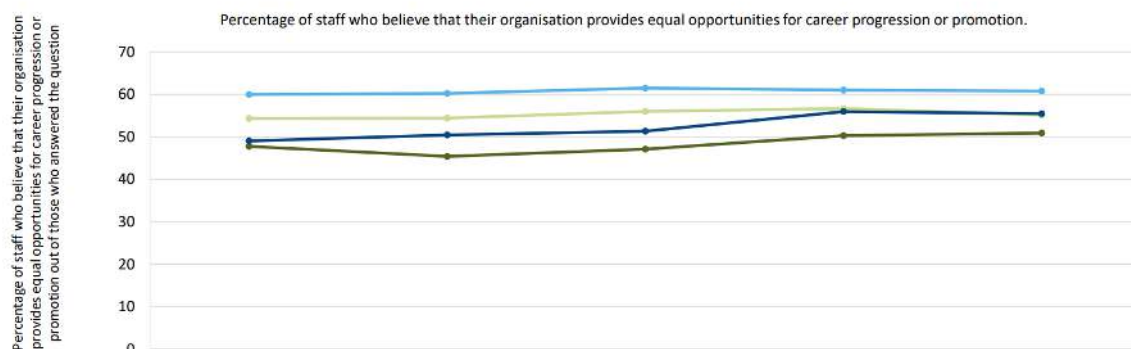


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	61.67%	62.33%	65.18%	59.12%	63.54%
Staff without a LTC or illness: Your org	60.88%	60.69%	64.32%	67.63%	70.00%
Staff with a LTC or illness: Average	58.81%	59.38%	60.32%	60.00%	62.98%
Staff without a LTC or illness: Average	60.81%	60.96%	59.81%	62.07%	64.40%
Staff with a LTC or illness: Responses	227	292	313	313	373
Staff without a LTC or illness: Responses	478	580	597	543	630

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	56.6%	60.1%	61.7%	62.3%	65.1%	59.1%	63.6%	Increased 7% Since 2019	Positive from previous year

Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

The past few years there has been a slight but encouraging increase in the percentage of disabled staff who believe that the Trust provides equal opportunities for career progression or promotion, rising from 50.2% to 50.8%. Continued focus on equality and inclusive practices will be key to building on this progress and further improving staff confidence in career advancement opportunities

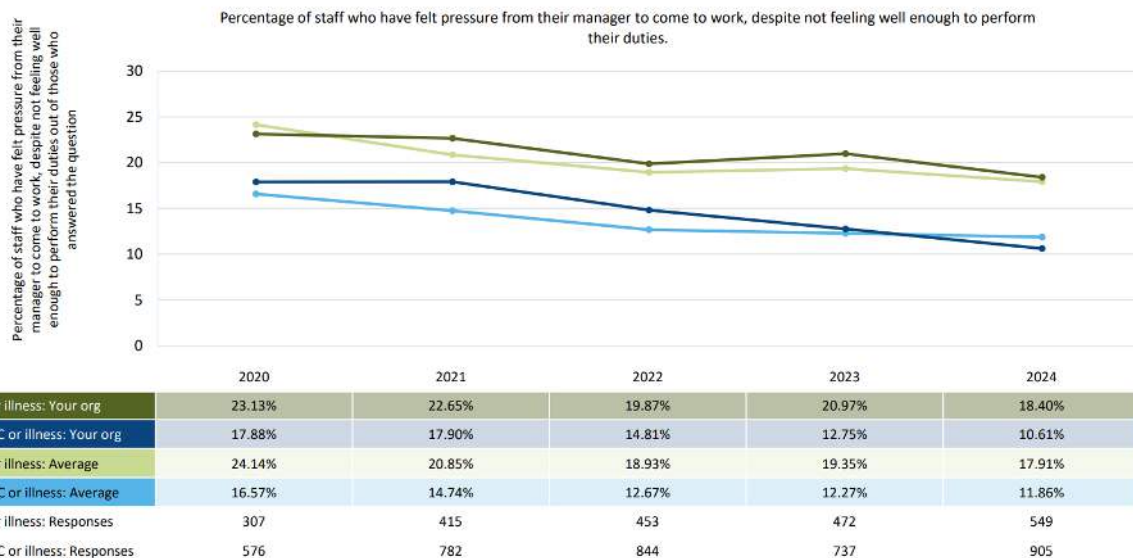


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	47.75%	45.39%	47.11%	50.28%	50.89%
Staff without a LTC or illness: Your org	49.02%	50.43%	51.33%	55.93%	55.44%
Staff with a LTC or illness: Average	54.31%	54.38%	55.99%	56.66%	55.13%
Staff without a LTC or illness: Average	59.96%	60.23%	61.48%	61.00%	60.75%
Staff with a LTC or illness: Responses	467	586	605	718	786
Staff without a LTC or illness: Responses	1277	1523	1580	1593	1793

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	46.0%	45.5%	47.8%	45.4%	47.1%	50.2%	50.8%	Increased 4.8% Since 2019	Positive from previous year

Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

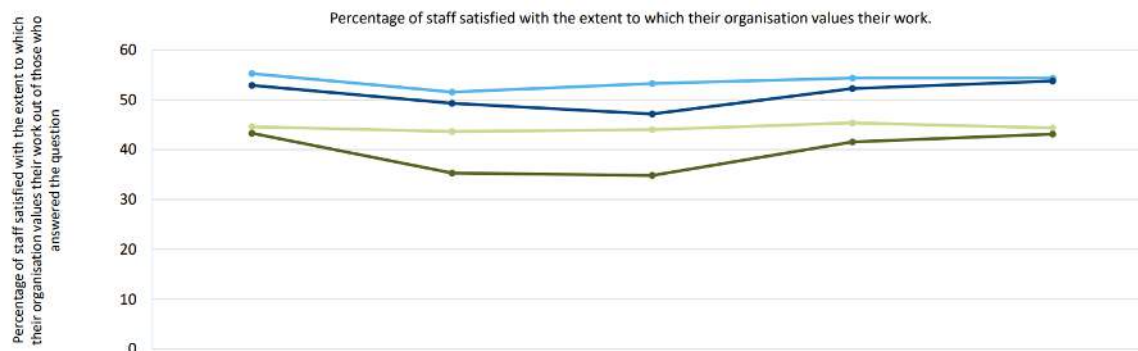
There has been a notable improvement in the percentage of staff who feel pressure from their managers to attend work while unwell, decreasing from 21% to 18.4%. This reduction suggests progress toward a more understanding and supportive workplace culture. While there is still work to be done, the downward trend highlights growing awareness and a shift towards more compassionate and flexible approaches to staff wellbeing and attendance.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	23.9%	26.6%	23.1%	22.7%	19.9%	21%	18.4%	Decreased 5.5% Since 2019	Positive from previous year

Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

The percentage of disabled staff who feel satisfied with the extent to which their organisation values their work has increased from 41.6% to 43.1%. This positive shift indicates a growing recognition of the contributions made by disabled employees and suggests that efforts to foster a more inclusive and appreciative workplace are beginning to resonate. While there is still room for improvement, this upward trend is an encouraging sign that the organisation is moving in the right direction in creating a culture where all staff feel valued and respected

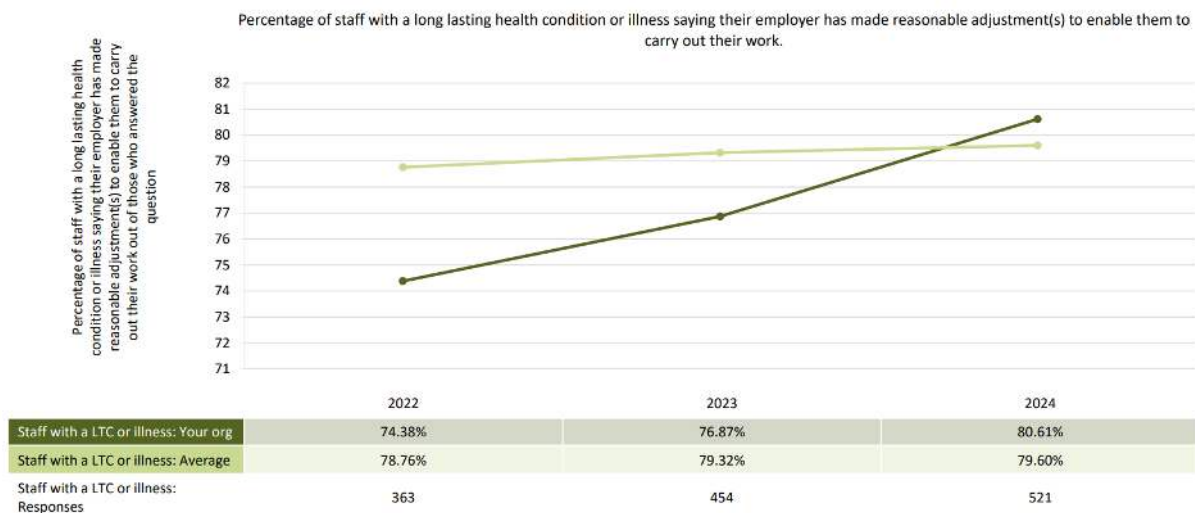


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	43.28%	35.30%	34.81%	41.55%	43.11%
Staff without a LTC or illness: Your org	52.88%	49.28%	47.14%	52.25%	53.75%
Staff with a LTC or illness: Average	44.56%	43.63%	44.02%	45.36%	44.33%
Staff without a LTC or illness: Average	55.25%	51.54%	53.25%	54.35%	54.37%
Staff with a LTC or illness: Responses	469	592	609	722	784
Staff without a LTC or illness: Responses	1286	1532	1593	1598	1799

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	37.2%	37.4%	43.3%	35.3%	34.8%	41.6%	43.1%	Increased 5.9% Since 2019	Positive from previous year

Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Access to reasonable adjustments has improved, with 80.6% of disabled staff confirming that the Trust has made adequate workplace adjustments, up from 76.9%. However Qualitative staff feedback points to inconsistency in how adjustments are implemented and frustrations with line management responses. Some colleagues report having to escalate requests to senior leadership to be taken seriously. Others highlight gaps in accessibility tools, such as software for colleagues with dyslexia, and a broader cultural hesitation to disclose disability due to stigma or disbelief.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	70.5%	71.2%	82.7%	71.5%	74.4%	76.9%	80.6%	Increased 10.1% Since 2019	Positive from previous year

Metric 9 - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

The staff engagement score for disabled staff has shown a modest yet meaningful increase, rising from 6.6 to 6.7. This improvement, while slight, reflects a positive trend in how engaged and connected disabled employees feel within the organisation. It also aligns with the overall engagement score for the Trust, suggesting that steps taken to create a more inclusive and supportive workplace are having a tangible impact.



Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	Increase or decrease from 2019 - 2025	
	6.8	6.9	7.1	6.9	6.9	6.6	6.7	Decreased 1.4% Since 2019	Positive from previous year

4. Organisational Response and Activity

Throughout 2024–2025, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has made significant progress in advancing its commitment to equity, diversity, and inclusion. A core focus during this period has been on addressing structural inequalities and creating a more inclusive and psychologically safe working environment for all staff.

Guided by the Equality, Diversity and Inclusion (EDI) Leads, the Trust has developed and implemented bespoke workforce and health inequalities plans tailored to the needs of each Division. These plans are designed to identify and tackle disparities in staff experience and outcomes, while embedding equity considerations into everyday operational decision-making.

To support this work, the Trust has introduced a number of new roles, including Equity Panel Members and Inclusion Advisors. These positions have been established to strengthen peer-to-peer support and ensure that inclusive values are consistently upheld in recruitment, progression, and workplace culture.

At the organisational level, BSMHFT has launched an Anti-Racist Framework and formally adopted an Anti-Racist Policy. These actions signal a clear commitment to cultural change and accountability. In support of this, comprehensive training has been rolled out Trust-wide, including modules on cultural competence, cultural humility, and Active Bystander interventions aimed at equipping staff with the skills and confidence to challenge inappropriate behaviour and foster inclusion.

Furthermore, a dedicated quality improvement project is underway to enhance staff experience in the aftermath of racism or discrimination from service users and external visitors. This initiative aims to ensure staff feel heard, supported, and safe following such incidents.

Taken together, these efforts reflect a strategic, multi-level approach to creating an inclusive culture. They represent a meaningful shift towards a more equitable, respectful, and supportive environment for all colleagues across the Trust.

5. Challenges and Risks

While we are seeing positive momentum, several challenges persist. Structural inequalities in promotion, inconsistent delivery of adjustments, and cultural stigma around disclosure remain significant barriers. Staff confidence in networks is variable, and fears around speaking up are still present, particularly in relation to racism and hidden disabilities. The burden of discrimination from service users also remains a source of distress and safety concern for many frontline colleagues.

Disabled colleagues remain underrepresented in senior roles, and there is a need for more visible role models and formalised development pathways. At the same time, efforts to support colleagues from Global Majority backgrounds must continue to evolve from procedural to transformational, addressing power imbalances and fostering authentic belonging.

6. Mitigation

To address the risks associated with data quality, confidentiality, and staff engagement, the Trust will take a multifaceted approach.

- Communication will be improved to clearly articulate the purpose, benefits, and protections related to data collection, with the aim of increasing staff confidence and encouraging voluntary disclosure of protected characteristics. Robust governance will be ensured through strengthened data protection to minimise risks to privacy.
- Adopt a triangulated approach to data analysis by combining quantitative metrics with qualitative insights gathered from staff networks and lived experiences. This comprehensive understanding will inform the development of specific, measurable, and time-bound action plans linked to WRES and WDES outcomes, ensuring accountability and progress.
- Promoting psychological safety remains a priority, with efforts focused on fostering a workplace culture where staff feel secure in sharing feedback and experiences without fear of reprisal.
- Equality, diversity, and inclusion (EDI) initiatives will be integrated within a broader intersectional framework that considers race, disability, and other protected characteristics holistically.

7. Next Steps and Action Plan

In line with its commitment to advancing equity, diversity, and inclusion, the Trust has set out a series of strategic priorities for 2025.

Short-Term Actions (0–6 months) – Actions to build awareness and strengthen the foundation:

- Committed to embedding reasonable adjustments into its Health and Wellbeing Policy. This ensures that staff with disabilities receive the necessary accommodations to perform their roles effectively and comfortably, thereby supporting their overall wellbeing and retention
- To strengthen the foundation for inclusive practices, the Trust will also promote greater transparency in workforce data by encouraging staff to voluntarily disclose protected characteristics. Improving the completeness and accuracy of this data is essential for identifying barriers and tailoring effective interventions.
- Advancing training and education to create a psychologically safe and inclusive learning environment. This will involve enabling staff to openly explore, reflect on, and challenge unconscious bias and discrimination, thereby strengthening team cohesion and improving the quality of service delivery through continuous EDI education.
- Promoting Just Culture practices such as early resolution and mediation involves fostering a fair, open, and supportive workplace environment where staff feel safe to speak up and resolve issues constructively. This begins with educating both staff and leaders on the principles of Just Culture, emphasizing accountability without blame and encouraging learning from mistakes
- Creating safe, confidential channels for staff to voice concerns, alongside training managers in mediation and active listening, reinforces a culture of empathy and responsiveness.

Medium-Term Goals (6–18 months) - Embed practices and development of programmes specifically for under represented groups

- Committed to embedding reasonable adjustments into its Health and Wellbeing Policy. This ensures that staff with disabilities receive the necessary accommodations to perform their roles effectively and comfortably, thereby supporting their overall wellbeing and retention.
- A key focus is the implementation of targeted development programmes that are specifically designed to support the growth and career progression of individuals from underrepresented groups. These initiatives aim to address longstanding disparities in senior leadership and specialist roles across the organisation.
- Building a diverse talent pipeline remains a central objective. The Trust will continue to invest in programmes that attract, develop, and advance individuals from a range of backgrounds into leadership and specialist positions, ensuring the workforce better reflects the diverse communities it serves.

Long Term Goals (18+ months) – Data quality and long-lasting impact

- Enhancing its reporting and governance structures to ensure clear, transparent, and accountable frameworks are in place. These will be critical in tracking progress and guiding strategic EDI actions across all levels of the organisation.
- To further strengthen inclusion efforts, the Trust actively encourages the voluntary disclosure of protected characteristics. Improving transparency and completeness of workforce data is critical to identifying gaps and monitoring progress, enabling targeted action to address inequalities and support all colleagues.

These actions are designed to drive meaningful change and ensure that all staff, regardless of disability or health condition, can thrive in a safe, inclusive, and supportive environment. As part of our commitment to continuous improvement, our progress will be regularly reviewed and transparently reported.

Our ambition for the next 5 years

To ensure equality, diversity, and inclusion (EDI) is fully embedded within all aspects of the Trust's culture, leadership, systems, and service delivery not as a standalone initiative, but as a core element of how we operate. The following steps will enable us to influence the strategy refresh and define a clear, measurable ambition for the next five years.

- Each division has developed its own Inequalities Plan, aligned to the NHS EDI Improvement Plan and incorporating the six High Impact Actions. These plans are owned and overseen by a designated lead within each division with the support from the EDI team, with progress regularly monitored and reported through established governance structures. This approach ensures local accountability, consistency with national priorities, and visibility of progress across the organisation.
- Align EDI with Strategic Objectives - Embed EDI into all strategic pillars (workforce, culture, quality, and performance). Ensure EDI KPIs are monitored and reported at Board level and included in executive and divisional leadership objectives.
- All staff to be trained in comprehensive anti-racism practices. This training will equip everyone to recognise and challenge racial inequalities, fostering an inclusive and respectful workplace culture, and to apply these principles in their everyday practice
- To ensure EDI impact assessments are consistently integrated into key strategic decisions and become business as usual. The Trust needs to embed these assessments into their governance frameworks and decision-making processes, making them a mandatory step for all major initiatives. Clear ownership and accountability helps drive compliance and quality, while monitoring and reporting on

assessment completion and outcomes supports continuous improvement. Fostering an inclusive culture where EDI is valued at all levels reinforces its role as a core Trust priority, ensuring that diverse perspectives inform every strategic choice

- Reasonable adjustments a leadership priority, integrating them into policies, recruitment, and service delivery processes, and ensuring all staff understand their responsibilities under the Equality Act 2010. The use of Reasonable Adjustment Passports and clear HR pathways help ensure adjustments are proactive and not reactive. Training, lived experience, and co-production with staff with disabilities are essential to developing meaningful solutions. Normalising adjustments, tracking their impact, and fostering a culture of openness and accountability.

We will influence the strategy by leveraging comprehensive data insights and aligning closely with key NHS frameworks, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), PCREF, the NHS People Plan, NHS Long Term Workforce Plan, and NHS EDI Improvement Plan. By analysing this data, we can identify disparities and target actions to close gaps in access and inclusion. These national frameworks mandate embedding EDI to improve staff experience, increase leadership diversity, and enhance service user care. The clear metrics and reporting structures hold us accountable and guide continuous improvement. Integrating WRES and WDES findings ensures our strategy addresses intersectional inequalities and supports a diverse workforce, fostering equitable environments where all staff can contribute fully and thrive.

8. Assurance

The Trust remains fully committed to meeting and exceeding the standards set out by the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Robust governance arrangements are in place to oversee the collection, analysis, and reporting of workforce data relating to race and disability, ensuring accuracy, transparency, and confidentiality.

Regular monitoring and review of WRES and WDES metrics are embedded within the Trust's Equality, Diversity, and Inclusion (EDI) framework. Progress is scrutinised by senior leadership and the People Committee, ensuring that identified disparities inform targeted, evidence-based interventions. Staff feedback mechanisms and engagement with staff networks further reinforce the Trust's responsive approach.

Significant strides have been made in improving representation, career progression, and staff experience for Global Majority and disabled colleagues, as demonstrated in the latest data. The Trust's strategic priorities, including targeted development programmes, enhanced training, and improved data transparency, reflect a sustained commitment to embedding inclusion at all levels.

Through continuous learning, transparent reporting, and collaborative action, the Trust is confident in its ability to deliver meaningful, measurable improvements in workforce equality and inclusion, thereby fostering a culture where all staff can thrive and provide the highest quality care.