NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

WRES/WDES Data 2025

compassionate inclusive committed

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Workforce Race Equality Standard
WRES Data 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

compassionate inclusive committed

Workforce Race Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Staff representation

Our global majority ethnic workforce representation is **44%**

In 2025 we showed a small increase on the **41.5%**. reported in 2024 **(+ive)**.

A Model Employer: Increasing Global Majority representation at senior levels across the NHS.
A stretching, and yet achievable aspiration for the NHS would be to have more Global Majority representation across the workforce pipeline.

Currently the target we are trying to achieve is 40% Global Majority staff in Band 8a roles and above.

Clinical / Non Clinical Staff Representation Band 8a +		
2023	**2024**	**2025**
24%	28%	30%

compassionate inclusive committed

Workforce Race Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

Birmingham and Solihull Mental Health NHS Foundation Trust

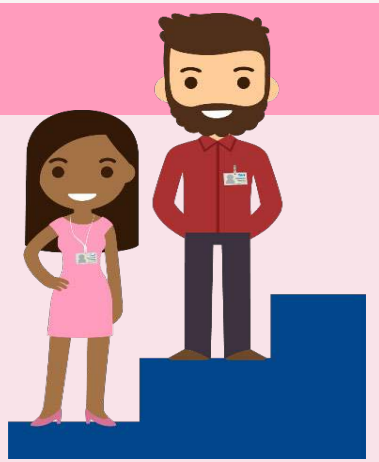
Shortlisting

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)**

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)**



compassionate inclusive committed

Workforce Race Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

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.

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)**

Experiencing discrimination

13.1% (last year 12.3%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to **8.8%** (last year **8.8%)** white colleagues **(-ive) gap remains**

compassionate inclusive committed

Workforce Race Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

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)**.

22.8% (23.3% last year) Global Majority colleagues compared to **21.7% (22% last year)** white colleagues experienced harassment, bullying or abuse from staff in last 12 **(+ive)**

Board membership

53% white colleagues

47% Global Majority colleagues

compassionate inclusive committed

Staff Voices – WRES 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

BSMHFT need a stronger BME support network that actually offer support to staff members who experience racism. I found the network was not helpful at all, I reached out many times and I was left unsupported. I can understand this might be due to short staffing or due to the network only operating on certain days but compared to other Trusts and the level of support offered by similar networks, this is quite poor

I am satisfied working for this Trust. Just keep doing what we are doing, to address covert racism. Racism is still in our midst, but the Trust is doing its best. Keep going.

I'm concerned about racism in the trust

I feel like my organization is intentionally discriminating black staff especially when it comes to promotions and development.

Many in leadership positions are known by many of their peers and colleagues and patients to be classist, racist or sexist/misogynistic but nothing is done and then everyone is too scared to raise it because when it has been raised they have a lot of power.

Management to address racism from patient to staff.

compassionate inclusive committed

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

Workforce Disability Equality Standard
WDES Data 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

compassionate inclusive committed

Workforce Disability Equality Standard 2025

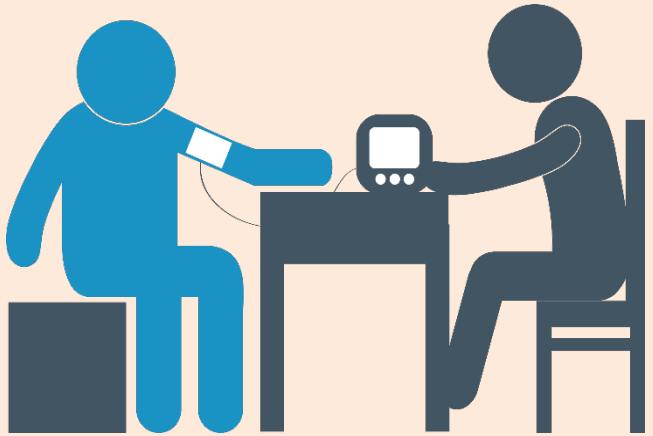
Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

8.02% colleagues across our Trust report having a long-term condition or illness. Compared to the **7.48%** reported in 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 (Colleagues with disabilities less likely to be employed) **(+ive)**



Colleagues with disabilities are **3.28** times likely to enter the capability process then those without. **(Last year 5.33) (+ive)**

compassionate inclusive committed

Workforce Disability Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

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)**.

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)**.

compassionate inclusive committed

Workforce Disability Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

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

compassionate inclusive committed

Workforce Disability Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

NHS
Birmingham and Solihull Mental Health
NHS Foundation Trust

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.

compassionate inclusive committed

Workforce Disability Equality Standard 2025

Data is pulled from ESR on the 31st March 2025 and Staff Survey 2024

Birmingham and Solihull Mental Health NHS Foundation Trust

Increase from **6.7** to **6.6** in terms of engagement for disabled staff, compared to non-disabled staff for the organisation. **(+ive)**

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

1 member on our Board of colleagues have declared a long-term condition or illness

compassionate inclusive committed

Staff Voices – WDES 2025

Birmingham and Solihull Mental Health NHS Foundation Trust

I feel that reasonable adjustments are not fully explored, acknowledged and implemented despite being advised from OH for people with disabilities. I also feel it is sometimes difficult to voice thoughts and feelings regarding our workload and responsibilities and decisions are made on our behalf without consideration sometimes

Discrimination has been structural discrimination re: disability, not from line manager, but from policies and HR. There have been some reasonable adjustments made but limited guidance, lots of hoops to jump through, disbelief of my health condition and being disabled.

I think it should be software on every computers to deal with people who as dyslexia, so they don't need feel embarrassed to come forward.

The organisation as a whole claims to promote health and wellbeing and reasonable adjustments for those with disabilities but direct line managers dismiss these, making life much harder for individuals that do have difficulties. You have to put in a formal complaint at a much higher level and let this cascade down to your manager for any recognition of difficulties, despite these being recorded in appraisals

To date:

Birmingham and Solihull Mental Health NHS Foundation Trust

- EDI Lead taking a lead in Workforce and Health Inequalities
- Workforce and Health Inequalities Plan for each Division
- Additional Role Equity Panel Members, Cultural Ambassador and Buddy Roles embedded within the Trust
- Corporate Support Offer
- Anti Racist Framework Rollout
- Anti Racist Policy
- Cultural Competence / Cultural Humility Training
- Active Bystander Training Phase 1 and Phase 2
- QI Project - Improving staff experience following incidents of racism and discrimination from service users and external visitors

Updates will be provided via the EDI Quarterly update through TCSE's

compassionate inclusive committed

Next Steps 2025: WRES

Birmingham and Solihull Mental Health NHS Foundation Trust

- **Implement Targeted Development Programmes**
  Roll out specific initiatives designed to support the growth and career progression of individuals from underrepresented groups.
- **Promote Data Transparency**
  Encourage staff to voluntarily disclose protected characteristics to enhance data quality and improve inclusion efforts.
- **Strengthen Reporting and Governance**
  Establish and embed clear, transparent frameworks for reporting and governance to ensure accountability, track progress, and guide strategic equality, diversity, and inclusion (EDI) actions across the organisation.
- **Build a Diverse Talent Pipeline**
  Develop initiatives aimed at attracting, nurturing, and advancing talent from diverse backgrounds into leadership and specialist roles, ensuring our workforce reflects the communities we serve.
- **Advance Training and Education**
  Foster a psychologically safe and inclusive learning environment where staff can openly discuss, reflect on, and challenge biases—enhancing team culture and improving service delivery through continuous EDI education

Next Steps 2025: WDES

Birmingham and Solihull Mental Health NHS Foundation Trust

- **Training and Impact**
  Launched Disability Awareness Training. To cultivate an open, inclusive, and reflective learning environment where all staff feel psychologically safe to speak up, share experiences, challenge bias, and continuously learn about equity, diversity, and inclusion in order to improve team culture and service user care.

- **Support**
  Embed Reasonable Adjustment into Health and Wellbeing Policy

- **Data & Reporting Transparency**
  Encourage disclosure of protected characteristics

Risks

Birmingham and Solihull Mental Health NHS Foundation Trust

- **Data Quality and Completeness**

Low disclosure rates for ethnicity and disability status can result in data gaps and unreliable benchmarking.
Inconsistent or outdated workforce records may skew outcomes or misrepresent progress.

- **Confidentiality and Privacy**

There is a risk of re-identification of individuals, particularly in smaller teams or departments.
Mishandling sensitive personal data may lead to breaches of confidentiality

- **Staff Engagement and Trust**

Staff may be reluctant to disclose protected characteristics due to fear of stigma, discrimination, or lack of follow-up.
Visible inaction following disclosure can damage trust and reduce future engagement.

- **Misinterpretation or Misuse of Data**

Over-reliance on quantitative metrics without context can lead to erroneous conclusions.
Data may be used to present a favourable narrative without addressing root causes (i.e., risk of tokenism).

- **Compliance-Focused Culture**

Risk that WRES/WDES reporting becomes a box-ticking exercise, prioritising compliance over genuine cultural and systemic change.

- **Limited Scope**

Focus on race and disability may overlook intersectional or broader inequalities (e.g., sexuality, gender identity, socio-economic background).
Can result in a siloed approach to EDI rather than an integrated, inclusive strategy.

Mitigation

- **Improve Communication**: Clearly communicate the purpose, benefits, and protections around data collection to build confidence and increase voluntary disclosure.
- **Ensure Robust Governance**: Strengthen data protection, storage, and access protocols to minimise privacy risks.
- **Triangulate Data**: Use qualitative insights, staff networks, and lived experiences alongside quantitative data for a fuller understanding.
- **Develop Action Plans**: Link WRES/WDES outcomes to specific, measurable, and time-bound improvement actions.
- **Promote Psychological Safety**: Foster a culture where staff feel safe to share feedback and experiences without fear of negative repercussions.
- **Integrate EDI Efforts**: Ensure race and disability data are considered within a broader, intersectional EDI framework.

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Thank you