Report to Trust Board						
Agenda item:						
Date	Wednesday 5th August 2026					
Title	Annual WRES/WDES Report					
Author/Presenter	Lynn Phung, Senior Equality, Diversity and Inclusion Lead Jas Kaur, Associate Director of Equality, Diversity, Inclusion and Organisational Development					
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**	✓

This report provides an annual update to Trust Board 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 2026) and the 2025 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).

Please note: This year's analysis of data include the CYP Division for the first time, which may impact year-on-year comparability

Improved measures from 2025 (WRES)

- **Staff Representation**: Our global majority ethnic workforce representation is 46.7%. In 2026 we showed a small increase on the 44%. reported in 2025 **(+ive).**
- **Professional Development:** White colleagues are 0.94 likely to undertake non-mandatory training and development opportunities compared to Global Majority colleagues. 1.04 last year **(+ive)**.
- **Bullying and Harassment:** 21.6% (22.8% last year) Global Majority colleagues compared to 19.9% (21.7% last year) white colleagues experienced harassment, bullying or abuse from staff in last 12 months **(+ive)**
- **Board Membership:** 50% white colleagues, 50% Global Majority colleagues

Decline measure from 2025 (WRES)

- **Shortlisting:** White colleagues are 1.48 times more likely to be appointed from shortlisting. In 2026 we have increased the gap on the 0.70 reported in 2025. **(-ive)**
- **Career Progression:** 50.8% (51.0% last year) Global Majority colleagues believe that our Trust provides equal opportunities for career progression as opposed to 55.5% (57.7%) white colleagues **(-ive)**
- **Disciplinary Investigation:** Global Majority colleagues are 1.93 times more likely to enter formal disciplinary process than white colleagues. In 2025 it was reported at 0.82 **(-ive)**
- **Experiencing Discrimination:** 12.4% (last year 13.1%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to 8.4% (last year 8.8%) white colleagues **(-ive) gap remains**

Improved measures from 2025 (WDES)

- Colleagues with long-term condition or illness are - The likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities is 0.97 compared to 0.92 in 2025 **(+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 34.7% since last year 35.9% **(+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 21.5% since last year 23.1% **(+ive).**
- Colleagues have shown an increase in reporting bullying and harassment if they experience it 66.0% to last year 63.6% **(+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. 44.4% compared to last year 43.1% **(+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. 17.0% compared to 18.4% last year. **(+ive)**
- There has been an increase to 81.0% from 80.6% 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.

Decline measure from 2025 (WDES)

- Colleagues with disabilities are 5.74 times likely to enter the capability process then those without. (Last year 3.28) **(-ive)**

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
2026

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 2026
Data is pulled from ESR on the 31st March 2026 and Staff Survey 2025

1. Introduction

This report provides an annual update to Trust Board 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 2026) and the 2025 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 2026 Overview

Key Highlights

Improved measures from 2025

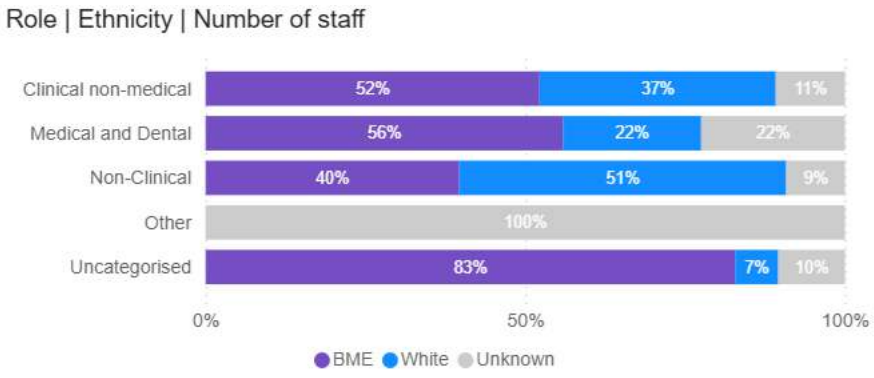
- **Staff Representation**: Our global majority ethnic workforce representation is 46.7%. In 2026 we showed a small increase on the 44%. reported in 2025 **(+ive).**
- **Professional Development:** White colleagues are 0.94 likely to undertake non-mandatory training and development opportunities compared to Global Majority colleagues. 1.04 last year **(+ive)**.
- **Bullying and Harassment:** 21.6% (22.8% last year) Global Majority colleagues compared to 19.9% (21.7% last year) white colleagues experienced harassment, bullying or abuse from staff in last 12 months **(+ive)**
- **Board Membership:** 50% white colleagues, 50% Global Majority colleagues

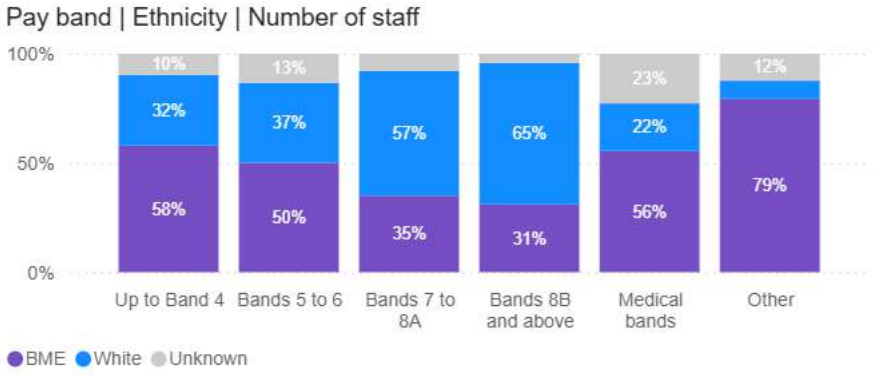
Decline measure from 2025

- **Shortlisting:** White colleagues are 1.48 times more likely to be appointed from shortlisting. In 2026 we have increased the gap on the 0.70 reported in 2025. **(-ive)**
- **Career Progression:** 50.8% (51.0% last year) Global Majority colleagues believe that our Trust provides equal opportunities for career progression as opposed to 55.5% (57.7%) white colleagues **(-ive)**
- **Disciplinary Investigation:** Global Majority colleagues are 1.93 times more likely to enter formal disciplinary process than white colleagues. In 2025 it was reported at 0.82 **(-ive)**
- **Experiencing Discrimination:** 12.4% (last year 13.1%) Global Majority colleagues experienced discrimination at work from other colleagues as opposed to 8.4% (last year 8.8%) white colleagues **(-ive) gap remains**

In 2026, 46.7% of BSMHFT's workforce identified as being from a Global Majority ethnic background, this is a positive increase from 44% in 2025 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





Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026
Global Majority representation in the workforce overall			37%	37.6%	39.1%	41.5%	44%	46.7%

Clinical / Non Clinical Staff Representation Band 8a +			
2023	**2024**	**2025**	**2026**
24%	**28%**	**30%**	**30%**

Indicator 2: likelihood of appointment from shortlisting

The recruitment pipeline shows a concerning deterioration in equity. White applicants are now 1.48 times more likely to be appointed from shortlisting than their Global Majority peers, representing a significant reversal from the previous year's disparity of 0.7. This widening gap indicates that inequities in decision-making remain embedded within the process and may be intensifying. If unaddressed, this risks undermining fairness, damaging organisational trust, and limiting workforce diversity, ultimately impacting the quality of decision-making, staff experience, and the organisation's ability to deliver equitable outcomes for the communities it serves.

		Global Majority	White	Unknown
Number of shortlisted applicants	Headcount	4478	1788	412
Number appointed from shortlisting	Headcount	794	470	277
Likelihood of shortlisting/appointed	Auto-Calculated	0.177311	0.262864	0.672330
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	Auto-Calculated	1.482497		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
likelihood ratio White / Global Majority	1.57	1.44	2.02	1.52	1.30	1.70	0.70	1.48	Negative from previous year

Indicator 3: likelihood of entering formal disciplinary proceedings

Disparities in disciplinary action have increased. Global Majority staff are now 1.93 times more likely to enter a formal disciplinary process than their White peers, compared to 0.82 in the previous year. This deterioration indicates a growing inequity in the application of employee relations processes. If not addressed, it risks undermining staff confidence in fairness, damaging psychological safety, increasing disengagement and attrition among Global Majority staff.

		Global Majority	White	Unknown
Number of staff entering the formal disciplinary process in the financial year	Headcount	53	25	5
Likelihood of staff entering the formal disciplinary process	Auto-Calculated	0.019917	0.010314	0.008170
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto-Calculated	1.931184		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
likelihood ratio Global Majority / White	2.83	2.70	2.26	1.33	2.02	1.86	0.82	1.93	**Negative from previous year**

Indicator 4: likelihood of undertaking non-mandatory training

Professional development opportunities show a modest improvement. White colleagues were 0.94 times more likely to access non-mandatory training, compared with 1.04 in 2025. This suggests a narrowing gap in access; however, further work is needed to ensure transparency, targeted outreach, and proactive encouragement for all staff groups.

		Global Majority	White	Unknown
Number of staff accessing non-mandatory training and CPD in the financial year	Headcount	1485	1273	366
Likelihood of staff accessing non-mandatory training and CPD	Auto-Calculated	0.558061	0.525165	0.598039
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto-Calculated	0.941053		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
likelihood ratio White / Global Majority	1.01	1.30	1.62	1.25	0.77	0.89	1.04	0.94	**Negative 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 have increased to 8.6%, compared with 6% in 2025, with differences in experience noted between ethnic groups. Staff feedback highlights frustration about a perceived lack of response or consequences for service-user-perpetrated racism, alongside calls for clearer protocols and more visible support for affected staff

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Global Majority	38.2%	42.3%	36.7%	37%	39.3%	35.0%	34.8%	37.6%	**Negative from previous year**
White	32.5%	36.5%	31.1%	33.6%	34%	29.0%	29.0%	27.3%	**Positive from previous year**

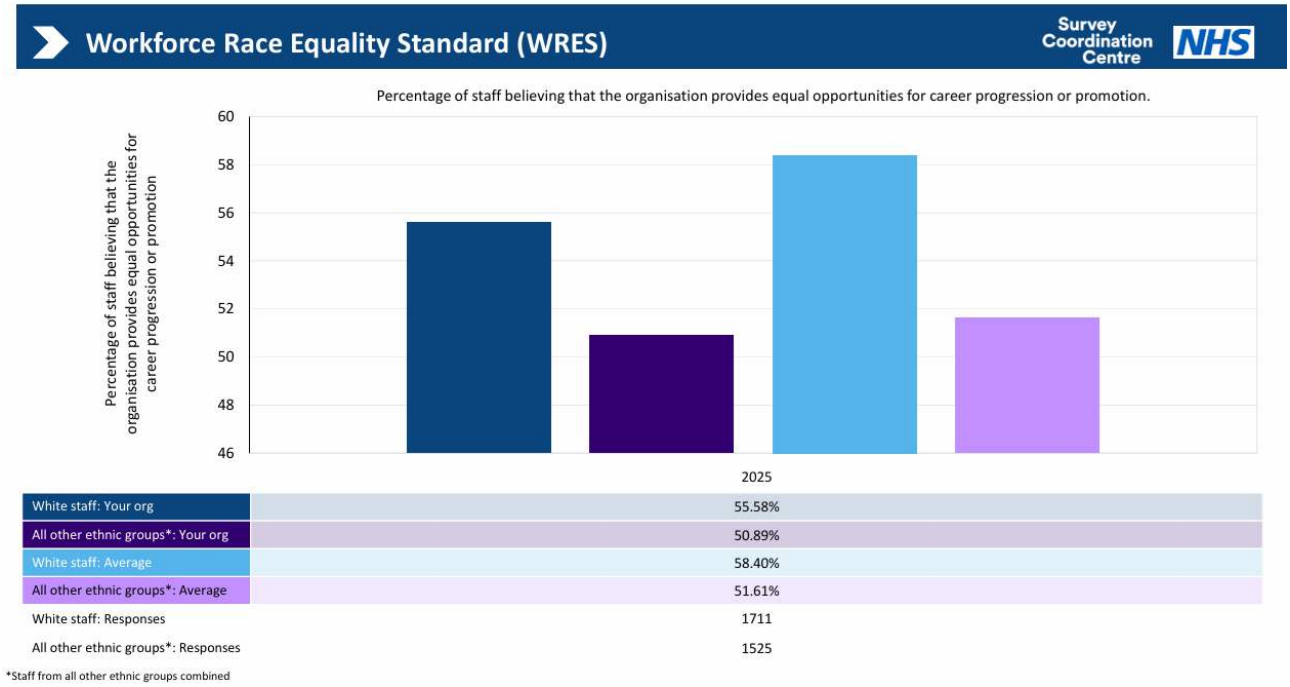
Indicator 6: harassment, bullying or abuse from staff in last 12 months

Over the past 12 months, 21.6% of Global Majority colleagues reported experiencing harassment, bullying, or abuse from staff, a slight decrease from 22.8% the previous year. Similarly, 19.9% of white colleagues reported such experiences, down from 21.7% 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	2026	
Global Majority	32.8%	34.3%	32.4%	25.5%	27.1%	23.3%	22.8%	21.6%	**Positive from previous year**
White	28.6%	30.5%	25.9%	24.6%	21.8%	22.0%	21.7%	19.9%	**Positive from previous year**

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

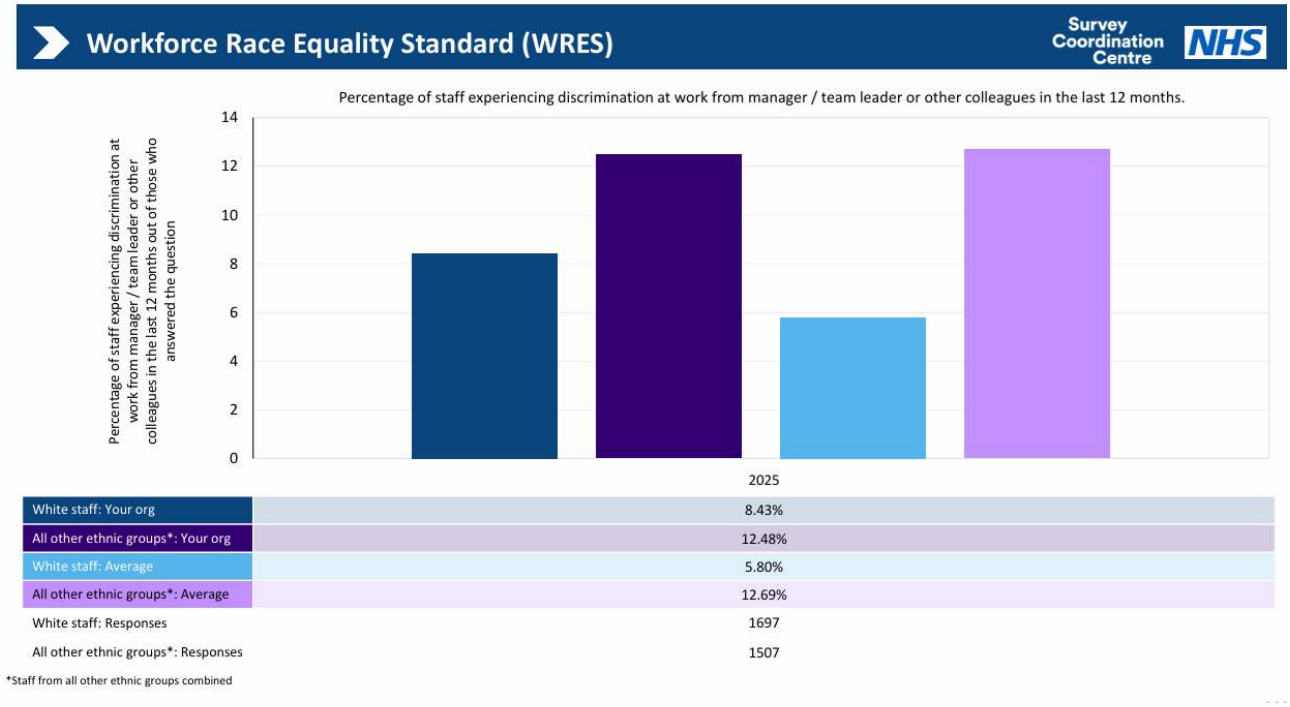
Despite these gains, inequalities remain in perceptions of access to career progression. 51% of Global Majority colleagues (unchanged from last year) reported feeling they have equal opportunities for promotion, compared with 55.5% of white colleagues. The widening perception gap is concerning and suggests that cultural and structural barriers to progression persist, even as formal processes become more equitable.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	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%	51%	**Remain the same from previous year**
White	78.5%	81%	55.3%	53.7%	54.5%	56.4%	57.7%	55.5%	**Negative from previous year**

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

Staff experiences of discrimination and harassment remain an area of concern; however, there are signs of improvement. In the latest data, 12.4% of Global Majority staff reported experiencing discrimination from colleagues, compared with 8.4% of white colleagues. While disparities persist, both figures represent a decrease from the previous year, indicating positive progress, however a gap remains. Continued focus is needed to sustain this improvement and further reduce inequalities in experience.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Global Majority	17.0%	18.6%	18.9%	16.4%	17.1%	12.2%	13.1%	12.4%	**Positive from previous year**
White	9.4%	10.0%	8.8%	10.5%	11.5%	8.8%	8.8%	8.4%	**Positive 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	2026	
Overall	-19.7%	-4.2%	-7.9%	0.9%	7.1%	1%	3%	3%	**Remain the same from**

									previous year
Voting Numbers	0.0%	30.8%	28.6%	38.5%	46.2%	42.8%	46.6%	50%	**Positive from previous year**
Executive Numbers	25%	0.0%	0.0%	28.6%	33.3%	25.0%	37.5%	37.5%	**Remain the same from previous year**

3. Disability Equality: WDES 2025 Overview

Key Highlights

Improved measures from 2025

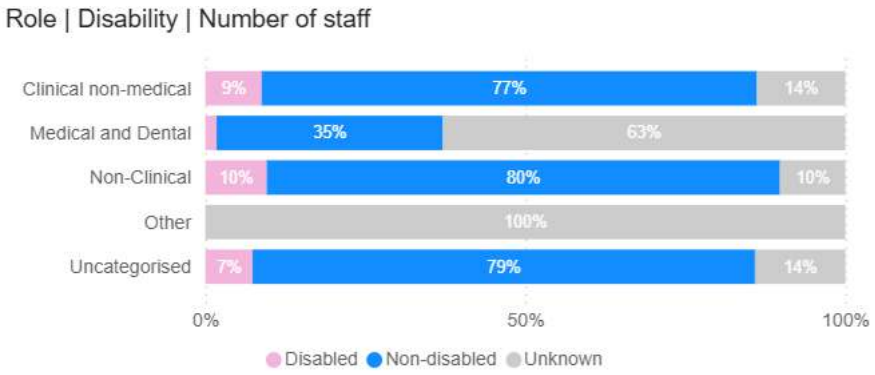
- Colleagues with long-term condition or illness are - The likelihood of non-disabled colleagues being appointed from shortlist compared to colleagues with disabilities is 0.97 compared to 0.92 in 2025 **(+ive)**
- Colleagues with long-term condition or illness are more likely to experience harassment, bullying and abuse from patients or relatives – this has numerically decreased to 34.7% since last year 35.9% **(+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 21.5% since last year 23.1% **(+ive).**
- Colleagues have shown an increase in reporting bullying and harassment if they experience it 66.0% to last year 63.6% **(+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. 44.4% compared to last year 43.1% **(+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. 17.0% compared to 18.4% last year. **(+ive)**
- There has been an increase to 81.0% from 80.6% 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.

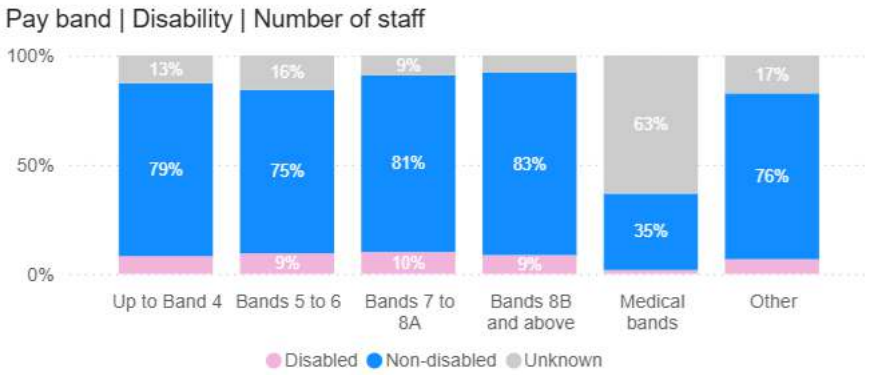
Decline measure from 2025

- Colleagues with disabilities are 5.74 times likely to enter the capability process then those without. (Last year 3.28) **(-ive)**

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 2026, 8.92% of the Trust's workforce declared a long-term condition or disability, up from 8.02% the previous year.





Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	Increase from previous year
Disabled	173	184	211	234	264	348	399	508	109
Non Disabled	3399	3334	3468	3485	3473	3703	3935	4376	
Unknown	380	428	467	491	575	600	645	813	

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

Recruitment outcomes have improved, with the likelihood of non-disabled candidates being appointed from shortlist decreasing to 0.97 compared to 0.92 previously. This indicates progress toward a more equitable selection process, with outcomes now closer to parity between disabled and non-disabled candidate

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	5639	638	401
	Number appointed from shortlisting	Headcount	1132	131	278
	Likelihood of shortlisting/appointed	Auto-Calculated	0.205329	0.200745	0.693267
	Relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled candidates	Auto-Calculated	0.977673		

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	1.44	1.23	0.67	1.31	0.84	1.28	0.92	0.97	**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 increased, with disabled staff now 5.74 times more likely to enter formal capability procedures than their non-disabled counterparts, compared to 3.28 previously. This widening gap remains a significant area of concern and indicates the need for strengthened training, earlier intervention, and consistent application of reasonable adjustment reviews.

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the			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	3	3	1.5

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).**	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	0.003937	0.000686	0.001845
	Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	Auto-Calculated	5.742728		

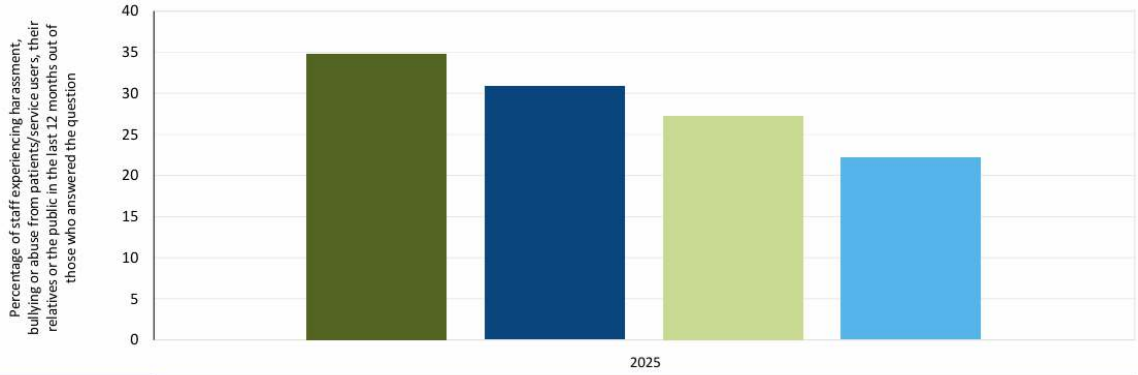
Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	2.06	2.83	5.48	0	0	5.33	3.28	5.74	**Negative from previous year**

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**

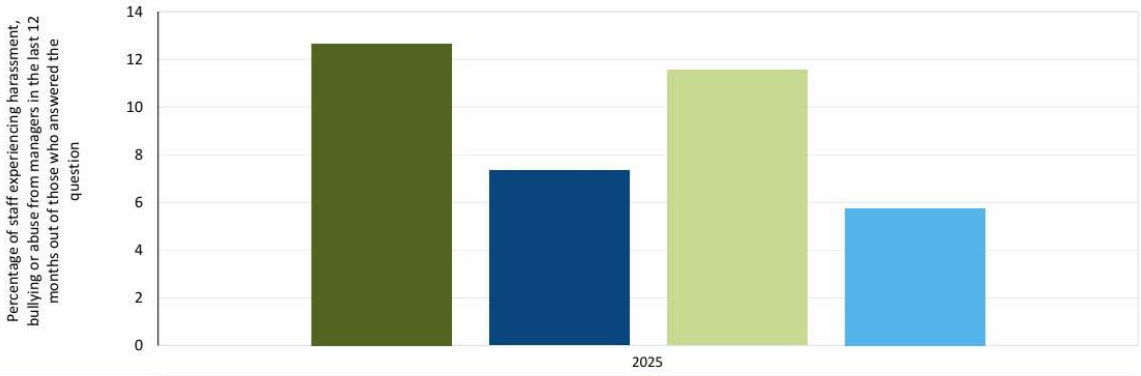
Bullying and harassment remain all too common in the lived experience of disabled staff. Reports of harassment from patients and the public have reduced marginally to 34.7%, while reports of bullying from colleagues decreased to 21.5%. Although these shifts are in the right direction, the overall rates remain high, and feedback continues to highlight a lack of confidence in informal resolution processes.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



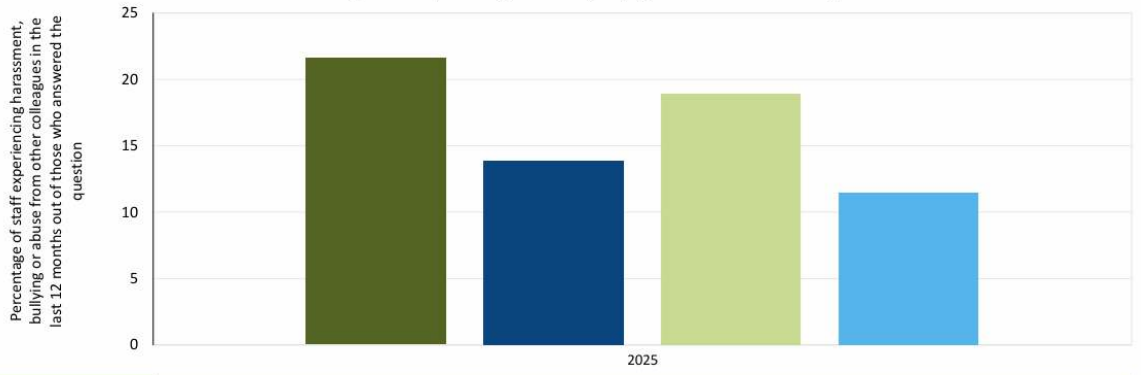
Staff with a LTC or illness: Your org	34.79%
Staff without a LTC or illness: Your org	30.80%
Staff with a LTC or illness: Average	27.24%
Staff without a LTC or illness: Average	22.13%
Staff with a LTC or illness: Responses	1052
Staff without a LTC or illness: Responses	2195

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



Staff with a LTC or illness: Your org	12.64%
Staff without a LTC or illness: Your org	7.34%
Staff with a LTC or illness: Average	11.55%
Staff without a LTC or illness: Average	5.74%
Staff with a LTC or illness: Responses	1044
Staff without a LTC or illness: Responses	2181

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

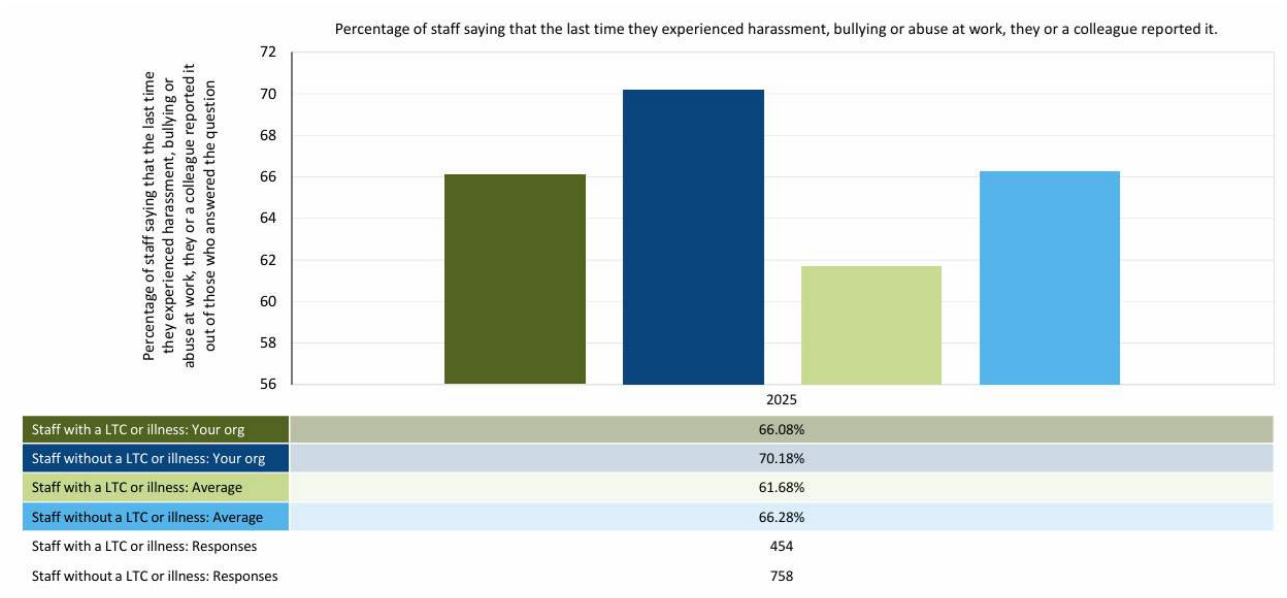


Staff with a LTC or illness: Your org	21.57%
Staff without a LTC or illness: Your org	13.83%
Staff with a LTC or illness: Average	18.87%
Staff without a LTC or illness: Average	11.45%
Staff with a LTC or illness: Responses	1043
Staff without a LTC or illness: Responses	2176

Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
Patients/service users, their relatives or other members of the public	40.6%	45.8%	40.6%	41.5%	43%	36.1%	35.9%	34.7%	**Positive from previous year**
Managers	22.4%	23.6%	17.8%	17.0%	14.1%	17.0%	14.2%	12.6%	**Positive from previous year**
Other colleagues	34.3%	31.7%	27.5%	28.1%	25.9	24.1%	23.1%	21.5%	**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, 66.0% in 2026 compared to 63.6% in 2025. This indicates growing trust in formal pathways, but also the emotional burden of persistent issues.

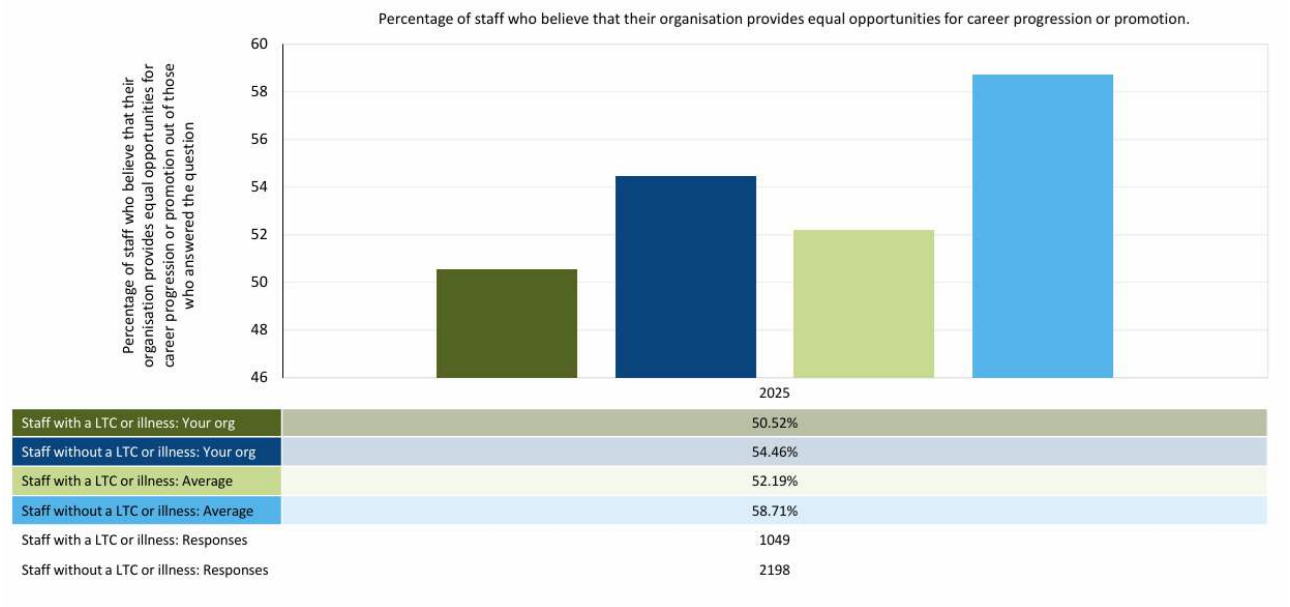


Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	

	56.6%	60.1%	61.7%	62.3%	65.1%	59.1%	63.6%	66.0%	**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

Over recent years, perceptions among disabled staff regarding equal opportunities for career progression or promotion have remained broadly stable, with 50.5% reporting positive views compared to 50.8% previously. While this indicates little change, it highlights the ongoing need for sustained focus on equality, inclusive career development, and transparent progression pathways to build confidence and improve experiences over time.

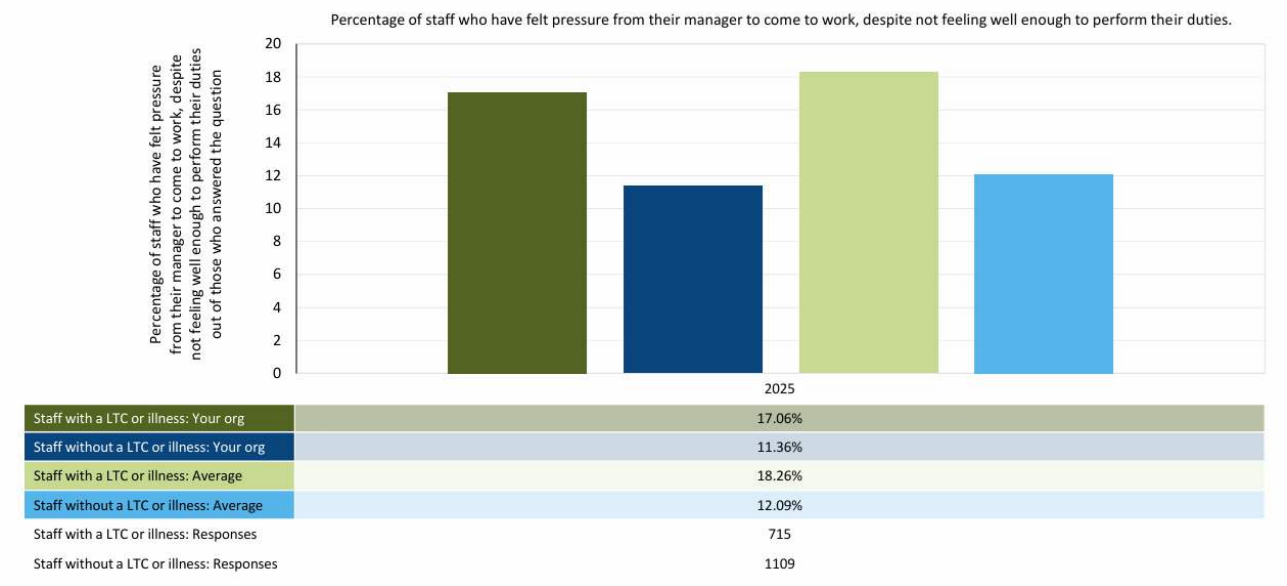


Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	46.0%	45.5%	47.8%	45.4%	47.1%	50.2%	50.8%	50.5%	**Negative from previous year**

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 small reduction in the proportion of staff reporting pressure from their manager to attend work while unwell, decreasing from 18.4% to 17.0%. While this

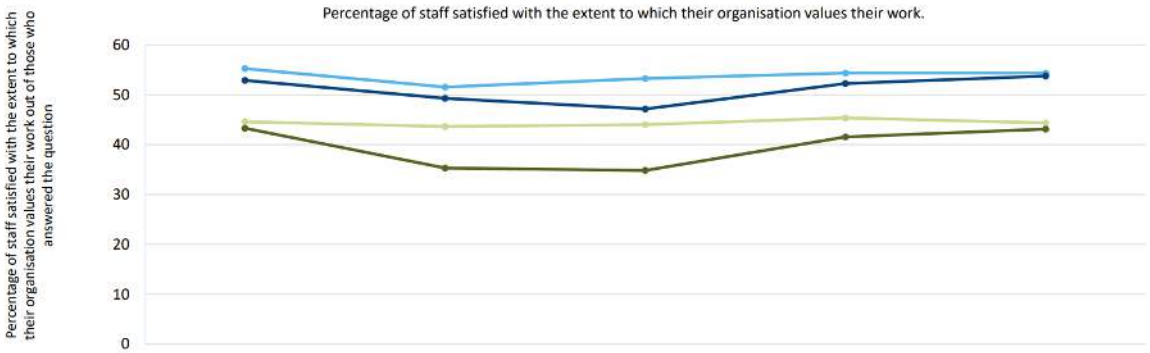
represents a modest improvement, the continued presence of reported pressure indicates that further work is needed to promote consistently supportive management practices. Sustained focus on wellbeing, reasonable adjustments, and flexible attendance approaches will be important in embedding a more compassionate workplace culture.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	23.9%	26.6%	23.1%	22.7%	19.9%	21%	18.4%	17.0%	**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 43.1% to 44.4%. 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

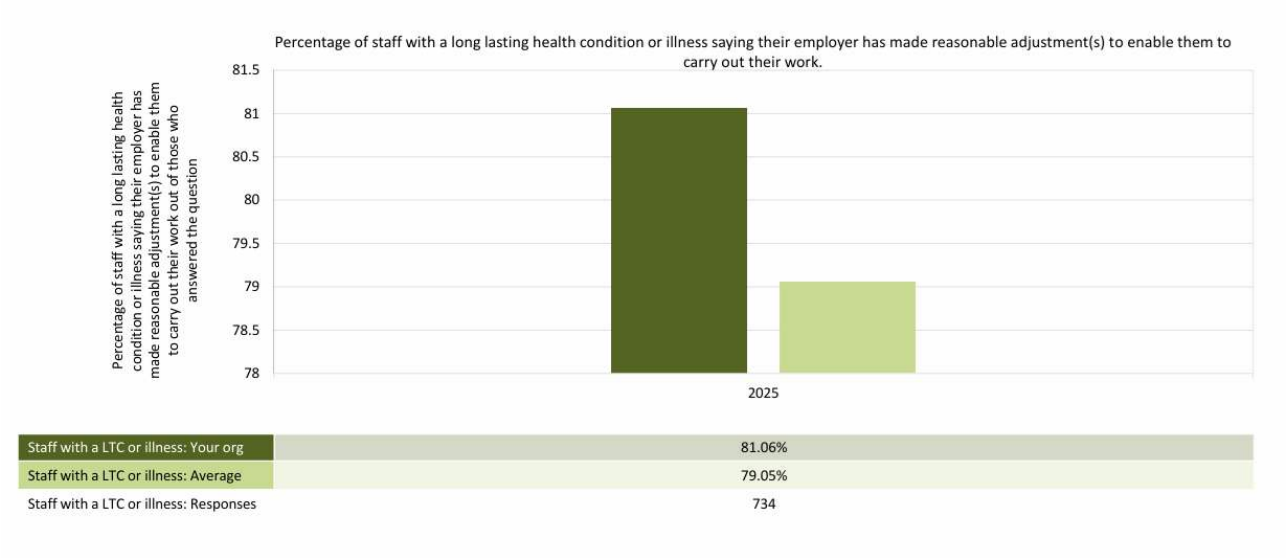


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	43.28%	35.30%	34.81%	41.55%	43.11%
Staff without a LTC or illness: Your org	52.88%	49.28%	47.14%	52.25%	53.75%
Staff with a LTC or illness: Average	44.56%	43.63%	44.02%	45.36%	44.33%
Staff without a LTC or illness: Average	55.25%	51.54%	53.25%	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	2026	
	37.2%	37.4%	43.3%	35.3%	34.8%	41.6%	43.1%	44.4%	**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.

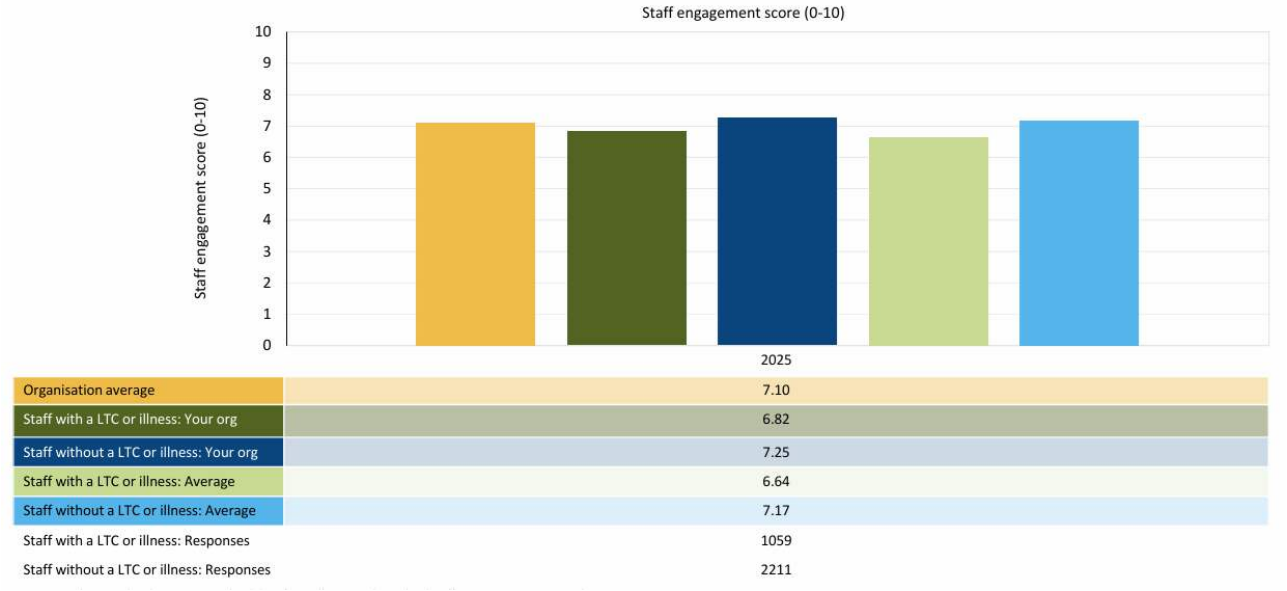
Access to reasonable adjustments has improved, with 81.0% of disabled staff confirming that the Trust has made adequate workplace adjustments, up from 80.6%. However Qualitative staff feedback points to inconsistency in how adjustments are implemented and frustrations with line management responses. 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	2026	
	70.5%	71.2%	82.7%	71.5%	74.4%	76.9%	80.6%	81.06%	**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 6.7 to 6.8. 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.



Indicator number and description	2019	2020	2021	2022	2023	2024	2025	2026	
	6.8	6.9	7.1	6.9	6.9	6.6	6.7	6.8	**Positive from previous year**

4. Organisational Response and Activity

Throughout 2025–2026, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has continued to strengthen its commitment to equity, diversity and inclusion (EDI), with a clear focus on addressing structural inequalities and creating a more inclusive and psychologically safe working environment for all staff.

Supported by the Trust's EDI Leads, bespoke workforce and health inequalities plans have been developed and implemented across each Division. These plans are tailored to local need and informed by data, enabling Divisions to identify and address disparities in staff experience, progression and outcomes, while embedding equity considerations into everyday operational and clinical decision-making.

Progress has also been supported through the introduction of Equity Panel Members and Inclusion Advisors. These roles provide peer-to-peer challenge and support, helping to ensure inclusive practice is consistently applied across recruitment, career progression and workplace culture.

At an organisational level, BSMHFT has demonstrated leadership and accountability through the launch of its Anti-Racist Framework, the adoption of an Anti-Racist Policy, and the introduction of anti-racist supervision. This has been reinforced by Trust-wide training on cultural competence, cultural humility and Active Bystander approaches, equipping staff with the skills and confidence to challenge inappropriate behaviour and promote inclusion.

Alongside this, a dedicated quality improvement project is underway to improve staff experience following incidents of racism or discrimination from service users or external visitors. This work aims to ensure staff feel heard, supported and psychologically safe, and that responses are timely and consistent.

Together, these actions represent a coordinated, Trust-wide approach to EDI, moving beyond policy to sustained cultural change and a more equitable and respectful working environment.

This work is closely aligned with the Trust's ambition to reduce health inequalities. A diverse and inclusive workforce is better placed to understand and respond to the needs of the communities BSMHFT serves. When staff feel valued, supported and treated fairly, they are more engaged, more likely to remain in post, and better able to deliver high-quality care.

The EDI Improvement Plan supports this by addressing inequalities in recruitment, career progression, disciplinary processes and overall staff experience, while strengthening leadership accountability for inclusion. This aligns closely with the Core20PLUS5 approach, which expects leaders to demonstrate how disparities are identified and reduced for both staff and service users.

This approach is informed by triangulated intelligence from population and service data, patient and carer feedback, and workforce metrics including representation, progression, pay gaps, staff survey results and staff network insights. Integrating these sources enables the Trust to identify where workforce inequalities intersect with patient and population disparities and to prioritise interventions with the greatest impact.

Reducing health inequalities requires understanding who is being left behind and why both within the workforce and in service delivery. BSMHFT recognises that equity for service users cannot be fully achieved without first addressing inequality internally.

5. Challenges and Risks

- **Staff experiencing Racism from Service Users**

Not tackling racism from service users towards staff risks harming staff wellbeing and safety, increasing turnover and sickness absence, normalising unacceptable behaviour, and undermining staff morale and quality of care. It can exacerbate existing workforce inequalities, create legal and governance risks under the Equality Act, damage the Trust's reputation, and allow incidents to escalate, increasing the risk of harm to both staff and service users.

- **Recruitment and Shortlisting**

White colleagues are **1.48 times more likely** to be appointed from shortlisting than Global Majority colleagues. This represents a deterioration from **0.70 in 2025**, indicating widening inequity in recruitment outcomes.

Risk: Reduced workforce diversity, potential bias in selection processes, and non-compliance with WRES expectations.

- **Career Progression**

Only **50.8%** of Global Majority colleagues believe the Trust provides equal opportunities for career progression, compared to **55.5%** of white colleagues. Confidence has declined since 2025 for all groups, with a persistent gap.

Risk: Reduced engagement and retention of Global Majority colleagues, loss of talent, and weakened leadership pipeline diversity.

- **Disciplinary Processes**

Global Majority colleagues are **1.93 times more likely** to enter formal disciplinary processes than white colleagues, a significant deterioration from **0.82 in 2025**.

Risk: Disproportionate outcomes, reduced trust in organisational processes, and increased legal and reputational risk.

- **Experiences of Discrimination**

12.4% of Global Majority colleagues reported experiencing discrimination from other colleagues, compared to **8.4%** of white colleagues. While marginal improvement is noted year-on-year, the disparity remains.

Risk: Psychological harm, reduced staff engagement, and negative impact on culture and care quality.

- **Capability Processes and Disability**

Colleagues with disabilities are **5.74 times more likely** to enter capability processes than those without disabilities, worsening from **3.28 in 2025**.

Risk: Potential failure to provide reasonable adjustments, discrimination risk, and non-compliance with WDES and legal obligations.

6. Mitigation

To address the risks as identified above, the Trust will take a multifaceted approach.

Staff experiencing Racism from Service Users

- Clear expectations of zero tolerance to racism, early engagement with service users to address underlying causes
- Consistent staff support and reporting, use of restorative approaches, and ongoing monitoring of incidents to inform action and provide assurance

Recruitment and Shortlisting

- Strengthened inclusive recruitment controls, including structured scoring and diverse panels.
- Enhanced scrutiny of recruitment outcomes via Divisional dashboards and escalation routes.
- Mandatory bias-aware recruitment training linked to managerial accountability.
- Use of Equity Panel Members to provide challenge and assurance.

Career Progression

- Targeted development and talent programmes for under-represented groups.
- Improved transparency in access to acting-up roles, secondments and leadership programmes.
- Divisional accountability for progression metrics by protected characteristic.
- Co-design of progression pathways with staff networks and Inclusion Advisors.

Disciplinary Processes

- Reinforcement of early resolution and informal management approaches.

- EDI review points within disciplinary oversight to challenge potential bias.
- Anti-racist supervision and decision-making support for managers.
- Monthly monitoring of disciplinary entry rates with senior escalation.

Experiences of Discrimination

- Continued roll-out of Active Bystander training and behavioural expectations.
- Strengthened reporting, response and feedback mechanisms.
- Use of Staff Survey, FTSU and staff network insight to identify hotspots.
- Leadership accountability for local culture through routine review of metrics.

Capability Processes and Disability

- Assurance that reasonable adjustments and occupational health advice are fully explored prior to capability action.
- Targeted manager training on disability inclusion and supportive performance management.
- EDI oversight of capability cases involving disabled colleagues.
- Trust and Divisional-level monitoring with clear escalation.

Progress will be monitored through WRES and WDES metrics, Staff Survey results, Divisional reporting and qualitative insight, with regular updates provided to the People Committee and Board.

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 2026.

Short-Term Actions (0–6 months) Purpose: Stabilise risk, strengthen controls, and improve immediate assurance

Staff experiencing Racism from Service Users

- Utilise existing in-house services, including Occupational Therapy and ward-based teams, to proactively engage with service users.
- Focus on gathering feedback, understanding perspectives, and amplifying the service user voice to identify underlying causes and inform immediate responses to incidents of racism.
- Clear expectations around respectful behaviour will be reinforced, alongside consistent staff support and incident reporting

Recruitment & Shortlisting

- Introduce immediate Divisional scrutiny of shortlisting and appointment outcomes by protected characteristic, with clear escalation where disproportionality is identified.
- Mandate structured, competency-based scoring and consistent panel composition for all recruitment activity, supported by refreshed inclusive recruitment guidance.

- Equity Panel Members to provide challenge and assurance at key recruitment decision points.

Career Progression

- Publish and re-communicate clear guidance on access to acting-up roles, secondments and development opportunities to ensure transparency and fairness.
- Use Staff Survey and workforce data to identify Divisions with the lowest confidence in career progression and prioritise targeted support.
- Engage staff networks and Inclusion Advisors to capture qualitative insight on barriers to progression.
- Promote Inclusive Coaching Programme

Disciplinary Processes

- Reinforce expectations around early resolution and informal management through immediate manager briefings and guidance.
- Begin monthly monitoring of disciplinary entry rates by protected characteristic, with senior leadership escalation where required.

Experiences of Discrimination

- Re-communicate reporting routes and expected standards of behaviour Trust-wide.
- Strengthen reporting and response pathways to ensure staff receive timely feedback, support and follow-up.
- Use Staff Survey, FTSU and staff network insight to identify cultural “hotspots” requiring immediate leadership intervention.

Capability Processes and Disability

- Require confirmation that reasonable adjustments and occupational health advice have been fully considered before capability action is initiated.
- Introduce EDI oversight and senior review of all capability cases involving disabled colleagues.
- Provide immediate guidance to managers on supportive performance management and inclusive practice.

Medium-Term Goals (6–18 months) – Purpose: Embed consistency, improve capability, and deliver measurable improvement

Staff experiencing Racism from Service Users

- Co-produce targeted interventions with service users and staff, informed by feedback gathered, to address racist behaviours and promote mutual respect.
- Include culturally informed education, restorative approaches (e.g. facilitated conversations), and structured ward-based activities that promote inclusion and understanding.

- Strengthen staff confidence through training and guidance on responding to racism from service users, ensuring consistency in approach across teams.

Recruitment & Shortlisting

- Implement routine Divisional and Trust-level reporting of recruitment outcomes by protected characteristic, with clear ownership and accountability.
- Refresh and mandate bias-aware and inclusive recruitment training for all recruiting managers.
- Review and refine recruitment processes where disproportionality persists, informed by trend analysis and qualitative insight.

Career Progression

- Implement targeted talent management and development programmes for under-represented groups.
- Strengthen mentoring, sponsorship and leadership development pathways linked to measurable progression outcomes.
- Embed progression metrics into Divisional performance reviews to improve transparency and consistency in promotion and development pathways.

Disciplinary Processes

- Review disciplinary policies, thresholds and decision-making practice to ensure consistency and proportionality across Divisions.
- Embed anti-racist supervision and fair decision-making support into people management practice.
- Monitor disciplinary trends over time to evidence reduction in disproportionate outcomes.

Experiences of Discrimination

- Expand Active Bystander training and embed behavioural expectations through visible leadership practice.
- Strengthen use of Freedom to Speak Up, Staff Survey and staff network insight to inform targeted action.
- Hold leaders accountable for local culture through regular review of discrimination metrics and outcomes.

Capability Processes and Disability

- Deliver structured manager training on disability inclusion, reasonable adjustments and supportive performance management.
- Embed occupational health input earlier within performance management pathways.
- Introduce EDI oversight as standard practice for all capability processes and review outcomes to ensure fairness and consistency across Divisions.

Long Term Goals (18+ months)

Purpose: Achieve sustained cultural change, reduce structural inequalities, and evidence long-term impact

Staff experiencing Racism from Service Users

- Embed a sustainable, organisation-wide approach to preventing and responding to racism from service users, aligned with the Trust's anti-racism framework.
- Include ongoing co-production, continuous monitoring of incidents and outcomes, and integrating expectations of respectful behaviour into care planning and service delivery models.
- The aim is to foster a culture where staff feel safe, supported, and empowered, and where inclusive, anti-racist practice is consistently upheld.

Recruitment & Shortlisting

- Embed equity and inclusion metrics into workforce planning, recruitment governance and leadership performance objectives.
- Demonstrate sustained improvement in recruitment and appointment outcomes through WRES trend analysis.
- Embed inclusive recruitment practice as standard business through assurance mechanisms, audit and continuous improvement.
- Strengthen early-career, apprenticeship and leadership pipeline routes to improve long-term workforce diversity.

Career Progression

- Achieve measurable improvement in staff confidence around fairness of career progression, evidenced through Staff Survey results.
- Establish a diverse and representative leadership pipeline across all Divisions and senior roles.
- Embed equitable talent management and succession planning as core organisational practice.

Disciplinary Processes

- Evidence sustained reduction in disproportionate entry into formal disciplinary processes across protected characteristics.
- Embed learning from disciplinary data into leadership development, people policies and organisational learning.
- Demonstrate consistent, fair and proportionate application of disciplinary processes through audit and assurance.

Experiences of Discrimination

- Demonstrate year-on-year reduction in reported experiences of discrimination and increased confidence in organisational response.
- Embed a psychologically safe culture where staff feel confident to challenge inappropriate behaviour and raise concerns.
- Use long-term trend data and qualitative insight to evidence sustained cultural improvement across the Trust.

Capability Processes and Disability

- Achieve parity in capability entry rates between disabled and non-disabled colleagues.
- Embed inclusive performance management and reasonable adjustment practice as standard across all Divisions.
- Evidence improved disability inclusion through WDES outcomes, staff feedback and assurance reviews.

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

Over the next five years, Birmingham and Solihull Mental Health NHS Foundation Trust will become an organisation where equity is embedded, disparities are actively reduced, and inclusion is experienced consistently by all staff.

Our ambition is to move from managing inequality to preventing it, ensuring that staff experience, opportunity and outcomes are no longer predicted by race, disability or other protected characteristics.

BSMHFT will:

- Eliminate disproportionate outcomes across recruitment, career progression, disciplinary and capability processes, evidenced through sustained improvement in WRES and WDES indicators.
- Create a psychologically safe and inclusive culture where discrimination is actively challenged, staff feel confident to speak up, and inappropriate behaviour is addressed consistently and compassionately.
- Embed fair, transparent and accountable people practices so that inclusion is not dependent on individual managers, but is a consistent organisational standard.
- Develop a diverse and representative leadership pipeline, ensuring that leadership at all levels reflects the workforce and communities we serve.
- Be recognised for inclusive leadership and workforce equity, demonstrating strong assurance to regulators, partners and staff.

Crucially, this ambition is inseparable from our commitment to reducing health inequalities. We recognise that we cannot deliver equitable, high-quality mental health care without first addressing inequality within our own workforce. A supported, diverse and engaged workforce is fundamental to improving access, experience and outcomes for the populations we serve.

Over the next five years, our focus will shift from short-term corrective action to long-term cultural change, supported by strong governance, visible leadership accountability and continuous learning. Equity will be embedded into decision-making, workforce planning and performance management, ensuring that progress is sustained beyond individual initiatives.

This ambition reflects BSMHFT's commitment to being not only a good employer, but a fair, inclusive and accountable organisation, where everyone has the opportunity to thrive

8. Assurance

The Trust maintains a clear and sustained commitment to meeting and where possible exceeding the requirements of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Strong governance arrangements are in place to provide assurance over the collection, analysis and reporting of race- and disability-related workforce data, ensuring accuracy, transparency and appropriate confidentiality.

Oversight of WRES and WDES performance is embedded within the Trust's Equality, Diversity and Inclusion (EDI) governance framework. Metrics are subject to regular monitoring and scrutiny by senior leaders and the People Committee, enabling the Board to maintain clear sight of areas of risk, deterioration and improvement. Where disparities are identified, this intelligence directly informs targeted, evidence-based interventions and time-phased action plans.

Assurance is further strengthened through triangulation of quantitative data with qualitative insight from staff engagement mechanisms, including the Staff Survey, Freedom to Speak Up and staff networks. This approach enables the Trust to test whether policy intent is translating into lived experience and to respond where assurance gaps remain.

While data demonstrates areas of progress in representation, staff experience and development, the Trust is clear that assurance requires not only improvement but sustained and consistent impact. Strategic priorities including targeted development programmes, inclusive leadership capability, strengthened people processes and enhanced data transparency are therefore explicitly aligned to closing known gaps and reducing disproportionate outcomes.

Delivery of this strategy will continue to be informed by robust, triangulated workforce and service data aligned to national NHS frameworks, including WRES, WDES, PCREF, the NHS People Plan, the NHS Long Term Workforce Plan and the NHS EDI Improvement Plan. These frameworks provide clear metrics, reporting structures and accountability mechanisms, enabling consistent Board oversight and assurance that progress is measurable and sustained.

Integrating WRES and WDES insight supports an intersectional approach, ensuring the Trust addresses structural inequalities rather than isolated indicators. This strengthens inclusive leadership, embeds fair and transparent people practices, and supports a diverse

workforce to thrive. In turn, this provides assurance that workforce equity is actively contributing to the Trust's wider ambition to reduce health inequalities and improve outcomes for the communities we serve.