



WRES/WDES Data 2026



Workforce Race Equality Standard WRES Data 2026

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

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

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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)**.

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	2026
24%	28%	30%	30%

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Shortlisting

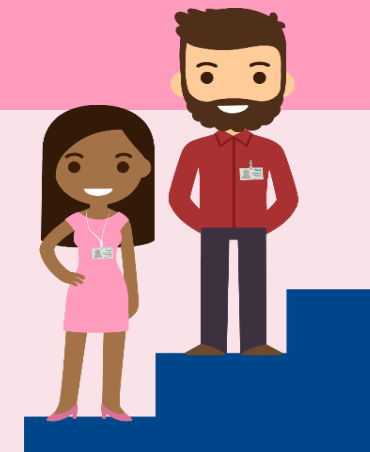


White colleagues are **1.48** times more likely to be appointed from shortlisting.

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)**



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Birmingham and Solihull
Mental Health
NHS Foundation Trust

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)**.

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**



compassionate



inclusive



committed

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Bullying and harassment

The gap between global majority and white colleagues experiencing harassment, bullying or abuse from patients, relatives or the public is increased to **8.5%** compared to previous year **6% (-ive)**.



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 **(+ive)**

Board membership



50% white colleagues
50% Global Majority colleagues

Workforce Disability Equality Standard

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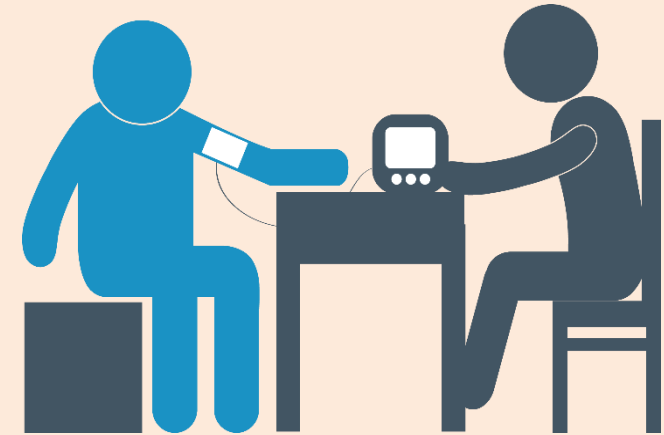


8.92% colleagues across our Trust report having a long-term condition or illness. Compared to the **8.02%** reported in 2025

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

Workforce Disability Equality Standard 2026

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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)**.



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)**.

Workforce Disability Equality Standard 2026

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



Colleagues with a Disability remain less likely to agree that the Trust acts fairly on career progression, with **50.5%** reporting positive views compared to **50.8%** previously (-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)**.



Workforce Disability Equality Standard 2026

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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.

Workforce Disability Equality Standard 2026

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Increase from **6.7** to **6.8** 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.



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



To date:

- BSMHFT has strengthened its EDI commitment, focusing on reducing inequalities and improving psychological safety.
- Divisions have implemented data-driven, tailored workforce and health inequalities plans.
- Equity Panel Members and Inclusion Advisors support inclusive recruitment, progression and culture.
- Anti-racist framework, policy, supervision and Trust-wide training have been introduced.
- A quality improvement project is improving staff support after discrimination incidents.
- Work aligns with reducing health inequalities and improving staff experience and care quality.
- The EDI Plan targets disparities in recruitment, progression, discipline and leadership accountability.
- Data from workforce, service user feedback and service use informs targeted action.
- The Trust recognises internal equity is essential to achieving equitable service user care.

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



Risks

- **Recruitment:** Widening appointment gap for Global Majority staff → reduced diversity and WRES risk.
- **Career progression:** Lower confidence among Global Majority staff → reduced retention and leadership diversity.
- **Disciplinary processes:** Higher disciplinary rates for Global Majority staff → trust, legal and reputational risk.
- **Discrimination:** Higher reported discrimination for Global Majority staff → psychological harm and cultural impact.
- **Disability & capability:** Much higher capability rates for disabled staff → adjustment, WDES and legal risk.
- **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



Mitigation

- **Recruitment:** Strengthen inclusive controls, scrutinise outcomes, mandate bias-aware training, and use Equity Panel Members.
- **Career progression:** Target development for under-represented groups, improve transparency, and hold Divisions accountable.
- **Disciplinary processes:** Reinforce early resolution, add EDI oversight, support managers, and monitor monthly with escalation.
- **Discrimination:** Expand Active Bystander training, strengthen reporting and responses, and address cultural hotspots.
- **Disability & capability:** Ensure adjustments are made, train managers, apply EDI oversight, and monitor with escalation.
- **Tackling racism from service users towards staff:** 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
- **Monitoring:** Progress tracked through WRES/WDES metrics, Staff Survey data, Divisional reporting and qualitative insight, with updates



Next Steps 2026:

- **Recruitment:** Scrutinise outcomes by protected characteristic, standardise panels and scoring, and use Equity Panel Members for assurance.
- **Career progression:** Re-communicate access to opportunities, target Divisions with low confidence, and promote inclusive coaching.
- **Disciplinary processes:** Reinforce early resolution and monitor entry rates by protected characteristic.
- **Discrimination:** Re-communicate reporting routes, strengthen responses, and address cultural hotspots.
- **Disability & capability:** Ensure reasonable adjustments, introduce EDI oversight, and support managers with inclusive guidance



Thank you