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University Hospitals Birmingham
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Workforce Women's Equality Standard Report 2025

University Hospitals Birmingham
NHS Foundation Trust

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Summary of Findings

Metric 1: Representation

Representation of women across all bands has remained consistent at around **75%** women to 25% men over the last 5 years

Metric 2: Shortlisting

Relative likelihood of women being appointed from shortlisting has increased from 0.89 to **0.92** compared to the previous year.

Metric 4: Bullying and Harassment

Women have reported less harassment from the public **(24.50%)**, managers **(10.36%)** and colleagues **(21.97%)**, and are more likely to report if it does occur **(53.72%)** compared to the previous year.

Metric 4: Sexual harassment

Women have reported less sexual harassment from the public **(8.53%)**, and colleagues **(4.65%)** compared to the previous year.

Metric 5: Career Progression

An increase from 50.18% to **51.16%** of women reporting equal opportunities for equal access to career progression compared to the previous year.

Metric 6: Feeling Valued

An increase from 36.94% to **40.41%** of women reported feeling valued compared to the previous year.

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Women reporting being able to talk openly about flexible working with their line manager has increased from 67.46% to **67.80%** compared to the previous year.

Metric 9: Engagement

Engagement score has increased from 6.59 to **6.66** compared to the previous year

Metric 4: Physical Violence

The percentage of women experiencing physical violence from managers has increased to **0.85%** from 0.75% in 2024

Women reporting incidents of physical violence has decreased to **68.62%** from 72.66% in 2024

Metric 10: Board

The number of women on the board has reduced to **32.00%** from 41.67% the previous year.

Introduction

NHS England oversees and maintains two national workforce equality data collections that promote equality of career opportunities and fairer treatment in the workplace. Providing an annual report for the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers through the NHS standard contract. The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of disabled and non-disabled staff. The WRES is a collection of 9 indicators that aim to ensure our ethnic minority staff have equal access to career opportunities and receive fair treatment in the workplace.

In addition to these mandated reports, University Hospitals Birmingham NHS Foundation Trust (UHB) has also produced this Workforce Women's Equality Standard (WWES) report for the first time in 2025. This explores the experiences of women and men across the Trust using similar metrics to the WDES and WRES reports.

This WWES annual report uses data from Electronic Staff Records (ESR), NHS Jobs and National Staff Survey (NSS) results, focusing on workforce representation and the lived experiences of women in our Trust. Where possible, the snapshot date for data is 31 March 2025. Data for the 2024 NSS is captured in October and November 2024 and reported to the Trust in March 2025.

Baseline data and analysis serve as a measuring tool, enabling the Trust to identify areas of progress and areas requiring improvement. The ESR system is only able to record sex as 'woman' or 'man' whereas the NSS allows additional responses as 'non-binary' or 'prefer to self-describe'. This means that we do not have consistent data for all metrics on staff who identify as 'non-binary' or those who 'prefer to self-describe'. To keep analysis consistent throughout the report, this WWES will compare data recorded for 'women' and 'men'. The experience of our staff, who identify as non-binary, and those who prefer to self-describe, is important to the organisation. We are continuing to monitor the NSS data and work with our staff networks to improve the experiences of our LGBT+ staff.

Following the publication of this first WWES report, the Trust will look to review WWES data at a local level through our site-led structure. This will allow our Hospital Executive Directors and their senior leadership teams to consider areas that require improvement and to focus on areas where disparities have been identified. This will also provide the opportunity to identify areas of good practice and shared learning across the Trust.

Metrics for the WWES have been co-produced with the Trust Women's Inclusive staff network and have been aligned with the WDES and WRES, to highlight data, analysis, and actions to be taken. The report describes actions throughout the last year aimed at improving performance against previous staff survey results and sets out the Trust's plan to demonstrate continued commitment and progress in the year ahead.

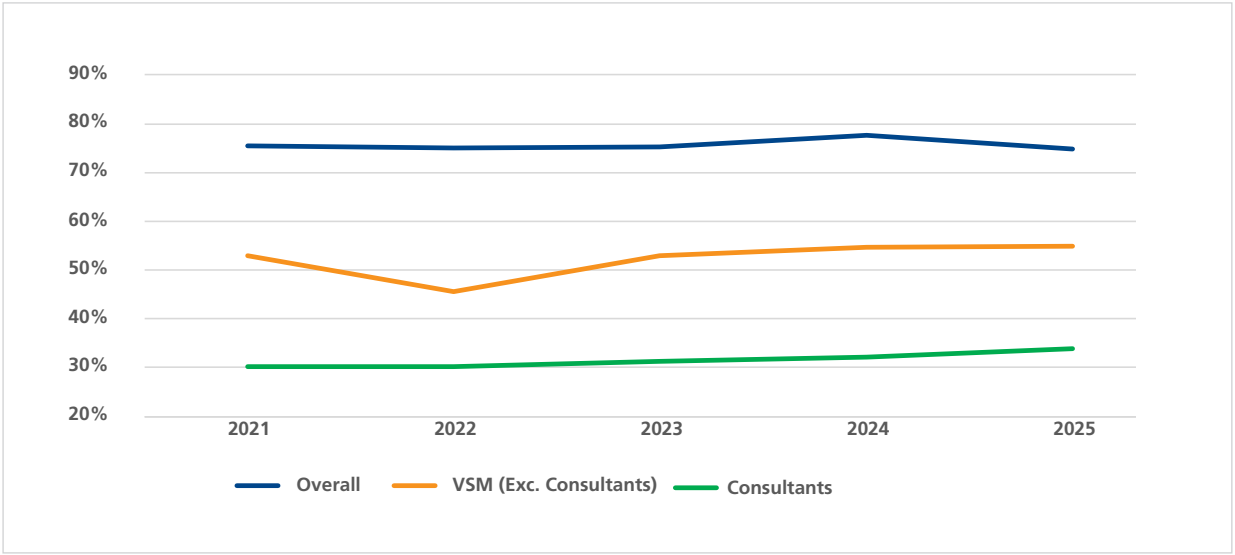
This report is focused on sex inequalities but recognises that we may face multiple and simultaneous forms of discrimination based on the multiple features that make up our unique identities and that this can intensify our experiences. For this reason, we take an intersectional approach to the way we analyse and respond to the findings of the WDES, WRES and WWES. Some actions in response to harassment, bullying and abuse for example, which apply to sex, race, and disability, are duplicated in our action plans to encourage greater intersectional thinking and practice. For example, if a staff member is a woman of an ethnic minority background, with dyslexia, then their challenge in relation to career progression is likely to be multifaceted.

Findings by Metrics 1-10

As this is the first WWES reported by the Trust, comparisons have been made to previous data contained within our Gender Pay Gap reports, Annual Workforce Report and the National Staff Survey. The 2025 data shows improvements in nearly all metrics, apart from two where there have been reductions. Disparities do remain between the experiences of our women and men. The following analysis highlights key findings for 2025 and provides a baseline for future reports.

Metric 1: Representation

Percentage of women in Agenda for Change pay-bands or medical and dental subgroups and very senior managers (including Executive Board members).



	2021	2022	2023	2024	2025
Overall	75.38%	75.11%	75.28%	77.56%	74.78%
VSM (Exc. Consultants)	53.02%	45.59%	53.01%	54.68%	54.97%
Consultants	30.11%	30.20%	31.25%	32.17%	33.89%

This metric shows the percentage of women taken from ESR, in each of the Agenda for Change bands 1 – 9, VSM (including executive board members), medical, dental and other staff. This has been consistent, with minimal changes in percentage for several years.

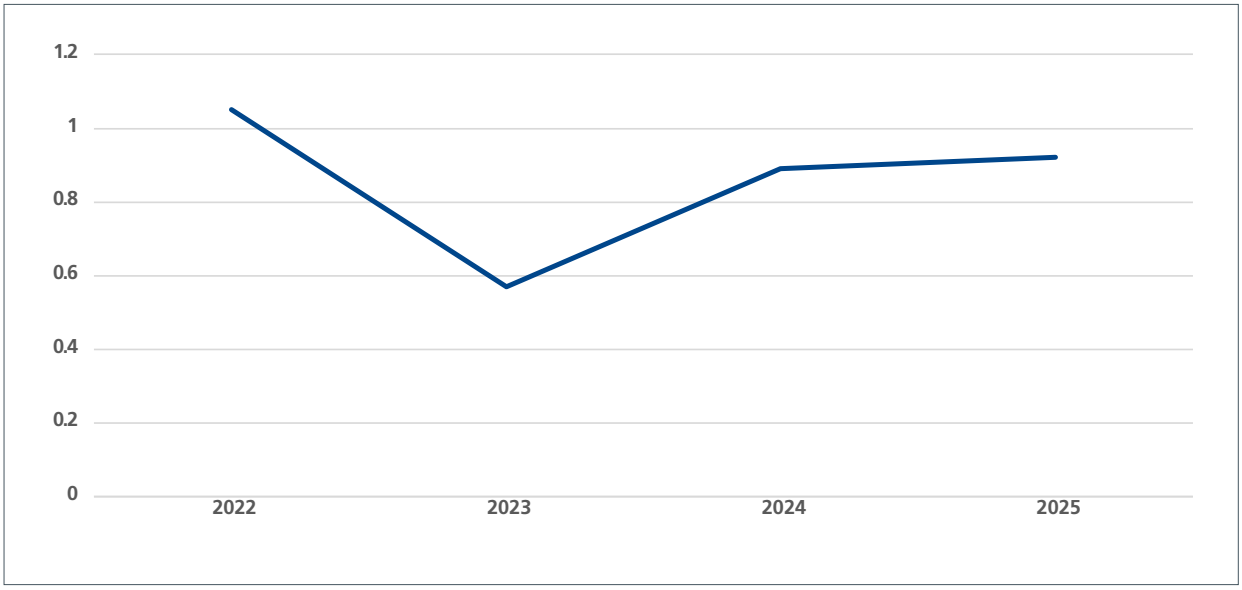
The Trust is 74.78% women and 25.22% men. There has been an increase in the number of women Consultants to 33.89% from 32.17% in 2024. It is encouraging that this number is increasing, as this links with actions in our Gender Pay Gap report which seek to address the disparity in our Consultant workforce.

According to the 2021 census data, the Trust serves a population of 50.9% women and 49.1% men. Whilst our representation differs from the local population, it is reflective of other Trusts across the NHS[1].

[1]https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2025

Metric 2: Shortlisting

Relative likelihood of women compared to men being appointed from shortlisting across all posts.



2022	2023	2024	2025
1.05	0.57	0.89	0.92

This metric uses data taken from NHS Jobs showing the relative likelihood of women being appointed from shortlisting across all posts, compared to men. A score of 1 would indicate that the Trust is just as likely to appoint women as it is men. The data has remained consistent; the Trust is more likely to appoint a woman candidate.

Metric 3: Days lost to women's health related absence

How many days have been lost to absence due to women's related health issues including gynaecological and menopausal reasons.

Data is not yet available for this metric but will be for the 2026 WWES report.

By understanding the number of days lost each year to women's health related issues, we can ensure more tailored and proactive support is available. Recently, menopause has been added as a reason for absence on our Trust systems, which will allow us to report on this data moving forwards. We will report this new data alongside the existing data for other gynaecological and women's health issues absences to report on overall days lost.

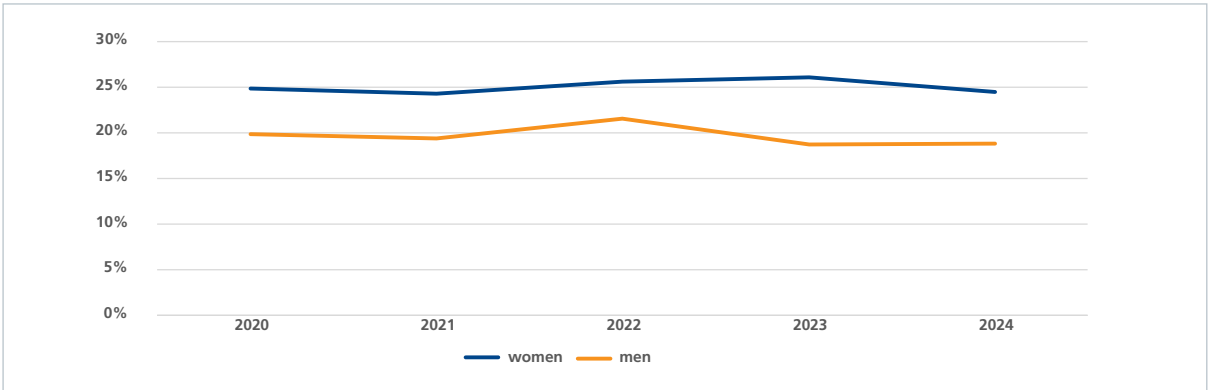
Metric 4: Bullying, Harassment and Abuse; Physical Violence; Sexual Harassment

Using data from the National Staff Survey, this metric compares women and men experiencing bullying, harassment and abuse, physical violence and sexual harassment.

1. Percentage of women compared to men experiencing harassment, bullying or abuse from:

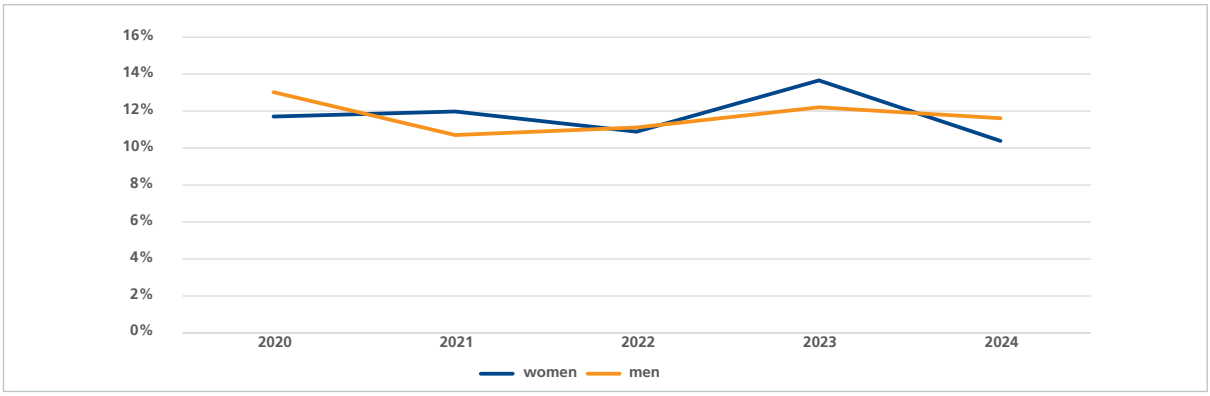
   a. Patients/Service users, their relatives or other members of the public
   b. Managers
   c. Other colleagues
   d. Percentage of women compared to men saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

a) Harassment, bullying or abuse from patients, service users or the public.



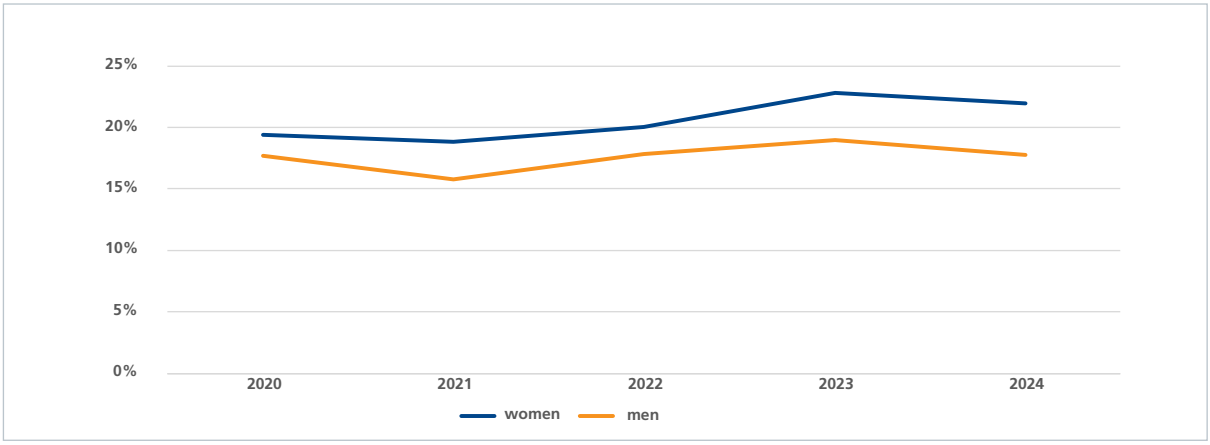
	2020	2021	2022	2023	2024
Women	24.83%	24.32%	25.56%	26.03%	24.50%
Men	19.80%	19.35%	21.58%	18.68%	18.79%

b) Harassment, bullying or abuse from a line manager



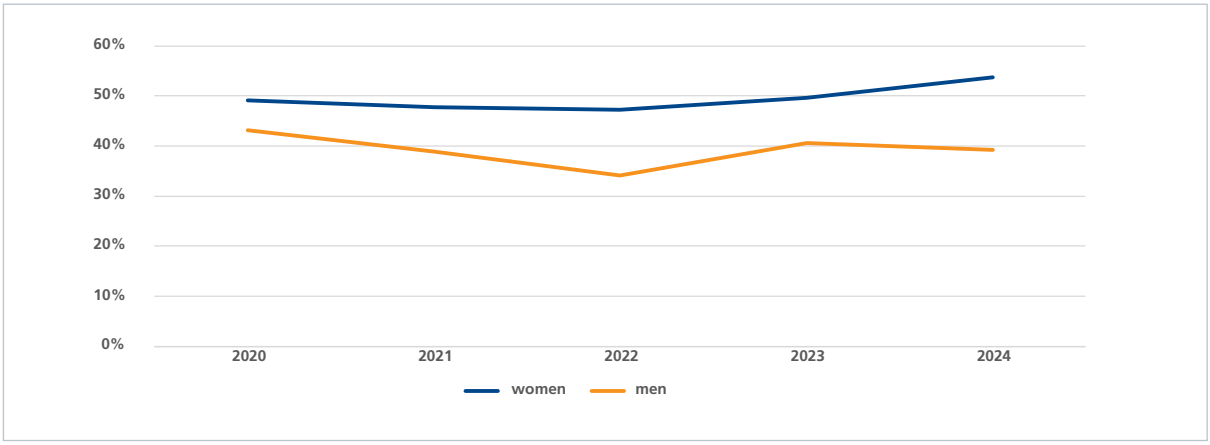
	2020	2021	2022	2023	2024
Women	11.70%	11.94%	10.88%	13.64%	10.36%
Men	12.99%	10.69%	11.08%	12.20%	11.60%

c) Harassment, bullying or abuse from other colleagues.



	2020	2021	2022	2023	2024
Women	19.38%	18.85%	20.01%	22.79%	21.97%
Men	17.73%	15.77%	17.83%	18.94%	17.76%

d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



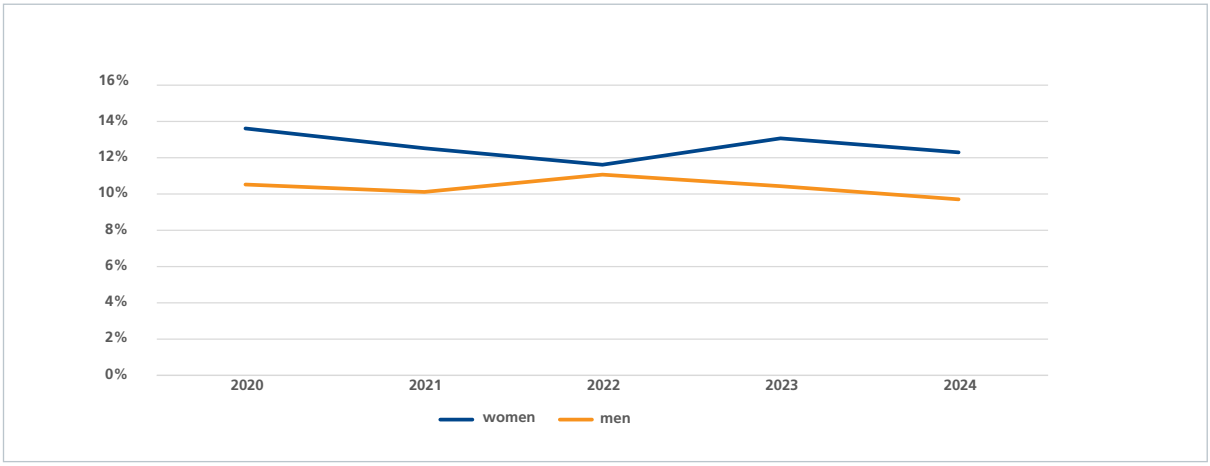
	2020	2021	2022	2023	2024
Women	49.13%	47.72%	47.31%	49.67%	53.72%
Men	43.23%	38.84%	34.10%	40.57%	39.24%

We are pleased that women reported less bullying, harassment or abuse from patients or service users, managers and colleagues over the last 12 months. However, we acknowledge that the rates at which women report these instances is still higher than men and further work is required to ensure this downwards trend continues. Additionally, the percentage of women who reported incidents when they experienced it has increased by 4% and remains significantly higher than men.

2. Percentage of women compared to men experiencing physical violence from:

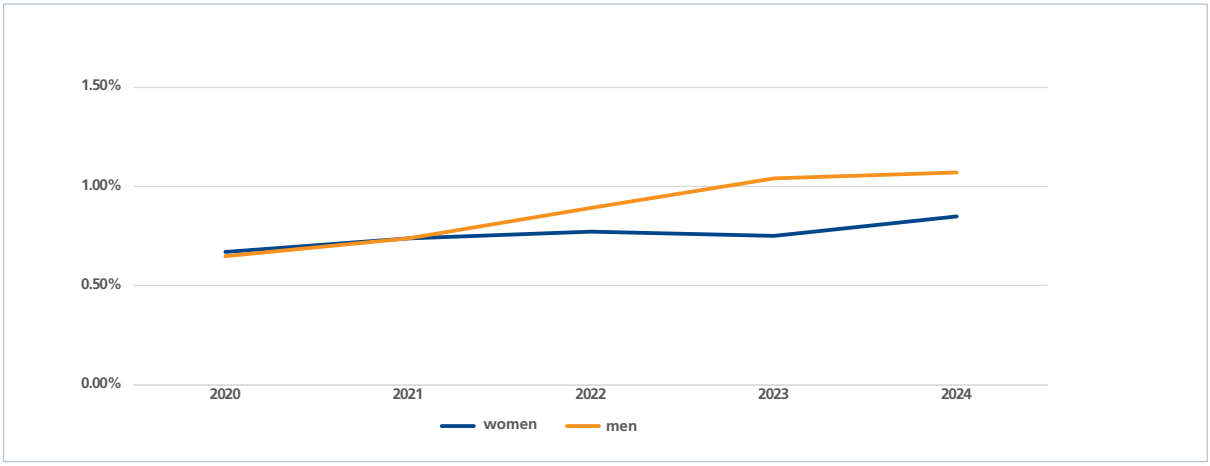
   a. Patients/Service users, their relatives or other members of the public
   b. Managers
   c. Other colleagues
   d. Percentage of women compared to men saying that the last time they experienced physical violence at work, they or a colleague reported it.
   Relative likelihood of staff accessing non-mandatory training and CPD.

a) Physical Violence from patients, service users or the public.



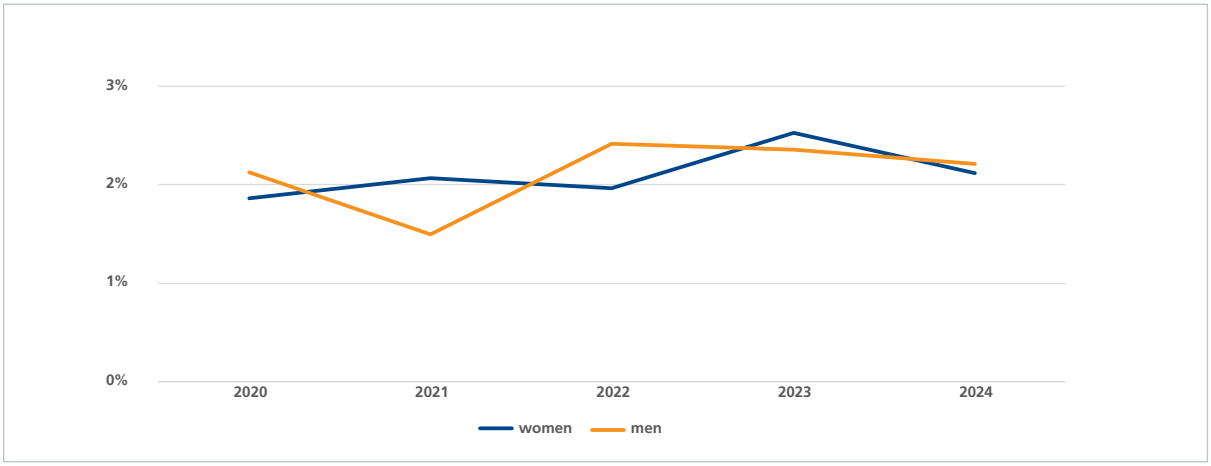
	2020	2021	2022	2023	2024
Women	13.60%	12.55%	11.63%	13.06%	12.29%
Men	10.55%	10.14%	11.06%	10.43%	9.69%

b) Physical Violence from managers



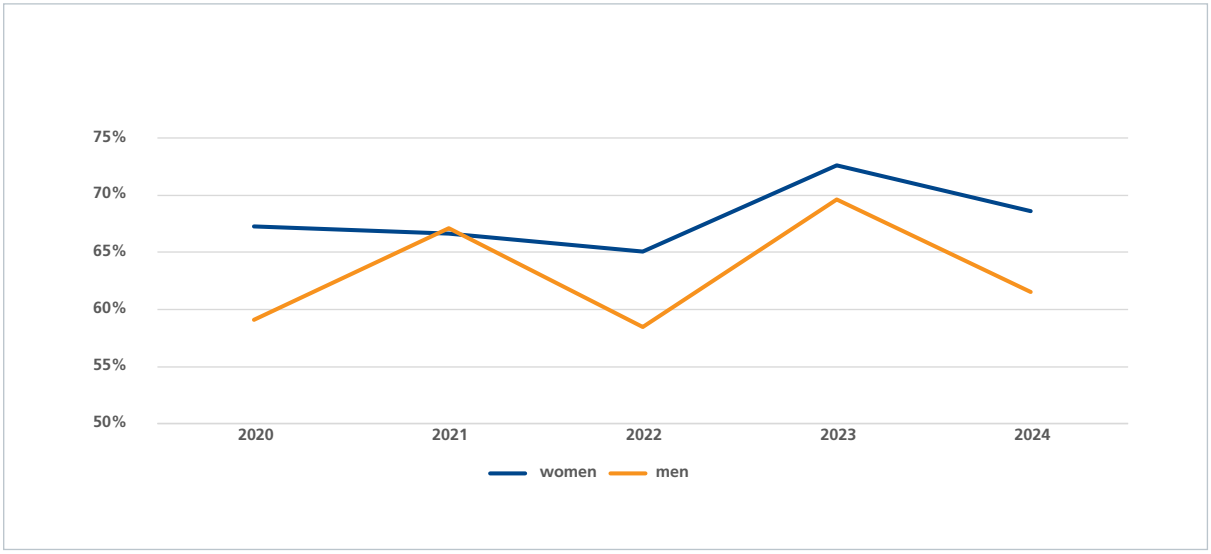
	2020	2021	2022	2023	2024
Women	0.67%	0.74%	0.77%	0.75%	0.85%
Men	0.65%	0.74%	0.89%	1.04%	1.07%

c) Physical Violence from other colleagues



	2020	2021	2022	2023	2024
Women	1.86%	2.07%	1.97%	2.53%	2.12%
Men	2.13%	1.50%	2.42%	2.36%	2.21%

d) Percentage of women compared to men saying that the last time they experienced physical violence at work, they or a colleague reported it.



	2020	2021	2022	2023	2024
Women	67.29%	66.67%	65.08%	72.66%	68.62%
Men	59.06%	67.12%	58.46%	69.60%	61.50%

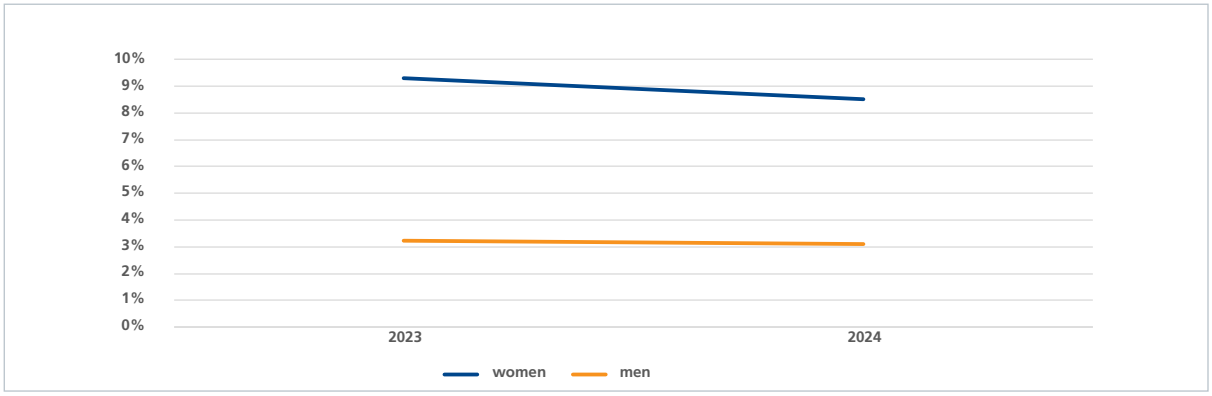
We are pleased that women reported less physical violence from patients or service users and colleagues over the last 12 months. We acknowledge that more work needs to be done to prevent incidents of physical violence against all colleagues. Additionally, the percentage of women who reported incidents when they experienced it has decreased by 4%, which is consistent with the results for men but highlights a key area of focus for the organisation.

3. Percentage of women compared to men who have been the target of unwanted behaviour of a sexual nature from:

   a. Patients/Service users, their relatives or other members of the public
   b. Colleagues

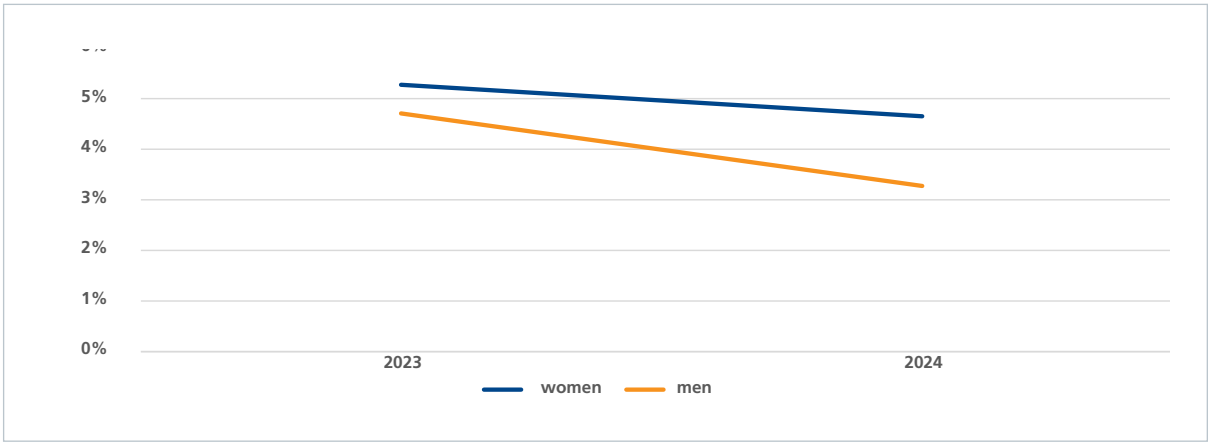
Questions on sexual harassment were introduced in the 2023 National Staff Survey.

a) Unwanted behaviour of a sexual nature from patients, service users and the public



	2023	2024
Women	9.30%	8.53%
Men	3.23%	3.11%

b) Unwanted behaviour of a sexual nature from other colleagues.

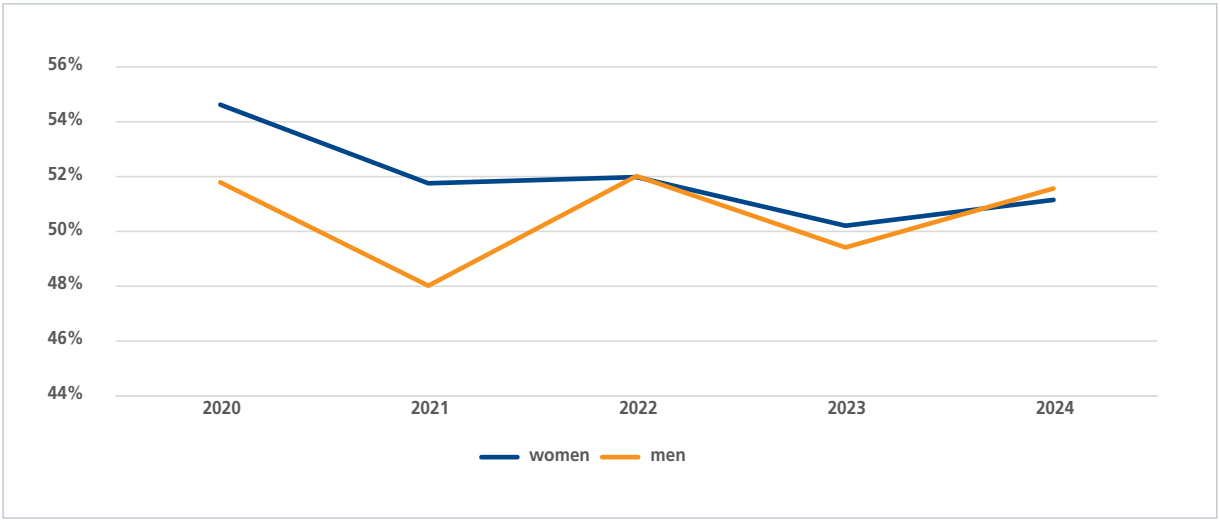


	2023	2024
Women	5.27%	4.65%
Men	4.71%	3.27%

Women have reported less sexual harassment from patients or services users and colleagues, over the last 12 months, which is a positive downward trend. We acknowledge that more work needs to be done to prevent incidents of sexual harassment for all colleagues. The data shows women are still more likely to experience sexual harassment from patients and service users but also from other colleagues. This is a priority for the organisation as part of our duty to prevent sexual harassment.

Metric 5: Career Progression

Percentage of women compared to men believing that the Trust provides equal opportunities for career progression or promotion.

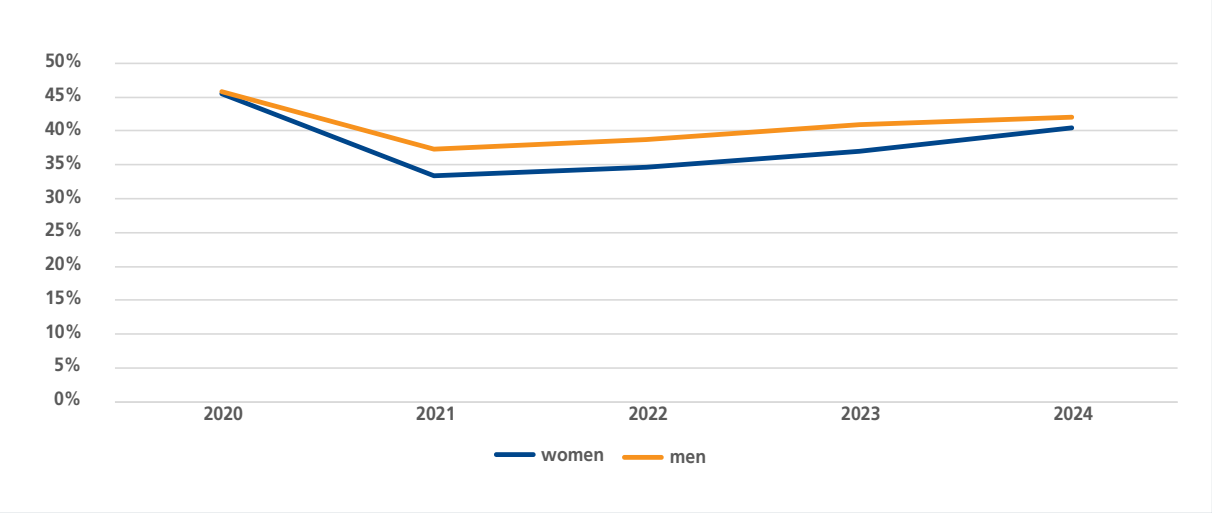


	2020	2021	2022	2023	2024
Women	54.61%	51.73%	51.97%	50.18%	51.16%
Men	51.78%	48.00%	52.01%	49.39%	51.57%

This metric is focused on the percentage of women compared to men believing that the Trust provides equal opportunities for career progression or promotion. The percentage has increased to 51.16% from 50.18% in 2023 for women. The gap between women and men is 0.41% which indicates limited disparity.

Metric 6: Feeling Valued

Percentage of women compared to men saying that they are satisfied with the extent to which their organisation values their work.

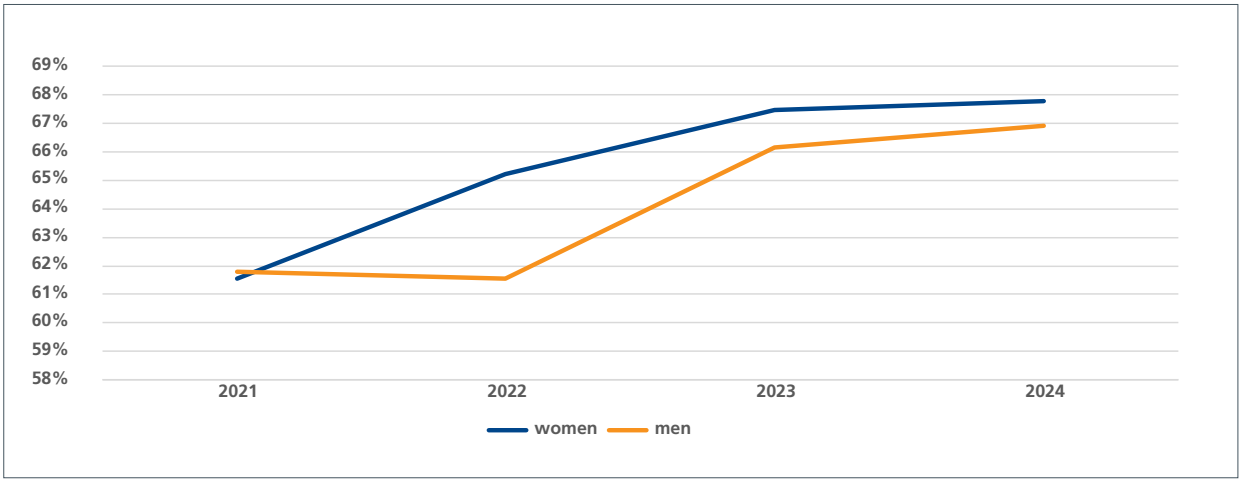


	2020	2021	2022	2023	2024
Women	45.49%	33.41%	34.61%	36.94%	40.41%
Men	45.78%	37.35%	38.71%	40.86%	41.99%

This metric is the percentage of women compared to men saying that they are satisfied with the extent to which their organisation values their work. 40.41% of women reported feeling their work was valued, an increase from 36.94% last year.

Metric 7: Flexible Working

Percentage of women who feel they can talk openly with their line manager about flexible working.



	2021	2022	2023	2024
Women	61.57%	65.22%	67.46%	67.80%
Men	61.81%	61.54%	66.17%	66.92%

This metric is the percentage of women who feel they can openly talk about flexible working with their line manager. There has been a slight improvement on last year with 67.80% of women compared to 67.46%, and 66.92% of men compared to 66.17%. 2024 saw the launch of the Trust's new flexible working procedure and over 12 months there were 3288 flexible working applications, of these 54.67% were approved.

Metric 8: Flexible working - work-life balance

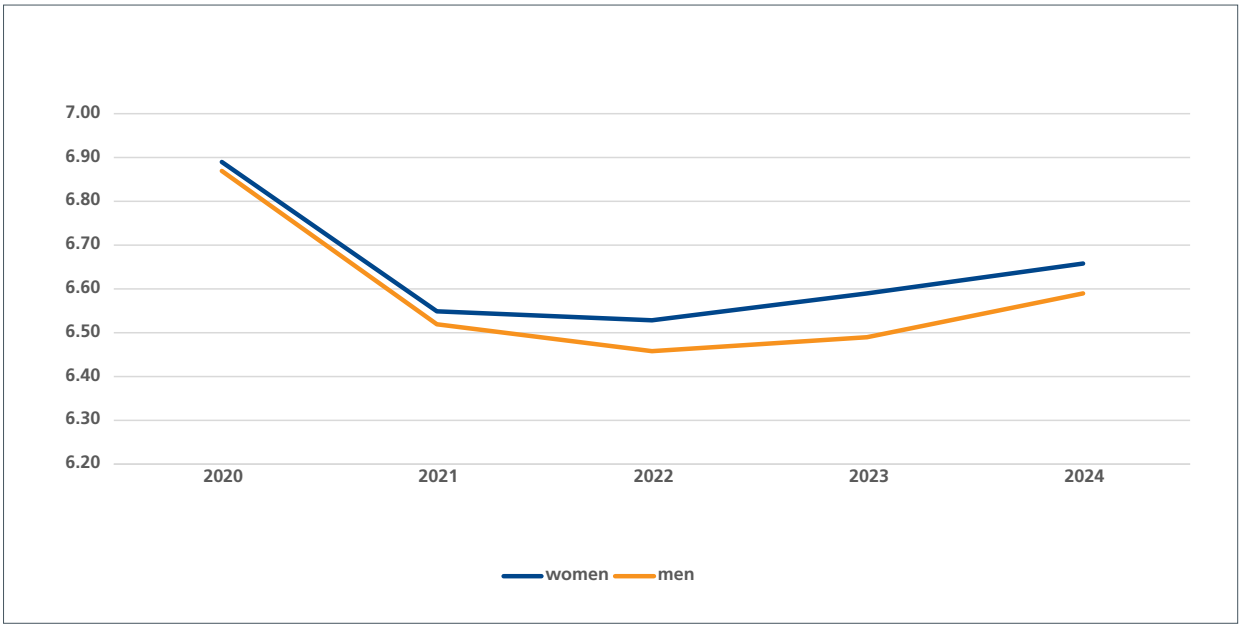
Percentage of women compared to men who feel they have the flexibility within their role to manage their home responsibilities including childcare, caring for family.

This is a new metric for the WWES, the data for which is not currently captured. As an organisation we want to understand if our women feel supported to balance their responsibilities outside of work with their work responsibilities. This is especially pertinent as we know women are more likely to hold primary care responsibilities for children and family members[2]. As a flexible working employer, we want to ensure that flexibility is available to all colleagues to enable them to balance these responsibilities and prevent barriers to progression and retention.

[2]Deloitte Global report: Women at Work: A global outlook, https://www.deloitte.com/uk/en/about/press-room/women-at-work.html

Metric 9: Engagement

Staff engagement score for women compared to men.

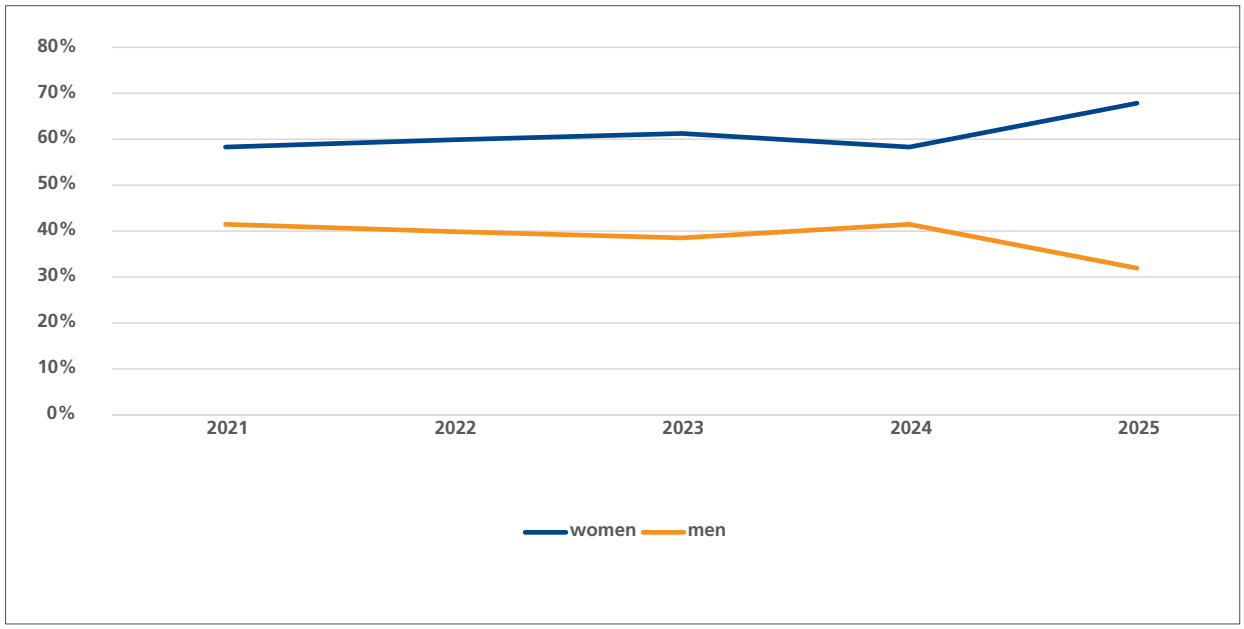


	2020	2021	2022	2023	2024
Women	6.89	6.55	6.53	6.59	6.66
Men	6.87	6.52	6.46	6.49	6.59

This metric relates to the staff engagement theme of the NHS Staff Survey, made up from Questions: 2a, 2b, 2c, 3c, 3d, 3f, 23a, 23c and 23d in the NHS Staff Survey. This is a score out of 10, where an increase indicates an improvement. The engagement score for women has increased to 6.66 from 6.59. This is a small but continuous improvement since 2022 for both women and men in the Trust. There is still work to be done on staff engagement; however, engagement is not an area of disparity between our women and men.

Metric 10: Board representation

Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated by voting and non-voting membership of the board by executive and non-exec membership of the board.



	2021	2022	2023	2024	2025
Women	41.67%	40.00%	38.71%	41.67%	32.00%
Men	58.33%	60.00%	61.29%	58.33%	68.00%

The number of women Board members has decreased to 32.00% from 41.67% in 2024. This is the lowest representation since 2021. Our voting board is 33.33% women, down from 44.44% in 2024, and our non-voting board is 28.57% women, down from 33.33% in 2024.

Metrics 1-10 in Summary

The 2025 WWES data illustrates both encouraging progress and consistency against most of the metrics for women across the organisation.

The relative likelihood of women being shortlisted compared to men has changed by 0.03 and demonstrates the Trust is close to being just as likely to appoint women and men. The engagement score for women has increased slightly but remains largely consistent with men.

Women reporting that they feel valued and that there are equal opportunities for career progression have increased and this is almost equal between our women and men.

Representation of women has remained consistent across the Trust; however, Board representation has reduced in both voting and non-voting members to the lowest number since 2021. It is important our senior leaders are representative of the workforce and more work needs to be done to understand any barriers to women taking up roles on the board.

The results of metric 4 show that bullying, harassment, abuse, physical violence and sexual harassment is an experience both women and men are having at work. There are similarities in the experiences of women and men across 5 of the measures; however, there are also a number of disparities within the metric.

The greatest disparity is in the experiences of women and men of sexual harassment, with women more likely to experience this from all sources; however, this disparity is greatest in experiences from patients and service users. Similarly, women show the greatest disparity from men in the experience of bullying, harassment or abuse from patients and service users.

When considering the 5-year trend of this data, whilst there is a positive downward turn this year, the data has stayed largely the same for the last 5 years. This demonstrates further work needs to be undertaken as a key priority to improve the experience of women across the organisation.

This report shows women in the organisation have a similar experience to men in many areas whilst also highlighting those areas where there is a greater disparity between women and men. Closing the gaps between women and men will move the Trust closer to an inclusive culture where everyone feels like they belong, can thrive, knows that they add value and feels valued.

Work We Have Delivered

The below highlights some key actions which took place in 2024 to improve the experiences of women in the Trust.

Training courses

- The Trust's Sexual Misconduct Policy was launched in November 2024. A training program has been developed to ensure staff at every level have a clear understanding of acceptable and unacceptable behaviour, establishing and maintaining a zero-tolerance culture and how to report incidents of sexual misconduct at the Trust. A key focus of the training is reinforcing the message that the Trust is actively listening and responding to reports of sexual misconduct. As of July 2025, 1062 colleagues have attended the Preventing and Addressing Sexual Misconduct Training since March 2025. This reflects the Trust's broader strategic priority of building a culture where staff feel safe, valued and empowered to speak up.

- A Sexual Safety Specialist Investigators team has been established following training by the Trust Employment Solicitor, Senior OD Manager and Chief People Officer. These staff will serve as advanced-trained specialists, equipped to handle sensitive sexual safety cases with professionalism and care. This is a crucial step in ensuring that all colleagues feel supported and protected, reinforcing the Trust's commitment to maintaining a safe and respectful working environment.

- In May 2025, updated inclusion training, went live and is mandatory for all new starters and staff who have been with the Trust for more than three years. Prior to this, the only mandated inclusion training was as part of corporate induction. This new, 3 yearly refresher training, ensures that staff receive up to date inclusion training on a regular basis. This has been communicated via an all-staff email, staff will receive email alerts from August to complete and the Trust will report on this alongside other mandatory training from September 2025. The Inclusion Team are planning to deliver bespoke sessions to teams without regular computer access in 2025. This forms part of our strategic approach to sustaining cultural change by ensuring continued awareness, reflection, and accountability across the workforce. We are now updating our inclusion recruitment training, which all recruiting managers are required to complete. This will be completed by December 2025.

- "How We Behave Matters" is part of our 2025 Year of Leadership and focuses on inclusive behaviour, workplace culture and psychological safety, with a particular emphasis on supporting ethnic minority colleagues. Our ambition is to train all 4,000 people managers across UHB. Since Phase 2 began in April 2025, 1,016 leaders have completed the training, with seven more in-person workshops scheduled across our sites between now and September to support inclusive leadership and embed the Behavioural Framework in everyday practice.

- The Change Maker programme, co-designed with Wise Council members and piloted in August 2024, supports staff in identifying and challenging bias, recognising privilege, and building allyship across the Trust. To date, 107 Wise Council members have completed the programme.

Bullying, Harassment and Abuse

Violence Prevention and Reduction Standard

The Trust continues to prioritise a safe and respectful working environment through its commitment to the national Violence Prevention and Reduction Standard. This includes a specific focus on harassment, abuse, and aggression experienced by staff, with attention given to the disproportionate impact on women, as highlighted in WWES indicators.

An integrated, intersectional action plan has been developed to bring together workstreams that address violence, harassment, and discrimination. This includes alignment to the WRES, WDES, and WWES. The plan is informed by a range of internal data sources, such as RADAR reports and the National Staff Survey, and shaped through engagement with staff networks. Key priorities include improving local reporting pathways, strengthening support for managers, and providing accessible training resources. This includes mandatory DEI training introduced in 2025, which must be completed every three years.

The action plan is overseen by a dedicated steering group that meets regularly to review progress and identify areas for improvement. Site-level People and Culture groups are also supporting implementation by developing localised responses based on specific needs and feedback. This work forms part of a wider effort to embed preventative and inclusive practice across the Trust and responds directly to the experiences of staff.

Employee relations (ER) development programme

As part of our culture and inclusion improvement programme on transformative practice, a series of focussed development days were arranged for the Employee Relations practitioners to support with the challenging case work they manage. The Chief People Officer agreed with the Hospital Executive Team and the Board to withdraw all casework practitioners from practice for one day per month, for a 6-month focused development programme including a mix of training and case de-briefs. These sessions which took place between October 2024 and March 2025, covered key themes including empathy, race equity, sexual safety, and medical workforce challenges. Following positive feedback, the Trust is exploring how this offer can be developed into a regular part of the ER training programme, supporting more inclusive and informed decision-making across casework.

Equal Opportunities

Encouragingly, the report highlights over 50% of women and men feel they have equal opportunity to career progression.

Management Essentials Toolkit

The Management Essentials Toolkit was launched in April 2025. As part of our culture and inclusion improvement work and valuable insights from the Wise Council, it is clear that strong, supportive management is essential to enhancing staff experience and fostering a positive working environment.

Pay Gaps

In 2025, the Trust broadened its pay gap reporting to include ethnicity and disability alongside gender, reinforcing our commitment to an intersectional approach to equity. In response, a dedicated Pay Gap Steering Group was established to analyse the latest data (from May 2025) and lead coordinated action planning through early 2026. This group plays a pivotal role in ensuring that data-driven interventions are shaped by meaningful insights and aligned with our wider equity goals. By embedding these efforts within our governance framework, we aim to enhance transparency, strengthen accountability, and deliver measurable progress in closing pay gaps across all protected characteristics.

Fair Recruitment Experts (FRE)

Fair Recruitment Experts (FREs) are a specially trained group who support recruitment panels to ensure fairness and consistency in decision-making. As part of a joint initiative with the wider People Directorate, one-to-one conversations were held with all previous FREs to understand their capacity and interest in continuing. This has resulted in a highly skilled and focused cohort, positioned to help maintain momentum as this important programme evolves.

The FRE process is currently being redesigned, including the development of dedicated web pages and automated functionality to match FREs with suitable recruitment panels. These enhancements will support a more seamless and consistent experience as the programme scales.

From July 2025, FREs will be appointed to all Band 8A and above recruitment panels, supported by new training currently in development. Additional cohorts will be recruited throughout the year, with the aim of expanding the FRE pool to 100 experts by 2026.

Engagement

Women's Inclusive staff network

The Women's Inclusive staff network has worked on a number of initiatives which have contributed to the improvement in the metrics reported. These have included:

- The Women's Inclusive staff network, with support from the Education Team have developed a masterclass for managers on supporting colleagues experiencing the symptoms of menopause. This will be launched by April 2026.

- Improving the support available to women within the Trust by providing more accessible and specialised care. A staff clinic dedicated to supporting women's health needs, particularly those related to menopause was established in May 2024, as of July 2025 there have been 39 clinics, and 268 colleagues have been supported.

- UHB have also introduced CBT (Cognitive Behavioural Therapy) for staff members who are unable to use HRT (Hormone Replacement Therapy). This includes women who have had oestrogen-induced breast cancer, those who cannot take HRT due to other medical conditions,

and those who have chosen not to use HRT. The goal of CBT is to help manage the symptoms of menopause, such as hot flushes, night sweats, and mood changes.

In recognition of the work, the Chair of Women's Inclusive staff network and one of the Trust's Medical Directors, were awarded 'Excellence in Female Health Advocacy' at the recent Great British Workplace Wellbeing Awards.

It is essential that our women are key stakeholders in the work outlined in this report to ensure the approach we are taking has the intended impact.

Equality Impact Assessment process and toolkit

The Trust's new Equality Impact Assessment process and toolkit was launched in May 2025, and includes a health inequalities assessment. This ensures that any changes to policy or process that impacts our staff, patients of visitors are considered through an inclusion lens, and we will be able to clearly demonstrate that we have considered the impact on all groups. This new process will help us to make more inclusive decisions as a Trust. The governance of this new process allows regular reviews, quality assurance and site-based reports to be produced.

Wise Council

We regularly review the makeup of our growing Wise Council, the advisory group to our Culture and Inclusion Delivery Group. Our latest data showed that 75.75% of the Wise Council are recorded as women on ESR, this is reflective of the profile of the organisation which is 74.78% women. This shows women are fairly represented within the wise council and have an opportunity to contribute to the inclusion and culture work at UHB. The Wise Council continues to support senior leaders with lived experience insight and helps ensure inclusion work is guided by staff voice.

Work we will deliver

The Trust has set its Inclusion objectives with clear milestones and measures which align to the priority ambition and strategic objectives of its People Priorities within the Trust strategy. The Trust's Inclusion objectives are aligned to the People Promise, The Trusts Behavioural Framework, Anti-Racist Organisation Statement, Sexual Safety Charter; WRES, WDES, WWES and the High Impact Areas of the NHS EDI Improvement Plan.

WWES Action Plan 2025-2026

The tables below detail key, interdependent actions the Trust will implement as part of a collaborative and inclusive approach.

The Trust has recently launched a Violence and Aggression action plan as included at table 1, many of the actions contained in this plan address the key findings of the NSS as detailed in this report. These actions have been co-produced through engagement with our Women's Inclusive staff network, Wise Council, Staff Side representatives and the wider Trust. In addition to this action plan, further actions have emerged through the creation of this report, these are shown in table 2.

Table 1

Violence & Aggression Prevention Action Plan 2025-2026			
Milestone	**Action**	**Success Measure**	**Timescale**
Trust Achieves White Ribbon Accreditation to promote commitment to reducing harassment, violence and aggression against staff.	• Develop a Steering Group to drive progress and to monitor performance on our work to prevent harassment and reduce violence and aggression within the Trust	• Steering Group established and providing updates and assurance on progress of action plan into the People and Culture Committee updates	• June 2025
	• Appoint White Ribbon Ambassadors across the organisation to increase allyship and to promote the White Ribbon promise to reduce gender-based violence	• At least 1 Ambassador across each CDG and Corporate to meet White Ribbon accreditation standards	• June 2025
	• Develop a Communication plan to promote the White Ribbon promise and accreditation	• White Ribbon Promise and Accreditation communicated and embedded Trust wide • Co-developed White Ribbon Day celebration to support with embedding the White Ribbon Promise	• June 2025
	• Submit application for White Ribbon accreditation	• Achieve accreditation from White Ribbon to increase confidence in the Trust's commitment to prevent harassment and reduce violence and aggression • There is an increase in the number of individuals feeling confident to report demonstrated in Workforce Women Equality Standard (WWES) metrics.	• June 2025

Policies and Procedures reflect legal duties to prevent harassment and deal with violence and aggression	• Develop and launch a sexual misconduct policy to meet our legal duty to prevent sexual harassment in the workplace • Create documents to inform and support leaders, individuals and witnesses on resources available to colleagues who are victims of sexual harassment	• Sexual Misconduct Policy is launched to Trust to inform and hold colleagues to account in their duty to prevent sexual harassment • Documents are available to leaders and colleagues in the organisation to provide practical guidance to individuals supporting staff following incidents of sexual harassment	• April 2025
	• Review Domestic Violence Policy and Procedure to ensure the policy and procedure reflects Trust commitment to reducing violence and aggression against Staff	• Domestic Abuse Policy and Procedure are reviewed and consulted on • The policy and procedure are launched across the organisation	• November 2025
	• Work with staff networks to gain insight from staff groups and the Violence Prevention Reduction Standard (VPRS) steering group to review and develop support package for victims of violence and aggression and domestic abuse	• Support package is created and available to colleagues to provide comprehensive wellbeing support following incidents of violence and aggression	• July 2025

Clear, accessible and effective mechanisms exist to report harassment, violence and aggression.	• VPRS Steering Group to review current mechanisms for reporting incidents of violence and aggression for effectiveness and accessibility	• Mechanisms reviewed and any issues identified. Actions identified and agreed to address reporting issues which are reported to VPRS Steering Group for assurance on progress	• July 2025
	• Develop and implement dedicated reporting mechanism for incidents of sexual harassment in line with legal duties to prevent sexual harassment	• Reporting mechanism launched across Trust to meet legal duty requirements and provide comprehensive reporting of incidents within the Trust	• July 2025
	• VPRS Steering Group to review how the organisation is reporting and monitoring these mechanisms	• Governance plan designed and in place to provide Trust assurance that incidents are being accurately recorded, investigated and reported on • Governance around exclusions and other processes involving patients who are perpetrators	• July 2025
	• Compare data from staff survey results around incidents of harassment against number of official reports received through reporting	• Disparity in numbers of incidents reported vs staff survey identified and actions plans developed to address disparity in numbers recorded at both organisation and site level	• April 2025
	• Analyse and report on data to identify hotspots of incidents and create local action plans to address root causes.	• Action plans shared with sites to progress through local initiatives with the aim of the staff survey results highlighting a reduction in incidents of violence, aggression and harassment for staff.	• August 2025
	• Work with staff networks, the Wise Council, and those with who have been victims of harassment violence or aggression within the Trust, to understand and identify predictable trends in incidents to inform Trust wide preventative actions.	• Bespoke action plan for ED areas to be designed by local sites to prevent and address violence and aggression against staff. • Overtime predictable trends in incidents reduce as preventative actions are implemented	• August 2026

The Trust takes strategic measures to work in partnership with other public sector organisations and police to prevent and address violence and aggression against staff	• Work with West Midlands police and other local and regional agencies to respond to incidents of violence and aggression towards staff.	• Relationship established with local police and other agencies to identify joint initiatives to reduce incidents of violence and aggression	• December 2025
	• Through VPRS steering group identify opportunities to review best practice with other Trusts on Violence and Aggression prevention initiatives to identify opportunities to improve initiative within the Trust	• Best practice identified and continuously reviewed with partner Trusts to benchmark initiative against those with lower numbers of incidents of violence and aggression	• December 2025
We will develop training for our staff to support with de-escalation violence and aggression in clinical areas, develop broader understanding of violence and aggression prevention as well as training to meet our legal duties to prevent sexual harassment.	• Develop and launch a sexual misconduct training for all staff to embed legal duty to prevent sexual harassment within the workplace	• Sexual misconduct training launched and delivered to all staff across aim to train 2000 staff by end of 2025	• December 2025
	• Scope and develop de-escalation training in clinical areas • Scope and develop bespoke training for high-risk areas such as ED	• Training scoped, developed, tested and evaluated with ED colleagues with subsequent Trust-wide launch	• December 2025
We will develop a Women Workforce Equality Standard (WWES) similar to the WRES and WDES to identify the key metrics associated with women within our organisation and identify the Trust priorities	• Agree metrics to be used in creation of WWES which support the positive experience, progression and retention of our women	• Metrics are agreed and annually reported on both at Trust and local site level with accompanying action plans	• October 2025
	• Create report which highlights key metrics and identifies areas for improvement for our women	• Report created and priorities identified in order to establish action plans	• October 2025
	• Develop overall action plan and site-specific action plans with clear measurable actions to improve metrics for our Women	• Action plans shared with sites to progress through local initiatives with the aim of the WWES metrics improving for our Women	• October 2025

Table 2

Theme (Metric)	Aim	Action	Teams Responsible	Why are we doing this?	Timescale
Data (all)	We will ensure we have consistent or higher quality data for all WWES metrics.	Review and understand how many days are lost to Women's related health absences by analysing data from Allocate	• People Teams, • Inclusion team.	By understanding how many days are lost to women's health related absences we can provide support and education to support women and managers to reduce the need for absences	• April 2026
		Work with the staff network and Organisational Development team to gather data from focussed discussion with Teams with lower flexible working scores in the national staff survey.	• Organisational Development, • Inclusion Team	As a Trust we want to understand if our women feel supported to balance their responsibilities at home with their work responsibilities. This supports the Gender Pay Gap action plan to reduce disparities in flexible working.	• April 2026
		We will review data at site level to identify site specific actions	• Inclusion Team • Hospital Site Teams	To create localised bespoke action plans to address disparity at local level.	• November 2025

Conclusion

To embed WDES WRES WWES across the Trust and to instil a sense of responsibility and accountability to all, the Trust is taking a business-led approach to delivery against these standards supported by the Inclusion Team and the wider People Directorate. In taking an evidence-led approach to our work, we have identified disability, race, and women as priority areas of work and a golden thread through delivery of our inclusion objectives. From the analysis and critical findings from the data, it is clear that more work must be undertaken to further improve our performance.

The Trust is continuously striving to improve the experience of all staff. The metrics outlined in this report cover all aspects and areas of the Trust, and these latest findings show improvements in several areas, whilst also highlighting where focus is needed. A key driver of progress in the WDES and WRES metrics has been the restructure of the Inclusion Team into a Business Partner model that aligns with the devolved site-based operating model. We continue to embed this new model and work towards seeing similar progress in the WWES metrics year on year.

Progress against our WWES metrics and performance against our strategic People objectives is overseen by the Chief People Officer, and reports into the Culture and Inclusion Delivery Group, chaired by the Chief Executive Officer, where initiatives and ideas to progress this agenda are continually discussed by its diverse membership. All of the progress against our cultural transformation programmes is then reported up by our Chief People Officer to the People and Culture Committee. The growing members of our Wise Council, together with our staff networks, play a critical role in providing ongoing scrutiny and ideas for improvement. The action plans developed in this report form the basis of the Trust's commitment to improving the experiences of women across the Trust. They address key issues and disparities as discussed within this report and demonstrates an intersectional approach to creating a more inclusive culture by linking directly to actions in the WDES and WRES.

In pursuit of achieving our strategic ambition, we are striving to make the Trust a centre of national excellence for inclusion, where our practices and behaviours are recognised as exemplary in healthcare. We have subscribed to Inclusive Companies in order to benchmark ourselves with organisations with a reputation for the highest standards in equality, diversity and inclusion, and are working at pace to position our Trust within the Top 50 Inclusive Employers.