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MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Equality and Diversity

Annual Report June 2025

The Royal Orthopaedic Hospital

A review of the year 2024



**RESPECT COMPASSION
EXCELLENCE PRIDE
OPENNESS INNOVATION**

Welcome

Welcome to this report, a retrospective look back over 2024.

If you are member of the public reading this on our website, thank you for taking the time to find out a little more about who we are as an organisation, what equality and diversity is and why we think it matters to our staff and our patients, their families, relatives and friends.

Our desire here is to share with you our aims and objectives, values, measures of success and progress, and to do so in a way that is accessible and easy to understand.

Where possible we will try and avoid NHS jargon, and where we do use terms that may be unfamiliar to you, or just a bit obscure, we'll look to explain what we mean

Keep it
simple

Wherever we use any jargon that may be common in the NHS we will make sure we explain exactly what that means in plain English



EDI –Equality, Diversity and Inclusion:

EQUALITY – treating people fairly, giving them an equal chance to get on, removing barriers that hold them back; not discriminating in any way and making sure policies and processes are fair and impartial

DIVERSITY – recognising people's differences and respecting, valuing & benefitting from those different views and experiences

INCLUSION - Creating a space where everyone feels safe, welcomed and valued no matter who they are.

You may also from time to time see links to other documents or more information also.

[Royal Orthopaedic Hospital - Home](#)

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1. Introduction

A message from the Chief Executive Officer (CEO) and Chief People Officer (CPO)

At The Royal Orthopaedic Hospital we believe that equality and diversity are at the heart of everything we do. Our commitment to these principles is not just about creating a fair and inclusive environment for our patients but also about ensuring that all our staff, regardless of background, feel valued, respected, and empowered to contribute to the work we do.

As we look towards the future of healthcare, it is more important than ever that we acknowledge the diverse communities we serve and ensure that our services are reflective of their needs. Diversity, in all its forms, enriches the care we provide, strengthens our workforce, and enhances our ability to innovate and improve patient outcomes.

We understand that true equality and inclusivity require ongoing reflection, action, and accountability. This is why we are committed to fostering an environment where everyone feels able to reach their full potential and where barriers to healthcare access and progression are systematically addressed.

Together, we can ensure that our Trust continues to be a place where equality, diversity, and inclusion are not just aspirations, but the foundation of everything we do.

Matthew Hartland, Chief Executive and Sharon Malhi, Chief People Officer

2. The Royal Orthopaedic Hospital (ROH) Equality & Diversity Report



The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) is a specialist hospital of around 1500 staff, with a history of over 200 years of serving the people of Birmingham and beyond with a comprehensive range of surgical and non-surgical treatments.

People are at the heart of our story, and we are proud of our culture and the positive impact it has on those who work here, our patients & their friends or families.

This Equality and Diversity (E&D) Report aims to provide you with a user-friendly look back over the key information, achievements and activity around equality, diversity and inclusion during 2024.

It is a statutory requirement for every NHS organisation to compile and publish equality and diversity information related to both our staff and patients, and that this document, along with other reports, are published and available to the public on The Royal Orthopaedic Hospital's (ROH) website. [Royal Orthopaedic Hospital - Home](#)

Led by the Trust Board, we believe in creating an equitable, diverse and inclusive workplace.

We recognise that our staff, our patients and visitors have the right to be treated fairly, regardless of their age, gender, marital status, religious belief, ethnic background, nationality, sexual orientation, disability or social status.

We are committed to promoting equality and diversity and to making the Trust a safe and inclusive place to work where people can be their true and authentic selves and have a voice.



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Legal and NHS regulatory requirements

The Public Sector Equality Duty

The Public Sector Equality Duty (PSED) which applies in England, Scotland and Wales, places a statutory duty on such organisations to consider how their functions will affect people with different protected characteristics. These include their policies, programmes and services.

The Trust is required to work to Section 149(1) of the Equality Act 2010, the general duty of which requires NHS organisations to have due regard to:

- Eliminating discrimination, harassment and victimisation and other conduct prohibited under the Act
- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

Alongside this E&D Report the Trust produces many other reports, such as the Gender Pay Gap, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), EDI Improvement plan and the Equality Monitoring Tool, as outlined in the Equality Delivery System (EDS) 2024, to ensure all areas of the Trust are evaluated for effectiveness in the areas of equality and diversity.

[Equality Act 2010: guidance - GOV.UK](#)

[NHS England » Equality Delivery System 2022](#)



3. Trust Values and Inclusion Strategy

Trust Values - more than words, they define how we treat one another and how we deliver care, they all implicitly seek to foster and promote an inclusive workplace and can only hope to be fully realised where we have successfully created an inclusive culture and working environment.

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RESPECT - Treating people with consideration and dignity, recognising and valuing their worth and opinions and acknowledging and empathising with others

COMPASSION - Supporting the health and wellbeing of our patients and colleagues, acting with kindness towards everyone and recognising when things are difficult and showing sympathy and empathy

EXCELLENCE - Taking responsibility for delivering the highest possible standard of work, understanding relevant standards or targets and consistently meeting them and aiming to be the best by communicating, collaborating, learning and being diligent

PRIDE - Taking pride in your work and the standard to which it is delivered, supporting others to achieve their work because we are all part of a team and continuously improve

OPENNESS - Being truthful and transparent, especially if a mistake is made, giving constructive feedback and being open to feedback, communicating clearly and honestly, speaks up to raise a concern

INNOVATION - Seeking ways to improve through adapting existing approaches or introducing new ideas, embracing new ways of working and change and encouraging others to do the same, making time and space and to continuously improve

[Royal Orthopaedic Hospital - Culture](#)

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ROH Inclusion Strategy – The Inclusion Vision, Equality Objectives, High Impact Areas

The ROH Inclusion strategy was launched in 2021, during the pandemic, to increase the focus required to support staff to provide the best patient care.

This strategy is currently being reviewed and will be refreshed and come into effect in 2025, aligned to the ROH People Plan and Trust Strategy.

The key elements of the strategy are

- **The Inclusion Vision**
- **Equality Objectives**
- **Six High Impact Areas.**

Actions aligned to the Inclusion strategy, including actions from all EDI reporting including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), support this strategy, which this report will showcase.

[Royal Orthopaedic Hospital – Strategy](#)

Our Inclusion Vision

Nurturing a connected culture of belonging, where our colleagues can bring their authentic selves to work, and patients and visitors experience a supportive and inclusive environment, ready to meet their needs



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ROH Inclusion Strategy – Equality Objectives

We will achieve our ambition to be an inclusive organisation (in line with the NHS People Plan) through a clear set of 6 strategic objectives and an action plan which will work across all areas of the Trust.

Overall, the strategic objectives aim to create a truly inclusive environment at the ROH which will continue to improve the patient and colleague experience.

Objective 1: Tackling and removing all forms of discrimination to promote equality for all.

Objective 2: Creating an inclusive and healthy ROH culture through Trust values.

Objective 3: Giving colleagues and patients a voice to speak up and ask for access to opportunities.

Objective 4: Ensuring our leaders, managers and colleagues role model in a compassionate and inclusive way.

Objective 5: Being recognised as a Top Inclusive Employer externally through a best practice approach to demonstrate continuous improvement.

Objective 6: Ensure the Equality and Diversity work plan (Inclusion Action plan) delivers on the required objectives.

Each of these objectives has been translated into one of the six high impact areas –

1: Proactive ambassadors at all levels of the Trust

2: Accessible through the ROH culture lens

3: Building staff/patient voice through feedback and networks

4: Education and awareness for all around cross culture

5: Best practice through accreditation

6: Using data and metrics research to promote change

4. NHS People Plan and People Promises

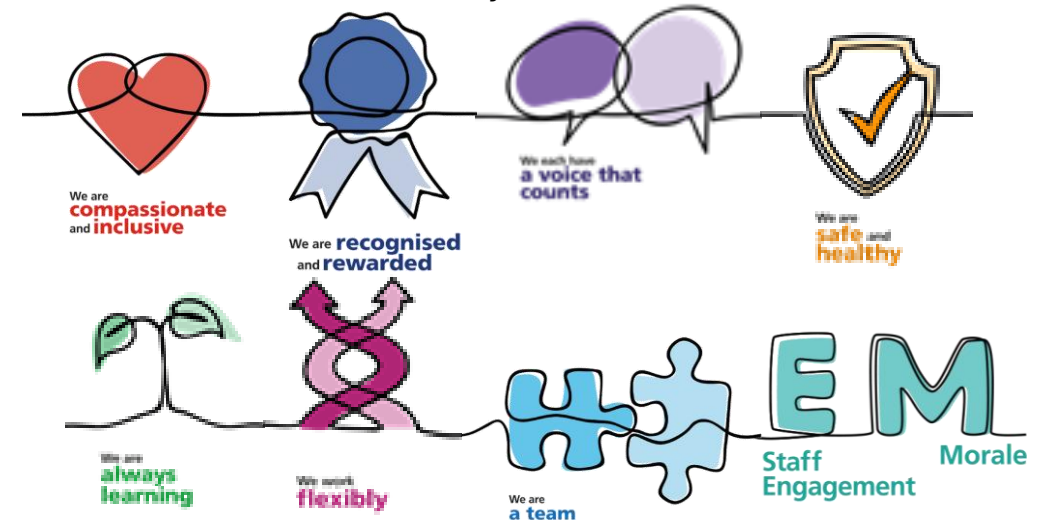
The **NHS People Plan** is designed to meet the Long-Term Plan for the NHS, a workforce strategy for delivering the sustainability of the NHS. To achieve this we need more people, working differently, in a compassionate and inclusive culture. The People Plan sets out a range of actions to deliver this. These are organised around four pillars:



- 1. Looking after our people** – with quality health and wellbeing support for everyone
- 2. Belonging in the NHS** – with a particular focus on tackling the discrimination that some staff face
- 3. Growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return.
- 4. New ways of working and delivering care** – making effective use of the full range of our people’s skills and experience.

Below the pillars sit the **7 NHS People Promises** against which we can measure progress, and the additional measures for levels of **Staff Engagement** and **Morale**.

The delivery of equality and diversity in the workplace is both facilitated through achieving the aims of these 9 themes, and they in turn provide us with a measure of our progress towards creating a truly inclusive work environment where everyone feels valued.



NHS England » Our NHS People

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5. External Work and Recognition



Inclusive Top 50 UK Employers List The ROH was ranked **8th** in this prestigious list in 2024



The Trust has recently been reaccruited for Level 3 Disability Confident Leader, which commits us to attracting, retaining and making the most of the talents of disabled people



NOA members and Excellence in Orthopaedics award winners for our Financial Wellbeing Initiatives.



Thrive at Work Bronze award and working towards silver in 2024/25 for creating a workplace that promotes employee health & wellbeing



The ROH is accredited as Veteran Aware, those who serve or who have served, and their families will not experience any disadvantage as a result of their service.



Working to improve scores on Stonewall's monitoring index of members through external assessment



The ROH is part of the "Getting It Right First Time" (GIRFT) programme which is a national NHS England programme designed to improve the treatment and care of patients



Rated us as "GOOD" overall & all 5 categories, including "Well-Led", under which EDI work is assessed. [Provider section - RRJ The Royal Orthopaedic Hospital NHS Foundation Trust \(15/10/2019\) INS2-5468751521](#)

Possibilities Beyond Limits (PBL) – A programmes run by BISOL ICS to develop band 6 & 7 managers into senior positions, open to all but with a focus on underrepresented groups within senior leadership roles.

RACE Code – addressing race inequalities in boardrooms & senior leadership teams.

BLACHIR - Birmingham & Lewisham African and Caribbean Health Inequalities Review - A programme to gain insights on health inequalities



BISOL ICS is the Birmingham and Solihull Integrated Care System, basically it oversees, supports and helps co-ordinate the all the various NHS Trusts in this region, be they acute, specialist, community, mental health etc. with a view to making the patient's experience consistent and joined-up and cost effective

6. Internal Work and Recognition



Health and Wellbeing The agenda is significant in scope, well communicated and supported by Wellbeing Conversations training.



Quality, Service Improvement and Redesign (QSIR) A service improvement programme, encouraging staff from different backgrounds, jobs and roles to participate



Sexual Safety Charter Committing us to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace

Improvement Huddles Roll out of training to support short, weekly inclusive team meetings to focus on improvement in their area, allowing every member of the team to contribute

People Promise Exemplar Programme 2024/25 The ROH took up the opportunity to be a People Promise Exemplar site. Following staff feedback and a self-assessment process, 4 priority areas were identified with workstreams set up with key stakeholders and staff representative to draw up plans around these areas for implementation during 2025.

We are compassionate and inclusive: We are kind, compassionate and inclusive and treat each other with civility and respect

We are always learning/We are a team: Managers are supported and trained to support and develop their team

We each have a voice that counts: Feedback loops 'You said, we did' and Employee Engagement

We work flexibly: Improved flexible working offer

People Directorate supporting E&D

The People Directorate comprises several teams, Human Resources, Recruitment, Organisational Development (OD) and Inclusion, Workforce Planning and ESR (Electronic Staff Records) Team, as well as Education and Training.

Much of the work undertaken directly promotes the equality and diversity agenda, inclusive employment and reporting on the progress made towards ensuring our employees' time with us is a positive experience.

The OD & Inclusion team support staff networks, run the annual staff survey, produce reports, such as this one, and support the Trust's cultural development.

The HR team delivered workshops for "New and Expecting Parents" launched in 2024, a joint workshop ran by HR and Payroll to advise staff on the key procedures and information ahead of their maternity/adoption/shared parental leave.

They also liaise with the Freedom to Speak Guardian and have consulted with some staff networks on some HR policies to ensure there is an employee voice and perspective considered in their policy development.

The people Directorate also routinely report on some key metrics that help us better understand what is going with equality, diversity and inclusion within the Trust, as seen in the next pages.

Looking at things like leavers' data, flexible working requests, disciplinaries or grievances, against certain key measures, like gender, ethnicity and disability, allow you to check for unexpected variances in these figures, compared to those of the wider staff population.



Freedom To Speak Up, Unions and Professional / Regulatory Bodies



The Freedom to Speak Up Guardian works independently, along-side the existing channels available, for staff to raise concerns, as an additional confidential avenue for highlighting issues. Be that in relation to patient experiences, outcomes or safety, procedures and policies, or poor staff experiences and poor cultures. This give staff reassurances around confidentiality and having a safe space to discuss any concerns they have, where they retain the right to decide what to do next.

We recognise that people can be wary, even fearful, of raising concerns at work. Guardians support staff rights to “speak up” about concerns that they have in confidence. At the ROH the Guardian is supported by several Champions, who promote a “speaking up” culture within teams & act as initial points of contacts for staff needing support.

[The National Guardian's Office - Freedom to Speak Up](#)

Many staff are members of trade unions and/or regulatory and professional bodies. These seek to advocate for staff in many areas, including those related to equality, diversity and inclusion and they will promote and adhere to EDI best practice within their own codes of conduct too.

Unions have a formal role in agreeing on policies that impact on their members, and other staff, seeking to ensure they are fair and equitable in design and application. Alongside the varied clinical professional and regulatory bodies, non-clinical staff may also belong to professional bodies, such as The Chartered Institute of Personnel and Development (CIPD) for Human Resources.



7. Staff Networks

The ROH has several staff networks, which include Equality & Diversity, Women, Disability, Ethnic Minorities, Men, Menopause and LGBTQ+* staff.

We value the work they do in creating a safe space, one where staff can share experiences, address issues and to come together with others like them. This aligns with our inclusion strategy for the organisation and provides a forum for discussion and articulating the case for change, or positive action, from the Trust.

Some networks have a greater focus on campaigning for change, while others function more as supportive networks. We believe that the networks should reflect their members' needs, wishes and priorities. So, while they are supported by the OD and Inclusion team, and others, in practical ways, they should rightly be for their members and run by their members.

Networks also benefit from their own Executive Sponsors, who act as their advocates and offer guidance, encouragement and support.

At a national level there are also NHS staff networks

[NHS England » Staff networks](#)



* Lesbian, Gay, Bisexual, Trans, Queer



WOMEN'S NETWORK



8. Staff Feedback – NHS National Staff Survey

The annual NHS National Staff Survey was undertaken in October and November 2024. This provides us with a comprehensive understanding regarding how our colleagues are feeling, covering all aspects of their work life under the headings of the 7 NHS People Promises, as well as measures for Staff Engagement and Morale.

There are specific questions relating to equality, diversity and inclusion that sit under the **We Are Compassionate and Inclusive** People Promise.

Of course, experiences related to EDI will influence other Themes too: e.g. are flexible working opportunities applied fairly, does everyone feel they have a voice or access to development, feel valued, listened to, or integrated into their teams etc.? Those experiences impact on Theme scores for **We Work Flexibly**, **We Each Have A Voice That Counts**, **We Are Always Learning** and **We Are A Team** etc.; in turn these influence overall levels for **Staff Engagement** and **Morale** too.

These results allow the Trust to track its own performance year on year. Additionally, we can gauge our progress against other Trusts working in the same part of the health sector.

This data is used to help establish Trust wide, as well as team specific, priorities in response to the feedback, involving a process of engaging with staff to identify actions and create improvement plans, with the additional input of the staff networks.

National Quarterly Pulse Surveys, in January, April and July, are much shorter and track core engagement responses in-between the main NHS Staff Survey and are useful as “temperature” checks on how colleagues are feeling.



2024 staff survey results

2024 NHS Staff Survey

These are the 2024 results for the NHS National Staff Survey for the ROH.

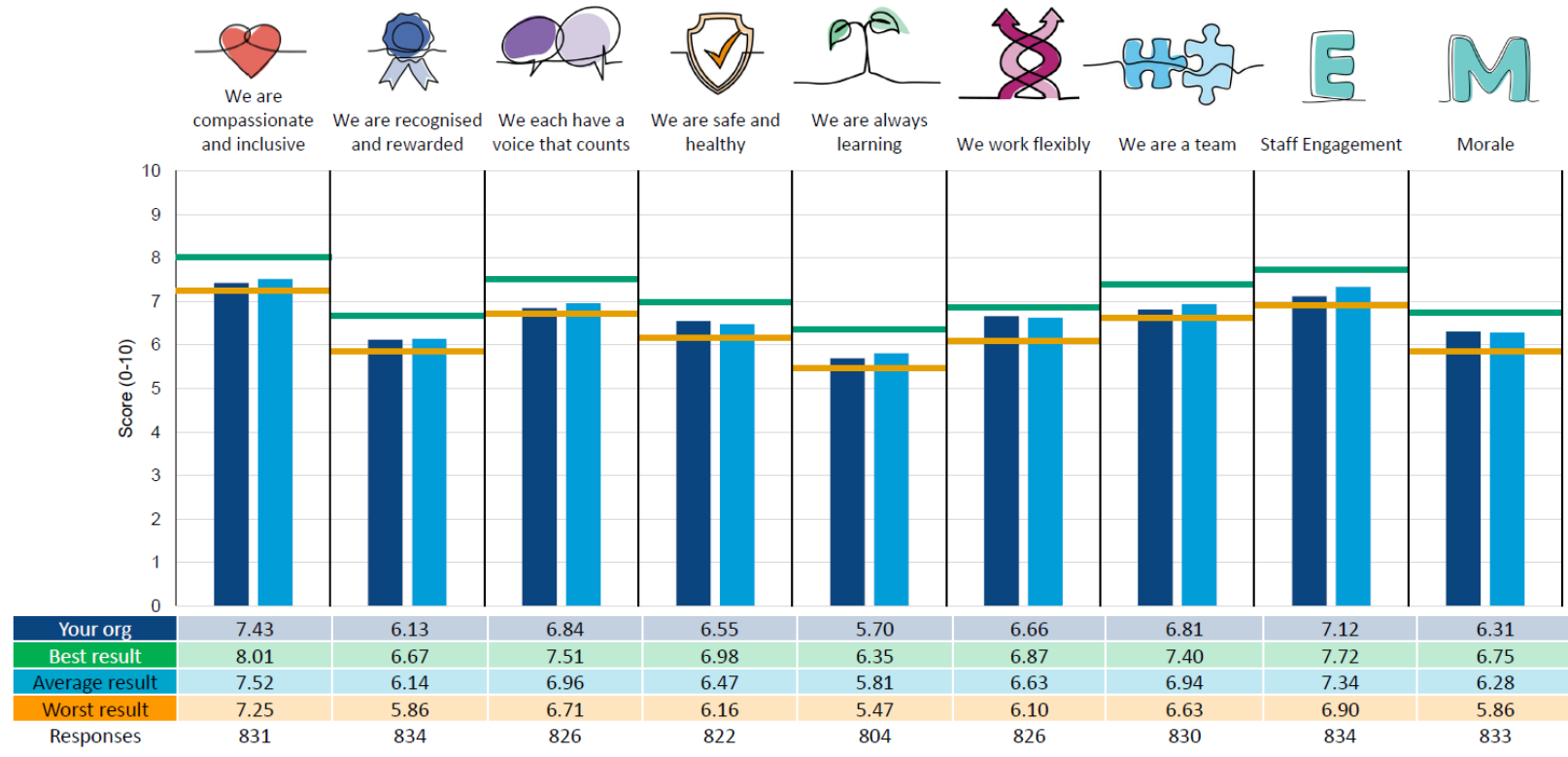
We are benchmarked against other Acute Specialist NHS Trusts, of which there are 13 in the UK, against the 7 NHS People Promises and the 2 additional themes of Staff Engagement and Morale. All Staff are included in the survey sample and in total 59% of colleagues participated, which is 836 people.

The data presents the ROH score (out of 10) vs the Best, the Worst and the Average scores within our sector.

These results, along with breakdown reports of Directorates and Teams, and questions around EDI, measure staff's experiences, and help inform our priorities for future actions.

People Promise elements and themes: Overview Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



9. Comparative Staff Experiences - WRES Data (Workforce Race Equality Standards)

These reports seek to track, understand and address differing staff experiences, dependent on race and disability, against certain standards

Performing Well

Indicator 1: Representation - Representation of ethnic minority colleagues across all bands has increased from 37% to **40% including at band 9**.

Indicator 4: Training - Our ethnic minority staff continue to be significantly more likely to access non mandatory training (**0.87**).

Indicator 9: Board Representation - Ethnic minority representation at board level has increased from 12% to **29%**.

Getting there

Indicator 2: Shortlisting - Relative likelihood of ethnic minority candidates being appointed from shortlisting has moved from 1.62 to **1.58 still shows a significant gap**.

Indicator 3: Disciplinary - The relative likelihood of ethnic minority staff entering the formal capability process has reduced from 1.37 to **1.26**.

Indicator 7: Career progression - Slight increase from 41% to **43%** of ethnic minority staff reporting equal opportunities for career progression.

Indicator 5: Harassment - Ethnic minority staff reporting harassment from patients, relatives and the public has decreased slightly.

Work required

Indicator 6: Harassment from staff - Ethnic minority staff reporting harassment from staff has increased from 26% to **29%**.

Indicator 8: Discrimination - White staff reported slightly more discrimination (8%-9%) whereas ethnic minority staff reports increased from 15% to **17%**.

WDES Data (Workforce Disability Equality Standards)

Performing Well

Indicator 3: **Disciplinary** - The relative likelihood of disabled staff entering the formal capability process remained at **0** based on a two-year rolling figure.

Indicator 8: **Adequate adjustment** - Disabled staff reporting adequate adjustments increased from 66.7% to **74.73%**.

Indicator 10: **Board Representation** – Full board members identifying as disabled increased from 0% to **13%**.

Getting there

Indicator 1: **Declaration** - There has been a slight change to staff members with the disability declaration rate moving from 6.2% to **5.9%**.

Indicator 2: **Shortlisting** - Relative likelihood of a disabled application being appointed from shortlisting has moved from 1.24 to **1.01**.

Indicator 4: **Harassment** - Disabled staff experiencing harassment, bullying or abuse from patients and the public has decreased from 26.7% to **22.56%**.

Indicator 5: **Career progression** - Disabled staff believing the trust provides equal career opportunities has decreased from 52.6% to **52.44%**

Indicator 6: **Managerial Support** - A positive decrease from 32.2% to **25.66%** of disabled staff feeling pressure from managers to come to work when unwell.

Indicator 7: **Satisfaction** - A positive increase from 35.0% to **41.92%** of disabled staff who are satisfied with the extent to which the organisation values their work.

Indicator 9: **Staff engagement** - The staff engagement score for disabled staff vs the overall Trust engagement score has increased from 6.6% to **6.75%**

Work required

Indicator 4a: **Harassment from staff** - Disabled staff experiencing harassment, bullying or abuse from staff has not changed and remained at **23.1%**.

More comprehensive reports reviewing our WRES and WDES data in detail are available: [Royal Orthopaedic Hospital - Home](#)

Gender Pay Gap Report

We report annually on the gender pay gap, which is the difference between the average earnings for men and women at the ROH.

This matters because it highlights differences in the earning potential of female vs male staff and prompts questions as to why this is the case.

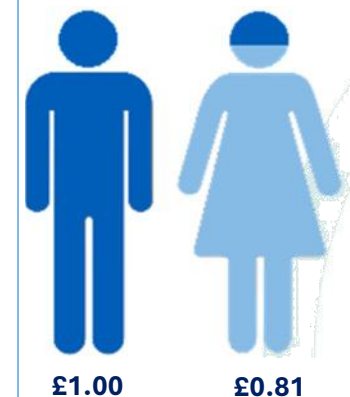
We can use the results of this report to address:

- The levels of gender equality at the ROH
- The balance of male and females at different levels
- How effectively talent is being maximised and rewarded
- To get a clear set of actions to promote change

A more comprehensive analysis of the Gender Pay Gap report is available [Royal Orthopaedic Hospital - Statutory Documents](#)

MEDIAN GENDER PAY GAP AT ROH

- The median hourly wage for men is **£19.88 (2024)** compared £19.42 in 2023
- The median hourly wage for women is **£16.18 (2024)** compared to £15.33 in 2023
- This equates to a difference of **£3.70 (2024)** compared to £4.09 in 2023
- The median hourly rate is **18.61% (2024)** lower for women than it was for men compared to 21.06% in 2023
- In 2024 there had been a slight improvement for **every £1 earned by men, women earned 81.39p** compared to **78.94p in 2023**



MEDIAN - The median hourly rate is calculated by ranking all employees from the highest to the lowest paid & taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women's median hourly wage (the middle paid woman) and men's median hourly wage (the middle paid man).

10. Staff Demographics

The NHS workforce is more diverse today than at any point in its history. This matters not just because it is the equitable thing to do, it also brings clear measurable benefits for patients and taxpayers alike in the service we offer.

The NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. To achieve these goals, we need to increase capacity by growing our workforce and finding new ways of working to enhance productivity, by inspiring new staff to join and encouraging existing staff to stay.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale and engagement, which, in turn, directly impacts on improved patient experiences and outcomes.

Put simply, “happier staff = better patient outcomes”.



You cannot achieve those patient outcomes unless you have an inclusive environment where you treat people equitably and without discrimination; delivering that kind of working environment in an organisation of any size takes deliberate focus, listening and action.

The NHS People Plan, underpinned by the 7 NHS People Promises supports 1.3 million people who work in NHS England, outlining actions to enhance their sense of ‘belonging’ in the NHS by improving their experience of engagement, equality, diversity and inclusion. By doing so we can improve the patients’ experiences and outcomes.

To support this ambition, we need to understand what our staff make-up looks like and to what extent that is representative of the surrounding population. As an inclusive employer we would want to see some broad correlation between the two, and indeed to our patient profiles as well.

2012 Census Population data for Birmingham 2021

The starting point for understanding whether our staff population, and ultimately our patient profiles, are representative of the locality we serve is to review the census data.

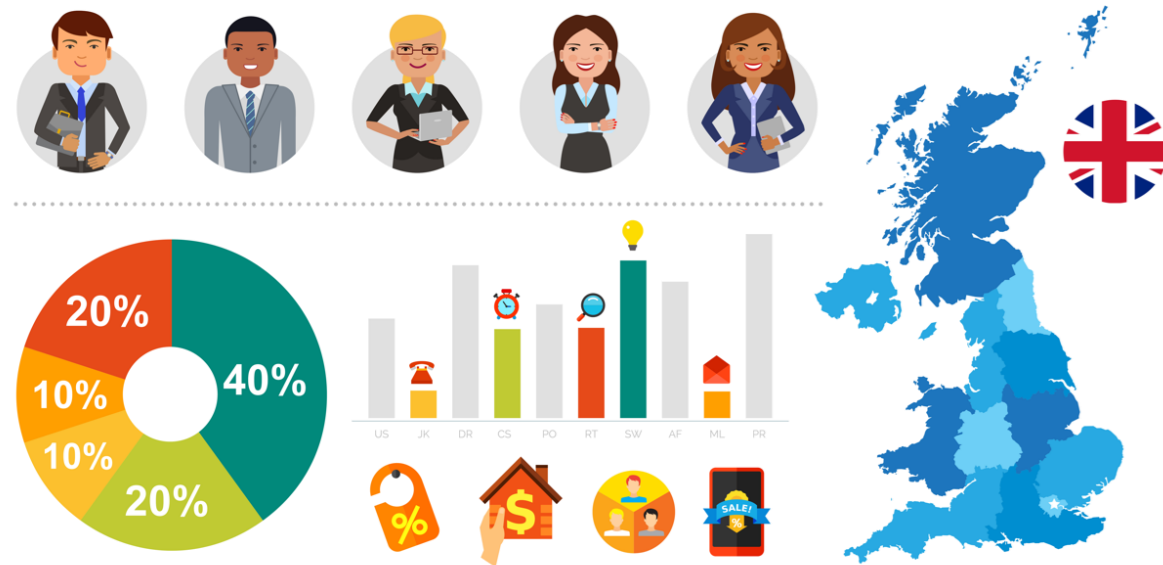
Historical and societal factors beyond our control may influence the makeup of certain professions, for example traditionally the training routes for becoming a Doctor have tended to favour males who haven't typically taken time out to raise a family; also, as an elective hospital, we will have patients from outside of our immediate locality. However, it is still important to try and understand whether we are broadly meeting our ambitions to be a fair, equitable and inclusive employer and service provider.

Here we will highlight some headline census data for the Birmingham area, before looking at staff and patient breakdowns, where we can see how the two compare.

There is a huge amount of census data available, and you may wish to look into this in more depth, if so, please visit this website:

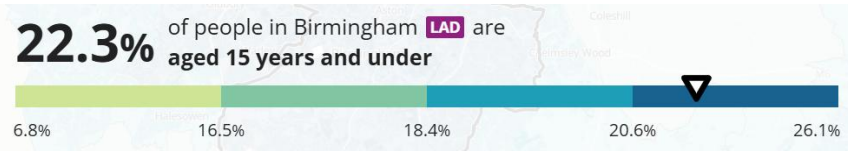
[Census Maps - Census 2021 data interactive, ONS](#)

Census maps is an interactive tool to explore Census 2021 data across England and Wales for different topics down to a neighbourhood level.

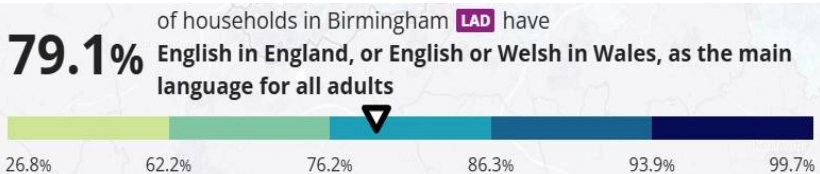


Birmingham 2021 Census data – Age, Language & Ethnicity

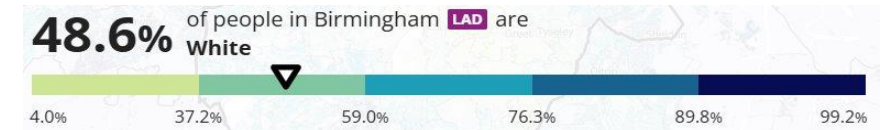
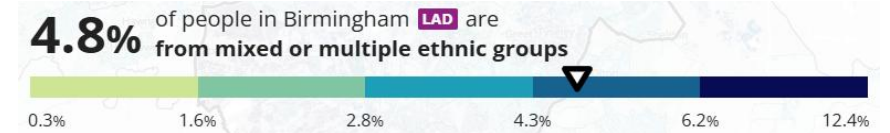
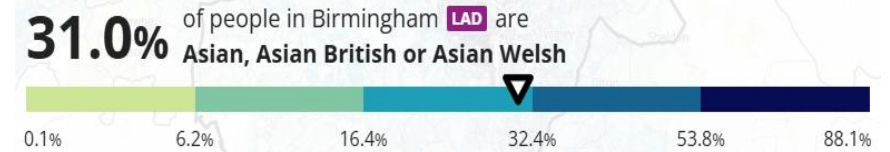
Population age profile:



Population language profile:



Population ethnicity profile:



Birmingham 2021 Census data - Religion

Population religious profile:

24.1% of people in Birmingham **LAD** have **no religion**



34.0% of people in Birmingham **LAD** are **Christian**



0.4% of people in Birmingham **LAD** are **Buddhist**



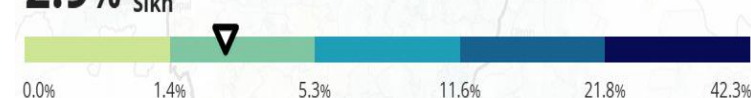
1.9% of people in Birmingham **LAD** are **Hindu**



29.9% of people in Birmingham **LAD** are **Muslim**



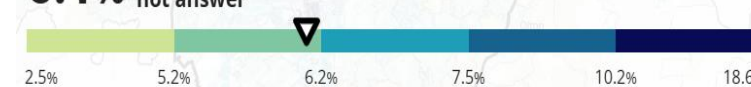
2.9% of people in Birmingham **LAD** are **sikh**



0.6% of people in Birmingham **LAD** reported **"Any other religion"**



6.1% of people in Birmingham **LAD** did **not answer**



0.1% of people in Birmingham **LAD** are **Jewish**

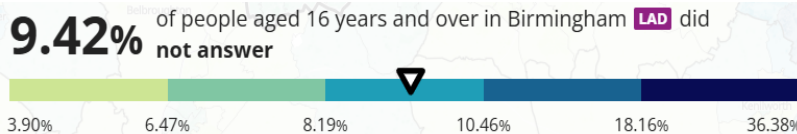
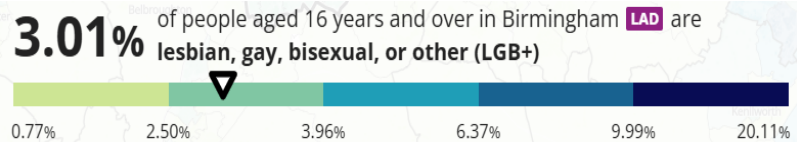


Birmingham 2021 Census data – Sex, Sexuality and Disability

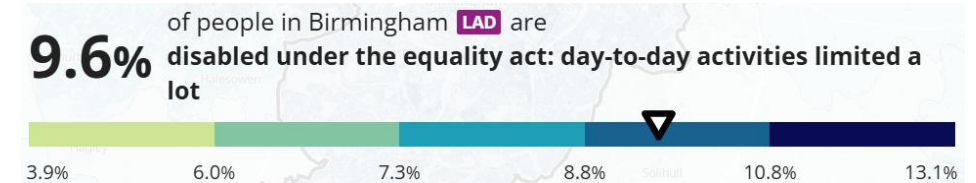
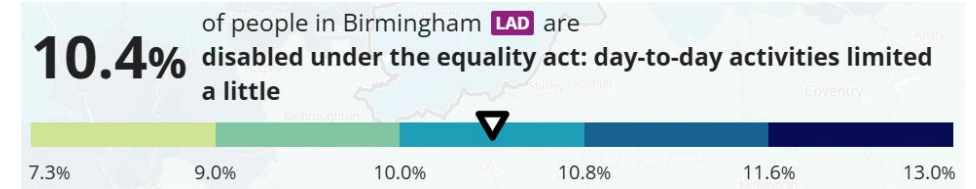
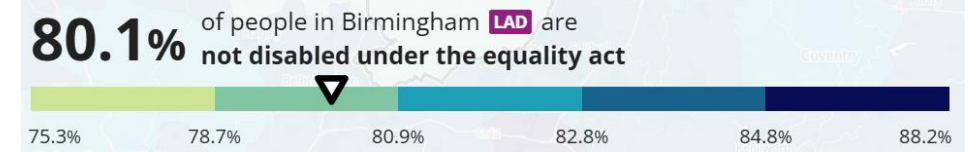
Population sex profile:



Population sexuality profile:



Population disability profile:



ROH Staff demographics

We will now look at the staff demographics for the ROH.

We would want to be an equal opportunities employer within our local community and while we are not looking for an exact match to the local population, tracking our staff profiles allows us to identify outliers, or areas where recruitment needs to try and reach underrepresented groups; whilst allowing for historical and societal influences:

For example, historically nursing staff have always been predominately female. That does not mean males cannot be excellent nurses, nor does it mean that we should not seek to encourage the recruitment of men into nursing, but it does mean that changes may take a long time to show given the historical prevalence of female nursing staff.

The converse has historically been the case with medics, where men have tended to be far more numerous than women, medics will also hold more senior roles and as such be paid more, these long-term factors will impact on the gender split within certain professions, pay bands and seniority.

For more details related to the Gender Pay Gap please see earlier in this E&D Report or visit our website [Royal Orthopaedic Hospital - Home](#)

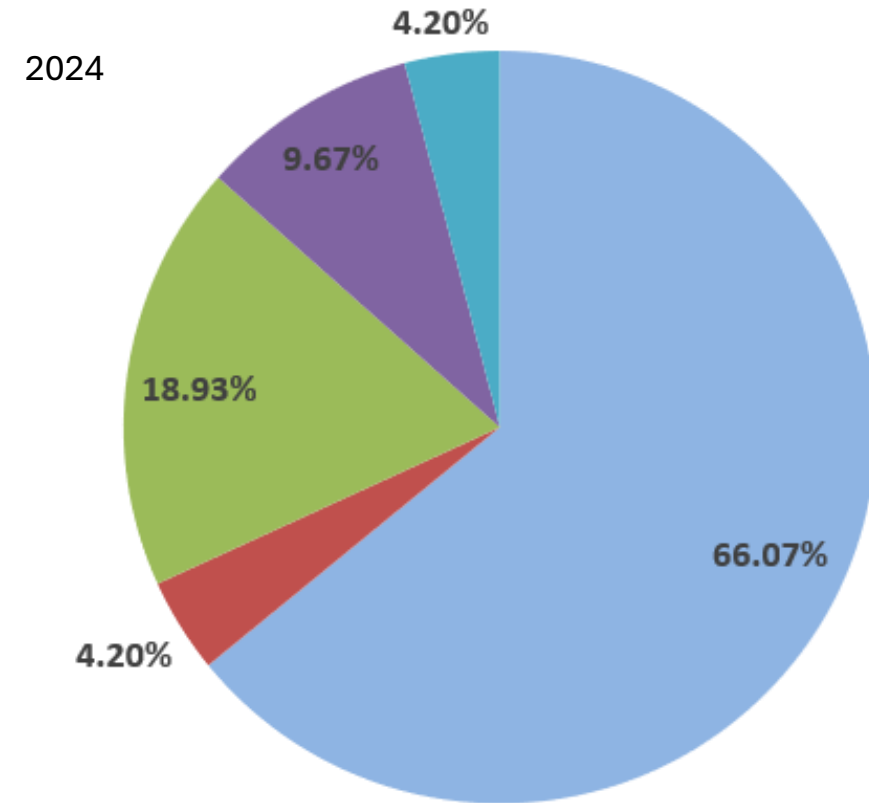
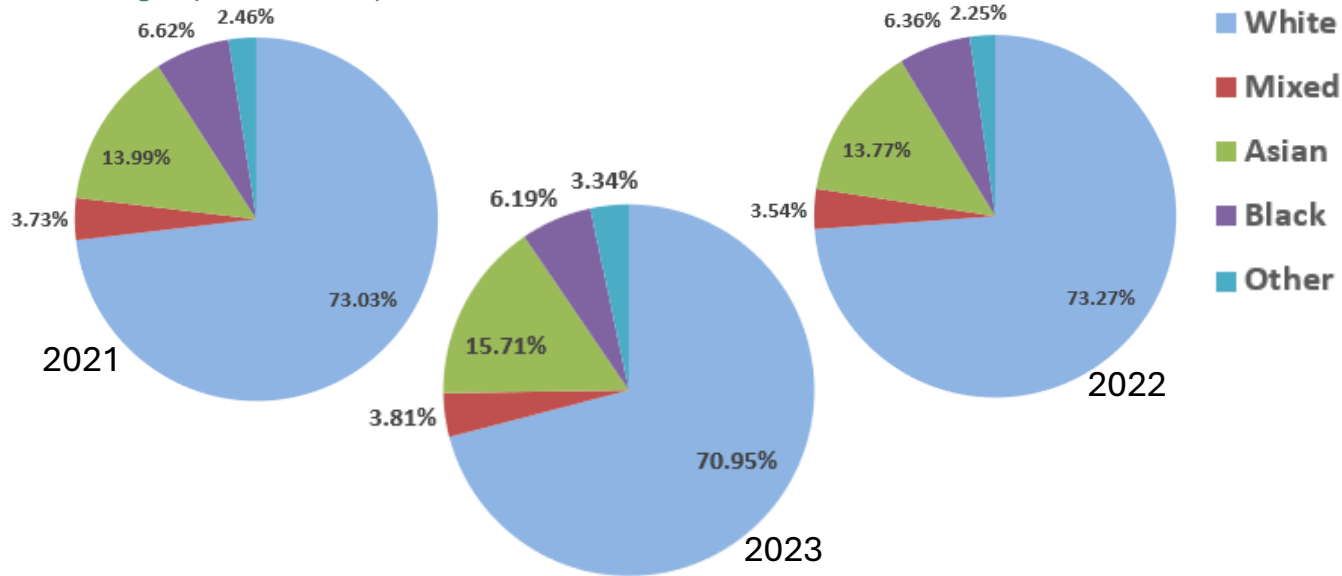


*Later in this report you will also be able to review demographic breakdowns for our inpatients and outpatients.

Staff ethnicity 2024

Broadly, we would hope to see ethnicity breakdown of our staff being similar to that of the local population, which would indicate we have equitable recruitment processes: in the 2021 around half the population of Birmingham was White, in Northfield, where the ROH is situated, that rises to 83.2%. We increasingly reflect the wider Birmingham population, with a decrease in white staff members to 66.07% and an increase in ethnic minorities

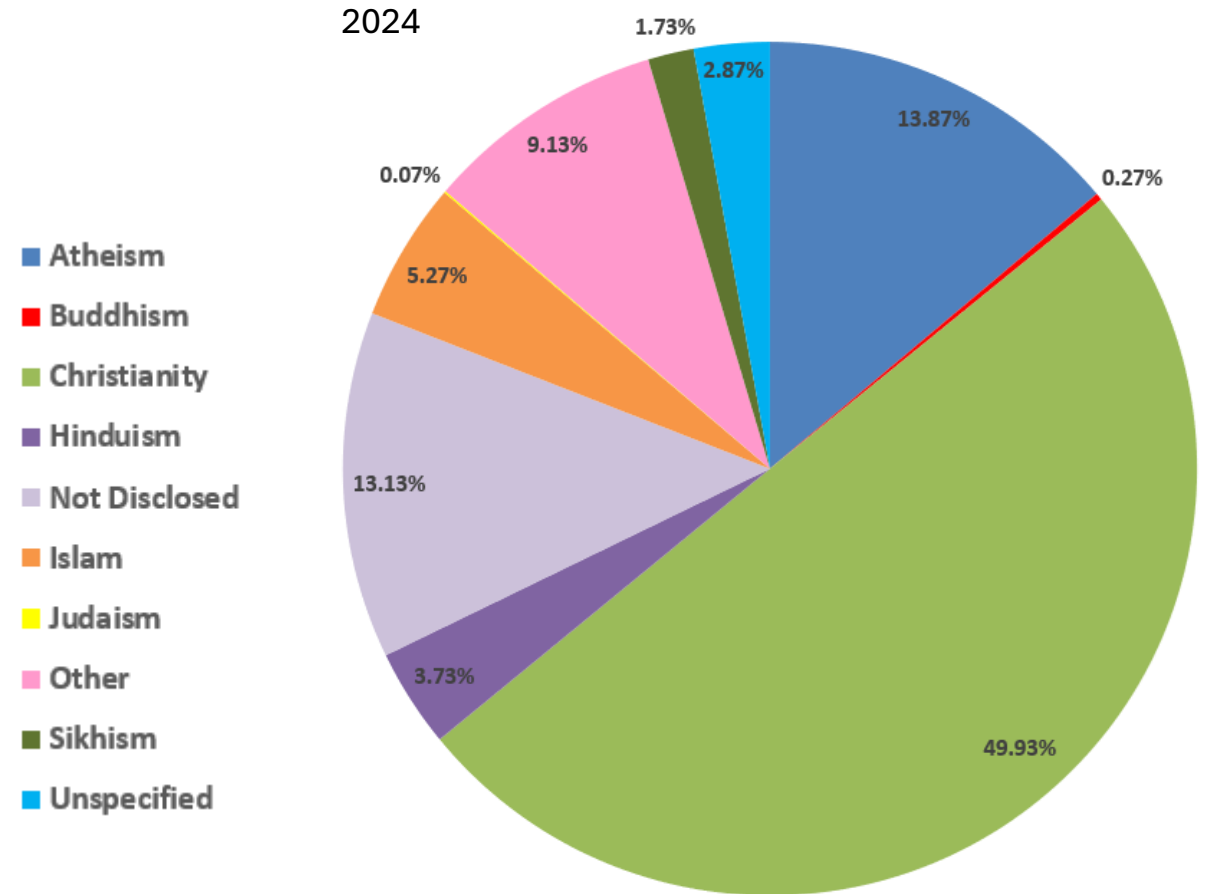
Ethnic group - Census Maps, ONS



Staff religious beliefs, or none, 2024

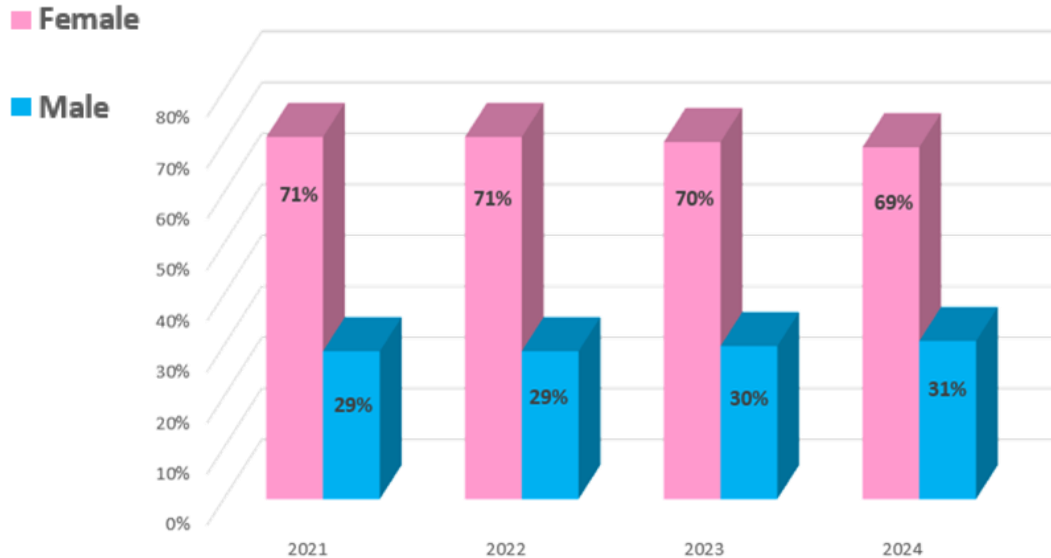
As an inclusive employer we would want to see that our colleagues were both broadly reflective in their range of religious beliefs, and none, in relation to the wider population and also that they felt comfortable “being themselves” and having that sense of “belonging” in the workplace without fear or favour.

Compared to the census data for Birmingham, we have a high proportion of staff identifying as Christian at almost 50% vs the Birmingham figure of 34%

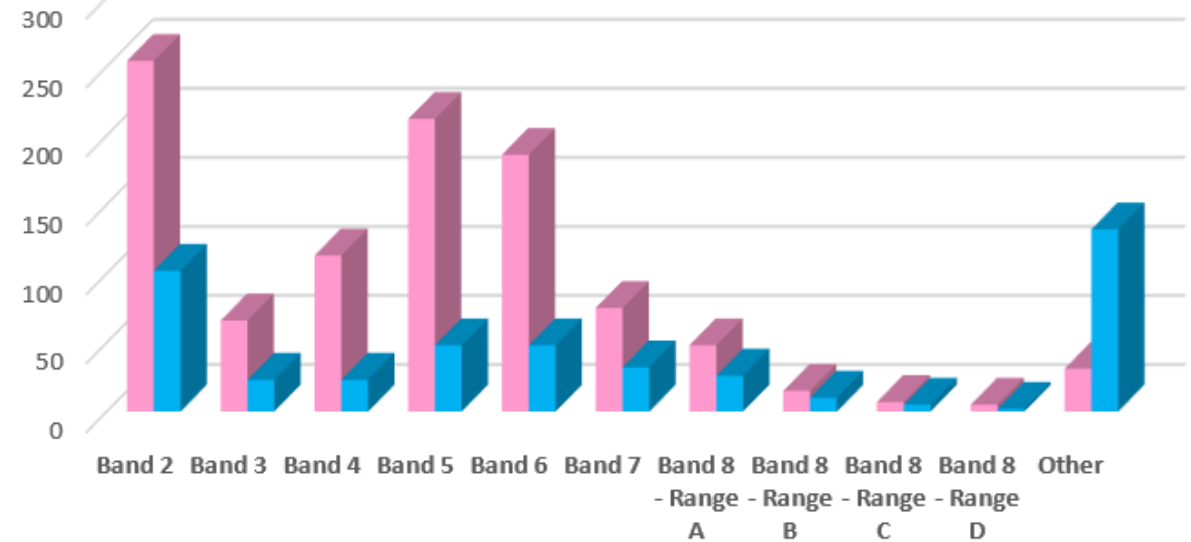


Staff gender 2024

Historically the NHS has always had a higher proportion of female staff but that may indicate societal, or organisational, presumptions about what are suitable roles for men which result in, say, fewer male nurses, when actually we may need to attract more men to nursing etc.

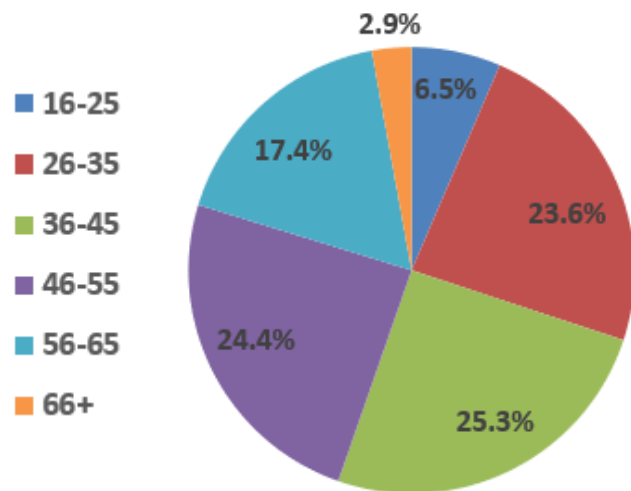


We also track gender at different pay bands to understand the extent of the “Gender Pay Gap”, its causes and solutions – are women more likely to be in lower paid jobs than men because they leave the workforce to raise a family, miss out on development and promotion opportunities or need to work flexibly due to childcare? Ideally the overall gender split should broadly be the same at each band.

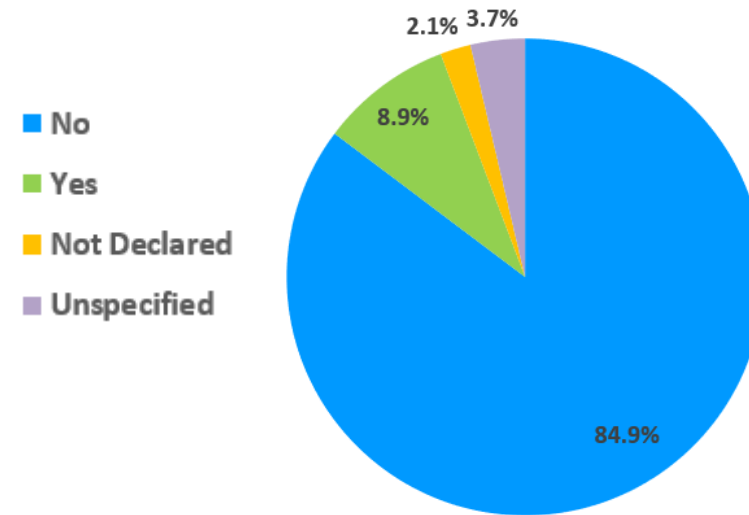


Staff age and disability 2024

Age – It is important to track age for workforce planning - an aging workforce, which wasn't being replenished by younger staff entering the NHS, would risk future services and capacity as staff retired. It is important to know that we offer an inclusive working environment that is attractive to the next generation of staff; we also need to know other age groups still view the NHS as a place that meets their needs too 2023 to 2024 has seen little change outside of slightly fewer younger staff and slightly more in their 30s/40s

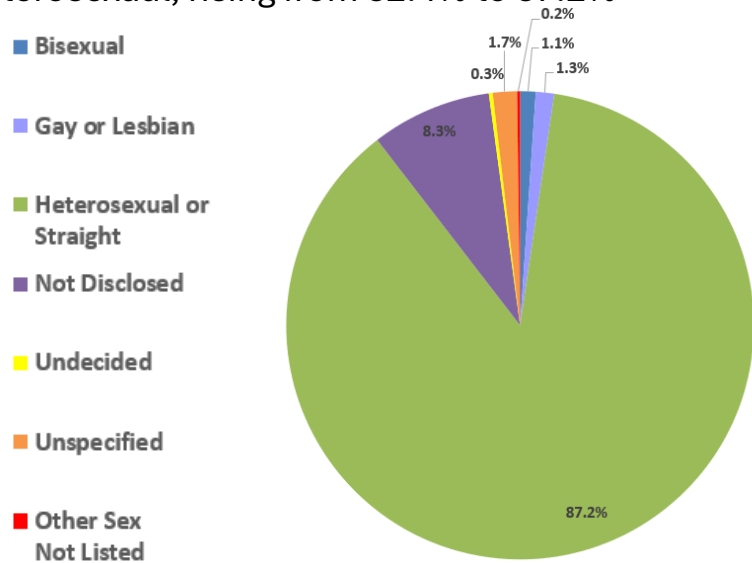


Disability – Disabled staff add value to our services, in their work and in bringing new perspectives from their lived experiences that our patients may share. We want to ensure that staff feel safe disclosing any disabilities, knowing that they will be supported in the workplace – thus the numbers of staff declaring a disability rising from 4.6% to 8.9% 2023/24, and those not declaring dropping from 3.8% to 2.1%, over the same period, can be seen as a positive trend

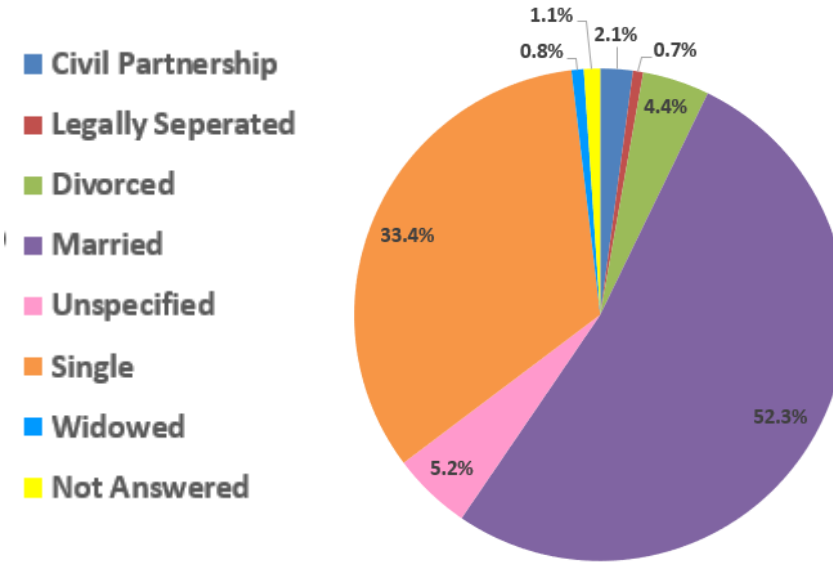


Staff sexual orientation and marital status 2024

Sexual orientation – we would want reassurance that, broadly speaking, the sexual orientation of our staff reflected wider society, both because it helps to employ people who are reflective of our patients and their lived experiences and because otherwise it may indicate some barriers felt by some staff in working for the NHS or in disclosing their sexuality. 2023 to 2024 saw a noticeable drop in unspecified responses from 9.1% to 1.7%, the main increase was amongst staff identifying as heterosexual, rising from 82.4% to 87.2%



Marital status – as one of the protected characteristics we also record the marital status of our colleagues. As shown here, we would expect to see a wide variety of different statuses, which gives us confidence that people feel able to be open about this and are not suffering detriment. There were no significant changes from 2023, although slightly more people were married and fewer were single



11. Staff Recruitment

As an inclusive employer it is important to have robust faith in your recruitment processes and to be reassured that they are free from bias.

Obviously, we recruit on merit but within that we would want to see what types of people are applying for roles, for example do applicants apply in ways that suggest, they do not feel they should put themselves forward because of the advert's wording?

We shortlist "blind", this is to help ensure there is less opportunity for bias and the decision to interview is meritocratic and based on the quality of the application.

At the interview stage there could be a potential for bias, so we work hard to make sure our interview panels are inclusive and representative of the diversity of our workforce.

Within the online recruitment system, we have the option to track the proportion of staff, against given characteristics, at various stages of the recruitment process from application, to shortlisting, interview and appointment into role. Our Disability Confident Level 3 – Leader accreditation illustrates the progress we have made in this area for disabled staff for example.

Once in post, staff are supported in their induction by the 100 Days programme to ensure they all feel involved and informed from their interview to their first day, through their 12-week review and ultimately throughout their career with the Trust.



(See page 11)



12. Staff Training

Oliver McGowan training was introduced and is mandatory for all staff. It raises awareness of supporting Patients with Learning Disabilities and Autism through the BSOL/ICS workshops.

In 2024 91% of staff completed the Oliver McGowan Mandatory E-learning and we have begun to promote Part 2 (Tier 1 & Tier 2) of the programme.

Widening participation - Apprenticeships in both clinical and non-clinical settings to support work force planning and creating progression pathways. Monitoring apprenticeship numbers and diversity of staff completing apprenticeships is undertaken through the NHS England Talent for Care quality data returns on age, gender, trans, ethnicity and sexuality (not disability/pregnancy or marriage).

We also support staff without Functional Skills Maths to engage with the Multiply programme, this helps build confidence to support personal objectives, which could range from supporting children with homework, financial planning and budgeting or attaining qualifications for longer term further study.

Equality, Diversity & Inclusion Training – EDI training is mandatory for all staff with regular refreshers, monthly training sessions are run by the OD and Inclusion Team to ensure everyone is compliant.



[The Oliver McGowan Mandatory Training on Learning Disability and Autism | NHS England | Workforce, training and education](#)

[Talent for care | NHS England | Workforce, training and education](#)

13. Patient Profiles

In this section, patient data is presented for Ethnicity, Gender, Age, Marital Status, Religion/Belief and Language*

Is it useful data to review for several reasons. Our overall patient profiles would ideally be representative of our regional demographics; we would also be looking for significant variations between inpatient and outpatient data and what these may tell us

We know health inequalities do exist, with some sections of society finding themselves less willing, or able, to access healthcare.

Understanding if, and to what extent and where, access is being affected by local, regional, economic, societal, gender or cultural factors is therefore helpful when seeking to offer an equitable, truly national health service.



HEALTH INEQUALITIES are unfair & avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food.

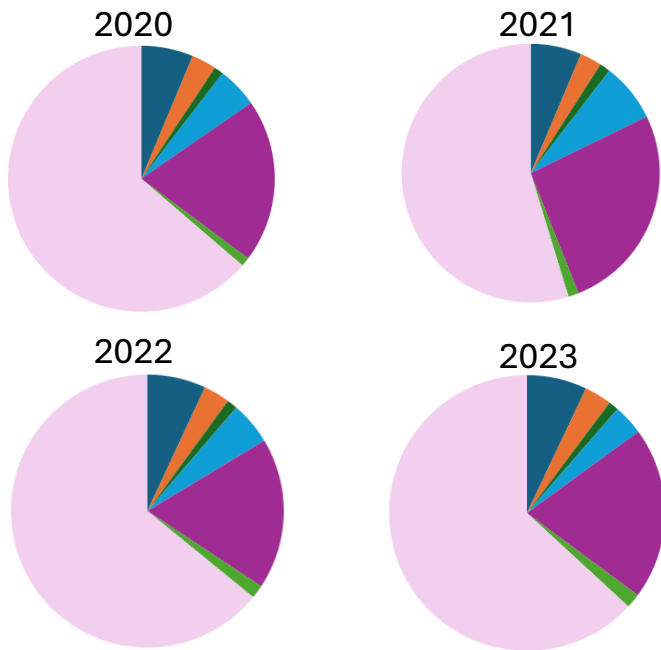
This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care

*We also record disability data, however only 2 patients declared a disability across inpatients and outpatients, so no graphs are shown here.

The data has been collated from the Informatics team as of January 2025, covering the latest period of January 1st to December 31st 2024

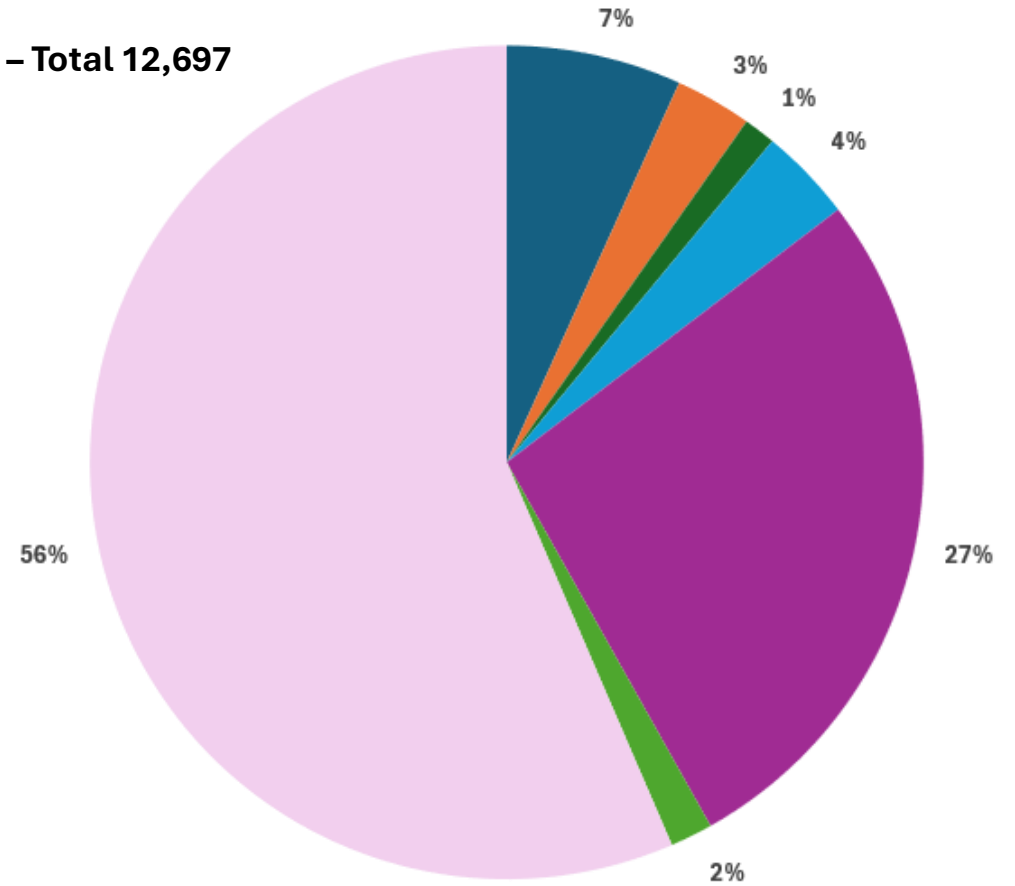
Ethnicity – Inpatient 2024

The proportion of white inpatients has fluctuated but for 2024 was closer to the Birmingham population averages.



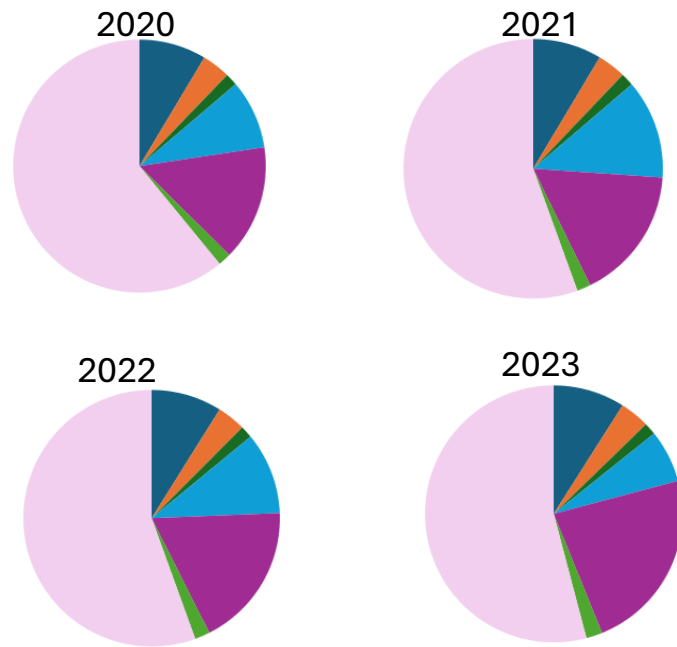
- Asian
- Black
- Mixed
- Not known
- Not stated
- Other
- White

2024 – Total 12,697



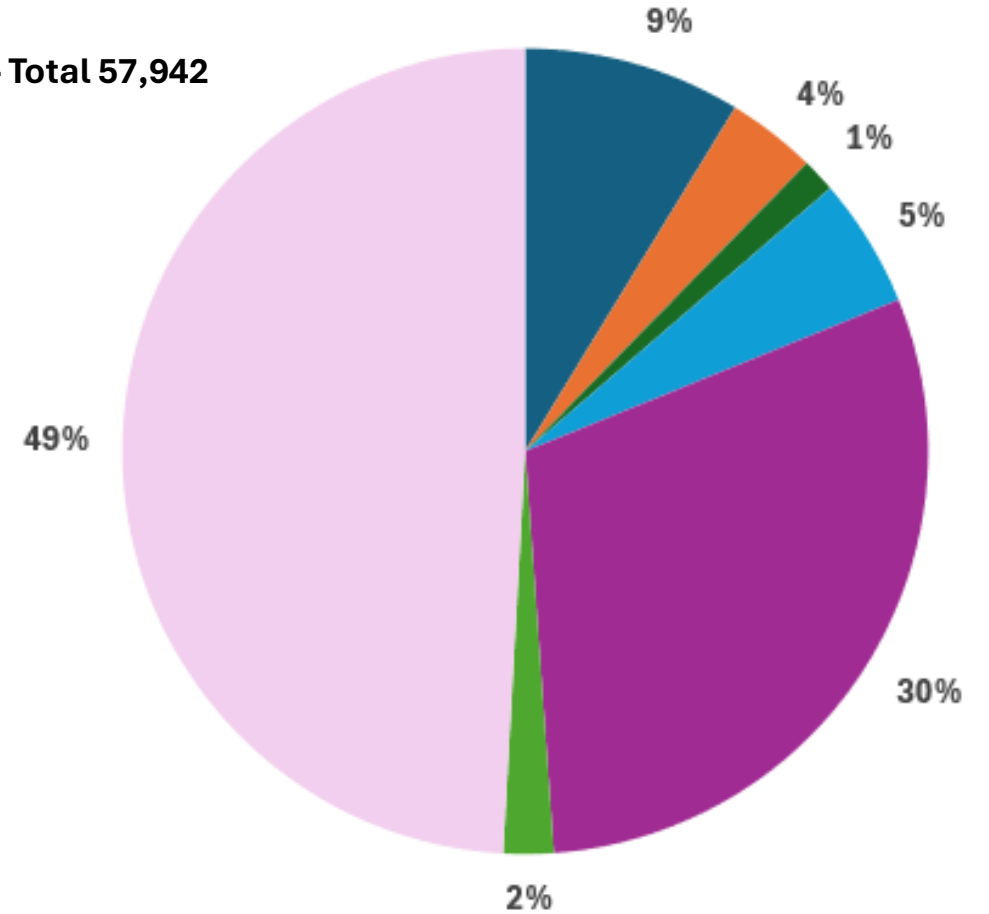
Ethnicity - Outpatient 2024

The proportion of non-white outpatients has continued to increase significantly over the last 4 years meaning we are more closely reflecting the local population.



- Asian
- Black
- Mixed
- Not known
- Not stated
- Other
- White

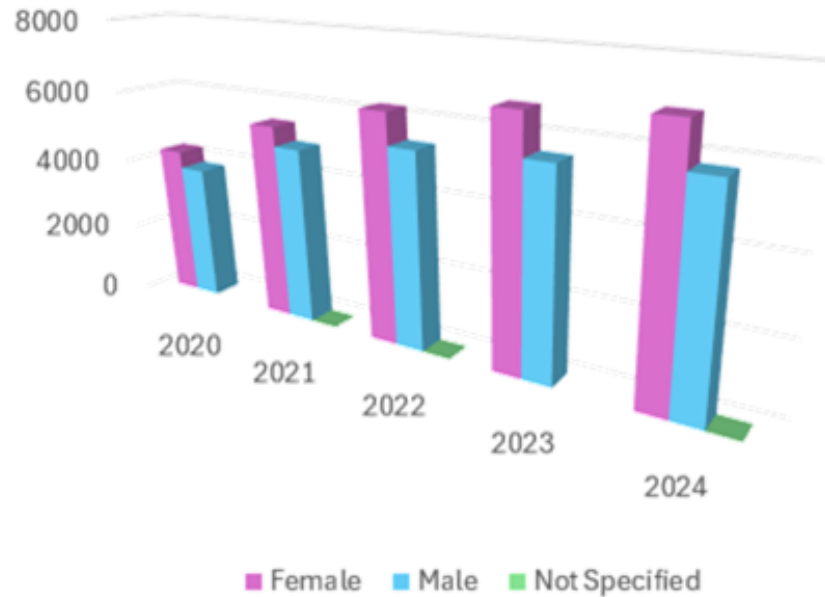
2024 – Total 57,942



Gender – Inpatients and Outpatients 2024

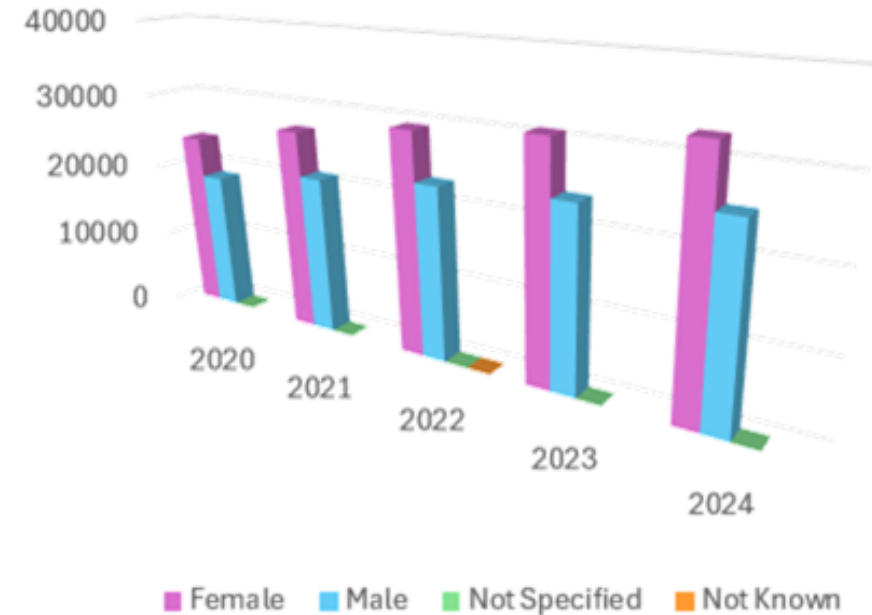
Inpatients

- 6902 Female
- 5794 Male
- 1 not specified



Outpatients

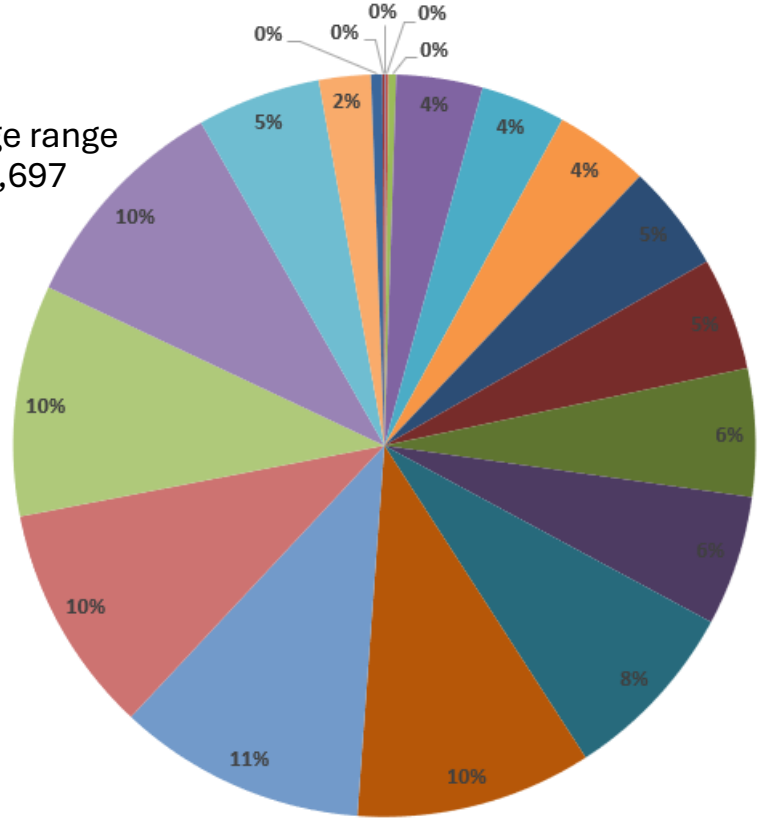
- 32,646 Female
- 25,293 Male
- 3 not specified



Age – Inpatients & Outpatients 2024

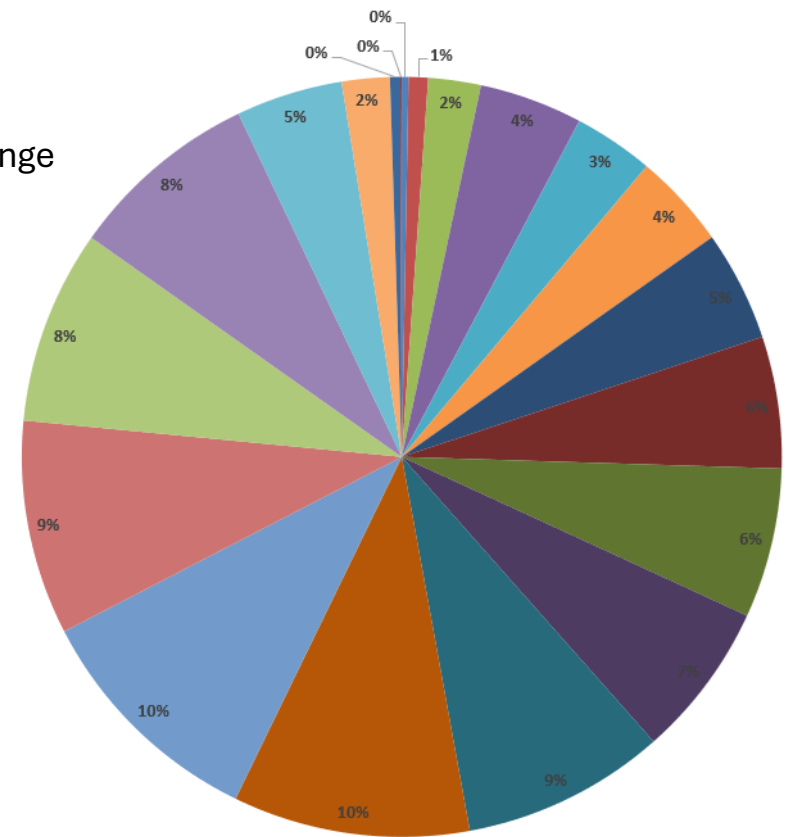
A very similar age spread across both inpatients and outpatients

Inpatient age range
 ○ Total 12,697



Outpatient age range
 ○ Total 57,942

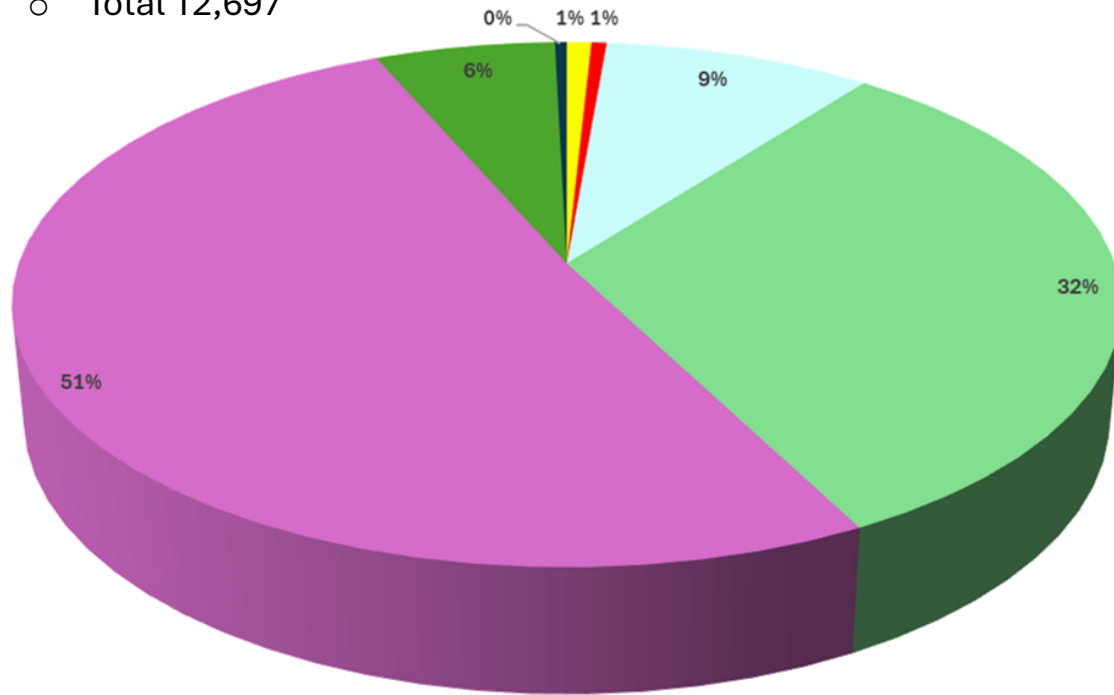
- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76-80
- 81-85
- 86-90
- 91-95
- 96-100



Marital Status – Inpatients & Outpatients 2024

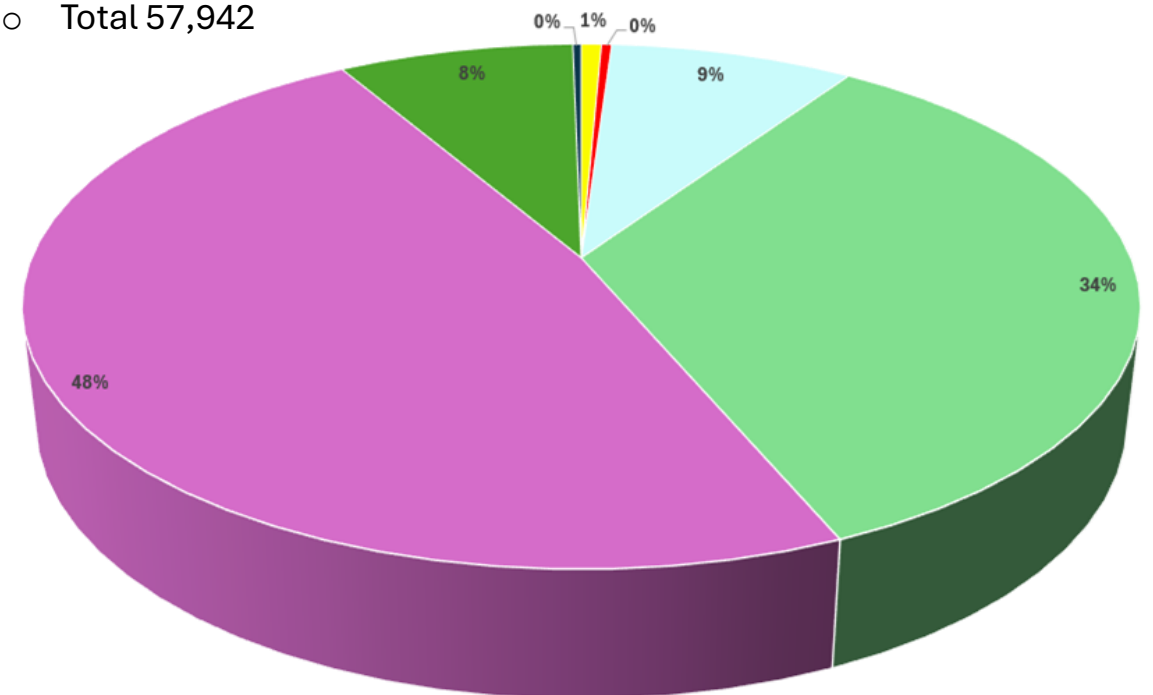
Inpatient Marital Status

○ Total 12,697



Outpatient Marital Status

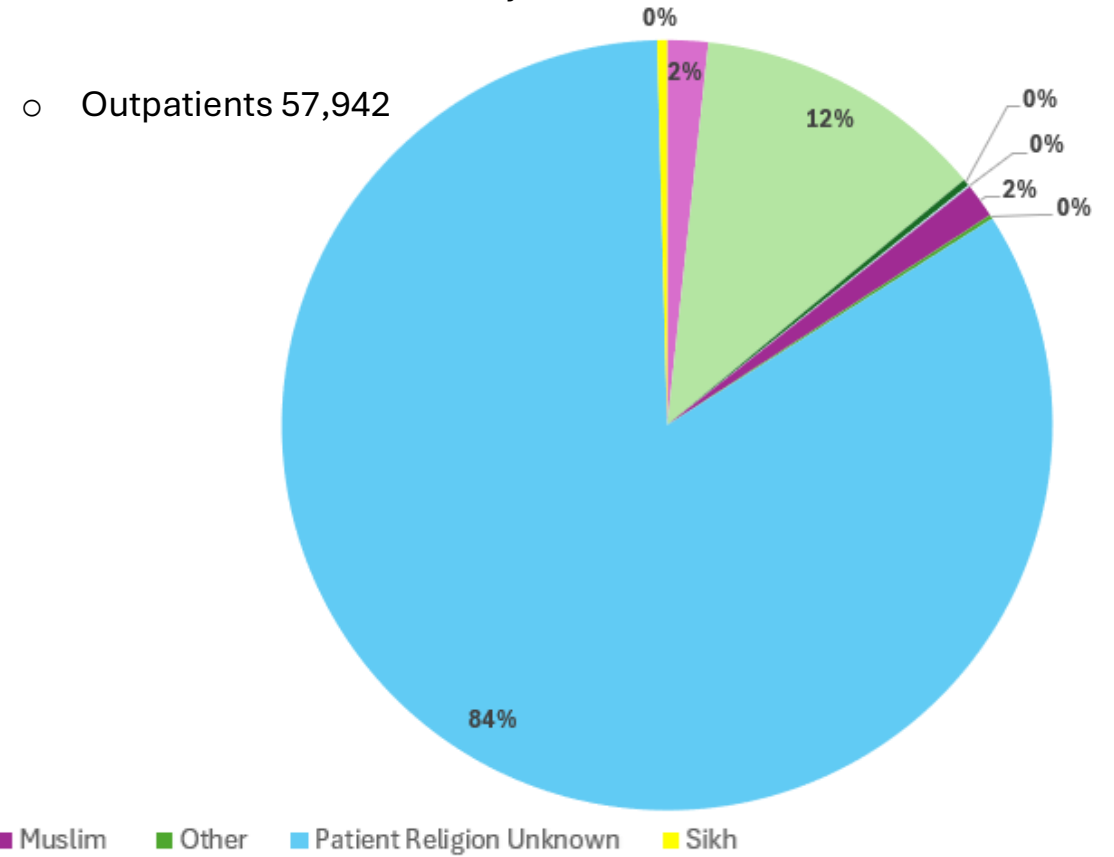
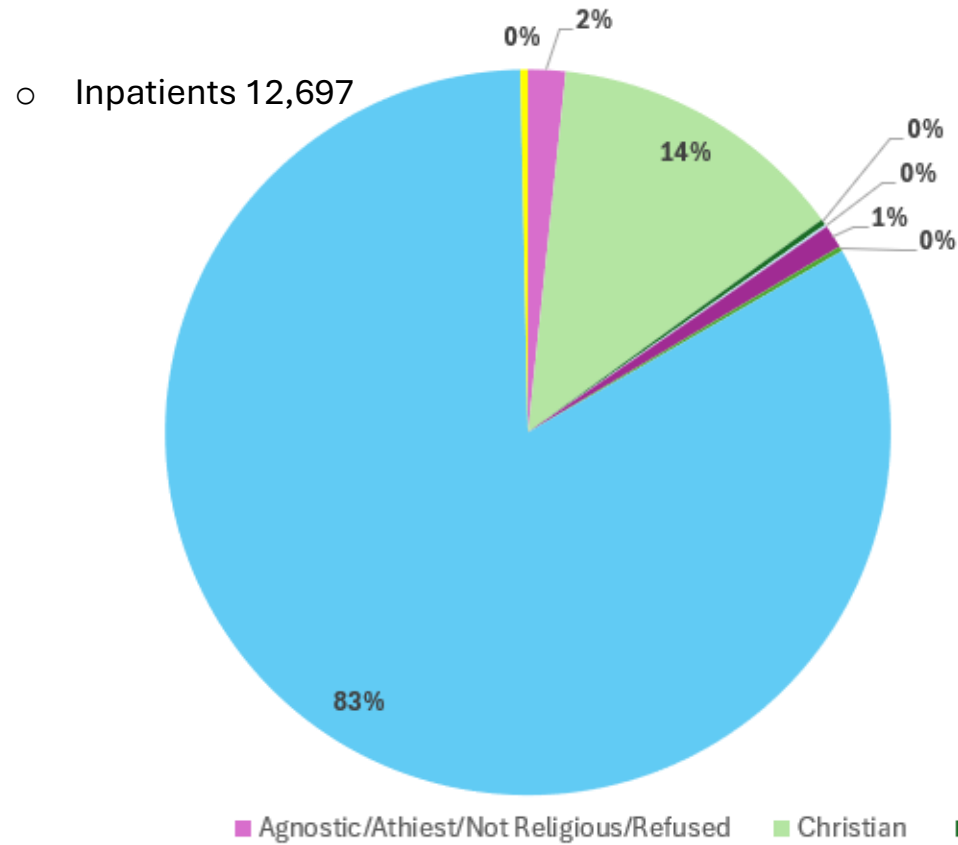
○ Total 57,942



■ Divorced/Person whose Civil Partnership has been dissolved
 ■ Engaged, Not applicable/disclosed, Other, Separated
 ■ Married/Civil Partner
 ■ Not known
 ■ Not Specified
 ■ Single
 ■ Widowed

Religion – Inpatients & Outpatients 2024

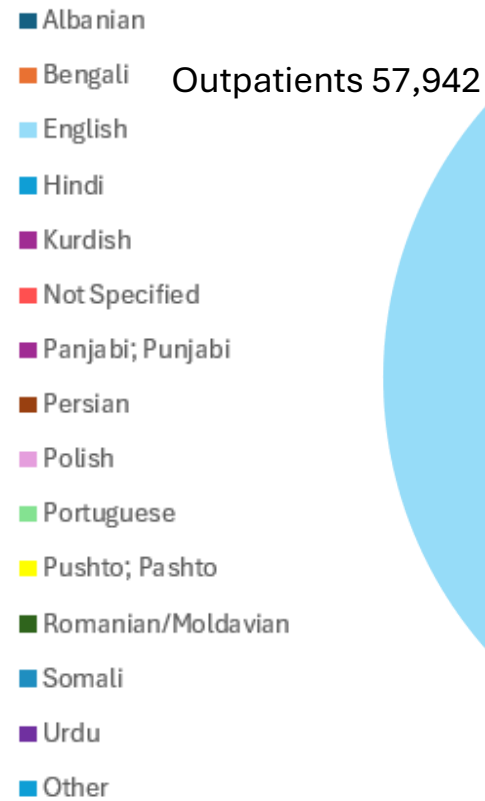
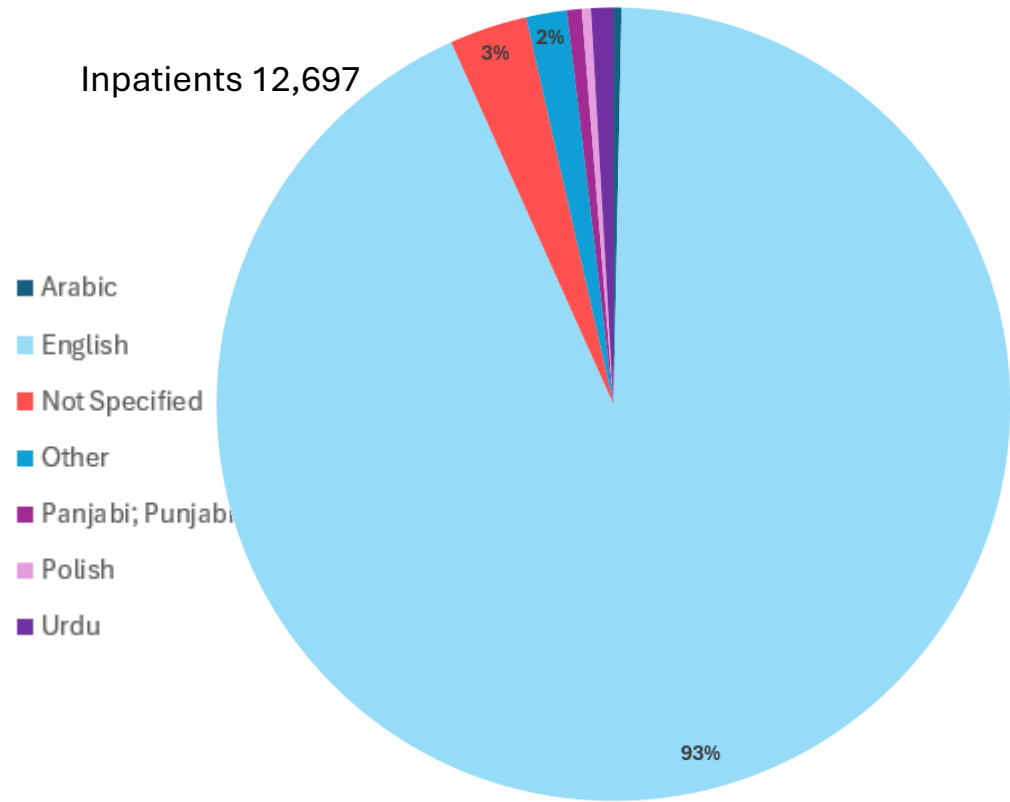
There were a total of 66 different declarations in relation to religion recorded, as well as “unknown”, and a very similar breakdown across both areas.



■ Agnostic/Atheist/Not Religious/Refused ■ Christian ■ Hindu ■ Jewish ■ Muslim ■ Other ■ Patient Religion Unknown ■ Sikh

79 Spoken languages – Inpatients & Outpatients 2024

Whilst over 9/10 patients spoke English, there was remarkably wide range of other languages encountered



14. Patient Experience

As a Trust we exist for our patients, as such their experiences of our services is paramount and one of the most important measures of how we are performing. We work hard to make sure everyone has a positive patient experience but inevitably there are times when we could do better and feedback from patients provides us with valuable learning and thus improvement opportunities.

From an equality and diversity perspective we want to be reassured that we can understand who is being impacted, for example, do some of our patients have noticeably better, or worse, experiences than others? If they do, why is that and are there patterns to those receiving worse treatment and what can we do to address / improve that?

Our patients' feedback provides us with tangible evidence on whether our aims and objectives, our policies, procedures and E&D aspirations are having practical, positive impacts on their experiences at the ROH.



PALS - Our PALS, (Patient Advice and Liaison Service) are responsible for handling both patient feedback and formal complaints.

PALS cases are concerns that require investigation, resolution and response to the patient, but they are managed more informally, rather than requiring a formal written response. PALS cases have a resolution timeline of 5-7 working days.

The PALS Team will:

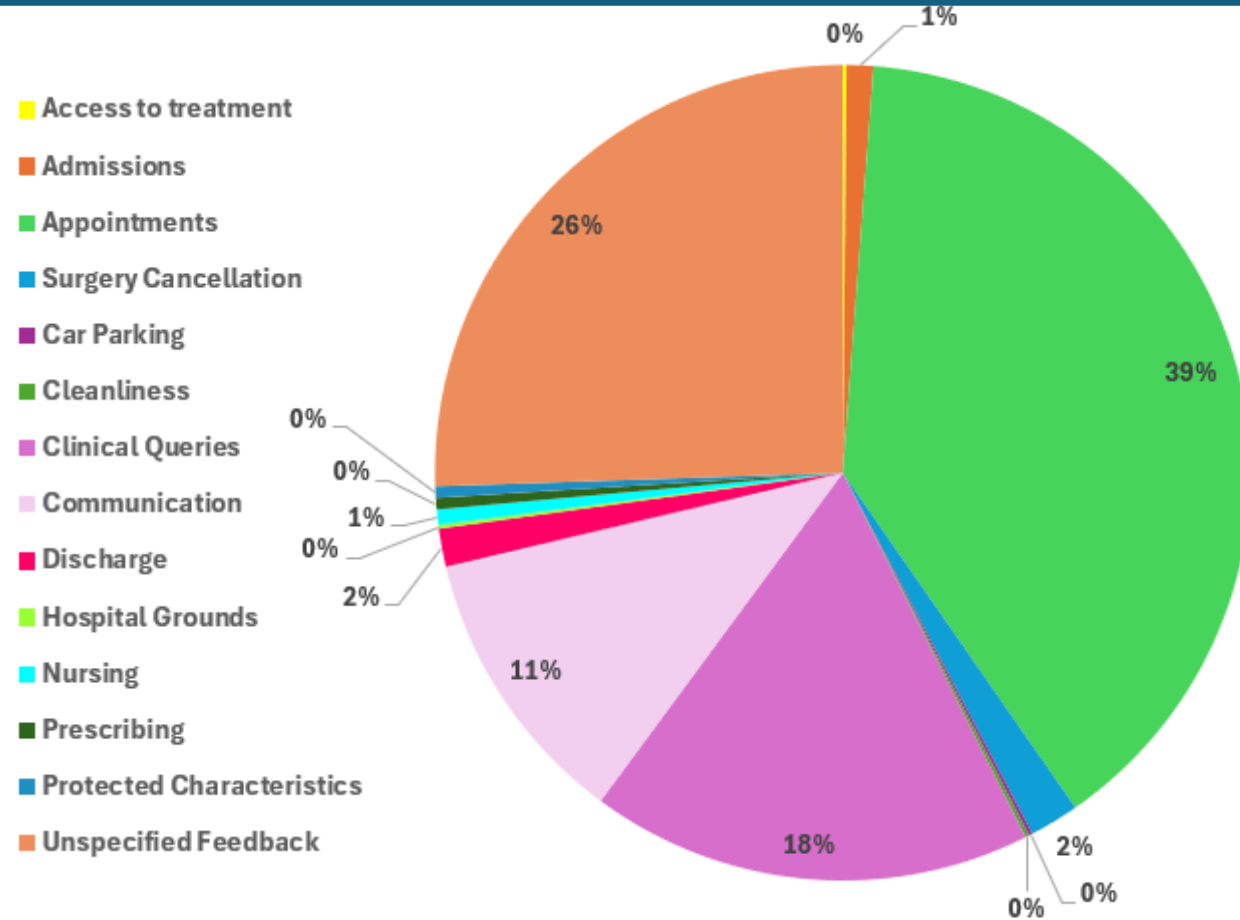
- Offer advice & guidance supporting patients & their family or carers
- Help to resolve issues regarding hospital experiences
- Listen to feedback and suggestions
- Share Compliments
- Support patients with their concerns and complaints

2024 PALS Cases or Informal Concerns by Category

Total 662

Cases specifically related to protected characteristics only accounted for 2% of cases.

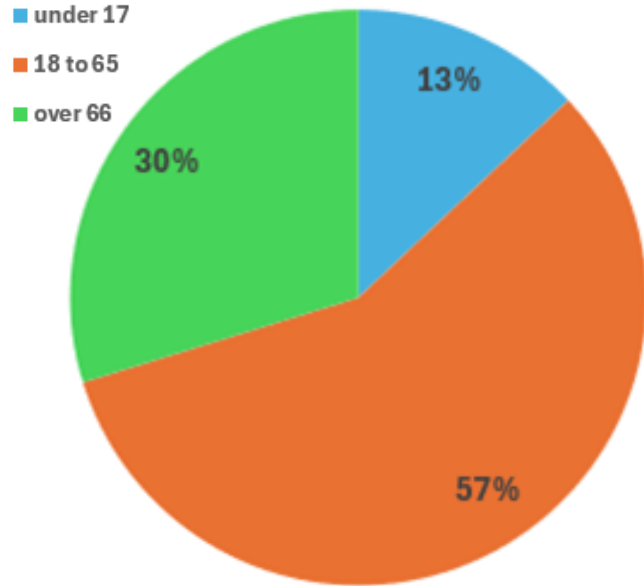
It is possible of course that other areas may be related to EDI, such as those around admissions and appointments processes.



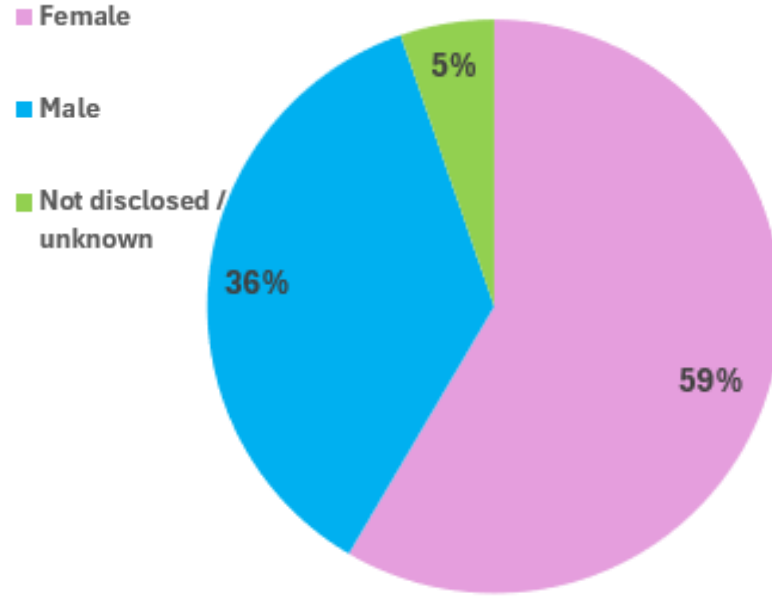
2024 PALS Cases or Informal Concerns by Age, Gender and Ethnicity

Total 662

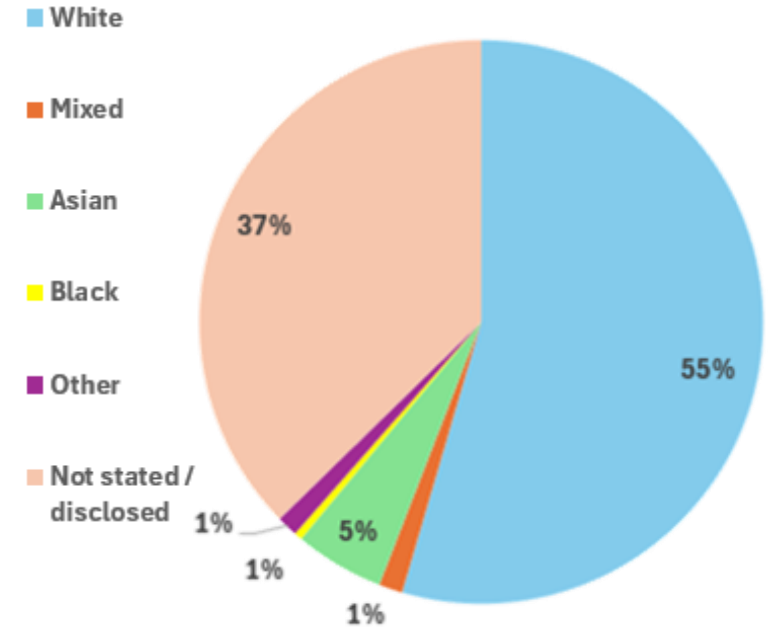
Age



Gender



Ethnicity



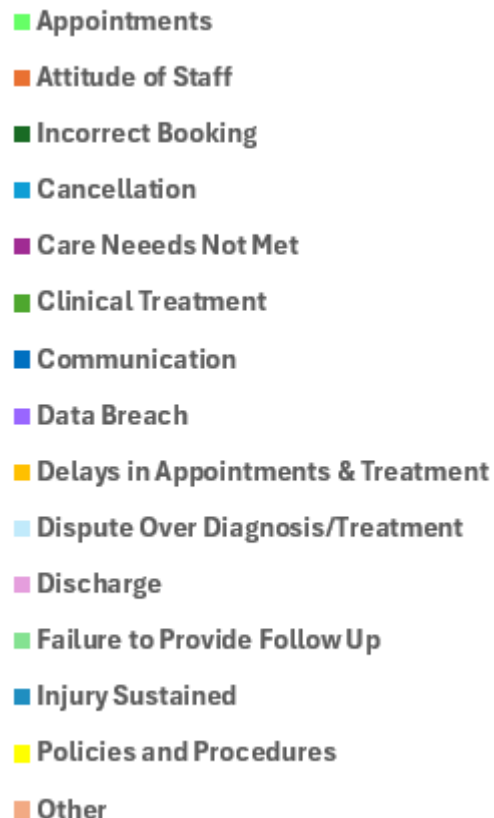
2024 Formal Complaints, by Complaint Category

In 2024 there were a total of 79 formal complaints

Formal complaints require both an investigation and a formal written response to the complainant to address their concern.

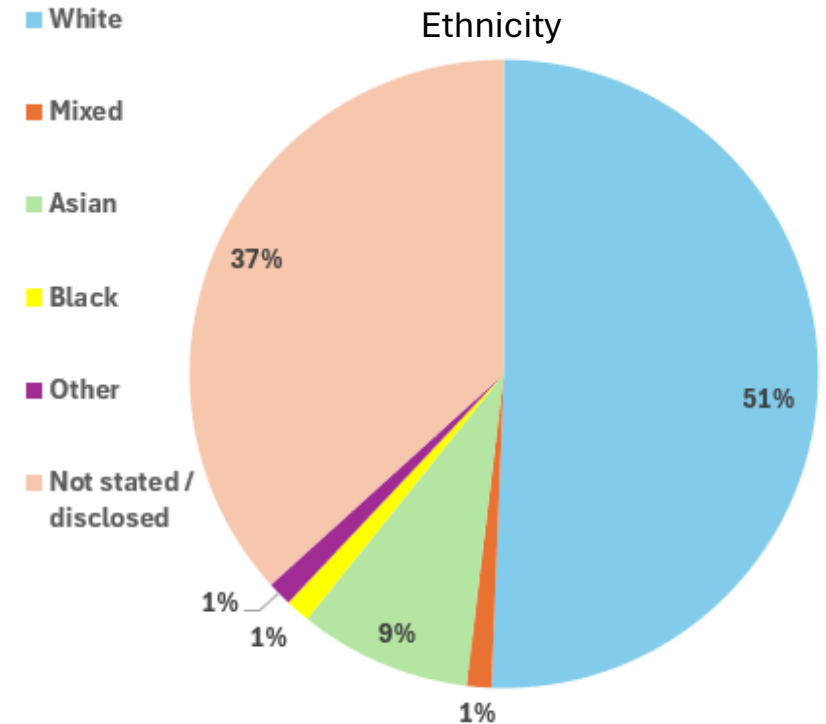
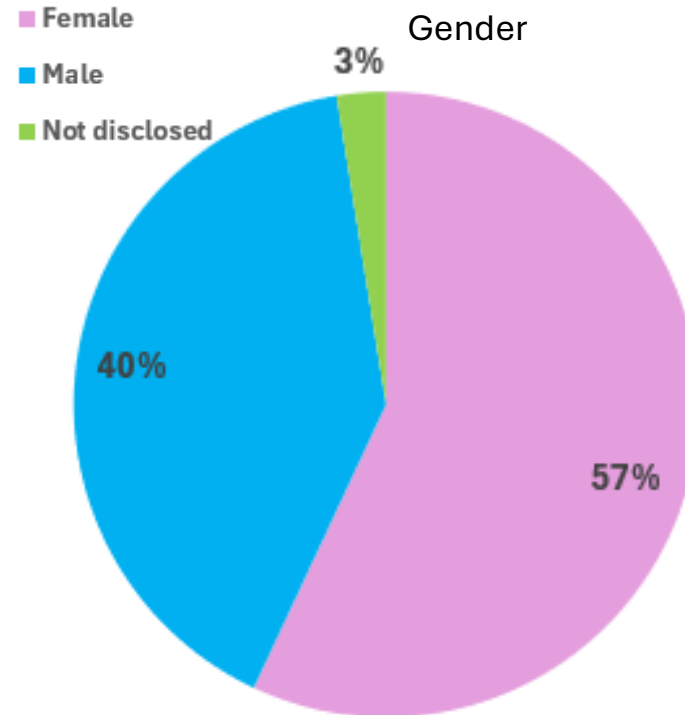
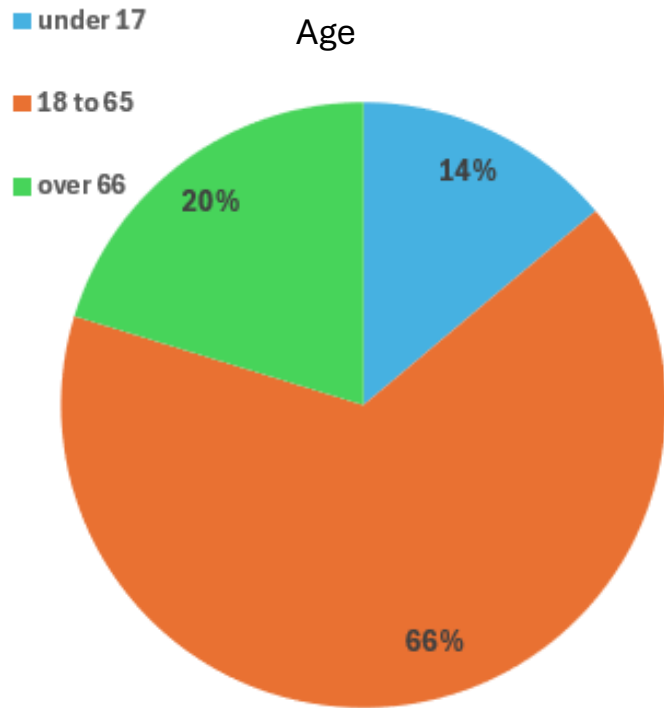
This provides useful insight into where there are opportunities for us to do better.

None of the listed complaints explicitly cite EDI issues, although there may be aspects relevant to equality, diversity and inclusion under other complaint headings, such as the attitude of staff, communication etc.



2024 Formal Complaints, by Age, Gender and Ethnicity

Total 79 – it is worth noting that the proportion of formal complaints by ethnicity shows a similar of percentage of white patient's complaining as there are white patients. The opportunity is in reducing the numbers who did not disclose their ethnicity.



15. Conclusion

Thank you for reading the 2024 Equality and Diversity Report.

We are proud of the work and ongoing efforts we make in this field, and we hope you have found this report both informative and illustrative in demonstrating the value of the work we undertake as a Trust in this area.

We believe, through the depth and breadth of the ways in which we focus on the importance of equality, diversity and inclusion in the workplace, that we positively impact on the working experiences of our staff every day.

In doing this, we meet our primary goal of positively impacting on the patients' experiences throughout their time with us at The Royal Orthopaedic Hospital, as we continue to strive to improve our services.

