Equality and Diversity

Annual Report 2025

The Royal Orthopaedic Hospital

A review of the year 2025

Welcome

Welcome to this report, a retrospective look back over 2025.

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

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.

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1. Introduction

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

2025 has been a year of continued commitment to building a fair, inclusive and supportive environment for our colleagues and patients.

We've seen meaningful progress across our equality, diversity and inclusion (EDI) priorities – including stronger staff voice, improvements in key EDI measures and further growth in representation across the Trust.

We are encouraged by the increased openness from colleagues in sharing their lived experiences as well as the positive impact of our refreshed People Promise workstreams, wellbeing initiatives and staff networks. These continue to shape a culture where people feel heard, respected and valued.

We also recognise the areas where improvements are still needed. Feedback from our staff survey and EDI data shows some colleagues continue to experience inequalities, particularly regarding harassment , discrimination, and access to opportunities, Tackling these remains a core priority for 2026 and beyond.

We are proud to maintain external recognition for our inclusive practices and to see progress in several areas of our Inclusion Plan. As we move forward our aim remains clear: to nurture a culture of belonging where every colleague can thrive and every patient receives equitable, compassionate care.

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 2025.

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.

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 Commitment

Trust Values – are 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.

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

ROH Inclusion

Inclusion Commitment at the Royal Orthopaedic Hospital

At our Trust, inclusion is not an initiative, it is a fundamental part of who we are and how we care. We serve a diverse population with complex needs, and we know that the quality of our care is strengthened when every colleague feels valued, respected, and able to thrive.

Since the inception of our Inclusion strategy in 2021, we have continued commitment to building a fair, inclusive and supportive environment for our colleagues, visitors and patients. We have seen meaningful progress across our equality, diversity and inclusion (EDI) priorities – including stronger staff voice, improvements in key EDI measures and further growth in representation across the Trust.

Our inclusion vision is clear

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

ROH Inclusion Commitment

A central part of this progress has been the growing strength of staff voice across the organisation. Colleagues have increasingly shared their lived experiences, insights and ideas through our staff networks, listening events, People Promise workstreams and local engagement forums. This openness has helped shape our priorities; influence decision-making and ensure that our inclusion work is grounded in the real experiences of our workforce. We are committed to ensuring staff voice remains a powerful driver of change, and that colleagues feel confident their feedback leads to meaningful action.

We are also encouraged by the positive impact of our refreshed wellbeing initiatives and the continued development of our staff networks. These groups play a vital role in creating safe spaces, amplifying under-represented voices and helping us build a culture where people feel heard, respected and valued.

As an NHS organisation, we remain committed to transparent and accountable reporting. Throughout 2025 we continued to meet all statutory and mandated NHS reporting requirements, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting, and the Equality Delivery System (EDS).

These frameworks provide essential insight into the experiences of our workforce and help us identify where targeted action is needed. Our latest reports show encouraging progress in some areas, including improved representation in senior roles and reductions in key disparities across protected characteristics.

At the same time, we recognise that there is more to do. Feedback from our staff survey, staff networks and EDI data shows that some colleagues continue to experience inequalities, particularly in relation to harassment, discrimination and access to opportunities. Tackling these issues remains a core priority for 2026 and beyond. Strengthening staff voice — especially from groups who are under-represented or less heard — will be central to this work, ensuring that our actions are informed by those most affected.

We are proud to maintain external recognition for our inclusive practices and to see progress in several areas of our Inclusion Plan. As we move forward, our aim remains clear: **to nurture a culture of belonging where every colleague can thrive and every patient receives equitable, compassionate care**. Our commitment to robust NHS reporting, transparent data, and the continued elevation of staff voice will guide our journey toward a more inclusive future.

ROH Inclusion Commitment

Our Commitment

🌟 We put people first

We create an environment where every patient, carer, and colleague is treated with dignity and compassion. We actively listen to the voices of those who are seldom heard and remove barriers that prevent equitable access to care or opportunity.

🤝 We celebrate inclusion, equality and diversity

We recognise and embrace the richness that comes from different backgrounds, identities, and experiences. We foster a culture where individuality is respected and where everyone can contribute fully to our shared purpose. We will continue to embed key initiatives such as RACE Equality Code, Civility and Respect and the anti racist statement

📣 We speak up and act

We challenge discrimination, bias, and exclusion wherever we encounter them. We empower our people to raise concerns safely and confidently, and we take meaningful action to address inequalities. We will continue to embed key initiatives such as Active Bystanders

📚 We learn and improve

We commit to continuous learning, about ourselves, our communities, and the systemic inequalities that affect health outcomes and workplace experience. We use data, insight, and lived experience to drive improvement and measure our progress. We will continue to embed key initiatives such as anti racist commitment

🙌 We lead with accountability

Our leader's model inclusive behaviours and take responsibility for creating a fair, supportive, and psychologically safe workplace. Inclusion is embedded in our decision-making, our policies, and our everyday practice.

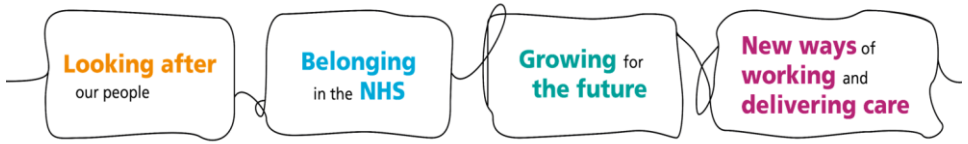
We will continue to embed key initiatives such as

Our Promise

We will build a Trust where everyone, patients, families, and staff feel they belong. A Trust where difference is valued, equity is prioritised, and inclusion is woven into the fabric of exceptional specialist care

4. NHS People Plan and People Promises

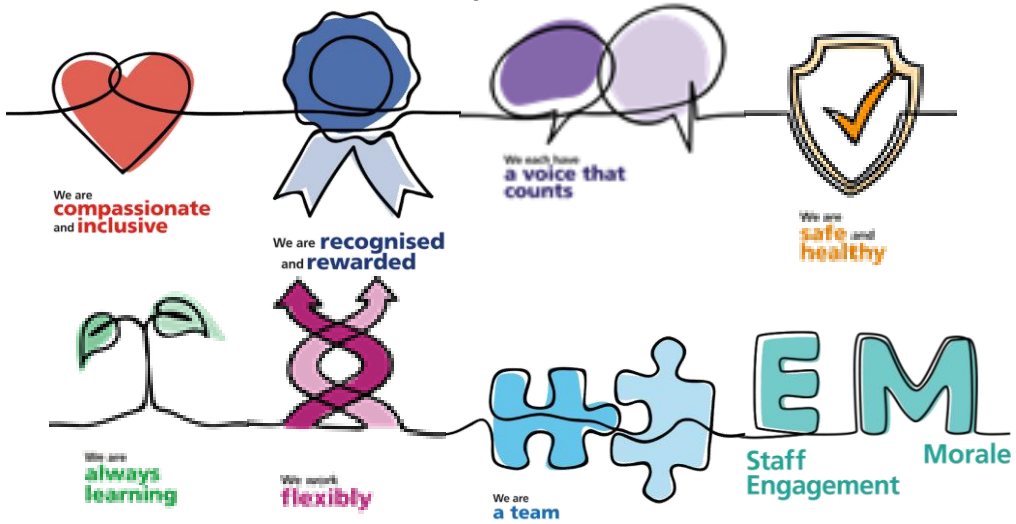
The NHS People Plan is designed to meet the Long-Term Plan for the NHS, a workforce strategy for delivering the sustainability of the NHS. To achieve this we need more people, working differently, in a compassionate and inclusive culture. The People Plan sets out a range of actions to deliver this. These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

5. External Work and Recognition

RACE Equality Code Quality Mark awarded by independent reviewers confirming the ROH has clearly committed to the 12 Musts of the RACE Equality Code.
theracecode.org

Maintained Level 3 Disability Confident Leader accreditation for our commitment to remove barriers and support staff and patients to flourish. We work with AccessAble to ensure visitors of all abilities can visit us with confidence and our Staff Network 'ABLE' is helping to remove the stigma associated with hidden and visible disability.

Thrive at Work Silver award maintained and working towards Gold accreditation, 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.

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.

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

Anti-Racism Pledge The ROH committed itself to being an anti-racist organisation in 2025 : Our commitment to tackling racism and discrimination

The Royal Orthopaedic Hospital (ROH) is committed to being an actively anti-racist organisation, not just in words, but through action. Racism exists. It affects the health and wellbeing of both patients and staff, and it has no place in our Trust. We are taking a stand to challenge racism wherever it shows up, in behaviours, systems, and outcomes. We believe that every person deserves to feel safe, respected, and included at work and in care. This is not only a moral duty, but vitally important to better outcomes for everyone.

Our pledge commits us to: **Zero tolerance, Leadership accountability, Safe & inclusive culture, Education and empowerment, Transparency** and **Collaboration,.** Anti-Racism-Statement-One-Pager-V3

Health and Wellbeing offer is significant well communicated & supported by training & 2 annual dedicated Health and Wellbeing weeks

Antisemitism the International Holocaust Remembrance Alliances definition of antisemitism has been formally adopted by NHSE and the ROH

Sexual Safety Charter Creating a safe, respectful, and inclusive environment is core to our values and we remain fully committed to the NHS Sexual Safety Charter

Supreme Court We continue to support and work through implications with colleagues following the Supreme Court ruling that for the purposes of the Equality Act 2010, the legal definition of "woman" and "man" refers to biological sex at birth

Shadow Board - a national NHS Leadership programme for increasing diversity, talent management & providing fresh perspectives. Participants gain insight into operating at board level, financial structures and working with regulators. It includes training on interpreting board papers and constructive challenge. ROH currently has two participants on the BSol run programme; who gained places through a competitive application process.

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 supports individuals, teams and managers through development and interventions, designs and co-ordinates Trust's annual appraisal offer, compliance and quality assurance, provides the wellbeing advice and support offer, supports staff networks, delivers the civility and resect agenda, which often has an inclusion dimension to it, runs the annual NHS staff survey, and three National Quarterly Pulse Surveys, collating, analysing and communicating staff feedback and promoting change. Additionally, it produces other public reports, like this one but also Gender, Disability and Ethnicity Pay Gap reports, Workforce Race and Disability Equality Standards Reports, Equality Delivery System Reporting.

The Workforce Team also liaise with the Freedom to Speak Guardian, compile bullying and harassment reporting and have consulted with staff networks on HR policies to ensure there is an employee voice and perspective considered in their policy development.

They also routinely report on numerous key staff metrics that help us better understand what is happening with equality, diversity and inclusion within the Trust, as seen in this report. Looking at metrics like leavers' data, flexible working requests, disciplinaries or grievances, against certain key measures, like gender, ethnicity and disability, enables us to check for unexpected variances in these figures, compared to those of the wider staff population.

In 2026 we are launching a new Disciplinary process with a case assessment stage, where the case will be anonymised with key evidence reviewed by an independent manager, HR and staff side representatives. The Case Assessment has been developed to ensure consistency in approach and to eliminate bias in decision making at this key stage in conduct procedures.

Freedom To Speak Up, Unions and Professional / Regulatory Bodies

National Guardian
Freedom to Speak Up

Freedom to Speak Up (FTSU) Guardians work independently, along-side the existing channels available, for staff to raise concerns.

In 2025 the Guardian handled 75 cases and saw increasingly diverse engagement, with a notable increase in reporting from overseas workers and minority staff groups, reflecting the success of ongoing engagement with these sections of the workforce. It was particularly positive to note an emerging trend of allyship, where staff members have advocated for, or raised concerns on behalf of their minority ethnic colleagues, demonstrates a growing collective responsibility for fairness across the Trust. Other work included increased visibility in specific areas where disparities were perceived, promoting integration, with overseas staff encouraged to join staff networks to address cultural issues and access moral support from peers.

Also promoting the FTSU service during National Inclusion Month, facilitating a Trust-wide inclusion event in September 2025, which particularly promoted awareness Carers, awareness of the importance of psychological safety in the workplace and Multi-generational Workplaces from an Inclusion perspective

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.

Unite the UNION
hcpc health & care professions council
Royal College of Nursing The voice of nursing
General Medical Council
CIPD
General Pharmaceutical Council
UNISON the public service union
CIPFA
nmc Nursing & Midwifery Council

7. Staff Voice

The ROH has several Staff Networks and Employee Support Groups that fulfil a range of services for colleagues depending on their purpose and set up but principally offering in common

- **Safe Spaces:** A secure, confidential area for staff to discuss experiences and concerns.
- **Peer Support:** Nurturing a culture of belonging and mutual support from colleagues.
- **Supporting Inclusion Strategy & Influencing Change:** Acting as advisors to the organisation to improve and advance the equality, diversity and inclusion agenda
- **Promoting Awareness:** Networks often lead on the promotion and education, leading or supporting on various inclusion days/events relevant to them

We value the work they do in these areas an
NHS England » Staff networks

EQUALITY & DIVERSITY

WOMEN'S NETWORK

ABLE
ACHIEVE BELIEVE LEAD EMPOWER

MMEG
MULTI MINORITY ETHNIC GROUP

MANKIND

MENOPAUSE SUPPORT NETWORK

BE MYSELF LGBTQ+

8. Staff Feedback – NHS National Staff Survey

The annual NHS National Staff Survey was undertaken in October and November 2025. 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. The measure for Staff Engagement is also now a performance metric for the NHS National Oversight Framework

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.

ROH 2025 staff survey results

All NHS Trusts undertake an annual staff survey, these provide a wealth of information on the experiences of our staff, including those related to equality, diversity and inclusion. These are the 2025 results for the ROH.

We are benchmarked with 12 other Acute Specialist NHS Trusts, against the 7 NHS People Promises and the themes of Staff Engagement and Morale. All Staff are included in the survey sample and 55% of colleagues participated, which is 797 people.

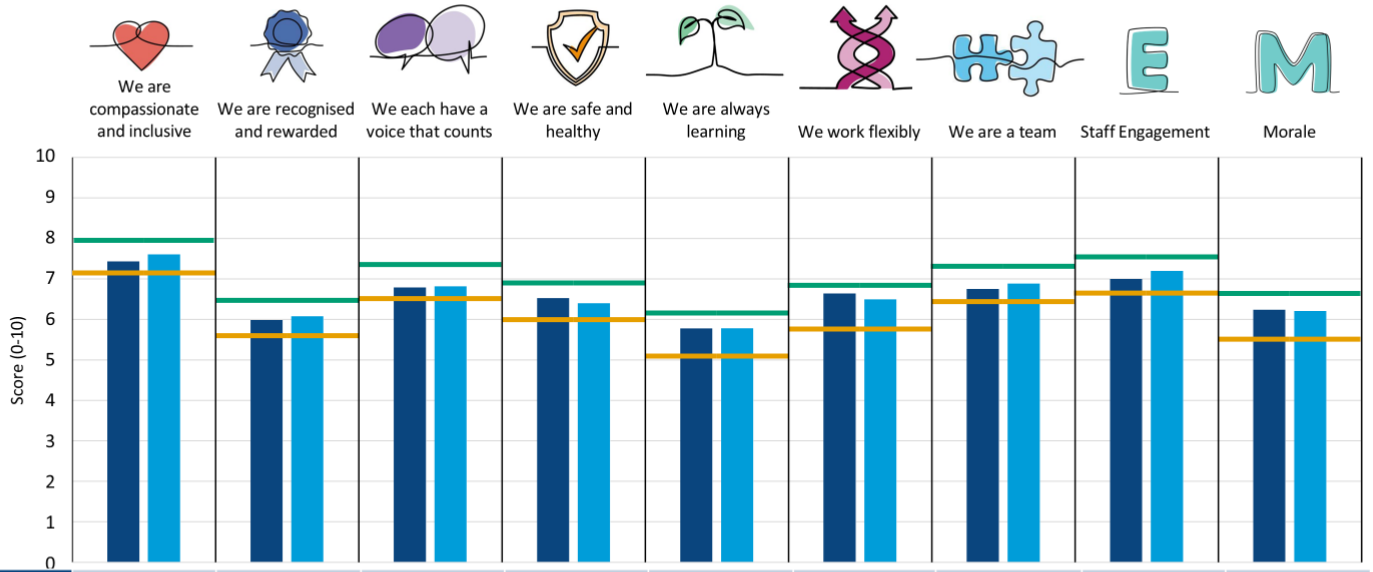
The data presents the ROH scores (out of 10) vs. the best, worst and average scores within our sector.

The Trust's , along with Directorate & Departmental results, provide invaluable insights around staff experiences, inform our priorities for future actions and also feed into other reporting.

People Promise elements and themes: Overview

Survey Coordination Centre NHS

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.**



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.43	5.99	6.79	6.52	5.77	6.64	6.75	7.00	6.24
Best result	7.95	6.47	7.35	6.90	6.16	6.84	7.31	7.54	6.64
Average result	7.60	6.07	6.81	6.39	5.77	6.49	6.88	7.19	6.20
Worst result	7.15	5.60	6.52	5.99	5.09	5.76	6.44	6.65	5.51
Responses	791	793	779	779	765	782	790	792	793

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

This report tracks and addresses differing staff experiences based on race against 9 standards – the data shows a decline in 4 and improvement in 5 areas. Areas of focus identified from WRES are bullying and harassment, discrimination and inclusive recruitment and career opportunities

Performing Well

Indicator 1: Representation - We continue to see a positive increase in staff members from a BME background at the Trust from 31.8% to 35.0%.

Indicator 3: Disciplinary - The relative likelihood of ethnic minority staff entering the formal capability process, there has been a significant improvement from 2.10 to 0.67.

Indicator 4 : Training - Access to non-mandatory training. There has been a further improvement from 0.91 to 0.86 . This means that it is more likely for BME staff to access these opportunities

Indicator 9 : Board Representation - There has been a positive increase in this indicator from 20% to 25% The average percentage for NHS Trust Board member from a BME background is 15.6%

Work required

Indicator 2 : Shortlisting - There has been a further decline in this indicator from 1.71 to 2.3

Indicator 5 : Harassment - Ethnic minority staff reporting harassment from patients, relatives and the public There has been a decline in the indicator from 11.44% to 15.08% for BME staff.

Indicator 6 : Harassment from staff - There has been a further decline in this indicator from 22.17% to 26.98% for BME staff members

Indicator 8 : Discrimination from manager/team/colleagues - There has been a significant decline in this indicator from 12.06% to 17.86%

Getting there

Indicator 7: Career progression - Percentage of staff believing the trust provides equal opportunities for career progression or promotion There has been a slight improvement in this indicator from 45.54% to 45.88%

WDES Data (Workforce Disability Equality Standards)

This report similarly tracks disabled staff's experiences, there has been a decline in 7, an improvement in 4 and no change in 1 area. Priority areas of focus identified are bullying and harassment, discrimination, inclusive recruitment and career opportunities

Performing Well

Indicator 1: Declaration - A positive increase in staff declaring a disability from 5.9 to 6.9%. NHS average declaration rate is 4.9%

Indicator 6: Disabled staff feeling pressure from their managers to come to work, despite not feeling well- There has been an improvement in this indicator from 25.66% to 20.67% for disabled staff

Indicator 8: Adequate adjustment - Disabled staff reporting adequate adjustments saw an improvement from 74.73% to 76.8%

Indicator 9: Staff engagement - There has been an improvement from 6.75% to 6.82% for disabled staff members, non-disabled staff saw a decline from 7.16 to 7.13

Getting there

Indicator 7: staff saying they are satisfied with the extent to which the organisation values their work - There has been a small change to this indicator from 53.8% to

Work required

Indicator 2: Shortlisting - Relative likelihood of a disabled application being appointed from shortlisting , there has been a decline in this indicator from 1.01 to 1.3

Indicator 3: Disciplinary - The relative likelihood of disabled staff entering the formal capability process has declined in this indicator from 0 to 1.58

Indicator 4: Harassment, bullying, abuse from patents/public - There was a decline from 22.56% to 23.6%, although this is lower than the average score for disabled staff in the Specialist Acute sector which is 24.24

Indicator 4a: Harassment from staff - There has been a decline in this indicator from 23.1% to 24.6%, again this is lower than the sector average of 25.12%

Indicator 5:Career progression - Disabled staff believing the trust provides equal career opportunities has decline from indicator from 58.47% to 55.25%, it has also declined for non-disabled staff

Indicator 10: Board Representation – Full board members identifying as disabled declined from 13.3% to 12.5%

Review WRES and WDES detail at: Royal Orthopaedic Hospital - Home

Gender Pay Gap (GPG) 2025

We report annually on the gender pay gap, which is the difference between the average earnings for men and women at the ROH. Whilst not a statutory requirement, we have also started reporting on the ethnicity pay gap too.

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

In the orthopaedic field there is a significantly higher proportion of male colleagues working in senior medical roles which has had an impact on the overall gender pay gap

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

The ROH mean (average) Gender Pay gap from has changed from 31.69 % in 2024 to **33.01%** in 2025. The increase in the gap for 2025 can be attributed to:

- The significantly higher proportion of male colleagues working in senior medical roles are at higher pay grades
- An increase in male new starters across all bands from **25.94%** to **31.51%** with a higher percentage at higher bands
- A decrease in female new starters to across all bands from **74.06%** to **68.49%** with a higher percentage at lower bands
- A higher than average number of female leavers at Band 8 - 12 in total with 3 retirements and 5 promotions
- **In 2025 for every £1 earned by men, the mean woman earned 67p** (compared to 68.31p in 2024)
- There has been a positive decrease in the median Gender Pay gap from **18.61%** (2024) to **16.71%** in 2025

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 equate to 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.

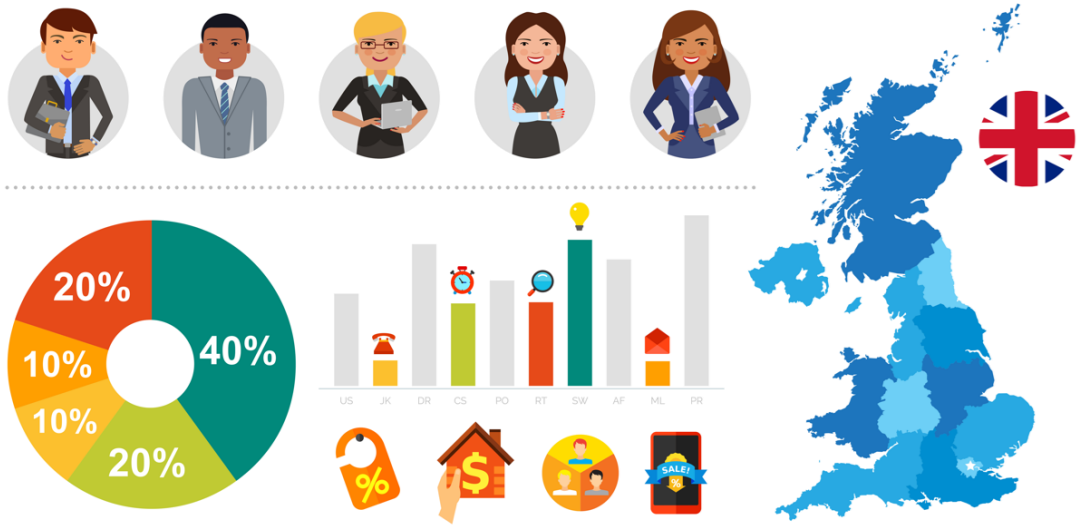
Being representative of the community we serve

When looking at our staff demographics our goal would be to see our workforce being broadly representative of our community and the patients we serve.

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, although appreciating that this is now 5 years out of date.

We also have to consider historical and societal factors beyond our control which 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, we still look to see if are broadly meeting our ambitions to be a fair, equitable and inclusive employer and service provider.



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.

ROH Staff demographics

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

We 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.

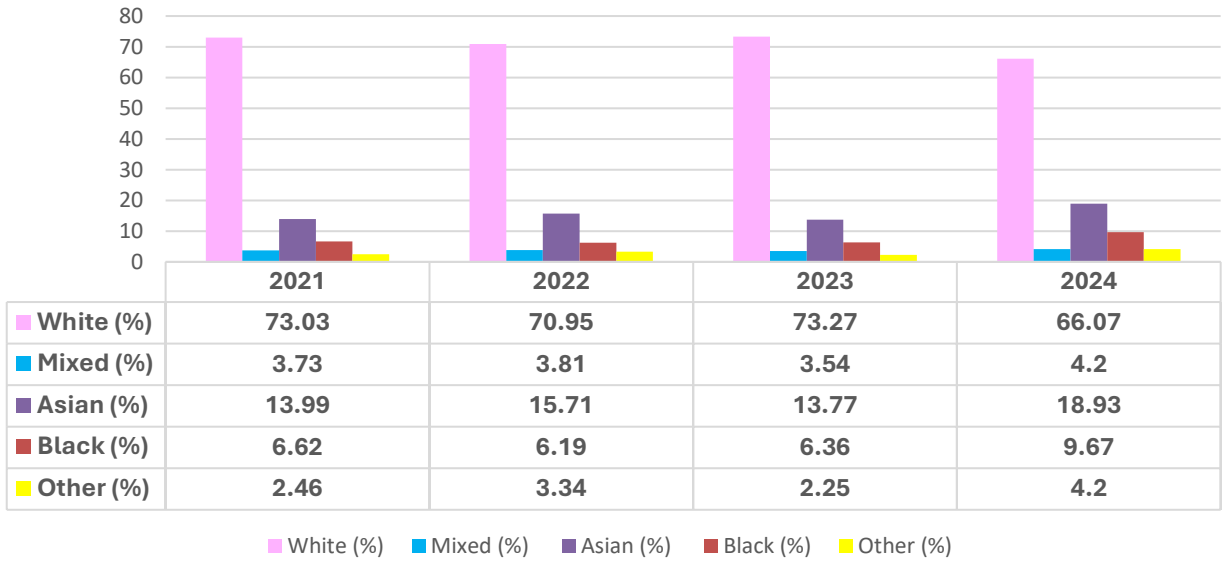
For more details related to the Gender Pay Gap please see earlier in this E&D Report or visit our website Royal Orthopaedic Hospital - Home

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

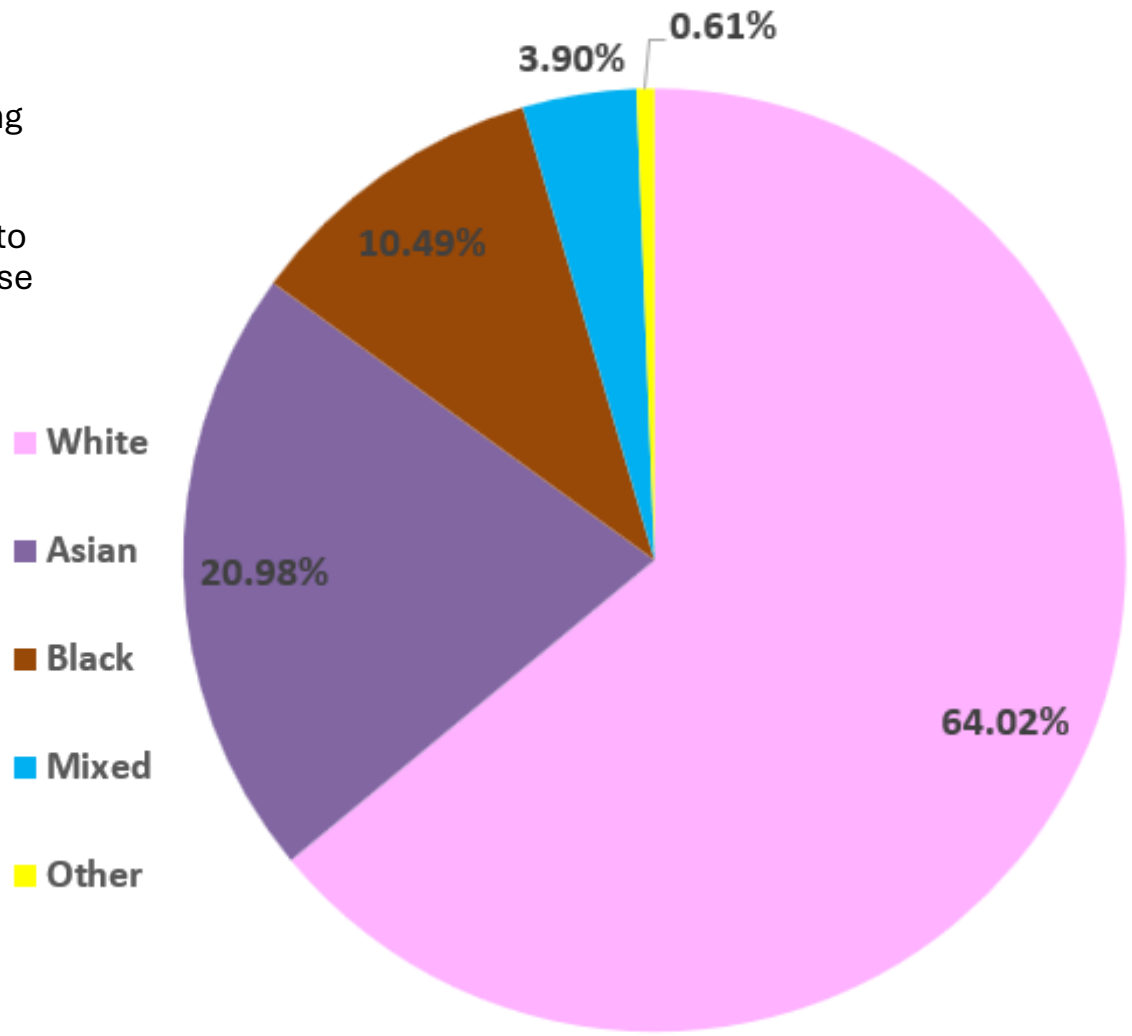
Staff ethnicity 2025

ETHNICITY 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 Census, around half the population of Birmingham was White, and in Northfield, where the ROH is situated, that rose to 83.2%. We increasingly reflect the wider Birmingham population, with a decrease in white staff members down to 64.02% and an increase in ethnic minority staff

Ethnic group - Census Maps, ONS



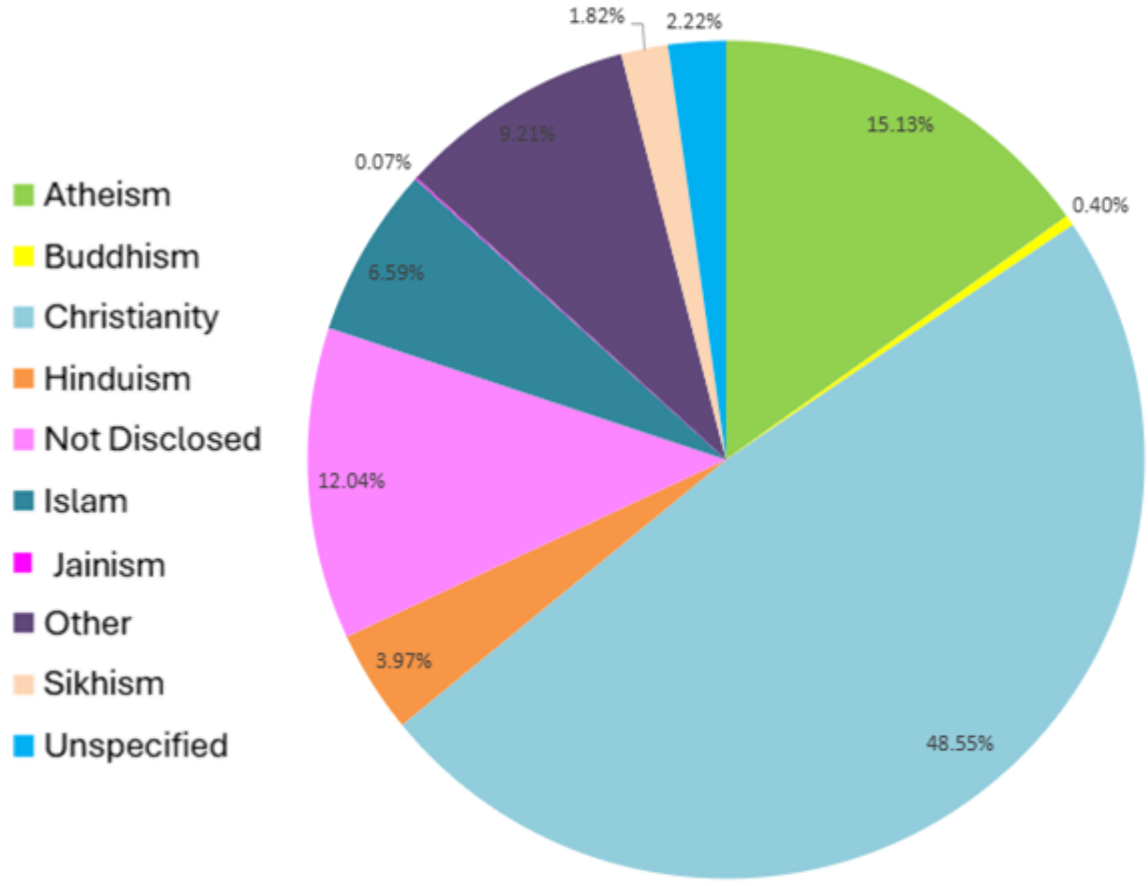
	2021	2022	2023	2024
White (%)	73.03	70.95	73.27	66.07
Mixed (%)	3.73	3.81	3.54	4.2
Asian (%)	13.99	15.71	13.77	18.93
Black (%)	6.62	6.19	6.36	9.67
Other (%)	2.46	3.34	2.25	4.2



Staff religious beliefs, or none, 2025

BELIEF As an inclusive employer we want to see that our colleagues are broadly reflective of society in their range of religious beliefs, or in having no faith, we also want all staff to feel comfortable declaring any religious affiliations, in “being themselves” and having that sense of “belonging “ in the workplace without fear or favour.

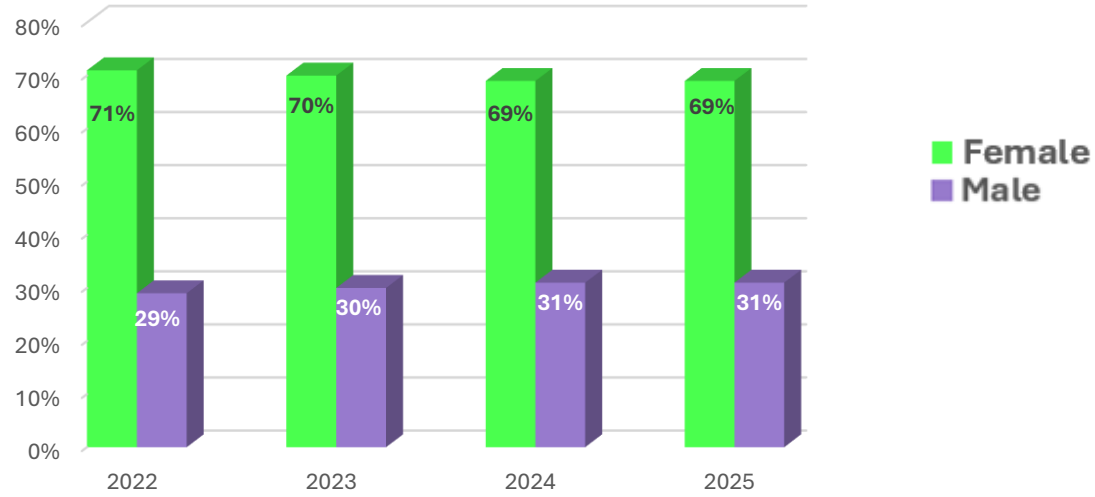
Compared to the 2021 census data for Birmingham, we have a higher proportion of staff identifying as Christian, at 48.55%, vs the Birmingham figure of 34%



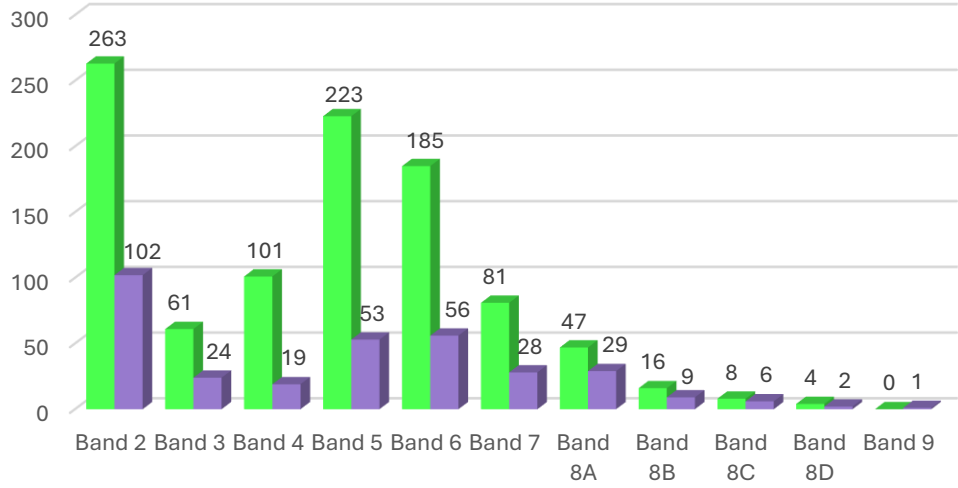
Staff gender 2025

GENDER 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.

Although the ROH does have around a 70% Female to 30% Male split which is a higher proportion of males than typically seen in the NHS, where they generally make up around 25% of the workforce

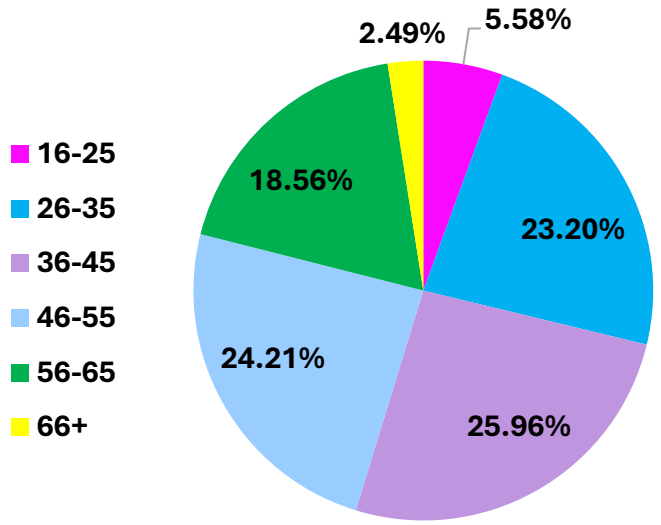


As seen previously, we also track the "Gender Pay Gap". When trying to ascertain the causes for this we would look at things like the gender split at different pay bandings for possible causes, and solutions, to any gap – are women more likely to be in lower paid jobs than men because they leave the 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.

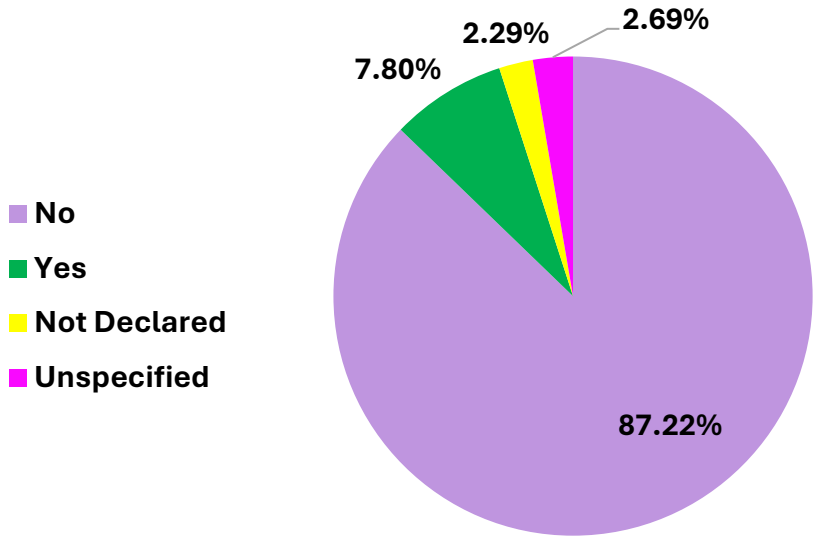


Staff age and disability 2025

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 are 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. 2024 to 2025 has seen little change outside of slightly fewer younger staff and slightly more in their 50s/60s

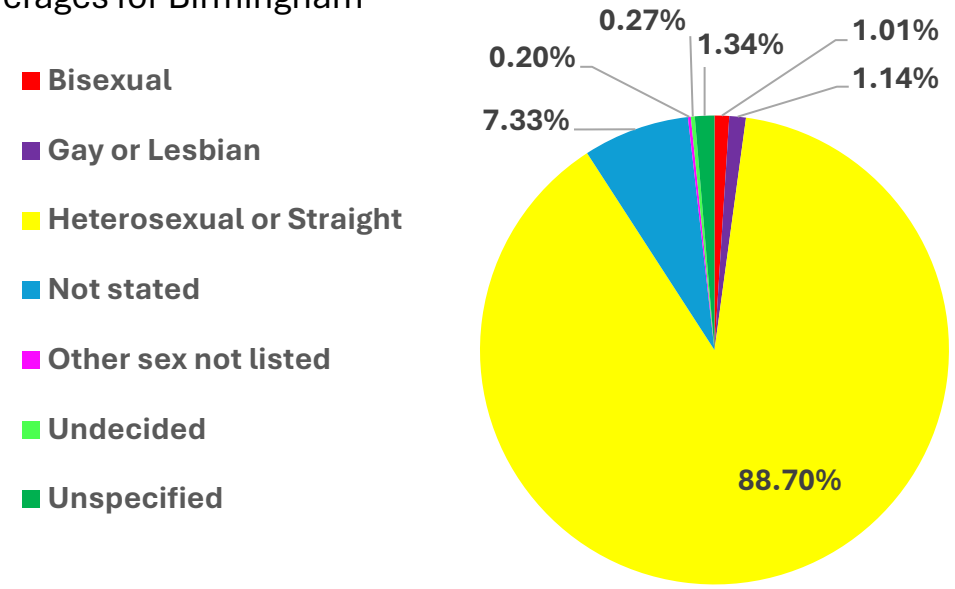


DISABILITY Disabled staff add value to our services, in their work and in bringing new perspectives from their lived experiences that our patients may share. We want to ensure that staff feel safe disclosing any disabilities, knowing that they will be supported in the workplace. There has been a drop in those declaring a disability from 2024, from 8.9% to 7.8% and a slight increase on those not declaring either way, these numbers are tracked throughout the year to see if they statistical fluctuations or a clear trend.

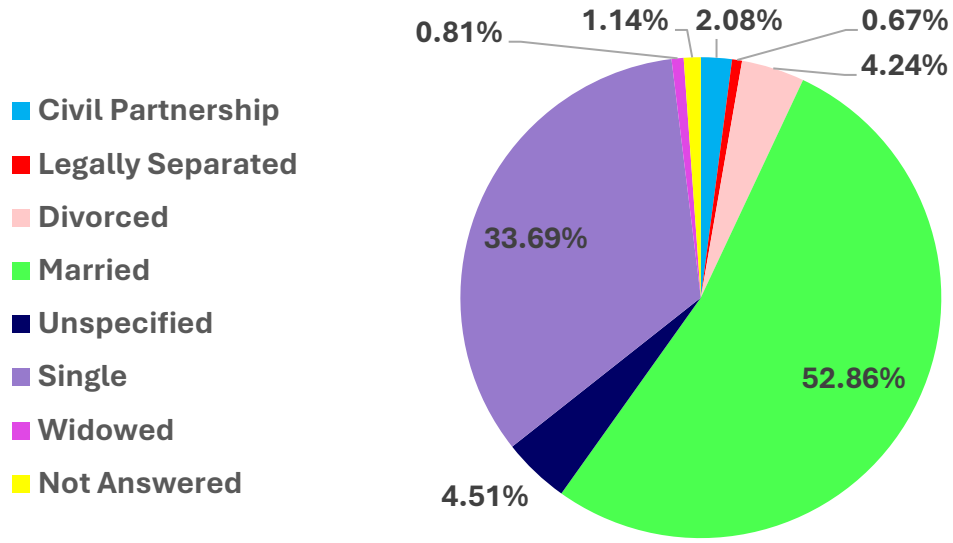


Staff sexual orientation and marital status 2025

SEXUAL ORIENTATION – Broadly speaking, the sexual orientation of our staff should reflect wider society, it helps to employ people who are reflective of our patients and their lived experiences and otherwise it may indicate some barriers felt by some staff in working for the NHS or in disclosing their sexuality. 2024 to 2025 did not see any significant changes from the previous year, although disclosure rates are slightly up which is positive, overall results are similar to the 2021 census averages for Birmingham



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 between 2024 and 2025.



11. Staff Recruitment

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

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.

To endeavour to address this the recruitment and selection policy has recently been developed to including more around inclusive recruitment practices, alongside of which Recruitment and Selection Training is delivered to managers, so we can help prevent bias and improve knowledge at interview stage.

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.

disability confident LEADER

12. Staff Training

We recognise the importance and added value training brings, both in developing people's awareness around inclusion but also, as a measure of how equitable and attuned to the needs of our workforce's needs the ROH's development offer is

Oliver McGowan

2025 saw the continued rollout of Part 2 of the Mandatory Training programme, raising awareness of supporting Patients with Learning Disabilities and Autism, delivered by Facilitators with lived experience of LD/Autism. Some of our staff members with LD/Autism have been involved in supporting the delivery of this programme.

Functional skills

We continue to support staff with improving their Maths and English through access to the BKSB tool, to build confidence working through online learning to prepare them for examinations.
We also have numeracy champions in the Trust who can support individuals to build confidence with finances, budgets, etc.

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).

Staff Training

Dementia Tier 2 training

This has been delivered in the Trust to raise awareness of Dementia and how we can enhance our support with patients.

Equality, Diversity & Inclusion Training

This is mandatory for all staff with regular refreshers; monthly training sessions are run by the OD and Inclusion Team to ensure everyone is compliant.

Personal Development Courses

These are provided offering topics such as Strengthening Emotional Resilience, Handling Complaints Confidently and Managing Difficult Demanding People and Situations.

Me As Manager

This offers aspiring and current managers a wide range of development opportunities, many focussed on people management and thus incorporating aspects of inclusive management and creating psychologically safe workspaces

Wellbeing Conversations and Mental Health Training

These complementary offers promote wellbeing support for staff and develop awareness and techniques for managing ones own, and others, mental health

Learning Beyond Possibilities

We promote participation is this BSol development programme, aimed at support middle managers into senior management and leadership roles; whilst open to all there is a particular emphasis on encouraging applications from staff with a neurodiverse and ethnic minority backgrounds.

Analytics

The ROH also tracked access to non-mandatory training by ethnicity to assess if this was equitable, it actually showed more BME staff attending non-mandatory than White staff

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.

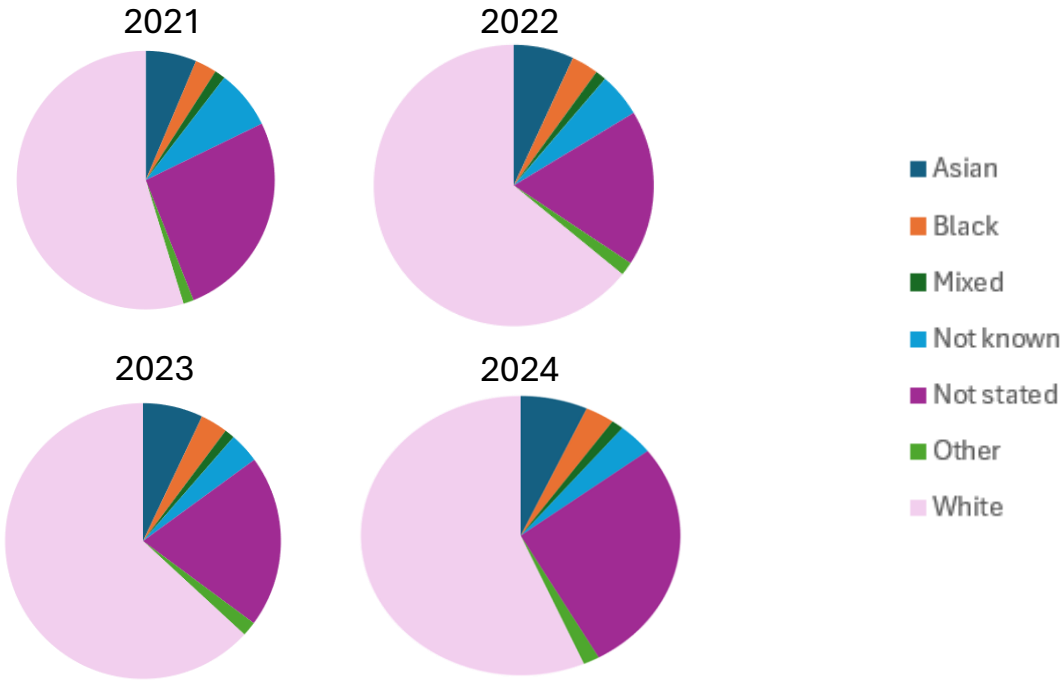
The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food.

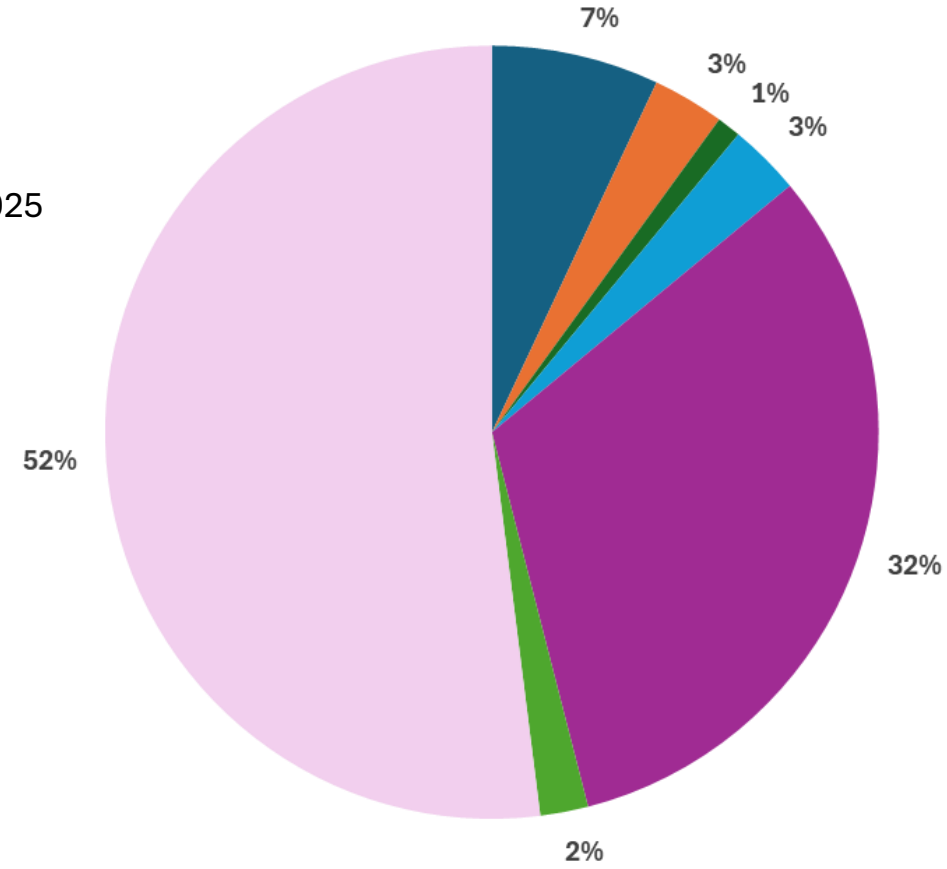
This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care

Ethnicity – Inpatient 2025

Inpatient total 12,634

The proportion of white inpatients for 2025 was close to the Birmingham population census averages.

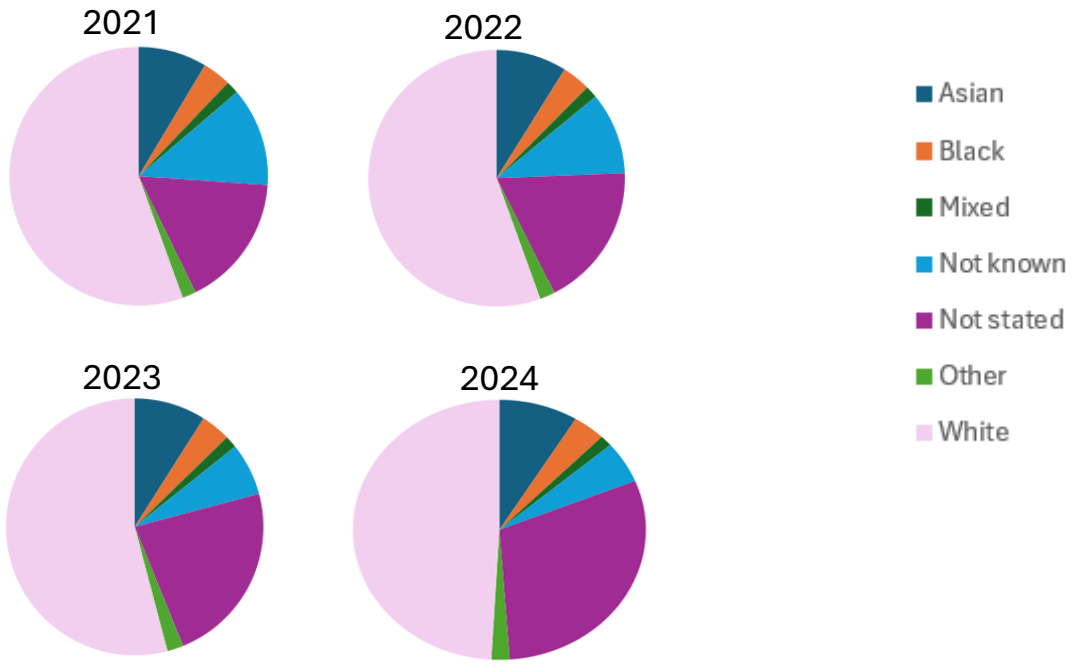


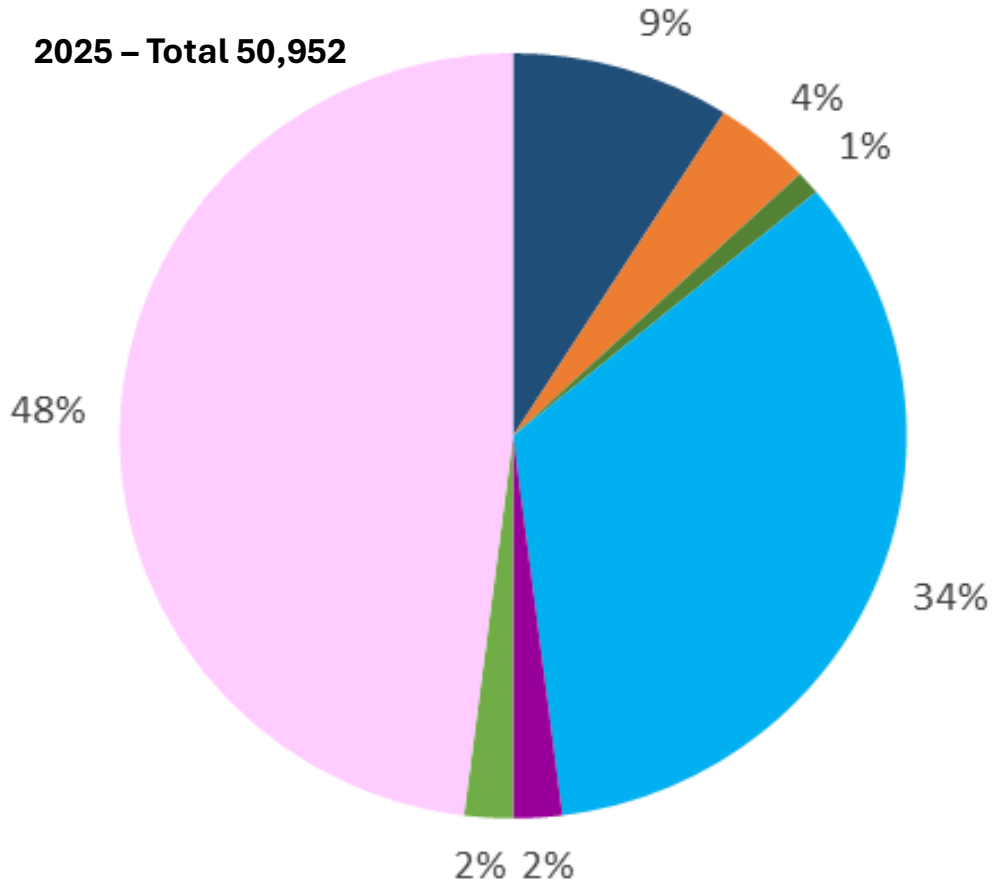


Ethnicity - Outpatient 2025

Outpatient total 50,952

The proportion of non-white outpatients has continued to increase over the last 4 years, meaning we are more closely reflecting the local population, as per the 2021 census, which was 48.6% white

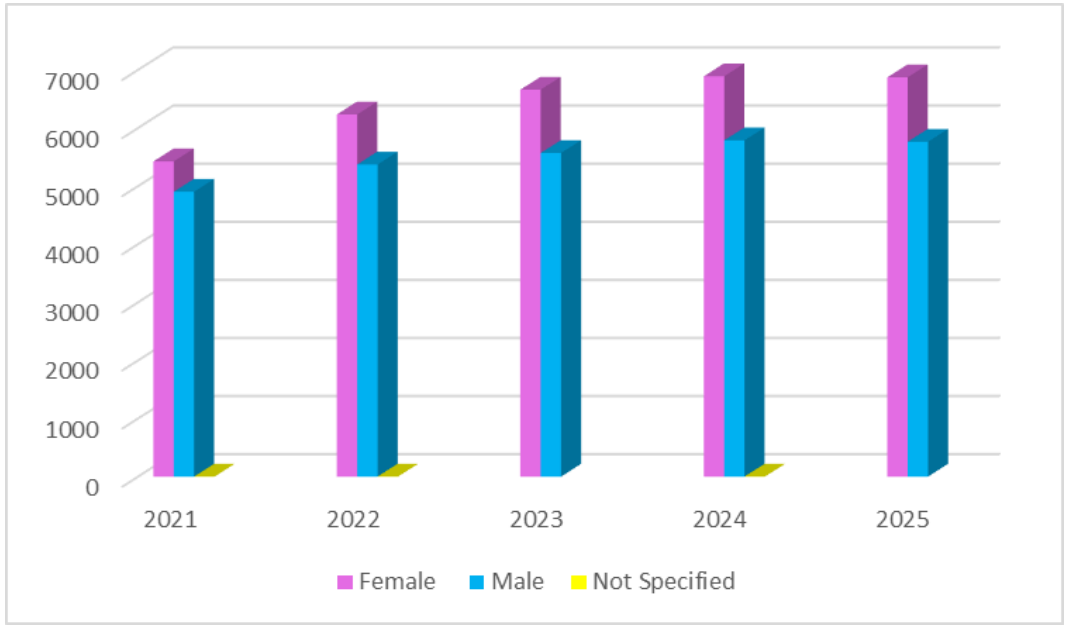




Gender – Inpatients and Outpatients 2025

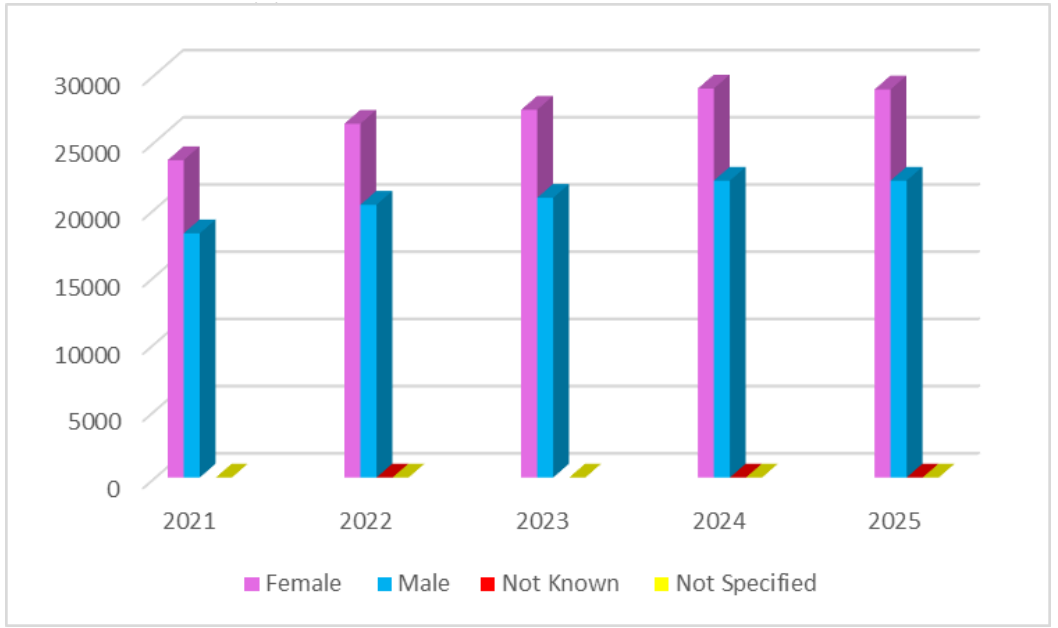
Inpatients

- 6872 Female
- 5762 Male



Outpatients

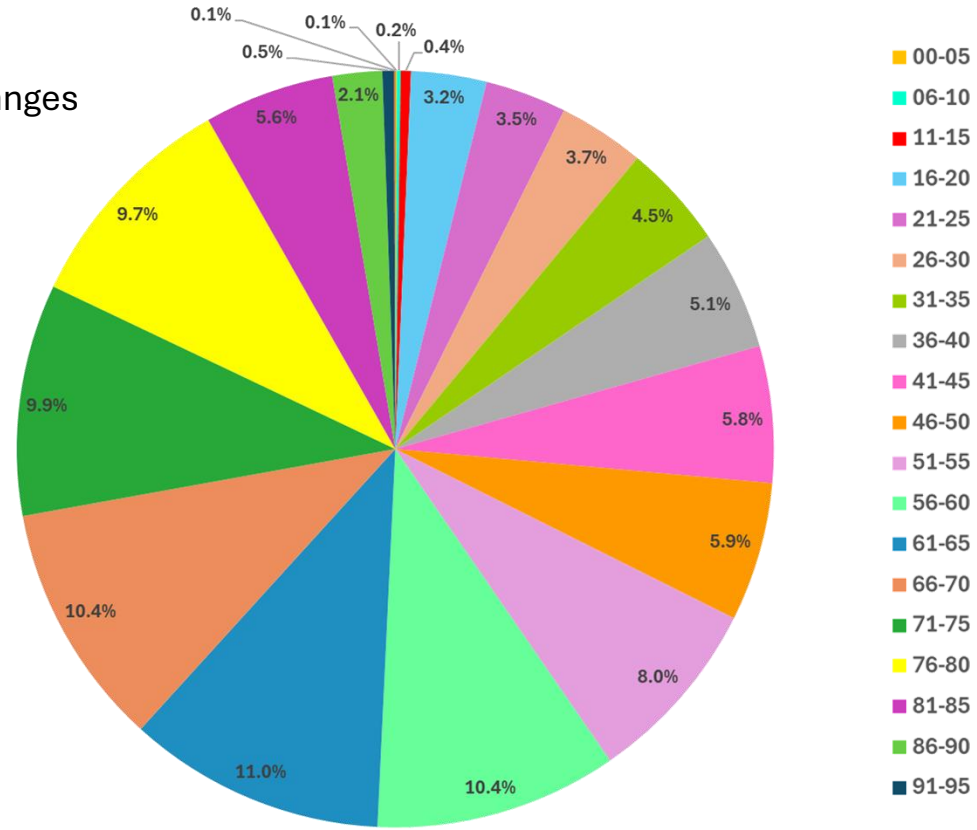
- 28,867Female
- 22,081 Male
- 1 Not known



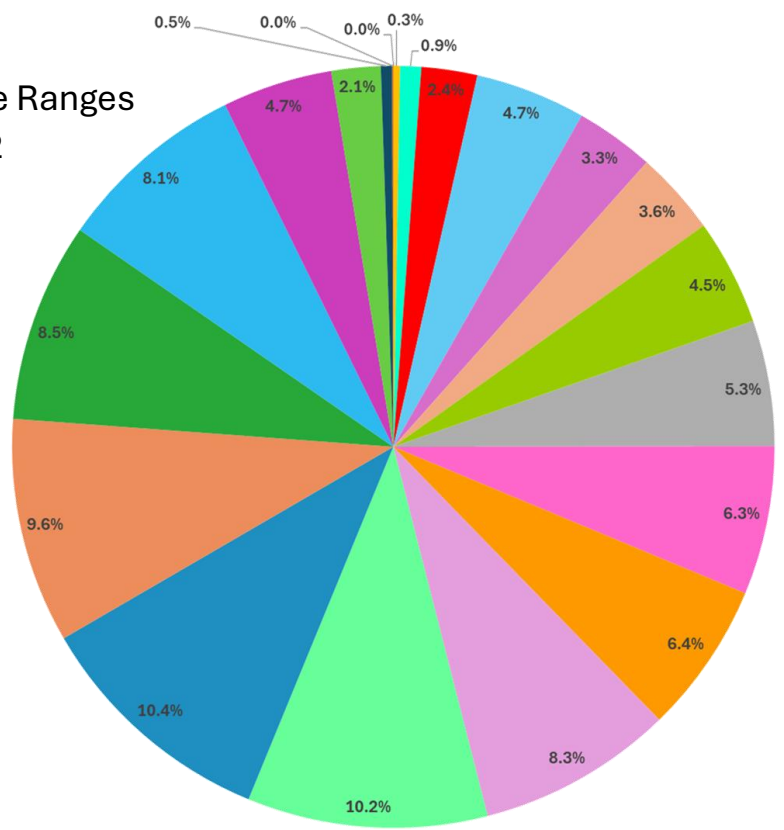
Age – Inpatients & Outpatients 2025

There was a very similar age spread across both inpatients and outpatients

Inpatients Age Ranges
- Total 12,634

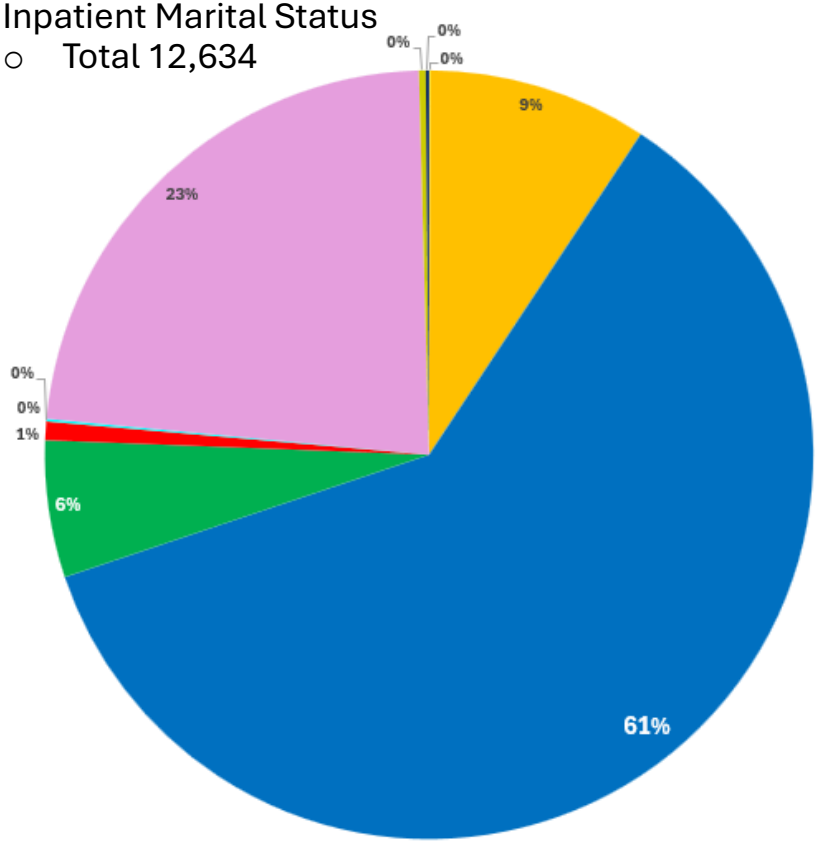


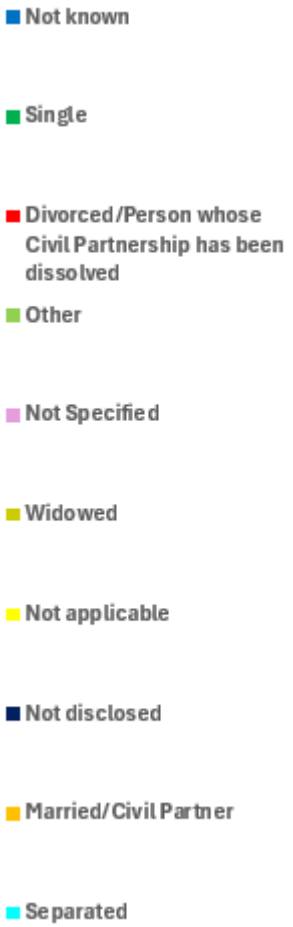
Outpatients Age Ranges
- Total 50,952



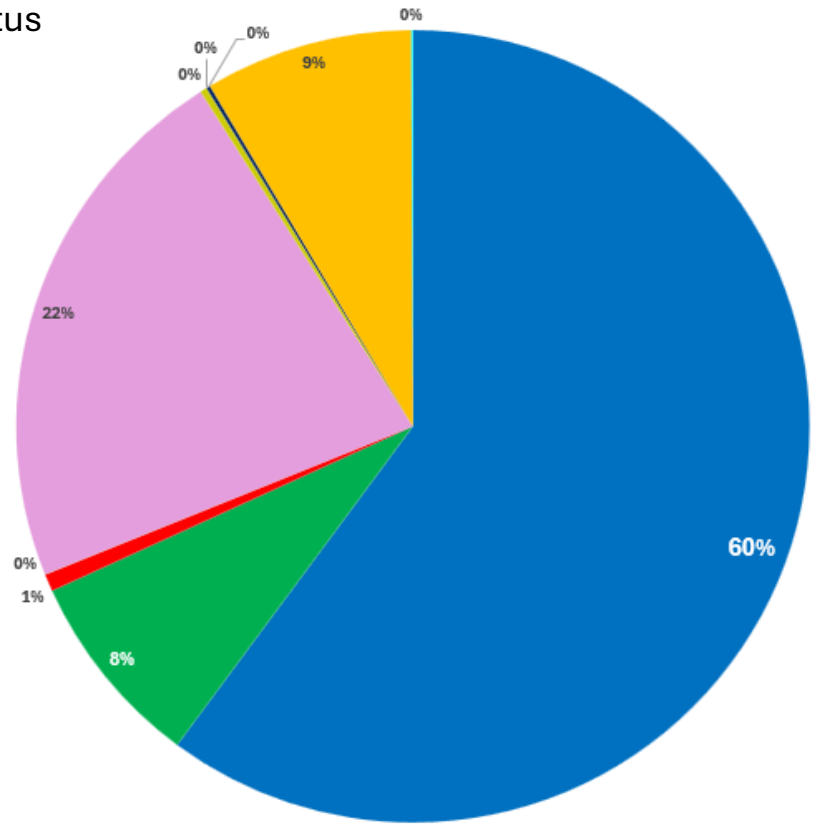
Marital Status – Inpatients & Outpatients 2025

Inpatient Marital Status
- Total 12,634





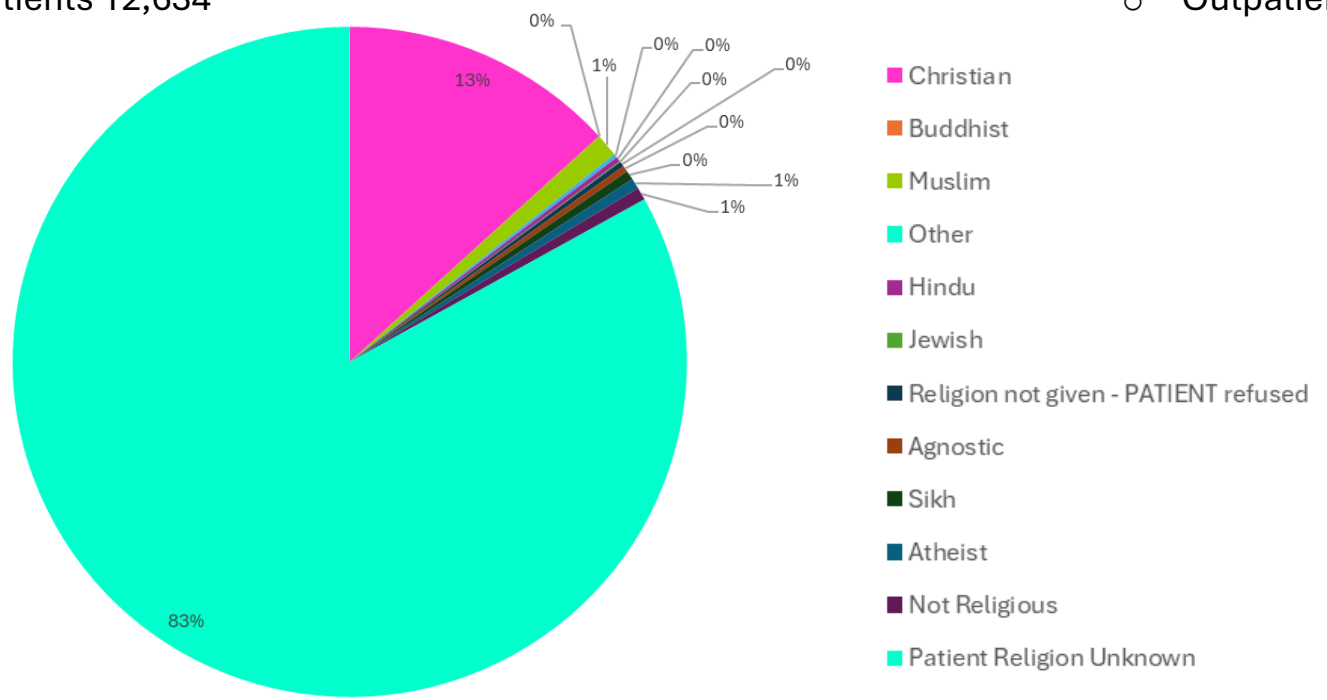
Outpatient Marital Status
- Total 50,952



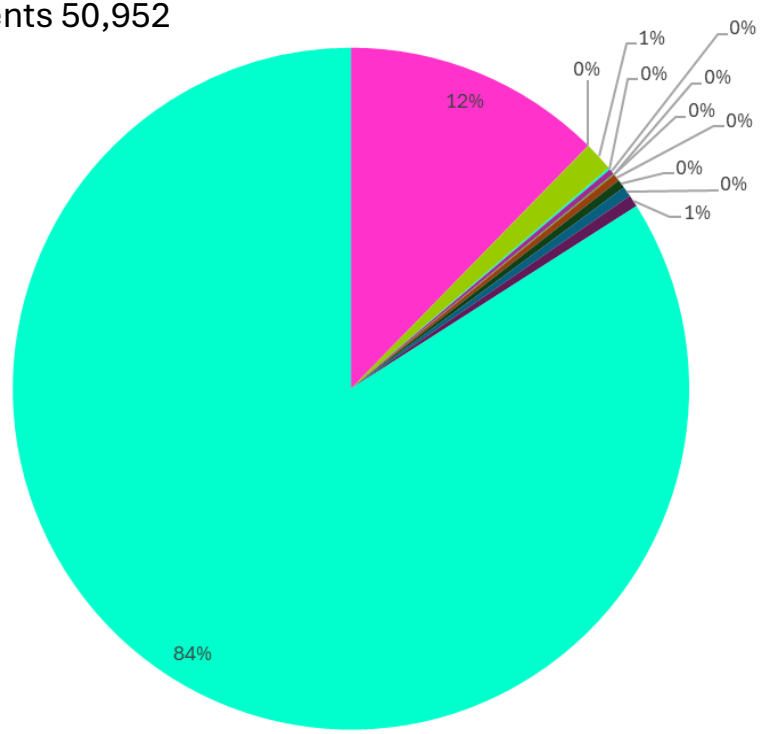
Religion – Inpatients & Outpatients 2025

There were over 60 different declarations in relation to religion recorded, as well as "unknown", with a similar breakdown across both areas.

- Inpatients 12,634



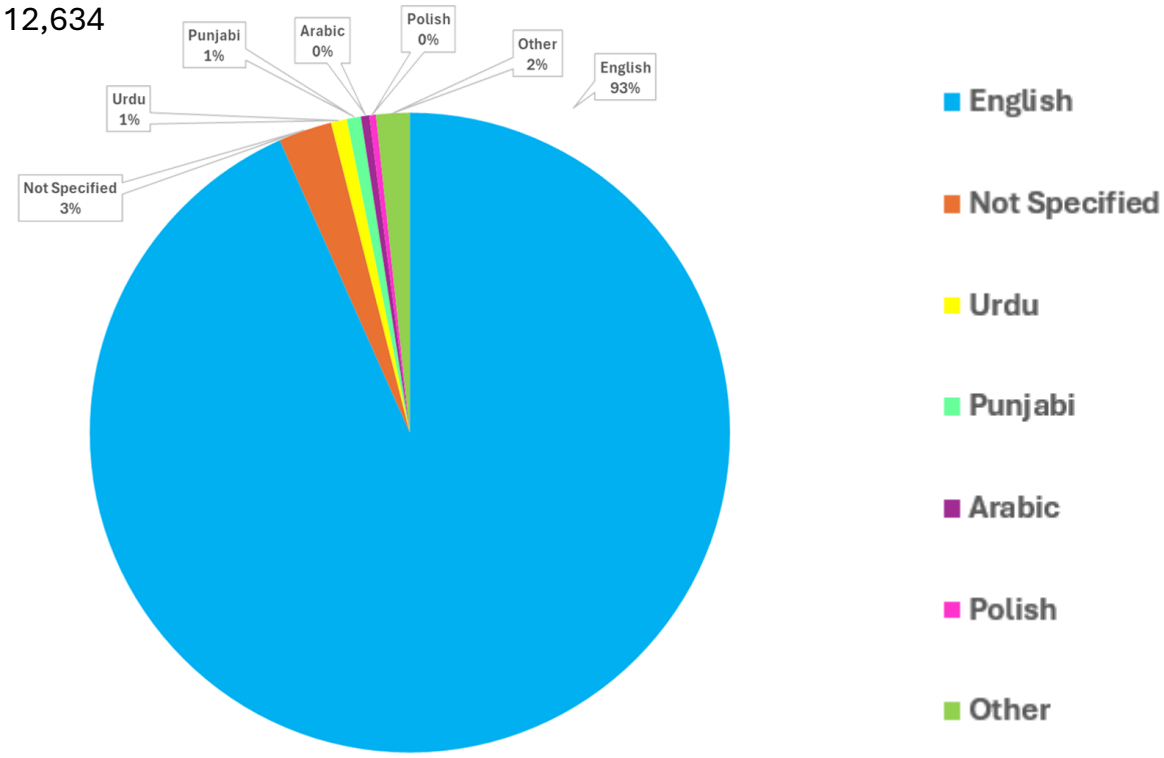
- Outpatients 50,952



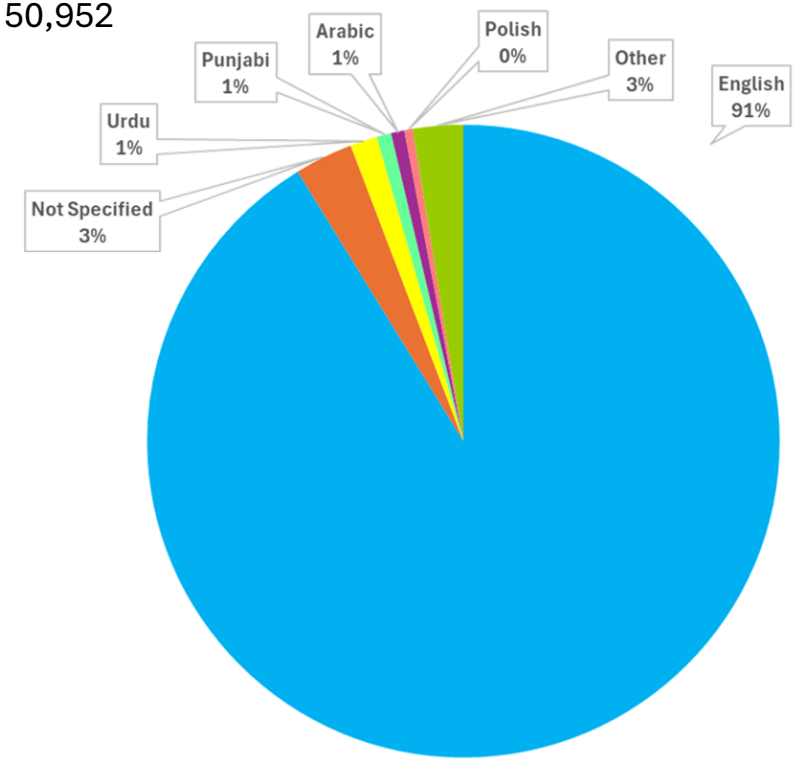
Spoken languages – Inpatients & Outpatients 2025

Whilst over 9/10 patients spoke English, there was remarkably wide range of other languages encountered, 52 recorded within inpatients and 77 within outpatients

Inpatients 12,634



Outpatients 50,952



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:

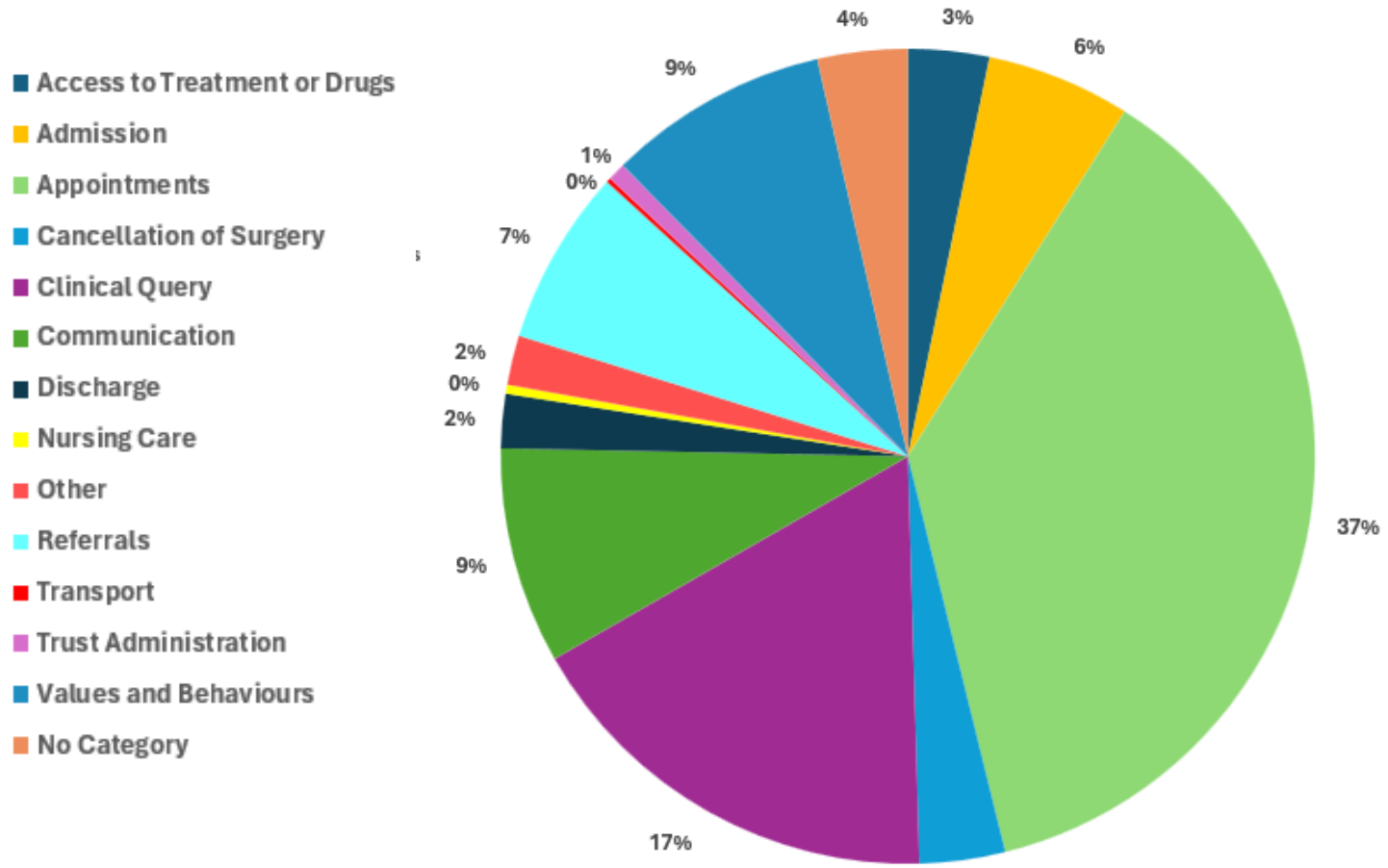
- Offer advice & guidance supporting patients & their family or carers
- Help to resolve issues regarding hospital experiences
- Listen to feedback and suggestions
- Share Compliments
- Support patients with their concerns and complaints

2025 PALS Cases or Informal Concerns by Category

The total number of PALS cases in 2025 was 559

There were no concerns raised specifically related to, or citing, “protected characteristics” as the cause.

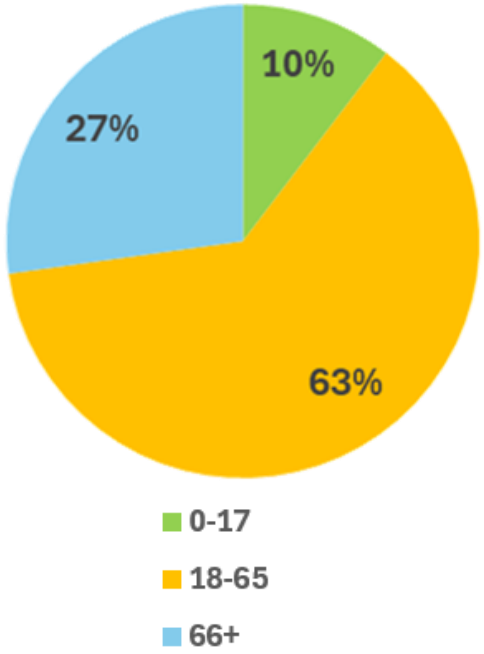
It is possible of course that other areas of concern *may* have included elements related to, or perceived as related to, equality, diversity and inclusion – for example “values and behaviours” which accounted for 9% of concerns.



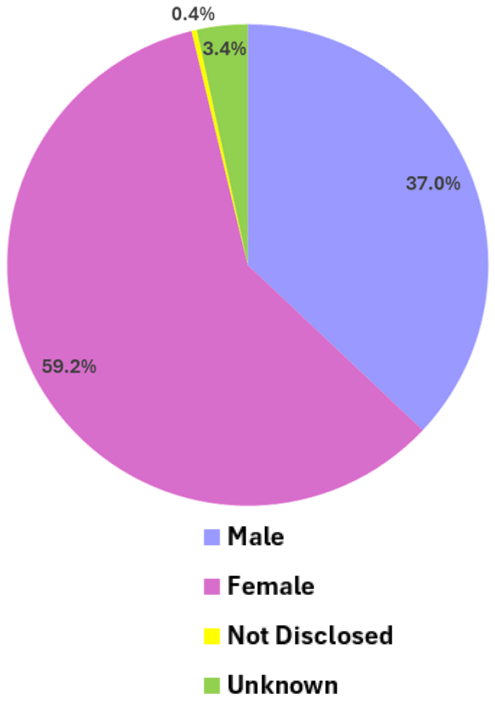
2025 PALS Cases or Informal Concerns by Age, Gender and Ethnicity

Total 559

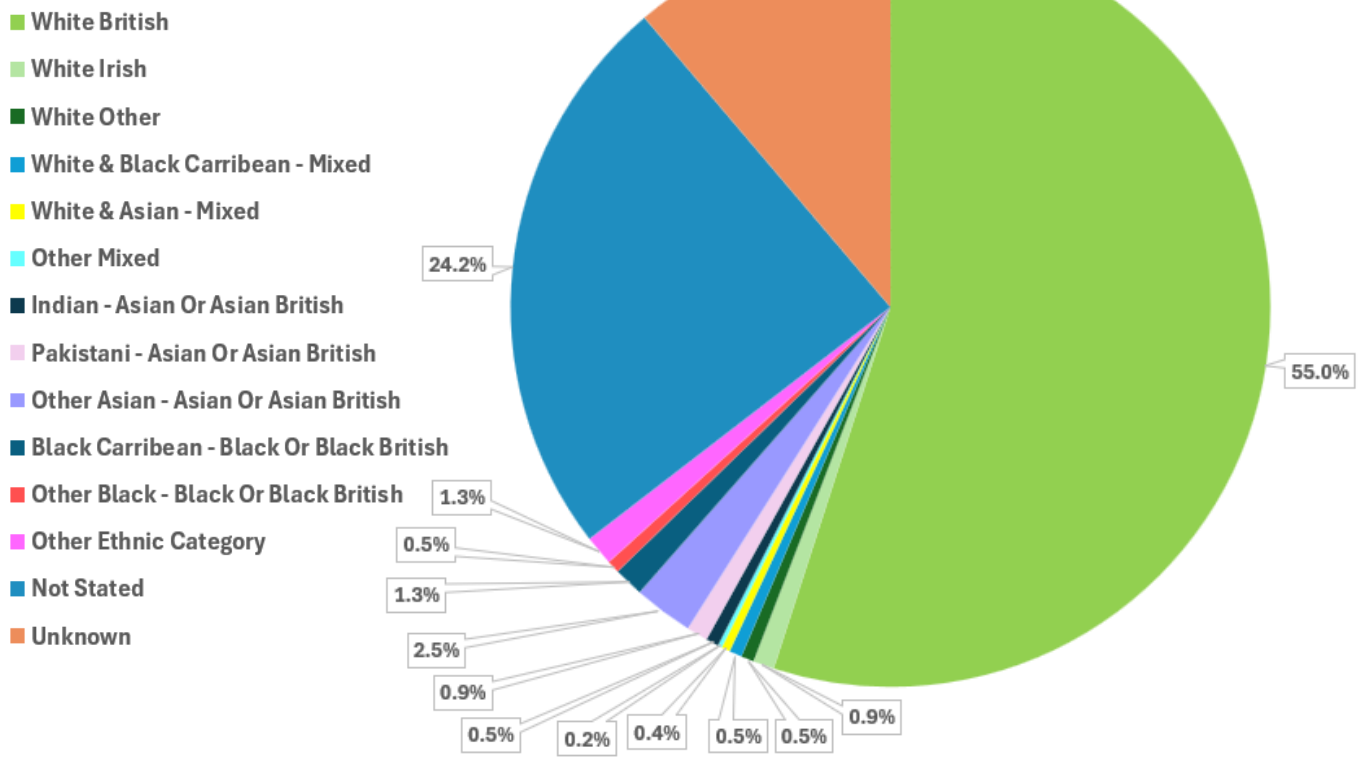
Age



Gender



Ethnicity

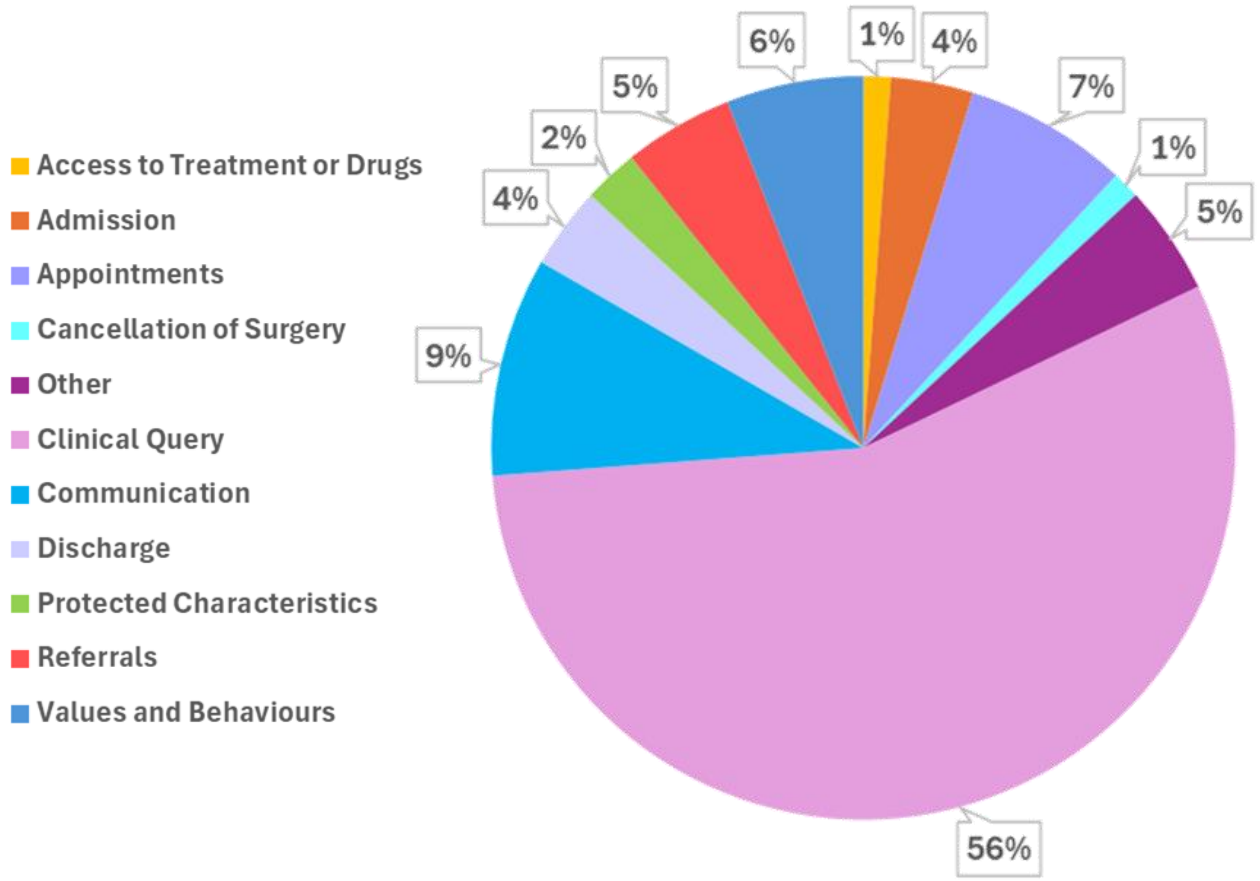


2025 Formal Complaints, by Complaint Category

In 2025 there were a total of 89 formal complaints, these consisting of 81 complaints from NHS patients, 5 from Private patients and 3 which were withdrawn without progressing.

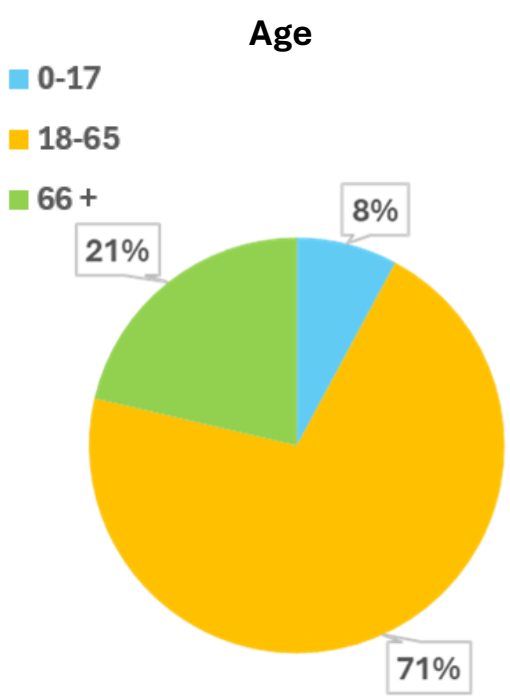
Formal complaints require both an investigation and a formal written response to the complainant to address their concern and provides us with useful insight into where there are opportunities for us to do better.

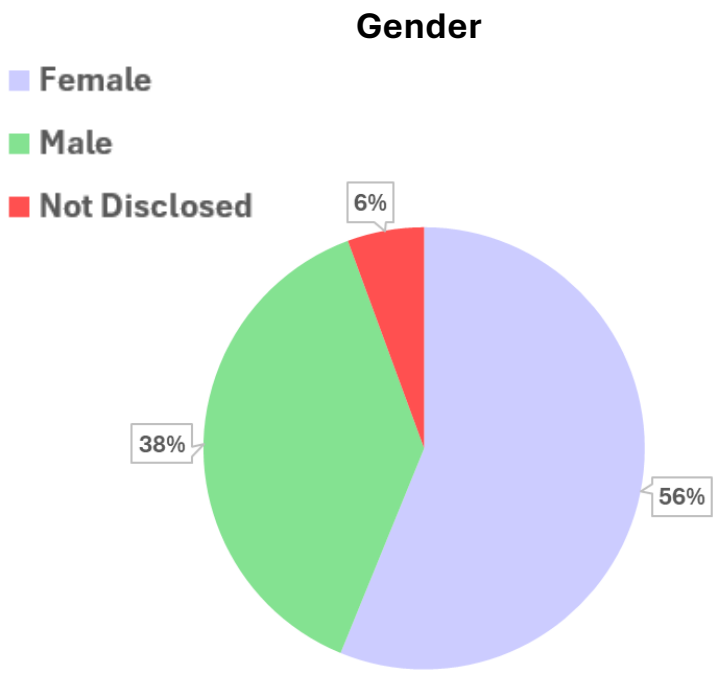
2% of the listed complaints are categorised as being related to Protected Characteristics, meaning there was some aspect relevant to equality, diversity and inclusion. Other complaint headings, such as values and behaviours or communication, may of course also have elements of EDI too.

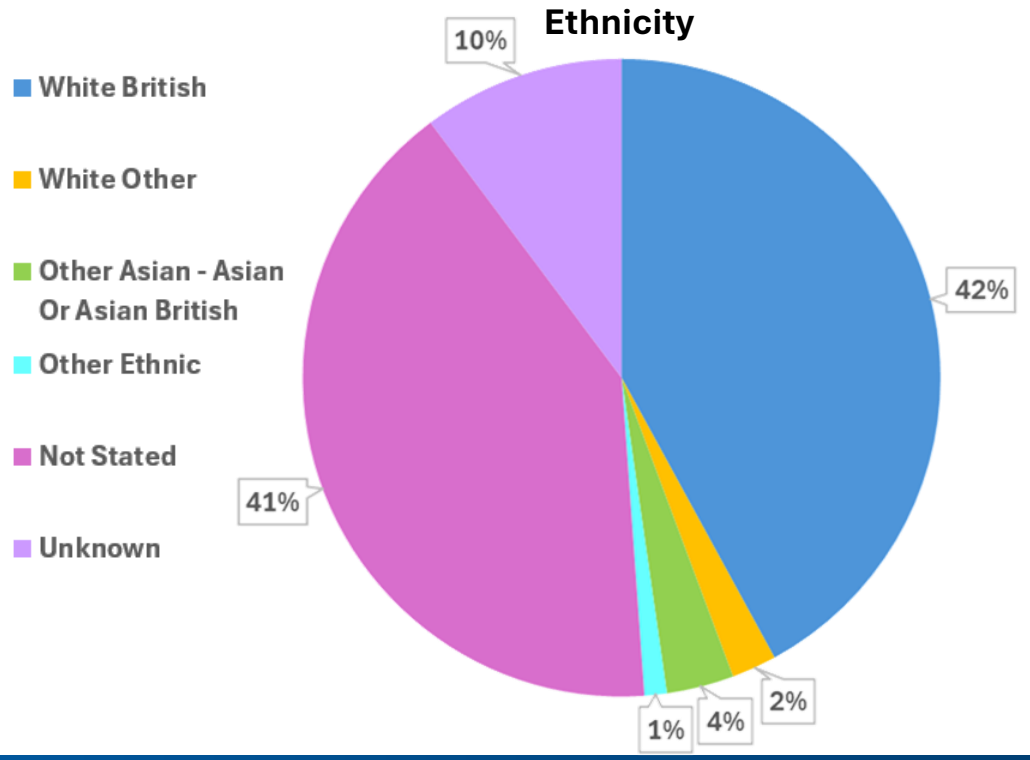


2025 Formal Complaints, by Age, Gender and Ethnicity

Total 89 – The number of non-disclosed gender has doubled from 3% to 6% since 2024. There is an opportunity to reduce the numbers who did not disclose their ethnicity.







15. Conclusion

Thank you for reading the 2025 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.