

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal  
Orthopaedic Hospital  
NHS Foundation Trust

# The Royal Orthopaedic Hospital Strategy (2023-2028) 2025 Mid-Term Review



Care

Expertise

People

Community

Sustainability

Collaboration

# Foreword



When I stepped into the role of Chief Executive at The Royal Orthopaedic Hospital, I was immediately struck by the dedication, expertise, and passion of our people. This is a truly exceptional organisation, built on a foundation of world-class care, innovation, and a commitment to improving lives.

As we look to the future, our refreshed strategy builds on these strengths while recognising the challenges we face and the opportunities ahead. The healthcare landscape continues to change, and we must evolve with it, adapting to new ways of working, strengthening our partnerships, and ensuring that we remain a leader in orthopaedic care.

We are now two years into the delivery of this strategy. We have achieved some of what we set out to achieve which is commendable, but there is more to do.

The strategic objectives at the heart of this strategy are still relevant, but we have modified them to reflect the significant shifts in our environment - namely a new government, the growing needs of our patients, new policies and modified funding arrangements. Our primary focus remains the delivery of safe, high quality, efficient care which reduces pain, restores independence and changes lives.

I am proud of this vision and the people who work in this organisation. We are committed to helping our communities live healthier, more active lives. I look forward to leading the delivery of this strategy over the next three years and seeing the impact we will have for the people we serve.

A handwritten signature in white ink, appearing to read 'Matthew Hartland', with a stylized, cursive script.

Matthew Hartland  
Chief Executive Officer  
April 2025

# About us



**RATED GOOD**

The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) is a specialist hospital located in Birmingham UK. One of the largest orthopaedic units in Europe, the ROH offers a comprehensive range of surgical and non-surgical treatment. We perform the most elective orthopaedic procedures in the NHS and are known nationally and internationally as a centre of excellence for orthopaedic care and innovation.

## Our team

1,500  
people

## Our turnover

£142m  
per year

## Our treatment

We deliver the most elective orthopaedic procedures in the NHS treating 66k outpatients and 15k inpatients every year.

## Our vision

**LESS PAIN**

**MORE INDEPENDENCE**

**LIFE-CHANGING CARE**

## Our values

**RESPECT COMPASSION  
EXCELLENCE PRIDE  
OPENNESS INNOVATION**

## Our mission

We will deliver compassionate, patient-centred care that empowers people to regain their mobility, independence, and quality of life. Through efficiency, expertise, innovation and collaboration we will tackle health inequality and improve access to life-changing care.

## Our services

- ✓ Admissions and Day Case Unit
- ✓ Anaesthetics
- ✓ Children & Young People's Outpatients
- ✓ Foot and Ankle
- ✓ Hands and Forearm
- ✓ Arthroplasty
- ✓ Arthroscopy
- ✓ Imaging (X-ray and MRI)
- ✓ Pathology
- ✓ Physiotherapy
- ✓ Podiatry
- ✓ Pre-Operative Assessment Clinic
- ✓ Royal Orthopaedic Community Scheme
- ✓ Safeguarding and Vulnerabilities
- ✓ Shoulder and Elbow
- ✓ Spines
- ✓ Woodlands Suite
- ✓ Infection Prevention and Control
- ✓ Hydrotherapy
- ✓ Musculoskeletal
- ✓ Occupational Therapy
- ✓ Oncology (cancer)
- ✓ Orthotics
- ✓ Outpatients
- ✓ Pain Management















# Our context

## Responding to new national plans and policies

With the 2024 election bringing a new political landscape, the NHS faces ongoing challenges in funding, waiting lists, and the need for both immediate efficiency and long-term transformation. The ROH must adapt accordingly, aligning its strategy with national priorities. The [Road to Recovery: 2025 Mandate to NHS England](#) focuses on reducing waiting lists and improving efficiency, guiding ROH's operational improvements. [Lord Darzi's Independent investigation of the NHS in England](#) emphasises a shift to community-based, preventive, and digital healthcare, which ROH will support through digital investments and partnerships. Policies like [Reforming Elective Care for Patients](#) and [Neighbourhood Health Guidelines 2025/26](#) push for reduced waiting times and decentralised care, prompting ROH to expand surgical capacity and community outreach. The [2025/26 Priorities and Operational Planning Guidance](#) stresses patient access, productivity, and budget adherence, requiring ROH to enhance efficiency and integrate with care systems. The [English Devolution White Paper](#) calls for decentralisation, necessitating ROH engagement with regional partners to secure funding and influence local healthcare strategies. Throughout all of these changes and challenges we must maintain quality and patient experience.

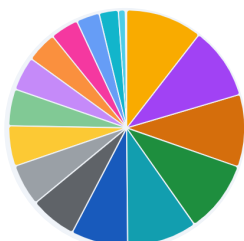
## MSK health in Birmingham and Solihull

People in our communities face a number of significant challenges related to health inequality and musculoskeletal health. It is only through understanding the challenges people face that we are able to provide the support and services people need.

|   |  |  |                |   |                          |  |   |   |
|---|--|--|----------------|---|--------------------------|--|---|---|
|  | 30%  | MSK conditions account for 30% of GP consultations in England  |                |  | 8.85 million             | Chronic joint pain or osteoarthritis affects more than 8.75 million people in the UK   |   |   |
|  | Physical inactivity  | Birmingham   |                | 24.8% inactive adults in Birmingham   |                          |  |   |   |
|   |  | Solihull   |                | 23.2% inactive adults in Solihull   |                          |  |   |   |
|  | Working days lost to MSK conditions  |  |                |  | 2x                       | People living in deprived areas are twice as likely to wait more than a year for joint replacement   |   |   |
| Birmingham  |  | 17.9%  |                |  | 1/10                     | Supporting inactive people (those doing less than 30 minutes per week) to become more active could prevent 1 in 10 cases of stroke and heart disease |   |   |
| Solihull  |  | 21.5%  |                |   |                          |  |   |   |
|  | 57.8%  | The employment rate for people with a long term MSK condition is only 57.8%, compared to 82.2% for people without a long-term health condition |                |   |                          |   | MSK conditions are one of the most common causes of sickness absence in the local NHS (a workforce of 70,000) |   |
|  | People from disadvantaged communities are less able to participate in physical activity and do not tend to engage with traditional exercise programme delivered within the NHS |  |                |   |                          |  |   |   |
|  | Disease and inequality   | The main diseases causing inequality in life expectancy are infant death, lung disease, heart disease and cancer                               |                |   | Heart disease            |  | Lung disease  |   |
|   |  |  |                |   | Cancer                   |  | Infant death  |   |
|  | Life expectancy  |  |                |  | Poverty and unemployment |  |   |   |
| England average   |  | Women = 82.6 years   |                | Men = 78.7 years  |                          | Birmingham   |   | Households have £49 less per week than the uk average. The unemployment rate is 7.3%  |
| Birmingham average  |  | Women = 80.5 years   |                | Men = 75.8 years  |                          | Solihull   |   | Households have £80 more per week than the uk average. The unemployment rate is 4.1%  |
| Solihull average  |  | Women = 83.1 years   |                | Men = 78.1 years  |                          |  |   |   |
|  | Ethnicity  | 59.6%<br>White   | 25.1%<br>Asian | 8.1%<br>Black   | 5.2%<br>Mixed            | 2%<br>Other  |                            | Disability: 18.1% of people have long term health conditions and disabilities that limit their activities of daily living a lot |

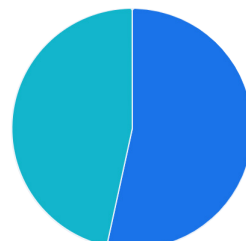
## Our patient profile

People in our communities face a number of significant challenges related to health inequality and musculoskeletal health. It is only through understanding the challenges people face that we are able to provide the support and services people need.



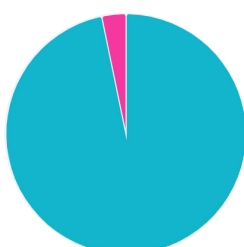
### Age Group Distribution

Our age distribution is spread. A significant number are in the older age brackets, with 62.8% of patients being 51 years or older.



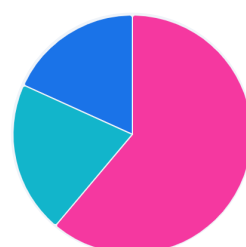
### Gender

✓ 53.4% Female  
✓ 46.6% Male



### NHS and private patients

✓ 96.7% NHS patients  
✓ 3.3% private patients



### Ethnicity

✓ 18.2% Not stated  
✓ 20.6% Non-white British  
✓ 61.1% White British



### Language diversity

The vast majority of patients speak English (92.3%), but there is a small percentage of patients who speak other languages (7.7%).



### Geographical reach

Patients come from a wide range of Integrated Care Boards (ICBs). A high concentration from Birmingham and Solihull ICB (48.5%).



### Deprivation levels

Patients come from across the spectrum of deprivation. A significant proportion (18.4%) are from the most deprived areas (IMD decile 1).

## Phil's story

Phil from Manchester visited ROH for his hip resurfacing procedure:

*"When I was offered a hip replacement I had the confidence to speak up and say this is what I think will be best for me..."*

*I'd done a lot of research about hip replacements and found out about hip resurfacing as an alternative. I wanted to be more active and get back into sports and exercise, and with hip resurfacing I would have much greater range of motion to support that."*





# Shifting focus

The NHS faces an extremely challenging period. The Royal Orthopaedic Hospital must shift focus and adapt to these challenges. These key shifts are reflected in this strategy.

## Orthopaedic leadership

As a specialist provider, the ROH plays a critical role in shaping musculoskeletal (MSK) and elective orthopaedic care both within the Birmingham and Solihull Integrated Care System (BSol ICS) and at a national level. Our reputation for excellence is built on our specialist expertise, pioneering approach to innovation, and commitment to delivering outstanding patient outcomes. This leadership is evident in the progress made in the BSol ICS MSK Transformation Programme which is helping to improve local MSK services through standardisation, self-management and collaboration.

### Strengthening our leadership in Birmingham and Solihull

Within our local system, we are uniquely positioned as the dedicated specialist orthopaedic provider. We have already demonstrated our leadership in MSK through the BSol ICS MSK Transformation Programme. We plan to work collaboratively as part of an Acute Provider Collaborative, to continue transforming orthopaedic pathways, reducing variation in care, and improving access for our population.

### A nationally recognised leader in orthopaedics

Beyond our local system, ROH is a national centre of excellence, undertaking highly specialised work that serves patients from across the country. Our leadership of the National Orthopaedic Alliance (NOA) and membership in the Federation of Specialist Hospitals position us at the forefront of national conversations about the future of specialist care. We will continue to champion innovation, research, and service improvement to influence national policy and drive excellence in orthopaedics across the NHS.

## The efficiency challenge

### Reducing Waiting Lists and Improving Patient Flow

To meet NHS Elective Recovery Plan targets, we will boost theatre utilisation, enhance digital triage, increase day-case surgery rates, and maintain GIRFT-accredited Elective Surgical Hub standards.

### Maximising Operational Efficiency

We will optimise resources by improving theatre efficiency, streamlining outpatient services, and expanding nurse-led triage in POAC.

### Enhanced Community Pathways

To ease hospital pressures, we will expand consultant-led outpatient care in community settings, strengthen primary care partnerships for timely referrals, and improve access to MSK self-management tools like getUBetter.

### Investing in Digital Transformation

Implementing an Electronic Patient Record (EPR) system and leveraging data analytics and AI will enhance efficiency, patient flow, and overall performance.

### Commitment to Continuous Improvement

Efficiency requires organisation-wide collaboration. We will engage staff in identifying improvements, track performance against national benchmarks, and prioritise patient safety and experience, using the NHS Impact framework to build expertise in improvement.

## Building a continuous improvement culture

We want to build a culture where every member of the team feels they have permission to make improvement happen. We will continue to use the NHS Impact framework to embed a continuous improvement culture at the ROH:

1. Every member of staff has a 'Continuous Improvement' objective identified as part of their annual appraisal
2. Every team has a 'Quality & Continuous Improvement' objective identified in their annual plan
3. Every team will be trained in Improvement Huddles, identifying opportunities to improve quality, reduce waste, and become more productive
4. Every service will have a monthly report that captures data/improvement opportunities across 4 domains: quality, workforce, performance and finance
5. Every service will be required to report on progress against their annual plan on a quarterly basis
6. Every service will attend a quarterly performance review, focused on accountability for improvement
7. A Project Management Office will have oversight of all improvement programmes, with formal reporting through to the relevant committee/Board

## High Performance Teams Framework

The delivery of our strategy relies on high-performing teams. Our High Performance Teams Framework has four components to support high performance:

### Support capability

Ensuring our people have the right skills and competencies is essential to ensure our teams can perform well and accomplish goals. At ROH, there is a strong personal and professional development offer which includes:

- Appraisals
- Mandatory training
- Me As Manager
- Apprenticeships
- QSIR training
- Career Pathfinder
- Continuous improvement

### Set clear goals

Setting clear goals is an essential part of having a high-performing team. Goals are set nationally, locally and at the ROH. Everyone should understand their personal and team goals:



### Build positive culture

The environment in which people work plays a major role in their success. A positive culture fosters collaboration, innovation, and resilience—key traits of high-performing teams:

- Psychological safety
- Values-driven leadership
- Employee wellbeing
- Recognition and appreciation
- Diversity and Inclusion
- Freedom To Speak Up

### Ensure accountability

Ensuring our people are accountable for their performance is critical to maintaining high-performing teams. Our processes to support this include:

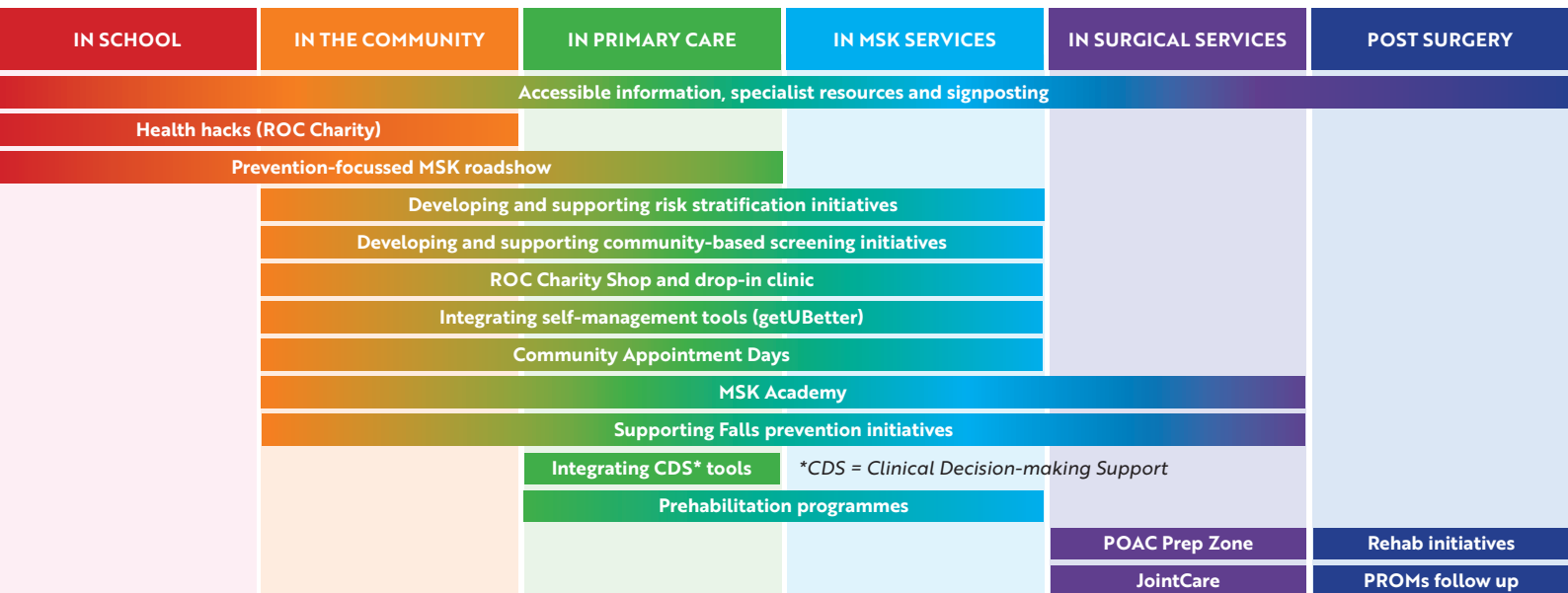
- Performance reviews and annual appraisals
- Continuous monitoring of KPIs and metrics
- An integrated Trust PMO
- A robust Performance Management Policy
- Reliable escalation and support processes
- Addressing underperformance fairly

## Responding to the three Darzi shifts

[Lord Darzi's Independent investigation of the NHS in England](#) outlines three fundamental shifts required in the NHS.

### Sickness to Prevention

Preventing ill health is key to a sustainable healthcare system, keeping people healthier for longer and using resources effectively. As an elective specialist trust, we play a crucial role in prevention through specialised interventions. While prevention requires cross-sector collaboration, our focus spans a person's life—from education to MSK healthcare engagement. This diagram outlines key interventions at each stage.

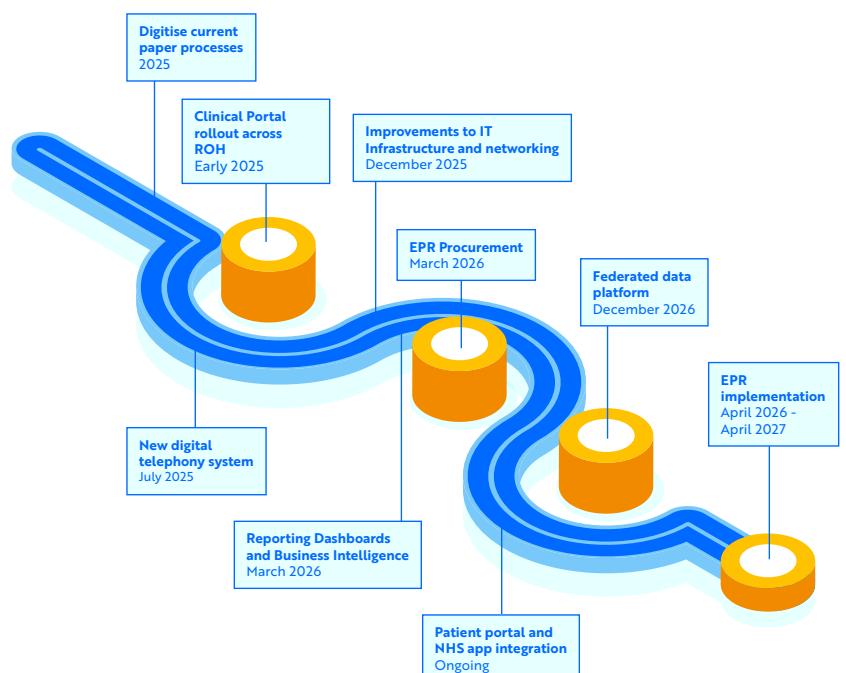


### Hospital to community

We are committed to shifting care into the community, aligning with Lord Darzi's vision for integrated, patient-centred healthcare. Within the BSol ICS framework, we are enhancing musculoskeletal (MSK) services to provide timely, high-quality care closer to home. Integrated Neighbourhood Teams unite multidisciplinary professionals to deliver preventative, coordinated care, reducing pressure on urgent services. With over 22% of people physically inactive and 30% of GP visits related to MSK conditions, improving access to care and promoting self-management is essential. By embedding MSK services locally and tailoring care to community needs, we aim to enhance early diagnosis, ensure timely treatment, and reduce hospital admissions.

### Analogue to Digital

The ROH is undergoing a digital transformation with the biggest transformation coming through the introduction of an EPR.





# Strategy 2023-2028: Our progress to date

We are two years into the delivery of our 2023 - 2028 strategy. The below is a synopsis of our progress and achievements:



We achieved 'Much better than expected' in CQC Inpatient Survey (2023) putting us in top 10% in the NHS for patient experience



We made positive progress rolling out Shared Decision Making to ensure patients are truly included in decisions about their care



We achieved and are maintaining GIRFT accreditation as a Surgical Elective Hub, supporting access to high quality care



We achieved a gold standard from the National Joint Registry



We reduced staff turnover to 11%, which is better than the national average



We increased staff establishment to 89%, which is better than the national average



We were named 8th most inclusive company in the UK in the Inclusive Companies Top50 list



We reduced expenditure on agency staff which has supported our financial position



We delivered a range of MSK community initiatives including Health Hacks and Community Appointment Days



We saw growth in our Research and Development portfolio and increased the number of patients recruited to studies



We embedded a new appraisal framework and saw a rise rates of completion, quality and satisfaction



We saw theatre utilisation improve through the work of our Productivity Improvement Group

# Our strategy on a page

## STRATEGIC AMBITION

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## OUR MISSION

We will deliver compassionate, patient-centred care that empowers people to regain their mobility, independence, and quality of life. Through efficiency, expertise, innovation and collaboration we will tackle health inequality and improve access to life-changing care.

## STRATEGIC OBJECTIVES

### CARE

By 2028, we will maintain outstanding, high-quality care across all services and improve access, experience and outcomes for our patients.

### EXPERTISE

By 2028, we will have increased our influence as the leading centre for orthopaedic surgery and MSK care through our cutting-edge research and MSK Academy.

### PEOPLE

By 2028, we will be rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey, recognising our commitment towards inclusivity and wellbeing for all.

### COMMUNITY

By 2028, we will be leaders in MSK Prevention across our communities, improving access to our services and increasing the provision of MSK expertise at locality level.

### SUSTAINABILITY

By 2028, the ROH will be financially sustainable, having increased the number of people we treat through continuously improving our processes, standardising pathways and improving productivity.

### COLLABORATION

By 2028, we will have transformed MSK and orthopaedic services for our patient population through our strategic partnerships across healthcare, third sector, industry, research and academia.

## DELIVERY PHASES

### RESET AND TRANSFORM

Focus on how we work, making systems and processes better, and making sure everyone is clear on their role so that we are stable now and can grow in the future.

### SUSTAINING AND INNOVATING

Grow our services, help more patients, and develop new services to support our long-term success.

### GROWING AND INFLUENCING

Continue to grow, offer our services in new markets, and strengthen our orthopaedic leadership so we can support community MSK health.

## IMPORTANT ENABLERS

Embracing continuous improvement

Focussing on and delivering our business plans and strategies

Developing robust performance management and accountability

Delivering excellent value and making cost improvements

## WHAT WILL WE ACHIEVE IF WE DELIVER THIS STRATEGY?



### ACHIEVING OUR STRATEGY WILL BE POSITIVE FOR PATIENTS, OUR COMMUNITY AND OUR TEAM!

- ✓ We will grow and treat more people
- ✓ We will contribute to reducing health inequality
- ✓ We will improve access to care for our community
- ✓ We will be rated among the best hospitals to work for
- ✓ We will be rated 'outstanding overall' by the CQC
- ✓ We will be an efficient and sustainable organisation
- ✓ We will be a world-recognised leader in orthopaedics
- ✓ We will be in productive partnerships that benefit patients

FIND OUT MORE.  
SCAN THE QR  
CODE



# Objectives and metrics

## Care

### Critical success metric

By 2028, we will maintain outstanding, high-quality care across all services and improve access, experience and outcomes for our patients.

### Improvement targets

- Achieve a CQC rating of Outstanding
- Achieve a CQC Inpatient Survey Score of over 85%
- Achieve the RTT target by 2027 (two years ahead of the national Elective Recovery Plan)
- Reduce our hospital acquired infections to zero
- Maintain GIRFT Accreditation as a Surgical Hub

### Priority improvement programmes

- Continuously improve our inpatient experience through our Service Accreditation Programme
- Embed seamless, connected, efficient processes and pathways in readiness for a fully integrated Electronic Patient Record
- Evolve our JointCare pathway to meet the needs of our joint replacement patients, increasing the number of day case patients we treat
- Mobilise a suite of meaningful outcome targets that are actively used to improve the quality of care we delivery (including PROMS, National Joint Registry)
- Optimise referral management to improve waiting times and access to our services
- Digital transformation programmes to facilitate new, innovative models of care

## Spotlight on Improvement Huddles

Improvement huddles are brief weekly meetings where teams identify and implement improvement ideas, fostering continuous enhancement in patient and staff experiences. These structured sessions ensure all members contribute, driving practical solutions. Early adopters like the Pharmacy Department have successfully used huddles to generate ideas and resolve challenges.



# Expertise

## Critical success metric

By 2028, we will have increased our influence as the leading centre for orthopaedic surgery and MSK care through our cutting-edge research and MSK Academy.

## Improvement targets

- >700 participants recruited to NIHR funded studies
- 200 ROH authored publications
- Increased R&D income:
  - NIHR grants with ROH applicants = £9m
  - NIHR grants with ROH lead = £5m
  - Commercial income = £1m
- Minimum of 3 Post Graduate qualifications (level 6/7) developed in partnership with Birmingham higher education institutions

## Priority improvement programmes

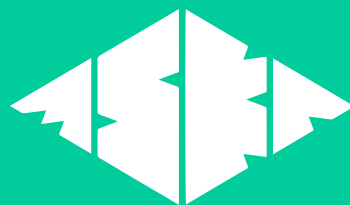
- Building ROH into a leading centre for cutting edge innovation, including robotic assisted surgery, Osseointegration, Metastatic Bone Disease
- Deliver years 3-5 of Research & Development Plan
- Accreditation as a Major Revision Centre
- Growing the ROH MSK Academy, designing and delivering education for NHS colleagues, patients and communities
- Supporting the professional development of ROH staff
- Excellence in HVLC
- Leadership in MSK and Orthopaedics

## Spotlight on the MSK Academy

The MSK Academy aims to empower healthcare professionals at The Royal Orthopaedic Hospital and beyond by providing advanced training, accredited courses, and a dedicated learning platform and offer. The project aligns with our strategy and addresses existing gaps in education and professional development.

The MSK Academy will offer:

- Accredited courses (virtual, face-to-face)
- Learning resource development
- Partnership with Universities and key partners
- Patient information tied to MSK transformation
- Library for teaching/growing capabilities
- Synergies with research and clinical academic careers
- Provide advanced training to healthcare professionals
- Create a sustainable and inclusive learning platform
- Align with the hospital's strategic objectives





# People

## Critical success metric

By 2028, we will be rated in the top 5% of Trusts to work for by our people in the NHS Staff Survey, recognising our commitment towards inclusivity and wellbeing for all.

## Improvement targets

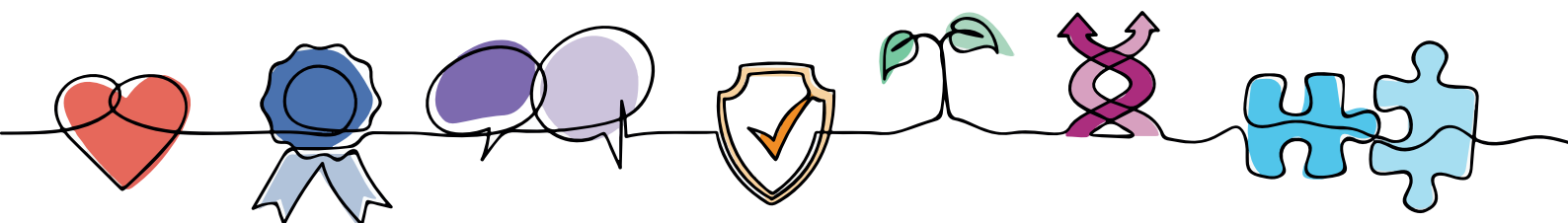
- Reduce MSK and mental health related sickness absence by below 4%
- Turnover rate <10.5%
- Establishment >90%
- Improve WRES/WDES scores on annual basis
- Reduce the gender pay gap

## Priority improvement programmes

- Implementation of Me As Manager and assessment of impact
- New Talent & Succession Framework
- Women in Orthopaedics education & engagement programme
- MSK Occupational Physiotherapy provision for staff
- Embed new High Performing Teams accountability framework
- Embed the Race Equality Code

## Spotlight on Me As Manager

Me As Manager is the new ROH Management Development Framework designed to equip line managers with the knowledge, skills and expected behaviours to accountably lead and maximise the performance of their teams and individuals. The ROH management development framework is aligned to the ROH Strategy and NHS People Promise. It is a clear framework that provides an essential competency set for any ROH manager, which is mandated as part of their role. In addition, the framework offers additional pathways which can be explored and undertaken based upon individuals' personal development needs and ambitions. The goal of Me As Manager is to build capability and competency, enabling our teams to be high performing (see page seven for High Performing Team Framework).



# Community

## Critical success metric

By 2028, we will be leaders in MSK Prevention across our communities, improving access to our services and increasing the provision of MSK expertise at locality level.

## Improvement targets

- ROH MSK service provision in each of the six BSOL localities
- Improve waiting times for patients in our 20% most deprived communities
- Increase the number of people accessing entry level posts from our local population via schemes such as iCAN

## Priority improvement programmes

- Support the development of neighbourhood health models and community care collaboratives
- Deliver our Health Inequalities action plan, including greater visibility of data
- Deliver our three-year Health Promotion and Prevention Plan, using our orthopaedic and MSK expertise to build tools and develop services for our partners and communities
- Deliver a rolling programme of Community Appointment Days and Community Roadshows to provide condition and community specific MSK advice & signposting
- Embed engagement and co-production into our services to ensure people help design and deliver the services they need
- Utilise digital technology to optimise how patients access ROH services (Clinical Decision Support, Self-Management, AI, Triage)

## Spotlight on the Community Care Collaborative

The Locality and Neighbourhood Health Service Model aims to provide proactive, person-centered care by integrating local services, fostering community partnerships, leveraging digital tools, and delivering coordinated support at neighbourhood, locality, and system levels. It is characterised by:

- **Proactive, Person-Centered Care:** Focus on early intervention, prevention, and reducing reliance on hospitals by shifting from reactive to planned care.
- **Local & Integrated Services:** Deliver care through 6 localities, 35 neighbourhoods, and co-located teams including GPs, social care, and mental & physical health professionals.
- **Community & Partnership Focus:** Foster collaboration with voluntary and community sectors, incorporating social prescribing and specialty advice.
- **Digital & Data-Driven Approach:** Use shared care records, remote monitoring, and risk stratification for targeted, proactive care.
- **Comprehensive, Multi-Level Support:** Provide services at neighbourhood, locality, and system levels to ensure both proactive and responsive care.

[Find out more](#)



# Sustainability

## Critical success metric

By 2028, the ROH will be financially sustainable, having increased the number of people we treat through continuously improving our processes, standardising pathways and improving productivity.

## Improvement targets

- Achieve financial break-even position on recurrent basis
- Achieve annual activity plan (aspiring to 18k patients treated each year by 2028)
- Achieve Private Patient annual growth target

## Priority improvement programmes

- Outpatient and Pre-Operative Transformation
- Productivity in Theatres (aligned to NHS Impact / GIRFT best practice)
- Growth of Private Patient service and additional commercial opportunities
- 7 day working
- Cost improvement scheme delivery, focusing on reducing waste
- Support NHS Carbon Net Zero plan by 2032

## Spotlight on building our commercial skills

Developing our commercial skills is an important aspect in ensuring we build good partnerships, innovate in care, and generate revenue to support the delivery of NHS services.

Our commercial plan focuses on five key objectives:

1. Developing joint ventures
2. Growing specialised services
3. Advancing research
4. Commercialising innovation
5. Expanding the Private Patient Unit (PPU)

ROH will leverage its clinical expertise, research capabilities, and industry partnerships to drive revenue growth while maintaining high standards of patient care. By strengthening governance, building internal commercial capabilities, and aligning with NHS values, we seek to balance financial sustainability with its commitment to patient-focused healthcare.



# Collaboration

## Critical success metric

By 2028, we will have transformed MSK and Orthopaedic services for our wide-reaching patient population through our strategic partnerships across healthcare, third sector, industry, research and academia.

## Improvement targets

- Single point of access for MSK & Orthopaedics in BSOL
- Improved referral quality and conversion to surgery
- Increased proportion of population accessing self-management and MSK support in communities

## Priority improvement programmes

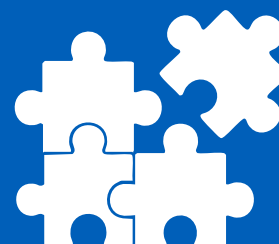
- Leadership of the BSOL MSK Transformation Programme
- Develop strategic partnerships with the Federation of Specialist Hospitals (FOSH) and the National Orthopaedic Alliance (NOA)
- Develop strategic alliance with Robert Jones and Agnes Hunt as specialist Orthopaedic hospitals in the Midlands
- Develop strategic alliances with Birmingham Higher Education Institutions to achieve our research and academic ambition
- Develop strategic alliances with industry to maximise our productivity and lean processes
- Charitable partnerships with our own Charity (ROC) to enhance MSK services regionally and nationally

## Spotlight on the Acute Provider Collaborative

In Birmingham and Solihull, the Acute Provider Collaborative model aims to deliver high quality, standardised care across all acute services.

As the APC lead for MSK, Orthopaedics and Spinal for the system, our ambition is to deliver the following in partnership with our acute and community partners:

- Standardised pathways
- Optimised referrals
- A single PTL
- An increased surgical conversion rate
- Maximised theatre capacity
- Increased theatre utilisation
- Increased outpatient utilisation
- Clinician passport
- Reduced reliance on independent sector



# Our key enabling plans

This strategy is underpinned by a comprehensive delivery framework for 2025 - 2028. This framework is divided into six annual plans:

## Digital, Data & Technology Plan

Refreshing the strategy to align with NHS Planning Guidance and Reforming Elective Care priorities. Key focuses include implementing the Federated Data Platform for secure data sharing, enhancing the NHS App for better patient access to services, and rolling out Electronic Patient Records (EPR) to improve efficiency, reduce administrative burdens, and support integrated care. We will also be integrating AI into our processes to drive efficiency.

## People Plan

Updating the strategy to reflect progress made between 2023-2025 and align with the Trust Strategy mid-term review. Priorities include workforce retention, staff well-being, leadership development, and professional growth opportunities, ensuring a resilient and motivated workforce while meeting service demands.

New

## Prevention Plan

A new plan structured around two Darzi Shifts, emphasising MSK prevention as a key role of ROH. It aims to promote early intervention, self-management, and physical activity programmes, integrating prevention into primary and community care to reduce long-term MSK conditions and hospital admissions.

## Research and Development Plan

A minor refresh of improvement targets with a stronger focus on commercial income growth. Key priorities include expanding clinical research, strengthening academic partnerships, and increasing participation in trials, ensuring research translates into improved patient care and funding opportunities.

New

## Commercial Plan

A new plan focused on five key areas: expanding private patient services, forming joint ventures, growing specialist services, increasing research & development activity, and commercialising innovation. The aim is to enhance financial sustainability, drive innovation, and improve service offerings.

New

## Estates Plan

Refining opportunities for investment in healthcare infrastructure over the next 2-3 years. Focus areas include modernising facilities, improving accessibility and sustainability, and optimising space to support evolving care models and enhance patient and staff experience.

# Our 3 year delivery framework

This strategy is underpinned by a comprehensive delivery framework for 2025 - 2028. This framework is divided into three annual plans:

## 2025-26: *Reset and transform*

'Reset and transform' means resetting the organisation to focus on current strategic priorities. This includes achievement of 2025/6 operational planning requirements and implementing year three of the ROH Strategic Plan. Focus will include going 'back to basics' on systems and processes throughout the organisation, supporting CQC readiness and clear lines of accountability. Other elements include standardising our operational approach, getting it right first time, being as productive as possible with the assets we have and focussing on delivering our core business as effectively as possible. This will support our short- and medium-term sustainability while building a strong foundation for the next phase of 'innovation'

### **What this means for patients**

Seamless care, shorter and more supported waits, more autonomy (with PIFU, NHS app, booking etc) more day case opportunity, and improved experience.

## 2026-27: *Sustaining and innovating*

'Innovation' means building on a solid foundation of productivity and efficiency and introducing innovative ways of working, accelerating growth, generating income, and building medium to long term sustainability. This work creates the right environment for the next stage with is 'magnification' of what we are doing to a larger footprint.

### **What this means for patients**

Greater access, reduced health inequality, care closer to home, more prevention, improved digital experience and tools, better information and guidance, more opportunity for NHS and private services.

## 2027-28: *Growing and influencing*

'Magnification' means scaling up, moving into new markets, capitalising on the growth we have made and reinvesting for long-term sustainability. It means consolidating our position an experts and leaders and enabling the ROH to flourish.

### **What this means for patients**

Greater access to information, support and services outside of BSol (and the UK), access to new innovative services, enhanced care through reinvestment.

This strategic framework is supported by an annual combined Delivery Plan which brings together the operational, clinical and nursing plans into one plan. The delivery of this combined Delivery Plan will be supported by a Project Management Office (PMO) and monitored regularly by the Executive Team.

# Glossary

| Acronym  | Full Term                                       | Description   |
|----------|---|---|
| AI       | Artificial Intelligence                         | Computer systems simulating human intelligence.                         |
| APC      | Acute Provider Collaborative                    | A partnership across hospital providers to improve acute services.      |
| BSol ICS | Birmingham and Solihull Integrated Care System  | A regional partnership of health and care organisations.                |
| CDS      | Clinical Decision-making Support                | Tools that help clinicians make evidence-based decisions.               |
| CQC      | Care Quality Commission                         | The independent regulator of health and social care in England.         |
| EPR      | Electronic Patient Record                       | A digital system for managing patient records.                          |
| FOSH     | Federation of Specialist Hospitals              | A group representing specialist NHS trusts.                             |
| GIRFT    | Getting It Right First Time                     | A national programme to improve medical care in the NHS.                |
| HVLC     | High Volume Low Complexity                      | A type of healthcare service involving many straightforward procedures. |
| ICB      | Integrated Care Board                           | Regional NHS body overseeing integrated care systems.                   |
| IMD      | Index of Multiple Deprivation                   | A UK government measure of area-level deprivation.                      |
| MSK      | Musculoskeletal                                 | Pertaining to muscles, bones, and joints.                               |
| NHS      | National Health Service                         | The publicly funded healthcare system of the UK.                        |
| NIHR     | National Institute for Health and Care Research | Funds health and care research in the UK.                               |
| NOA      | National Orthopaedic Alliance                   | A national collaboration of orthopaedic providers.                      |
| PIFU     | Patient-Initiated Follow-Up                     | A care model where patients request appointments as needed.             |
| PMO      | Project Management Office                       | A team managing strategic programmes and projects.                      |
| POAC     | Pre-Operative Assessment Clinic                 | A service that evaluates patients before surgery.                       |
| PPU      | Private Patient Unit                            | A section of the hospital offering private care options.                |
| PROMS    | Patient Reported Outcome Measures               | Assessments of health outcomes reported directly by patients.           |
| QSIR     | Quality, Service Improvement and Redesign       | NHS training programme to support service improvement.                  |
| ROC      | Royal Orthopaedic Charity                       | The charity arm of the Royal Orthopaedic Hospital.                      |
| ROH      | Royal Orthopaedic Hospital                      | A specialist orthopaedic hospital located in Birmingham, UK.            |
| RTT      | Referral to Treatment                           | A target time for patients to start treatment after referral.           |
| WDES     | Workforce Disability Equality Standard          | A framework for NHS organisations to improve disability equality.       |
| WRES     | Workforce Race Equality Standard                | An NHS measure to ensure fair treatment of BAME staff.                  |



# Have your say

## Help us improve healthcare

We are keen to work with people who want to help us design, develop and deliver healthcare services in the future. If you're interested in co-production and improving your local health services, please get in touch. Call or email 0121 685 4128 or [roh-tr.PALS@nhs.net](mailto:roh-tr.PALS@nhs.net)

## Patient Experience

We are always keen to hear from people who use our services. Our Patient Experience Team has lots of ways to listen and help you share your experience, feedback and ideas. Find out more, scan the QR code or call 0121 685 4128



If it matters to you,  
It matters to us.

**We're listening.**



**The Royal  
Orthopaedic Hospital**  
NHS Foundation Trust

