



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion Annual Report 2025/26

PSED Published 24th September 2026

➔ *Improving lives through excellent and innovative care*



INTRODUCTION



NHS
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This report reflects the equality programme of work for staff and patients at, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, during this reporting period and how, as a Trust, we have considered and evidenced our Equality Act and Public Sector Equality Duty (PSED) responsibilities. We will continue to advance EDI through a range of initiatives, activities and collaborations, which this report will highlight.

The data covers the period 1st April 2025 to 31st March 2026. As part of the Trust's Public Sector Equality Duty (PSED), equality data for staff and patients must be made available to the public via the website, following review and sign off by Trust Board members.

The information is linked to the nine protected characteristics themes under the Equality Act 2010. These nine protected characteristics are:

- Age
- Gender
- Religious belief
- Ethnicity
- Disability
- Marital and Civil partnership
- Pregnancy and Maternity
- Sexual orientation
- Gender Reassignment

Any exceptions have been noted, and this information will be included in the annual Equality and Diversity report.

NHS

PRIMARY LEGISLATION



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Equality Act 2010 and its Public Sector Equality Duty (PSED)

[Act 2010 \(Specific Duties\) Regulations 2011](#)

[\(legislation.gov.uk\)](#) came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the NHS are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties) Regulations 2011 require the Trust to:

- Publish information to show compliance with the PSED, at least once a year.
- Produce Equality Objectives at least every four years.

Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to make sure that an individual's basic needs as a human being are recognised and met. Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Act. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Act. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy – known as the FREDAs principles.

Read more about [The Human Rights Act | EHRC](#) ([equalityhumanrights.com](#)).



RJAH EDI Objectives 2022-2026



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Our Vision

“We hold the principles of equality and inclusion at the heart of everything we do and all that we stand for”.

Our Progress to Date:

Published WRES, WDES, Workforce Report, Gender Pay Gap Report, Ethnic Diverse Pay Gap Report, Disability Pay Gap Report.

Working towards publishing Anti-racism strategy.

Working towards publishing Sexual Safety Policy and workplan.

Developed mandatory training.

Held staff engagement sessions to capture lived experience.

How we can grow in this space:

Develop an RJAH EDI Pledge.

Develop Staff Networks further.

Progress with Reverse Mentoring.

Engage with staff to build trust back, ensure ‘Your voice Counts’.



Workforce Diversity Profile and Reporting

We aim to employ a diverse workforce that is representative of our local communities, as we believe this will improve our decision making in the development of health and care services.

This section of the report illustrates the demographics of the Trust' workforce as of 31st March 2025. The Trust will use this data as a baseline to measure the diversity of our staff across the full range of NHS pay grades and in future workforce planning. The table below provides a summary of the key findings.



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Protected Characteristic	Narrative
Age	Our highest % age range is between 51-55 with below 20 years and age >71 years being our lowest represented age groups.
Sex	Males are considerable underrepresented within our Trust with just 25% of our workforce being male and 75% being female.
Race	11.90% of staff are recorded as BME with 2.04% not stated. 86.06% of the workforce are recorded as White.
Disability	7% of the workforce have declared a disability, with 9% of workforce have recorded unspecified disability. 82% of the Trust workforce have declared no disability. 2% have not declared or choose to prefer not to answer. There is an ongoing project to support staff in declaring disabilities through ESR to enable the Trust to support individuals.
Marriage / Civil Partnership	2% of staff have chosen not to specify their marital status, with 55% being married/civil partnership, 34% being single and the remaining 9% divorced, legally separated or widowed.
Sexual Orientation	2% of staff identified as other than heterosexual or straight. A total of 88% of staff identified as heterosexual or straight. 4% of staff preferred not to state their sexual orientation. With 6% unspecified - this makes it difficult to establish if the workforce is representative of the national estimated LGBTQIA+ figure of 3.1% of the population over 16 years of age.

Protected Characteristic	Narrative
Gender Re-Assignment	This data is not currently captured within the Trust.
Maternity / Pregnancy	A total of 1.89% of the workforce were absent due to maternity leave in March 2025, the position for April 2024 was 2.10%
Religion / Belief	The percentage of staff who identify as Christian is 52%. Non-disclosure among staff is 6% overall. Atheism is at 17% with other religions and beliefs being low in representation totaling 13%. 12% of staff declared they did not wish to declare their religion/belief.
Part Time and Full Time Working Arrangements	Age, disability, religion and belief, race, pregnancy and maternity are all determining factors to consider in better understanding the dynamics of full and part-time working arrangements. While ensuring organisational day to day functions are being met. 56% of the Trust workforce are part-time and equality of opportunity should be given to ensure that these staff are afforded the same opportunities as their full-time counterparts.

Recruitment Process Data by Protected Characteristics

Equal ops category	Category	Non-medical				Medical			
		Applied	Shortlisted	Appointed	Appointed %	Applied	Shortlisted	Appointed	Appointed %
Gender	Not stated	0	0	0	0	0	0	0	0
	Male	1836	382	39	16.12	341	59	6	16.22
	Female	3396	932	128	20.45	77	19	5	35.71
	I do not wish to disclose	23	11	0	0	5	1	0	0
Age	Under 20	124	59	17	36.17	0	0	0	0
	20 - 24	630	182	28	22.22	1	0	0	0
	25 - 29	1563	259	25	16.23	44	4	1	50
	30 - 34	1018	191	18	15.25	110	21	2	14.29
	35 - 39	672	169	15	13.51	121	31	5	23.81
	40 - 44	436	119	15	20.83	73	13	1	16.67
	45 - 49	336	119	10	13.51	46	7	0	0
	50 - 54	232	104	16	21.05	18	1	1	100
	55 - 59	138	61	15	32.61	7	1	1	100
	60 - 64	84	51	6	13.33	2	1	0	0
	65+	22	11	2	33.33	1	0	0	0
	Not stated	0	0	0	0	0	0	0	0
Ethnic Origin	Not stated	2	2	2	100	0	0	0	0
	White	1648	856	143	23.64	53	16	4	28.57
	Asian	1755	237	6	4.69	214	30	4	22.22
	Black	1589	172	10	10	23	3	0	0
	Mixed	107	22	3	20	40	10	1	20
	Other	88	17	1	7.69	78	18	2	15.38
	Not disclosed	66	19	2	16.67	15	2	0	0

*Maternity / Pregnancy data is not currently collated using our current system.

As maternity and pregnancy data is not currently captured within the recruitment system, this remains a known gap, and work is underway to explore how this information can be appropriately and safely incorporated in future reporting.

The data demonstrates that applicants from a range of protected characteristic groups continue to apply for roles across the Trust, indicating broad engagement with recruitment opportunities. Progression through shortlisting and appointment stages shows overall consistency, suggesting that recruitment processes are largely operating as intended. However, variations in outcomes between protected characteristic groups are evident at different stages of the process, reinforcing the importance of ongoing monitoring and scrutiny.

The Trust remains committed to inclusive recruitment and continues to strengthen its approach through the use of anonymised shortlisting where appropriate, inclusive job design, diverse interview panels, and the development of anti-racism and equality competency within recruitment practices. Findings from this data will continue to inform action plans within the Workforce Equality agenda, ensuring recruitment processes promote equality of opportunity and do not create unintended barriers for underrepresented groups.

Recruitment Process Data by Protected Characteristics

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Disability	Not stated	2	2	2	100	1	1	1	100
	No	4863	1172	153	19.59	404	73	10	21.28
	Yes	315	119	11	14.1	10	1	0	0
	I do not wish to disclose whether or not I have a disability	75	32	1	7.14	8	4	0	0
Sexual Orientation	Not stated	2	2	2	100	0	0	0	0
	Heterosexual or Straight	4908	1186	149	19.03	396	74	11	22.92
	Gay or Lesbian	67	37	4	15.38	1	1	0	0
	Bisexual	74	22	1	7.14	5	1	0	0
	Other sexual orientation not listed	25	9	0	0	1	0	0	0
	Undecided	9	3	2	100	0	0	0	0
	I do not wish to disclose my sexual orientation	170	66	9	21.95	20	3	0	0
Transgender	Not stated	5255	1325	167	19.09	423	79	11	21.15
Total		5255	1325	167	19.09	423	79	11	21.15

Recruitment data shows continued engagement from applicants across these protected characteristics. However, a high proportion of applicants are recorded as “**not stated/unknown**”, particularly for disability status, sexual orientation and transgender identity, which limits the depth of analysis that can be undertaken.

Where information is declared, progression through recruitment stages appears broadly consistent overall. Small cohort sizes mean that percentage outcomes can fluctuate and should be interpreted with caution.

Improving disclosure confidence and data completeness remains a key priority to strengthen assurance, support robust monitoring, and ensure recruitment processes remain inclusive and free from unintended barriers.

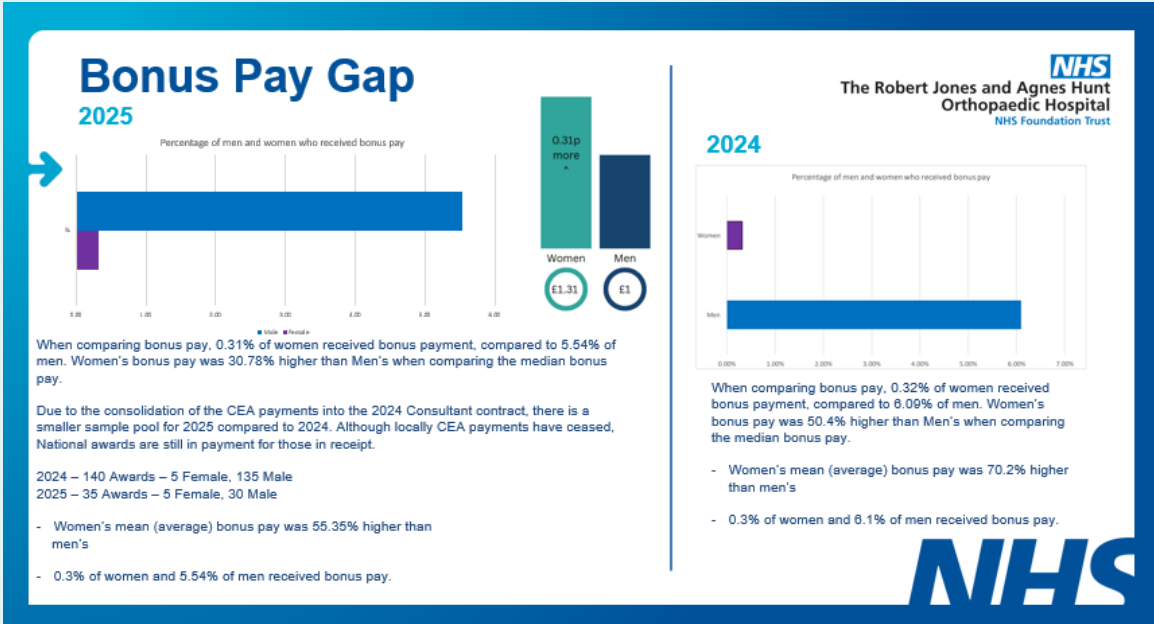
*Maternity / Pregnancy data is not currently collated using our current system.

Gender Pay Gap Report 2025



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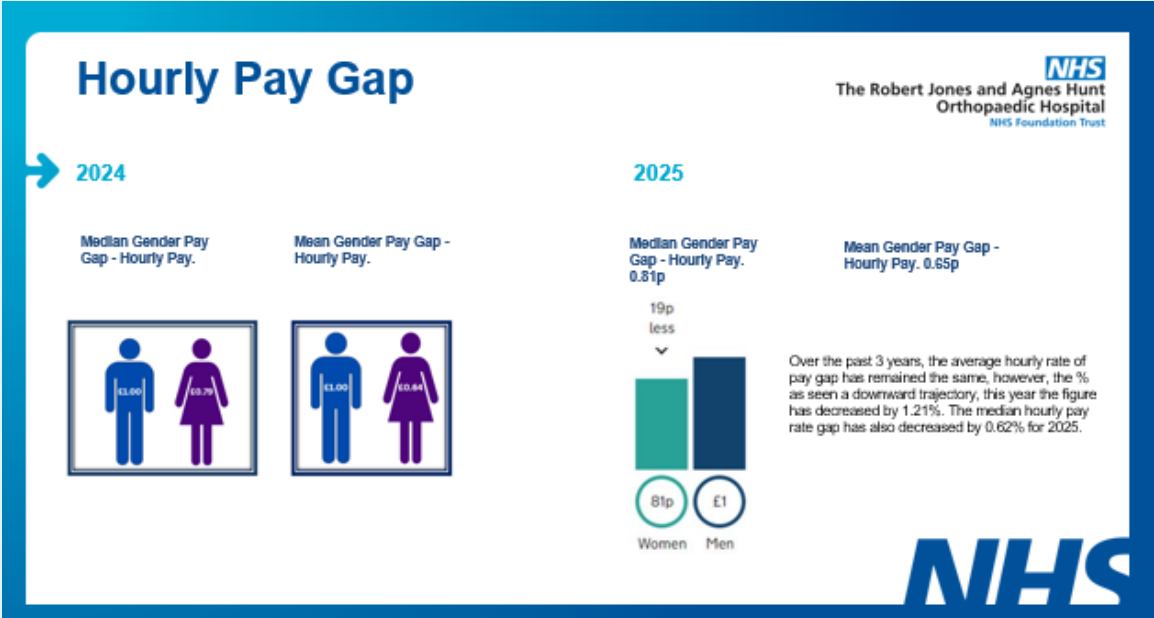
- The 2025 pay gap report shows a decrease of 1.21% in the mean and a decrease of 0.62% in the median pay gap.
- Our pay gap exists of 35.18% when expressed as a mean average and 18.56% as a median average, therefore there is more work to do.
- This equates to an average hour rate difference of £9.96 with men receiving an average of £28.31 per hour compared to £18.35 for women
- It is widely acknowledged that historical gender inequality has led to a greater proportion of senior medical roles being held by men. Although women make up the majority of our workforce, this imbalance continues to impact our hourly pay gap.
- We are dedicated to taking action at Board level to reduce our gender pay gap and to address all forms of inequality, including gender inequality in the workplace. Promoting a culture of inclusion, fairness, and equity is central to our People Strategy and Plan.
- With this commitment, we will continue to deepen our understanding of the professional experiences of women in our medical workforce, ensuring equal opportunities for career progression for both men and women, as well as for non-binary colleagues.
- Our ongoing efforts to embed the values of compassion, openness, and respect throughout our workforce systems and service delivery, along with our focus on promoting and improving sexual safety in healthcare, will support these goals.



Hourly Pay Gap



Gender	Headcount	%
Female	1447	75%
Male	471	25%
Total	1918	



Ethnicity Pay Gap Report 2025

What is our focus?

Inclusive Recruitment: Explore sharing interview questions in advance and expand interview question to improve standards of hire around inequality and anti-racism competence and experience.

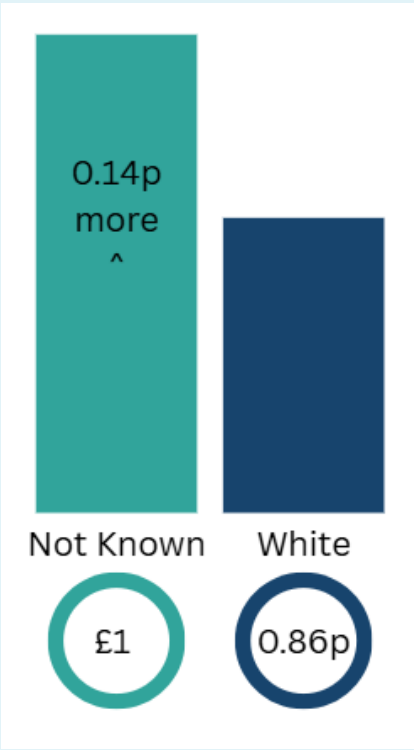
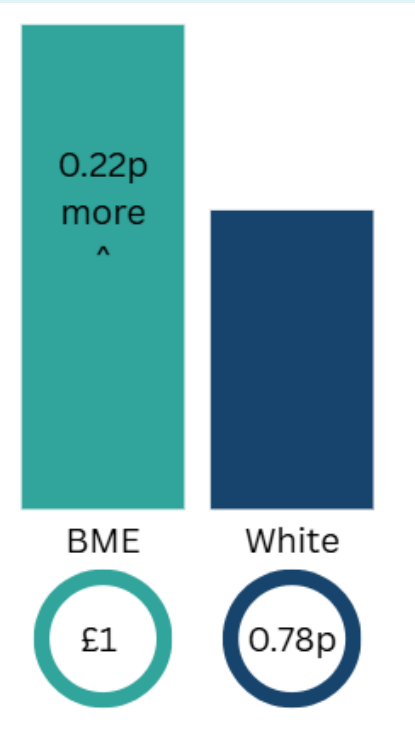
Culture and Engagement: Share ethnicity pay gap reports and action plans with staff networks.

Ways of Working: Launched an Anti-Racism workstream to address recruitment, progression, retention, and conditions. Anti-racism Policy in progress (pending action).

What are we doing?

This year we will take the following steps to promote diversity and understanding barriers to promotion and recruitment for global majority colleagues:

- creating an evidence base: To identify barriers to equality and to help us make priorities for action, we have introduced diversity monitoring to understand:
 - the race of those applying for jobs and being recruited;
 - the race of those applying for and getting promotions;
 - the race of those leaving our organisation and their reasons for leaving;
 - the race of those in each role and pay band; and
 - the race of those formally involved in disciplinary, grievance and capability matters.
- discuss the findings from our ethnicity pay gap alongside our equality's workforce analysis with our Ethnic Diverse Staff Network to get qualitative feedback on our organisation and the experience of our global majority employees, and to work collaboratively to develop initiatives to address issues identified.



Overall, the data shows that both the mean and median hourly pay rates are higher for Global Majority (BME) and Not Known employees than for White employees at the Trust, based on this workforce snapshot. Data is only reported for ethnic groups with more than 10 employees, and the pay gap reflects differences in average pay across the organisation rather than equal pay for the same or similar roles.

As at 31 March 2025, the Trust employed 1,917 staff, of whom 200 (10%) identified as Global Majority (BME), 1,677 (87%) identified as White, and 40 (2%) had ethnicity recorded as Not Known. The ethnicity pay gap compares average hourly pay between these groups across the organisation.

The mean hourly rate for Global Majority (BME) staff was £29, compared with £20 for White employees and £29 for those with ethnicity recorded as Not Known. This represents a 46% higher mean hourly rate for BME employees compared with White employees, and a 49% higher mean hourly rate for Not Known employees compared with White employees.

When looking at the median hourly rate, Global Majority (BME) staff had a median of £19, compared with £16 for White employees and £18 for the Not Known group. This equates to a 22% higher median hourly rate for BME employees compared with White employees, and a 14% higher median hourly rate for Not Known employees compared with White employees.

Disability Pay Gap 2025



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- The Trust employed 1,917 staff, with 7% (128 employees) having a declared disability.
- Mean hourly pay for disabled employees was £20, compared to £21 for non-disabled employees, resulting in a 7% mean disability pay gap.
- Median hourly pay was £20 for disabled employees and £22 for non-disabled employees, giving a 9% median pay gap. Higher average pay is seen in “not declared”, “prefer not to answer”, and “unspecified” groups; however, these categories may include both disabled and non-disabled staff and are not used as comparator groups.
- The pay gap reflects small absolute differences in hourly pay:
 - Mean difference of approximately £1 per hour.
 - Median difference of approximately £2 per hour.

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1	410	9	3	24	39
2	405	9	2	38	32
3	405	15	1	30	35
4	378	10	3	73	22



The above info graphs demonstrate that the actual pay differences are measured in pounds and pence rather than large cash sums. This highlights that the disability pay gap at RJAH represents modest differences in hourly pay, rather than substantial monetary gaps, and should be interpreted in the context of overall pay structures, workforce composition, and distribution across roles and bands.

Disability declarations reduced over the year, partly reflecting staff turnover and leavers. The distribution of “not declared”, “prefer not to answer”, and “unspecified” records across all quartiles suggests that confidence in disclosure may also be a factor.



WDES ACTION PLAN 2025/26

WDES Action Plan 2025						
Updated: 25/03/2026						
Action Log No.	Topic	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
1	Inclusive Culture	Increase Board representation Introducing Disability passport	EDI Team	Jan-26	Continue to ensure that the recruitment process for Non Executive Board members and Governors is inclusive. Non Executive appointed. The Health Passport has been introduced to the Trust, and awareness continues to be raised to both managers and staff to utilise the document to ensure a better working environment for all.	COMPLETED
2	Belonging	Increase and encourage staff disability declaration on ESR Promote Staff Network Group and NeuroDiverse Friends	EDI Team / Staff Network Groups	Ongoing	Host a range of campaigns aimed at updating personal details on ESR, to ensure the Trust's workforce profile is as accurate as it can be and reflects the true picture of our workforce. Update: Campaigns have been rolled out and a clear uptake in updating information has been seen, which is evident through data collection. This action will be ongoing to encourage all staff to complete their ESR records for more accurate reflections of the workforce.	ONGOING
3	Eliminating Discrimination	Disability pay gap Identification and promotion of relevant awareness events	EDI Team	Jan-26	Improved staff survey scores relating to violence, bullying and harassment from colleagues and managers for 2025 Staff Survey. Update: Staff survey results show an improvement within this area, and although the action is marked as complete, this will be an ongoing action for the team to continue developing.	COMPLETED
4	Diverse Workforce	Debiasing recruitment processes Opportunities to understand, engage, develop and progress our differently abled talent.	EDI Team	Ongoing	Improvement on key workforce metrics relating to EDI - Exec Team in support of this action see below. > Improvement and culture of allyship at events Network Improvement on key workforce metrics relating to EDI. Improvement and culture of allyship at events. - Interview questions to be received prior to interview date. Update: Not currently in place, discussions ongoing. - Rollout of AccessAble ensures that potential candidates can see how accessible the hospital is and shows clear directions to areas to reduce any anxieties prior to attending. - Allyship Training being reviewed, request sent to Training Team 24/03/2026. Once information received, EDI Team to review budget, value for money and potential spaces on courses. to roll out across the Trust.	ONGOING

The Trust has developed a Workforce Disability Equality Standard (WDES) Action Plan for 2025/26 to ensure that insights from WDES data are translated into meaningful and measurable improvement actions.

Progress against the WDES Action Plan will be monitored throughout 2025/26, enabling the Trust to assess impact, respond to emerging themes, and ensure continuous improvement in the experience, retention and progression of disabled colleagues.



WRES ACTION PLAN 2025/26



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WRES Action Plan 2025 Updated: 25/03/2026						
Action Log No.	Topic	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
1	Inclusive Culture	Reverse Mentoring Appointment of FTSU champions Promotion of Developing Aspirant Ethnic Minority Nursing and Midwifery Leadership Programme	EDI Team	Ongoing	Reverse mentoring being explored, in how the Trust can successfully progress with this, looking at alternative Trust models. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Improvement in staff survey results. Update: Staff survey results show an improvement within this area, along with sexual harassment. Staff feel more confident to speak to FTSU champions with protected characteristics. Update: Further champions have been trained and are being utilised across the Trust, with data being reported to People and Culture Committee for assurances. Long term on how to close the SMF campaign. Greater understanding of workforce experience. Update: National Staff survey 2025 results have been received and the team are working through these alongside with free text to support managers in making improvements for staff across the Trust. More IEN's shortlisted and appointed into higher banded roles from the stay and thrive. More colleagues promoted and gained in confidence to apply for new roles. Improved career progression metric on staff survey. Update: Decline within this metric on 2025 results, with deeper dive into the reasons for this being undertaken.	ONGOING
2	Belonging	Staff Network Groups Culture/compassionate training Global majority staff listening events	Lis Edwards	Ongoing	Improvement in access to CPD and non mandatory training: collect demographic data on applicants. To bring this campaign to life across services, we're calling for colleagues to help shape the visual identity of the campaign, through promotion of adding add the infographic to email signatures .	ONGOING
3	Eliminating Discrimination	Implement Anti Racist Journey Zero tolerance posters Ethnicity pay gap	EDI Team	Ongoing	Create zero tolerance through an Anti-Racism statement and guidance. Update: Implemented as part of the System, Everyone belongs here Campaign. EDI Objectives for board members set by the Chair as part of the annual appraisal process. Update: EDI objective added to the new appraisal form due to be launched. Create zero tolerance through an Anti- Racism Journey Strategy and guidance. Improved sign posting and support with the SMF campaign. Improved sense of belonging and reduction in discrimination cases. > EDI Objectives for board members set by the Chair as part of the annual appraisal process. Update: Anti-Racist Plan on A Page developed with actions aligned into a 3 year plan for continued improvements to be made.	CLOSED
4	Diverse Workforce	Recruitment open days/interviews Equal opportunities for career progression	Recruitment Team & EDI Team & Lis Edwards (L&D)	Ongoing	Undertake a review of talent management programmes and identify opportunities to support the development of ethnic minority leaders of the future. Update: HPS launched. Link in with JRecruitment Team Re; Appointments etc > EDI representative on Interview panels. > Provide interview questions in advance of interviews. Execs supportive of this action. Undertake a review of talent management programmes and identify opportunities to support the development of ethnic minority leaders of the future. Fewer formal processes. Promoting fair and equitable practice. To understand if any learning to improve staff experience and practice. System Updates/ Career Progression & Leadership. Representative Workforce. HR & Disciplinary Processes. Update: Recruitment day held and attended by the EDI Team to support in career opportunities.	CLOSED

The Trust's Workforce Race Equality Standard (WRES) Action Plan for 2025/26 sets out a comprehensive programme of work designed to address identified inequalities and strengthen race equality across the employee lifecycle. The actions reflect a balanced focus on leadership accountability, inclusive



Staff Networks



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
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RJAH UNITY Network
Stronger together, every day

We are pleased to announce that the **Ethnic Diversity Group** has been renamed as the **RJAH UNITY Network**.

This new name reflects a broader, more inclusive vision—one that continues to champion diversity while strengthening connection, collaboration, and support across the Trust.

At the heart of this new identity is the meaning of **UNITY**:

Understanding, Nurturing Inclusion, Trust & You.

- **Understanding** – promoting open dialogue, listening, and learning from each other’s experiences.
- **Nurturing Inclusion** – creating a culture where everyone feels welcomed, respected, and valued.
- **Trust** – building strong, supportive relationships through honesty and collaboration.
- **You** – recognising that every individual plays an important role in shaping our community.

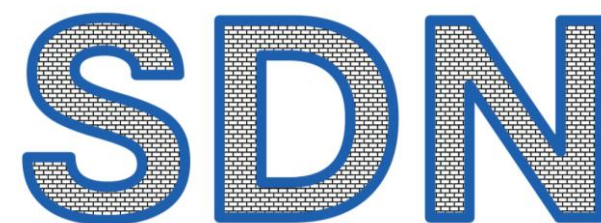
Alongside the new name, we are proud to introduce our new logo. The circle of multicoloured hands represents diversity, collaboration, and unity, while the globe reflects our shared connection and wider outlook. The central figures highlight people at the heart of everything we do.

Guided by our message, “**Stronger together, every day,**” the RJAH UNITY Network will continue to provide a space for connection, support, and positive change across the Trust.

The network has been successful in encouraging more staff to attend the meetings and to communicate outside of the meetings, building support networks and safe spaces to gain advice or somebody to listen.

Actions that have been progressed, to implement the following.

- Staff Health Passport Implemented.
- Sound eliminating Headphones available to all staff.
- Wellbeing portal established.
- Support network and safe space to be open.



Staff Disability Network



Staff Networks



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The Pride Staff Network Group meet month; first Wednesday of the lunch. Lunch and Learn sessions.
Chair currently required.



The group meet bi-monthly, and updated their logo in April 2025.
Actions are being progressed for further engagement within the network.
Chair currently required.



Grievance, Disciplinary & Capability Issues

The data below shares the formal cases from April 2025 to March 2026, only the protected characteristics identified within each case have been presented for ease of review. The Human Resources team within People Services continue to monitor the cases received and review any anomalies or areas of concern, ensuring continuous support is offered to those involved.

Please note for the purpose of condensing the table below, only categories relating to the individuals engaged in processes are included.

Protected Characteristic	Category	Case Type		
		Disciplinary	Grievance	Performance (not including ill health capability)
Gender	Female	15	13	1
	Male	6	2	2
	Unspecified	0	2	1
Ethnicity	White - British	14	13	3
	Asian or Asian British	5	2	0
	Black or Black British - African	1	0	0
	Collective	0	1	0
	Unspecified	1	1	1
Age Band	21-25	3	1	0
	26-30	4	0	0
	26-31	1	0	0
	31-35	2	1	1
	36-40	1	0	1
	41-45	1	3	1
	46-50	2	3	0
	50-55	1	0	0
	51-55	3	4	0
	56-60	3	2	0
	61-65	0	1	0
	Unspecified	0	2	1
Religion	Christianity	12	5	1
	Atheism	3	1	1
	Hinduism	1	1	0
	Islam	2	0	0
	Other	0	5	0
	Unspecified	3	5	2
Sexuality	Heterosexual or Straight	16	13	2
	Gay or Lesbian	2	0	0
	Bisexual	0	1	0
	Unspecified	3	3	2
Disability	Yes	2	2	1
	No	18	12	1
	Unspecified	1	3	2

Leavers and the reason for departure



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Detail for Leaving	Sum of Headcount
Death in Service	2
Dismissal - Capability	7
Dismissal - Conduct	2
End of Fixed Term Contract	24
End of Fixed Term Contract - External Rotation	4
Flexi Retirement	18
Mutually Agreed Resignation - Local Scheme with Repayment	5
Retirement - Ill Health	1
Retirement Age	23
Voluntary Early Retirement - with Actuarial Reduction	1
Voluntary Resignation - Adult Dependants	1
Voluntary Resignation - Child Dependants	1
Voluntary Resignation - Health	7
Voluntary Resignation - Incompatible Working Relationships	5
Voluntary Resignation - Lack of Opportunities	1
Voluntary Resignation - Other/Not Known	20
Voluntary Resignation - Pay and Reward Related	1
Voluntary Resignation - Promotion	14
Voluntary Resignation - Relocation	14
Voluntary Resignation - To undertake further education or training	6
Voluntary Resignation - Work Life Balance	16
Grand Total	173

Leavers and reasons for departure are monitored throughout the year to identify patterns and emerging themes, enabling the Trust to respond with targeted actions to support retention. Where trends indicate potential avoidable turnover, additional processes and interventions are introduced to strengthen support and help staff explore alternatives to leaving.

A key part of this approach is ensuring meaningful, routine dialogue between staff and managers. PDR compliance is monitored monthly to provide assurance that staff are engaged in regular conversations with their manager, including discussions about wellbeing, performance, and learning and development needs. Managers are also encouraged to maintain regular team catch-ups to sustain engagement and address concerns early.

To further strengthen retention, the Trust is increasing emphasis on stay conversations as a proactive tool to understand what motivates people to remain, what may be impacting their experience, and what development opportunities could support ongoing commitment. This is a priority within HR and the wider People Services team, helping the organisation act earlier and more effectively on the factors that contribute to staff deciding to leave.

When benchmarking against the NHS national workforce, the average turnover is at 10% which has been noted as amongst the lowest % in over a decade. In comparison the Trust is below average being 8.6%, reduced from 10.60% in 2024, which reflects the continued focus on retention as discussed above.

Total Employees (Inc. Bank staff)	RJAH 2024	NHS National 2024	RJAH 2025	NHS National 2025
Total number of employees	1812	>1m	2039	>1.5m
% of Leavers	10.60%	10.1%	8.50%	10.1%

Training opportunities for staff



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Simulation courses available for staff:

- [Step into Healthcare](#)
- [Clinical Skills - Blood Cultures](#)
- [Clinical Skills - Blood Glucose Monitoring](#)
- [Clinical Skills - Cannulation](#)
- [Clinical Skills - Care and Management of Central Venous Access Devices \(CVAD\)](#)
- [Clinical Skills - Venepuncture](#)
- [Clinical Skills - Physiological Observations](#)
- [Clinical - Electrocardiogram \(ECG\)](#)
- [Delirium](#)

8 of these courses are CPD accredited with 2 submitted for accreditation.

Study Days:

- [Registered Nurse Study Day](#)
- [Healthcare Support Worker Study Day](#)
- [Diabetic Study Day](#)
- [Diabetic Study Half Day - Variable Rate Intravenous Insulin Infusion](#)

Additional Training Opportunities:

- Theatre in-situ simulation - Adult emergencies
- Interprofessional student teaching weekly - different weekly topics
- Sepsis
- Controlled Medication
- Autonomic Dysreflexia
- Deteriorating patient simulations
- Physio respiratory SIMS
- T & O simulation
- Acute pain/blocks/LA simulation

Leadership Programme:

- 7 cohorts (cohort 29 - 35)
- Number of staff completed the programme 25/26 - 45

Staff group	Successful	Unsuccessful	Total number of applications
Study Leave (non- medical staff)	13	1	14
CPD (Registered health care professionals)	506	0	506
Medical study Leave (Consultants and Medical Doctors)	575	2	577
Total Number of applications	1094	3	1097