

NHS

Imperial College Healthcare

NHS Trust

Equity

Diversity

Inclusion

2023 - 2024

Equity, Diversity & Inclusion Annual Report

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Contents

06

[Executive Summary](#)

09

[Workforce overview](#)

12

[Projects](#)

16

[Accreditation](#)

17

[Learning and development](#)

19

[Staff networks](#)

21

[Wellbeing](#)

22

[EDS 2022](#)

23

[NHS staff survey](#)

24

[Conclusion](#)

25

[EDI improvement plan](#)

28

[Appendix 1: Workforce Profile](#)

34

[Appendix 2: Workforce Disability Equality Standard](#)

51

[Appendix 3: Workforce Race Equality Standard](#)

65

[Model employer goals](#)

73

[Glossary of terms](#)

Foreword

“Almost 1.5 million people rely on the care of Imperial College Healthcare NHS Trust every year.

It is vital that our people reflect the society that we serve, so that we bring diverse experience, attitudes and opinions to our work.

There is clear evidence that marginalised and excluded people have poorer health outcomes and face unnecessary challenges in accessing high quality healthcare. The same is true for those who face discrimination or inequitable treatment as a result of their protected characteristics.

NHS staff from these backgrounds are also more likely to face disciplinary action, have fewer career opportunities or report higher levels of bullying and abuse. There are multiple and complex reasons for these inequalities, with discrimination like racism, ableism and transphobia acting as key drivers.

Having an equitable and diverse NHS organisation enables inclusive decision-making where we are able to innovate and see tangible reductions in health disparities for deprived and minority groups and improve our staff experience.

This means that we must deliver equity, diversity and inclusion internally for the people we employ in order to reduce inequalities across our communities. We want to understand the communities we serve and their lived experience, and how this in turn affects their health outcomes. We must create an organisation that welcomes diversity and understands the benefits of equality, belonging and psychological safety.

If we are successful in achieving this cultural shift, we will fundamentally improve the quality of our practice and, ultimately, the quality of care all patients receive.

We continue to raise awareness of diversity and promote inclusive behaviours to develop an inclusive and collaborative culture. We have also been making progress in tackling discriminatory and racist behaviour in our organisation. Our task is to be more systematic in challenging and changing everything we do – and how we do it – to create genuine fairness and inclusion for all our staff, patients and local communities.

These reports are a vital part of our journey towards enabling a fairer, inclusive, accessible, supportive and equitable workplace. We welcome feedback and suggestions from our employees and the public as we work together to achieve our goals.

For more information, please visit our [website](#).”



Tim Orchard
Chief Executive Officer



Important Notes

Use of Data and Information

Within this report, we refer to important equality monitoring information about our workforce. When you join our organisation as an employee, we ask you questions about personal details, including protected characteristics such as your age and sexual orientation. This is known as equality monitoring information. Sometimes people are concerned or confused as to why we ask for this type of information and are not sure why we would need to know.

Any information you provide is held securely and confidentially on our electronic staff record system (known as ESR). The data, when extracted for analysis in reports such as this one, is anonymous. We must comply with strict rules in managing and using people's personal information. We analyse the anonymised information to identify and respond to any issues affecting groups that share certain protected characteristics.

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time.

Terminology

Throughout this report, we use the term Black, Asian and minority ethnic (BME), to refer to those members of the NHS workforce who are not white. As set out in the workforce race equality standard (WRES) technical guidance, the definitions of "Black, Asian and minority ethnic" and "white" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and NHS digital data. We are aware that terminology is being reviewed and we will follow NHS guidance as it is produced.

Purpose and scope

In line with the Equality Act 2010, the Trust is required to publish equality information annually to show how it has complied with the public sector equality duty. This annual report covers 1 April 2023 to 31 March 2024, and focuses on our workforce, providing the Trust with valuable insights into our workforce equality performance. It identifies priority areas for improvement. In addition, this report has incorporated information required by the workforce race equality standard (WRES) and workforce disability equality standard (WDES) that is mandated in the NHS standard contract. It also includes the gender pay gap report as well as an ethnicity pay gap report, which the Trust is voluntarily reporting on as part of its commitment to improving race equality. We report separately on other internal NHS requirements, such as the Model Employer Goals and Equality Delivery System 2.



Appendices

For completeness and statutory reporting, full datasets for the following items are provided in the report appendices:

- Equality profile of our workforce 2023/24 page number
- Workforce equality, diversity and inclusion programme 2024-2027 page number
- Workforce race equality standard 2023/24 page number
- Workforce disability equality standard 2023/24 page number
- Gender pay gap report 2023/24 page number
- Ethnicity pay gap report 2023/24 page number

Governance

Internally, we have several committees and groups as per the table below. Externally, we have governance meetings through North West London Acute Provider Collaborative, North West London Integrated Care Board and System, NHS London Region (including Pan-London and London Workforce Race Strategy), NHS England, NHS WRES and WDES teams amongst others.

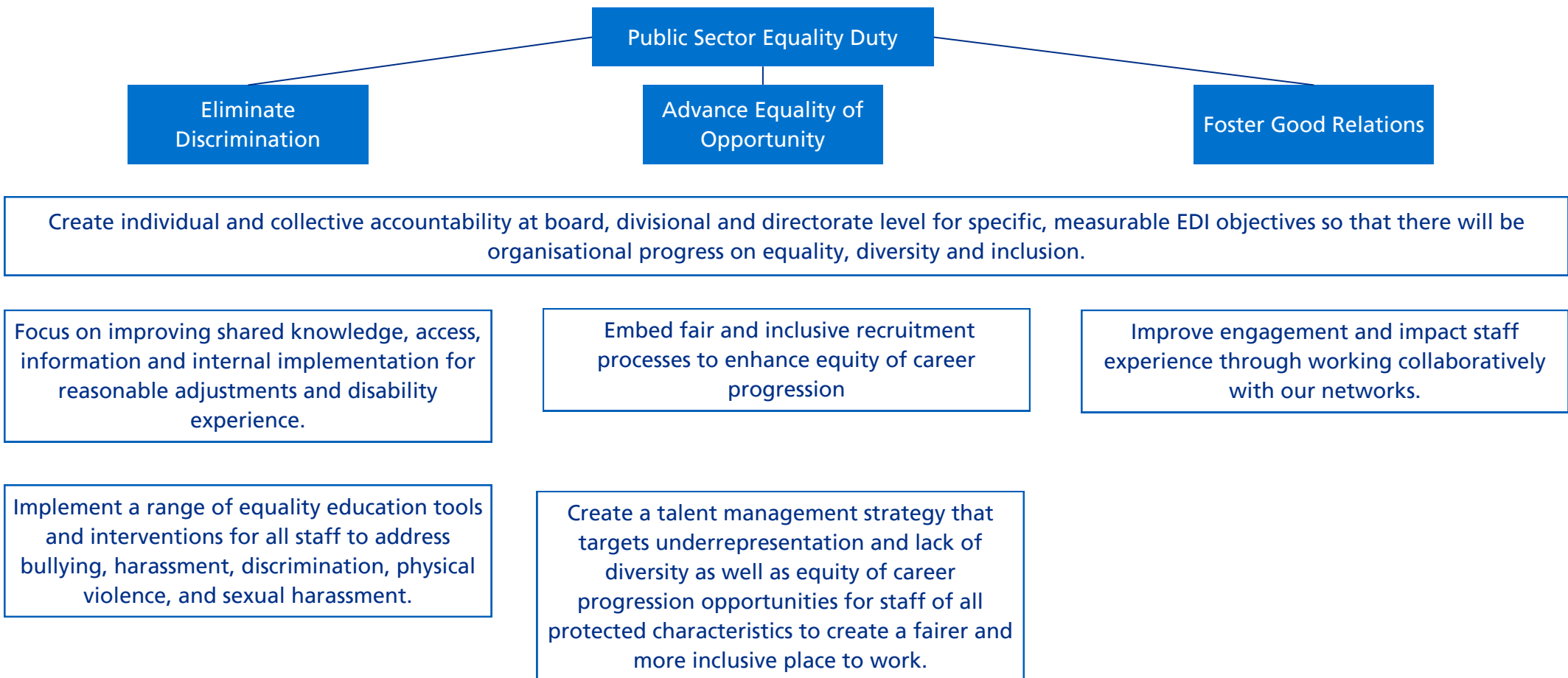
Meeting	Purpose	Frequency	Chair	Membership
Race Equality Steering Group	Focus on race equality actions and oversight of WRES, Bank WRES, Medical WRES submissions.	Monthly	Kevin Croft (CPO)	Representatives from our clinical divisions, clinical and medical directors, staff networks and staffside
EDI Committee	Focus on trust-wide equity, diversity and inclusion and oversight of Workforce EDI programme, corporate, clinical and divisional EDI action plans.	Bi-Monthly	Tim Orchard (CEO)	Representatives from our clinical divisions, clinical and medical directors, staff networks and staffside
Executive Management Board (including People executive management board)	Strategic oversight of all key business decisions. Review and primary approval of regulatory papers, plans and key initiatives.	Monthly	Tim Orchard (CEO)	Executive and non-executive directors, senior directors
People Committee	Strategic oversight of all key workforce business decisions. Review and secondary approval of regulatory papers, plans and key initiatives.	Bi-Monthly	Sim Scavazza (Non-executive director)	Executive and non-executive directors, senior directors
Board	Strategic oversight of key business decisions. Review and approval of some regulatory papers, plans and key initiatives.	Bi-Monthly	Matthew Swindells, (Trust chair)	Executive and non-executive directors, senior directors



Executive Summary

2023/24 EDI Work Programme

This report provides a comprehensive overview of our 2023/24 workforce equality, diversity and inclusion (EDI) programme and demonstrates how we have met our Public Sector Equality Duty. The programme featured 6 key objectives and was co-designed by our EDI committee, staff networks and race equality steering group and accompanied by a detailed project plan.



In addition to the trust-wide programme, our clinical divisions also developed local divisional action plans. Since November 2021, these annual plans and updates on implementing them have been reported at our EDI committee meetings.



2024/25 EDI Work Programme

During 2023/24, we reviewed our annual objectives and transformed these into five outcome categories that will be delivered as part of a three-year strategy from April 2024 until March 2027. Each outcome category has SMART objectives and covers all three areas of our public sector equality duty. Our 2024-2027 programme was co-designed as part of a Trust-wide engagement programme that launched in December 2023 and featured over 1,250 staff, leaders, patients, community partners and lay persons.



Place-based

Deliver an accessible EDI service for divisions and directorates where services and teams grow and develop their own expertise in EDI and staff have consistently equitable and inclusive experiences for staff no matter their site or team. This is done through co-produced policies and activity.

Data-led

Accurate diversity monitoring and declaration of protected characteristics with comprehensive analysis of areas of high inequality to tackle ingrained and systemic discrimination. Staff have self-service features for tracking and we work towards a year-on-year reduction in disparities

Accessible

Staff have easy and quick access to reasonable adjustments and accessible information and all staff can thrive in their careers and have equitable access to opportunities regardless of their protected characteristics or socio-economic background.

Inclusive

Culturally Intelligent workforce less likely to discriminate or add barriers so staff are able to work free from prejudicial and discriminatory barriers. There will be psychologically safe and healthy environments for all with compassionate inclusive leaders

Representative

Creating a workforce that is representative of the communities we serve and wider staffing groups at all levels of seniority. We will create strong diverse talent pools into leadership and ensure high retention of diverse talent.



NHS EDI Improvement Plan

In June 2023, NHS England released a mandated plan for all trusts with the following high impact actions:

1. Measurable objectives for EDI for chairs chief executives and board members.
2. Overhaul recruitment processes and embed talent management processes.
3. eliminate total pay gaps with respect to race disability and gender
4. address health inequalities within their workforce
5. comprehensive induction and onboarding program for international recruited staff
6. eliminate conditions and environment in which bullying harassment and physical harassment occurs

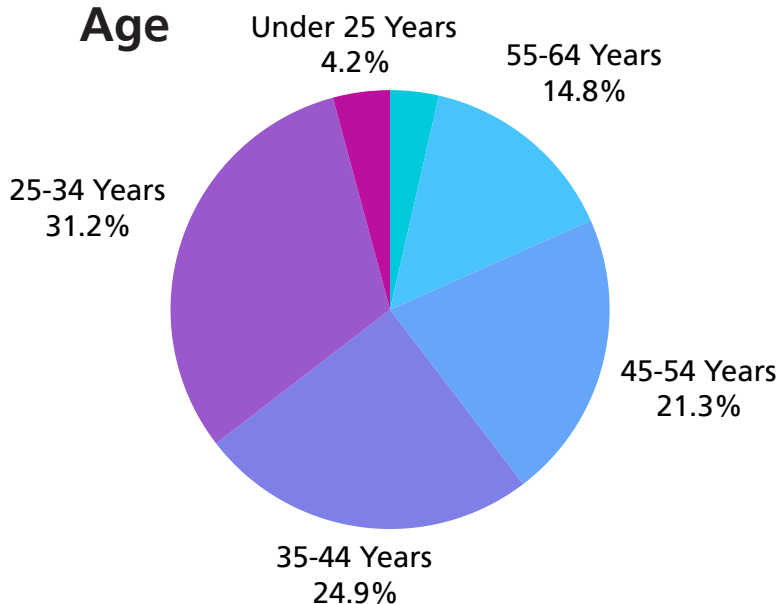
Our progress against the 2023/24 actions is summarised in the table below. Here, Green signifies actions that were fully underway or completed by 31st March 2024. Yellow are actions that were started and will be underway or completed after 31st March 2024.

High Impact Action	Actions	RAG
1	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).	Green
1	NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).	Green
3	Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).	Yellow
3	Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024.	Green
3	implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)	Green
4	Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. (by October 2023).	Green
5	Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).	Green
5	Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback (by March 2024).	Green
5	Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).	Yellow
5	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024)	Yellow
6	Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).	Green
6	Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).	Yellow
6	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).	Green

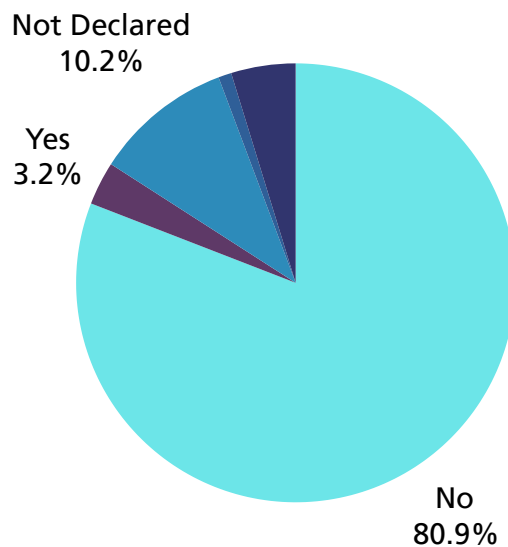


Workforce Profile (ESR)

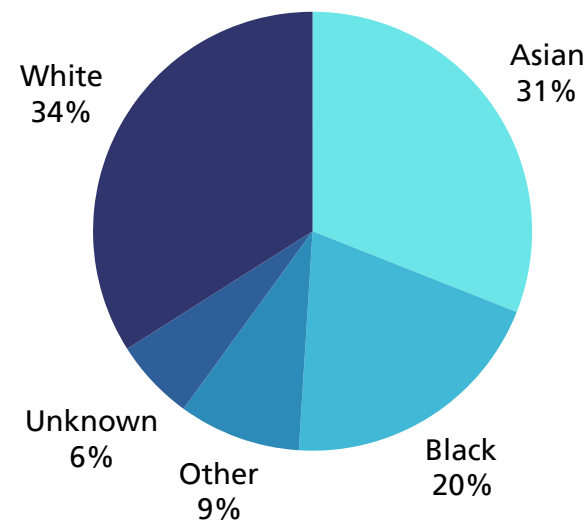
Age



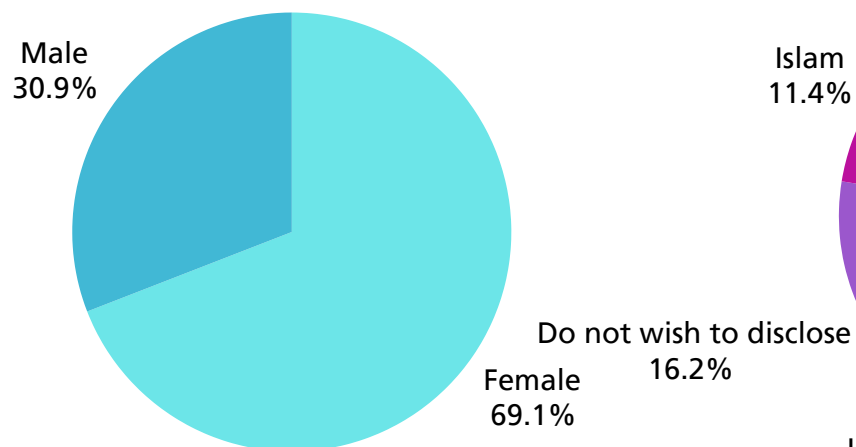
Disability



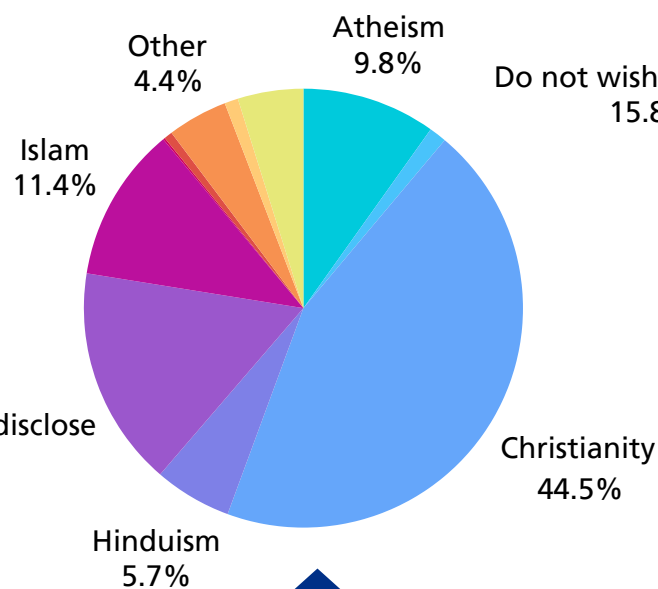
Ethnicity



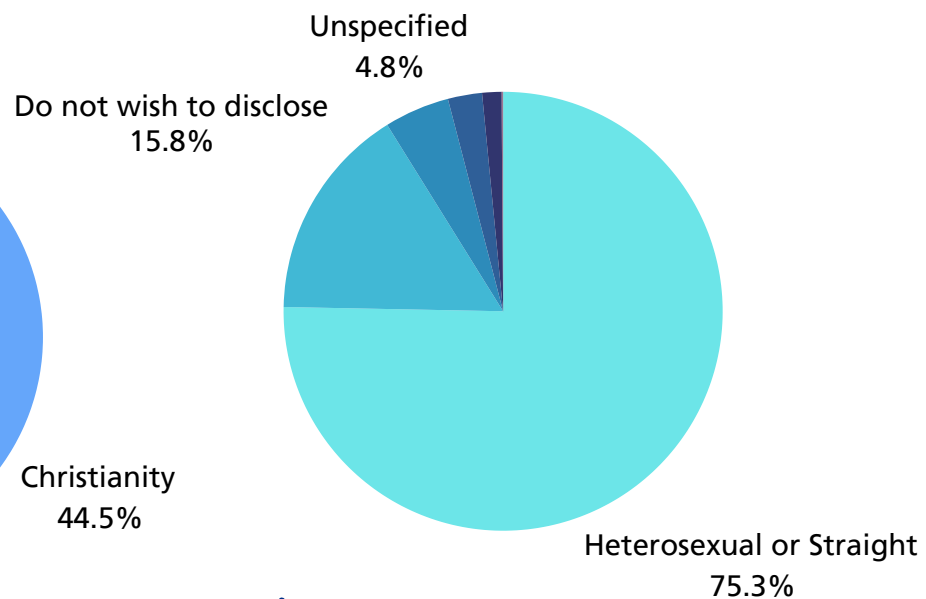
Gender



Religion



Sexual Orientation



Commentary

We only report on protected characteristics that we currently hold data for on our ESR system. We do not capture data for gender reassignment and are unable to report on this for the purpose of this report.

Age

There has been no significant change in the workforce composition for age since 2010/11. The majority of our staff are aged 25-54. The Trust continues to seek to increase its attractiveness to people of all 17 age groups through a range of measures including the widespread provision of work experience opportunities and apprenticeships, and the promotion of flexible working.

Gender

There has been no significant change in the workforce composition for gender. The majority of our staff are female.

We continue to ensure that gender representation happens at bands 7+ and we have gender diverse recruitment panels to ensure fair processes and talent retention.

Disability

Disability data collection has improved as a result of our ongoing ESR data campaign. Accurate disability data will be an ongoing challenge as disability diagnoses can occur years after an ESR record has been updated and there is often stigma around declaring a disability.

We are working to close the data collection gap between ESR and the 2023 NHS national staff survey where 14.9% of respondents mentioned a disability or long-term condition that meets the legal definition of a disability.

Religion

There have been no significant changes in the workforce religion composition. The primary belief group is Christianity, followed by Atheism, Islam, Hinduism and Judaism. The Trust continues to support different faiths through our Multisite Chaplaincy team and will be starting a Faith and Belief network in the next financial year.

Ethnicity

There has been no significant change in the workforce composition regarding ethnicity. The Trust continues to have a majority of staff employed from Black, Asian and minority ethnic backgrounds.

The Trust has committed to a workforce EDI programme with a strong focus on race equality in order to improve the representation of Black, Asian and minority ethnic staff at band 7 and above.

Sexual Orientation

The majority of staff are heterosexual with 2.5% Lesbian or Gay and 1.4% Bisexual staff. A very large number of staff choose to not disclose when they update their records so we will continue to work with the Rainbow Badge Scheme to encourage an LGBTQ+ safe workspace.



Diversity data monitoring

We monitor our comprehensive EDI workforce composition data at both directorate and divisional level to see the composition of our workforce by ethnicity, gender, band, religion, and sexual orientation.

We had 938 records for our staff where their ethnicity was unknown on ESR, an increase from 838 last year. Each year, our people and organisational development directorate reviews staff personal files to improve the quality of data, and we have achieved similar compliance to 2023 in reporting on ethnicity.

2023	White	BME	Unknown
Overall Trust Workforce	35.67%	58.83%	5.50%
Overall Trust Board Members	83.33%	16.67%	0.00%
Voting Board Members	83.33%	16.67%	0.00%
Executive Board Members	83.33%	16.67%	0.00%
Non-Executive Board Members	83.33%	16.67%	0.00%

2024	White	BME	Unknown
Overall Trust Workforce	33.92%	60.10%	5.99%
Overall Trust Board Members	70.00%	30.00%	0.00%
Voting Board Members	70.00%	30.00%	0.00%
Executive Board Members	76.47%	23.53%	0.00%
Non-Executive Board Members	50.00%	50.00%	0.00%

As per NHS Digital guidelines, if we have asked employees three times to share their diversity data with us and there has been no response, we have changed their status from “unspecified” to “not declared.”

Existing staff

Overall, data collection has improved over the last five years due to our ongoing ESR campaign.

Protected characteristics	Recorded demographic				
	2019/20	2020/21	2021/22	2022/23	2023/24
Disability	71%	73%	96%	96%	96%
Sexual orientation	73%	74%	84%	95%	95%
Religion	73%	74%	84%	96%	95%

New staff

Recorded demographic for new staff fell for disability, sexual orientation, and religion.

Protected characteristics	Recorded demographic				
	2019/20	2020/21	2021/22	2022/23	2023/24
Disability	78%	78%	91%	96%	90%
Sexual orientation	82%	76%	99%	99%	94%
Religion	82%	76%	94%	99%	93%



Projects

Throughout 2023/24, we implemented a series of fixed and ongoing project and programmes to help drive inclusion:

Equality impact assessment

Equality impact assessment helps us to ensure that decision-making as a Trust is inclusive and doesn't intentionally or unintentionally discriminate against groups of people. Equality Impact Assessments are mandatory for all new and updated policies. In 2024/25, a total of 58 equality impact assessments were submitted.

EDI policies

We updated our workforce EDI and disability policies, which were both up for review in 2024/25. Some of the key changes we main were:

- change of the tone of the policies so that it is clearer and more compassionate towards staff.
- Clarified roles and responsibilities
- Clarified process and procedures relating to disability
- aligning the tone and the language workforce disability policy with the social of disability.

Medical WRES working group

This group, led by our Medical Office, to address racial disparities, specially effecting the medical workforce outlined in our WRES reports and the national WRES report 2020.

Centralised reasonable adjustment fund

In 2022/23 we established a centralised reasonable adjustment fund to ensure a consistent approach to the implementation of reasonable adjustments across all areas of the Trust. It also ensured we bridge any shortfall between Access to Work funding and departmental budgets.

This fund for renewed for 2023/24. During this period, we had 19 success applicants to the reasonable adjustment budget, accounting for 6% of all disabled staff who have shared their disability status on ESR. Requests included physical adjustments (like chairs and desks), awareness training, also assistive technology.

For one of the most common requested assistive technology; Read&Write, facilitate four sessions with Text to Help for 36 staff members to become Read&Write champions to support staff new to the software.



Inclusive recruitment

In December 2021, only 37% of our appointments at bands 7+ were people from Black, Asian or minority ethnic backgrounds. As part of our ongoing commitment to build an inclusive workforce, we launched the Inclusive Recruitment project in 2021 to ensure the recruitment process is fair, transparent and free from bias.

The programme requires hiring managers (for roles at bands 7 and above) to:

- Ensure they have an ethnically and gender diverse panel
- Write an outcome letter to the Chief Executive, providing details of their shortlisted candidates, outlining their selection process and providing rationale for the hiring decision made

Between September 2021 and January 2024, 1850 offers of employment were made for bands 7+. Of those:

- 69% of applicants were from a BME background
- 58% were shortlisted
- 50% were recruited to post.
- 1393 CEO letters were recorded.

This has seen an increase in Black, Asian and minority ethnic presentation in bands 7+ above, increasing from 38% in 2021 to 45% in 2024.

In March 2024, we obtained a special commendation from the Greater London Authority on the Mayor of London's Design Lab Project for our programme. We also conducted a research project with Imperial College University on the programme which will be published in late 2024.

Neurodiversity toolkit

Co-produced with members of staff, we developed the neurodiversity toolkit to raise awareness of neurodiversity and how managers and staff can support neurodivergent colleagues.

- This complements our existing in-house toolkits on; challenging microaggressions, talking about race, becoming an ally, and anti-bullying.
- Between April 23 to March 2024, the toolkit had 265 views and 72 unique views on our intranet.
- In 2024/25, we plan to turn the toolkit into a training course for managers and teams, and add further toolkits to our resources.



WRES3 Deep Dive

The WRES 3 indicator for 2022/2023 showed that Black, Asian & minority ethnic colleagues are 2.35 times more likely to be subject to the disciplinary process than white colleagues. To better understand this, we reviewed employment relations cases for the first half of 2023 with stakeholders including our EDI team and employee relation specialists. The findings lead to immediate recommendations implemented in 23/24 including:

- Pilot a just & learning panel to oversee and approve decision making replacing the 8c manager alone
- Review fact finding and triage process looking at what we can learn from 72 hour reports and clinical incident panel
- Deliver just and learning culture training to P&OD, investigators, panel members & managers
- Explore options to improve advocacy for employees not trade union members

As a result, our WRES 3 indicator reviewing the likelihood of BME staff entering formal disciplinary proceedings fell from 2.35 times more likely to 1.5 times more likely- a significant shift.

Healthcare leaders fellowship

We introduced the healthcare leaders fellowship with two targeted pathways 'Get on and Go further' which is aimed at healthcare professionals in Nursing & Midwifery, Allied Health Professionals and Scientist.

The aim of the programme is develop and nurture talent in our healthcare professionals from a Black, Asian and minority ethnic background and enable them to progress their careers into senior leadership roles. It includes a fully funded apprenticeship in partnership with Corndel and Imperial business school.

To date 75 people have enrolled on this programme. The first cohort of Go Further, are nearing completion with 80% of the group achieving distinctions. It is encouraging to hear testimonials from line managers highlighting how their staff member has developed over the past year "I can see how she has really developed over the past year and its good!" "...and Oh yes, definitely has changed. She will challenge me which is so much different a year ago..."

The fellows feel they have learnt new approaches to enhance and build resilience in their place of work as leaders and, feel far more confident applying for senior roles. "My manager has even commented that I have changed in my approach to problem-solving, stating a year ago I would be complaining but now I come with solutions and I'm learning how to compromise. It's less daunting" and "My mentor was good - she listens and encourages me where I struggle but I also found, that my line manager during this fellowship I could use as well" "Being on this fellowship let me know I wasn't on my own for some of the things I experienced"



The programme continues to evolve through listening to our fellows, line managers, mentors, executive mentors and coaches. We expect the development of a talent pipeline to support our fellows and improve staff retention.

Engaging for equity and inclusion

We launched our equity and inclusion programme in collaboration with Delta (EDI consultancy organisation) to:

- help us develop a shared understanding of what it would mean for us to become a truly anti-discriminatory and anti-racist organisation.
- review and obtain insight into how the organisation can shape future strategies and action plans to become more equitable and inclusive.
- support follow-up engagement with colleagues and community groups and create an improvement culture around equity, diversity and inclusion.

We organised 105 facilitated conversations between staff, patients and local community groups to help us develop a shared understanding of what it means for Imperial College Healthcare to be truly fair and inclusive. Between November 2023 to July 2024, around 1,250 staff, 11 community groups patients and lay partners were involved in structured discussions.

Key findings of the report were published internally in March 2024. General observations included:

- An appetite for conversations about equality, diversity and inclusion.
- An appreciation that we have started the conversation and there is a willingness from staff and patient participants to keep it going and to be involved in the subsequent work.
- The diversity of our workforce was valued and there was a strong sense of wanting to celebrate and better understand different cultures.
- Staff see the lack of diversity in certain areas and are feeling the impacts of non-inclusive behaviour, such as stereotyping, assumptions, cliques, disrespectful behaviour/comments
- In June and July we ran more engagement sessions to fine-tune our inclusion pledge in order to launch them during National inclusion Week in September 2024.

As per the report recommendations, we also created a workforce EDI strategy integrating the programme recommendations with the mandated actions in the NHSE Long term Plan, EDI improvement Plan and more. The EDI workforce programme is expected to be delivered across 3 financial years 2024-2027. A summary of the programme is [here](#).



Accreditation

Disability Confident Employer

The Trust is a Disability Confident Committed (level 2) employer and we have committed to the following:



- ensuring our recruitment process is inclusive and accessible;
- communicating and promoting vacancies;
- offering an interview to disabled people who meet the required criteria;
- anticipating and providing reasonable adjustments as required;
- supporting any existing employee who acquires a disability or long-term health condition(s), enabling them to stay in work; and
- at least one activity that will make a difference for disabled people (Project SEARCH).

Rainbow Badge Scheme

The trust continued to support the Rainbow badge scheme in 2023/24 and continued to distributed these to staff and continue to embed the actions to advance LGBTQ+ equality as set out in our 2023/2023 Rainbow Badge action plan.

ENEI and BDF

The trust is a professional member of Employers Network for Equality Inclusion (enei) and the Business Disability Forum. These memberships have provided a number of opportunities, including:

- allowing the Trust to access exclusive online resources tailored to the specific protected characteristics, access to online webinars and resources that are continuing professional development (CPD) accredited, which allows our managers to enhance their technical equality, diversity and inclusion knowledge.
- supporting the Trust's networking opportunities through quarterly membership networking meetings with NHS trusts and private sector organisations across the country, which allows us to be at the forefront of best practice on disability inclusion. We will continue to review the impact and uptake of our membership before their annual renewal.



Learning and development

Learning

Training can play a crucial role in promoting equality, diversity, and inclusion within our workplace and helping us to live our values. At the Trust we have mixture of mandatory and non-mandatory training opportunities to support our people. In 2023/24:

- **92.7%** completed our mandatory equality and diversity and human rights eLearning module.
- **72.3%** completed our mandatory equality and Oliver McGowan Mandatory Training on Learning Disability and Autism.

In addition, **1220** participants had engaged with non-mandatory EDI training opportunities, including, Active bystander, disability awareness, and equality impact assessment training.

Work placements

The Trust provides work experience opportunities for young people across London and the Southeast.

The use of live, virtual broadcasts has extended our reach, since July 2022 more than 1000 young people have accessed live content to help them make choices about their future career. The medical work experience programme has been designed and delivered by a dedicated team of consultants, junior doctors and medical students, sharing their personal experiences of working and training to be a doctor.

On-site work placements for aspiring medical students resumed in 2023 which enabled more than 300 young people aged 16-18 to shadow medical professionals at one of our hospital sites.

The Trust continues to work collaboratively with non-selective state secondary schools, academies and colleges in NW London and with charities to promote work experience opportunities to ensure that these students have an equal chance of accessing placements or live broadcast as students who attend a selective or fee-paying school.

Apprenticeships

Since the introduction of the apprenticeship levy in 2017 more than 880 staff members have enrolled on an apprenticeship at the Trust, with an average 76% programme retention rate. Staff members can choose from a range of apprenticeship standards designed to extend their skill and knowledge in their current role or develop new skills to enable progression into new roles. There are opportunities from level 2 (GCSE equivalent) to level 7 (Master's equivalent) in clinical, business and management subjects.



60% of people undertaking an apprenticeship are from Black, Asian and minority ethnic groups and this rises to 78% for those undertaking a nursing or midwifery apprenticeship (healthcare support worker, registered nurse, midwife etc.) 26% of those enrolled on a nursing apprenticeship are men who are currently an under-represented group in the nursing profession.

To date, 88% of those who have completed a nursing apprenticeship are still working at the Trust as a registered healthcare professional. The opportunity for work-based learning offered by the apprenticeship has enabled people to progress from lower paid, unregistered support worker and realise their career aspirations to become registered nurses.

Project SEARCH

This is a supported internship programme designed to enable young adults with a learning disability or autism to develop work-based skills and gain paid employment.

The programme was established at Charing Cross hospital in 2016 and since then 82 individuals from across NW London have participated in the programme. 10 former interns continue in full time paid employment with the Trust working in a variety of roles including healthcare support worker, call centre operator and ward host.

The programme is delivered in partnership with the College of North West London and Kaleidoscope Social Enterprise Ltd whose team of tutors, job coaches and employment skills advisors provide wrap-around support to the interns and our teams who provide work placements.

2022/23 apprenticeship activity		2023/24 apprenticeship activity	
enrolled	178	enrolled	174
completed	56	completed	83

2022/23 activity*		2023/24 activity	
interns enrolled	7	interns enrolled	10
interns graduated	7	interns graduated	10
interns in employment	2	interns in employment	2 (3 more in progress)



Our staff networks

Our networks continue to play a pivotal role in supporting the Trust's equality, diversity and inclusion commitments acting as a critical friend in the advancement of the EDI agenda. We now have five established staff networks with full governance.

Women's network

Executive Sponsors; Michelle Dixon (Director of engagement and experience) and Jazz Thind (Chief financial officer)

The Women's network is working to help promote equality and diversity at all levels across the Trust, supporting skills development, improving women's experience at work and focusing on women's health, including the menopause.

The network's projects/activities in 2023/24 included:

- Marking Breast Cancer Awareness month with an event supported by Doctor Victoria Harmer
- Working closely with the safeguarding team to promote 16 days of Activism Against Gender-Based Violence events.
- Celebrating international Women's Day 8 March 2024. The network held a day of sessions centred around the theme of #InspireInclusion and the UN's theme #InvestInWomen, including talks on Financial empowerment and investing for your future and Balancing a career and family.
- Continuing to work with the wider trust on activities in relation to women's health and safety, including helping the trust to establish a shared action plan on challenging and preventing sexual harassment.

I-CAN Network

Executive Sponsors; Peter Jenkinson (Director of corporate governance and Trust secretary) and Eric Munro (Director of Estates and Facilities)

The network for disabled staff and those with a long-term condition, is working to raise awareness of disability issues, the government's Access to Work scheme and the importance of disability data reporting.

The network activities/projects in 2023/24 included:

- Celebrating Disability History Month. For example, in collaboration with other NHS staff disability networks across Northwest London, the network organised a discussion panel with executive sponsors of disability networks across Northwest London hospitals to help inspire action, shift perspectives, and share best practices on disability inclusion.



- Recruiting new chairs; Stu Forward and Laura Starkey who took over from Victoria Cosgrove as chair.
- Continuing support and promotion of reasonable adjustments and support available to disabled staff.
- Supporting the review and implementation of the Trust's updated workforce disability policy.

LGBTQ+ network

Executive Sponsors; Frances Bowen (Divisional Director for medicine and integrated care /Consultant) and Jeremy Butler (Director Of Transformation).

The LGBTQ+ network is working to connect LGBTQ+ staff, reduce health inequalities and improve the experience of LGBTQ+ patients and staff. The network's projects/activities in 2023/24 included:

- Celebrating Pride Month. This included our annual participation in London Pride. Internally, network members also wrote articles / blogs for our intranet site and held drop in sessions for staff to get involved with the network.
- Celebrating LGBTQ+ History Month, including hosting coffee mornings across our different sites. They also supported the EDI team in the design and delivery of introduction to LGBTQ+ inclusion session for staff.
- Vienna Charley become Chair of the network, taking over from Andrew Hartle who stepped down.

Race equality networks

Our two Race equality networks work in partnership to help the Trust meet its race equality objectives

Nursing and midwifery race equality network

Executive sponsor; Professor Janice Sigsworth (Director of Nursing).

The network activities/project in 2023/24 included:

- Celebrating the Festival of Nursing, which is an opportunity to mark the contributions of nurses and midwives across the Trust.
- Supporting and hosting events for such as, Windrush day, South Asian Heritage Month, and Black History Month.
- Supporting student and international nurses, particularly about EDI procedures and how they can seek support.
- Miriam Phillip took over as chair from Jinju James as network chair, supported by co-chairs; Chenika Goldson, Lisa Green, Jennifer Badoe, and Shibbu Bhaskaran.
- Trialing hypoallergenic hair products within some clinical departments as part of their wider projects to obtain hair care products that will be suitable for all types of hair for patients who stay in hospital



The Multidisciplinary race equality network

Executive sponsor; Raymond Anakwe (Medical director) and Bob Klaber (Director of strategy, research and innovation).

The network's projects in 2023/24 included:

- introducing executive pairings to bridge the gap between our executive team and Black, Asian and minority ethnic staff on the ground
- coordinating another year of three successful commemorative periods with a wide range of events and activities for: South Asian Heritage Month, East and Southeast Asian Heritage Month and Black History Month
- For the third year running, raised vital funds of £2,750 for grassroots charities during our Black History Month charity walk for: Lupus UK, Black Minds Matter and Gift of Living Donation (GOLD)

Wellbeing

Many of the Trust's wellbeing workstreams have a direct link to EDI. In analysing our national staff survey results, we consider breakdowns against all protected characteristics and use our findings to inform and develop action plans. Some of the major EDI focused projects in our wellbeing programme are as follows:

Menopause programme

Our menopause programme has concluded its third year, in the same format with bi-monthly workshops hosted by a specialist external facilitator on a particular topic (such as hormone replacement therapy (HRT) and menopause for managers), then bi-monthly 'menopause meets' the alternate month, where staff experiencing menopause can connect for peer support, as well as support from CONTACT. All sessions are virtual so staff can join them remotely from their workplace. The menopause meets are a private, safe space that aren't recorded, but the workshops and annual world menopause day events are made available to watch back on our menopause intranet page.

We also held another very successful World Menopause Day event during October 2023, which was attended by over 150 staff.

Wellbeing champions

The Trust now has 110 fully trained wellbeing champions in a variety of roles, bands and locations across the organisation. The champions are staff volunteers at all levels of the NHS who promote, identify and signpost ways to support the wellbeing of their colleagues. The recruitment process for the champions was designed to foster inclusivity and encourage a broad range of staff to volunteer for the role. All champions are required to attend an initial half-day training session which includes EDI toolkits and training. The monthly network check-in sessions led by CONTACT and the wellbeing team provide additional guidance, direction and updates, including those from the EDI team.



Wellbeing news and calendar

The Trust's wellbeing calendar includes significant dates that also appear in the EDI calendar, such as mental health awareness week and men's health awareness month. The wellbeing team send out information to wellbeing champions and the wider wellbeing network which includes key EDI updates, ensuring further collaboration and a joined-up approach.

Carers' network

The carers' network has been established for three years with our Carers UK partnership this past year for all staff to the Carers UK platform, Employers for Carers (EfC) Digital. As well as having a range of online practical support resources for carers themselves, it is aimed at all those who have a responsibility for supporting carers, (including EDI teams). Resources include employers' guides, managers handbooks, e-Learning (one for all staff, one for line managers), best practice examples, templates, toolkits and more.

We also ran a programme of sessions alternating between a recorded workshop with Carers UK on a specific topic, and a carers' emotional wellbeing group with CONTACT.

Equality Delivery System 2022

In conjunction with our Patient experience team, we reported on our Equality Delivery System 2022 (EDS) in March 2023 and this was published on our [external website](#).

EDS 2022 is a system, which we report on annually, that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination. This replaces EDS 2, which we have previously reported on.

EDS 2022 is made up of 3 domains:

- Domain 1: Commissioned or provided services
- Domain 2: Workforce and Wellbeing
- Domain 3: Inclusive Leadership

Each domain was scored by independent and internal stakeholders including, our lay partners, staff networks, and trade union reps.

Overall, we were rated as achieving, meaning that our total score was between 22-32.

Domain 3 was rated our Acute Provider Collaborative Board, which is a partnership with 3 other Trusts in North-West London:

Chelsea and Westminster Hospital NHS Foundation Trust; London North West University Healthcare NHS Trust and The Hillingdon Hospitals NHS Foundation Trust



NHS Staff Survey

Since 2003, the national NHS staff survey has collected information about how diverse staff perceive access, experiences and outcomes at Imperial College Healthcare NHS Trust. **Through diversity monitoring, we can currently review:**

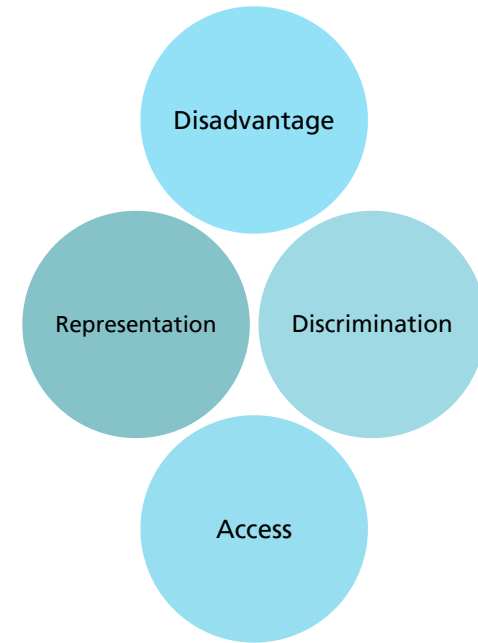
- Ages from 16-66+
- Ethnicity and race
- Gender & gender identity
- Long-term conditions and disabilities (LTC)
- Religion/faith
- Responsibilities for caring for children; caring for those with a long-term health condition
- Sexual orientation
- Internationally recruited staff

To track and monitor inequalities, we:

- Calculate organisational scores against the people promise theme “We are Compassionate and Inclusive”.
- Analyse the people promise themes and question responses broken down by:
 - protected characteristics
 - different professions
 - band/grade
- Calculate WRES indicators 4-8. and Bank WRES indicators.
- Calculate WDES metrics 4-9

Using this analysis, we can:

- Review how scores/question responses have changed over time.
- Compare responses to trust, national, regional and ICS averages.
- Review the data above for specific divisions or professional groups



Our key learnings from the 2023 survey are:

- **Ethnicity is more useful for comparative analysis than race (BME).**
- **Internationally recruited staff face additional and unique challenges.**
- **Significant numbers of staff have caring responsibilities that impact on their working life.**
- **Discrimination from patients, relatives and the public appeared to correlate with social trends and media portrayals of protected groups during the survey period.**
- **Traditionally marginalised groups continue to experience discrimination from colleagues/ other staff and patients disproportionately.**
- **Career progression remains a complex problem to solve for diverse groups particularly for Ethnic Minority staff (whose responses do not match the appointments data).**



Conclusion

We are on a journey and have come a long way since the establishment of the Trust's EDI team. However, we understand that there is still more we can, and will do, to support the advancement of equality, diversity and inclusion, as well as learn from best practice and the best approaches to workforce inclusion. We are committed to the eradication of discrimination throughout the Trust and are committed to ensuring an anti-racist and anti-discriminatory approach in all that we do. We are proud of the progress we have made since we last reported, including:

- large reductions in the number of BME staff in formal disciplinary processes from 2.35 likelihood to 1.5.
- launching an innovative and comprehensive programme to improve racial equity in the senior leaders of tomorrow.
- positive movements in our NHS Staff Survey and WRES/WDES results, indicating an improvement in bullying and harassment within the workplace, greater recognition of equality and diversity, and more engagement with our diverse workforce
- increasing our staff network engagement through pioneering programmes like the executive listening sessions and finance webinars

However, we understand that there is still more to do to make tangible and sustainable progress in resolving inequities, and creating an inclusive culture of belonging, which allows all our people to bring their whole selves to work. We are behind in our model employer trajectory, and we still face considerable obstacles in achieving equitable career progression. Additionally, marginalised groups continue to have discrepancies in experience. Disabled staff experience substantial disparity of experience. Only two responses to staff survey questions were rated in line with trust averages. The highest disparity of experience was seen consistently by trans or gender non-confirming staff; Any Other Black, Any Other Ethnicity, Black Caribbean, Any Other White groups; staff with Long-term Conditions (LTC); 16–20-year-olds; Queer/ Other sexuality, Bisexual sexual orientations.

Our plan for 2024/25 is designed to continue previous improvements including representation and career progression as well as widen the spectrum of focus to ensure greater ownership of the EDI agenda at all trust levels and localities.

Following the large scale engagement we obtained through the engaging for equity and inclusion programme we decided to focus on a comprehensive 3 year strategy to deliver meaningful change and year-on-year reductions in inequalities. Our EDI programme 2024-2027 aims to transform our community vision in to long-term equity and inclusion for all.

The strategy is underpinned by five outcomes and aligned with the NHS Equality, Diversity and Inclusion Improvement Plan set out by NHS England in June 2023, and we will continue to incorporate the recommendations of the London WRES. The details will be outlined in the next pages.



Strategic Pillars

We have created a robust multi-disciplinary 3-year work programme which transforms our community vision into long-term equity and inclusion for all.

Our goals are to:

- Transition from short-term to long term delivery
- Embed cultural changes recommended by staff in our engaging for equity and inclusion programme
- Provide a comprehensive cross-function model for delivery

The Public Sector Equality Duty, NHS Long Term Plan, NHS EDI Improvement Plan and Engaging for Equity and Inclusion Programme were used to inform our strategic goals.

Here, we identified the 5 key pillars for improving equity, diversity and inclusion at Imperial.

These represent the outcomes that we expect to achieve in 2027 at the end of the strategic programme.

Place-based <ul style="list-style-type: none">• An accessible EDI service for divisions and directorates• Services and teams to grow and develop their own expertise in EDI• Consistently equitable and inclusive experiences for staff no matter their site or team• Coproduced policies and activity	Data-led <ul style="list-style-type: none">• Accurate diversity monitoring and declaration of protected characteristics• Comprehensive analysis of areas of high inequality to tackle ingrained and systemic discrimination• Self-service features for tracking• Year-on- year reduction in disparities	Accessible <ul style="list-style-type: none">• Easy and quick access to reasonable adjustments and accessible information• All staff can thrive in their careers and have equitable access to opportunities regardless of their protected characteristics or socio-economic background	Inclusive <ul style="list-style-type: none">• Culturally Intelligent workforce less likely to discriminate or add barriers• Staff able to work free from prejudicial and discriminatory barriers• Psychologically safe and healthy environments for all• Compassionate inclusive leaders	Representative <ul style="list-style-type: none">• A workforce that is representative of the communities we serve and wider staffing groups at all levels of seniority• Strong diverse talent pools into leadership• High retention of diverse talent
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Year 1

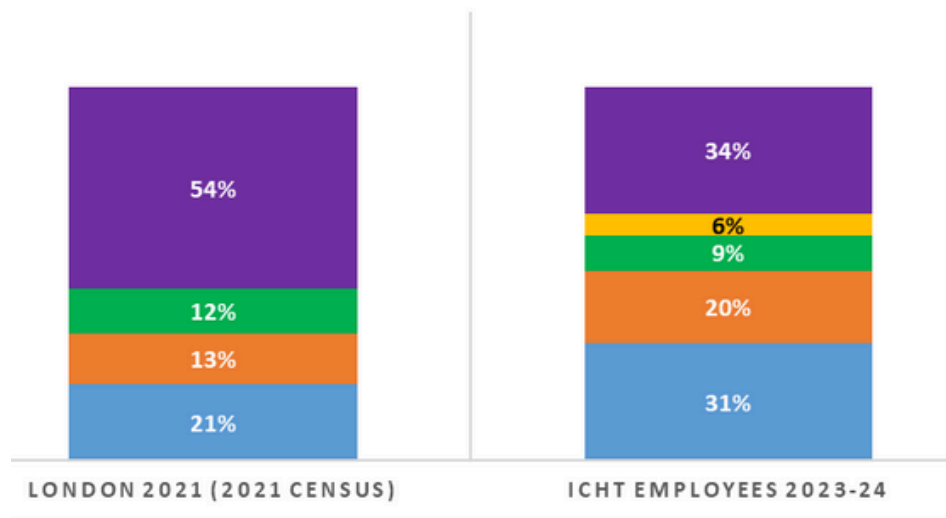
Objective	Actions (in order of priority)	Start Quarter	Complete Quarter/Year
<p>Place-Based Strong EDI partnership and advisory services to divisions and professional groups with targeted hotspots and interventions around areas of inequity.</p>	<p>EDI divisional partners Annual divisional EDI action plans Support guides in partnership with VSOs Equality and Health Inequality Impact Assessments</p>	<ul style="list-style-type: none"> •Q1 •Q1 •Q2 •Q1 	<ul style="list-style-type: none"> •Q1/2024 •Q1/2024 •Q4/2026 •Q4/2025
<p>Data-led Tangible reductions in disparity of experience and pay on the grounds of race, ethnicity and nationality; disability and long-term health; sexual orientation, gender, maternity and pregnancy and religion and belief.</p>	<p>Staff declaration rates Disability deep dive Collaborative benchmarking</p>	<ul style="list-style-type: none"> •Q2 •Q1 •Q1 	<ul style="list-style-type: none"> •Q4/2025 •TBC •Q1/2026
<p>Accessible Consolidated and streamlined reasonable adjustments process ensuring timely access to adjustments and clear signposting for staff.</p>	<p>Reasonable adjustments project</p> <ul style="list-style-type: none"> •Disability Steering Group •Full EQIA on career development programmes and our recruitment processes •Facilities and Estates accessibility audit •Redeployment for health •Sunflower Lanyard scheme •Disability training 	<ul style="list-style-type: none"> •Q1 •Q2 •Q2 •Q1 •Q3 •Q2 •Q1 	<ul style="list-style-type: none"> •Q3/2025 •Q4/2025 •Q1/2025 •Q3/2024 •Q4/2025 •Q2/2024 •Q1/2026
<p>Inclusive Developing staff voice through strong networks who are visible, accepted and influential. Tangible reductions in disparity of experience and pay for all protected characteristics.</p>	<p>Engagement with equity offering</p> <ul style="list-style-type: none"> •EDI training offer •Cultural competence and/or intelligence •Expanded staff networks •Network development •Network core objectives 	<ul style="list-style-type: none"> •Q2 •Q1 •Q3 •Q2 •Q1 •Q1 	<ul style="list-style-type: none"> •Q4/2025 •Q4/2026 •Q4/2027 •Q3/2026 •Q4/2027 •Ongoing
<p>Representative Progress parity and access to opportunities across all bands through a dedicated equality, diversity and inclusion strategy and targeted programmes of work.</p>	<p>Inclusive recruitment</p> <ul style="list-style-type: none"> •Model Employer Goals •Healthcare Leaders Fellowship •Widening Access •National reports and strategies •BRC Equality Strategy •Pay gaps 	<ul style="list-style-type: none"> •Q1 •Q1 •Q1 •Q1 •Q1 •Q1 •Q1 	<ul style="list-style-type: none"> •Q4/2026 •Q3/2025 •Q1/2026 •Q3/2026 •Ongoing •Q4/2027 •Q4/2026

Appendix 1: Workforce Profile

Ethnicity

The percentage of staff employed by the Trust from Black, Asian and minority ethnic backgrounds is higher than the local population. White people make up 34% of the workforce, compared to 54% of the London population, based on the 2021 census information.

■ Asian ■ Black ■ Other ■ Unknown ■ White



Staff Survey EDI questions: Ethnicity

Q15 career progression	Q16a discrimination from the public	Q16b discrimination from manager/other colleagues	Q21 respecting individual differences
White Other was lower than Indian 56.20%, Chinese 56.15% and Any other Asian 55.92%. Any other Black / African / Caribbean was the lowest by significant amount 28.42%	Any Other Black had the highest score 26.53%.	White British staff (6.59%) had very different experiences than White Irish (12%) and Any Other White (14.7%). Any Other Black had the highest score 20.41%	Any Other Black again had the lowest score 55% .

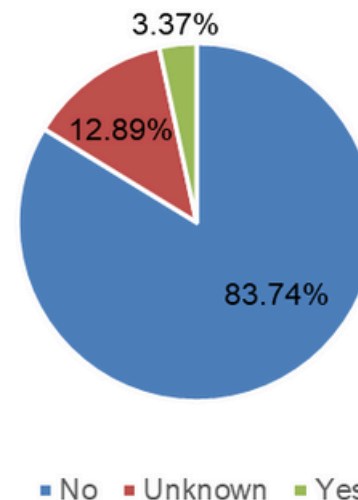


Disability

In the previous year's report, 2.94% of our workforce had shared that they have a disability, with 14% of records missing this information. This has improved this year with **3.37% of the workforce choosing to share that they have a disability** and 12.89% of records missing this information.

This contrasts with our staff survey where 14.91% of staff disclosed a long-term conditions expected to or lasting for over 12 months. Overall, EDI staff survey question responses improved from the previous year however they still depict inequitable experience.

Workforce profile by disability



Staff Survey EDI questions : Long-term Conditions

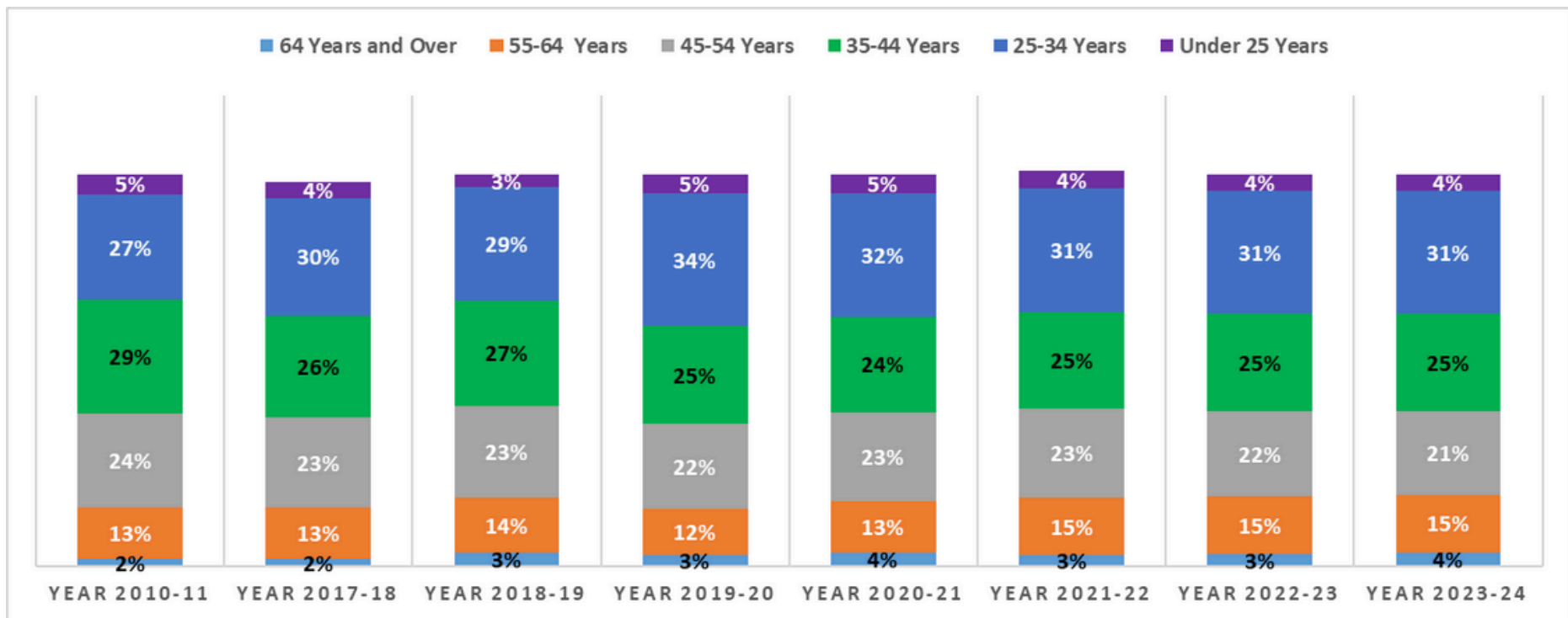
Q15 career progression	Q16a discrimination from the public	Q16b discrimination from manager/other colleagues	Q21 respecting individual differences
There has been a slight increase in staff with long-term conditions believing that the organisation provides equal opportunities for career progression from 44.75% to 45.06%.	Those with LTC experienced more discrimination 17.4% than those without 14.54%.	Those with long-term conditions experienced significantly more discrimination at 18.77% than those without 11.03%.	Those with long-term conditions felt significantly less strongly 62% compared to 72.43% of those without LTC.



Age

There has been no significant change in the workforce composition for age since 2010/11. While there has been a small decrease in the number of our people aged 25- 34 and an increase in those 65 and over compared to five years ago, the majority of our staff are aged 25-54.

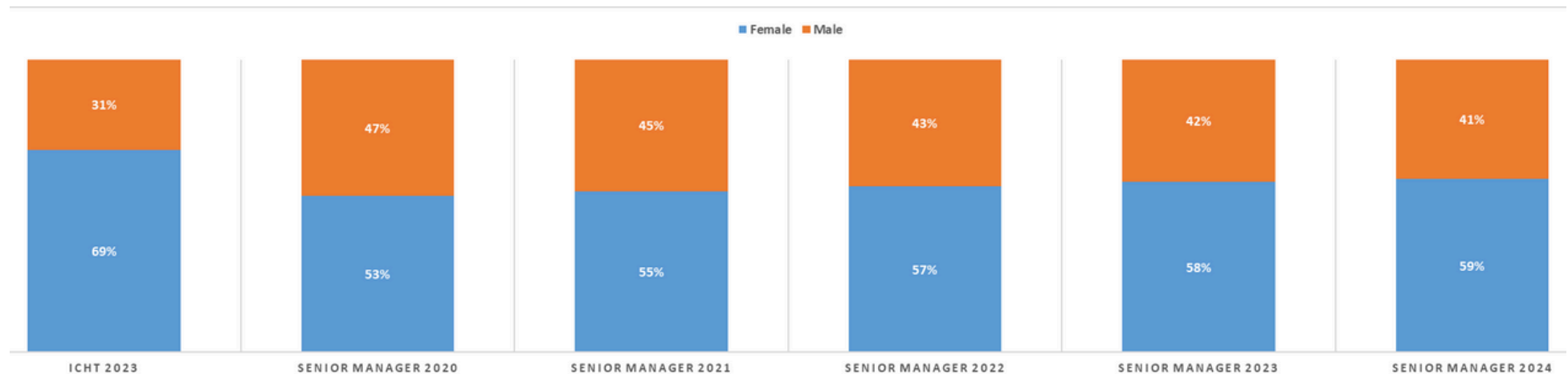
Diagram 3: Trust age composition since 2010-11



Gender

The workforce gender split has remained unchanged in the last seven years: 69% of our staff are female and 31% are male. The high proportion of female workers is typical of NHS organisations, reflecting the gender split of people entering healthcare professions. The proportion of male employees decreased again in senior roles by 1% compared to last year. The figures below show that 41% of people employed as senior managers are men and 59% are women. There is a small increase in female representation of 1% compared to last year. 'Senior manager' is defined as roles that are Agenda for Change band 7 and above, but does not include doctors

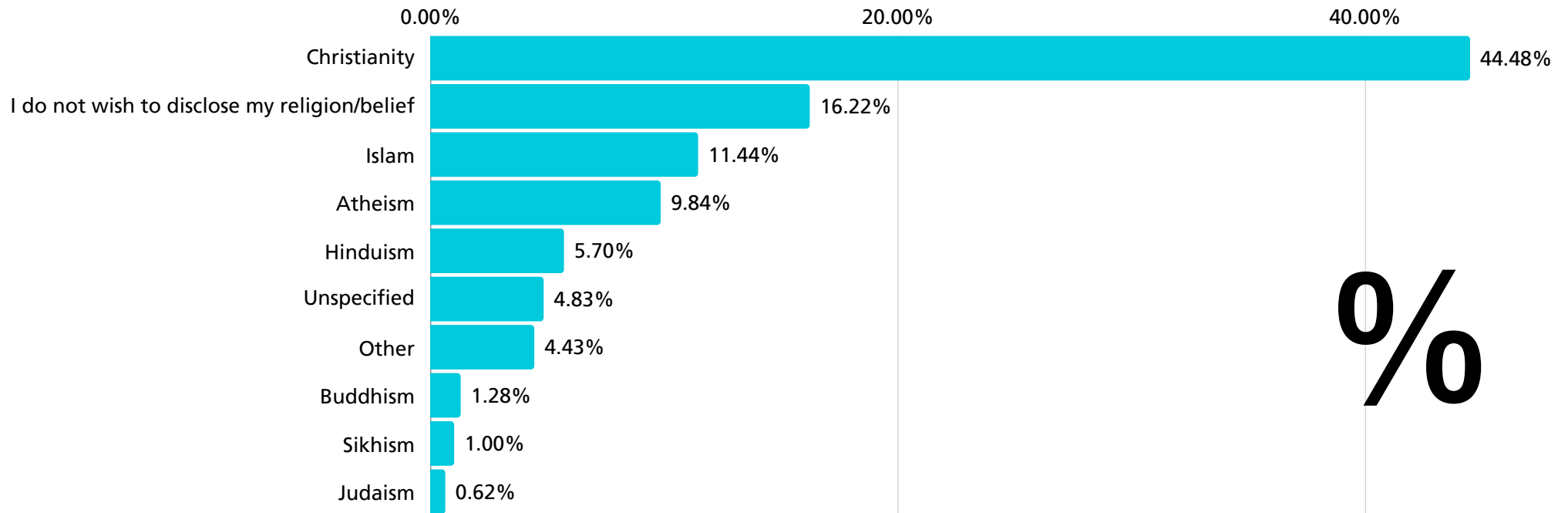
Diagram 4: Gender composition since 2020



Religion

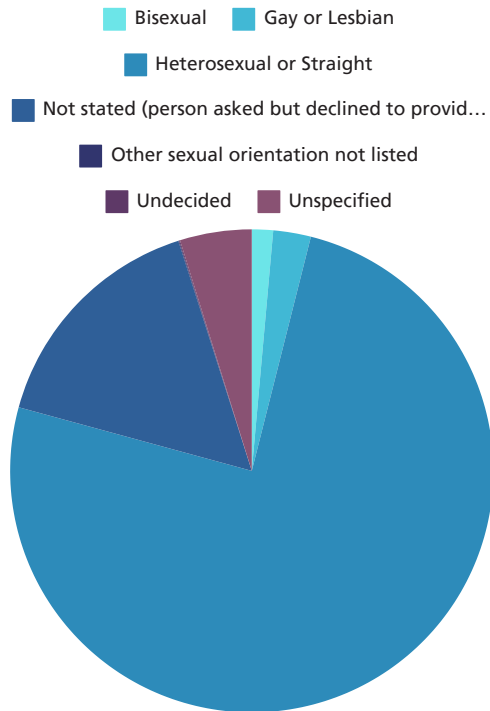
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Diagram 4: Gender composition since 2020



Sexual Orientation

As of 31st March 2024, 75.31% of our staff are Heterosexual and 3.99% of staff were Gay, Lesbian, Bisexual or another sexual orientation not listed. 15.84% staff said they did not wish to state their orientation and 4.8% did not disclose. 0.06% were undecided on their sexual orientation.



Equity

Diversity

Inclusion

2023 - 2024

Workforce Disability Equality Standard (WDES)

Summary and Action Plan

inclusion.imperial@nhs.net

<https://www.imperial.nhs.uk/>

Important Notes



Use of Data and Information

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time. This data, when extracted for analysis in reports such as this one, is anonymous. We must comply with strict rules in managing and using people's personal information. We analyse the anonymised information to identify and respond to any issues affecting groups that share certain protected characteristics.

The WDES utilises data from the Electronic Staff Record (ESR) and the National staff survey. Our 2023 declaration rate is 12.7% higher in the staff survey than in ESR. The latter is representative for all other characteristics so we can assume that the correct declaration rate is more likely to be via the survey. This means that our ESR results (metrics 1,2,3 and 10) are not as statistically useful and should be reviewed with that information in mind.

To tackle this, we have an ongoing programme to improve our disability data collection.

Terminology

Disability and Long-term conditions may be used interchangeably in this report. This due to a change in language used by the National team for the National Staff Survey which compiles qualitative data on the experiences of staff with long-term conditions (LTC) that may meet the legal criteria to be considered a disability.

Throughout this report, we will also mention 'Distance from Equity'. For likelihood questions, this refers to how far the number is from 0. For other metrics, it refers to the percentage difference between disabled and non-disabled experiences. For example, if 20% of Disabled staff face bullying and harassment then it would be equitable if 20% of Non-Disabled staff also face bullying and harassment. Here, the greater the percentage difference, the greater the inequity.

Purpose and scope

The Workforce Disability Equality Standard (WDES) is an annual benchmarking tool mandated by NHS England to assess the progress made towards achieving racial equality for staff.

All NHS Trusts must submit their WDES data by 31st May and publish their WDES Action Plans on their public-facing trust website, as well as submit a copy of their plan to the WDES team by October 31, 2024.

Executive Summary

Overview

The report outlines the data from the National Workforce Disability Equality Standard (WDES). The WDES is an annual benchmarking tool introduced by NHS England to assess the progress made towards achieving disability equality within NHS organisations. It assesses how the trust has improved against 10 metrics designed to close the gap between the experiences of staff with declared disabilities and other colleagues. These include:

1. Clinical and non-clinical diversity and representation across all bands and pay grades.
2. Successful job appointment and shortlisting
3. Numbers entering formal capability processes.
4. Incidents of bullying, harassment or abuse from
 - a. Patients, relatives or the public,
 - b. Managers,
 - c. other colleagues
5. Incidents of bullying, harassment or abuse reported by victims or colleagues compared to those without disabilities.
6. Perceptions around equal opportunities for progression or promotion
7. Pressure to work when not feeling well enough to do so.
8. Feeling valued by the organisation
9. Receiving adequate adjustments to carry out work.
10. Engagement:
 - a. compared to non-disabled staff and the trust average score and
 - b. ability to feel heard and listened to
11. Proportional representation of the overall workforce at board level

Main Findings

- 9 out of 10 WDES Metrics improved in 2024 although there is still large disparity in all but two areas- capability and staff engagement.
- Our programmes are working: We have seen a positive impact from our programmes like the reasonable adjustment budget and point of contact and disability declaration project with I-CAN.
- We still have work to do to obtain disability equity in 9 our 10 WRES metrics.
- This data will be submitted to NHS England on 31st May 2024.

Main Summary

Workforce Profile

In 2024, the trust now has a workforce with 3.2% disabled staff excluding bank staff.

Clinical

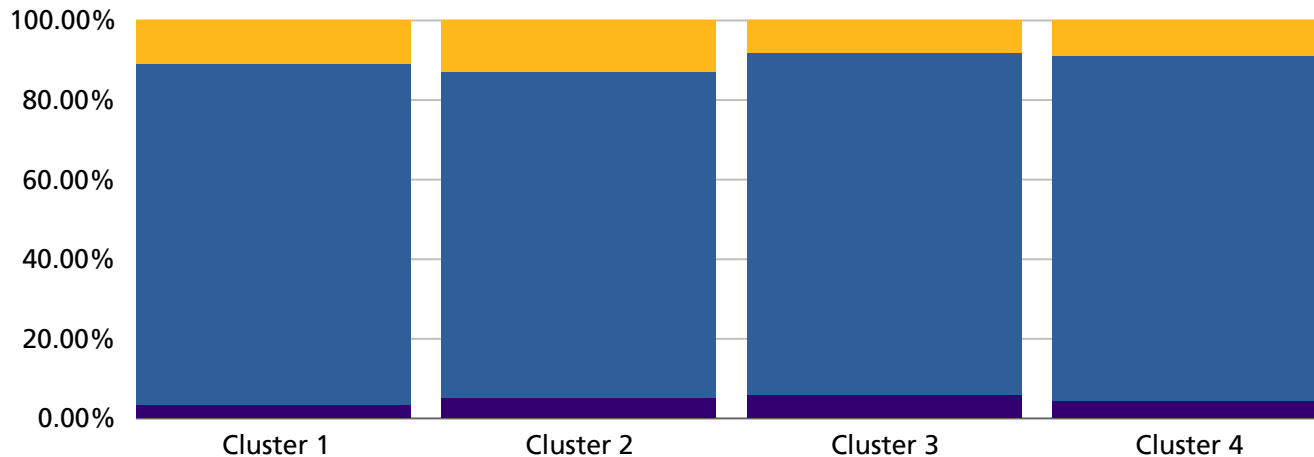
Disabled Not Disabled Unknown



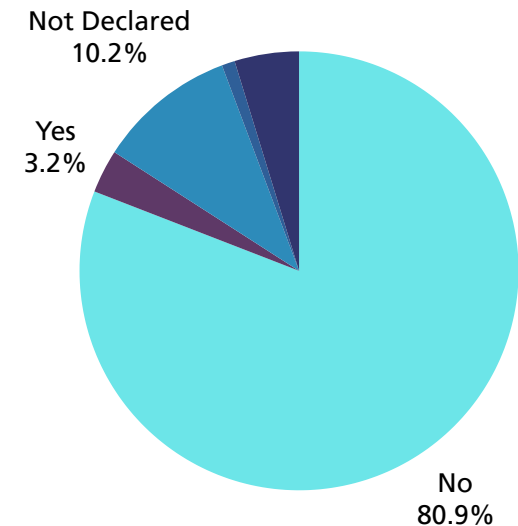
Cluster 1	AfC Bands under 1, 1, 2, 3 and 4
Cluster 2	AfC Bands 5, 6 and 7
Cluster 3	AfC Bands 8a and 8b
Cluster 4	AfC Bands 8c, 8d, 9 and VSM
Cluster 5	Medical and Dental staff, consultants
Cluster 6	Medical and Dental staff, non-consultant career grades
Cluster 7	Medical and Dental staff, trainee grades

Non-Clinical

Disabled Not Disabled Unknown



Disability



Metrics derived from ESR data

This anonymous data is derived from our secure and confidential electronic staff record system (known as ESR).

Metric number and description	Results	Change from 2023	Distance from equity
Metric 1: Disabled representation in the workforce by pay band			
Overall	3.40%	0.5% increase	
Non-clinical	4.30%	0.4% increase	
Disability declaration rate in the workforce			
Clinical	3.40%	0.6% increase	
Medical/Dental	1.90%	0.1% increase	
Metric 2: Likelihood of appointment from shortlisting			
Likelihood ratio Non-disabled / Disabled	1.2	0.01 decrease	0.2
Metric 3: Likelihood of entering formal capability process due to performance management			
Likelihood ratio Disabled / Non-disabled	0	No Change	0
Metric 10: Disabled representation on the board			
Overall	0.00%	No change	-3.40%
Exec	0.00%	No change	-3.40%
Voting	0.00%	No change	-3.40%

Metrics derived from NHS Staff Survey



This data is derived from the annual [NHS National Staff Survey](#).

Metric number and description	Results	Change from 2022	Distance from equity	National Average
Metric 1 (equivalent): Proportion with a long-term condition or illness				
Disabled	14.9%	0.3% increase		25.06%
Metric 4a: Harassment, bullying or abuse from patients, relatives or the public in last 12 months				
Disabled	37.90%	5.4% decrease	7.8%	30.40%
Non-disabled	30.10%	3.5% decrease		23.80%
Metric 4b: Harassment, bullying or abuse from line managers in last 12 months				
Disabled	17.70%	5.1% decrease	7.8%	15.90%
Non-disabled	9.90%	1.7% decrease		8.70%
Metric 4c: Harassment, bullying or abuse from other colleagues in last 12 months				
Disabled	30.60%	1.7% decrease	10.4%	25.90%
Non-disabled	20.20%	2.2% decrease		16.60%
Metric 4d: Reporting last incident of harassment, bullying or abuse				
Disabled	50.40%	3.1% increase	1.7%	50.40%
Non-disabled	52.10%	3% increase		49.30%
Metric 5: Career progression				
Disabled	45.10%	0.4% increase	8.9%	51.50%
Non-disabled	54%	1.2% increase		57.50%



Metric number and description	Results	Change from 2022	Distance from equity	National Average
Metric 6: Presenteeism				
Disabled	29.50%	6.4% decrease	5.8%	28.60%
Non-disabled	23.70%	0.8% decrease		19.50%
Metric 7: Feeling valued				
Disabled	37.60%	7.1% increase	12.3%	35.70%
Non-disabled	49.90%	2.8% increase		47.20%
Metric 8: Reasonable adjustments				
Disabled	70.40%	2.3% increase		73.40%
Metric 9a: Staff engagement				
Disabled	6.7	0.22 points increase	0.46	6.42
Non-disabled	7.16	0.03 points increase		6.93

Action Plan

Our action plan aims to address the disparities caused by racial inequality as outlined in the metrics above.

Metric	Action
1	<ul style="list-style-type: none"> Expand our data collection project and diversity surveys to include QI elements and work with divisions to increase disability declaration rates in ESR. Run another cohort of the Calibre session to increase opportunities for better disability representation. Continue Project Search and our widening access programmes to recruit disabled people from our communities to work in our organisation.
2	<ul style="list-style-type: none"> Diversify and optimise our <u>Inclusive Recruitment programme</u> to include disability, and streamline core functions. Implement the findings from the Imperial College report (by October 2025). Expand from gender and ethnically diverse panels to fair recruitment advisors specifically trained in disability and representative to support equity in all parts of the recruitment life-cycle. Complete Disability Confident Leader.
3	<ul style="list-style-type: none"> Continue to implement the recommendations from the Disability Employment Relations Cases deep dive to continue to decrease ER cases for disabled staff. This includes the 'Just and Learning Panel' which is a representative group that reviews all misconduct cases before any formal action and can override triage recommendations/decisions.
4	<ul style="list-style-type: none"> I-CAN network objective to hold extraordinary meetings on reduced disability stigma, and to launch a mental health subgroup within the network. Create a Disability Equality Steering group to monitor and track improvements in disabled experience and infrastructure (by March 2025). Offer dedicated training for staff to support disabled colleagues and patients such as BSL (up to level 4), Makaton, Neurodiversity. Managers should support staff to complete FCIE courses on working with diverse disabled groups (by June 2026). Implement an internal sunflower lanyard 'Hidden Disabilities' campaign to reduce stigma around long term health conditions (LTC) at work (by September 2025). Continue the work of our violence and aggression workstream. Monitor the new ethnicity categories on Datix and use trust processes to solve issues. Launch the anti-racism and antidiscrimination pledges with strong communication via a newsletter, posters and videos and host events for patients, lay and community partners starting from National Inclusion Week 2024. Continue the work of our bullying and harassment workstream.
5	<ul style="list-style-type: none"> As per 1& 2.

Metric	Action
6	<ul style="list-style-type: none"> • Conduct a trust-wide facilities and estates accessibility audit to identify disabled toilets, lifts, ramps, doors and parking spaces (by December 2024). • Review redeployment for health and create a policy outlining the process as part of the reasonable adjustment offering (by March 2025). • Embed inclusive design principles into improvement projects trust-wide, particularly around accessible information and improving experiences for disabled, pregnant and gender transitioning staff (by March 2027).
7	<ul style="list-style-type: none"> • As per 4. • I-CAN network participating in executive listening sessions open to all staff with the board to talk about concerns. • Continue to promote our reward and recognition campaign
8	<ul style="list-style-type: none"> • Implement a detailed multidisciplinary reasonable adjustment and disability project (by December 2025) to: <ul style="list-style-type: none"> ◦ Improve Access to Work pathway and access to the centralised budget ◦ Create single branched access pathway for obtaining reasonable adjustments ◦ Conduct an accessible software and hardware audit & create a preferred supplier list and procurement model ◦ Transition the disability policy into a reasonable adjustment policy ◦ Review and expand flexible working as a reasonable adjustment and have clear processes signposted for managers and staff around obtaining adjustments to time, place and space ◦ Update reasonable adjustment/health passport
9	<ul style="list-style-type: none"> • As per all metrics above.
10	<ul style="list-style-type: none"> • As per 1& 2.

We are also following the actions set out in the [NHS EDI Improvement Plan](#) which have mandated actions we must take to improve race equality.

Appendix 1:

Analysis of the staff survey WDES questions

WDES Metric 4a (Q14a) – 37.91% LTC; 30.06%

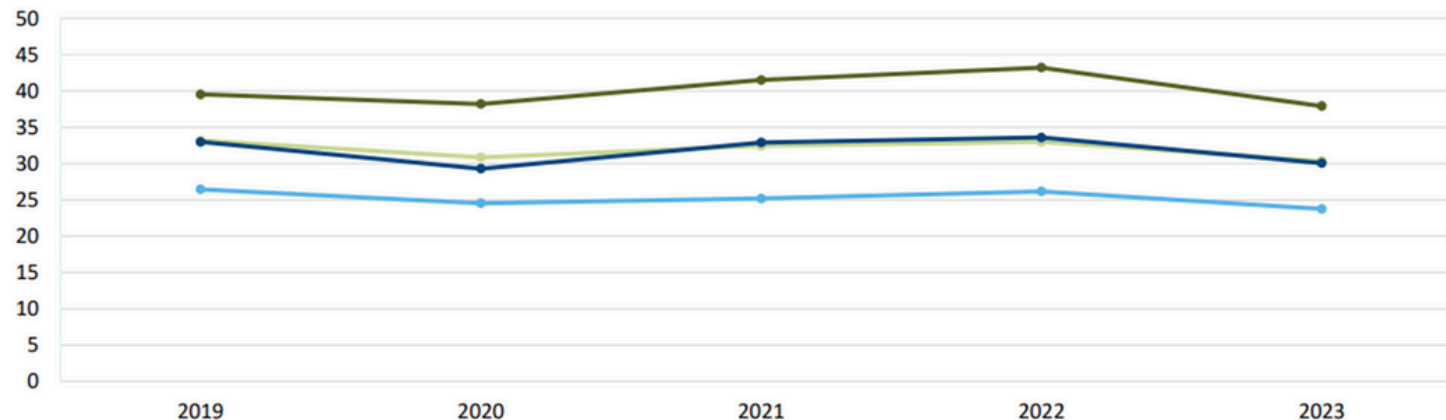
- There has been a notable decrease in bullying and harassment experiences across both groups from 43.21% for those with a long-term condition (LTC) to 37.91% and from 33.59% to 30.06% for those without a long term condition or illness (N).
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 33.2% LTC and 26% N.
- However, they are above results from North-West London ICS (34.76% LTC and 28.12% N. Regional results for London are 34.22% LTC and 28.02% N. This means that the changes to Datix will allow better tracking of this metric in real time and dedicated spaces and programmes like I-CAN network can obtain more context around the staff experiences.

Workforce Disability Equality Standards



Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	39.53%	38.21%	41.50%	43.21%	37.91%
Staff without a LTC or illness: Your org	32.98%	29.29%	32.90%	33.59%	30.06%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	554	691	894	1067	1224
Staff without a LTC or illness: Responses	4833	4619	4492	6207	6985

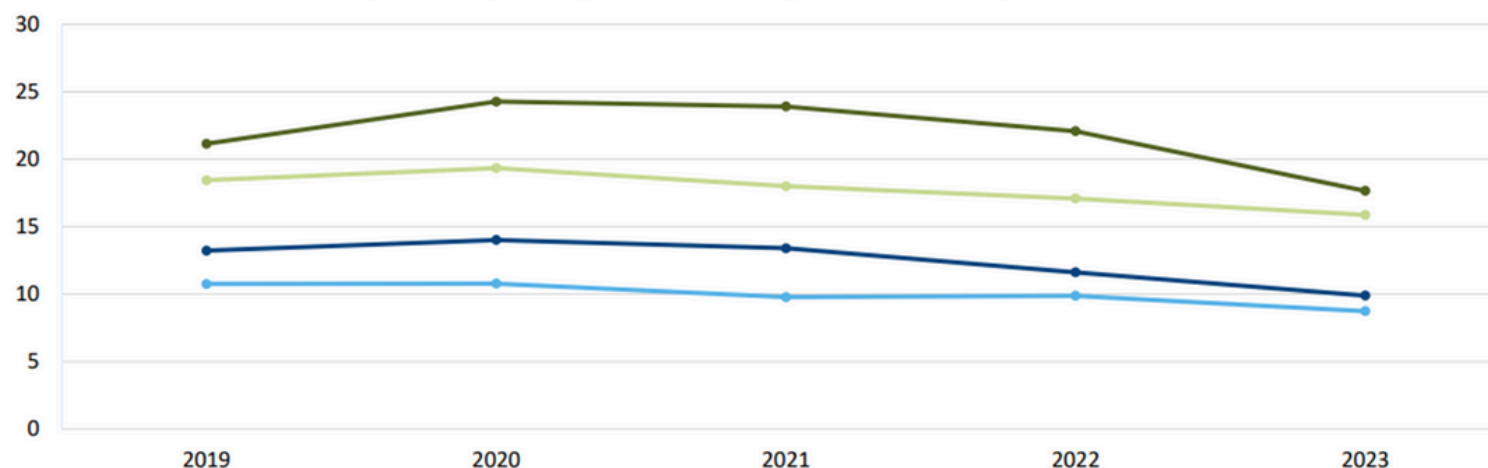
WDES Metric 4b (Q14b)- 17.66% LTC; 9.89% N

- There has been a notable decrease in bullying and harassment experiences from managers for staff with a long term-condition from 22.08% to 17.66%. However, the data indicates a large inequality of experience 7.77% between those with and without a long-term condition (LTC).
- Our score for disabled staff is higher than the benchmark worst result for all acute trusts responding to this question 16.09% vs 17.66%.
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 16.1% LTC.
- However, they are in line with results from North-West London ICS (18.19% LTC and 9.54% N). Regional results for London are 18.44% LTC and 10.6% N. This means that the communities of practice we have in the Acute Provider Collaborative and through the Calibre programme can assist alongside our I-CAN network and bullying and harassment programme.
- Changes to how reasonable adjustments are delivered and disability deep dives of employment relations cases may help reduce this figure.
- Intersectionality plays a role

Workforce Disability Equality Standards

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.

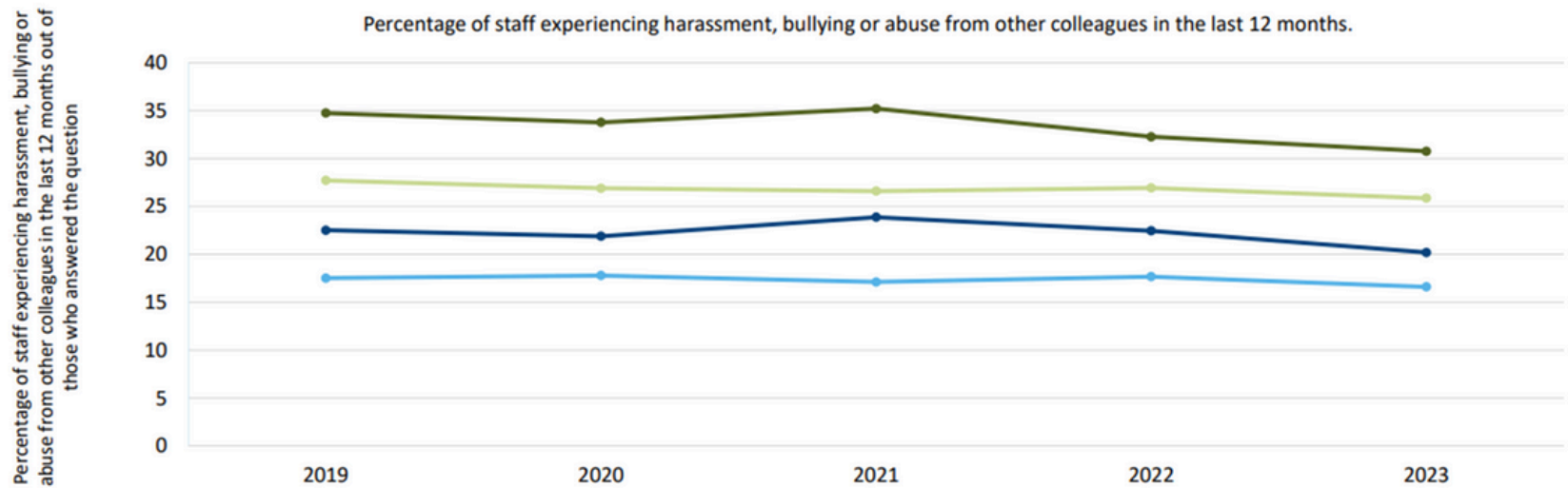


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	21.15%	24.27%	23.91%	22.08%	17.66%
Staff without a LTC or illness: Your org	13.22%	14.01%	13.40%	11.61%	9.89%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	558	688	891	1060	1212
Staff without a LTC or illness: Responses	4810	4589	4470	6148	6935

WDES Metric 4c (q14c) 30.75% LTC; 20.19% N

- There has been a decrease in bullying and harassment experiences from colleagues for staff with a long term-condition from 32.26% to 30.75%. However, the data indicates a large inequality of experience 10.56% between those with and without a long-term condition (LTC).
- Our score for disabled staff is higher than the benchmark worst result for all acute trusts responding to this question 16.09% vs 17.66%.
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 16.1% LTC.
- However, they are above results from North-West London ICS (28.2% LTC and 18.13% N). Regional results for London are 26.99% LTC and 18.42% N. The communities of practice we have in the Acute Provider Collaborative and through the Calibre programme can assist alongside our I-CAN network and bullying and harassment programme.
- Changes to how reasonable adjustments are delivered and disability deep dives of employment relations cases may help reduce this figure.
- Listening circles with the staff networks may provide additional context.

Workforce Disability Equality Standards Survey Coordination Centre



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	34.74%	33.77%	35.21%	32.26%	30.75%
Staff without a LTC or illness: Your org	22.51%	21.88%	23.87%	22.45%	20.19%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	544	687	889	1060	1213
Staff without a LTC or illness: Responses	4741	4588	4453	6148	6939

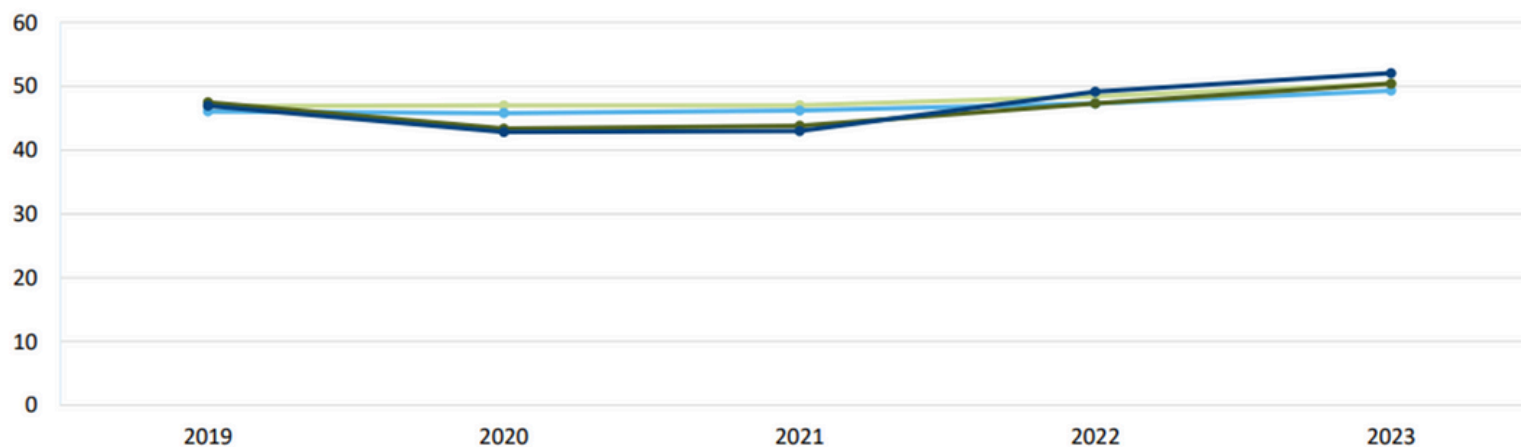
WDES Metric 4d (q14d) 50.41% LTC; 52.07% N

- There has been an increase in staff with long-term conditions reporting bullying and harassment incidents from 47.31% to 50.41%. Our results are in line with the London average of 50.44% LTC.
- However, they are lower than results from North-West London ICS (52.11% LTC and 54.58% N). Regional results for London are similar to our results at 50.84% LTC and 52.34% N.
- When looking at intersectionality (ICS):
- Those with LTC aged 66+** are much less likely to report at 47.02%. However this number is low so unlikely to be impacting the overall number. This is also seen in responses from non-binary staff
- 92.53% and 95.16% for Mixed Black and White Caribbean and African respectively followed by Black Caribbean at 88.97% at Black African at 87.65% for Registered nurses and midwives.

Workforce Disability Equality Standards Survey Coordination Centre

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

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

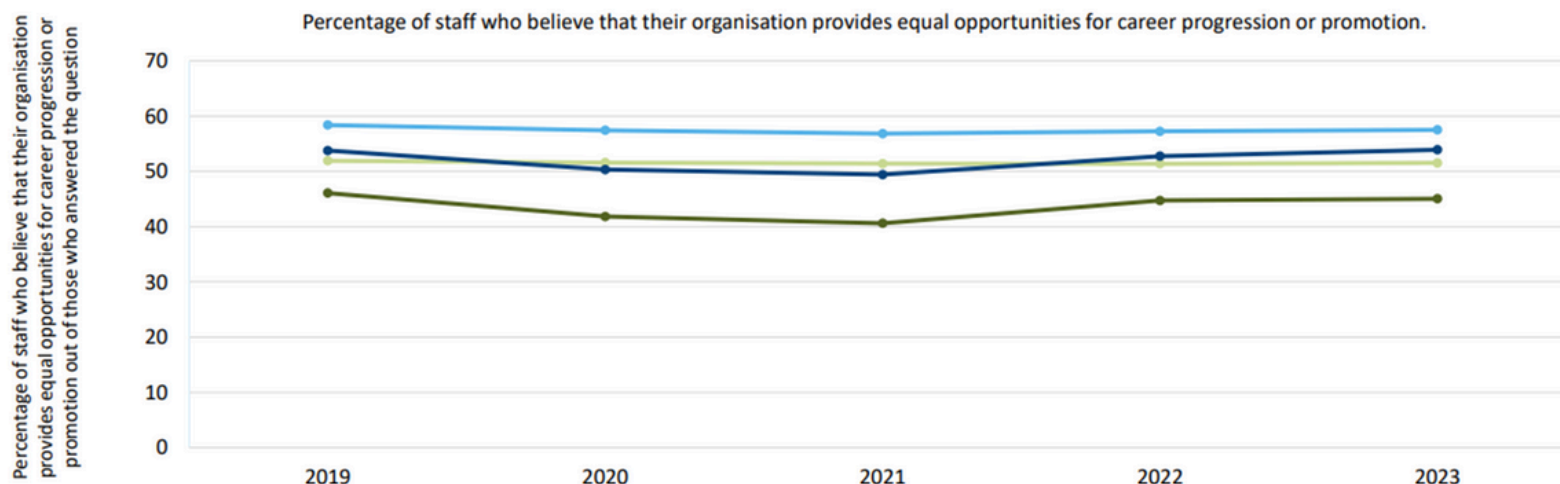


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	47.49%	43.36%	43.81%	47.31%	50.41%
Staff without a LTC or illness: Your org	46.96%	42.83%	42.99%	49.15%	52.07%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	299	369	493	558	607
Staff without a LTC or illness: Responses	1906	1716	1770	2342	2518

WDES Metric 5 (q15) 45.06% LTC; 53.97% N

- There has been a slight increase in staff with long-term conditions believing that the organisation provides equal opportunities for career progression from 44.75% to 45.06%. Our results are in line with the London average of 50.44% LTC.
- However, they are slightly lower than results from North-West London ICS (46.06% LTC and 54.65% N). Regional results for London are similar to our results at 45.4% LTC and 53.39% N.
- When looking at intersectionality (ICS):
- Those with LTC from BME background are much less likely to believe this at 39.04%. This has improved from 37.42% in 2022 but is very low- 1,825 staff responded across the ICS.
- Those with LTC in a patient-facing role were more likely to score lower than those in a non-patient facing role.
- Those with LTC and caring responsibilities for children were less likely to believe 44.8% than those without caring responsibilities 46.71% and those with neither 55.32%.

Workforce Disability Equality Standards



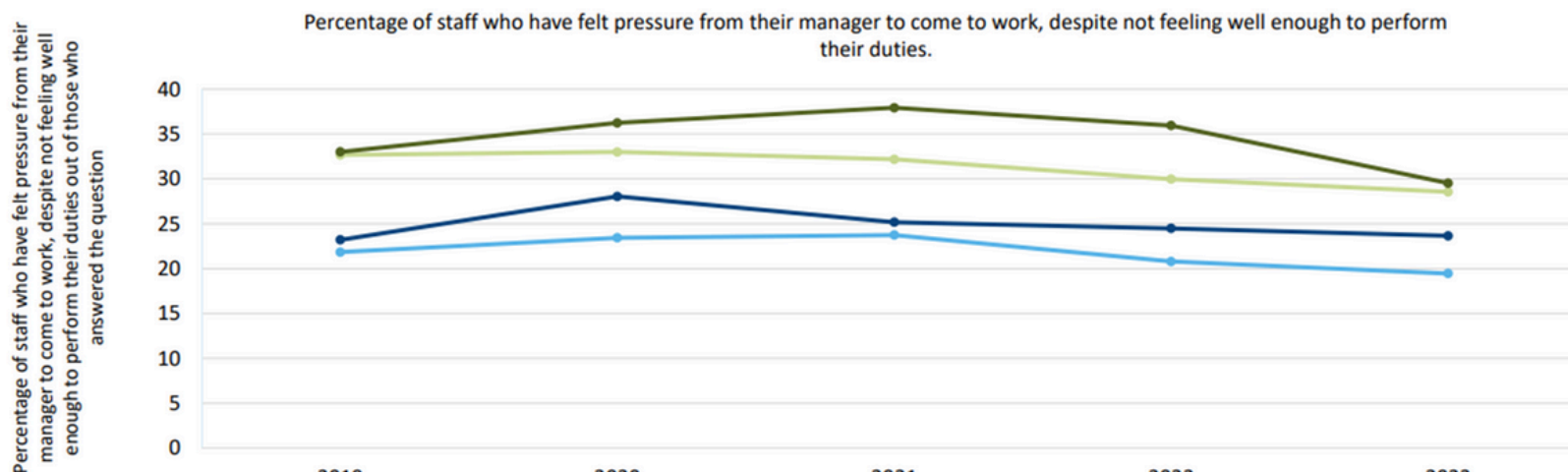
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	46.09%	41.83%	40.63%	44.75%	45.06%
Staff without a LTC or illness: Your org	53.77%	50.34%	49.42%	52.75%	53.92%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	562	698	896	1066	1225
Staff without a LTC or illness: Responses	4856	4646	4512	6191	6951

WDES Metric 6 (q11e) 29.52% LTC; 23.66% N

- There has been a significant decrease in staff with long-term conditions feeling pressure to come to work despite feeling unwell from 35.95% to 29.52%. Our results are in line with the North West London ICS score of 28.64% for LTC and London average of 29.01% LTC.
- When looking at intersectionality (ICS):
- Those with LTC from BME background are more likely to feel this at 29.91% than white peers at 27.14%. This has improved from 36.53% in 2022 which is significant.
- Those with LTC in a patient-facing role were more likely to score lower than those in a non-patient facing role with 30.71% of patient facing staff with LTC answering that they frequently felt this pressure.
- Those with LTC from Registered Nurses and Midwives scored highest at 30.93%. The lowest score for LTC and professional groups was those in the Other professional group at 23%.

Workforce Disability Equality Standards

Survey
Coordination
Centre **NHS**

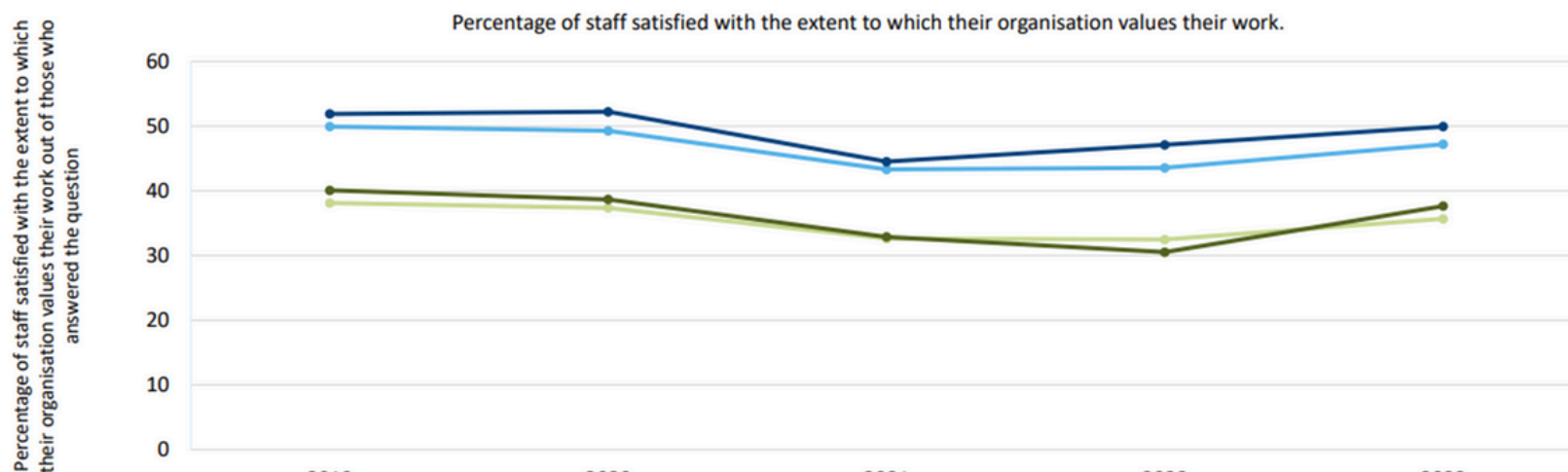


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	33.01%	36.24%	37.93%	35.95%	29.52%
Staff without a LTC or illness: Your org	23.21%	28.05%	25.17%	24.49%	23.66%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	418	447	638	765	840
Staff without a LTC or illness: Responses	2598	2057	2304	3165	3445

WDES Metric 7 (q4b) 37.64% LTC; 49.93% N

- There has been a significant increase in staff with long-term conditions satisfied with the extent to which the organisation values their work from 30.51% to 37.64%.
- Our scores are higher than the benchmark median of 35.67% LTC.
- There is 12.29% difference between those with LTC and those without.
- Our results are much lower than the North West London ICS score of 46.65% for LTC and lower than the London average of 36.61% LTC. This means the intersectionality ICS scores are not as useful to analyse.
- Our levels are still below pre-covid scores on 40.07% in 2019 however the LTC response rate as proportion of the total responses is higher than the 2019 rate in 2023 (10.36% of respondents vs. 14.84%).

Workforce Disability Equality Standards Survey Coordination Centre

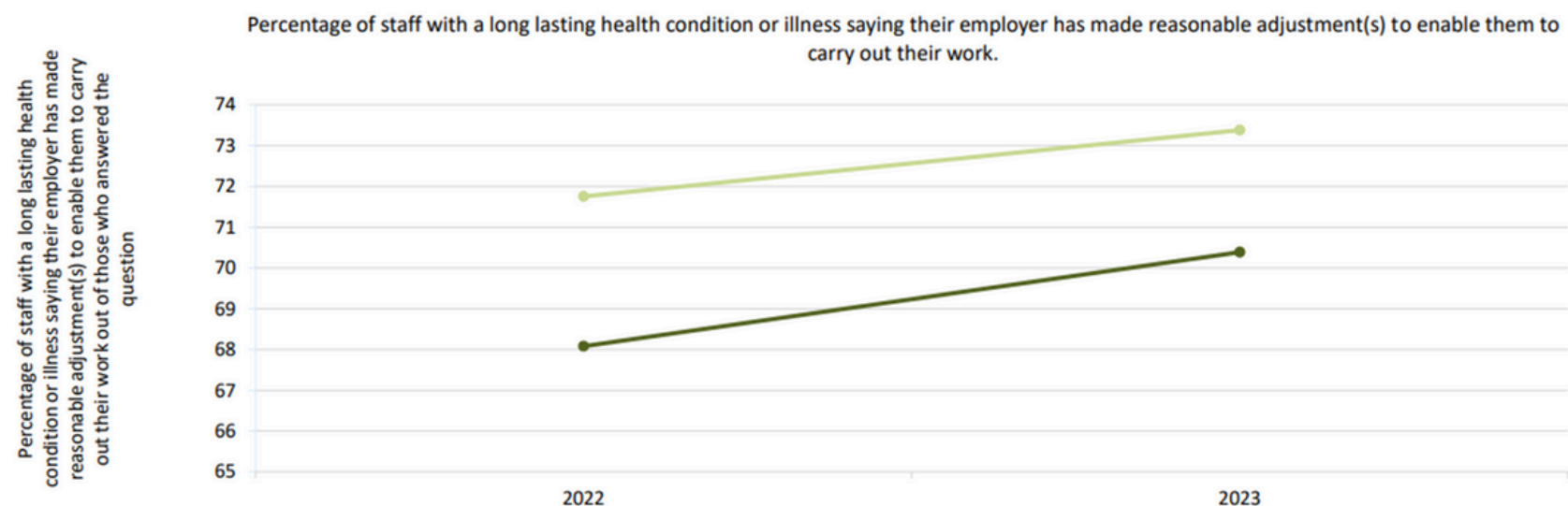


	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	40.07%	38.67%	32.88%	30.51%	37.64%
Staff without a LTC or illness: Your org	51.89%	52.22%	44.50%	47.10%	49.93%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	559	693	882	1062	1222
Staff without a LTC or illness: Responses	4837	4609	4467	6149	7014

WDES Metric 8 (q31b) 70.39% LTC

- There has been an increase in staff with long-term conditions saying Imperial has made reasonable adjustments to enable them to carry out their role from 68.08% to 70.39%.
- Our scores are lower than the benchmark median of 73.38% LTC.
- Our results are slightly higher than the North West London ICS score of 69.78% and higher than the London average of 68.99%. This means the intersectionality ICS scores are useful to analyse:
- Younger staff were less likely to obtain reasonable adjustments 63.11% of 16-20 year olds vs.75.83% of those aged 66+.
- BME staff were less likely to obtain adjustments 66.68% compared to white counterparts 71.36%

Workforce Disability Equality Standards Survey Coordination Centre



	2022	2023
Staff with a LTC or illness: Your org	68.08%	70.39%
Staff with a LTC or illness: Average	71.76%	73.38%
Staff with a LTC or illness: Responses	661	770

Equity

Diversity

Inclusion

2023 - 2024

Workforce Race Equality Standard (WRES)

Summary and Action Plan

inclusion.imperial@nhs.net

<https://www.imperial.nhs.uk/>

Important Notes

Use of Data and Information

We use data and information in relation to a range of national standards relating to workforce equality that we are required to meet annually as outlined in this report. Staff can update their personal data via employee self-service at any time. This data, when extracted for analysis in reports such as this one, is anonymous. We must comply with strict rules in managing and using people's personal information. We analyse the anonymised information to identify and respond to any issues affecting groups that share certain protected characteristics.

Terminology

Throughout this report, we use the term Black, Asian and minority ethnic (BME), to refer to those members of the NHS workforce who are not white. As set out in the workforce race equality standard (WRES) technical guidance, the definitions of "Black, Asian and minority ethnic" and "white" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and NHS digital data. We are aware that terminology is being reviewed and we will follow NHS guidance as it is produced.

We will also mention 'Distance from Equity'. For likelihood questions, this refers to how far the number is from 0. For other indicators, it refers to the percentage difference between BME and White experiences. For example, if 20% of White staff face bullying and harassment then it would be equitable if 20% of BME staff also face bullying and harassment. here, the greater the percentage difference, the greater the inequity.

Purpose and scope

The Workforce Race Equality Standard (WRES) is an annual benchmarking tool mandated by NHS England to assess the progress made towards achieving racial equality for staff.

There are three WRES reports:

- Workforce Race Equality Standard (WRES) - annual
- Bank Workforce Race Equality Standard (BWRES)- Biannual
- Medical Workforce Race Equality Standard (MWRES)- Biannual

All NHS Trusts must submit their WRES data by 31st May and publish their WRES Action Plans on their public-facing trust website, as well as submit a copy of their plan to the WRES team by October 31, 2024. There is no 2023/24 Bank WRES and MWRES submission - they will be required for 2024/2025.

[Executive Summary](#)

[Workforce Profile](#)

[Indicators 1-4 & 9](#)

[Indicators 5-8](#)

[Action Plan](#)

[Detailed WRES](#)

Executive Summary

Overview

The report outlines the data from the National Workforce Race Equality Standard (WRES). The WRES is an annual benchmarking tool introduced by NHS England to assess the progress made towards achieving race and disability equality within NHS organisations.

It assesses how the trust has improved against 9 indicators designed to close the gap between the experiences of White and Black and Minority Ethnic (BME) colleagues. These include:

1. Clinical and non-clinical diversity and representation across all bands and pay grades.
2. Successful job appointment and shortlisting
3. Entering formal disciplinary processes.
4. Access to CPD and non-mandatory training
5. Incidents of bullying, harassment or abuse from public
6. Incidents of bullying, harassment or abuse from staff
7. Perceptions around equal opportunities for progression or promotion
8. Incidents of bullying, harassment or abuse from managers, team leads or other colleagues.
9. Proportional representation of the overall workforce at board level

Making positive shifts in these indicators and metrics should result in demonstrable improvements for BME workers.

Main Findings

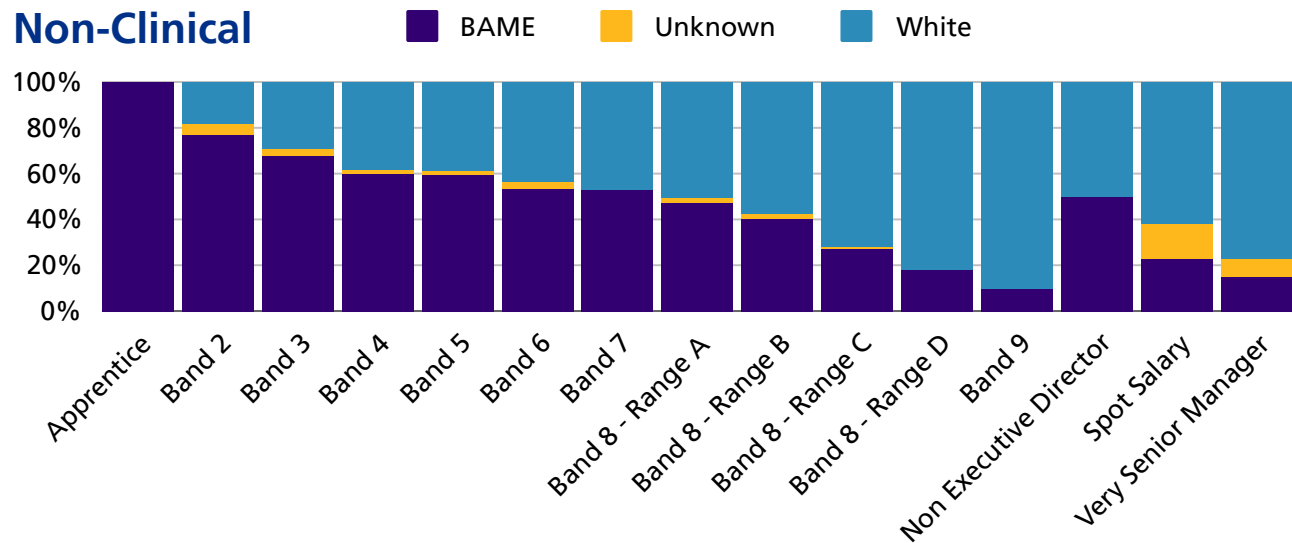
- Every WRES Indicator improved in 2024 although there is still disparity in key areas such as recruitment, disciplinaries, training, career progression, experiences of discrimination and board representation.
- Our programmes are working: we have seen a positive impact from our programmes like the Employment Tribunal Deep Dives, Bullying and Harassment task and finish group and Inclusive Recruitment.
- We still have work to do to obtain racial equity in 7 of our 9 WRES indicators.

Main Summary

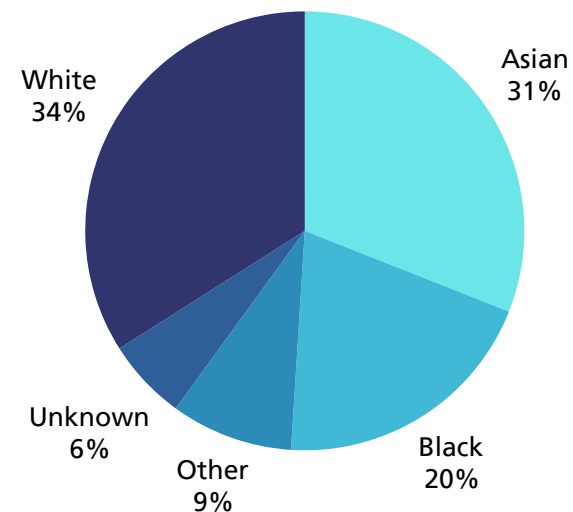
Workforce Profile

In 2024, the trust now has a workforce with 62.72% BME staff excluding bank staff and 60.1% BME representation including bank staff. The latter is an increase of 1.27% from 2023.

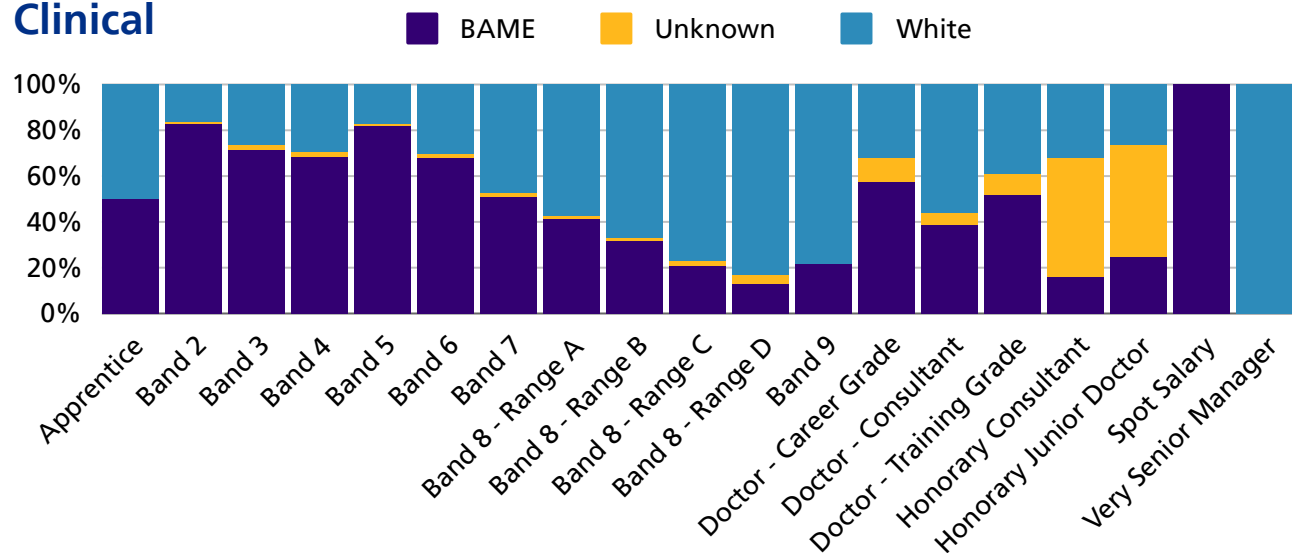
Non-Clinical



Ethnicity



Clinical



Indicators derived from ESR data

This anonymous data is derived from our secure and confidential [electronic staff record system](#) (known as ESR).

Indicator number and description	Results	Change from 2023	Distance from equity
Indicator 1: BME representation in the workforce by pay band			
Overall	62.70%	1.5% increase	
Non-clinical	62.50%	0.6% increase	
BME declaration rate in the workforce			
Clinical	67.40%	2.3% increase	
Medical/Dental	47%	0.2% decrease	
Indicator 2: Likelihood of appointment from shortlisting			
Likelihood ratio White /BME	1.32	0.04 decrease	0.32
Indicator 3: Likelihood of entering formal disciplinary proceedings			
Likelihood ratio White /BME	1.5	0.85 decrease	0.5
Indicator 4: Likelihood of undertaking non-mandatory training			
Likelihood ratio White /BME	1.24	0.03 decrease	0.24
Indicator 9: difference between BME representation on the board and in the workforce			
Overall	-33%	3.2% increase	-33%
Exec	-43%	15.1% decrease	-43%
Voting	-33%	3.2% increase	-33%

Indicators derived from NHS Staff Survey

This data is derived from the annual [NHS National Staff Survey](#).

Indicator number and description	Results	Change from 2022	Distance from equity	National Average
Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months				
BME	30.9%	3.1% decrease	0.6%	28.1%
White	31.5%	5.5% decrease		24.7%
Indicator 6: Harassment, bullying or abuse from staff in last 12 months				
BME	25.80%	3.2% decrease	0.10%	26.20%
White	25.70%	2.1% decrease		22.40%
Indicator 7: Career progression				
BME	49.60%	1.73% increase	9.50%	49.60%
White	59.10%	0.8% increase		58.80%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months				
BME	13.60%	1.6% decrease	4.10%	16.20%
White	9.50%	0.4% decrease		6.70%

Action Plan

Our action plan aims to address the disparities caused by racial inequality as outlined in the indicators above.

Indicator	Action
1	<ul style="list-style-type: none"> Recalculate and renew Model Employer goals taking into account attrition and growth estimates to work towards 50% parity for BME staff in bands 8A-9 (by March 2026).
2	<ul style="list-style-type: none"> Diversify and optimise our Inclusive Recruitment programme to include more protected characteristics, and streamline core functions (See page 9). Implement the findings from the Imperial College report (by October 2025). Expand from gender and ethnically diverse panels to fair recruitment advisors specifically trained and representative to support equity in all parts of the recruitment life-cycle.
3	<ul style="list-style-type: none"> Continue to implement the recommendations from the WRES 3 deep dive to continue to decrease ER cases for BME staff. This includes the 'Just and Learning Panel' which is a representative group that reviews all misconduct cases before any formal action and can override triage recommendations/decisions. Continue quarterly executive listening sessions through the Multidisciplinary and Nursing and Midwifery Race Equality Networks.
4	<ul style="list-style-type: none"> Conduct a deep dive and full equality impact assessment on BME participation and withdrawal from level 5 & 7 apprenticeships and development programmes. Run and host regular training sessions and events; share and promote our toolkits to ensure widespread knowledge and engagement with our equity offering (by March 2025).
5	<ul style="list-style-type: none"> Continue the work of our violence and aggression workstream. Monitor the new ethnicity categories on Datix and use trust processes to solve issues. Launch the anti-racism and antidiscrimination pledges with strong communication via a newsletter, posters and videos and host events for patients, lay and community partners starting from National Inclusion Week 2024.
6	<ul style="list-style-type: none"> Continue the work of our bullying and harassment workstream. Launch the anti-racism and antidiscrimination pledges with strong communication via stalls, EDI bitesize sessions, communication from staff networks, all staff webinar, self-assessment framework for anti-racism, posters and videos and events starting from National Inclusion Week 2024.

Indicator	Action
7	<ul style="list-style-type: none"> • As per 1 and 2. • Make the Healthcare Leaders' Fellowship business as usual and create a talent pipeline for fellows to ensure clinical development for BME staff at bands 7+. • Widen the programme to include non-clinical staff (by June 2026). Integrate the findings from key national reports and strategies including the NWL Barriers to Leadership programme to remove barriers to BME progression (ongoing). • Race Equality Networks joint project with People division analysing the data from Exit Interviews and Stay Conversations to ensure we retain diverse staff.
8	As per number 6.
9	<ul style="list-style-type: none"> • Increase senior representation on the White Allies and WRES Experts programmes, define the organisational roles for allies and experts to support parity at all levels (December 2025). • Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025).

We are also following the actions set out in the [NHS EDI Improvement Plan](#) which have mandated actions we must take to improve race equality.

Snapshot: Inclusive Recruitment Plan

Improvements to inclusive recruitment process

- Provide guidance on shortlisting process (e.g. who should be shortlisting/ how many people) to minimise potential subjectivity to address drop-off of BME candidates between application and shortlisting stage.
 - Additional focus on reviewing shortlisting process for internally-advertised vacancies
- Identify ways to support internal BME candidates to apply for roles using staff engagement survey data.
- Use an interview template to collect interview questions and candidate answers noted by panel to reduce differences in candidate scoring and assessment topics by panel and candidate profile.
- Increase awareness and availability of inclusive recruitment training, with a focus on senior leadership.

Improvements to data quality

- Conduct a user experience survey on Dear Tim Letter process to get feedback from hiring managers on current process.
- Implement an online form that hiring managers complete which generates a Dear Tim letter in current format to improve quality of information captured.
- Capture standardised disaggregated ethnicity categories for candidates and panel members at each recruitment stage to identify more targeted areas for improvement.
- Obtain disaggregated staff engagement survey data from third-party provider to identify improvement opportunities around career progression for BME Trust employees.

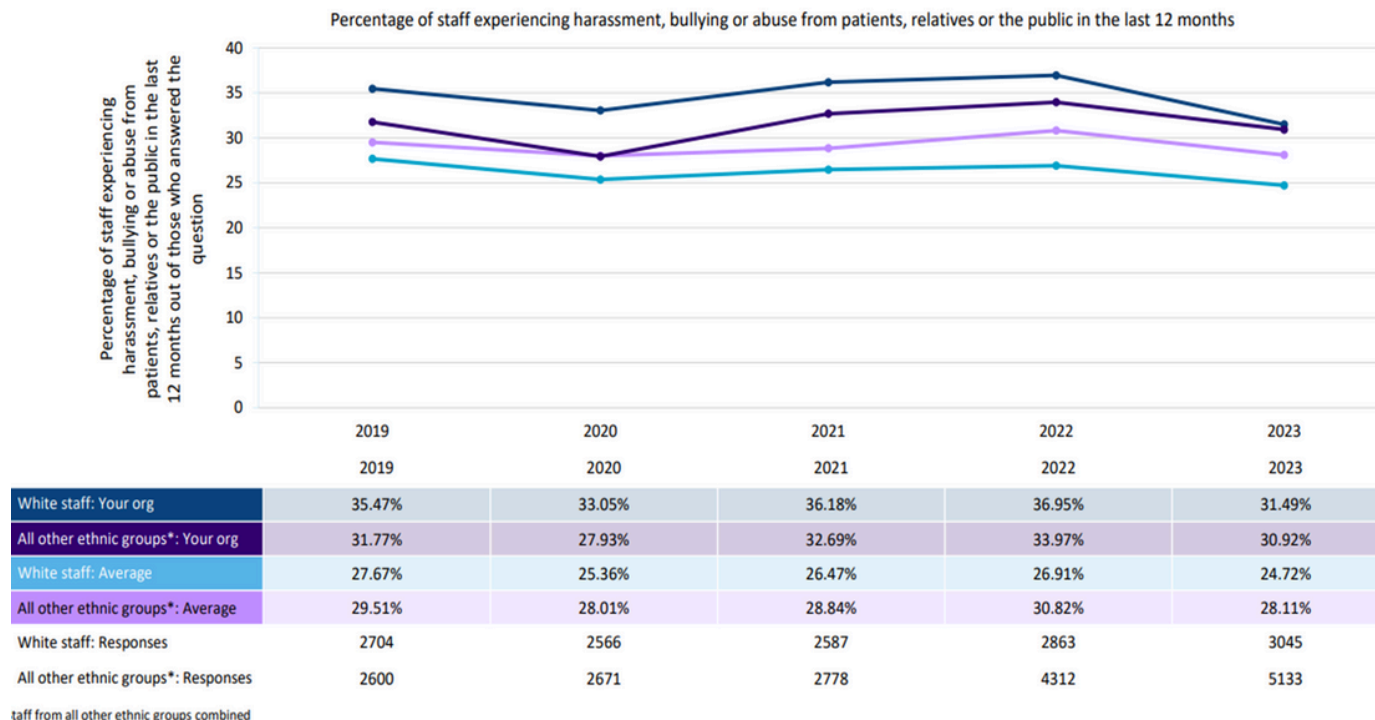


Appendix 1:

Analysis of the staff survey WRES questions

WRES Indicator 5 (Q14a) – 31.49% W; 30.92% BME

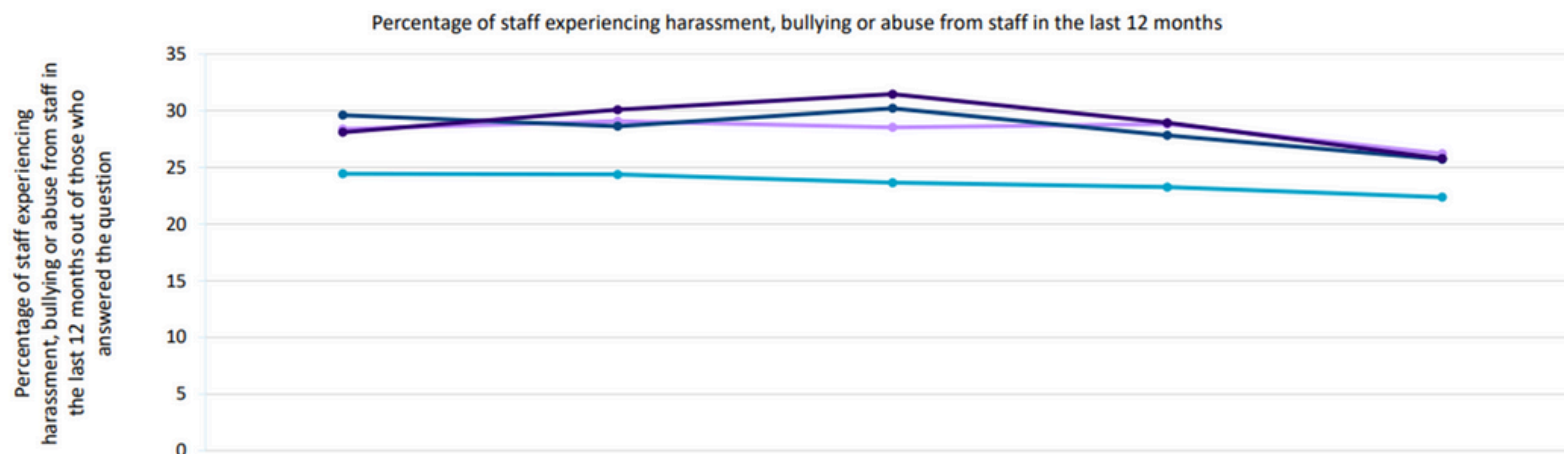
- There has been a decrease in bullying and harassment experiences across summary groups (White/Other Ethnic Groups Combined)
- Our levels remain higher than the benchmark median across the past 5 years and also above the national average of 24.66% (white) 28.58% (other ethnic groups combined).
- However, they are in line with results from North-West London ICS (30.49% for other ethnic groups combined). Regional results for London are 28.55% (white) and 28.99% (other ethnic groups combined). This means that the London Anti-racism project and strategy are vital mechanisms for reducing this indicator alongside violence and aggression workstreams for patients.
- When examining the data broken down by race and professional groups (ICS), the highest areas of impact were:
 - For white staff: Nursing and Healthcare Assistants 40.19%, followed by Medical and Dental 38.22% then Registered Nurses and Midwives 37.18%.
 - For OEGC: Registered Nurses and Midwives 41.52%, followed closely by Nursing and Healthcare Assistants 41.39% then Medical and Dental 38.91%
- This highlights a need to work with our NMREN and MREN networks, professional groups and Staffside to support and drive change.
- The data shows that a higher percentage of white staff experience this treatment overall however it is more acutely felt by ethnic groups in specific professions.



WRES Indicator 6 (Q14b & 14c)- 25.71% W; 25.77% BME

- There has been a decrease in bullying and harassment experiences across summary groups (White/Other Ethnic Groups Combined OEGC). The summary data indicates equity of experience between the two groups.
- We are currently unable to cross reference this indicator with national, regional and ICS data as it separates managers and colleagues in questions 14b&c.
- Our overall responses are lower for OEGC than white staff for abuse from managers (11.68% vs 10.48%) and higher for OEGC staff from colleagues (21.1% vs. 22.05%).
- The highest staff ethnicity impacted was white and black mixed staff, followed by white- Irish and Any Other Black Ethnicities.
- Our data responses to these questions do align with the ICS so the London Anti-racism project and strategy are vital mechanisms for reducing this indicator alongside violence and aggression workstreams for staff.

Workforce Race Equality Standard (WRES) Survey Coordination Centre



	2019	2020	2021	2022	2023
White staff: Your org	29.60%	28.63%	30.21%	27.82%	25.71%
All other ethnic groups*: Your org	28.10%	30.09%	31.45%	28.93%	25.77%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	2716	2578	2592	2868	3042
All other ethnic groups*: Responses	2605	2682	2785	4304	5119

WRES Indicator 7 (q15) 59.08% W; 49.55% BME

- There has been a slight increase in staff believing that the organisation provides equal opportunities for career progression or promotion however this is still below pre-pandemic levels and is relatively stagnant in terms of change for BME staff.
- There is a clear disparity in experiences across summary groups (White/Other Ethnic Groups Combined).
- When examining the data broken down by ethnicity, the highest areas of impact:
- For white staff: 63.34% of White British compared to 50.16% in the White other category. This is a clear area of disparity as White Other was lower than Indian 56.20%, Chinese 56.15% and Any other Asian 55.92%. We currently do not have any work programmes aimed at addressing inequalities for this group.
- For OEGC: Any other Black / African / Caribbean was the lowest by significant amount 28.42% followed by Black Caribbean 39.23% and mixed black and white Caribbean 39.34%.
- This highlights blackness as a significant determinant in career progression and disparity, highlighting the need to work with our NMREN and MREN networks, professional groups and Staffside to support and drive change. It also means our inclusive recruitment programme must be robust enough to prevent discrimination at every level. Re-evaluating our offer is key.
- Real time dashboards on shortlisting to appointments will help significantly.

Workforce Race Equality Standard (WRES) Survey Coordination Centre



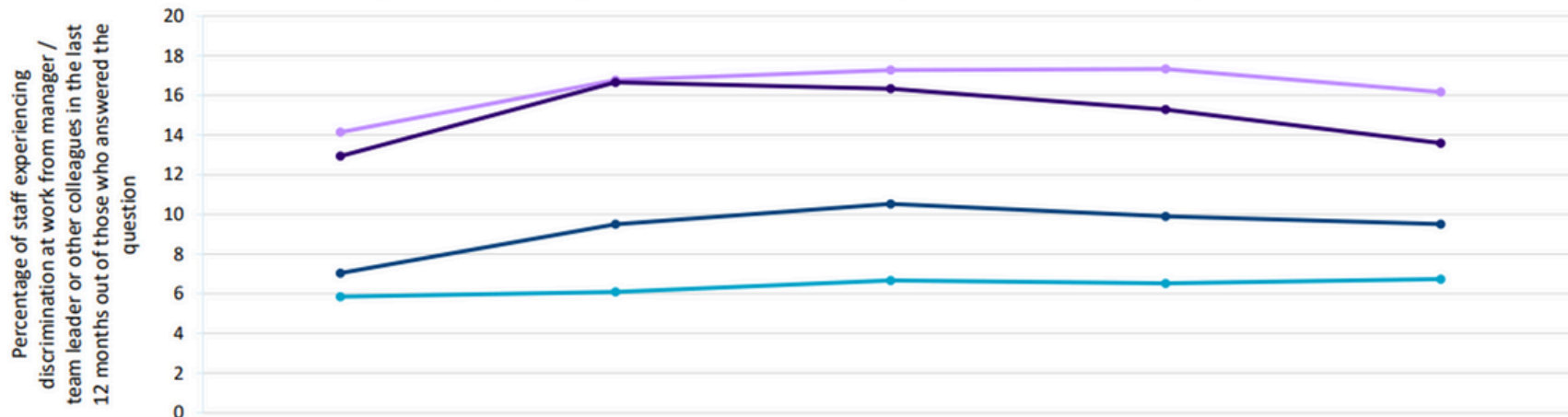
	2019	2020	2021	2022	2023
White staff: Your org	60.23%	56.95%	55.78%	58.28%	59.08%
All other ethnic groups*: Your org	46.36%	42.83%	41.20%	47.82%	49.55%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	2718	2581	2594	2869	3045
All other ethnic groups*: Responses	2612	2690	2794	4287	5102

WRES Indicator 8 (q16b,16c_1)

- There has been a decrease in staff experiencing discrimination from 2021 however this is still above pre-pandemic levels.
- There is a clear disparity in experiences across summary groups (White/Other Ethnic Groups Combined).
- We are currently unable to cross reference this indicator with locally with professional groups as we could last year but we can review, regional and ICS data.
- When examining the data broken down by ethnicity, the highest areas of impact:
 - For White staff: Irish staff was at 12.07% similar to White and Asian Mixed 12% an Indian 11.51%. Any other white was at 14.70%- this is higher than all Asian groups, African 14.29% and Caribbean staff 12.69%.
 - This shows a gap in provision- although the protected characteristic is for race, ethnicity and nationality, there were limited workstreams focusing on white diverse staff groups outside of traveller and gypsy groups in 2023.
 - For OEGC: Any other Black / African / Caribbean was the highest by significant amount 20.41% followed by Mixed White and Black African 20.00%; Any Other Ethnic group 19.93%. It was consistently
 - It reflects how social increases in racialized discrimination such as Brexit can impact on staff experiences at work.
 - This equally highlights the impact of our NMREN and MREN networks, EDI committee and Race Equality Steering group in reducing discrimination in some of our highest areas.
- When looking at professional groups who have experienced discrimination on the basis of their ethnicity – there is a significant risk for black and black and white nurses and midwives at ICS level:
 - Black and black mixed staff overall had levels <80%
 - 75.78% of White Other nursing and healthcare assistants
 - 92.53% and 95.16% for Mixed Black and White Caribbean and African respectively followed by Black Caribbean at 88.97% at Black African at 87.65% for Registered nurses and midwives.

Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	7.04%	9.50%	10.53%	9.90%	9.51%
All other ethnic groups*: Your org	12.94%	16.65%	16.33%	15.28%	13.59%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	2686	2557	2584	2848	3029
All other ethnic groups*: Responses	2574	2660	2755	4273	5085

Equity

Diversity

Inclusion

2023 - 2024

Model Employer Goals

Update report and 2024 modelling

inclusion.imperial@nhs.net

<https://www.imperial.nhs.uk/>

Background

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce the health inequalities of our diverse communities which leads to better patient care, satisfaction and outcomes.

NHS Trusts are required to publish data annually about our workforce diversity through the Workforce Race Equality Standard (WRES). In 2022, North West London ICS mandated the adoption of the NHS Model Employer Goals (MEG) for at least 3 years- a commitment linked to WRES Indicator 1 to ensure our organisations have **“a diverse senior workforce and leadership”**.

The Model Employer Goals is a data-driven strategic trajectory for improving diversity and progression. It requires trusts to accelerate the removal of barriers which prevent BME staff from progressing to management and senior leadership positions. To accomplish this, Imperial College Healthcare NHS Trust agreed to commit to achieving 50% BME representation at bands 8a-9 by 2025 through the delivery of four interlinked components and associated priorities:



Originally the target goals were to achieve a diverse workforce by 2028. This target date was revised in August 2020 to 2025 following the publication of the Phase 3 plan. https://www.england.nhs.uk/wp-content/uploads/2020/08/C0716_Implementing-phase-3-v1.1.pdf

This report will act alongside our quarterly updates in the Race Equality Steering group to demonstrate our progress towards achieving our goals and highlight any areas of concern.

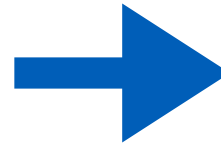
In 2024, our trust is now 62.72% BME staff excluding bank staff which is an increase of 3.82% from 2022.

2022 Report

WRES requires NHS trusts to annually self-assess against nine indicators of workplace equity and develop robust action planning for improvement. In 2022, WRES data was used to model and track our diversity goals. This enabled us to:

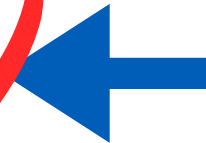
- Determine areas of focus for setting targets and developing action plans
- Identify where underrepresentation manifests
- Model the number of staff needed to bridge the gap between the number of BME staff trust wide and the number of BME staff in bands 8a+

	Total Headcount	Overall %	% Known Ethnicity
BME workforce	8012	58.90%	60.48%
WHITE workforce	5235	38.48%	39.52%
Chose not to declare	356	2.62%	-
Total	13603		



	Proportion of BME workforce (n)	Additional BME recruitment over the next 3 years to reach equity	Total BME staff in AfC band by 2025 to reach equity
Band 8a	40.7% (235)	99	334
Band 8b	28.6% (77)	109	186
Band 8c	19.6% (21)	64	85
Band 8d	17.7% (12)	44	56
Band 9	9.3% (4)	35	39
VSM	25% (8)	14	22

	2022 Actual	2023 Ambition	Gap
Band 8a	235	260	-25
Band 8b	77	104	-27
Band 8c	21	37	-16
Band 8d	12	23	-11
Band 9	4	13	-9
VSM	8	12	-4



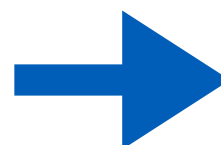
	2023	2024	2025
Band 8a	260	285	334
Band 8b	104	132	186
Band 8c	37	53	85
Band 8d	23	34	56
Band 9	13	22	39
VSM	12	15	22



2023 Report

In 2023, the report was expanded to include modelling against the clinical divisions. There was an increase in representation for bands 8a,8b,8c and 9. The proportion of BME staff in bands 8d ad VSM decreased by 1% and 12.5% respectively.

	Total Headcount	Overall %	% Known Ethnicity
BME workforce	9,019	57.5%	62.1%
WHITE workforce	5,493	35.0%	37.9%
Unknown	1,173	7.5%	-
Total	15,685	-	-

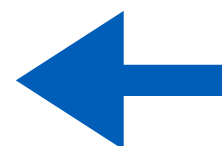


	Proportion of BME workforce (n)	Additional BME recruitment over the next 2 years to reach equity	Total BME staff in AfC band by 2025 to reach equity
Band 8a	42.6% (257)	118	375
Band 8b	32.9% (98)	87	185
Band 8c	22.0% (27)	49	76
Band 8d	16.7% (13)	35	48
Band 9	10.6% (5)	25	30
VSM	12.5% (5)	20	25

	2024	2025
Band 8a	316	375
Band 8b	142	185
Band 8c	52	76
Band 8d	31	48
Band 9	17	30
VSM	15	25



	2023 Actual	2024 Ambition	Gap
Band 8a	257	316	-59
Band 8b	98	142	-44
Band 8c	27	52	-25
Band 8d	13	31	-18
Band 9	5	17	-12
VSM	5	15	-10



Limitations

There were a number of limitations outlined in our original report linked to the modelling assumptions:

- Assumes no change in the number of staff in the organisation over the next three years.
- Assumes constant number of employees and leavers per year based on data between March 2022 and March 2023.
- The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2025.
- BME proportions are recorded as a total of known ethnicities.

In addition to these limitations, focusing on the number rather than the percentage doesn't allow us to accurately anticipate how close or far we are from our goals.

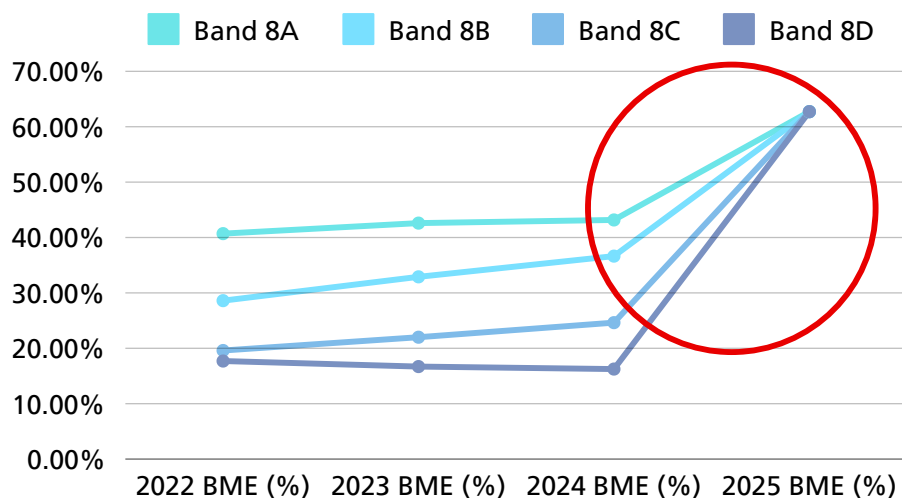
For our 2024 report, WRES, recruitment and attrition data were combined to track our progress. This enabled us to:

- Determine how we have performed in our areas of focus and against our targets and action plans
- Identify how and where underrepresentation manifests
- Continue to model the number of staff needed to bridge the gap between the number of BME staff trust wide and the number of BME staff in bands 8a+
- Apply the calculation for Indicator 2 (Relative likelihood of BME staff being appointed from shortlisting compared to White staff) across each pay band above 7 to identify priority areas

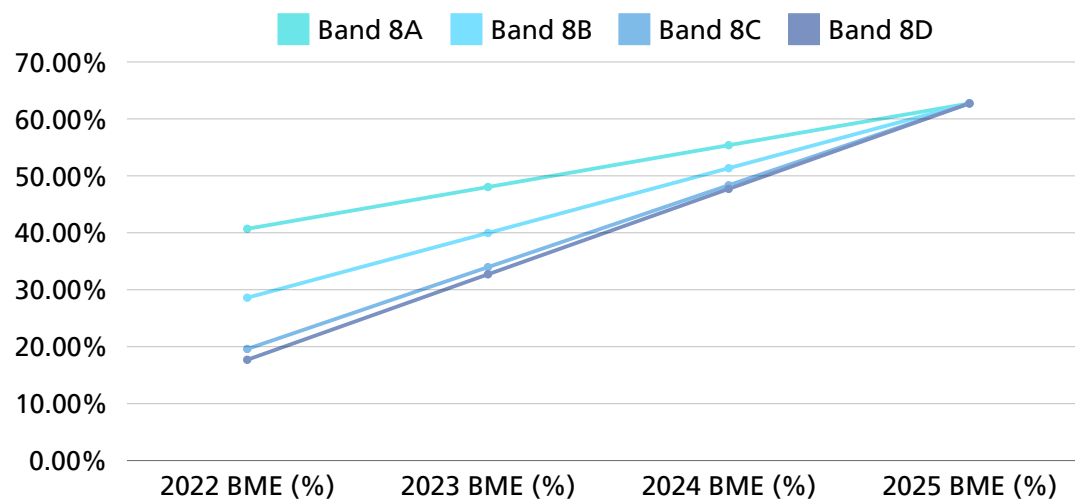
Progress

Our trust has not currently achieved our model employer goals for bands 8a+. At our current rate of progress, it is unlikely that we will achieve these by 2025. We remain committed to obtaining parity.

The amount our trajectory would need to shift by 2025 to meet our goals, considering the movement across 2022-2024.



Ideal model employer goals trajectory



Our status for 2024 is outlined in the table below. This shows the number of substantive BME staff on an agenda for change contract (AfC) that we would need to reach parity. This is our ambition for 2025.

Pay band	Total staff	BME (%)		2025 Ambition (62.72%)	Gap
Band 8A	644	278	(43.17%)	404	-240
Band 8B	292	107	(36.64%)	183	-109
Band 8C	134	33	(24.63%)	84	-50
Band 8D	80	13	(16.25%)	50	-30
Band 9	40	5	(12.5%)	25	-15
VSM	5	2	(40%)	3	-2
Overall	1195	438	(36.65%)	750	-445

We have one year left to achieve our goal. As our organisation headcount has grown across the last 2 years, the gap towards achieving our goal has increased.

Pay band	2022 Gap	2023 Gap	2024 Gap
Band 8A	-25	-59	-240
Band 8B	-27	-44	-109
Band 8C	-16	-25	-50
Band 8D	-11	-18	-30
Band 9	-9	-12	-15
VSM	-4	-10	-2

The table below shows the gap from 2022-2024 as a percentage. This allows us to more accurately measure the substantive BME staff we will require on an agenda for change contract (AfC) to meet the 2025 model employer goal.

Pay band	2022 BME (%)	2023 BME (%)	2024 BME (%)	Distance from 2022 BME Headcount (60.48%)	Gap from parity (62.72%)
Band 8A	40.7%	42.6%	(43.17%)	17.31%	19.55%
Band 8B	28.6%	32.9%	(36.64%)	23.84%	26.08%
Band 8C	19.6%	22%	(24.63%)	35.85%	38.09%
Band 8D	17.7%	16.7%	(16.25%)	44.23%	46.47%
Band 9	9.3%	10.6%	(12.5%)	47.98%	50.22%
VSM	25%	12.5%	(40%)	20.48%	22.72%

Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provided by the WRES Implementation team. We will continue our

Leadership and cultural transformation

Demonstrating commitment to becoming an inclusive and representative employer by role modelling race equality

- We are continuing to implement and evaluate our approach to inclusive recruitment, including making an ethnically and gender-diverse panel mandatory for all consultant appointments. Recent evaluation has shown very high compliance with panel composition and presenting the rationale of the appointment decision to the Chief Executive.
- Our trustwide engagement programme for anti-racism and anti-discrimination had participation from over 1250 staff, patients, community partners and lay partners. This has resulted in a 3-year EDI strategy and trustwide anti-racism and anti-discrimination pledges to sit alongside our trust values.
- We now have an EDI Manager supporting each division and divisional action plans which are reported quarterly to the CEO and EDI committee.

Positive action and practical support

Talent management and diverse shortlisting and interviewing panels

- We have finished the first cohort of our multiple award-nominated Healthcare Leaders' Fellowship, with the third cohort starting in June 2024. These programmes incorporate apprenticeships, stretch projects and mentoring to support healthcare professionals from a Black, Asian and minority ethnic background in their career journeys. All fellows who have completed our go further cohort received a distinction. so far, 6 fellows have been promoted.
- We introduced diverse recruitment panels for all posts above Band 7, the effectiveness of this is reviewed frequently, and changes to our internal process made. The programme will be expanding to include consultants.
- We supported several senior nurses on national programmes including Getting to Equity.
- We have received approval for our pilot of the executive pairings project

Accountability and assurance

Build assurance and accountability for progress

- ICHT Progress: Imperial has an Equality, Diversity, Inclusion Work Programme for 2023/24 and use WRES data and focussed improvement methodology through our scorecards to make EDI improvements. The board has undergone training in EDI and we undertook an Inclusive Boards diagnostic for 2022/2023. An EDI strategy and pledges will sit alongside board accountability metrics.

Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process

- ICHT Progress: All board members have an EDI objective. Senior executive leaders are held accountable for the level of progress on this agenda.

Building the capability and capacity of BME staff networks across the NHS

- ICHT Progress: Imperial has two race equity staff networks with terms of reference and committee structures, who work closely with staff side to raise awareness. Our networks have administrative support and allocated funding for CPD and events. The network has also set up BAME ambassadors.

Monitoring progress and benchmarking

Benchmarking progress

- ICHT Progress: Imperial participates in benchmarking and annual data reporting.

Periodic update

- ICHT Progress: Imperial will ad-hoc refresh data as required, including deep dives into areas where further data is required. Imperial has also included Band 7 + BAME percentage as an EDI metric into the Trust scorecard which supports the delivery of our model employer goals.

Oversight

- ICHT Progress: Imperial senior leaders and network chairs within a regional healthcare footprint come together on this agenda regularly.

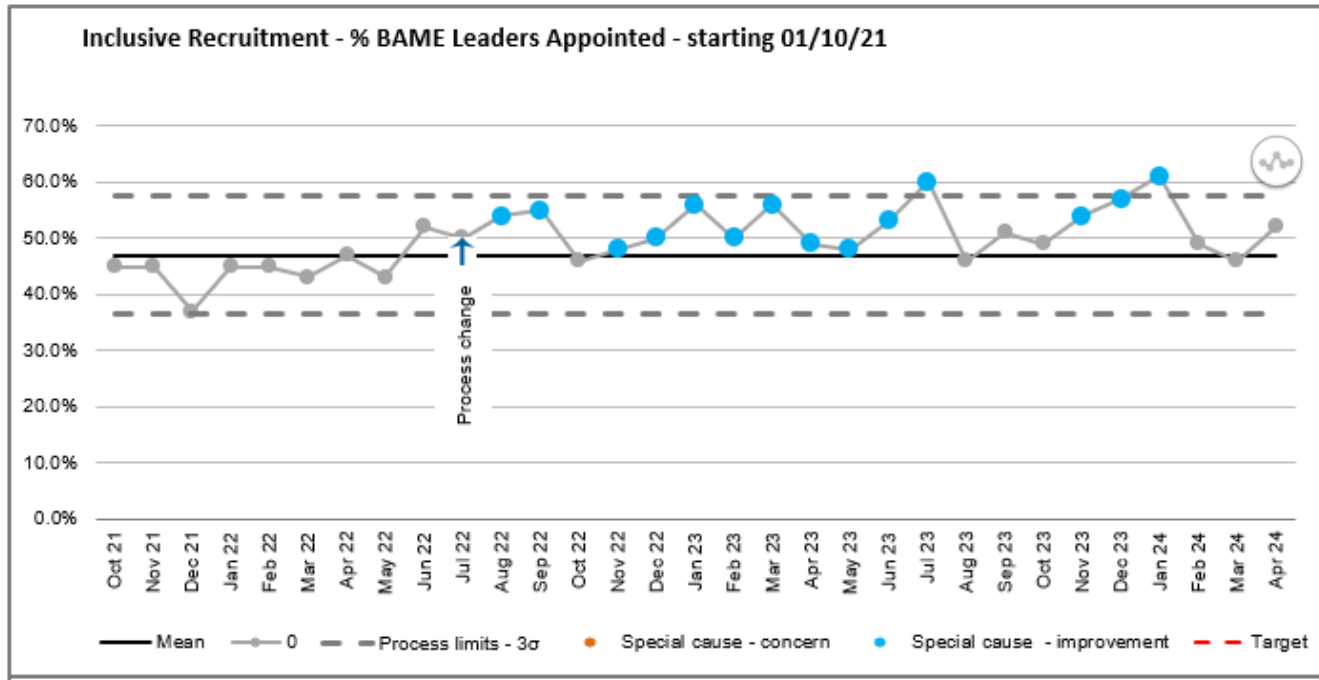
Appendix 1: Inclusive Recruitment

We obtained dedicated data that is reported at EDI committee throughout the year. This shows our progress during this period to obtain more diverse staff.

Here:

- 1975 campaigns for new band 7 or above leaders have been advertised, shortlisted and a hiring decision made between September 2021 and April 2024
- 2032 offers of employment made
- 69% of applicants, 59% of shortlisted applicants and 51% of the successful candidates were leaders from a black, Asian or minority ethnic background

Sept 21 - Apr 24	No. of Interviews	Total shortlisted	Shortlisted (ethnic minority)	% ethnic minority	Total offers	Offers (ethnic minority)	% ethnic minority
MIC	464	1498	874	58%	447	201	45%
SCC	500	2084	1180	57%	524	270	52%
WCCS	491	1963	1215	62%	515	265	51%
Pathology	104	496	333	67%	109	76	70%
Corporate	416	2116	1227	58%	437	218	50%
Total	1975	8157	4829	59%	2032	1030	51%



Glossary of terms

Protected characteristic	The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act. The Act refers to nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.
Public Sector Equality Duty	<p>This is a statutory duty on listed public authorities and other bodies carrying out public functions. The duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations between different protected characteristics.</p> <p>It means that we must consider how our functions (policies, programmes, and services) will affect people with different protected characteristics; take into account different people's characteristics when we make decisions and monitor the actual impact of the things we do.</p>
Black, Asian and minority ethnic (BAME or BME)	Term currently used to describe a range of minority ethnic communities and groups in the UK – can be used to mean the main Black, Asian and Mixed racial minority communities (also referred to as BME) or it can be used to include all minority communities, including white minority communities. The term ethnic minorities is also used interchangeably with this acronym.
Disability	The Equality Act 2010 define disability as a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
Diversity	Valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
EDS 2022	Equality Delivery System 2022 is a mandatory assessment tool that requires NHS Trusts to analyse and grade their equality performance.



Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways. Equality can be defined 'as the state of being equal, especially in status, rights, or opportunities.'
Equity	Equity recognises historical and structure disadvantages that may prevent people from being treated fairly. it recognises the importance or remove barriers and/or providing extra resources to create a fairer playing field.
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group
Gender	This describes characteristics such as appearance, presentation and behaviour to identify gender (not sex). Characteristics could be masculine, feminine or androgynous.
Gender reassignment	Gender reassignment refers to individuals who either have undergone, intend to undergo or are currently undergoing gender reassignment (medical and surgical treatment to alter the body).
Inclusion	Inclusion means that all people, regardless of their abilities or health care needs, have the right to be respected, appreciated and included as valuable members of their communities.
LGBTQ+	It may refer to anyone who is non-heterosexual or noncisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. To recognize this inclusion, a popular variant adds the letter Q for those who identify as queer or are questioning their sexual identity. LGBTQ has been recorded since 1996.
Parity	The state or condition of being equal, especially as regards status or pay. <i>parity of incomes between rural workers and those in industrial occupations.</i>

