Equity Diversity Inclusion

NHS
Imperial College Healthcare
NHS Trust

Forward Together: our plan for a diverse, inclusive & equitable Trust

2024-2027

Contents

Foreword 3
Introduction 4
Executive Summary 5
Our Challenges 7
Our Commitments 8
- Engaging for Equity and Inclusion 8
- Anti-racism and Anti-discrimination commitments 9

Our Ambitions 11
- Place Based 12
- Data Led 13
- Accessible 14
- Inclusive 15
- Representative 16

Key Terminology 17

Foreword

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms.
NHS People Plan 2020

Located in the heart of London, we pride ourselves on the rich diversity our community offers and recognise the value of unique experiences and viewpoints. People have complex and multiple identities, and multiple forms of inequality can combine to create obstacles that cannot be addressed through a single workforce plan.

For the period of 2024-2027, our focus is to nurture a culture of fairness and inclusivity at every level. We plan to transform spaces where bias and discrimination are prevalent and eliminate obstructions that keep our staff from realising their full potential or delivering top-notch care.

Our three-year strategy outlines the actions needed to accomplish our strategic, national, and organisational objectives. These actions are in line with the NHS EDI Improvement plan, our annual EDI report, WRES, WDES, GPGR, EDS requirements, ICS, and regional objectives.

Our commitment to anti-racism and anti-discrimination is not just a statement of intent, but an active guide to building a genuinely fair and inclusive organisation for our staff, patients and communities. We have set out our commitment as an organisation, which takes a systemic approach to challenging and changing everything we do. This sits alongside our individual commitment, focusing on our own perceptions and behaviours.

Our commitments and broader approach to equity and inclusion are informed by deep engagement with our staff and communities. In addition to our regular engagement, such as through our staff networks, community events and surveys, we ran hundreds of dedicated equity and inclusion discussions earlier this year. Nearly 1,200 staff and 11 community organisations took part, sharing their experiences and ideas. This feedback has been crucial in shaping our policies and our commitments.

Aware of the sensitive nature of hospital settings, we strive to uphold our core values of kindness, expertise, collaboration, and aspiration in our interactions with patients and among ourselves.

Together, we will showcase how our work will enhance outcomes and bring about the transformation our staff desire.

Tim Orchard

CEO

Introduction

Public Sector Equality Duties

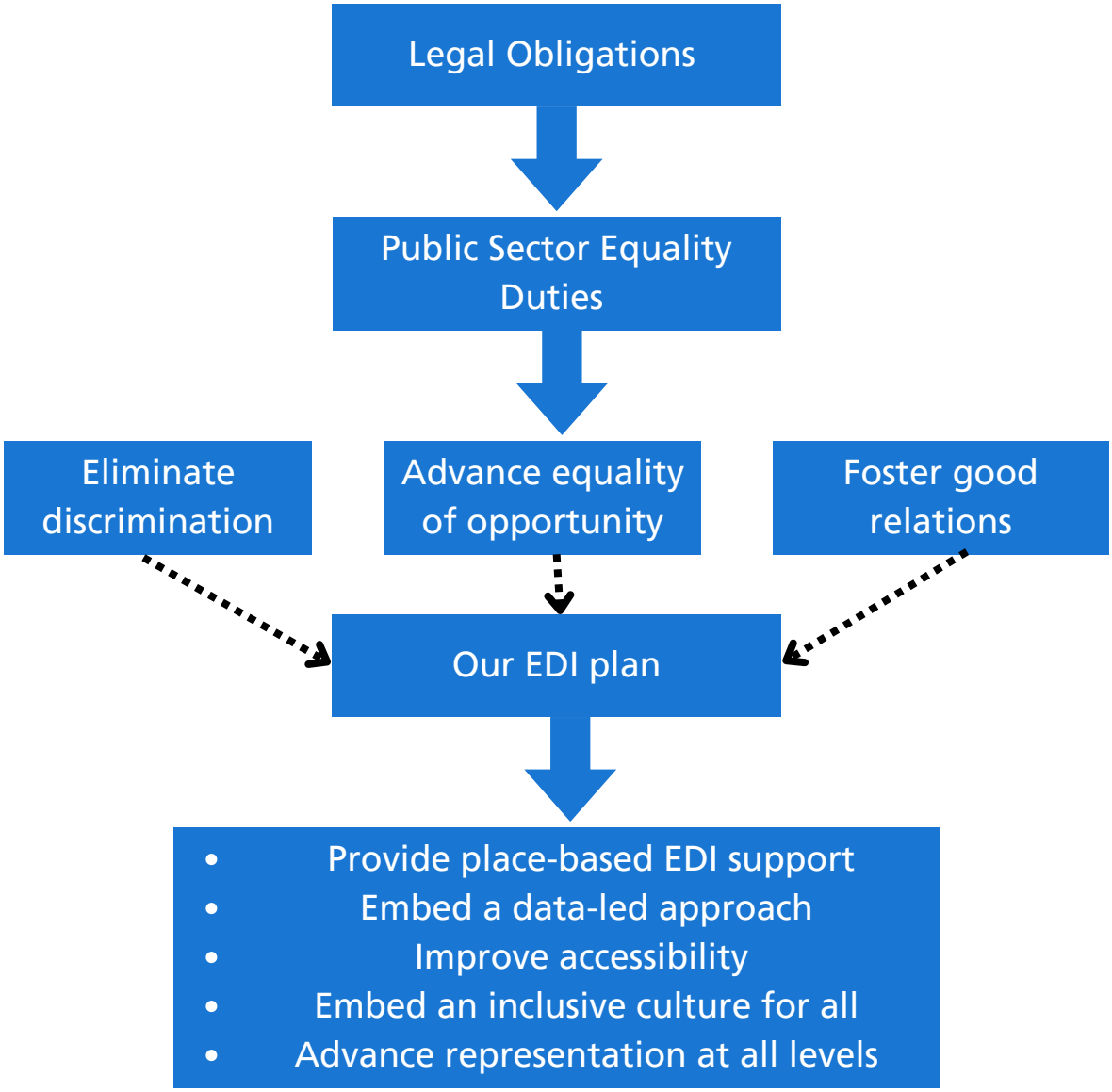
The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are legally protected from discrimination (unfair/unequal treatment). The Act established nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.

As per the 2010 Equality Act, all public sector bodies must:

- Eliminate discrimination
- Advance equality of opportunity
- Foster inclusion and good relations between those that hold a characteristic and those who do not - this must be integral to how we carry out duties and services

There is also a legal provision to provide reasonable adjustments for those with disabilities. By:

- Removing or reducing substantial disadvantages
- Adapting physical features
- Providing auxiliary aids



Executive Summary

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

Our goals are to:

- Transition from short-term/ annual actions 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 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.

Forward Together: Our Imperial Equity Diversity and Inclusion Plan

Ambition

Increased EDI knowledge and opportunities for engagement	**Evidence-based monitoring to eliminate inequality**	**Increased accessibility and support**	**Improved access, outcomes and experiences for protected groups**	**A representative workforce at all levels**

Pillars and expected outcomes in 2027

Place-based	Data-led	Accessible	Inclusive	Representative
• 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	• 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	• 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	• 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	• 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

Programme Summary 2024-2027

Place-Based	Data-led	Accessible	Inclusive	Representative
•EDI divisional partners (by April 2024). •Annual divisional EDI action plans (by June 2024). •Equality and Health Inequality Impact Assessments (by March 2025). •Annual EDI audits (September 2025). •Local EDI forums and staff support (by October 2025). •Support guides in partnership with VSOs (by March 2026).	•Staff declaration rates (by March 2025). •Disability deep dive (by June 2024). •EDI dashboard functionality (by March 2027). •Collaborative benchmarking (June 2026).	•Disability Steering Group (by March 2025). •Facilities and Estates accessibility audit (by December 2024). •Redeployment for health (by March 2025). •Reasonable adjustments project (December 2025). •Disability training (by June 2026). •Inclusive design principles (by March 2027). •Sunflower Lanyard scheme (by September 2025). •Full EQIA on career development programmes and our recruitment processes (by March 2025).	•Engagement with equity offering (by March 2025). •EDI training offer (by March 2026). •Cultural competence and/or intelligence (by March 2027). •Protected time for EDI activity (by March 2027). •Year 1 survey (December 2026). •Expanded staff networks (by October 2026). •Network Development (by March 2027). •Network core objectives (ongoing).	•Model Employer goals (by March 2026). •Extending Inclusive recruitment (by October 2025). •Integrate Healthcare Leaders' Fellowship (by June 2026). •National reports and strategies (Ongoing). •Senior representation on the White Allies and WRES Experts programmes (by December 2025). •BRC Equality Strategy (by March 2027). •Gender, ethnicity, disability, sexual orientation pay gaps (by March 2026). •Barriers to progression for those with caring responsibilities and following a career break after children (by December 2026).

Our Challenges

The NHS National staff survey offers staff the opportunity to share their experiences and feelings about working at Imperial College Healthcare NHS Trust. In 2023, 69.5% of staff completed the survey which gives us a relatively accurate view of how the trust stands on EDI compared to other organisations and how we can improve going forward.

Diversity and equality

Diversity and equality at imperial is scored 7.78 out of 10. The best score is 8.78, the average score is 8.12, the worst score is 7.51. We would like to be above average and sector leaders.

Incidents of discrimination

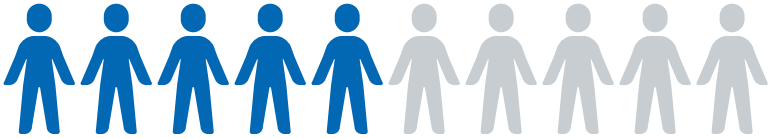
Around 1 in 7 of our staff have experienced discrimination from patients, service users, their relatives and the public. 1 in 4 Internationally recruited staff experienced this discrimination.

Around 1 in 8 of our staff have experienced discrimination from a manager, team leader or colleagues. It was 1 in 4 for staff under 21 and 1 in 5 for Black African staff.
We want to see year-on year improvements

Long-term conditions

Of the 107 questions in the staff survey, only 2 were rated in line with trust averages for staff with long-term conditions (LTC). 81% of responses from this group were more than 3% below trust averages.

Equal Opportunities



Just under half of our staff believe that we provide equal opportunities regardless of an individual's protected characteristics. Only 28.4% of Black other and 39.2% of Black Caribbean staff felt we provide equal opportunities for progression. Trans and non-binary scores were similar.

BME and Disabled Representation

BME colleagues are underrepresented at Bands 6+ for non-clinical colleagues and at bands 7+ for clinical colleagues .

We have no disabled representation on the board.

Our Commitments

Engaging for Equity and Inclusion

We are on a journey to build a truly fair and inclusive organisation for our staff, patients and local communities. We have made some significant progress over the past six years - seen in our improving staff survey results, workforce race equality standards and increasingly influential patient and public involvement programme - but we have much more to do. Over the past year, we have organised discussions with hundreds of staff as well as a wide range of community organisations to help build a shared understanding of what equity and inclusion means for us and what we must do to get there. We have drawn on these discussions to make a formal commitment to becoming an anti-racist and anti-discriminatory organisation and to set out next steps in our journey to equity and inclusion.

To be as inclusive and equitable as possible, we need to create an environment that enables the following:

1

Listening

Ensure all colleagues feel heard and listened to in terms of decision-making on policies and process, raising issues and ideas and providing on-going feedback.

2

Respected and valued individuals

Ensure our working environment seeks, values and celebrates individual identities, looking beyond roles, banding, and being conscious of assumptions and biases.

3

Fair and equitable opportunities and outcomes

Focus on the equity of outcome rather than the equality of approach - acknowledge that different colleagues may require different resources or support in order to achieve equitable outcomes and ultimately diverse representation across all levels and functions.

4

Healthy challenge and speaking up

Ensure all colleagues feel heard and listened to in terms of decision-making on policies and process, raising issues and ideas and providing on-going feedback.

Our leaders should:

1 **Role-model and enable the behaviours above**

2 **Build inclusion into strategic priorities**

3 **Establish the cultural standards for inclusion and proactively unearth inequities**

Our Anti-racism and Anti-discrimination Commitments

Becoming an anti-racist and anti-discriminatory organisation

Our organisational commitment

People from Black, Asian and other minority ethnic backgrounds are more likely to experience unfairness in NHS organisations like ours, whether as members of staff or patients. It's a similar picture for other minoritised groups, such as women or disabled people or people from LGBTQ+ or religious communities.

In general, Black, Asian and other minoritised groups have poorer health outcomes and face more barriers in accessing high quality healthcare. NHS staff in these groups are more likely to be subject to disciplinary action, have less career progression and report higher levels of bullying and abuse. There are multiple and complex reasons for these inequalities but racism and discrimination – conscious and unconscious – are key factors.

This is not acceptable and, while we have been making progress in tackling racism and discrimination in our organisation, we must do much more to create genuine fairness and inclusion for all our staff, patients and local communities. We need everyone to play a role as we take a systematic approach to challenging and changing everything we do.

Through discussions with and between our staff and local community groups, we have identified the commitments we need to deliver to become a truly anti-racist and anti-discriminatory organisation. Our executive management team and board are accountable for these commitments but every leader has a role to play in ensuring their delivery.

My commitment as a member of staff

People from Black, Asian and other minoritised groups are more likely to experience unfairness in NHS organisations like ours, whether as members of staff or patients. My organisation is clear that this is not acceptable and that we must do much more to create genuine fairness and inclusion for all our staff, patients and local communities.

I want to play my full role as we take a systematic approach to challenging and changing everything we do, to create a truly anti-racist and anti-discriminatory organisation. I know this means challenging and changing my own perceptions and behaviours as well as understanding the impact of racism and discrimination on others and taking action, whether it impacts me directly or not.

We are committed to:

- Building an organisational culture rooted in our values – to be kind, expert, collaborative and aspirational.
- Creating an environment where all our staff, patients and local communities feel safe, supported and empowered, where racism or any other form of discrimination is always noticed, reported and acted upon quickly and decisively.
- Developing strategies, policies and processes that actively seek to remove and prevent inequity.
- Promoting shared decision-making and co-production, ensuring all our staff have the time, skills and resources to be part of improvement work and that our patients and communities have meaningful opportunities to be involved too.
- Tackling the risks inherent within hierarchical structures for cliques and negative dynamics to take hold.
- Embedding reflection, storytelling and discussion in our day-to-day activities to help build awareness and understanding of racism and discrimination and to be constantly alert to its impacts.
- Setting out our goals for equity – and specifically for becoming an anti-racist and anti-discriminatory organisation – and measuring our progress towards them, transparently and proactively.
- Valuing and celebrating inclusion and diversity, ensuring achievements and successes are recognised fully and fairly.

I am committed to:

- Living our organisational values – to be kind, expert, collaborative and aspirational.
- Building awareness of my own biases and challenging the way they influence my actions and decision-making.
- Understanding more about other cultures and communities, making time to learn and valuing difference.
- Listening actively to others' stories and reflections of racism and discrimination, helping me to be constantly alert to its impacts and how I can help.
- Speaking up about – and acting on – racism and discrimination, making sure I understand all the ways of doing so safely.
- Adopting inclusive language and helping and encouraging others to do the same.
- Taking an active part in improvement work, and especially in approaches involving shared decision-making and co-production.
- Avoiding using my position to create or support cliques or negative dynamics.

V1 (09/24)

Our Ambitions

NHS EDI Improvement Plan

Published in June 2023, the EDI improvement plan sets out six targeted actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. This plan is essential to our strategic direction until 2026.

High impact action 1:
Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High impact action 2:
Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

High impact action 3:
Develop and implement an improvement plan to eliminate pay gaps.

High impact action 4:
Develop and implement an improvement plan to address health inequalities within the workforce.

High impact action 5:
Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

High impact action 6:
Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Co-produced through engagement with staff networks and senior leaders, the plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation

The plan also supports the achievement of strategic EDI outcomes, which are to:

- Address discrimination, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, the Messenger Review
- Support the levelling up agenda by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- Make opportunities for progression equitable, facilitating social mobility in the communities we serve.

These actions should be implemented in partnership with trade unions / Staffside colleagues and forums, and in collaboration with staff networks.

https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/

Outcome 1: Place-based

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

Monitoring

- **WRES and WDES**
- **NHS Staff Survey**
- **Exit surveys**
- **Leavers data**
- **Sickness data**
- **Model Employer Goals**
- **Employment relations data**
- **NHS council EDI training**

Measurements

- **0.5 WTE from EDI team for supporting divisions and directorates**
- **Year-on-year improvements in staff survey q4b, 11e, 14a, 14b, 14c, 14d, 15, 16a,16b, 16c, 31b**
- **At least one ambassador, champion or ally per directorate**
- **Year-on-year improvements in audit data**
- **70% reduction in queries escalated directly to the EDI team**

Actions

- Every division and directorate will have an EDI partner, working with the divisional people team and divisional management team, to provide advisory services and target areas of localised inequity (by April 2024).
- Each division/directorate must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual EDI action plans (by June 2024).
- Create local EDI forums and widen staff networks' ambassador, champion and ally schemes to enable safe spaces for staff on the ground to share their experiences and coproduce policies and activities linked to the EDI action plans (by October 2025).
- Conduct annual EDI audits to review ESR, Staff Survey and ER data at divisional and corporate levels against Trust and Acute Provider averages. Investigate areas rating 3% worse or better than these averages. Compile this data alongside regulatory reports and socialise with staff locally by (September 2025).
- Develop support guides in partnership with VSOs for staff around reasonable adjustments, faith at work, pregnancy and maternity, working with trans patients, working with diverse communities, supporting older and younger workers (by March 2026).
- Optimise and promote Equality and Health Inequality Impact Assessments, through a dedicated e-module and template changes to ensure barriers are mitigated for all protected characteristic and deprivation groups. These must be carried out for every policy, structural change and large project (by March 2025).

Outcome 2: Data-led

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

Monitoring

- **WRES and WDES**
- **NHS Staff Survey**
- **NETS**
- **To be developed in year two**

Measurements

- **Year on year reduction in 'choose not to say' or 'unknown' categories.**
- **Year-on-year reduction in disabled staff overrepresented in ET cases. Annual legal spend in line with Shelford group averages.**
- **Up-to date map of accessible features available for staff and patients.**
- **Reduction in time disabled colleagues spend waiting to start employment as a result of physical access issues.**
- **All divisions able to include EDI metrics into monthly, quarterly and annual reporting.**

Actions

- Continuously monitor staff declaration rates for each protected characteristic and run a joint quality improvement and I-CAN network project to improve our disability declaration rate (by March 2025).

- Conduct a disability deep dive into employment relations and employment tribunal cases data and produce a report with actions outlining how to reduce disability discrimination cases (by June 2024). This should include changes to the sickness management process.

- Update and increase functionality of our EDI dashboards to integrate wider datasets (e.g. Datix) and include more self-service features across all characteristics to enable better integration into local reporting (by March 2027).

- Work alongside corporate and clinical teams internally and locally within the Acute Provider Collaborative, Integrated Care System and London Region to comparatively analyse our progress to equity and role-model our success as an anchor institution (by June 2026).

Outcome 3: Accessible

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

Reporting metric

- WDES
- Pay gap reporting
- NHS Staff Survey
- ESR/Allocate/Trac data
- ER/ET cases

Measurements

- Monthly meetings with membership across the trust
- Accessibility maps are available across each site for patients and staff
- Increase in redeployment of staff with LTC
- Reduced legal spend in ET cases
- Improvements in staff accessing RA q31b and disabled staff fatigue q11e.
- Uptake in staff attending and accessing EDI training; reduction in PALS complaints about disability
- Reduction in instances of bullying and harassment

Actions

- Create a Disability Equality Steering group to monitor and track improvements in disabled experience and infrastructure (by March 2025).

- 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).

- Implement a detailed multidisciplinary reasonable adjustment and disability project (by December 2025) to:
  - 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

- 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).

Outcome 4: Inclusive

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

Monitoring

- WDES/WRES/EDS 2022
- Pay gap reporting
- NHS Staff Survey
- ESR/Allocate/Trac data
- ER/ET cases.

Measurements

- Divisional EDI forums established, high traffic on intranet pages, high membership across staff networks.
- Improvements in number of LEARN participants for EDI training.
- Improvement in staff survey responses to q 14b,c,d.
- Network attendance and membership.
- Year-on year improvements in staff survey q16a,b,c and 31b.
- Networks established across 8 protected characteristics.
- All staff networks obtain stage 5 in the development programme by 2027.
- Deliver at least 1 core objective per network annually
- Reduction in EDI related ET/ER cases

Actions

- 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).

- Refresh EDI training trust-wide so it is focused on actions and outcomes, working with HR, learning and development professionals, trade union representatives, professional nurse and midwife advocates, freedom to speak up and staff networks to ensure our training has cultural impact (by March 2026).

- Embed Cultural intelligence and/or competence into our learning offering and across all strategic delivery objectives to reduce the incidence of colleague-to-colleague (including managers) discrimination (by March 2027).

- Ensure all staff have protected time to engage in a staff network or other equality initiative at least once a quarter and hold regular meetings in which equality is on the agenda at team and service level (by March 2027).

- Conduct a short check-in survey for colleagues at the end of their first year of employment to capture issues and reduce attrition. This should include questions around equity of experience such as discrimination, microaggressions provision of adjustments and more (by December 2026).

- Expand the staff network offering to include religion and belief, age, pregnancy and maternity and mental health. These can also be peer support groups (by October 2026).

- Deliver a 5-phase development programme with staff networks to enable increased access and engagement for staff and more autonomous, community-centred and impactful spaces for staff voice (by March 2027).

- Support and deliver staff network core objectives and projects including executive pairings, exit surveys, listening sessions, haircare products for ITU patients, medical gender pay gap, disability stigma and access, trans experience and more (ongoing).

Outcome 5: Representative

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

Reporting metric

- WRES and WDES
- NHS Staff Survey
- Exit surveys
- Leavers data
- Model Employer Goals
- Employment relations data
- NHS council EDI training

Measurements

- Relative likelihood of staff being appointed from shortlisting across all posts
- Access to career progression, training and development opportunities
- Year-on-year improvement in race and disability representation leading to parity
- Year-on- year improvement in representation of senior leadership (Band 8C and above)
- HEE National Education and Training Survey
- (NETS) Score metric on quality of training Diversity in shortlisted candidates

Actions

- 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).
- Diversify and optimise our Inclusive Recruitment to include more protected characteristics, and streamline core functions. Implement the findings from the Imperial College report (by October 2025).
- Make the Healthcare Leaders' Fellowship business as usual and create a talent pipeline for fellows to ensure clinical development at bands 7+. Widen the programme to include non-clinical staff and ICS (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).
- 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).
- Support the delivery of the BRC Equality Strategy, ensuring that research staff represent the communities we serve and have equitable access to opportunities (by March 2027).
- Reduce pay gaps across the following characteristics (gender, ethnicity, disability, sexual orientation). Create a multifaceted action plan with more targeted data analysis around the context using networks and Trade Unions to support (by March 2026).
- Support programmes to reduce barriers to progression for those with caring responsibilities and following a career break after children (by December 2026).

Key Terminology

Anti-racism
This is acknowledging that racism exists and acting against it through education, whistleblowing, allyship and eliminating racist policies and practices. It involves promoting positive discussion on racial and ethnic differences and understanding how to reduce bias and negative experiences faced by minorities. Involving allies and engaging the wider community on issues affecting minorities is also essential.

Discrimination
Discrimination happens when someone is treated unfairly or less favourably due to an actual or perceived protected characteristic and is unlawful under the Equality Act 2010.

Global Majority
This term has been considered a more positive affirmation of the majority representation of 'minority ethnic groups' in a global context

Institutional racism
The Macpherson report, published following the racist murder of Stephen Lawrence in 1993, describes institutional racism as "the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."

Minoritised group
This recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities.

Protected characteristic
The term refers to different groups' and individuals' characteristics that are protected against unequal treatment or discrimination under the Equality Act 2010. The Act refers to nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including ethnicity and nationality), religion and belief, sex (gender) and sexual orientation.

Racism
Treating someone or a group unfairly or unequally because of the colour of their skin, ethnicity, nationality or country of origin.

Structural racism
This refers to the deep-rooted inequalities within a society or system that unfairly disadvantage large numbers of people from specific racial or ethnic groups, making it harder for them to fully participate.