Imperial College Healthcare NHS Trust

Equity
Diversity
Inclusion

2024 - 2025

Equity, Diversity & Inclusion Annual Report

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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

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Important Notes

Purpose and scope

In line with the Equality Act 2010, the Trust is legally required to publish equality information annually to show how it has complied with the public sector equality duty. This annual report covers 1 April 2024 to 31 March 2025, 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 and ethnicity pay gap report. We report separately on other internal NHS requirements, such as the Equality Delivery System 2022. There is a summary of those requirements and any accreditation schemes included.

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) or Global Majority, 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.

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Introduction

In September 2024, our Trust launched a bold Forward Together EDI Strategy (2024–2027) along with eight organisational and eight staff commitments to anti-racism and anti-discrimination alongside a self-assessment tool, card game and bite-size training sessions.

These, alongside the NHS England EDI Improvement Plan, serve as our organisational blueprint for embedding equity and inclusion into everything we do – from policies and culture to leadership and data. They act as a framework for the delivery of our annual report thereby providing an in-depth look at how we have measured our activity and progress against each of the 8 commitments over the past year, highlighting key initiatives, metrics, challenges, and future plans.

The Trust's 2025/26 EDI Work Programme builds on this foundation, translating annual objectives into five outcome categories aligned with the Public Sector Equality Duty. These SMART objectives were co-designed through a Trust-wide engagement process involving over 1,250 staff, leaders, patients, and community partners. In addition to the overarching programme, each clinical division has developed tailored local action plans. Progress against these plans has been monitored and reported through the EDI Committee since November 2021, ensuring accountability and continuous improvement.

Public Sector Equality Duty — Statement of Compliance

During 2024/25 we considered the needs to eliminate discrimination, advance equality of opportunity and foster good relations when making decisions about our workforce and services. We:

- published and monitored equality objectives
- assessed equality impacts for significant policies, service changes and projects, adopting mitigations where required; and
- published workforce statistics, staff survey insights, pay gap analyses, and service equality evidence through reports including WRES, WDES and EDS 2022.

This report forms part of our statutory publication under the Equality Act 2010 (PSED).

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Equality Objectives

Public authorities must prepare and publish one or more objectives covering a period of four years or less. These must be objectives they should achieve to fulfil their general equality duties.

In September 2024, we launched:

- Our 2024-2027 equality, diversity and inclusion workforce plan, Forward Together.
- Our organisational and staff commitments to anti-racism and anti-discrimination.
- Our interactive self-assessment and resources tool.

Between 1st September 2024- 31st March 2025:

- Our Engaging for Equity and Inclusion working group met weekly then bi-weekly to embed and further our programme delivery.
- 25 EDI projects were started or completed across the trust
- We established EDI initiatives aimed at improving staff cultural competency including cultural awareness training for internationally recruited staff
- We had 2125 visits and 1136 visitors to our dedicated Engaging for Equity and Inclusion intranet pages (including self-assessment page).
- Held over 35 bespoke EDI training sessions across the trust, alongside 24 bitesize EDI sessions and updated all of our core EDI training programmes.
  - Created a dedicated Advancing Equity and Inclusion Card game
- Ran 3 sessions each with around 100 senior Leaders at our Leadership Forums
- Created detailed communications plans with a range of activities and content
- Increased opportunities for staff voice through increased consultation with staff networks
- Created a cross-function Awareness Days Calendar with Gold, Silver and Bronze level communications

Programme Summary 2024-2027

Place-Based (Increased local EDI knowledge and opportunities for engagement)

- 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).

Data-led

- Staff declaration rates (by March 2025).
- Disability deep dive (by June 2024).
- EDI dashboard functionality (by March 2027).
- Collaborative benchmarking (June 2026).

Accessible

- 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).

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Inclusive

- 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).

Representative

- 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).

NHSE High Impact Actions

- High Impact Action 1: Leadership Accountability
- High Impact Action 2: Talent and Representation
- High Impact Action 3: Pay Gap and Equity
- High Impact Action 4: Wellbeing and Flexible Working
- High Impact Action 5: Support for International Recruits
- High Impact Action 6: Safety and Inclusion

Outcomes expected at the programme end in 2027

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

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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, clinicial and medical directors, staff networks and staffside
Medical Workforce Committee	Focus on actions and oversight of Medical WRES submission and Mend the Gap actions.	Bi-Monthly	Raymond Anakwe (CMO)	Representatives from our People senior management, divisions, medical directors 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, clinicial and medical directors, staff networks and staffside
Executive Management Board (including People and quality executive management boards)	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-in-Common	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

We also have a wide range of workstreams, task and finish and programme groups which feed into the committees noted above. In 2024-2025, all papers submitted to the committees required a short paragraph outlining it's equality impact.

The Policy Approval group also mandates EDI membership and review for all policies.

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Our Patient Equality Duty

Our Public Sector Equality Duty (PSED) requires us to publish information on how we consider equality in the services we provide.

The Care Quality Commission (CQC) assesses whether our services are safe, effective, caring, responsive to people's needs and well-led. This assessment is in relation to the access, experience and outcomes of diverse service-users including adults, children and young people, their families, friends and unpaid carers. This includes:

- all protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Here, trusts must ensure:

- People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work.
- Every effort is made to take service-user wishes into account and respect their choices, to achieve the best possible outcomes for them.
- People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics.
- People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination.

At Imperial, our internal aim is to improve health, wealth, wellbeing and equity within our local communities.

To help us navigate these complex issues and maximise our impact, in 2024/2025, we developed a Trust-wide health and equity framework with the aim of improving health, wealth, wellbeing, and equity for the communities who live around our hospitals. This includes achieving equity of access, experience and outcomes for all the patients we serve, across all of our services:

- Embed health and equity in our core activities
- Integrate care around the needs of local communities through place-based partnerships
- Focus on our staff as a key part of our local population Understanding our local population and their needs
- Maximise our impact as an ‘anchor’ organisation in our local communities

Our Executive Management Board- Quality, NWL Acute Provider Collaborative Quality Committee and Board in Common review how well our programmes achieve these aims. All committee papers must show where there is an equity impact and/or whether the paper supports the North West London Integrated Care System’s (ICS) mission to address health inequalities.

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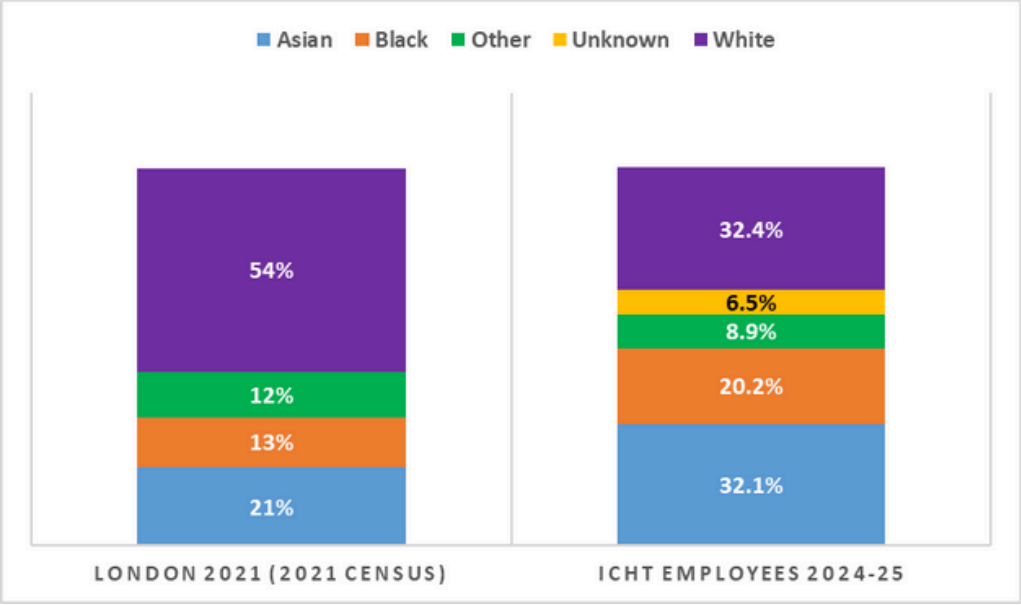
Service User Equality Snapshot

North West London has a diverse population of 2.4 million people, with more than 200 ethnicities represented across eight boroughs. There is significant inequity in health and wellbeing within these populations.

On average, marginalised groups and people living in areas of high deprivation spend more years living with ill health and die earlier than people living in more affluent areas. For example, life expectancy for males born in the most deprived area of Brent is 18 years lower than for those born in the least deprived area of Westminster.

Area covered: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster
Total population (combined): 2.09 million across the eight boroughs (see table).
Growth since 2011 is uneven: Hounslow +13.5% and Hillingdon +11.7% versus Kensington & Chelsea –9.6% and Westminster –6.9%. This is important for service planning (demand) and inequalities analytics (denominators).
Median age: see the table on the right.
Ethnicity: see below



Borough	Population (2021)	Median age	2011→2021 change
Brent	339,800	35	9.20%
Ealing	367,100	36	8.50%
Hammersmith & Fulham	183,200	34	0.40%
Harrow	261,200–261,300	38	9.30%
Hillingdon	305,900	36	11.70%
Hounslow	288,200	36	13.50%
Kensington & Chelsea	143,400	39	–9.6%
Westminster	204,200–204,300	35	–6.9%

Datasets:
- Ethnicity (TS021): https://www.ons.gov.uk/datasets/TS021/editions/2021/versions
- Disability (TS038): https://www.ons.gov.uk/datasets/TS038/editions/2021/versions/2
- Religion (TS030): https://www.ons.gov.uk/datasets/TS030/editions/2021/versions/3
- Main language (TS024): https://www.ons.gov.uk/datasets/TS024/editions/2021

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Programmes

In 2024/25, we ran several patient-facing equality programmes. Key programmes included:

Maternity Equity

We designed a maternity advocate model to improve access, experience and outcomes for women and birthing people from minoritised ethnic groups. This included maternity advocates/interpreters/FGM pathway as well as an ongoing PhD tackling ethnic inequities in maternity care. NWL ICB committed to a Task & Finish group and we aligned this with our Trust-wide interpreting improvement to remove avoidable harm from language barriers in maternity pathways. This builds on Domain 1 review activity from our EDS 2023/2024 and 2024/2025 submissions.

Interpreting Improvement Project

In 2024, we launched the Interpreting Improvement Project to strengthen how we provide and assure the quality of spoken-language interpreting and British Sign Language (BSL) across the Trust. The project is designed to support compliance with the Accessible Information Standard (AIS) for patients who need language support. Led through Patient Experience, the work focuses on three practical areas: making it easier and faster for staff to book the right interpreter first time; improving quality assurance and supplier performance management; and embedding consistent data capture and feedback so we can learn from patient experience and target improvement.

Key deliverables include an updated, simplified booking pathway, standard operating procedures and quick-reference guidance for frontline teams, strengthened vendor KPIs, and integration of interpreting requirements into pre-assessment and clinic workflows. We are also piloting a new on-demand interpreter service and training our staff to make translation support more accessible. We will monitor impact through fill-rate and timeliness, patient-reported experience measures through our Friends and Family Tests and incident/concern reporting.

The End of Life (EoL) Steering Group

The End of Life Steering Group started in 2024 and provides strategic oversight and assurance for the Trust's approach to palliative and end of life care. Its work is aligned to the national Ambitions for Palliative and End of Life Care framework and the Trust's refreshed End of Life Strategy (2025–2028). The group brings together clinical leaders, patient partners, and system representatives to monitor quality, safety, and patient experience, ensuring that care at the end of life is compassionate, equitable, and consistently delivered across all settings. This has led to new strategy, improvement in education and governance, reduction in risk register and service improvement.

Improving Equity Within Our Core Activities

Using data, user insights, and improvement methodologies, we have collaborated with patients and communities to identify issues and co-create solutions to improve patient equity in the following areas:

- **Improving Access to Outpatients:** In our most deprived communities, the "Did Not Attend" (DNA) rate for outpatient appointments is around 13%, compared to 8% on average. We are testing solutions like better text reminders and an AI system to flag patients at risk of missing appointments, so more people attend their appointments.
- **Taking Care and Diagnostics into the Community:** We have opened new community diagnostic centres in areas with significant health inequalities (such as Willesden, Wembley, and Paddington). These centres bring care closer to home, helping to shorten waiting times and ensure fairer access to services for everyone.
- **Supporting Patients to "Wait Well":** Data shows patients from our most deprived populations often have worse experiences and longer waits for treatment. Working with Imperial College London and community partners, we are co-designing ways to help patients "wait well" – making the waiting period easier and more informative – with a focus on those in the bottom 20% by deprivation.
- **Evolving Our Services to Help Prevent Ill Health:** Smoking is a leading cause of health inequality and poor health outcomes. We are making our hospitals completely smokefree and offering on-site support and nicotine replacement therapy to help patients who smoke to quit, improving health outcomes for all.
- **Interpreting Improvement Programme:** After feedback that our interpreting (spoken and sign language) services were not good enough, we launched a major transformation programme in 2024. We have started piloting a new on-demand interpreting service and enhanced staff training, and we are working with patients and staff to redesign our interpreting services for the future.
- **Building Partnerships for Healthier Communities:** We are working with a wide range of local partners (community groups, researchers, businesses, public agencies, and charities) to reduce health inequalities in our area.
- **Maximising Our Role as an Anchor Institution:** As a major local employer and community "anchor", we use our influence to improve social, economic, and environmental conditions in our community. We hire locally, support local skills development in health and life sciences, run community walks for staff to learn about community needs, and pursue green initiatives – all to help build a healthier, more prosperous local area.
- **Paddington Life Sciences Partnership:** In the Paddington Life Sciences partnership based around St Mary's Hospital, we collaborate with life science companies and community organisations to drive innovation in healthcare. This partnership has improved digital inclusion (helping more residents access care through technology) and is creating new opportunities for local people to develop skills and secure jobs in the growing life sciences sector.
- **Westminster #2035:** As part of the Westminster 2035 collaboration, we are working with local councils, healthcare providers, and community groups to make Westminster healthier and fairer by 2035. Together, we are focusing on equal access to services and health outcomes for everyone, while also supporting cleaner and safer environments – from quality housing to giving children the best start in life.
- **Community-Based Health Interventions:** In partnership with the Chelsea FC Foundation (supported by Imperial Health Charity), we run community programmes that use sport and exercise to engage people not reached by traditional health services and improve their health. By combining physical activity with peer support, these programmes help participants boost their physical and mental wellbeing.

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.

In 2024, 65.21% of staff (9,509) completed the staff survey. The respondents were largely representative of overall trust demographics for protected characteristic groups.

Through the staff survey, we reviewed:

- 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 in representation, access and experiences, we:

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

Using this analysis, we:

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

A summary of this review is included in our workforce profiles section.

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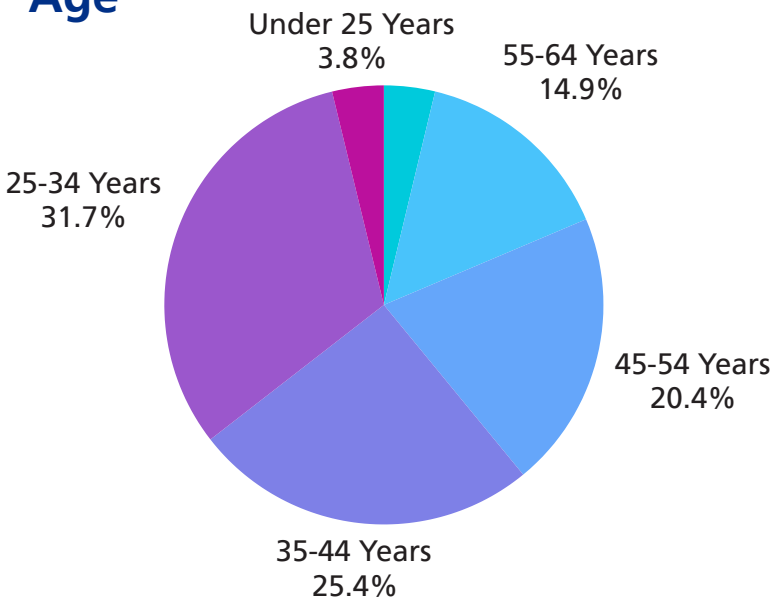
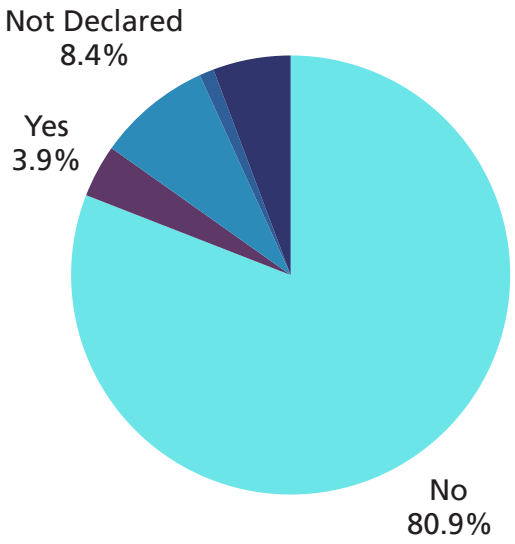
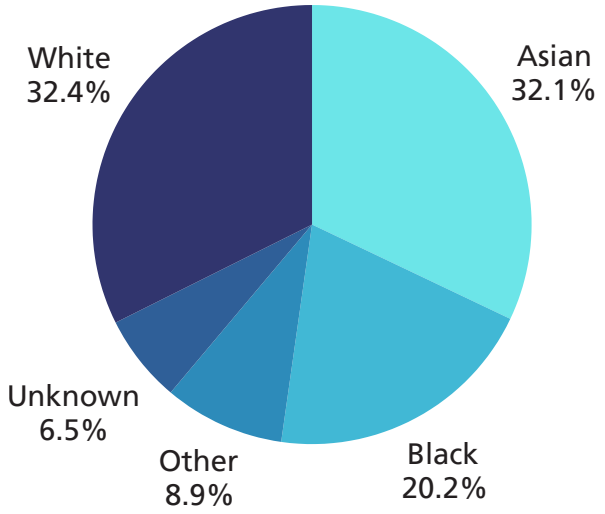
Age



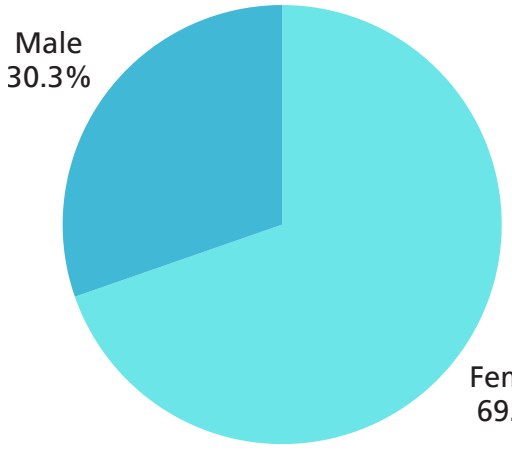
Disability



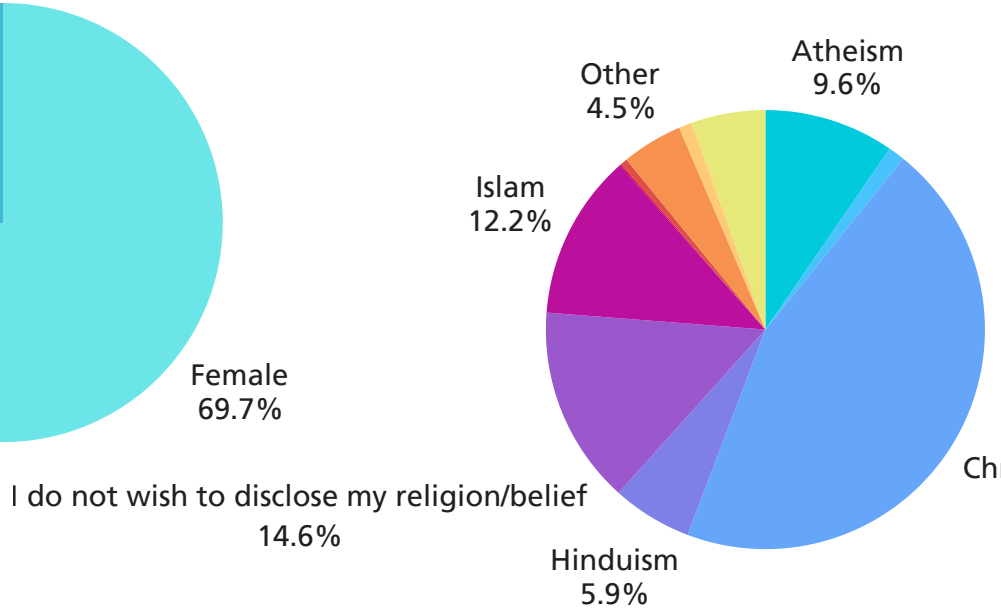
Ethnicity



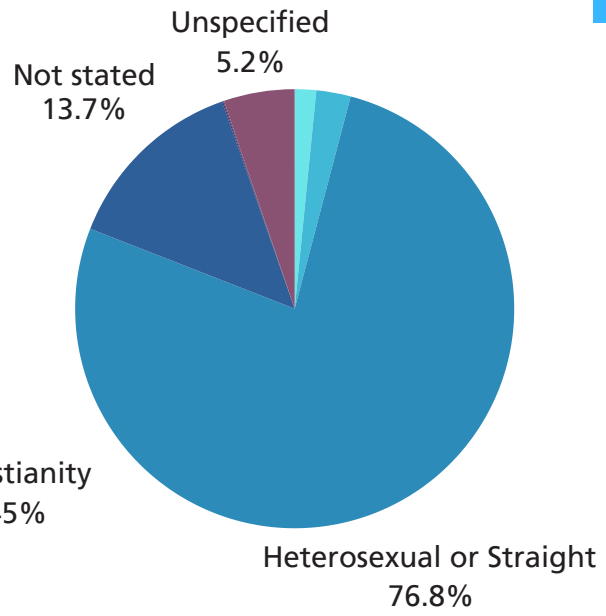
Gender



Religion



Sexual Orientation



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 1056 records for our staff where their ethnicity was unknown on ESR, an increase from 938 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 2024 in reporting on ethnicity.

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%

2025	White	BME	Unknown
Overall Trust Workforce	32.38%	61.17%	6.45%
Overall Trust Board Members	66.67%	33.33%	0.00%
Voting Board Members	66.67%	33.33%	0.00%
Executive Board Members	81.25%	18.75%	0.00%
Non-Executive Board Members	60.00%	40.00%	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 remained relatively stable over the last four years. Recorded disability fell slightly in 2024/2025.

Protected characteristics	Recorded demographic				
	2020/21	2021/22	2022/23	2023/24	2024/25
Disability	73%	96%	96%	96%	94%
Sexual orientation	74%	84%	95%	95%	95%
Religion	74%	84%	96%	95%	95%

New staff

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

Protected characteristics	Recorded demographic				
	2020/21	2021/22	2022/23	2023/24	2024/25
Disability	78%	91%	96%	90%	87%
Sexual orientation	76%	99%	99%	94%	92%
Religion	76%	94%	99%	93%	91%

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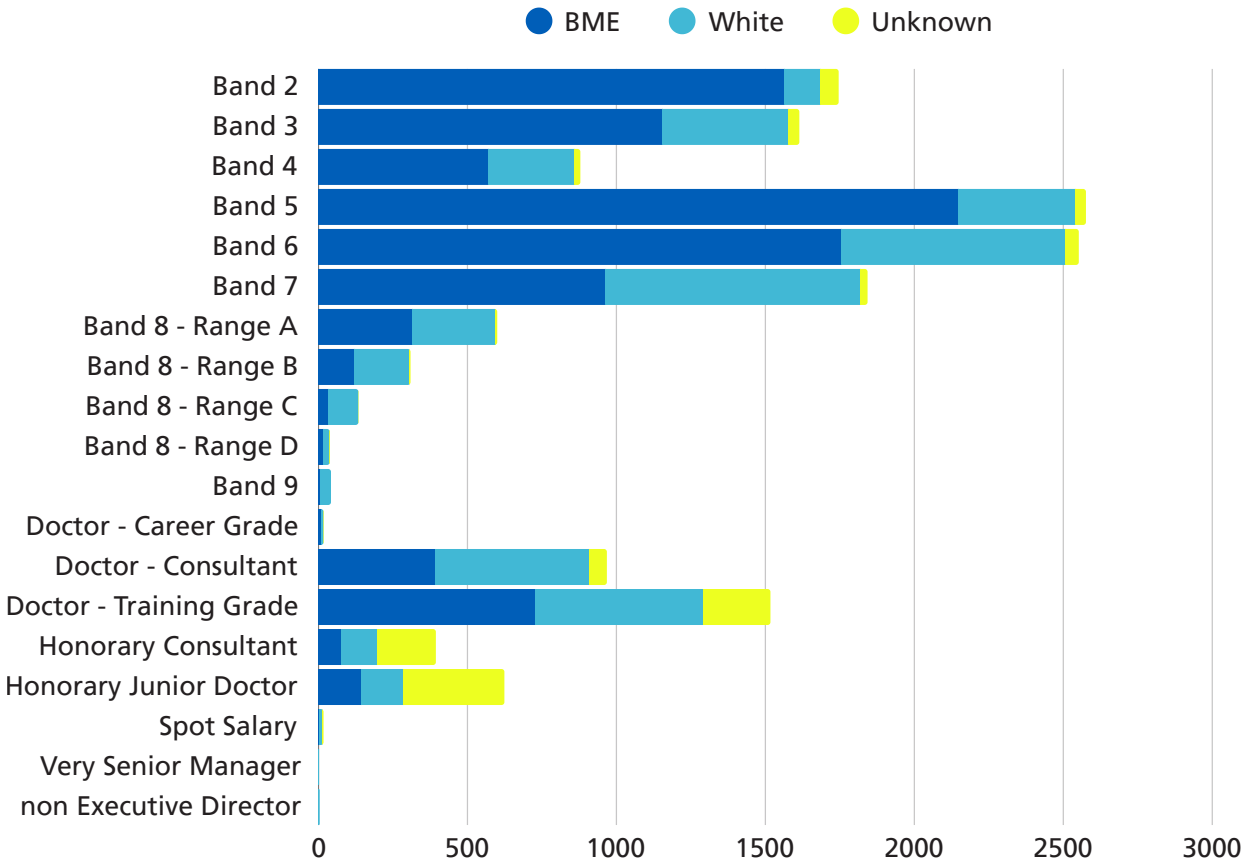
Ethnicity

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 32.4% of the workforce, compared to 54% of the London population, based on the 2021 census information.

There has been no significant change in the workforce composition regarding ethnicity moving from 60.1% in 2024 to 61.1% BME in 2025. The Trust continues to have a majority of staff employed from BME 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.



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Staff Survey Insights

- Those in our other ethnic group category experienced the highest amount of disparity in experience compared to the Trust average with 36 questions where the responses were at least 5-10% worse than the trust average.
  - In the detailed ethnicity dataset, staff from Any other Mixed / Multiple ethnic background scored 3% below trust averages for 101 of 138 questions. This indicated differential experiences across every People Promise theme.
- Mixed staff also had over 34 areas 3% worse than trust averages.
- Mixed, Multiple Ethnic Background, Pakistani, Any other Black and Caribbean staff had poorer experiences than other BME groups
- Non-British White staff experienced more disparity than many of their peers, showing the role of ethnicity and nationality:
  - Irish colleagues had 74 of 138 questions where responses were 3% worse than trust averages
  - White Other colleagues had 61 of 138 questions where responses were 3% worse than trust average
- African and Indian colleagues had the most positive experiences in the trust with the former having over 58 areas rated as 3% better than trust average and the latter having 51 areas 3% better than trust averages.
- We still have significant improvements needed: 18.01% of BME respondents experienced discrimination in 2024.

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.

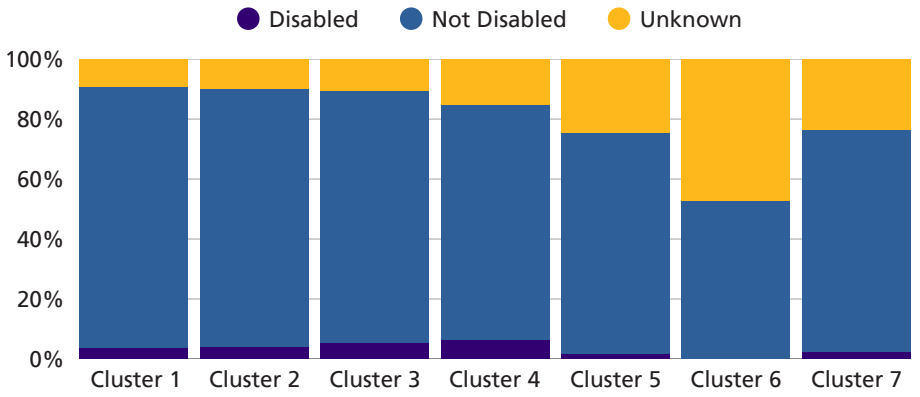
We are working to close the data collection gap between ESR (3.8%) and the 2024 NHS national staff survey where 15.25% of respondents mentioned a disability or long-term condition that meets the legal definition of a disability.

Overall, EDI staff survey question responses improved from the previous year however they still depict inequitable experience.

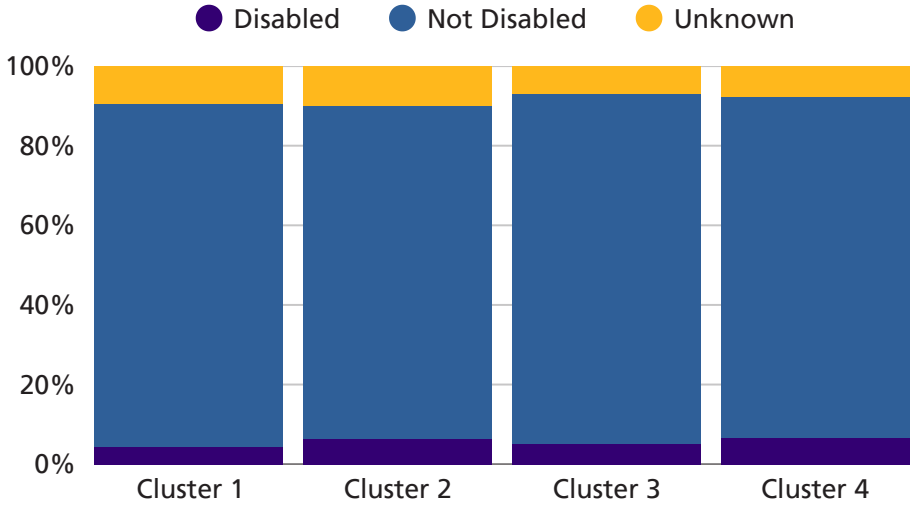
Staff Survey Insights

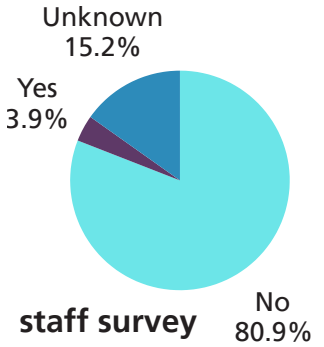
- Those with long term conditions continue to experience significant disparities with 117 of 138 questions 3% worse than trust average.
  - 7 areas were 10% or more worse than trust averages. these include:
    - Feeling that the organisation values their work
    - Feeling unwell as a result of work related stress
    - Presenteeism
    - Experiences of discrimination
    - Faith that the organisation will address their concerns
    - Personal development
- 71.4% of disabled colleagues said they had reasonable adjustments in place
  - There was an intersectional element - less BME staff had adjustments in place
- 18.48% of colleagues with Long Term Conditions experienced discrimination

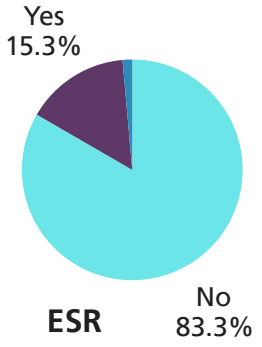
Clinical



Non-Clinical



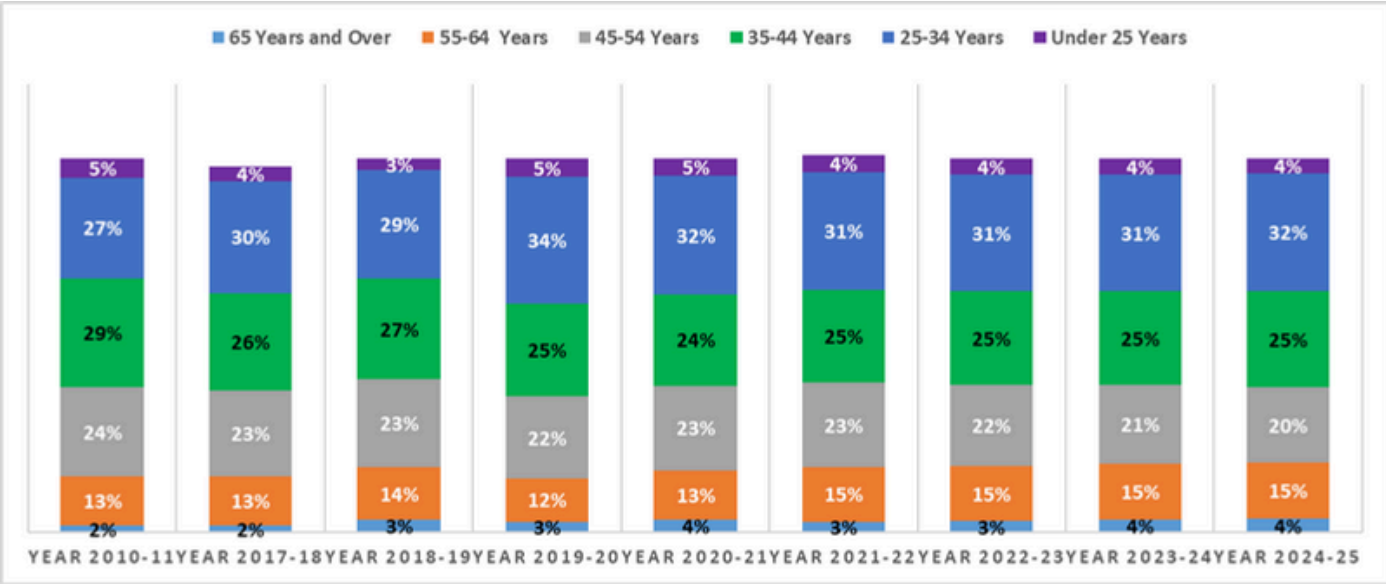




Age

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.

Diagram 3: Trust age composition since 2010-11



Staff Survey Insights

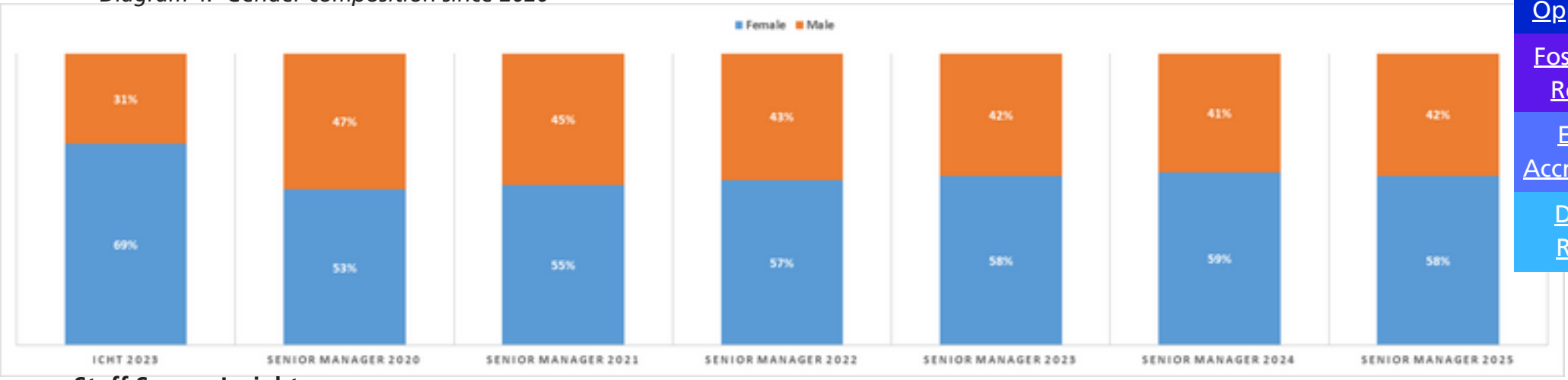
- Those aged 16-30 experienced the highest amount of disparity in experience compared to the Trust average.
- Being able to influence the work environment, morale and work life balance were key areas where the responses were at least 5-10% worse than the trust average.
  - Age-related discrimination also featured for those aged 21-30, with 21.4% of respondents claiming to have experienced discrimination due to their age.
- For those aged 66+, age-related discrimination was the highest out of all age groups with 32.1% of respondents reporting to have experienced this in the last year.
  - Nonetheless, this age group was significantly more likely to have better than average experiences across all people promise themes with 77 of 138 questions rated as 5% better than the trust average. The group with the second most positive experiences were those aged 51-55 with 20 questions rated as 5% better than the trust average.
- Those aged 31-40 were also most likely to leave - this is in line with National figures - the majority of these leavers left due to 'promotion'.

Gender

The workforce gender split has remained largely unchanged in the last seven years: 69.7% of our staff are female and 30.3% 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 increased in senior roles by 1% compared to last year. The figures below show that 42% of people employed as senior managers are men and 58% are women. 'Senior manager' is defined as roles that are Agenda for Change band 7 and above, but does not include doctors.

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.

Diagram 4: Gender composition since 2020



Staff Survey Insights

- Non-binary colleagues, (although a very small group), experienced the highest disparity in the trust with 124 questions of 138 3% worse than the trust average.
  - 35 areas were over 20% worse than trust averages. This included experiences of discrimination which 36% experienced from colleagues and 32% experienced from patients, their relatives and other members of the public.
- Colleagues whose gender identity was not the same as their Birth Sex experienced the second highest disparity in the trust with 118 questions of 138 3% worse than trust average.
  - Of these, 5 areas were 20% worse than their peers. These included managers caring about concerns, feeling safe to raise concerns and wanting to leave the organisation.
- Male colleagues has two areas worse than trust averages - these included reporting of bullying and harrassment and discrimination due to their sexual orientation.
- More positively, non-binary and trans colleagues were more likely to report bullying and harassment with 73.3% and 63.3% reporting which is significantly higher than the trust average of 54.4%.

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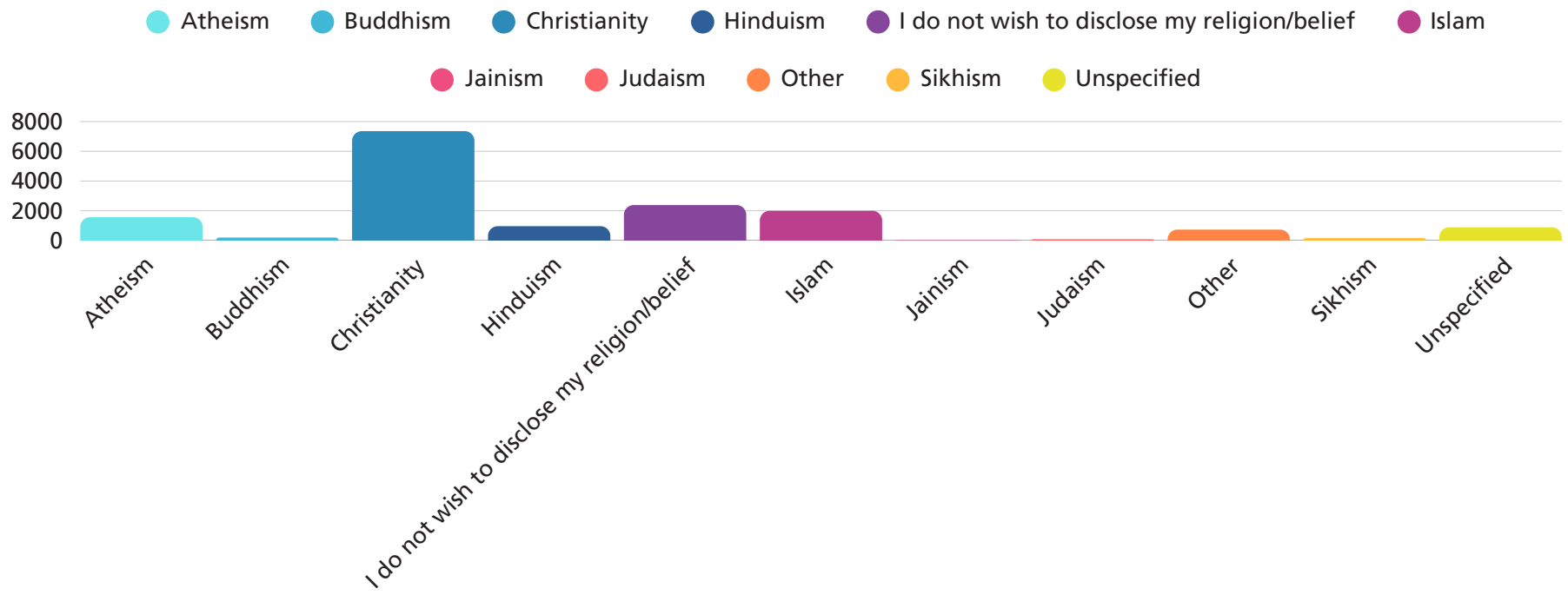
Religion

There have been no significant changes in the workforce religion composition. The primary belief group is Christianity (44.97%), followed by Islam (12.21%), Atheism (9.58%), Hinduism (5.89%) and Buddhism (1.22%). The Trust continues to support different faiths through our Multisite Chaplaincy team and started planning for a Faith and Belief network to launch in 2025.



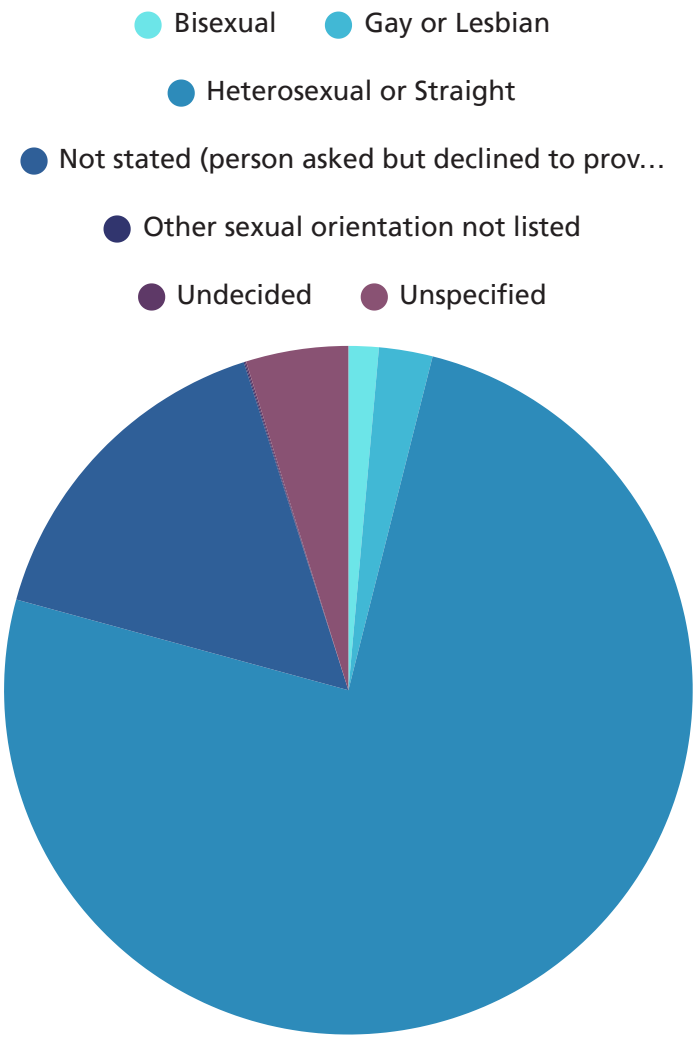
Staff Survey Insights

- Jewish colleagues experienced the highest disparity with 57 areas 3% worse than trust averages, followed by Sikh staff with 17 areas and any other religion with 14 areas worse than trust averages.
- 9.9% of staff reporteed to have experienced discrimination as a result of their faith. Of these 63.64% were Jewish and 40.76% were Muslim.
  - Areas with the highest incidences include:
    - Breast Surgery
    - Clinical Haematology
    - Neurology
    - Pathology
    - Pharmacy
    - Trauma and Orthopaedic Surgery
    - Urology
    - Vascular Surgery

Sexual Orientation

he majority of staff are heterosexual with 2.5% Lesbian or Gay and 1.6% Bisexual staff. A very large number of staff choose to not disclose (13.7% in 2025) when they update their records so we will continue to work with the Rainbow Badge Scheme to encourage an LGBTQ+ safe workspace.

The data collection gap is smaller 3.75% staff disclosed being lesbian or gay and 1.74% disclosed being bisexual in the NHS staff survey.



Staff Survey Insights

- Lesbian and Gay colleagues had significantly more disparity than heterosexua peers with 86 questions of 138 3% worse than trust averages.
  - Of these, 5 were 10% worse than trust averages. These include@
    - gender discrimination
    - sexual orientation discrimination
    - felling like concerns would be addressed
    - accessing reasonable adjustments
  - these highlight the need for an intersectional approach.
- For Bisexual colleagues, 84 questions of 138 were 3% worse than trust averages.
  - Of these, 21 were 10% worse than trust averages.
  - " areas were 155 worse than trust averages. These include:
    - personally experiencing bullying and harassment
    - experiencing sexual harassment form patients and the public.
- LGBTQ+ colleagues had slightly higher outlooks on career progression
- Other sexualities had the most positive experiences with 64 questions of 138 3% or more better than trust averages.

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Eliminate Discrimination

Success Metrics
• 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

Place-based

We embedded Equity, Diversity & Inclusion at local levels across the Trust, ensuring each division and service drives its own inclusion efforts in line with the Forward Together plan. Over the past year, divisional EDI action groups and champions have been established to address local priorities and share staff feedback. For example, the Acute & Specialist Medicine directorate at St. Mary's formed an EDI steering group led by volunteer staff, focusing on disability, gender and mentoring initiatives.

We also launched EDI divisional partners to support team-led inclusion projects – from cultural safety training in Maternity to improved inclusive checks in Radiology – providing divisional teams with resources to reduce local inequalities. These efforts are already showing impact, such as in Imperial Private Health where a campaign to update staff diversity data significantly reduced "unknown" diversity records (e.g. undeclared disability status fell from 12% to 9% between May and September 2024).

Local Forums & Champions: Every division had at least one EDI lead or champion serving as a point of contact.

- Several areas (e.g. Surgery & Cancer) created regular EDI forums for staff voices.
- These forums enable quick wins (for instance, Estates compiled an accessibility "hit list" from listening sessions to drive workplace adjustments)
- By March 2025, local ownership of EDI tangibly increased. More than **a dozen new initiatives** originated from divisional EDI groups – from a reverse mentoring scheme in Finance to an inter-departmental cultural celebration in Facilities – demonstrating grassroots commitment. Consequently, fewer issues were escalated to the corporate EDI team, contributing to a drop in EDI-related queries centrally.

Bespoke Training & Guidance: The central EDI team delivered in-person workshops tailored to divisional needs – from disability awareness sessions for managers to anti-racism discussions – and continues to promote core training trust-wide. We refreshed the EDI intranet pages to make guidance (like Equality Impact Assessment toolkits and support guides) easier to find.

Community Engagement: Our services increasingly worked with external partners and staff networks to enrich local EDI efforts.

Data-led

Success Metrics

- 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.

In the past year we used data to drive equity improvements such as the quality and transparency of our workforce diversity data,to better identify gaps and measure progress more accurately:

- We piloted a data capture project in our Private Healthcare division encouraging staff to update their demographic details. This led to noticeable improvements – our "unknown" diversity data shrunk markedly, exceeding the project's targets.
- The initiative was highlighted by NHS England as a best-practice case contributing to forthcoming ethnicity pay gap guidance
- We tailored Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) results, for divisional use
- Robust data has also shaped our response to pay gap analyses. In our latest Gender and Ethnicity Pay Gap review, we noted an uptick in gaps partly due to consultant bonus changes and senior representation imbalances.
    - Recognising this through data, we are refining strategies (such as reviewing Clinical Excellence Award distribution and diversifying recruitment pipelines) which will be detailed in the annual report's pay gap action plan. Having accurate data means we can set baselines and monitor the effectiveness of these interventions yearly, aiming for measurable gap reductions by 2027.

We also completed a deep dive into disability in our workforce, which examined everything from sickness absence patterns to reasonable adjustment usage. The findings exposed that disabled staff were disproportionately involved in long-term absence and employee relations cases. In response, we launched a dedicated Health & Attendance workstream to overhaul related policies – simplifying sickness procedures, strengthening support for managers, and clarifying redeployment options – to create a fairer process for colleagues with long-term health conditions

Similarly, a comprehensive review of our Medical Workforce Race Equality data (MWRES) revealed that the experience scores of our doctors from minority ethnic backgrounds lag behind Trust averages in several areas (notably career development and feeling safe to speak up). It also highlighted variations between ethnic sub-groups (with Black doctors experiencing particular disparities) and a need to boost survey response rates among medical staff.

We also captured robust data through our Recognition of Prior Experience Project for Internationally recruited nurses.

Freedom to Speak Up (FTSU)

The Trust's Freedom to Speak Up (FTSU) model comprises one 0.5 WTE Lead Guardian and four part-time Guardians (0.1 WTE each), collectively equating to one full-time role. Guardians are allocated protected time, with backfill funding available to support their duties.

In 2024/25, bullying and harassment remained the most reported concern, accounting for 36% of cases, though this marks a reduction from 47% in 2023/24. Notably, anonymous reporting has declined, suggesting growing confidence in the system. However, there has been a slight increase in cases where staff report detriment after speaking up, particularly in quarters 3 and 4 (around 5% of cases).

From an equality perspective, this trend underscores the importance of fostering psychologically safe environments, especially for staff from underrepresented or marginalised groups who may face additional barriers to raising concerns. Ensuring equitable access to FTSU and addressing perceived or actual detriment is essential to building trust and inclusion across the workforce.

Resolution

Disciplinary Cases
In 2024/25, BME colleagues were 2.12 times more likely to face formal disciplinary action (WRES Indicator 3). 42 disciplinary hearings took place; 79% of these involved BME staff. This disproportionality widened compared to 2023/24 (when 72% of formal cases involved BME staff).

We improved early resolution – 76% of all misconduct allegations were resolved informally without a formal hearing, an improvement from 72% the previous year. However, there is an observable bias in outcomes: White colleagues had 80% of their cases resolved informally, compared to 72% for Black and Asian colleagues.This suggests that BME staff's cases are slightly less likely to be dropped at the preliminary stage.

To improve fairness, we launched a Just and Learning Culture Panel in February 2024 – a diverse group that reviews misconduct triage decisions anonymously each week. The panel checks for consistency and challenges any potential bias before a case proceeds. While the panel has added rigor to our process (providing assurance that decisions are more objective), it has not yet reduced the proportion of BME colleagues in formal proceedings

We recognize this and will continue focusing on bias mitigation in disciplinary decisions. It's also notable that formal actions are concentrated among more junior staff: over half (55%) of employees who faced a disciplinary hearing were in Bands 2–4 (support staff roles), where we have much higher BME representation. The total numbers therefore, reflect the makeup of our junior workforce and highlights where to target our just culture training and support.

Advance Equality of Opportunity

Success Metrics

- 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

Accessible

This year has seen a concerted push to make our workplace more accessible and supportive for colleagues with disabilities and health conditions. We tackled accessibility on multiple fronts – physical environment adjustments, process improvements, and cultural change – to ensure staff with disabilities can thrive. We also commissioned a comprehensive accessibility audit of all our sites: partnering with AccessAble for a 3-year programme to survey our hospitals and offices for barriers (from wheelchair access to sensory impairment accommodations).

Reasonable Adjustments

We started an overhaul of our Reasonable Adjustments process to simplify and speed up support: a single point of contact email and form was launched, accompanied by an awareness campaign so staff know how to request help. As a result, usage of the RA service shot up – the number of employees receiving formal adjustments has nearly tripled compared to two years ago. We also started mapping the end-to-end journey for disabled colleagues, introducing checkpoints at 3, 6, and 12 months after an adjustment is in place to ensure it remains effective.

I-CAN Network & Disability Inclusion

The voice of disabled colleagues has grown stronger via our I-CAN (Imperial Chronic Ability Network). The network provided invaluable input into policy updates – for instance, reviewing the new Health & Attendance policy through an accessibility lens. I-CAN also partnered in awareness events during Disability History Month, including an honest Schwartz Round where staff with hidden disabilities shared experiences with senior leaders. These conversations have helped break stigma. Following one session, several managers proactively contacted the EDI team to learn how to better support neurodiverse team members. We are seeing a positive culture shift: more colleagues are comfortable self-identifying as disabled or neurodivergent, which is an essential step to getting support (our staff disability declaration rate rose by almost 1% this year.

Health and Attendance

Insights from our disability data deep-dive fed directly into our revamped Health & Attendance programme. Launched in late 2024, this new approach replaced punitive absence “triggers” with supportive conversations, flexible adjustments, and earlier redeployment opportunities for those who cannot return to their original role

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- Reduction in instances of bullying and harassment

In late 2024, we launched Trust-wide anti-racism and anti-discrimination commitments, (aligned with our values), as part of our Forward Together plan. This laid the groundwork for a more conscious, inclusive workplace. In fact, our internal surveys already show an uptick – as of March 31st 2025, 67% of staff now feel informed about EDI initiatives and 55% confident we can become an anti-racist organisation, figures we expect to grow as engagement deepens.

We bolstered this culture shift with enhanced staff support networks and education. Our equality staff networks undertook revitalisation plans, with almost all electing or appointed new co-chairs, defining core objectives, and growing membership through fresh communications and events like gratitude week. Recognising intersectionality, we also encouraged networks to collaborate: for example, our LGBTQ+ Network collaborated with the Race Equality Networks to host Imperial's first participation in UK Black Pride, celebrating LGBT people of colour.

Education & Awareness

A comprehensive EDI training suite was created to give staff practical skills for inclusivity. We introduced five new instructor-led courses on topics identified as gaps: Accessible Communication, Using EDI Data, Transgender Awareness, Neurodiversity at Work, and Introduction to EDI basics. These complement existing mandatory modules (like general Equality & Diversity and the Oliver McGowan autism training) and short "EDI" toolkits on subjects such as tackling microaggressions. The response has been positive – sessions are well-attended and feedback indicates staff value the concrete tips (e.g. managers learning to adjust communication styles for colleagues with dyslexia).

Safe and Open Dialogue

Creating safe spaces for difficult conversations has been another focus. We expanded our Executive Listening Sessions programme – initially designed for ethnic minority staff – to cover other groups and mixed forums. We also invited trade unions to collaborate and hold extraordinary meetings for staff networks on key issues.

Celebrating Diversity

Building an inclusive culture also means visibly celebrating our people. Over the year, Imperial marked events from Pride Month to

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Celebrating Diversity
Building an inclusive culture also means visibly celebrating our people. Over the year, Imperial marked events from Pride Month to Disability History Month more robustly than ever. We held our first Trust-wide National Inclusion Week, featuring stories of staff from different ethnic and cultural heritages shared on the intranet and at lunchtime talks alongside stalls and the launch of our strategy.

Senior leaders publicly wore rainbow lanyards, disability sunflower badges, and similar symbols to signal support.

Open Britian
We celebrated the contributions of first-generation migrants working across the Trust, using portraiture and storytelling to highlight their vital roles in the NHS. Co-designed with staff and delivered in collaboration with photographer JJ Keith, the project aligned with the Trust's broader equity and anti-discrimination commitments and the portraits were use in our strategy cover sheet and as a gallery at Charring Cross hospital. Through daily portrait releases during National Inclusion Week, the Trust amplified diverse narratives and fostered a culture of fairness, representation, and transformation. the project was nominated for and won a photography award.

Policy and Governance
Inclusivity is being embedded into our policies and leadership expectations. 2024's management objectives included an explicit EDI goal for all board members, and progress on inclusive behaviours now forms part of their performance appraisals. We simplified our Dignity at Work and Equal Opportunity policies into one "Respect at Work" policy in plain English, making the standards of behaviour clear. We've already seen increased reporting of issues like microaggressions, which we could interpret as greater confidence among staff that raising these issues will lead to action rather than retaliation.

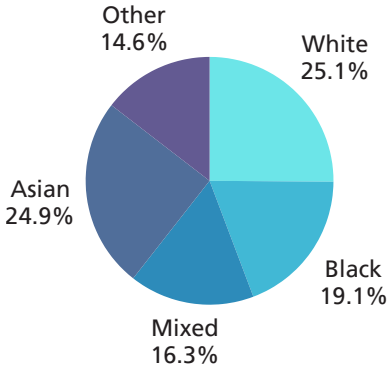
The EDI Committee instituted more regular review of inclusion metrics (including a quarterly Belonging index from staff survey results).

Executive Pairings Project
The Executive Pairings project (reciprocal mentoring) was launched as a key equity initiative for our MREN network. Unlike traditional reverse mentoring, the pairings were designed to be flexible and could include shadowing, coaching, sponsorship, or career guidance, with a recommended duration of 6–12 months to support sustained engagement. The project was formally launched during Gratitude Week in September 2024, with 20 executives paired with staff from Band 4 to 8D.

Attrition & Retention

We reviewed disability and ethnicity turnover data from 1st April 2024-31st March 2025. Although disabled staff represented just 3.8% of the workforce, they accounted for 11.2% of turnover—significantly higher than the 8% turnover rate for non-disabled staff, with Band 8B disabled staff experiencing the highest turnover at 19.9%. In contrast, turnover across all ethnic groups remained below the Trust's 12% target, indicating more stable retention patterns in relation to ethnicity.

Turnover by Ethnicity



Turnover Disability Likelihood

Disabled staff are

1.4

times more likely to leave than non-disabled colleagues.

Attrition & Retention

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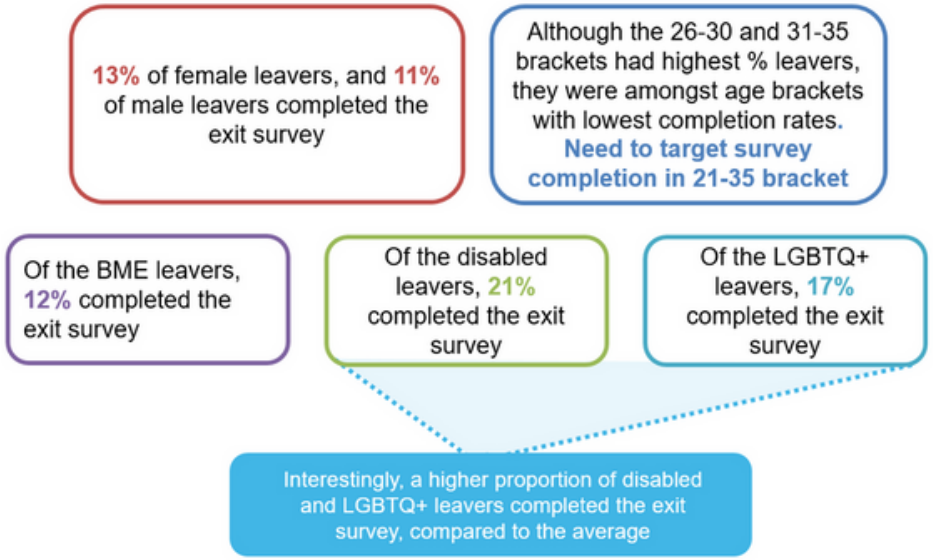
Exit Data Project

In October 2024, we undertook a project reviewing our 2023/24 exit data as part of a joint collaboration between our People Promise Manager, MREN network, HR and EDI teams.

- **Key findings:**
  - **54%** of leavers were **BME** staff (**9% fewer** than the workforce makeup).
  - **3%** of leavers had a **disability** – consistent with workforce demographics.
  - **5%** of leavers identified as **LGBTQ+**, slightly higher than workforce average.
  - **Men** are leaving at a proportionally higher rate than **women** (34% vs 66%).
  - **Younger staff** (ages 26–30 and 31–35) had the highest exit rates.
  - Exit Survey completion rate was very low- **12%** (340 out of 2817 leavers).

- **Staff Experience Insights**:
  - Majority feel enthusiastic and engaged at work.
  - Positive responses on initiative and suggestion opportunities, but fewer feel empowered to implement changes.
  - Only **48%** feel career progression is fair – the lowest rated area.
  - **BME staff** report slightly more positive experiences around health and wellbeing support.

- **Based on the review, a series of recommendations were put in place:**
  - Increase awareness and accessibility of the exit survey.
  - Improve timing and process to encourage completion.
  - Provide protected time for staff to complete surveys.
  - Address concerns around fairness in career progression.



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 2024/25:

- **95%** completed our mandatory equality and diversity and human rights eLearning module. An increase from 92.7% in 23/24.
- **92%** completed our mandatory equality and Oliver McGowan Mandatory Training on Learning Disability and Autism. An increase from 72.3%.
- **35%** were completed the Oliver McGowan Learning Disability and Autism Tier 1 part 2 for non-patient facing roles, which we rolled out towards the end of the financial year.

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.

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, 1335 staff members have enrolled on an apprenticeship at the Trust, with an average 78% programme retention rate (an increase from 76% in 2023/24). 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.

In 2024/25 283 staff members enrolled in an apprenticeship, up from 174 in 2023/24. 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. Opportunities are available from level 2 (equivalent to GCSE) through to level 7 (equivalent to Master's) across clinical, business, and management disciplines.

69.5% of people undertaking an apprenticeship in 24/25 were from Black, Asian and minority ethnic groups (increased from 60% in 23/24). This rose to 71.1% for those undertaking a nursing or midwifery apprenticeship programmes (a decrease from 78% in 23/24).

Notably, Artificial Intelligence (A.I.) apprenticeship programmes were introduced in 2024/2025. The work-based learning provided by these apprenticeships enables staff at all bands and background to advance within their chosen careers.

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25.7% of staff enrolled in nursing apprenticeships are men. Men are currently underrepresented nursing professions although this proportion reflects the composition of our trust workforce.

63.6% of women were enrolled in level 7 apprenticeship programmes, which closely reflects composition of our workforce, and is a positive step towards closing our gender pay gap.

2023/24 apprenticeship activity		2024/25 apprenticeship activity	
enrolled	174	enrolled	283
completed	83	completed	1

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 91 individuals from across NW London have participated in the programme. 25 graduates have been offered jobs in the Trust since the start of the programme and 9 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. 1 is about to start in Hotel Services. This is our 10th anniversary year. It 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.

2023/24 activity*		2024/25 activity	
interns enrolled	10	interns enrolled	9
interns graduated	10	interns graduated	8
interns in employment	2 (3 more were in progress)	interns in employment	7

Foster Good Relations

Inclusive

Success Metrics

- 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

In late 2024, we launched Trust-wide anti-racism and anti-discrimination commitments, (aligned with our values), as part of our Forward Together plan. This laid the groundwork for a more conscious, inclusive workplace. In fact, our internal surveys already show an uptick – as of March 31st 2025, 67% of staff now feel informed about EDI initiatives and 55% confident we can become an anti-racist organisation, figures we expect to grow as engagement deepens.

We bolstered this culture shift with enhanced staff support networks and education. Our equality staff networks undertook revitalisation plans, with almost all electing or appointed new co-chairs, defining core objectives, and growing membership through fresh communications and events like gratitude week. Recognising intersectionality, we also encouraged networks to collaborate: for example, our LGBTQ+ Network collaborated with the Race Equality Networks to host Imperial's first participation in UK Black Pride, celebrating LGBT people of colour.

Education & Awareness

A comprehensive EDI training suite was created to give staff practical skills for inclusivity. We introduced five new instructor-led courses on topics identified as gaps: Accessible Communication, Using EDI Data, Transgender Awareness, Neurodiversity at Work, and Introduction to EDI basics. These complement existing mandatory modules (like general Equality & Diversity and the Oliver McGowan autism training) and short "EDI" toolkits on subjects such as tackling microaggressions. The response has been positive – sessions are well-attended and feedback indicates staff value the concrete tips (e.g. managers learning to adjust communication styles for colleagues with dyslexia).

Safe and Open Dialogue

Creating safe spaces for difficult conversations has been another focus. We expanded our Executive Listening Sessions programme – initially designed for ethnic minority staff – to cover other groups and mixed forums. We also invited trade unions to collaborate and hold extraordinary meetings for staff networks on key issues.

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Celebrating Diversity
Building an inclusive culture also means visibly celebrating our people. Over the year, Imperial marked events from Pride Month to Disability History Month more robustly than ever. We held our first Trust-wide National Inclusion Week, featuring stories of staff from different ethnic and cultural heritages shared on the intranet and at lunchtime talks alongside stalls and the launch of our strategy.

Senior leaders publicly wore rainbow lanyards, disability sunflower badges, and similar symbols to signal support.

Open Britian
We celebrated the contributions of first-generation migrants working across the Trust, using portraiture and storytelling to highlight their vital roles in the NHS. Co-designed with staff and delivered in collaboration with photographer JJ Keith, the project aligned with the Trust's broader equity and anti-discrimination commitments and the portraits were use in our strategy cover sheet and as a gallery at Charring Cross hospital. Through daily portrait releases during National Inclusion Week, the Trust amplified diverse narratives and fostered a culture of fairness, representation, and transformation. the project was nominated for and won a photography award.

Policy and Governance
Inclusivity is being embedded into our policies and leadership expectations. 2024's management objectives included an explicit EDI goal for all board members, and progress on inclusive behaviours now forms part of their performance appraisals. We simplified our Dignity at Work and Equal Opportunity policies into one "Respect at Work" policy in plain English, making the standards of behaviour clear. We've already seen increased reporting of issues like microaggressions, which we could interpret as greater confidence among staff that raising these issues will lead to action rather than retaliation.

The EDI Committee instituted more regular review of inclusion metrics (including a quarterly Belonging index from staff survey results).

Executive Pairings Project
The Executive Pairings project (reciprocal mentoring) was launched as a key equity initiative for our MREN network. Unlike traditional reverse mentoring, the pairings were designed to be flexible and could include shadowing, coaching, sponsorship, or career guidance, with a recommended duration of 6–12 months to support sustained engagement. The project was formally launched during Gratitude Week in September 2024, with 20 executives paired with staff from band 4 to 8D.

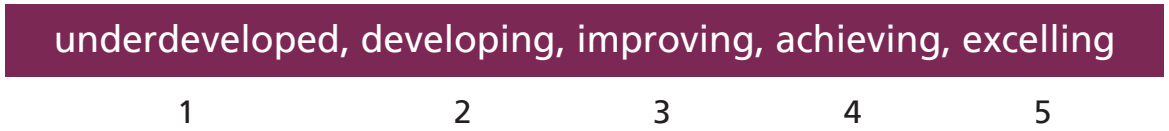
Our Staff Networks

In 2024/25, the Trust proudly supported five equality staff networks. Each network has its own logo, email, intranet pages and Microsoft Teams site to help amplify its work and visibility within the Trust.

- Women's network
- I-CAN network
- LGBTQ+ network
- Multidisciplinary race equality network
- Nursing and Midwifery race equality network

Networks:
- Help foster inclusion, promote diversity, and amplify staff voices across the organisation.
- Lead a variety of activities and collaborate on programmes with the wider Trust, acting as critical friends on workplace initiatives and more.

Development plan
In April 2024, we launched a 5-phase network development programme based on 3 main drivers: Autonomy, Community and Impact. All networks self- identified where they sat on a 5-phase scale with 1 being underdeveloped and 5 being excelling. 3 networks were in stages 1 and 2; one was in phase 3 and another in phase 4.



By 31st March 2025, all networks were in phase 3. To support this, we held development meetings for chairs alongside individual and multi-network training sessions with the leadership team who jointly created a 3 part network chairs training programme with the EDI team.

Women's network
Executive Sponsors; Michelle Dixon (Director of engagement and experience) and Jazz Thind (Chief financial officer)
The Women's Network continues to champion equality and diversity at all levels of the Trust, while supporting skills development, enhancing workplace experiences for women, and prioritising women's health—including raising awareness around menopause

The networks projects/activities in 2024/25 included:
- Welcoming new co-chairs, Marie Obra and Karen Turner. They replaced Naomi Goodhand and Pavee Jeyaratnam, who wrapped up after three years of amazing work as co-chairs.
- International Women's Day: Celebrated annually on the 8 March, the network's celebration included series of workshops and events including a virtual talk on gender equity and leadership featuring speakers from across our Trust and collaboration with Acute

- Provider Collaborative, which featured an insightful conversations with Dr Ali Abbara, consultant in endocrinology, on using artificial intelligence to personalise IVF treatment, and Mo Hornick, youth crisis independent domestic violence advisor, on the unseen signs of domestic abuse.
- Publishing a series of blogs on our intranet on gender issues, including leadership and career development.
-

I-CAN Network

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

The ICAN Network continues to champion support for disabled staff and those with long-term conditions, while raising awareness of disability-related issues, promoting the Access to Work scheme, and encouraging disability data reporting

The networks projects/activities in 2024/25 included:

- Disability History Month: The network held activities in November and December 2024 to mark Disability History Month, and the theme Disability Livelihood and Employment. For instance, they held a Schwartz round on International Day for People with Disabilities on 3rd December to to listen to the experiences of disabled staff.
- Working collaboratively with key stakeholders to ensure that the lived experiences of disabled staff are considered in the decision-making. For example, the network supports the attending the health and attendance working group, which aims to improve how to support staff mental and wellbeing and ensure we treat staff fairly, especially with a disability or long-term condition.
- Promoting disability confidence and knowledge around the rights of disabled people. For instance, in collaboration with the trade union Unison, the network held an event for network members on sickness absence, and the Sickness Absence policy (now the Health and Attendance Policy) to help disabled staff to understand their rights.

LGBTQ+ network

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

The LGBTQ+ Network continues to strengthen connections among LGBTQ+ staff, address health inequalities, and enhance the experiences of LGBTQ+ patients and colleagues across the organisation

The networks projects/activities in 2024/25 included:

- Pride Month: The network help activities to celebrate Pride Month held each year in June. For example, the network attended London Pride for the consecutive year and also shared LGBTQ+ staff stories on the intranet.
- Black Pride: In collaboration with the race equality networks, the network participated in Europe's largest celebration of Black, Asian and minority ethnic LGBTQ+ people and culture. The network held a stall, which promoted trust services and employment opportunities. The network also held a discussion panel for staff on why we were taking part in this historic event and what it means for our people as we continue to drive our ambition for a more inclusive organisation.
- LGBTQ+ History Month: the network interviewed staff and posted profiles on our intranet of activists throughout history who have made changes or were trailblazers for later change for the LGBTQ+ community, with a specific focus on those who worked in healthcare. They also held a series of events including a visit to Queer Britain Museum.

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

The Multidisciplinary Race Equality Network remains committed to elevating staff voices across all protected characteristics, while fostering visibility and allyship through active executive engagement

The networks projects/activities in 2024/25 included:

- Executive Pairings Programme: the network developed this programme following an action from the Black History Month 2023 executive listening sessions. It paired staff members within the network with a board member in an informal arrangement to build a relationship or shared learning and experience. The first cohort ends in September 2025, with plans for a second in 2026.
- Heritage Month: the network celebrated heritage months between July and October, in collaboration with the Nursing and Midwifery race equality network for a fourth consecutive year; South Asian Heritage Month, East and South Asian Heritage Month and Black History Month. Key events marking these months included: A conversation with Edmund Tabay - The first Filipino Director of Nursing in the NHS, and charity walk for Black History Month, which raised £2,500 for the following grassroot charities; Grace to Graces, The Aaron Opoku Foundation, Mila Warrior Princess, and Gift of Living Donation (GOLD).
- Working with stakeholders to ensure that the experiences of Black, Asian and ethnic minority groups are considered in decision making to promote equality and increase staff engagement including, being key members committee and working groups (e.g. Workforce Race Equality Steering Group).

Nursing and midwifery race equality network
Executive sponsor; Professor Janice Sigsworth (Director of Nursing).

The Nursing and Midwifery Race Equality Network continues to advocate for race equality within the professions, promoting inclusive career development and supporting staff wellbeing

The networks projects/activities in 2024/25 included:

- Supporting the learning and development of staff. Including, promoting development opportunities to network members (e.g. the Healthcare Leaders Fellowship programme and apprenticeships) and supporting the delivery of workshops for internationally recruited nurses (e.g. IEN preceptorship).
- Working collaboratively with stakeholders across the Trust to ensure fairness, including siting committee, working groups, and panels such as the Workforce Race Equality Steering Group, and the Just and Learn Panel (which reviews ER triage case to ensure decision-making is fair).
- Patient hair care: our network led a project in intensive care to help us change the way we look after our patients with all types of hair including afro and curly hair. The new approach includes a training video and instructions, inflatable 'sinks' for hair washing, and the new haircare products from Fulham Scalp & Hair Clinic. The Charing Cross critical care team piloted this approach over three months, with the aim of then rolling our an improved approach across our hospitals, adding the inclusive haircare guidance to the Trust personal hygiene policy and widening access to inclusive haircare products. See video (Youtube)

Wellbeing

Many of the Trust's wellbeing workstreams have a direct connection to equality, diversity, and inclusion. Analysis of the national staff survey includes breakdowns across all protected characteristics and the findings are used to inform and develop targeted action plans, at both Trust-wide and local levels. The wellbeing programme continues to embed EDI principles across its projects, with key highlights from 2024 set out below.

Menopause programme

Now in its fourth year, the menopause programme continues to provide a blend of expert-led education and peer support. The programme follows a bi-monthly cycle:

- Workshops hosted by an external facilitator including specialists on specific topics such as pelvic health physiotherapy and occupational health.
- Menopause Meets on alternate months, offering a safe, confidential, unrecorded space for peer connection and support, supported by CONTACT.

All sessions are delivered virtually, enabling staff to participate from any location. Workshop recordings are made available via the menopause intranet page which is now a well populated bank of resources.

In October 2024, the Trust co-hosted its annual WMD event with the other three trusts in the Acute Provider Collaborative (APC), expanding access to expert speakers and cross-Trust engagement. The event featured keynote speaker Dr Neale Watson on the national theme of hormone replacement therapy, as well as sessions on sleep and diet — topics requested by the menopause network. 289 staff registered and 179 attended, with the feedback from saying 87% of attendees reported feeling more confident discussing menopause at work, and 89% indicated they were likely to recommend the event to a colleague.

As the next part in our programme, the trust has made a further commitment to become a menopause friendly accredited employer, with accreditation provider Henpicked. The trust aims to achieve accreditation within the next financial year.

Wellbeing champions

This year, five Wellbeing Champion training sessions were delivered to 43 participants, including six doctors in training - a hard to reach group. In total, 129 champions have now been trained, representing a range of roles, bands, and locations across the Trust. Recruitment is designed to foster inclusivity, with targeted approaches to underrepresented staff groups such as hotel services.

The training programme is now available on LEARN, increasing accessibility and streamlining the booking process, which has resulted in higher uptake. 11 champion "check-in" sessions were also held during the year, featuring guest speakers on topics including EDI-related training.

Examples of success stories:

- Deputy Divisional Research Manager, has delivered over 300 virtual "Wellbeing Wednesday" sessions covering a wide range of topics for her department.
- Clinical Therapy Lead in Children's Physiotherapy, has implemented structured 100-day onboarding conversations for new starters and rotational staff, creating protected space for early feedback and enabling faster resolution of issues.
- Head of Business Intelligence (NWLP), has supported colleagues at various stages of potential crisis, providing advice and signposting informed by Wellbeing Champion training, as well as the LEARN Psychological First Aid and Compassionate Manager courses. Notably, he was able to support a colleague by referring them to the menopause programme.

Wellbeing news and calendar
Once again, the Trust's wellbeing calendar incorporates key awareness dates from the EDI calendar, such as Mental Health Awareness Week and Men's Health Awareness Month. Campaigns are selected to align with organisational values and to ensure representation of as many protected characteristics as possible, while maintaining clarity and avoiding over-saturation of messaging.

The wellbeing team works closely with Wellbeing Champions and the wider wellbeing network to share campaign materials and EDI updates, ensuring a coordinated approach and maximising staff engagement.

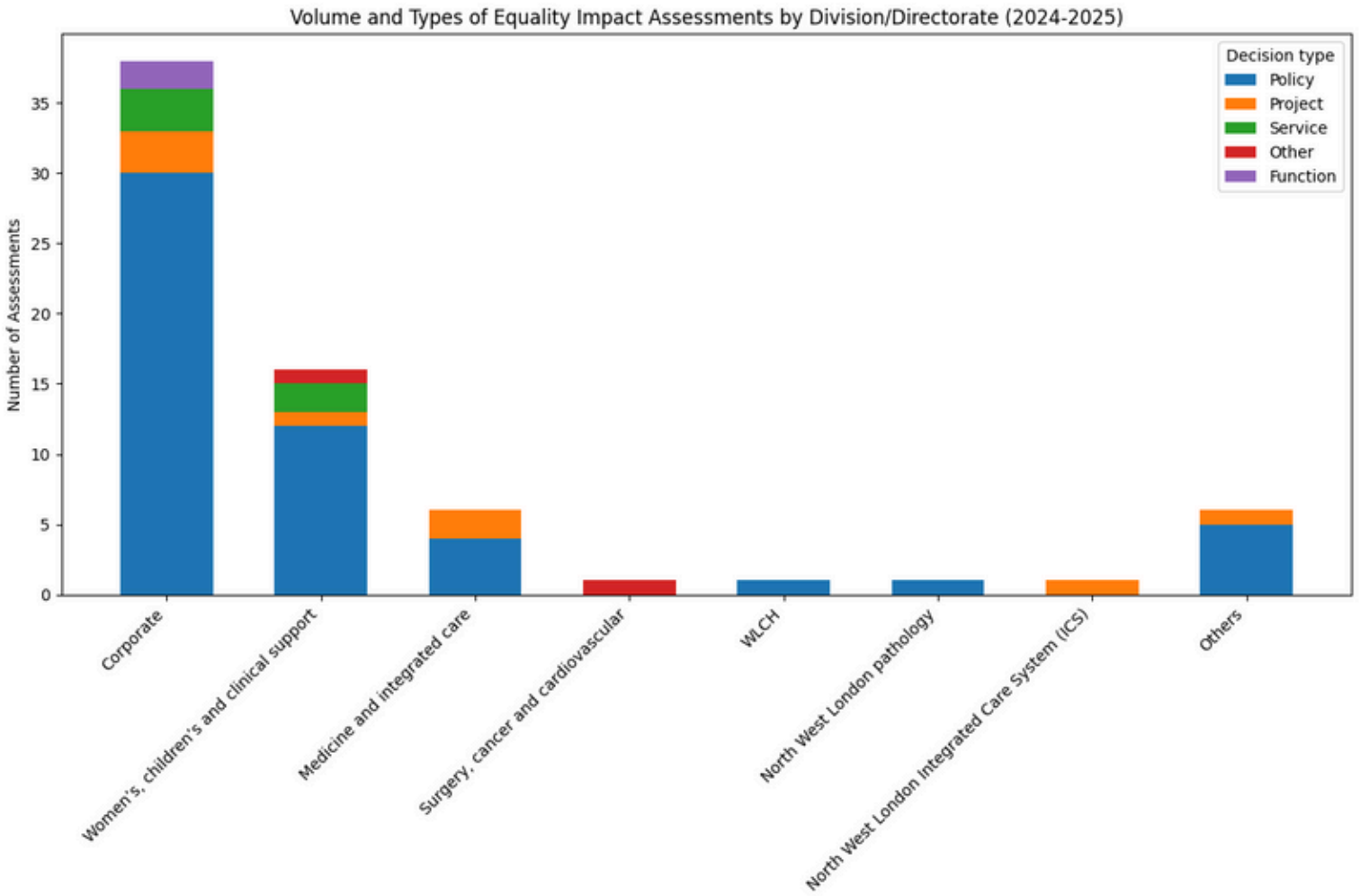
EQIAs and Accreditation

Equality Impact Assessments (EqIAs/EIAs)

The Public Sector Equality Duty requires public bodies, such as the NHS, to monitor the actual impact of their actions. This duty obliges decision-makers to give due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations when carrying out activities such as:

- Recommending new or revised public policy
- Publishing a consultation document
- Designing and providing a public service

An Equality Impact Assessment (EqIA) is therefore a legal requirement. It demonstrates that we have evaluated how our actions impact people from different protected characteristic groups.



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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 2024/25 and continued to distribute these to staff and continue to embed the actions to advance LGBTQ+ equality as set out in our 2023/2023 Rainbow Badge action plan. following the brief pause in the scheme we are working with NHS England to help plan the structure for future action plans. The next action plan will be released in 2025/2026.

ENEI and BDF

The trust is a professional member of Employers Network for Equality Inclusion (now Onvera) 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.

Conclusion

In September 2024, we launched the Forward Together EDI Strategy 2024–2027, co-designed with over 1,250 staff, patients and community partners. The strategy sets out a bold vision for long-term equity and inclusion, underpinned by five outcome areas and aligned with the NHS England EDI Improvement Plan. We've seen positive movement in our NHS Staff Survey and WRES/WDES results, increased engagement through programmes like the Executive Pairings and Engaging for Equity and Inclusion, and continued reductions in formal disciplinary likelihood for BME staff.

While we are proud of the progress made, we recognise there is still more we can—and must—do to advance equality, diversity and inclusion across our workforce and services. It is clear that key challenges remain. We still have quite a distance to equity across several metrics and disparities persist—particularly for disabled staff, trans and gender non-conforming colleagues, and those from marginalised ethnic and sexual orientation groups. Our turnover data and staff experience metrics highlight the need for deeper, sustained action.

Our plan for 2025/26 builds on this year's momentum, expanding our focus on representation, career progression, and local ownership of the EDI agenda. We will continue to deliver against our five outcome categories aligned with the Public Sector Equality Duty and the NHS England EDI Improvement Plan. The details of our other EDI reports and next steps are outlined in the following pages.

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	This is 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. 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.
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.

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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. *parity of incomes between rural workers and those in industrial occupations.*

Imperial College Healthcare NHS Trust

2024 - 2025

Gender Pay Gap

Summary

inclusion.imperial@nhs.net
https://www.imperial.nhs.uk/

Introduction

This report follows the legal requirements for organisations with over 250 employees, as set out in the **Equality Act 2010**. It covers the pay period from **1 April 2024 to 31 March 2025**, and includes data from **15,447 employees** who were classed as 'relevant employees' for these calculations.

There are six mandatory calculations:

1. Proportion of males and females in each pay quartile
2. Mean gender pay gap for ordinary pay
3. Median gender pay gap for ordinary pay
4. Proportion of males and females receiving a bonus payment
5. Mean gender pay gap for bonus pay
6. Median gender pay gap for bonus pay

What is the Gender Pay Gap?
The gender pay gap shows the difference in average earnings between men and women across the organisation. It is shown as a percentage of men's earnings.

Types of Pay Gap Calculations

- **Mean Pay Gap**: The average pay for all men is compared to the average pay for all women.
- **Median Pay Gap**: The middle-paid man is compared to the middle-paid woman when all employees are listed from highest to lowest pay.

Note: The gender pay gap is not the same as equal pay for doing the same job. The Trust uses a national pay system and job evaluation process for staff under **Agenda for Change** and **medical/dental contracts**.

Gender Pay Gap: representation

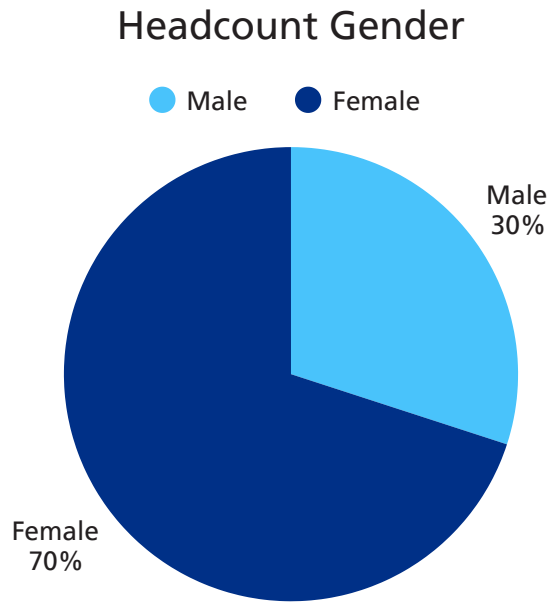
Headcount
Of the staff data that we anaylised, appoximately **70%** (10762) were female staff members, and **30%** (4685) were male staff members.

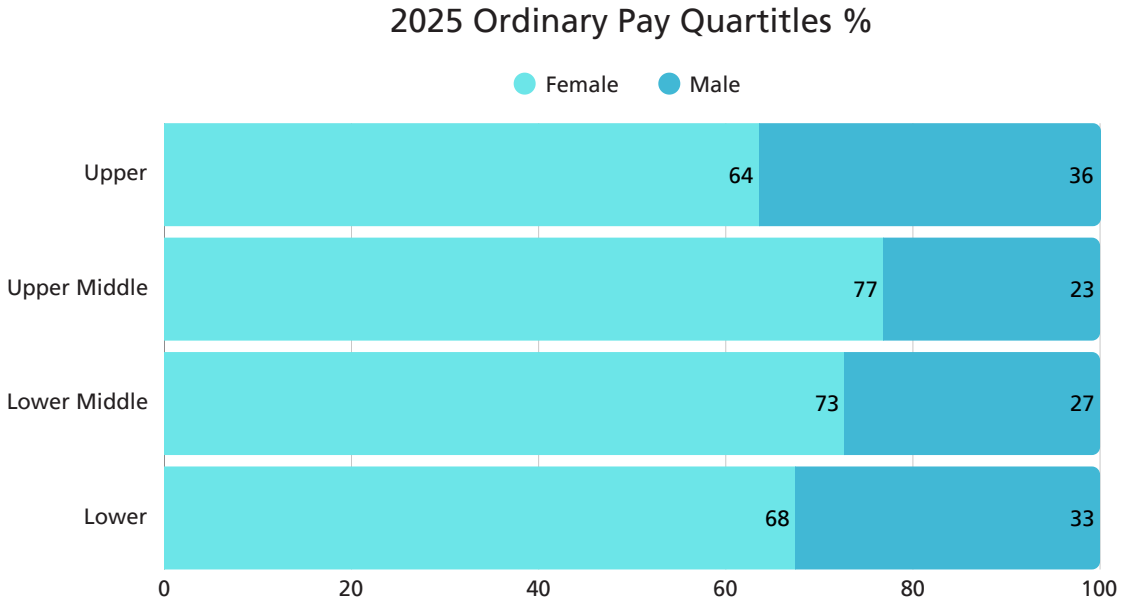
Gender Representation by Ordinary Pay Quartiles
To understand how men and women are distributed across different pay levels, we've divided all full-pay employees into four equal groups (called quartiles), based on their earnings—from the lowest to the highest.

- Quartile 1 includes employees in the lowest pay range.
- Quartile 4 includes employees in the highest pay range.

This breakdown shows the percentage of male and female employees in each quartile, helping us assess gender balance across different pay levels.

Our quartile pay gap has remained relatively consistent the past few years with limited movement. This can be attributed to a lack of dedicated review. However, our three-year programme should help to identify the root causes.





Gender Pay Gap: ordinary pay

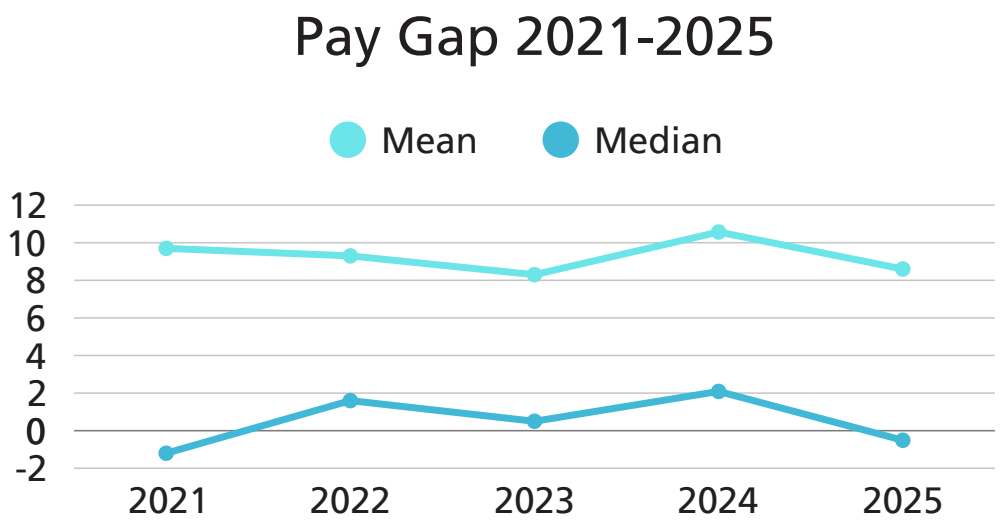
This section establishes the mean and median differences in hourly rates of ordinary pay between male and female employees.

As on the 31st March 2025, the average hourly pay for male staff is **£28.37**. It is **£25.93** for female staff.

This makes our average gender pay gap **8.61%** and the median gender pay gap is **0.51%**.

This marks an improvement from 2023/24 and reflects a return to the previous trend of a year-on-year reduction in the gender pay gap. However, a gap still remains, largely due to the higher proportion of male staff in senior management and consultant roles.

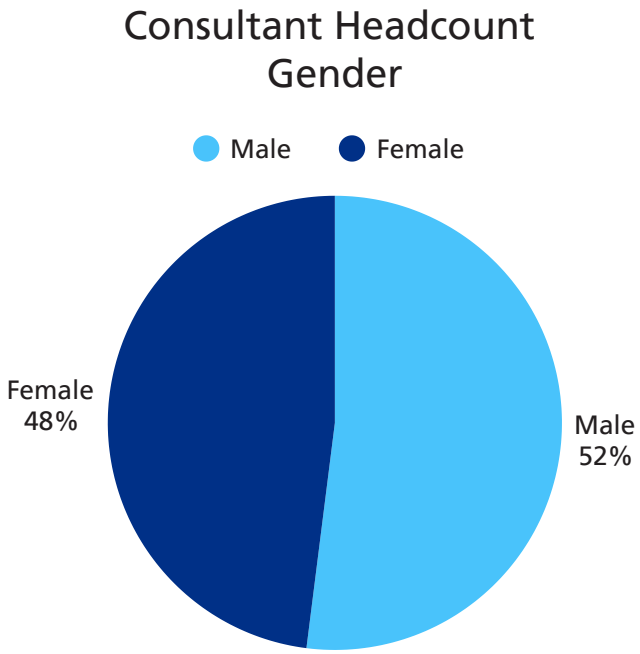
Average Hourly Pay Male	**£28.38**
Averge Hourly Pay Female	**£25.93**
Mean Pay Gap	**8.61%**
Median Pay Gap	**0.51%**



Gender Pay Gap: Consultants

We also seperately anaylised gender pay gap data for consultants, which has a higher proportion of male professionals compared to our wider workforce.
Appoximately **52% (481)** of consultants are male and **48% (450)** are female.

As on the 31st March 2025, the average hourly pay for male consultants is **£65.37**. It is **£63.69** for female staff, making our average consultant gender pay gap **2.57%** and the median gender pay gap is **3.06%**.



Average Hourly Pay Male	**£64.96**
Averge Hourly Pay Female	**£63.08**
Mean Pay Gap	**2.89%**
Median Pay Gap	**2.43%**

Gender Pay Gap: Bonuses

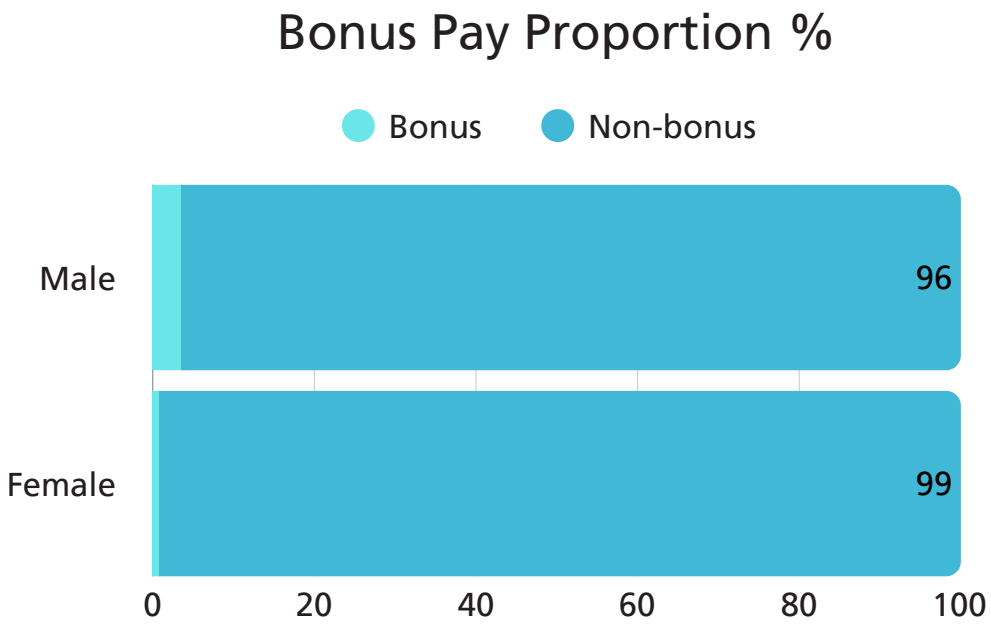
Bonus payments include:

- Clinical Excellence Awards (CEA)
- Long Service Awards (LSA)
- Discretionary pay for consultants with extra responsibilities

These bonuses were given to eligible employees during the 12 months leading up to the snapshot date.

Who Received Bonus Pay?

- **3.54% of male employees** received a bonus
- **0.82% of female employee**s received a bonus
- This means **2.73%** more men received bonus payments than women across the Trust.



Only certain staff groups are eligible for these bonuses. In total:

- **166 male** and **88 female** staff received at least one type of bonus
- To avoid double-counting, anyone who received more than one type of bonus was only counted once.

Bonus Pay Differences

As in previous years, male staff received a higher overall amount in bonus pay compared to female staff. This disparity is primarily due to a greater proportion of male staff receiving bonuses, as well as some male staff receiving multiple types of awards.

Female staff recieved a mean bonus pay of **£12,548.33** and a median bonus pay of **£7,238.40,** while male staff recieved a mean bonus pay of **£17,837.49** and a median pay of **£12,063.96.** This works out to a mean pay gap of **29.65%** and a median pay gap of **39.99%**

Mean Bous Pay Gap	**29.65%**
Median Bous Pay Gap	**39.99%**

Gender Pay Gap: bonuses

Long Service Awards
LSAs are awarded to staff who have completed 20 years of service at the Trust. Recipients are awarded a £150 voucher. In this period, zero members of staff were awarded LSA.

Discretionary points pay
Discretionary pay is made to consultants in recognition of additional responsibilities. From 1 April 2024 to 31 March 2025, discretionary pay was awarded to three male employees. The average payment was £1234.10

Clincial Excellence Award
The Clinical Excellence Award (CEA) scheme recognises consultants who make outstanding contributions to patient care and the ongoing improvement of NHS services.

To be eligible, consultants must hold a permanent position and have worked at the Trust for over one year at the time of applying.

For the gender bonus pay gap calculations, all CEA payments made to relevant employees in the 12 months leading up to the snapshot date are included. This covers:

- Local awards – granted by the Trust
- National awards – now known as the National Clinical Impact Award scheme, granted by the Department of Health and Social Care but paid through the Trust's payroll

114 (56.44%) male and 88 (43.56%) female staff members recieved an at one type of CEA bonus.

CEAs Bonus Pay Differences
Female staff recieved a mean CEA bonus pay of **£12,548.33** and a median bonus pay of **£7,238.40,** while male staff recieved a mean bonus pay of **£18,072.06** and a median pay of **£13270.44**
This works out to a mean CEA bonus pay gap of **30.57%** and a median CEA bonus pay gap of **45.45%**

Bonus pay calcaluation (CEA only) Male	**30.57%**
Bonus pay calcaluation (CEA only) Female	**45.45%**

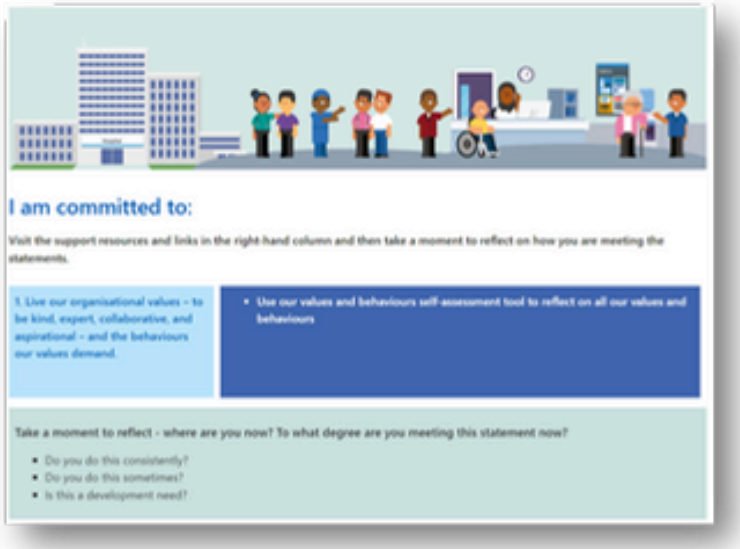
Snapshot: Engaging for Equity and Inclusion

Drawing on our engaging for equity and engagement initiative (facilitated conversations with over 1,200 staff and 11 community groups), with the input and support of our staff networks and partners, we launched:

- Our 2024-2027 equality, diversity and inclusion workforce plan, Forward Together.
- Our organisational commitment to anti-racism and anti-discrimination.
- Our complementary individual staff commitment and interactive self-assessment and resources tool.

This means that:

- We have a range of commitments that now sit alongside our trust values and a multidisciplinary 3 year plan with a specific pillar aimed at improving EDI in place and across professional groups.
- We have a project aimed at socialising these with staff at all levels and ensuring comprehension around how these can be delivered.
- We have focused on new educational pieces including 12 new EDI courses and a programme on Cultural Intelligence



Imperial College Healthcare NHS Trust

2024 - 2025

Ethnicity Pay Gap Report

inclusion.imperial@nhs.net
https://www.imperial.nhs.uk/

Introduction

As part of our duties under the Equality Act and under the mandated NHS EDI Improvement Plan, we are conducting a comprehensive analysis of pay disparities and outlining actions we are taking to eradicate pay differences on the basis of all protected characteristics.

Each pay gap is the difference between the average pay of different groups according to their characteristics. For ethnicity, it is the difference between White British hourly and bonus pay compared to other groups.

Each year, UK employers with 250 or more employees must report their gender pay gap data on a specific date each year. It is now mandatory for all NHS Trusts to report Gender, Ethnicity Pay Gaps on 31st March each year.

In 2025, we analysed data from 15,503 employees.
There are 6 mandatory calculations:

1. Proportion of ethnic groups in each pay quartile
2. Mean ethnicity pay gap for ordinary pay
3. Median ethnicity pay gap for ordinary pay
4. Proportion of ethnic groups receiving a bonus payment
5. Mean ethnicity pay gap for bonus pay
6. Median ethnicity pay gap for bonus pay

We also review:

- the proportion of our total UK workforce from black, Asian, mixed race, and other ethnic groups.
- the proportion of our employees who have disclosed their ethnicity.

Our aim is to provide a detailed analysis and explanations of our pay gaps. We will also outline:

- Our ongoing work towards closing this gap
- Reasons why some actions may take a while to affect the gap
- Various workforce statistics, to give a clearer picture of why this gap exists

Executive Summary

As on the 31st March 2025, the average hourly pay for white staff is £32.03. It's £25.35 for BME staff, making our average ethnicity pay gap 20.83% and the median ethnicity pay gap 19.37%. Our average bonus ethnicity pay gap is 0.54% and our median ethnicity bonus pay gap is 0.

We have a pay gap and we know why

It is due to white overrepresentation in senior management and consultant roles. White ethnic groups accounted for the 5 highest average hourly pay rates. It shows our distance to pay parity for BME staff.

The ordinary pay gap has increased.

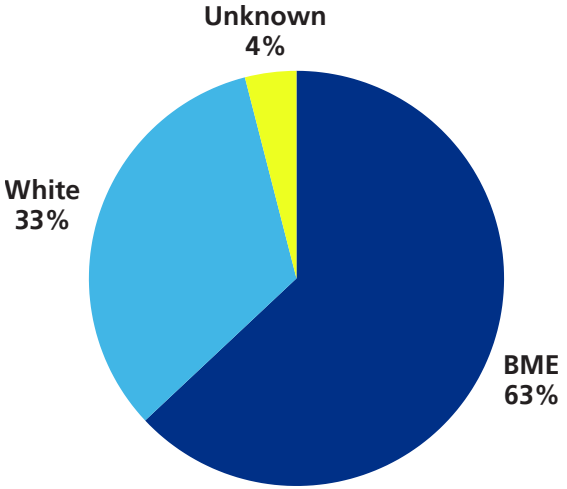
Until 2023, the pay gap was decreasing year-on-year. The pay gap has increased in 2024 & 2025 (20.19% mean, 18.87 median). The increases in afc pay awards may have played a role.

Our ethnicity bonus gap has significantly reduced.

Our bonus pay gap has reduced. This is due to changes in the way CEA was awarded and improvements in our long service awards process.

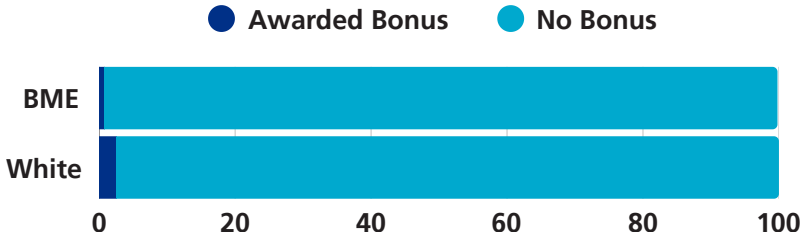
Our quartile pay gap is slowly changing.

Our quartile pay gap has improved year on-year however remains relatively slow to shift across the past few years. This shows our programmes like inclusive recruitment are working just not at pace. The upcoming EQIA on career progression and Race Equality Steering Group task and finish group should help us to identify the root causes.

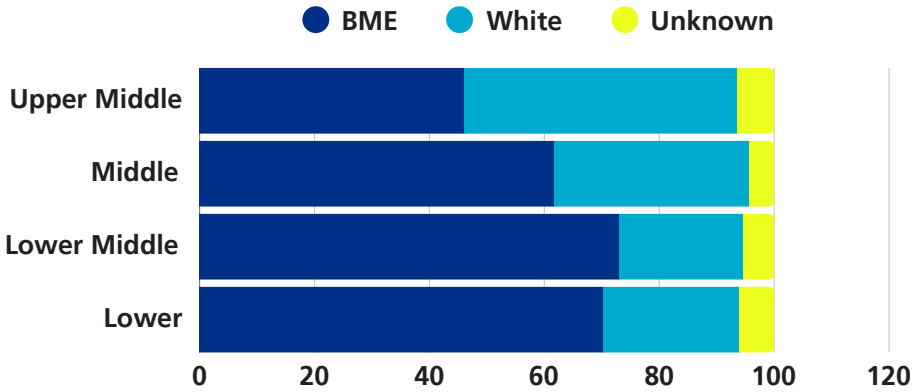


Mean Pay Gap	20.83%
Median Pay Gap	19.37%
Mean Bonus Gap	0.54%
Median Bonus Gap	0

Bonus Pay Proportion



Ordinary Pay Quartiles

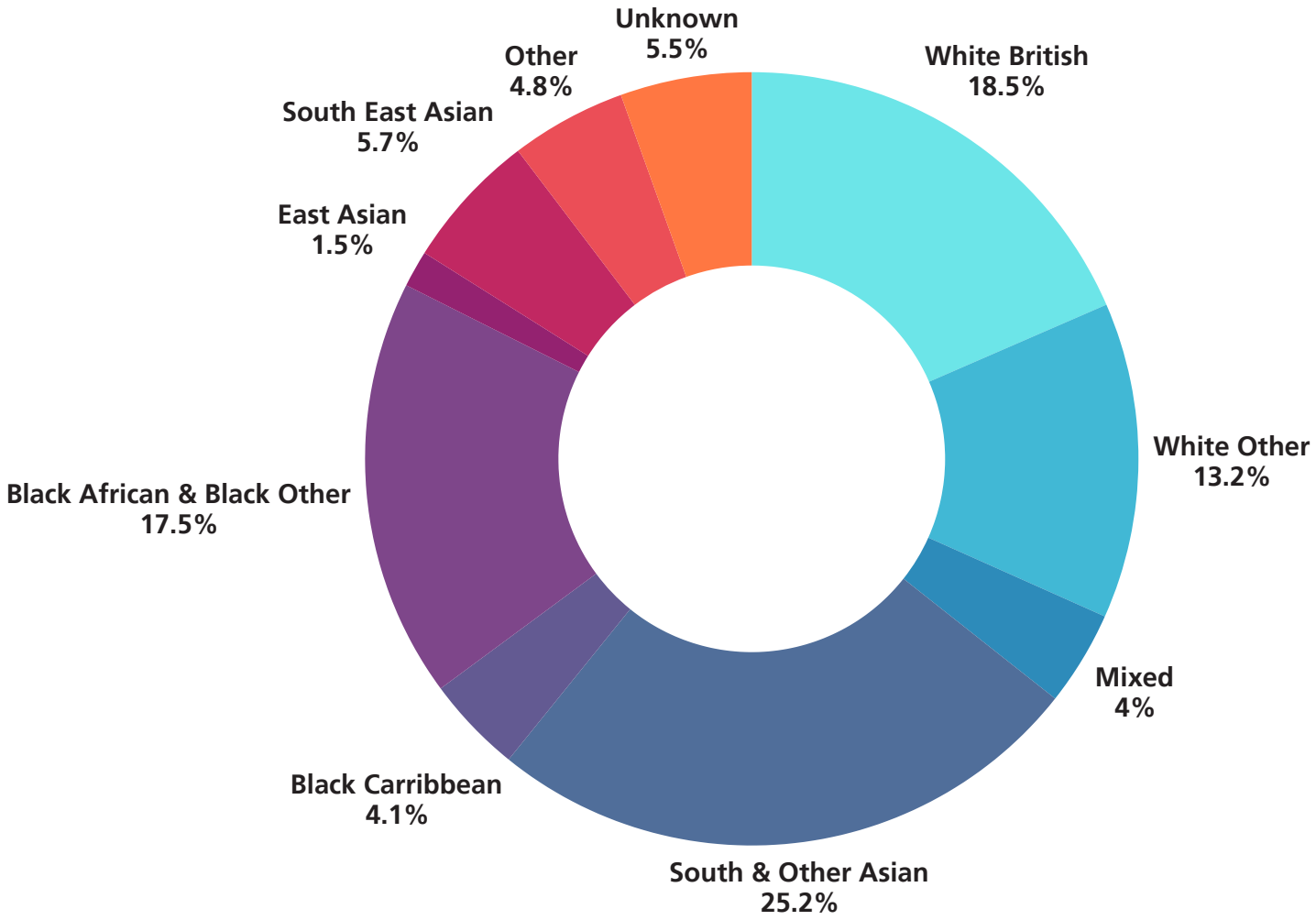


Disaggregating Ethnic Groups

To better reflect our overall trust populations, we have also provided an ethnicity pay gap review moving from the White vs BME model.

Here we changed ONS categories to reflect our largest demographic groups:

- Separating White British groups (British, English, Scottish, Welsh, Northern Irish, Cornish) from all other white groups.
- Separating South-East Asian, East Asian and South Asian groups
- Separating Black African and Black Caribbean
- Providing mean, median pay gaps and quartile data for all staff in different formats e.g. one with and without consultants, white vs black staff



Hourly Pay Rates

The disaggregated data reveals more useful information about pay disparity.

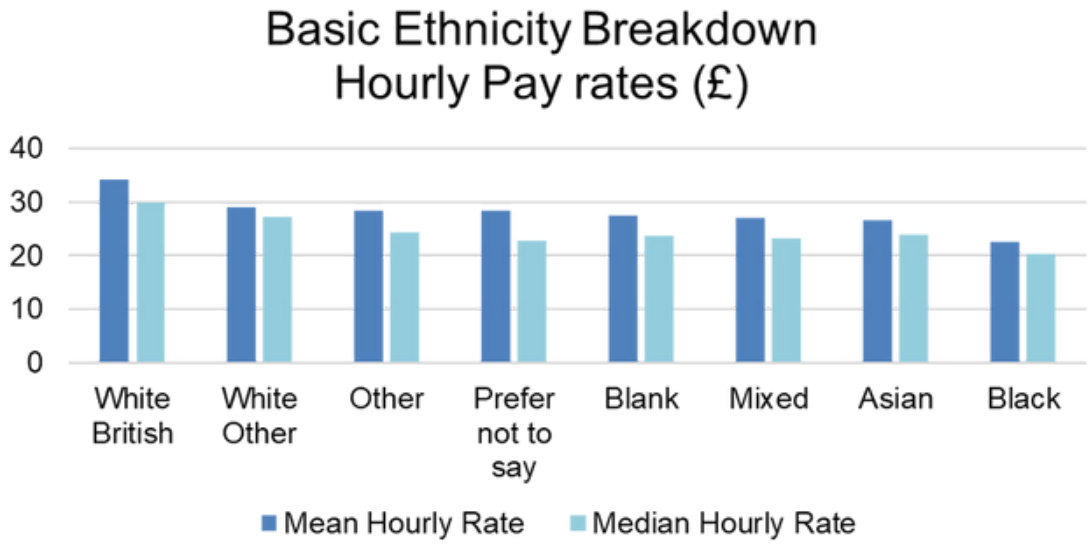
- E.g. East Asian mean hourly pay is the second highest of the ethnic groups reported here at £32.48. This is higher than White Other at £29.11 and significantly higher than the mean Asian aggregate hourly pay of £26.6 (2nd Lowest).

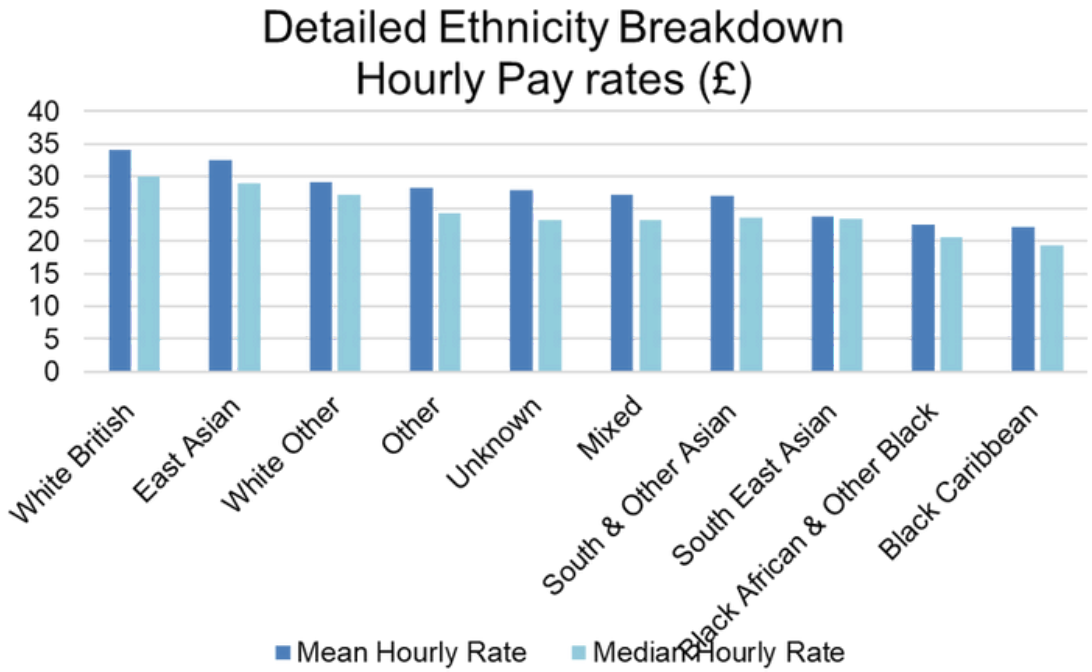
Significant pay gaps exist between ethnic groups

- **Highest Hourly Pay**
  - The ethnic group with the largest mean and median hourly pay is White British staff at £34.12 and £29.96 respectively.
- **Lowest Hourly Pay**
  - The ethnic group with the lowest mean and median pay is black Caribbean staff at £22.11 and £19.37 respectively.
- **The difference in hourly pay between these groups is £12.01/hour on average and £10.59/hour on median.** For reference, the National Living wage on 31st March was £11.44/hour.

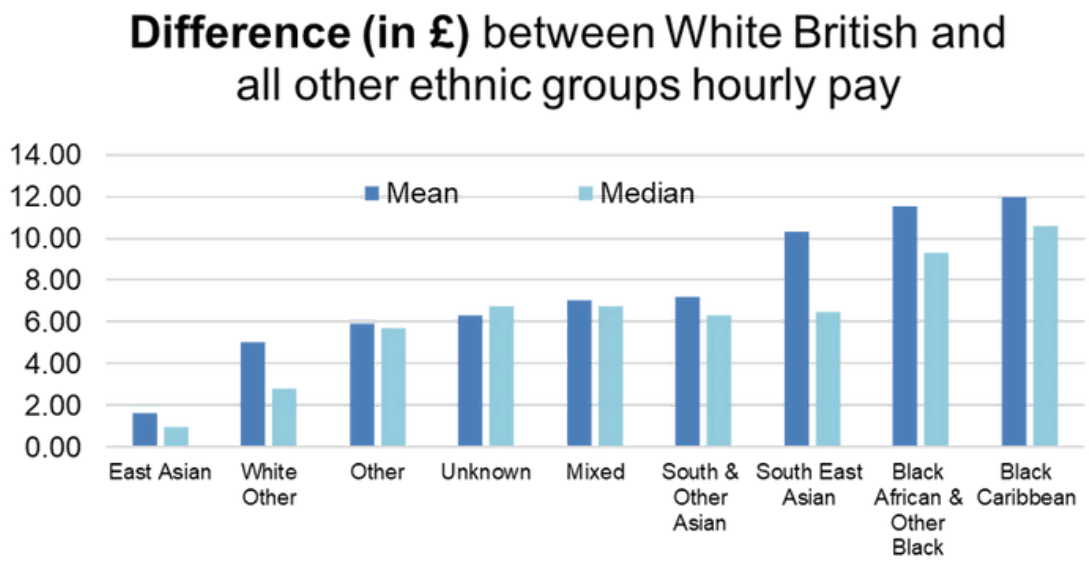
Consistent gaps across other ethnic groups

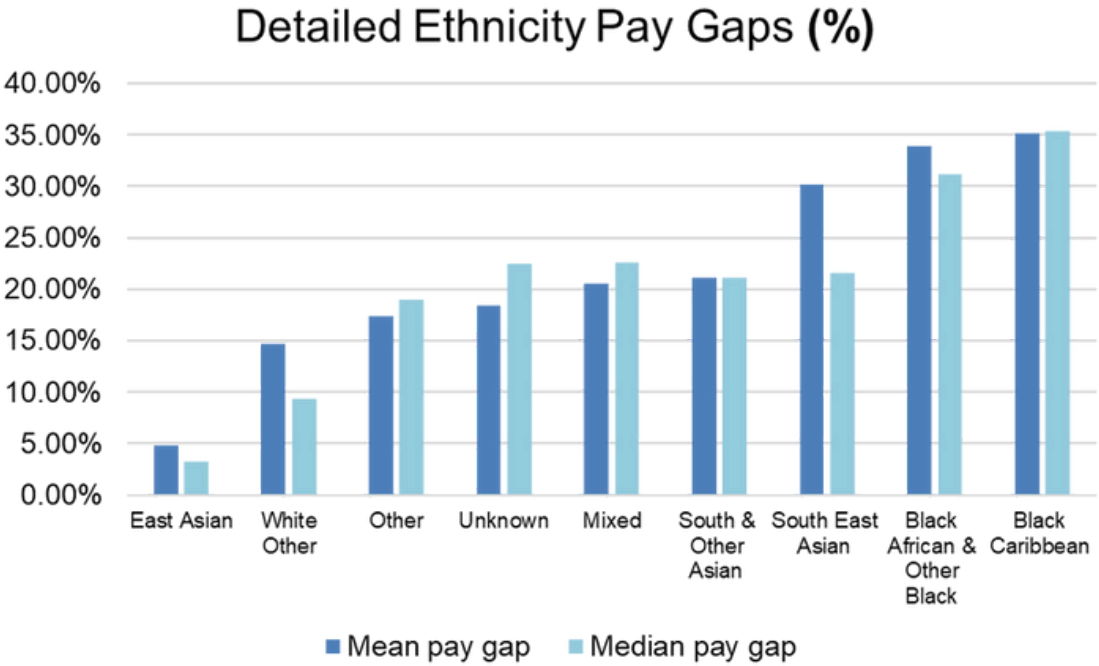
- Other ethnic groups such as Asian, Mixed, and Other also earn less than White British employees, though the gaps are smaller than for Black employees.
- All other ethnic groups presented earn less on average than white British staff.





Hourly Pay Gaps





The largest average and median pay disparity is between White British and Black staff

- The percentage difference in mean hourly rate between White British and Black employees is 35.18% for Black Caribbean staff %, and 33.85% for Black African & Other Black staff indicating a substantial disparity.

There is significant disparity between Asian ethnic groups

- The disparity in hourly pay between white British and South-East Asian staff is also very high.
- The smallest average and median pay disparity is between White British and East Asian groups.

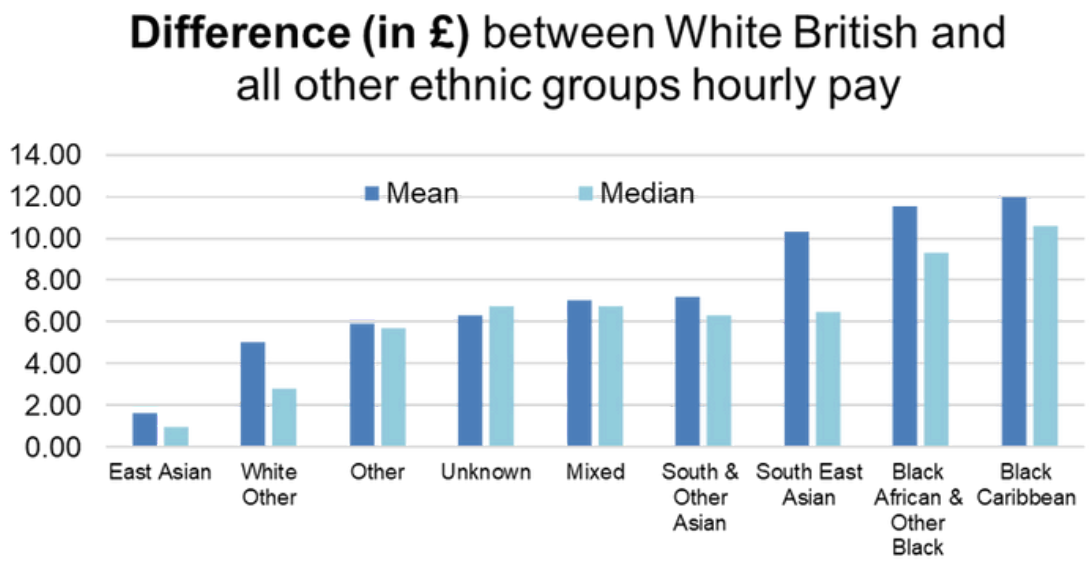
White Other Group also shows a significant pay gap

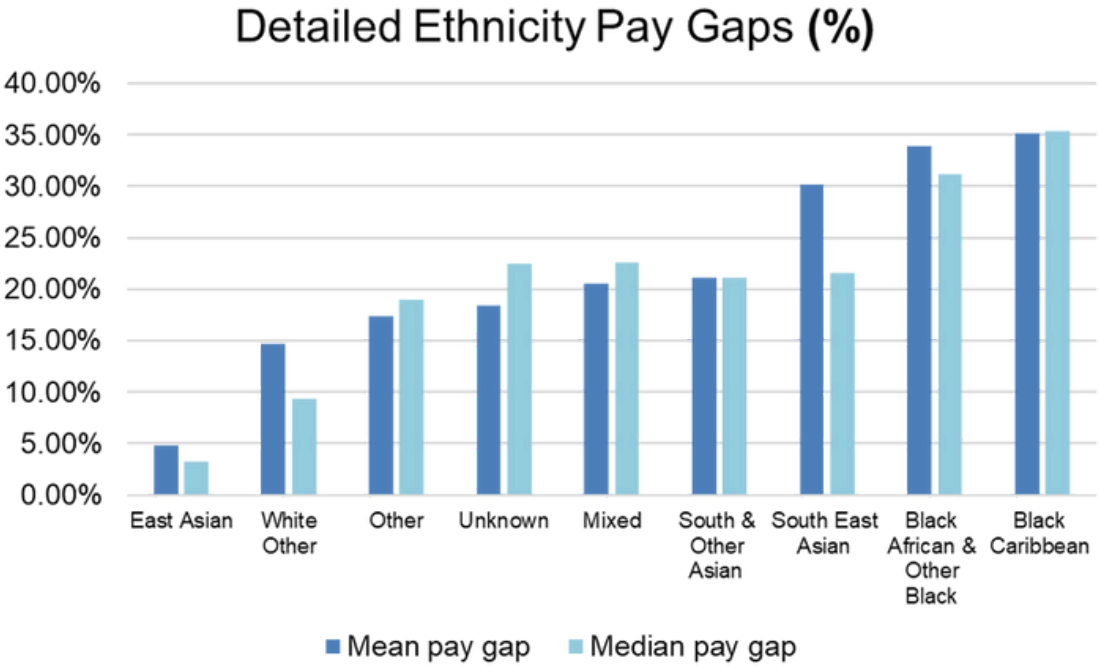
- Even within the broader White category, White Other employees earn less than White British employees:
- Mean hourly rate difference: 14.67%
- Median hourly rate difference: 9.31%

Historically marginalised groups still face systemic pay barriers

- Historically Marginalised Groups are communities or populations that have been systematically excluded, oppressed, or disadvantaged. In the case of ethnicity, that includes global majority (BME) groups.

Understanding our Pay Gaps





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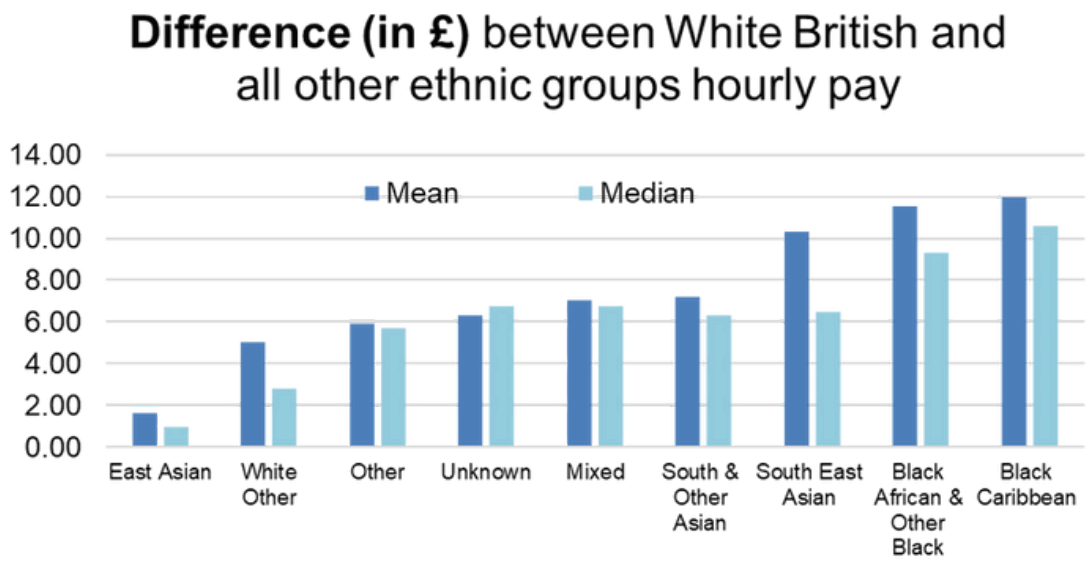
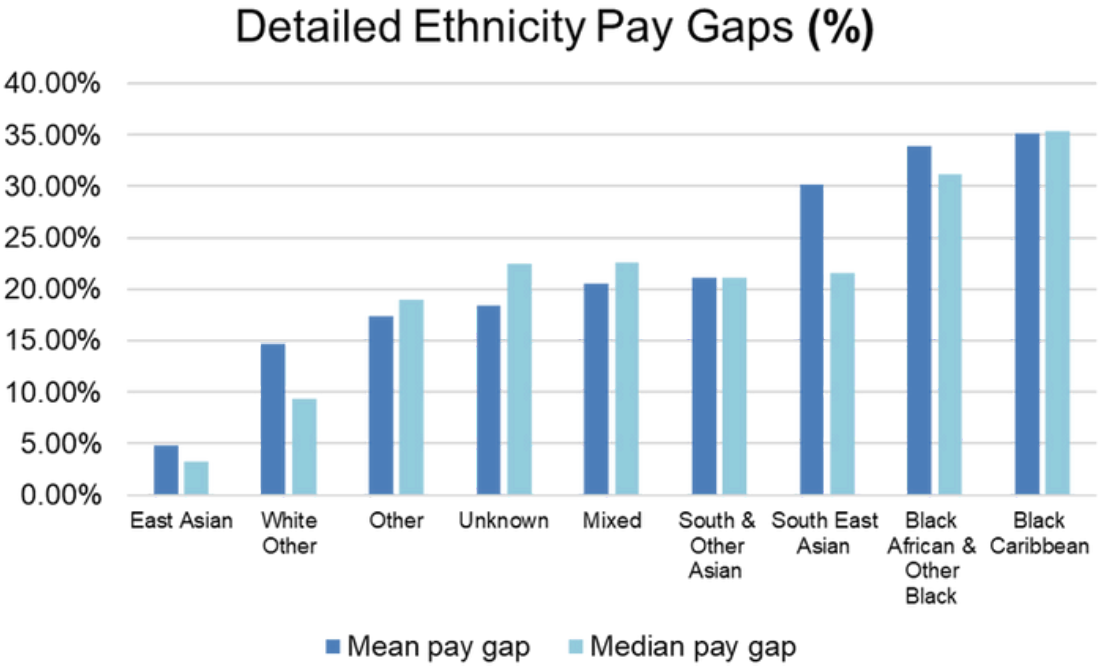
Consultant Pay Gaps





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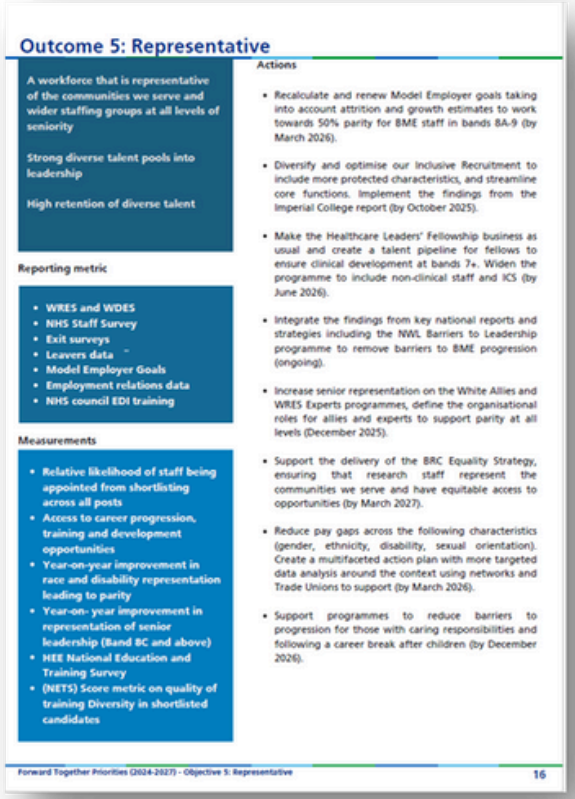
Interventions

In 2024/2025, we undertook several activities to reduce and understand our pay gap.

- Comprehensive updates to the CEO and senior executives bi-monthly in EDI committee
- Development and delivery of our race equity training for over 700 managers
- Delivery and promotion of toolkits to support understanding of race within the workplace
- New anti-racism and anti-discriminatory commitments.
- Review and deep dives of incidents of discrimination and abuse in our people processes relating to protected characteristics, including racism, and development of responsive, innovative approaches to reduce incidents.
- Diverse interview panels (in race and gender) for all roles at Band 7 and above and all consultant roles
- Support and empowerment of our two Race Equality networks
- New Forward Together EDI Plan – setting out 8 actions to improve representation and reduce pay gaps.
- Monthly tracking and reporting of BME appointments.



Outcome 5: Representative

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

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).

Forward Together Priorities (2024-2027) - Objective 5: Representative 16

Action Plan

For 2025/2026, we will complete the review of our consultant and medical pay gaps.

High Impact Action 3 from the NHS EDI Improvement Plan mandates the creation of a targeted plan to eliminate pay disparities. Within this we will:

- Ensure transparency in pay and promotion criteria.
- Regularly monitor and report on ethnic pay gaps to track progress and accountability.

There are several actions in our Forward Together Plan that will assist with reducing our pay gaps.

Action	How it will help reduce our pay gaps
Data-Led Monitoring and Transparency	• Our upcoming EDI Audits alongside changes in the inclusive recruitment data will help to review pay and progression pathways to identify structural barriers. • EDI dashboards have ben enhanced to integrate broader datasets and support self-service reporting on equity metrics • Continue with EQIAs
Inclusive Recruitment	• Continue to widen the process with updated templates, new training for line managers/panellists and embedding recommendations from Imperial college report.
Career Progression and Development	• We will launch our London-wide healthcare leaders fellowship and continue to advance BME staff onto programmes as evidenced by our strong WRES indicator 4 result which shows that BME staff are now slightly more likely than white staff to access non mandatory training. • There will be a full EQIA on career development programmes and recruitment processes reviewed alongside WRES indicator 7 by a subgroup within the race equality steering group to ensure fair access and remove systemic barriers
Cultural Change and Inclusive Leadership	• We are seeking funding for a trust-wide cultural intelligence and competence programme to reduce discrimination and bias in decision-making. • We will continue our activity to realise our organisational and staff commitments to anti-racism and anti-discrimination • Continue to work with our staff networks to highlight and tackle career development issues

Imperial College Healthcare NHS Trust

2024 - 2025

Equality Delivery System (EDS 2022)

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 mandated by national standards to monitor workforce equality, as outlined in this report. Staff can update their personal details at any time through employee self-service. When this data is extracted for analysis, it is anonymised. We must comply with strict regulations governing the management and use of personal information. The anonymised data is analysed to help us identify and address any issues affecting groups that share specific protected characteristics.

The EDS 2022 draws on data from the Electronic Staff Record (ESR), the National Staff Survey, committee and board reports and local engagement activities. These sources provide both quantitative and qualitative insights into staff and patient experiences. Where discrepancies exist between ESR and survey data—particularly in areas such as ethnicity, disability, and sexual orientation—we prioritise the survey data for its broader representation and contextual richness.
To improve data accuracy and inclusivity, we continue to promote self-reporting and have implemented targeted campaigns encouraging staff to update their personal information. This supports more meaningful analysis and action planning.

Terminology

Throughout this report, we refer to 'Distance from Equity' to describe disparities in experience between different groups. For likelihood-based metrics, this refers to how far the number is from 0. For percentage-based metrics, it reflects the difference in experience between groups. For example, if 30% of Black staff report career progression barriers compared to 15% of White staff, the 15% difference indicates a significant equity gap.

We also use terms such as 'Protected Characteristics' in line with the Equality Act 2010, and 'Lived Experience' to reflect qualitative feedback gathered through staff engagement and listening events.

Purpose and scope

The Equality Delivery System (EDS) 2022 is a mandatory improvement framework for patients, staff and leaders of the NHS. It supports the delivery of better health outcomes, improved patient access and experience, and a representative and supported workforce. The EDS 2022 is aligned to NHS England's Long Term Plan and the government 10 year NHS plan.

All NHS Trusts are expected to complete their EDS 2022 assessments and publish their outcomes annually. Once completed, the full report should be submitted via england.eandhi@nhs.net and published on our website. This report reflects our Trust's commitment to transparency, accountability, and continuous improvement in equity for both staff and patients.

Executive Summary

Overview

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. The EDS is driven by data, evidence, engagement and insight - it requires active conversations with patients, public, staff, staff networks, community groups and trade unions to help NHS organisations:

- improve the services they provide for their local communities
- provide better working environments, free of discrimination
- meet the requirements of the Equality Act 2010

All NHS providers are required to implement the EDS, having been part of the NHS Standard Contract from since April 2015 (SC13.5 Equity of Access, Equality and Non-Discrimination). For 2024-2025, Domain 3 will be collaboratively compiled by all four trusts within the Acute Provider Collaborative.

Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

Domain	Outcome
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service 1B: Individual patients (service user's) health needs are met 1C: When patients (service users) use the service, they are free from harm 1D: Patients (service users) report positive experiences of the service
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source 2D: Staff recommend the organisation as a place to work and receive treatment
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Based on our scores, we are rated as Achieving at Imperial.

Scoring

The 11 outcomes are evaluated, scored, and rated using available evidence and insight. These ratings provide assurance or point to the need for improvement.

Evidence towards the outcomes (access, needs, experience and harm) for each service was collated by the Health Equity programme Manager with support of the services. Evidence for domains 2 and 3 was collated by the EDI teams at Imperial and across the Acute Provider Collaborative (Imperial College Healthcare, Chelsea and Westminster, Hillingdon and London North West NHS trusts). These evidence packs are available on request.

Ratings must be evidence-based and informed by engagement with patients/service users, staff (incl. trade unions), community groups and other stakeholders.

Each outcome is scored out of 3 based on the evidence. These scores are then ratified at Executive Management Board Committee (EMB) and EDI committee. The Final organisation rating is based on the overall total score across all outcomes (maximum 33).

Individual outcome scores

Rating	Score	Description
Underdeveloped activity	**0**	No or little activity taking place
Developing activity	**1**	Minimal / basic activity taking place
Achieving activity	**2**	Required level of activity taking place
Excelling activity	**3**	Activity exceeds requirements

Total score

Rating	Score	Description
Underdeveloped activity	**0-7**	No or little activity taking place
Developing activity	**8-21**	Minimal / basic activity taking place
Achieving activity	**22-32**	Required level of activity taking place
Excelling activity	**33**	Activity exceeds requirements

Domain 1 is scored by:
- Patients
- the public,
- the VCSE sector
- ICB/ICS colleagues or other NHS organisations

Domain 2 is scored by:
- staff,
- staff networks,
- trade unions
- ICB/ICS colleagues or other NHS organisations

Domain 3 is scored by:
- staff/patients
- staff networks
- trade unions
- Independent Evaluators and Peer Reviewers such as; Healthwatch, VCSE organisations, ICB/ICS colleagues or other NHS organisations

Domain 1

Domain 1 reviews patient services with regards to access, needs, harm and experience. For the 24/25 EDS, Domain 1 was coordinated by the Health Equity Programme Manager in collaboration with the EDI team with support of the services and other relevant corporate teams (Experience and Engagement, Safety Improvement.

Three services were selected, primarily for either their relative infancy as a service, their relevance to EDI topics and potential health inequalities and level of engagement from teams to partake in the review:

1. Call for Concern
2. MRI Service at the Wembley CDC
3. Fibroids service within gynaecology)

Evidence	Scoring	Feedback
Collated by the Health Equity Programme Manager with support of the services and other relevant corporate teams e.g. Experience and Engagement, Safety Improvement	A scoring session was held 15th January to review the evidence and suggest areas for improvement. The diverse scoring panel included 7 patient/lived experience/community representatives, 3 patient safety partners, the Chaplaincy and relevant Trust and ICB colleagues.	Key feedback from stakeholders included evolving our perceptions of need and harm at the Trust and issues of equality within these; missed opportunities to work with the voluntary and community sector (VSCE) and the importance of staff diversity reflective of the patient community we serve
Deep dive into the Trust position on Protected Characteristics and Inclusion Group data where gaps around collection and completeness of data were identified	Scoring from the session differed marginally from the provisional scoring given by the independent review of the evidence by the Health Equity Programme Manager.	Feedback was also used to check against the proposed action plan.

4 outcomes (access, needs, experience and harm) were reviewed and scored for each service. EDS guidance states the middle scoring service of Domain 1 should be taken forward to combine with scores from Domain 2 and 3. Based on this, 8 (achieving) is the final score.

Independent review

	Access	Need	Harm	Experience	TOTAL
Call for Concern	2	1	3	1	**7**
MRI @ CDC	2	1	2	2	**7**
Fibroids	1	1	2	1	**5**
TOTAL	**5**	**3**	**7**	**4**	

The overall score for domain 1 is achieving

Scoring Panel Review

	Access	Need	Harm	Experience	TOTAL
Call for Concern	2	1	2	1	**6**
MRI @ CDC	2	2	2	2	**8**
Fibroids	2	2	2	2	**8**
TOTAL	**6**	**5**	**6**	**5**	

Domains 2 & 3

For the 24/25 EDS it was agreed the process for completing Domain 2 would be coordinated by the EDI team.

For Domain 3, due to the Board in Common, it was decided that this would be jointly coordinated by APC EDI leads and colleagues in OD & Culture.

Evidence	Scoring	Feedback
Collated by the EDI Team, Director of Organisational Development and Culture and Wellbeing Lead as well as colleagues in Corporate Governance and EDI teams across the Acute Provider Collaborative.	A scoring session was held 13th December to review the evidence and suggest areas for improvement. The diverse scoring panel included over 40 internal and external stakeholders across the Acute Provider Collaborative.	Key feedback from stakeholders included: •Clearer actions around senior leadership and consultant engagement with EDI •Missed opportunities to work more collaboratively in areas where there was higher variance in the APC. •Dedicated resources for organisations to support staff to effectively self manage their long term health conditions. •Support for EDI when staff feel burnt out •More leadership mandates around career progression for BME staff.
For workforce, the EDS uses information that has been approved at EMB at People Committee in our EDI annual report, WRES, WDES and staff survey results.	Scoring from the session differed from the provisional scoring given by the independent review of the evidence by the EDI team.	Feedback was also used to check against the proposed action plan.

Domains 2 & 3

For the 24/25 EDS it was agreed the process for completing Domain 2 would be coordinated by the EDI team with support from FTSU, Chaplaincy, Staff networks and trade unions.

Evidence	Scoring	Feedback
Collated by the EDI Team, Director of Organisational Development and Culture and Wellbeing Lead as well as colleagues in Corporate Governance and EDI teams across the Acute Provider Collaborative.	A scoring session was held 13th December to review the evidence and suggest areas for improvement. The diverse scoring panel included over 40 internal and external stakeholders across the Acute Provider Collaborative.	Key feedback from stakeholders included: •Clearer actions around senior leadership and consultant engagement with EDI •Missed opportunities to work more collaboratively in areas where there was higher variance in the APC. •Dedicated resources for organisations to support staff to effectively self manage their long term health conditions. •Support for EDI when staff feel burnt out •More leadership mandates around career progression for BME staff.
For workforce, the EDS uses information that has been approved at EMB at People Committee in our EDI annual report, WRES, WDES and staff survey results.	Scoring from the session differed from the provisional scoring given by the independent review of the evidence by the EDI team. For domain 3, limited preparation from APC colleagues complicated the scoring process and amalgamation. NHSE also changed the scoring criteria – removing the mandate for BME risk assessments.	Feedback was also used to check against the proposed action plan.

There are 3 outcomes that are reviewed and scored for Domain 3:
1.Board members, system leaders and line managers demonstrate understanding and commitment to EDI and health inequalities
2.Board and Committee papers identify the impact and risks around EDI and HI and work to manage and mitigate these
3.Board members and system leaders ensure levers are in place to manage performance and monitor progress with staff and patients

Our overall score for Domain 2 is achieving

Independent review

	Manage	Abuse	Support	Recommend	TOTAL
Workforce health and wellbeing	3	3	3	1	**10**

Scoring Panel Review

	Manage	Abuse	Support	Recommend	TOTAL
Workforce health and wellbeing	3	2	3	1	**9**

There are 4 outcomes that are reviewed and scored for Domain 2:
1.Support to manage health conditions at work
2.Working free from abuse, harassment, bullying and physical violence
3.Access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence
4.Staff recommend the organisation as a place to work and receive treatment

Our overall score for Domain 3 is excelling

Independent review

	Demonstrate	Identify	Ensure	TOTAL
Workforce health and wellbeing	3	1	1	5

Scoring Panel Review

	Demonstrate	Identify	Ensure	TOTAL
Workforce health and wellbeing	3	1	1	5

*Amendment as per NHSE guidance***

	Demonstrate	Identify	Ensure	TOTAL
Workforce health and wellbeing	3	3	3	9

Total Scores Overview 2024/25

Rating	Score	Description
Underdeveloped activity	**0-7**	No or little activity taking place
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Achieving activity	**22-32**	Required level of activity taking place
Excelling activity	**33**	Activity exceeds requirements

	TOTAL
Middle Score for Domain 1	8

	TOTAL
Workforce health and wellbeing	9

	TOTAL
Inclusive leadership	9

Domain	Score
1	8
2	9
3	9
TOTAL	26

Our overall score is achieving

Action Plan

Our action plan aims to address the disparities across each of our three domains.

Domain 1: Commissioned or provided services

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Improve inclusive communication and reduce barriers to access across services	• Implement data dictionary updates to reflect 2021 Census categories (Q2 2025) • Develop recommendations to improve PC/IG data collection and completeness for routine reporting (Q1 2025) • Scope a programme to help staff understand the relevance and impact of protected characteristics on staff and patient health (Q3 2025) • Undertake access policy review to identify improvements and avoid discrimination (Q2 2025) • Define NWL key patient populations (including inclusion groups) to prioritise (Q1 2025) • Scope dashboard/app to monitor patient demographics (Q1 2025) • Complete wait time analysis by protected characteristics, including impact of patient-initiated follow-up (Q1 2025) • Complete analysis of demand vs activity, ward, distance travelled and DNAs to identify populations for engagement (Q1 2025) • Review updated patient leaflets using NHS readability tool (Q1 2025) • Integrate thematic analysis of complaints into programme data cycle (Q2 2025) • Review alternative communication methods, including direct messaging and text-to-voice support (Q3 2025) • Seek advice on alternative communication for accessible information needs (Q3 2025) • Consider placement of visibility stickers on bedsides/toilets (Q2 2025) • Understand barriers for vulnerable/minority groups in using services (Q2 2025)	**1 Feb 2026**
1B: Individual patients' health needs are met	Roll out capability and tools to understand and respond to patient need	• Scope engagement activities with identified populations following access analysis (Q1 2025) • Scope data needs/dashboard to explore needs in MDT for prioritisation (Q1 2025) • Conduct needs assessment and community engagement for women's health hub (Q2 2025) • Resolve issues with Cerner recording fields for accessible information (Q1 2025) • Bring translation of patient information into AIS improvement programme (Q1 2025) • Develop a Trust definition of 'need' in collaboration with community partners and staff (Q2 2025) • Roll out cultural competency training with community partners (Q3 2025) • Update sex/gender statement in patient information to be inclusive of gender reassignment (Q2 2025)	**1 Feb 2026**

1C: When patients use the service, they are free from harm	Improve data and processes to identify and mitigate inequality-related harm	• Develop a prototype dashboard showing incidents by protected characteristics (Q1 2025) • Form a working group to plan data collection/review for quality inequalities (Q2 2025) • Feed learning from Call for Concern into Martha's Rule workstream to address safeguarding risks (Q1 2025)	**1 Feb 2026**
1D: Patients report positive experiences of the service	Strengthen feedback mechanisms and insight from diverse groups	• Review complaints and PALS data for concerns about deterioration or failure to listen and integrate into Martha's Rule work (Q1 2025) • Provide technical support for accreditation survey to gather insights from diverse patients (Q1 2025) • Signpost and ring-fence time for staff to complete full EDI training (2025) • Implement automated text message follow-up post-call to include patient feedback survey (Q2 2025) • Proactively collect feedback from Black patients due to higher service use (2025)	**1 Feb 2026**

Domain 2: Workforce health and well-being

Outcome	Objective	Action	Completion date
2A: Staff supported with health conditions	Streamline reasonable adjustments	• Promote Access to Work • Develop EDI & H&S budget • Audit software accessibility • Start Disability Steering Group • Promote flexible working • Improve disability declaration rates • Deliver neurodiversity training	1 Feb 2026

2B: Staff free from abuse/harassment	Reduce disparities and discrimination	• Conduct disability deep dive • Complete regulatory reports (WRES, WDES) • Implement MWRES • Address racism and ableism • Implement Engaging for Equity findings • Promote collaboration (FTSU, HR, EDI) • Implement violence/aggression recommendations	1 Feb 2026
2C: Access to independent support	Strengthen staff voice and networks	• Develop network plan and branding • Hold leadership circles and focus groups • Provide tailored support for international nurses • Partner with staff side and FTSU	1 Feb 2026
2D: Staff recommend organisation	Advance EDI strategy and opportunities	• Support Capital Nurses Programme • Develop divisional EDI forums • Review inclusive recruitment • Promote diversity in leadership • Conduct EQIA training • Implement Engaging for Equity findings • Promote Disability Confident scheme	1 Feb 2026

Domain 3: Inclusive leadership

Outcome	Objective	Action	Completion date
3A: Leaders demonstrate EDI commitment	Ensure SMART EDI objectives and engagement	• Support NeXT Director scheme • Embed EDI objectives in appraisals • Board participation in listening and celebration • Use data and lived experience to improve culture	1 Feb 2026
3B: Papers identify EDI impacts	Identify and mitigate risks	• Continue board actions to assess equality and health inequality impacts	1 Feb 2026
3C: Leaders monitor progress	Track staff and patient data	• Monitor pay gap plan • Review EDI data and prioritise actions • Track staff safety to speak up	1 Feb 2026

Imperial College Healthcare NHS Trust

Equity
Diversity
Inclusion

2024 - 2025

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 mandated by national standards to monitor workforce equality, as outlined in this report. Staff can update their personal details at any time through employee self-service. When this data is extracted for analysis, it is anonymised. We must comply with strict regulations governing the management and use of personal information. The anonymised data is analysed to help us identify and address any issues affecting groups that share specific protected characteristics.

The WDES utilises data from the Electronic Staff Record (ESR) and the National staff survey. Our 2024/25 disability declaration rate is 11.1% higher in the staff survey than in ESR. The former is representative for all other characteristics so we can assume that the staff survey declaration rate for disability is more likely to be accurate than the ESR declaration rate for disability. This means that our ESR results (metrics 1,2,3 and 10) are not as statistically reliable; this should be taken into consideration when reviewing the WDES report.

To tackle this, we have an ongoing programme to improve our disability data collection and have seen a 0.7% increase in disability status on ESR from 2023/24 to 2024/25.

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 2025.

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

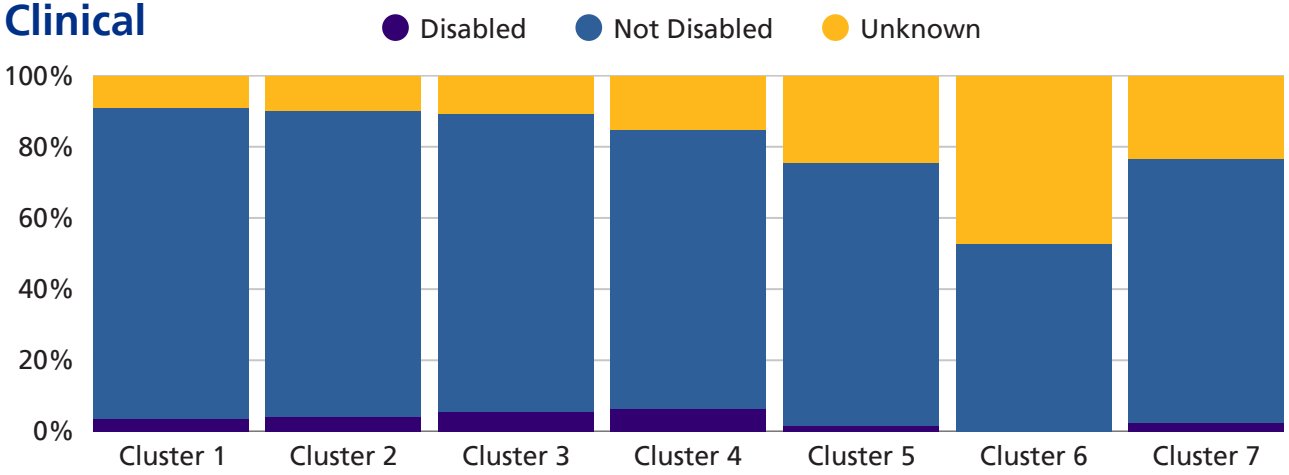
- For a continuous year, the percentage of staff declaring a disability or long-term condition has improved (ESR 3.4% to 4.1% and staff survey 14.9% to 15.2%).
- 7 out of 10 WDES metrics improved in 2025. There was an increase in disabled staff who felt pressure to come to work despite not feeling well (metric 6: presenteeism) and a decrease in disabled staff that say are satisfied with the extent to which their organisation values their work (metric 7: feeling valued).
- 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 also saw a reduction in disparities however, they still remain large in almost all areas bar metric 9a: staff engagement and metric 4d: reporting last incident of harassment, bullying or abuse.
- This data will be submitted to NHS England on 31st May 2024.

Main Summary

Workforce Profile

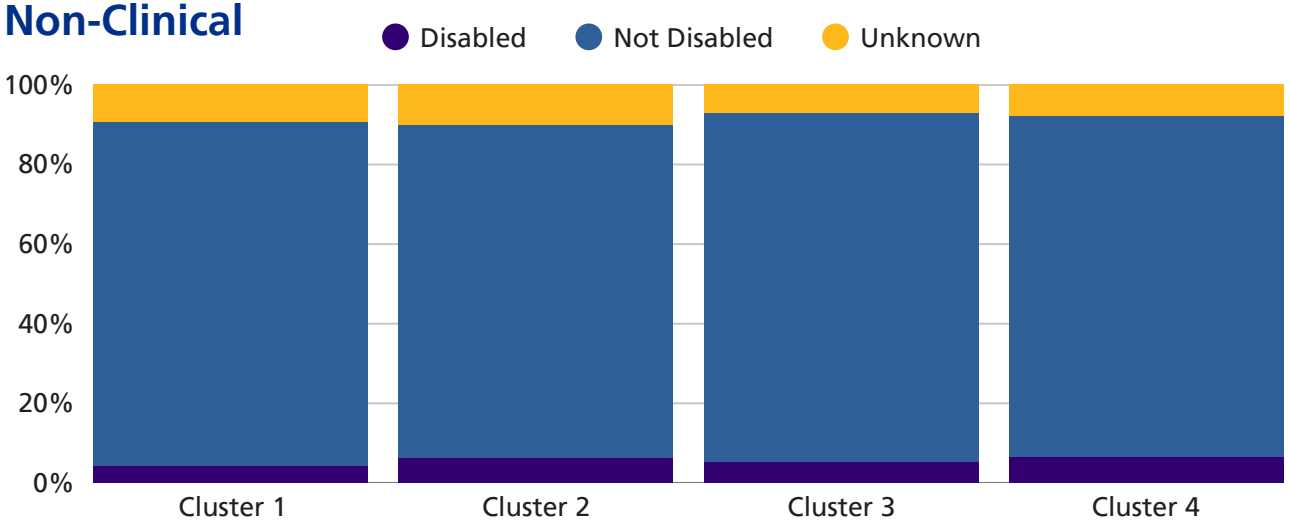
In 2025, the trust now has a workforce with 4.09% disabled staff excluding bank staff.

Clinical

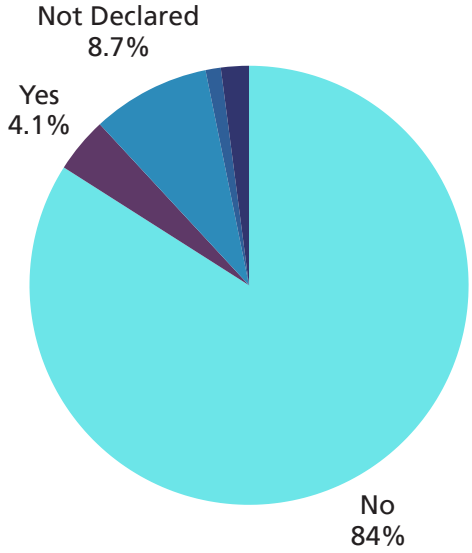


Cluster 1	AfC Bands under 1, 1, 2, 3 and 4
Cluster 2	AfC Bands 5, 6 and 7
Cluster 3	AfC Bands 8a and 8b
Cluster 4	AfC Bands 8c, 8d, 9 and VSM
Cluster 5	Medical and Dental staff, consultants
Cluster 6	Medical and Dental staff, non-consultant career grades
Cluster 7	Medical and Dental staff, trainee grades

Non-Clinical



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	**4.1%**	0.7% increase	
Non-clinical	**5.1%**	0.8% increase	
Clinical	**4.2%**	0.8% increase	
Medical/Dental	**2.2%**	0.3% increase	
Metric 2: Likelihood of appointment from shortlisting			
Likelihood ratio Non-disabled / Disabled	**1.07**	0.13 decrease	0.07
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	-4%
Exec	**0.00%**	No change	-4%
Voting	**0.00%**	No change	-4%

Improvement
Decline

Metrics derived from NHS Staff Survey

This data is derived from the annual NHS National Staff Survey.

Improvement
Decline

Metric number and description	Results	Change from 2023	Distance from equity	National Average
Metric 1 (equivalent): Proportion with a long-term condition or illness				
Disabled	**15.25%**	0.34% increase		24.45%
Metric 4a: Harassment, bullying or abuse from patients, relatives or the public in last 12 months				
Disabled	**34.78%**	3.13% decrease	6.27%	29.37%
Non-disabled	**28.51%**	1.55% decrease		22.71%
Metric 4b: Harassment, bullying or abuse from line managers in last 12 months				
Disabled	**16.16%**	1.50% decrease	6.79%	15.10%
Non-disabled	**9.37%**	0.52% decrease		8.08%
Metric 4c: Harassment, bullying or abuse from other colleagues in last 12 months				
Disabled	**28.57%**	2.18% decrease	9.67%	25.24%
Non-disabled	**18.90%**	1.29% decrease		16.22%
Metric 4d: Reporting last incident of harassment, bullying or abuse				
Disabled	**54.10%**	3.69% increase	0.48%	51.82%
Non-disabled	**54.58%**	2.51% increase		51.71%
Metric 5: Career progression				
Disabled	**47.82%**	2.76% increase	7.98	51.30%
Non-disabled	**55.80%**	1.88% increase		57.57%

Metric number and description	Results	Change from 2023	Distance from equity	National Average
Metric 6: Presenteeism				
Disabled	**29.69%**	0.17% increase	7.46%	26.85%
Non-disabled	**22.23%**	1.43% decrease		18.71%
Metric 7: Feeling valued				
Disabled	**37.43%**	0.21% decrease	12.84%	34.73%
Non-disabled	**50.27%**	0.34% increase		46.98%
Metric 8: Reasonable adjustments				
Disabled	**71.43%**	1.04% increase		73.98%
Metric 9a: Staff engagement				
Disabled	**6.73**	0.03 points increase	0.46	6.40
Non-disabled	**7.19**	0.03 points increase		7.00

Improvement
Decline

Action Plan

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

Metric	Action
1	• Expand our data collection project and diversity surveys to include QI elements and work with divisions to increase disability declaration rates in ESR. • Send colleagues to the London 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	• Diversify and optimise our Inclusive Recruitment programme 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. • Conduct a deep dive and full equality impact assessment on career progression in the trust. Actions will be reviewed by the EDI committee. • Run and host regular training sessions and events; share and promote our toolkits to ensure widespread knowledge and engagement with our equity offering (ongoing).
3	• Continue to implement the recommendations from the Health and Attendance Workstream. 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. • Launch Disability Champions training.
4	• I-CAN network objective to continue conversations around 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 August 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). • Continue the 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 disability categories on Datix and use trust processes to solve issues. • Continue work around our anti-racism and anti-discrimination commitments. • Continue the work of our bullying and harassment workstream.
5	• As per 1& 2.

Metric	Action
6	• Create actions in disability steering group for implementing actions for the a trust-wide facilities and estates accessibility audit to identify disabled toilets, lifts, ramps, doors and parking spaces (by December 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	• 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	• 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
9	• As per all metrics above.
10	• 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.

Imperial College Healthcare NHS Trust

2024 - 2025

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.

Trusts are only required to submit data for Indicators 1 - 4 and indicator 9. The data for indicators 5-8 comes from our staff survey results. Bank only workers should be excluded from this data submission.

All NHS Trusts must submit their WRES data to the Data Collections Framework (DCF) by 31st May. There is no 2024/2025 Bank WRES and MWRES submission.

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 should result in demonstrable improvements for BME workers.

Main Findings

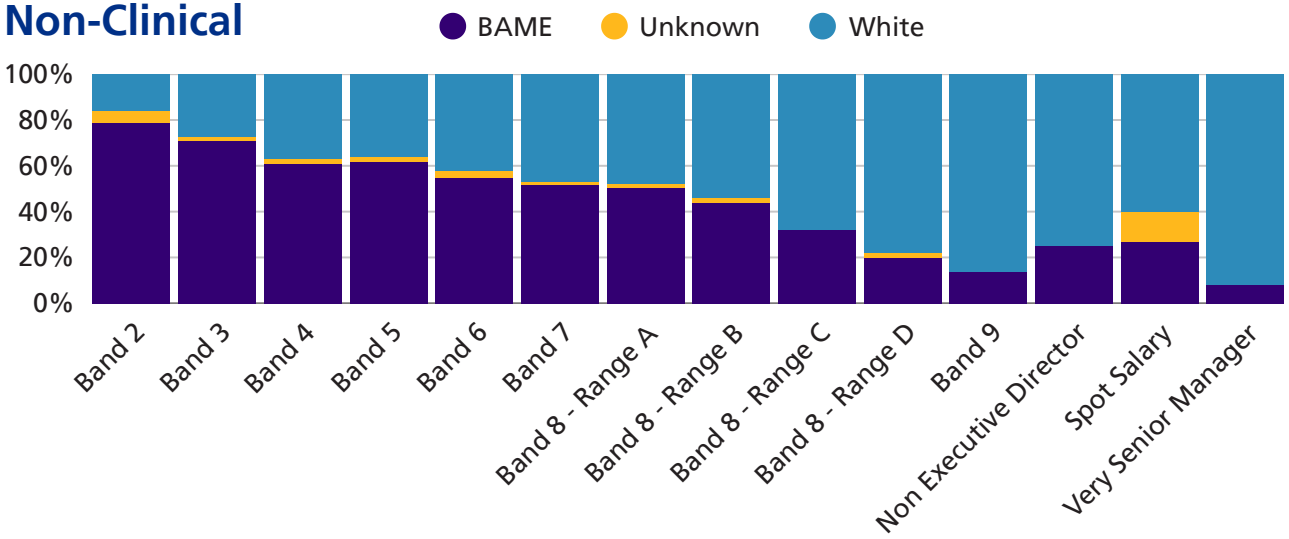
- 7 of the 9 WRES Indicators improved in 2024 although there is still disparity in key areas such as disciplinary cases, career progression, experiences of discrimination and board representation.
- There has been a slight regression in:
  - the likelihood of BME staff entering formal disciplinary compared to White staff.
  - the percentage of BME staff in our medical/dental workforce.
- Our programmes are working: we have seen a positive impact from our programmes like Engaging for Equity and Inclusion, Race Equality Staff Network projects,Inclusive Recruitment and the Bullying and Harassment task and finish group.
- We still have work to do to obtain racial equity in 5 of our 9 WRES indicators.

Main Summary

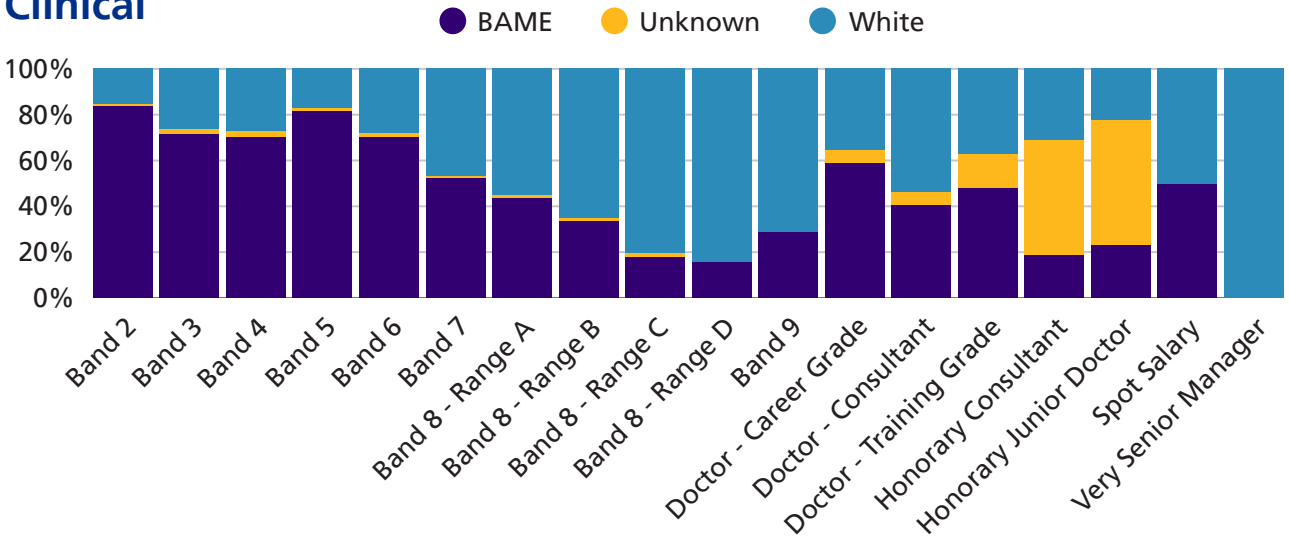
Workforce Profile

As of 31st March 2025, the trust now has a workforce with 63.83% BME staff excluding bank staff and 61.17% BME representation including bank staff. The latter is an increase of 1.16% from 2024.

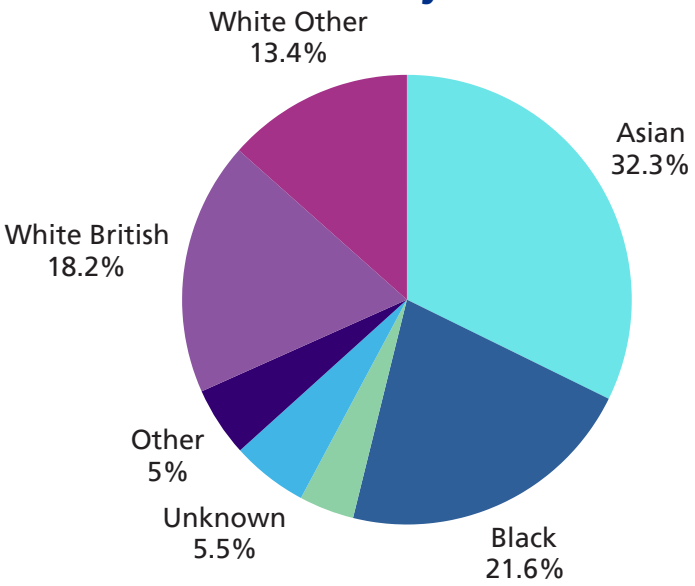
Non-Clinical



Clinical



Ethnicity



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 2024	Distance from equity
Indicator 1: BME representation in the workforce by pay band			
Overall	**63.8%**	1.1% increase	
Non-clinical	**64.2%**	1.7% increase	
Clinical	**69%**	1.6% increase	
Medical/Dental	**45.2%**	1.8% decrease	
Indicator 2: Likelihood of appointment from shortlisting			
Likelihood ratio White /BME	**1.33**	0.01 increase	0.33
Indicator 3: Likelihood of entering formal disciplinary proceedings			
Likelihood ratio White /BME	**2.12**	0.62 increase	1.12
Indicator 4: Likelihood of undertaking non-mandatory training			
Likelihood ratio White /BME	**0.97**	0.27 decrease	0.03
Indicator 9: difference between BME representation on the board and in the workforce			
Overall	**-31%**	2% increase	-33%
Exec	**-44%**	1% decrease	-43%
Voting	**-31%**	2% increase	-33%

Improvement
Decline

Indicators derived from NHS Staff Survey

This data is derived from the annual NHS National Staff Survey.

Indicator number and description	Results	Change from 2023	Distance from equity	National Average
Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months				
BME	**29.6%**	1.3% decrease	0.1%	28.3%
White	**29.7%**	1.8% decrease		23.2%
Indicator 6: Harassment, bullying or abuse from staff in last 12 months				
BME	**24.8%**	1% decrease	1.6%	24.8%
White	**23.1%**	2.5% decrease		21.5%
Indicator 7: Career progression				
BME	**52.3%**	2.7% increase	8.2%	49.7%
White	**60.5%**	1.4% increase		58.80%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months				
BME	**13%**	0.5% decrease	4.4%	15.7%
White	**8.7%**	0.8% decrease		6.70%

Improvement
Decline

Action Plan

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

Indicator	Action
1	• 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	• 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. • Create e-module and in person training options around debiasing recruitment
3	• Continue expanding 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. • Set up task and finish group within the Race Equality Steering Group to focus on 5 key actions to improve indicators 3&7.
4	• Conduct a deep dive and full equality impact assessment on career progression in the trust. Actions will be reviewed by the EDI committee. • Run and host regular training sessions and events; share and promote our toolkits to ensure widespread knowledge and engagement with our equity offering (ongoing).
5	• Continue the work of our violence and aggression workstream. Monitor the new ethnicity categories on Datix and use trust processes to solve issues. • Continue the work around our the anti-racism and anti-discrimination commitments
6	• Continue the work of our bullying and harassment workstream. • Continue the work around our anti-racism and anti-discrimination commitments

Indicator	Action
7	• As per 1 and 2. • Launch the London Healthcare Leaders' Fellowship programme with a talent pipeline for fellows to ensure clinical development for BME staff at bands 6+. • Integrate the findings from key national reports and strategies including the NWL Barriers to Leadership programme to remove barriers to BME progression (ongoing). • Set up task and finish group within the Race Equality Steering Group to focus on 5 key actions to improve indicators 3&7.
8	As per number 6.
9	• 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 cultural intelligence for senior executives (by December 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: Engaging for Equity and Inclusion

Drawing on our engaging for equity and engagement initiative (facilitated conversations with over 1,200 staff and 11 community groups), with the input and support of our staff networks and partners, we launched:

- Our 2024-2027 equality, diversity and inclusion workforce plan, Forward Together.
- Our organisational commitment to anti-racism and anti-discrimination.
- Our complementary individual staff commitment and interactive self-assessment and resources tool.

This means that:

- We have a range of commitments that now sit alongside our trust values and a multidisciplinary 3 year plan with a specific pillar aimed at improving EDI in place and across professional groups.
- We have a project aimed at socialising these with staff at all levels and ensuring comprehension around how these can be delivered.
- We have focused on new educational pieces including 12 new EDI courses and a programme on Cultural Intelligence