Imperial College Healthcare NHS Trust

Equity Diversity Inclusion

2024 - 2025

Equality Delivery System (EDS 2022)

Summary and Action Plan

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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. For domain 3, limited preparation from APC colleagues complicated the coring process and amalgamation. NHSE also changed the scoring criteria – removing mandate for BME risk assessments.	Feedback was also used to check against the proposed action plan.

Domains 2

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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

The overall score for domain 1 is achieving

Independent review

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

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**	

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