



**Lincolnshire**  
Integrated Care Board

## Appendix 1

# Public Sector Equality Duty (PSED) Report of Equality, Inclusion and Human Rights (EIHR) outcomes April 2024 – March 25

Approved at the Senior Managers Operational Delivery Group meeting on 24 April 2025.

## Table of Contents

INTRODUCTION .....	2
1. LINCOLNSHIRE ICB EIHR OBJECTIVES FOR 2024-28 .....	2
2. WORKFORCE DATA AND LINCOLNSHIRE POPULATION .....	4
2.1 Workforce data.....	4
2.2 Lincolnshire population data .....	6
3. EIHR STANDARDS AND COMPLIANCE FRAMEWORKS.....	8
3.1 Equality Delivery System (EDS).....	8
4. WORKFORCE RACE EQUALITY STANDARD (WRES) AND WORKFORCE DISABILITY EQUALITY STANDARD (WDES).....	11
4.1 Workforce Race Equality Standard (WRES):.....	11
4.2 Workforce Disability Equality Standard (WDES):.....	11
4.3 Accessible Information Standard .....	12
5. EIHR STRATEGY AND POLICY DEVELOPMENT .....	12
5.1 EHIR Strategy and Delivery Plan .....	12
5.2 Zero Tolerance Statement.....	12
5.3 Gender Identity Equality Framework.....	13
5.4 Equality Impact Assessment (EIA) support.....	15
6. EIHR TRAINING AND DEVELOPMENT .....	15
7. EIHR RELATED WORK OF ENGAGEMENT TEAM.....	16
8. EIHR FORUMS, NETWORKS AND GOVERNANCE.....	17
8.1 Lincolnshire ICB Equality Forum.....	17
8.2 Connecting Cultures Group.....	17
8.3 Quarterly EIHR update reports to Executive .....	18
8.4 Schedule 6 EIHR Quality Assurance reports .....	18

## Public Sector Equality Duty (PSED) Report of Equality, Inclusion and Human Rights (EIHR) outcomes for April 2024 – March 25

### INTRODUCTION

This is the Lincolnshire Integrated Care Board (LICB) **Equality Act 2010, Public Sector Equality Duty (PSED)** report which focuses on key areas of EIHR work achieved during April 2024 to March 2025. The areas of work highlighted demonstrates how LICB has, through the exercise of all its functions, given due regard to the need to: -

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

2024 was an extremely busy and challenging year for equality, inclusion and human rights. The race riots of August 2024, for a short while, negatively disrupted the flow of work. Many staff felt unsafe and shocked at what was taking place in UK towns and through social media, however, LICB and system leaders were quick to react. Email correspondence was sent to all ICB staff highlighting our organisational stance on zero tolerance to racism, bullying, harassment and violence and reiterated information about the different types of support and assistance that was available to any staff adversely impacted by the situation. Whilst the riots were a distraction, they weren't a deterrent. EIHR work progressed through the implementation of ICB's equality objectives and action plans relating to the different compliance standards. Equality data collection and analysis, EIHR related training and the development of policies and new frameworks became even more crucial.

## 1. LINCOLNSHIRE ICB EIHR OBJECTIVES FOR 2024-28

These objectives were approved at the Executive meeting of 21<sup>st</sup> March 2024. This report focuses on EIHR work achieved in relation to objectives 1, 2 and 4. With regards to Objective 3, the NHS Act 2006 (as amended, by the Health and Care Act 2022) places a range of health inequalities duties on the NHS. Changes arising from the Health and Care Act 2022 provided extended legal duties on reducing and tackling health inequalities. NHS commissioners (NHS England and ICBs) are under specific legal duties to take account of health inequalities issues in the exercise of their functions. These legal duties on health inequalities are part of ICBs ICS transformation programme. Reporting of information around Health inequalities and population health management, which objective 3 covers, is undertaken by the Health Inequalities team.

**Objective 1:** Leaders to drive the EIHR agenda and create a sense of belonging through the delivery of measurable objectives on EIHR for Chairs, Chief Executives and Board members, which align to the recently published EIHR improvement plan high impact area 1

- Annual Chair/CEO appraisals on EIHR objectives via Board Assurance Framework (BAF).

**Objective 2:** Strive to create a compassionate, diverse and inclusive culture by fostering an ethos across the ICS of wellbeing, inclusion and belonging.

- Driven by senior leaders to ensure there are regular and effective communication exercises to deliver key messages around the ethos.

**Objective 3:** Tackle health inequalities and strengthen the system approach to population health and care management

- a. Improve knowledge and understanding of health inequalities within the local population.
  - Increase data collection and analysis for protected characteristics and identified inclusion health groups (including IMD and ethnicity)
  - Engage with communities that are underrepresented and disadvantaged in health care to understand the barriers to access and listen to their experiences.
  - Develop health inequalities baseline information with Population Health Intelligence and Health Inequalities team to support regular monitoring of health access, experience and outcomes with the aim to reduce health inequalities amongst different protected characteristics and health inclusion groups.
- b. Identify gaps for improvement in addressing and reducing health inequalities
  - Work in collaboration with system partners to scope where the gaps and opportunities are to improve action in reducing health inequalities and provide services that meet the diverse needs of our communities
  - Work with communities to understand and address challenges in meeting the needs of the population and ensure a co-production and asset-based approach is used to make improvements to services or in service design
  - Work with Providers to undertake systemwide targeted health campaigns and initiatives to improve access, experience and outcomes for patients and public from different protected characteristics and health inclusion groups including those from areas of high deprivation.

**Objective 4:** To comply with our EIHR responsibilities and ensure that there are mechanisms in place to monitor the impact and cultural shift in the way we fulfil our ICB duties.

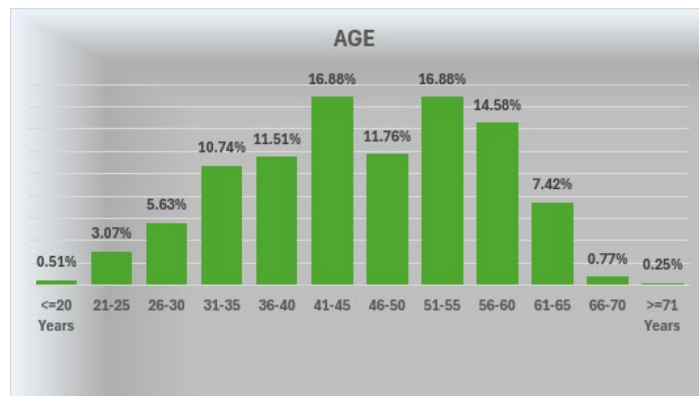
- Monitor outcomes of results from WRES action plans setting further specific and measurable targets to address disparities within certain WRES indicators
- Implementation of Workforce disability standard (WDES), Gender pay gap and Ethnicity pay gap, action planning and monitoring outcomes through appropriate governance processes
- Ongoing implementation of the 3 Domains of EDS and monitoring of outcomes of action plans to sustain 'achieving' level and set processes in place towards reaching 'excelling' level. Website link to objectives: [Commitment to Equality, Inclusion and Human Rights - Lincolnshire ICB](#)

## 2. WORKFORCE DATA AND LINCOLNSHIRE POPULATION

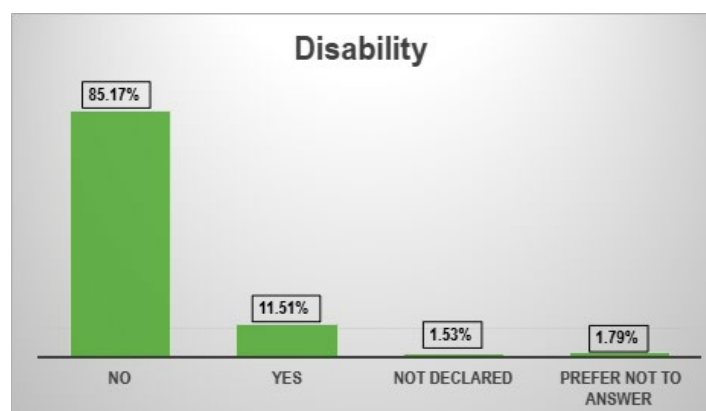
### 2.1 Workforce data

Lincs ICB ESR data as at 31/03/25 indicates that there is a total of 391 ICB staff. Note only categories where there is sufficient data available have been referred to and comparisons with Lincolnshire population (section 1.2 below) have been made where relevant. This data collection links to objective 4.

- a) **Age:** The majority of staff are between the ages of 36-60, with the highest groups being 41- 45 and 51-55 both at 16.88%, followed by 56-60 at 14.58%.

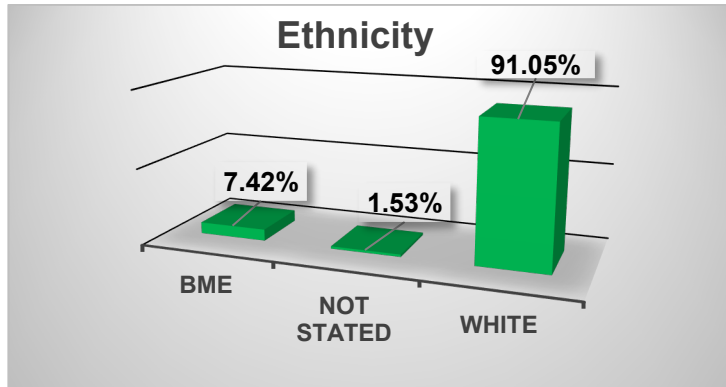


- b) **Disability:** 11.51% of staff have specified yes to living with a disability. This is higher than the 8.88% stated in last year's report. 85.17% have said no and the remaining 3.32% have not declared or preferred not to say. The figure of 11.51% is lower than the 2021 Census which shows that 20.1% of the population in Lincolnshire classified themselves as living with a disability.

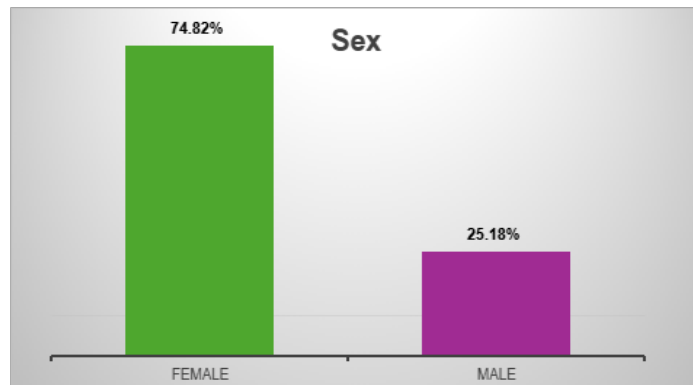


- c) **Ethnicity:** 7.42% of LICB staff are from Black Minority Ethnic (BME) backgrounds (this includes all Asian, all Black and Chinese). This is higher than last year figure of 6.09%. White staff make up 91.05%. 1.53% of staff did not state their ethnicity. There is greater

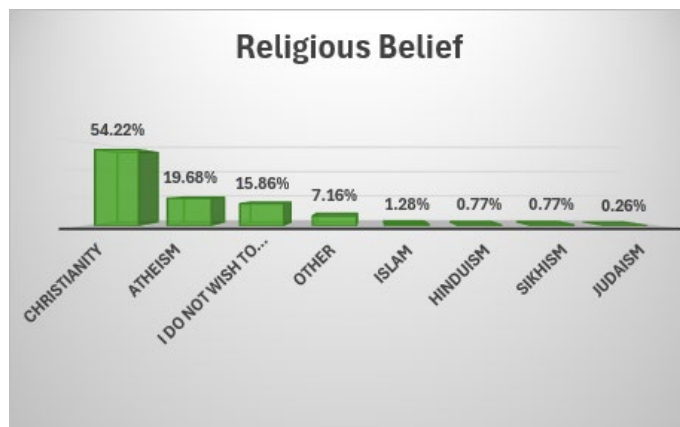
representation of staff from BME backgrounds in comparison to the Lincolnshire population which is around 4%.



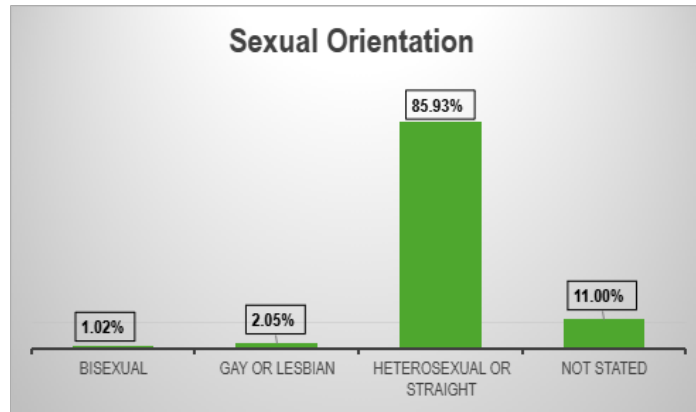
d) **Sex:** There are 74.82% female staff and 25.81% male staff working for the ICB. The percentage of women to men in the ICB is much higher in comparison to the almost equal split of Lincolnshire’s population.



e) **Religion and/or belief:** The majority of staff 54.22% have indicated that they are Christian, followed by Atheism 19.68%. 15.86% do not wish to disclose their religion or belief. A small percentage disclosed Islam 1.28% as their religion, whilst 7.16% made up the ‘Other’ category.



- f) **Sexual orientation:** The majority of staff 85.93% have described themselves as being heterosexual or straight. Total of 3.07% are either lesbian, gay or bi-sexual, which is slightly above Lincolnshire’s population of 2.5%, and the remaining 11% come under the not-stated category.



## 2.2 Lincolnshire population data: *Source of data – 2021 census*

Lincolnshire is the 4th most sparsely and largest populated county in England covering an area of 5,921 sq. km. It is predominately rural, with no motorways, little dual carriageway and 80km of North Sea coastline, which provides fundamental difficulties in the provision of services. It has a population of 768,364 residents according to the 2021 census with 51.0% (391,934) females and 49.0% (376, 430) being males, and 813,119 registered patients across 81 GP practices in Lincolnshire.

### a) Age

In relation to age the statistics show that the age range 0-15 makes up 16.7% of the population, whilst the other sections of the population aged 16-24, 25-64, 65-84 and 85 years and over make up 10%, 49.9%, 20.5%, and 2.9% respectively<sup>1</sup>.

Lincolnshire population is on average older than the population of England and the East Midlands. It also has a higher proportion of adults over the age of 75 and the number in this age range is estimated to double over the next 20 years. Year-to-year increases in the size of this ageing population are one of the key planning considerations for Lincolnshire’s health and care system<sup>2</sup>.

### b) Disability

The 2021 Census shows that 20.1% of the population in Lincolnshire classified themselves as living with a disability as defined under the Equality Act 2010, this includes a proportion of 11.8% (90,305) people that were disabled under the Equality Act where their day-to-day activity was limited a little, and 8.4% (64,269) where their day-to-day activity was limited a lot, whilst 79.9% (613,791) of people were classified as not disabled.

<sup>1</sup> [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021)

<sup>2</sup> [NHS Lincolnshire Joint Forward Plan Strategy 2023 28 Final01 - Lincolnshire ICS - FutureNHS Collaboration Platform](#)

### **c) Ethnicity**

According to the 2021 census, the population in Lincolnshire is predominantly White at 96%, with non-white minorities representing the remaining 4.0% of the population. Asian people are the largest minority group in Lincolnshire, accounting for 1.6% (11,927) of the population. 0.6% (4,365) of the Lincolnshire population are black, while 1.3% (10,191) are mixed or from multiple ethnic groups<sup>3</sup>.

Additionally, international migration has also contributed to the demographic change in Lincolnshire. According to the Census 2021, in Greater Lincolnshire:

- 9.4% (103,107) of residents were born outside of the United Kingdom. 6.6% (72,305) in Europe and 2.8% (30,802) in the rest of the world
- The largest proportion of non-UK-born are resident in Boston, 14.3% are from EU8 countries which include Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia
- Lincoln has the highest proportion 2.3% of residents that were born in EU14 countries and include Austria, Belgium, Denmark, Finland, France, Germany, Greece, Republic of Ireland, Italy, Luxembourg, The Netherlands, Portugal, Spain, and Sweden
- Boston has the highest proportion of the population that were born in EU2 countries and include Romania and Bulgaria at 3.8%
- In terms of the rest of the world, Lincoln has the highest proportion of residents from Middle East and Asia, Africa and The Americas and the Caribbean, with 2.9%, 1.3% and 0.7% respectively.
- The number and proportions of non-UK-born residents that have arrived in the UK in the last 5 years, Lincoln has the highest proportion with almost one third (32.3%) of the non-UK-born residents followed by Northeast Lincolnshire with 29.5%. The local authorities with the highest proportions tend to be university areas.<sup>4</sup>

### **d) Religion and/or belief**

Christians make up the largest group at 53.7%, followed by those who do not have a religion at 38.3%. Other smaller religious groups include Muslim at 0.7%, followed by Hindus at 0.3%, Buddhist at 0.2%. The smallest religious groups include Jewish at 0.1% and Sikh at 0.1%. Other religion amount to 0.5% and unknown at 6.1%<sup>5</sup>.

### **e) Sexual orientation**

The 2021 census shows that about 89.6% of the Lincolnshire population aged 16 years and over are straight or heterosexual, 1.2% gay or lesbian, 1.3% bisexual, 0.1% pansexual, 0.1% asexual.

### **f) Gender Identity**

The 2021 census shows that 93.4% of people have a gender identity that is same as their sex registered at birth, 0.2% have a gender identity that is different from sex registered at birth, but no specific identity given, 0.1% are trans women, 0.1% are trans men and 0.1% nonbinary<sup>6</sup>.

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<sup>3</sup> [Lincolnshire Demographics | Age, Ethnicity, Religion, Wellbeing \(varbes.com\)](https://www.lincolnshire.gov.uk/press-releases/2021-census-demographics)

<sup>4</sup> [GL-Census-2021-Summary-International-Migration.pdf \(lhnh.org.uk\)](https://www.lhnh.org.uk/press-releases/2021-census-2021-summary-international-migration.pdf)

<sup>5</sup> [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021/profile)

<sup>6</sup> [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021/profile)

### **g) Main language**

In Lincolnshire 93.6% (312,052) of all adults in households have English as a main language. Polish remains one of the most common languages in Lincolnshire after English according to figures released by the Office for National Statistics. The highest proportion of Polish speakers were in Boston with 3,886 (5.68%) residents putting the language down as their main, followed by Lithuanian, with 3,452 (5.04%) of residents putting the language down. Secondary languages appearing in the top slots included Hungarian, Romanian, Portuguese, Russian, Spanish, Bulgarian, Latvian and, in North Lincolnshire, Bengali<sup>7</sup>.

#### **Next Steps for data collection and monitoring in 2025-26: -**

- *LICBs collate, submit and monitor data, as recommended by the NHSE EIHR Workforce Improvement Plan, High Impact area 3, for: -*
- *Gender Pay Gap*
- *Ethnicity Pay Gap*
- *Disability pay gap*
- *We will do more to highlight the importance of disclosure by communication exercises that relay the importance of equality monitoring of staff, patient and public data to help address barriers and gaps in practice amongst different protected characteristics*
- *We will review and update local population profiles in accordance with up-to-date mid-term estimates, compare data and publish new profiles on the ICB website. This will provide ICB with useful population demographics data to support ongoing work.*

## **3. EIHR STANDARDS AND COMPLIANCE FRAMEWORKS**

### **3.1 Equality Delivery System (EDS)**

#### **3.1.1 DOMAIN 1 – COMMISSIONED OR PROVIDER SERVICES**

This is the second year that work on Domain 1 has been conducted, and Children and Young People service area of Diabetes was chosen as the main focus.

##### **Process**

- A task and finish group was set up to collect a long list of evidence/information - representatives included staff from Arden and Gem CSU – EIHR lead, Children and Young People Services, Diabetes team, Nursing and Quality, Health Inequalities team, Contracting and Communications and Engagement
- Short list of evidence was produced, and indicative scoring of evidence took place
- Stakeholder feedback took place with the task and finish group, HIE team and practice was shared with other ICBs in the Midlands and a final scoring was agreed for this Domain

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<sup>7</sup> [The most commonly spoken language after English in all Lincolnshire areas \(thelincolnite.co.uk\)](https://thelincolnite.co.uk)

- Final EDS Domain 1 report and action plan was produced in December 2024 and approved in January 2025.

**Domain 1 scoring: Note scoring categories 0 – underdeveloped, 1 – Developing, 2 – Achieving and 3 – Excelling**

Outcomes	Scoring
1A: Patients (service users) have required levels of access to the service	2 – Achieving
1B: Individual patients (service users) health needs are met	1 – Developing
1C: When patients (service users) use the service, they are free from harm	3 – Excelling
1D: Patients (service users) report positive experiences of the service	3 – Excelling
<b>Total scoring for Domain 1</b>	<b>9</b>

**3.1.2 DOMAIN 2 – WORKFORCE HEALTH AND WELLBEING**

**Process**

- Up to date workforce data/evidence relating to the EDS Domain 2 outcomes was collected/analysed – data sources included ESR and annual staff survey and Workforce Race Equality Standard (WRES) data
- Domain 2 draft report and revised action plan for 2025-26 was developed
- Findings of this report and action plan were shared with members of the ICB Staff Engagement Group (SEG) – A peer review took place on 23 January 2025, where members were asked to review different elements of the report and agree final scores for each outcome under Domain 2
- Final EDS Domain 2 report and action plan was produced and approved in January 2025.

**Domain 2 Scoring**

Outcomes	Scoring
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<b>2 – Achieving</b>
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<b>2 – Achieving</b>
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<b>3 – Excelling</b>
2D: Staff recommend the organisation as a place to work and receive treatment	<b>2 – Achieving</b>
<b>Total scoring for Domain 2</b>	<b>9</b>

**3.1.3 DOMAIN 3 – INCLUSIVE LEADERSHIP**

**Process:** Evidence for the 3 outcomes of this domain was collected as below: -

- Outcome 3A: A letter and online form was developed. This was sent to all leaders Band 8a and above and those with line management responsibilities (mainly bands 6+). The responses have been analysed to form the evidence for this outcome
- Outcome 3B: Through the Head of Corporate Governance. A random sample of substantive Board or prime Committee papers from the last year, April 2023 to March

2024, was collected. The percentage of papers that identified equality-related impacts, through analyses or other assessments was defined, and how negative impacts were mitigated, monitored, and managed

- Outcome 3C: A template was provided, and information was gathered on the levers that are in place to manage performance and monitor progress with staff and service user. This was provided by the Head of Corporate Governance
- An independent Peer review meeting was held on 8 January 2025 with other ICBs undertaking work around EDS Domain 3 including Northants ICB and Leicester Leicestershire and Rutland (LLR). This meeting provided an opportunity to review and discuss findings and agree a final scoring of Domain 3. Regular updates of the EDS process and findings were also shared/discussed at the ICB business meetings, Equality Forum meetings and with EIHR leads of the Provider trusts
- Final EDS Domain 3 report produced and approved in February 2025.

### Domain 3 Scoring

Outcomes	Scoring
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	<b>3 – Excelling</b>
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<b>3 – Excelling</b>
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	<b>2 – Achieving</b>
<b>Total scoring for Domain 3</b>	<b>8</b>

**Total scoring for 2024 EDS** is 26, which is higher than last year’s score, which was 23.5. **LICB is at the ‘achieving’ level** (*those who score between 22 and 30, adding all outcome scores in all Domains, are rated as Achieving*). This has been the result of a number of improvements over the year across the 3 Domains – highlighted in individual EDS reports

All EDS reports are published on the LICB EDI webpage [Commitment to Equality, Inclusion and Human Rights - Lincolnshire ICB](#)

### Next steps for EDS 2025-26

- *Continue implementation of action plans for all 3 Domains through WRES and EDS Domain 2 task and finish group*
- *Agree on another service area/s for Domain 1*
- *Deliver further Board Development session to ensure their ongoing commitment to EIHR*
- *Work on developing the EIHR strategy based on agreed objectives/actions of the EDS Domain 1,2 and 3 action plans developed for 2024-7*
- *Ongoing review of action plan outcomes will be undertaken and shared with SMODG and executive members on a quarterly basis.*

## 4. WORKFORCE RACE EQUALITY STANDARD (WRES) AND WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

**4.1 Workforce Race Equality Standard (WRES):** The WRES report was published before the deadline of 31<sup>st</sup> October 24 and work continues on implementation of actions. One particular area of concern in 2023-24 data (indicator 2) showed likelihood of white candidates being appointed from shortlisting compared to BME candidates is 3.32 compared to 1.32 in 2022-23. This is moving further away from the ratio of 1.

A WRES task and finish group was set up to implement the action plan – representation of the group is from across the organisation and names were nominated by LICB directorates including Staff Engagement Group (SEG) members, ICB EIHR Lead, HR lead and members of communications and engagement team. The following has been achieved as a result of this work: -

- Production of a Zero Tolerance statement to tackle discrimination and harassment in the workplace and communication of this to all staff (see section 5)
- Development and delivery of Anti-racism training (see section 6)
- Tackling Bullying and Harassment Training (see section 6)

**4.2 Workforce Disability Equality Standard (WDES):** ICBS are now required to undertake WDES as part of the NHSE Workforce Improvement Plan. LICB conducted this work for the first time and the report was published in October 24 on LICB EIHR webpage. One area of concern (indicator 6) highlighted that 12.50% of staff 'with disability' feel pressure from their manager to come to work despite not feeling well. 11.11% of staff 'without a disability' feel pressure from their managers to come to work despite not feeling well which is 1.73% above the median of 9.38%.

Both the above reports/action plans are published on the LICB EIHR webpage: [Commitment to Equality, Inclusion and Human Rights - Lincolnshire ICB](#) under Workforce reports.

### Next Steps for WRES/WDES for 2025-26

- *Continue collation/analysis of data for these standards*
- *Continue work of task and finish group to support ongoing implementation of actions of WRES. Incorporate WDES action plan into the work of the task and finish group to enable implementation of WDES actions and ensure disability representation on the group. Members will: -*
  - *Prioritise actions to be implemented from the action plans*
  - *Agree initiatives/activities to support implementation of the actions of these plans*
  - *Monitor and review the outcomes of the activities*
  - *Agree the closure of actions / areas of concern.*

## 4.3 Accessible Information Standard

Health care services need to ensure that the information they provide to those who may have a disability, impairment or sensory loss is in accessible formats and in response to specific needs and requirements. Information about the AIS has been updated on the EIHR webpage and circulated to system providers reminding them of their responsibilities for implementation. [Accessible Information Standard August 24 \(icb.nhs.uk\)](https://www.icb.nhs.uk/accessible-information-standard-august-24) The implementation of AIS by NHS Provider Trusts continues to be measured through the Schedule 6 quality assurance process and reported back to LICB Operational Quality Assurance Group (OQAG) every six months. NHSE is currently revising its AIS and we are waiting the imminent release of the new standard.

### *Next Steps in relation to AIS in 2025-26*

- *Continue communication of information about the standard to ICB staff and system providers*
- *Await information about the new standard from NHSE and plan publicity and training once released*

## 5. EIHR STRATEGY AND POLICY DEVELOPMENT

### 5.1 EHIR Strategy and Delivery Plan

**Development of EIHR Strategy, engagement and comms plan:** Work on the development of the EIHR strategy commenced during 2024. An outline of the EDI strategy format was developed and agreed and survey questionnaires for internal/external stakeholders were drafted and circulated in Q4 to ascertain their views. The feedback received will inform the development of the EIHR strategy 2025-28. Collation of workforce data and undertaking an EIA will also be part of the process.

**Note:** following ongoing discussions with Health Inequalities Team. It has been agreed that two strategies will be produced in line with these objectives – An EIHR strategy around objectives 1,2 and 4 and a Health Inequalities strategy around objective 3. Each strategy will make the relevant references where links to EIHR and HIEs occur – see objectives, page 2-3 of this report.

### *Next steps in relation to the strategy*

- *Final draft of strategy and delivery plan to be developed and agreed*
- *Set pledges for leaders, managers and staff to sign up to*
- *Launch and communication of strategy to all staff*
- *Implementation of actions within the delivery plan*
- *Ongoing monitoring and review of outcomes through relevant LICB governance processes*

### 5.2 Zero Tolerance Statement:

The WRES, WDES and EDS domain 2 task and finish group undertook work on developing a Zero Tolerance Statement. Whilst actions to produce this were clearly stated in the action

plans related to these standards, a further need to escalate this work was triggered by the race riots of August 2024. The Zero Tolerance Statement was developed to remind us of the importance of dealing with unacceptable behaviour of any kind and promoting a culture of civility and respect for all staff and service users. This statement emphasises our stance on zero tolerance and aims to protect people from different protected characteristics and socially excluded groups. It includes important links to relevant anti-harassment and discrimination policies and organisations that provide advice and support. The final statement was produced and signed off in Q3 and has been circulated to all LICB staff and published on the LICB internet ICB HR 020 - Zero Tolerance Statement and intranet. Further work was also undertaken to identify what system partners were doing to tackle harassment, discrimination and bullying with view to having a systemwide approach to Zero Tolerance. ULTH were the first to showcase their work around this area via online virtual workshop.

*Next steps to encourage Zero tolerance for 2025-26*

- *Further discussions will take place with other providers to identify their approach to Zero Tolerance*
- *Ongoing training will be provided to ensure continuous learning around anti-racism, bullying and harassment*

## 5.3 Gender Identity Equality Framework

The Lincolnshire healthcare systemwide Gender Identity Equality Framework (GIEF) was developed to provide guidance and practical ‘best practice’ advice to enable Lincolnshire system providers and clinicians to understand the needs of trans and gender diverse patients, and in doing so support the delivery of fair, equitable and inclusive services. This framework is intended for use by all NHS organisational staff and there is also commitment from St Barnabas, who have been involved in the work, to adopt for their organisation. This includes any individuals who require information on gender identity, including those who engage with patients, non-clinical staff, bank and agency workers, contractors, students, volunteers, governors, non-executive directors and all other paid or unpaid agreement holders.

**Why was there a need for the GIEF?**

People from the Transgender community are one of the most excluded groups both in society and in the workplace. It is unfortunately very common for the trans community to face discrimination, prejudice, isolation, and abuse, both in public and at work. Trans people in the UK face multiple barriers to accessing NHS healthcare, which can lead to poorer health outcomes. Data around transgender shows: -

- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they’re LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.
- One in seven LGBT people (14%) have avoided treatment for fear of discrimination because they’re LGBT.
- Seven in ten trans people (70%) report being impacted by transphobia when accessing general health services.
- Nearly half of trans people (45%) said that their GP did not have a good understanding of their needs as a trans person, rising to over half of non-binary

- people (55%).
- 90% of trans people reported experiencing delays when seeking transition-related healthcare.
- Trans people of colour also experienced transphobia from trans-specific healthcare providers at more than double the rate of white respondents (13% compared to 6%).

Referenced from:

<https://www.stonewall.org.uk/resources/lgbt-britain-health-2018-rainbow-britain-report.pdf>

<https://www.stonewall.org.uk/news/5-things-you-might-have-missed-2021-census>

### **How was the GIEF developed?**

A system gender identity framework group was set up with representatives from LICB (who lead the group), LPFT, ULTH, LCHS and Lincolnshire St Barnabas Hospice, following escalation of a couple of individual situations by one of the trusts. Members shared guidance and information to develop the contents of the framework and drafts were developed and reviewed regularly. Further to this an engagement exercise (see below) was undertaken to determine views from the public and staff. The final draft was updated to include information relevant to the feedback received.

### **Engagement**

As part of developing this framework, engagement with our staff and members of the public was undertaken. In summary, feedback from respondents predominately focused on: -

- Lack of awareness of transgender and non-binary issues amongst NHS staff
- Lack of relevant local support services in Lincolnshire
- Need for more training for NHS staff
- Patients need to be listened to more
- Need for greater respect and sensitivity towards these issues
- Information/documentation around transgender issues and its communication requires improvement
- Advocate for policies that support transgender health care
- Improvements in training and education.

This framework has been developed to ensure that such barriers are addressed and that the ICB and service providers comply with equality legislation and national guidance (section 4 of the GIEF document). The framework was shared at the LPFT led Trans Day of Visibility end of March 2025 to raise awareness of the work that has taken place around the GIEF.

### **Next Steps for GIEF for 2025-26**

- *Please note we have currently put a hold on the systemwide launch of this document until further guidance is released in relation to the current Supreme Court ruling (April 2025) clarifying that the legal definition of a woman should be based on biological sex, regardless of whether or not they have a gender recognition certificate.*
- *Once further guidance is received following the Supreme Court ruling the GIEF will be reviewed and amended accordingly prior to being taken through each organisation's governance process for approval – For LICB this will be System Quality Patient Experience Committee.*

- *A Communications plan will be developed by the LICB comms team to facilitate wide publicity and use across the System – in terms of ICB this could include presentation to Team Talk Live and articles for Team Talk News*
- *Regular reviews and updates to the document will take place within the required timescales or where there are changes to national policy / guidance.*

## 5.4 Equality Impact Assessment (EIA) support

This support continued throughout 2024. Approx 20 EIAs were undertaken during this period in relation to policy/service review and or development. All were reviewed by EIHR lead and signed of through relevant leads/committees.

## 6. EIHR TRAINING AND DEVELOPMENT

Development and delivery of training relates to LICB objective 4, the EDS Domain 2 action plan 2024-25, WRES action plan 24-25 and NHS EIHR Workforce Improvement Plan – High Impact Action 6 People Plan – Value Our People (Drive to reduce Bullying and harassment).

Throughout 2024-25 we continued to deliver the following EIHR training sessions:

- EIA training refresher
- Tackling Bullying and Harassment in the Workplace
- Let’s Talk about Tackling Racism and Discrimination in the Workplace

### Summary of attendees to January 2025

<b>Summary - Number of attendees by Directorate</b>	<b>Number attend</b>
Board Sec & Corporate Admin – Corporate Admin	2
Health Inequalities Directorate – Health Inequalities	4
Medical Directorate – Medicines Optimisation	5
Nursing Directorate – Nursing and Quality	5
Primary Care & Community Social Value Directorate – Primary Care	4
Strategic Planning Directorate – Planned Care	12
System Delivery Directorate – Urgent Care	13
Finance Directorate	0
	<b>45</b>
Non ICB	16
Connected Cultures Network Session in November	10
	<b>26</b>
DNA	4
Cancelled	2
EIHR Mandatory - 3yrs (SEPT 24)	87.27% compliance

Further to the above staff have participated in tier one Oliver McGowan training on Learning Disability and Autism – aiming to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.

#### *Next Steps for EIHR related Training and support*

- *Continue delivery of Bullying and Harassment and Anti-Racism training and offer further EIA drop-in sessions. Ensure that the new Zero Tolerance statement is included as part of the training to remind participants of LICB approach*
- *Develop training for quality leads to help them gather information on EIHR compliance for system providers – This will be based on the development of a short checklist of questions and support guide in 2025*
- *Deliver a further Board Development Session to enhance members learning and ensure their ongoing commitment to EIHR*
- *Disability awareness/tackling discrimination training – identify key areas of training required via a questionnaire to staff and develop session in accordance with gaps identified*
- *Communication information around the Accessible Information Standard – once new standard has been launched by NHSE*
- *Sexual Harassment in line with the new protections from sexual harassment and the EIHR guidance – communicate the requirement for all staff to undertake the Sexual harassment online training.*

## 7. EIHR RELATED WORK OF ENGAGEMENT TEAM

- Continual up-date and strengthening of the NHS system stakeholder data base ensuring that our engagement reaches all communities including vulnerable populations and those who experience the worst health outcomes.
- Our engagement survey and face to face engagement, where appropriate, includes collating equalities and health inequalities data.
- Our engagement bulletin “The Contributor” continues to be distributed every two weeks to promote opportunities for the population to have their say and get involved. Membership continues to have grown throughout the year with approximately 11,000 contacts, communities and groups now receiving this.
- We continue to work with local trusted community connectors and volunteers to help promote engagement opportunities in local communities.
- Each of our engagement projects is planned and targeted, driven by data, ensuring that we target our engagement where there is the need. This has included for example getting translated communications materials produced where this is required.
- The Involvement Team has been a key member of the Gender Identity Equality sub-group throughout the year and has undertaken engagement on the development of a Gender Identity Equality Framework covering the entire NHS in Lincolnshire. This framework will set out the expected standards for gender non-conforming people when accessing services and receiving care.

- Public and staff engagement to help inform the development of the Lincolnshire Integrated Care Board Equality Strategy for objectives 1, 2 and 4.
- The Involvement Team has attended LGBTQ+ Pride events and student freshers' events throughout the year.
- The Engagement Manager continues to be a key member on the Equality Forum, escalating particular equalities and health inequalities issues from our engagement activities.
- Our "Experiences of Accessing Services" survey has continued to run throughout 2024/25 ensuring that we hear from those people living within different communities and groups about what works well, what requires improvement and what excellence looks like. This feedback is reported into our Operational Quality Assurance Group ensuring that we are acting on this feedback.
- Our dedicated Health Inequalities Engagement Manager commenced in post in April 2024 focussing on health inequalities and implementing consistent best practices and empowering the people and communities of Lincolnshire to engage in every aspect of our work.

## 8. EIHR FORUMS, NETWORKS AND GOVERNANCE

### 8.1 Lincolnshire ICB Equality Forum

The LICB equality forum continues to meet on a bi-monthly basis to enable ongoing discussions to take place between the ICB and EIHR leads from provider trusts. Other staff are also drawn into the discussions around tackling inequalities including staff from health inequalities team and population health to provide updates. Members support the development, implementation, monitoring and evaluation of equality, diversity and inclusion work to enable a system-wide approach for sharing information, raising concerns around current EIHR priorities and issues, and planning collaborative working activities. Examples of joint initiatives include EIHR training, Gender Identity Framework, Zero Tolerance.

### 8.2 Connecting Cultures Group

The Connected Cultures Network continues to support staff upholding its five pillars which are: Safe space, Confidential space, Peer support, Sign posting to training and Sharing knowledge.

During 2024/25 Connected Cultures Network focussed on publicity and engaging with staff and leaders sharing the purpose of the network, these include St Barnabas Management meeting, Primary Care South South-West Clinical Committee, ICB Staff Engagement meetings, ICB Team Talk meetings as well as several team meetings in the ICB. This has increased the number of people that access the network in a group or one to one support. From a system perspective, Connected Cultures continues to be part of the Connected Cultures System Leadership forum. In 2024 the network collaborated and engaged in key system events such as LGBTQ month, and the Disability History Month and Black History Month.

During the incivility riots that took place in 2024, Connected Cultures network collaboratively with other cultural diversity networks, provided support and safe space for staff. Group members also participated in an ICB led session called 'Let's Talk about Tackling Racism and Discrimination in the Workplace.'

In the near future Connected Cultures network is looking at evaluating and reviewing its function the network is in the process of developing an e-survey to support the evaluation process and taking part in the Primary Care Valuing and Recognising People conference.

### 8.3 Quarterly EIHR update reports to Executive

Updates to executive committee are given every new quarter based on the work of the previous quarter and has allowed continuous dialogue with senior leaders on EIHR achievements, areas of concerns and future priorities. This has been important to keep EIHR on the agenda of the executive and senior management committees.

### 8.4 Schedule 6 EIHR Quality Assurance reports

Lincolnshire NHS Provider Trusts are assessed on compliance to EIHR every 6 months. In 2024, reports were presented to the Operation Quality Assurance Group (OQAG) highlighting key mitigations and risks for each provider. All providers were up to date with EIHR work and there were no serious issues highlighted with regards to non-compliance to the Equality Act 2010, Public Sector Equality Duty.

#### *Next Steps for EIHR quality assurance for 2025-26*

- *Continue with the collation and analysis of EIHR evidence/information from Tier 3 provider trusts.*
- *Develop a short checklist of questions to help Quality leads mainstream the collation of EIHR information from system providers other than Tier 3 Trusts.*

For further information on any aspect of this report, please contact:

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For more information about our EIHR work please visit the equality webpage of the LICB Website: [Commitment to Equality, Inclusion and Human Rights - Lincolnshire ICB](#)