

# Equality, Diversity and Inclusion

## Annual Report 2025/26



## **Equality, Diversity and Inclusion – Annual report**

### **1. Introduction**

NHS Gloucestershire Integrated Care Board is committed to promoting equality through commissioning accessible services that respond to the diverse needs of communities in Gloucestershire; celebrating the diversity of our workforce and ensuring staff feel they work in an environment that is fair, open and free from discrimination.

Each year public sector bodies must demonstrate they have met the requirements of the Public Sector Equality Duty (PSED). This includes publishing our equality objectives, information about the protected characteristics of people accessing health and care services in Gloucestershire and equality data about our employees, including gender pay gap information.

Given the current period of significant organisational change, our reporting this year will focus on key areas of work undertaken during 2025 and identify areas for future consideration as we progress the NHS Integrated Care Board (ICB) cluster arrangements across Gloucestershire and Bristol, North Somerset and South Gloucestershire.

### **2. Equality Statement and Action Plan**

In early 2025, the ICB refreshed its Equality Objectives and developed an action plan to ensure these were achieved. This included the intention to establish an Equality Oversight Group, which would monitor our progress against the plan.

With the changes to the role of the ICB announced in March 2025 the establishment of the Oversight Group was paused and progress against some objectives has been paused. However, we have continued to work closely with our local communities and much has been achieved. This report highlights some of these achievements.

There is an opportunity to revisit the action plan as we progress with the development of the cluster ICB, developing a new set of equality objectives and governance processes appropriate for the new organisation.

### **3. Translation and Interpretation Framework**

NHS England published a new [Improvement framework: community language translation and interpreting services](#) in May 2025. The framework is designed to support the provision of consistent, high-quality community language translation and interpreting services by the NHS to people with limited English proficiency.

The Framework sets out some specific actions for ICBs, NHS Trusts and Primary Care. Many of the actions identified for ICBs have already been addressed during our NHS system-wide re-procurement of a translation and interpretation service in 2024, but some of this work is ongoing with **opportunities for further improvement:**

- Raise awareness of translation and interpretation services for GP practices/PCNs – we have delivered a number of awareness sessions to practices and PCNs over the last year and are presenting again at the Gloucestershire Multi Professional Educators Conference in April 2026. We are exploring further opportunities with the Primary Care Training Hub.
- Engagement with local communities to raise awareness of the translation and interpretation service and seek regular feedback from people who have accessed support (in conjunction with One Gloucestershire statutory partners).
- Explore quality improvements re translation and interpretation service for GP practices, in particular with those practices who use the service most frequently. Our current provider offers supplementary services that may be beneficial but come at an additional cost:
  - Wordskii on Wheels (WoW) - dedicated portable devices designed to deliver video calls in high demand areas where collaborative working and quick access to a professional interpreter is essential. Some areas of the country are also making this type of device available in reception areas.
  - Wordskii Connect – enables people to connect with the translation and interpretation service directly, e.g. for support to contact their GP practice, before they have any interaction with their health care provider.
- Re-procurement of translation and interpretation services for Pharmacy, Optometry and Dentistry. This contract has been inherited from NHS England and has been extended to ensure continuity of provision. The Primary Care Team are currently exploring a more permanent solution.

The requirements for Integrated Care Boards, as detailed in the Improvement Framework, are given in full below:

**i. Leadership, quality and professional standards**

- Ensure director-level leadership and accountability for the commissioning and contracting of translation and interpreting services for all services provided across the ICB's footprint.
- Involve patients and communities in the development and improvement of local interpreting services through co-production, ensuring diverse voices are included to reflect local needs and address potential gaps in service provision.

- Work with PCNs to apply quality and service improvement methods to develop and strengthen services, using feedback mechanisms for patients and staff to help drive meaningful improvement.
- When procuring for a new service provider, ensure qualification and training standards are defined and interpreters registered (for example, with professional bodies such as the National Register of Public Service Interpreters). Build quality metrics that can be regularly monitored into contracts.
- Ensure any procurement of new interpreting services for primary care takes full account of local population needs and drives quality of service provision, not just cost factors.

#### **ii. Access and barriers to services**

- Undertake a population-level needs assessment for community languages at system or place level, working with local community organisations and public health.
- Work with PCNs to review data on use of interpreting services, with a focus on improving access.
- Help improve awareness among practices and PCNs of local patient need for interpreting services and the procedures to access services.

#### **iii. Equity, cultural sensitivity and rights**

- Involve patients and communities in the co-production and improvement of interpreting services in primary care, making sure they are culturally sensitive and inclusive.

#### **iv. Digital opportunities and challenges**

- Capture and analyse patient data at the local level to identify trends and patterns in the use of interpreting services. Use these insights to optimise service delivery and meet demand.

#### **v. Safety, confidentiality and consent**

- The [National patient safety healthcare inequalities reduction framework](#) sets out 5 principles to reduce patient safety healthcare inequalities across the NHS. It outlines opportunities for implementation that local teams and ICBs can take up and the work NHS England is doing nationally to support this.
- The principles align with the aims of [NHS England's patient safety strategy](#) and the Core20PLUS5 approach (both for adults and for children and young people) to addressing healthcare inequalities.

### **4. Accessible Information Standard**

The Accessible Information Standard (AIS) sets out how providers and commissioners of NHS and publicly funded adult social care services should ensure disabled people and people with impairments or sensory loss:

- can access and understand information about NHS and adult social care services

- receive the communication support they need to use those services.

The Standard requires a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Complying with the standard will help organisations to meet their obligations under the Equality Act 2010 and other legislation.

NHS England refreshed the AIS in 2025, and some important changes were made to:

- add a sixth 'review stage' to help improve compliance with the Standard, and
- introduce a self-assessment framework to support with assurance and compliance.

Working in partnership with One Gloucestershire NHS organisations and Voluntary Community and Social Enterprises Sector partners, we have previously developed training materials to support compliance with the Standard. These resources have been updated in line with the refreshed Standard, and we have been promoting the new requirements to GP practices.

There are further **opportunities to support** practices work through the self-assessment framework and resolve some of the digital/coding challenges that have been identified. Going forward this work could sit within the remit of the ICB or be supported by the Gloucestershire GP Collaborative.

Gloucestershire Deaf Association, who are commissioned by the ICB to provide British Sign Language (BSL) interpretation support to patients accessing GP services, has also been promoting Deaf Awareness training to local practices.

## 5. Experience of people who identify as LGBTQ+

Our Equality Action Plan committed to achieving a better understanding of the experiences of people who identify as LGBTQ+ when accessing health and care services and support. National and local research, in particular:

- ['Community Mental Health Transformation Lived experience Survey Report: LGBTQIA+ Communities'](#), Inclusion Gloucestershire, (2024)
- ['Trans and non-binary peoples' experience of accessing GPs in Gloucestershire'](#), Healthwatch Gloucestershire, (2025)

conclude that people who identify as LGBQ+ often face discrimination and have a poorer experience of health care services than cisgender people.

During 2025, we have continued to be a proactive ally of the local LGBT+ Partnership, regularly attending their meetings and providing the NHS Information

Bus for Pride events across the county. This enables us to hear the voices of our local community and support awareness raising and celebratory events.

Our allyship with the community has provided insight into the challenges some Transgender people have experienced in accessing support with hormone therapy through their GP practice. Consequently, the ICB has been working collaboratively with various system partners including people who identify as transgender, the Local Medical Committee (LMC), Gloucestershire GP Collaborative, NHSE at both national and regional levels, and the Southwest NHSE Gender Dysphoria Clinic (GDC) to identify and address gaps in commissioning care for monitoring and prescribing for transgender adults needing access to hormone therapy in primary care settings. The input from the ICB Patient Advice and Liaison Service (PALS) with respect to supporting individuals has been greatly appreciated.

This work has resulted in a new interim Local Enhanced Service (LES) being launched and a Gender Affirming Awareness Session has been developed in partnership with the Primary Care Training Hub. The interim LES aims to help address the commissioning gap for NHS patients who have been assessed by the NHS Gender Dysphoria Clinics, while we gather more information about the needs of this patient group, the workload for clinicians and the outcome of the national review.

The publication of the national review of gender dysphoria clinics – [Operational and deliver review of NHS adult gender dysphoria clinics in England](#); Dr David Levy, in December 2025, provides the opportunity to enhance local care further and reduce inequalities for people who identify as transgender. The review includes a number of recommendations for ICBs and resonates with the aim of our interim LES:

- **Recommendation 5** - NHS England and ICBs should work with adult GDCs and GP representative bodies – such as Local Medical Committees and the Royal College of General Practitioners (RCGP) – to establish sustainable local arrangement for hormone prescribing and access to longer-term health monitoring. This should include:
  - Developing local hormone prescribing pilots, potentially using the GPs with Extended Roles model or other local models of care
  - Every ICB ensuring there is a local primary care support for the prescription and monitoring of hormones for their transgender population
  - GDCs managing hormone prescribing for patients for a minimum of 1 year until levels are stable, before discharging patients to primary care. Where clinically appropriate, non-medical prescribers could form part of the primary care team managing the life-long prescribing process

- Local transgender hormone prescribing services offering patients an annual review, including checks for cardiovascular disease or risk and screening advice.
- **Recommendation 20** – ICBs should ensure:
  - There is availability of accessible non-specialised services locally, particularly while patients wait to be assessed by the GDC
  - Gender services patients have equitable access to gamete storage as outlined in an ICB's policy
  - Primary care services are in place for the ICB population to support with the long-term prescribing of hormones, following patient discharge from the GDC
  - Local transgender hormone prescribing services offer patients and annual review, including cardiovascular health and screening advice.

There is an opportunity to work across the ICB cluster to deliver this work and engage with the national programme for improvement.

## 6. Working with underserved communities in Gloucestershire

To design services that truly meet people's needs, the ICB must understand the lived experiences of all communities and work in ways that are accessible, culturally sensitive and inclusive.

To strengthen this understanding Insights Manager, Natalia Bartolome Diez, has led extensive engagement with the people and communities we do not tend to hear from. By spending extended time with a range of diverse community groups, Natalia has gathered rich insights into how people live, what matters most to them, the barriers they face in accessing services and what changes could reduce health inequalities they experience and improve access to services. Working collaboratively across the Integrated Care System (ICS) and with the Voluntary, Community and Social Enterprises Sector (VCSE), Natalia has built trusted relationships with diverse communities that provide the foundation for ongoing dialogue. It is imperative that we establish how this work should continue in the future.

A detailed report of the work that Natalia has undertaken and the key learning obtained through this is available on [Get Involved in Gloucestershire](#).

The report identifies three themes which consistently emerge as essential for future engagement across the diverse communities in Gloucestershire: joint system-working, tailored engagement and communications, and the value of community partnerships. It also highlights some top tips for working with people and communities:

# Top Tips to Working with People and Communities!

## 1. Be Flexible

Listen to what people want to talk about and what genuinely matters to them. Do not worry if you do not cover every question or follow your plan exactly. Conversations will shift and timings will change. Be human: relax your posture, show warmth and, if you feel comfortable, share something about yourself. A flexible approach helps people feel at ease, demonstrates that you care, and encourages people to speak openly.

## 2. Stay behind

Some of the richest insights emerge in quiet, private moments. When engaging with communities, schedule time to stay behind after the formal discussion has finished. Individuals will often approach you privately to ask further questions or share deeper, more personal experiences that they may not feel comfortable expressing in front of others.

## 3. Translating resources will not fix everything

Translating materials can be useful and can widen reach, but translation alone is not enough. Even when resources are translated, they must be shared through the right channels to ensure they reach the people who need them. It is important to recognise that some communities speak a language fluently but do not read it confidently. Communities value us taking the time to meet with them in person, explain information clearly, answer questions and then provide written materials as reinforcement. Consider providing information in Easy Read or using interpreters to ensure messages are accessible and meaningful.

## 4. Consider how messages are shared

Go to the community – do not expect them to come to you. Trust is shaped by who initiates the conversation. When a community actively seeks information, they are usually comfortable hearing from the most knowledgeable person. However, when the healthcare system initiates engagement, the message should be delivered or facilitated, where possible, by someone who reflects or understands the community's identity, lived experience or cultural background. This helps build trust, improves understanding and ensures the message is received in a way that feels safe and respectful.

## **5. Personalise your approach**

Remember that communities with shared characteristics are not homogenous. There is wide variation in beliefs cultural practices and preferences. Engagement should be personalised to each group and learnings should not be generalised.

## **6. Ask Natalia for help!**

Please contact me for support with engagement. I can connect you with a range of diverse communities, advise on the most effective and culturally appropriate ways to approach engagement and support the development of an engagement strategy. I can share learnings from previous work and highlight opportunities to engage with communities through existing networks and events.

## **7. Equality and Engagement Impact Assessment**

The ICB Equality and Engagement Impact Assessment (EEIA) process is an important planning tool which encourages the consideration and documentation of equality and health inequalities issues during the commissioning of services and development and/or implementation of policy.

The development of our Equality Action Plan identified the need to raise awareness of the EEIA process and provide additional training to support ICB staff to undertake robust assessments. The Equality and Human Rights Commission (EHRC) review of ICBs in 2024/25 suggested sharing completed EEIAs on our website as a way of demonstrating both compliance with the Public Sector Equality Duty and sharing examples of good practice.

Subsequently, we reviewed our EEIA template and developed training which was delivered through a module in the Project Management training during 2025. The training was delivered across three cohorts, reaching approximately sixty staff. The training was well received and as a result we saw an improvement in the quality and numbers of EEIAs completed as part of the business planning process.

## **8. Supporting our workforce**

The data and statistics we have on our workforce profile, including a breakdown of staff according to gender, ethnicity, age and disability is regularly reviewed and shared with the ICB Staff Partnership Forum.

As noted in last year's equality reporting the focus during 2025 has been very much about supporting staff through organisational change. However, we have continued

to promote equality, diversity and inclusion through additional training and events including the Inclusion Allies Programme; Equality, Diversity and Representative (EDR) training; One Gloucestershire Leadership Conference on ED&I; and an Anti-racism Conference in July 2025.

Organisational change can disproportionately impact those with certain protected characteristics and consequently result in a less diverse organisation following the change process. To avoid this, robust guidance for interviews has been developed to ensure the process is truly fair, transparent and inclusive. This includes:

- Ensuring every interview panel member has completed the new Equality Diversity Representative (EDR) training.
- Making sure reasonable adjustment requests can be made ahead of interviews and that they are considered when planning interviews.
- Providing interview questions to candidates before the interview, ideally 48 hours in advance, allowing candidates to bring pre-prepared notes to support their responses.
- Requiring interview panels to include a member who acts as an equality and diversity representative (EDR) and assures the process is an inclusive one.
- Consider whether a Positive Action approach can be taken for open competition vacancies.

### **Annual Staff Survey**

Although the ICB ran its own staff survey during 2025, many of the national staff survey questions were included to allow the identification of trends and enable us to benchmark against other ICBs. The data collected is still being analysed and will be reviewed against last year's data in due course.

Early analysis of the data shows that response rate from staff who have an ethnic minority background (48%) is lower compared to staff who are White British (57%). The results suggest very similar experiences between the two staff groups, with the exception of staff who 'in the last 12 months, have personally experienced discrimination at work from other colleagues'. This is reported as 21.05% for staff from an ethnic minority background compared to 2.83% for staff from a White British background.

When comparing the data for staff who disclosed they have 'a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities' and those who said they did not, there is more variation in the responses.

Initial findings suggest staff who disclosed a physical or mental impairment feel their work is less valued and supported by their organisation compared to those without an impairment:

	Staff who disclosed a physical or mental impairment	Staff who said they do not have a physical or mental impairment
My organisation takes positive action to support health and wellbeing	27.78%	9.26%
My organisation values my work	52.78%	20.97%
I receive recognition for good work	47.22%	26.96%

NB: Shows % of staff who disagreed or strongly disagreed with these statements

When asked if they ‘had personally experienced discrimination at work from their line manager’, 16.67% of staff who disclosed a physical or mental impairment said ‘yes’, compared to 2.44% of staff who said they did not have a physical or mental impairment. Staff who disclosed a physical or mental impairment also reported a higher incidence of work-related stress and pressure to come to work when feeling unwell:

Thinking about your health and wellbeing....	Staff who disclosed a physical or mental impairment	Staff who said they do not have a physical or mental impairment
During the last 12 months, have you felt unwell as a result of work-related stress?	75.00%	43.90%
In the last 12 months, have you felt pressure from your manager to come to work?	13.89%	6.34%
In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties?	77.78%	48.04%

NB: Shows % of staff who answered ‘yes’ to these questions

Further analysis of the staff survey results is required to help understand the differences highlighted above. Staff in Gloucestershire have recently been invited to join the BNSSG Staff Disability Forum and this could provide a mechanism for further staff engagement to support the data collected.

## 9. Opportunities for further work

Despite the challenges of organisational change in 2025, we have continued to promote equality, diversity and inclusion and pursue our equality objectives. The NHS Integrated Care Board (ICB) cluster arrangements across Gloucestershire and Bristol, North Somerset and South Gloucestershire, provide the opportunity to refresh much of this work, share learning across the cluster and develop a robust approach for the future.

This report identifies a number of opportunities for the coming year, which could be considered at either a 'cluster' or 'place' level:

- The opportunity to revisit the NHS Gloucestershire action plan as we progress with the development of the cluster ICB, developing a new set of equality objectives and governance processes appropriate for the new cluster organisation.
- Continuation of our work to raise awareness and improve access to our translation and interpretation service, with both staff and our local communities who require support with communication. This includes the opportunity for Quality Improvement projects to support practices who are high users of the service.
- Re-procurement of translation and interpretation services for Pharmacy, Optometry and Dentistry.
- Raise awareness of the Accessible Information Standard and support the use of the new self-assessment framework in primary care.
- There is an opportunity to work across the ICB cluster to reduce inequalities for patients who identify as transgender, engaging with the national programme for improvement.
- Establish a strategy for working with our underserved communities as we progress with our ICB cluster arrangements.
- Undertake further analysis of the NHS Gloucestershire staff survey results to support post-organisational change.