

Bradford District Care Foundation Trust

How We Meet the Public Sector Equality Duty Report 2024 - 2025

Equality, Diversity and Inclusion; not just the salt and pepper but the whole meal,
(Cultural Curiosity Group, July 2021).

For further information on any of the content in this report or to request it in a different format please contact EDI@bdct.nhs.uk,

Table of Contents

Introduction	4
Chapter One: Strategic Priorities and Drivers	4
NHS England’s Equality, Diversity and Inclusion Improvement Plan	5
Chief Executive Officers (CEO) Pledge to Equality Diversity	7
Public Sector Equality Duty (PSED).....	8
Bradford District Care Foundation Trust Equality Objectives.....	8
Belonging and Inclusion Plan 2021 – 2024	9
NHS Equality Delivery System 2022 (EDS22)	10
Chapter Two: The Bradford and Craven Community	11
The Populations We Serve – Demographics	11
Chapter Three: Our People	12
Workforce Equality Standards and Reporting Requirements	12
NHS Workforce Equality Standards.....	13
NHS Workforce Race Equality Standard 2024	13
Medical workforce race equality standard	16
Bank Workforce Race Equality Standard.....	16
NHS Workforce Disability Equality Standard.....	16
Gender Pay Gap	19
Chapter Four: Best Place to Work	21
Key Areas of Activity and Support for our Staff	21
Staff Networks	21
Rainbow Alliance.....	22
Aspiring Cultures Staff Network.....	22
Beacon Network	23
Menopause.....	23
Neurodiversity	23
Chapter Five: Developing policy to.....	24
deliver our EDI priorities	24
Chapter Six: Improving Health Equity	24
Accessible Information Standard.....	25
Rainbow Badge Phase II.....	26
Patient and Carer Race Equality Framework (PCREF)	27
Equality Delivery System 2022 Domain One.....	29

Celebrating Innovation: Improving Health Equity	30
Chapter Seven: Other EDI activity in the Trust.....	34
EDI Calendar	34
Reciprocal mentoring	34
Kindness into Action	35
Anti-racist tool kit.....	36
Well-being for diverse colleague	37
Partnership Working across the Integrated Care System.....	37
Chapter Eight: Resourcing, Review and Audit	38
Equality, Diversity and Inclusion Resourcing	38
Equality, Diversity and Inclusion Governance	38

Introduction

At Bradford District Care Foundation Trust (BDCFT), we aspire to create better lives together through delivering the best quality services, making the best use of resources and by being the best partner and place to work.

There is a proven link between equality and the quality of care. Equality, diversity and inclusion are key strategic priorities that underpin delivery of these aspirations. Those aspirations need to be experienced by all the diverse Bradford, Airedale and Craven communities and by all our workforce.

Quantitative and qualitative data continues to demonstrate the impact of inequality on quality of life, experience of work and life expectancy. This makes our dedication to furthering equality, increasing diversity and acting inclusively more important than ever.

This report provides a summary of the work undertaken, the equality position and performance over the last year at Bradford District Care Foundation Trust. The report supports compliance with the Equality Act 2010 Public Sector Duties.

Equality performance discussions happen regularly throughout our governance and engagement processes to ensure progress and prioritisation of the work. Much of this information is available to the reader on the Trust website. For more information about any of the information in the report please contact the Equality, Diversity and Inclusion Team on EDI@bdct.nhs.uk



Chapter One: Strategic Priorities and Drivers

There are so many strategic drivers and compliance requirements which we work hard to meet throughout the year. These provide the basis to our priorities as an organisation and help us to identify where we are doing well and what we need to improve. A summary of some of the those are as follows:



NHS England's Equality, Diversity and Inclusion Improvement Plan

In June 2023 NHS England published the EDI Improvement Plan. The plan set out six High Impact Actions for NHS organisations to undertake to make improvements in the NHS. These actions are:

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

<p>Measurable objectives on EDI for Chairs Chief Executives and Board members.</p> <p>Success metric</p> <p>1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).</p> 	<p>Overhaul recruitment processes and embed talent management processes.</p> <p>Success metric</p> <p>2a. Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>2b. NSS Q on access to career progression and training and development opportunities</p> <p>2c. Improvement in race and disability representation leading to parity</p> <p>2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity</p> <p>2e. Diversity in shortlisted candidates</p> <p>2f. NETS Combined Indicator Score metric on quality of training</p> 	<p>Eliminate total pay gaps with respect to race, disability and gender.</p> <p>Success metric</p> <p>3a. Improvement in gender, race, and disability pay gap</p> 
<p>Address Health Inequalities within their workforce.</p> <p>Success metric</p> <p>4a. NSS Q on organisation action on health and wellbeing concerns</p> <p>4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training</p> <p>4c. To be developed in Year 2</p> 	<p>Comprehensive Induction and onboarding programme for International recruited staff.</p> <p>Success metric</p> <p>5a. NSS Q on belonging for IR staff</p> <p>5b. NSS Q on bullying, harassment from team/line manager for IR staff</p> <p>5c. NETS Combined Indicator Score metric on quality of training IR staff</p> 	<p>Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.</p> <p>Success metric</p> <p>6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)</p> <p>6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)</p> <p>6c. NETS Bullying & Harassment score metric (NHS professional groups)</p> 

In response to these new requirements, over the last year we have:

- Ensured members of our Executive have specific equality objectives within their portfolio.
- Identified Board of Governor sponsors to support each of our equality workstreams and our staff networks.
- Reviewed where we are assessing performance and experience information linked to equality in our governance structures and developed plans to enhance that.
- Delivered a comprehensive apprenticeship programme, analysing take up and impact regularly by equality demographics.
- Supported another two of reciprocal mentors in our reciprocal mentoring programme.
- Maintained representation of ethnically and culturally communities at 8a and above that is equal to the rest of the organisation at 29%.
- Published our Gender, Ethnicity and Disability Pay Gap information.
- Reviewed and continued to implement our Disability Policy and Flexible Working Policy.

- Offered staff a comprehensive wellbeing offer and ensured that wellbeing is a feature in our management supervision, appraisal, processes and in our team meeting agendas to give staff every opportunity to discuss how they are.
- Supported international recruits and appointed a specialist People Matters professional to support medical staffing and international recruitment.
- Developed and launched a Framework for tackling abuse from patients to staff and a See it, Say it, Stop it campaign.
- Signed a Sexual Safety Charter, developed associated policies and procedures to meet the new equality legislation amendments for employers.

Our Trust strategy was refreshed in 2023 after comprehensive engagement. **From Ambition to Action** sets out the priorities for the organisation over the next three years. Belonging and Inclusion continue to be at the heart and centre of our ambitions. Being the best place to work and delivering the best quality services is an aspiration for all our staff and to all the patients and carers we meet across all equality protected groups.

NHS
Bradford District Care
NHS Foundation Trust

From Ambition to Action

2023-2026 strategy refresh



Best place to work

We will continue to strive to be a smarter working organisation, working together so that everyone is proud to work here, feels they belong and are valued.

We will focus on:

- Looking after our people.
- Belonging in our organisation.
- New ways of working and delivering care.
- Growing for the future.

Deliver best quality services

We will consistently deliver good quality, safe and effective services, making every contact count, meeting the needs of our communities, and focusing on reducing health inequalities.

We will focus on:

- Improving access and flow.
- Learning and improvement.
- Improving the experience of people who use our services.

Making best use of resources

We will deliver effective and sustainable services, considering the environmental impact and social value of everything we do.

We will focus on:

- Financial sustainability.
- Our environment and workspaces.
- Giving back to our communities.

Be the best partner

We will be at the forefront of integration, improvement and innovation, working with partners to deliver services that enable people to live happier, healthier lives.

We will focus on:

- Partnership working.

better lives, together





To support our aspirations to be the best place to work and make best use of resources we have been delivering a programme of training that encourages inclusion in our services and teams, enabling our workforce to bring their own lived experience into the way we plan and deliver our services. We have focused on introducing models for valuing difference, giving appreciation and providing constructive feedback to breed a culture of continuous improvement around equality.

We are developing a Health Equity Plan to further support our intention to deliver the best quality services to all; reducing health inequality of access, experience and health outcome experienced by equality protected and inclusion health groups. We are aiming to launch this plan in early 2025.

Chief Executive Officers (CEO) Pledge to Equality Diversity



On 21st May 2021 Therese Patten CEO made a Pledge to Equality, Diversity and Inclusion. The Belonging and Inclusion plan aim is to support and bring alive Therese's pledge and delivery on the strategic objectives to drive, embed and sustain equality, diversity, and inclusion throughout the organisation, improving the staff and patient experience. The pledge continues to drive our equality work across all workstreams.

CEO PLEDGE

1. To treat everyone as a unique individual, valuing the difference they bring.
2. To continue with our preparedness programmes ensuring everyone has the skills, experience and knowledge needed to take their next career step and to match that preparation with real opportunity; and
3. To have robust systems in place to ensure that we measure our success.

In 2024 following the racist and Islamophobic unrest and rioting seen across the country the Trust Board re-issued the pledge for the organisation to be anti-racist and root out racism.

OUR PLEDGE



Have **conversations** about race and racism. Listen. Challenge racist language as well as actions. Don't be a bystander when something unjust is happening, use your voice to speak out and do your best to help or get help.



Continue to **educate** yourself. None of us ever know everything, so it's important to be open to learning the facts.



Make a **change**. Do something as well as saying something. Small acts do make a difference. Have a think about what you can do in your life and sphere of influence to make positive change

Reflective spaces were held across the organisation giving people the opportunity to come together and share their feelings, experiences and concerns and to be strong together. An ongoing plan to support continuing commitment to this pledge, our people and our communities.

Public Sector Equality Duty (PSED)

The Equality Act 2010 states that public authorities must comply with the public sector equality duty. This is in addition to their duty to comply with the General Duties of the Act.

The duty aims to ensure public authorities think about things like discrimination and the needs of people who are disadvantaged or suffer inequality, when they make decisions about how they provide their services and implement policies.

The Public Sector Equality Duty is a duty on public authorities to consider or think about how their policies or decisions affect people who are protected under the Equality Act 2010.

The [Public Sector Equality Duty](#) came in to force in April 2011.

Bradford District Care Foundation Trust Equality Objectives

Every four years we publish a set of equality objectives. The Equality Objectives are part of our Public Sector Equality Duties. The Equality Objectives set the priorities for all of our Equality, Diversity and Inclusion work. Our current set of objectives are in our Belonging and Inclusion Plan 2024 – 2028.

Strategic Priority	Equality Objective	Focusing on
Workforce Equality		
We will be the best place to work for everyone.	We will identify and address inequality of experience and under-representation within the workforce.	<ul style="list-style-type: none"> The 9 NHS Workforce Race Equality Indicatorsⁱ.
	We will identify, celebrate and spread good practice.	<ul style="list-style-type: none"> The 3 NHS Bank Workforce Race Equality Standard indicators.ⁱⁱ
	We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	<ul style="list-style-type: none"> The 3 Medical Workforce Race Equality Standard indicators.ⁱⁱⁱ
		<ul style="list-style-type: none"> Reducing the Trusts Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap.
		<ul style="list-style-type: none"> Going for Gold with the NHS Rainbow Badge Assessment.
		<ul style="list-style-type: none"> The 13 NHS Workforce Disability Standard indicators^{iv}.
Health Inequalities		
We will deliver the best quality services to all.	We will identify and address inequalities of access, patient experience and health outcomes.	<ul style="list-style-type: none"> The Patient and Carer Race Equality Framework core and local indicators^{vi}.
	We will identify, celebrate and spread good practice within and outside of the Trust.	<ul style="list-style-type: none"> The NHS England Health Inequalities Statutory Duty requirements^{vii}.
		<ul style="list-style-type: none"> Accessible Information Standard.
		<ul style="list-style-type: none"> The EDS22 Domain 1 indicators.
		<ul style="list-style-type: none"> Sexual Orientation Mentoring Standard.

	We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	<ul style="list-style-type: none"> Unicef Baby Friendly Gold Accreditation
--	--	---

We will be refreshing our equality objectives during the winter of 2027 so they are ready to launch in April 2028.

Belonging and Inclusion Plan 2021 – 2024

Our Belonging and Inclusion Plan sets the direction of our equality, diversity and inclusion (EDI) ambitions and work. It reflects the Trust's commitment to ensuring that our services are completely equitable, accessible for all and that they are person centred and equipped to meet the individual and diverse needs of the communities that we serve. Belonging and Inclusion is a key element of our Trusts refreshed strategy which can be accessed here: [Ambition to action strategy, 2023-26 - BDCFT](#).

These strategies are a call to action to our people to view and carry out their roles through an EDI Lens. Additionally, it highlights our workforce aspirations and supports the organisation's strategic priority to promote diversity, belonging and inclusion for all staff and to empower all staff to be leaders within an open culture in line with our values and aspirations for inclusivity and diversity.

Our vision for the plan is threefold:

- To provide the best quality care and meet the individual needs of our service users.
- To have a workforce that fully reflects and understands the communities we serve and has a fair and compassionate culture where everyone feels that they belong, are included, valued and respected and can progress as a unique individual.
- An organisation that:
 - collectively, consistently, and actively works to dismantle inequality wherever it is found and in all its forms.
 - ensures that barriers to progression are identified and addressed and,
 - is an example of best practice.



To view the plan please visit [Belonging-and-Inclusion-Plan \(bdct.nhs.uk\)](https://bdct.nhs.uk/Belonging-and-Inclusion-Plan)

During October and November 2024, the Belonging and Inclusion Plan is being refreshed and will be re-launched to guide our equality work from 2025 to 2028.

NHS Equality Delivery System 2022 (EDS22)

In 2024 we assessed our equality, delivery and inclusion performance using the NHS England Equality Delivery System 22. More information on this framework can be found here [NHS England » Equality Delivery System 2022](#).

The process provides our BDCFT workforce, voluntary, community, faith and health sector partners, carers and people using our services the opportunity to comment on our equality performance. There are three domains within the EDS22:

- Domain 1 – Provided and Commissioned Services (focusing on access, safety, meeting health needs and patient experience)
- Domain 2 – Workforce Health and Wellbeing
- Domain 3 – Inclusive Leadership

For Domain 1 we focused our 2024 assessment on children and young people's mental health. Three services were selected for analysis. They were Child and Adolescent Mental Health Services, the Specialist Mother and Baby Service and School Nursing. A partnership engagement event was held with our Acute Sector and Commissioning partners to approve our draft scores for these services.

Below are links to the full reports of the assessment for those services, plus our scores for the health and wellbeing of our workforce and our leadership in relation to inclusion.

A peer review was conducted with our West Yorkshire Mental Health partners to ensure our scoring was on a par with theirs.

EDS Domain	Score
Domain 1: Provided and Commissioned Services School Nursing , Child and Adolescent Mental Health and Perinatal Mental Health .	Median Score 10
Domain 2: Workforce Health and Wellbeing	7
Domain 3: Inclusive Leadership	5
Total	22 'Achieving'

Following the completion of this assessment the Trust was deemed to be 'achieving' as defined with the framework. The following [action plans](#) and [reporting templates](#) have been completed and published as evidence. These actions became part of EDI priorities for 2024 / 2025 and will be embedded into our Belonging and Inclusion Plan refresh.

We are currently carrying out our 2024/2025 assessment of three new services. The outcome of that assessment will be published in February 2025. To get involved please contact EDI@bdct.nhs.uk

Chapter Two: The Bradford and Craven Community

The Populations We Serve – Demographics

BDCFT provides services to Bradford District which in 2021 was estimated to have a resident population of 547,000 an increase of 4,800 since the mid 2020 population estimates. Bradford is the fifth largest population in England. The population density is 4,493 people per square kilometer which is the highest in West Yorkshire.

51.5% of residents described themselves as female and 48.5% described themselves as male. 91.7% identified with the sex they were registered at birth and 0.1% (547 people) identified as a Trans woman or a Trans man. 0.5% (2735 people) did not specify an identity or chose other gender identities.

Life expectancy at birth is 77.3 years for males and 81.5 years for females. Bradford has a youthful population with 23% of the total population aged under 16 years old the fourth highest young population in England.

32% of Bradford residents identified their ethnic category within the Asian, Asian British or Asian Welsh category up from 27% in 2011. 61% of Bradford residents identified their ethnic group within the White category compared with 67% in 2011. 2.7% identified their ethnic group within the Mixed or Multiple category. 2.0% identified their ethnic group as Other.

There is a wide diversity of ethnic groups living in the Bradford District and as a result over 125 different languages are spoken by its residents. The Trust spends around £300,000 a year on interpreting to support quality care for people using our services and their families. The five most regularly interpreted languages are Urdu, Punjabi, Arabic, Slovakian and Polish.

28% of Bradford residents reported having no religion in the 2021 census. 33% described themselves as Christian a reduction from 46% in 2011 while 31% described themselves as Muslim up from 25% in 2011. Religion and belief is an important identify for many Bradfordians and so features within our care assessments where appropriate being driven by our Spiritual Care Policy.

10% of the Bradford District population shared that they had a disability in the 2021 census. 9% of Bradford residents provide unpaid care for other people.

Bradford has a thriving LGBT+ community. It is estimated that between 5% and 7% of the national population is LGBT+ which equates to approximately 31,350 people in Bradford. 2.3% of the Bradford population identified as Gay, Lesbian, Bisexual or an other sexual orientation. 88.9% of residents identify as straight or heterosexual. The Trust is committed to delivering LGBT+ friendly and competent services.

Craven has a population of 56,900 people. In contrast to Bradford this is the third least densely populated of Yorkshire and Humbers 21 Local Authority areas. The district spreads from a boundary which extends north from Skipton. The average median age of residents has increased from 47 to 50 years of age. 39% of Craven residents

reported to have no religion, 54% reported to be Christian, 1.1% identified as Muslim, 0.4% identified as other, 0.2% are Buddhist and Hindu and 0.1% reported to be Jewish. 97% of the Craven population identified as White in the 2021 census. 1.7% identified as Asian, Asian British or Asian Welsh.

56% of the Craven population reported to be Disabled a decrease from 7% in 2011. It is estimated that 7% (3752) people in the Craven community are Lesbian, Gay or Bisexual.

*Ubd.bradford.gov.uk, 2021
Office of National Statistics, 2022*

Chapter Three: Our People

Workforce Equality Standards and Reporting Requirements

We monitor the demographic make-up of our workforce and aim to ensure that our workforce reflects the community that we serve at every level of the organisation. Every six months we analyse and publish a workforce demographics report which is available to see here [Our workforce information - BDCFT](#).

A summary of our most recent analysis from June 2024 provides the following information. The definitions and categorisations are taken from the Electronic Staff Record. We are working with our Regional NHS EDI Network to improve the categorisations to be more inclusive. We use this information to inform our EDI work.

Equality Protected Characteristic	Staff Data Jan – Jun 2024
Gender	80% Women 20% Men
Disability	88% non-Disabled 12% Disabled
Age	0.2% Aged under 20 17% Aged 21 to 30 25% Aged 31 – 40 27% Aged 41 – 50 23% Aged 51 - 60 7% Aged 61+
Ethnicity	64% White 32% BME
Sexual Orientation	1.93% Lesbian or Gay 1.29% Bisexual 0.58% Other sexual orientation 13.93% Not Stated 82.27% Heterosexual or Straight

Religion or belief is also an important factor. The table below reflects the diversity of religion and belief of our people.

	Number	Percentage
Atheism	558	16.30
Buddhism	22	0.64
Christianity	1279	37.35
Hinduism	33	0.96
Islam	591	17.26
Judaism	<5	0.09
Jainism	0	0.00
Sikhism	39	1.14
Other	261	7.62
Undisclosed	638	18.63

NHS Workforce Equality Standards

The NHS has a set of workforce standards and reporting requirements that are aimed to ensure that we are identifying and addressing any inequality, discrimination and good practice that affects our staff. At BDCFT we aim to be the Best Place to Work. We want our workforce to thrive and enjoy coming to work. We want people to feel they can bring their 'whole selves to work' celebrating their diversity in an inclusive workplace environment. The following sections outline the work we have been doing to meet our goals.



NHS Workforce Race Equality Standard 2024

The Workforce Race Equality Standard (WRES) programme was established in 2015. It requires NHS trusts to report against nine indicators of race equality comparing the experiences between White and Black and Minority Ethnic (BME) staff.

The WRES programme continues to support improvement driven by data and mandates that NHS trusts produce action plans to tackle the root causes of discrimination.

The WRES uses the term “black and minority ethnic” which is expressed as the acronym BME, to refer to members of the NHS workforce who do not identify as White. This is largely driven by the data collection process. The definitions of “Black and Minority Ethnic” and “White” used have followed the national reporting requirements of ethnic category in the NHS data model and technical guidance and are also used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2021 ONS Census categories for ethnicity. Within our Trust and the Act as One Partnership we have adopted the terminology Ethnically and Culturally Diverse (ECDC) which you may see within our more recent reports.

The data is taken from the 2023 NHS BDCFT Staff Survey and from a snapshot of workforce information on 31st March 2024. In the 2024 WRES return there have been improvements across six of the nine metrics, two metrics have stayed static and one has decreased. There are still considerable gaps in the experiences between Black, Asian and Minority Ethnic (BMAE) staff when compared with White staffs experience. The table below presents the 2024 WRES data taken from the Electronic Staff Record on 31st March 2024 and Human Resources records over the reporting period.

WRES Metric No.	Metrics	2024	2023
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		
	Ethnically diverse staffs representation in the whole workforce	28%	26%
	Ethnically diverse staffs representation 8a and above	29%	27%
	Ethnically diverse staffs representation 8c and above	40%	N/A
2	Relative likelihood of staff being appointed from shortlisting across all posts	2.11	2.65
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	2.56	2.84
4	Relative likelihood of staff accessing non-mandatory training and CPD	1.03	1.03
9	Percentage difference between the organisations’ Board voting membership and its overall workforce	- 15.60%	- 12.03%

The Trust has equal representation across senior bands when compared with the whole organisation which is an excellent achievement. NHS England identified BDCFT as a national case study for success in this area in 2022/3. The population of Bradford has changed with the BME population increasing from 36% in 2011 to 43% meaning the workforce is still under-representative of the local ethnic diversity.

Reducing the likelihood of BME staff entering a formal disciplinary and increasing the likelihood of BME staff being appointed after shortlisting are still key priorities.

We have launched an inclusive recruitment project in September 2024.

A review of our disciplinary processes has been underway during 2024 with a new People Matters Business Partner recruited to focus specifically on employee relations cases. Cases have been reduced significantly since their recruitment.

This table shows the data taken from the 2023 staff survey.

WRES Metric No.	Metrics	2023				2022		2021	
		BDCFT		National Benchmark		White	BME*	White	BME*
	White	BME*	White	BME*	White				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	20%	26%	23%	31%	22%	29%	25%	30%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	17%	19%	17%	21%	18%	21%	17%	23%
7	Percentage of staff believing that the organisation provides equal opportunity for career progression and promotion	63%	52%	62%	51%	60%	52%	60%	47%
8	Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	7%	11%	6%	14%	6%	13%	5%	17%

In 2023 the WRES Task Group produced a Framework for Managing Abuse to guide the organisations approach to this to ensure consistency and clarity across the workforce. We continue to implement this, delivering training to staff on the Managing Racial and Other Types of Abuse from the public and patients policy, launching a See it, Stay it, Stop it Campaign, delivering a Positive and Proactive Care Workstream, monitoring data and responding quickly to hotspots and leading a Hate Crime Awareness all staff broadcast.

A strategic framework



Aims:

- To be clear about our zero tolerance approach and expectations.
- To create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.
- Ensure we have a consistent response and support offer for all staff.

<p>1. Policy and Process</p> <ul style="list-style-type: none"> • We have an effective policy which is applied consistently. • Teams have an agreed and understood way of responding to abuse which fits within the policy framework. 	<p>2. Oversight and Accountability</p> <ul style="list-style-type: none"> • We know where abuse is happening within the organisation in real time. • We each know our responsibilities in responding to and reducing abuse and supporting staff who have experienced abuse. 	<p>3. Performance and Governance</p> <ul style="list-style-type: none"> • We have set targets relating to metric 5 and we monitor progress against these regularly. • Levels of abuse, its impact and the support offer is monitored regularly to provide assurance.
<p>4. Training and awareness</p> <ul style="list-style-type: none"> • We have a comprehensive offer of training that support all staff in meeting our aims. • We have an awareness campaign that runs throughout the year. 	<p>5. Confidence and Consistency</p> <ul style="list-style-type: none"> • We will increase staffs confidence to speak out, report and tackle abuse. • We will ensure consistency across the Trust in how abuse is addressed and staff are supported. 	<p>6. Communication</p> <ul style="list-style-type: none"> • We will speak openly and regularly about abuse and its impacts. • We will talk about the challenges and solutions in implementing our policy. • We will share our experiences and learning for growth around this agenda.

There has been a reduction in ECDC staff reporting they have been bullied, abused or harassed by staff, managers, team leaders and colleagues as well as patients, relatives or the public. The Trust performs better than the national performance benchmark for these metrics.

There is still a significant gap between White and BME staffs experiences of abuse across all metrics. 1% more BME staff than the national benchmarked average feels the Trust acts fairly regarding career progression and promotion this is a 5% increase since 2021. There is an 9% gap in the perception of White and BME staff relating to this metric. The Trust continues to deliver reciprocal mentoring schemes to support career development and organisational intelligence about the active barriers to career progression.

The full Workforce Race Equality Standard Report and subsequent action plan is available here [Appendix-1-WRES-data-2024-V2.xlsx](#) and [Appendix-2-WRES-revised-action-plan-2024-2025.docx](#)

Medical workforce race equality standard

The [Medical workforce race equality standard \(MWRES\) 2020 report](#) follows the work of the Workforce Race Equality Standard (WRES) with a specific focus on doctors and dental staff measured against eleven indicators.

The report has the following key roles: -

- To enable organisations to understand the challenges that exist in the medical workforce, with the aim of encouraging improvement by learning and sharing good practice.
- To provide a national picture of MWRES in practice, to colleagues, NHS organisations, royal colleges and the public on the developments in the workforce race equality agenda.

Bank Workforce Race Equality Standard

There are nine metrics in the new Bank WRES which provide an over view of the experience and representation of BME staff within the NHS Bank workforce [NHS England » Technical guidance for the Bank Workforce Race Equality Standard \(Bank WRES\)](#).

For the first time in 2024 a Bank NHS Staff Survey was taken. The findings showed significant differences between experiences of ECDC bank staff when compared with White bank staff. It also showed significantly worse experiences than substantive ECDC staff were sharing in the staff survey. The Trust performed better than the national average in two metrics and worse in five. Improving the experiences of bank staff across all metrics is a high priority for 2025.

NHS Workforce Disability Equality Standard

The NHS Workforce Disability Equality Standard (WDES) programme was established in 2018. It requires NHS trusts to report against thirteen indicators of disability equality comparing the experiences of disabled and non-disabled staff in our workforce.

The data is analysed and used to produce actions to tackle the root causes of discrimination and differing experiential outcomes for disabled staff.

The WDES uses the term "disabled", to refer to members of the NHS workforce who identify themselves as having a disability within the annual NHS staff survey or the Trusts Electronic Staff Record (ESR) system. One of our key actions in this work is always to increase the number of staff who feel able to share information with their manager about their health, disability and wellbeing.

The chart below provides the metric data taken from the BDCFT 2023 Staff Survey.

WDES Metric No.	Metrics	2024	2023
1	Percentage of staff from AfC paybands or medical and dental subgroups and very senior managers (including Executive Board Members) compared with the percentage of staff in the overall workforce.		
	Percentage of disabled staff in the whole organisation	14%	8%
	Percentage of disabled staff in bands 8a and above	14%	9%
	% difference between an organisation's board voting membership and its overall workforce	4%	-2%
2	Relative likelihood of non-disabled applicants compared to disabled applicants being appointed from shortlisting across all posts.	0.47	0.66
3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. NOTE: 2 year rolling average of the current and previous year.	0.39	1.07

The number of disabled staff who feel able to share information with the Trust about their disability continues to increase. The Trust is in the top 10% performing for metric 1 with 14% of staff sharing that information.

The chart below shows the metrics that are taken from the 2024 staff survey.

WDES Metric No.	Metrics	2023				2022	2021
		BDCFT		National Benchmark			
		With LTC*	Without LTC	With LTC	Without LTC	With LTC	With LTC
4	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	27%	19%	29%	22%	30%	31%
5	Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	11%	6%	12%	6%	15%	12%

6	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	20%	11%	19%	11%	20%	15%
7	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	68%	66%	60%	62%	63%	62%
8	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.	56%	61%	57%	61%	56%	54%
9	Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	18%	13%	19%	12%	25%	19%
10	Percentage of staff satisfied with the extent to which their organisation values their work.	48%	56%	45%	54%	44%	48%
11	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.	79%	N/A	79%	N/A	80%	N/A
12	Staff engagement score (0-10)	6.72	7.20	6.82	7.23	6.83	6.95

The percentage of disabled staff experiencing bullying, harassment and abuse from managers has reduced by 4% since 2022 but there is still a gap of 5% between the percentage number of disabled staff experiencing this when compared with non-disabled staff. The Trust is also performing 1% above the national benchmark for this metric. 20% of disabled staff said that they had experienced bullying, harassment or abuse from a colleague, an increase of 5% since 2021 and 1% above the national benchmark for this statistic.

Disabled staff reported experiencing bullying, harassment or abuse from patients or the public 3% less than in 2022 and performed 2% better than the national benchmark. 5% more disabled staff shared that they reported incidents of bullying, harassment or abuse in 2023 than in 2022 which indicates trust in our policies and processes to address these issues. The Trust is performing 2% above the national benchmark.

The percentage of disabled staff who feel the organisation acts fairly with regards to career progression and promotion has remained the same since 2022. There is a 5% gap between the perceptions of disabled and non-disabled staff to this metric and the Trust is performing 1% below the national baseline. The Inclusive Recruitment Project aims to improve this.

5% more disabled staff reported feeling pressure to attend work when they were unwell than in 2022, the Trust is performing 1% above the baseline for this metric. 48% of disabled staff feel the Trust values their work which is 3% above the national benchmark and an increase of 4% since 2022.

79% of disabled staff have had a reasonable adjustment made to enable them to carry out their work. This is no longer comparable with the 2021 and 2020 data as the metric has changed. Disabled staff are less engaged than non-disabled staff and 0.10 below the national average. Over the past year, we have been delivered training to nearly 100 managers on Reasonable Adjustments and the Trust's Disability Policy.

The following activities have taken place during 2023/2024 to support implementation of the WDES.

- Training programme on reasonable adjustments and the Disability Policy.
- Development of a Management Skills Assessment which includes reasonable adjustments and disability.
- Development of bitesized learning videos, condition sheets that support staff and managers to know what reasonable adjustments to put in place.
- Disability History Month celebrations
 - Disability exchange amplify programme of seminars and learning events
 - Beacon Network celebrations and awareness raising events.
- Review of reasonable adjustment processes.
- Redevelopment of Disability and Reasonable Adjustments connect intranet pages.
- Regular communications on reasonable adjustments and awareness days.
- Further development of the staff Wellbeing @ Work offer.

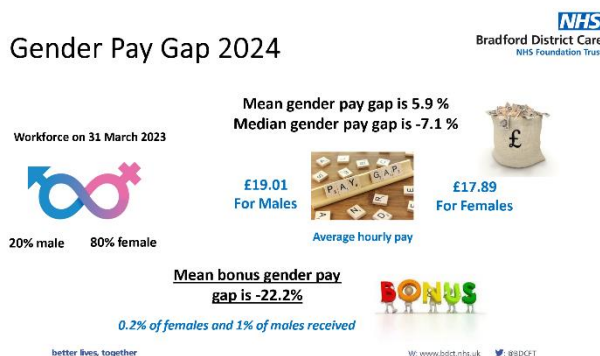
Gender Pay Gap

The Equality Act 2017 Regulations require organisations with more than 250 staff to publish their Gender Pay Gap (GPG) and Bonus Gender Pay Gap (BGPG) data on the Governments reporting website by 31st March annually. There is clear guidance^[1] on how to carry out the calculations in a way that can be benchmarked nationally. The data is a snapshot of the workforce on 31st March from the previous year meaning the data presented here is from 31st March 2023.

The mean GPG is 5.9%; The median GPG is -7.1%.


The BGPG is calculated from Clinical Excellence Awards (CEA) within the Trust. A CEA may be awarded to eligible consultants who have at least one year's service and are able to demonstrate that they have made a significant difference above and beyond their role to research and / or delivery of new or innovative ways of working or developing the service.

The BGPG is -22.2% in favour of males. The fluctuations in the BGPG from year to year are due to the small number of staff eligible for the Clinical Excellence Award.



Over the years our Gender Pay Gap and Bonus Gender Pay Gaps have changed. A summary of those changes is below.

Progress and Change



Results	2018	2019	2020	2021	2022	2023	2024
Average Gender Pay Gap – MEAN	3.02%	7.70%	7.21%	9.39%	7.55%	7.89%	5.86%
Average Gender Pay Gap - MEDIAN	-4.63%	-6.37%	-4.80%	-3.06%	-5.78%	-4.45	-7.13%

Results	2018	2019	2020	2021	2022	2023	2024
Average Bonus Gender Pay Gap – MEAN	37.08%	19.22%	16.69%	-49.31	11.11%	12.45%	-22.15%
Average Bonus Gender Pay Gap – MEDIAN	-53.84%	-60.00%	-25.22%	-114.26%	33.75%	38.33%	-73.54%

better lives, together
W: www.bdct.nhs.uk [@BDCFT](https://twitter.com/BDCFT)

The Trust aims to benchmark BDCFT's performance against NHS Trusts and reduce the pay gaps over time. The aspiration is that the Trust remains in the top performing quartile of Foundation Trusts.

In 2024 we have produced additional data to build a bigger picture of the Trust's performance with pay gaps affecting staff who are from a Black, Asian and Minority Ethnic Background (BME) and disabled Staff. The Ethnicity Pay Gap in March 2022 was 13% in favour of White staff and is 8.48% in 2023. The difference in hourly rate of pay between BME and White staff is £1.58 in favour of white staff. The Disability Pay Gap was 6.20% in March 2022 and is now 5.57%, with a difference in hourly pay of £1.06 in favour of non-disabled staff.

The following is a summary of the actions included in our Board report and Belonging and Inclusion Delivery Plan.

- Increase the use of national pay contracts in place of local pay arrangements for hospital doctors - currently all contracts are national contracts with some local variations. There is an intention to work with the local negotiating committee to see if these are causing any gender pay gap issues.
- Promote a flexible working culture to all staff including supporting male staff to work 'less than full time' (LTFT).
- Use talent management and training programmes should be used to develop staff and increase appointment of a more balanced senior workforce, such as Associate Specialist, GP Partners, Professors and Consultants
- Further analysis into the pay gap in Adult Mental Health Inpatients is required. This was not available at the time of the report submission.

- Continue to implement retention, re-entering and retraining policies to retain women. Link the retire and return group formally into the EDI Strategic Staff Partnership.
- Include the gender, ethnicity and disability pay gap data as part of the NHS Workforce Equality Standard Reporting processes to the Board.
- Conduct further analysis to understand the how length of service affects the pay gap for ethnicity.
- Increase the number of staff completing the personal information relating to disability and ethnicity in the electronic staff record to enable more detailed analysis.

These actions are monitored alongside the Belonging and Inclusion Plan and reported to the Workforce and Equality Committee at least annually.

More information about our Gender Pay Gap and subsequent actions can be found here [Public-Board-14-March-2024-v2.pdf](#)

^[1] <https://gender-pay-gap.service.gov.uk/public/assets/pdf/gender-pay-gap-explained.pdf>

Chapter Four: Best Place to Work

Key Areas of Activity and Support for our Staff

Staff Networks

We are committed to staff engagement and ensuring everyone's voice matters. To support this, we have developed thriving and vital staff networks. These networks are a space for staff from protected equality groups to come together and share their lived experience of working in the Trust. The networks work to develop this collective voice and escalate and advise the Trust on matters of equality, celebrating their diversity and developing inclusive services and workplace cultures.

The networks are led by staff voluntarily alongside their substantive roles. Chairs are given time each month to coordinate the network and staff are supported and encouraged to attend within their work time. This year we have made sure that each network has a budget to support them with their priorities.

We would like to take this opportunity to thank all those colleagues who participate and lead the networks. They are vital to our EDI work and Trust values.



Rainbow Alliance

The LGBT+ equality agenda has evolved over time, and whilst we acknowledge that lots of positive progress has been made, keeping LGBT+ equality high on the agenda remains important.

The main aims of Rainbow Alliance are to:

- Provide a safe space in which all its members feel able to discuss and provide informal support to each other on any LGBT+ related issues that may arise within the workplace.
- Contribute to supporting our Trust commitment to become a happy and safe place to work and where equality remains high on the agenda.



The Chair attends senior management meetings to ensure the agenda remains active and responsive.

The Rainbow Alliance leads the Rainbow Badge project across the Trust. More information about this project is included in chapter 6.

Aspiring Cultures Staff Network

The Aspiring Cultures Staff Network (ACSN) represents our Black, Asian and minority ethnic staff as well as welcoming allies. The network offers peer support and comes together to act as a collective voice within the organisation.

The prime purpose of the Network is to:



- Support staff and our organisation to improve BAME workforce issues and working lives.
- Support BDCFT to implement our core values: We Care, We Listen, We Deliver.
- Achieve Better Lives Together for staff and all those who use our service.

ACSN meets monthly and has a steering group and newsletter. In the last year the ACSN has been involved in highlighting, discussing and promoting Race Equality Week and Anti-Racism, Black Lives Matter, Black History Month and South Asian Heritage Month.

Beacon Network

The Beacon Network supports staff with long term health conditions, visible or invisible disabilities, carer responsibilities and any physical or mental health need. The network aims to be a beacon to all staff offering a safe space to discuss health, work and caring challenges with peers and people that understand through lived experience.

The network creates a collective voice in sharing lived experiences across the Trust in strategic forums to improve equality for disabled staff and carers. The network aims to utilise their energy and ideas to run campaigns that raise awareness of disability, equality and carer issues throughout the year.



The network launched in 2020. The network has run many successful events throughout the year including flying the Disability Pride flag. As a result of the Beacon Network several peer support groups and health focused workshops have been established. These are detailed below.

Menopause


Bradford District Care Foundation Trust celebrates diversity in our workforce, and we will endeavour to support staff and managers through the menopause journey. In 2022 we launched Menopause Cafes. These are peer support groups for staff affected by the menopause to come together and share their experiences.

The groups have provided a strategic influence around the issues affecting staff which is being used to inform policies and strategy. The Menopause Workforce Policy launched in 2023 along with our Menopause Buddy system. In addition to the peer support group the Staff Psychological Support Service have been organising workshops that enable managers to ensure staff affected by the menopause are well supported.

In 2024 we achieved the Hen Picked Menopause Accreditation which we are very proud of.

Neurodiversity

Neurodiversity has really come to the forefront and has been highlighted by members of the Beacon Network. The work has been supported by the Trust via our psychological support staff offer. The team have developed workshops to increase awareness and support managers and staff to embrace neurodiversity.

<p>Introduction to Autism Awareness Workshop – Held on Teams</p> <p>This workshop is to help you to gain a better understanding of autism and suggests ways in which you can support autistic people within the workforce.</p>		<p>Dyslexia Awareness Workshop – Held on Teams</p> <p>This workshop is to help you to gain a better understanding of Dyslexia, the history & how can we support individuals within the workforce who struggles with this.</p>
<p>Embracing Neurodiversity</p>		<p>Embracing Neurodiversity</p>
<p>Neurodiversity Virtual Space – Held on Teams</p> <p>This is a safe space for ALL neurodiverse people to talk about the challenges of daily life. Members share their experiences in a supportive non-judgemental environment.</p>	<p>To book onto any of these please contact: Staff Support and Therapy Service. Confidential Staff Support: 01274 251909 Email: psychologicalstaffsupport@bdct.nhs.uk</p>	<p>Autism/ASC Monthly Get together – Held on Teams</p> <p>This monthly get together is for individuals with an autism spectrum condition who would like to share their lived experiences and interests and make connections with other individuals with ASC.</p>

In September 2024 we completed the Autistica Neurodivergent Employers Index. This will give us an assessment of our accessibility and inclusion for neurodiverse staff and applicants to our employment. We look forward to receiving the results and building our action plan for improvement. The assessment is part of our commitment to the Bradford, Airedale and Craven Health and Care Partnerships aim to be a neurodiverse friendly city.

During ADHD Awareness month we held a lunch and learn session and a peer support session for staff to understand more about ADHD and their lived experiences.

Chapter Five: Developing policy to deliver our EDI priorities

Policies set the expectations for our organisation and our staff in meeting the standards we aspire to be the Best Place to Work and enable our communities to create better lives together. Over the past year we have developed and updated a range of policies and strategic intents including a new Dignity and Respect Policy, Sexual Safety Policy and Wellbeing Strategic Intent. We are in the process of updating our Spiritual Care Policy, Complaints and Incident Policies and developing a Sexual Harassment Procedure.

Chapter Six: Improving Health Equity

Health inequalities are differences in health status or the distribution of health determinants between different population groups. Within Bradford there are stark differences in health status and determinants both geographically and by protected characteristic groups. Bradford also has a high level of deprivation and is one of the most deprived local authority areas in England ranking 21st out of 317. [What are health inequalities? | The King's Fund \(\[kingsfund.org.uk\]\(https://kingsfund.org.uk\)\)](#). In 2023 and 2024 we analysed our workforce data, mapping it to the Index of Multiple Deprivation for the West Yorkshire region. We use this information to target our EDI work.

The consequences of health inequalities are wide ranging. There is a ten-year difference in life expectancy between the most deprived and affluent wards of the district. [Health Inequalities and life expectancy.pdf \(bradford.gov.uk\)](#)

In our Belonging and Inclusion Plan we have committed to being proactive in the identification of health inequalities in our services. We are developing a Health Equity Approach to improve health equity, specifically access, experience and health outcomes for protected equality and inclusion health groups. We intend to launch this to support our Ambition to Action in 2025 and aspiration to deliver the best quality services; to all.

We have developed an integrated dashboard which gives a live view of our case load in mental health broken down by ethnicity, sex, sexual orientation, age and index of multiple deprivation. This enables the 600 staff with access to view all the experience and access data we hold through and equality lens. In 2025 we will focus on upskilling our staff to confidently use this data within their operational planning to improve health equity and to build patient related outcome measures into the system.

We have developed new training for service leads of using the Equality Impact Assessment (EIA) Policy to systematically screen our policies, procedures, services and decision-making processes. We have used our EIA process to assess quality and equality when developing business cases and policies across the Trust.

The Trust is a member of the West Yorkshire Integrated Care System (ICS) Reducing Health Inequalities Academy aiming to tackle health inequalities across the ICS footprint. We have hosted a secondment from the alliance to support us in developing our approach. Across our services teams are working hard to deliver on our Belonging and Inclusion Plan aiming to create better health outcomes for all.

Some examples of our key priorities are set out below: -

Accessible Information Standard

The Trust is required to be compliant with the Accessible Information Standard. The Standard is as follows [NHS England » Accessible Information Standard](#)

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes so they have information or communication needs and how to meet those needs.
4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.



5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

In 2016 the Trust prepared for the implementation of the standard by developing e-learning and establishing recording and flagging mechanisms in patient records. We established a task group that met monthly to ensure services were well placed to meet the needs of people using our services. We called upon the expertise and services of voluntary and community sector partners and our peers across the region.

We intend to strengthen our performance around the five requirements. We are currently evaluating our compliance and developing a position statement which will be used to develop an action plan. In 2025 we will be reviewing and updating the categorisation of disabilities and long term health conditions in our patient records so we have better data to understand patient experience.

Rainbow Badge Phase II

In 2021 the Trust became a pilot project for Phase II of the NHS Rainbow Badge Scheme, The Chair and former Vice Chair of the Rainbow Alliance ensured that we were one of 10 Trusts taking part in the pilot to develop and test out an assessment framework to award Trusts Bronze, Silver or Gold for the LGBT+ equality.



We have been a Rainbow Badge supporting Trust for four years and a third of our staff have attended the Rainbow Badge Training, made a pledge and now proudly wear their badge. The badge is a visible signal to LGBT+ people that they are welcome, supported and can approach our staff to talk about any issues relating to their care, their sexual orientation or gender identity. We also use the badge to proudly demonstrate our alliance with the LGBT+ community as an organisation. In 2024 we revised the training to include more local data.

In the initial assessment the Trust was assessed as Bronze against the pilot framework. This is an excellent start and testament to the relentless efforts of our Rainbow Alliance. The network has convened a steering group and along with the EDI Team aim to move the Trust towards Silver rated performance over the next few years.

Key activities this year include the following:

- Update the categories for recording a patient's sexual orientation in the patient record meeting the requirements of the Sexual Orientation Monitoring Standard.
- Deliver training and information about pronoun introduction to create inclusive spaces for patients and staff across the Trust.

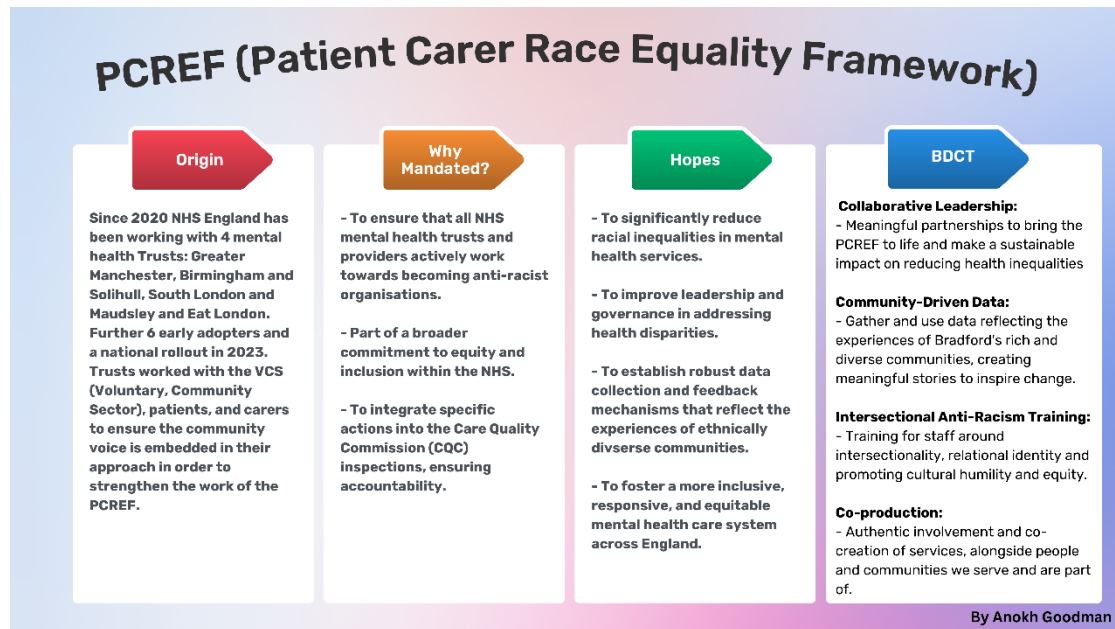
- Increase visibility of LGBT+ signage to create a welcoming physical environment; the Rainbow Flag now flies proudly at our Trust Headquarters during July for Pride and February for LGBT History Month.
- Provide appropriate resources and information to encourage signposting of LGBT+ people to specialist support agencies.
- Ongoing review policies and clinical paperwork to remove gendered language.
- Ensure that subcontractors are following equality standards.

Our Trust Board refreshed and updated their LGBT+ equality knowledge and commitments.



Patient and Carer Race Equality Framework (PCREF)

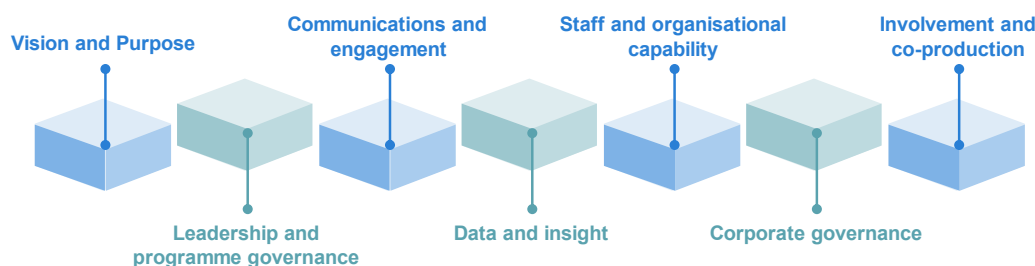
The draft PCREF sets out three components with several tests for NHS mental health service providers to undertake to assess their performance relating to equality of access, patient experience and health outcome for Black, Asian and Minority Ethnic people using our services. The aim of the framework is to improve the trust and confidence in mental health services for these groups.



PCREF Partnership has seven workstreams aimed at implementing the PCREF and making sustained and innovative change in partnership with our Act as One Partners.

Phase 1 Workstreams

These 7 workstreams divide our PCREF ambitions into manageable components:



NB: some of these may be stood down and new workstreams introduced as we continue this work.

better lives, together

W: www.bdct.nhs.uk T: @BDCFT

With our Health and Social Care Partners we have commissioned a ECDC Project to provide scrutiny, involvement and support community voice across Bradford, Airedale and Craven. A representative place has been established at our Trusts Council of Governors and the leads of the project are an integral member of the PCREF Partnership.

We are reporting progress on implementation and performance to our Mental Health Legislation Committee, Quality and Safety Committee and Trust Board. We are working in partnership with our national and West Yorkshire Mental Health Peers to share resources, data and information and we will be reporting our progress to the Healthy Minds Partnership.

Equality Delivery System 2022 Domain One

Over the winter the Trust will be assessing three of its core services using the new EDS22 Framework. The process will include collection and analysis of data, engagement with people who use the services, our colleagues and partners, self assessment of our performance, consultation on the proposed score and publication of a final grade. The Trust is working closely with our NHS partners to conduct the engagement together and peer review our scores. The services that have been proposed for assessment this year are:

- Intensive Home Treatment in Mental Health
- Palliative Care
- Physical Health for patients with serious mental illness

To get involved in this process or share your views please contact EDI@bdct.nhs.uk.

Celebrating Innovation: Improving Health Equity

This year we launched a network of Equality, Diversity and Inclusion (EDI) Influencers across the Trust. These people are delivering on specific projects and priorities in their team or service to improve health equity. The group support the delivery of our Belonging and Inclusion Plan.

The following good practice has been identified and celebrated:

❖ Stepping Stones to Wellbeing Groups

We explored practical approaches to supporting individuals' mental health and wellbeing, using inclusive and culturally sensitive strategies.

Stepping Stones to Wellbeing Groups
Community Mental Health Teams

intro
Stepping Stones to Wellbeing Group is a **new offer; co-created** by our community for people under the care of community mental health teams (CMHTs) across BDCFT. We co-designed a 9-week programme, which decolonised the existing offer to strengthen **connection** and **belonging**, set in a local venue.

Session Themes

- Connection & Belonging
- Values & Identity
- Recharge & Restore
- Creativity & Expression
- Mind, Body & Spirit
- Community & Relationships
- Culture, Faith & Spirituality
- Growth, Dreams & Giving Back

vision
Aligned with BDCFT's mission, Stepping Stones to Wellbeing groups prioritise **inclusivity, improved access and racial equity**, leading to **more meaningful outcomes** from group members and an approach more aligned with staff values.

With its blend of **accessibility, innovation** and a focus on **reducing racial inequalities**, the groups offer a promise of hope to all on their journey to wellbeing.

spaces of belonging
Beyond traditional healthcare, Stepping Stones to Wellbeing creates sanctuaries where we **celebrate cultural diversity** and create space to connect in a meaningful way, which can lead to individual and relational transformation.

crafting care together
At the heart of Stepping Stones to Wellbeing lies **co-creation**, where **ethnically and culturally diverse group** of staff, involvement partners, voluntary and community sector partners and users of our service have collaborated to shape tailored **support groups**.

Here, **inclusivity** isn't just a word, it's the foundation, honouring both expertise and lived experience alongside each other.

It is very rewarding to see the groups developing and growing – the interaction, not just with us, but also other group members is growing week to week
– Facilitator

partnership working
We have teamed up with **Mind in Bradford** to highlight the strength of partnerships for community wellness. This collaboration shows we are more than the sum of our parts.

Our groups have been awarded an **innovation award**, highlighting how our co-creation approach is cultivating a sense of community, hope and reciprocal growth for both group members and facilitators.

I felt like I was included and everyone mattered in the group
– Group Member

chime model
Identity, Hope & Optimism, Meaning, Connectedness, Empowerment
Leomy et al. 2011

Contact:
Anokh Goodman, BDCFT

NHS Bradford District Care Mind

❖ Improving Interpreting Experiences in Therapy Project

This initiative aims to enhance communication in therapeutic settings for non-native speakers, ensuring that language differences do not become barriers to care.

❖ Digital Inclusion Project:

All Community Mental Health Teams (CMHTs) have now been established as Digital Inclusion Hubs, offering free data and devices to individuals affected by health inequalities, financial hardship, and digital exclusion. Our goal is to reduce the digital

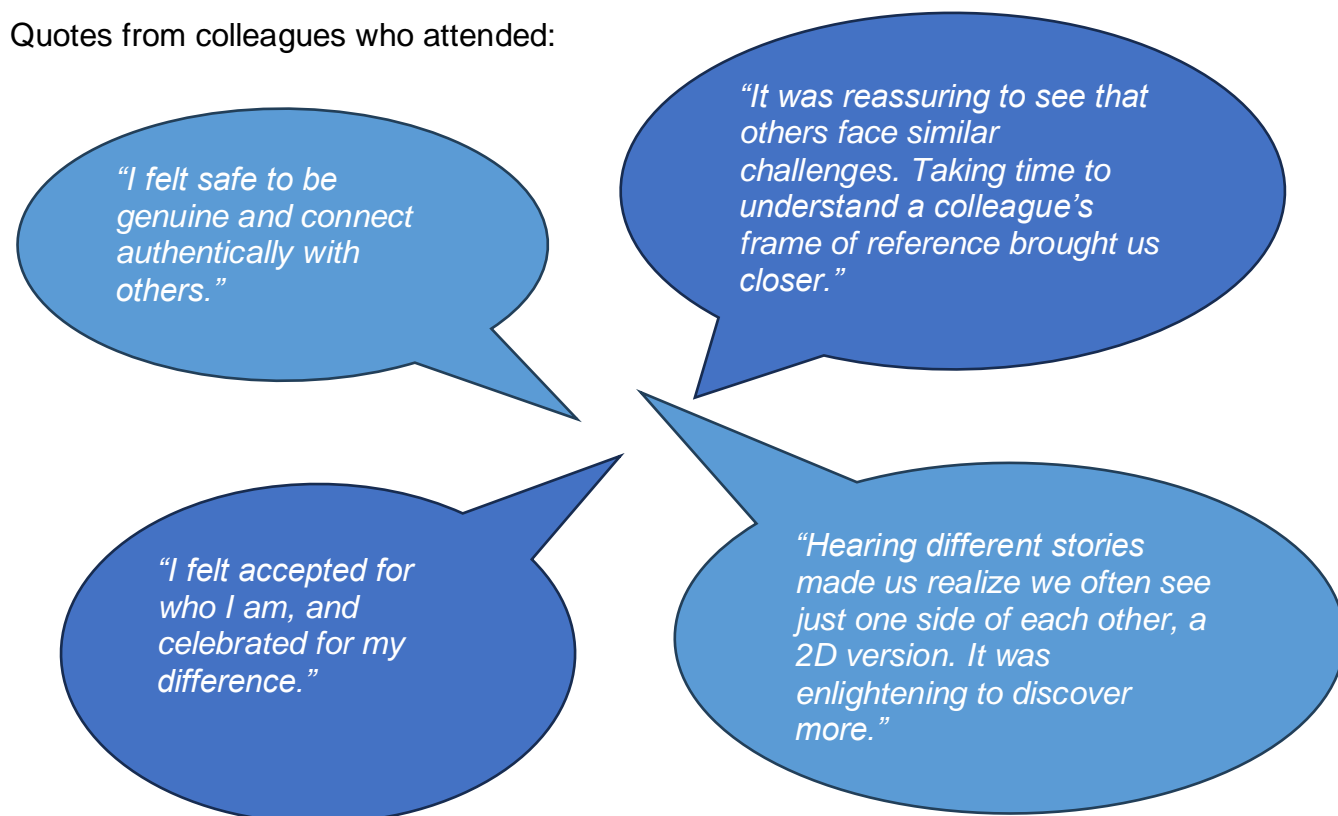
divide by not only providing access to technology but also by offering digital skills training. In the future, we hope to develop group-based support, fostering a more connected and confident community.

❖ Intersectionality Training in CMHTs and EIP:

We've been raising awareness of the *Patient-Carer Race Equality Framework* (PCREF) across teams to deepen inclusivity and develop systemic skills in addressing identity and culture. While many teams acknowledged the importance of cultural and identity factors in mental health care, they expressed less confidence in how to explore these aspects in their practice.

Using experiential learning approaches—such as storytelling and intersectional discovery — we empowered colleagues to explore their own identities. By enriching team dynamics, these skills are now being used in therapeutic work, fostering deeper relational connections with those we support.

Quotes from colleagues who attended:



❖ Working with LGBTQIA+ Clients & Neurodiversity Training:

We hosted two progressive training events, led by *The Queer Therapist*, for our multi-disciplinary teams across CMHTs. Co-produced with advisory groups, these sessions were carefully designed to align with our values around inclusivity and intersectionality. Following the training, we initiated "systemic ripples," a series of discussions to ensure that learning is shared across teams, creating sustainable improvements in our services. This ongoing work highlights the power of co-

production, collective action, and the commitment to fostering more inclusive mental health services.

❖ **Psychological Professions Network (PPN) Week:**

As part of PPN Week, we will be hosting a webinar focused on the *Patient-Carer Race Equality Framework (PCREF)* and its importance within NHS mental health services. By applying an intersectional lens, we will explore how we can enhance our practices to better address identity, power relations, and personal narratives—ultimately improving access, experience, and outcomes for all service users.

❖ **Proactive Care Team; culturally appropriate food texture advice**

Development of culturally appropriate and adaptable guides for patients and families who have difficulty swallowing. The guides reflect the wide range of foods eaten across Bradford by our different communities. They are available in different languages and provide step by step guides that enable people to safely enjoy familiar foods.

Step by step instructions for making choori (chapati soaked in thin curry sauce called shora)

- Coproduced with family
- Practical session creating recipe and testing methods.
- Involved family in process – shared knowledge.
- Supported elderly gentleman with complex health needs to eat favourite meal in a safer way

How to make soft and bite sized choori (IDDSI Level 6)

What you need:

- Fresh, hot chapati
- 300ml **shora** (1 bowl full).
- 1 large cup.
- 1 large spoon.
- 2 bowls: One for mixing, One for serving.

How to make the choori:

1. Break up the chapati while it is hot and soft.
2. Tear it into 4 big pieces first. Work on one at a time.
3. Keep the other big pieces warm: Wrap in the cloth and put in the basket.
4. Break up each big piece into very small bits. Small bits must be no bigger than your thumb nail.
5. Add the **shora** from a bowl or cup. Pour it over the chapati pieces.

What to do:

- Add more **shora**, stir and check again after 5 mins.
- Break big or thick pieces with the spoon.

IMPORTANT: Stop the chapati getting sticky: → ONLY use a spoon. → Stop stirring as soon as it is mixed.

Let it soak for 15 minutes

Check it every 5 minutes: Stir to mix and turn the pieces so they all soak the same. If it looks dry, add more **shora**.

After 15 minutes - Check it! Break a piece of chapati in half and look inside.

NOT ready: - Dry or sticky roti -Hard bits e.g bones, chana skins, onion, ginger.

It is ready when ALL pieces are:

- ✓ Soft and wet
- ✓ Thumbnail size

Drain off any **shora** that hasn't soaked in.

❖ **IPS Service Race Equality Plan**

Working on the basis that employment is a health outcome the IPS service work with mental health service users to support them into employment. The team have been looking at data across their service to understanding how ECDC communities are accessing, securing and maintaining employment through the programme. The plan is now in place to increase health equity through employment for ECDC mental health service users.

IPS SERVICE RACE EQUITY PLAN



• DATA

- Who is accessing our service, and who is obtaining paid employment
- How is our team made up, and are we representative of Bradford Communities
- What do we understand by this data, and how can we address any inequalities

• Learning

- Team members additional learning: such mental health and the Asian Community, Cultural Competency, our own bias
- Embedding learning into our team supervision through reflection of individual work, sharing learning, and a standard item agenda on Team Meeting
- Faith Trail
- Celebrating South Asian Heritage Month by team lunch

❖ Proactive Care Team; accessible information

The PACT team have created appointment summary templates and appointment preparation templates to assist patients who struggle to remember what has been discussed at their appointments and to properly prepare. This supports the Trust in meeting the Accessible Information Standard.

Translation of resources needed by non-English speaking patients as well as creating a personalised document on how and where to attend their appointments with photos of the front entrance and a Google map screenshot.

Coproduced one-page profiles for patients which is then shared with all services to help them better understand the patient and how to help them successfully.

❖ Speech and Language Therapy

Bradford is a pathfinder site for ELSEG, screening children on their language skills. The Speech and Language Team are using two unique screening tools, one of which they have developed within their service to find the child's strongest language. This will improve access and health outcomes.

For more information on these or our other examples of improving health equity please contact EDI@bdct.nhs.uk.

Chapter Seven: Other EDI activity in the Trust

EDI Calendar

The Trust's interactive equality calendar was developed in 2024. The purpose of the calendar is to celebrate, raise awareness, visibility and understanding of significant events for people who may identify with different diversity groups. An equality calendar steering group meets quarterly to agree activities to celebrate equality. Some of the occasions that the Trust has marked: - International Women's Day, LGBT+ History month and Pride, South Asian Heritage Month, Black History Month, Disability History month as well as religious and health days. This has been through a variety of mediums such as internal communication, presentations, and social media.



Equality, Diversity and Inclusion Calendar

This calendar is a resource to provide information about key awareness dates which reflect and support the diverse population of our workforce and the people using our services. The calendar has been developed in line with the Trust's commitment to equality, diversity and inclusion. It is important to remember that people practice their faith in different ways and information in this calendar may be useful to consider when scheduling home appointments and visits.

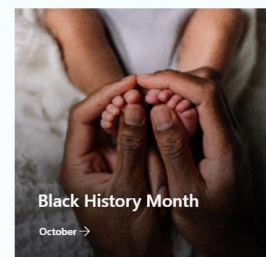
Use this calendar to:

- Learn about equality, diversity and inclusion dates and events.
- Break down barriers and promote an inclusive environment.
- Support you in organising events, campaigns and activities within the Trust.
- Promote wellbeing among our workforce and people using our services.
- Avoid event clashes.

**Please note, this is not an exhaustive list of all the celebrations and events throughout the year, but a selection of those we have chosen to mark this year.

For equality related advice and queries, please contact the Equality, Diversity and Inclusion team: EDI@bdctnhs.uk

October is...



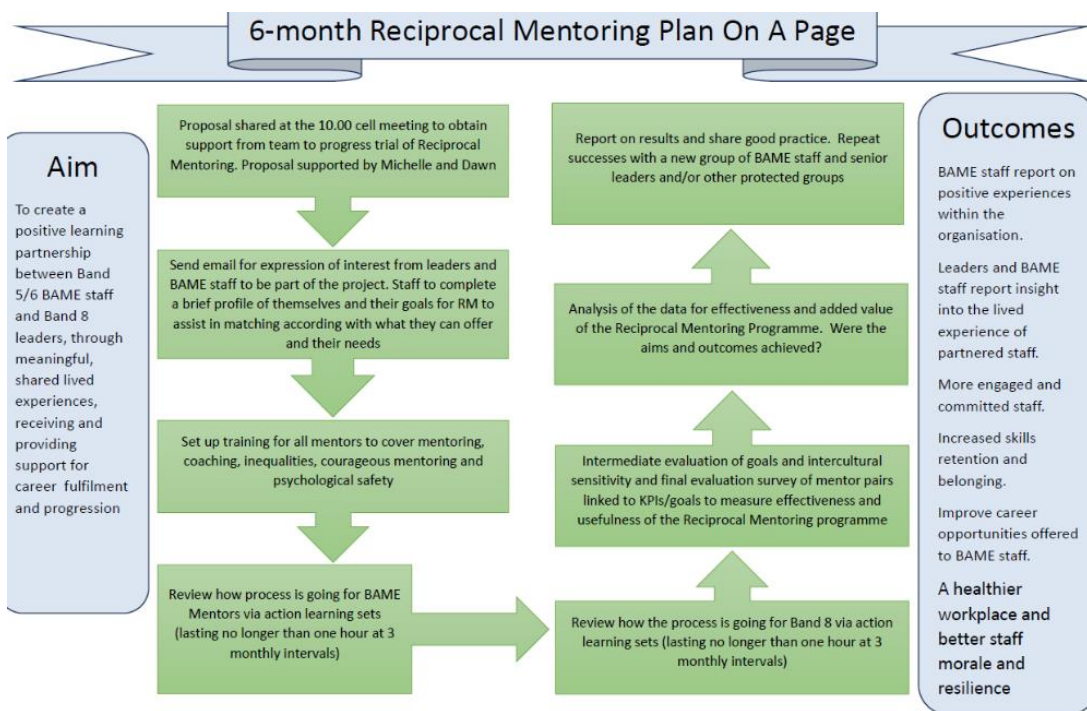
Reciprocal mentoring

A third cohort of the Trusts reciprocal mentoring programme has run in 2024. The programme is aimed at ECDC staff and senior managers in bands 8a and above.

Reciprocal mentoring is a powerful tool which impacts on individuals career aspirations, progression and self-confidence. Within the Belonging and Inclusion Plan Reciprocal Mentoring was identified as a key component of our WRES metrics delivery plan.

In 2024 many of our executive leaders were part of reciprocal mentoring pairs as part of their commitment to the NHS EDI Improvement Plan.

For the Community Nursing Programme, the following plan has been developed and is now being delivered:



Kindness into Action

In April 2022 the Trust launched a project to spread kindness into action with the support of The Kind Life Project [Home page - A Kind Life](#)

Kindness promotes trust

People in high-trust organisations experience

- 106% more energy at work, 50% higher productivity, 76% more engagement, 29% more satisfaction with their work.
- 74% less stress, 40% less burnout, 13% less sick days

People who choose to be kind to others

- Are calmer, happier and more optimistic
- Are more satisfied in their relationships
- Have lower cortisol levels and less stress
- Have a 44% lower likelihood of dying early



The project supports the delivery of our Belonging and Inclusion Plan and strengthens our “we care” value across the Trust and all our services. The project includes an incivility campaign supporting a compassionate culture in which bullying, and harassment are unacceptable. Throughout 2024 the EDI team have been delivering training to teams across the organisation to support teams in identifying what makes a good and a bad day at work; how we can have more good days through value, appreciation, constructive feedback and a culture of kindness.

This aligns with the NHS Long Term Plan ‘levels of bullying and harassment must come down if the NHS is to achieve its aims of becoming the best place to work and being an employer of excellence’ and with the NHS People Plan, ‘Compassionate and inclusive culture at the very heart of the NHS’.

The project introduces a suite of online workshops, e-learning, resources and Resolution Framework Guides which sit alongside our Trust policies to support staff in speaking up around incivility and building inclusive, thriving workspaces.



We hope that the programme will impact on a whole host of issues experienced by the NHS including sickness absence costs, employee turnover, productivity, presenteeism, discrimination and costs of industrial relations associated with bullying, harassment and incivility.

Anti-racist tool kit

Following the tragic death of George Floyd, the Trust Board made a renewed pledge to race equality.

The Trust wanted to ensure that conversations about Black History, Race Equality and Equality, Diversity and Inclusion were an ongoing dialogue which is central to the organisation’s values, behaviours and a key aim of the Trusts equality agenda.



The Trust Board asked that colleagues across the organisation begin

conversations in their teams about race, equality and how it feels to work within our organisation with the aim of promoting inclusion and identifying and addressing issues of inequality. This pledge was reissued on August 2024 as a call to action during and following the racist and Islamophobic riots and unrest seen across the country.

The Anti-racist tool kit was developed to support staff to continue to have those conversations. The tool kit is located on the Trust’s intranet. It is split into 3 sections The Fear Zone (explores the barriers to these conversations) The Learning Zone (educating and raising awareness around race) Growth Zone (support about how to have those conversations).

The EDI Team are developing the online resource into an e-learning tool kit to support staff to move to the growth zone and disrupt systemic racism.

Well-being for diverse colleague



A bespoke health and wellbeing support for our diverse colleagues is included on the well-being at work page. Useful links and information have been added to support staff from diverse backgrounds with particular requirements concerning their well-being. The information speaks to our BME, LGBT+ and staff with disabilities and long-term health conditions. Members of our diversity networks have contributed to the information included on the intranet and staff are sign posted.

Partnership Working across the Integrated Care System

The EDI agenda spans across geographical and organisational boundaries.

Bradford District Care Foundation Trust is a partner in the Bradford District and Craven – Act as One. Act as One is the guiding principle of how we work together across the health, care, community, voluntary and independent organisations in Bradford District and Craven. Act as One brings senior leads formally together with clear governance arrangements and shared decision-making processes. Together they have responsibility for delivering our shared strategy for our communities, of Happy, Healthy at Home. This means that every organisation is committed to developing and delivering joined-up health care with our local communities.

We have been working with our Bradford District colleagues in the Bradford Equalities Group to deliver the Diversity Exchange.

The Trust is an active member of the NHS Yorkshire and Humber EDI Network. This group links into NHS England and Improvement to influence national EDI priorities and strategy and works in partnership across the region to address health inequalities and NHS workforce inequality.

The West Yorkshire Integrated Care System is leading work to coordinate our approaches to addressing health inequality and inequalities within the workforce. We are a member of many specialist communities of practice sharing resources, information and working together for change. Our staff networks have been engaged in ICS programmes and in national initiatives giving them a louder voice for change.

Chapter Eight: Resourcing, Review and Audit

Equality, Diversity and Inclusion Resourcing

Equality, Diversity and Inclusion is a high priority in the Trust. A dedicated EDI Team is employed to deliver on the ambitious agenda. The team consists of a 0.8 full time equivalent Head of Equality, Diversity and Inclusion, an EDI Project Support Officer, a Reducing Inequalities Lead and an EDI Team Administrator. There are many other colleagues across the Trust supporting and driving change within their networks, roles, services and partnerships.

The EDI team is part of the Trust's People Matters Directorate. The EDI team work hard with their colleagues to embed the EDI priorities across the Trust. In addition, the Trust has three vibrant, effective and influential staff networks. These networks are integral in ensuring the Trust is delivering on its EDI responsibilities and requirements. The Trust has various groups across the organisation who focus on specific EDI issues within their clinical area or service.

Equality, Diversity and Inclusion Governance

Equality, Diversity and Inclusion accountability and scrutiny is provided through various mechanisms such as the Board meetings, People and Cultures Committee, Quality and Safety Committee, Senior Leadership Team, these structures ensure that robust mechanisms are in place to ensure that the EDI agenda continues to progress for the workforce and our service users. Progress is reported regularly to the People and Culture Committee, Quality and Safety Committee and Trust Board.

An internal independent Equality, Diversity and Inclusion audit was undertaken by Audit Yorkshire in March 2022. The objective of the review was to provide assurance on the effective implementation of the Trust's Equality, Diversity and Inclusion Strategy, (Belonging and Inclusion Plan 2021 – 2024) with respect to the workforce.

The audit measured compliance and assurance and focused on the following key control objectives:

- The Trust has effective arrangements in place to embed and sustain equality, diversity, and inclusion throughout the organisation.
- Progress towards embedding equality, diversity and inclusion measures and the effectiveness of initiatives in place are monitored and reported upon.

The audit confirmed that the Trust is either actively addressing or has plans to address all the nine areas highlighted for action in the 'Belonging in the NHS' section of the NHS People Plan to create a fair and compassionate culture where everyone feels they belong. The audit conclusion offered an opinion of significant assurance overall.

-
- ⁱ [WRES \(england.nhs.uk\)](#)
 - ⁱⁱ [NHS England » Technical guidance for the Bank Workforce Race Equality Standard \(Bank WRES\)](#)
 - ⁱⁱⁱ [MWRES-DIGITAL-2020_FINAL.pdf \(england.nhs.uk\)](#)
 - ^{iv} [NHS England » NHS Workforce Disability Equality Standard: Metrics](#)
 - ^v [NHS England » Equality Delivery System 2022](#)
 - ^{vi} [NHS England » Patient and carer race equality framework](#)
 - ^{vii} [NHS England » NHS England's statement on information on health inequalities \(duty under section 13SA of the National Health Service Act 2006\)](#)