Bradford District Care Foundation Trust

How We Meet the Public Sector Equality Duty Report 2021 - 2022

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

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Introduction

At Bradford District Care Foundation Trust (BDCFT), we aspire to deliver the best quality services, provide seamless access, enable people to be as healthy as possible and to be the best 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 staff.

The COVID-19 pandemic has shone a spotlight on inequality and the impact that it has on quality of life, experience of work and life expectancy making the Trust's commitment 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 and discussions happen throughout governance 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

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.

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.

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 2021 – 2024.

Care Related Objective To improve the patient experience of people with Equality Act protected characteristics	Focusing on
Development and delivery of the 'See the Person' Campaign – including resources, training and support to services in implementing them.	Increasing staff awareness and understanding of Race, Religion or Belief, Age, Disability, Sexual Orientation, Sex and Trans and the impact and importance this can have for patients on their care.

We Care, We Listen, We Deliver – Best Quality Services, Healthy as Possible,

Workforce Related Objective Improve workforce equality, particularly for BAME, disabled, LGBT+ staff and for women and men	Focusing on
Implementation of the WRES	Reducing inequality for BAME staff in their experience of working at BDCFT.
Implementation of the WDES	Reducing the inequality for Disabled staff in their experience of working at BDCFT.
Meeting the Equality Act 2017 Gender Pay Gap Regulations	Reducing the Gender Pay Gap and Bonus Gender Pay Gap.

We Care, We Listen, We Deliver – Best Place to Work

Belonging and Inclusion Plan 2021 – 2024

Our Belonging and Inclusion Plan sets the direction of our equality, diversity and inclusion (EDI) ambitions and work for the coming three years. It reflects the Trust's commitment to ensuring that our services are completely equitable, accessible for all and that they are person centred and equip to meet the individual and diverse needs of the communities that we serve.

It is 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:
  o collectively, consistently, and actively works to dismantle inequality wherever it is found and in all its forms.
  o ensures that barriers to progression are identified and addressed and,
  o is an example of best practice.

To view the plan please visit Equality, diversity and inclusion - BDCFT

NHS Equality Delivery System 2 (EDS2)
The EDS2 is an NHS framework that measures the Trusts performance against a common set of equality, diversity and inclusion goals. The EDS2 measures performance against four strategic Equality Diversity and Inclusion (EDI) goals.

- Better Health Outcomes
- Improved Patient Access and Experience
- A Representative and Supported Workforce
- Inclusive Leadership

Each goal has a set of outcomes which must be reported against using available data, identifying gaps and involving stakeholders in sharing their views and experiences. This process helps us to identify a performance grade which is then signed off by the Trust Board and published on our Trust website. Previous years grades can be viewed here Equality, diversity and inclusion – BDCFT

The Trusts' Belonging and Inclusion Plan – has been designed around the goals of the EDS2. For 2022, the EDI Team are planning to assess the performance of these Belonging and Inclusion priorities using the EDS2 Framework. Our proposed methodology for this is set out below. For more information and to be involved in this review please contact the Equality, Diversity and Inclusion Team EDI@bdct.nhs.uk.
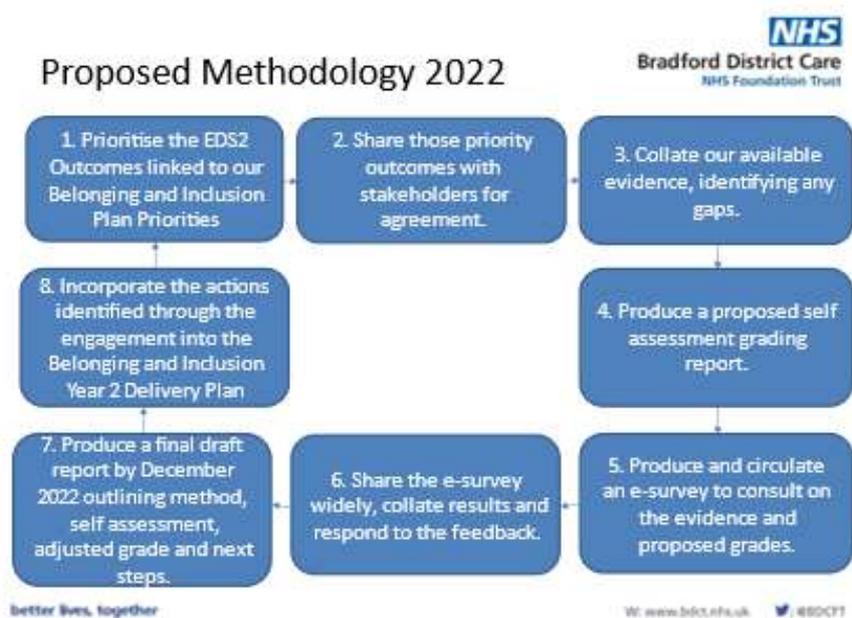
Chapter Two: The Bradford and Craven Community

The Populations We Serve – Demographics

BDCFT provides services to Bradford District which in 2011 was estimated to have a resident population of 522,500 people. Bradford District remains the fourth largest metropolitan district in England.

From the 2011 census the results were 51% female and 49% male. New categories in the 2021 census will enable Trans and Non-Binary residents to register their identity. Bradford has a youthful population with 22% of the total population aged 0 – 14 years old compared to 18% on average in England and Wales.

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.

22% of the Bradford District population recorded their religion in the 2011 Census as being Islam, 20% of the population stated that they had no religion and 48% stated that they were Christians. 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.

17% of the Bradford District population shared that they had a disability in the 2011 census. This is likely to increase when the 2021 census data is available.

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. The Trust is committed to delivering LGBT+ friendly and competent services. There is more information about this aim in chapters four and six of this report.

Craven has a population of 53,600 people and is in the top ten lowest population density councils in England with an average of 44 people per square milometer compared to 245 people per square kilometer as a UK average. The district spreads from a boundary which extends north from Skipton. 51% of the population is female and 49% male. 28% of the population is aged 65 and over, 55% are aged 18 to 65 years old and 18% are aged 0 – 17 years old. In contrast to the Bradford District population 97% of the Craven population is from a White background, 73% are Christian and 25% recorded that they had no religion. It is estimated that 7% (3752) people in the Craven community are Lesbian, Gay or Bisexual.

[Census 2011]

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 December 2021 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.

Equality Protected Characteristic	Staff Data Jun – Dec 2021
Gender	81% Women 19% Men
Disability	80% non-Disabled 7% Disabled* 14% Undefined
Age	16% Aged under 30 51% Aged 31 to 50 31% Aged 51 and over
Ethnicity	68% White 27% BME 5% Not Stated
Sexual Orientation	3% LGB+ 20% Not Stated 78% Heterosexual or Straight

This has increased in the 2022 NHS Workforce Disability Equality Standard Data Return

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

	Number	Percentage
Atheism	427	12.91
Buddhism	18	0.54
Christianity	1313	39.70
Hinduism	29	0.88
Islam	455	13.76
Judaism	<5	0.09
Jainism	<5	0.00
Sikhism	39	1.18
Other	263	7.95
Undisclosed	760	22.98

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 all of our staff 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 outlines the work we have been doing to meet our goals.

NHS Workforce Race Equality Standard 2021

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. This year's data allows us to continue that process, but also to understand the impact of COVID-19 on BME staff which will become apparent, no doubt, in subsequent year's data.

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 2011 ONS Census categories for ethnicity.
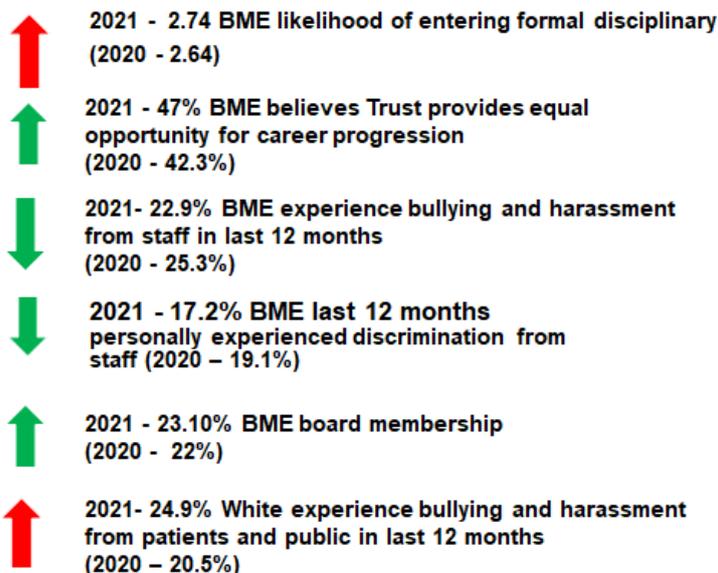
The 9 WRES indicators

Some of the WRES data we will be submitting for our 2022 WRES return. Significant changes have been represented below. The data is taken from the 2021 NHS BDCFT Staff Survey. Green signifies an improvement compared to the 2020 BDCFT NHS Staff Survey, red signifies a worsening of the data compared to the previous results. An analysis of all the WRES data from 2017 – 2021 for the 9 metrics can be found in the appendix A.

*2022 data is pending for indicators 1- 4. The WRES Action Plan will be developed once all of the data is available.

WRES data at a glance

↑ 2021 - 2.74 BME likelihood of entering formal disciplinary (2020 - 2.64)

↑ 2021 - 47% BME believes Trust provides equal opportunity for career progression (2020 - 42.3%)

↓ 2021- 22.9% BME experience bullying and harassment from staff in last 12 months (2020 - 25.3%)

↓ 2021 - 17.2% BME last 12 months personally experienced discrimination from staff (2020 – 19.1%)

↑ 2021 - 23.10% BME board membership (2020 - 22%)

↑ 2021- 24.9% White experience bullying and harassment from patients and public in last 12 months (2020 – 20.5%)

The WRES data shows improvement overall. BME staff showing the highest result over the 5 years that the Trust provides equal opportunity for career progression at 47%. There are areas of concern that would wish to address in our action namely the likelihood of BME staff entering the formal disciplinary process has increased to 2.74 times more likely and in increase in white staff experiencing bullying and harassment from patients. An action plan will be developed in conjunction with the Aspiring Cultures network to respond to these results. The Trusts Belonging and Inclusion Delivery Plan has actions to ensure that the WRES Data continues to improve.

Medical workforce race equality standard 2020 data report

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.

At the medical leadership time out session in May 2021 a workshop was led by the Head of Equality, Diversity and Inclusion to discuss the highlights of the report and consider any actions that may be of benefit to address any inequality in the BDCFT medical workforce.

NHS Workforce Disability Equality Standard

The NHS Workforce Disability Equality Standard (WDES) programme was established in 2018. It requires NHS trusts to report against twelve 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. This year's data allows us to continue that process, but also to understand the impact of COVID-19 on 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. We know that we have an under-representation of staff sharing this information within ESR. Subsequently 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. We have increased this figure steadily through our work by 1% each year since the launch of the WDES.

The Full results are included in appendix B. Below is an infographic summary of the 2022 WDES results. The NHS Staff Survey related metrics are taken from the 2021 staff survey. The other metrics are a snapshot of the Trust on 31st March 2022. Overall, the Trust is performing better than the NHS benchmark for all but two of the key metrics. Many of the metrics have improved since 2021 with an increase in the data completeness for disabled staff, the percentage of disabled staff who feel valued, and a reduction in the percentage of disabled staff who attend work when unwell. Key priorities for improvement in 2022 and 2023 are equal opportunities for disabled staff to career progression which has decreased to 54% since 2020.

NHS Workforce Disability Standard Results 2022

48% of disabled staff feel valued meaning that 52% do not. This is a concern and worsening result from the 2020 staff survey results. An action plan has been developed to respond to these results within the Trusts Belonging and Inclusion Delivery Plan. A summary of these actions is included for information in appendix B.

Sexual Orientation

Although we are not required to report equality metrics against a national NHS Standard, we have agreed within the Trust to prioritise analysing the staff feedback we receive from Lesbian, Gay, Bisexual staff to identify any inequality to address within our Belonging and Inclusion Plan. A key aim of our Belonging and Inclusion plan is to increase the number of staff who share their sexual orientation in our Electronic Staff Record. This enables us to analyse and monitor the experiences of LGB staff better.

The data below is taken from the 2021 BDCFT NHS staff survey. The survey is benchmarked against the NHS national averages. The NHS staff survey uses the terms heterosexual, gay, lesbian and bisexual. Gay and lesbian staff are measured together as one category. Bisexual staff are measured as a separate category. There is currently no data available about trans staff experience within the national NHS staff survey although we hope this will change soon.

More data from the staff survey can be found here NHS Staff Survey 2021 local dashboards | Tableau Public

For the last 12 months:

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has increased for Heterosexual people by 4% and Gay/Lesbian staff by 14%, for Bisexual staff there has been a decrease of 13%.
- The percentage of staff experiencing harassment, bullying or abuse from a colleague has decreased for everyone:
  - Heterosexual by 2.60%,
  - Gay/Lesbian by 2.90%,
  - Bisexual by 6%,
  - Undisclosed by 6.10%.
- The percentage of staff believing that the Trust provides equal opportunities for career progression or promotion has decreased for people who are Bisexual by 15% and Undisclosed by 6% however increased for Heterosexual staff by 1% and Gay/Lesbian people by 11%.
- The percentage of staff experiencing harassment, bullying, or abuse from a manager and/or team leader has increased for everyone.
  - Heterosexual: 0.30%,
  - Gay/Lesbian: 5%,
  - Bisexual: 3%
  - Undisclosed: 1%.

A full breakdown of these results is included in appendix D.

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 2021.

The mean GPG is 7.6%; that is a decrease of 1.8% since the March 2020 data. The median GPG is -5.8%.

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 11.1% 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.

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

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

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. Currently the Trust is 25th of 218 similar NHS organisations.

In 2022 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 infographic below shares those headlines pay gaps.

Equality Pay Gaps 2022

NHS
Bradford District Care
NHS Foundation Trust

Mean Gender Pay Gap   Mean Ethnicity Pay Gap   Mean Disability Pay Gap

7.6%   4.89%   8.34%

Workforce on 31st March 2021

better lives, together

More information about our Gender Pay Gap and subsequent actions can be found here Equality, diversity and inclusion – BDCFT. A summary of our action plan is included in appendix C.

[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.

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:

- 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 and Vice-Chair attend 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.
- To 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 COVID 19 awareness, Black Lives Matter, Black History Month and South Asian Heritage Month. Some of the guest speakers have included the West Yorkshire Deputy Mayor for Policing and Crime (DMPC) and Labour MP for Bradford West.

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.

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 a live executive broadcast for International Day of Disabilities on 3rd December 2021 when the network lit our buildings up purple. As a result of the Beacon Network several peer support groups and health focused workshops have been established. These are detailed below.
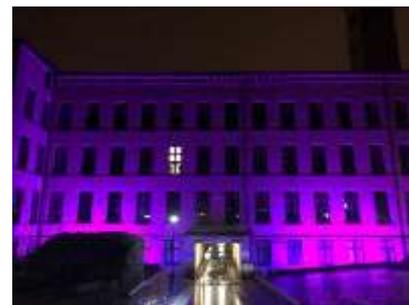
Menopause

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. 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.

Neurodiversity

Neurodiversity has really come to the forefront and has been highlighted by the 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.

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 be as Healthy as Possible. Over the past year we have developed and updated a range

of policies and strategic intents including a new Disability Policy, a Domestic Abuse Strategic Intent for our staff and a refreshed Trans Equality Policy which supports both staff and people using our services. A menopause Policy is in development to support our staff that are experiencing menopausal symptoms.

Disability Policy

This year the Trust has launched a new Disability Policy. The new policy aims to:

- support disabled staff and staff with long term health conditions to feel confident to share information about their health and wellbeing.
- ensure that reasonable adjustments are made to enable disabled staff.
- record Disability Absence and Disability Related Sickness in a way that safeguards against indirect discrimination of disabled staff.
- support implementation of the NHS Workforce Disability Equality Standard

16% of the working age population is likely to be covered by the Equality Act 2010 because of a long-term health condition or disability. Despite this only 6% of the BDCFT workforce is recorded as having a disability within the Electronic Staff Record (ESR) in the NHS Workforce Disability Standard Report of 2021. Although many people with long term health conditions and disabilities are covered by the Equality Act, many do not identify themselves as being a disabled person.

There are several reasons for this including fear, dissociation, and lack of identification. We know that many disabled people, both inside and outside the NHS, face such widespread discrimination that many do not tell their colleagues or managers. We know that disabled staff feel pressure to attend work when they are unwell more than non-disabled staff and are more likely to experience bullying, harassment, and discrimination.

We want to further the Equality Act General Duty by preventing, identifying and addressing discrimination, harassment and victimisation on the grounds of disability and long-term health conditions.

The Trust aims to be the 'Best Place to Work for Disabled People' through:

- Being a Mindful Employer[1] and meeting the charter commitments associated with this.
- Meeting level two of the Disability Confident Employer[2] and aspiring to Level Three – Disability Confident Leader.
- Responding positively to national initiatives and working with local partners and stakeholders to maximise opportunities to employ disabled people.
- Working to implement the NHS Workforce Disability Standard

The policy provides clear direction for managers to support all disabled staff in the workplace and to ensure that reasonable adjustments are made. It is intended to provide a reference and information for disabled staff.

This policy separates out Disability Related Sickness Absence (where the person is sick because of their disability) and Disability Related Absence (where the person is well but needs time away from work to help them manage their condition).

We want to make a clear distinction between these two types of absence, thus ensuring people with disabilities receive the proper support that they require to carry out their jobs. In doing this we will ensure that we meet one of the core principles of the NHS People Strategy which is to ensure that our staff are "happy, healthy and here".

We have developed e-learning for our staff and an intranet page full of resources that support the effective implementation of the policy. We will be monitoring its impact on our WDES metrics over time reporting back to the Workforce and Equality Committee.

[1] Home | Mindful Employer (dpt.nhs.uk)

[2] Disability Confident employer scheme - GOV.UK (www.gov.uk)

Trans Equality Policy

The Trans Equality Policy has recently been developed and ratified in May 2022. The policy was a major revision to the previous Trans Equality Policy. The policy aimed to provide relevant and useful information on key issues relating to trans people including support for their rights and a person-centred, compassionate, kind, safe and effective service for our transgender service users and the same support for our transgender staff.

It is the aim of Bradford District Care NHS Foundation Trust (BDCFT) to ensure that trans service users and staff are respected and valued in an environment which is inclusive and sensitive to their needs, that they will not experience discrimination due to their trans status and that interaction is in line with the Gender Recognition Act 2004 and Equality Act 2010.

Menopause Policy

81% of the Trust's workforce are women. 60% of our female workforce is over 40 years old. The average age for a person to reach menopause is 51. The Trust wishes to offer support to all staff experiencing menopausal symptoms. It has started the development of an inclusive Menopause Policy to recognise and offer support to staff that experience menopausal symptoms.

Domestic Abuse

In 2021 we launched a Strategic Intent for Domestic Abuse. In it we set out our intention to support any staff member who is affected by domestic abuse, by providing a confidential and non-judgemental signposting service.

We developed a sharepoint resource which is accessible to all staff to support with signposting to relevant information and external expert agencies. We signed the 16

Days of Action pledge and during November 2021 took an action every day for 16 days to raise awareness of what Domestic Abuse is and its impacts.

This included a live broadcast where staff shared personal experiences of domestic abuse launching the Strategic Intent.

Chapter Six: Tackling Health Inequalities

Using Equality Impact Assessments to drive change

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 group. 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)

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 putting robust systems in place to tackle them to improve access, experience and health outcome. We have developed a new Equality Impact Assessment (EIA) Policy which sets out our expectations for systematically screening our policies, procedures, services and decision-making processes. We will measure and report on the impact of these EIA's through our EDI Influencers and our Workforce and Equality Committee. We also have an EIA process that is used to assess quality and equality when developing business cases across the Trust.

The Trust is a member of the West Yorkshire Integrated Care Systems (ICS) Health Inequalities Academy aiming to tackle health inequalities across the ICS footprint. 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 projects run this year are below: -

EXAMPLE - Assessing and increasing the take up of Covid-19 Vaccinations within protected characteristics groups

During the pandemic the Trust carried out an EIA to monitor and promote the take up of Covid-19 vaccinations. This was an active process reported and monitored throughout our incident command structure. We focused what our staff and community were sharing around their concerns with the vaccine producing frequently asked questions documentation that covered religious, fertility and health impact concerns. We worked with our research and development team and our local health partners to develop videos, social media messaging and promotion of current new information to provide out local population with information to make informed decisions. We offered drop-in sessions, specialist vaccination slots for needle phobic patients and open communication offers with knowledgeable and qualified staff. Our staff networks supported our staff too providing a platform to ask and have questions answered. They used their community experiences to inform our vaccination programme and ensure our community vaccination hubs were accessible and welcoming to all.

EXAMPLE - Perinatal Mental Health

The Perinatal Mental Health team have developed 'Ready to Relate', a resource which aims to reflect the diversity of the families that the team work with. The team have evaluated the resource with families using it from South Asian backgrounds, and the evaluation has been positive.

The team have been part of the Integrated Care Systems communications project targeting women who may be less likely to access perinatal mental health care. Social media used was used and messages were co-produced to support engagement.

The team have helped co-produce of a welcome letter with some differences of opinion within the group about the content, this reflected the diversity of the people using the service and the subsequent efforts needed to enable inclusion!

The teams access data is broadly reflective of the population which is a significant achievement. The team were part of a Born in Bradford (BIB) research study on perinatal mental health access. The BIB team found that the people using services demographics reflected the community and that access was pretty good. This has been a key objective of the provision.

The team have been successful in gaining some Health Education England funded perinatal mental health and inequalities training and the team are seeking further locally focused training.

EXAMPLE – Speech and Language Therapy

Bradford Speech and Language Therapy Service is leading the way in the service we provide to multi-lingual communities across the Bradford District.

The service aims to make accurate diagnosis of communication difficulties informed by assessment across all of a client's languages. The team have developed assessment material in community languages and continue to develop material in many of Bradford's newer languages for example Hungarian and Kurdish. This ensures Clients are assessed appropriately and holistically, ensuring appropriate diagnosis and intervention.

Alongside this, the team endeavours to deliver therapy and provide advice across client's languages. This includes dysphagia advice for adults, adapted to the client's dietary needs and speech and language activities for children and young people in their home language.

We work alongside interpreters and our bilingual clinical support workers for face to face, telephone and telehealth appointments, as well as utilising appointment letters in community languages and more recently translated telehealth guides to enable families to access our telehealth systems. Our families are aware that language support will be available for them throughout the process.

We deliver Inservice training to our team around working with multilingual families, incorporating advice on culturally competent practice and how to work successfully with interpreters to support workforce development.

The service ensures families are aware that their languages are valued, and this close relationship has built up trust and knowledge amongst families about the service and its role.

The Cultural Curiosity Group

The Cultural Curiosity Group was established following the death of George Floyd and the rise of the Black Lives Matter movement in 2020. It is a cross service group that has grown within our Mental Health Services. Its aim is to address inequalities within the service such as recruitment of diverse teams and sharing cultural awareness within their service provision. The group has delivered some specific training built from their knowledge and experience of equality within their roles and work with the diverse communities of Bradford and Airedale.

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.

In 2022 we are reviewing our compliance with the standard. 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.

Rainbow Badge Phase II

 In 2021 the Trust became a pilot project for Phase II of the NHS Rainbow Badge Scheme, The Chair and 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 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 priorities for development include the following:

- Review monitoring of sexual orientation to ensure Trust processes meet the Sexual Orientation Monitoring Standard.
- Ensure pronoun introduction is used consistently across the Trust.
- Increase visibility of LGBT+ signage to create a welcoming physical environment.
- Provide appropriate resources and information to encourage signposting of LGBT+ people to specialist support agencies.
- Review policies and clinical paperwork to remove gendered language.
- Increase LGBT+ visibility within recruitment and selection paperwork.
- Ensure that subcontractors are following equality standards.

Chapter Seven: Other EDI activity in the Trust

EDI Calendar

The Trust's equality calendar was developed in 2021. 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 actives to celebrate equality. Some of the occasions that the Trust has marked: - International Women's Day, LGBT+ History month and Pride, 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.

Vaccination as a condition of employment (VCOD) work

Following the launch of the Belonging and Inclusion plan vaccination as a condition of employment (VCOD) was scheduled to be implemented and to come into force from the 1st April 2022. All staff and workers were in scope of VCOD, who had face-to-face contact with patients and/or service users and who are deployed as part of CQC regulated activity were required to be double vaccinated by the 1st of April 2022.

VCOD work became a priority for the EDI team with advice being sought on process for implementation of VCOD. A detailed Equality Impact Assessment (EIA) was produced which identified the disproportionate impact of the VCOD government policy on equality groups and an action plan was worked on and agreed to support and mitigate any negative impacts.

Reciprocal mentoring

Two reciprocal mentoring programmes have been launched in two areas of the Trust: Psychological Therapies and Community Nursing.

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.

Evidence suggests people from BME backgrounds face challenges at each stage in the process of becoming a psychological therapist and in progressing into senior position (like many other professions); Dr K Alcock Thrown against a Sharp White Background: Access, Inclusion and Anti-racism in Clin Psych - YouTube

Health Education Funding was sought and secured to fund:

- Aspiring clinical psychologists – three placements for nine months for assistant psychologists with BME backgrounds to access the programme, sharing with Leeds and York Partnership Foundation Trust

- Leadership and mentoring for qualified Psychological Therapists from BME backgrounds for 14 people who initially expressed interest.

- In BDCFT approximately ¼ of our Psychological Therapist workforce have BME backgrounds but we've few people in senior positions.

The programme is evaluating well with participants stating that it is the best thing they have done in their careers.

For the Community Nursing Programme, the following plan has been developed and is now being delivered:
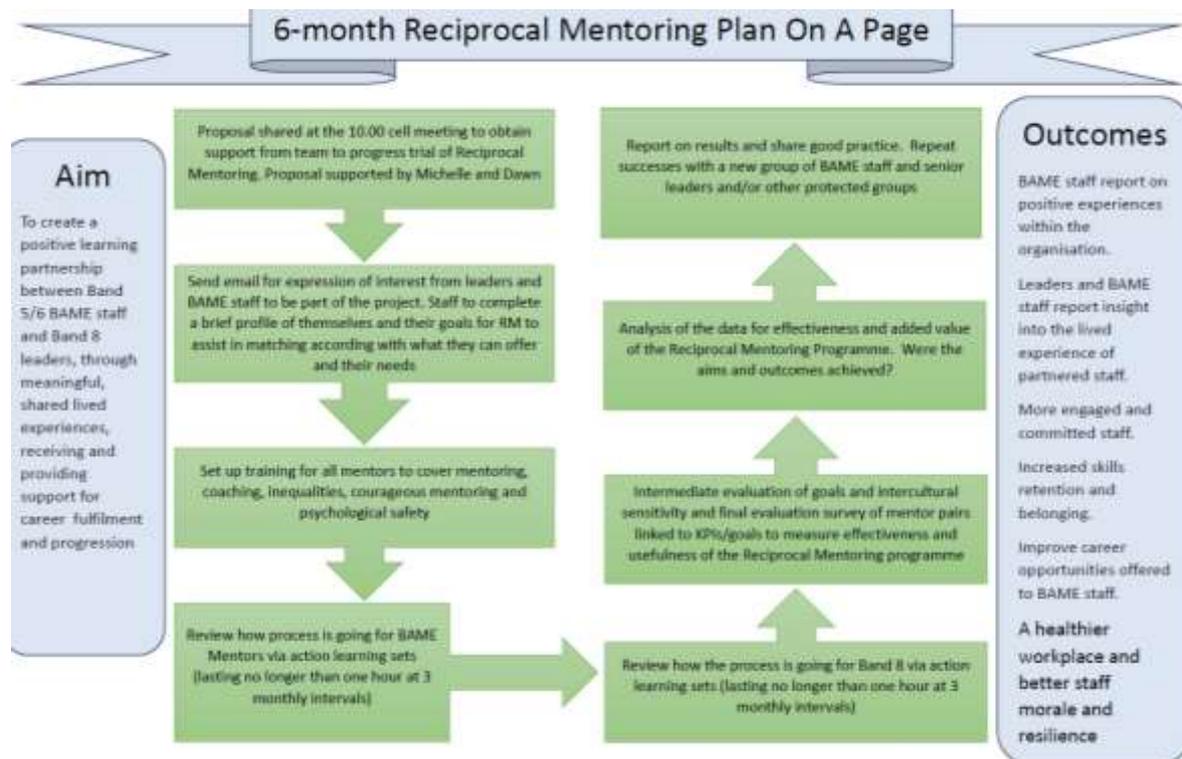
You're a Star Award EDI category

Every year through the You're a Star Award (YASA) BDCFT highlight, honour and celebrate individuals across the organisation who have been nominated by their colleagues for going the extra mile to make a real difference to others. They are inspired by BDCFT's vision of connecting people to the best quality care, when and where they need it, and to be a national role model as an employer – our 'You're a Star Awards' event recognises staff from all areas of our Trust.

The seven categories are: Unsung Hero, Working Together, Non-Clinical Star/s, Improvements and Innovation, Service user, Carer and Volunteer Contributions, Team of the Year and a one-off COVID-19 Award. As well as annual recognition of We Care, We Listen, and We Deliver Living our Values Award winners.

An additional Equality Diversity and Inclusion category making a total of eight categories was added in 2022 for the first time in the history of the YASA awards.

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.

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.

EDI Influencers

A key building block of our Belonging and Inclusion Plan is the aim to embed EDI into everything we do. In order to support us in meeting our EDI aspirations we are establishing a team of Equality, Diversity and Inclusion Influencers across the Trust. These staff, involvement partners and carers will support us in ensuring the delivery.

The EDI Influencers will go through training to be fluent in EDI and our Belonging and Inclusion Plan aims. They will provide advice and support to decision makers within

their teams and services to help ensure day to day business is viewed through an EDI lens.

The EDI Influencers will be able to identify and challenge discrimination and cultural bias, to support Equality Impact Assessments, culture change and to support the delivery of the Trust's Belonging and Inclusion Plan. They will provide a knowledge, experience and communication link with the EDI Team using this to support us in understanding and delivering on the requirements of the Belonging and Inclusion Plan.

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.

The Anti-racist tool kit was developed in order 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).

Well-being for diverse colleague

A bespoke health and wellbeing support for our diverse colleagues has been added to 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 on the Integrated Care Partnership Board 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, to better meet people's needs.

As part of this work there are several projects where organisations are working close together.

The One Workforce Hub is just one example of how we're working together, to provide opportunities for staff that in turn benefit our district-wide services.

We have been working with our Bradford District colleagues in the Bradford Equalities Group to design four proposals that generate innovation within EDI in Bradford. These four projects are themed around leadership, workforce, community and service design and delivery. We look forward to the next stage and taking these proposals forward.

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 1.2 full time job share equivalent Head of Equality, Diversity and Inclusion and an EDI Advisor Specialist.

The team is part of the Trust's Human Resources and Organisational Development Directorate (HR&OD). The EDI team work hard with their HR and OD colleagues to embed the EDI priorities across the Trust. In addition, the Trust has three vibrant, effective and influential staff networks detailed in chapter 4 of this report. These networks are integral in ensuring the Trust is delivering on its EDI priorities. The Trust has various groups across the organisation who focus on specific EDI issues within their clinical area or service.

Across the Trust many staff have embedded EDI into everything they do. A great demonstration of this in practice is presented in the November 2020 Beyond Words Brochure which can be accessed here Equality, diversity and inclusion - BDCFT. The brochure showcases 17 different innovation inclusion projects running out in our services to make a difference to EDI.

Results of Independent Equality, Diversity and Inclusion Audit

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 and no recommendations have been made.

Equality, Diversity and Inclusion Governance

Equality, Diversity and Inclusion accountability and scrutiny is provided through various mechanisms such as the Board meetings, Workforce Equality Committee, Senior Leadership Team, Strategic People and Innovation meetings, 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 be reported regularly to the Workforce and Equality Committee and Trust Board.

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,

Appendix A WRES Results

Indicator Type	WRES Indicator	Metric Description	2017 Score	2018 Score	2019 Score	2020 Score	2021 Score	2021 Benchmark Trusts
	2	Relative likelihood of White applicants being appointed from shortlisting compared to that of BME applicants	0.99	1.15	1.71	2.14	0.97	
	3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	1.98	2.00	1.98	2.64	2.76	
	4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	1.05	1.04	1.00	1.02	1.05	
S T A F F S U R V E Y	5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BME-28.7%	BME-30.1%	BME-29.3%	BME - 30.2%	BME - 29.9%	BME- 31.8%
			White- 28.1%	White - 25.2%	White - 26.1%	White - 20.5%	White - 24.9%	White- 26.2%
	6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BME-24.3%	BME-27.7%	BME- 33.09%	BME-25.3%	BME - 22.9%	BME-22.9%
			White-19%	White- 20.5%	White- 12.03%	White- 19.2%	White - 16.8%	White - 18.1%
	7	Percentage believing that trust provides equal opportunities for career progression or promotion.	BME- 41.7%	BME- 44.7%	BME- 42.0%	BME - 42.3%	BME - 47.3%	BME- 46.8%
			White- 61.6%	White - 60.9%	White - 58.0%	White - 61.1%	White - 61.4%	White - 61.0%
	8	In the last 12 months have you personally experienced discrimination at work?	BME- 20.1%	BME- 16.1%	BME-17.8%	BME-19.1%	BME - 17.2%	BME - 16.7%
			White- 6.7%	White - 5.6%	White - 5.2%	White- 5.7%	White - 5.3%	White - 6.0%
BOARD	9	Percentage of BME Board membership	10.30%	18.60%	22.80%	22.00%	23.10%	

Appendix B WDES Results and Action Plan

Metric	BDCFT Results	Benchmark
Percentage of staff in Agenda for Change pay bands or medical and dental subgroups and Very Senior Managers (including Executive Board Members) compared with the percentage of staff in the overall workforce.	*Disabled Staff -* • 9.58% of the Trust • 7.23% of staff in bands 8a and 8b • 3.19 of staff in bands 8c, 8d, 9 and Very Senior Management (VSM)	3.7% NHS staff
Relative likelihood of disabled staff being appointed from shortlisting compared to that of non-disabled staff being appointed from shortlisting across all posts.	0.55	1.11
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured	0.54	1.94

Metric	BDCFT Results	Benchmark
by entry into the formal capability procedure.		
Percentage difference between the organisations' Board voting membership and its overall workforce	-10%	0.1%

Results taken from 2021 NHS Staff Survey Data

Metric	Disabled Staff	Non-Disabled Staff	Disabled Staff
Percentage of staff that feel the organisation values the work that they do.	47.6%	53.7%	43.6%
Percentage of disabled staff that felt that their employer had made adequate reasonable adjustments that enabled them to carry out their work.	83.6%	-	78.8%
Percentage of staff who experienced at least one incident of bullying, harassment or abuse from patients, service users, their relatives or other members of the public.	30.7%	23.9%	32.2%
Percentage of staff who experienced at least one incident of bullying, harassment or abuse from other colleagues.	14.7%	12.3%	20.2%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	62.1%	61.6%	59.4%
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	11.5%	8.8%	13.4%
Percentage believing that Trust provides equal opportunities for career progression and promotion.	54.4%	60.0%	54.4%
Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	19.1%	17.4%	20.08%
The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	7.0	7.2	6.7

Benchmarking is taken from the National NHS Staff Survey and the National WDES Annual Report 2021
Workforce-Disabilty-Equality-Standard-2021-data-analysis-report-NHS-trusts-foundations-trusts.pdf (england.nhs.uk)

The following actions will be embedded into the Belonging and Inclusion Delivery Plan for action in 2022 – 2023.

Metric	Action Planned
Percentage of staff in 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.	Continue to increase the number of staff sharing information with their manager and in ESR about their disability or Long-Term Health Condition by: • Supporting the Beacon Network to increase membership and promote the message of collective voice for disabled staff. • Provide guidance on how to update personal information in the ESR record to staff. • Implement the Disability Policy.
Relative likelihood of disabled staff being appointed from shortlisting compared to that of non-disabled staff being appointed from shortlisting across all posts.	• Embed training relating to the guaranteed interview scheme into the recruitment and selection training. • Support Project SEARCH. • Review the impact of having trained BAME representatives on selection panels on appointment rates for BAME staff and spread learning to impact on all protected groups.
Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	• Check the guidance on what constitutes a capability process. • Ensure record keeping meets the guidance.
Percentage difference between the organisations' Board voting membership and its overall workforce	• Reissue guidance to Board members about how to record their personal information on ESR. • Use positive action to attract disabled candidates into positions that arise at Board level.
Percentage of staff that feel the organisation values the work that they do.	• Implement the Kindness into Action project.
Percentage of disabled staff that felt that their employer had made reasonable adjustments that enabled them to carry out their work.	• Implement the Disability Policy. • Conduct an audit on the Reasonable Adjustment element of the Disability Policy.
Percentage of staff who experienced at least one incident of bullying, harassment or abuse from patients, service users, their relatives or other members of the public.	• Promote the Managing Racial and Other Types of Abuse from Service Users, Carers and the Public Policy across the Trust ensuring it is being implemented effectively.
Percentage of staff who experienced at least one incident of bullying, harassment or abuse from other colleagues.	• Implement the Kindness into Action project.

Metric	Action Planned

Percentage believing that Trust provides equal opportunities for career progression and promotion.	• Monitor implementation of key related policies and procedures for example.
	    • Study Leave Policy
	    • Appraisal and Pay Progression Procedure
	    • People Performance Management Policy and Procedure

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	• Implement the Disability Policy.
The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	• Continue to develop and support the Beacon Network increasing membership and engagement.

Appendix C Gender Pay Gap Action Plan

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

- Gender Pay Gap and Gender workforce split information is provided to care groups and directorates and staff group leads to factor into their workforce planning.
- Discussions with hotspot areas are held to ensure they are aware of the GPG data and to gain an insight into their views on it.
- Review the pay gap in Adult Mental Health Inpatients and Older People's Mental Health to confirm the hypothesis that the gap is because of length of service.
- Review the pay gap in the Admin and Clerical, Ancillary and Senior Manager staff groups to investigate the hypothesis that the gap is because of length of service.
- To review the Bonus Gender Pay Gap data further to understand the impact the review of the Clinical Excellence Award Policy has had.
- To review the Ethnicity and Disability Pay Gaps by Band, Care Group and Staff Group.
- To complete and implement the Business Case Template for Starting Salaries and monitor the data created through implementation.

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

Appendix D Sexual Orientation Data BDCFT NHS Staff Survey 2021

Metric Description	Sexual Orientation	2017 Score	2018 Score	2019 Score	2020 Score	2021 Score	2021 Benchmark Trusts (MH, LD, Community Trusts)	2021 National Score (All Trust Types)
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Heterosexual	27.20%	25.40%	25.80%	21.00%	24.30%	25.90%	26.80%
	Gay/Lesbian	39.30%	25.00%	28.60%	29.20%	42.90%	34.80%	34.60%
	Bisexual	38.90%	35.30%	52.90%	50.00%	37.50%	35.60%	37.50%
	Other	N/A	N/A	N/A	N/A	N/A	36.40%	31.40%
	Undisclosed	36.50%	30.70%	32.70%	26.50%	35.30%	32.90%	31.80%
Percentage of staff experiencing harassment, bullying or abuse from a colleague in the last 12 months	Heterosexual	13.60%	15.30%	17.50%	15.20%	12.60%	13.80%	17.90%
	Gay/Lesbian	25.00%	50.00%	40.00%	20.80%	17.90%	18.40%	23.40%
	Bisexual	27.80%	29.40%	17.60%	22.70%	16.70%	17.20%	24.10%
	Other	N/A	N/A	N/A	N/A	N/A	20.90%	24.70%
	Undisclosed	24.20%	18.20%	27.50%	21.60%	15.50%	21.90%	25.70%
Percentage believing that trust provides equal opportunities for career progression or promotion	Heterosexual	60.90%	59.70%	57.80%	59.60%	60.50%	60.00%	56.70%
	Gay/Lesbian	51.90%	45.00%	42.90%	50.00%	60.70%	64.40%	60.00%
	Bisexual	41.20%	29.40%	47.10%	54.50%	39.10%	55.80%	54.50%
	Other	N/A	N/A	N/A	N/A	N/A	46.00%	45.60%
	Undisclosed	40.80%	54.90%	36.40%	41.30%	35.60%	38.30%	36.90%
Percentage of staff experiencing harassment, bullying, or abuse from manager/team leader	Heterosexual	9.70%	10.20%	11.20%	7.90%	8.20%	8.30%	10.90%
	Gay/Lesbian	25.00%	15.00%	10.00%	12.50%	17.90%	11.20%	14.10%
	Bisexual	23.50%	25.00%	29.40%	18.20%	20.80%	10.40%	13.80%
	Other	N/A	N/A	N/A	N/A	N/A	11.30%	15.30%
	Undisclosed	22.20%	13.10%	22.90%	19.60%	20.90%	17.40%	18.90%

NHS Staff Survey 2021