

Bradford District Care Foundation Trust

How We Meet the Public Sector Equality Duty Report 2025 - 2026

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,

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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 our goals. 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, Drivers and Reporting

There are many equality, diversity and inclusion 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 those are as follows:



NHS England's Equality, Diversity and Inclusion Improvement Plan

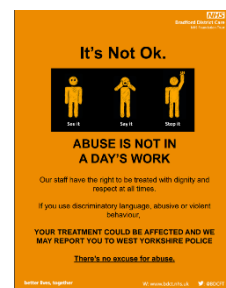
In June 2023 NHS England published the EDI Improvement Plan. The plan set out six High Impact Actions for NHS organisations to undertake to make improvements in the NHS. These actions are:

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 requirements, over the last two year we have:

- Ensured members of our Executive have specific equality objectives within their portfolio.
- Identified Board 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.
- Delivered another cohort of our reciprocal mentoring programme for ethnically diverse staff with plans to expand this to cover more equality protected groups in 2026.
- Maintained representation of ethnically and culturally diverse communities at 8a and above which 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 and evaluated a comprehensive wellbeing offer for our workforce 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.
- Delivered on our anti-racism framework and our See it, Say it, Stop it campaign for tackling abuse from patients and the public to staff.
- Implemented the Sexual Safety Charter, developed associated policies and procedures to meet the new equality legalisation amendments for employers.
- Launched a revised 'We are compassionate' programme to replace our Kind Life approach.



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 organization, 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. 356 staff have engaged with the programme taking their learning back into their teams. 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 have developed a Health Equity Approach 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.

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.

The Trust is striving to be an anti-racist organisation. In 2020 we made a pledge to support our aim. We have reissued this pledge in 2025 to ensure our workforce are aware of our aspirations and what we expect of our people.



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 continue to be held across the organisation giving people the opportunity to come together and share their feelings, experiences and concerns and to be strong together in the delivery of our anti-racism pledge.

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](#) came into 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 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}.
	We will engage with stakeholders in this work to inform and provide scrutiny of our performance.	<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.

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 [From Ambition to Action](#).

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 [BDCFT Belonging and Inclusion Plan 2025-2028](#).

NHS Equality Delivery System 2022 (EDS22)

In 2025 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 2025 assessment on Suicide Prevention and Early Diagnosis. Three services were selected for analysis. They were Mental Health Intensive Home Treatment, Physical Health and Wellbeing and Palliative Care. 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	
• Domain 1 Intensive Home Treatment	8
• Domain 1 Palliative Care	11
• Domain 1 Physical Health and Wellbeing	8
Sub-Total	27
Mean Average	8
Domain 2 Workforce Health and Wellbeing 2025	8
Domain 3: Inclusive Leadership 2025	6
Total	22 - Achieving

Following the completion of this assessment the Trust was deemed to be ‘achieving’ as defined with the framework. The equality impact assessment findings action plan and engagement summary 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 Work Programme.

We are currently carrying out our 2026/2025 assessment of three new services. The outcome of that assessment will be published in February 2026. 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 £350,000 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 of 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.

Chapter Three: Our People

People Promise



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 a workforce demographics report to support our work.

A summary of our most recent analysis from June 2025 provides the following information. The definitions and categorisations are taken from the Electronic Staff Record.

Equality Protected Characteristic	Staff Data Jan – Jun 2024
Gender	79% Women and 21% Men
Disability – reducing the % of staff who leave this category blank has been a top priority for us. It has reduced to 2% in 2025.	86% non-Disabled 12% Disabled
Age	0.1% Aged under 20 16% Aged 21 to 30 25% Aged 31 – 40 28% Aged 41 – 50 23% Aged 51 - 60 8% Aged 61+
Ethnicity	63% White and 34% BME
Sexual Orientation – reducing the % of staff who do not share their sexual orientation has been a big priority for us. This has reduced since 2024 by 2%.	2.09% Lesbian or Gay 1.77% Bisexual 0.62% Other sexual orientation 12% Not Stated 83% 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	561	16.50
Buddhism	22	0.65

	Number	Percentage
Christianity	1267	37.28
Hinduism	35	1.03
Islam	617	18.15
Judaism	<5	0.09
Jainism	<5	0.00
Sikhism	38	1.12
Other	255	7.50
Undisclosed	601	17.68

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 environment. The following sections outline what 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 reports.

The data is taken from the 2024 NHS BDCFT Staff Survey and from a snapshot of workforce information on 31st March 2025. In the 2025 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 2025 WRES data taken from the Electronic Staff Record on 31st March 2025 and People Services records over the reporting period.

WRES Metric No.	Metrics	2024	2025
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%	30%
	Ethnically diverse staffs representation 8a and above	29%	29%
	Ethnically diverse staffs representation 8c and above	40%	41%
2	Relative likelihood of staff being appointed from shortlisting across all posts	2.11	1.25
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	2.56	4.08
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	-16%	-11%

The Trust has equal representation across senior bands when compared with the whole organisation which is an excellent achievement. The impact of the inclusive recruitment project is reflected in the improvement of the inclusive recruitment indicator. 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% in 2021 meaning the workforce is still under-representative of the local ethnic diversity.

The likelihood of ethnically diverse staff entering a formal disciplinary process has increased and is a top priority to reduce. A workstream to reduce this score has been established with further analysis of disciplinary data to identify and address the root cause of this over representation.

This table shows the data taken from the 2024 staff survey.

WRES Metric No.	Metrics	2024				2023		2022	
		BDCFT		National Benchmark		White	BME*	White	BME*
		White	BME*	White	BME*				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	18%	24%	21%	32%	20%	26%	22%	29%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	16%	17%	16%	21%	17%	19%	18%	21%
7	Percentage of staff believing that the organisation provides equal opportunity for career progression and promotion	63%	53%	61%	51%	63%	52%	60%	52%
8	Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	5%	11%	6%	13%	7%	11%	6%	13%

The percentages are green, amber or red depending on how we perform when compared to our 2023 data and the national benchmark.

There has been a 2% reduction in ECDC staff reporting they have been bullied, abused or harassed by staff and patients, relatives or the public. The Trust performs better than the national performance benchmark for these metrics. There is still a 6% gap between White and ECDC staffs experiences of abuse from patients and the public. Reducing the gap is an important priority for us. The Trusts performs better than the benchmark for this indicator

The Trust takes abuse to staff seriously and has a strategic framework for supporting our anti-racist approach to abuse.

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.

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2% more ECDC staff than the national benchmarked average feels the Trust acts fairly regarding career progression and promotion this is a 11% increase since 2019. There is a 10% gap in the perception of White and ECDC 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. We report progress regularly to our People and Culture Committee on the priorities identified in this data.

The full Workforce Race Equality Standard Report and subsequent action plan is available here [Equality and diversity reports - Bradford District Care NHS Foundation Trust](#).

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.

We are delivering on these national priorities through our work to implement the:

- Act Against Racism Royal College of Psychiatrists Campaign,
- NHS EDI Improvement Plan High Impact Action Five

Bank Workforce Race Equality Standard

The Trust has a bank of workers who can work across the Trust as and when required. These are valuable and respected resource. Understanding their experiences as a cohort is important.

There are nine metrics in the 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.

WDES Metric No.	Metrics	2025	2024
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	17%	14%
	Percentage of disabled staff in bands 8a and above	16%	14%

	% difference between an organisation's board voting membership and its overall workforce	2%	4%
2	Relative likelihood of non-disabled applicants compared to disabled applicants being appointed from shortlisting across all posts.	2.08	0.47

The percentages are green, amber or red depending on how we perform when compared to our 2023 data and the national benchmark.

20 staff have entered into a capability from 1st April 2024 – 31st March 2025. None of those staff entered into the process solely on the ground of ill health.

The table below provides the metric data taken from the BDCFT 2024 Staff Survey.

WDES Metric No.	Metrics	2024				2023	
		BDCFT		National Benchmark		With LTC	Without LTC
		With LTC*	Without LTC	With LTC	Without LTC		
4	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	24%	18%	27%	22%	27%	19%
5	Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	11%	7%	11%	6%	11%	6%
6	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	16%	11%	19%	11%	20%	11%
7	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	64%	62%	63%	64%	68%	66%
8	Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.	57%	62%	55%	61%	56%	61%
9	Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	15%	11%	18%	12%	18%	13%
10	Percentage of staff satisfied with the extent to which their organisation values their work.	48%	56%	44%	54%	48%	56%
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.	84%	N/A	80%	N/A	79%	N/A
12	Staff engagement score (0-10)	6.89	7.20	6.74	7.20	6.72	7.20

The number of staff sharing their disability status on ESR has increased significantly to 17% in 2025. The number of disabled staff who are in bands 8a and above is 16%. The percentage difference between the Trusts board voting membership and its overall workforce is 2% a reduction from 4% in 2024.

We have worked hard over the last six years to increase staff confidence to share information about their health, wellbeing and disability status with their line manager and in the electronic staff record.

There has been a 3% reduction in the number of staff with a long-term condition (LTC) saying that they have experienced harassment, abuse or bullying in the last 12 months from patients, relatives and the public (24%). This is a further 3% from 2022. The Trust is performing better than the national benchmark for this metric with 3% less staff at BDCFT responding to say they have experienced harassment, bullying or abuse from patients, carers and the public in the last 12 months. Despite these positive moves in performance there is still a 6% gap between the experiences of staffs with LTC and those without in the 2024 staff survey, that is a reduction in the gap by 2% since 2023.

There has been a 4% reduction since 2023 in the number of staff with LTC saying that they have experienced harassment, abuse or bullying in the last 12 months from other colleagues (16%). The Trust is performing 2% above the average national benchmark (18%). The gap between staff with and without LTC's experience of abuse, bullying and harassment from a colleague has closed from 9% to 5% in the 2024 results.

More disabled staff have shared that they believe the organisation provides equality of opportunities for career progression or promotion increasing from 56% to 57%. The Trust is 2% above the national benchmark.

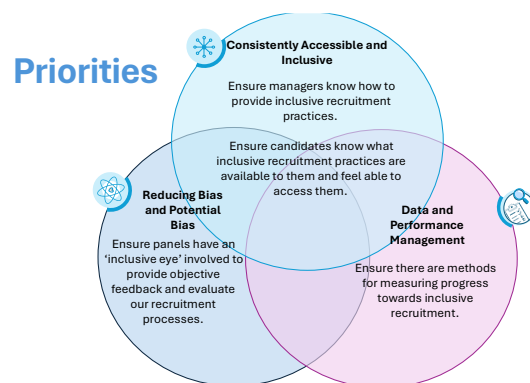
These improvements have been made through consistent implementation of the Disability Policy and development of a suite of training and resources for staff and managers to use to ensure the Disability Policy is effectively implemented.

Despite these improvements there are still gaps in staffs experience in all metrics which need closing.

The Trusts performance has dropped in two metrics; The relative likelihood of a non-disabled applicants being shortlisted when compared with disabled candidates has increased from 0.47 to 2.08.

This is a top priority for improvement and has led to the launch of our Inclusive Recruitment Programme.

The percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it has also reduced by 4%. We will work with the Freedom to Speak Up team to increase this.



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 2024.



The mean GPG is 5.62%; The median GPG is -6.11%.

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 -31.92%. The fluctuations in the BGPG from year to year are due to the small number of staff eligible for the Clinical Excellence Award. The aspiration is that the Trust remains in the top performing quartile of Foundation Trusts. 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 – a Medical Staffing Lead has been recruited as a new resource to support this requirement.

Promote a flexible working culture to all staff including supporting male staff to work 'less than full time' (LTFT). The Trust has been working with the West Yorkshire Mental Health Collaborative to develop resources that promote and support flexible working with our Trusts. These include a toolkits for managers and colleagues, 'Top Tips', poster campaign and a video - [Flexible working in West Yorkshire](#). These have been launched, shared and are being embedded throughout our communication platforms and policies.

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. The Reciprocal Mentoring Programme is about to launch its fourth cohort, and a graduate network has been established. The evaluation shows positive impacts on progression and recruitment for participant progression from bands 5 and 6 into more senior roles. The NHS Equality Delivery System 2022 evaluation process completed in January 2025 looked in detail at representation at bands 8c and above.

Further analysis is required into the pay gap for qualified nurses.

Continue to implement retention, re-entering and retraining policies to retain women. New processes have been set in place to reduce attrition and check in with new staff at nine and eighteen months to support retention. Staff turnover targets are in place and monitored at the People and Culture Committee.

Include the gender, ethnicity and disability pay gap data as part of the NHS Workforce Equality Standard Reporting processes to the Board. The Trust is complying with this and is planning a new programme to report on religion and belief in the future.

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 People and Culture Committee at least annually. More information about our Gender Pay Gap and subsequent actions can be found here [Equality and diversity reports - Bradford District Care NHS Foundation Trust](#).

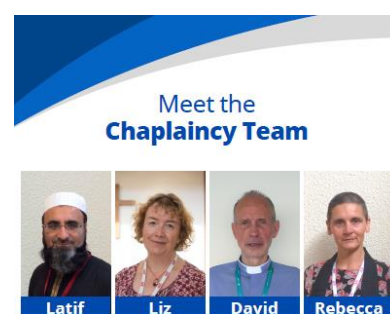
^[1] <https://gender-pay-gap.service.gov.uk/public/assets/pdf/gender-pay-gap-explained.pdf>

Chapter Four: Best Place to Work

Key Areas of Activity and Support for our Staff

Trust Induction

EDI is weaved throughout the Trust Induction. New staff come together in their first few weeks for a Corporate Induction where they meet our executives and support teams, hear about our policies and procedures, our staff networks and wellbeing offer, they learn about our equality priorities and what they can do to further the equality act within their new role. They are introduced to our Chaplains and our EDI training and support offer.



Here to support **everyone** by providing spiritual, religious and pastoral care.

Our Chief People Officer checks in with new staff nine months into their appointment to see how they are doing, learn about their experiences so we know what has gone well and what we could improve. This includes demographic information so we can identify themes and trends of how different protected equality groups are experiencing their induction period.

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. Each network has a small 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 our 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 Alliance have met with our Board this year for a group reciprocal mentoring session to share their lived experiences of work and in health care provision. They have also advised the EDI Team and our Board on how to respond to the Supreme Court Ruling on the definition of biological sex and responded to the draft Code of Practice consultation that followed. The network now includes 70 staff from across the Trust and continues to grow. The Chair of the Rainbow Alliance stood down after 10 years of dedicated leadership. The Alliance celebrated the former Chairs fantastic impact and achievements and welcomed new Co-Chairs in October.

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 Trust is a Mindful, Disability and Carer Confident Employer. The Beacon Network support our commitment to these standards. The network launched in 2020 and now has 170 members and three thriving sub-groups offering specific support to its members.

"The ADHD support session has provided me with a work-based support network, that understand the same things as me and can provide tailored support." – Member of ADHD Support Group



- Launched after a successful trial during ADHD Awareness Month in October 2024.
- 16 members across corporate and front-line services.
- Links with Staff Support and Therapy Service to deliver bespoke sessions around support for ADHD at work.

Autism Peer Support Staff Group Our Year in Review

- 1. About the group**
 - The group launched in 2022
 - The group is a welcoming, safe space for discussion and connection - come as you are!
 - We meet on the first Wednesday of each month on Teams.
- 2. Our Impact**
 - Provided input and helped shape the BDCFT disability policy and reasonable adjustments form
 - Shared strategies for wellbeing
 - Presented at the staff broadcast for Autism Awareness Month
 - Being recognised as an 'official' group and part of the Beacon network 'family'
- 3. Personal Growth & Empowerment**

We do this by...

 - Creating new friendships and building stronger social networks
 - Sharing coping strategies
 - Creating a safe space to share experiences and signpost to staff wellbeing services
- 4. Looking Ahead...**

Our plans include

 - Invite guest speakers on areas chosen by the group – for e.g support Access to Work (ATW)
 - Continue to build a library of files on a range of topics related to autism and AuDHD
 - Plans for mentoring / buddy up scheme

Working Carers Group

- The Working Carers Group meets quarterly on Teams.
- It's an informal and confidential space to connect with other colleagues who are juggling caring and work at the Trust.
- Teamed up with Patient and Carer Experience and Involvement Team to promote events over Carers Week.
- Comms campaign highlighting positive actions taken by working carers at the Trust.



Aspiring Cultures Staff Network

The Aspiring Cultures Staff Network (ACSN) represents our ethnically and culturally diverse staff as well as welcoming allies. The network offers peer support and comes together to act as a collective voice within the organisation celebrating the ethnic and cultural diversity of our workforce. The network has over 400 members and watches over the effective implementation of our Anti-Racism Framework and policies.



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, an Iftar event, Black Lives Matter, Black History Month and South Asian Heritage Month.

The network has also provided their lived experience views into the work we are doing to improve mental health services for ethnically diverse services users and carers via the NHS Patient and Carer Race Equality Framework.



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.

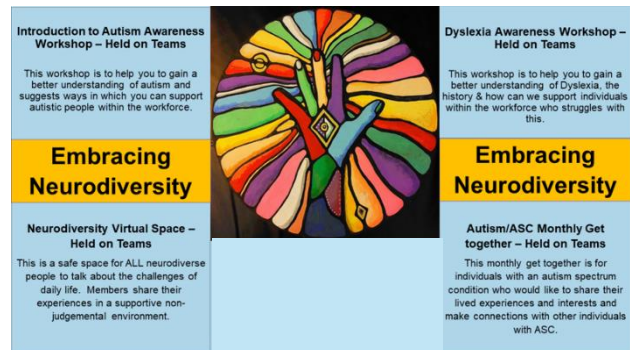
The groups have provided a strategic influence around the issues affecting staff which is being used to inform policies and strategy. The Menopause Workforce Policy launched in 2023 along with our Menopause Buddy system. In addition to the peer support group the Staff Psychological Support Service have 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 maintaining in 2025.

Neurodiversity

Support for neurodivergent staff has grown over the past year. Training and resources for making reasonable adjustments and accessible and inclusive work environments is in place.

In September 2024 we completed the Autistica Neurodivergent Employers Index. This gave us an assessment of our accessibility and inclusion for neurodiverse staff and applicants to our employment. We were awarded bronze status through the programme and have embedded actions into our Belonging and Inclusion Plan to move towards silver and gold status. The assessment is part of our commitment to the Bradford, Airedale and Craven Health and Care Partnerships aim to be a neurodiverse friendly city.



Veterans



Veteran Aware Accreditation

Our Trust has been awarded the NHS Veteran Aware accreditation after successfully meeting 8 standards demonstrating commitment to the Armed Forces Covenant. We also successfully revalidated the Defence Employer Recognition Scheme Silver Award in 2024, which covers how we recruit and promote veterans.

The accreditation marks our commitment to supporting the region's serving personnel, service families, veterans and cadets.

If you are part of the Armed Forces Community or a Service Family and would like further information about the accreditation and what our Trust offers, please email edi@bdct.nhs.uk



Workforce Wellbeing

The trust has a comprehensive wellbeing offer for staff supporting our strategic ambition to be the Best Place to Work. We monitor the take up and outcomes of this wellbeing offer to ensure it is equitable and have strategic objectives to target it into teams or groups of staff who need it most.

We assess our offer and its effectiveness as part of the NHS Equality Delivery System annual assessment. In 2025 our offer was rated as scoring 8 out of 12 when considering targeting priority health conditions, abuse, bullying and harassment at work, access to independent support and how likely staff are to recommend the Trust as somewhere to work and be treated with an EDI lens.



Smarter Spaces and Redeveloping our Estate

The trust wants to offer the best possible facilities to our staff and the people using our services.

During 2025 we have started an exciting renovation of our Trust Headquarters, New Mill in Saltaire. We have opened a new multiuse workplace after extensive engagement with staff and service users about how we can make our environment inclusive and accessible.

The new workspace includes drop in and bookable workstations, meeting rooms, pods, booths and training rooms. The provision includes sound proofing, adaptable lighting and temperature control, sit to stand desks and accessible toilets and prayer rooms and quiet spaces.

The current renovation of our new clinical spaces will have similar accessibility and inclusion features. Feedback from those using the spaces has been positive with our Staff Networks praising the engagement and co-production processes used to ensure equality has been considered throughout.

We have carried out an equality impact assessment of our plans to redevelop Lynfield Mount Hospital and are excited about the next steps on the journey.



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

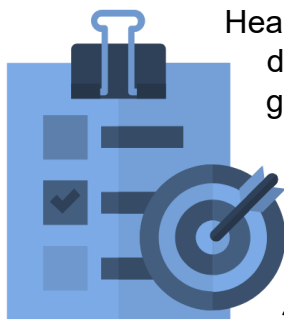
create better lives together. Over the past year we have developed and updated a range of policies and strategic intents including our Disability Policy, Spiritual Care Policy, Sexual Safety Policy and Wellbeing Strategic Intent.

We are in the process of updating our Recruitment Policy, Trans Equality Policy and developing a Sexual Harassment Procedure.



We evaluate the impact of our policies using key performance measure that are linked to them. We use the findings to update and review their implementation targeting our training and support into hotspot services and areas.

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 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.

In 2023 and 2025 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. [Bradford JSNA](#).

In our Belonging and Inclusion Plan we have committed to being proactive in the identification of health inequalities in our services. We have developed 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 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 an equality lens. We are focused 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 in 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 hosted a secondment from the alliance to support us in developing our approach, launching a Health Literacy Project in 2025 in partnership with our Library Service.

EDI Influencers

We have a network of EDI Influencers across the Trust. These colleagues from our operational services support the mobilisation and delivery of the Belonging and Inclusion Plan at service and team level. They are leading innovation and equality interventions within their role. We share good practice, identify priorities and influence how we deliver on our equality objectives. The case studies in this section are led by EDI Influencers.



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.

Almost 10 years on we have evaluated our compliance and we intend to strengthen our performance around the five requirements.

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.

Our EDI Influencers have developed resources to support patients and carers understand and engage with their care effectively. These Easy Read resources have made a huge difference to health outcomes. Some examples are included below.



Keeping my chest healthy

Name: xxxxx
Date of plan: xxx
NHS Number: xxxxxx

Key Information

NAME has a **contact directory**. Please use it to find the right help and advice for health problems.

NAME needs extra support to stay safe. He is at high risk of harm from:

- Falls and injury. Always supervise him. Remove any trip hazards.
- Distress and pain from severe constipation.

NAME CAN'T tell you what he needs

<p>HE CAN'T tell you about pain</p> <p>If he has pain, where it is, how bad it is.</p>	<p>HE WILL NOT ask for help</p> <p>Help with a problem</p> <p>Food or drink</p> <p>The toilet or pad change</p>	<p>NAME does NOT understand time</p> <p>We can't tell if it is day or night.</p> <p>Waiting is difficult and stressful.</p>
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STOP when NAME says "No!" and "Stop!"

- He will be upset and angry for a long time if you carry on.
- Never force NAME to do something unless it is an emergency.

Look at the 'key words' section for more information:

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

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.

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:

- Break up the chapati while it is hot and soft.
- Tear it into 4 big pieces first. Work on one at a time.
- Keep the other big pieces warm: Wrap in the cloth and put in the basket.
- Break up each big piece into very small bits.
- Small bits must be no bigger than your thumb nail.

Patient Knows Best

We have launched the Patient Knows Best programme that enables patients to access their own NHS information in accessible formats via an application.

<h4>Patient Engagement Platform</h4> <p>Patients Knows Best (PKB)</p>	<p>Digital Letter invites started: 29/01/2025 (Podiatry invited circa 95%)</p>	<p>Patient Invites sent: 38,713</p> <p>From Children In Care / Community Dental & Podiatry services</p>	<h4>Patient Registrations</h4> <p>via Patients Knows Best (PK)</p> <p>4,518</p> <p>(97% of patients invited via email & majority from 65+ age group)</p>
<p>Digital Letters sent via PKB</p> <p>3,856</p> <p>(Letters to registered patients = 121)</p>	<p>Number of accessible letters read by patients via PKB App:</p> <p>194 Letters Read</p> <p>(Equivalent to an approx. £300.00 cost saving in printing and posting avoidance)</p>	<p>92% of Digital Letters read via the PKB app within 48 hours of sending</p>	<h4>Children In Care 32 Healthcare Passports</h4> <p>created using PKB Care Plan functionality 66 of which were one by the patient themselves</p>

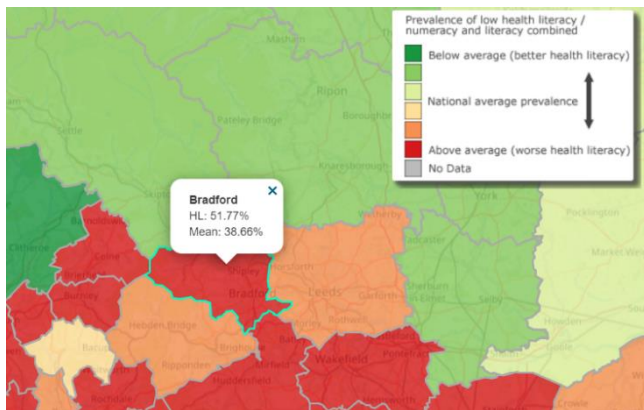
Health Literacy

People need trustworthy information to make decisions about health, but **Patient Information Forum figures** (published in 2023) show that;

- 5 million adults cannot find relevant data in standard health information
- 1.7 million are unable to explain symptoms and feelings over the phone
- 1 million cannot follow a letter from a GP surgery or hospital department
- 6.5 million cannot measure or record height and weight on a chart
- 9 million people are unable to use digital tools without help

Health literacy means more than just the ability to read and understand health-related information. It also includes the confidence to navigate healthcare services and make well-informed decisions about self-management. Health literacy is a life skill for everyone. In Bradford it is estimated that 52% of adults (16-65) have low health literacy. It is estimated that 70% of adults (16-65) have low levels of health literacy and numeracy.

This information is taken from Geodata <http://healthliteracy.geodata.uk/> .



We have launched Health Literacy Training and e-learning for professionals to understand how to make information accessible to our population.

We have developed an intranet page for staff with resources and guidance on creating easy read material, assessing the reading age required to read core leaflets, letters and information we use and as a portal to ask questions and for support.

Prevalence of Low Health Literacy in Bradford

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.



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 use the badge to proudly demonstrate our alliance with the LGBT+ community as an organisation. In 2025 we revised the training to include more local data and case studies.

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:

- Delivering Trans Equality Training to staff to inform them of current legislation and expectations within the NHS.
- Increased visibility of LGBT+ people in our resources for patients.
- Providing appropriate resources and information to encourage signposting of LGBT+ people to specialist support agencies.
- Ongoing review of policies and clinical paperwork to remove gendered language.
- Developing inclusive signage and imagery in our new spaces and online resources.



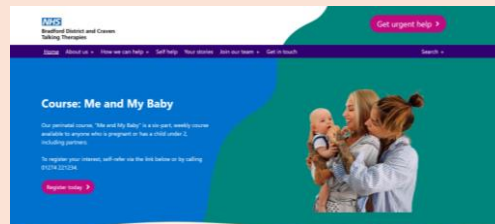


Talking Therapies LGBT+ Special Interest Group

Launched in 2022 to improve health outcomes for LGBT clients in therapy. The service aims to be affirmative validating a persons identity within their care, ensuring there is space for them to express their identity in the way they wish to, viewing gender and sexual differences positively rather than something that needs to be hidden away.

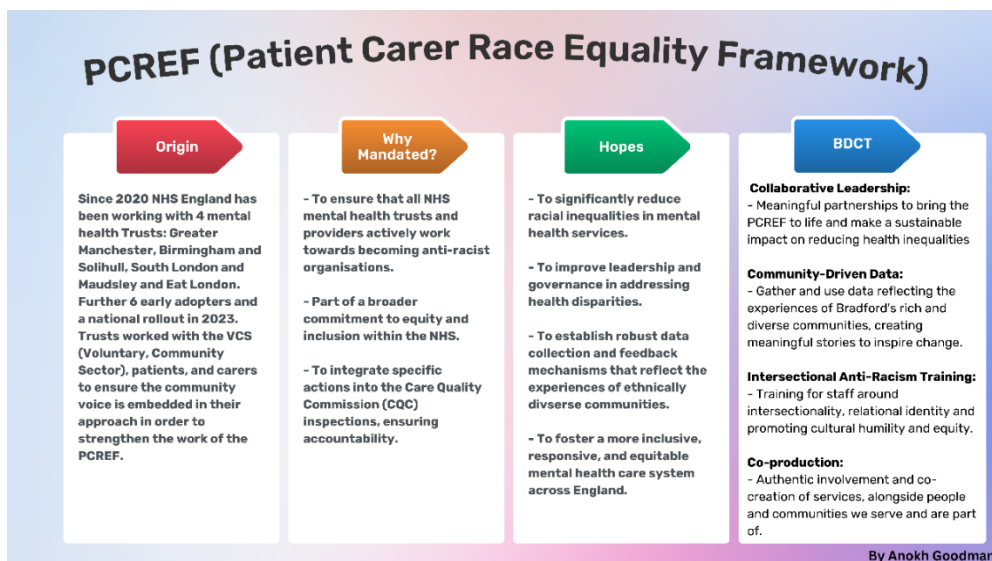
The group have delivered:

- Training to over 100 therapists increasing the use of pronouns and wearing of rainbow lanyards and badges.
- Created a clinical guide to support clinicians to adapt therapy to the needs of LGBTQ+ people, how to be affirmative and be aware of intersectionality.
- Regularly monitor service against best practice benchmarks as set out in the NHS Talking Therapies LGBTQ+ Positive Practice Guide.
- Set up an LGBTQ+ clinical query email address for clinicians to access support when working with LGBTQ+ people.
- Creating promotional posters and leaflets that represent the community.



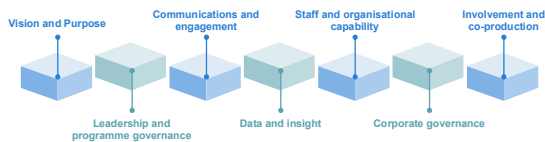
Patient and Carer Race Equality Framework (PCREF)

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 ethnically diverse 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.

These 7 workstreams divide our PCREF ambitions into manageable components:



With our Health and Social Care Partners we have commissioned a Hope and Light 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. You can read our annual [PCREF Annual Report 2025](#) for detailed information.

Some highlights include:

- Launching our Cultural Competency and Humility Programme for staff, training 70 staff since the launch in June 2025. Using stories to create connection and begin significant change.

Created by Anokh Goodman ©

Stories as Vehicles for Change - PCREF

Building Connection and Empathy
Stories unite staff, service users, and carers, fostering deeper relationships and a compassionate culture.

Challenging Bias and Stereotypes:
By amplifying diverse voices, storytelling challenges assumptions, reshaping narratives around equity and inclusion.

Bridging the Gap Between Vision and Culture:
Stories make inclusivity tangible, aligning us with the organization's goals and aspirations with PCREF.

Catalyst for Culture Change:
Stories spark action, transforming values into lived experiences and driving cultural shifts.

Empowering Service Users and Carer Voices:
Narratives give service users and carers the power to shape their care and share their needs.

Stories as a Force for Change:
Stories offer powerful insights that can bring the PCREF to life and drive meaningful change.

NEW: Cultural Competency and Humility Training

Equality Diversity Inclusion | 0255 Bradford District Council

In person | Open to all staff | Half day

What To Expect
Join us in a supportive space to explore how cultural assumptions and biases shape our work. Develop cultural competency and humility to better connect, collaborate, and respond to the diverse people and communities we work with.

What You'll Gain

- Understand your own personal biases and cultural assumptions
- Deepen your cultural self-awareness
- Recognising how culture shapes our interactions
- Embrace humility, listening and learning from lived experience

Book Your Place
Search 'EDI Training' on ESR

Reflective Sessions Feedback

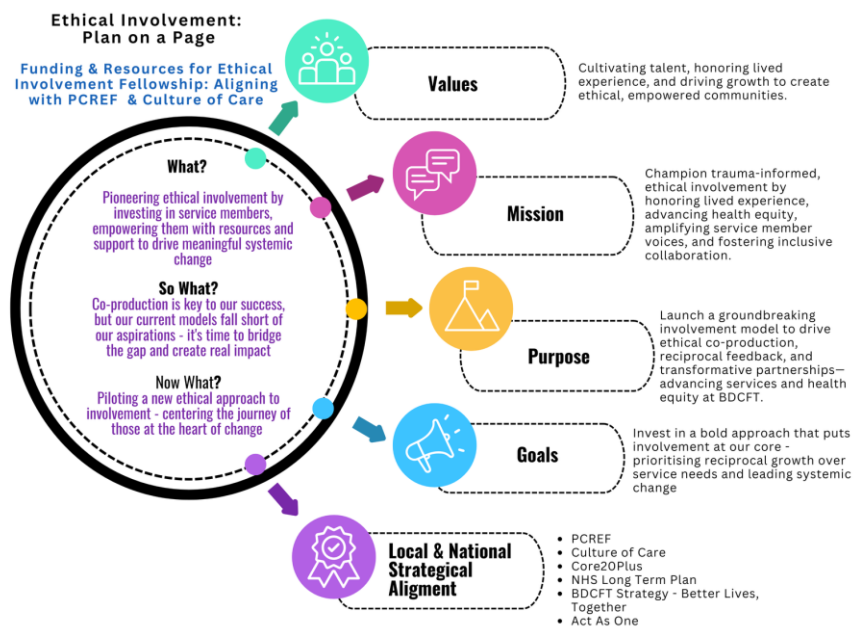
"Fantastic hour spent sharing experiences and ideas with a group of relative strangers. It really goes to show that we are more similar than we are different."

"Fantastic space to reflect, was lovely hearing about everyone's experiences too and being able to somewhat relate to most stories"

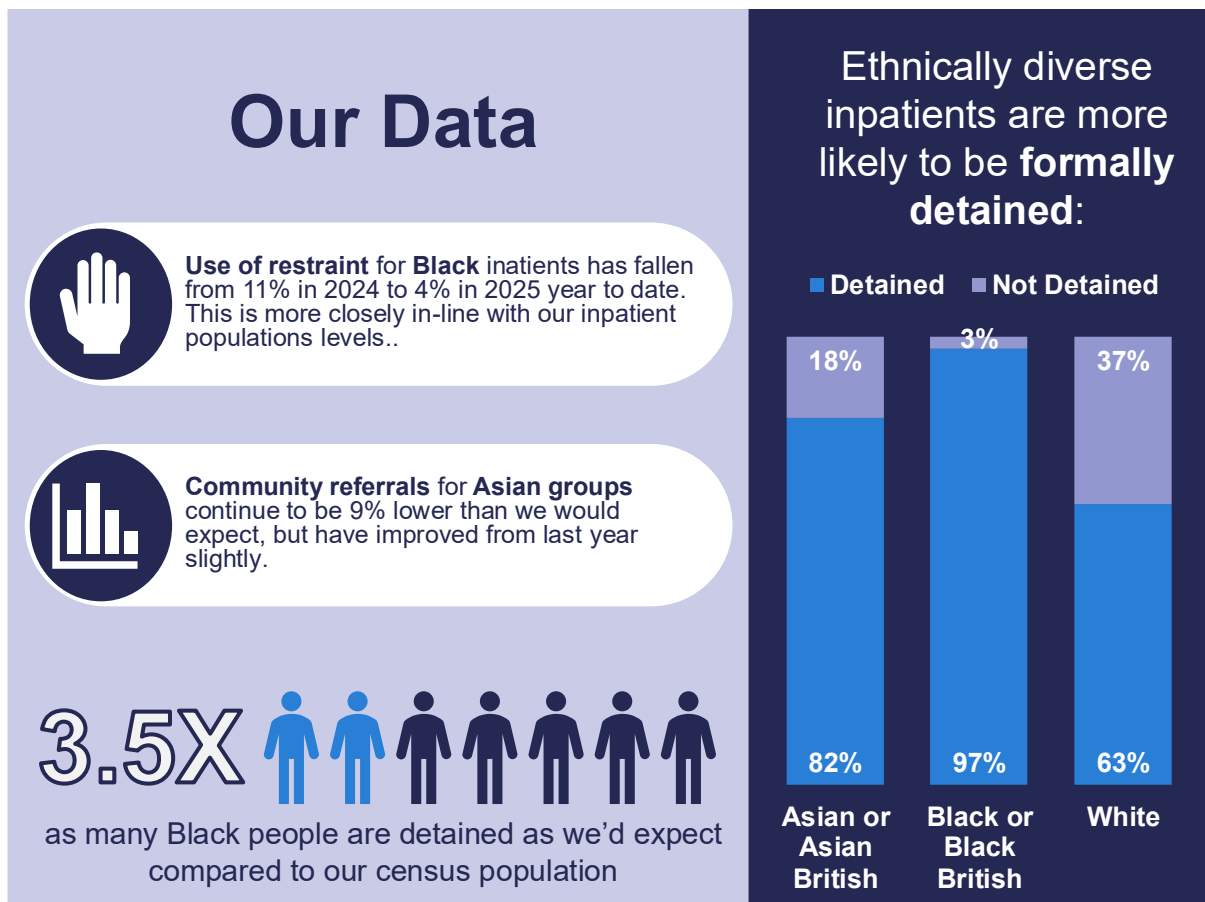
"Each face, voice and story is enriching for my personal and professional development. These spaces are a passageway to wellness"

"Really value the time to share ideas and delve deeper into ourselves as people, lots of food for thought and learning which I take away from each session. So much depth, thank you everyone"

- Developing an Involvement Fellowship to create meaningful community coproduction within the programme.



- Launching a PCREF data dashboard which enables us to see our performance, track our progress and identify areas of priority at the touch of a button.



- Continuing to roll out new culturally appropriate ways of working for example the Stepping Stones to Wellbeing Groups

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.

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.

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.

contact:
Anokh Goodman, BDCFT
07947 553621 | anokh.goodman@bdct.nhs.uk

NHS Bradford District Care NHS Foundation Trust
Mind in Bradford

- 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.

Improving Interpreting Experiences within Psychological Therapy

Background and Aims
In 2021, **90%** of therapy referrals within the Bradford District Care NHS Foundation Trust's (BDCT) community mental health psychological services (CMHPS) were for white British females, highlighting **underrepresentation** of other communities. Service users requiring interpreters also faced **longer waits** for therapy.

The **Improving Interpreting Services in Psychological Therapy project** explores experiences of therapists, interpreters, and service users to enhance **equitable access** and **improve therapy outcomes** when interpreters are involved.

Bradford Context
Bradford is a diverse city of around 546,000 people, where **153 languages** are spoken, including Urdu, Punjabi, Polish, and Bengali. About **36%** of the population are ethnically diverse, with the largest groups being **Pakistani** (20%), **Indian** (3%), followed by **Eastern European** communities.

Bradford is also **religiously diverse**, with 64% identifying as Christian, 25% as Muslim, and smaller groups practicing Sikhism, Hinduism, and Judaism.

Methods
We collected quantitative and qualitative data from:
65 therapists within BDCT
97 interpreters working across the UK via Enable 2

Emerging Themes

- Emotional Load:** Interpreters often struggle with maintaining neutrality, feeling emotionally involved, especially in trauma or family therapy sessions.
- Role Clarity:** Confusion around roles for both therapists and interpreters can lead to blurred boundaries.
- Consistency:** Both therapists and interpreters emphasised the need for a consistent interpreter to build trust and ensure smooth communication.
- Cultural Understanding:** Therapists highlighted the importance of cultural sensitivity, while interpreters stressed that understanding the service user's culture and religion aids effective interpretation.
- Training Needs:** Interpreters expressed a need for more specialised training in therapy approaches, while therapists called for joint training to clarify roles and expectations.

We need your help!
The next stage of our project focuses on engaging **service users** to share their **experiences and insights**, helping us to improve interpreting services in therapy. Your support will help us to shape a more inclusive and effective service. If you're interested in connecting us with service users, **please let us know by scanning the QR code.**

Dr Charlotte Scott - ST7 Psychiatry Trainee - Medical Psychotherapy and CAMHS, charlotte.scott@bdct.nhs.uk
Anokh Goodman - Clinical Lead for Cultural Connection, Transformation and Belonging & Systemic Family Therapist, anokh.goodman@bdct.nhs.uk

NHS Bradford District Care NHS Foundation Trust

- Ensuring spoken family language is a major consideration in the Speech and Language Therapy *Early Language Support for Every Child* project,

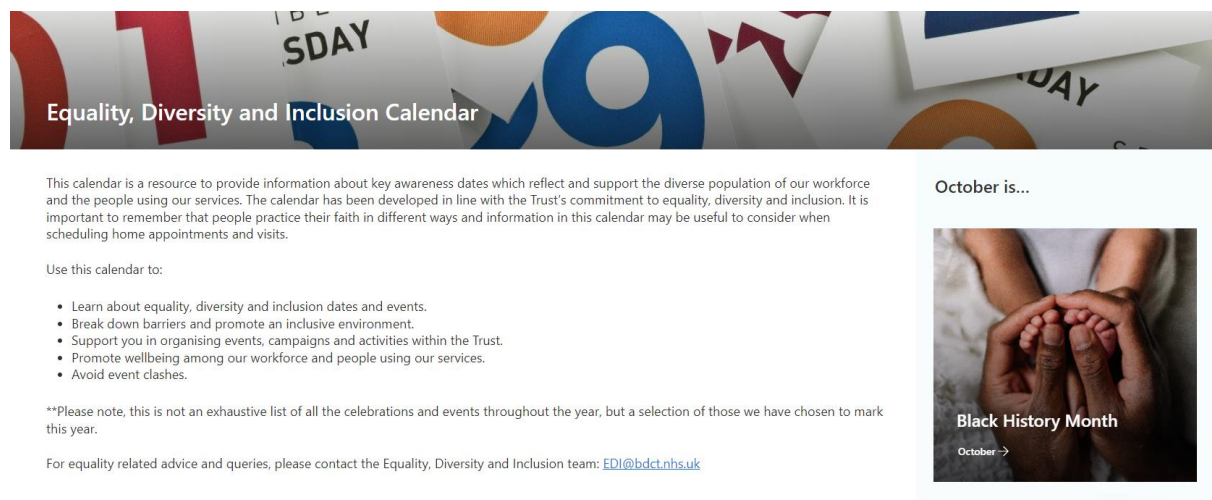
Bradford is a pathfinder site for ELSEC, screening children on their language skills. The Speech and Language Team are using two unique screening tools, one of which they have developed within their service to find the child's strongest language. This will improve access and health outcomes.

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 has an interactive equality calendar. 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. 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.



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@bdct.nhs.uk

October is...

Black History Month

October ->

Reciprocal mentoring

A network of graduates from the Trusts reciprocal mentoring programme was launched in 2025. 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.

We are Compassionate

In April 2025 the Trust launched the 'we are compassionate' programme which includes workshops for teams to consider the Trusts values, behaviours and their own ways of working.



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 2025 the EDI team have been delivering training 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 an intranet page for staff with e-learning and resolution resources 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

To support our pledge to be an antiracist organisation and continue the dialogue about race equity we developed an Anti-racist tool kit.

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.

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 System Equalities Group as a subgroup of that partnership to deliver shared equality goals and share resources.

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, 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.

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.

For more information about anything in this report or to receive the information in alternative formats please email EDI@bdct.nhs.uk

ⁱ [WRES \(england.nhs.uk\)](https://www.england.nhs.uk/wres/)

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 \(duty under section 13SA of the National Health Service Act 2006\)](#)