

We are Bradford: We value diversity & champion inclusion

Our Equality, Diversity & Inclusion Strategy 2023-2025

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It is important to us that we move beyond just complying with our duties, that we are proactive and continually striving to improve – we want to reach a point where equity, diversity and inclusion is evident in all that we do, in our services, our partnership work, and in our employment offer.



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1. Welcome and Introduction

1.1 Welcome from the Chief Executive and Chairman

We are delighted to present Bradford Teaching Hospitals (BTHFT) Equality, Diversity and Inclusion (EDI) Strategy for 2023 -2025.

This new strategy sets out the Trust's ambitions and plan of action to promote and advance equality of opportunity, with sharp focus on belonging and inclusion. It has been shaped from our willingness to listen and involve our staff and key stakeholders through extensive consultation; from partnerships with our equality networks and understanding their experiences of working and being service users and patients and from the learning we have gained from external benchmarking, peers, and partners. It aims to drive a step-change in the culture of our organisation, helping us to embed and advance equality, diversity and inclusion, for the benefit of our staff, patients and the wider community we serve.

The COVID-19 pandemic has impacted all of us in an unprecedented way. The disproportionate impact of this on many of our communities has magnified and focused attention on the impact of inequality, health inequalities, racism and other discriminatory behaviours and actions on our NHS staff and those we care for.

We have developed this strategy, not only to comply with our legal obligations and contractual obligations under the Equality Act 2010 but because we believe wholeheartedly that it is the right thing to do. Equality, diversity and inclusion including tackling population health inequalities must be integral to our wider culture and values and we must strive to make them visible in everything we do. They are an intrinsic part of helping us to improve the patient experience, our workplace culture and to highlight the additional needs of those with a protected characteristic. Our approach to diversity and inclusion will go beyond legal compliance – it will be central to our core business.

To deliver this strategy, we need to put equality, diversity and inclusion at the heart of the organisation and consider it in everything we do. This strategy sets out a clear picture of our long-term commitment to achieving this ambition and how it will enable us to meet the needs of the communities and our workforce. Each year, we will assess the progress we have made on delivering our strategic objectives and will report this through the Trust Board and People Academy. This is a dynamic document in that it will be regularly reviewed to reflect changes to the external environment.

We look forward to the work ahead and are excited by the challenges we have to face. The work that we do now is critical in achieving the aims and objectives set out in our EDI strategy and will require joint working with our staff, communities and partners. We are fully committed and confident that we can achieve the aims we have set ourselves, through continued engagement and support with our people, patients and the wider community.



**Professor Mel Pickup,
Chief Executive**



**Dr Maxwell Mclean,
Chairman**

1.2 Introduction to our Equality, Diversity and Inclusion Strategy

The EDI strategy sets out the principles and actions by which Bradford Teaching Hospitals' NHS Foundation Trust intends to achieve its newly developed mandate of '[We are Bradford: we value diversity and champion inclusion](#)', as well as meeting our legal and contractual obligations.

In addition, we want to be the [employer of choice](#) for all our current and prospective staff and a [provider of great care for our patients](#) not because it 'must be done' but because it is the right thing to do.

In 2020 the COVID-19 pandemic shifted the landscape globally and influenced every aspect of our lives and the way the NHS operates. This has affected our people, patients and our community in an unprecedented way. The disproportionate impact of COVID-19 on many of our communities brought into focus many health inequalities. This has been particularly detrimental to people living in areas of high deprivation, people from ethnic minority communities, older people, those with a learning disability and others with protected characteristics. This alongside the death of George Floyd, and reports of racist behaviour in the sporting world brought the Black Lives Matters movement into the spotlight and magnified and focussed attention on the impact of inequality, health inequalities and other discriminatory behaviours and actions on our NHS staff, our key workers more widely, and on our diverse communities.

It became clear during the pandemic that [timely and effective communication with our people and the wider population of Bradford](#) would be important. It was also clear that we needed to improve the ways in which we did this. We increased our communications with our patients, our people and the public and made sure that we did it in lots of different ways. We launched communications in many different languages and dialects such as Urdu, Pahari, Slovak, Pasto and many more. We used all the main social media as well as participation in community-led groups, especially via WhatsApp; ensuring that our key messages were heard as widely as possible.

In response to these changes and publication of the [NHS People Plan and People Promise](#), there has been much focus on EDI across the Trust over the last few years, this has enabled us to recognise the need to strengthen our position on EDI to ensure it is aligned to the new national NHS equality agenda and will [create a culture that is positive, compassionate, and inclusive](#).

Our EDI strategy is our commitment to [addressing inequalities for our people, patients and our community with real purpose and action](#). We value the diversity of our people and commit to championing inclusion and a compassionate workplace. For our patients and community, we want to ensure our services will be accessible and truly inclusive to all.

Our EDI strategy has been developed in partnership with our people and patients in conjunction with data from our NHS Staff Survey, Workforce Race Equality Standard, (WRES) Workforce Disability Equality Standard (WDES), Gender Pay Gap and Model Employer targets.



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The NHS People Promise “to work together to improve the experience of working in the NHS for everyone” reminds us that our business as a Trust is about people and our people provide our services to our patients and communities. We want all our staff to feel and work as part of one team that brings out the very best in each other. In doing this, we will be working towards fulfilling our Trust equality and diversity mandate; ‘**We are Bradford: we value diversity and champion inclusion**’ which will be achieved through our strategic aims and supported by our values which underpin everything we do.

- The EDI strategy applies to staff, patients and communities and everyone who visits or works in any of our sites or uses any of our services, regardless of race or ethnicity, sex, gender reassignment, disability, sexual orientation, age, religion or belief, pregnancy and maternity, social-economic background and other distinction.
- The strategy contributes to the fulfilment of the Trust’s core business by embedding equality into all our functions and activities, including:

- Nursing and Midwifery and AHP Strategies
- People Strategy
- Virtual Services Strategy
- Digital Strategy
- Education Plan
- Research Strategy
- Estates Strategy
- Embedding Kindness
- Green Plan
- Financial Plan



1.3 Our Trust Values



Our values underpin everything we do at BTHFT;

What we stand for and what we aim to achieve to Thrive as one team.



We Care

We are kind and compassionate
We take ownership and keep our word
We are passionate, proud and committed
We say thank you



We Value People

We respect each other and our patients
We embrace difference
We support each other
We say when we have done well and learn from mistakes



We are One Team

We trust each other and work together
We talk clearly and honestly
We make every penny count
We get better all the time

We all have a responsibility to recognise our colleagues for displaying our values and behaviours but it is equally important to recognise and respectfully challenge those who do the opposite.

Our People Charter demonstrates the personal commitment to self, your colleagues, your team, the Trust and our patients.

2. Defining Equality, Diversity and Inclusion and what it means to us

Equality: Is about equal outcomes.

We will treat everyone fairly, so that our staff, partners and communities have the same opportunities, regardless of their protected characteristics or socio-economic status.

Diversity: Is about recognising and respecting and valuing differences in people.

We will appreciate the value of differences between individuals and groups. We will celebrate the rich diversity, culture and heritage of our communities and work with our partners to ensure that everyone can safely express their views, religion, beliefs, feelings and wishes. Promoting the benefits of a diverse community helps to break down barriers and negative attitudes created through lack of understanding and misinformation. It helps to promote social cohesion and good community relations.



Equality is everyone getting a pair of shoes.



Diversity is everyone getting a different type of shoes.



Equity is everyone getting a pair of shoes that fits.



Acceptance is understanding we all wear different kinds of shoes



Belonging is wearing the shoes you want without fear of judgment

Inclusion: Is about an individual's experience and the extent to which they feel valued and included.

We will support communities from across the protected groups to actively participate in managing their healthcare to influence decision making. We will support disadvantaged groups to have the opportunity to help shape policy and service changes which will affect them. We will take action to support all groups to be proportionately represented in leadership roles across our Trust.

Respect: Is about understanding difference and having due regard for the feelings, wishes, or rights of others.

We will treat everyone with dignity and respect. Negative behaviours such as discrimination, harassment and intimidation undermine people's dignity, prevent fairness and reinforce disadvantage.

3. Our Legal & Contractual Obligations and Equality Frameworks

3.1 The Equality Act 2010

The Equality Act 2010 was introduced as an umbrella piece of legislation to bring together all previously separate equality legislation into a single Act. It outlaws direct and indirect discrimination, harassment and victimisation of people with a number of protected characteristics:





“we want to reach a point where equality, diversity and inclusion is evident in all that we do, in our services, our partnership work, and in our employment offer.”

3.2 The Public Sector Equality Duty

The Act provides protection in relation to access to goods and services as well as employment. As a public sector organisation, we also have both general and specific public sector duties. The general Public Sector Equality Duty, which forms part of the Equality Act 2010 requires us, as an NHS public sector organisation, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

It is important to us that we move beyond just complying with our duties, that we are proactive and continually striving to improve – *we want to reach a point where equality, diversity and inclusion is evident in all that we do, in our services, our partnership work, and in our employment offer.*

3.3 Health and Social Care Act 2012

Introduced the first legal duties about health inequalities and specified duties for health bodies to have due regard to reducing health inequalities between the people of England.

3.4 Human Rights Act 1998

Sets out the fundamental rights and freedoms that everyone in the UK is entitled to and requires all public bodies carrying out public functions to respect and protect human rights. The aim is that all people are treated with dignity, respect, equality, fairness and autonomy.

3.5 Workforce Race Equality Standard (WRES)

From 1 April 2015, the WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers to progression, including poor data, are deeply rooted within the culture of the NHS. The WRES is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data to address the under-representation of Black and Minority Ethnic (BME) staff across the NHS.

The WRES requires the Trust to demonstrate progress against nine standard indicators specifically focused on race equality.

As of 1 April 2015, the WRES formed part of the standard NHS Contract. From April 2016 it has also formed part of the Care Quality Commission (CQC) inspection standards, which means that we will be scrutinised on our progress in meeting the requirements of the standard.

3.6 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was introduced in December 2018. Similar in format to the WRES it is a data based standard that aims to help improve the experiences of disabled staff in the NHS and is also mandated by the NHS national contract with a requirement to publish both our performance data and a report outlining our priorities and agreed action plan.

The WDES comprises 10 evidence-based metrics which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff, and like the WRES incorporates a number of key indicators from the annual staff survey. WDES is also helpful to increase understanding the needs of patients with a disability or long-term health condition.

As with the WRES; Trusts are required to engage with staff equality networks members in identifying key areas of priority and in developing their annual action plans.

The WRES requires the Trust to demonstrate progress against nine standard indicators specifically focused on race equality.



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3.7 NHS Equality Delivery System 2022 (EDS)

The EDS is a framework that provides a foundation for equality improvement within the NHS. Driven by evidence and insight, and through active conversations with patients, public, staff, staff networks and trade unions it provides a basis to review and develop NHS services, workforces, and leadership.

The EDS has been in place since April 2015, but was refreshed in 2022, taking into account the significant impact of COVID-19 on Black, Asian and Minority Ethnic community groups, and those with underlying and long-term health conditions and illustrates NHS England's commitment to an inclusive NHS that is fair and accessible to all.

The EDS now supports the outcomes of the WRES and the WDES by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. The EDS provides a focus for organisation to assess the physical impact of discrimination, stress and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which in turn increases the quality of care provided for patients and service users.

EDS comprises 11 outcomes spread across three Domains, which are:



The outcomes are evaluated, scored and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

As part of the NHS Standard Contract; all NHS providers are required to implement the EDS which is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010. It is designed to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

“All organisations that provide NHS or adult social care must follow the accessible information standard”



3.8 Accessible Information Standard

All organisations that provide NHS or adult social care must follow the accessible information standard by law. The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The standard informs organisations how they should make sure that patients and service users, and their carers' and parents, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, e.g. in large print, Braille, easy read or via email.

3.9 West Yorkshire Integrated Care Board – 10 Big Ambitions

West Yorkshire Integrated Care Board agreed ten big ambitions in reducing population health inequalities. We will ensure these 10 big ambitions are aligned to activity at Bradford Teaching Hospitals.

3.10 Core20Plus5

Core20Plus5 has been created by NHS England as an approach to reduce healthcare inequalities. The approach focuses on supporting Integrated Care Systems to target the most deprived sections of the population (20% of the most deprived areas as identified by the Index of Multiple Deprivation) and identifies “5” priority clinical areas. For adults, the five areas covered are maternity, serious mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. For children and young people, the focus is different with the main clinical areas listed as asthma, diabetes, epilepsy, oral health and mental health. The “Plus” component is a regionally agreed priority, which in West Yorkshire is to reduce inequalities in cancer screening and hypertension diagnosis for the Gypsy and Traveller population and, secondly, to connect with the Refugee and Asylum Seeker communities to improve access to maternity services and increase SMI Health Checks. As part of the West Yorkshire Health and Care Partnership, Bradford Teaching Hospitals is guided by Core20Plus5 in shaping our own approach to health inequalities.



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4. Demographic Context in Bradford

4.1 Bradford, District and Craven in numbers – Population Health



Population

Bradford District has a population of 648,030 – the 5th largest metropolitan district in the country

Our population is growing quickly. We think that the over 65 population will drive this growth – increasing by 40,000 people by 2041

Our population is young – we have the 4th highest proportion of residents under 16 in the country and 12.7% of our population is under 10 years old

Infant mortality rates in Bradford District and Craven are higher (at 5.9 deaths per 1,000 live births) than the England average (3.9)

Bradford is ethnically diverse - 32.6% of our population describe themselves as being of BAME⁵ origin.



Deprivation

Bradford ranks as the 21st out of 317 most deprived local authority in England

A third of Bradford District and Craven's LSOAs¹ fall within the 10% most deprived areas in England

Bradford is the 5th most income deprived and 6th most employment deprived local authority in England

13% of working age people have no qualifications and 11% of the working age population claim an out of work benefit

15% of the district's households are in fuel poverty



Lifestyle Choices

Data shows that 63.7% of adults in the district are obese and that 20% of all adults are smokers

In 2016-17, 22.5% of 4-5 year olds in Bradford and 37.9% of 10-11 year olds were overweight or obese.

We estimate that 92,000 people in the district drink alcohol to dangerous levels and 18% of these people are drinking at levels harmful to their health

Bradford has the fourth highest concentration of fast food outlets in the Yorkshire and Humber region with 142 outlets per 100,000 of the population.



Health Inequalities

There are, on average, 4,400 deaths per year in Bradford District and Craven

Circulatory disease is the main cause of death although proportion of deaths due to this is falling (to 27.8% in 2017) partly due to fewer deaths from stroke.

Life expectancy for a Bradford man 77.8 years (England average is 79.6 years), a Bradford woman can expect to live for 81.6 years (England average of 83.2 years).

However the number of years a man can expect to live in good health in Bradford is 60.1 years (England average of 63.3 years), for a woman it is 60.0 years (England average 63.9 years).

All data taken from the City of Bradford MDC Public Health Joint Strategic Needs Assessment; <https://jsna.bradford.gov.uk/>

BAME – Black, Asian and Minority Ethnic

LSOA – Lower layer Super Output Area (a geographic area designed to improve the reporting of small area statistics in England and Wales, they typically have a population of 1,500 people or 650 households)

We know that having a workforce that reflects the local population is a strong determinant of outstanding care



Bradford is the fifth largest metropolitan district in England. Social deprivation, ethnicity, lifestyle and a large proportion of the population at each end of the age spectrum combine to give Bradford a set of circumstances that create health inequalities. In Bradford these inequalities often result in the earlier development of multiple illnesses which ultimately lead to decreased life (and healthy life) expectancy. This is an issue that is particularly prevalent in our inner city wards where average healthy life expectancy for men and women is as low at 50.6 years of age.

We have had to be particularly mindful of these issues when developing our EDI strategy.

4.2 Our Workforce Information and Demographics

Bradford is a richly diverse city, particularly in terms of ethnicity and culture. We know that having a workforce that is culturally competent and reflects the local population is a strong determinant of outstanding care. As a Trust we take pride in the diversity of our workforce reflecting the patients and communities we serve and we are working hard to ensure this is the case at all levels and particularly in our leadership team. In addition to this we operate as an anchor organisation offering career opportunities to local people, helping to ensure the West Yorkshire Health & Care Partnership ambitions to “have a more diverse leadership” and to “strengthen local economic growth” are achieved.

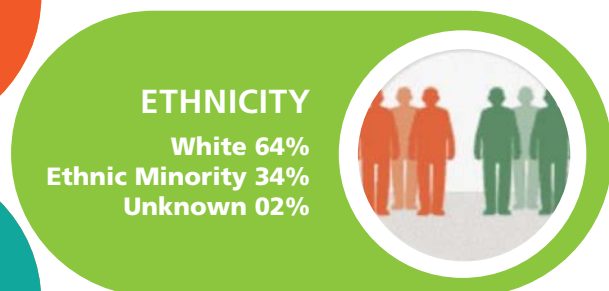
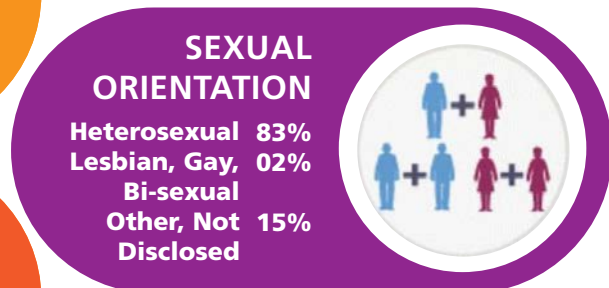
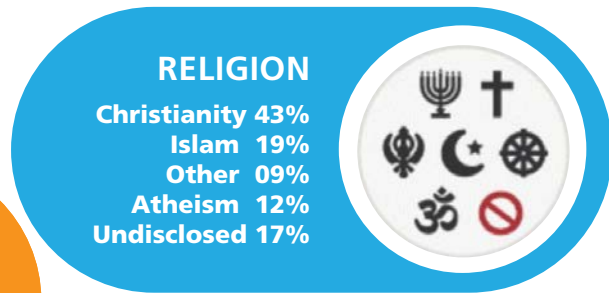
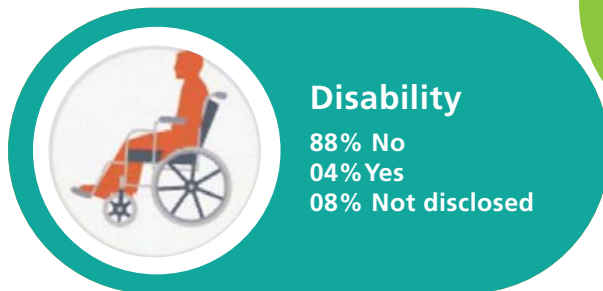
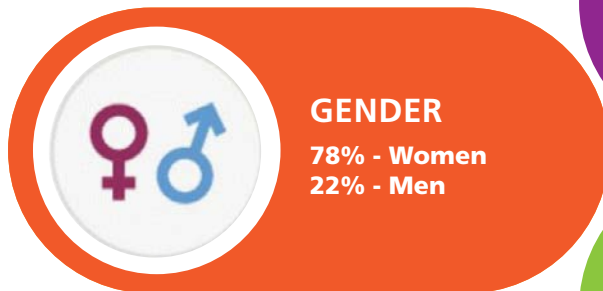
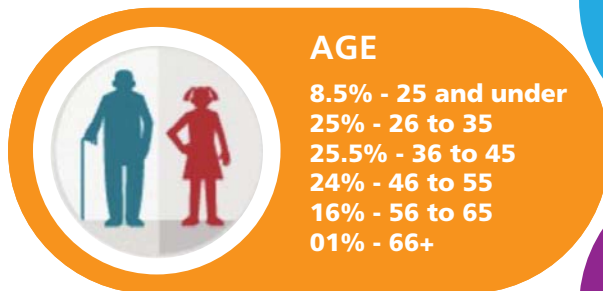
As part of our Public Sector Equality duty under the Equality Act 2010 and as part of the Trust’s commitment to Equality, Diversity and Inclusion, and in line with our Public Sector Equality Duty, the Trust regularly collects and monitors employment statistics.



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Here is an overview of our workforce data



4.3 Staff Equality Networks

We are proud to have active and engaged staff equality networks at the Trust that support our diverse workforce. We recognise that staff networks are a key component to our diversity and inclusion agenda. They provide a safe space for employees to have real, honest conversations on work-life experience and more importantly influence the Trust's EDI agenda at a strategic and operational level. Staff networks are essential to enhancing a culture of inclusivity, ensuring people feel able to bring their whole selves to work and contribute to improving life at work for under-represented groups and individuals.

Our networks have been reviewed and refreshed in line with the national NHS ambitions for staff equality networks ensuring our networks are 'thriving' and effectively influencing EDI across the Trust.

We have three existing networks, Enable Staff Network, Race Equality Staff Inclusion Network and LGBT Staff Equality Network. All three networks are supported by the Trust's Equality and Diversity Council and the Trust's Executive Management Team.





5. Our Equality, Diversity and Inclusion Mission

The Trust has signed up to the newly developed mandate of **"We are Bradford: we value diversity and champion inclusion"**. This will be underpinned by everything we do and will signal a positive message to all stakeholders on what equality, diversity and inclusion means to Bradford Teaching Hospitals NHS Foundation Trust. This mandate will feature in our key documents and marketing material.

We will aim to make the Trust a place where all who work and access our services are treated with dignity, civility and fairness. The Trust is a place free from unlawful discrimination, bullying, harassment and victimisation and where the diversity of our staff, patients, visitors and the wider community is recognised as a key driver of our success and is openly valued and celebrated.

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**"We are
Bradford: we
value diversity
and champion
inclusion"**

6. Guiding Principles Underpinning the Strategy

6.1 Three Core Principles

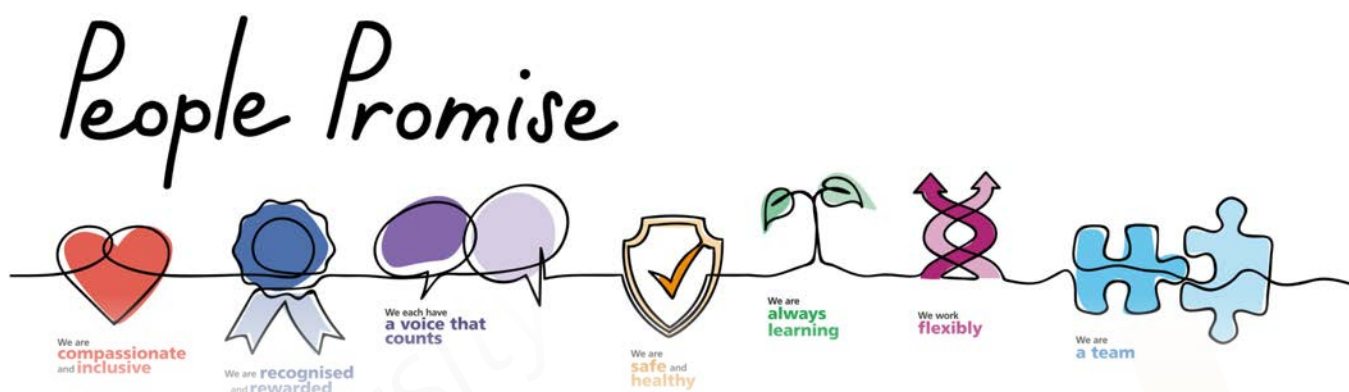
Reflecting on the mandate of We are Bradford: we value diversity and champion inclusion, this strategy is underpinned by three core principles:

- We will attract, select and retain a diverse range of talented people to work at the Trust and will value the contribution made by everyone
- We will embrace the diversity of all our staff, patients, service-users, visitors and everyone associated with the Trust to create a harmonious environment where people are comfortable to be themselves and achieve a sense of belonging and realise their full potential.
- We will challenge inequality in all its forms and will promote civility, respect and understanding with the Trust and the wider community.

6.2 The NHS People Promise

The NHS People Promise focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people and work together differently to deliver patient care.

The NHS People Promise runs like a golden thread through every policy and practice which impacts on our staff and patients.





7. Our approach and progress so far

7.1 Our approach

We have a dedicated and committed Equality, Diversity & Inclusion team whose role is to help facilitate and advance the EDI agenda across the Trust, which includes supporting an established process for Equality Impact Assessments

Our CEO, who is also the Place Based Lead, chairs our Strategic Equality & Diversity Council. This helps us to identify and align our workforce and population health inequalities priorities.

We also have a Strategic People Academy, chaired by one of our Non-Executive Directors, which ensures the delivery of action plans relating to workforce equality and delivery of the NHS People Plan. Our recently refreshed Staff Equality Networks are represented at both the Equality & Diversity Council and People Academy and have work plans aligned to the Trust's EDI objectives. We work in partnership with our staff equality networks with a focus on engagement and co-production.

7.2 Our progress so far



Held our first ever leadership conference with guest speakers who talked about civility in the workplace



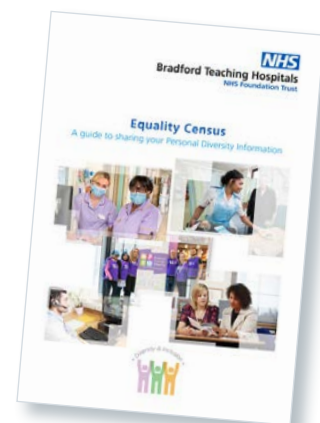
Regular celebration of key cultural/religious festivals, raising the profile of equality across the Trust



Achieved our 35% target of having a workforce representative of the communities we serve



Launched our new "People Charter" with principles of EDI embedded within the charter



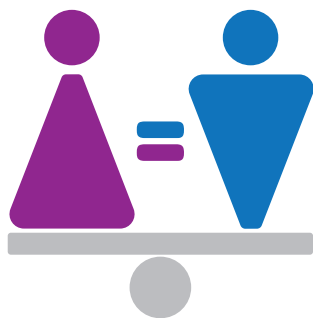
Developed an Equality Census booklet for staff outlining the importance of sharing their personal diversity information to support progress in all areas of workforce equality



Continued to support and host Project Search, an initiative aimed at young disabled people with learning difficulties, and in meeting our target of employing at least a third of all graduates from the scheme each year.

Introduced a disability equality and disability leave policy and developed a disability equality video showcasing the positive lived experiences of 6 BTHFT staff.



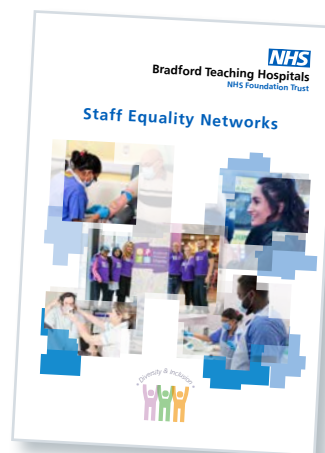


Published our annual gender equality report highlighting improvements we are making with gender equality, with focus on women in leadership and under-representation of men in nursing and allied health professional roles



Launched our first Reciprocal Mentoring scheme aimed at ethnic minority staff and those staff with a disability or long term health condition

Saw the re-launch of our successful Rainbow Badge scheme led by our LGBT+ staff equality network



Reviewed and refreshed the role of staff equality networks with dedicated facility time and representation on key decision making meetings

Developed an internal workplace mediation service which aims to solve workplace disputes and improves working relationships.





8. Healthcare Inequalities

8.1 Health Inequalities

Health inequalities are the unfair and avoidable differences in people's health across different groups in the population. These inequalities have often existed for many years and can often be attributed to wider determinants which include social, economic and environmental factors which impact on people's health. These factors are often deeply rooted and can take significant time and investment to change. We are committed to play our part in addressing these underlying causes, which is why we:

- are proud to endorse the *Bradford District Anti-Poverty Strategy 2022-2027*;
- undertake research to help identify and address some of these inequalities, through the work of our *Bradford Institute of Health Research*¹ and in particular the *Born in Bradford*² programme;
- participate in district-wide initiatives such as the *Reducing Inequalities Alliance*³ and the *Alliance for Life Chances*⁴

Bradford District
and Craven's Reducing
Inequalities Alliance launch



1 Bradford Institute for Health Research was established in 2007 by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) due to the growing research activity at the Trust and in recognition of the unique research partnership between the primary and secondary care NHS Trusts in Bradford and Airedale and the universities of Bradford, Leeds and York.

2 Born in Bradford is an internationally-recognised research programme which aims to find out what keeps families healthy and happy by tracking the lives of over 40,000 Bradfordians.

3 Reducing Inequalities Alliance a movement that aims to support and coordinate action to reduce inequalities in Bradford District and Craven.

4 Our Alliance for Life Chances partnership is a leadership group that is politically and organisationally independent which enables a group of leaders and decision makers to achieve accelerated decision making.

8.2 Bradford Teaching Hospitals' commitment to improving access, outcomes and experiences

As a provider of NHS healthcare services, we are actively taking steps to reduce health inequalities in all that we do. This means understanding the data, so we know who faces the greatest inequality, and then ensuring that the services we provide are delivered in a way that helps overcome any unfairness identified.

National organisations like the Care Quality Commission and NHS England describe three aspects of health inequalities - **access, outcomes and experiences**. Focusing on these three will help us ensure that all Bradford Teaching Hospitals' patients have equitable access to our services, receive optimal outcomes and that their experience is positive. This should be the standard for everyone regardless of background or circumstance. We'll work with our partners across the district to deliver a comprehensive approach whereby the strengths of each organisation are targeted at the various segments of the most affected population. All this will be completed through delivery of actions which will be aligned to the needs of the population, drawing on the **Core20Plus5** framework, which helps us focus on the right groups.

8.3 Our role as an anchor organisation

BTHFT is a big organisation and we see our role as much more than just a provider of healthcare: we want to be a force for good, an anchor organisation. The idea of an anchor organisation is that it uses its influence and reach within the local community to benefit local residents, for example through supporting employment prospects, sustainable procurement, and good stewardship of the environment. We're exploring how our assets can be used to support the community's health and wellbeing, and we are working with our partners across *Bradford District & Craven Health & Care Partnership*⁵ to create different routes into employment for young people. Our *Corporate Strategy 2022-2027*⁶ explains more about how we are working to support our local community.

Our Trust hosts a Wider Participation workstream which is focused on engaging the local population to encourage them to think about careers within our Trust. This involves many initiatives whereby we host days at our hospital sites to attract local school children into health related careers such as -

- introduction to medicine for those students who have an interest in becoming a doctor
- Introduction to healthcare for those students who are interested in careers in nursing or as an Allied Health Professional
- Events to help pupils complete applications to medical schools
- Days to help students with interviews to get into medical School

We also have 150 career ambassadors covering a wide range of NHS jobs including corporate roles. These ambassadors go out into schools and colleges to encourage students to consider a career in the NHS. We also host sessions in job centres and local careers events as well as attend schools to help pupils select GCSE and A-level courses to help them work in healthcare. Similarly, we also attend career events at universities to encourage careers within the NHS.

5 The health and care partnership for Bradford district and Craven who Act as One with the ambition of keeping people 'happy, healthy at home'

6 Our Corporate Strategy can be accessed at: <https://www.bradfordhospitals.nhs.uk/wp-content/uploads/2022/06/Our-Corporate-Strategy-2022%E2%80%932027.pdf>

8.4 How we are working

Our people are dedicated to tackling health inequalities, and everyone can make a difference. We are working with clinical service areas and departments to ensure that they have access to the right data to identify marginalised groups; that they are combining this with their own experience and insights into the local population to improve access, experience and outcomes of care; and they are sharing best practice to help others do the same.

Our Clinical Service Units⁷ (CSUs) have worked to determine the baseline levels of work currently underway to tackle inequalities. Our conversations directed us to the fact while not all CSUs have a specific focus on health inequalities, work is progressing to improve access, outcomes and care experience. This was a learning point and one which we've taken steps to improve. Our services have now started to have discussions specifically focussed on health inequalities within their Business Meetings, providing service leaders the space to share and discuss improvement ideas.

Within the Trust, multiple streams of work are underway to improve access, outcomes and care experiences. One of our key developments is the Community Diagnostic Centre (CDC) which is being setup to help improve access for patients. The CDC will provide capacity to reduce waiting lists (including outpatient and diagnostic activity) and reduce health inequalities in a significantly deprived area through access to a wide range of services locally. The CDC will be located in an area of high deprivation and aligned to the health needs of the local population. The intention is for our additional/spoke sites to be located in areas of greatest inequality, population density, and high deprivation where non-elective activity and attendances at Emergency Departments tend to be higher.

The care experience for patients at the Trust is an area in which we continue to improve. Our Maternity service has focused on removing language barriers by using digital technology. We have increased access to language support, making it easier for staff to use interpreting services by having smart phones provided to all clinical areas. Additionally, our antenatal clinic improvements have ensured all rooms are set up to use telephone or video consultation and the Attend Anywhere platform can be used for language interpretation virtually.

To improve outcomes, there are focused pieces of work in progress. We are working on ensuring patients and service users have access to the financial support on offer by the NHS when they visit us. With high levels of deprivation in Bradford, this initiative involves raising awareness and promoting patient travel reimbursement costs to help to reduce the financial burden of travelling for appointments. Furthermore, our data has shown a large number of patients who are both young and deprived did not attend (DNA) their appointments on multiple occasions. For this group, our text messaging is targeting patients with these demographics to help reduce DNAs.

Our
Children's
Teams are
supporting families
outside the
confines of the
clinic room



⁷ A set of clinical teams grouped together to provide care across related specialties

Our focus on reducing health inequalities extends beyond the confines of our clinic rooms. Our Children's teams acknowledge that when patients leave the hospital there may be other support they require with other aspects of their lives. As such, the Children's teams ask patients' families if they have had any concerns within the last 12 months about paying bills or stocking food and if there are any issues with housing. If patients' families do have concerns they are directed to various groups within Bradford who can help with issues such as housing, support, wellbeing and money including specific organisations focusing on domestic violence, homelessness and citizens advice. This approach will potentially be adopted in other areas such as Neonatal Intensive Care and our Emergency Department.

8.5 Our Continued Focus on Tackling Health Inequalities

As an acute hospital within the West Yorkshire Health & Care Partnership, we acknowledge that achieving the required level of change will take a co-ordinated effort across the region. This means we'll continue to work with our partners - especially in our Bradford & District place – and seek opportunities to maximise our impact on inequalities.-

- 1. Addressing health inequalities as a priority:** We are focused on helping our clinical teams make addressing health inequalities an integral part of their work. This involves identifying health disparities, establishing baselines, and working towards specific goals for reducing those disparities. Our renal service has received support from national groups including NHS Blood and Transplant and the National BAME Transplant Alliance to establish a living donor coordinator post in Bradford to promote living kidney donation to support the reduction in the inequity of access to transplantation for the BAME cohort. Furthermore, the Trust is exploring training options for health inequalities training to rollout to staff which will range from providing overviews of inequalities to more in-depth discussion around the Core20Plus5 and how services can support delivery of the framework.
- 2. Collecting and analysing data:** Our Performance and Business Intelligence teams have analysed waiting list data to reveal the impact on patients with a learning disability or living in a more deprived area. This enables our clinical teams to identify and address potential inequalities in access to care, developing targeted interventions to address these disparities without distorting clinical priority.
- 3. Fulfilling our role as an anchor organisation:** As an anchor organisation in the community, we will continue to play our part in supporting training and career opportunities for local people. We are proud to have played a leading role in the establishment of Project SEARCH, which gives employment experience to young adults with a learning disability. We participate with partners across the city with programmes underway to widen access to employment with apprenticeships, hosting school outreach projects and being involved with initiatives such as Kickstart⁸ which support young people who have been disproportionately affected by the economic impacts of Covid-19 to help them back into work. BTHFT is also supporting the new "Alliance for Life Chances" (formerly "Opportunity Areas") which brings together system partners with a focus on early years, educational attainment & employment prospects.

8 Further information on Kickstart can be found at <https://www.bradford.gov.uk/business/help-for-businesses/bradford-district-kickstart-programme/>

- 4. Providing care based on our population profiles:** We must ensure that our teams provide care that is culturally and demographically appropriate for the patients they serve. Multiple strengths of Bradford Teaching Hospitals include a workforce consisting of diverse cultural backgrounds and the provision of translation services to address language barriers. We will continue to make adaptations to care delivery for the needs of our local population.

Bradford has a large population of children with asthma. We have noticed consistently that inner city GPs do have a large asthma burden. Over time we have done a lot of work both within the hospital where children get admitted with an acute illness to supporting them in the community with support of the award-winning ACE service (Ambulatory Care Experience). The ACE nurses not only support the family with acute care but also provide education in terms of asthma treatment, discussing about parental smoking cessation and identifying any triggers. They also advise GPs and also refer to the asthma clinic as and when needed. Our asthma nurses also support families and where needed also provide outreach support by attending nursery and schools.

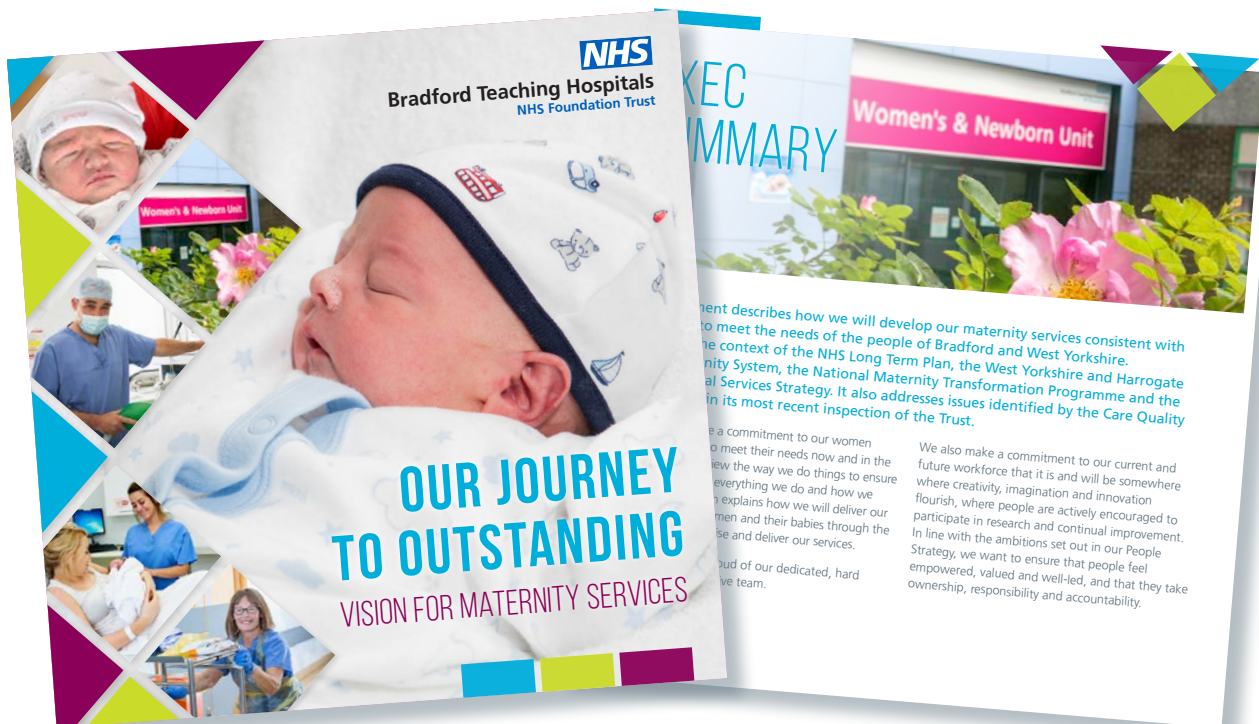
- 5. Collaborating with other organisations:** We will continue to seek opportunities to collaborate with other organisations, such as community-based organisations and advocacy groups to address health inequalities. Working together, we aim to develop and implement more comprehensive and effective interventions.

As we continue to gather pace in our work in tackling health inequalities, our involvement with the local and regional partners will progressively increase. Similarly, work within the Trust will expand as we continue our journey to provide equitable care for patients across all touch points in access, experiences and outcomes.

Proactive Care Team (PACT)

PACT is a multi-agency care team of Advance Care Practitioners, physiotherapists, occupational and speech therapists, dietician, end of life facilitators, psychology assistants and GPs with a special interest in elderly care. The service is delivered by a partnership of local acute and community trusts. PACT provides integrated care which contributes to the reduction of health inequalities aiming to reduce premature mortality and support people to age well and die well.

The team uses population health management data for preventative engagement as part of its delivery model. There has been notable success achieved by the team as they have decreased the emergency spells after people had started with PACT and 100% of responses to the friends and family test were positive to the question 'Did we meet your needs'.



The Outstanding Maternity Services Programme (OMS) is a large scale transformation programme to support the service in its improvement journey to be an outstanding provider of maternity care. At the heart of the programme is the intention to reduce inequalities. The service is addressing language barriers to help improve access and experience by providing digital devices with direct access to a language line for interpreting at the point of care in clinical areas. Maternity services are also supporting healthy pregnancies: the service is currently looking to enhance smoking cessation approaches for pregnant women in the community, with a focus on wards with the highest prevalence.





9. Ownership, Responsibilities and Monitoring

To successfully embed our EDI strategy, it is important that we demonstrate that we are monitoring and measuring the improvements we are making. Some of these measures are mandated by NHS England and Improvement (NHSEI) and others will be local measures of progress and success. We will publish our progress against these measures to ensure visibility to our people, patients and the public.

All members of the Trust, including staff, patients, contractors, visitors and anyone associated with us, are expected to own and act upon the principles of this strategy. A number of individuals and groups have additional responsibilities, including:

- The Trust Board, Executive Management Team have overall accountability for legal compliance.
- The Chief Executive and the Chief People Officer provide leadership support to the Diversity and Inclusion agenda.
- The newly-developed Equality and Diversity Council and the Trust's People Academy has overall responsibility for monitoring progress against our strategic equality objectives.
- Directors and Associate Directors are responsible for:
 - Ensuring compliance with the strategy
 - Carrying out specific actions to support the effective implementation of equality objectives
 - Advancing and promoting diversity and inclusion in their disciplines.
- The Chief People Officer has responsibility for people policies. The Diversity and Inclusion Unit is responsible for driving forward the agenda and for providing operational support, advice and guidance to all Trust stakeholders.

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10. Our Refreshed Equality, Diversity and Inclusion Objectives for 2023-2025

The following strategic objectives have been developed and shaped through targeted consultation and involvement with internal and external stakeholders. It has five key objectives that will be developed and progressed over the next three years. These are:

Objective 1 Education, Empowerment and Support

Ensure all our staff are aware of their own and the Trust's responsibilities for advancing a culture of equality of opportunity and fostering good relations, achieved through targeted training and development, with particular focus on cultural competency.

Objective 2 Effective Community and Staff Engagement and Involvement

Build community and staff trust and confidence through effective community engagement and involvement

Objective 3 Population Health Inequalities

Tackle health inequalities and strengthen the system approach to population / place-based health and care management.

Objective 4 Promoting Inclusive Behaviours

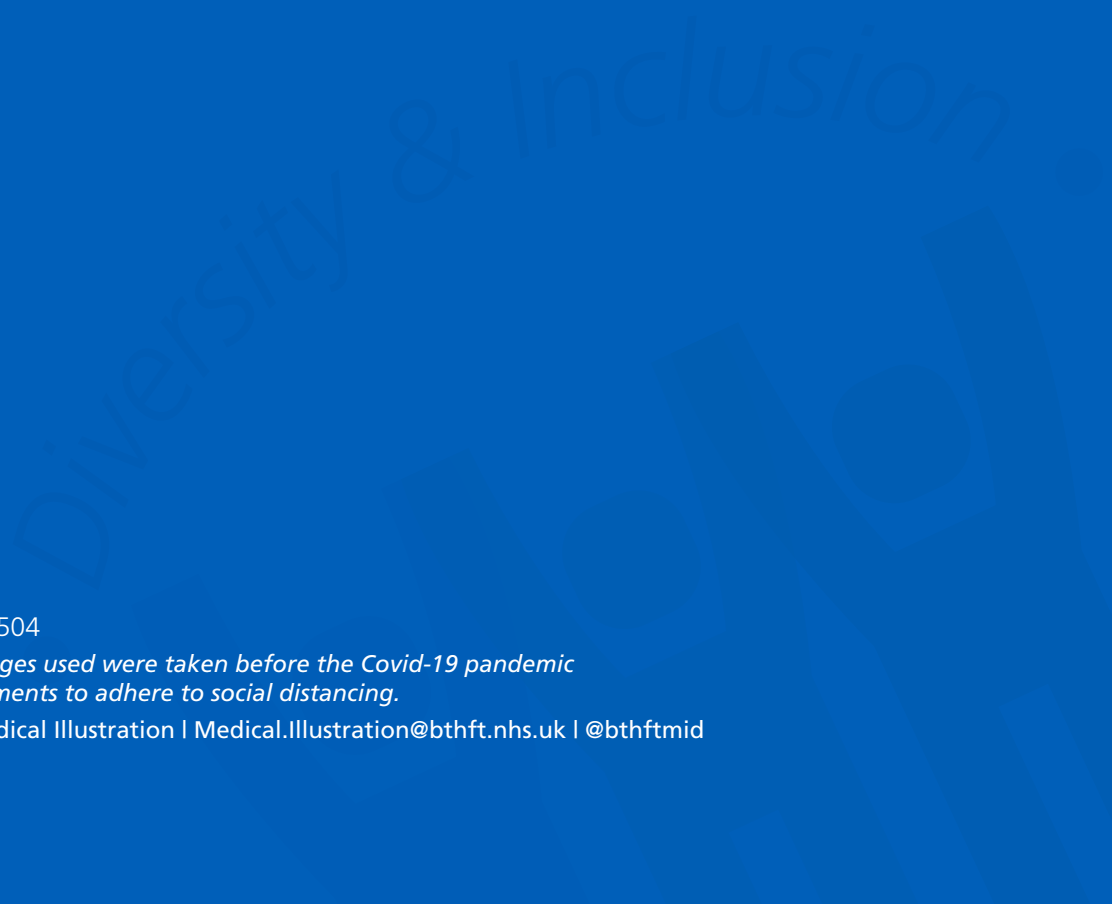
Ensure all our staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it.

Objective 5 Reflective and Diverse Workforce

Develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

• Diversity & Inclusion •





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*Some of the images used were taken before the Covid-19 pandemic
and the requirements to adhere to social distancing.*

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