

NHS Equality Delivery System
**Report for Bradford Teaching
Hospitals NHS Foundation
Trust**
2024-25

Contents

NHS Equality Delivery System (EDS)	3
1. Purpose	4
2. Background.....	4
3. EDS 2022 Rating and Scoring	5
4. Approach	6
5. Stakeholder Engagement	8
6. Completed Actions from Previous Year	9
7. EDS 2022 Outcomes for Bradford Teaching Hospitals NHS Foundation Trust.....	12
8. Key findings, themes, and areas for future focus	14
9. Next Steps	18
Appendix 1: List of participating organisations at the Community Engagement/ Grading Event.....	19
Appendix 2: Summary of Evidence and Rating Against EDS Outcomes for each Domain.....	20
Appendix 3: Third Party Involvement in Domain 3 Review	38
Appendix 4: Bradford Teaching Hospitals NHS Foundation Trust EDS Organisation Rating (overall rating)	39
Appendix 5: EDS Action Plan	40

NHS Equality Delivery System (EDS)

Name of Organisation	Bradford Teaching Hospitals NHS Foundation Trust
Name of Integrated Care System	West Yorkshire Integrated Care Board
Organisation Board Sponsor or Lead	Mel Pickup, Chief Executive
EDS Lead	Kez Hayat, Head of Equality, Diversity & Inclusion
EDS engagement date(s)	Domain 1: Tuesday 14 th January 2025 Domains 2 & 3: Tuesday 21 st January 2025
At what level has this been completed?	
Individual organisation	Bradford Teaching Hospitals NHS Foundation Trust
Partnership* (two or more organisations)	
Integrated Care System-wide*	

Date completed	27 th January 2025	Month and year published	February 2025
Date authorised	20 th February 2025	Revision date	February 2026

1. Purpose

The purpose of this report is to:

- Summarise the process undertaken to deliver on the Equality Delivery System (EDS 2022).
- Report on the EDS Ratings that have been achieved for each Domain, and for Bradford Teaching Hospitals NHS Foundation Trust overall.

2. Background

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. It is the foundation of equality improvement within the NHS, acting as an accountability and improvement tool for NHS organisations - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforce and leadership.

In August 2022, NHS England published a new version of EDS, EDS 2022. NHS commissioners and provider services are required to undertake an evidence collection and grading exercise on an annual basis.

EDS 2022 is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010, including the Public Sector Equality Duty. The EDS 2022 was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS 2022 comprises eleven outcomes spread across three Domains, which are:

Domain 1: Commissioned or Provided Services

(See section 4 for the 3 service areas which provided the focus for our review).

1a) People using the chosen services can access them easily.

1b) Individual patient/ services users' health needs are met.

1c) Patients/ Service users are free from harm.

1d) Patients/ Service users report a positive experience.

Domain 2: Workforce Health and Wellbeing

2a) Staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

2b) Staff are free from abuse, harassment, bullying and physical violence from any source.

2c) Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.

2d) Staff recommend BTHFT as a place to work and receive treatment.

Domain 3: Inclusive Leadership

3a) Board members, system leaders (Band 9&VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to equality and health inequalities.

3b) Board/ committee papers (including minutes) identify equality and health related impacts and risks, and how they will be mitigated and managed.

3c) Board members and system leaders (Band 9 & VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Each outcome measure is evaluated, scored, and rated using available evidence and insight (see section 3 for an overview of the EDS 2022 Rating and Scoring).

The EDS report is designed to give an overview of the organisations most recent EDS implementation and must be published on the Trust website no later than 28th February each year.

[The EDS 2022 suite of documents and supporting resources can be found in the equality hub section of the NHS England website.](#)

3. EDS 2022 Rating and Scoring

In accordance with [the EDS rating & scoring guidance](#); each organisation should engage with key stakeholders to develop their unique scores for each domain and for the organisation as a whole.

For each domain a diverse range of stakeholders are asked to score each outcome measure based on the evidence provided, and in the context of their own lived experience. Scores may range between 0 and 3 depending on how well each

stakeholder perceives the organisations progress under each outcome measure (see table 1 below).

Outcome Measure Scores: Scores for each outcome measure are then calculated as an average of the overall scores provided by stakeholders for each outcome measure (score between 0 and 3).

Domain Scores: Once each outcome measure has an average score (see table 1 below), these are added together to gain the domain scores.

Organisation Rating: Domain scores are then added together to provide the overall score/ EDS 2022 Organisation Rating. Ratings are in accordance with scores are below. The scoring system allows organisations to identify gaps and areas requiring action.

Table 1 EDS 2022 Scoring

Outcome scores	Organisation scores and ratings (based on sum-total of domain scores)
Undeveloped activity – no or little activity taking place. Organisations score out of 0 for each outcome.	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – Minimal/ basic activities taking place. organisations score out of 1 for each outcome.	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – Meeting the Required level of activity taking place. organisations score out of 2 for each outcome.	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – Activity exceeding requirements. organisations score out of 3 for each outcome.	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

4. Approach

NHS organisations across the West Yorkshire Health & Care Partnership worked together to implement the new EDS 2022 framework. This is the second year that the refreshed EDS 2022 framework has been delivered in West Yorkshire, and EDI

leads across the partnership again collaborated to agree an approach that would be effective and support delivery. The West Yorkshire EDS 2022 working group held a workshop which took place during 2024 to agree their approach, plan delivery and support colleagues to implement the framework.

For Domain 1, which assesses equality performance for commissioned or provided services, the West Yorkshire EDS 2022 Working Group agreed that each place within West Yorkshire would work in partnership with provider organisations at the five West Yorkshire places. The Working Group agreed to focus on three services or clinical pathways: Palliative or End-of-life care (Adult or Children & Young People), Early Cancer Diagnosis and/ or Suicide Prevention (Hypertension/ Stroke was also an option if the three chosen areas were not possible). Providers were then asked to select their service areas from within these categories which align with the Core 20 Plus 5 approach to reducing health inequalities and the West Yorkshire Health and Care Partnership's priorities. [Information about Core 20 Plus 5 can be found in the equality hub section of the NHS England website.](#)

Within the scope of this decision by the WY Health & Care Partnership; The Bradford District & Craven ICB focussed on their Suicide Prevention Strategy and Action plan aligning to the work of partner organisations. Airedale Hospitals NHS Foundation Trust (ANHSFT) also focussed on Suicide Prevention, along with Early Cancer Diagnosis and End of Life services. Bradford District Care Foundation Trust (BDCFT) included Intensive Home Treatment (Adult Mental Health) and Physical Checks for people with Serious Mental Illness in their review along with aligning to the ICB on Suicide Prevention.

Bradford Teaching Hospitals NHS Foundation Trust chose to focus on Palliative Care for both Adults and Children & Young People and also Pennine Breast Cancer Screening service. This decision was made in discussion with clinical leads in those areas and in accordance with the [EDS 2022 technical guidance](#), with a view to picking one area that we know is doing well (in regard to the 4 outcome measures), 1 area that is not doing as well, and one where the performance is unknown.

Task & Finish Groups:

Co-ordinated by the Equality, Diversity & Inclusion team; The Trust established a series of task & finish groups bringing together key colleagues to gather and review the available evidence and insights in relation to the outcome measures for each Domain.

A number of meetings with all colleagues from the task and finish groups took place to explore and examine the requirements. Colleagues then collated and gathered the evidence in accessible, format, including a number of presentations, with the aim of sharing this evidence with a range of stakeholders.

A list of the information gathered for each Domain can be found in Appendix 2.

5. Stakeholder Engagement

Two engagement events were arranged to ensure key stakeholders had the opportunity to review and discuss the available evidence/ insights and providing opportunity to share their feedback and scores based on both the evidence and including their own lived experience.

Domain 1: Community Engagement Event

Service representatives, members of the voluntary and community sector and patients/ members of the public were invited to a community engagement event, which was arranged in collaboration with Bradford District Care Foundation Trust, Airedale Hospitals Foundation Trust and Bradford District & Craven Health and Social Care Partnership. Over 30 people attend the event which took place at Scorex House (in the centre of Bradford) on 14th January 2025, including our Trust Chairperson (Sarah Jones), Non-Executive Director (John Waterhouse) and members of Healthwatch. This was an opportunity for the Trust to showcase the evidence/ insights through presentations and café style networking.

Participants were invited to engage in discussions where they were asked to provide their scores for each outcome measure (in accordance with [the EDS rating & scoring guidance](#) see section 3 above), along with any feedback and/or suggestions for improvement.

Over 30 people attended the community engagement event. Participants were 'well engaged and the event was well received.

The overall feedback suggests there is some good practice that takes place (in relation to Domain 1) to support the needs of diverse communities and patients. It was also noted that there is more to do in ensuring we are continuing to improve the access, experience, and outcomes for our diverse communities.

Colleagues present on the day strongly felt this was an excellent opportunity for the Trust to showcase the work which is taking place across the Trust.

A list of participating organisations for the community engagement event can be found in Appendix 1.

Domains 2 & 3: Staff Engagement Event

A staff engagement event was held on Tuesday 21st January 2025 in the Listening for Life Conference Centre, Bradford Royal Infirmary. A diverse range of staff, staff network members and trade union representatives were invited to review all the evidence/ insights which were showcased in a series of presentations and café style networking with over 30 members of staff attending.

Colleagues from the Equality, Diversity & Inclusion team, Freedom to Speak Up, Veteran Support, Organisational Development, Human Resources, Occupational Health, Psychology and Estates & Facilities, were all present on the day and delivered a range of presentations for their respective areas. Colleagues were also part of the café style networking event where they were able to answer questions and share a wide range of information in terms of the services they provide for staff across the Trust.

A survey was developed for Domain's 2 and 3 to allow participants the opportunity to share their feedback on the evidence showcased at the engagement event. Participants were also asked to draw on their own experiences, and to share any suggestions for improvement. Finally, they were also asked to evaluate the evidence and provide a rating for each outcome measure.

6. Completed Actions from Previous Year

Action/ Activity	Related Trust Equality objectives
We have continued to implement our 3-year EDI strategy , accompanied by an implementation plan. Working with CSU's and departments to develop local EDI action plans to create a more targeted approach.	Implementation of our Trust EDI Strategy/ Reflective & Diverse Workforce/ Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement
Worked closely with teams to ensure Equality Impact Assessments of key policies and services and developing action plans to ensure areas of improvement are being implemented. Examples include development of the Day Case Unit at St Luke's, Our Education service, our Spiritual, Pastoral & Religious Care policy and Bereavement policy, including EDI involvement in the End-of-Life steering group , focussed on addressing health inequalities experiences by some groups through bereavement.	Education, empowerment & support/ Effective Community & Staff Engagement & Involvement
Developed and rolled out a 3-hour face-to-face EDI Managers training course , empowering managers with awareness and knowledge to manage diversity in the workplace with sharp focus on being inclusive and compassionate.	Education, empowerment & support/ Promoting Inclusive Behaviours
Worked with the Patient Experience & Involvement team to ensure EDI is a golden throughout the new Patient Experience & Engagement Strategy and regularly sharing any learning with the Trust Equality & Diversity Council .	Effective Community & Staff Engagement & Involvement/ Education, empowerment & support

Action/ Activity	Related Trust Equality objectives
A Health Inequalities Development Session was provided for Trust Board members in October 2024 where there was agreement around our next steps as an organisation, including a bottom-up approach to developments & initiatives, ensuring stakeholder 'buy in' and a shift to focus on Health Equity working on building knowledge and capability across the Trust, including the Making Every Contact Count project and a strong push to encourage uptake of the WY ICB Population Health Fellowship and addition of health equity as a topic in the Trust Induction programme .	Tackling Population Health Inequalities/ Education, Empowerment & Support
Accessible Information Standard Training is being rolled out across the Trust for all reception staff and included as part of the Trust Induction Programme (demonstrating how staff should record a patients' information and communication needs and what they should ask when a patient attends an appointment). Colleagues are also working with other Trusts and Stakeholders (e.g. RNIB) to understand best practice around accessibility. The Trust has been asked by Leeds Healthwatch to take part in a pilot for the new NHS England self-assessment framework , which will help us to shape and improve the framework for wider use. The revise AIS with new self-assessment framework is planned for implementation in 2025 and successful implementation will require meeting all 6 of the key elements.	Tackling Population Health Inequalities/ Education, Empowerment & Support
We have implemented the Oliver McGowan training as a mandatory requirement for both clinical and non-clinical colleagues. The training provides understanding and practical application of support for patients/ colleagues with a learning disability, learning difficulty or neurodiversity. The Additional needs team also developed a Think LD screensaver as a reminder to staff around the needs of people with Learning Disabilities.	Education, Empowerment & Support
Occupational Health have been working to collaboratively to improve our health & wellbeing offer and to reduce waiting times for referrals. Our Staff Psychology service has been working to roll out newly developed initiatives aligned to the NHS Health & Wellbeing Framework 2022, ensuring there are procedures in place to support staff following traumatic incidents (such as Press PAUSE, Reflect & Reset, and Reach Recovery), along with a clear 4-step referral pathway developed to compliment the work of the Occupational Health Service.	Education, Empowerment & Support

Action/ Activity	Related Trust Equality objectives
In March 2024 each member of our Trust Board signed up to a set of objectives targeted at role modelling and influencing the development of EDI across the Trust. Trust Board members have continued to support our efforts in raising the profile of EDI at a number of high profile in-person events, which have been welcomed by colleagues and shared widely in Trust wide comms.	Education, empowerment & support/ Reflective & Diverse Workforce
Each of our 3 staff equality networks now have an Executive Sponsor who will take the lead in ensuring our diverse colleagues are supported and celebrated, with focus on influencing the EDI agenda across the Trust.	Education, empowerment & support/ Reflective & Diverse Workforce
Following on from our work around the development of the People Charter and Trust Values we have worked in collaboration with the Organisational Development team to develop a range of Civility training sessions which have been delivered on a monthly basis with some ad-hoc bespoke sessions taking place, including a live action training event for managers . The sessions have included a series of drama-based training video's which were co-produced with some of our diverse staff and designed to empower colleagues in managing issues of dignity & respect.	Education, empowerment & support/ Promoting Inclusive Behaviours
There has been considerable focus from the Freedom to Speak up team who are working to ensure there is psychological safety for colleagues who may have a concern to raise in the workplace. The EDI team have worked closely with FTSU colleagues to ensure this work is aligned to our EDI objectives and have provided significant focus at the Trust Equality & Diversity Council (following the publication of the "Too Hot to Handle" report. In September 2024 the FTSU team made the "Speak up" and "Listen up" training a mandatory for all staff , with "Follow up" training provided for senior leaders and board members. The training is aimed at developing a compassionate and open culture where learning and support is at the forefront of any disclosure. Our FTSU Guardian is also a member of the Equality & Diversity Council.	Education, empowerment & support/ Promoting Inclusive Behaviours
In November 2024, at 43% overall ethnic minority representation we exceeded our original Trust target of having a workforce that reflects the ethnicity of the local community . Although only 20% our representation at senior levels is increasing, but we recognise we still have work to do . Throughout 2024 we have focussed on the development and support of our aspiring diverse staff within the organisation. We continued to share regional and national	Reflective & Diverse Workforce

Action/ Activity	Related Trust Equality objectives
development opportunities through our staff equality networks and with excellent feedback from the first cohort who participate in the Reciprocal Mentoring scheme (providing a learning partnership between aspiring leaders from a diverse background and members of our Trust Board).	

7. EDS 2022 Outcomes for Bradford Teaching Hospitals NHS Foundation Trust

Outcomes for Domain 1 (Commissioned & Provided Services):

With a range of scores provided for each outcome measure (between **Undeveloped** to **Excelling**), the average score provided for each of the four outcome measures in Domain 1 are recorded below and provide the overall rating for Domain 1 at BTHFT. Further details of the evidence/ insights showcased under Domain 1 can be found in Appendix 2.

Table 2 - Domain 1 scores for Commissioned or Provided Services

(Respiratory Services, including Asthma, Sleep and Lung Cancer Services)

Domain 1 Outcomes	Average Score
1a) People using services can access them easily	Achieving (score 2)
1b) Individual patient/ services users' health needs are met	Achieving (score 2)
1c) Patients/ Service users are free from harm	Achieving (score 2)
1d) Patients/ Service users report a positive experience	Achieving (score 2)
Total Score for Domain 1	Achieving (score 8)

BTHFT scored **Achieving** for each of the outcomes for Domain 1 with an average score of 2 for each outcome measure. This provides a Domain 1 total score of 8 and a rating of **Achieving**.

Outcomes for Domain 2 (Workforce Health & Wellbeing):

With a range of scores/ratings provided for each outcome measure (between **Developing** and **Excelling**); the average score provided for each of the four outcome measures in Domain 2 are recorded below and provide the overall rating

for Domain 2 at BTHFT. Further detail of the evidence/insights showcased under Domain 2 can be found in Appendix 2.

Table 3 - Domain 2 scores for Workforce Health & Wellbeing

Domain 2 Outcomes	Average Score
2a) Staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Achieving (score 2)
2b) Staff are free from abuse, harassment, bullying and physical violence from any source.	Achieving (score 2)
2c) Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source.	Achieving (score 2)
2d) Staff recommend BTHFT as a place to work and receive treatment.	Achieving (score 2)
Total Score for Domain 2	Achieving (score 8)

BTHFT scored **Achieving** for each of the outcomes for Domain 2 with an average score of 2 for each outcome measure. This provides a Domain 2 total score of 8 and a rating of **Achieving**.

Outcomes for Domain 3 (Inclusive Leadership):

With a range of scores/ ratings provided for each outcome measure (between **Developing** and **Excelling**); the average score provided for each of the four outcome measures in Domain 3 are recorded below and provide the overall rating for Domain 3 at BTHFT. Further detail of the evidence/insights showcased under Domain 3 can be found in Appendix 2.

Table 4 - Domain 3 scores for Inclusive Leadership

Outcomes	Average Score
3a) Board members, system leaders (Band 9&VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to equality and health inequalities.	Achieving (score 2)
3b) Board/ committee papers (including minutes) identify equality and health related impacts and risks, and how they will be mitigated and managed.	Achieving (score 2)

Outcomes	Average Score
3c) Board members and system leaders (Band 9 & VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Achieving (score 2)
Total Score for Domain 3	Achieving (score 6)

Domain 3: Peer Review Process

Representatives from Airedale Hospitals NHS Foundation Trust were also invited to the staff engagement event on 21st January 2025 to review the evidence/ insights and through a peer review process, approved the ratings developed through the evidence gathering and engagement process. In addition, they felt that the Trust was close to excelling on some outcome measures, which was really encouraging.

Total EDS 2022 rating for BTHFT

Adding together the overall scores for each of the 3 domains; The Trust has attained an overall EDS rating of **Achieving** (see table 5 below)

Table 5 – Overall Domain Scores and EDS 2022 rating for BTHFT

Total EDS rating for BTHFT Domain 1: Score 8 Domain 2: Score 8 Domain 3: Score 6	Achieving (Overall EDS score: 22)
---	---

8. Key findings, themes, and areas for future focus

Domain 1:

- **Recognition of progress and work done:**
 - Participants recognised the efforts that are being made to make all three service areas accessible to all and the inclusive work of palliative care services was described as “brilliant!”

- Evidence presented on the day and feedback suggests there is generally good practice in place in relation to each outcome measure for Domain 1 and strong evidence of policy and practice which supports this for all service areas with some excellent case study/ experiences highlighted to evidence this.
- **Funding:** Some concerns were raised about funding for palliative care services and one participant said they felt that more funding is needed in this area to facilitate the work that is being done.
- **Improving communication between Primary and Secondary Care services:**
 - The Importance of recognising the deficit in access was highlighted: Though not necessarily the fault of the Trust, there was concern raised over a lack of communication between GP's and secondary care services and something for the Trust to be aware of and potentially influence (perhaps through the Accessible Information Standard working group). One participant felt that GP's do not always ask the right questions, even though they may know that a patient has specific needs (let alone communicate these to secondary care colleagues), meaning that there will always be a large amount of patients who are not aware of or are not accessing specific services and interventions to support their protected characteristic despite the best efforts to secondary care colleagues to make them accessible.
- **Improving awareness and access to services:**
 - Participants recommended the need to further develop the work around communicating the existence of services in accessible formats and to be aware that there continue to be available services that that patients may don't know about.
- **Focus on data collection and analysis:** Ensuring we are gathering and utilising patient data around the 9 protected characteristics and about the needs of our patients/ services users.
- **Focus on the Carer's Passport:** To ensure we are always considering the needs of carers.
- **Further focus on encouraging under-represented and vulnerable groups in accessing services:** There was a specific recommendation to focus on breast screening for non-binary people, men with gynecomastia (men with breasts), Trans Patients/ service users and working to encourage uptake to breast cancer screening for these groups.

Key themes/ areas of future focus:

- Continue to develop the innovative work around accessibility and inclusion for each service area and consider how these developments will be adequately funded.
- Ensuring staff are trained on EDI and cultural competency, with focus on tracking population Health Inequalities and empowering colleagues to increase their knowledge of working with a range of communities with additional needs.
- Focus on communicating services in accessible formats and how we can reach communities that may not be aware of service provision.
- Work with the Accessible Information Standard working group:
 - To resolve communication between Primary and Secondary care systems and to ensure GPs are aware of their role in supporting Trusts to meet the specific needs of some patients and easing their transition to Secondary care.
 - To ensure we are gathering and analysing patient data around the 9 protected characteristics and using this to understand the needs of our patients/ service users.
- Communicate the Carer's Passport more widely to raise awareness.
- Develop comms and engagement around the inclusion of under-represented groups in accessing breast screening services (e.g. men with gynecomastia, Trans and non-binary patients).

Domain 2:

- **Recognition of Progress & Ongoing Improvement:** There was recognition that better systems are in place now to support colleagues and to help them resolve both personal issues and challenges in the workplace which is really positive and that reasonable adjustments were being made where possible. It was felt this area of work is seeing ongoing improvement, with one colleague reporting "a community feel to working in the organisation".
- **Early intervention and support to help colleagues repair and improve colleague relationships** is key to ensuring any stress from poor behaviours is minimised. It will be helpful to improve the number of staff/ resource available to support this.

- **There are still pockets of verbal and physical abuse towards staff.** Management awareness and cultural understanding for all colleagues will help to resolve this. However, there are still some pockets/ areas that require an increased security presence and walk arounds may deter people from being abusive to staff by seeing a physical security uniform.
- **Reducing waiting times for Occupational Health:** If wait times could be reduced for Occupational Health, it was commented that this service would be excellent.
- BTHFT have everything in place for staff to access independent support like Union, FTSU and Staff networks are embedded. Staff are aware from the start of their employment and there is a really good selection of networks and supports available
- **Better communication and promotion of available support services:** Goals are being achieved in terms of service provision, but there needs to be better communication/ promotion (and to more staff groups) to ensure everyone knows how to seek support. It will be helpful to share

Key Themes/ Areas of focus:

- Reduction in Occupational Health waiting times
- Communicating Health & Wellbeing service provision and referral pathways and other support mechanisms more widely across the Trust.
- Continue to develop a culture of inclusive and compassionate leadership across the Trust, and ensuring managers are aware of and engaged in the EDI agenda.
- Continued focus on creating psychological safety and improving cultural awareness is key for staff to feel they can raise concerns.
- Improve the availability of timely support and guidance for colleagues experiencing conflict in the workplace
- Greater security presence as a deterrent to anti-social behaviour

Domain 3:

- **Positive Impressions of progress:**
 - “In spite of the press re: Islamophobia, this is not how BTHFT is seen by colleagues”.
 - “Improved training and development appears to have taken place to ensure our leaders/ senior leaders have an understanding of EDI”.
 - “Board and senior leaders make EDI a key priority on all areas of work at BTHFT” and “EDI is part of everyday business”
- **A need to share positive messages about the progress we are making as a Trust** “Make the rest of staff aware on what we do and have

we done to promote, support our commitment to equality and health inequalities”

- **Sustaining the progress in achieving a culture of compassionate leadership:** There was good feedback in relation to the provision of support experienced from line managers for health issues (enabling colleagues to continue in work) and anecdotal consensus that other colleagues felt the same, particularly in relation positive experiences in being referred to other teams for support (i.e. OH/ Psychology/EDI), with self-referral to physio and follow on signposting from Occupational Health (including signposting for financial support) being mentioned as “providing a boost as you journey through health issues”.
- **Maintaining effective monitoring systems at Trust Board level:** It was felt that better systems are in place now to ensure the Trust Board are monitoring and mitigating health related risks and “this data is presented and available at EDI strategic meetings”
- **Maintaining SLT involvement and accessibility:** Senior Leaders were commended for visiting departments to check on colleagues in times of crisis.
- **Increased focus on cultural competence and psychological safety in raising concerns.** It was acknowledged there is “still work to do particularly around the need to encourage an open culture where colleagues learn to ‘speak out’ and ask for help. This is only possible if appropriate tools are utilised to understand the multicultural diversity in our workplace”.

Key Themes/ Areas of focus:

- Maintaining senior leadership, involvement and support around the EDI agenda
- Renewed efforts in communicating the positive progress that is being made to reach all Trust colleagues.

9. Next Steps

The Equality, Diversity & Inclusion team will work with key stakeholders across the Trust to ensure the ‘Key findings, themes and areas of focus’ in section 8 above (and as captured in the action plan at Appendix 5) are aligned to existing areas of work and fed into the development of key EDI related action plans as they are reviewed over the coming 12 months.

The team will also complete a full review and planning process to ensure any learning from this years’ implementation is incorporated into the EDS 2022 roll out plans for the 2025/2026 review to maximise the potential benefits for next years’ approach.

Appendix 1: List of participating organisations at the Community Engagement/ Grading Event

- Bradford Teaching Hospital NHS Trust
- Bradford District Care NHS Foundation Trust
- Airedale NHS Foundation Trust
- Bradford & Craven District ICB
- Healthwatch
- Roshi Ghar
- Race Equality Network
- Card Medic
- Access Able
- Hale Project
- Non-Exec Director
- Chairperson
- BTHFT Patient Focus Group members
- West Riding & Craven Diabetic Eye Screening
- Bradford Council representative (Royds & Wibsey)
- Bradford Council (Dept of Health & Wellbeing)
- Members of staff equality networks in their role as service users
- School of Applied Sciences, University of Huddersfield

Appendix 2: Summary of Evidence and Rating Against EDS Outcomes for each Domain

Domain 1: Commissioned or provided services.

Outcome	Evidence	Rating
1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> ▪ Accessible Information Standard: Outline of how the Trust is meeting the accessibility needs of our patient, including examples of different communication formats and comms and engagement around the standard ▪ Access Able making our hospital sites and website information accessible ▪ Card Medic – healthcare translation app (clinically validated content/ instantly available/ 50+ languages and formats) ▪ BTHFT Equality & Diversity Council Terms of Reference (chaired by Mel Pickup. Demonstrating the Trust commitment at Board level to improving the outcomes for people with protected characteristics and addressing health inequalities (across the system where services are connected) ▪ Staff Equality Networks: providing a voice for our diverse staff at a strategic level, raising the profile of Race/ Disability/ LGBT+ equality and seeking to address issues raised through network members' lived experience. ▪ Equality Census: Enabling the collection, retention and analysis of personal diversity information for staff with the aim of highlighting and addressing potential inequalities. ▪ BTHFT Equality, Diversity & Inclusion Strategy: including our strategic EDI objectives for 2023-2025. Highlighting our EDI ambitions, our activity, approach and progress, particularly around tackling population Health Inequalities. 	Achieving (score 2)

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Managers Equality, Diversity & Inclusion Briefing: A half-day face-to-face course for line managers, providing direction, guidance and safe space discussion around their role and remit in relation to EDI at BTHFT, ensuring a better experience for patients and staff <p>Children & Young People's Palliative Care:</p> <ul style="list-style-type: none"> ▪ The Bradford Butterfly Pathway – Perinatal Palliative Care Initiative ▪ Innovative pathway – unique to Yorkshire & Humber ▪ Midwifery led to incorporate maternal and neonatal care ▪ MDT support to parents and families – facilitates early consultation with neonatologist/ midwife (<24 weeks) – providing continuity of care and collaborative support to both baby and family before and after birth. ▪ Facilitating choices for families and providing support through their journey incorporating emotional, social and cultural needs for parents and the extended family. ▪ Children's Hospice Provision (Charity funded and accessible to all) <p>Adult Palliative Care:</p> <ul style="list-style-type: none"> ▪ REACT and how this links into the wider palliative care system. ▪ Clinical Nurse Specialist role – special interest in South Asian Populations ▪ Video: “Women Zone” (reaching out to women in the community) ▪ Case Study Adult Palliative Care (Service Adapting to need): homeless man with no family connections (living outside health & social care system for some time had exacerbated symptoms). Despite lack of access to benefits, the team were able to care for him on the hospital ward and provide excellent palliative care. 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Case Study Adult Palliative Care (Service Adapting to need): South Asian female bariatric patient (end of life COPD/ respiratory failure). Ensuring considerations made for culturally appropriate after death experience for patient and family (including rapid body release, despite equipment challenges at the time). Ensuring able to meet someone's individual wishes e.g. prior communication with mortuary, ensuring appropriate equipment in place and for ablutions (patients & visitors), provision of Quran cubes and zam zam water. ▪ Case Study Adult Palliative Care (Service meeting religious needs): Refugee (granted status) Muslim faith – diagnosed with cancer (distressing symptoms) – reluctance to discuss prognosis or advanced care planning (general distrust of healthcare). Significant spiritual distress on admission. Team demonstrated awareness of religion/ culture – built trust and able to explore thoughts/ feelings and treatment (including resuscitation, ACP and wishes to have family around her at the end, including young child). Offered SPaRC intervention. ▪ Case Study Adult Palliative Care (Appropriate Care for Patients with Learning Disabilities): 57yr old lady with severe learning disabilities and epilepsy admitted with reduced consciousness/ chest infection (recurrent admissions – considered close to end of life). Living with friends in supported accommodation and no NOK or family. Patient lacked capacity to be involved in complex decision making. Demonstrated how the team step up to meet the needs of our patients with LD (supporting, communicating and advocating). Work alongside Lead LD nurse, health facilitation nurse (Waddiloves) and home support team. Needed IMCA (supported ward team in understanding process for this). Training arranged for staff to provide appropriate care at home for EOL. ▪ Risk for IMC -Identified a need to collect more comprehensive data on protected characteristics (NACEL action plan) ▪ Ethnicity Data dashboard vs Projected needs, including data on use of Interpreting Services including Dr Jamilla Hussain's work with the South Asian community 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> Understanding Index of Multiple Deprivation Data: postcode provides insights on the potential needs of patients. <p>Pennine Breast Cancer Screening:</p> <ul style="list-style-type: none"> Breast Screening Survey (April 2024) – Patient Experience Team commissioned by Breast Screening Services, outlining rationale and approach/ methodology, findings and recommendations. Resulting in development of a short accessible video to address concerns and explain terminology and a review of the appointment letter Easy Read version developed. Data from the Friends & Family Test ratings on care received Interpreting used for assessment clinics Liaison with GPs to understand patient/ service user profile and any enhanced health needs. Examples of how HP Specialists engage with the community/ work with ICB's to understand and address any potential access barriers to Breast Screening services. Sharing Visual and tactile display ensuring breast care/ self-screening information is accessible. Information on Staff Training e.g. Rainbow Badge pledge, DV training and involvement in community health promotion events. 	

Outcome	Evidence	Rating
<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> ▪ BTHFT Patient Experience & Engagement Strategy: “Kindness at every step. No decision about you without you” ▪ Carer’s Passport: Ensuring the needs of carers and patients are met. ▪ Individualised Care: Including “This is me”, VIP, Red Bags/ Individualised care bags for learning disability patients (containing familiar items that maintain safety and comfort and necessary items such as medicines) ▪ Sunflower Lanyards: poster and lanyards further demonstrating the Trusts approach to supporting those with additional needs. ▪ Spiritual, Pastoral and Religious Care Service and SPaRC app: offering accessible support and guidance to patients and staff in need, regardless of religion or belief. ▪ Trans Equality Policy for Patients and Staff ▪ BTHFT Equality Impact Assessment pro form and guidance: used to ensure equality impacts are considered in the development and review of all Trust Policies, guidelines, services and site facilities. <p>Children & Young People’s Palliative Care:</p> <ul style="list-style-type: none"> ▪ The Bradford Butterfly Pathway – Perinatal Palliative Care Initiative ▪ Seamless comprehensive care led by the same team from point of diagnosis to birth and beyond, including emotional, social and cultural aspects of care, providing support for siblings/ families, focussing on making the most of the time the families have together and ensuring future pregnancy implications/ extension of genetic screening etc and minimising impact on future mental and physical wellbeing for all involved. 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<p>Adult Palliative Care:</p> <ul style="list-style-type: none"> ▪ Assessment templates and documentation to explain the service ▪ EPACCS – what it is and what it allows us to capture (carer’s information) ▪ PCN and Advanced Care Leaflets ▪ NACEL data headline visuals ▪ Development of volunteers/ end of life carers passport ▪ Bereavement Leaflet, including information on rapid release of bodies and what they do for patients with no family/ friends. ▪ Wider research work and key documents Bradford staff have been involved in, such as Dr Ellie Kane. <p>Pennine Breast Cancer Screening:</p> <ul style="list-style-type: none"> ▪ Friends & Family Test results ▪ Person Centred Care ▪ Development of Easy Read invitation letter ▪ Examples of Reasonable Adjustments made (e.g. translation services, longer appointment times and at a static site) ▪ Breast Care Nurse at every assessment clinic 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Evidence of HP Specialist working within the community 	
1C: When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> ▪ “Zero Tolerance to Abuse”: The Trust’s violence prevention/ security management policy outlining how the Trust supports the safety and wellbeing of both patients and staff. ▪ BTHFT Safeguarding Policy ▪ “15 Steps Walk-around” demonstrating public involvement in a range of patient safety measures. ▪ Good Recruitment Practice: leaflet highlighting the need for rigorous processes when hiring new employees, specifically; <ul style="list-style-type: none"> ▪ Pre-employment screening – why pre-employment checks are so important in ensuring the health, safety and well-being of applicants and patients. Providing assurance that applicants are appropriately qualified and are who they say they are. ▪ Recruitment processes – Our robust recruitment process is detailed in training for managers and ensures we attract/ retain a diverse pipeline and carry out necessary checking of knowledge, experience and requirements that are free from discrimination. ▪ Freedom to Speak Up data and comms: a supportive and blame free mechanism for reporting and acting upon instances of poor patient care, poor handling of patient safety incidents or poor staff culture. <p>Children & Young People’s Palliative Care:</p> <ul style="list-style-type: none"> ▪ The Bradford Butterfly Pathway – Perinatal Palliative Care Initiative ▪ Seamless comprehensive care led by the same team from point of diagnosis to birth and beyond, including emotional, social and cultural aspects of care, providing support for siblings/ families, focussing on making the most of the time the families have together and 	Achieving (score 2)

Outcome	Evidence	Rating
	<p>ensuring future pregnancy implications/ extension of genetic screening etc and minimising impact on future mental and physical wellbeing for all involved.</p> <p>Adult Palliative Care Service:</p> <ul style="list-style-type: none"> ▪ Ward Accreditation- End of life questions included ▪ End of Life Operation Group – forum to discuss and escalate and resolve concerns around EOL care ▪ NACEL data – headline visuals <p>Pennine Breast Cancer Screening Service:</p> <ul style="list-style-type: none"> ▪ FTSU data discussed at quarterly meetings 	
1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> ▪ Patient Experience Intelligence/ PALs enquiries, compliments & learning from complaints (including demographic data where possible) e.g. Analysis of incident reporting trends/ area's where action is necessary and any action taken as a result of incident reporting. ▪ Data from Friends & Family Test and PLACE ▪ Data on serious incident reporting ▪ Healthwatch data from community engagement ▪ Evidence of Patient Engagement work (e.g. maternity services Core20+5 patient insight report – pulling together any related work from the last 5 years) 	Achieving (score 2)

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ BTHFT Equality, Diversity & Inclusion Strategy: including our strategic EDI objectives for 2023-2025. Our approach to addressing 'Health Inequalities' and recognising the link between staff and patient. Developed through engagement with our staff and communities. ▪ Workplace Civility at BTHFT: understanding the link between staff and patient treatment. ▪ Staff Survey Results: Over 60% of staff would recommend BTHFT as a place to work and receive treatment. ▪ Nursing Times Workforce Summit Award 2023 Winner of “Best Employers for Diversity & Inclusion” ▪ Results of Breast Screening Survey (Penning Breast Screening) ▪ NACEL data (Adult Palliative Care) 	

Overall Score for Domain 1	Achieving (score 8)
----------------------------	----------------------------

Domain 2: Workforce Health & Wellbeing

Outcome	Evidence	Rating
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> ▪ Presentation and Marketplace discussion from the Trust “Workplace Health & Wellbeing Service” showcasing: <ul style="list-style-type: none"> ▪ Support provided by the OH service, including advice and guidance on reasonable adjustments, ergonomics and signposting/ referral to other services (including psychology). ▪ Number of staff accessing the OH service, including the number of pre-employment screenings and the number of staff assessed as needing reasonable adjustments. ▪ Number of staff: accessing the Employee Assistance Programme, being seen by Occupational Health for MH reasons/ stress/ COPD/ diabetes ▪ Staff Gym and exercise classes ▪ Signposting to West Yorkshire Mental Health Hub ▪ Occupational Therapy services (e.g. meditation, breathing, neck & shoulder exercises on Thrive). ▪ Managing Mental Well-being at Work policy ▪ Health, Wellbeing & Attendance Management policy and Toolkit (Return to Work Pro forma): includes prompts to discuss further action and support). ▪ Managing sickness absence training slides (includes signposting to support 	Achieving (score 2)

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Presentation & Marketplace discussion from the Trust Psychology Service showcasing ▪ NHS Health & Wellbeing Framework ▪ Colleague support & guidance following a traumatic event (post event support pathway) ▪ Feedback on ‘reflect and reset’ sessions ▪ Mental Health referral pathways (4 steps) ▪ Qualitative study of staff experience of psychology sessions ▪ Video: BTHFT as a People Promise Exemplar site (We are safe & healthy) ▪ Data on staff accessing wellbeing pages on Thrive ▪ Staff Survey data 2024 on “We are Safe & Healthy” <p>BTHFT Equality, Diversity & Inclusion Strategy including our strategic EDI objectives for 2023-2025.</p>	
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> ▪ “Zero Tolerance to Abuse” Presentation on the Trust’s violence prevention/ security management outlining how the Trust supports the safety and wellbeing of staff and including the Trust policy on ‘Withholding treatment from violent & abusive patients’ ▪ 2024 Staff Survey Highlights “harassment & bullying & physical violence” ▪ Thrive/ Workplace Civility including communications/ toolkit/ training/ drama based training videos. 	Achieving (score 2)

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Video: BTHFT as a People Promise Exemplar site (We are safe & healthy/ We are compassionate & Inclusive) ▪ Overview of Employee Relations data (formal case log and outcomes relating to Harassment & Bullying and monitoring H&B and disciplinary cases by gender and ethnicity on bi-monthly basis and quarterly reports for Trust Board). ▪ Violence prevention and reduction task & finish group ▪ Sexual Safety Charter ▪ Good Recruitment Practice: leaflet highlighting the need for rigorous processes when hiring new employees, specifically, <ul style="list-style-type: none"> ▪ Pre-employment screening – why pre-employment checks are so important in ensuring the health, safety and well-being of applicants and patients. Providing assurance that applicants are appropriately qualified and are who they say they are. ▪ Recruitment processes – Our robust recruitment process is detailed in training for managers and ensures we attract/ retain a diverse pipeline and carry out necessary checking of knowledge, experience and requirements that are free from discrimination. ▪ Workforce Race/ Disability Equality Standard results, analysis and action plans. ▪ BTHFT Equality & Diversity Council Terms of Reference (chaired by Mel Pickup, Chief Executive) ▪ Staff Equality Networks: Providing a voice for our diverse staff at a strategic level, raising the profile of Race/ Disability/ LGBT+ equality and seeking to address issues raised through network members lived experience. 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Equality Census: Enabling the collection, retention and analysis of personal diversity information for staff with the aim of highlighting and addressing potential inequalities. ▪ BTHFT Equality, Diversity & Inclusion Strategy 2023-2025 (including our strategic EDI objectives): Highlighting our EDI ambitions, our activity, approach and progress ▪ NHS EDI Improvement Plan: Focus on eliminating the conditions and environment in which bullying, harassment and physical harassment occurs ▪ Managers EDI Briefing: Half day face-to-face course for line managers providing direction, guidance and safe space discussion around their role and remit in relation to EDI at BTHFT (including focus on Workplace Civility ‘nipping issues in the bud’ and providing support and guidance to staff. ▪ NHS Workforce Disability Equality Standard “Enable & Inspire” Innovation Fund Project: inclusion project (booklet and video) 	
<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> ▪ Presentation & Marketplace discussion: Number of staff accessing the Vita Health Group (employee assistance programme) ▪ Video: BTHFT as a People Promise Exemplar site (We are safe & healthy/ We are compassionate & Inclusive) ▪ 2024 Staff Survey Highlights “harassment & bullying & physical violence” ▪ Thrive Site signposting to staff support resources ▪ Sexual Safety Charter ▪ Menopause support 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Managing Mental Well-being at Work policy ▪ Health, Wellbeing & Attendance Management policy and Toolkit (Return to Work Pro forma): includes prompts to discuss further action and support). ▪ Health, Wellbeing & Attendance Management Toolkit: contains information on independent support available to employees (e.g. Occupational Health, Vita Health) ▪ Dear Erica: postbox/ facebook page providing banks and agency staff the opportunity to provide feedback to the Trust and engage with teams and wards they are supporting. ▪ Veteran Support: support offered within the Trust, including signposting to VCSE organisations. ▪ Staff Advocacy Service Poster ▪ Workplace Mediation Services leaflet ▪ Freedom to Speak Up: data and comms demonstrating this as an established support service across the organisation. ▪ Staff Equality Networks leaflet and role descriptor – supporting staff and raising the profile of disability, race and LGBT+ equality across the Trust (including protected time for core group members) ▪ Key Staff Support Policies with an EDI focus: Disability Equality & Disability Leave/ Trans Equality for patients & staff/ Harassment & Bullying ▪ BTHFT Equality Impact Assessment pro forma and guidance, including new/ existing policy approval checklist (highlighting the requirement for completion of Equality Impact Assessment). 	

Outcome	Evidence	Rating
2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> ▪ Nursing Times Workforce Summit Award 2023: nomination and award for “Best Employer for Diversity & Inclusion” ▪ Let’s Talk – Review of 2024 ▪ BTHFT Equality, Diversity & Inclusion Strategy 2023-2025: including our strategic EDI objectives and showcasing staff engagement and support. ▪ 2024 Staff Survey Results “Staff Recommend BTHFT as a place to work and receive treatment”. ▪ Connected on Ability festival: demonstrates partnership working (Act as One) to raise the profile of disability equality and better the experiences of all staff. ▪ Video: BTHFT as a People Promise Exemplar site 	Achieving (score 2)
Overall Score for Domain 2		Achieving (score 8)

Domain 3: Inclusive Leadership

Outcome	Evidence	Rating
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> ▪ BTHFT Equality, Diversity & Inclusion Strategy 2023-2025: including our strategic EDI objectives and our approach to addressing Health Inequalities and report on progress and next steps (taken to EDC) ▪ Leadership & Organisational Development presentation featuring, <ul style="list-style-type: none"> ▪ New Executive Director Appraisal System ▪ Leadership Pathways ▪ Management Essentials training modules ▪ ‘Leading at a higher level’ manager course (launching Feb 2025) ▪ ‘Thrive Live’ sessions ▪ Photographs/ Comms evidencing Board member attendance at religious/ cultural celebration events ▪ Equality & Diversity Council reports to Trust Board ▪ Equality & Diversity Council Terms of Reference, example meeting notes and example presentation slides 	Achieving (score 2)

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Video: BTHFT as a People Promise Exemplar site (We are safe & healthy/ We are compassionate & Inclusive) ▪ EDI Improvement Plan: 6 high impact actions ▪ Managers EDI Briefing: half day face-to-face course for line managers providing direction, guidance and safe space discussion around their role and remit in relation to EDI at BTHFT (including focus on Workplace Civility ‘nipping issues in the bud’ and providing support and guidance to staff. ▪ Reciprocal Mentoring Programme Guide: positive action aimed at providing development opportunity to those who are under-represented at senior management levels and a reciprocal learning process for learning partners at senior management level. 	
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	<ul style="list-style-type: none"> ▪ Board Assurance Framework (BAF) – reports to People Academy and Trust Board (risk 3.3 relates to EDI) ▪ Board/ Committee/ Academy papers referencing EDI/ Health Inequalities impacts. ▪ Board Development Session that took place in October 2024 on Health Inequalities. 	Achieving (score 2)
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor	<ul style="list-style-type: none"> ▪ 2024 Staff Survey Results Report and Action plan ▪ Launch of Dynamic Conversations (1:1 framework due to launch February 2025). 	Achieving (score 2)

Outcome	Evidence	Rating
progress with staff and patients.	<ul style="list-style-type: none"> ▪ Board Assurance Framework reports to People Academy and Trust Board (risk 3.3 relates to EDI) ▪ Workforce Race & Disability Equality Standard (WRES/ WDES) reports/ presentation to People Academy and Trust Board and minutes of meetings ▪ Health Inequalities update presentation and reports to Quality Committee. ▪ Patient Stories (reports/ presentations to Trust Board and minutes of meetings) ▪ People Academy Chair reports/ presentations to Trust Board and minutes of meetings ▪ Health Inequalities and Waiting List analysis reports/ presentations to Finance & Performance Academy and Trust Board, and minutes of meetings. ▪ Analysis of Harassment & Bullying and Disciplinary cases by ethnicity & gender. 	
Overall Score for Domain 3	Achieving (score 6)	

Appendix 3: Third Party Involvement in Domain 3 Review

Trade union reps:	Invitation taken to Joint Negotiating Committee. Staff Engagement event attended by Richard Deacon and Sarah Dodsworth (Yorks & Humber RCN reps).
Independent Evaluators and Peer Reviewers:	Airedale Hospitals NHS Foundation Trust (EDS 2022 lead: Katherine Duke)

Appendix 4: Bradford Teaching Hospitals NHS Foundation Trust EDS Organisation Rating (overall rating)

Total EDS rating for BTHFT Domain 1: Score 8 Domain 2: Score 8 Domain 3: Score 8	Achieving (Overall EDS score: 22)
---	---

Appendix 5: EDS Action Plan

EDS Lead	Kez Hayat, Head of Equality, Diversity & Inclusion
Year or years active	2025/ 2026
EDS Sponsor	Mel Pickup, Chief Executive
Authorisation date	20 th February 2025

Domain 1: Commissioned or provided services.

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Continued focus on accessibility and inclusion	<p>Continue to develop the innovative work around accessibility and inclusion for each service area and consider how these developments will be adequately funded.</p> <p>Focus on communicating services in accessible formats and how we can reach communities that may not be aware of service provision</p> <p>Develop comms and engagement around the inclusion of under-represented groups in accessing breast screening services (e.g. men with gynaecomastia, trans, non-binary and non-gender conforming patients)</p>	<p>February 2026</p> <p>December 2025</p> <p>December 2025</p>
	1B: Individual patients (service users) health needs are met	Consider the needs of carers	Communicate the carer's Passport more widely to raise awareness	August 2025
	1C: When patients (service users) use the service, they are free from harm	Ensure staff are trained on EDI and cultural competency.	Develop a business case around the implementation of cultural competency and humility training (potentially utilising train the trainer approach)	December 2025

Domain	Outcome	Objective	Action	Completion date
			Focus on tracking population health inequalities and empowering colleagues to increase their knowledge of working with a range of communities with additional needs	February 2026
	1D: Patients (service users) report positive experiences of the service	Work with the Accessible Information Standard working group	<p>Focus on resolving communication between Primary and Secondary care systems and to ensure GPs are aware of their role in supporting Trusts to meet the specific needs of some patients and easing their transition to Secondary care</p> <p>Ensure we are gathering and analysing patient data around the 9 protected characteristics and using this to understand the needs of our patients/ service users</p>	<p>February 2026</p> <p>Ongoing</p>

Domain 2: Workforce Health & Wellbeing

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce Health & Wellbeing.	2a) Staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.	Work to reduce Occupational Health waiting times	Occupational Health to work collaboratively with HR colleagues to develop ways of reducing DNA's which impact on waiting times. Continue to develop our pipeline of trained OH nurse specialists	February 2026
	2b) Staff are free from abuse, harassment, bullying and physical violence from any source.	Continued focus on creating psychological safety and improving cultural awareness	Focus on providing safe spaces for discussion and confidence to "speak up", or respectfully challenge inappropriate behaviours, ensuring psychological safety is guaranteed.	May 2025
			Develop a business case around the implementation of cultural competency and humility training (potentially utilising train the trainer approach)	December 2025
			Introduction of Anti-racist approaches (place level strategy in development) Ensuring a comprehensive Trust-wide launch and communications plan for the refreshed Respect, Civility & Resolution Policy	June 2025 August 2025

Domain	Outcome	Objective	Action	Completion date
		Ensure there is a greater security presence as a deterrent to anti-social behaviour	Work with the violence & aggression task & finish group to consider how this might be achieved.	February 2026
	2c) Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.	Communicating health & wellbeing service provision and referral pathways, including other support mechanisms more widely across the Trust.	<p>Continue to engage with CSU's/ departments to further develop the 'Press PAUSE', 'Reflect & Reset' and Reach Recovery' initiatives across the Trust.</p> <p>Seek out opportunities to raise the profile of staff support mechanisms and referral pathways using existing Trust communication methods and also exploring other more interactive engagement opportunities.</p>	<p>February 2026</p> <p>December 2025</p>
	2d) Staff recommend BTHFT as a place to work and receive treatment.	Continue to develop a culture of inclusive and compassionate leadership across the Trust, and ensuring managers are aware of and engaged in the EDI agenda.	<p>Continue to roll out and develop the EDI training for managers</p> <p>Continue to engage with CSU/ Department managers on their role and remit as part of the newly launched EDI Strategy. Encouraging them to develop local action plans, capturing team priorities around the 5 equality objectives.</p> <p>Launch a 2-day Inclusive Leadership programme for senior leaders within the</p>	<p>Ongoing</p> <p>Ongoing</p> <p>February 2025</p>

Domain	Outcome	Objective	Action	Completion date
			<p>organisation, with a view to extending this to all line managers.</p> <p>Develop a series of bite-size sessions for managers around disability equality and reasonable adjustments.</p>	September 2025

Domain 3: Inclusive Leadership

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive Leadership.	3a) Board members, system leaders (Band 9&VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to equality and health inequalities.	Maintaining senior leadership involvement and support around the EDI agenda	Continue to engage with CSU/ Department managers on their role and remit as part of the newly launched EDI Strategy. Encouraging them to develop local action plans, capturing team priorities around the 5 equality objectives.	Ongoing
			Ensure Trust Board members are provided every opportunity to engage with our diverse workforce in a positive and meaningful way.	Ongoing
			Ensuring Trust Board involvement in EDI related activity continues to be featured in Trust-wide communications on a regular basis and consider how this information reaches <u>all</u> staff groups.	Ongoing

	3b) Board/ committee papers (including minutes) identify equality and health related impacts and risks, and how they will be mitigated and managed.	Ensure the Trust board are sighted on equality and health related impacts and risks.	<p>To ensure comprehensive EIA's are being conducted and actions are being monitored with the overall aim of negative impact being minimised.</p> <p>Continue to share equality and health inequality related challenges, progress and best practice approaches with Equality & Diversity Council for discussion and action.</p> <p>Continue to provide regular updates to Trust Board to ensure they are fully sighted on any issues/ risks and how they will be mitigated/ managed.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
	3c) Board members and system leaders (Band 9 & VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Renewed efforts in communicating the positive progress that is being made to reach all Trust colleagues	Continued efforts by the comms team to communicate progress	Ongoing