



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Equality Delivery System
Report for Bradford Teaching
Hospitals NHS Foundation
Trust
2025-26

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NHS Equality Delivery System (EDS2)

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: Thursday 12 th February 2026 Domains 2 & 3: Monday 23 rd February 2026
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	23 rd February 2026	Month and year published	April 2026
Date authorised	23 rd April 2026	Revision date	February 2027

1. Purpose

The purpose of this report is to:

- Summarise the process undertaken to deliver on the Equality Delivery System (EDS2).
- Report on the EDS2 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 (EDS2) 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 (or EDS2 as used in this report) 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 EDS2 was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The EDS2 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 EDS2 Rating and Scoring).

The EDS2 report is designed to give an overview of the organisations most recent EDS2 implementation and must be published on the Trust website no later than 28th February each year.

[The EDS2 suite of documents and supporting resources can be found in the equality hub section of the NHS England website.](#)

3. EDS2 Rating and Scoring

In accordance with [the EDS2 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/ EDS2 Organisation Rating. Ratings are in accordance with scores are below. The scoring system allows organisations to identify gaps and areas requiring action.

Table 1 EDS2 Scoring

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

4. Approach

NHS organisations across Bradford District & Craven worked together to implement the EDS2 framework. This is the third year that the refreshed EDS2 framework has been delivered in West Yorkshire, and EDI leads from local NHS Trusts across the

district again collaborated to agree an approach that would be effective and support delivery. This working group met regularly 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 Working Group agreed to focus on three services or clinical pathways: Bradford Nutrition & Dietetics Service, Maternity and Mental Health. Each of the provider Trusts selected their service areas from within these categories which align with the 'Core 20 Plus 5' approach to reducing health inequalities. 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 Bradford Teaching Hospitals NHS Foundation Trust chose to focus on Bradford Nutrition & Dietetics Service, Maternity (focussing on Labour Ward) and Mental Health provision within our Accident & Emergency Department. This decision was made in discussion with clinical leads in those areas and in accordance with the EDS2 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, providing opportunity to share their feedback and scores based on both the evidence provided and 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, and Airedale Hospitals Foundation Trust. 30 people attend the event which took

place at Scorex House (in the centre of Bradford) on 12th February 2026. 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 EDS2 rating & scoring guidance](#) see section 3 above), along with any feedback and/or suggestions for improvement.

The overall feedback suggests there is some excellent 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.

Domains 2 & 3: Staff Engagement Event

A staff engagement event was held on Monday 23rd February 2026 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 29 members of staff attending.

Colleagues from the Equality, Diversity & Inclusion team, Corporate Governance, Freedom to Speak Up, Project Search, 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
Pennine Breast Care Services have trialled an inclusion invite letter along with the national letter and Catherine Healy	Tackle Population Health Inequalities/

Action/ Activity	Related Trust Equality objectives
(Patient Engagement Team) is developing a further DNA survey to measure progress.	Promoting Inclusive Behaviours/
Pennine Breast Care Services have worked with GP surgeries to encourage the inclusion of under-represented groups in the national breast screening programme (e.g. Trans men). Posters (e.g. 'Coppafeel') have been shared to promote the uptake of non-binary patients, including an adjustment of the language used in comms to ensure it is more inclusive.	Effective Community & Staff Engagement & Involvement
Colleagues have been working with PCN's in Bradford and other areas prior to commencing screening programmes in that area, to share information which outlines how GPs can support increased uptake, particularly for under-represented groups.	Education, empowerment & support
The National Breast Screening Programme now records ethnicity, along with a note of those requiring an enhanced appointment for specific needs. The invitation letter is now available in large print and easy read. Patient information is now available in 10 different languages, including braille and videos have been developed in different languages to increase accessibility.	Tackle Population Health Inequalities/ Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement
<p>The Trust's Health Equity Oversight Group (HEOG) had its first meeting in August 2025. The group completed the Health Equity self-assessment 2025/2026 which has seen two domain ratings improving. Some key areas of progress for the Trust include:</p> <ul style="list-style-type: none"> - Roll out of HEAT (Health Equality Assessment Training) across the Trust. - Establishment of MECC health improvement project which enables staff to have meaningful conversations with patients about their health with focus on wider factors such as hypertension, smoking cessation, physical activity etc. MECC aligns to both the NHS 10-year plan - Launch of a new DNA dashboard which has been developed to highlight the impact of deprivation on DNA rates and how this disproportionately affects Core20 patients - Development of a place-based health strategy (which links into the wider place-based strategy) along with three collaborative programmes to support delivery of this, including work with the Reducing Inequalities Alliance (RIC) and the Voluntary & Community Sector (VCS) 	Tackle Population Health Inequalities/ Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement

Action/ Activity	Related Trust Equality objectives
<p>In 2025 we launched our refreshed People Strategy, developed through collaboration and engagement, and aligned to the NHS People Plan, NHS Long Term Workforce Plan and the NHS People Promise. The strategy sets our 3 ambitions and how we will achieve this by 2030:</p> <ol style="list-style-type: none"> 1. Health, wellbeing and belonging for all our people 2. Making BTHFT a great place to work 3. More people working differently 	<p>Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement/ Reflective & Diverse Workforce</p>
<p>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.</p>	<p>Implementation of our Trust EDI Strategy/ Reflective & Diverse Workforce/ Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement</p>
<p>Our first-ever Equality, Diversity and Inclusion Conference took place on Wednesday 22nd October 2025 at the Cedar Court Hotel in Bradford with the theme of “Belonging at BTHFT: Thriving on Inclusion”. Hosted by CEO Mel Pickup and Kez Hayat, Head of EDI; over 230 colleagues from across the Trust (including some external partners) heard from a range of fantastic speakers, including Professor Habib Naqvi MBE from the NHS Race & Health Observatory, a drama based training session from Collingwood Learning and a Q&A panel hosted by our four staff equality networks.</p>	<p>Education, empowerment & support/ Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement</p>
<p>Over the past year, targeted management actions have reduced OH Nurse Advisor wait times from seven weeks to two days. These actions included a tighter discharge process, improved appointment notification, realignment of workloads, and enhanced manager support at triage. Skill mix adjustments have supported continuity of service despite recruitment challenges and two Band 5 nurses commenced specialist OH training in September 2025. The introduction of an on-line referral system now enables managers to monitor case progress more easily and improves communication with OH.</p>	<p>Education, Empowerment & Support</p>
<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>Education, Empowerment & Support</p>

Action/ Activity	Related Trust Equality objectives
<ul style="list-style-type: none"> - We have continued targeted engagement with areas that are exposed to high rates of potentially traumatic incidents. Press PAUSE training has been rolled out to three further specialities – Maternity, ICU and A&E depts. 	
<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> <ul style="list-style-type: none"> - We have updated the Thrive page with the latest information about the Staff Psychology offer see: Emotional Wellbeing – Bradford Teaching Hospitals Intranet and created a Staff Psychology intranet site: Staff Psychology Service – Bradford Teaching Hospitals Intranet. - Interactive engagement comes through our presence on the preceptorship programme which raises awareness of support offer, in addition to profile raising through hot debrief (Press PAUSE) teaching and post-incident support sessions (Reflect & Reset) which also highlight the availability of individual therapy support. 	Education, Empowerment & Support
<p>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 Neonatal Unit ‘Home from Home’ parent accommodation, Wheelchair Services provision, Sexual Misconduct Policy, Accessible Information Standard Policy, including EDI involvement in the End-of-Life steering group, focussed on addressing health inequalities experiences by some groups through bereavement.</p>	Education, empowerment & support/ Effective Community & Staff Engagement & Involvement
<p>Continued to roll 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.</p>	Education, empowerment & support/ Promoting Inclusive Behaviours
<p>‘Leading at a Higher Level’, a new two-day course for managers was launched in 2025 (with over 1,000 leaders trained so far). The course focuses on setting the expectations of a BTHFT manager and how leaders set foundation, structure, worthwhile standards, and how we recognise and reward each other. It empowers leaders to</p>	Education, empowerment & support/ Promoting Inclusive Behaviours

Action/ Activity	Related Trust Equality objectives
<p>take action. Leaders at all levels can access other development opportunities such as the Mary Seacole Programme, coaching, mentoring and NHS Elect.</p>	
<p>A Trust Board Development Programme has been introduced. This has included a session on compassionate leadership, and Trust Board have been supported to develop their own 'code of Conduct' around this.</p>	<p>Education, empowerment & support/ Promoting Inclusive Behaviours</p>
<p>The Trust's EDC (Equality & Diversity Council) provides an essential mechanism for strategic level discussion and decision making around current EDI issues from both a workforce perspective and including the Trust's approach in tackling population health inequalities (an area where further significant progress has been made over the last 12 months). EDC continues to meet regularly and is chaired by the Chief Executive who is also the Trust's Executive Sponsor for equality, diversity, and inclusion. Our 4 Staff Equality Networks have dedicated agenda time at each meeting ensuring we provide a voice to our diverse staff groups at a strategic level. Key updates from each quarterly meeting are reported directly to our Trust Board. Membership of the EDC is reviewed regularly with a focus on ensuring its role and remit is fit for purpose and the terms of reference for EDC are reviewed annually.</p>	<p>Education, empowerment & support/ Promoting Inclusive Behaviours/ Tackling Population Health Inequalities</p>
<p>Our Freedom to Speak up team have reported in an increase in FTSU concerns attributed to 'Speak up week', the proactive work by the FTSU Ambassadors, and the commencement in post of a second FTSU Guardian in December 2025, which have all increased staff awareness and engagement, and ensuring safe spaces to raise concerns.</p>	<p>Education, empowerment & support/ Promoting Inclusive Behaviours</p>
<p>In collaboration with other EDI experts, and in partnership with the Race Equality Network (REN), we have embarked on developing a district wide Anti-Racist Charter/ framework. This is a a system-wide activity aligned with our place level EDI priorities and with oversight from the Bradford District Health & Wellbeing Board.</p> <p>This will be structured and measurable framework through which organisations can demonstrate their commitment to becoming anti-racist. The model will place particular emphasis on embedding anti-racist approaches across governance and leadership, employment practices, organisational culture, and access to services. Once</p>	<p>Education, empowerment & support/ Promoting Inclusive Behaviours</p>

Action/ Activity	Related Trust Equality objectives
launched, we will be required to do a local launch across the Trust, with emphasis on a poster campaign, anti-racist training (including micro-aggressions training) and will form part of a key area of work for the EDI team to deliver on. In addition to this collaborative work, the Trust is keen to adopt the 7 Anti-Racism Principles developed by the NHS Race & Health Observatory.	
Each member of our Trust Board has 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 have continued to be shared widely in Trust wide comms.	Education, empowerment & support/ Reflective & Diverse Workforce
Each of our 3 staff equality networks has an Executive Sponsor who takes 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
The Trust has made significant progress on the Violence Prevention and Reduction (VPR) Standards with red indicators reduced from 18 to 10, amber indicators reduced from 15 to 11, and green indicators increased from 10 to 22. This assessment also highlighted strong assurance in the leadership and accountability domain, where executive ownership and governance structures have been further strengthened. There have also been targeted interventions across the Trust, including security reviews, body-worn camera pilots and support with police action, alongside ongoing staff engagement and communications to encourage reporting.	Promoting Inclusive Behaviours/ Effective Community & Staff Engagement & Involvement

7. EDS2 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
(Bradford Nutrition & Dietetics Service, Maternity, A&E (Mental Health provision))

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 **Undeveloped** 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)
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)

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

Domain 1 (average scores for each service area):

- **Bradford Nutrition & Dietetics Service:**
 - 1a Excelling
 - 1b Excelling
 - 1c Achieving
 - 1d Achieving
- **Maternity (Intrapartum Care/ Labour Ward):**
 - 1a Achieving
 - 1b Achieving
 - 1c Achieving
 - 1d Achieving
- **A&E (Mental Health):**
 - 1a Developing
 - 1b Developing
 - 1c Achieving
 - 1d Achieving

Domain 1, Key themes/ feedback shared by participants:

Demonstrating good progress, but still some challenges and a need to showcase the good practice that is taking place

- Respondents were mindful of the detailed action plan in place to support patients with Mental Health conditions attending A&E, which should ensure improvements in access, outcomes and experience over the next 12 months.
- A&E have already started to put changes into place for example the ward 8, overflow to review patients has helped to reduce the acuity.
- All areas demonstrated evidence to show clear action plans and areas of good practice
- Services demonstrated understanding of what is needed and are on various stages of the journey to enact change
- Maternity showcased plans from individual patients throughout their maternity experience from conception to labour and the postnatal period. Bradford Nutrition & Dietetics Service also discussed individual plans for various conditions.
- Based on the information shared on the day there is still work to do. Patients are reporting positive experiences but unsure of engagement and representation in feedback across the diverse patients served. The Excel programme is an example of reaching beyond our walls to better understand

patient experience as is some of the co-production work demonstrated in Bradford Nutrition & Dietetics Service and maternity.

More focus on data collection and analysis needed

- For some areas, more data is needed around the individual experiences of diverse patients
- There is scope for improvement on reporting, to better understand the characteristics of patients/service users impacted in incidents. This would support improvements in service delivery and outcomes aligned with the EDI agenda. There were examples of good adaptations shared on the day in terms of 'quality improvement', but I believe incidents are under reported and we do not always reach to hear the voices of those our services are not working for.

More focus on accessibility and individualised care needed

- A&E have commenced triage and individual care but addressing individual languages from patients is still a challenge.
- The demographics of Bradford continue to evolve, and our services need to reflect this and keep pace with population needs.

Domain 2, Key themes and feedback shared by participants:

2A: Need to maintain current progress and improve communication on health & wellbeing service provision and referral pathways:

- If wait time for OH could be reduced would score excellent.
- main issue is the time it takes for referrals for support to OH from both a staff and management perspective
- I think we are achieving goals but sometimes these support services needs promoting more to staff groups so everyone knows how to seek support.
- I have seen little information about this although there may well be work ongoing such as using data to support well being
- Better systems in place
- The range of support available and the speed of response is fantastic
- Robust support systems available
 - Management & Other services is available to provide support to staff, there might be a long delay to see Occupational health team
 - reasonable adjustments are made where possible to support staff
 - Comprehensive support offered from Occupational Health and Staff Psychology, good emphasis on health and wellbeing focus as part of dynamic conversations from OD
 - A change in the wording in the Attendance Management policy to show consideration of leave beyond 12 months where there is evidence that health improvement is being made and that a return to duties is realistic with a little extra time.
- Having been through my own health experience in health issues, I have received very good support and that have enabled me to continue with my

work. All the staff that I know of or spoken to have had support from their managers with referrals to other relevant teams.

2b Recognition of progress around zero tolerance to violence & abuse and Workplace Dignity & Respect. Need for further focus on informal conflict resolution, compassionate leadership approaches and a need to further increase security presence in high-risk areas:

- The Trust is working hard to ensure patients and staff are not at risk. This is a difficult area to excel in.
- Staff know who the bullies are. Relationships are key and support to help repair should be earliest intervention
- Systems in place to deal with issues
- More HR support when staff report abuse. However, I recognise the work being done on the Civility Toolkit and Sexual Safety charter.
- We are making some change and implementing zero tolerance abuse towards staff but there are still some areas that we need to address with regards to staff experience towards other staff
- despite the zero tolerance to staff for verbal and physical abuse there are occasions where this does happen and there are limits to how these circumstances are managed due to lack of staff available to support these circumstances.
- This is in place and very senior leaders support staff who have been harassed or abused etc but some lower-level managers are not as supportive.
- There have been instances where staff have been investigated and the outcome was considered lenient given the seriousness of the complaint
- Work to tackle civility issues is ongoing
- Improve Management awareness and cultural understanding same with all the rest of staff.
- There are still some pockets/ areas that are still need attention pockets of increased security presence, walk arounds may deter people by seeing a physical security uniform.
- Would like to see RESIN/Freedom to speak and OD collaboration to promote awareness and target hot spots

2c Recognition of progress. However, there is a need to share good practice and better awareness raising of available support mechanisms, and making this information more accessible to groups who may not yet be aware through existing communication methods:

- BTHFT have everything in place for staff to access independent support like Union, FTSU, Staff network. These are embedded and staff are aware from the start of their employment
- Really good selections of networks and supports available
- Support systems are in place
- Lots of excellent support available with plans to improve the culture around this over the next 12 months

- Need to ensure continuous awareness of the above services and to reach out to other groups of staff that require support with feedback and evidence of good practice to be made available for staff to see.
- Awareness raising of support systems could be improved

2d Encouraging feedback. Continue to focus on engaging with colleagues around EDI related challenges, empowering managers and colleagues in equality, diversity & inclusion:

- The system is always developing with new initiatives
- 100 % well recommended to work and for treatment
- Good staff survey response, excellent staff feedback from some service areas
- great benefits and community feel to working within the organisation
- Staff Survey. Personal experience.
- Some minority groups have negative experiences in some areas
- More understanding needed on Diverse patients and staff, and continue learning
- Staff training and specific focus on hot spots

Domain 3, Key themes and feedback shared by participants:

3a Definite progress. Need to further maintain senior leadership, involvement and support around the EDI agenda:

- EDI and OD team appear to work hard to support the board in a commitment to inclusion however, behaviour and communication of the board themselves does not consistently demonstrate authentic commitment. For example, I think the Executive Director of HR attending late and reading from his phone reflects poorly on the board's commitment and interest in the needs of its diverse staff. Executive Director of HR appeared to lack an understanding of the purpose of the EDS as it relates to staff. Lack of presence from board at the event also indicates a lack of interest.
- Almost excellent. Definite progress made since last year and some real commitment shown
- Unsure of the exact activity taking place, but very much aware of Thrive... and the separate groups
- Even if it is discussed, rarely do we see actions scaled down to grassroots levels
- This is communicated throughout the organisation
- Good all round but need to work on the manager training roll out
- I have heard and seen what work is carried out.
- The training given to managers and the opportunity for them to attend such things as 'pause for peace'

3b Achieving, but some CBU's/ Departments are making more progress than others

- We get to know about the various reports / work streams reported to the board in let's talk and global News. Managers should have attended the civility and respect workshops and started to embed the civility and respect charter into their teams.
- Whilst I believe we are achieving this I'm not sure the general opinion from all employees would match this view. we need to be cascading this to all levels of staff
- There is disparity amongst the CBUs - some excellent examples, some requiring more support and are still at the "self-knowledge " bit.
- In spite of the press re Islamophobia, this is not how BTHFT is seen
- Improved training has taken place

3c Definite progress observed, but a need to ensure EDI and Health Equity are standing items on the Trust Board agenda and for Senior Leaders to engage with grassroots communities around EDI and Health Equity.

- Equality & Health inequalities is always on top of the agenda
- Board and senior leaders make EDI a key priority on all areas of work at BTHFT
- Equality and health inequalities not yet standing items on board agendas
- Presentations made
- Board members have a good understanding of Health Inequalities, but I feel the commitment and passion somewhat lacks.
- There is still work to do
- A need for Grassroot debates/ discussions on race and equality including challenges

9. Next Steps

The Equality, Diversity & Inclusion team will work with key stakeholders across the Trust to ensure the 'Key themes, feedback 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 2026/2027 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 (including their role as service users)
- Bradford District Care NHS Foundation Trust (including their role as service users)
- Airedale NHS Foundation Trust (including their role as services users)
- Bradford Race Equality Network
- Card Medic
- Access Able
- BTHFT Governor
- Members of staff equality networks in their role as service users

Appendix 2: Summary of Evidence and Rating Against EDS2 Outcomes for each Domain

Domain 1: Commissioned or provided services.

Outcome	Evidence	Rating
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Bradford Nutrition & Dietetics Service (Adult Gastro/ Catering Support Role/ Patient Information & Resources/ Diabetes Service)</p> <ul style="list-style-type: none"> ▪ Service offers and modes of delivery. Widening access through VRI and use of digital tools for self-reported symptoms. ▪ Role of Dietetics Catering Assistant (national requirement to meet hospital food standards) <ul style="list-style-type: none"> ▪ Works with catering/ facilities on all aspects of nutrition improvement in accordance with the 'Food Strategy' and other related documents ▪ Compliance Report 2025 ▪ Hospital menus: range of offers, new digital ordering system, patient information, including food & drink guide. ▪ Diverse range of resources available (in hard copy and as pdf of the VRI site). First line support information is available to other Healthcare professionals to share directly with patients, e.g. GP's, Health Visitors, Consultants, and other BTHFT staff for use in OP setting. Some are embedded in GP Assistn care pathways on SystemOne ▪ Range of services available for patients diagnosed with Type 1, Type 2 and gestational diabetes (Adults, Children and young people). Services reflect diverse needs of the population in addition to clinical needs. ▪ Presentation demonstrating range of services, innovations and improvements e.g. outreach work, language and cultural/ location considerations <p>Accident & Emergency Department (Mental Health perspective)</p> <ul style="list-style-type: none"> ▪ Detailed Adult Mental Health Action Plan (following recent CQC visit) ▪ Evidence of staff compliance with training 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Evidence of SOPs and escalation protocols Maternity (Intrapartum Care/ Labour Ward) ▪ Maternity Dashboard data & community manager establishment reviews ▪ Digital platform – virtual suite of information in a variety of formats/ languages (developed in collaboration with service users) ▪ BTHFT website ▪ Insight reports & presentations shared at maternity business meetings (Care Pathway for women with pre-existing mental health conditions for which specialist MDT care, support, planning and risk assessment is provided). Complex Care panel introduced April 2024. ▪ Complex Care planning: Monthly meeting minutes (evidence of MDT care planning for women with complex social needs e.g. safeguarding concerns, substance abuse, mental health, homelessness, learning disability, neurodiversity etc.). Directing the most appropriate women to Acorn, Birch, 1:1 parent education (suitable for their capacity), meeting national and local agendas for safeguarding and complex care. ▪ Service Highlight Report – outlining the work of the Parent Education Team offering a wide variety of pre and post birth support and education offers, in a variety of formats to meet individual needs. ▪ Hard copies of ‘choice of place of birth’ leaflets (3 options provided all with individualised birth plan) ▪ Interpreting Services (over 555 women booking for maternity care in Bradford do not speak English as their first language) – language and information support available 24/7 (face-to-face, mobile phone, Language Line Carts, BSL, Insight App, Car Medic, Training for multi-lingual healthcare professionals in partnership with UoB) ▪ Outstanding maternity services QI information and Service highlight reporting (from BTHFT website – maternity pages) ▪ Quarterly benchmarking – birth centre involvement in MUSA project ▪ 15 Steps Report – Access Able review of intrapartum care environment ▪ Service user feedback relating to ‘additional support’ e.g. provision of docket taxi’s, meal provision, bereavement care, free SIM cards, food bank bags, coats. 	

Outcome	Evidence	Rating
	<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. ▪ 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 	
1B: Individual patients (service users) health needs are met	<p>Bradford Nutrition & Dietetics Service (Adult Gastro/ Catering Support Role/ Patient Information & Resources/ Diabetes Service)</p> <ul style="list-style-type: none"> ▪ Examples of positive clinical outcomes in all services (posters from national conferences, plus verbal presentation) 	Achieving (score 2)

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ A range of offers to meet the needs of patients (age, culture, clinical needs etc.) ▪ A range of information for clinical conditions, with specific detailed information within each specialist area. Culture, ethnicity, age, literacy and cognitive ability considered in development of resources. ▪ Service outcomes demonstrate patients needs are met. Outcomes are similar across Bradford District and are not impacted by language, ethnicity, deprivation or age. Note: outcomes are better than nationally, despite the diverse needs of the Bradford community – services are tailored specifically to meet local need. <p>Accident & Emergency Department (Mental Health perspective)</p> <ul style="list-style-type: none"> ▪ Detailed feedback from Stakeholder feedback session on areas for improvement ▪ Detailed Adult Mental Health Action Plan, actions already completed include: <ul style="list-style-type: none"> ▪ Mental Health Specialist Practitioner Nurse resident in ED for 1 week to provide oversight, assess practice, and identify training gaps. PDSA approach used. ▪ Mental Health Specialist Practitioner to audit compliance with REACT mental health assessments, and documented risk management plans ▪ Medical and ACP Mental Health Lead appointed to promote an MDT approach ▪ Mental health is a focus area in the Excel improvement programme ▪ Review and update team leader roles/responsibilities. Focused work with the matron regarding the roles and support for the workforce. ▪ Assess nursing workforce requirement for Amber Zone sub-wait area ▪ Launched a QI project on pain assessment, management, and reassessment ▪ Monitor falls/pressure ulcer screening compliance and continue QI initiatives ▪ Monitor VIPS score compliance and continue QI initiatives <p>Maternity (Intrapartum Care/ Labour Ward)</p> <ul style="list-style-type: none"> ▪ Confirmation of CQC 'good' rating ▪ Example care plans, Parent Education, Birth Matters, Complex Care Planning and Birth Centre Reporting – demonstrating provision of tailored, compassionate care to meet the diverse needs of women and birthing people accessing services, including same sex couples, surrogacy families, neuro-divergency and learning support requirements and a whole range of physical and sensory disabilities. 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Provision of Maternity Continuity of Care (3 Teams dedicated to providing care to vulnerable groups) ▪ SPEN reporting and Service user feedback – 24-hour support for families through various types of pregnancy loss (upholding the 9 standards of the national bereavement care pathway). Including the ‘Butterfly Pathway’ for women whose baby will not survive pregnancy. Bereavement Suite recently refurbished. ▪ Tailored support for teenage pregnancy (including parent education, CAMHS, implant service) – diverse caseload ▪ Service user feedback - Birth Matters Service (personalised care planning offer, including birth debrief and review of postnatal experiences) ▪ Smoking Cessation Services ▪ Specialist Obstetric and maternity led care pathways (e.g. advice on healthy lifestyle, maternity medicine, diabetes, foetal growth restriction) ▪ Role of the Perinatal Pelvic Health Midwife ▪ Infant feeding team (in line with UNICEF BFI), complex feeding support (including community support). ▪ Work with Bradford City of Culture to develop breastfeeding artwork. ▪ Reflective workforce (34% ethnically diverse) ▪ Structured approaches to review and improve care – incident reporting, after action reviews, use of the maternity event review framework and patient safety incident review framework (MNSI and PMRT reporting) ▪ 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. 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ 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>1C: When patients (service users) use the service, they are free from harm</p>	<p>Bradford Nutrition & Dietetics Service (Adult Gastro/ Catering Support Role/ Patient Information & Resources/ Diabetes Service)</p> <ul style="list-style-type: none"> ▪ No untoward incidents relating to Bradford Nutrition & Dietetics Service. ▪ Dietitians identify any ‘red flags’ and will escalate concerns and/ or advocate for patients (case studies provided). ▪ Developed and implemented e-learning on ESR, available to all staff on food safety and allergen and specialist diet awareness (data on numbers trained available, working towards mandating training) ▪ Resources are evidence based, peer reviewed, updated regularly and met Trust standards (via CPAG and Accessible Information Standard) ▪ High risk and complex patients are prioritised in all service areas to ensure the best care, integration in clinical teams allows easy escalation of concerns. Improving diabetes control prevents worsening outcomes and complications of diabetes (outcome data provided to evidence this). <p>Accident & Emergency Department (Mental Health perspective)</p> <ul style="list-style-type: none"> ▪ Detailed Adult Mental Health Action Plan, actions already completed include: <ul style="list-style-type: none"> ▪ Communicate clear criteria for adult mental health cubicle safety requirements ▪ Implement additional safeguards for adult cubicle use: 1) Amber Zone checklist at start of shift 2) Checklist between each patient use ▪ Completed risk assessment with Paediatrics to assess the risk of not having a paediatric cubicle ringfenced 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Reinforce expectations that therapeutic 1:1 observation is delivered by clinical staff not security ▪ The requirement for 1 to 1 care is to be determined by the ED Matron/ Deputy in hours and Clinical Site Matron (CSM) out of hours ▪ Reinforce staff awareness of risk assessment tools and documentation of actions taken ▪ Supernumerary Practice educators and B7 non-clinical time to be used to prioritise staff training on completion of risk assessments ▪ Develop and implement SOP for safe use of trolley rails in ED <p>Maternity (Intrapartum Care/ Labour Ward)</p> <ul style="list-style-type: none"> ▪ Ward assurances – key safety indicators measured and reported monthly ▪ Safeguarding Team – co-ordinated support for vulnerable women and babies (early screening, safety plans and staff education) ▪ Excellent staff Training records ▪ Enhanced maternal care – for women with complex medical needs (requiring more intensive observation/ MDT approach) ▪ Access to critical care team daily (links with ICU an maternity) ▪ Ward to Board reporting (monthly staff meetings with board level safety champion) ▪ Maternity governance team (ensuring care is safe and evidence based with clear accountability, risk management and MDT approach) ▪ Birth rate plus acuity tool – helps ensure women are free from harm (matching appropriate staffing levels) ▪ Escalation policies (safety net – ensuring concerns are acted on quickly) ▪ 4 daily MDT ward rounds (safer care/ reducing risks) ▪ Medical cover (24 hour obstetric lead) ▪ Pastoral support midwives ▪ Service user voice – Marthas Rule (empowerment to raise concerns) ▪ Audit (culture of continuous learning) ▪ Saving babies lives care bundle – 95% in 5 of the 6 elements ▪ Maternity & Neonatal safety champions – broad spectrum representation at service and board level 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ FTSU guardians – staff encouraged to report concerns about risk or malpractice ▪ “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; ▪ 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>1D: Patients (service users) report positive experiences of the service</p>	<p>Bradford Nutrition & Dietetics Service (Adult Gastro/ Catering Support Role/ Patient Information & Resources/ Diabetes Service)</p> <ul style="list-style-type: none"> ▪ Feedback from patients – built into assessment tools for IBS and CD (quotes, case studies and feedback shared) ▪ Implementation of ‘Smoothie Round’ for oncology patients with excellent patients feedback. ▪ Service shortlisted for a ‘MacMillan Award’ ▪ PLACE assessment (data from facilities and patient experience group) ▪ Patient reps involved in the production processes. Patient reps ▪ joined ‘taste panels’ for new menu items and are members of the Trust’s ‘Improving Nutrition Group’ (feedback shared) 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Positive feedback from patients (L1 clinic audit, HCL groups, SE). ▪ Where patients suggest changes, improvements or challenges these are brought into service review and improvements made (video in Urdu shared along with patients quotes and positive data from patient experience group). <p>Accident & Emergency Department (Mental Health perspective)</p> <ul style="list-style-type: none"> ▪ EXCEL Programme community engagement feedback <p>Maternity (Intrapartum Care/ Labour Ward)</p> <ul style="list-style-type: none"> ▪ PALS complaints (65 complaints in 2025 – none related to protected groups) ▪ Friends and Family Test – 97% positive feedback ▪ Positive patient feedback on social media/ thank you cards. Positive feedback has resulted in midwife nominations for ‘Daisy Awards’ within the Trust ▪ ‘15 Steps for maternity’ NHSE review tool (includes questions around accessibility). Positive feedback and work commenced on recommendations. ▪ Doulas – community support/ advice group (engagement & involvement) ▪ Service user involvement – hosting birth stories on our digital platforms. <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. <ul style="list-style-type: none"> ▪ 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) ▪ 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. 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ 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” 	

Overall Score for Domain 1	Achieving (score 8)
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Domain 2: Workforce Health & Wellbeing

Outcome	Evidence	Rating
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<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 ▪ Occupational Therapy services ▪ HR Management Policies, Guidance and Toolkits: <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). ▪ Managing sickness absence training slides (includes signposting to support ▪ Health & Wellbeing Toolkit 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Menopause Policy ▪ Flexible Working policy ▪ Home Working policy ▪ Leave from Work policy <p>▪ Presentation & Marketplace discussion from the Trust Psychology Service showcasing</p> <p>Supporting staff with the emotional impact of healthcare work</p> <ul style="list-style-type: none"> ▪ Psychological therapy ▪ Specialist, high intensity intervention for workplace linked mental health difficulties ▪ Positive outcome analysis and feedback ▪ Culturally sensitive practice <p>Reflect & Reset Sessions:</p> <ul style="list-style-type: none"> ▪ Evidence led stepped approach to support teams after high impact events (supporting mental health at work) ▪ Post event staff support pathway, enhancing workplace culture <u>and</u> individual wellbeing (excellent feedback) <p>Teaching & Training</p> <ul style="list-style-type: none"> ▪ Press PAUSE: Equipping & empowering leaders to deliver psychologically informed ‘hot debriefs’ to teams after potentially traumatic workplace events (training sessions rolled out to senior clinical colleagues in NNU, ICU, AED and maternity). <p>Psychoeducational sessions</p> <ul style="list-style-type: none"> ▪ Effective, highly valued, preventative intervention in line with the NHS Health and Wellbeing Framework 	

Outcome	Evidence	Rating
	<p>Key progress and accomplishments</p> <ul style="list-style-type: none"> ▪ Updated Intranet/ Thrive pages ▪ Data on staff accessing wellbeing pages on Thrive ▪ Staff Survey data on “We are Safe & Healthy” <p>BTHFT Equality, Diversity & Inclusion Strategy including our strategic EDI objectives for 2023-2025.</p>	
<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<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’ ▪ Staff Survey Highlights “harassment & bullying & physical violence” ▪ Thrive/ Workplace Civility including communications/ toolkit/ training/ drama-based training videos. ▪ 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 Assurance Framework & Sexual Misconduct at Work policy ▪ Good Recruitment Practice: leaflet highlighting the need for rigorous processes when hiring new employees, specifically, 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<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. ▪ 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. 	

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ 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) ▪ Staff Survey Highlights “harassment & bullying & physical violence” ▪ Thrive Site signposting to staff support resources: <ul style="list-style-type: none"> ▪ Occupational Health/ Staff Psychology ▪ Vita Health (Employee Assistance Programme) ▪ Staff Advocates ▪ Psychological support via BDCT ▪ HR ▪ Safeguarding ▪ Dynamic Conversations Tool ▪ HR Management Policies, Guidance and Toolkits: <ul style="list-style-type: none"> ▪ Managing Mental Well-being at Work policy ▪ Health, Wellbeing & Attendance Management policy (Return to Work Pro forma: includes prompts to discuss further action and support). 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Managing sickness absence training slides (includes signposting to support ▪ Health & Wellbeing Toolkit ▪ Menopause Policy ▪ Sexual Safety Charter & Sexual Misconduct at Work policy ▪ Employee relations data – case log, monitoring of H&B and Disciplinary cases by gender and ethnicity on a bi-monthly basis and quarterly reports to Trust Board. ▪ Violence Prevention and Reduction Task & Finish group ▪ 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” ▪ 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”. 	Achieving (score 2)

Overall Score for Domain 2	Achieving (score 8)
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Domain 3: Inclusive Leadership

Outcome	Evidence	Rating
<p>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</p>	<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, ▪ “Leading at a higher level” manager course (launched Feb 2024) ▪ Trust Board Development 2025/2026 <ul style="list-style-type: none"> ▪ Regularly measured impact of the development programme with surveys – saw huge improvements across the board over 1 year period (last measured Nov 2025) e.g. <i>The Board works in an efficient and effective manner</i> (positively increased by 25%), <i>The Board has a clear strategy and are ambitious about their goals and priorities</i> (positively increased by 50%). ▪ Defined what behaviours we need to see from ourselves and others and agreed a Board Code of Conduct – now used in every meeting ▪ Defined our Guiding Principles – what we will do and how we will do it ▪ Introduced a new NED appraisal process ▪ Introduced a new Executive Director appraisal process, aligned to NHS Board Competency Framework. ▪ Photographs/ Comms evidencing Board member attendance at religious/ cultural celebration events, forums and conferences regarding leadership, EDI and population health equity 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
	<ul style="list-style-type: none"> ▪ Equality & Diversity Council reports to Trust Board ▪ Equality & Diversity Council Terms of Reference, example meeting notes and example presentation slides ▪ 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. ▪ Trust Board 6-monthly EDI Update 	
<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.</p>	<ul style="list-style-type: none"> ▪ Board Assurance Framework (BAF) – reports to People Academy and Trust Board (risk 3.2 relates to EDI) ▪ Board/ Committee/ Academy papers referencing EDI/ Health Inequalities impacts. ▪ Board Development Sessions 	<p>Achieving (score 2)</p>
<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor</p>	<ul style="list-style-type: none"> ▪ Board Assurance Framework (BAF) – reports to People Academy and Trust Board (risk 3.2 relates to EDI) 	<p>Achieving (score 2)</p>

Outcome	Evidence	Rating
<p>progress with staff and patients.</p>	<ul style="list-style-type: none"> ▪ Workforce Race & Disability Equality Standard (WRES/ WDES) reports/ presentation to People Academy and Trust Board (minutes of meetings) ▪ Health Equity update presentation and reports to Quality Committee, Finance & Performance Committee and Trust Board (minutes of meetings) ▪ Patient Stories (reports/ presentations to Trust Board and minutes of meetings) ▪ People Academy Chair Reports/ Presentations to Trust Board (and minutes of meetings) ▪ Staff Survey Results Report and Action plan ▪ Dynamic Conversations & Dynamic Appraisals ▪ Analysis of Harassment & Bullying and Disciplinary cases by ethnicity and gender 	

Overall Score for Domain 3	Achieving (score 6)
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Appendix 3: Third Party Involvement in Domain 3 Review

Trade union reps:	Invitation taken to Joint Negotiating Committee. Staff Engagement event attended by Katharine Armitage.
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Appendix 4: Bradford Teaching Hospitals NHS Foundation Trust EDS2 Organisation Rating (overall rating)

<p>Total EDS2 rating for BTHFT</p> <p>Domain 1: Score 8 Domain 2: Score 8 Domain 3: Score 6</p>	<p>Achieving (Overall EDS score: 22)</p>
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Appendix 5: EDS2 Action Plan

EDS2 Lead	Kez Hayat, Head of Equality, Diversity & Inclusion
Year or years active	2026/ 2027
EDS2 Sponsor	Mel Pickup, Chief Executive
Authorisation date	23 rd April 2026

Domain 1: Commissioned or provided services.

Domain	Outcome	Objective	Action	Lead	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	Continue to listen to patients and adapt and innovate around accessibility and inclusion in each service area. E.g. embed good practice around language and culture in diabetes into other services, widen the use of digital tools and BRI resources to increase service reach	BN&DS	December 2026
			Review the patient demographics within services to establish our reach verses local need e.g. are we reaching new migrant communities and health inclusion groups? Consider how to extend our reach	BN&DS	December 2026
			Focus on use of preferred pronouns	Maternity	February 2027
			Developing informational videos in different languages, and use of QR codes for translation on posters/ leaflets	Maternity	February 2027

Domain	Outcome	Objective	Action	Lead	Completion date
	1B: Individual patients (service users) health needs are met	Continue focussing on service outcomes	There is strong focus on outcomes “showing our worth” across all services. Continue and strengthen this work, building outcome measures into care pathways. Present this work in our annual showcase event	BN&DS	December 2026
		Focus on accessibility	Continue to make progress on ‘individualised care packages’ designed to meet more specific individual needs (e.g. neurodiversity, physical or sensory disabilities)	Maternity	September 2026
			Ensure mental health continues to be a focus of the EXCEL programme, including continued focus on staff training to ensure patients health needs are met	A&E	Ongoing
	1C: When patients (service users) use the service, they are free from harm	Strengthen understanding of patients’ needs and the professional-patient relationship	Continue to work across the department to recognise, celebrate and include the diverse make up of our staff and patients.	All	December 2026
			Review our services with an EDI lens. Encourage staff to engage	BN&DS	February 2027

Domain	Outcome	Objective	Action	Lead	Completion date
		Embed learning from incidents	with BDC H&C Partnership's resources around reducing inequalities and health inclusion and consider how this influences practice.		
			Strengthen reporting and learning from nutrition and hydration incidents within BTHFT. Action for Nutrition Steering Group.	BN&DS	September 2026
			Implement SOP defining criteria for 'Enhance Therapeutic Interventions and care' to enhance patient safety and experience	A&E	April 2026
			Develop a SOP to differentiate between the responsibilities of the clinical team and security team	A&E	April 2026
	1D: Patients (service users) report positive experiences of the service	Increase access to feedback tools for patients using our services	Ensure all services have a method to gain feedback from patients e.g. linked to questionnaires in digital assessment tools, feedback forms for education sessions, FFT, QR code link to Care Opinions in patient letters/ texts.	BN&DS	December 2026

Domain	Outcome	Objective	Action	Lead	Completion date
			Build co-production and the patient voice into service improvement and development.	All	Ongoing
			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	All	Ongoing

Domain 2: Workforce Health & Wellbeing

Domain	Outcome	Objective	Action	Lead	Completion date
Domain 2: Workforce Health & Wellbeing.	2a) Staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.	Maintain Occupational Health waiting times in line with KPI's	Occupational Health to work collaboratively with HR colleagues to reduce the number of inappropriate referrals and DNA's which impact on waiting times.	OH/ HR	February 2027
			Continue to develop our pipeline of trained OH nurse specialists	OH	Ongoing
		Better promotion of health & wellbeing offers	Launch of a refreshed Thrive site with improved functionality and clearer guidance	OD/ all	September 2026
	2b) Staff are free from abuse, harassment, bullying and physical violence from any source.	Further focus on informal conflict resolution and compassionate leadership approaches	Introduction of Anti-racist approaches (place level strategy in development)	EDI	May 2026
			Ensuring a comprehensive Trust-wide launch, communications and training plan for the refreshed Respect, Civility & Resolution Policy	HR/ EDI	May 2026
		Ensure there is a greater security presence in high-risk areas as a deterrent to anti-social behaviour	Work with the violence & aggression task & finish group to consider how this might be achieved.	LSMS	February 2027

Domain	Outcome	Objective	Action	Lead	Completion date
	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 further 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>Psychology</p> <p>OH/ Psychology/ OD/ Comms</p>	<p>February 2027</p> <p>Ongoing</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>Develop a suite of bitesize management development courses</p> <p>Engagement and involvement with colleagues around the development of refreshed strategic EDI Objectives</p> <p>Engagement with colleagues around our staff survey results and how we can improve staff experience around EDI related issues.</p> <p>Continue to engage with CSU/ Department managers on their role</p>	<p>OD/ HR/ EDI</p> <p>EDI</p> <p>OD/ EDI</p> <p>EDI</p>	<p>December 2026</p> <p>May 2026</p> <p>April 2026</p> <p>Ongoing</p>

Domain	Outcome	Objective	Action	Lead	Completion date
			and remit as part of the EDI Strategy. Encouraging them to develop local action plans, capturing team priorities around the 5 equality objectives.		

Domain 3: Inclusive Leadership

Domain	Outcome	Objective	Action	Lead	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.	EDI	Ongoing
			Ensure Trust Board members are provided every opportunity to engage with our diverse workforce in a positive and meaningful way.	Trust Board	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.	Comms	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.	To ensure comprehensive EIAs are being conducted, and actions are being monitored with the overall aim of negative impact being minimised.	All/ EDI	Ongoing
			Continue to share equality and health inequality related challenges, progress and best practice approaches with Equality & Diversity Council for discussion and action.	EDI/ HEOG	Ongoing
			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.	EDI/ HEOG	Ongoing
	3c) Board members and system leaders (Band 9 & VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Maintain efforts in communicating the positive progress that is being made to reach all Trust colleagues	Continued efforts by the comms team to communicate progress	Comms	Ongoing
			Senior Leaders to engage with grassroots communities around EDI and Health Equity	Senior Leadership Team	February 2027