

Classification: Official

Publication approval reference:

Appendix 3: EDS2022 Report BFT 2024

NHS Equality Delivery System 2022
EDS Reporting 2024
Bolton NHS Foundation Trust

Name of Organisation	Bolton NHS Foundation Trust	Organisation Board Sponsor/Lead		
		James Mawrey, Chief People Officer/Deputy Chief Executive.		
Name of Integrated Care System	Greater Manchester ICB			

EDS Lead	Toria King, Head of Equality Diversity and Inclusion	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	September – December 2024	Individual organisation	Yes. With peer reviewing/scoring of Domain 3A from Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust	

Date completed	27.02.2025	Month and year published	Feb 2025
Date authorised	Jan 2025	Revision date	Feb 2026

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

<p>Undeveloped activity – organisations score out of 0 for each outcome</p>	<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p>
<p>Developing activity – organisations score out of 1 for each outcome</p>	<p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p>
<p>Achieving activity – organisations score out of 2 for each outcome</p>	<p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p>
<p>Excelling activity – organisations score out of 3 for each outcome</p>	<p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>

Domain 1 - Evidence & Insight

Commissioned or Provided Services:

The following services were reviewed: HIV Service, Diabetes service for Homeless and Vulnerable Adults and TB Service

Domain 1: Commissioned or provided services

EVIDENCE & INSIGHT : Service 1: HIV Service				
Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>In Summer 2024 Bolton NHS Foundation Trust commissioned George House Trust (a registered charity providing HIV support, advice and advocacy) to undertake an online engagement survey and organise focus groups with people accessing HIV treatment and care in Bolton and Salford. The complete engagement report with the survey results was provided to the scorer.</p> <p>This differed to usual engagement (for example Friends and Family Test (FFT)) as the survey was more in-depth and tailored to HIV specifically, and the focus groups offered an opportunity for discussions and ideas to improve the service. Whilst FFT covers very broad questions about the experience of a particular service, the George House Trust survey asked a number of questions around the following areas:</p> <ul style="list-style-type: none"> • Where care is accessed and why patients choose that clinic • Their experience of HIV treatment and care • Whether patients felt able to discuss their HIV treatment and care with the clinic team • How their experience could be improved (both of their HIV treatment and care broadly and specifically at the clinic they accessed) 	1	OBM

		<p>The engagement was a focussed piece of work to gather feedback from HIV patients following a change in the Sexual Health and HIV contract and provision earlier in the year (2024). Manchester University NHS Foundation Trust (MFT) became the provider of the Salford Sexual Health service, Bolton NHS Foundation Trust remains the provider of Salford HIV. Separately, in Summer 2023, Bolton Sexual Health and HIV moved location from on-site at the Royal Bolton Hospital site to a community site (Crompton Health Centre).</p> <p>George House Trust designed and co-branded resources to support survey promotion. The survey was promoted in clinics and on social media by the Bolton NHS Foundation Trust HIV team and the communications team. George House Trust also directly targeted people living with HIV through people accessing support through their organisation and scheduled three targeted focus groups (one for each borough). However, take up and participation in these groups was low and so 1:1 conversations were used instead. The 1:1 conversations followed a semi-structured interview, with space to explore issues and opportunities in the HIV services in Bolton and Salford.</p> <p>Regarding the survey responses, there was very limited completion of the demographics questions. Of those that did submit demographic information, the data shows the following in regards to protected characteristics:</p> <ul style="list-style-type: none"> • The age profile didn't reflect the age profile of people living with HIV with significantly more people aged <50 years • Only 27% of respondents stated "yes" to living with a disability, 33% gave no information • 44% of respondents were White British, 32% gave no information • 40% of respondents were male, 32% gave no information 		
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		<ul style="list-style-type: none"> • 0% of respondents' gender was "not as assigned at birth", 32% gave no information • 33% of respondents gave no information on religion or belief, Christian (24%) was the second highest value • 44% of respondents were heterosexual, 38% gave no information <p>The lack of demographics information means there was a lower than expected response from gay men and a low response from Black African people however, this may be hidden in the "no information" responses.</p> <p>Data cleansing was also completed to ensure only relevant survey responses were used, namely from those living with HIV and accessing care in Bolton or Salford. The service has decided to complete a similar engagement survey in Summer 2025 (one year after this piece of work). The service will work with George House Trust to look at both how to improve the diversity of responses and how to encourage completion of the demographics data.</p> <p>In regards to the survey responses received (and able to used), the service has created an improvement action plan to respond to the points raised.</p> <p>Key points patients raised were the requests for:</p> <ul style="list-style-type: none"> - Ability to book appointments online - Evening clinics (after 6pm) and weekend clinics - A digital space to access their own HIV results and data. - Email communication with the clinic 		
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		<ul style="list-style-type: none"> - Mental health support in clinic. - More time with clinicians - People found it very difficult to get through to clinics on the telephone 		
		Overall Score for 1a = 1		
	1B: Individual patients (service users) health needs are met	<p>This survey is in response to a change in contract for Sexual Health services in Salford. Previously Bolton NHS Foundation Trust were the provider for both Salford Sexual Health and HIV (as well as the Bolton Sexual Health and HIV service). Following a tendering process MFT have taken over the Salford Sexual Health contract (at the start of 2024). Bolton NHS Foundation Trust continues to provide HIV in Salford and Sexual Health and HIV in Bolton (HIV Wigan patients have always been, and continue to be, seen at Bolton HIV). In Summer 2023, Bolton Sexual Health and HIV moved location from on-site at the Royal Bolton Hospital site to a community site (Crompton Health Centre).</p> <p>More broadly regular engagement is completed through the use of FFT. In the HIV service patients get a FFT text reminder after each appointment and FFT paper forms are also provided in the clinics. Monthly reports are sent to the service and discussed with the team.</p>	1	

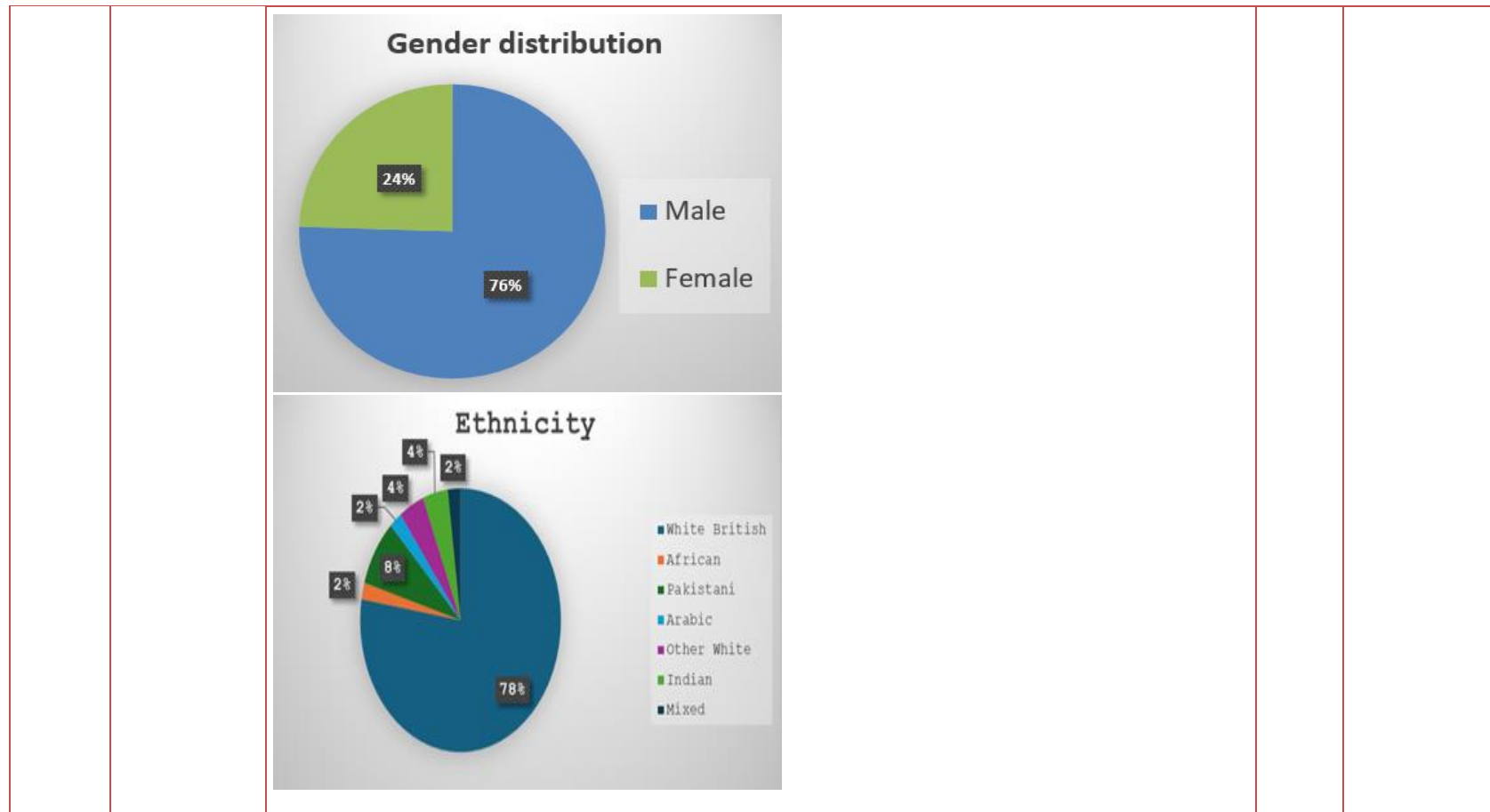
Overall Score for 1b = 1			
1C: When patients (service users) use the service, they are free from harm	<p>To support patient safety, incidents and captured and risks are added to the Sexual Health risk register. Incidents and risks are reviewed and monitored in the Sexual Health monthly specialty Governance meeting and escalated to the monthly Divisional Governance meeting.</p> <p>Since January 2024 (year to date) there have been zero complaints and 13 incidents. All of these have been closed and were closed at either Level 1 (no harm occurred) or Level 2 (minimal harm occurred).</p>	2	
Overall Score for 1c = 2			
1D: Patients (service users) report positive experiences of the service	<p>The engagement survey found a good level of satisfaction with the service offered by Bolton NHS Foundation Trust. Average overall satisfaction score from patients was 4.1 out of 5.</p> <p>This correlated with the Positive Voices Survey in 2022 which reported a high level of satisfaction with their HIV care service. Patients were positive about their experiences in accessing HIV treatment and care and the teams and staff involved.</p> <p>Areas for improvement centre on accessibility, namely:</p>		

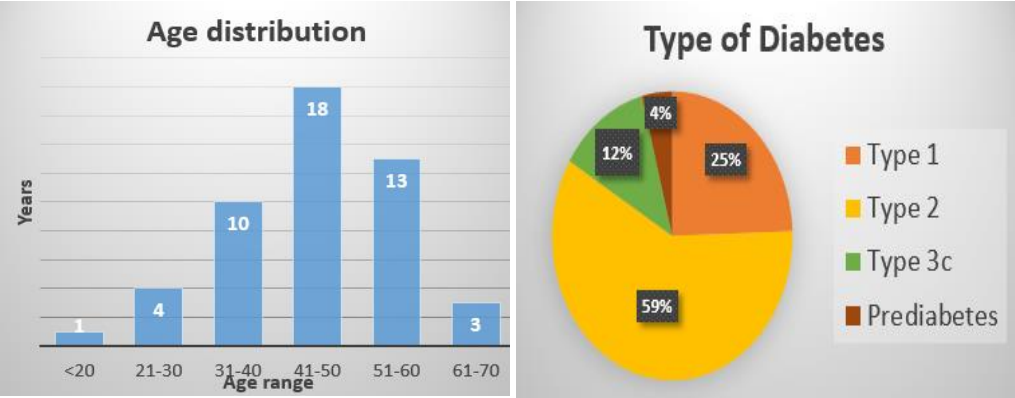
		<ul style="list-style-type: none"> • Digital access • Telephone access (delays in getting through) • Appointments issues • Communication • Whole-person-centred approach – a lot of comments relate to the emotional needs of the patient not being met, despite the medical needs being met. • Comment on staff not having cultural competency and sensitivity. <p>These areas have been used to form improvement action plan for the HIV service (across both Bolton and Salford locations).</p>		
Overall Score for 1d = 2				
Domain 1: Commissioned or provided services overall rating for HIV Service			6	

EVIDENCE & INSIGHT : Service 2: Diabetes service for Homeless and Vulnerable Adults

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>Over 180,000 people in Greater Manchester (GM) live with diabetes. Approximately 10% of these live with type 1 diabetes and 90% with type 2/other diabetes. We know that inequalities exist, with people in some patient groups experiencing significantly worse outcomes than others. One such group is homeless people. In Bolton, people who are homeless typically do not access planned care due to difficulties with access and complex lifestyles where they seek care when in crisis.</p> <p>In April 2024, a quality improvement (QI) project started to improve the management of diabetes in Bolton’s homeless population. The QI project provides individualised support for each person with diabetes, supporting them to complete the 9 diabetes care processes (DCP) and then developing a bespoke care plan to enable improved care, wellbeing and outcomes. The 9 DCP’s are:</p> <ul style="list-style-type: none"> • Hba1c • Lipids • BP • Smoking status • Retinal screening • Foot screening 	2	Clinical Manager (HA)

		<ul style="list-style-type: none">• Urine ACR measurement• Serum creatinine• Weight check. <p>The demographic of the homeless population is predominantly white British 78%, male (76%), aged between 41-50 years old, a proportion of which have drug use, related disabilities such as amputee. UK figure show homeless women die on average aged 42; homeless men die on average aged 44.</p>		
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		 <p>Age distribution</p> <table border="1"> <thead> <tr> <th>Age range</th> <th>Years</th> </tr> </thead> <tbody> <tr> <td><20</td> <td>1</td> </tr> <tr> <td>21-30</td> <td>4</td> </tr> <tr> <td>31-40</td> <td>10</td> </tr> <tr> <td>41-50</td> <td>18</td> </tr> <tr> <td>51-60</td> <td>13</td> </tr> <tr> <td>61-70</td> <td>3</td> </tr> </tbody> </table> <p>Type of Diabetes</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Type 1</td> <td>25%</td> </tr> <tr> <td>Type 2</td> <td>59%</td> </tr> <tr> <td>Type 3c</td> <td>12%</td> </tr> <tr> <td>Prediabetes</td> <td>4%</td> </tr> </tbody> </table>	Age range	Years	<20	1	21-30	4	31-40	10	41-50	18	51-60	13	61-70	3	Type	Percentage	Type 1	25%	Type 2	59%	Type 3c	12%	Prediabetes	4%		
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		<p>Overall Score for 1a = 2</p>																										
<p>1B: Individual patients (service users) health needs are met</p>		<p>Engagement with the homeless population is face to face with individual people. Initial introductory meetings, were conducted by a member of the Homeless and Vulnerable Adult Team (HVAT) and the Diabetic Specialist Nurse (DSN) in collaboration to meet build relationships and trust.</p> <p>Resource development supported engagement between the clinical team and clients effected by diabetes including use of the groundswell patient information leaflet (embedded below). Further to this educational sessions delivered by Health Improvement Practitioners (HIPs) and Diabetes Champions to the homeless population and teams who support them. The Diabetes Champions Network which recruited people with lived experience in supporting people who experience barriers to accessing health care being able to engage in receiving the care they need.</p>	<p>3</p>																									

		<p>The outcomes of the QI are:</p> <ul style="list-style-type: none"> • 89% compliance against all 9 DCP compared with England’s best performance of 44.8% compliance (national diabetes audit 2020). Resulting in: • Emergency Department attendances reduced by 65.8% (41 down to 14) due to patients managing their diabetes as a direct result of the QI project • Hospital bed days saved by 58.8% (102 down to 42 days) <p>The success of the QI project has spread nationwide with the team sharing best practice by (embedded below):</p> <ul style="list-style-type: none"> • Presented our work to the Inclusion Services Learning Pathway June 2024 • Asked to present the work at the DSN Forum National Conference in Oct 2024 • Asked to present the work at The Clinical Leaders Network in Dec 2024 		
	<p>Overall Score for 1b = 3</p>			

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Clients cared for as part of the QI project and indeed the wider homeless population may be visited in their usual place of residence (hostels, shelters, bed sit etc., they access the clinic at Lever Chambers Health Centre which is held 3 time per week or are seen in community voluntary services such as the soup kitchen. Specifically as part of the QI project clients are always seen by two staff until a rapport is developed and all parties are comfortable.</p> <p>To support patient safety, incidents and risks are added to the Trust safeguard system and are reviewed and monitored at various groups including, Divisional risk clinic, Divisional Governance, Community Reactive Care Group and Speciality Individual Performance Meeting. Community Reactive Care Group quarter 2 slides embedded below:</p> <p>In the last 12 months 38 incidents have been reported, the themes are non concordance by the patient (not complying with advice and or treatment), safeguarding (clients at risk from others) and vulnerable adult (lack of self care etc.). The team multi agency work to keep our clients safe and this includes strategy meetings (section 42), professional meetings, collaboration with rough sleeper and alcohol team and collaborative meetings with safeguard leads from Bolton FT. Reporting slide example below:</p>	<p>2</p>	
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		<p>Vision Openness Integrity Compassion Excellence</p> <p>NHS Bolton NHS Foundation</p> <h2>Improving care, transforming lives</h2> <ul style="list-style-type: none">• Incidents in data month: Include 12 months data – 38• Incident themes in data month: 2 incidents in November, safeguard and vulnerable adult➤ Safeguard – further information gained from reporter, mental capacity issues identified, team engaged with mental capacity lead practitioner for support➤ Vulnerable adult – multi agency working to manage patients needs• SWARM/AAR/MDT's held in data month: Nil• HARM FREE CARE:Nil <p>Improving care, transforming lives...for a better Bolton</p>		
	Overall Score for 1c = 2			

	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Patient feedback and stories provide an insight into what matters to the people, what they value and the impact on them and their families Qualitative outcome measures</p> <p>Patient feedback – face to face interview, patient story, friends and family test.</p> <p>‘No-one has ever cared like this’</p> <p>‘No-one has ever spent time like this/ explained this’</p> <p>Below is an extract of a patient story from a 41 year old male who had been admitted to Royal Bolton Hospital with diabetic ketoacidosis which is a serious condition where a lack of insulin causes harmful substances to build up in the blood which if left untreated is life threatening</p>	<p>2</p>	
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41yo male with Type 3c diabetes from alcohol dependency. Admitted in DKA.

“Without the homeless and diabetes team support I wouldn’t like to think where I would be today. They have put their heart and soul into helping me maintain my health, a roof over my head and steered me into recovery for alcohol addiction. Their work is invaluable and although I know I wasn’t the only patient they had to tend to, I felt so valued and supported throughout and was made to feel that my life was important to them in every way possible.

Lynne Wooff my diabetic nurse has been phenomenal part of my recovery, she has maintained regular contact with myself and my wife to ensure my diabetes and overall health have been manageable whilst in the depths of my addiction and the homeless nursing team have helped me manage my overall wellbeing, they are an amazing team of people and I can honestly say they have saved my life a few times and I do not have the words just to say how grateful I am to them”.

Friends and Family Test (FFT) Results for the HVAT

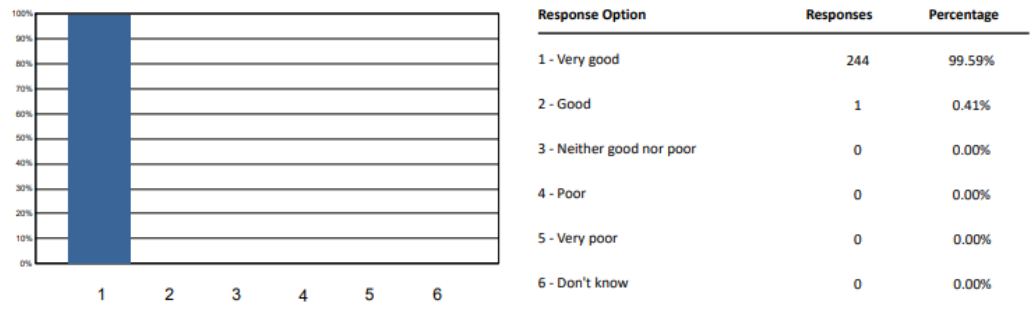
In 12 months the overall team have had 245 responses to the FFT. 244 responded very good (99.59%), 1 reported good (0.41%). This is an outstanding 100% positive result (table below).

Service
Homeless and Vulnerable Adults

Star Rating Positive Negative

★★★★★ **100.00%** **0.00%**

Overall Scores



Breakdown

Gender

Female	49
Male	190
Not Known	3
Not Specified	3
Total:	245

Eligible Patients	245
Response Rate	100.0%
Total Responses	245

Overall Score for 1d = 2		
Domain 1: Commissioned or provided services overall rating for Homeless and vulnerable adults diabetes service:	9	

EVIDENCE & INSIGHT : Service 3: TB Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>Domain 1: Commissioned or provided services</p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<p>TB service is a part of the Respiratory speciality, with involvement from specialist nurses and consultants. We do a multitude of engagement work across different mediums, including:</p> <ul style="list-style-type: none"> • Information leaflet about rationale for screening sent to all patients. • All patient text to remind them of their appointment - which has improved attendance. • Piece of work with GP's to improve accurate recording of patients first language • Use of interpreters in clinic • Health Mela workshop, an event organised by the trust with involvement from TB service volunteers, encouraging members of the public to take control of their health and raise awareness of health issues. • Community outreach to religious education institutions for patients coming from high risk countries, and we have tried to educate high risk communities towards the signs and symptoms of TB, when and how to get help etc. • We have set up educational stalls at the hospital for patients, relatives and staff to have the opportunity to know more about this condition. • Education talks with GP services. • Problems identifying what language to send information to patients • Cultural myths about the disease, and reluctance to discuss openly as it is considered to be a disease of low social economic class amongst some communities. • 20% reduction in DNA rates. 	<p>2</p>	<p>OBM</p>

		Overall Score for 1a = 2		
	1B: Individual patients (service users) health needs are met	Patients who have entered the country illegally or via other channels not offered screening. This is an ongoing piece of work to increase awareness and treatment of TB in the Bolton community. Attendance at TB screening clinics and increasing demand on TB has improved thanks to this ongoing piece of work.	0	
		Overall Score for 1b = 0		
	1C: When patients (service users) use the service, they are free from harm	No evidence submitted	0	

	Overall Score for 1c = 0			
1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • Discussions with patients • Patient feedback and stories provide an insight into what matters to the people, what they value and the impact on them and their families 		1	
Overall Score for 1d =			1	
Domain 1: Commissioned or provided services overall rating for TB Service:			3	

Domain 2

Workforce Health and Well-Being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 2: Workforce health and well-being</i>	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"> • OH Pre-placement questionnaire • Health assessment and specific conditions questionnaires • SEQOHS Accreditation Report • Accreditation evidence • OH Management Referral Questionnaire • Wellbeing initiative collateral • Mental Health Signposting document • Physiotherapy Referral scheme • Health and wellbeing events calendar • Financial wellbeing information • Health and Wellbeing champions • Reasonable adjustment passport and guidance • Health and Wellbeing portal • Smoking cessation Service • Cycle to work salary sacrifice • Onsite gym • Fatigue working group • Cost of living resource • Trauma Risk Management Programme information • Menopause policy and resources 	Average Score = 1.66 - Developing	Occupational Health & Wellbeing Human Resources

	<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"> • Raising Concerns/Freedom to Speak Up Policy • Resolution Policy • Security Policy • Enhanced Care Policy • Trust Values And Behaviours Framework • Disciplinary Policy And Procedure • Sexual Safety Charter Sign Up • NW BAME Assembly Anti-Racism Framework Sign Up • Active Bystander Training • Civility Saves Lives Campaign Activity • Workforce Race Equality Standard • Workforce Disability Equality Standard • NHS National Staff Survey Data • Our Voice Programme And Work Streams • New Leadership Programme • Safeguard Incident Reporting System • Domestic Abuse Policy • Health And Wellbeing Offer 	<p>Average Score = 1.5 - Developing</p>	<p>Occupational Health & wellbeing Human Resources Organisational Development Freedom to Speak Up</p>
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	<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"> • Local Trade Unions Partnership Agreement • Freedom To Speak Up service • Raising Concerns/Freedom to Speak Up Policy • Various Inclusion Staff networks • Staff Mental Health and Wellbeing offer • Equality Impact Assessment refreshed process • Resolution Policy • Employee Assistance Programme • Keeping Everyone Safe and Supported • Trauma Risk management peer support system 	<p>Average Score = 2.7 - Excelling</p>	<p>Occupational Health & Wellbeing Human Resources Freedom To Speak Up</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • NHS National Staff Survey Data • Our Voice Change programme workstreams • People Committee absence report • Employee Assistance Programme • Health and Wellbeing Offer • Exit interview process • Workforce Race equality Standard report • Workforce Disability Equality Standard Report • NHS Rainbow badges Assessment Report 	<p>Average Score = 2.0 - Achieving</p>	<p>Occupational Health & Wellbeing Human Resources Equality, Diversity and Inclusion</p>
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>7.9</p>	<p>Developing</p>

Domain 3

Inclusive Leadership

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	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	Evidence submitted from: <ul style="list-style-type: none"> • Chief Executive • Deputy Chief Executive/Chief People Officer • Director of Finance • Chief Nurse • Chief Operating Officer • Medical Director • Director of Strategy • Director of Corporate Governance 	3	Executive Board
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Governance structures and processes analysed. Board papers viewed and minutes read. Equality Impact Assessments sought for key projects.	2	Director of Corporate Governance
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Governance structures and processes analysed. Board/Committee papers/workplans viewed and minutes read.	3	Director of Corporate Governance
Domain 3: Inclusive leadership overall rating			8	

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):

No

Independent Evaluator(s)/Peer Reviewer(s):

Yes. EDI Team at Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust.

Organisation overall Score

EDS Organisation Rating (overall rating):

Achieving (Total score: 22)

D1: 6, D2: 8 D3: 8

Organisation name(s): Bolton NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Domain 1 to 3

Action Plans

EDS Action Plan	
EDS Lead	Year(s) active
Head of EDI	2024-2025
EDS Sponsor	Authorisation date
Chief People Officer/Deputy Chief Executive	

EDS Action Plan: Domain 1 : HIV Service				
EDS Lead			Year(s) active	
A. Abbott			25-26	
Domain	Outcome	Objective	Action	Completion date

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 1: Commissioned or provided services</p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<ol style="list-style-type: none"> 1. Deliver a communications plan that clearly outlines the service offer to people accessing care in Bolton, Salford and Wigan for HIV and Sexual Health 2. Ensure user experience considers digital, in person and telephone access and support when designing and developing services 3. Admin issues (Last minute appointment changes, can't get through on the phone, reducing waiting times) 4. Explore service in Wigan 5. Equality Impact Assessment on the provided service. 	<ol style="list-style-type: none"> 1. Create a communications plan outlining the following details: <ul style="list-style-type: none"> • The service itself: <ul style="list-style-type: none"> ○ Who – which patients we serve, what do we offer ○ What – what services we offer ○ Where – locations (recent changes), opening hours ○ How – how to access, how to book, urgent cases, contact details • Methods of communication <ul style="list-style-type: none"> ○ Posters in clinics ○ Text message (with link to updated website) ○ Social Media 2. Look into Lillie options (including specific HIV Lillie package) (does it offer any extra digital options for patients e.g. access to notes in patient app). Create new dynamic form for Lillie and begin using for inputting new Bolton HIV patients <p>Speak to other North West HIV Providers to see what digital options they have for patients</p> <ol style="list-style-type: none"> 3. Complete review of number of clinics cancelled and current waiting times <p>Review admin support at Bolton and Salford,</p>	<ol style="list-style-type: none"> 1. 10 Jan 25 2. 31 Jan 25 3. 31 Jan 25 4. 10 Jan 25 5. May 25
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			<p>alternative solutions to support patients, review any data on: types of patient queries, number of calls per day, number of voicemails</p> <p>4. Work with DDO and Deputy DDO to look at local options and create an options appraisal paper</p> <p>5. Assess the impact of the service on patients from each protected characteristic in order to identify any risks and put in place associated mitigations.</p>	
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	<p>1B: Individual patients (service users) health needs are met</p>	<ol style="list-style-type: none"> 1. Complexity as people age, ensure that consideration is made to coinfection and co-morbidities in the design and delivery of services 2. Ensure wider determinants of health are considered in the design and delivery of services; including working in partnership with other providers to achieve better outcomes 3. More holistic offer, connecting with community partners, discuss sex or emotional wellbeing, mental health counselling services on site 4. More time with clinicians 5. Annual appointments, Personalised care plans, sensitivity to diverse patient backgrounds 	<ol style="list-style-type: none"> 1. Impact in particularly on access. North Manchester offers home visit, more outreach programmes. Link in with North Manchester to understand more about how this works in their service. Liaise with BI for breakdown of patient demographics for Salford and Bolton HIV services. This will also support the comms plan. 2. Ongoing action, ensure wider holistic and partnership working is incorporated into any project – patient demographics data action will help to support this. Look at adding this as an agenda item to Governance agenda? 3. . Liaise with partners to identify new service links and offers for patients in the following areas: Social Care (Bolton Council) George House Trust Mental Health at MFT Consolidate a list of current support services 4. Review process for booking patients and options given for length of appointment Recruitment of consultant at Salford. 5. Speak to MFT about different options they 	<ol style="list-style-type: none"> 1. 10 Jan 25 2. 31 Jan 25 3. 31 Jan 25 4. 28 Feb 25 5. 28 Feb 25 6. 31 Jan 25 7. May 25
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		<p>6. Sexual Health and HIV at Salford not integrated</p> <p>7. Explore data to see if any particular groups are in worse health than others (e.g. ethnic groups).</p>	<p>give patients for frequency of appointments (when low CD4 and viral load) and other options given for personalised care plans</p> <p>If workable, complete risk assessment and SOP for new way of working</p> <p>6. Give update on services (as part of the comms plan) and update patients on communication/better working between MFT and BFT</p> <p>7. Gather demographic data from patients and cross reference this with their health outcomes to identify any patterns.</p>	
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>1. Identify any inequity in safeguarding incidents.</p>	<p>3. Routinely collect demographic data on safeguarding incidents so as to make identifying patterns easier.</p>	<p>1. 30 Dec 24 2. 31 March 25 3. May 25</p>

	<p>1D: Patients (service users) report positive experiences of the service</p>	<ol style="list-style-type: none"> 1. Community outreach events/workshops 2. Patient feedback opportunities 3. Collect and compare patient demographic data when collecting patient feedback. 	<ol style="list-style-type: none"> 1. Link in with MFT at Salford to see what Outreach is being done by their team, what they are targeting <p>Liaise with George House Trust about outreach ideas, where we should be targeting</p> <p>Ensure HIV specific outreach is included in wider Sexual Health long-term outreach plan.</p> <ol style="list-style-type: none"> 2. Repeat George House Trust Survey next Summer – organise with George House Trust <p>Push FFT and send FFT template to Salford service to use there.</p> <ol style="list-style-type: none"> 3. Build in demographic questions into surveys inc the summer survey and any outreach activity. 	<ol style="list-style-type: none"> 1. 31 March 25 2. Summer 25 3. May 25
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EDS Action Plan: Domain 1 : Diabetes service for Homeless and Vulnerable Adults				
EDS Lead			Year(s) active	
H.Arnaud – Clinical Manager			25-26	
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Equality Impact Assessment on the provided service.	Assess the impact of the service on patients from each protected characteristic in order to identify any risks and put in place associated mitigations.	May 25
	1B: Individual patients (service users) health needs are met	Explore data to see if any particular groups are in worse health than others (e.g. ethnic groups).	Gather demographic data from patients and cross reference this with their health outcomes to identify any patterns.	May 25
	1C: When patients (service users) use the service, they are free from harm	Identify any inequity in safeguarding incidents.	Analyse safeguarding incident reports by inequity themes and patient demographics.	May 25
	1D: Patients (service users) report positive experiences of the service	Collect and compare patient demographic data when collecting patient feedback.	Build in demographic questions into surveys and any outreach activity.	May 25

EDS Action Plan: Domain 1 : TB Service				
EDS Lead			Year(s) active	
B. Smeeton			25-26	
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Equality Impact Assessment on the provided service.	Assess the impact of the service on patients from each protected characteristic in order to identify any risks and put in place associated mitigations.	May 25
	1B: Individual patients (service users) health needs are met	Explore data to see if any particular groups are in worse health than others (e.g. ethnic groups).	Gather demographic data from patients and cross reference this with their health outcomes to identify any patterns.	May 25
	1C: When patients (service users) use the service, they are free from harm	Identify any inequity in safeguarding incidents.	Analyse safeguarding incident reports by inequity themes and patient demographics.	May 25
	1D: Patients (service users) report positive experiences of the service	Collect and compare patient demographic data when collecting patient feedback.	Build in demographic questions into surveys and any outreach activity.	May 25

Domain 2 : Action Plan

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The organisation monitors the health of staff with protected characteristics.	<ul style="list-style-type: none"> • Improve equality monitoring data collection within clinical management system across all protected characteristics • Use data to ensure projects/services being developed are evidence based. To include manager and self-referrals • Examine options for delivery of periodic health assessments for staff, including BP and cholesterol monitoring, weight management programmes, smoking cessation and substance management programmes, and healthy lifestyle programs. Integrated within EDI calendar. • Review all OH client facing documentation, including referral forms, health information, and questionnaires, to ensure these contain appropriate EDI language to reduce bias remove possible barriers to all documents systems to be replaced / subsumed into new system and reviewed. • Further promote engagement and wellbeing activities to provide staff with information and guidance and awareness. Linked to EDI calendar of events 	June 2025 or earlier for all Domain 2 actions

		<p>The organisation promotes self-management of conditions to all staff.</p>	<ul style="list-style-type: none"> • Ensure the health and wellbeing information hub is easily accessible through alternatives to BOB, such as text or email. Project group to be set up • Broaden promotion of OH initiatives, including disability leave and flexible working policies • Increase the use of health inequalities data to inform local awareness campaigns targeting protected groups, with a focus on conditions such as obesity, asthma, diabetes, COPD, and mental health • Greater focus on the conditions obesity, asthma, diabetes, COPD and mental health. Project Group to be set up and review as part of further analysis of health needs assessment within the Trust. • Project group to review and further develop the health information library within the OH website to include additional multi media resource health material with an emphasis on the promotion of good health, and the management of long term conditions. Ongoing and subsumed into revised strategic plan 	
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		<p>The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment.</p>	<ul style="list-style-type: none"> • Ensure relevant committees are using sickness and absence data to address and reduce the negative impacts of the working environment • Develop and promote services that support staff in self-managing conditions such as obesity, asthma, diabetes, COPD, and mental health. better linkage with/publishing of HWB strategy • Reasonable adjustments process to be improved. Adjustments passport launched and ongoing QI process to improve timeliness of adjustments. • Long Term Health Conditions Guidance to be developed which is linked to Long Term Sickness Policy. 	
		<p>The organisation provides support to staff who have protected characteristics for all mentioned conditions</p>	<ul style="list-style-type: none"> • Strengthen the Trust’s focus on and governance of support for obesity, diabetes, asthma, COPD, and mental health conditions at committee meetings, and incorporate these issues into staff appraisals • Plan to undertake additional manager attendance management training to proactively support discussions 	

		<p>The organisation signposts to national and Voluntary Community and Social Enterprise support.</p>	<ul style="list-style-type: none"> • Provide information in alternative formats and through other channels, including for staff who are off sick or lack intranet access (<i>Ongoing within the HR work stream</i>) • Work with Communication team to empower EDI, OH, and Networks to update and populate staff intranet pages with relevant information 	
		<p>The organisation actively works to increase health literacy within its workforce.</p>	<ul style="list-style-type: none"> • Develop initiatives targeting the remaining four health conditions – To be delivered within Health and Wellbeing Strategy OH/HWB • Increase awareness of health literacy initiatives, including manager training. To be delivered within Health and Wellbeing Strategy • Provide health information in accessible formats beyond the intranet, such as posters, leaflets, lunch and learns, etc. To be delivered within Health and Wellbeing Strategy. 	

		<p>Health initiatives including work/life balance, healthy lifestyles, encouraging/providing opportunity to exercise</p>	<ul style="list-style-type: none"> • Provide support for managers and staff requesting a better work-life balance updated and refreshed flexible working policy and process • Deliver improvements identified in the review of on-site food provision • Improve the process for reasonable adjustments and include within relevant policy • Project groups set up to revisit Smoking policy to introduce vape friendly zones and gain external support for adherence to smoke free site. 	
		<p>The organisation uses data to support their workforce in making healthy lifestyle choices</p>	<ul style="list-style-type: none"> • Enhance data reporting, including tracking outcomes and measuring impact within divisional reviews and case conferences 	

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The organisation has a zero-tolerance policy for verbal and physical abuse towards staff.</p>	<ul style="list-style-type: none"> • Review the zero-tolerance references within Trust policy, processes, and guidance documentation in collaboration with EDI Inclusion Staff Networks to ensure clarity and ease of use • Update appraisal documentation to include prompts for bullying, harassment, abuse, and discrimination (B, H, A & D) to ensure effective support is provided and feedback is used to inform future initiatives • To continue to promote speaking up- increase number of champions. Regular walkabouts and increase visibility. Provide targeted training for Champions on bullying/ harassment/ abuse/ discrimination. Develop 'round table' monthly exercise to discuss hot spots and 'noise' including FTSU, Unions, EDI • Utilize additional methods, including BOB, to promote reporting • Roll out inclusive leadership training for managers and team leaders 	
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		<p>The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience</p>	<ul style="list-style-type: none"> • Embed training/ messages to prevent and reduce bullying, harassment and abus • FTSU discuss CSL and being and active bystander in FTSU training and the importance of civil/ kind behaviou 	
		<p>Staff with protected characteristics are supported to report patients who verbally or physically abuse them</p>	<ul style="list-style-type: none"> • Encourage safeguarding incident reporting across all Trust staff, including housekeepers, students, security, junior staff, and reception teams • FTSU to promote anonymous incident reporting system to inform action planning. QR code developed. 	

		<p>The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.</p>	<ul style="list-style-type: none"> • Consult with Inclusion Staff Networks to identify and promote bespoke support groups for abuse victims • Update and ratify the Domestic Abuse Policy and Sexual Misconduct/Raising Concerns Policy (to be ratified in 2024) 	
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>The organisation supports union representatives to be independent and impartial.</p>	<ul style="list-style-type: none"> • Increase awareness of Trade Unions and the Trust’s stance on available support for colleagues experiencing stress, abuse, bullying, harassment, and physical violence, starting from induction and continuing throughout employment • Trade Unions to raise awareness of eligibility criteria, such as time spent in employment, to access support services 	
		<p>Freedom to Speak Up guardians are embedded</p>	<ul style="list-style-type: none"> • Continue to increase confidence in reporting to FTSU by sharing stories • Produce a quarterly newsletter/ comms to all staff about FTSU themes and staff stories/ feedback 	

		Relevant staff networks are active, accessible and staff led.	<ul style="list-style-type: none"> Encourage attendance at Inclusion Staff Networks and ensure management release time for participation 	
		Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.	<ul style="list-style-type: none"> Identify key upcoming policies for review with each inclusion staff network . Quarterly samples will be supported via online resources and drop in sessions. Ongoing Improve the EIA monitoring, governance and assurance process to ensure high quality assessments of need are conducted 	
		Support is provided for staff outside of their line management structure.	<ul style="list-style-type: none"> New speaking up infographic to be shared at induction and on the newsletter/ FTSU page/ posters 	
	2D: Staff recommend the organisation as a place to work and receive treatment	Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services.	<ul style="list-style-type: none"> The Trust’s Chief Nurse is currently undertaking a review to better understand why staff confidence has decreased to enable an action plan for improvement to be developed. 	

		<p>Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends.</p>	<ul style="list-style-type: none"> • As above 	
		<p>Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work.</p>	<ul style="list-style-type: none"> • Implementation of the our leaders training programme • Embed a new behaviour framework aligned to the values 	
		<p>The organisation uses sickness and absence data to retain staff.</p>	<ul style="list-style-type: none"> • Introduce stay and exit interviews 	
		<p>The organisation uses data from end of employment exit interviews to make improvements.</p>	<ul style="list-style-type: none"> • Increase exit interview completion rates by reporting on outcomes and actions taken to build confidence in the process 	

		<p>The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data</p>	<ul style="list-style-type: none">• Improve reporting at future events on the changes made as a result of staff survey feedback	
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Domain 3 Action Plan

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	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	Embed inclusive leadership across a wider band of the organisation	Coach new sample of leaders about inclusive leadership and collect evidence of their inclusive practice.	Oct 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Make equality and health inequality impact standing agenda items for more committees.	Embed EIA doc into more standard committee templates. Launch the refreshed Equality Impact Assessment (EIA) process and toolkit so that EIA and HIE assessments are completed for all projects and policies. Support staff to complete high quality EIAs by running drop in sessions with SMEs.	June 25 May 25
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	The implementation and impact of actions required and raised by the Accessible Information Standard will be monitored via the EDI Assurance Group	Build in monitoring of the Accessible Information Standard to the EDI Assurance Group workplan	April 25

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