

## Bolton NHS Foundation Trust EDS 2022 Report 2023/2024

### Contents

1. Purpose	Page 2
2. Introduction	Page 2
3. Scores and evaluation	Page 3
4. Process undertaken	Page 3
5. Action plans and next steps	Page 5
6. Conclusion	Page 5
Appendix 1 - Trust submission: Front cover	Page 6
Appendix 2 - Evidence and insight	Page 9
Appendix 3 – Overall score	Page 37
Appendix 4 – Action Plans	Page 38

## 1 Purpose

1.1. The purpose of this paper is to:

- Summarise the process undertaken to deliver on the Equality Delivery System (EDS) for this reporting year.
- Report on the EDS Ratings that have been achieved.
- Outline actions that will be taken to improve on EDS Ratings

## 2. Introduction

2.1. The findings of the assessment are required to be published on the Trust’s external facing website by the 28<sup>th</sup> Feb 2024.

2.2. The EDS is an accountable improvement tool for NHS organisations in England – in active conversations with patients, public, staff, staff networks and trade unions – to review and develop their services, workforce and leadership. It is driven by evidence and insight.

2.3. EDS2022 is the third version of the EDS, commissioned by NHS England and NHS Improvement with, and on behalf of, the NHS, with support from the NHS Equality and Diversity Council (EDC).

2.4. The EDS comprises eleven outcomes spread across three domains, which are:

- a) Commissioned and provided services
- b) Workforce health and well-being
- c) Inclusive leadership.

2.5. The outcomes are evaluated, scored and rated using available evidence and insight. The ratings provide assurance or highlight need for improvement.

## 3. Scores and evaluation

3.1. The Trust has scored as follows for EDS2022:

Domain	Score	Explanatory note
<b>Domain 1:</b> Commissioned or provided services (based on the middle scoring service):	5 - Developing	8 would be Achieving for Domain 1)
<b>Domain 2:</b> Workforce health and wellbeing	6 - Developing	

<b>Domain 3: Inclusive Leadership:</b>	5 - Developing	
<b>OVERALL ORGANISATIONAL SCORE:</b>	16 - Developing	22 would be Achieving overall)

3.2. Please see score card below to see where our scores fit on a scale

<b>Score card</b>	
<b>Each Outcome</b>	<b>Overall – adding all outcome scores in all domains</b>
Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 30, adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 31 or more, adding all outcome scores in all domains, are rated Excelling

## 4. Process Undertaken

### 4.1. Domain 1

4.1.1. Three patient services were identified for review during 2022/23 – Community Learning Disability Service, Maternity Services and Bowel Screening Services.

- Evidence and service lead scores for Community Learning Disabilities and Bowel Screening Services against each of the criteria 1A to 1D have been agreed with the Patient Experience Manager and each of the Service Leads..
- Evidence and service lead scores for Maternity were scored in conjunction with the Maternity Voice Partnership.
- Due to time constraints, it has not been possible to obtain stakeholder scores ahead of publication although this is still being obtained with a view to supporting action planning On the evidence provided for each service,

- 4.1.2. In preparation for the 2024 submission, there will be more focussed engagement with stakeholders at the earliest opportunity to select services and identification of appropriate stakeholders throughout the process in preparation for the scoring process prior to submission.
- 4.1.3. Action plans for each of the three services have been developed see Appendix 4
- 4.2. **Domain 2**
- 4.2.1. Scoring was conducted by a panel of staff with representation from BME, Disability and LGBTQ+ Networks, as well as Trade Union Representatives. Each person scored separately and mean average scores were taken for each outcome of Domain 2. The overall Domain 2 score was then calculated by the sum total of the outcome means.
- 4.2.2. Comments on the rationale for scoring forms the Domain 2 action plan, can be found in the full report in **Appendix 2**.
- 4.3. **Domain 3**
- 4.3.1. There is no specificity on which leaders should be assessed for 3A, or how many. Some Trusts may only propose evidence from leaders who they know have been involved in many EDI-related activities/programmes. Therefore, they may score more highly on 3A. The Trust felt it was important to put forward evidence from all leaders at a specific level (Exec Board this time) to give a more accurate representation of where we are as a Trust.
- 4.3.2. Our approach to ask all Executive Board may mean that our average score for 3A is lower than if we had 'cherry picked' certain individuals, but means we will understand our areas for growth .
- 4.3.3. For 3A, feedback from the external markers was that the evidence presented varied from inadequate to excellent and that more coaching on what evidence level is required would be valuable. To this end, the comments made by the external markers will be fed back to individuals to support their submission for 2024.
- 4.3.4. It is important to understand that the results we have achieved this year are our baseline and will give us greater understanding of where we need to focus our attention for 2024.

## 5. Action plans and next steps

- 5.1. All Action plans can be found in the report in Appendix 4. All Action Plans will be monitored through the EDI Steering Group.

## 6. Conclusion

- 6.1. As noted above, scoring the EDS2022 is a lot different this year than it has been previously for EDS2. As described, there is a lot more rigidity in the scoring/marking scheme and external agencies / internal staff groups have been responsible for scoring some outcomes. What is deemed as important for equality, diversity and inclusion (reflected in the score card/marking scheme for EDS2022) is different in some respects to the Trust's previous areas of focus. For instance, a lot more emphasis has been put on board/VSM level ownership and governance of EDI (Domain 3), and health inequalities of our staff is a new topic (in Domain 2) that has not been reflected in previous iterations of EDS. . We will continue to focus on wider objectives than EDS2022 in the overall EDI Action Plan but we will put plans in place to strive for 'Achieving' in 2024 for EDS2022.

# Appendix 1: Overview

## Equality Delivery System 2022 - Bolton NHS Foundation Trust Report

NHS Equality Delivery System 2022
<b>EDS Reporting 2023</b>
Bolton NHS Foundation Trust

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

## Equality Delivery System for the NHS

<b>EDS Lead</b>	Toria King, Head of Equality Diversity and Inclusion	<b>At what level has this been completed?</b>	
			<b>*List organisations</b>
<b>EDS engagement date(s)</b>	October and November 2023	<b>Individual organisation</b>	Yes. With peer reviewing/scoring of Domain 3A from Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust

<b>Date completed</b>	27.02.2024	<b>Month and year published</b>	Feb 2024
<b>Date authorised</b>	Feb 24	<b>Revision date</b>	Feb 25

## 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

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



# Appendix 2: Evidence & Insight

# Domain 1 - Commissioned or Provided Services:

The following services were reviewed:

1. Community Learning Disabilities Team
2. Maternity Services
3. Bowel Screening Service

1.

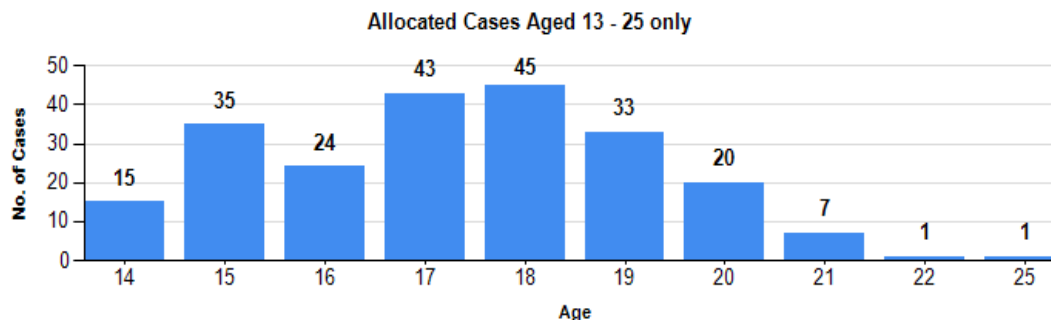
**Domain 1: Commissioned or provided services**

**EVIDENCE & INSIGHT : Service 1: Community Learning Disabilities Team**

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)																																					
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Community based, integrated, multi-disciplinary learning disability team, offering health and social care assessments and interventions from a single contact service. A key role of the team is to address and help overcome barriers to good health care, promote health and maximise independence. Includes a transition service to support the progression from child to adult services. Also includes an intensive support function, supporting people who meet the criteria for the transforming care agenda and those at increased risk of offending. Once accepted by the service, people with a learning disability can access support throughout life, no upper age limit.</p> <p>Analysis of current CLDT equality data evidences 1,121 service users are currently open to the team:</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="415 914 968 1154"> <p><b>CLDT current service user gender</b></p> <table border="1"> <caption>CLDT current service user gender</caption> <thead> <tr> <th>Gender</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>47</td> </tr> <tr> <td>Female</td> <td>53</td> </tr> </tbody> </table> </div> <div data-bbox="968 914 1520 1154"> <p><b>CLDT Service User Group by Ethnicity</b></p> <table border="1"> <caption>CLDT Service User Group by Ethnicity</caption> <thead> <tr> <th>Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White British/Irish/Other</td> <td>78%</td> </tr> <tr> <td>Asian Indian/Pakistani/Bangladeshi/Other</td> <td>16%</td> </tr> <tr> <td>White</td> <td>3%</td> </tr> <tr> <td>Other</td> <td>1%</td> </tr> </tbody> </table> </div> </div> <p><b>Age of current service user group (excluding transition cases)</b></p> <table border="1"> <thead> <tr> <th>Age</th> <th>Percentage</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>14 – 19</td> <td>0.09%</td> <td>1</td> </tr> <tr> <td>20 – 29</td> <td>19.35%</td> <td>217</td> </tr> <tr> <td>30 – 39</td> <td>18.5%</td> <td>208</td> </tr> <tr> <td>40 – 49</td> <td>15.07%</td> <td>169</td> </tr> <tr> <td>50 - 59</td> <td>21.5%</td> <td>240</td> </tr> <tr> <td>60 – 69</td> <td>17.7%</td> <td>198</td> </tr> </tbody> </table>	Gender	Count	Male	47	Female	53	Ethnicity	Percentage	White British/Irish/Other	78%	Asian Indian/Pakistani/Bangladeshi/Other	16%	White	3%	Other	1%	Age	Percentage	Number	14 – 19	0.09%	1	20 – 29	19.35%	217	30 – 39	18.5%	208	40 – 49	15.07%	169	50 - 59	21.5%	240	60 – 69	17.7%	198	2	Linda Ashworth, Clinical Service Manager, Community Learning Disability Team
Gender	Count																																								
Male	47																																								
Female	53																																								
Ethnicity	Percentage																																								
White British/Irish/Other	78%																																								
Asian Indian/Pakistani/Bangladeshi/Other	16%																																								
White	3%																																								
Other	1%																																								
Age	Percentage	Number																																							
14 – 19	0.09%	1																																							
20 – 29	19.35%	217																																							
30 – 39	18.5%	208																																							
40 – 49	15.07%	169																																							
50 - 59	21.5%	240																																							
60 – 69	17.7%	198																																							

70 – 79	6.2%	70
80+	1.6%	18

**Age of service user group (transition cases)**



**Service user home address (plus 4.2% out of Bolton locality)**

Postcode	Percentage	Number
BL1	21.9%	246
BL2	14.8%	167
BL3	22.7%	255
BL4	17%	191
BL5	8.2%	92
BL6	8.5%	96
BL7	2.7%	31

2

Assessments are offered to support access to service if learning disability status is unknown or unclear. This includes a learning disability screening document which gathers essential information to inform decision making, consent is considered and the person is involved, along with their representative if the patient agrees to this. Following a screening, a more detailed Balance of Probability assessment is offered

	<p>to ensure appropriate access to specialist learning disability services, a SOP has been developed to support this process (in the final ratification stage). If a diagnosis remains unclear after a comprehensive balance of probability assessment, a formal diagnostic assessment can be offered via specialist LD psychology clinicians. The Equality Impact Assessment Tool included within the eligibility policy evidences efforts to ensure CLDT can be accessed by all service users with protected characteristics, however, some difficulties are acknowledged, including those who English is not their first language (interpreters used) and those from the travelling community as a requirement to access CLDT is registration with a Bolton locality GP.</p> <p>Acute based learning disability liaison nurses, working in partnership with the enhanced care team. Offering direct support to patients with a learning disability who are visiting or admitted to Bolton hospital. They also support the wider staff team to recognise and understand learning disabilities, promoting the use of reasonable adjustments to improve LD hospital experience. Think LD campaign which encourages all Trust staff to follow correct process when supporting a patient with a learning disability. Support to ensure appropriate Mental Capacity Act processes are followed for adults who lack capacity to make decisions about care and treatment. The liaison nurses offer LD awareness training to Trust staff from both community and acute departments to ensure staff can recognise and respond to needs of those with learning disabilities. They also provide support to carers of those with learning disabilities, helping to ensure they are appropriately involved in decision making and have open access visiting, including overnight if required/desired.</p> <p>There is a flagging system on the Electronic Patient Record (EPR) which alerts staff that a patient has a learning disability, allowing for the implementation of reasonable adjustments. The service also offers a reasonable adjustment care plan which ensures effective communication of reasonable adjustments which have proved effective, ensuring a record remains on file. The locality GP LD register is maintained by the CLDT nursing team and a record of this is available to ensure all patients included on the register can access specialist LD services as required. Patients are added to the register at 14 years of age in line with the Direct Enhanced Service</p>	2	
--	--	---	--

	<p>requirements. From 2023/24, the annual health check template has been adapted to gather data regarding ethnicity.</p> <p>Patients from ethnic minority groups have equal access to the service. Ethnicity data is gathered in initial assessment reports and recorded on the care record system. Interpreters are used to support telephone and face to face contacts when English is not the patients first language and letters can be translated in other languages as required. Example recent (anonymised) patient easy read report which was translated into two languages (Spanish for patient, Urdu for next of kin) attached. Current working group looking at the development of easy read letters and patient information leaflets, plan to have these translated into the most requested non-English languages, others will be available on request.</p> <p>Easy read documents are utilised to support patients. The team use Easy Health, an online library of accessible leaflets and information covering a range of health conditions, treatments and procedures. The benefit of using this system is that we can be confident information is current/updated as required. The link for easy health is <a href="#">Easy Health   Home</a>.</p> <p>Adults with Down’s syndrome are at increased risk of developing dementia at an earlier age than the mainstream population, as a result, we have a Down’s syndrome and dementia pathway. This provides baseline dementia assessment followed by age related routine screening to ensure the early identification of dementia, allowing for timely treatment. The pathway has recently been reviewed and is about to be re-launched.</p> <p>The learning disability team are compliant with NICE guidance. This includes care and support of people growing older with learning disabilities. This includes routine review of care packages, carers assessments, access to appropriate housing options (including specialist schemes for older adults), access to specialist sight tests (via See Ability scheme), specialist dental service and LD specific audiology clinics with adjusted offer. We can also offer routine weighing for adults (including older adults) who are unable to stand to access traditional weight check options via an LD</p>		
--	---	--	--

		<p>specialist weight management service with access to hoist and wheelchair scales. We work in partnership with Advocacy Services and can refer to IMCAs and IMHAs as required, our Advocacy Partners have a range of Easy Read leaflets that can be accessed to help service users understand services available, link included below.  <a href="#">Home   SeeAbilityVoiceAbility   Information in Easy Read</a></p> <p>The Trust has a clear strategy, which outlines how health needs of the local population will be met and includes equality data.</p>		
Overall Score for 1a = 2				
1B: Individual patients (service users) health needs are met	<p>Specialist LD staff work in partnership with primary and secondary care services to ensure people with learning disabilities can access required health care and screening from the appropriate specialist service. Examples of this include the partnership working with GP surgeries to offer bespoke vaccination, cervical smear and bloods for those unable to tolerate via the standard offer. In addition, current bowel screening project ongoing, adults aged 54+ with LD will be alerted to CLDT by screening team, additional support will be offered to those who need advice, education or assistance to participate.</p> <p>Well established LD diagnostic pathway. Enables primary health investigations within acute setting to ensure timely monitoring, diagnosis and treatment for adults with learning disabilities who are unable to tolerate some clinical investigations. Sedation can be used, up to and including general anaesthetic. The process is guided by the Mental Capacity Act, ensuring consent and best interests considerations throughout.</p> <p>Annual Health Checks offered to all people with a learning disability, aged 14 +. The attached data evidences a 80.7% uptake across all locality GP practices, in line/slightly exceeding the GM average of 80.2%.</p> <p>CLDT are fully aware of the increased risks of covid and flu illness for people with learning disabilities. The leading cause of death for adults with LD in the Bolton locality</p>	2	Linda Ashworth, Clinical Service Manager, Community Learning Disability Team	

	<p>(and across GM) is respiratory disease. Ongoing partnership working to ensure people can access flu and covid vaccinations as required. This includes bespoke clinics for those unable to access the traditional (GP or pharmacy) based offer. Link LD nurses connected to all GP practices can support with education and concern around uptake. LD flu and covid vaccination data attached, Dec 2022.</p> <p>Local services participate in the GM LD strategy, which outlines 10 priority areas for action. Following consultation with our service user group, 4 priority areas were identified, these include Employment, belonging, housing and good health. The good health priorities are identified in our locality action plan which is delivered to the locality partnership board, with actions presented and quality assured at the locality multi-agency learning disability and autism lived experience improvement group. Good health priorities attached.</p> <p>LD awareness training offered to staff across community and acute settings to ensure knowledge and understanding of LD need and promote the use of reasonable adjustments. This includes training to hospital staff, GPs, practice nurses and psychiatry colleagues. Community training slides attached. Staff are also encouraged to complete the Oliver McGowan Mandatory Training, all staff will be required to complete this, currently our Tier 1 and Tier 2 training packages are in development but e-learning is available to all.</p> <p><a href="https://www.hee.nhs.uk/learning-disability-and-autism/oliver-mcgowan-mandatory-training">The Oliver McGowan Mandatory Training on Learning Disability and Autism   Health Education England (hee.nhs.uk)</a></p> <p>Pathways to ensure shared community and acute responsibilities when patients known to CLDT need urgent review in absence of specialist physio or are admitted to hospital, includes allied health professionals and specialist LD nursing support.</p> <p>CLDT has a transition service offer alongside the adult LD service. The team works with young people with disabilities (including learning disabilities) to support the transition from children to adult services. CLDT have a whole time, dedicated</p>	<p>2</p> <p>2</p>	
--	---	-------------------	--



	<p>transition nurse who works alongside transition team colleagues to provide LD nursing support, offering advice and support around health, sexual health and behaviour.</p> <p>The Trust has demonstrated a commitment to ensuring the highest quality of care is delivered to vulnerable people, including those with LD and autism. Early 2023, our Chief Nurse requested a paper to explore how health inequalities are addressed for adults with LD and Autism.</p>		
<p>Overall Score for 1b = 2</p>			
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Well established hospital passport, Keep Me Safe Document which is used to support hospital admissions. Contains the key information required to support an individual safely whilst in hospital, including communication needs, swallow needs, support to reduce anxiety, etc. Completed at point of admission for all patients.</p> <p>2 x whole time equivalent hospital based LD liaison nurses based on acute site to provide direct advice and support alongside advice to the acute based workforce for inpatient and emergency admissions.</p> <p>Bolton NHS Foundation Trust has participated in the Learning Disability Improvement Standards for the past 5 years. This is a benchmarking exercise which allows us to focus on required improvements to all NHS services to ensure they can be equally accessed by those with a learning disability and/or autism. The process includes collection of data against a set number of standards, a patient survey and staff survey.</p> <p>Attendance at GM Good Health meeting to share GM learning and themes, focus on improving health and access to health services for people with LD. Example agenda attached.</p> <p>Incidents are reported and responded to in line with divisional standards. Recent improvement in the recognition and reporting of risks across CLDT.</p> <p>Risks are recorded on the Trust risk register system and reviewed regularly.</p>	<p>2</p>	<p>Linda Ashworth, Clinical Service Manager, Community Learning Disability Team</p>

	<p>CLDT work in partnership with locality providers to provide bespoke, individualised guidelines to support the safe delivery of care and support to service users. This includes moving and handling guidance, safe swallowing guidance, epilepsy care plans, behaviour support plans, etc, guidelines can be pictorial if required and are reviewed as appropriate.</p> <p>Robust LeDeR process within the locality. Reviews are completed by specialist regional reviewer team, completed reviews are discussed with actions agreed at a GM panel, led by regional LeDeR local area contact/quality lead for nursing, NHS GM integrated care and including a locality representative. Reviews discussed at a multi-organisation meeting, the group consider and action learning from deaths and have representation across children and adult services. Completed LeDeR reviews are also presented at the locality serious incident review group meeting for oversight and sign off action plans. Example LeDeR review attached.</p> <p>CLDT staff hold safety huddles on a weekly basis. This is to ensure sharing of essential information to assure safe delivery of care. Safety huddle agenda includes Trust and Divisional key messages, any safeguarding information, workforce issues or changes. Safety huddles are also held prior to delivery of therapy sessions, with a focus on attending service user needs.</p> <p>We hold a locality multi-organisational learning disability and autism lived experience improvement group. This group has a clear focus on continued improvement of services for people with LD and Autism. The meeting has representation from adult and child services across the health and social care economy.</p>	2	
	Overall Score for 1c = 2		
1D: Patients (service users) report positive	CLDT participates in the Friends and Family tests. While work is required to increase the number of monthly returns, the majority of completed forms evidence a high satisfaction rate from those who access the service.	1	Linda Ashworth, Clinical Service Manager,

experiences of the service	<p>Feedback is gathered from all patient contact opportunities; attached is evidence of feedback from the adult inpatient survey.</p> <p>Compliments from service users are documented and shared with the senior leadership team via performance reports. Examples of compliments for the previous 3 months attached.</p> <p>Patient survey included in LD Improvement standards provides feedback on specific measures. Attached above (1c).</p> <p>Recent patient story, supported by Trust Communications team, link to recorded video attached below. Relates to provision of equipment and impact on quality of life for service user and carers. <a href="https://www.youtube.com/watch?v=rhsyQ-IGNRg">https://www.youtube.com/watch?v=rhsyQ-IGNRg</a></p> <p>In summer 2022, we held a large scale LD engagement event with a focus on good health. We had over 50 services engage, across health, social care, voluntary and provider services with over 200 people with LD attending on the day. Feedback from the event was positive and we have agreed to repeat an engagement event in spring/summer 2024.</p> <p>We participate in the GM Confirm and Challenge meetings, also attending the annual conference. This is an opportunity to share and develop service progression ideas with our service user group and for them to challenge actions and hold managers to account.</p>	1	Community Learning Disability Team
	1		
<b>Overall Score for 1d = 1</b>			
<b>Domain 1: Commissioned or provided services overall rating for CLDT</b>		<b>7</b>	



## EVIDENCE & INSIGHT : SERVICE 2: Maternity Services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)	
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	Trust Equity Diversity and Inclusion Plan 2022-2026	1	Trust	
		Learning Disability			
		Personalised care plans are developed using the National autistic society my health passport	Example of personalised care plan to support learning disability	1	Learning disability maternity champion / speciality mental health midwifery team
		Learning disability Trust Lead  Trust learning disability lead nurses who support individual teams. Clinical midwifery areas have learning disability champions.	We have two hospital Learning disability learning disability nurses (band 7 and and 6 )  Matron for learning disability nursing team in the community and Head of service for learning disability nursing based in the	Learning disability lead nurse	

		Integrated community learning disability team based at Farnworth Town Hall.		
	Learning disability pathways / policies and procedures	Need to develop Trust / Maternity disability policy to outline care pathways for maternity patients.		Learning disability lead nurse and speciality mental health midwifery team
Access to interpreter and translation services				
	Trust Interpretation and Translation policy		1	Trust
	Information and resources	Padlet – Multi Lingual resources developed by Cultural liaison midwife in collaboration with service users	1	Cultural liaison midwife
	Information and resources  North West Maternity Safety information QR codes	<a href="#">NHS England – North West » Maternity Safety Information</a> <a href="#">Leaflet and banner: Feeling your baby move is a sign that they are well   Tommy's (tommys.org)</a> <a href="#">آپ اور آپ کے بچے کے لئے</a> <a href="#">سکریننگ ٹیسٹ - GOV.UK (www.gov.uk)</a>		Cultural liaison midwife / MLC matron

		<a href="#">Lullaby Trust publications - The Lullaby Trust</a>  Charity information posters (Tommy's and Lullaby Trust) multi-lingual resources		
	Maternity website	Task and finish group in progress to review current maternity information. Included in Maternity and neonatal voices partnership MNVP work plan		Consultant Midwife / Trust Communications
	Face to face and telephone translation services embedded within the maternity pathway	At booking- mandatory question on electronic record to identify women who require interpretation services. DA Languages		Complex care matron
	Antenatal pathways and risk assessment to identify care pathway and individual needs			
	Guidelines uncomplicated / complex antenatal care		1	Guideline authors
	Antenatal booking / screening			Guideline authors

		Diabetes / endocrine			Guideline authors	
		Fetal growth restriction			Guideline authors	
		Safeguarding and mental health			Guideline authors	
		FGM			Guideline authors	
		Refugees / asylum seekers			Guideline authors	
		Need to develop Gender inclusion maternity policy	As all policies and guidelines are reviewed we will ensure that gender inclusive terms are used			
		Additional Support for Minority Ethnic Group Women in Pregnancy' Standard Operating Procedure (SOP)	Need to develop Clinical data benchmarking project in progress			
	Regional action plans / strategies					
		GMEC equity action	Cultural liaison Midwife identified lead for consanguinity	1		Cultural liaison Midwife
	Overall Score for 1a = 1					
	1B: Individual patients (service users) health needs are met	Specialist / leads to support women	Specialist roles to include preterm birth	1	Specialist matron	



	with complexity and individual care planning	lead, diabetes, mental health, cultural liaison midwife, bereavement team, rainbow clinic, enhanced midwifery team (safeguarding) consultant midwife		
Awards and celebrations				
	Award – Equity Inclusion and diversity award winner 2022	<a href="#">CAHN Weekly e-Bulletin</a>		
Personalised care				
	Personalised care Guideline		1	Consultant Midwife
	Personalised care audit July 2023			
	Special dietary requirements Recorded in E3	Individual dietary needs catered for	1	
	Access to local charities to support families-referral <ul style="list-style-type: none"> <li>• Baby Basics (emergency equipment)</li> <li>• BRASS (befriending refugees and asylum seekers)</li> <li>• Tommy's</li> <li>• Lullaby Trust</li> <li>• Home start</li> </ul>		1	Community midwifery team leaders

		<ul style="list-style-type: none"> <li>Dad Matters</li> </ul>			
		Staff education and training Trust Induction Maternity TNA Safeguarding Cultural competency FGM Equality and diversity		1	
		Maternity and neonatal voices partnership (MNVP)	Patient survey action plan and MNVP work plan	1	
		BCG vaccination services		1	
	Overall Score for 1b - 1				
		1C: When patients (service users) use the service, they are free from harm	Trust Risk Management and Serious incident policy, complaints policy reviews and action plans		2
			PMRT / MBRRACE review and action plans	Located in governance folders	1
	Overall score 1C - 2				

	1D: Patients (service users) report positive experiences of the service	Maternity and neonatal voices partnership (MNVP)		1	
		Patient survey action plan and MNVP work plan			
		Friends and family test feedback		1	

Overall score 1D - 1

**Domain 1: Commissioned or provided services overall score for Maternity Services: 5**

## EVIDENCE & INSIGHT : SERVICE 3: Bowel Screening Service

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	30 day questionnaire submitted on close of episode to all patients, both screening and surveillance. Feedback recorded on Bowel Cancer Screening System. Reports generated monthly from BCSS database.	2	Bowel Screening Team
		CSIL reinforces Accessibility Standards to all GP Practices to ensure additional requirements are flagged. Reviewed response rate in considering the population serviced, geographical location of clinics and colonoscopy sites including hours of operation, staffing and a range of other factors. Resulting in community based serviced underway to deliver services locally.	1	
		Additional sites for BCS colonoscopy include Leigh Infirmary and plans to expand to Salford and Wigan. Coproduction of resources with targeted marginalised group to meet access needs to information and education regarding bowel screening.	1	
	Overall score 1a - 1			
Overall score 1c - 1				

	1D: Patients (service users) report positive experiences of the service	The Programme collates data from patients about their experience of the service and provide regular reporting to identify themes and actions. The programme uses patient experience data with protected characteristics to influence and direct service delivery.	1	Bowel Screening Team
<p>Overall score 1d – 1                  Domain 1: Commissioned or provided services overall score for Maternity Services: 5                  Domain 1 final score is determined by the middle scoring service.                  Therefore the Domain 1 final score is 5 (Developing)</p>				

# Domain 2

# Workforce Health and Well-Being

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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	<ul style="list-style-type: none"> <li>OH Pre-placement questionnaire and specific conditions questionnaires</li> <li>SEQOHS Accreditation Report</li> <li>OH Management Referral Questionnaire</li> <li>Reasonable adjustment passport and guidance</li> <li>Wellbeing initiative collateral</li> <li>Mental Health Signposting document</li> <li>Financial wellbeing information</li> <li>Trauma Risk Management Programme information</li> <li>Health and Wellbeing champion work information</li> </ul>	82% confidence across the 6 stakeholders of achieving all from 'achieving' on the scorecard in 2A  Therefore 82% of the achieving score of 2 = <b>1.64</b>	Occupational Health Human Resources Wellbeing Lead
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> <li>Raising Concerns/Freedom to Speak Up Policy</li> <li>Resolution Policy</li> <li>Security Policy</li> <li>Enhanced Care Policy</li> <li>Trust Values and Behaviours Framework</li> <li>Disciplinary Policy</li> <li>NHS National Staff Survey Data</li> </ul>	83% confidence across the 6 stakeholders of achieving all from 'achieving' on the scorecard in 2B	Occupational Health Human Resources Wellbeing Lead

			<p>Therefore 83% of the achieving score of 2 = <b>1.67</b></p>	
	<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"> <li>• Raising Concerns/Freedom to Speak Up Policy</li> <li>• Staff Mental Health and Wellbeing One Pager</li> </ul>	<p>73% confidence across the 6 stakeholders of achieving all from 'achieving' on the scorecard in 2C</p> <p>Therefore 73% of the achieving score of 2 = <b>1.46</b></p>	<p>Occupational Health Human Resources Wellbeing Lead</p>



	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> <li>• NHS National Staff Survey Data</li> <li>• People Committee absence report</li> <li>• WRES report</li> <li>• WDES report</li> </ul>	<p>54% confidence across the 6 stakeholders of achieving all from 'achieving' on the scorecard in 2D</p> <p>Therefore 54% of the achieving score of 2 = <b>1.08</b></p>	<p>Occupational Health Human Resources Wellbeing Lead</p>
<p><b>Domain 2: Workforce health and well-being overall rating</b></p>			<p><b>5.85</b></p>	<p>Developing</p>

# Domain 3

# Inclusive Leadership

## Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	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"> <li>• Chief Executive</li> <li>• Deputy Chief Executive/Chief People Officer</li> <li>• Director of Finance</li> <li>• Chief Nurse</li> <li>• Chief Operating Officer</li> <li>• Medical Director</li> <li>• Director of Strategy</li> <li>• Director of Corporate Governance</li> </ul>	2	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.	1	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.	2	Director of Corporate Governance
<b>Domain 3: Inclusive leadership overall rating</b>			2	

### 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.

# Appendix 3: Organisations Overall Score

## EDS Organisation Rating (overall rating):

Developing (Total score: ~16)

D1: 5, D2: 5.85 D3: 5

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**

# Appendix 4: Domain 1 to 3 Action Plans

**EDS Action Plan**

EDS Lead	Year(s) active
Head of EDI	2023-2024
EDS Sponsor	Authorisation date
Chief People Officer/Deputy Chief Executive	

**Domain 1 Action Plan:**

EDS Action Plan: Domain 1 : Service 2 Bowel Cancer Screening Service				
EDS Lead			Year(s) active	
Amanda Peet, Business Unit Manager, Bowel Screening Service			2023-2024	
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Work collaboratively with providers and other partners to identify actions to address health inequalities and barriers in accessing the services of the screening programme to improve patient journey and experience.	To work with LD teams to facilitate support for patients with learning disabilities to improve uptake and maintain engagement in the programme.	31 <sup>st</sup> March 2024
			Offer different ways to access clinics but implement community locations across all three localities.	31 <sup>st</sup> March 2024
			Facilitate workshop with WWL to share their service review findings and learning with SRFT. Develop implementation plan for external offer for SRFT and WWL for colonoscopy.	1 <sup>st</sup> July 2024
			Provide opportunities via Primary Care agencies to request bowel screening kits, for example Third Party Kit Request.	31 <sup>st</sup> March 2024



	<p>1B: Individual patients (service users) health needs are met</p>	<p>To ensure patient health needs are met and reduce health inequalities through regular monitoring and regular actions to ensure equity of access</p>	<p>Bowel Cancer Screening reporting to EDI on work being done to reduce health inequalities, monitoring progress in equality, diversity and inclusion work related to patients and service users.</p>	<p>1<sup>st</sup> July 2024</p>
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Ensure that equality considerations are embedded in Incident reporting and SI processes.</p>	<p>Revise training for BCS incident reporting and review SQAS data requirements.</p>	<p>30<sup>th</sup> November 2024</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Ensure we engage with the Bolton bowel cancer screening population (including Wigan, Leigh and Salford) to understand the needs in those communities with protected characteristics.</p>	<p>Incorporate protected characteristics in data collection. Implement any specific actions in relation to EDI. Feed into the Divisional Health Inequality Group and share learning.</p>	<p>1<sup>st</sup> July 2024</p>

EDS Action Plan: Domain 1: Service 2: Community Learning Disability Service				
EDS Lead		Year(s) active		
Lynda Ashworth,		2023-24		
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service.	Focus on the wider protected characteristics	Utilise patient information systems at Bolton Hospital NHS Foundation Trust to support more accurate reporting.	31 <sup>st</sup> March 2024
	1B: Individual patients (service users) health needs are met	Focus on service provided for patients with Downs Syndrome	Development of an accurate Downs Syndrome register  Introduce base-line screening two yearly for aged under 30 and annually for aged over 40	30 <sup>th</sup> September 2024
	1C: When patients (service users) use the service, they are free from harm	The LD team will adopt a total bowel management approach	Increase awareness of bowel health and promoting the appropriate use of diet, exercise, abdominal massage and, where required, medication to reduce risks associated with chronic constipation.	Start date 2 <sup>nd</sup> January 24 to be embedded by 30 <sup>th</sup> September 24.
	Outcome	Objective	Action	Completion date

EDS Action Plan: Domain 1: Service 3: Maternity Services			
EDS Lead		Year(s) active	
Louise Tucker, Consultant Midwife		2023-24	
1D: Patients (service users) report positive experiences of the service	Improved service user engagement	Involvement in recruitment, service development  Review Friends and Family Test and other options for obtaining feedback  Review consultations methods	31 <sup>st</sup> July 2024

Status Key	
1	Not complete / no progress reported/ timescales not met by more than 6 months/ no evidence provided
2	Actions partly or mostly achieved / timescales not met by 3- 6 months / some evidence outstanding
3	All actions complete but awaiting evidence / timescales within 3 months
4	All actions completed and good supporting evidence provided

### Maternity action plan continues

EDS outcome	Standard	Key Actions	Lead Officer	Deadline for action	Progress Update  Please provide supporting evidence (document or hyperlink)	Current Status
						1 2 3 4
1A	1a Service users have required levels of access to the service	Develop Maternity Disability Policy to outline pathway and resources for maternity patients	Jainab Desai speciality mental health midwifery team	Feb 2024		2
1A	1a Service users have required levels of access to the service	Implement sop for maternity padlet. Implement Maternity Padlet	Waheeda Abbas	12.12.23	Draft SOP shared for comments	3
1A	1a Service users have required levels of access to the service	Review information and resources on Maternity website Establish task and finish group to identify work plan, ensuring information and resources available in multi languages	Consultant Midwife Trust Communications	1.1.24	Task and finish group meeting held 17.11.23	3
1A	1a Service users have required	Develop SOP / Guideline for maternity 1. Gender inclusion	Guideline midwife	12.1.24		2

	levels of access to the service	2. Additional support or pathways for BME women				
<b>1B</b>	Individual patients (service users) health needs are met	Benchmarking data and outcomes for BME women 2022. Identify top 5 areas of focus	Consultant midwife / cultural liaison midwife	12.1.24	Data collection in process	<b>3</b>
<b>1C</b>	Patients (service users) report positive experiences of the service	Ensure MNVP groups are representative of local population	Consultant Midwife / MNVP chair	NA Action monitored on MNVP work plan		<b>4</b>



Domain	Outcome	Objective	Action	Completion date
--------	---------	-----------	--------	-----------------

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Domain 2: Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ol style="list-style-type: none"> <li>1. Organisation monitors the health of staff with protected characteristics</li>   <li>2. Organisation promotes self-management of conditions to all staff.</li> </ol>	<ul style="list-style-type: none"> <li>• 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, supported by the establishment of a Health Improvement Practitioner working within occupational health.</li> <li>• Capture more diversity data of staff that are referred to OH.</li> <li>• Review all OH client facing documentation, including referral forms, health information, and health questionnaires, to ensure these contain appropriate EDI language to reduce bias and remove possible barriers to engagement for all users of the service including those with protected characteristics, and/or disabilities</li> <li>• Improve capture of diversity data on ESR.</li>   <li>• 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</li> </ul>	<p>June 24 or earlier for all Domain 2 actions.</p> <p>(next evidence collection timescale for EDS2022 Domain 2)</p>
---	---	---	---	--

		<p>3. Uses sickness and absence data to support staff to self-manage long term conditions.</p> <p>4. Signposts to national and VCSE support and increase health literacy of workforce</p>	<p>of good health, and the management of long term conditions.</p> <ul style="list-style-type: none"> <li>• Widen communications on this offer, not only online. Focus on the conditions obesity, asthma, diabetes, COPD and mental health.</li> <li>• Reasonable adjustments process to be improved.</li> <li>• Long Term Health Conditions Guidance to be developed which is linked to Long Term Sickness Policy.</li> <li>• Enable EDI/OH/Networks to populate staff intranet pages with information.</li> <li>• Improve access for those who don't have computer access.</li> </ul>	
<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>		<p>Organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures.</p>	<ul style="list-style-type: none"> <li>• Learning information slides should come out of cases (like historically completed for incidents) to provide assurance of the process.</li> <li>• Improve communication to staff about high level outcomes of cases (whilst maintaining confidentiality).</li> </ul>	



	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Organisation supports union representatives to be independent and impartial.	<ul style="list-style-type: none"> <li>• Grow and support Staffside group and build staffside into key decision making groups e.g. policy development groups.</li> </ul>	
	2D: Staff recommend the organisation as a place to work and receive treatment	<ol style="list-style-type: none"> <li>1. Improve % of those who live locally to services choosing to use those services and recommending organisation as a place to work.</li> <li>2. Organisation uses end of employment exit interviews to make improvements.</li> </ol>	<ul style="list-style-type: none"> <li>• Improve to at least 70% of respondents.</li> <li>• Establish exit interview process.</li> </ul>	

**Domain 3 Action Plan**

Domain	Outcome	Objective	Action	Completion date
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and	<p>More leaders to explain the impact of the actions they took on equality, diversity and inclusion.</p> <p>More examples of times they supported EDI events etc throughout the year listed.</p>	Start logging activity early so that there is a comprehensive list ready by EDS2022 deadline.	Oct 2024

	<p>commitment to, equality and health inequalities</p>			
	<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>	<p>Make equality and health inequality impact standing agenda items for more committees.</p>	<p>Embed EIA/HEIA doc into front page of board paper template and also the Business Case template.</p> <p>Update and embed the refreshed Equality Impact Assessment (EIA) process and toolkit, EIA and HIE assessments completed for all projects and polices. BME staff risk assessments.</p>	<p>Feb 24</p> <p>May 24</p>
	<p>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</p>	<p>Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: Accessible Information Standard</p>	<p>Build in monitoring of the Accessible Information Standard to the Board workplan.</p>	<p>Nov 24</p>

