Classification: Official		
Publication approval reference:		

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	

NHS Equality Delivery System 2022

EDS Reporting 2025

Bolton NHS Foundation Trust

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 2025	Individual organisation	Yes.

Date completed	26.01.2026	Month and year published	Feb 2026
Date authorised	Jan 2026	Revision date	Feb 2026

Domain 1 - Evidence & Insight

Commissioned or Provided Services:

For the 2024/25 reporting year, Bolton NHS Foundation Trust has not submitted a formal assessment or score for Domain 1. This decision reflects a strategic prioritisation following an organisational restructure, which required focused attention on Domains 2 and 3. The Trust continues to meet its statutory duties under the Equality Act 2010, including eliminating discrimination, advancing equality of opportunity, and fostering good relations. Equality Impact Assessments (EIAs), business case governance, and Quality, Equality Impact processes remain embedded in our approach.

The Trust remains committed to delivering equitable services and will complete a full Domain 1 evaluation in 2025/26. This work is supported by the Health Inequity Reduction Group and is included in its workplan, which feeds into the EDI Assurance Group.

Domain 2

Workforce Health and Well-Being

	Outcome	Evidence	Rating	Owner/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 | • 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 resources
• Trauma Risk Management Programme information
• Menopause policy and resources
• Our Voice Change Programme information
• Knowledge and Library Services Health inequalities newsletter

• Comprehensive OH & Wellbeing offer: pre-placement health assessments, condition-specific questionnaires, health surveillance (respiratory, hearing, DSE, pregnancy, etc.), occupational vaccination, accredited OH service (SEQOHS).

• Wide range of wellbeing support: physiotherapy referral scheme; mental-health support (self-referral and manager referral), staff wellbeing champion network, 'Our Voice' change programme, reasonable-adjustment passport, lifestyle support (smoking cessation, gym access, cycle-to-work, flexible working), fatigue & menopause initiatives, trauma risk management programme.

• Health & wellbeing strategy being reviewed and repositioned under strategic OH leadership; staff engagement event held (July 2024) covering all wellbeing strands. | Average score = 1.00 Developing | Occupational Health & Wellbeing
Human Resources
Staff Experience & Engagement |

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• 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 • People Promise Plan • Full suite of relevant policies in place: Raising Concerns / FTSU, Resolution Policy, Security Policy (violence & aggression management), Enhanced Care Policy, Trust Values & Behaviours Framework, Disciplinary Policy. • Active FTSU infrastructure: large, diverse champion network; active work under 'Our Voice" /'Our Leaders" programmes; active work on Sexual Safety Charter and inclusion frameworks. • Training and awareness initiatives in place: Active-Bystander, domestic abuse and safeguarding policies, incidents reporting systems, escalation procedures, disciplinary/resolution routes.	Average score = 1.67 Achieving	Human Resources Occupational Health and Wellbeing Staff Experience/Engagement FTSU – Freedom to Speak Organisational Development

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	- 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 - Raising Concerns/Freedom to Speak Up Policy - Staff Mental Health and Wellbeing - Equality Impact Assessment template - People Promise Plan - Multiple independent support routes available beyond line-management: Trade Unions (with facility time and active engagement), FTSU raising-concerns service, Employee Assistance Programme (EAP), Occupational Health, Staff Health & Wellbeing Champions, peer support (TRiM), external mental-health and wellbeing resources, staff networks, disability support and signposting to VCSE organisations. - Updated EIA-governance of policies; refreshed Raising Concerns policy with links to Greater Manchester / national FTSU services; increased network representation; active promotion of support via intranet and communications.	Average score = 1.67 Achieving	Human Resources Occupational Health and Wellbeing Staff Experience/Engagement FTSU – Freedom to Speak Equality, Diversity and Inclusion

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
	2D: Staff recommend the organisation as a place to work and receive treatment	- 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 - People Promise Plan - Equality, Diversity, and Inclusion Plan • 2024 NHS Staff Survey: 59.86% of staff would recommend the organisation as a place to work (slightly up from 2023). • 59.24% of staff said they would be happy with the standard of care — the proxy for recommending BNFT as a place for treatment. • Ongoing 'Our Care / Our Voice' workstream led by Chief Nurse investigating reasons for lower recommendation rates and designing improvement plans; People Promise workstream focusing on staff engagement and advocacy. • Sickness and wellbeing support, EAP, wellbeing initiatives, flexible working, and health support remain part of retention and experience strategy.	Average score = 1.00 Developing	Human Resources OH&WB – Occupational Health and Wellbeing Staff Experience/Engagement FTSU – Freedom to Speak
Domain 2: Workforce health and well-being overall rating			**5.34**	**Developing**

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 leaders at all levels who have attended the Our Leaders Programme in the Trust.	2	EDI
	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 are now well embedded and combined with QIAs. Health inequalities are built into decision making now. The board has good oversight of EDI risk due to the EDI assurance group.	3	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	

Organisation overall Score

D1: NA, D2: 5 D3: 8 = 13 (Developing)
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	2026-27
EDS Sponsor	**Authorisation date**
Chief People Officer/Deputy Chief Executive	Jan 2026

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EDS Action Plan: Domain 1	
EDS Lead	**Year(s) active**
R. Munshi	**26-27**

Domain	Outcome	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	3 specified services are supported to collect data that is split by demographic and to analyse it. Actions will be determined by this data. Progress on actions to be assured via Health Inequity Reduction Group and then EDI Assurance Group.	Nov 2027
	1B: Individual patients (service users) health needs are met		
	1C: When patients (service users) use the service, they are free from harm		
	1D: Patients (service users) report positive experiences of the service		

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	Improve monitoring, self-management, access, reach and health literacy across all protected characteristics	1. Health Improvement Practitioner Team to analyse ethnicity data for staff events (measuring key indicators linked to CVD e.g. assessing BP, cholesterol, weight, lifestyle factors including smoking, alcohol and substance misuse, and giving healthy lifestyle advice to reduce risk/signposting to further support), completed in 2026 to begin to understand if their reach is equitable. (Health Improvement Practitioner Team) 2. Obesity – working with voluntary sector to increase visibility for support (discounted gym membership. Positive action within the eligibility criteria with regards to ethnic minorities. (OH&WB) 3. Smoking cessation – signpost to voluntary sector and in house provision. (OH&WB) 4. Mental health. Scoping how to encourage talking therapies to ethnic minority colleagues (OH&WB). 5. Reasonable adjustments process map to be launched and increase awareness and use (HR) 6. Review and Develop guidance and support for managers and staff in relation to Long-Term Health Conditions and Trust Policy. (HR) 7. Ensure evidence for 2026 EDS2022 contains a range of signposting examples that are used that are targeted condition-specific support for obesity, diabetes, asthma, COPD and mental health, tailored to different protected groups (e.g., culturally competent health guidance, accessible materials for disabled staff, and LGBTQ+-inclusive mental health support) etc . (OH&WB) 8. Add in signposting prompt to appraisal/FABB conversation documentation to signpost support for all mentioned conditions on Health and Wellbeing BOB page when this has been updated by H&WB team. (OD) 9. Look to review commonly provided health information with a view to making it more accessible in different formats such as language etc (within current financial/ green agenda – i.e. no printing.) (OH&W)	1.Dec 2026 2.Jan 26 ongoing 3. March 26 launch 4.Q2 start 5. End March 26 6. Q4. 7. Q2 2026 8. October 2026. 9. From Feb 26 10. Q4 11.Q3 12.Feb 26

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			10. Establish bespoke audit of sickness absence and OH data by protected characteristic to identify disparities / support. (HR / OH) 11. Plan to undertake additional manager attendance management training to proactively support discussions (HR) 12. Start using G2 to provide information about wellbeing initiatives/communications to those who are on the system, including those who are off sick. (OH)	
	2B: When at work, staff are free from abuse, harassment, bullying, and physical violence from any source	**Strengthen prevention, reporting, response, and assurance across all protected groups**	1. Produce learning slides from cases to support organisational learning. (HR / FTSU) 2. Present cases at Divisional People Committees and share learning at Partnership Forum. (HR) 3. Promote anonymous reporting mechanisms (QR codes etc.). (FTSU / HR) 4. Expand monitoring of bullying/harassment to all protected characteristics, not just ethnicity/disability and report on a regular basis. (HR) 5. 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 (OD) 6. Explore rollout of Active Bystander and/or Civility Saves Lives (OD/EDI)	1. 13th Feb FTSU 2. Dec 2026 3. Q2 4. Dec 2026 5. end May 2026. 6. Q2 launch
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure accessible, impartial and well-publicised support routes	1. Ensure support routes are accessible for staff with limited digital access (posters, printed tools, offline reporting). FTSU-promote QR code via posters. Will ask FTSU champion network at meeting in Feb. (SE&E / FTSU / HR/Communications Team) 2. Encourage attendance at Inclusion Staff Networks and ensure management release time for participation (EDI)	1. 2nd Feb. 2. Q2

| | 2D: Staff recommend the organisation as a place to work and receive treatment | Improve staff advocacy, retention, and experience | 1. Improve % of respondents recommending the Trust (target ≥70%). (SE&E)

2. Explore Staff Survey "recommend the Trust" scores by protected characteristics (e.g., race, disability, LGBTQ+, age) to identify differences between groups. (EDI/SE&E)

3. Implement targeted improvements for staff groups who are currently less likely to recommend the Trust, based on Staff Survey and exit-interview data. Build advocacy into Divisional/Directorate People & Culture plans/strategies (SE&E / OD / HR / EDI) | 1.2026 Survey-March 2027
2.Q2

3.End Q2 |

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	Give feedback to leaders who participated this year. Coach new sample of leaders about inclusive leadership and collect evidence of their inclusive practice for 2025-26.	Oct 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.	1. Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.	Nov 2026
	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

Those holding roles at AFC Band 8C and above are reflective of the population served.

Organisations are able to show year on year improvements using Gender Pay Gap reporting, WRES and WDES. | 1. Build in monitoring of the Accessible Information Standard to the Health Inequity Reduction Group workplan.

2. Inclusive recruitment actions from new EDI Plan

3. Drive people actions on the new EDI Plan to improve WDES, WRES, GPG | 1. April 26

2. Nov 2027

3. Nov 2027 |

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