

Annual Equality Information Monitoring Report 2021/22

Consciously Inclusive

Equality, Diversity and Inclusion At Bolton NHS
Foundation Trust

VISION

OPENNESS

INTEGRITY

COMPASSION

EXCELLENCE

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1. Introduction

Bolton NHS Foundation Trust is committed to eliminating discrimination, promoting equality of opportunity, fostering good relations, reducing health inequalities and providing an environment which is inclusive for patients, carers, visitors and staff.

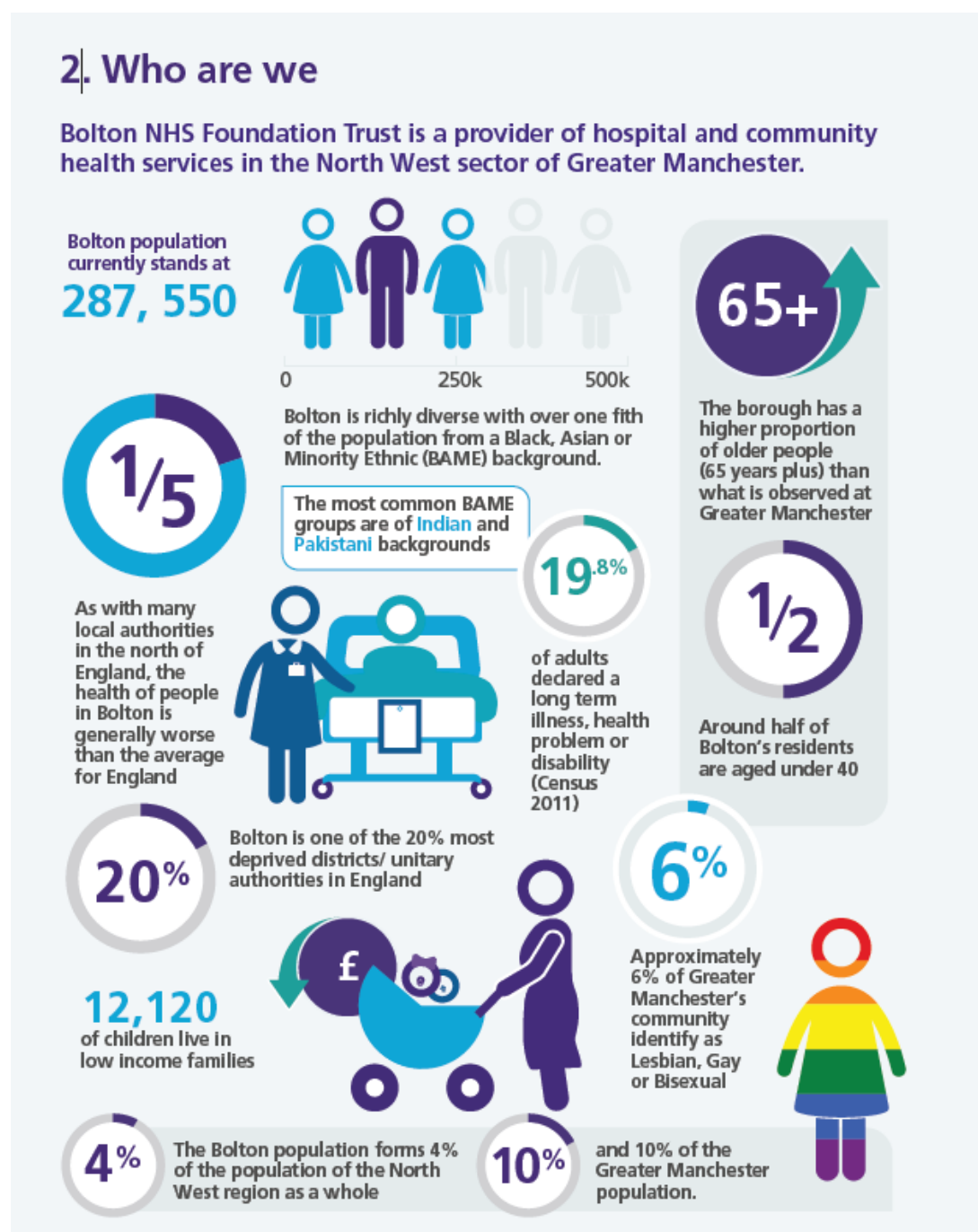
Our aim is to ensure staff are consciously inclusive in their day to day practice and interactions with our diverse patients and within teams, responding to their individual needs. The Trust dedicates effort to ensuring a culture of respect by applying fair and inclusive working practices to ultimately deliver the highest standards of care. We recognise having a supportive staff culture leads to high levels of staff motivation and impacts positively on patient experiences and health outcomes. This way we can ensure the Trusts vision is achieved to deliver high quality, patient centred, accessible services and as an employer to provide a positive workplace culture free from bullying and harassment and discrimination and be the employer of choice.

The purpose of this report is to demonstrate how Bolton NHS Foundation Trust adheres to the Equality Act 2010 and its associated duties. It provides an overview of our workforce composition and patient profile, celebrates our achievements and highlights any differential outcomes for patients and employees with protected characteristics. Collecting and using this equality information helps to inform the Trusts decision making, monitor the equality impact of our activities on patients and staff to ensure equality. The report identifies future areas of improvement which will be aligned to the action plan associated with the equality objectives set out in the Equality, Diversity & Inclusion (EDI) plan 2022 – 2024.

Various sources of data are used within the report to demonstrate the level of progress. This includes the most recent census 2011 data. Patient data reports are based on the single visit/admission of a patient as opposed to number of times a patient has used our services.

2. Who We Are

Bolton NHS Foundation Trust is a provider of hospital and community health services in the North West sector of Greater Manchester.



Deprivation & Disease Prevalence

ⁱ (Extracted from the Bolton Public health report 2019-2020)

- When compared with the Greater Manchester region, Bolton ranks third highest for levels of deprivation.
- The health of people in Bolton is generally worse than the England average.
- Bolton is amongst the 20% most deprived local authorities in the country, ranking 46th out of the 317 English local authorities.
- 25% (14,900) of children live in low income families.
- Males have an average life expectancy of 82 years whilst females have a higher life expectancy at 88 years. These are lower than both the regional and national average at 83 and 85 years respectively. There are also inequalities in life expectancy dependent upon location. It is 11.3 years lower for men and 8.9 years lower for women in the most deprived areas of Bolton compared to the least deprived. The reasons for this are varied and include social factors such as poverty, high unemployment and poor housing and lifestyle factors.
- Bolton sees higher than average levels of alcohol related harm, smoking related deaths, and hip fractures in older people, more deaths from drug misuse and more hospitalisation for self-harm.ⁱⁱ

Disease Prevalence

- Cardiovascular diseases (CVD) - death rates from CVD amongst the under 75s remain worse in Bolton than the England average an estimated 12.5% of people are living with these conditions. It is also the leading cause of health inequalities in Bolton.
- Cancers - Bolton residents experience a higher rate of lung cancer than England whilst rates of breast and prostate cancer are lower in Bolton than average. Death rates from cancer amongst the under 75s are worse in Bolton than the England average.
- Respiratory diseases - Rates are higher than average in Bolton including for COPD and asthma. Just over 6% of adults registered with general practitioners in Bolton suffer from asthma and 2% with COPD
- Diabetes - There are more than 20,000 adults with a diagnosis of diabetes in Bolton. This equates to 8.4% of adults registered with general practitioners in Bolton and is higher than the England and North West average. There are striking ethnic inequalities in diabetes prevalence, with South Asian ethnic groups more likely to develop diabetes.
- Mental health - 10% of adults registered with general practitioners in Bolton suffer from depression and this is similar to England as a whole and across Greater Manchester.

Further population demographic data broken down by protected characteristics can be found in section 4.

2.1 Equality Objectives

The Trust has launched its new EDI Plan 2021 to 2025. It sets out the Trust's vision for EDI and its approach to creating an inclusive culture over the next four years in line with the Equality Act 2010.

For further information, please see www.boltonft.nhs.uk

Ambition 1

Understand the needs of our community and provide services which meet those needs.

Ambition 2

Create a working environment in which all staff can reach their full potential.

Ambition 3

Recruit and cultivate a workforce that represents Bolton's diversity.

Ambition 4

Act on patient, staff and community feedback on how we can improve our approach to EDI.

3. Our Achievements

The Trust has undertaken various pieces of work to improve access, experience and improve outcomes for our patients and staff over the past despite a reduced EDI Team. The following are some examples of the Trust's achievements. With thanks to the NHS charities together for financially supporting some of these initiatives.

Disability

- Relaunch of our Accessible Information Standard (AIS) working group. The Trust has made progress in ensuring that the move away from patient records to electronic systems takes account of the need to record people's information and communication needs. Progress has included admin system update to allow data capture, pilot taking place in Diagnostic and Support Services including introduction of digital appointment letters which can be adapted using the accessibility tools including read aloud and adjustable text sizing.
- Held a series of listening events with staff who have a disability or health condition to identify good practice and areas for improvement. This led to the launch of the Staff Disability and Health Conditions Network. Its purpose is to influence and improve policy and practice to create a more inclusive culture and patient experience.
- Continual development and promotion of staff health and wellbeing initiatives including mental health support, counselling service, physiotherapy fast track service, Shiny minds app to ensure positive mental health amongst others.
- Utilising national wellbeing events to provide opportunities for learning and promotion of support services including mental health awareness day.
- The Trust's Safeguarding, Dementia and Learning Disability Teams continue to provide specialist support to patients and carers.
- Submitted the Trust's Workforce Disability Equality Standard assessment to measure the experiences of staff with a disability compared against those that do not and delivery of accompanied improvement plan.

Gender reassignment

- Transgender Equality Working Group continued to meet and have been involved in developing a variety of resources. This includes staff guidance on supporting Transgender patients, importance of using gender pronouns and have reviewed staff guidance on supporting staff who are undergoing gender reassignment.

- To mark LGBT history Month a lunch and learn session was held, providing an opportunity to learn about LGBT history, hear staff lived experiences and explore what we can do differently to influence the future.
- Marked Trans Day of Visibility by flying the Trans flag outside the hospital demonstrating the Trusts commitment to equality and providing a welcoming place.

Pregnancy and maternity

- The Trusts dedicated Specialist Cultural Liaison Midwife continued to develop a variety of projects to enhance the experiences of Black Asian and Minority Ethnic patients and increase staff cultural competence.
- Continue to offer a variety of support mechanisms for staff who are pregnant, adopting, breast feeding or on maternity, paternity, adoption or carers leave. This includes risk assessments, return to work support etc.

Race

- Review of cohort 1 of the Bolton Accelerator Management Experience Programme positive action initiative. Focused on aspiring BAME colleagues, reciprocal mentoring with Very Senior managers was a requirement of the programme. Stretch targets were then offered internally to apply learning.
- Foreign language interpreting and translation is readily available. Concerns are reported, escalated and addressed in a timely manner. Additional platforms were made available during Covid including video interpreting. Complaints are escalated regularly to the suppliers for investigation and an annual review took place to identify areas for improvement.
- New patient digital appointment letters can be translated in over 100 foreign languages.
- The Trusts Link Workers continue to identify issues and deliver cultural competent learning and act as a conduit between patients and their families where communication barriers exist. Demand for the service locally continues to increase.
- The Black, Asian & Minority Ethnic (BAME) staff network continues to play an active role in shaping a better future. The Non-Executive Director is an active member. The network continued to review service and support provision and policies, co-designing inclusive solutions. It also provides a safe space for BAME employees to discuss challenges and barriers.
- In response to Covid, the Trust worked collaboratively with local partner organisations to ensure effective key messages were translated and disseminated within ethnic communities as required. The staff network Chair

worked alongside recruitment colleagues to send tailored vaccination support messages to encourage BAME staff uptake. Staff Covid risk assessments also focused on high risk groups including BAME and staff with disabilities to ensure safety considerations and support.

- Developed a staff network promotional video which is being shown during induction.
- Increase in staff speaking up and number of FTSU champions from BAME backgrounds.
- Contributed to improving recruitment and selection processes including outreach, job adverts review etc. Disciplinary processes also improved through increased objectivity with this the disciplinary process and the development of recruitment managers guide.
- Celebration of Black History Month which included interactive staff activities to increase learning and inclusion.
- Submitted the Trusts Workforce Race Equality Standard assessment to measure the experiences of staff from a black, Asian and Minority Ethnic backgrounds to compare experiences and delivery of the associated improvement plan.

Religion and Belief

- Supported by the NHS Charities Together Team, the trust has worked closely with the Bolton Community of Mosques (BCOM) to progress plans to extend the current mosque facilities to better meet the needs of staff and patients.
- The Chaplaincy Team continued to offer an alternative service to patients and staff and mark key religious events.
- Produced EDI calendar highlighting the key dates for the main seven religions and considerations that need to be made accordingly for our diverse staff and patients.
- Distributed Ramadhan packs to inpatients made up of key religious items to improve patient wellbeing, with thanks to the NHS Charities Together who funded the packs.

Sexual Orientation

- Launched the LGBTQ+ Staff Network to engage staff in co-designing solutions and influence Trust policy and practices to improve inclusion.

- Participation in a variety of national and local events to affirm the Trusts commitment to inclusion including LGBT+ History Month

Sex

- Submitted the Trusts gender pay gap report and continued to implement the associated action plan.

Additional Training & Resources

- Be inclusive training package has been developed which proposes a series of inclusion training topics which is currently going through consultation. It focuses on the needs of all protected characteristics.
- The number of Freedom to speak Champions from across all protected characteristics continues to increase to ensure psychological safety and increase reporting.
- An EDI and wellbeing calendar has been developed which raises staff awareness of key national events and signposts to further information.
- EDI training is offered across the trust being tailored where required such as champion Junior medical doctors received training, inclusive leadership training component amongst others.
- Where EDI issues have been highlighted the PALS and EDI team continue to work together to put remedial work in place to prevent issues in future

4. Our Patients and Employees

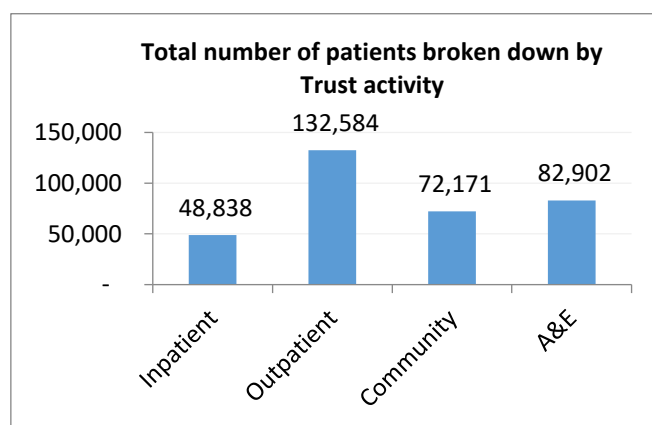
We are committed to ensuring that we operate fairly and equitably in all aspects of service delivery and employment. In order to put this commitment into practice, it is essential that we understand our patients and employees and their needs so that we can respond appropriately and effectively. Equality monitoring helps the Trust to determine how inclusive we are and whether we are offering equality of opportunity, access and ensuring equal outcomes to in the provision of services and employment. Any areas for improvement will be highlighted and taken forward within the Trusts EDI action plan.

Our patients and staff profiles are compared against 2011 Census data which is the most recent reliable form of official data. However some more recent estimate population demographic data sets have been used to also allow a greater appreciation of the changes. Results of the Census 2021 census will be available and utilised in future reports.

An analysis of the Trusts patient profile is offered below benchmarked against the local Bolton resident population, where applicable.

4.1 Our Patients

2020 population estimates suggest Bolton has a resident population of 287,550, whereas the GP registered population is higher at 312,8733. The Bolton population forms 4% of the population of the North West region as a whole, and 10% of the Greater Manchester population. The total population of Bolton on Census day 2011 was estimated to be 276,800.

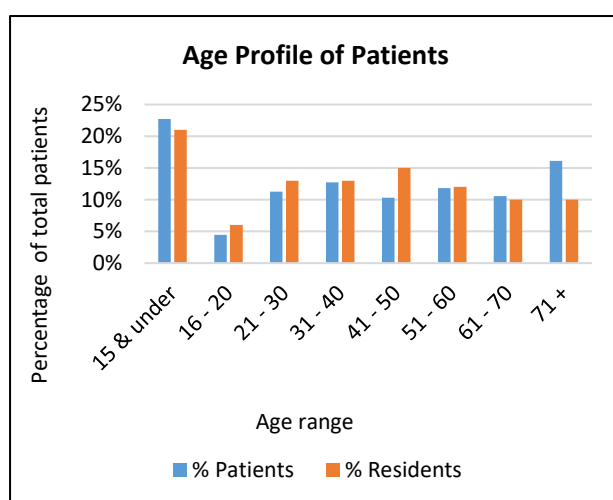


accessed most frequently.

- Between 1 April 2020 and 31 March 2021, 197,869 patients accessed Trust services (19,236 more the previous year). Some of these patients accessed Trust services on more than one occasion amounting to 336,495 in total (53,344 more than the previous year).
- The types of activity patients accessed are shown in the table below. Outpatient appointments were

4.1.1 Age Profile

- 2020 Office for National Statistics (ONS) data shows the average age of the population in Bolton is slightly younger than England and the North West averages (38.9, 40.0 and 40.3 years respectively).
- Just over 1 in 5 of the population in Bolton is a dependent child (aged 0-15), and slightly just over 1 in 6 is of pensionable age (aged 65+).
- The population aged 65+ is expected to grow by almost 20% to around 57,300 people by 2025.



- People of all ages are using Trust services.

- Patients aged under 15 years have the highest usage of Trust services (22%) followed by patients aged over 71 years (17.1%) and higher than population

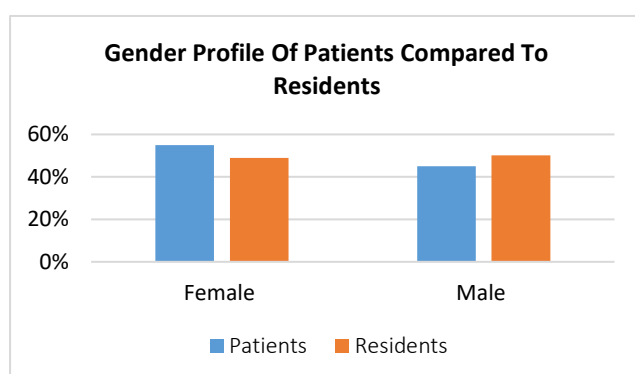
- In comparison patients aged between 16 to 20 have the lowest usage of services. Health deteriorates with age thus these figures are expected.

- Patients aged 21-30 continue to have

the highest rates of missed appointments (22%) whilst patients aged 0-15 are least likely to miss appointments (14%) which has reduced by 2% over the past year.

4.1.2 Gender Profile

In mid-2018 Bolton was home to approximately 285,400 people, with 143,800 females and 141,600 males.



- There continues to be an almost equal 50/50 split between men and women residing in Bolton. However, the Trusts patients profile indicates slightly more women access services (55%) compared to the local resident population (49%).

- A small number of patients (10) do have that their gender recorded.

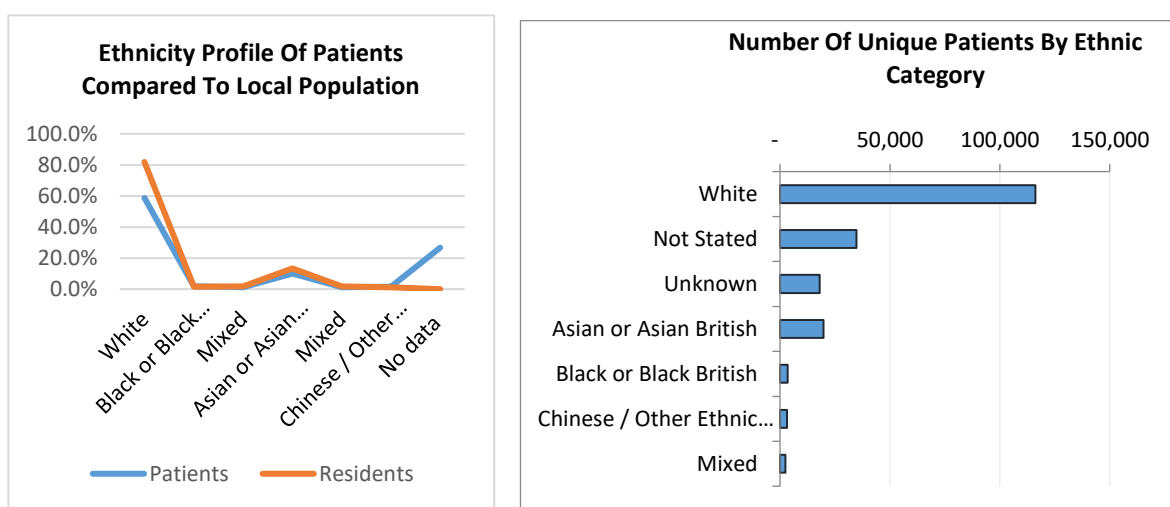
- Almost equal numbers of female and male patients (17 %) missed appointments.

4.1.3. Ethnicity Profile

Bolton has a rich cultural diversity recent migration has seen changes to the makeup of the local community as Bolton is an asylum dispersal area and is part of the Refugee Gateway Programme. New African and Asian communities from places such as Somalia, Oromo, Eritrea and Kurdistan have settled here. Alongside Eastern European communities there are a significant number of have migrated from South Asia. The interpretation and translation services highlighted in the next section evidences this diversity. The census 2011 data used to compile this report, does not take account of this change in demographic therefore community engagement will be more focused.

- Recent estimates suggest 1 in 5 residents, 20.59%, are Black Asian & Minority Ethnic (BAME)ⁱⁱⁱ. This is an increase from 18.8% taken from the latest 2011 census. According to the 2011 census 87% of people living in Bolton were born in England.^{iv}.
- The largest minority ethnic group in Bolton is Indian making up 8% of the population. This was almost four times larger than the national average at 2.5%.
- Pakistani was the second largest ethnic minority group, making up 4% of the population.
- Children and young people under the age of 20 years make up 26.0% of the population of Bolton. 34.9% of school children are from a minority ethnic group.

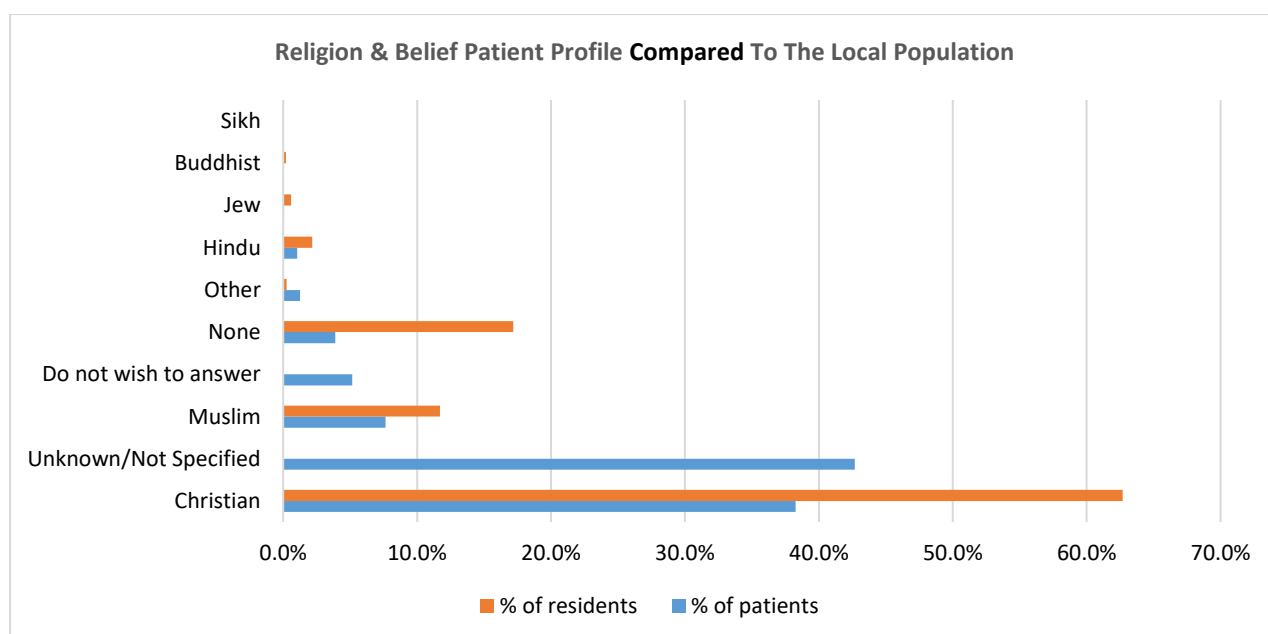
The tables below show the ethnicity profile of patients compared to the local population.



- People from all ethnic groups are accessing Trust services.

- Patients who identify as Asian or Asian British continue to make up the largest ethnic minority group (10%)
- Slightly more Black/Black British and Chinese/other groups are accessing Trust services when compared to the local community. This could be explained by the lack of recent official census data available to offer an up to date comparison.
- 27% of ethnicity data is not captured of which 17.6% stated they did not wish to disclose this data.
- Black or Black British communities are most likely to miss appointments.

4.1.4 Religion and Belief profile

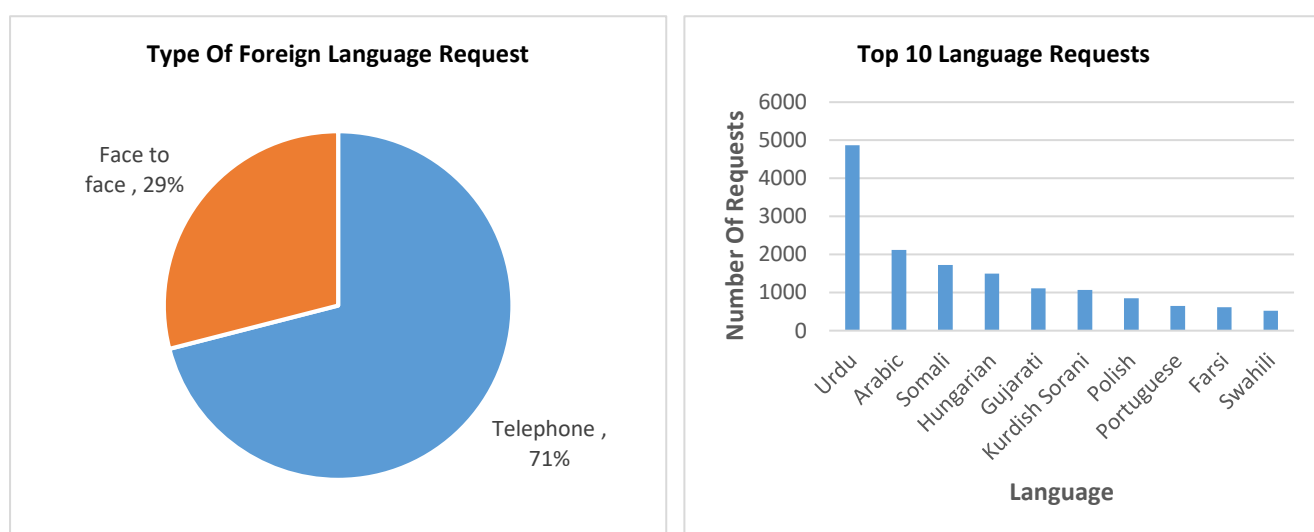


- People of all religious denominations are accessing Trust services which is line with the demographics of the local population. 53 Christian denominations were recorded in the patient administration system.
- A higher 45% of patient data is not recorded compared to 39.8% the previous year.
- Patients with no data recorded (43%) are more likely to miss appointment followed by Christians (38%)

4.1.5 Interpretation and Translation

All services have access to interpreting and translation services to ensure the communication and information needs of patients are met. Patient information is

readily available in different languages and formats upon request. Formal contracts are in place with various service providers who can cater for over 200 languages and British Sign Language (BSL). The service is reviewed on a regular basis through the EDI Steering Group to ensure it continues to meet the needs of patients and staff. The Trust also employs two Link workers who, in the main, provide language interpretation in Urdu, Punjabi, Gujarati and Hindi. The Trusts patient recording system capture details of patients' needs such as interpretation and translation needs. Requests for alternative communication support are also supported but we are unable to report to limitations with data collection systems.



- A total of 19724, interpretation requests were fulfilled in 2021/22 by our external interpretation company Language Line, which is an increase of 5222 from the previous year and 7247 more than 3 years ago.
- Telephone interpretation sessions have decreased by 7% over the past year being replaced by face to face appointments.
- A total of 60 foreign languages and dialects were catered for.
- The top 10 languages listed show
- Overall the top 10 languages requested last year remain unchanged. Urdu continues to be the most requested language although Romanian no longer features in the top 10, being replaced by Portuguese.
- Eight documents were translated into other languages during this reporting period.
- A full list of languages and the total number of face to face and telephone interpretation appointments provided by our external provider are available in Appendix 3.

BSL Interpreting

In 2021 to 2022 our external providers fulfilled 251 British Sign Language requests 36 more than the previous year.

4.1.6 Disability profile

Data collection systems are consistently being updated to allow equality monitoring fields to be completed and needs identified. However, the Trust is currently unable at present to provide a full profile of our patients with a disability or health condition. Population profiles are provided below.

- In the 2011 census, 19.8% of adults declared a long term illness, health problem or disability which is higher than the national average at 16.2%. ^{vvi} This equates to around 55,000 people. Recent estimates show an increase to 61,000 people.
- The 2011 Census shows that 10% of the Bolton population have a long term health condition or disability which limits their day to day activities ‘a lot’, this includes 20% of Bolton’s population aged 65 years and over (13,642 people) rising to 56% of those aged 85 and over.
- The number of people broken down by type of disability are shown in the table below

Type of disability	No. of residents
Physical/mobility impairment	16,160
Long standing illness or health condition	24,462
Hearing impairment	10,938
Visual impairment	5,613
Mental health issue	9,733
Learning disability/difficulty	2,494
Long standing illness or health condition	24, 462
Older Age-related illness or disability	4841
Other	12, 627

- 30,649 (11%) people in Bolton stated they had caring responsibilities according to the 2011 census. Approximately 6,000 of these carers are aged over 65.

Hearing loss

- In 2014, approximately 4,100 adults (3% of the adult population) have a sensory impairment that limits their day to day activities.

- 1 in 6 people or 16.3% of total population nationally have measurable hearing loss.^{vii}
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.^{viii}
- 2 million people wear hearing aids but only 1.4 million use them regularly. Around 6.7 million people could benefit from hearing correction.^{ix}

Sight impairments

- 2 million people live with sight loss nationally. Every day 250 people start to lose their sight in the UK^x
- In 2014, approximately 4,100 adults in Bolton reported they have a sensory impairment that limits their day to day activities.
- One in five people aged 75 and over are living with sight loss; one in two people aged 90 and over are living with sight loss nationally^{xi}
- For those people age over 75 with a visual impairment, half of them are serious enough to be registered as blind or partially sighted.
- Nearly two-thirds of people living with sight loss are women.
- People from BAME communities are at greater risk of some of the leading causes of sight loss such as diabetes.
- Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population.

Other disabilities

- Over 3000 residents are estimated to have dementia.
- At any given time 24,000 people are registered with depression. Depression is more common in the most deprived 20% of the local population, in the Pakistani population, and in the disabled and LGB populations.^{xii}
- There are approximately 2.6% (5,586) adults with learning disabilities in Bolton. As at 31st March 2016 there were 626 adults with a learning disability accessing a long term service. Of these 17% are from an ethnic minority background with 8% Indian and 4% Pakistani.

4.1.6 Sexual Orientation & Gender Reassignment Profile

- 94.6% of the population in the UK aged 16 years and over identify as heterosexual or straight. In 2018 2.2% of the UK population identified as lesbian, gay or bisexual (LGB)^{xiii}
- It is estimated that the LGB community make up 6% of the population in Greater Manchester. Estimates of sexual identity at local authority level for Bolton are considered unreliable for practical purposes.
- It is estimated that 1 in 15 people living in Great Britain identify as LGB+1.3% live with a partner of the same sex.
- The Trust does not record sexual orientation data in its entirety to allow a meaningful analysis to take place and nor is local data available.

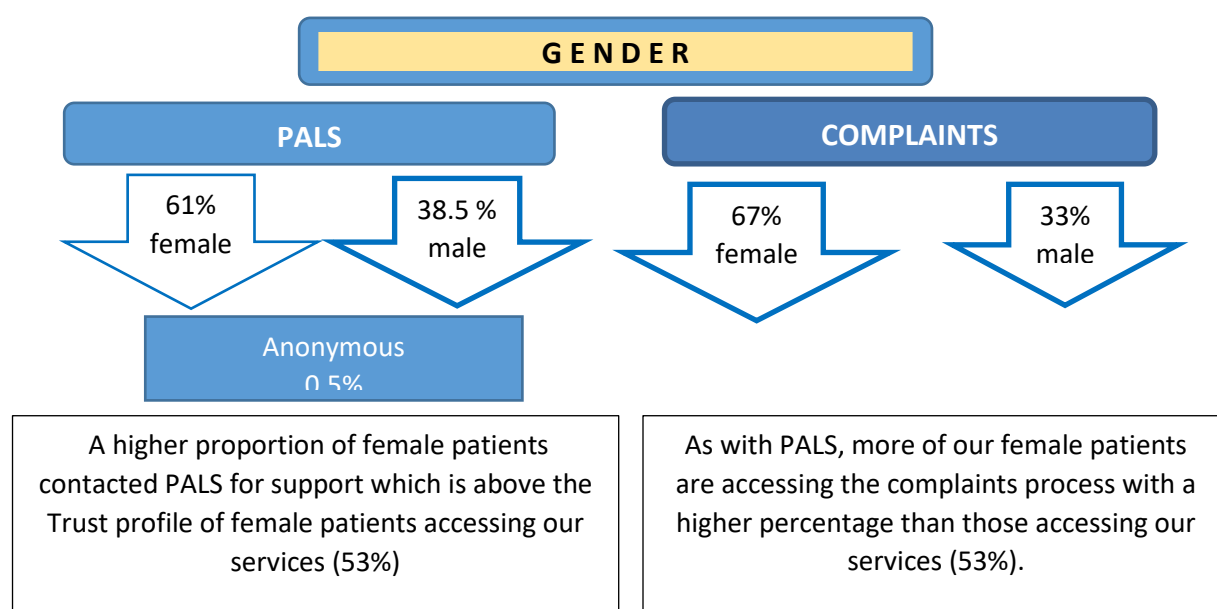
- There are no estimates for the number of people in Bolton who identify as transgender.
- There are estimated to be around 900 transgender adults within the Greater Manchester region in 2009^{xiv}. The actual figure however is considered to be much higher as the above figure only includes those who are seeking, intend to and have physically undergone gender reassignment surgery.

4.2 Equality in Complaints and Concerns

The Patient Advice & Liaison Service (PALS) offers help, support and advice to patients, relatives or carers, if they wish to make enquires, compliments or raise concerns in relation to the hospital. The Complaints department deal with official complaints raised by patients and carers if they are not satisfied with the Trust's attempts to resolve the concern in the first instance.

The PALS and complaints department routinely collect diversity monitoring data on age, gender and ethnicity. Patient information is available in different formats and opportunities are utilised to promote the service at community events. Patients and carers with language or communication barriers are supported to raise concerns with the use of interpreting services and other accessible methods.

In 2021 to 2022 the total number of complaints and concerns raised were as follows broken down by protected characteristics where available.



Age of patient

PALS - There is a good representation across all age groups

The majority of patients were within the 40 – 69 age group (34%) with those aged 71+ second which is expected as they are the largest group accessing services (29%)

32% of the 40-69 age group were the patient themselves with the remainder being from a relative or carer advocating for them. As most PALS are related to appointments this is to be expected.

COMPLAINTS - There is a good representation across all age groups

The majority of patient's subject of complaints were 71+. The data also shows that patients in the age groups of 16-20 and 41-50 are less likely to complain

Interesting, only 18% of the 71+ age group were the patient themselves. The remainder were from someone advocating for the patient which is to be expected in this age group particularly for in-patients

Ethnicity of patient

PALS

The majority of concerns were raised by White British communities (78%) which is higher than the profile of patients accessing our services (69%)

COMPLAINTS

The majority of complaints were raised by White British communities (89.5%) followed by Indian and Pakistani communities which are the largest ethnic groups accessing Trust services (2% and 3% retrospectively)

Please note that 12% of patients did not provide details of their ethnicity when using our PALS service.

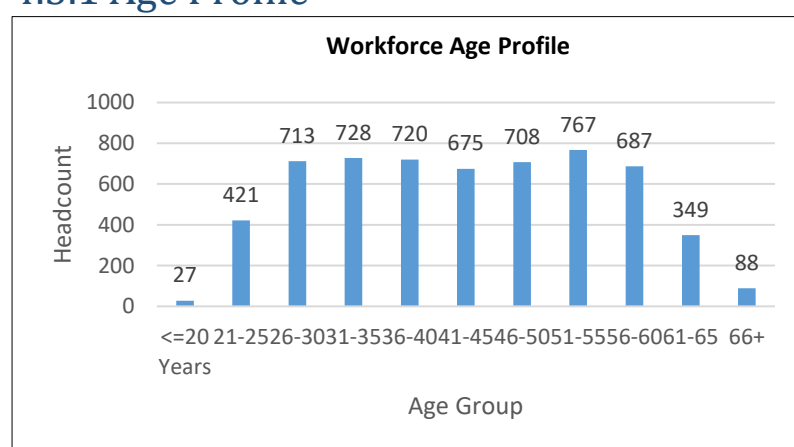
What next?

- Further improve equality monitoring data collection via LE2.2 and develop local monitoring at each patient's contact.
- Review existing publicity materials ensuring diverse images are used. Ensure inclusivity statements are added in different languages and formats
- Develop a folder with information in the most common languages and pictorial representation. To be placed across key locations across the Trust e.g outpatients, Bolton One
- Consult with diverse community groups including those for younger persons to raise awareness, identify barriers and improve access to the PALS and complaints service
- Review access to services for people with a disability.
- Review and report on themes of concerns and complaints ensuring those that relate to equality, diversity and inclusion can easily be identified for collaborative working with the EDI Team.

4.3 Our Workforce

In 2020/21 the Trust employed 5883 staff from diverse backgrounds, 86 more than the previous year. The profile of staff has been broken down below by protected characteristics, highlighting representation by profession, staff group, pay bands, success rates at interview and turnover, where applicable. Any notable differences and comparisons to the previous year are reported within.

4.3.1 Age Profile

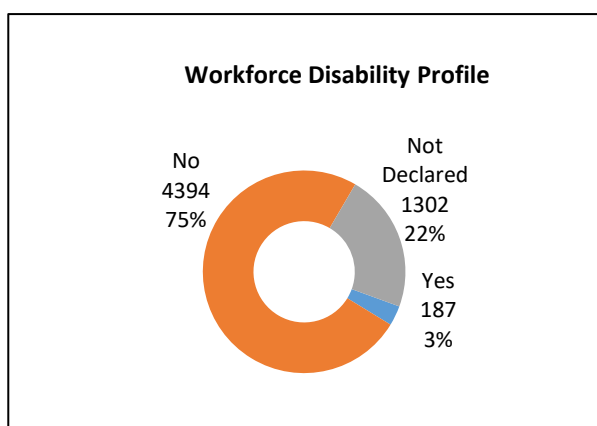


- The Trust has an ageing workforce with 56% of its staff aged over the age of 40 years. An older workforce requires the continuing development of health and wellbeing initiatives and a consideration of flexible working to support caring responsibilities.
- There is good

representation of people of all ages in all pay bands and occupations with the exception of:

- Staff aged under 20 who are only to be found in administration and additional clinical services and professional scientific and technical roles
- Staff aged below 40 years of age and above 66 years of age are not found in VSM positions. However, considering experience and skills required to fulfil the requirements of more senior posts increases with age whilst older workers being more likely to reduce hours and levels of responsibility during later years.
- Applicants under 20 years of age have the highest success rate at interview (32.1%) with applicants aged over 60 years of age have the lowest success rate (0% - 27 applicants)

4.3.2 Disability Profile

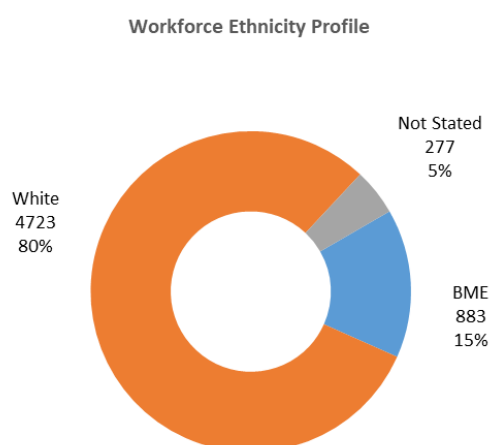


- The level of non-disclosure within the Trust has improved by 2% from the previous year.
- The proportion of staff with a disability (3%) has remained the same as the previous year. However, this figure is still lower when compared to the local population (19.8%) and when compared to the most recent staff survey results which show

24% staff declare a disability or long term health condition.

- Applicants with a disability have a 9% lower success rate at interview (15%). However, the highest success rate is for those that have not answered the question (19%) of which some may well have a disability of long term health condition.
- The Workforce Disability Equality Standard (WDES) report provides further data of the experiences of staff with a disability at the Trust. Please see: <https://www.boltonft.nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/>

4.3.3. Ethnicity Profile



The majority of staff are White British (80%) and almost mirrors the 82% local population profile.

- 15% (883) of staff identify as Black, Asian and Minority Ethnic (BAME) compared to 18% of the local population. There has been a year on year 1% increase of BAME staff. An additional 62 employees from BAME backgrounds were recruited during this reporting period.

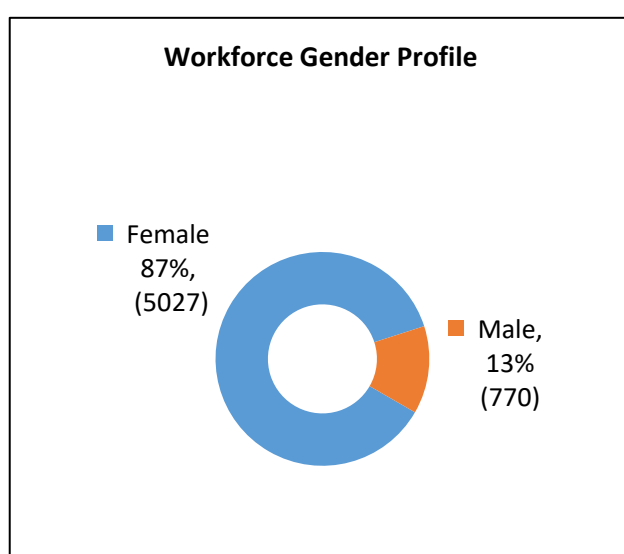
- The local demographic has a large variation in BAME representation but a further

breakdown of main ethnic groups is not available to identify any under representation within groups but should be considered in future reports.

- Nursing and Midwifery posts has the largest number of BAME staff (306), followed by Dentistry and Medical (165). This is in line with other Trusts.

- It is difficult to assess the exact likely of staff being appointed from shortlisting as those with no data recorded have the highest success rate (77%)
- The Workforce Race Equality Standard (WRES) report provides further data of the experiences of staff from a Black, Asian and Minority Ethnic background at the Trust. Please see: <https://www.boltonft.nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/>

4.3.4. Gender Profile



- The gender profile of staff continues to remain as predominantly female (87%) and is much higher than the local population rate at 49%. The national NHS workforce data indicates that this figure is the norm and that 77% of the national workforce is female. The Trusts figures are higher in comparison.
- Medical and Dentistry continue to employ a higher proportion of males (53%) whilst the other occupations have a higher representation of a

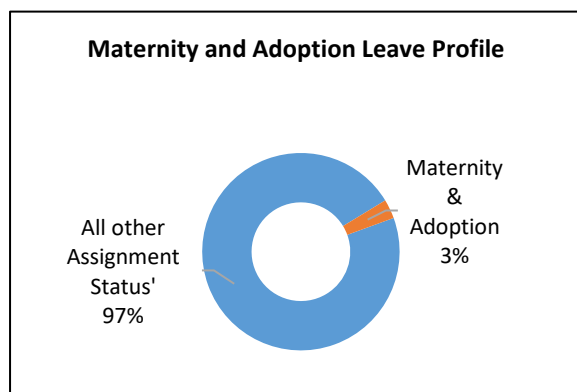
female workforce in particular Nursing and Midwifery (94%) and Additional Clinical Services (91%) making these the least diverse in terms of gender mix. Females are 3% more likely to be appointed from shortlisting than men.

- Other gender options are not available to select from.

4.3.5 Gender Reassignment Profile

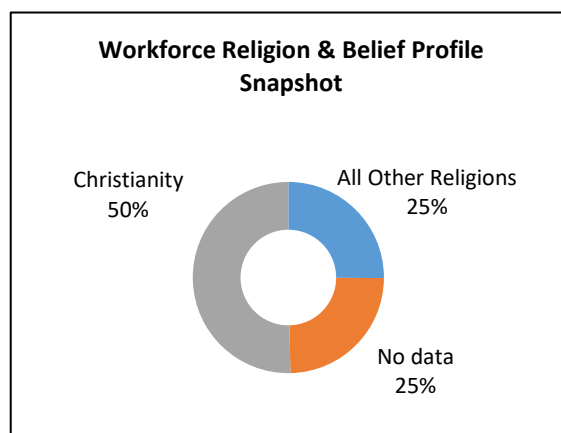
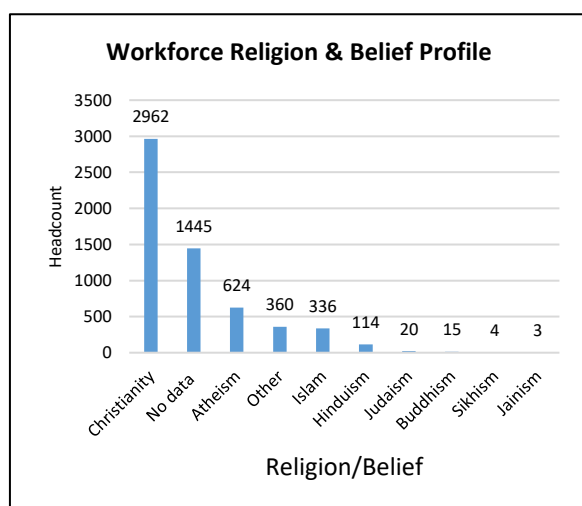
The Trust does not record the number of staff who identify as Trans. However, the Trust has supported a number of employees through transition and continues to engage with staff via the LGBTQ+ staff network.

4.3.6. Maternity, Adoption and Other Leave Profile



- Staff are taking up Maternity and adoption leave. Paternity requests are not currently reportable.

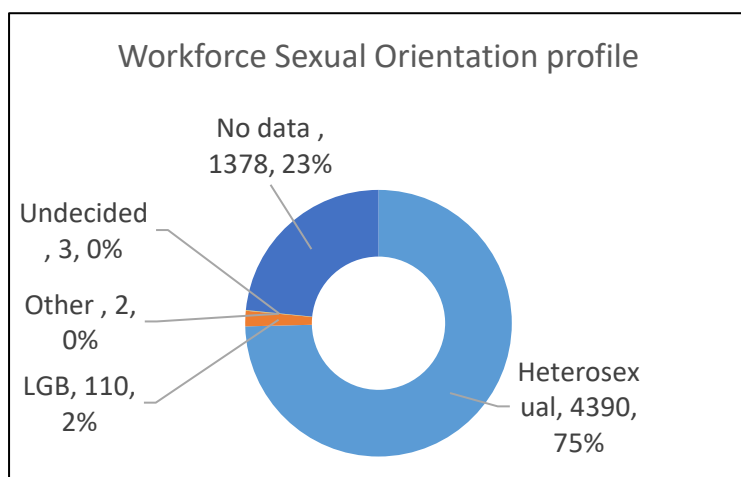
4.3.7 Religion and Belief Profile



- The main religion and belief groups are represented in our workforce. The largest groups are Christians (49% compared to 62% population) Atheist (11% compared to 17% population) and Muslim staff (5% compared to 12% population).
- There has been an increase in the number of staff reporting their religion and belief with a rise of 3% from the previous year but still leaving a 26% gap in data as staff have not disclosed which religion or belief, if any, they follow.
- Christianity remains the dominant religion of employees in all professions apart from medical and Dentistry where 20% are Christian compared to 47% from our religious groups, although 32% of data is not declared.

- It is difficult to assess the exact likely of staff being appointed from shortlisting as applicants who have no data recorded have the highest rate at 88% of religion and belief data is missing.

4.3.8 Sexual Orientation Profile



- Staff now have a larger variety of sexual orientation fields to select from in the Electronic Staff Record (ESR) data recording system.

- The data shows heterosexuals make up the majority of the workforce (73%) whilst 2 % of staff identify as Lesbian, Gay or Bisexual (LGB). This is lower than the regional estimate

between 5 to 7%.

- There has been a 2% increase in staff declaring their sexual orientation

5. Recommendations

On a four yearly basis the Trust is required to refresh its equality objectives making use of the key equality data highlighted in the annual compliance

The following key recommendations to improve patient and workforce experience, and outcomes are based on the data analysis within the report and are aligned to the EDI plan and EDI Team Work Programme.

Recommendations:

1. Launch campaign to increase staff equality monitoring declaration rates in ESR
2. Build EDI considerations into existing training into Human resources training programmes.
3. Review and refresh Equality Impact Assessment process and build into existing templates if possible. To be accompanied with staff training.
4. Implement the Accessible Information Standard to identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability impairment or sensory loss.
5. Launch campaign to increase patient equality monitoring declaration rates alongside staff training to encourage capture of information.
6. Implement the sexual orientation monitoring standard within patient data recording systems.
7. Engage, involve and empower the diverse communities in Bolton to help redesign our systems in line with the EDI plan.
8. Continued promotion of the Disability & Health Conditions, Black Asian & minority Ethnic and LGBTQ+ Staff networks to offer peer support, educate, inform and influence positive workplace practices
9. Work with the Trust's People Development Team to launch an accessible, bold and challenging EDI training programme to ensure the Trust delivers on its ambitions of being a diverse and inclusive employer
10. Improve the recruitment, workplace experience and career progression of BME staff through implementation of the WRES and WDES action plans.
11. Implement the rainbow badges phase 2 programme, to audit service delivery and workforce provision and support towards the LGBTQI+ community.
12. Reduce the gender pay gap through implementation of the action plan.
13. Implement the updated equality delivery System EDS on an annual basis

Appendix 1: Patient Profile Data tables

1. Overall number of unique patients broken down by gender

GENDER	Unique Pts	%
Female	109388	55.28%
Male	88471	44.71%
Not Specified	10	0.01%

2. Gender of unique patients who DNA-ed compared to total number profile of patients.

	DNAs	%	Patients	%	% DNA of
Female		55.9%	109,388	55.3%	17.4%
Male		44.1%	88,471	44.7%	17.0%
Not Specified		0.0%		0.0%	10.0%
Total		100.0%	197,869	100.0%	17.2%

3. Patient profile broken down by age across Trust activity (unique patients).

AGE GROUP	Unique Pts	%
15 & under	44958	22.72%
16 - 20	8776	4.44%
21 - 30	22304	11.27%
31 - 40	25225	12.75%
41 - 50	20421	10.32%
51 - 60	23385	11.82%
61 - 70	20923	10.57%
71 +	31877	16.11%
Total	197869	100.00%

4. Rate of DNA across Community and Outpatients Services and compared against overall Trust activity

	DNAs	%	Patients	%	% DNA of Unique Pts
15 & under		18.3%	44,958	22.7%	13.8%
16 - 20		4.7%	8,776	4.4%	18.1%
21 - 30		14.8%	22,304	11.3%	22.5%

31 - 40		15.9%	25,225	12.7%	21.4%
41 - 50		11.5%	20,421	10.3%	19.2%
51 - 60		11.9%	23,385	11.8%	17.4%
61 - 70		9.0%	20,923	10.6%	14.7%
71 +		13.9%	31,877	16.1%	14.8%
Total		100.0%	197,869	100.0%	17.2%

5.Total number of patients broken down by ethnicity and type of activity (unique patients).

ETHNICITY	Unique Pts	%
Asian or Asian British		
Bangladeshi		0.1%
Indian		4.3%
Pakistani		4.4%
Any other Asian background		1.2%
Total		10.0%
Black or Black British		
African		1.3%
Caribbean		0.2%
Any other Black background		0.2%
Total		1.7%
Chinese / Other Ethnic Groups		
Chinese		0.2%
Any other ethnic group		1.5%
Total		1.6%
Mixed		
White and Asian		0.3%
White and Black African		0.2%
White and Black Caribbean		0.3%
Any other mixed background		0.4%
Total		1.2%
White		
British		56.9%
Irish		0.3%
Any other White background		1.5%
Total		58.7%
Not Stated		17.6%
Unknown		9.1%
Grand Total		100.0%

7. DNA Rate % of patients by comparison of numbers attending the Trust and broken down by ethnicity (unique patients).

Asian or Asian British				
Bangladeshi		0.2%		23.0%
Indian		4.6%		18.7%
Pakistani		6.3%		24.3%
Any other Asian background		1.4%		20.7%
Total		12.5%		21.5%
Black or Black British				
African		1.9%		25.0%
Caribbean		0.2%		24.2%
Any other Black background		0.3%		23.3%
Total		2.5%		24.7%
Chinese / Other Ethnic Groups				
Chinese		0.1%		12.5%
Any other ethnic group		1.8%		21.4%
Total		1.9%		20.4%
Mixed				
White and Asian		0.3%		17.9%
White and Black African		0.2%		18.8%
White and Black Caribbean		0.3%		21.2%
Any other mixed background		0.4%		17.9%
Total		1.3%		18.7%
White				
British		56.8%		17.2%
Irish		0.4%		19.4%
Any other White background		1.7%		19.6%
Total		58.9%		17.3%
Not Stated		15.4%		15.1%
Unknown		7.4%		14.1%
Grand Total		100.0%		17.2%

8. Patient profile broken down by Religion and Belief Group (unique patients).

RELIGION AND BELIEF	Unique Pts	%
Buddhist		0.0%
Christian		38.3%
Hindu		1.1%
Jew		0.1%
Muslim		7.6%
Sikh		0.0%
Do not wish to answer		5.1%
None		3.9%

Unknown/Not Specified		42.7%
Other		1.3%
Total		100.0%

9. DNA Rate % of patients by comparison of numbers attending the Trust and broken down by Religion and Belief Group (unique patients).

RELIGION AND BELIEF	DNAs	%	Patients	% DNA of
Buddhist		0.0%	51	0.0%
Christian		39.4%	75,719	38.3%
Hindu		1.1%	2,087	1.1%
Jew		0.1%	100	0.1%
Muslim		10.7%	15,100	7.6%
Sikh		0.0%	42	0.0%
Do not wish to answer		6.6%	10,182	5.1%
None		4.8%	7,676	3.9%
Unknown/Not Specified		35.8%	84,438	42.7%
Other		1.5%	2,474	1.3%
Total		100.0%	197,869	100.0%

Appendix 2: Workforce profile Data Tables

Overall staff profile

Gender	Total	%
Female	5088	86.5%
Male	795	13.5%
Grand Total	5883	100.0%

Age Band	Total	%
<=20 Years	27	0.5%
21-25	421	7.2%
26-30	713	12.1%
31-35	728	12.4%
36-40	720	12.2%
41-45	675	11.5%
46-50	708	12.0%
51-55	767	13.0%
56-60	687	11.7%
61-65	349	5.9%
66+	88	1.5%
Grand Total	5883	100.0%
Religious Belief	Total	%
All Other Religions	1476	25.1%
Does not wish to disclose	1445	24.6%
Christianity	2962	50.3%
Grand Total	5883	100.0%

Ethnicity	Total
BME	883
White	4723
Not Stated	277
Grand Total	5883

Disability	Total
Yes	187
No	4394
Not Declared	1302
Grand Total	5883

Religious Belief	Total	%
All Other Religions	1476	25.1%
Does not wish to disclose	1445	24.6%
Christianity	2962	50.3%
Grand Total	5883	100.0%

Sexual orientation O	Total	%
Heterosexual	4390	74.6%
LGB	110	1.9%
Other SO not listed	2	0.0%
Undecided	3	0.1%
Does not wish to disclose	1378	23.4%
Grand Total	5883	100%

Employee category	Total	%
Full Time	3216	54.7%
Part Time	2667	45.3%
Grand Total	5883	100.0%

Appendix 3: Interpretation & Translation Requests

A full list of languages and the total number of face to face and telephone interpretation appointments provided by our external provider are listed in the table below.

Language	No. of requests	Language	No. of requests
Urdu	4871	Hindi	64
Arabic	2121	Dari	55
Somali	1727	Nepalese	53
Hungarian	1502	Kinyamurenge / Kinyarwanda	35
Gujarati	1111	Bulgarian	33
Kurdish Sorani	1071	Burmese	26
Polish	847	Bosnian	24
Portuguese	648	Thai	23
Farsi	619	Tamil	19
Swahili	525	Greek	17
Romanian	516	Lingala	14
Punjabi	476	Telugu	10
Slovak	404	Armenian	9
Spanish	363	Ukrainian	8
Oromo	314	Yoruba	7
Bangla / Bengali	311	German	7
Pushtu	302	Korean	5
Czech	295	Latvian	4
French	270	Malayalam	3
Tigrinian	237	Pahari	3
Cantonese Chinese	230	Sinhalese	3
Turkish	185	Serbo-Croatian	3
Albanian	151	Mirpuri	2
Amharic	129	Mongolian	2
Sudanese Arabic	119	Twi	2
Chinese-Mandarin	105	Croatian	1
Italian	103	Marathi	1
Lithuanian	80	Shona	1
Russian	73	Slovenian	1
Vietnamese	71	Wolof	1

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