

Annual Equality Information Monitoring Report 2022/23



Consciously Inclusive

Equality, Diversity and Inclusion at Bolton
NHS Foundation Trust

Contents

1. Introduction	3
2. Who We Are	4
2.1. Context	4
2.2 Equality Objectives	6
2.3 Governance	7
3. Our Achievements	8
4. Our Patients and Employees	13
4.1 Our Patients	14
4.1.1 Age Profile	14
4.1.1 Sex Profile	15
4.1.3. Ethnicity Profile	17
4.1.4 Religion and Belief Profile	19
4.1.5 Interpretation and Translation	20
4.1.6 Disability profile	23
4.1.7 Sexual Orientation & Gender Reassignment Profile	24
4.2 Equality in Complaints and Concerns	26
4.3 Our Workforce	29
4.3.1 Age Profile	29
4.3.2. Sex Profile	31
4.3.3 Disability Profile	31
4.3.4. Ethnicity Profile	32
4.3.5 Gender Reassignment Profile	33
4.3.6. Maternity, Adoption and Other Leave Profile	33
4.3.7 Religion and Belief Profile	34
4.3.8 Sexual Orientation Profile	35
5. Recommendations	36
Appendix 1: Patient Profile Data Tables	37
Appendix 2: Workforce Profile Data Tables	40
Appendix 3: Interpretation & Translation Data	42

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 that 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 their colleagues, responding to their individual needs.

This report provides an analysis of the diversity profile of the workforce and service users at Bolton NHS Foundation Trust, during the period 1 April 2022 to 31 March 2023. It draws upon our obligation to meet our annual equality information publishing duty under the Equality Act 2010 (Public Sector Specific Duties Regulations) and set equality objectives (at least every four years).

Within the report, we will demonstrate the impact of our equality, diversity and inclusion (EDI) policies, procedures and practices, particularly as follows:

- Celebrating our achievements in advancing EDI.
- Monitoring usage of services and employment practices to measure whether access reflects the local population demographics.
- Setting EDI priorities and measuring progress.
- Reporting annually, or as required, to stakeholders, including commissioners, patient groups and the wider community

These activities all support the strategic planning, monitoring and assessments required to identify workforce and patient related priorities.

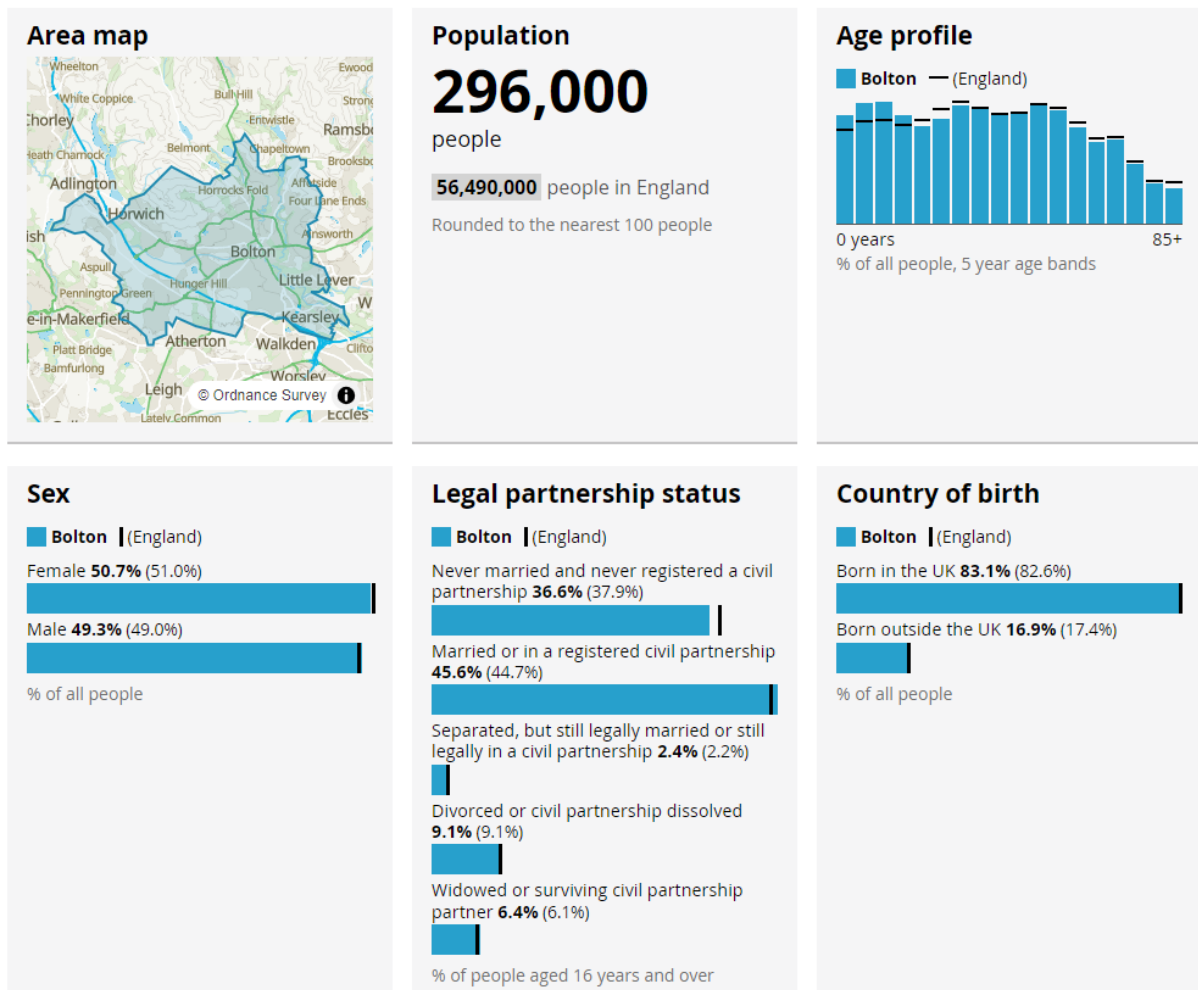
Various sources of data are used within the report to demonstrate the level of progress. This includes the most recent Census 2021 data. Patient data reports are based on the single visit/admission of a patient as opposed to number of times a patient has used our services.

2. Who We Are

2.1. Context

Bolton NHS Foundation Trust is a provider of hospital and community health services in the North West sector of Greater Manchester. The local population demographics are shown below, taken from the latest Census 2021 data.

Bolton



Passports held

Bolton (England)

UK passport **77.6%** (76.6%)

Non-UK passport **8.6%** (10.2%)

No passport held **13.8%** (13.2%)

% of all people

Length of residence in the UK

Bolton (England)

Born in the UK **83.1%** (82.6%)

10 years or more **9.2%** (10.1%)

5 years or more, but less than 10 years **3.0%** (3.0%)

2 years or more, but less than 5 years **2.7%** (2.3%)

Less than 2 years **1.9%** (1.9%)

% of all people

Household deprivation

Bolton (England)

Household is not deprived in any dimension **43.2%** (48.4%)

Household is deprived in one dimension **34.1%** (33.5%)

Household is deprived in two dimensions **17.2%** (14.2%)

Household is deprived in three dimensions **5.3%** (3.7%)

Household is deprived in four dimensions **0.3%** (0.2%)

% of all households

Ethnic group

Bolton (England)

Asian, Asian British or Asian Welsh **20.1%** (9.6%)

Black, Black British, Black Welsh, Caribbean or African **3.8%** (4.2%)

Mixed or Multiple ethnic groups **2.2%** (3.0%)

White **71.9%** (81.0%)

Other ethnic group **1.9%** (2.2%)

% of all people

National identity

Bolton (England)

One or more UK identity only **89.2%** (88.0%)

UK identity and non-UK identity **1.3%** (2.0%)

Non-UK identity only **9.5%** (10.0%)

% of all people

Religion

Bolton (England)

No religion **25.8%** (36.7%)

Christian **47.0%** (46.3%)

Buddhist **0.2%** (0.5%)

Hindu **2.0%** (1.8%)

Jewish **0.1%** (0.5%)

Muslim **19.9%** (6.7%)

Sikh **0.1%** (0.9%)

Other religion **0.3%** (0.6%)

Not answered **4.6%** (6.0%)

% of all people

General health

Bolton (England)

Very good health **48.0%** (48.5%)

Good health **32.7%** (33.7%)

Fair health **13.1%** (12.7%)

Bad health **4.7%** (4.0%)

Very bad health **1.4%** (1.2%)

% of all people

Disability

Bolton (England)

Disabled under the Equality Act **18.1%** (17.3%)

Not disabled under the Equality Act **81.9%** (82.7%)

% of all people

Provision of unpaid care

Bolton (England)

Provides no unpaid care **90.6%** (91.2%)

Provides 19 hours or less unpaid care a week **4.1%** (4.3%)

Provides 20 to 49 hours unpaid care a week **2.1%** (1.8%)

Provides 50 or more hours unpaid care a week **3.1%** (2.6%)

% of people aged five years and over

Deprivation & Disease Prevalence

The Director of Public Health produces an annual report as set out under in the National Health Service Act (2006) (Part 3, S73B). It reports on the health of the people in the local authority area.

It is aimed at people who live, work, or have another connection to Bolton. It covers data on health inequalities, life expectancy and disease prevalence. It also highlights the main changes in Bolton's population: issues affecting our health, people's experiences and what is important to them. For further information, please click here: [phar-2022 \(boltonjsna.org.uk\)](https://boltonjsna.org.uk/phar-2022)

2.2 Equality Objectives

The Trust has launched its new Equality, Diversity and Inclusion (EDI) Plan 2022 to 2026 with a refreshed set of equality objectives. 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. Our vision is 'to inspire and innovate, to attract and embrace difference'. An associated EDI work plan is produced annually. It details high-level actions relating to achieving our ambitions and legal, contractual and regulatory responsibilities.

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.

For further information, please see [our approach to equality, diversity and inclusion - Bolton NHS FT \(boltonft.nhs.uk\)](https://boltonft.nhs.uk/our-approach-to-equality-diversity-and-inclusion)

We have used the 'NHS Equality Delivery System' to develop our equalities work. This framework has helped to identify our equality priorities and consolidate the progress we have made to date which can be attributed to a number of relationships, practices and initiatives involving a diverse range of stakeholders, sector agencies and partnerships. Its goals are to create:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

For further information on EDS please see: [NHS England » Equality Delivery System 2022](https://www.nhs.uk/equality-delivery-system)

2.3 Governance

The EDI Steering Group leads on EDI work at the Trust. It is made up of inclusion practitioners, senior leaders and representatives from the directorates, staff-side colleagues, staff equality networks and allies. The group ensures compliance with our legal duties and the various regulatory obligations. There is a clear focus on continually improving organisational culture, employment experiences of staff and the quality of care to our patients. The EDI Steering Group reports into the People Committee and is accountable to the Trust Board.

3. Our Achievements

Over the previous year, considerable progress has been made to create an inclusive culture and service provision for our employees and patients. The Trust have undertaken various pieces of work to improve access, experiences and outcomes for people with protected characteristics. Some of these activities are outlined below.

- Mandatory EDI training is required from all staff, and tailored where required. For example, training for junior medical doctors, and inclusive leadership training packages.
- Patient experience and involvement practitioners who work with service users and communities to improve the health outcomes for people from specific protected characteristic groups.
- Interpreting provision for face-to-face, telephone and BSL and communication support. Translation services and information is readily available in different languages and formats upon request.
- Increase in the number of diverse Freedom to Speak Up (FTSU) Champions and number of concerns raised from colleagues from diverse backgrounds, demonstrating increased confidence. Their role is to support staff to raise concerns including from those that may experience or witness bullying or harassment in the workplace.
- Produced an online EDI and wellbeing calendar highlighting the key dates, to increase celebration, awareness and a consideration of needs of both staff and patients during these events.

Disability

- Successfully renewed our Disability Confident level 2 accreditation. Disability Confident is a voluntary Government scheme designed to encourage employers to recruit and retain disabled people. This award followed the completion of a detailed workplace self-assessment on disability practices. It recognised that we have in place all of the core actions required to be a Disability Confident employer, and are taking considered steps to continue to develop and retain the right people for our workforce
- Our Interpretation and Translation service is being reviewed, to ensure easy access to a variety of communication professionals and information formats required by patients with a disability.
- Grown and strengthened the Disability and Health Conditions Staff Network, launched February 2023. Scoping of needs has taken place allowing priority areas to be identified, which has included the need to strengthen the reasonable adjustment process and promote current support available. Regular drop in sessions are held, with ongoing attendance from the Executive Sponsor/ Deputy Chief Executive.

- To celebrate National Staff Networks Day, a promotional video was produced with our staff network members. The video will be part of online recruitment and induction sessions. This will help to encourage attendance and promote Bolton's inclusive environment.
- Re-launch 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 an admin system update to allow data capture, pilot taking place in Diagnostic and Support Services including introduction of accessible digital appointment letters, which can be downloaded using accessibility tools such as read aloud and adjustable text sizing.
- Continual development and promotion of staff health and wellbeing initiatives including mental health support, counselling service, physiotherapy fast track service, Shiny minds app and ViVUP, to ensure positive mental health amongst others.
- The Occupational Health Team continue to support with reasonable adjustments. In addition, the Trust's Safeguarding, Dementia and Learning Disability Teams continue to provide specialist support to patients and carers.
- Celebrated a series of events including Disability History Month, World Mental Health Day and Dyslexia Awareness Week. They each provided a platform for learning and promotion of support services.
- Improvements have been made to the Bolton NHS Foundation Trust website to make it as easy to use and understand for our visitors.
- Promotion of national and regional leadership and development programmes aimed at staff with a disability, long-term health condition (physical and mental) or someone who is neuro-diverse.
- Submitted the Trust's Workforce Disability Equality Standard assessment to measure the experiences of staff from a staff with a disability/long term health condition to compare experiences and delivery of the associated improvement plan.

Gender reassignment

- The transgender Equality Working Group, made up of staff and community representatives, have continued to meet and have been instrumental in developing guidance on caring for Trans patients, review of staff guidance on undergoing gender reassignment and implementation of the gender pronoun badges project.
- Gender Pronoun badges were launched across the Trust to help trans patients and staff feel safe and build trust with clinicians and feel welcome.

- A well-attended 'Trans and Gender Identity Lunch and Learn' session was delivered by our Healthy Families Team and patients and staff with lived experience.
- Marked Trans Day of Visibility by flying the trans flag outside the hospital demonstrating the Trust's commitment to Trans inclusion and offering a welcoming and supportive environment.

Pregnancy and maternity

- The Trust's 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

- Foreign language interpreting and translation is readily available via our external provider and internal Link Workers. Regular monitoring takes place to ensure a comprehensive service is being offered to the local ethnically diverse population.
- Our new patient digital appointment letters can now be translated in over 100 foreign languages.
- Set up a community voices 'Race and Culture forum' with Executive and Senior Leaders representation, to discuss our EDI Plan ambitions, engage with our diverse community groups and to identify their needs and build partnerships. They have since shared their views to support the Trust to achieve its ambitions set out in the EDI Plan via collaborative working. Areas of focus have included a review of recruitment practices, learning and development packages, Patient Advise and Liaison (PALS) and Complaints service and Covid impacts to mention a few.
- 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 continues to review policies and practices, co-designing inclusive solutions. It also provides a safe space for BAME employees to discuss challenges and barriers.
- Successfully celebrated a number of national inclusion events including Black History Month and Islamophobia Awareness Month, which included interactive staff activities and training to increase inclusive practice.
- Developed an inclusive recruitment action plan, which focuses on the NHSEI requirement to reduce our race disparity ratios.
- Promotion of National and Regional positive action learning and development programmes. This also included a review of cohort 1 of the Bolton Accelerator

Management Experience Programme positive action initiative. Focused on aspiring BAME colleagues and provided reciprocal mentoring from very Senior Managers. Stretch targets were offered internally to apply their learning.

- The Trust's Link Workers continue to identify issues and deliver cultural competent learning. They also act as a conduit between patients and their families where communication barriers exist. Demand for the service locally continues to increase.
- Submitted the Trust's 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

- Distributed Ramadhan packs to Muslim inpatients made up of key religious items to improve patient wellbeing and a celebration event was held for staff. Diwali and Easter gifts were also distributed. The packs were funded by Our Bolton NHS Charity and kind donations from the local community and staff.
- Our Chaplaincy team provides specialist religious, spiritual and compassionate pastoral care for patients, their family and friends and carers, and Trust staff, for people of all faiths and beliefs. The Hospital has a multi-faith chaplaincy department to help meet the needs of patients while on the hospital site, with a chapel for Christians, a mosque with ablution facilities for Muslims and a temple for Hindus. Support for other religions is also available.
- Supported by the NHS Charities Together Team, the Trust has worked closely with the Bolton Community of Mosques (BCOM) to raise funds and progress plans to extend the current mosque facilities to create appropriate provision for Muslim staff and patients, as a direct result of staff and community feedback.

Sexual Orientation

- Grown and strengthened the LGBTQ+ Staff Network, which launched in February 2023. They have been pivotal in providing a safe environment to raise LGBTQ+ related issues, providing guidance and support to staff. They have also assisted colleagues to assess the impact of Trust policies to ensure inclusivity and contribute to staff development activities and awareness events.
- Participated in local Bolton pride parade festival and held an information stand to promote key health messages and to encourage recruitment.
- Successfully celebrated a number of national inclusion events including LGBT History Month. This included raising the Rainbow flag outside the hospital, in house celebrations and a lunch and learn session was delivered by The LGBT Foundation where staff shared personal powerful stories.
- Initiated the Rainbow Badges initiative with support from the respective Executive sponsors. Phase 2 has involved moving away from a purely visual symbol, to also incorporating an assessment and accreditation model for NHS

Trusts. It will support delivery of wider objectives to improve the care and reduce inequalities for LGBT patients, as well as improving experience for LGBT staff.

Sex

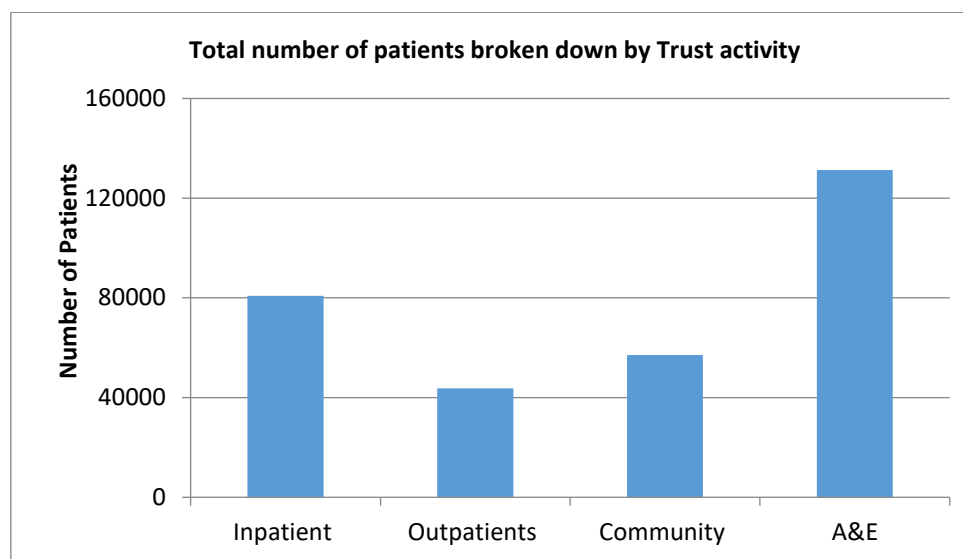
- Submitted the Trust's gender pay gap report and continued to implement the associated action plan.
- Plans to roll out Gender Equality Staff Network to influence inclusive policy and practice at the Trust.
- Increased awareness and support for our staff-experiencing menopause so they are better supported.

4. Our Patients and Employees

An analysis of the Trust's patient profile is offered below, benchmarked against the local Bolton resident population, where applicable. Comparisons are offered against 2021 Census data, which is the most recent reliable form of official data.

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 practices. Any areas for improvement will be highlighted and taken forward within the Trust's EDI annual action plan.

4.1 Our Patients



- Census 2021 data shows Bolton has a resident population of 295,963. Bolton ranked 46th for total population out of 309 local authority areas in England. Over the past decade, the population has increased by 19,163 persons. ¹
- 251,588 patients accessed Trust services between 1 April 2022 and 31 March 2023. Some of these patients accessed Trust services on more than one occasion amounting to 312,932 appointments in total.
- Missed appointments amounted to 29,044, made up of 13,101 Acute Outpatients and 15,943 Community Outpatients.
- In 2022-23, Accident and Emergency services were accessed more frequently compared to outpatients, which was the most commonly used last year.

4.1.1 Age Profile ²

Bolton Age Population Profile

- Just over 1 in 5 of the population in Bolton is a dependent child (21.5% or 63,674), aged 15 and under.
- Approximately, 1 in 6 is of pensionable age (aged 65+ (17 % or 50,721). By 2031, the proportion of those aged over 65 is expected to grow by almost 8,000. ³

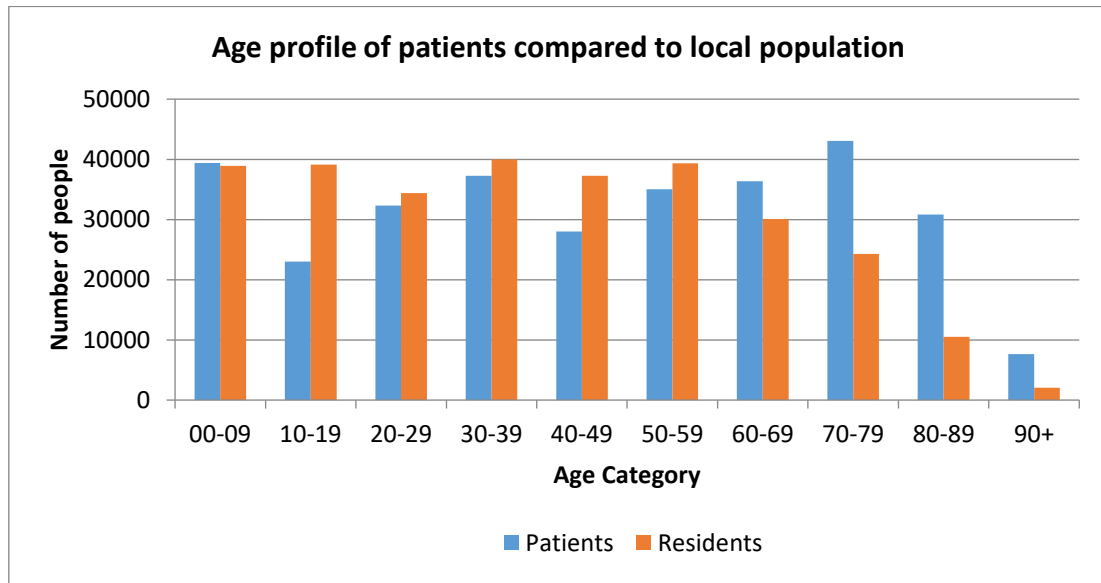
¹ [Bolton population change, Census 2021 – ONS](#)

² [Census 2021 Bulk - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

³ [How life has changed in Bolton: Census 2021 \(ons.gov.uk\)](#)

- The average (median) age remained 38 years in Bolton between the last two censuses. This is the person in the middle of the group, meaning that one-half of the group is younger than that person and the other half is older.⁴

Patient Age Profile



- People of all ages are using Trust services.
- The highest usage of Trust services is found for patients aged 70-79 (22%) followed by those aged under the age of nine (13%).
- In comparison, patients aged between 10 to 19 years have the lowest usage of services. Health tends to deteriorate with age thus these figures are expected.
- Patients aged 80-89 have a higher percentage difference in access rates when compared to the general population.
- Highest rates of missed appointments are found for 20-29 year olds for acute outpatient appointments (17% amounting to 2,224 appointments) compared to 50-59 years olds missing community appointments (17%, 2,720 appointments).

4.1.1 Sex Profile

The UK government defines sex as ‘referring to the biological sex of an individual as determined by their anatomy; it is something that is assigned at birth and generally male or female.

⁴ [Population – Bolton JSNA](#)

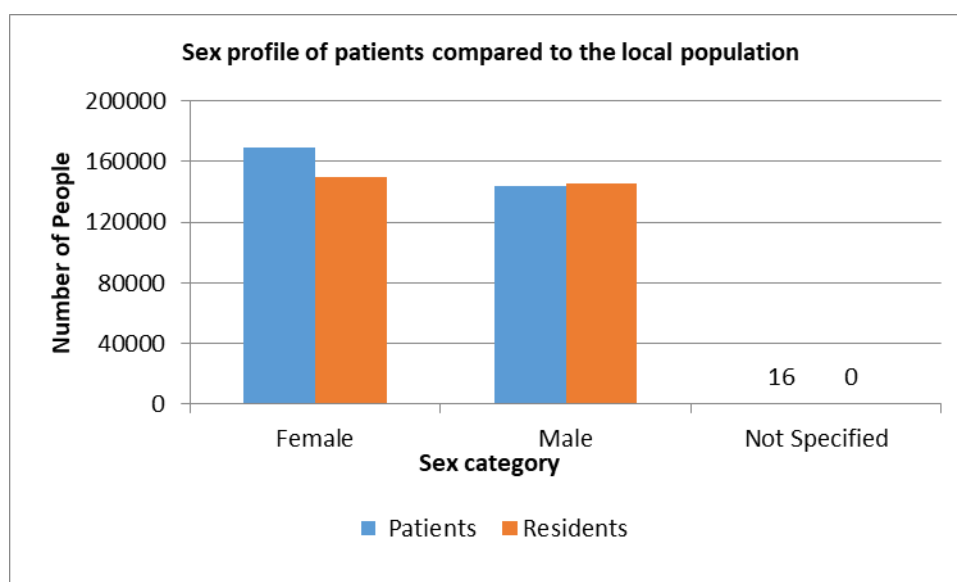
Bolton Sex Population Profile

- In 2021, the gender profile of Bolton shows an almost equal split at 49% male (145,907) and 51% female (150,056)

Sex	Bolton	North West	England
Male Life Expectancy	78.0 years	78.3 years	79.6 years.
Female Life Expectancy	81.5 years	81.9 years	83.2 years ⁵

- Male life expectancy from birth in Bolton is 1.6 years lower than the national average. Meanwhile, for women the gap is slightly larger at 1.7 years below the national average.

Patient Sex Profile



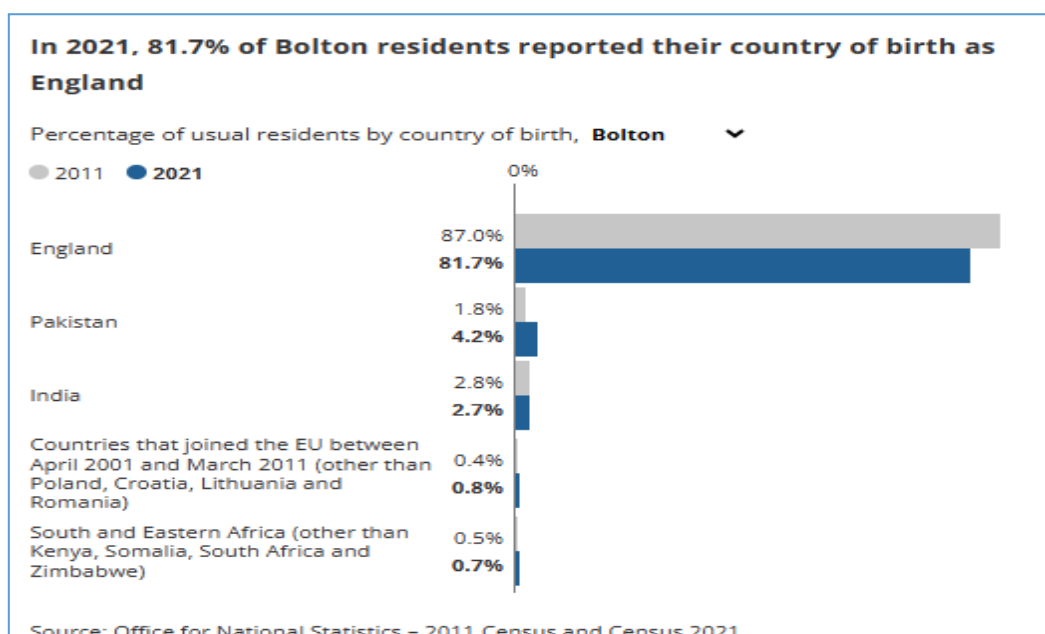
- Women are slightly over-represented in our patient population (54%) when compared with the Bolton data. This pattern has remained consistent and may reflect some of the services we offer in the Trust such as maternity and gynaecology.
- A small number of patients (16) do have that their sex recorded.
- Females are more likely to miss Community appointments (53% amounting to 8,466 patients) whilst males are more likely to miss acute outpatient appointments (51%, 6,749 appointments).

⁵ [Inequalities Data Report \(boltonjsna.org.uk\)](https://boltonjsna.org.uk)

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 part of the Refugee Gateway Programme. There are many factors that may be contributing to the changing ethnic composition, such as differing patterns of ageing, fertility, mortality, and migration.

Bolton Ethnicity Population Profile

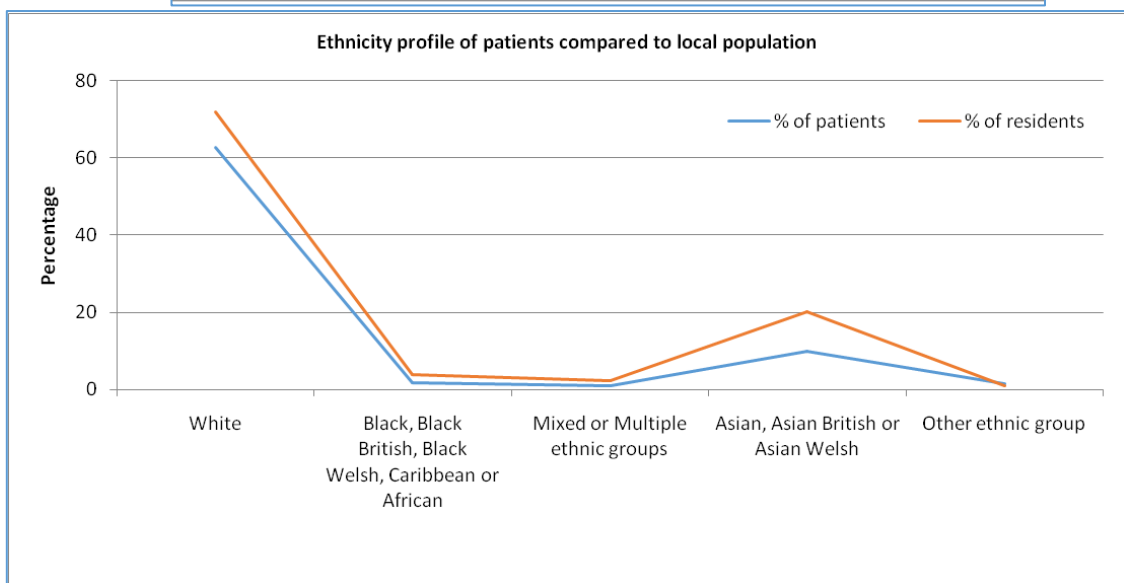
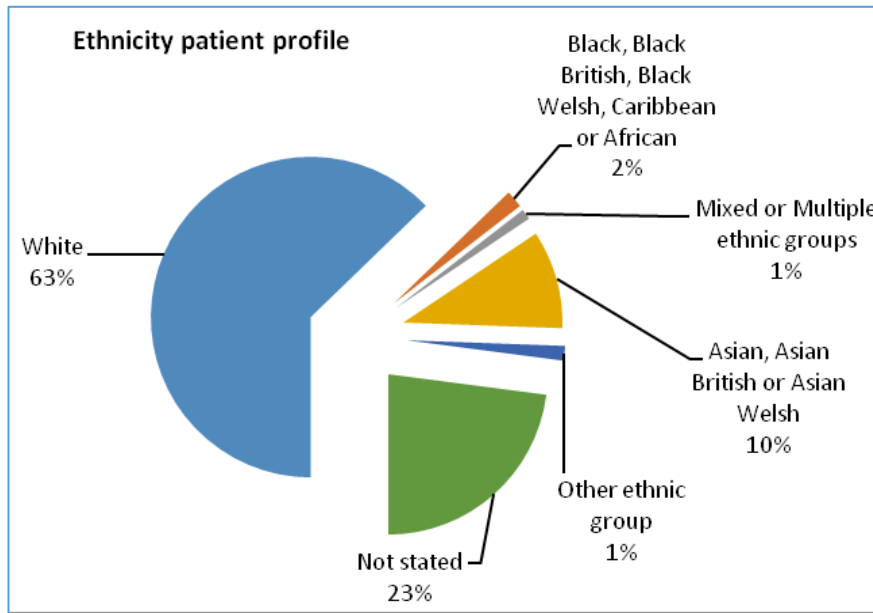


- In 2021, 71.9% of people in Bolton identified their ethnic group within the "White" category (compared with 81.9% in 2011).
- 28.1% of Bolton residents identify as Black, Asian and/or Minority Ethnic (BAME), which is an increase of 10% from the previous decade. This is higher than the North West regional average at 8.4% and England average at 9.6%.
- The largest BAME group is "Asian, Asian British or Asian Welsh" category, at 21%. The 6.1 % change was the largest increase among high-level ethnic groups in this area since 2011. There was also a 2.1% increase of people identifying with their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category (now 3.8%).⁶
- In Bolton, the percentage of people who did not identify with at least one UK national identity increased from 5.4% in 2011 to 9.5% in 2021.

⁶ [How life has changed in Bolton: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

- 81.7% of the local population (241,800 Bolton residents) said they were born in England. There has been 5.3% reduction since 2011, which at the time represented 87.0% (240,900) of Bolton's population.
- Pakistan was the next most represented, with just under 12,600 Bolton residents reporting this country of birth (4.2%). This figure was up from around 4,900 in 2011, which at the time represented 1.8% of the population of Bolton.
- The number of Bolton residents born in India rose from just under 7,800 in 2011 (2.8% of the local population) to around 7,900 in 2021 (2.7%).

Patient Ethnicity Profile



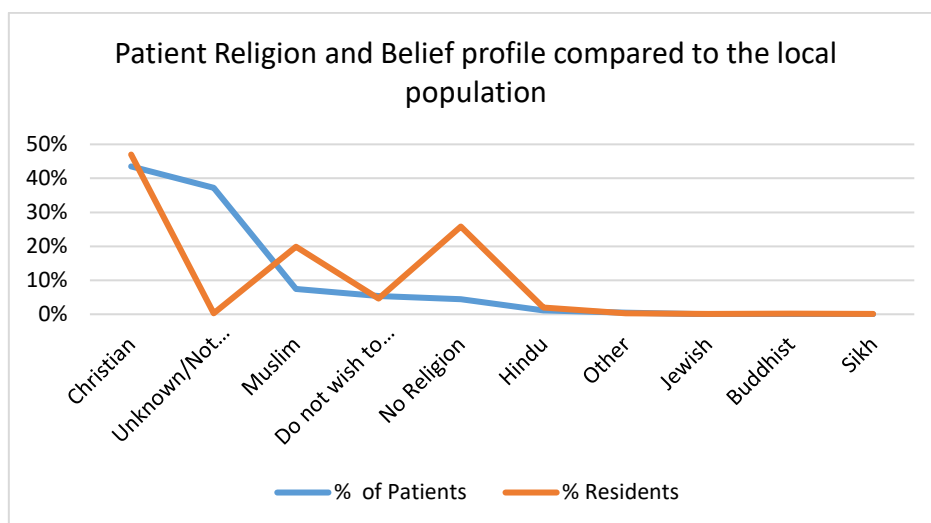
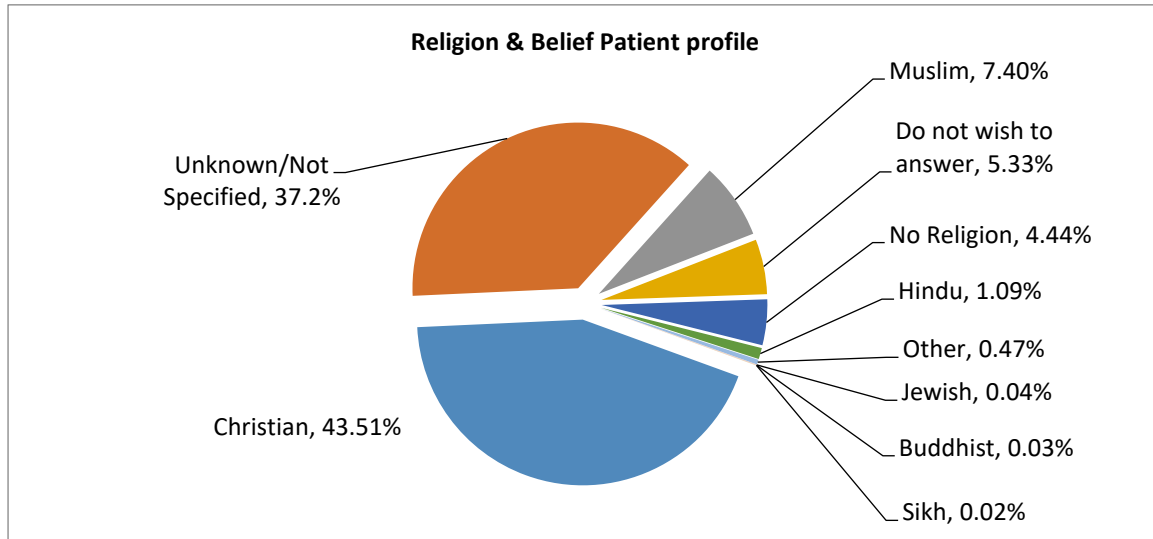
- People from all ethnic groups are accessing Trust services.
- Patients who identify as Asian or Asian British continue to make up the largest ethnic minority group (10%) which is reflective of the local community but have a lower rate of access.
- 23% of ethnicity data is not captured, showing a 4% improvement from the previous year.
- White British and for those whom have no ethnicity data recorded are more likely to miss appointments. This differs from what we reported last year where Black/Black British communities were more likely to miss appointments, followed by the 'Chinese/other' ethnic group.

4.1.4 Religion and Belief Profile

Bolton Population Religion and Belief Profile

- The most commonly reported religion in Bolton is Christian (47.0%), followed by no religion (25.8%), Muslim (19.9%), and Hindu (2.0%). This question was optional, and 4.6% chose not to answer.
- Christianity remains the majority religion in 2021 at 47%, although this has reduced by 15% since 2011 (62.7%)
- The second largest religious groups was Islam with 19.9% describing themselves as Muslim (up from 11.7% the decade before).
- 25.8% of Bolton residents reported having "No religion", seeing a rise of 8.6% since 2011. This compares to 32.6% across the Northwest and 36.7% across England. The rise of 8.6 percentage points was the largest increase of all broad religious groups in Bolton.
- There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.

Patient Religion and Belief Profile



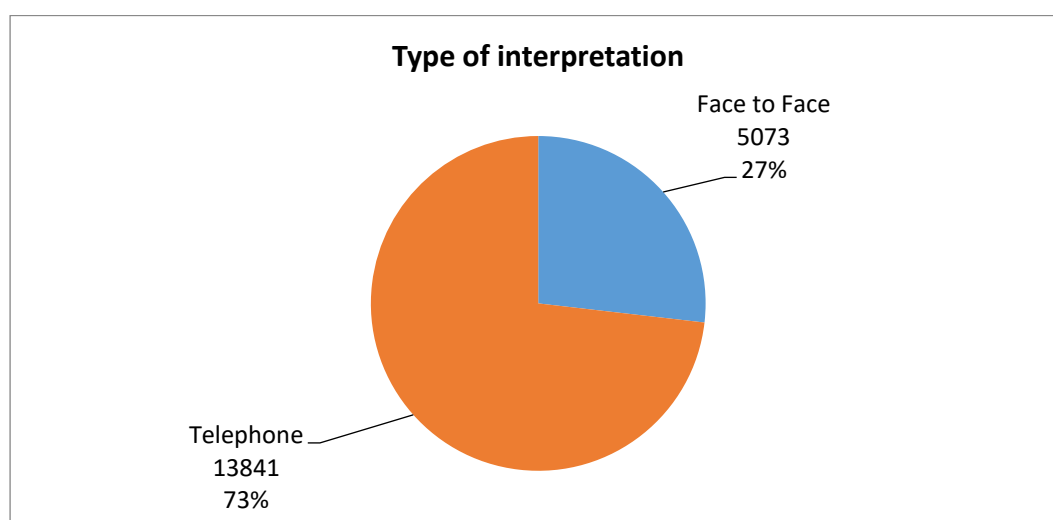
- People of all religious denominations are accessing Trust services, which is line with the demographics of the local population. Forty-Five Christian denominations were recorded in the patient administration system.
- There has been a 7.8% reduction in the unknown category from the previous year. 37.2% of data is still missing. 5.3% of patients did not wish to supply data.
- The Trust saw a higher representation of patients than residents did from the Sikh communities.

4.1.5 Interpretation and Translation

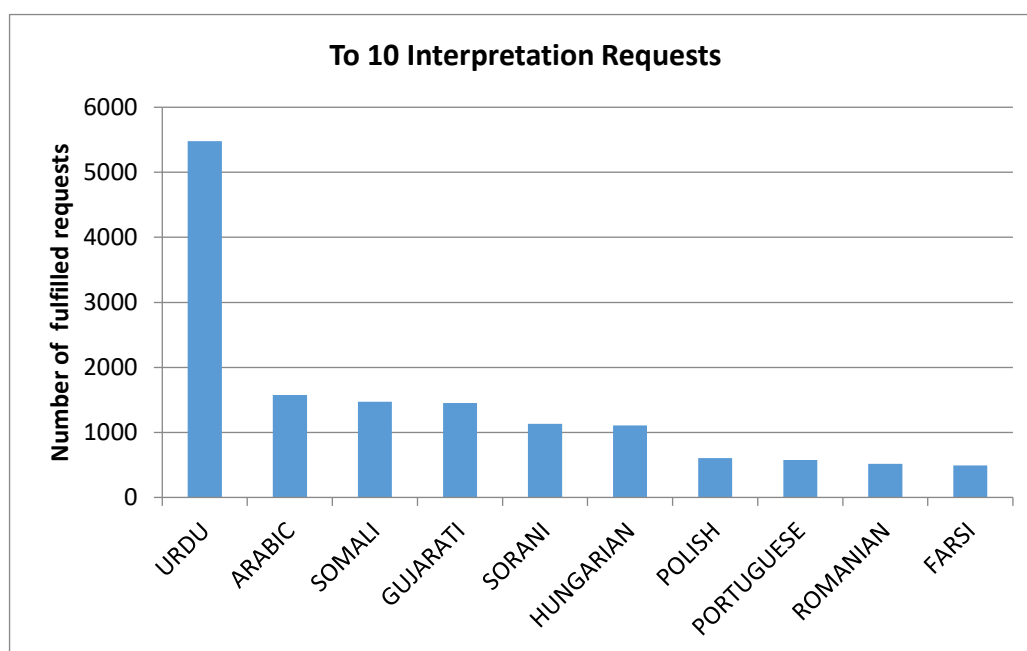
All services have access to interpreting and translation services. Patient information is readily available in different languages and formats upon request. Formal contracts are in place with various service providers who can cater for over 200 languages and British Sign Language (BSL). Access to other forms of Communication professionals is also available. Information in a variety of formats is also available upon request. Data from our main provider has been analysed below.

The Trust also employs a Link worker who in the main provides language interpretation in Urdu and Punjabi. The Trust's patient recording system captures details of patients' interpretation and translation needs.

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.



- A total of 18,915 language interpretation requests were fulfilled in 2022 to 2023 by our external interpretation providers.
- This is a reduction of 809 requests from the previous year and a considerable 4413 reduction requests from 2 years ago. However, it is important to note that prior to 2022 a number of alternative interpretation and translation providers have been used by some teams, on an ad hoc basis, for which usage figures were not available and not reflected in the above figures.
- The vast majority (71%), of interpretation requests continue to be fulfilled over the phone. Face to face interpretation requests reduced by 2% from the previous year.
- A higher number (68) of foreign languages and dialects were catered for, compared to 60 the previous year.



- Urdu remains the most requested language, spoken primarily by people of Pakistani origin. It makes up 29% of all interpretation requests. The Trust also employs an Urdu speaking hospital link worker, working on a 0.8FT equivalent contract.
- Demand for Hungarian has reduced from fourth to sixth position, being replaced by Gujarati. This may be due to the Trust losing its well-respected Gujarati Link Worker.
- Twelve requests were made for translation provision into other languages.

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.

British Sign Language (BSL) Interpreting

In 2022 to 2023, a higher number of BSL requests were fulfilled by our external providers than the previous year (388 as compared to 215). Other forms of communication professionals were offered but reliable figures are not available due to a variety of providers being used.

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. A point to note is that the Census 2021 was undertaken during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived their health status and activity limitations, and therefore may have affected how people chose to respond. In addition, the ONS has warned that the wording of the question was different in each census, with 2021 being the first to use the 2010 Equality Act definition of disability, and to explicitly mention mental impairments.

- In the 2021 census, The percentage of people who identified as being disabled and limited a little in Bolton decreased by a marginal 0.5 from the previous decade. 19.3% of adults declared a long term illness, health problem or disability which is higher than the national average at 17.3%
- 8.6% of the Bolton population have a long term health condition or disability which limits their day to day activities a lot
- 9.3% provide unpaid care
- 25,980, (9.3%) of residents stated they provided unpaid care.

Hearing loss ⁷

- One in five adults in the UK are deaf, have hearing loss or tinnitus.
- It is estimated that 22% of Bolton residents have hearing loss, which is on par with the regional and national average. ⁸
- 2 million adults in the UK are deaf, have hearing loss or tinnitus. That is roughly 10.1 million people in England, 1 million people in Scotland, 610000 people in Wales and 320000 people in Northern Ireland.
- In the UK, more than 40% of over 50s have hearing loss, rising to 70% of over 70s.
- By 2035, we estimate there will be around 14.2 million adults with hearing loss greater than 25 dB HL across the UK.
- An estimated 1.2 million adults in the UK have hearing loss severe enough that they would not be able to hear most conversational speech.

Sight impairments ⁹

⁷ [Prevalence of deafness and hearing loss - RNID](#)

⁸ [NHS England » Hearing Loss Data Tool](#)

⁹ [Learn more about sight loss statistics across the UK | RNIB](#)

- There are over 2 million people in the UK living with sight loss, which is expected to rise by 2.9 million by 2030¹⁰.
- 340,000 people are registered blind or partially sighted in the UK. There are 57 new registrations per day.¹¹ These people meet the international definition of vision impairment and include everyone whose vision is worse than 6/12 Snellen – that is halfway down the optician’s letter chart. This is also the amount of vision loss that requires people to surrender their driving license in the UK.
- Nearly 80% are 65 or older, and around 60% are 75+.
- Around 60% of people living with sight loss are women. Women have a higher life expectancy and have a higher age-specific prevalence of some of the leading causes of sight loss in older age.
- People from certain ethnic minority groups are at greater risk of some of the leading causes of sight loss: Black African and Caribbean people are four to eight times more at risk of developing certain forms of glaucoma; the risk of diabetic eye disease is around three times greater in South Asian people.

Other disabilities

- There are an estimated 3,125 people over the age of 65 living with dementia in Bolton. This is expected to rise to 4,786 people 2030¹². Dementia is a progressive neurological condition. It occurs when the brain is damaged by diseases (such as Alzheimer’s disease) or by a series of strokes. The symptoms of dementia can include memory loss and difficulties with thinking, problem solving, language and physical function.
- In Bolton an estimated 42,000 (around 15%) of residents aged 16 and over have a common mental health disorder.¹³ Studies have shown the coronavirus pandemic has had a negative impact on people’s mental health and wellbeing, which has resulted in an increased demand for mental health support.
- 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.

4.1.7 Sexual Orientation & Gender Reassignment Profile

- The Census 2021 for the first time provides reliable data on this population profile.

¹⁰ [Visual Impairment Awareness Training | Bolton CVS](#)

¹¹ [Registered Blind and Partially Sighted People, England 2019-20 - NHS Digital](#)

¹² [bolton-dementia-profile-alzheimer-s-society \(boltonjsna.org.uk\)](#)

¹³ [Bolton Council says It’s time to talk about mental health! – Bolton Council](#)

- 5,695 people identified as part of the Lesbian, Gay, Bisexual + community. From 2021 census data, 90.7% of people aged 16+ living in Bolton were heterosexual or straight. This question was optional, and 7% chose not to answer. The full breakdown is available in the table below.

Sexual Orientation	Number of residents	% of residents
All usual residents aged 16 and over	232,291	100.0
Straight or Heterosexual	210,665	90.7
Gay or Lesbian	2,807	1.2
Bisexual	2,317	1.0
Pansexual	408	0.2
Asexual	89	0.0
Queer	23	0.0
All other sexual orientations	51	0.0
Not answered	15,931	6.9

- However, the Trust does not record sexual orientation data in its entirety to allow a meaningful comparison to take place.
- Gender Identity: 0.6% of people aged 16+ living in Bolton had a gender identity different from their sex registered at birth (1,469 residents). 'No specific identity given' was the most frequent response at 0.3% of the 16+ population. This question was optional, and 6% chose not to answer. The full breakdown is available in the following table.

Gender Identity	Number of residents	% of residents
All usual residents aged 16 and over	232,289	100.0
Gender identity the same as sex registered at birth	217,137	93.5
Gender identity different from sex registered at birth but no specific identity given	724	0.3
Trans woman	296	0.1
Trans man	314	0.1
Non-binary	85	0.0
All other gender identities	50	0.0
Not answered	13,683	5.9

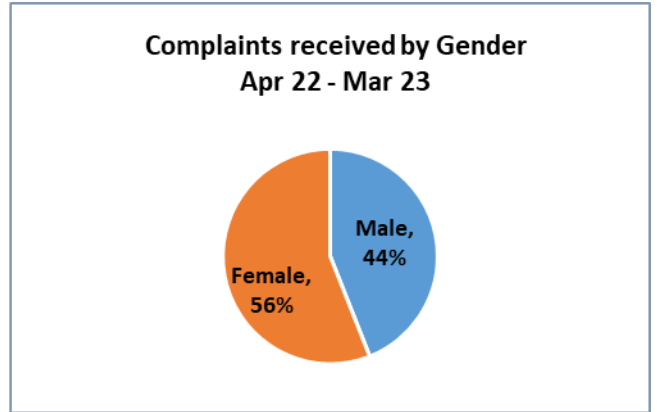
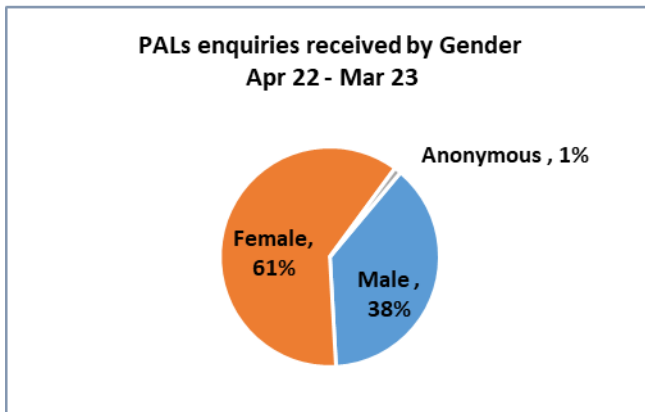
4.2 Equality in Complaints and Concerns

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 2022 to 2023, PALS supported 2,823 individuals to resolve their concerns and dealt with 220 complaints and concerns. The Trust takes seriously that all members of the public should feel comfortable in accessing the PALS and complaints service and as such captures information on the patient’s age, gender and ethnicity to support this. A summary of this data is provided which has been measured against patient profile activity.

Sex Breakdown

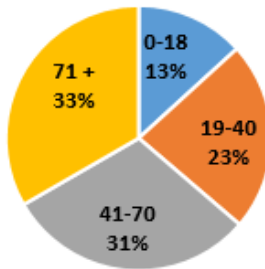


Age breakdown

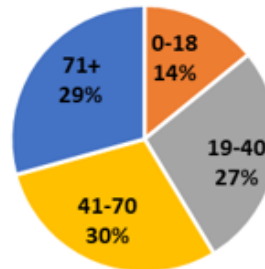
COMPLAINTS - There is a good representation across all age groups

PALS - There is a good representation across all age groups

**Percentage of Complaints received related to patient age
 Apr 22 - Mar 23**



**Percentage of PALS received related to patient age
 Apr 22-Mar 23**

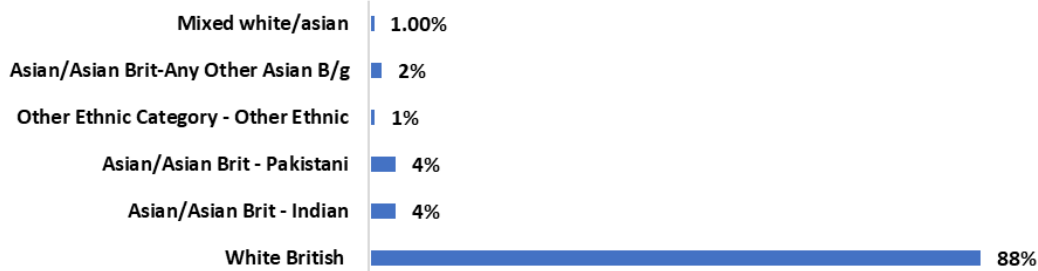


The majority of complainants were in relation to patients aged 71+ which is expected, as they are the largest group accessing services

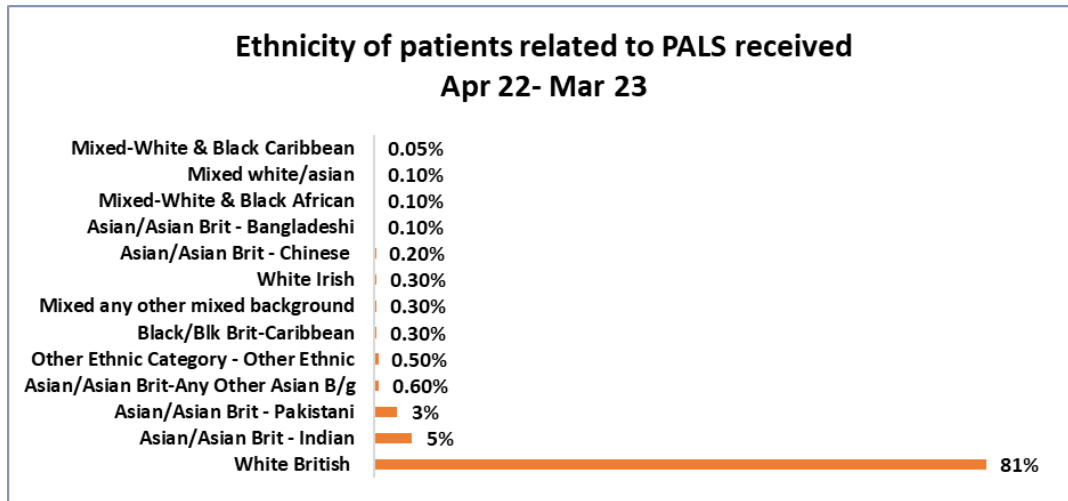
The age group raising the most PALS were those aged 41 - 70years (30%)

Ethnicity breakdown

**Ethnicity of patients related to Complaints received
 Apr 22 - Mar 23**



Please note that 27% of patients did not provide details of their ethnicity when using our Complaints service.



Please note that 11% of patients did not provide details of their ethnicity when using our PALS service. Of note, themes of complaints remain the same regardless of ethnicity.

What next?

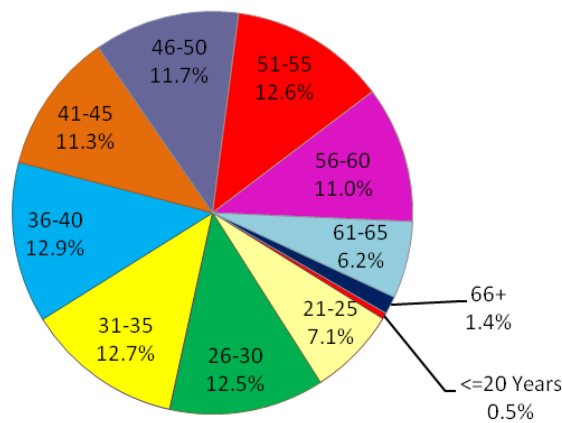
- To explore how we can improve and promote equal access to the Complaints and PALs services the development of leaflets and posters in other languages will be undertaken.
- Collaborative working with the EDI Team to review and report on themes of complaints from our under represented communities.
- Collaborate with EDI Team for an awareness training session to be provided for PALS and Patient Experience Team to ensure best practice when understanding the needs of our BAME service users

4.3 Our Workforce

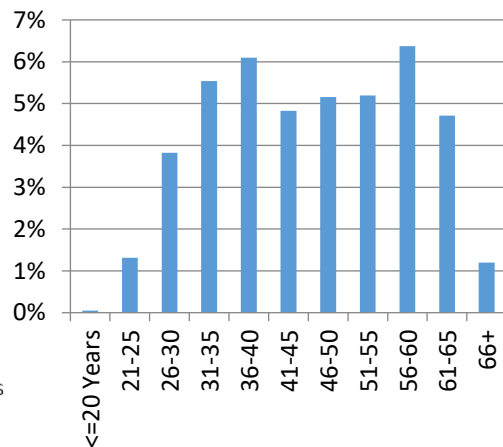
In 2022/23, the Trust employed 6,089 staff from diverse backgrounds, 206 more than the previous year. The profile of staff has been broken down below by protected characteristics, highlighting representation by profession, staff group, pay bands and turnover, where applicable. Any notable differences and comparisons to the previous year are reported within.

4.3.1 Age Profile

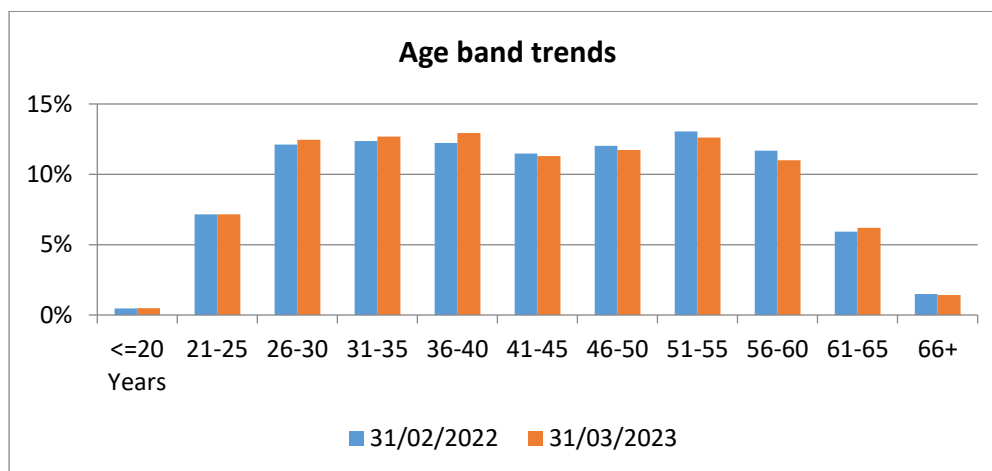
Staff Age Profile



Part time workers



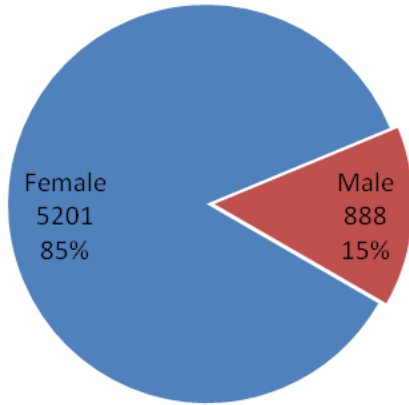
- Employees aged 36-40 years old have the largest representation at 12.94% of the total workforce.
- The smallest representation is from staff under the age of 20 years of age, which is expected. This is probably explained by the time it takes to gain a clinical qualification, which means that they are usually in their mid-twenties when they take up post.
- The Trust has an ageing workforce with 54% 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.
- Flexible working opportunities, such as part time working, are being offered and utilised by all age groups, with the highest beneficiaries being those aged 56-60 and 36 to 40 years of age.



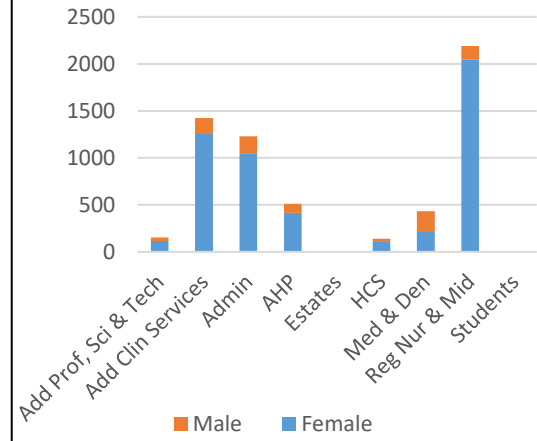
- Over the past year, the highest percentage increase can be seen for people aged 26 to 40 years, a decline beyond this age group.
- The number of young people aged under 25 have marginally increased in headcount (17 staff). There have however, been a number of changes in the way younger people in particular are entering into NHS professions, leading to a visible difference in workforce diversity in terms of age. The Trust's apprenticeship schemes are offering alternative routes to completing higher education degree level qualifications. More young people are now opting to complete apprenticeships closer to home rather than opting for the traditional university route away from home.
- 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 mostly only to be found in administration and additional clinical services and professional scientific and technical roles.
 - Staff aged below 45 years of age and above 60 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, this is not surprising.

4.3.2. Sex Profile

Employee Sex Profile



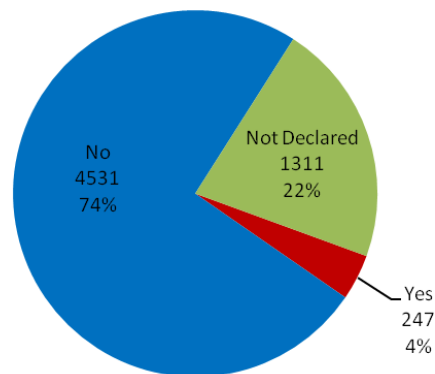
Staff Group by Sex



- The sex profile of staff continues to remain as predominantly female (85%) which is higher than the national average at 77% of the NHS workforce.¹⁴
- The highest representation of females are in Registered Nursing and Midwifery (93%), whilst males are mostly represented in Medical and Dentistry (51%) followed by Administration (15%).
- Females and males have equal leaver rates at 13%.

4.3.3 Disability Profile

Employee Disability Profile



- 4% of employees identify as having a disability or long-term health condition, showing a 1% increase or 60 individuals. This could be due to increased

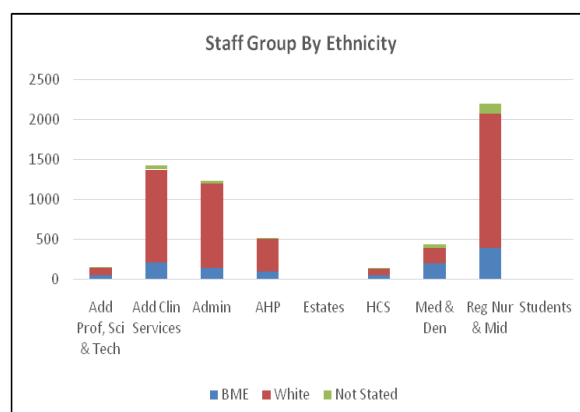
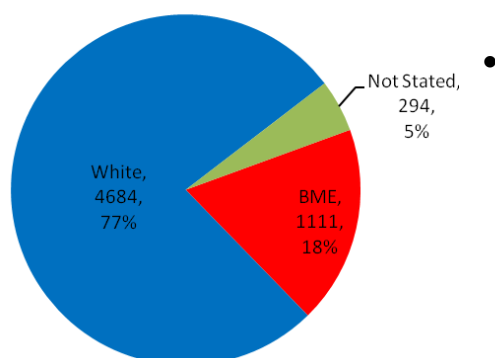
¹⁴ [NHS equality, diversity, and inclusion improvement plan \(england.nhs.uk\)](https://www.england.nhs.uk/equality-diversity-and-inclusion-improvement-plan/)

confidence or Covid impacts as more people have experienced ill health. 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 shows 18.9% of staff declare a disability or long-term health condition.

- Although there has been a marginal decrease, (Nine individuals) numbers for non-disclosure remain high. Just over a fifth of staff chose not to declare. This is 2.9% higher than the national average, which is at 19.1%.
- Staff with a disability are most likely to leave the Trust at 15.8% (247 individuals), compared to a lower 14.1% of staff without.
- The Workforce Disability Equality Standard (WDES) report provides further insight into the experiences of staff. Please see: <https://www.boltonft.nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/>

4.3.4. Ethnicity Profile

Employee Ethnicity Profile



- The majority of staff are White, British, Irish or Other (77%) which is higher than the most recent Census 2021 figure at 71.9% local population profile.
- 18% of staff identify as Black, Asian, Minority Ethnic (BAME), noting a 3% increase from the previous year (228 individual staff from BAME backgrounds were recruited). This is 10% lower than the local BAME population demographic now at 28% and lower than the national comparison figure at 24.2%.
- 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.
- 5% of staff continue not to disclose their ethnicity.
- There is an underrepresentation of BAME students as all seven are White.
- Nursing and Midwifery have the largest number of BAME staff (384), followed by Additional Clinical Services (201 staff).

- Over the past year, BAME have a 2% higher representation in additional clinical services but the largest reduction is seen within Allied Health Professionals (1.5%) and Medical, and Dentistry (1%)
- The majority of BAME staff are employed at Band 5, (33.8%) followed by Medical and Dentistry (17%) and Band 2 positions (14%). In terms of seniority, 7.8% of BAME staff are recruited at Band 7 and above posts although there are no BAME staff at Very Senior Manger Level.
- BAME staff have the lowest leaver rate at 12.33% compared to 13.94% of White staff.

The Workforce Race Equality Standard (WRES) report provides further insight into 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/>

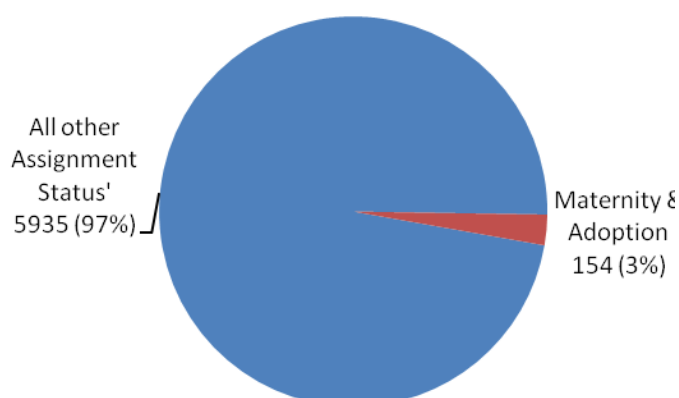
4.3.5 Gender Reassignment Profile

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.

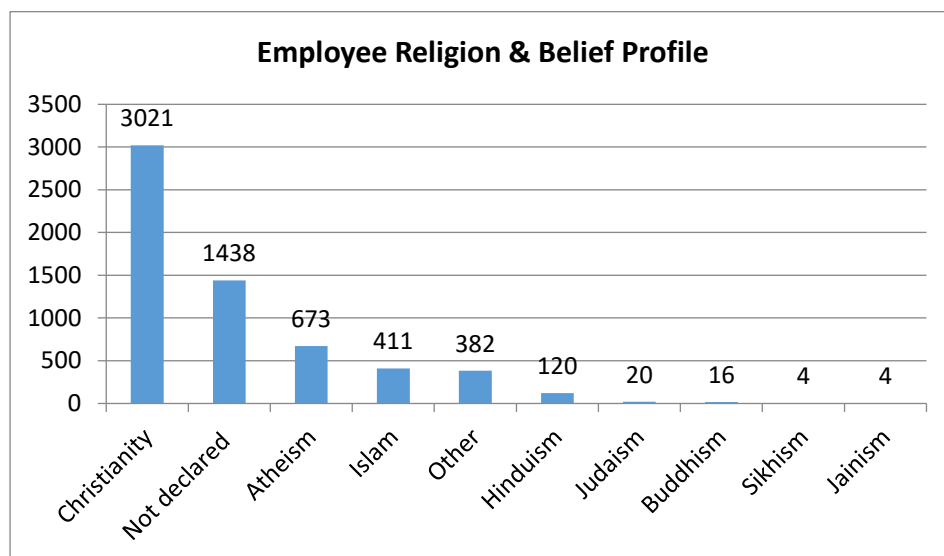
4.3.6. Maternity, Adoption and Other Leave Profile

Maternity, Paternity and adoption



Staff are taking up maternity, paternity carers and adoption leave.

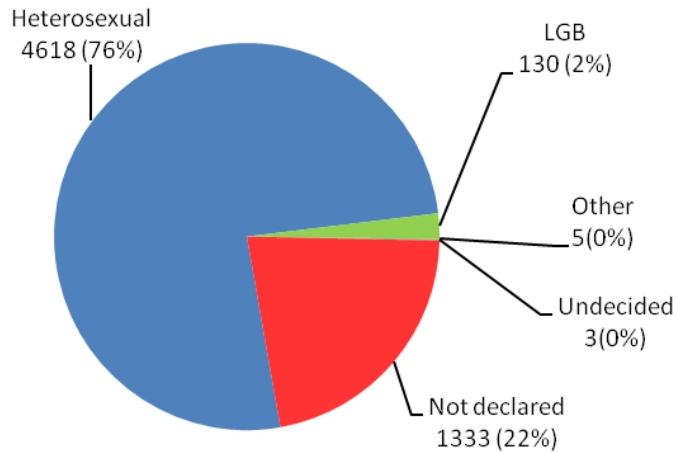
4.3.7 Religion and Belief Profile



- The majority of our workforce identify as Christian (50%) followed by Atheist (11%) and Muslim staff (7%), which is reflective of the community at large.
- 23% of have not declared, an improvement of 3% compared to the previous year.
- The highest representation of other religions is within Medical and Dentistry (52%) followed by Additional Professional, Scientific and Technical (38%)
- Employees from other religions have a higher leaver rate at 14.6% compared to 13.6% Christianity.

4.3.8 Sexual Orientation Profile

Employee Sexual Orientation Profile



- The data shows heterosexual/straight makes up the majority of the workforce (76%).
- 2% of staff continue to identify as Lesbian, Gay or Bisexual (LGB). This is lower than the regional estimate between 5 to 7%. However, low declaration rates make analysis difficult to draw any conclusions from.
- 22% of sexual orientation data has not been declared, although this is a 1.5% improvement from the previous year.
- The highest representation of LGB staff is within registered nursing and midwifery posts.

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 report.

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. Improving data:
 - a. Launch campaign to increase staff equality monitoring declaration rates in ESR
 - b. Launch campaign to increase patient equality monitoring declaration rates alongside staff training to encourage capture of information.
 - c. Implement the sexual orientation monitoring standard within patient data recording systems.
 - d. 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.
2. Improving access:
 - a. Improve our staff and patient reasonable adjustments processes.
 - b. Review and refresh the Equality Impact Assessment process and build into existing governance structures. To be accompanied with staff training.
 - c. Improve the recruitment, workplace experience and career progression of BAME and disabled staff through implementation of the WRES and WDES action plans.
 - d. Reduce the gender pay gap through implementation of the action plan.
 - e. Implement the updated equality Delivery System (EDS2022) on an annual basis.
3. Improving collaboration and co-design:
 - a. Engage, involve and empower the diverse communities in Bolton to help redesign our systems in line with the EDI plan.
 - b. 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.

Appendix 1: Patient Profile Data Tables

1. Patient profile broken down by age

10 Year Age Bands	First Attendance	First attendance %
00-09	39386	12.59%
10-19	23017	7.36%
20-29	32331	10.33%
30-39	37284	11.91%
40-49	28022	8.95%
50-59	35037	11.20%
60-69	36352	11.62%
70-79	43077	13.77%
80-89	30817	9.85%
90+	7609	2.43%

2. Age of patients who failed to attend appointments

Age Groups	Acute Outpatients DNAs	Acute %	Community Outpatients DNAs	Community %
00-09	207	1.58%	895	5.61%
10-19	573	4.37%	1170	7.34%
20-29	2224	16.98%	1676	10.51%
30-39	1978	15.10%	2316	14.53%
40-49	1390	10.61%	2411	15.12%
50-59	1972	15.05%	2720	17.06%
60-69	1752	13.37%	2099	13.17%
70-79	1679	12.82%	1517	9.52%
80-89	1101	8.40%	936	5.87%
90+	225	1.72%	203	1.27%

3. Patient profile broken down by Sex

Gender	First Attendance	First attendance %
Female	169222	54.08%
Male	143694	45.92%
Not Specified	16	0.01%

4. Sex of patients who failed to attend appointments.

Sex	Acute Outpatients DNAs	Acute %	Community Outpatients DNAs	Community %
Female	6355	48.51%	8466	53.10%
Male	6746	51.49%	7477	46.90%

5. Patient profile broken down by Ethnicity

Ethnicity	First Attendance	First attendance %
British	190276	60.80%
Not stated	71842	22.96%
Pakistani	14146	4.52%
Indian	12588	4.02%
Any other White background	5061	1.62%
Any other ethnic group	4625	1.48%
African	4363	1.39%
Any other Asian background	3509	1.12%
Irish	1256	0.40%
Any other mixed background	1226	0.39%
White and Asian	836	0.27%
Any other Black background	708	0.23%
White and Black Caribbean	654	0.21%
White and Black African	582	0.19%
Caribbean	454	0.15%
Bangladeshi	408	0.13%
Chinese	398	0.13%

6. Ethnicity of patients who failed to attend appointments.

Ethnicity	Acute Outpatients DNAs	Acute %	Community Outpatients DNAs	Community %
British	7102	54.21%	9728	61.02%
Not stated	3816	29.13%	2902	18.20%
Pakistani	707	5.40%	1035	6.49%
Indian	571	4.36%	859	5.39%
Any other White background	145	1.11%	291	1.83%
Any other Asian background	147	1.12%	290	1.82%
Any other ethnic group	185	1.41%	257	1.61%
African	181	1.38%	239	1.50%
White and Asian	37	0.28%	67	0.42%
Irish	56	0.43%	52	0.33%
Any other Black background	36	0.27%	50	0.31%
White and Black Caribbean	33	0.25%	38	0.24%
Any other mixed background	23	0.18%	35	0.22%

White and Black African	12	0.09%	35	0.22%
Caribbean	10	0.08%	28	0.18%
Bangladeshi	22	0.17%	25	0.16%
Chinese	18	0.14%	12	0.08%

8. Patient profile broken down by Religion and Belief Group

Religion & Belief	First Attendance	First attendance %
unknown / not specified	116426	37.20%
Buddhism	80	0.03%
Christianity	136144	43.51%
Do not wish to answer	16692	5.33%
Hinduism	3399	1.09%
Islam	23154	7.40%
Judaism	110	0.04%
No Religion	13894	4.44%
Other	1472	0.47%
Sikhism	55	0.02%

9. Religion and Belief profile of patients who failed to attend appointments.

Religion/Belief	Acute Outpatients DNAs	Acute %	Community Outpatients DNAs	Community %
unknown / not specified	5273	40.25%	5066	31.78%
Buddhism	4	0.03%	9	0.06%
Christianity	5731	43.74%	7418	46.53%
Do not wish to answer	722	5.51%	1180	7.40%
Hinduism	155	1.18%	263	1.65%
Islam	1240	9.46%	2052	12.87%
Judaism	2	0.02%	11	0.07%
No Religion	582	4.44%	899	5.64%
Other	8436	64.39%	11832	74.21%
Sikhism	5	0.04%	7	0.04%

Appendix 2: Workforce Profile Data Tables

1. Workforce profile broken down by age

Age Band	Total	% of 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%

2. Workforce profile broken down by sex

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

3. Workforce profile broken down by Ethnicity

BAME	Total	% of Total
BAME	883	15%
White	4723	80%
Not Stated	277	5%
Grand Total	5883	100%

4. Workforce profile broken down by Disability

Disability	Total	% of Total
Yes	187	3.2%
No	4394	74.7%
Not Declared	1302	22.1%
Grand Total	5883	100.0%

5. Workforce profile broken down by Religion and Belief Group

Religious Belief	Total	% of Total
Atheism	624	10.6%
Buddhism	15	0.3%
Christianity	2962	50.3%
Hinduism	114	1.9%
Islam	336	5.7%
Jainism	3	0.1%
Judaism	20	0.3%
Other	360	6.1%
Sikhism	4	0.1%
Not declared	1445	24.6%
Grand Total	5883	100.0%

6. Workforce profile broken down by Sexual orientation

Sexual orientation	Total	% of Total
Heterosexual	4390	74.6%
LGB	110	1.9%
Other SO not listed	2	0.0%
Undecided	3	0.1%
Not declared	1378	23.4%
Grand Total	5883	100.0%

7. Workforce profile broken down by maternity and other leave

Maternity	Total	% of Total
All other Assignment Status'	5698	96.9%
Maternity & Adoption	185	3.1%
Grand Total	5883	100.0%

8. Workforce profile broken down by employment status

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

Appendix 3: Interpretation & Translation Data

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. A total of 18,915 requests were fulfilled.

Urdu	5480	Vietnamese	71
Arabic	1575	Bulgarian	64
Somali	1471	Ukrainian	64
Gujarati	1454	Lithuanian	40
Sorani	1130	Lingala	34
Hungarian	1107	Nepali	22
Polish	603	German	19
Portuguese	575	Sudanese arabic	17
Romanian	518	Bahdini	15
Farsi	494	Tamil	9
Swahili	487	Thai	9
Punjabi	454	Burmese	8
Pashto	320	Kinyarwanda	7
Cantonese	290	Kurmanji	7
Slovak	277	Slovene	7
Oromo (afan)	271	Akan	6
Dari	264	Dinka	6
Czech	235	Serbian	6
Tigrigna	191	Latvian	6
Spanish	189	Telugu	5
Bengali	170	Bosnian	4
Amharic	136	Indonesian	4
Mandarin	124	Mongolian	4
French	121	Greek	3
Turkish	117	Wolof	3
Albanian	90	Yoruba	3
Sylheti	83	Igbo	2
Italian	80	Mirpuri	2
Russian	79	Shona	2
Hindi	72	Croatian	1