

Equality, Diversity and Inclusion Plan 2022-2026



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Introduction

I am really pleased to introduce Bolton NHS Foundation Trust's Equality, Diversity and Inclusion (EDI) Plan for the next four years.

As a Trust we remain committed to ensuring diversity is championed and celebrated across our organisation. We are deeply passionate in supporting and nurturing diverse talent, reducing health inequalities for our communities and providing high quality care for patients, their families and carers. Our vision is to care for our staff, to ensure they have the support in place to provide personal, safe and fair health and care services for our patients.

This plan outlines and further develops the work that is already underway allowing it to be aligned to the Trust's overall strategic objectives.

Research suggests that by caring for your workforce, this ultimately has a positive impact on patients.

EDI remains at the heart of what we do and is a golden thread across all our departments and divisions. We want to be an organisation where allies support people to bring their true selves to work



and ultimately an organisation which has an inclusive vibrant culture for all. We want our communities to receive the best care possible and have fair opportunities to the services they receive to live a happy, healthy life.

We are really proud to be an organisation which is focused on supporting our staff to be the best they can be. Our staff survey results for 2021 have shown that the Trust is the best place to work across Greater Manchester however we recognise and understand that more needs to be done to support our diverse workforce and community. Our internal quarterly pulse survey has further shown us an increase in the number of staff

feeling they can be themselves at work which supports our journey to becoming a truly inclusive workplace.

We recognise the past two years has been incredibly challenging and difficult for our workforce and our communities. COVID-19 has had a huge impact on how we serve and care for our communities and we've had to look at new ways to support our patients and their families. We have focused on working with groups to develop our COVID-19 Equality Impact Assessment (EIA), a risk assessment for vulnerable groups within our workforce to ensure they have the best support and looked closely at the health inequalities which exist within our local population.

This plan outlines and further develops the work that is already underway allowing it to be aligned to the Trust's overall strategic objectives. To achieve our long term vision and goals, we must align with EDS2 (a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments) which is the core of our plan.

In light of the COVID-19 pandemic and the inequalities it has highlighted, alongside recent global events evidencing the racism, brutality and frustration worldwide that still exists,

we need to focus on changing systems not individuals. We need to learn from these events, understand guidance from local, regional and national organisations and listen to our communities to constantly improve as an organisation.

We remain ambitious in developing our EDI practice further and strengthen our collaborative approach of engaging with people with lived experiences. We will continue to progress with our ambitions. We are committed to this journey and this plan will highlight our focus for the next four years.

We would like to thank all the service users, carers and staff who were instrumental in the development of the Trust's EDI Plan.

James Mawrey

Deputy Chief Executive and Director of People



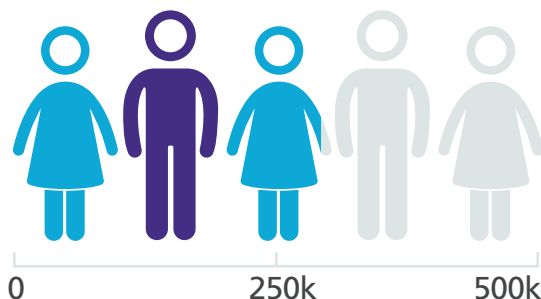
Tosca Fairchild

Non-Executive Director



Bolton at a glance

Bolton population currently stands at
287, 550



Bolton is richly diverse with over one fifth of the population from a Black, Asian or Minority Ethnic (BAME) background.

The most common BAME groups are of **Indian** and **Pakistani** backgrounds

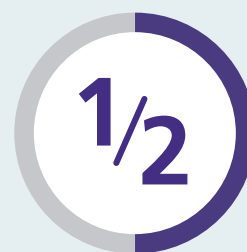


of adults declared a long term illness, health problem or disability (Census 2011)

As with many local authorities in the north of England, the health of people in Bolton is generally worse than the average for England



The borough has a higher proportion of older people (65 years plus) than what is observed at Greater Manchester



Around half of Bolton's residents are aged under 40



Bolton is one of the 20% most deprived districts/unitary authorities in England

Estimates of sexual identity at local authority level for Bolton are considered unreliable for practical purposes.

There are no estimates for the number of people in Bolton who identify as transgender or as gender identities other than male or female.



of children live in low income families



The Bolton population forms 4% of the population of the North West region as a whole



and 10% of the Greater Manchester population.

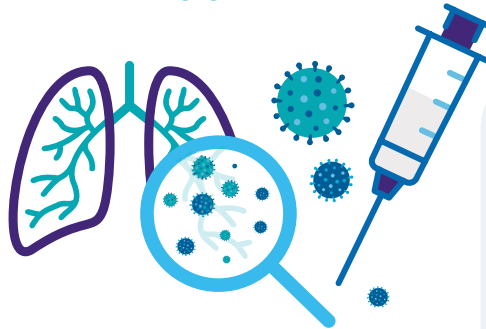




Life expectancy

is **10.6 years** lower for men and **8.5 years** lower for women in the most deprived areas of Bolton than in the least deprived area

Cancer screening services and population **vaccination coverage** are generally better than what is seen on average in England



Better than the England average

- The rates of new sexually transmitted infections
- People seriously injured in roads accidents

Worse than the England average

- Levels of GCSE attainment*
- Breastfeeding
- Smoking in pregnancy

Similar to regional average

- Rates of violent crime (hospital admissions for violence)
- Employment (aged 16-64)

Childhood obesity

20.8%

In Year 6, **20.8% (782)** of children are classified as obese

10.3%

In Reception, **10.3% (394)** children are classified as obese



Under 75 mortality rates

Deaths from **cardiovascular diseases** and **cancer** in the **under 75s** are worse than the England average, but similar to the average for the regional

*average attainment 8 score

What is the health profile of Bolton?

So where are the inequalities in Bolton? What are the levels of diversity that exist in our workforce, hospitals and communities? In order to achieve our ambitions, we need to have the information to provide support where it is needed most.

The information below breaks down the local population, patients and workforce by protected characteristics, offering regional and national comparisons. Although the census 2011 was the last official data collection detailing the demographics of the local residents, mid-

year estimates have been derived from a variety of Office of National Statistics reports, therefore some data is more recent than others.

It's imperative to understand the diversity of the population, which as research suggests can be an indicator of higher prevalence of certain health conditions and inequalities that may exist. These may be linked to a variety of factors such as socio-economic deprivation, genetic factors, lifestyle choice amongst others, which may result in increased morbidity, decreased life expectancy and workplace opportunities.



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



In the recent Care Quality Commission (CQC) inspection, the Trust received an overall rating of 'good' placing Bolton in the top 25% of Trusts across the country for high quality patient care.

The Care Quality Commission (CQC) highlighted our leadership as outstanding and recognised the way the Trust cares for its 6,000 strong workforce.



This was further outlined in the 2021 National NHS Staff Survey which showcased the Trust as the best place to work across Greater Manchester.

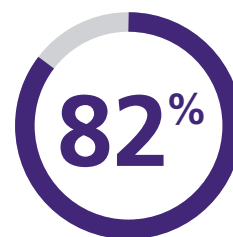
Our workforce

A total of **87%** of our staff are female and the remaining **13%** are male

87%



About **82%** of our colleagues are white



About **12%** of our colleagues are BAME

Around **1%** of our workforce are LGBTQ+



In terms of religions we have...



Our workforce in numbers



White colleagues are **0.62** more likely to be appointed from shortlisting compared to BAME staff. This has **reduced from 1.30 in 2020**



BAME colleagues are **0.93%** more likely to enter the formal disciplinary process compared to white staff, this has **reduced from 1.64 in 2020.**



Over the past year, there has been an increase of **1%** of BAME staff within our workforce, although there is a **5%** gap compared to **19%** BAME population. A programme of work to embed inclusive recruitment practises are currently underway.

Bolton NHS Foundation Trust workforce in numbers (cont)



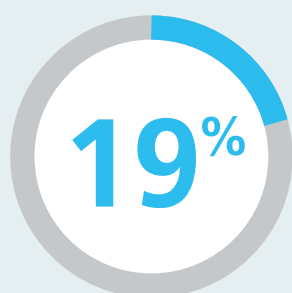
Relative likelihood of a non-disabled staff compared to a disabled member of staff being appointed from shortlisting process across all posts is **1.57%** which remains the same as last year.

24% of **2194** staff that completed the **2021** national staff survey, declared that they have a disability or long term health condition lasting longer than 12 months.

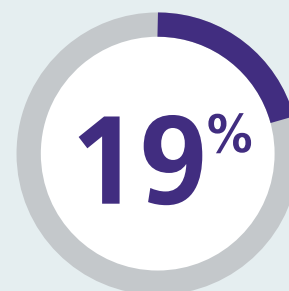


Our communities

Bolton remains one of the most diverse areas across Greater Manchester, with:



of the population from a Black, Asian Minority Ethnic Community (BAME)



of people living with a disability

People following a number of faiths, including:



What is Equality, Diversity and Inclusion?

Equality

Ensuring that every individual has an equal opportunity to make the most of their lives and talents.

Diversity

Valuing differences - everyone is an individual with their own background, experiences, views, perceptions, values and beliefs.

Inclusion

Creating an environment where everyone feels welcome, respected and valued.

As well as understanding what equality, diversity and inclusion is, it's important for the Trust to adopt an approach to become consciously inclusive. We hear the term unconscious bias regularly (being unaware of how we prejudge people) and we often attend training sessions to change our individual mindsets and raise awareness. However, is there any evidence to suggest that raising awareness alone and targeting individuals leads to behaviour change?

Communities and employees universally, have expressed their upset and frustration about inequality and discrimination for decades and then the organisational reactive mode sets in. What would it look like if reaction was a rarity, and proactive was the norm? Are those on the receiving end truly embedded in our organisational decision making and system processes? We need to ask our workforce and our communities to share their observations

or experiences of inequity and empower them to design the solution. Let's identify the changemakers and equip them with the critical skills necessary to analyse the design of our systems, policies, services, processes, events and communications, to produce genuine opportunity for equity. So to be consciously inclusive is to intentionally involve and empower those that have observed and experienced discrimination, to redesign systems.

Equality means each individual or group of people is given the same resources or opportunities.

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



Our legal duties

Bolton is committed to being consciously inclusive, and this EDI Plan is based on the four goals specified by the mandatory Equality Delivery System for the NHS (EDS2), which focuses on:

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

The plan supports the Trust's requirement to meet its obligations under the Equality Act 2010, The Human Rights Act 1998 and the Health and Social Care Act 2012, whilst incorporating the mandatory requirements for the EDS2, Workforce Race Equality Standard ([WRES](#)) and the Accessible Information Standard (AIS).

Other voluntary standards such as the Workforce Disability Equality Standard (WDES) and the Sexual Orientation Monitoring Information Standard (SOM) also provide our measures for improvement and strengthen patient involvement.

Key documents such as the [NHS People Plan](#) and our [Trust Strategy](#), highlight the need to support transformation and focuses on fostering a culture of inclusion and belonging, to grow our workforce, train our people, and work together differently to deliver patient care.



EDI Principles

The Trust has embedded our values which underpin the way we work and how we support our patients. Our values drive what we do to help us deliver in a way that puts safety and care first. Our EDI principles are:

Trust VOICE values	EDI Principles
Vision Be Positive We have strong plans and make decisions with Bolton's communities	This plan will help to achieve our vision to inspire and innovate to attract and embrace difference. Through engagement with our workforce and communities, we will have an organisation that encourages transformational and bespoke approaches. Ultimately an inclusive organisation that people want to work for and are proud to work for.
Openness Be Inclusive We communicate clearly and encourage feedback	
Integrity Be Honest We are fair, show respect and empathy	We can't implement effective change if we don't actively listen to our staff and patients. We will consult in a variety of ways that enables us to hear the voices of everyone and not just those that choose to come forward. We will ask how and not assume why and provide honest feedback based on complete engagement.
Compassion Be Kind We have a caring person-centred approach	
Excellence Be Bold We prioritise quality, safety and continuous improvement	We will identify the various groups of staff and patients that reflect Bolton and commit to catering for and promoting their bespoke needs.
	By listening to the lived experiences and needs of our staff and patients, we will motivate ourselves and others to recognise what it is like to live in other people's shoes so that we can really make a difference.
	We will strive to be a leader in being fair, encouraging difference and implementing inclusive systems.

Our EDI vision is to...

Inspire and innovate to attract and embrace difference

In order to be an excellent provider of health and care services, we need to listen and learn from the experiences of our diverse workforce, patients and service users and work alongside them to provide a partnership culture, enabling the Trust to deliver the best service possible.

This means inspiring and empowering staff and communities to introduce new innovative ways of working and investing in the development of individuals' skills and knowledge. We want to identify the talent in all of our staff, to fulfill their potential so they can be the best person they can be, creating an environment where the value of diversity is recognised.

Our vision cannot be achieved without the support of our allies. Allyship is an essential process, which helps to build meaningful relationships, based on trust and accountability with our staff and patients that are marginalized. It's important that we focus on implementing inclusive systems that provide the opportunities for support, experience and knowledge from our partners, communities and colleagues. This plan has been created with valuable input from our allies and that approach will continue throughout the whole EDI agenda. We want EDI to be something we consider as second nature for all

services and practices not just an add on or afterthought. Having EDI as fundamental discussions for our board members, executives, divisional managers and team managers, allows that culture to thrive. EDI is everyone's responsibility and should never fall on the shoulders of the few.

'To be recognised by the people of Bolton as an excellent provider of health and care services, and a great place to work'.

We recognise from staff engagement that EDI doesn't trickle down to middle management so if staff and patients are to buy-in to our ambitions, EDI needs to be at the heart of our business strategies, operations and engagement. We will be working closely with divisional managers to implement that level of accountability for EDI in all service areas, to align the Trust and EDI's ambitions and ensure it is woven into the organisational hierarchy.

How do we get there?

We acknowledge that our vision is a challenging one and a vision that many organisations continuously strive to achieve but if we are clear on how we get there, then realistic progress can be made.

By 2026 we want to be:

- Targeting the needs of our patients because we understand their differences.
- An organisation with a partnership culture, working with staff, North West partners and local communities to create appropriate and effective ways of working and delivering services.
- An employer of choice, recruiting a diverse workforce, using various promotion and selection methods to identify a range of talent.
- An organisation with diverse leaders and Board membership.
- Providing a safe working and caring environment for our workforce and patients.

Our governance routes

The Executive Director of People ultimately holds accountability for this agenda of work. All staff within the Trust have a responsibility to ensure we achieve our ambitions. The diagram below highlights the overall governance structure of how this plan will be actioned:



Protected characteristics: our progress

It is against the law to discriminate against someone because of: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

These are called protected characteristics. You are protected under the Equality Act 2010 from these types of discrimination.

The Trust has taken forward significant pieces of work to develop EDI across our services and workforce. This plan is designed to build on our successes and fully embed equality and diversity into everything we do. The following are some examples of our achievements and successes across the protected characteristic groups.

Disability

- Awarded level 2 Disability Confident demonstrating progress in achieving equality for staff with disabilities and long-term health conditions. Actions have included rolling out a number of health and wellbeing initiatives and the launch of the reasonable adjustment passport.
- Listening sessions held with colleagues who have identified themselves as living with a disability and/or health condition, to understand challenges and barriers they face and launched a Disability and Health Conditions Staff Network.

Gender reassignment

- Established a Transgender Equality Working Group to support improvements for transgender patients and staff. The group includes a range of people with lived

experiences, including local residents, LGBTQ+ staff, HR colleagues and clinical staff from across the organisation.

- Enabling our workforce to have their chosen pronoun on their ID badge.

Pregnancy and maternity

- Introducing a specialist midwifery post to develop a maternity hub in an area of Bolton that has more women likely to book with a place of birth that is not the UK, and a high pregnant population. It provides bilingual midwifery support in a weekly antenatal clinic and drop-in session and is the first of its type in the country.
- Delivery of cultural understanding and engagement training for maternity staff'.

Race

- Our BAME Staff Network continues to play an active role in shaping a better future. The network has recently appointed a new Chair and Deputy Chair. The network is also advising senior management on matters, co-designing and reviewing strategies policies and procedures and creating a BAME safe space for BAME employees to discuss challenges and barriers. Membership of the forum includes both BAME colleagues and allies to ensure meaningful conversations and discussions. colleagues who currently attend include staff from across the organisation.
- Delivering an innovative Bolton Accelerator Management Experience Programme.

A leadership development programme for aspiring BAME colleagues, designed with our BAME Staff Network. Our hope is if the pilot programme evaluates as being successful then further cohorts will be funded and commissioned.

- Launching the phase one of the reciprocal mentoring programme which has initially involved BAME employees mentoring Executive Directors/senior managers.
- Strengthening the Trust's interpretation and translation complaints handling process leading to speedier response timeframes and reporting via regular monitoring and assurance meeting and detailed reports.
- Review of the Trust's recruitment and disciplinary processes leading to changes to ensure increased objectivity with this the disciplinary process and the development of recruitment managers guide.

Religion or belief

- The chaplaincy service in collaboration with the Staff Experience and Inclusion Team is developing a faith network.
- In collaboration with Bolton Community of mosques, work is underway to invest

in new mosque facilities for staff and patients.

- The creation of an EDI calendar highlighting the key dates for the main seven religions and their impacts on inpatients, outpatients and staff.
- Relaunch of our Accessible Information Standard working group.
- Wheelchair and Hearing loop initial audit conducted, findings of which are being incorporated into an improvement plan.

Sexual orientation

- Held a series of listening sessions for our LGBTQ+ employees to talk confidentially about their experience of working at the Trust. This led to the launch of the LGBTQ+ Staff Network which meets on a monthly basis.
- Participation in a variety of national and local events to affirm the Trusts commitment to inclusion including Bolton Pride, Black History Month, Equality Diversity and Human Rights Week and LGBT History Month.
- Roll out of the Rainbow Badge campaign strengthening the Trust's commitment to LGBTQ+ equality.

A programme of work on the development of a new equality impact assessment toolkit assessment is being undertaken to support people from all the protected characteristics. This will ensure the needs of people from different backgrounds and communities are understood and mitigations are put in place.

How do we engage?

We recognise that engaging with communities and hearing their lived experiences is fundamental to co-design and collaborate methods to improve services for people.

We will work with:

- Our staff networks – BAME Staff Network, LGBTQ+ Staff Network, Disability & Health Conditions Staff Network
- Staff side representatives.
- Voluntary and community organisations.
- Local networks with community and staff representatives.
- Developing practices such as the COVID-19 equality impact assessment to ensure we recognise what is currently happening and how we can better support both our workforce and our diverse community.
- Specific engagement activities such as focus groups with particular groups of people within the Trust.
- Looking at best practice across the NHS and sharing ideas with national and regional teams to bench mark our approaches.

Developing our plan – staff and service user engagement feedback

In developing this plan, it was essential we engaged and involved our staff, service users and carers to identify the priority areas for development and flag gaps and concerns with our current services.

Staff engagement

Our staff engagement approach included launching an online survey, facilitating virtual discussions, attending divisional meetings and speaking to key stakeholders individually.

We received responses from 69 staff members who completed an online EDI survey. These results have provided a rich insight into how staff feel about how services are being provided and what needs to be done to ensure a fairer and more equal organisation.

This feedback has been taken into account when developing this strategy.

We carried out sessions with key

stakeholders to understand different people's views on what we need to improve the lived experiences of our workforce.

Our workforce told us that they enjoyed working for the Trust, but there were some areas of improvement:

- Develop cultural awareness training for people to recognise, champion and celebrate diversity.
- Involve our diverse workforce in the decision making process.
- Support our BAME Staff Network to develop and continue to thrive.
- Develop further safe spaces (staff forums and networks) to allow like minded people to connect and discuss ways to improve experiences for colleagues.
- Help staff understand what micro-aggressions are and how to challenge such behaviour.
- Educate front-line staff on gender diversity to ensure the needs of our patients from LGBTQ+ communities, are met.
- Support middle-managers to understand the importance of EDI.
- Develop inclusive recruitment practices to support diverse talent.
- Increase the representation of the BAME community within our workforce.
- Support our BAME workforce to improve their health and wellbeing.
- Develop an agile working approach for staff with long term health conditions.
- Help clinicians understand how to support patients with language barriers.
- Work closer with our local charities and partnership organisations to make a real difference.
- Take learnings from COVID-19 into account.

Community engagement

We recognise the importance of listening to our local communities and ensuring we provide the best services to meet the needs of our population. We were able to reach out to more than 30 local communities and forums to hear views of our diverse community through an online survey, social media engagement and by speaking directly to networks and groups.



Our local communities told us that they received good quality care, but there were some areas for improvement:

- Improve disability access in some of our buildings.
- Support patients to receive good quality access to interpretation and translation services.
- Help develop confidence amongst our communities to enable them to share their equality monitoring data with us.
- Improve how we engage and communicate with local communities, including developing an effective way to listen to our residents and provide them with regular updates.
- Improve how we promote our recruitment activities providing equitable opportunities for local people to apply for roles.
- Review access to our community services.



Summary of the plan

This plan sets out the Trust's vision for EDI and the approach to creating an inclusive culture over the next four years. Here is a summary of the ambitions we would like to achieve:

Ambition 1: **Understand the needs of our communities and provide services which meet those needs**

The COVID-19 pandemic has impacted greatly on everyone in Bolton but particularly on people with protected characteristics and other vulnerable groups. The pandemic, alongside continued racial injustice, has shone a spotlight on health disparities and the need for more research and outreach to better support diverse and underserved communities.

Bolton is diverse, so we have to make sure we understand the differences in our patients, to make sure we deliver appropriate services. We will do this by collecting comprehensive, good-quality data, assessing the impact on different groups, supported by robust monitoring and action planning.

Ambition 2: **Create a working environment in which all staff can reach their full potential**

Taking care of and supporting our staff is so important. We know by caring for our workforce this leads to better patient outcomes. As an employer we have a duty of care. We want to create a culture where colleagues can bring their true selves to work, where people are empowered to share ideas to problem solve, to challenge the status quo and be happy at work.

We want to develop the leaders of tomorrow, to nurture and support diverse talent to progress, which ultimately will support our succession planning processes. We want to ensure a good staff experience at work, where bullying, discrimination and harassment in the workplace is tackled.

Training and development will be revamped to develop long lasting learning and culture change.





Ambition 3: **Recruit and cultivate a** **workforce that represents** **Bolton's diversity**

To ensure appropriate and effective service delivery and leadership, our workforce needs to have diverse leaders at all levels, especially Board membership and Executive positions.

We want to become an employer of choice, where our local community see themselves represented because if they can see themselves represented then they can be us.

We will use innovative ways to identify talent and promote our job opportunities.

Ambition 4: **Act on patient, staff and** **community feedback on how we** **can improve our approach to EDI**

Listening to our staff and patient feedback is fundamental. We must engage to find out what is working well and how can we improve. We cannot make decisions about improvements without listening to people about their experiences.

We want to embed a culture where staff, patients and service users feel comfortable to speak up without fear. We will provide a number of confidential and safe spaces for staff and patients to speak their truth and guarantee that incidents will be promptly and appropriately investigated.

How will we deliver the plan?

Ambition 1:

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

Our objectives:

Objective 1:

Have access to instant data about the demographic and deprivation factors of patients that use our services.

Objective 2:

Implement innovative and bespoke evaluation and monitoring processes to capture patient lived experiences.

How we will measure success:

- Instant data available for each protected characteristic, department and neighbourhood within Bolton.
- Quarterly reporting detailing the status of service user data.
- Quarterly reporting on service user experience.

Key Performance Indicators

- Increasing patient declaration rates by 10% over the next 4 years.
- Ensure a 70% completion rate of good quality Equality Impact Assessments.

Ambition 2:

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

Our objectives:

Objective 1:

Implement workforce incident reporting system developed with staff, to ensure confidentiality and increase reporting.

Objective 2:

Implement diverse investigation hearing panel processes that are evaluated for fair conduct.

Objective 3:

Implement innovative and effective training and development programmes that address challenges experienced by workforce.

How we will measure success:

- Data instantly available, detailing patient and workforce incidents related to protected characteristics.
- Increased reporting of incidents from all protected characteristic groups.
- Increase in staff from protected characteristics completing staff surveys.
- Reduction in number of informal and formal disciplinary investigations and hearings.
- Reduction in patient complaints.

Key Performance Indicators

- We will ensure that 85% of staff receive an annual FABB appraisal.
- We will report on how many staff are promoted internally with a target of 1% over the next four years.

Ambition 3:

Recruit and cultivate a workforce that represents Bolton's diversity

Our objectives:

Objective 1:

Improve inclusive communication, to attract diverse talent to underrepresented roles.

Objective 2:

Implement innovative and diverse recruitment and interviewing processes to identify varied talent.

Objective 3:

Implement a competency framework for senior leaders, to ensure they have the right skills to deliver successful EDI outcomes.

Objective 3:

Involve board members and VSMs (Very Senior Managers) in mentoring and sponsorship programmes.

How we will measure success:

- Trust adverts promoted via a wider range of bespoke platforms.
- Increase in job applications from BAME and disabled workforce and residents.
- Increase in successful candidates from BAME and disabled workforce and residents.
- A recruitment feedback process in place including monthly reporting procedure.
- Increase in positive recruitment process feedback from successful and unsuccessful candidates.
- Monthly reporting on EDI outcomes progress from senior leaders.
- Representation on the Board and Executive positions that reflect the diversity of Bolton, based on population and equality standard data.

Key Performance Indicators

- We will have 18% of our workforce from a BAME background by 2025 – increasing 1% per year in line with our 2021 WRES data.
- By 2024, we aim to increase the number of senior leaders (at band 8A and above) from a BAME background by 5% (including speciality doctors and consultants).
- We will increase the number of staff declaring a disability on our Electronic Staff Record to 9.5%.
- We will reduce the percentage of disabled staff who have experienced harassment, bullying or abuse from patients/relatives/public to 25%.

Ambition 4:

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

Our objectives:

Objective 1:

Create an active and effective partnership with local people.

Objective 2:

Create EDI staff networks to capture concerns and ideas for improvement.

How we will measure success:

- We will review and act on feedback related to EDI received from staff through our Bolton Engage surveys and will report on this quarterly through the People Committee. Over the next 4 years we will aim to have 10% of responses to our survey from our BAME workforce.
- We will continue to work with the Freedom To Speak Up Guardian to review trends in freedom to speak up concerns raised and act on issues. This will be reported at the People Committee.
- We will review and act on feedback from local community groups through quarterly updates at our EDI Steering Group meetings.
- We will review staff network activity through monthly highlight reports at our EDI Steering Group meetings.

Key Performance Indicators

- Receive 12% of concerns raised from our BAME colleagues to reflect our workforce representation.
- Ensure 95% positive feedback once a concern has been dealt with.
- Continue to make sure our FTSU champions reflect the diversity of our workforce with at least 12% of champions from the BAME community, 9% from the disabled community and 2% from the LGBTQ+ community.
- Quarterly engagement with 3 BAME and 2 disability community groups.
- Ensure three staff networks are active by May 2022.

How we will measure performance

Ambition	Key Performance Indicators
<p>Ambition 1: Understand the needs of our community and provide services which meet those needs.</p>	<ul style="list-style-type: none"> Increasing patient declaration rates by 10% over the next 4 years. Ensure a 70% completion rate of good quality Equality Impact Assessments.
<p>Ambition 2: Create a working environment in which all staff can reach their full potential.</p>	<ul style="list-style-type: none"> We will ensure that 85% of staff receive an annual FABB appraisal. We will report on how many staff are promoted internally with a target of 1% over the next four years.
<p>Ambition 3: Recruit and cultivate a workforce that represents Bolton's diversity.</p>	<ul style="list-style-type: none"> We will have 18% of our workforce from a BAME background by 2025 – increasing 1% per year in line with our 2021 WRES data. By 2024, we aim to increase the number of senior leaders (at band 8A and above) from a BAME background by 5% (including speciality doctors and consultants). We will increase the number of staff declaring a disability on our Electronic Staff Record to 9.5%. We will reduce the percentage of disabled staff who have experienced harassment, bullying or abuse from patients/ relatives/public to 25%.
<p>Ambition 4: Act on patient, staff and community feedback on how we can improve our approach to EDI.</p>	<ul style="list-style-type: none"> Receive 12% of concerns raised from our BAME colleagues to reflect our workforce representation. Ensure 95% positive feedback once a concern has been dealt with. Continue to make sure our FTSU champions reflect the diversity of our workforce with at least 12% of champions from the BAME community, 9% from the disabled community and 2% from the LGBTQ+ community. Quarterly engagement with 3 BAME and 2 disability community groups. Ensure three staff networks are active by May 2022.

What will success look like by 2026?

We will be excelling in Equality Delivery System –
People from all characteristics protected Groups fare as well as people overall.

Better Health Outcomes

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
- Individual people's health needs are assessed and met in appropriate and effective ways.
- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
- When people use our services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
- Screening, vaccination and other health promotion services reach and benefit all local communities.

Improved patient access and experience

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
- People are informed and supported to be as involved as they wish to be in decisions about their care.
- People report positive experiences of the NHS.
- People's complaints about services are handled respectfully and efficiently.

A representative and supported workforce

- Fair recruitment and selection processes lead to a more representative workforce at all levels.
- Bolton is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
- Training and development opportunities are taken up and positively evaluated by all staff.
- When at work, staff are free from abuse, harassment, bullying and violence from any source.
- Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
- Staff report positive experiences of their membership of the workforce.

Inclusive leadership

- Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
- Reports presented to the Trust Board and other committees identify equality-related impacts including risks, and say how these risks are to be managed.
- All line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Glossary of terms

Phrase	Definition
AIS	The Accessible Information Standard is a national mandatory framework which ensures NHS provider organisations offer information in formats required by the patients and their families. This could include information in Braille, Easy Read and in different languages.
Allyship	The process in which people with privilege and power work to develop empathy to advance the interests of an oppressed or marginalized outgroup. Allyship is part of the anti-oppression or anti-racist conversation, which puts into use social justice theories and ideals. The goal of allyship is to create a culture in which the marginalized group feels supported.
BAME	People who are from the Black, Asian and Minority Ethnic community. This will include both our workforce and our local population.
Black Lives Matter	A social movement that protests against incidents of police brutality and all racially motivated violence against black people.
Bullying	It is usually defined as behaviour that is intended to make someone feel intimidated or offended. It can be carried out by a group or an individual. It is usually understood to be repeated behaviour but can happen at a single event. Example: At a WI meeting, one member teases and undermines another member when they raise their view about a resolution.
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Diversity	Valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Equity	Dividing resources proportionally to achieve a fair outcome for those involved.
Equality	Making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but recognises that their needs are met in different ways. Equality can be defined 'as the state of being equal, especially in status, rights, or opportunities.'
Exclusion	Leaving someone out based on their differences. These differences can be related to race, gender, sexual orientation, age, disability, class, or other social groups.
Harassment	Where an individual is subjected to unwanted conduct which has the purpose or effect of violating their dignity or of creating an intimidating, hostile, humiliating or offensive environment.
Inclusion	All people, regardless of their abilities or health care needs, have the right to be respected, appreciated and included as valuable members of their communities.
Inclusive Language	The use of gender non-specific language to avoid assumptions around sexual orientation and gender identity.
LGBT	Lesbian, Gay, Bisexual, and Transgender people
Micro aggressions	A micro aggression is a subtle behaviour verbal or non-verbal, conscious or unconscious, directed at a marginalised group that has a derogatory, harmful effect.

Phrase	Definition
Prejudice	To pre-judge or have a negative attitude towards one type of person or group because of stereotypes or generalizations.
Protected Characteristic	The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act. The Act refers to 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.
Pronouns	Pronouns (in the context of diversity) are consciously chosen phrases that people use to represent their gender identity. There are certain pronouns to avoid like "he" or "she", especially during the hiring process or in the workplace.
Racism	The oppression of people of colour based on a socially constructed racial hierarchy that gives privilege to white people.
Socio-economic inequalities	Inequalities that relate to differences in income, social class, occupational background, educational achievement and neighbourhood deprivation.
SOM	The Sexual Orientation Monitoring Standard provides the categories for recording sexual orientation but does not mandate a collection.
Structural Racism	Sometimes called institutional racism, this refers to institutional practices or policies that create different outcomes for various racial groups. The effects of structural racism usually create advantages for white people and oppression or disadvantages for people of colour.
Transgender	An umbrella term for people whose gender expression or identity is different from their assigned sex at birth.
Unconscious Bias	Social stereotypes about certain groups of people that individuals form outside their own conscious awareness. It is important that we try to recognise these biases and actively challenge them.
Underrepresented Group	A subset of a population with a smaller percentage than the general population. This can refer to gender, race/ethnicity, physical or mental ability, LGBTQ+ status and many more.
Underserved Communities	Communities or groups of people who face additional barriers to the access and receipt of services, due to their protected characteristic but also their national origin, geographic location, immigration status or poverty.
Victimisation	Where an individual has taken steps to enforce their rights (or has helped another to do so) and as a result is treated less favourably than those who have not complained.
WDES	The Workforce Disability Equality Standard is an assessment of disability equality in the NHS based on a series of indicators.
WRES	The Workforce Race Equality Standard is an assessment of race equality in the NHS based on a series of indicators.



Thank you

We are grateful to everyone who attended our consultation events, contributed to our online staff equality survey and spent time giving us their views in 1:1 sessions. We would like to express our gratitude to our external stakeholders and the voluntary groups supporting our equality and diversity work and shaping the key areas we need to prioritise.

To support the consultation process and ascertain the needs of our service users, our community events helped to stimulate conversations surrounding meanings, current gaps and future requirements of the organisation.

Senior managers, staff side representatives, staff members and the Black, Asian, and Minority Ethnic (BAME) Staff Network helped shape the plan and associated action.

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