

# Annual Equality Information Monitoring Report 2023/24



## Consciously Inclusive

Equality, Diversity and Inclusion at Bolton  
NHS Foundation Trust

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# 1. Introduction

Bolton NHS Foundation Trust is dedicated to eliminating discrimination, promoting equal opportunities, fostering good relations, reducing health inequalities, and creating an inclusive environment for patients, carers, visitors, and staff. Our goal is to ensure that staff members actively practice inclusivity in their daily interactions with our diverse patients and colleagues, addressing their individual needs.

This report analyses the diversity profile of the workforce and service users at Bolton NHS Foundation Trust for the period from April 1, 2023, to March 31, 2024. It fulfils our obligation to publish annual equality information under the Equality Act 2010 (Public Sector Specific Duties Regulations) and to set equality objectives.

In this report, we will highlight the impact of our equality, diversity, and inclusion (EDI) policies, procedures, and practices, particularly by:

- Celebrating our achievements in advancing Equality, Diversity and inclusion (EDI) in 2023-24.
- Monitoring service usage and employment practices to ensure access reflects local population demographics in 2023-24.
- Establishing EDI priorities for 2024-25 and tracking progress.

These priorities are aligned with the new [Trust Strategy 2024-29](#) in ensuring that Bolton FT is a great place to work and that it is improving care and transforming lives of our patients whilst intentionally including those who experience health inequalities.

The report utilises various data sources, including the latest Census 2021 data, to illustrate our progress. Patient data reflects the number of unique visits or admissions rather than the total number of times patients have used our services.

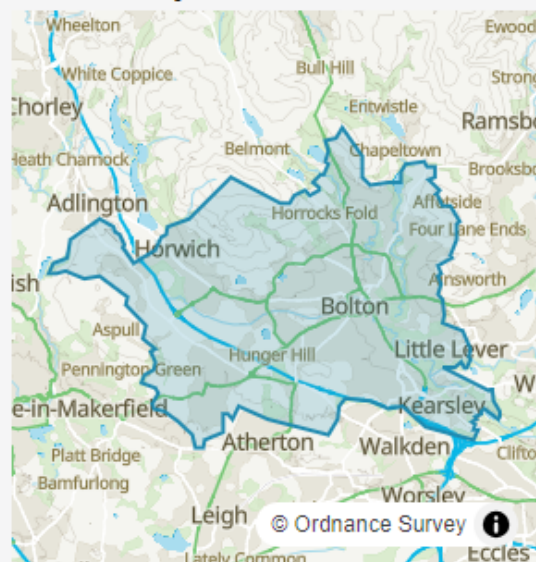
## 2. Who We Are

### 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

## Area map



## Population

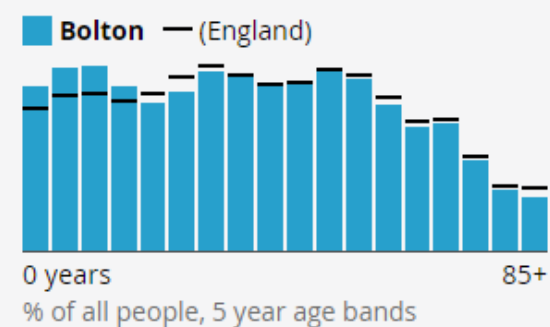
**296,000**

people

**56,490,000** people in England

Rounded to the nearest 100 people

## Age profile



## Sex

**Bolton** | (England)

Female **50.7%** (51.0%)

Male **49.3%** (49.0%)

% of all people

## Legal partnership status

**Bolton** | (England)

Never married and never registered a civil partnership **36.6%** (37.9%)

Married or in a registered civil partnership **45.6%** (44.7%)

Separated, but still legally married or still legally in a civil partnership **2.4%** (2.2%)

Divorced or civil partnership dissolved **9.1%** (9.1%)

Widowed or surviving civil partnership partner **6.4%** (6.1%)

% of people aged 16 years and over

## Country of birth

**Bolton** | (England)

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

Born outside the UK **16.9%** (17.4%)

% of all people

## 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 on the latest report, which is used to prepare this document, please see [Bolton 2023 Public Health Annual Report](#).

## 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.

<b>Ambition 1</b>	Understand the needs of our community and provide services, which meet those needs.
<b>Ambition 2</b>	Create a working environment in which all staff can reach their full potential.
<b>Ambition 3</b>	Recruit and cultivate a workforce that represents Bolton's diversity
<b>Ambition 4</b>	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 \(boltonft.nhs.uk\)](#)

We have used the 'NHS Equality Delivery System' to develop our equalities work. The EDS provides a focus for organisations to assess the physical impact of discrimination, stress, and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership.

For further information on EDS please see: [NHS England » Equality Delivery System 2022 – Guidance and resources](#)

## 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. The governance of EDI is to be updated in 2024-25 and this is summarised in section 5. 'Recommendations.'

## 3. Our Achievements

### Progress on Creating an Inclusive Culture and Service Provision

Over the past year, the Trust has made significant advancements in fostering an inclusive culture and improving service provision for both our employees and patients. Various initiatives have been implemented to enhance access, experiences, and outcomes for individuals with protected characteristics. Below is a comprehensive overview of key activities and achievements:

#### Workforce

- **Diversity Networks Established:** We continued to support our Black, Asian Minority Ethnic (BAME), Lesbian, Gay, Bisexual, Transgender, Queer Plus (LGBTQ+) and Disability and Health Conditions Staff Networks. These networks play a crucial role in co-designing policies and practices that foster a more inclusive workplace and enhance the care environment for patients and to create a platform for employees from various backgrounds to engage and collaborate.
- **Neurodiversity Support Group:** Launched in November 2023, this group aims to provide peer support and share lived experiences among neurodivergent colleagues. A Neurodiversity toolkit was also introduced to aid workplace integration.
- **Reasonable Adjustments Passport:** Launched in November 2023, this tool provides a live record of agreed reasonable adjustments between employees and their managers, supporting staff with disabilities and health conditions.
- **Increasing Disability Declaration Rates:** The Reasonable Adjustments Task & Finish Group is working to enhance disability declaration rates, with ongoing reviews noted in the Workforce Disability Equality Standard (WDES) report.

- **Increase in Freedom to Speak Up (FTSU) Champions:** The Trust has expanded its pool of diverse FTSU Champions, reflecting our commitment to fostering an open culture. This initiative has empowered staff from various backgrounds to confidently raise concerns about workplace issues, including bullying and harassment, thereby contributing to a safer and supportive environment.
- **Mental Health and Wellbeing Initiatives:** We continue to promote mental health support services, including counselling, wellness programs, and menopause support, ensuring a holistic approach to employee well-being.
- **Pronoun Badges and Rainbow Badges Assessment:** The introduction of pronoun badges helped to foster an inclusive environment for all gender identities, while the Rainbow Badges Assessment of our policies and services have provided a platform from which the Trust can improve from to ensure that LGBTQ+ needs are met.

## Learning and Development

- **Mandatory EDI Training:** All staff are required to complete online Equality, Diversity, and Inclusion (EDI) training regularly. This includes specialised training for junior medical doctors and inclusive leadership training, ensuring that all employees are equipped to promote inclusivity.
- **BAME Leadership Development Programme:** Twelve aspiring BAME colleagues participated in this program, designed to equip them with the skills and knowledge necessary for leadership roles within the Trust. This initiative aimed to nurture future leaders and promote diversity at all levels of the organisation.
- **Reciprocal Mentoring Initiatives:** We have continued to establish reciprocal mentoring partnerships, matching junior staff with senior leaders. This initiative provides valuable guidance, support, and career development opportunities, helping to cultivate a more inclusive leadership pipeline.
- **Active Bystander Training:** Our commitment to creating a respectful work environment is reflected in the multiple Active Bystander training sessions delivered across the Trust. These sessions empower staff to challenge poor behaviours and promote a culture of accountability and respect among colleagues.
- **Inclusive Leadership Training:** This content has been embedded within leadership programmes, including the Bridging the Gap Clinical Leadership Programme
- **Unconscious Bias training for hiring managers:** This new training aims to raise awareness among hiring managers about the implicit biases that can influence decision-making during the recruitment process. By recognising and addressing these biases, staff can ensure fairer hiring practices and create a more equitable environment for all candidates.

- **Celebrating Diversity:** A series of events, such as National Staff Networks Day and Deaf Awareness Week, have provided platforms for learning and engagement with diverse communities.

## Policies and Procedures

- **Revamped Equality Impact Assessment (EIA) Process:** We have significantly updated our EIA process to incorporate considerations for broader health inequality groups, aligning with NHS England's new Health Equity Assessment Template (HEAT). This overhaul ensures that all policies and projects actively consider and address health disparities.
- **Launch of Reasonable Adjustments Passport:** Introduced during Disability History Month 2023, this innovative tool provides a live record of agreed adjustments between employees and their managers. It supports staff with disabilities and health conditions, ensuring their needs are recognised and accommodated within the workplace.

## Awareness, Communications and Celebration

- **2024 Equality and Wellbeing Events Calendar:** We produced an accessible online calendar highlighting key religious and equality events. This resource promotes awareness and encourages staff to celebrate the diversity of our workforce and patient community, fostering a sense of belonging.
- **Successful Cultural Celebrations:** The Trust has hosted a series of events, including Disability History Month, Bolton Pride celebrations and Black History Month. These celebrations featured guest speakers, workshops, and educational sessions that deepened staff understanding of diverse cultures and experiences, enhancing inclusivity within the organisation.

## Governance and Reporting

- **Strengthened Governance Framework:** Our governance framework has been enhanced to prioritise data collection, analysis, and a strengthened EDI focus.
- **Legal and contractual duties:** We successfully met our duties to publish our gender pay gap report, Workforce Race Equality Standard, Workforce Disability Equality Standard and EDS2022 report. These reports underscore our dedication to fostering an equitable workplace for all staff.

## Patient Experience

- **Improved Interpretation and Translation Services:** The Trust has made substantial improvements to its interpretation and translation services, ensuring effective communication for all patients. This includes the rollout of a new interpretation and translation contract, which enhances access to language support for diverse patient groups, thereby improving their overall experience.

## Community & Partnerships

- **Engagement with External Stakeholders:** Practitioners focused on patient experience collaborate with service users and communities to improve health outcomes for individual to ensure their voices are heard and needs met. This ongoing partnership highlights our dedication to community engagement and the importance of feedback in shaping our services.

## 4. Our Patients and Employees

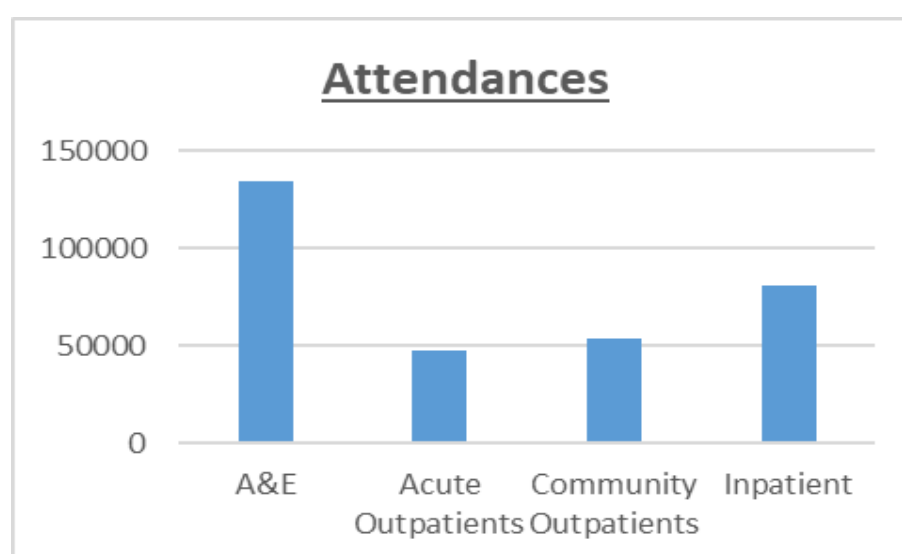
Below is an analysis of the Trust's patient profile, compared to the local Bolton resident population where applicable. This analysis uses data from the 2021 Census, which is the most recent and reliable source of official demographic information.

We are dedicated to ensuring fairness and equity in all aspects of our service delivery and employment practices. To uphold this commitment, it is crucial for us to understand the diverse needs of our patients and employees, enabling us to respond effectively and appropriately.

Through equality monitoring, the Trust assesses its inclusivity, examining whether we provide equal opportunities, access, and outcomes in our services and employment practices. Any identified areas for improvement will be incorporated into the Trust's annual Equality, Diversity, and Inclusion (EDI) action plan.

### 4.1. Our Patients

Census 2021 data shows Bolton has a resident population of 295,963. Bolton ranked 46<sup>th</sup> for total population out of 309 local authority areas in England. Over the past decade, the population has increased by 19,163 persons.<sup>1</sup>



<sup>1</sup> [Bolton population change, Census 2021 – ONS](#)

- 315,797 individual patients accessed Trust services between 1 April 2023 and 31 March 2024, of which many would have attended on more than one occasion.
- Accident and Emergency services has the highest attendance (42%, 134,073 attendances). This indicates a significant reliance on emergency services and suggests it is a critical component of healthcare service utilisation.
- Inpatient services account for over a quarter of the total attendance, indicating a significant need for hospital admissions. This is followed by Community outpatient service attendance (17%) which is beneficial for ongoing care and chronic disease management. Acute Outpatients account for a smaller portion of total attendance (14%).
- Missed appointments amounted to 28, 377 showing an almost equal split percentage split of acute outpatients and community outpatients.

#### 4.1.1. Patients - Key findings

- 1. Service Utilisation:**
  - 315,797 patients accessed Trust services, primarily through Accident and Emergency (42% of attendances).
  - DNA were noted, particularly among younger adults and certain ethnic groups.
- 2. Age Profile:**
  - The highest service utilisation is among patients aged 70-79, while the lowest is in the 10-19 age group.
  - Significant healthcare needs are evident in the elderly population (80+).
- 3. Sex Profile:**
  - Female patients (54.1%) utilise services more than males (45.8%), though male representation in the resident population is slightly higher.
- 4. Ethnicity:**
  - Bolton's population is diverse, with 28.1% identifying as Black, Asian, and Minority Ethnic (BAME), higher than regional and national averages 15% of patients who accessed services in 2023 to 2024 were of BAME origin. Patients from Asian backgrounds represent 10% of the patient population, but this is lower than their 20% representation in the resident population.
  - A substantial portion of patients (24%) did not state their ethnicity, complicating the understanding of service access.
- 5. Religion and Belief:**
  - Christian patients (42%) and Muslim patients (7%) represent significant portions, but 38.9% of patients reported unknown religious affiliation, indicating gaps in data collection.

## 6. Disability:

- The Trust lacks comprehensive data on patients with disabilities, although a significant portion of the Bolton population has long-term health conditions.

## 7. Language Services:

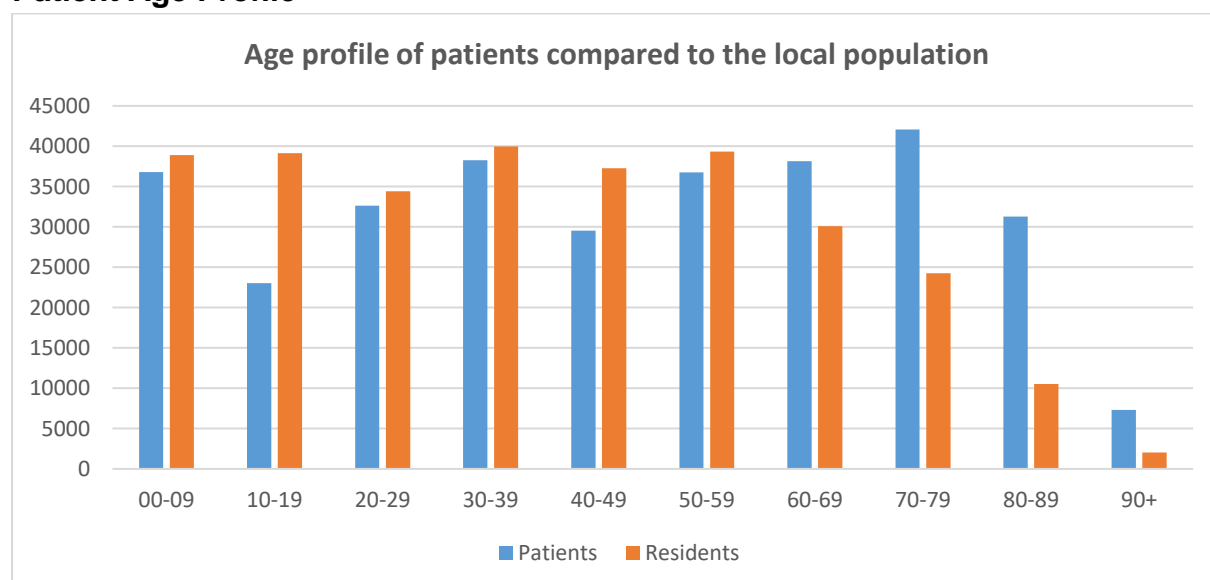
- Access to interpretation services is established, with Urdu being the most requested language. However, a decrease in face-to-face interpretation requests was noted.

### 4.1.2. Age Profile <sup>2</sup>

#### 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. <sup>3</sup>
- 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. <sup>4</sup>

#### Patient Age Profile



- People of all ages are using Trust services.

<sup>2</sup> [Census 2021 Bulk - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk/)

<sup>3</sup> [How life has changed in Bolton: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk/)

<sup>4</sup> [Population – Bolton JSNA](#)



- The highest usage of Trust services is found for patients aged 70-79 (13%)
- In comparison, patients aged over 90 years (2.32%) and those aged between 10 to 19 years have the lowest usage of services. Health tends to deteriorate with age thus these figures are expected. 19% of patients are under the age of nineteen years.
- Despite the reduced number of residents, patient numbers for those aged 80+ remain high (12%) , highlighting significant healthcare needs among the elderly population
- The highest Acute DNA Rates are within ages 20-29 (17.10%) and 30-39 (17.00%). Meanwhile, the highest Community DNA Rates are within ages 50-59 (16.70%) and 30-39 (14.62%).
- The lowest DNAs for both acute and community show the lowest percentages in the 90+ age group.

### 4.1.3. 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, female or non-binary.*

#### 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)

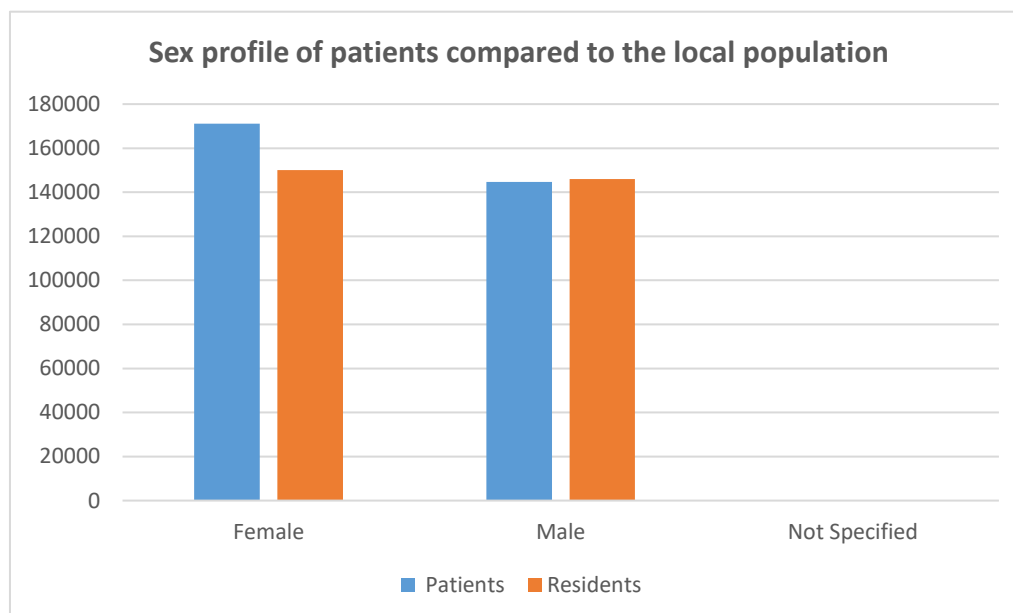
Sex	Bolton	North West	England
Male Life Expectancy	78.0 years	78.3 years	79.6 years.
Female Life Expectancy	81.5 years	81.9 years	83.2 years <sup>5</sup>

- 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.

<sup>5</sup> [Inequalities Data Report \(boltonjsna.org.uk\)](https://inequalities.data.boltonjsna.org.uk/)



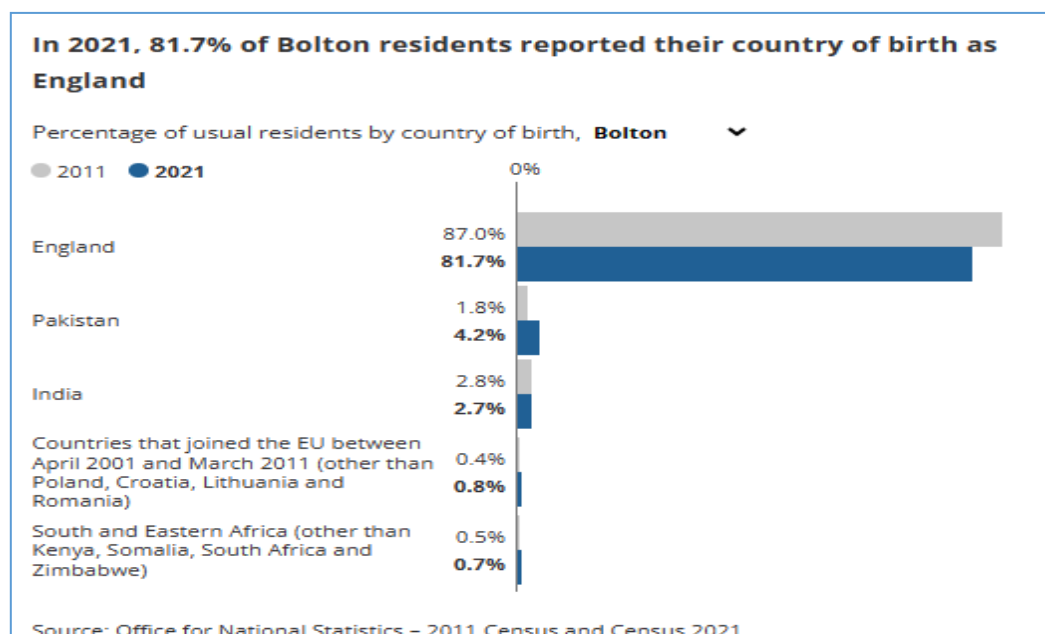
## Patient Sex Profile



- The data shows that females utilise healthcare services more than males (54.1%) and is higher than the resident population. This pattern has remained consistent and may reflect some of the services we offer in the Trust such as maternity and gynaecology.
- Males have a slightly higher number of residents but represent a lower percentage of total patients at 45.8%.
- A small number of patients (25) do not have their sex recorded. Limitations with the national data collection system do not allow other groups to be recognised.
- Males show a slightly higher rate of DNAs in acute outpatient settings (51.62%), while females show higher rates in community outpatient services (51.50%). This indicates differing patterns of healthcare engagement.
- Initiatives such as reminder systems, outreach programs, and education about the importance of attending appointments could help reduce DNAs for both genders.

## 4.1.4. Ethnicity Profile

### Bolton Ethnicity Population Profile

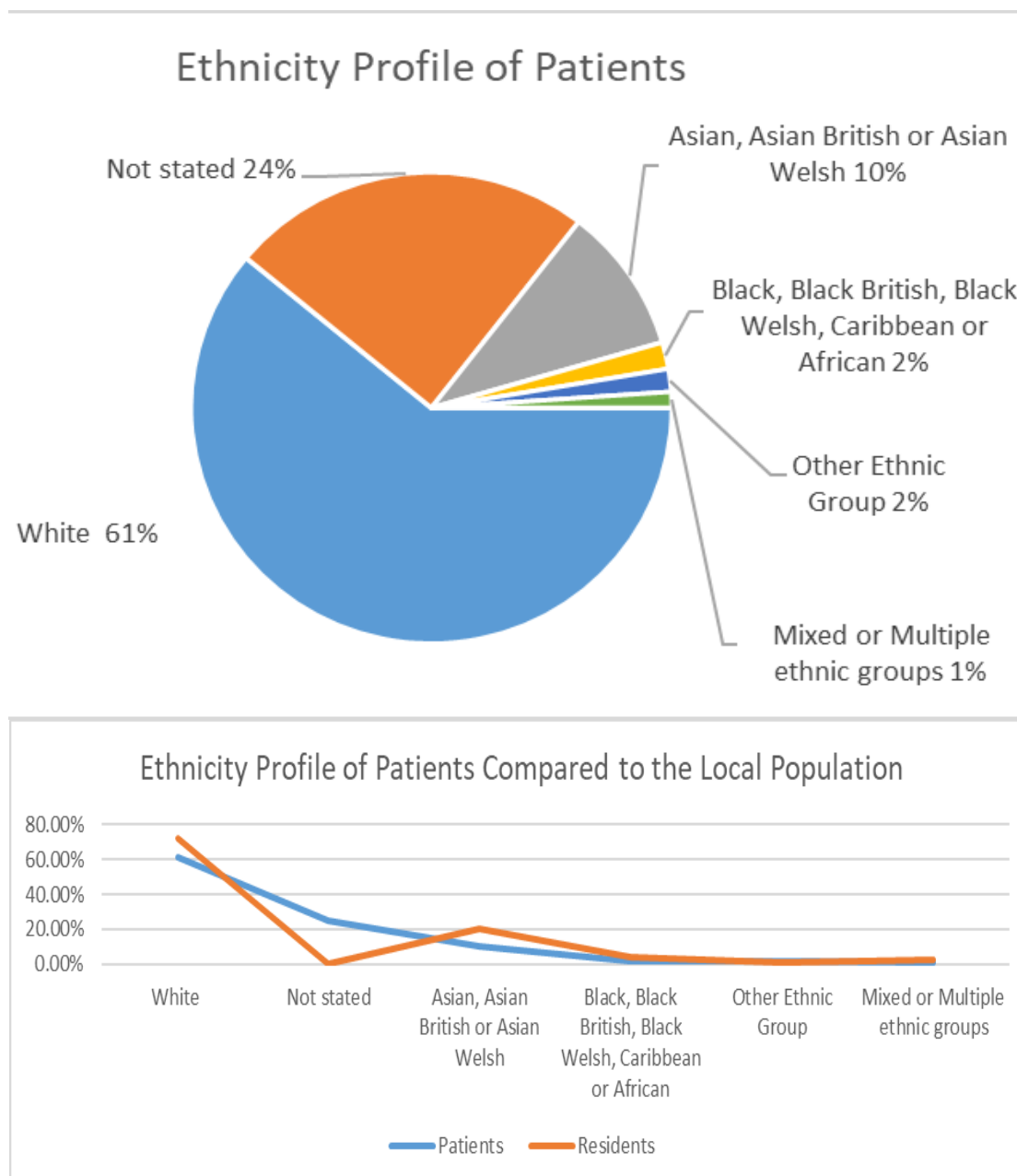


- In 2021, 71.9% of people in Bolton identified their ethnic group within the 'White' category (compared with 81.9% in 2011).
- 28.1% of Bolton residents identify as Black, Asian and/or Minority Ethnic (BAME), which is an increase of 10% from the previous decade. This is higher than the North West regional 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 at 3.8%).<sup>6</sup>
- 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.
- 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.

<sup>6</sup> [How life has changed in Bolton: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk/peoplepopulationandcommunity/ethnicity/articles/howlifehaschangedinbolton/census2021)

- 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.
- A significant majority of both patients (61%) and residents (72%) identify as White. 15% of patients identify as BAME.

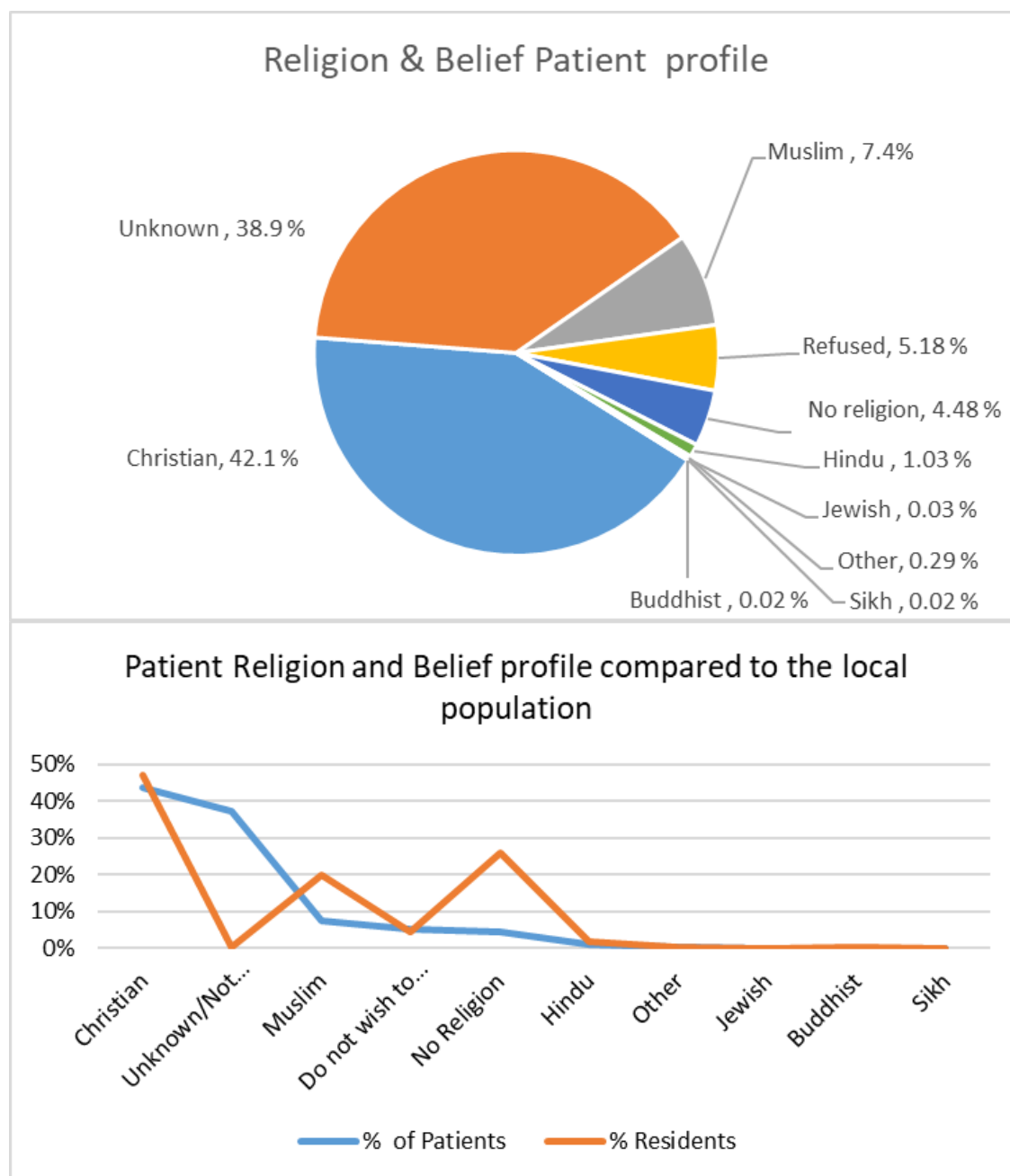
- The percentage of Asian residents (20%) is significantly higher, double, than that of patients (10%). This is most likely due to a younger age demographic.
- A notable portion (24%) of patients have not stated their ethnicity (noted as a count of 77,408), which could hinder understanding of the demographic landscape of healthcare utilization.
- The representation of other ethnic groups is relatively consistent between patients and residents, but still low overall.
- Highest DNA Rates are found for the White British community have the highest DNA rates, amounting to 50% of acute outpatient DNAs and 59% of community outpatient appointments, This is followed by patients categorized as 'not known' (19%) or 'not stated' (12%)
- DNA rates are also high for Pakistani (5% acute outpatient DNA and 6% community DNAs) and Indian patients (4% of acute outpatients and 5% of community DNAs).

#### 4.1.5. 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, and is line with the demographics of the local population.
- Christians constitute a significant portion of both patients (42%) and residents (47%). Forty-Five Christian denominations were recorded in the patient administration system.
- Muslim patients had the second highest representation (7% compared to 20% residents).

- The high percentage of patients with unknown religious affiliation (38.9%) raises concerns about data completeness. In contrast, a much smaller percentage of residents fall into this category, indicating better data collection or reporting among residents.
- In addition, 5.18% refused to disclose their religious belief.
- The Trust saw a higher representation of patients from the Jewish faith (0.03% versus patients 0.1% residents) and Sikh faith (0.02% vs 0.1% residents) although both groups represent a very small portion.

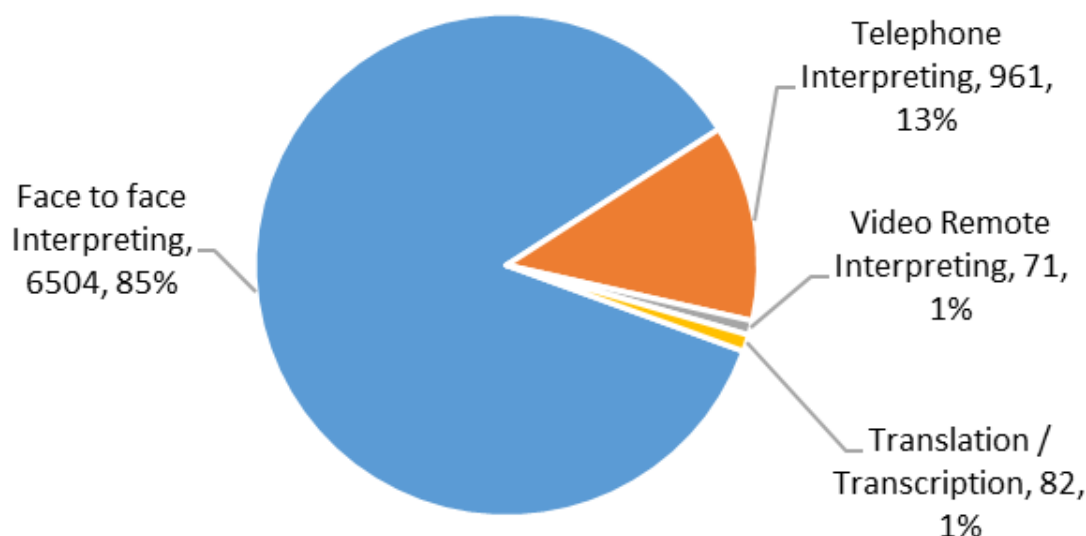
#### 4.1.6. Interpretation and Translation

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.

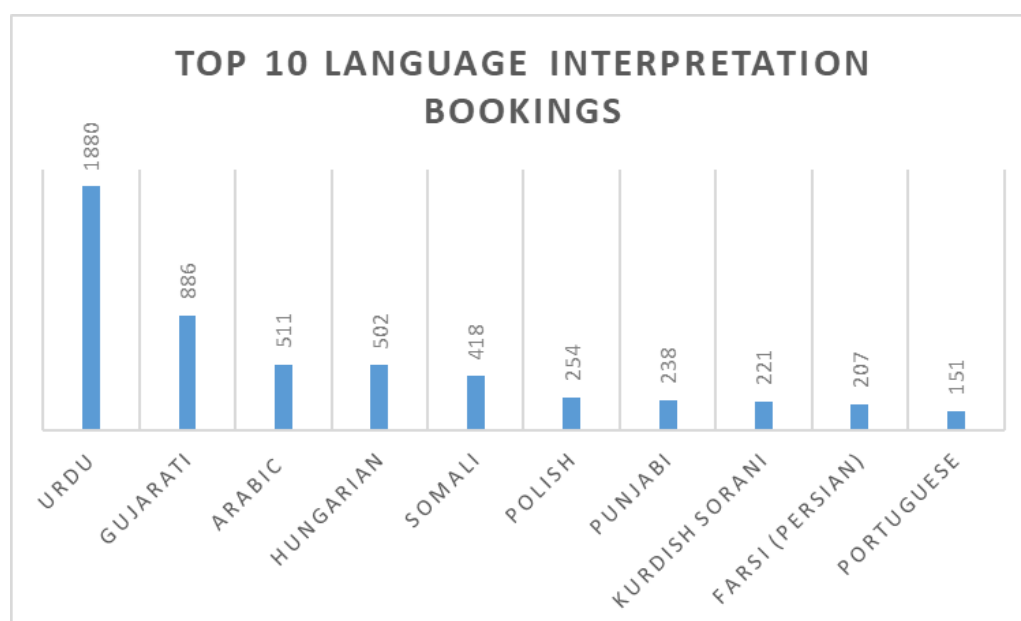
The Trust also employs a Link worker who in the main provides language interpretation in Urdu and Punjabi. The Trust's patient recording system captures details of patients' interpretation and translation needs.

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.

### Type of Interpretation and Translation bookings - 2023 to 2024



- 7618 interpretation and translation bookings were made to our external interpretation providers during 2023 to 2024.
- The vast majority (85%), of interpretation requests continue to be fulfilled face to face.
- 75 foreign languages and dialects were catered for.



**Urdu continues to have the highest demand, (1,880 bookings) followed by Gujarati (886 bookings) and Arabic (511 bookings)**

- Urdu remains the most requested language, spoken primarily by people of Pakistani origin. It makes up 28% of all interpretation requests. The Trust also employs an Urdu speaking hospital link worker, working on a 0.8FT equivalent contract. Demand for Gujarati also remains high at 13% and Arabic at 7% of all bookings.
- A higher 82 requests were made for translation provision into other languages, when compared to the previous year.

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 & communication Support**

In 2023-2024, 275 bookings for BSL were fulfilled by our external providers and six bookings for communication support. This figures does not include support offered by specialised teams at the Trust

#### 4.1.7. 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 <sup>7</sup>

- 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. <sup>8</sup>
- 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.

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<sup>7</sup> [Prevalence of deafness and hearing loss - RNID](#)

<sup>8</sup> [NHS England » Hearing Loss Data Tool](#)



## Sight impairments<sup>9</sup>

- There are over 2 million people in the UK living with sight loss, which is expected to rise by 2.9 million by 2030<sup>10</sup>.
- 340,000 people are registered blind or partially sighted in the UK. There are fifty-seven new registrations each day.<sup>11</sup> 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 2030<sup>12</sup>. 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.<sup>13</sup> 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.

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

<sup>10</sup> [Visual Impairment Awareness Training | Bolton CVS](#)

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

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

<sup>13</sup> [Bolton Council says It's time to talk about mental health! – Bolton Council](#)

### 4.1.8. Sexual Orientation & Gender Reassignment

- The Census 2021 for the first time provides reliable data on this population profile.
- 5,695 people from Bolton 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

These findings underscore the importance of tailored strategies to improve health outcomes and ensure equitable access to services for all patient groups.

By implementing these recommendations, Bolton NHS Foundation Trust can foster a more equitable, inclusive, and responsive healthcare environment that meets the diverse needs of its patient population.

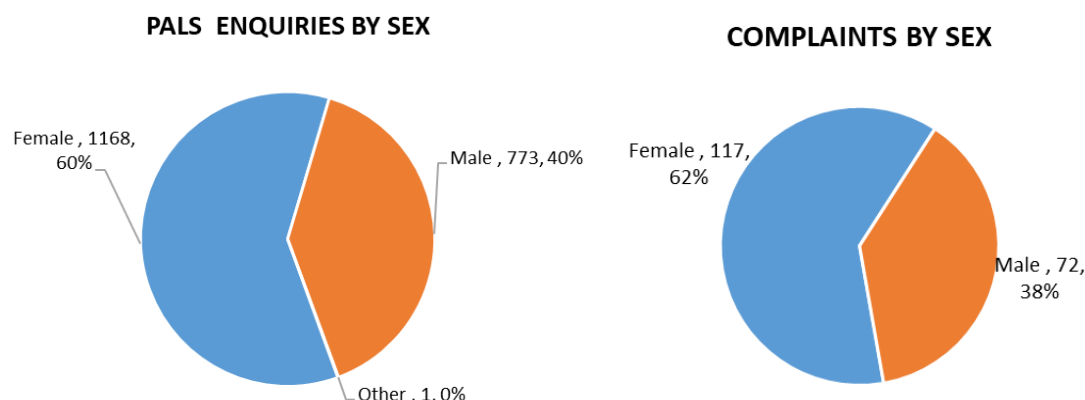
## 4.2. Equality in Complaints and Concerns

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 2023 to 2024, PALS supported 1942 individuals to resolve their concerns and dealt with 189 complaints. 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



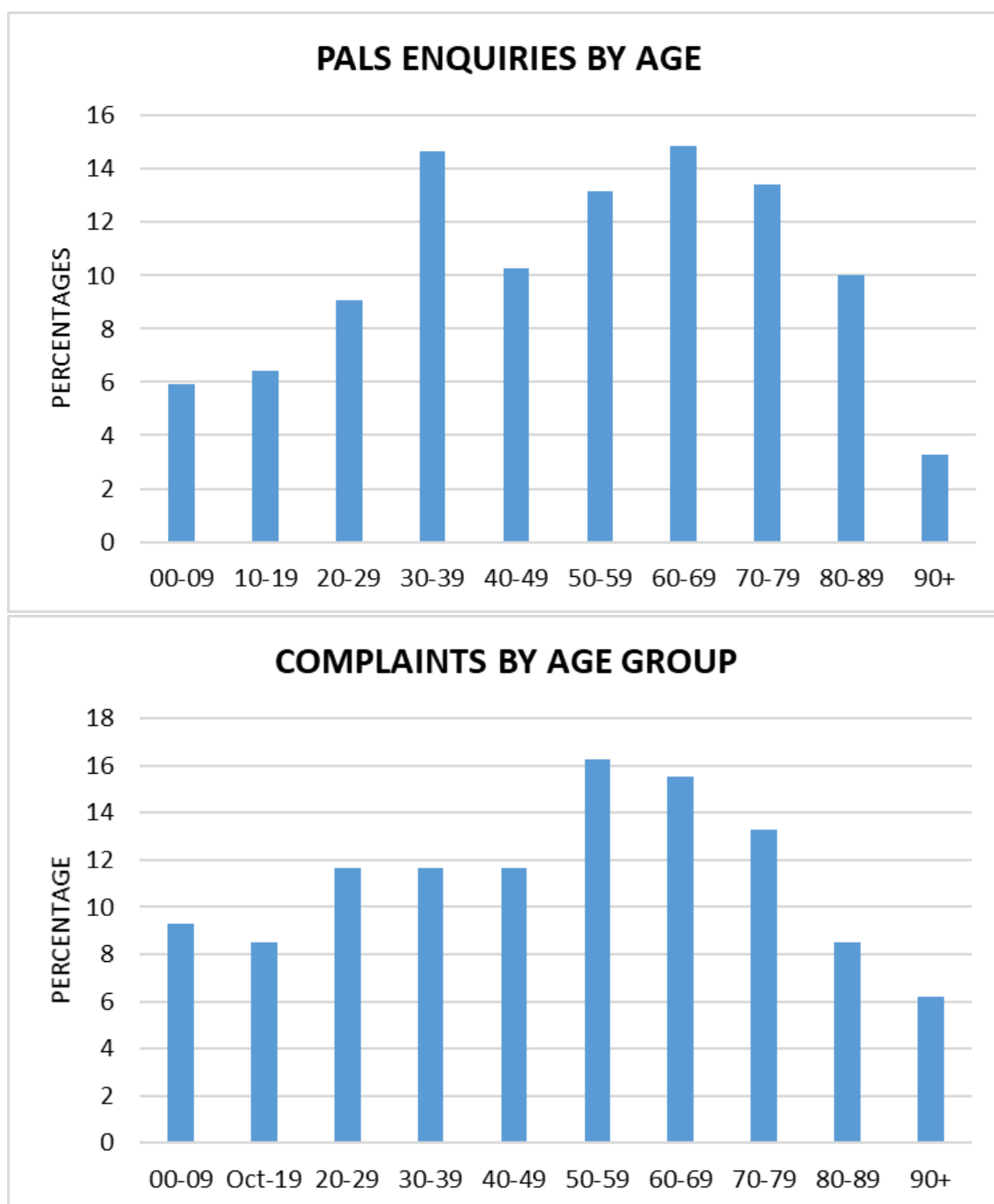
### PALS

- A significant majority of PALS users are female, with 1,168 users (60%). In comparison Male users account for 773 individuals (40%).

## COMPLAINT:

- The data indicates a higher representation of female users in the complaints dataset, accounting for approximately 62% of the total. Male users make up 38% of the complaints.

## Age breakdown



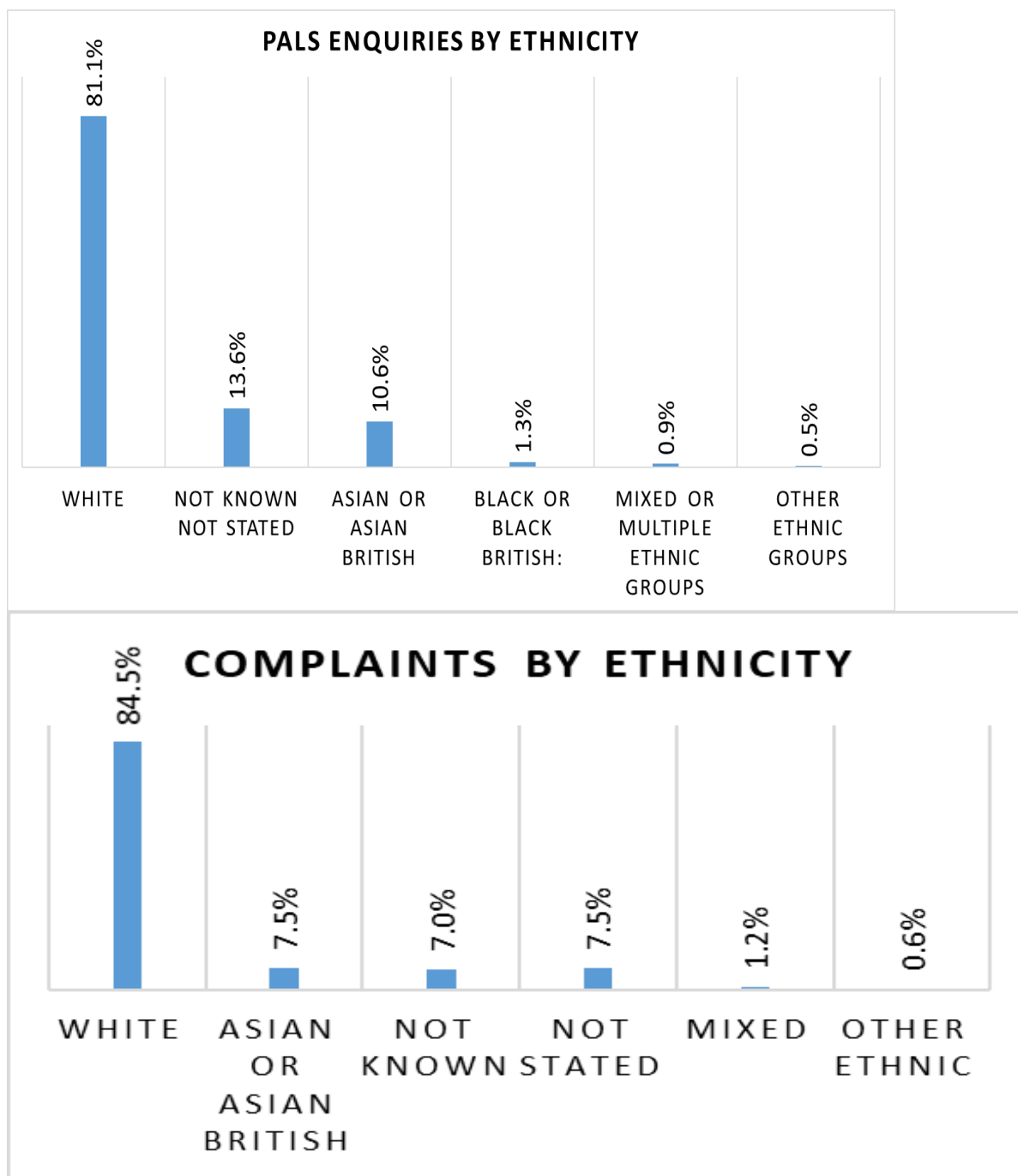
## **PALS:**

- The majority of NHS PALS users are from the age groups 30-39 (14.6%) and 60-69 (14.9%).
- Individuals aged 40-59 make up a substantial 23.4% of PALS users (10.3% + 13.1%), indicating that middle-aged individuals have notable interactions with PALS for support.
- The youngest group (0-9) has the lowest percentage of PALS users (5.9%), while the oldest group (90+) also shows a low engagement level (3.3%).
- There is a marked decrease in PALS users aged 70 and above, suggesting potential barriers that may prevent this demographic from utilising these services.

## **Complaints**

- The data shows that NHS complainants are most prevalent in the 50-59 age group (16.28%), followed closely by the 60-69 group (15.5%).
- The youngest group (0-9) accounts for 9.3% of complainants, while the 90+ group has the lowest representation at 6.2%.
- The percentage of complainants decreases in older age groups after 70, particularly for those aged 80-89 (8.53%) and 90+ (6.2%), which may suggest barriers to engagement or differing levels of advocacy in these demographics.

### Ethnicity breakdown



### PALS:

- A significant majority of PALS users (approximately 81.05%) identify as White
- The combined percentage of Asian, Black, Mixed, and Other ethnic groups accounts for only about 12.29% of users. Specifically, Asian or Asian British users constitute 10.55%, while Black or Black British users represent just 1.32%.

- The substantial number of users classified as Not Known, Not Specified, or Not Stated (around 13.63%) suggests potential gaps in data collection or reporting.

### **Complaints**

- The White category accounts for a substantial 83.23% of the complaints data.
- The Asian or Asian British category represents only 7.51% of the total complaints. Within this, there is a diverse representation, but still a relatively low proportion compared to the White population.

## 4.3. Our Workforce

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In 2023/24, the Trust employed 6194 staff from diverse backgrounds, 105 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.

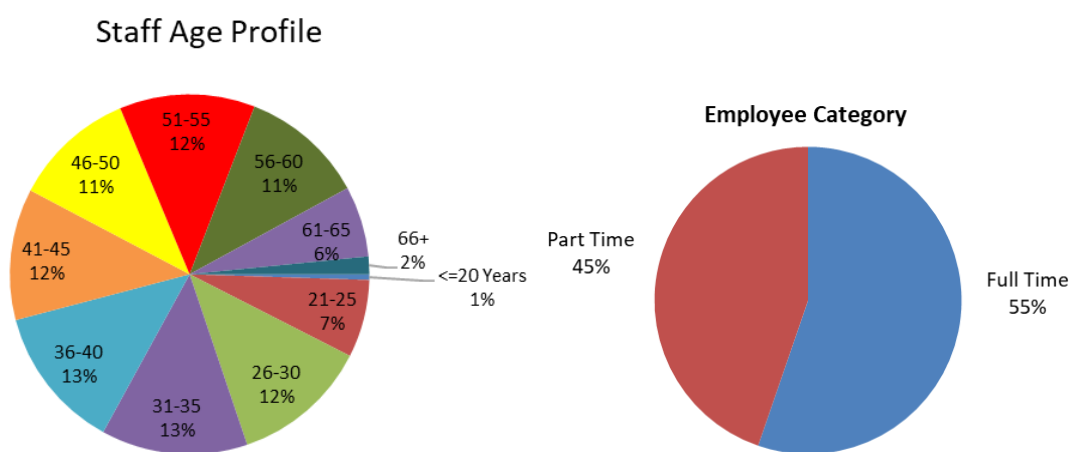
### 4.3.1. Workforce - Key findings

1. **Workforce Growth:** The Trust employs 6,194 staff, an increase of 105 from the previous year, reflecting ongoing recruitment efforts.
2. **Age Profile:**
  - Largest age group: 31-35 years (13.2%).
  - 54% of staff are over 40, indicating an ageing workforce.
  - 45% of the workforce works part-time, showing active use of flexible working arrangements.
  - Slight increase in staff under 25, attributed to apprenticeship schemes.
  -
3. **Sex Profile:**
  - Predominantly female workforce (85%), exceeding the national average (77%).
  - Higher male representation in Medical and Dentistry roles (52%).
  - Male turnover rate (16.2%) is higher than female (13%).
4. **Disability Profile:**
  - 76% report no disability; 5% identify as having a disability, which is lower than the local population.
  - Disability disclosure has improved slightly, but non-disclosure remains high (over 20%).
  - Higher turnover for disabled staff (15.3%) compared to non-disabled staff.
5. **Ethnicity Profile:**
  - 75% of staff are White, compared to 71.9% in the local population.
  - 21% identify as BAME, a 3% increase from the previous year but still lower than the local demographic (28%).
  - Underrepresentation of BAME individuals in higher pay bands and senior roles.
6. **Gender Reassignment:** Data on gender identity is not recorded, but support is provided for transitioning employees.
7. **Maternity and Leave:** There is usage of maternity, paternity, and adoption leave among staff.
8. **Religion and Belief:**
  - Majority identify as Christian (50%), with 22% not declaring their religion.



- Higher turnover among staff from other religious backgrounds (15.89%).
9. **Sexual Orientation:**
- Majority identify as heterosexual/straight (77%).
  - Low declaration rates for LGB staff (2%) compared to regional estimates (5-7%).

### 4.3.2. Age Profile

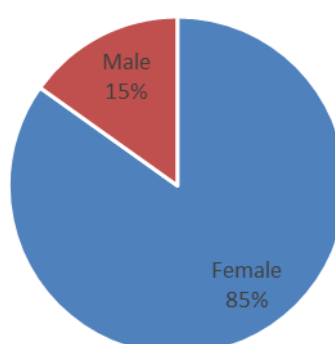


- Employees aged 31- 35 old have the largest representation (13%) of the total workforce followed by employees aged 36-40 (13).
- The smallest representation is from staff under the age of 20 years of age, which is expected. This is probably explained by the time it takes to gain a clinical qualification, 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.
- 45% of the workforce work part time demonstrating flexible working opportunities are actively being utilised.
- The number of young people aged under 25 have marginally increased in headcount by 1 employee when compared to the previous year. 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.
- 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 41 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.

### 4.3.3. Sex Profile

**Workforce Sex Profile**



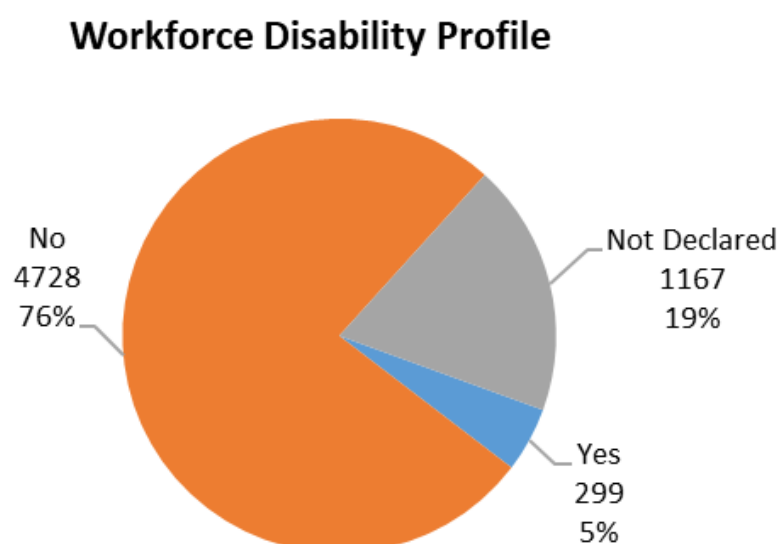
Professional Group	Female (%)	Male (%)
Add Prof, Sci & Tech	79.62%	20.98%
Add Clin Services	88.64%	11.36%
Admin	83.43%	16.57%
AHP	79.02%	20.98%
Estates	82.22%	17.78%
HCS	73.76%	26.34%
Med & Den	47.33%	52.67%
Reg Nur & Mid	93.10%	6.69%
Students	100.00%	0.00%

- The sex profile of the workforce continues to remain as predominantly female (85%) which is higher than the national average at 77% of the NHS workforce.<sup>14</sup> Data reporting system does not allow for a more inclusive selection including non-binary etc.

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

- The highest representation of females are in Registered Nursing and Midwifery (93%), whilst males are mostly represented in Medical and Dentistry (52%). Males also have good representation in allied Health professional and Additional Professional, Scientific and Technical professionals (21%)
- Males have a higher leaver turnover rate at 16.2% compared to 13% of females.
- It is noted that all eight students recruited by the Trust are females.

#### 4.3.4. Disability Profile

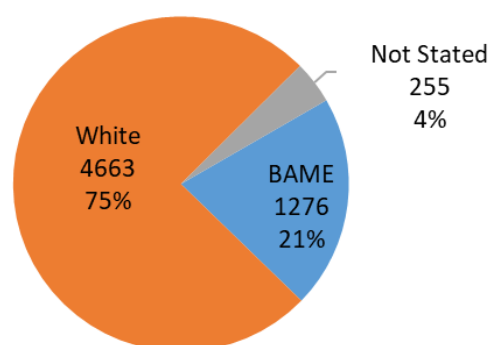


- 76% of employees report not having a disability.
- 5% of employees identify as having a disability or long-term health condition, showing a 1% increase from the previous year or 52 individuals. This is line with the national average. This could be due to increased confidence or Covid impacts as more people have experienced ill health. However, this figure is lower when compared to the local population (19.3%) and when compared to the most recent staff survey results (24.1%).
- There has also been a 3% decrease in non-disclosure. However almost a fifth of staff chose not to declare (18.6%). This is 2% higher than the national average, which is at 19.1%.

- This gap in data impacts on the analysis of experiences of staff with a disability or health condition. However a 7.9% reduction in the 'Unknown' category over the past five years has been noted,
- Staff with a disability have a higher turnover rate 15% (299 individuals), compared to staff without (13%). However, 15% of leavers have chosen not to declare their disability status.
- The Workforce Disability Equality Standard (WDES) report provides further insight into the experiences of staff. 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)

### 4.3.5. Ethnicity Profile

**WORKFORCE ETHNICITY PROFILE**



Professional Group	BME Count	Grand Total	Percentage of BME
Add Prof, Sci & Tech	52	157	33.12%
Add Clin Services	216	1357	15.93%
Admin	141	1220	11.55%
AHP	118	559	21.10%
Estates	2	45	4.44%
HCS	49	129	38.76%
Med & Den	226	450	50.44%
Reg Nur & Mid	472	2269	20.78%
Students	0	8	0.00%

- The majority of staff are White, (75%) which is higher than the most recent Census 2021 figure at 71.9% local population profile.

- 21% of staff identify as Black, Asian, Minority Ethnic (BAME), This 3% increase (165 individuals) reflects an ongoing efforts to promote diversity. The Trust figure remains 7% lower than the local BAME population demographic now at 28% and lower than the national comparison figure at 24%.
- 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.
- There has been a 1% decrease in non-disclosure rates although 4% of the workforce continue not to disclose their ethnicity.
- BAME colleagues are represented in all staff groups except in the student group where there is an underrepresentation of BAME students as all eight are White.
- Medical and Dental (50%, 226 individuals have the largest number of BAME representation ), followed by Health Care Scientists (38% 49 individuals) and Additional Professional, Scientific and Technical 33% (52 individuals)
- 20% of Nursing and Midwifery staff are from BAME backgrounds (472 individuals).
- The majority of BAME staff are employed at Band 5 (37%).
- In terms of seniority, 2.2% (29 individuals) of the overall BAME staff are recruited at Band 8a and above posts although there are no BAME staff at Very Senior Manager Level.
- BAME staff have the lowest leaver rate at 13.6% compared to 14% 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/>

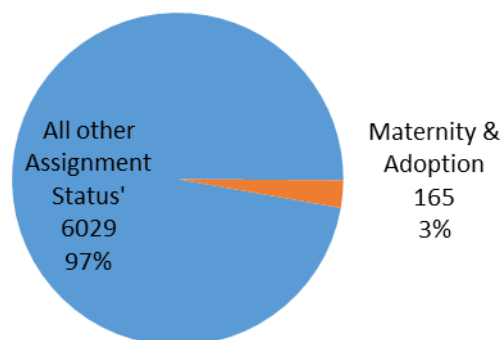
#### 4.3.6. Gender Reassignment Profile

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.

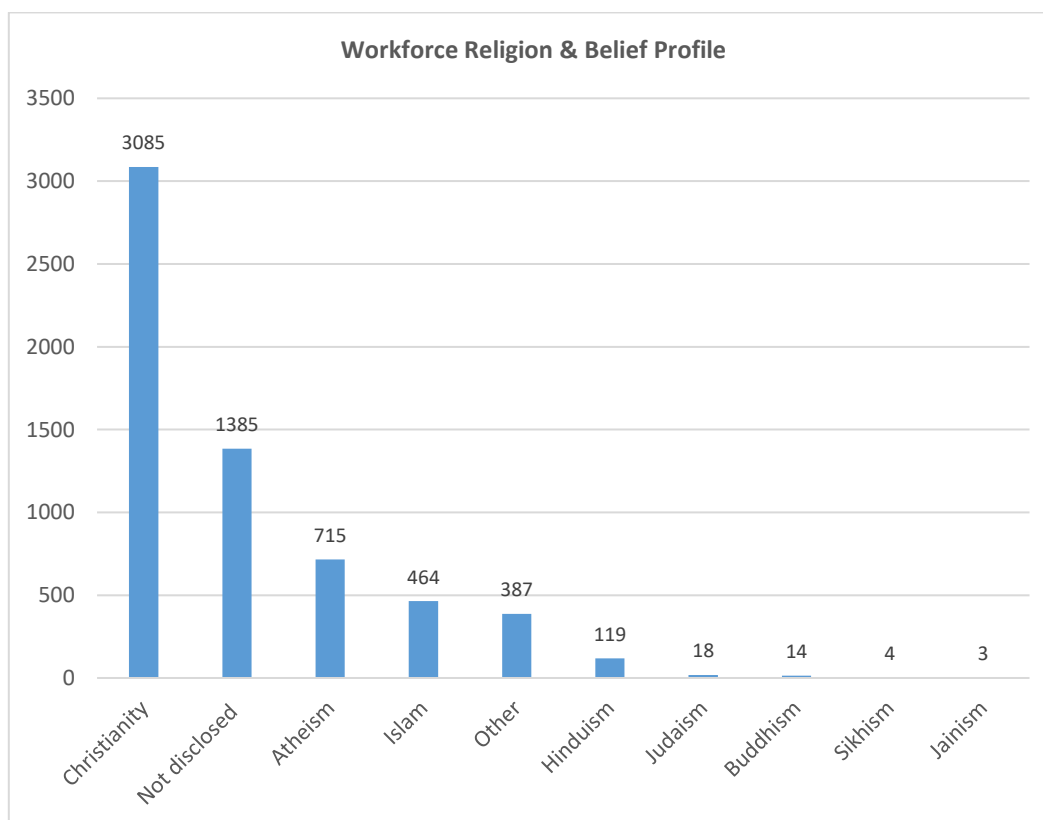
### 4.3.7. Maternity, Adoption and Other Leave Profile

**Employee Maternity, Paternity and Adoption Status**



- The above chart demonstrates the staff are taking up maternity, paternity, carers and adoption leave.

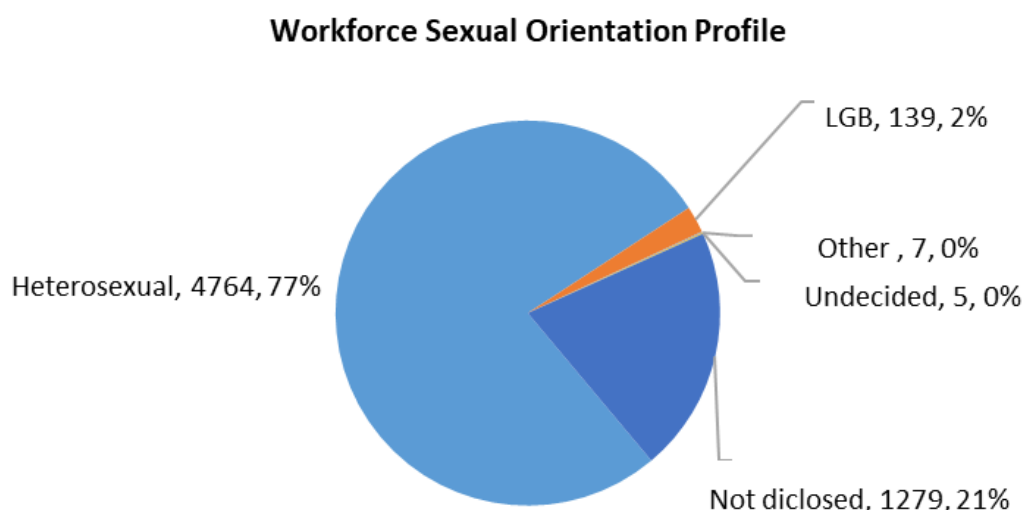
### 4.3.8. Religion and Belief Profile



Professional Group	Christianity	All Other Religions	IDNWTB
Add Prof, Sci & Tech	36.92%	43.31%	19.74%
Add Clin Services	49.14%	27.64%	23.22%
Admin	49.02%	27.55%	23.44%
AHP	46.70%	34.17%	19.13%
Estates	46.67%	8.89%	44.44%
HCS	34.11%	33.33%	32.56%
Med & Den	22.89%	49.78%	27.33%
Reg Nur & Mid	58.66%	21.13%	20.31%
Students	50.00%	50.00%	0.00%

- The majority of our workforce identify as Christian (50%) followed by Atheist (12%) and Muslim staff (8%).
- 22% of staff have not declared which is an improvement of 1% compared to the previous year.
- The highest representation of other religions is within Students (50%), followed by Medical and Dentistry (50%).
- Employees from other religions have a higher leaver rate at 15.89% compared to 13% Christian colleagues.

### 4.3.9. Sexual Orientation Profile



- The data shows heterosexual/straight makes up the majority of the workforce (77%).
- 2% of staff continue to identify as Lesbian, Gay or Bisexual (LGB). This is lower than the regional estimate between 5% to 7%. 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% improvement from the previous year.

## 5. Recommendations and Action Plan

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 these ambitions.

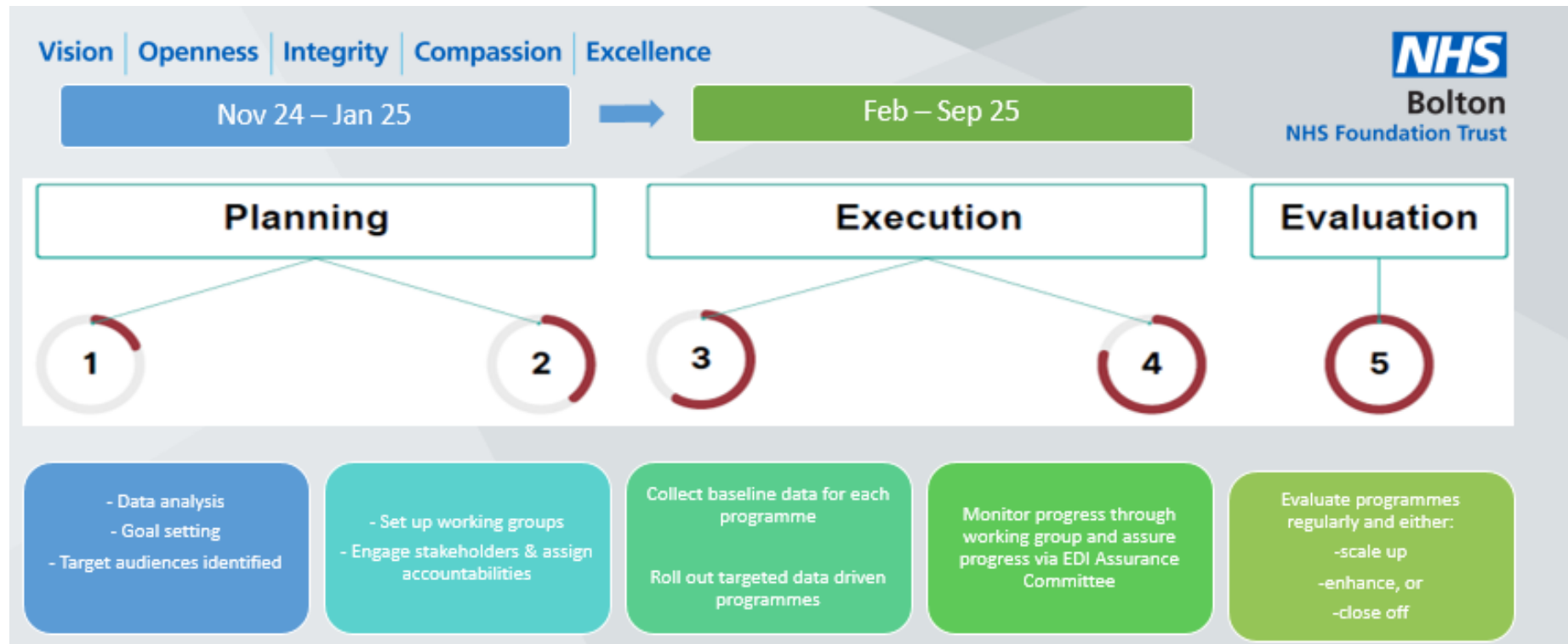
<b>Ambition 1</b>	Understand the needs of our community and provide services, which meet those needs.
<b>Ambition 2</b>	Create a working environment in which all staff can reach their full potential.
<b>Ambition 3</b>	Recruit and cultivate a workforce that represents Bolton's diversity



<b><i>Ambition 4</i></b>	Act on patient, staff and community feedback on how we can improve our approach to EDI.
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The governance structure to support EDI activity has been refreshed and strengthened and is summarised in Appendix 4.

The following recommended actions for the next year will be treated according to the timeline below and will be worked through in dedicated working groups that report to their respective People or Patient EDI Steering Group (refer to Appendix 4 for more information):



## Recommendations:

1. Improving data:
  - a. Increase staff equality monitoring declaration rates in ESR
  - b. Implement systematic procedures to improve the collection of demographic data during patient registration.
  - c. 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 experience at work:
  - a. Improve recruitment and career progression of BAME & disabled staff.
  - b. Streamline our reasonable adjustments processes.
  - c. Reduce instances of bullying, harassment and discrimination.
  - d. Reduce the gender pay gap.
  - e. Implement the updated equality Delivery System (EDS2022).
  - f. Strengthen the staff diversity networks to leverage change.
3. Improving patient access and experience:
  - a. Actively engage with diverse communities, particularly those underrepresented in service utilisation, to identify barriers to access and specific healthcare needs. Tailor health services and outreach efforts accordingly.
  - b. Provide training for staff on cultural competence and sensitivity to better understand and respond to the diverse backgrounds of patients.

***All of these actions will be underpinned by a culture of anti-racist principles, with all leaders 8a+ having an anti-racist objective.***

The following table outlines a high level action plan that shows the themes tackled and what working groups and steering groups will take ownership of the actions.

Theme	Actions	Working Group > Steering Group	KPIs	Baseline & Targets
Improving Data	Increase staff equality monitoring declaration rates in ESR	Knowing Our Staff > Our People	% declared as disabled on ESR	<b>Baseline:</b> 4.9% <b>Target:</b> 7% by Sep 25
	Implement systematic procedures to improve the collection of demographic data during patient registration.	AIS > Our Patients	TBC	TBC
	Implement the Accessible Information Standard	AIS > Our Patients	TBC	TBC
Improving experience at work				
Recruitment and career progression	<p>Mandated 'equality advocate' role on interview panels vacancies.</p> <p>Hiring managers asked to justify why BAME / disabled candidate was not appointed specifically if not successful</p> <p>Interview questions to be provided in advance.</p> <p>Prompting recruiting managers to avoid main religious observance days for interviews, and to avoid Friday prayer time or Shabbat.</p> <p>Structured follow up process inc career coaching made available for BAME and disabled staff who have not been successful for promotion.</p> <p>Application/interview skills workshops, supplemented with peer networking events for ongoing support.</p>	Inclusive Recruitment and Career Development > Our People	<p><b>BME</b></p> <p><u>AfC:</u> % BME representation at B6+</p> <p><u>Medical and Dental</u> % BME representation at consultant level</p> <p><b>Disability:</b> % disabled representation across all AfC, medical and dental and IFM</p>	<p><b>BME:</b> All AfC roles: <b>Baseline</b> of BME staff in AfC 6+ = 13.8% as of Sep 24. <b>Target:</b> increase to 15% by Sep 25. This represents an extra 26 BME staff at B6+</p> <p><u>Medical and Dental:</u> <b>Baseline</b> of BME consultants 49.8% as of Sep 24. <b>Target:</b> to increase to above 50% by Sep 25</p> <p><b>Disabled</b> <b>Baseline:</b> 4.9% <b>Target:</b> 7% by Sep 25.</p>

Theme	Actions	Working Group > Steering Group	KPIs	Baseline & Targets
	Scope possibility to widen recruitment routes into the Trust for certain roles	Inclusive Recruitment and Career Development > Our People	% overall BME representation	<b>Baseline:</b> BME staff in all AfC roles 19.7% as of Sep 24 <b>Target:</b> increase overall BME representation by minimum of 1% per year  <b>Disabled</b> <b>Baseline:</b> 4.9% <b>Target:</b> 7% by Sep 25.
	Inclusive recruitment training for hiring managers to be compulsory for certain roles	Inclusive Recruitment and Career Development > Our People	% of people trained	Awaiting baseline (survey recruiting managers) <b>Target:</b> 50% recruiting managers trained by Sep 25
	Targeted offer of the new Our Leaders programme to marginalised groups and to leaders of diverse teams.  Potential Positive Action Programme targeted at BAME staff at Band 5 for certain roles as part of the Embed/Blended Learning Bundles of Our Leaders.	Inclusive Recruitment and Career Development > Our People	% of enrolled candidates who are BME on Our Leaders	<b>Baseline:</b> N/A new programme. <b>Target: BAME:</b> >13.8% of enrolled candidates for Our Leaders are BME (greater representation than current B6+ BME population)  <b>Disabled:</b> >2.9% of enrolled candidates are disabled (greater than representation of B6+ Disabled staff population)
Reasonable Adjustments	Streamline our reasonable adjustments processes	Reasonable Adjustments Working Group > Our People	% of staff feeling like they have the adjustments they need to do their job	<b>Baseline:</b> 72.9% <b>Target:</b> 82.9% by next WDES
Bullying Harassment and Discrimination	Reduce instances of bullying harassment and discrimination: specific actions and KPIs TBC by the working group	Good Culture > Our People	TBC	TBC

Theme	Actions	Working Group > Steering Group	KPIs	Baseline & Targets
	Strengthen the staff diversity networks	Good Culture > Our People	Staff membership as a % of all eligible staff	<b>Baseline:</b> 13% of all <b>BME</b> staff are members.  20% of all <b>disabled</b> staff are members.  <b>Target:</b> 30% of all <b>BME</b> staff are members.  30% of all <b>disabled</b> staff are members.
	Roll out the Our Leaders programme, which aims to help leaders to become more actively inclusive and tackles race-related barriers.	Good Culture > Our People	Number of staff going through the 2 day programme	<b>Baseline:</b> N/A new programme. <b>Target:</b> 1500 leaders by July 2026
	Antiracist objectives to be mandated for all VSM and deputies.	Good Culture > Our People	% of VSM and deputies with an anti racist objective	<b>Baseline:</b> 0% <b>Target:</b> 80% by Sep 2025
<b>Improving patient access and experience</b>	Actively engage with diverse communities, particularly those underrepresented in service utilisation, to identify barriers to access and specific healthcare needs. Tailor health services and outreach efforts accordingly.	HIEG and I&T and AIS groups > Our Patients	TBC	TBC
	Provide training for staff on cultural competence and sensitivity to better understand and respond to the diverse backgrounds of patients.	HIEG > Our Patients	TBC	TBC

More detail including Key Performance Indicators for many of these actions can be found by referring to the latest WRES and WDES action plans that can be found at [Our approach to equality, diversity and inclusion - Bolton NHS FT \(boltonft.nhs.uk\)](https://boltonft.nhs.uk/our-approach-to-equality-diversity-and-inclusion)

This committee is asked to support the themes and planned EDI activity in this recommendations section. The committee is also requested to acknowledge and support the governance structure that will be used to provide assurance of the progress.

## Appendix 1: Patient Profile Data Tables

<b>The following data will be for First Attendance Only</b>
<b>Disabilities data only includes patients who have 'Learning Disabilities' recorded.</b>
<b>Note - A&amp;E data will have no data for follow up attendances.</b>

### Attendances

Attendance	Total	Percentage of Total
A&E	134073	42.46%
Acute Outpatients	47086	14.91%
Community Outpatients	53385	16.90%
Inpatient	81253	25.73%
<b>Grand Total</b>	<b>315797</b>	<b>100.00%</b>

### Attendances by Age Group

10 Year Age Bands	Total	Percentage of Total
00-09	36776	11.65%
10-19	23029	7.29%
20-29	32648	10.34%
30-39	38260	12.12%
40-49	29537	9.35%
50-59	36740	11.63%
60-69	38135	12.08%
70-79	42077	13.32%
80-89	31268	9.90%
90+	7327	2.32%



### Attendances by Gender

Gender	Total	Percentage of Total
Female	171143	54.19%
Male	144629	45.80%
Not Known	7	0.00%
Not Specified	18	0.01%

### Attendances by Religion

Religion	Total	Percentage of Total
Not Specified	122943	38.93%
Church of England	86502	27.39%
Roman Catholic	29042	9.20%
Muslim	22888	7.25%
Religion not given - PATIENT refused	16350	5.18%
Christian	10465	3.31%
Not Religious	10093	3.20%
Methodist	4200	1.33%
Atheist	3636	1.15%
Hindu	3237	1.03%
Patient Religion Unknown	1463	0.46%
Anglican	1149	0.36%
Jehovah's Witness	568	0.18%
Ismaili Muslim	477	0.15%
Agnostic	417	0.13%
Catholic: Not Roman Catholic	267	0.08%
Church of Scotland	255	0.08%
Baptist	188	0.06%
Pentecostalist	170	0.05%
Mormon	140	0.04%
Unitarian-Universalist	137	0.04%
Spiritualist	136	0.04%

Pagan	124	0.04%
Jewish	76	0.02%
Protestant	72	0.02%
Sikh	61	0.02%
Reformed Presbyterian	59	0.02%
Orthodox Christian	49	0.02%
Religion (Other Not Listed)	44	0.01%
Buddhist	41	0.01%
Confucianist	40	0.01%
Greek Orthodox	40	0.01%
Divination	34	0.01%
Quaker	33	0.01%
Native American Religion	28	0.01%
Animist	21	0.01%
Seventh Day Adventist	20	0.01%
Zen Buddhist	20	0.01%
Radha Soami	19	0.01%
Russian Orthodox	17	0.01%
Church of Ireland	16	0.01%
Congregationalist	15	0.00%
Old Catholic	14	0.00%
Christadelphian	12	0.00%
Unitarian	12	0.00%
Christian Existentialist	11	0.00%
Church of God of Prophecy	11	0.00%

Lutheran	11	0.00%
Evangelical Christian	10	0.00%
Jain	10	0.00%
Reformed Christian	10	0.00%
Reformed Protestant	10	0.00%
Humanist	9	0.00%
Church in Wales	8	0.00%
Independent Methodist	8	0.00%
Presbyterian	8	0.00%
Salvation Army Member	8	0.00%
Sunni Muslim	8	0.00%
United Reform	8	0.00%
Romanian Orthodox	7	0.00%
Plymouth Brethren	6	0.00%
Advaitin Hindu	5	0.00%
Occultist	5	0.00%
Christian Spiritualist	4	0.00%
Matraism	4	0.00%
Pantheist	4	0.00%
Rastafari	4	0.00%
Theravada Buddhist	4	0.00%
Cyber Culture Religions	3	0.00%
Hasidic Jew	3	0.00%
Ukrainian Catholic	3	0.00%
Universal Life Church	3	0.00%

### **Attendances by Ethnicity**

<b>Ethnicity</b>	<b>Total</b>	<b>Percentage of Total</b>
African	4592	1.45%
Any other Asian background	3604	1.14%
Any other Black background	697	0.22%
Any other ethnic group	4935	1.56%
Any other mixed background	1277	0.40%
Any other White background	5129	1.62%
Bangladeshi	481	0.15%
British	186274	58.99%
Caribbean	507	0.16%
Chinese	435	0.14%
Indian	12236	3.87%
Irish	1208	0.38%
Not stated	77408	24.51%
Pakistani	14839	4.70%
White and Asian	840	0.27%
White and Black African	619	0.20%
White and Black Caribbean	716	0.23%

DID NOT ATTEND :

**Bolton NHS Foundation Trust****2024-41851 - Patient Equality Monitoring Data 2023/24****Period: 01/04/2023 - 31/03/2024****Acute/Community Outpatients DNA's**

The following data has been derived from appointments that fall under the Adult Acute Care Division and Integrated Community Services Division within Outpatients

Please note: Disabilities data only includes patients who have 'Learning Disabilities' recorded.

**DNA's**

Service	Total	Percentage of Total
Acute Outpatients DNA	13955	49.18%
Community Outpatients DNA	14422	50.82%
Total	28377	

**Attendances by Religion**

Religion	Acute Outpatients DNA's	Acute %	Community Outpatients DNA's	Community %
Not Specified	5355	38.37%	3948	27.37%
Church of England	3599	25.79%	4174	28.94%
Roman Catholic	1345	9.64%	1515	10.50%
Muslim	1302	9.33%	1856	12.87%
Religion not given - PATIENT ref	778	5.58%	929	6.44%
Not Religious	424	3.04%	559	3.88%
Christian	418	3.00%	524	3.63%
Atheist	160	1.15%	198	1.37%
Hindu	152	1.09%	185	1.28%
Methodist	124	0.89%	150	1.04%
Patient Religion Unknown	106	0.76%	75	0.52%
Anglican	53	0.38%	65	0.45%
Jehovah's Witness	22	0.16%	29	0.20%
Agnostic	17	0.12%	29	0.20%
Ismaili Muslim	14	0.10%	53	0.37%
Church of Scotland	8	0.06%	10	0.07%
Pagan	8	0.06%	9	0.06%
Sikh	8	0.06%	7	0.05%
Spiritualist	8	0.06%	4	0.03%
Catholic: Not Roman Catholic	5	0.04%	16	0.11%
Reformed Presbyterian	5	0.04%	3	0.02%
Seventh Day Adventist	5	0.04%	2	0.01%
Baptist	4	0.03%	3	0.02%
Mormon	4	0.03%	13	0.09%
Orthodox Christian	4	0.03%		0.00%
Unitarian-Universalist	4	0.03%	5	0.03%
Christian Existentialist	3	0.02%	3	0.02%
Church of Ireland	3	0.02%	1	0.01%
Radha Soami	3	0.02%		0.00%
Divination	2	0.01%	4	0.03%
Pentecostalist	2	0.01%	5	0.03%
Christadelphian	1	0.01%	2	0.01%
Christian Spiritualist	1	0.01%	1	0.01%
Cyber Culture Religions	1	0.01%		0.00%
Humanist	1	0.01%		0.00%
Independent Methodist	1	0.01%		0.00%
Jewish	1	0.01%	3	0.02%
Lutheran	1	0.01%		0.00%
Plymouth Brethren	1	0.01%	1	0.01%
Reformed Protestant	1	0.01%		0.00%
Theravada Buddhist	1	0.01%		0.00%
Buddhist		0.00%	2	0.01%
Celtic Christian		0.00%	1	0.01%
Confucianist		0.00%	1	0.01%
Evangelical Christian		0.00%	1	0.01%
Greek Orthodox		0.00%	2	0.01%
Haredi Jew		0.00%	3	0.02%
Hasidic Jew		0.00%	1	0.01%
Mahayana Buddhist		0.00%	1	0.01%
Native American Religion		0.00%	2	0.01%
Protestant		0.00%	3	0.02%
Quaker		0.00%	3	0.02%
Rastafari		0.00%	1	0.01%
Religion (Other Not Listed)		0.00%	12	0.08%
Romanian Orthodox		0.00%	5	0.03%
Salvation Army Member		0.00%	1	0.01%
Wiccan		0.00%	1	0.01%
Zen Buddhist		0.00%	1	0.01%

### Attendances by Age Group

10 Year Age Bands	Acute Outpatients DNA's	Acute %	Community Outpatients DNA's	Community %
00-09	210	1.50%	810	5.62%
10-19	600	4.30%	1147	7.95%
20-29	2386	17.10%	1637	11.35%
30-39	2372	17.00%	2108	14.62%
40-49	1458	10.45%	2079	14.42%
50-59	1974	14.15%	2408	16.70%
60-69	1958	14.03%	1754	12.16%
70-79	1671	11.97%	1338	9.28%
80-89	1096	7.85%	942	6.53%
90+	230	1.65%	199	1.38%

### Attendances by Gender

Gender	Acute Outpatients DNA's	Acute %	Community Outpatients DNA's	Community %
Female	6751	48.38%	7427	51.50%
Male	7204	51.62%	6992	48.48%
Not Known		0.00%	3	0.02%
Not Specified		0.00%		0.00%

### Attendances by Ethnicity

Ethnicity	Acute Outpatients DNA's	Acute %	Community Outpatients DNA's	Community %
African	275	1.97%	266	1.84%
Any other Asian background	145	1.04%	272	1.89%
Any other Black background	38	0.27%	42	0.29%
Any other ethnic group	229	1.64%	234	1.62%
Any other mixed background	35	0.25%	50	0.35%
Any other White background	136	0.97%	217	1.50%
Bangladeshi	31	0.22%	23	0.16%
British	7027	50.35%	8526	59.12%
Caribbean	24	0.17%	38	0.26%
Chinese	16	0.11%	11	0.08%
Indian	622	4.46%	793	5.50%
Irish	66	0.47%	50	0.35%
Not stated	4498	32.23%	2828	19.61%
Pakistani	731	5.24%	941	6.52%
White and Asian	39	0.28%	48	0.33%
White and Black African	20	0.14%	35	0.24%
White and Black Caribbean	23	0.16%	48	0.33%

### DNA's with Learning Disability

Alert	Acute Outpatients DNA's	Acute %	Community Outpatients DNA's	Community %
Learning Disabilities	27	17.09%	131	82.91%

## Appendix 2: Workforce Profile Data Tables

### Overall Profile

Age Band	Total	%		Band	Total	%			Total	%		SO	Total	%
<=20 Years	31	0.5%		< Band 1	2	0.0%		<=20 Years	30	0.5%		Heterosexual	4764	76.9%
21-25	433	7.0%		Band 1	0	0.0%		21-25	435	7.0%		LGB	139	2.2%
26-30	763	12.3%		Band 2	1003	16.2%		26-30	759	12.3%		Other	7	0.1%
31-35	816	13.2%		Band 3	708	11.4%		31-35	772	12.5%		Undecided	5	0.1%
36-40	800	12.9%		Band 4	494	8.0%		36-40	788	12.7%		Not disclosed	1279	20.6%
41-45	732	11.8%		Band 5	1416	22.9%		41-45	688	11.1%		Grand Total	6194	100%
46-50	680	11.0%		Band 6	1125	18.2%		46-50	714	11.5%				
51-55	755	12.2%		Band 7	612	9.9%		51-55	768	12.4%		Disability	Total	%
56-60	692	11.2%		Band 8a	239	3.9%		56-60	670	10.8%		Yes	299	4.8%
61-65	394	6.4%		Band 8b	80	1.3%		61-65	378	6.1%		No	4728	76.3%
66+	98	1.6%		Band 8c	22	0.4%		66+	87	1.4%		Not Declared	1167	18.8%
Grand Total	6194	100.0%		Band 8d	11	0.2%		Grand Total	6089	98.3%		Grand Total	6194	100.0%
				Band 9	17	0.3%								
Religious Belief	Total	%		Medical	450	7.3%		Assignment Category	Total	%				
Atheism	715	11.5%		YSM	6	0.1%		Fixed Term Temp	272	4%				
Buddhism	14	0.2%		Other	9	0.1%		Permanent	5922	96%				
Christianity	3085	49.8%		Grand Total	6194	100.0%		Grand Total	6194	100%				
Hinduism	119	1.9%												
Islam	464	7.5%		BME	Total	%		Religious Belief	Total	%				
Jainism	3	0.0%		BAME	1276	20.6%		All Other Religions	1724	27.8%				
Judaism	18	0.3%		White	4663	75.3%		IDNWTD	1385	22.4%				
Other	387	6.2%		Not Stated	255	4.1%		Christianity	3085	49.8%				
Sikhism	4	0.1%		Grand Total	6194	100.0%		Grand Total	6194	100.0%				
IDNWTD	1385	22.4%												
Grand Total	6194	100.0%		Maternity	Total	%		Gender	Total	%				
				All other Assignme	6029	97.3%		Female	5256	84.9%				
				Maternity & Adoptio	165	2.7%		Male	938	15.1%				



**TUNROVER AND LEAVERS**

Sexual Orientation	Leavers Headcount	Headcount	LTR Headcount %
LGB	21	139	15.11%
IDNWTD	149	1,279	11.65%
Heterosexual or Straight	689	4,764	14.46%
Other SO not listed	1	7	14.29%
Undecided	1	5	20.00%

Religious Belief	Leavers Headcount	Headcount	LTR Headcount %
All Other Religions	274	1,724	15.89%
Christianity	402	3,085	13.03%
IDNWTD	185	1,385	13.36%

Gender	Leavers Headcount	Headcount	LTR Headcount %
Female	709	5,256	13.49%
Male	152	938	16.20%

Disabled	Leavers Headcount	Headcount	LTR Headcount %
No	638	4,728	13.49%
Not Declared	177	1,167	15.17%
Yes	46	299	15.38%

Ethnic Origin	Leavers Headcount	Headcount	LTR Headcount %
BME	174	1,276	13.64%
Not Stated	33	255	12.94%
White	654	4,663	14.03%

## 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. 7,618 requests were fulfilled.

Albanian	29
Amharic	22
Arabic	511
Arabic (Kue)	15
Arabic (Moroccan/Tunisian/Algerian/Libyan)	7
Bengali	46
Bosnian	5
Braille	2
BSL (British Sign Language)	275
Bulgarian	13
Burmese	17
Cantonese	142
Croatian	
Czech	119
Dari	21
Dinka	1
Dzongkha	1
Dutch	0
Farsi (Persian)	207
Flemish	1
French	53
Fula (Fulani, Pulaar, Peulh, Fulfulde)	1
German	
Greek	6
Guarani	4
Gujarati	886
Hindi	20
Hungarian	502
Italian	23
Kurdish / Kurdish Sorani	221
Kurdish Badini	12
Kurdish Gorani	3
Kurdish Kurmanji	0
Latvian (Lettish)	3
Lingala	3
Lipspeaker	2
Lithuanian	30

Malayalam	
Mandarin	85
Mandinka (Mande)	1
Mirpuri (Pahari, Potwari)	3
Mongolian	3
Nauru	1
Nepali	4
Nuer	3
Oromo ( Afan)	76
Pahari	
Pashtu	118
Polish	254
Portuguese	151
Portuguese (Angolan)	4
Punjabi	238
Romanian	88
Romanian (Moldova)	9
Russian	48
Sign Support English	6
Sinhalese	6
Slovak	139
Slovak-Roma	3
Slovenian	1
Somali	418
Spanish	67
Sudanese Arabic	1
Swahili	75
Sylheti	6
Tamil	9
Thai	2
Tigrinya	38
Turkish	39
Twi	
Ukrainian	30
Urdu	1880
Various	585
Vietnamese	11
Yoruba	10
Zulu	1
Toishanese	4

## Appendix 4: Revised EDI Governance Structure from 2024

