

Annual Equality Information Monitoring Report 2024/25



Consciously Inclusive

Equality, Diversity and Inclusion at
Bolton NHS Foundation Trust

1. Introduction & Legal Context

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

Our aim is to ensure that all colleagues actively demonstrate inclusion in their daily interactions with our diverse patients and one another, recognising and responding to individual needs.

This report provides an overview of the Trust's equality, diversity, and inclusion (EDI) profile for the period 1 April 2024 to 31 March 2025. It fulfils the Trust's obligation to publish annual equality information under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations and to set measurable equality objectives.

The report:

- Highlights progress and achievements in advancing equality, diversity, and inclusion during 2024/25.
- Monitors workforce and service user data to assess representation and equitable access and opportunities.
- Sets out EDI priorities for 2025/27, aligned with the Trust Strategy 2024–2029, to ensure Bolton FT remains a great place to work and continues to improve care and transform lives through intentional inclusion.

The analysis draws on a range of data sources, including the 2021 Census, workforce monitoring, and patient activity data. Patient data reflects the number of unique visits or admissions rather than the total number of attendances.

2. Progress Against Equality Objectives (2023–2025)

Bolton NHS Foundation Trust continues to make strong progress in advancing equality, diversity and inclusion (EDI) in line with the Equality Act 2010 (Public Sector Equality Duty) and the Trust's EDI Plan 2022–2026, which aims 'to inspire and innovate, to attract and embrace difference.'

The Trust's four equality objectives in the EDI plan 2022 – 2026 are to:

- a) Understand the needs of our community and provide services that meet those needs.

- b) Create a working environment in which all staff can reach their full potential.
- c) Recruit and cultivate a workforce that represents Bolton's diversity.
- d) Act on patient, staff and community feedback to improve our approach to EDI.

The Trust has strengthened its governance and assurance framework to ensure equality and inclusion are embedded across all divisions. The new EDI Assurance Group, made up of senior leaders, divisional managers and staff representatives, oversees delivery of the EDI Plan and ensures that equality is everyone's responsibility. The People EDI Steering Group (focusing on workforce inclusion and wellbeing) feeds into the EDI Assurance Group and the Health Inequity Enabling Group (HIEG) and Quality Patient Experience Forum (QPEF) both feed in where appropriate. The EDI Assurance Group feeds into the People Committee and Trust Board, ensuring robust oversight and accountability.

Through our work the Trust continues to demonstrate due regard under the Public Sector Equality Duty by:

- Eliminating discrimination through inclusive policies, education and leadership.
- Advancing equality of opportunity by removing barriers and supporting fair access to careers and services.
- Fostering good relations through dialogue, awareness and celebration of diversity across the Trust and our communities.

Key actions and achievements during 2024–25 include:

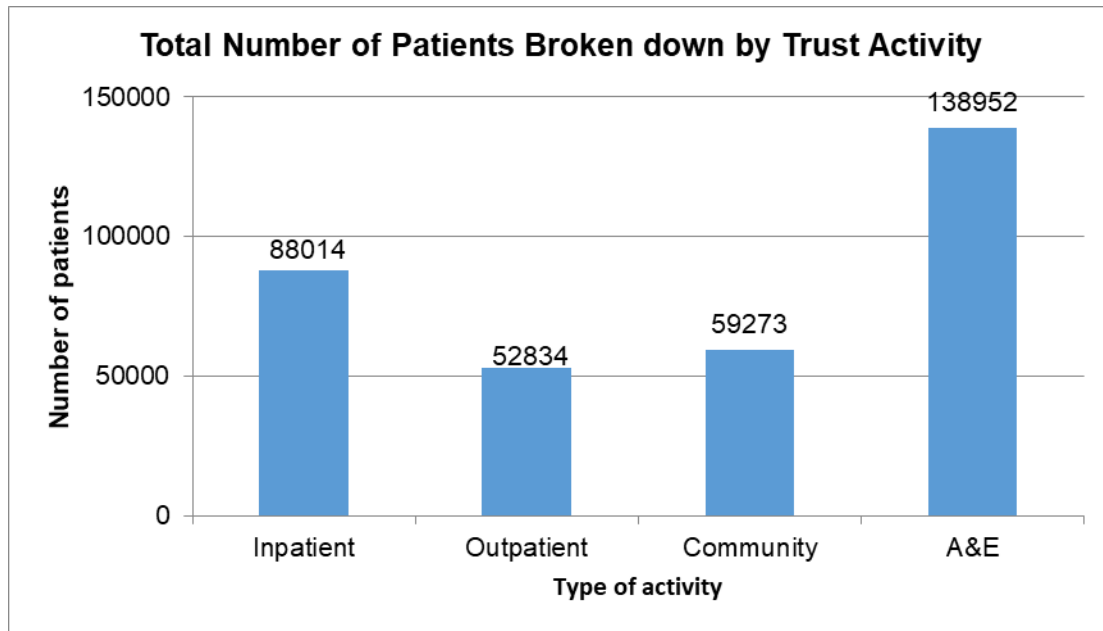
- Maintaining three active staff networks – BAME, Health and Accessibility, and LGBTQ+ – each with Executive Sponsors and representation on the EDI Assurance Group.
- Launching and embedding the Reasonable Adjustments Passport, supporting staff with disabilities and long-term conditions through a streamlined process for agreeing and recording adjustments.
- Expanding the Neurodiversity Support Group and toolkit to increase awareness of autism, ADHD and dyslexia and to support managers in creating inclusive workplaces.
- Retaining Disability Confident Employer (Level 2) status and continuing to promote inclusive recruitment and career development practices.
- Encouraging diverse colleagues through positive action to join the 'Our Leaders' programme, which makes up around a quarter of participants. The programme includes four hours of face-to-face learning on the *We Belong* module, covering the WRES and WDES, anti-racism, inclusive recruitment, unconscious bias and active bystander approaches. This module also reflected on the Trust's response to the recent riots and the importance of inclusive leadership during community tension.

- Reaffirming the Trust's commitment as an Anti-Racist Organisation, with a Board-endorsed zero-tolerance statement and visible leadership support for colleagues affected by racism or community events.
- Continuing to embed the Freedom to Speak Up (FTSU) approach with over 90 trained champions from diverse backgrounds, promoting psychological safety and open communication for all staff.
- Strengthening the Equality Impact Assessment (EIA) framework through a clear two-stage (screening and improvement plan) process and embedding review requirements into business cases and Quality and Equality Impact Assessments (QEIA).
- Improving disability declaration rates through ESR prompts at recruitment, induction and appraisal, making self-identification simpler and more confidential.
- Implementing the Oliver McGowan Mandatory Training on Learning Disability and Autism for all staff, strengthening understanding of reasonable adjustments and accessible care.
- Expanding the Trust's Health and Wellbeing offer, including counselling, menopause support, Mental Health First Aiders, TRiM assessors and physiotherapy services.
- Maintaining visible LGBTQ+ inclusion through LGBT History Month and continuing to run and consult with our LGBTQ+ Network.
- Delivering the annual Equality and Wellbeing Calendar to promote religious and cultural awareness, celebrating events including Black History Month, Ramadan, Diwali and Disability History Month.
- Enhancing interpretation and translation services to support equitable access for patients with language or communication needs.
- Monitoring PALS and complaints data to identify and act on themes related to discrimination or communication barriers, ensuring timely learning and improvement.
- Promoting community partnerships and engagement with local voluntary organisations to ensure patient voices inform service design and delivery.

Together, these actions demonstrate a sustained, organisation-wide commitment to creating a fair, inclusive and compassionate culture in which all staff can thrive and every patient receives equitable, person-centred care.

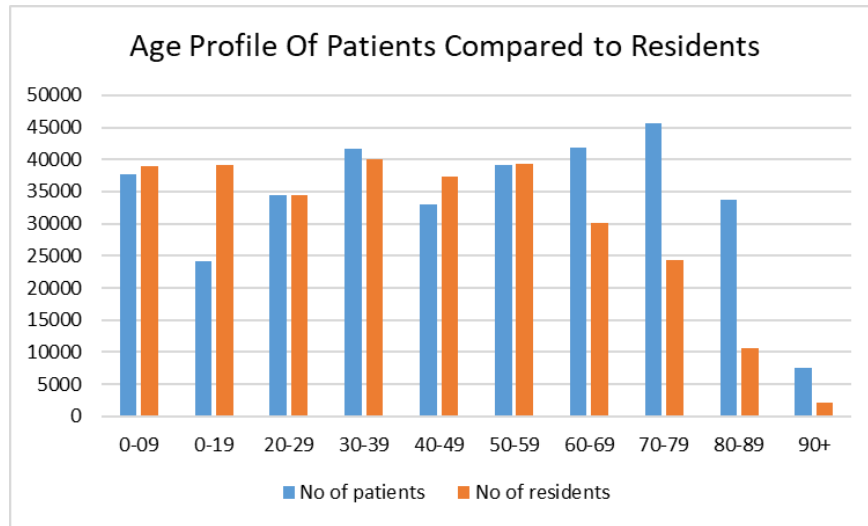
3. Patient Profile

3.1. Overall Patient Profile



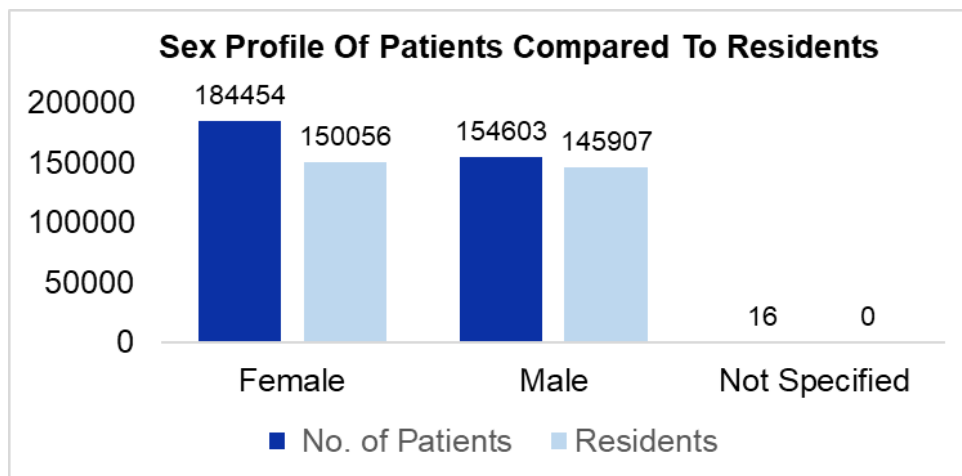
- During 2024/25, a total of 339,073 unique patient activities were recorded across the Trust. The table below provides a breakdown by type of Trust activity.
- The largest proportion of activity occurred within A&E services (40.98%), followed by Inpatient (25.96%), Community (17.48%), and Outpatient (15.58%) services. Together, A&E and Inpatient activity accounted for over two-thirds of total patient activity across the Trust.
- Missed appointments (Did Not Attend – DNA) are recorded within outpatient and community services. In 2024/25, a total of 28,570 Did Not Attend (DNA) appointments were recorded, almost equally divided between acute outpatient services (14,291 – 50%) and community outpatient services (14,279 – 50%).

3.2. Patient Age Profile



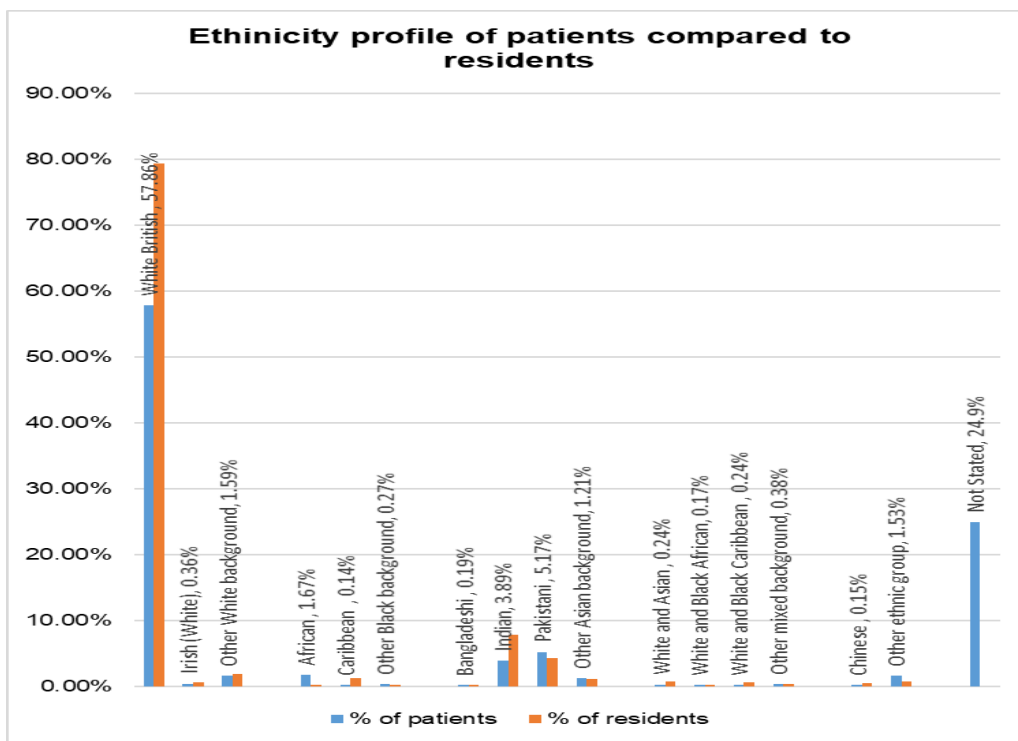
- Patients aged 60 years and over made up 38% of all Trust patients, compared with 22% of Bolton residents, showing higher service use among older adults. 10–19-year-olds were underrepresented (8.3% vs. 13.2%), indicating lower service use among younger patients.
- A total of 28,570 appointments were recorded as Did Not Attend (DNA). The highest DNA rates were among 50–59 (16.7%), 30–39 (15.5%), and 40–49 (13.7%). The lowest were in 0–9 (3.0%) and 90+ (1.5%).
- These patterns highlight greater healthcare use among older adults and higher non-attendance among working-age patients

3.3. Patient Sex Profile



- Females accounted for a higher proportion of Trust patients (54%; 184,454) compared with their share of the Bolton population (49%; 150,056), indicating greater service use among women. Males represented 46% of patients (154,603) versus 50% of residents (145,907), showing slight underrepresentation.
- However males had slightly higher rates of missed appointments (51.1%; 14,591) compared to females (48.9%; 13,974).

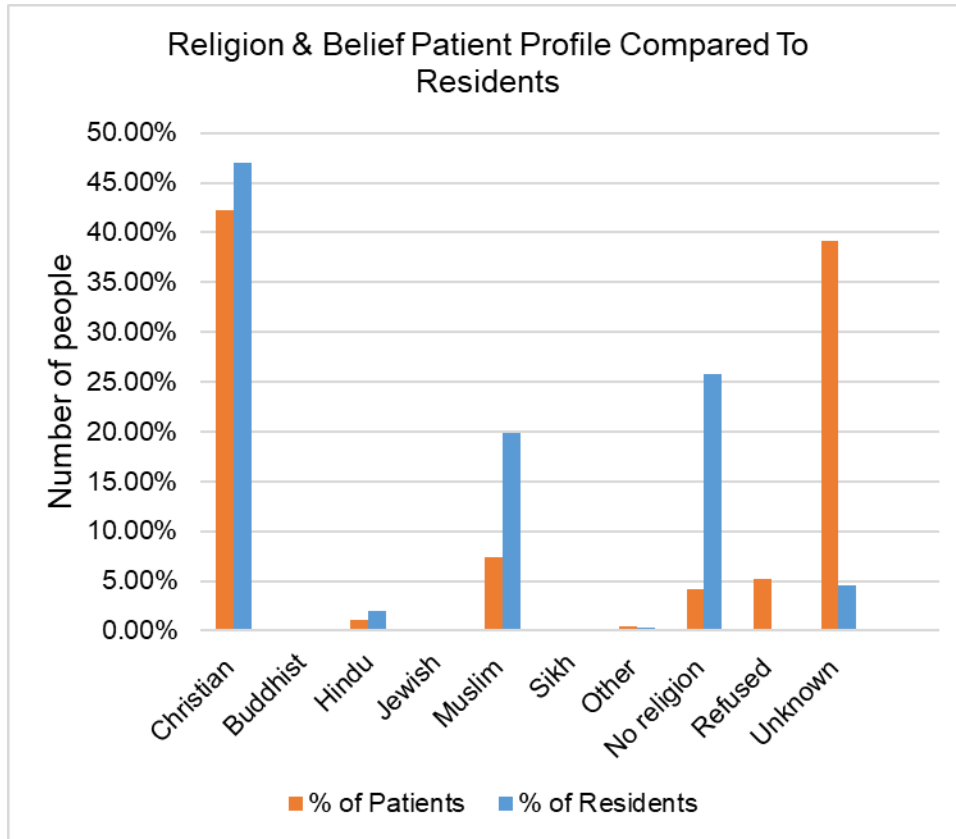
3.4. Patient Ethnicity Profile



- The ethnic profile of patients broadly reflects that of the Bolton population, though some groups show higher or lower representation. Higher representation among patients was seen in:
 - Black African: 1.67% of patients vs. 0.2% of residents
 - Pakistani: 5.17% vs. 4.3%
 - Other ethnic group: 1.53% vs. 0.7%
- Lower representation was found in:

- Indian: 3.89% of patients vs. 7.8% of residents
 - Caribbean: 0.14% vs. 1.2%
 - Chinese: 0.15% vs. 0.5%
 - White British patients accounted for 57.86% of service users compared with 79.4% of Bolton residents, showing proportionately lower representation within this group.
- A further 24.9% of patient records were not stated, which limits the accuracy of ethnicity comparisons.
 - White British patients accounted for the highest proportion of missed appointments (16,000; 56.0%), followed by those with ethnicity not stated (7,086; 24.8%). Together, these groups made up over three quarters of all DNAs.
 - Among minority ethnic groups, the highest DNA counts were recorded for Pakistani (1,733; 6.1%) and Indian (1,336; 4.7%) patients, with smaller proportions among African (1.8%), Other Asian (1.5%), and Other ethnic groups (1.5%).
 - The overall pattern broadly mirrors service use, though the high proportion of 'Not Stated' ethnicity (24.8%) limits full interpretation of differences between groups.

3.5. Patient Religion and Belief Profile



- Christians made up the largest group among patients (42.2%) compared with 47.0% of Bolton residents.
Muslim patients (7.4%) were notably underrepresented compared to their share of the local population (19.9%), and those identifying as having no religion / atheist / agnostic (4.2%) were also proportionally lower than residents (25.8%).
- Smaller faith groups — Hindu (1.0%), Sikh (0.02%), Jewish (0.02%), and Buddhist (0.01%) — each accounted for less than 2% of patients, broadly consistent with local demographics.
- A substantial 39.2% of records were unknown or not stated, compared with 4.6% in the Census, representing a significant data gap that limits analysis of religious diversity.
- Overall, while the patient profile generally reflects Bolton’s religious composition, the high proportion of missing data highlights the need for improved recording of religion and belief across Trust services.

- The DNA profile broadly reflects the overall patient pattern, with the highest proportions among patients identifying as Christian (44.2%) and those who did not state or refused to answer (37.9%).

3.6. Patient Disability Profile

- The Trust continues its efforts to improve its data collection systems to ensure equality monitoring fields are consistently completed and patient needs can be better identified. At present, however, we are unable to provide a full profile of our patients with a disability or long-term health condition and is therefore an area of focus for improvement. In the meantime, national prevalence data and Census 2021 figures are used to provide context, alongside patient-level information that is currently available for people with a learning disability.
- It should be noted that the Census 2021 was conducted during the coronavirus (COVID-19) pandemic, which may have influenced how people perceived their health status and activity limitations. Additionally, the 2021 Census was the first to use the Equality Act 2010 definition of disability, explicitly referencing mental impairments, which may have affected how people chose to respond.

Census 2021 Disability Data – Bolton

- 19.3% of adults in Bolton reported having a long-term illness, health problem, or disability, which is higher than the national average of 17.3%.
- 8.6% of residents reported that their condition or disability limited their day-to-day activities “a lot.”
- 9.3% of residents (25,980 people) stated they provided unpaid care.

Hearing Loss

- An estimated 22% of Bolton residents live with hearing loss, in line with the regional and national average.
- One in five adults in the UK are deaf, have hearing loss or tinnitus.
- Prevalence increases significantly with age, affecting more than 40% of over-50s and 70% of over-70s.

Sight Impairments

- Over 2 million people in the UK live with sight loss, expected to rise to 2.9 million by 2030.
- 340,000 people are registered blind or partially sighted, with around 57 new registrations each day.
- Sight loss disproportionately affects older people (60% of people with sight loss are over 75).
- Some ethnic minority groups, particularly Black African/Caribbean and South Asian communities, are at greater risk of glaucoma and diabetic eye disease.

Dementia and Other Conditions

- Around 3,125 residents in Bolton aged over 65 live with dementia. This is expected to rise to 4,786 people by 2030.
- Dementia symptoms include memory loss, difficulties with thinking, problem solving, communication, and physical functioning.
- Approximately 42,000 adults (15%) in Bolton are estimated to have a common mental health disorder, reflecting the wider increase in demand for mental health support following the COVID-19 pandemic.

Learning Disabilities

While wider disability monitoring remains incomplete, the Trust does collect data on patients with a learning disability. In 2024/25, a total of **1,648 patients** with a recorded learning disability accessed Trust services:

- Accident & Emergency: 826 (50%)
- Acute Outpatients: 144 (9%)
- Community Outpatients: 344 (21%)
- Inpatients: 334 (20%)

This remains the only disability category for which patient-level equality monitoring data is consistently available.

Although comprehensive disability data for patients is still being developed, the Trust has established specialist services focusing on key areas of need. These include dedicated Ophthalmology services for people with sight loss, Audiology services for those with hearing impairments, a Learning Disabilities team, and specialist dementia services. These services

are critical in supporting patients with specific conditions and ensuring reasonable adjustments are made.

Going forward, the Trust will continue to strengthen its equality monitoring processes so that a fuller profile of patients with disabilities and long-term health conditions can be produced. This will enable more accurate identification of needs and better inform service design, ensuring compliance with the Equality Act 2010 and improving patient experience.

3.7. Patient Sexual Orientation and Gender Identity Profile

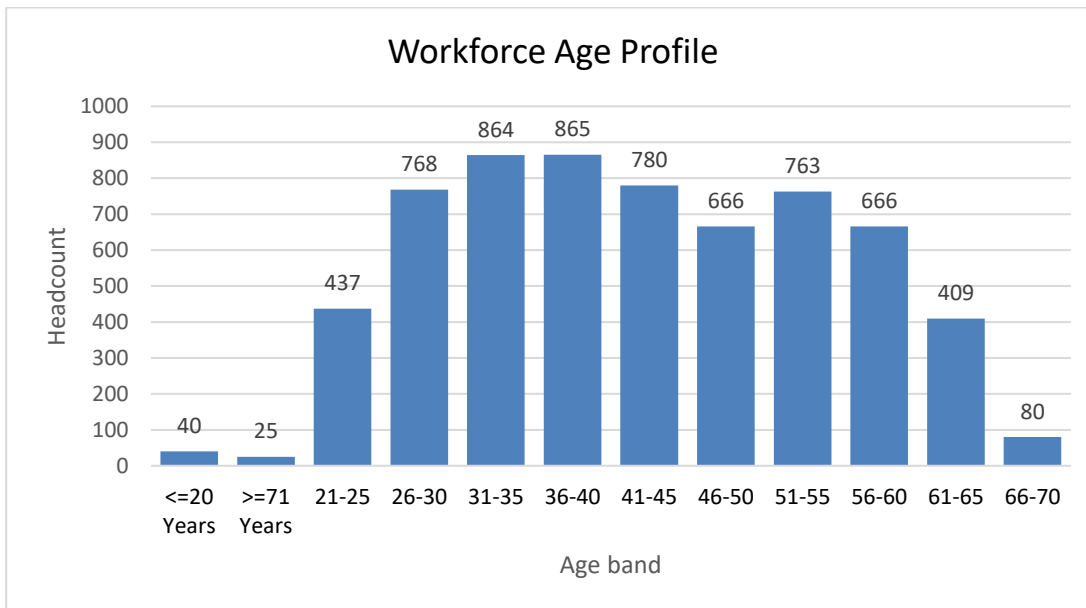
- According to Census 2021, the majority of Bolton residents identified as Heterosexual or Straight (90.7%).
- 6.9% (16,314 residents) chose not to answer the sexual orientation question.
- A total of 5,695 residents (2.4%) identified as part of the LGB+ community, including:
 - Gay or Lesbian: 1.2% (2,850 residents)
 - Bisexual: 1.0% (2,376 residents)
 - Pansexual: 0.2% (469 residents)
 - Other orientations (Asexual, Queer, etc.): <0.1%
- For gender identity, 5.9% (14,000 residents) preferred not to disclose their gender identity. 0.6% (1,469 residents) reported a gender identity different from their sex at birth, including:
 - Trans men: 0.1% (245 residents)
 - Trans women: 0.1% (245 residents)
 - Non-binary: <0.1% (98 residents)
- Although the Trust does not yet capture sexual orientation or gender identity at patient level consistently, these figures highlight the importance of strengthening equality monitoring and ensuring inclusive, person-centred services for LGB+ and trans communities.

4. Workforce Profile

4.1. Overall Workforce Composition

- In 2024/25, the Trust employed a total of 6,363 staff, representing an increase of 169 employees compared with the previous year. The workforce reflects a wide range of professional, demographic, and contractual backgrounds across all staff groups, pay bands, and protected characteristics.
- Of the total workforce:
 - 95.4% (6,072) were employed on permanent contracts, and 4.6% (291) on fixed-term or temporary contracts.
 - 55.3% (3,520) of staff work full time, while 44.7% (2,843) work part time, reflecting the Trust’s commitment to flexible working and work–life balance.
- The profile of staff is further broken down by protected characteristics in the following sections, highlighting representation by profession, pay band, age, and turnover where applicable.

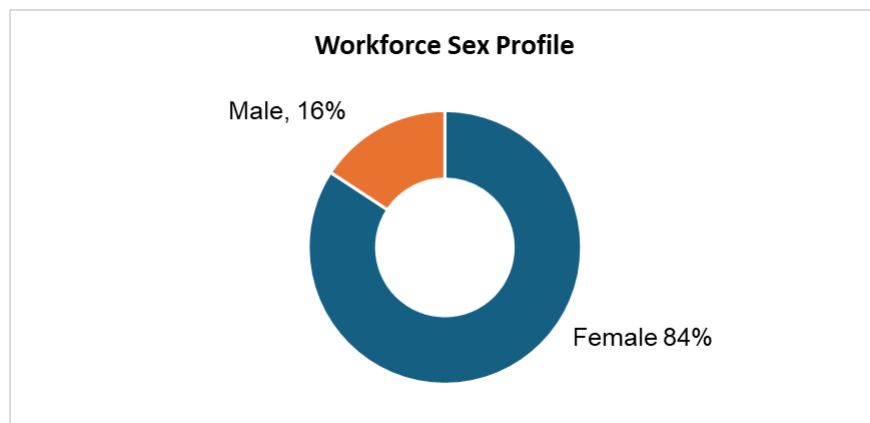
4.2. Workforce Age Profile



- The Trust employs 6,363 staff across all age groups. The majority, 4,706 employees (73.9%), are aged 26–55 years.
- Representation is lower among younger staff aged under 25 years (477 employees, 7.5%) and older staff aged 66 years and above (80 employees, 1.5%).

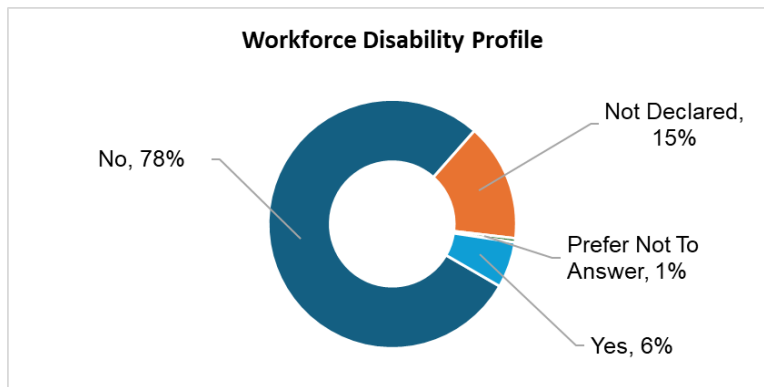
- Recruitment data show that applicants from all age groups were appointed, indicating no disproportionate barriers related to age in the Trust's employment practices.
- Action: Continue to promote inclusive recruitment and career development opportunities to attract and retain younger workers, while supporting older staff through flexible working and health and wellbeing initiatives.

4.3. Workforce Sex Profile



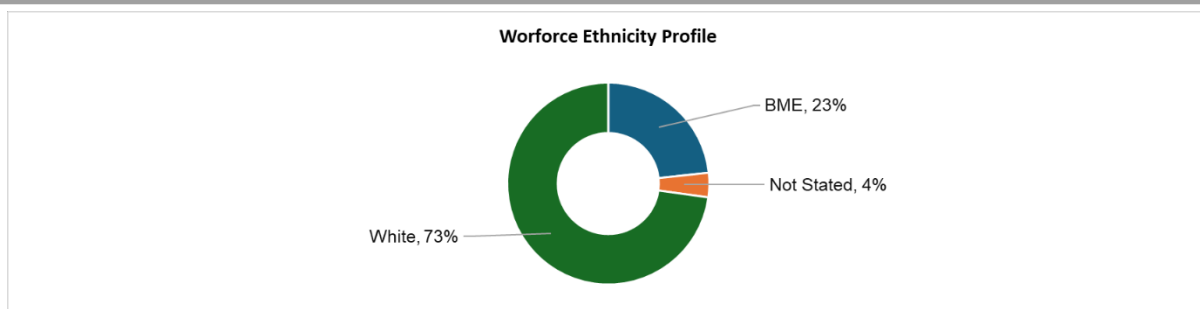
- The Trust employs 6,363 staff, comprising 5,360 females (84%) and 1,003 males (16%). This overall composition is consistent with the wider NHS workforce, where women typically make up around three-quarters of employees.
- Turnover data show a female rate of 10.99% (590 leavers out of 5,360) compared with 12.26% (123 leavers out of 1,003) among males, suggesting men are proportionally more likely to leave the organisation.
- Recruitment data show a slightly higher likelihood of appointment for female applicants (15%) compared with male applicants (13%), based on 723 female and 205 male appointments from 4,734 female and 1,596 male shortlisted candidates. No applicants selected I do not wish to disclose.

4.4. Workforce Disability Profile



- The Trust employs 6,363 staff, of whom 379 employees (6%) have declared a disability, 4,976 (78%) have not declared a disability, 975 (15%) chose not to disclose, and 33 (1%) preferred not to say.
- Turnover among staff declaring a disability was 10.5% (40 leavers), compared with 10.7% (537 leavers) among those not declaring a disability. A further 133 staff (14%) did not declare and 2 staff (6%) preferred not to answer, limiting the reliability of the data and reducing confidence in comparing outcomes between disabled and non-disabled staff.
- Recruitment data show no adverse impact, with 12.25% of disabled applicants appointed from shortlisting compared with 12.76% for non-disabled applicants.

4.5. Workforce Race & Ethnicity Profile



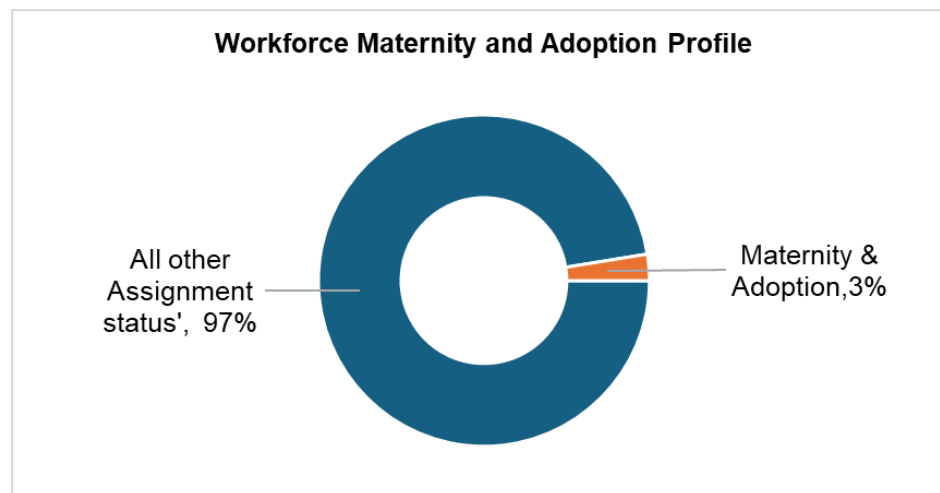
- The Trust employs 6,363 staff, of whom 1,481 employees (23%) identify as Black, Asian and Minority Ethnic (BAME), 4,633 (73%) as White, and 249 (4%) have not stated their ethnicity.

- BME applicants had a lower appointment rate (11.48%) than White applicants (15.39%), indicating a potential disparity in shortlisting-to-appointment outcomes.
- BME staff turnover was 11.82%, slightly higher than White staff (10.81%). Those with ethnicity not stated recorded a higher turnover rate of 14.46%, which may affect the accuracy of analysis.

4.6. Workforce Gender Reassignment Profile

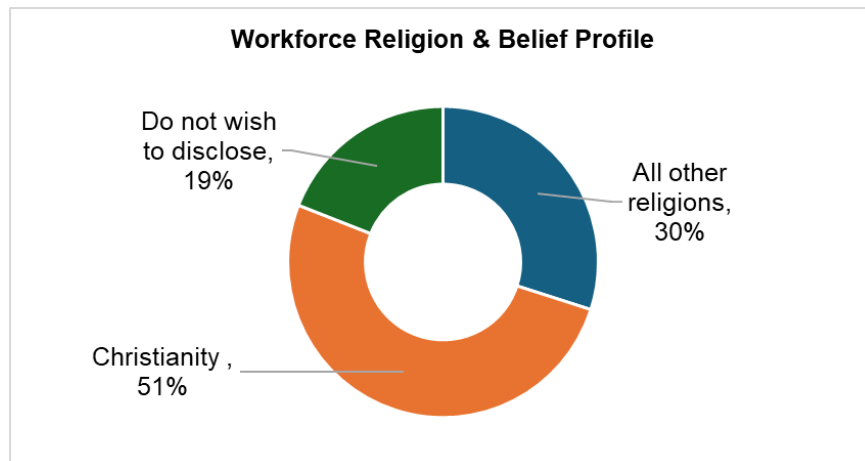
- The Trust does not currently hold complete data on staff gender identity or trans status.

4.7. Workforce Maternity, Adoption and Other leave Profile



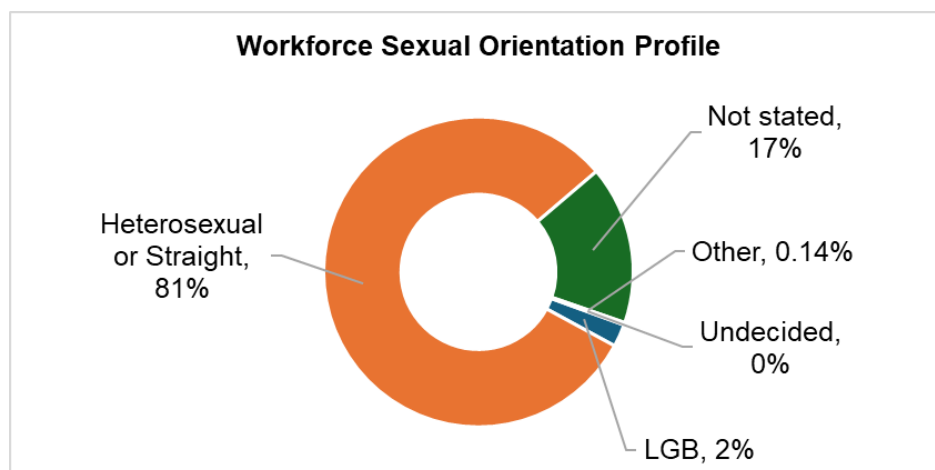
- The Trust employs 6,363 staff, of whom 163 employees (2.6%) were recorded as on maternity or adoption leave during the reporting period. The remaining 6,200 employees (97.4%) were in other assignment categories.
- An estimated 50 employees (0.8%) took paternity leave, within Medical and Dental, Administrative, and Additional Clinical Services roles.

4.8. Workforce Religion and Belief Profile



- The Trust employs 6,363 staff, of whom 51.0% (3,245) identify as Christian, 29.9% (1,906) as other religions or beliefs, and 19.1% (1,212) chose not to disclose.
- Turnover was 9.86% among Christian staff, 12.17% among other religions, and 13.2% for those who did not disclose, suggesting a slightly higher rate of leaving among non-Christian and undeclared groups.
- Recruitment data show small disparities in appointment rates, with Christians (11.94%) and other religions (12.75%) lower than Atheists (15.49%). Applicants who did not disclose recorded a higher rate (35.11%), reflecting a small and inconsistent sample.

4.9. Workforce Sexual Orientation Profile



- Lesbian, Gay, and Bisexual (LGB) staff make up 2.4% (150) of the workforce, in line with national NHS averages. Non-disclosure remains high (16.5%), and 0.1% (7) identified as undecided, indicating incomplete data.

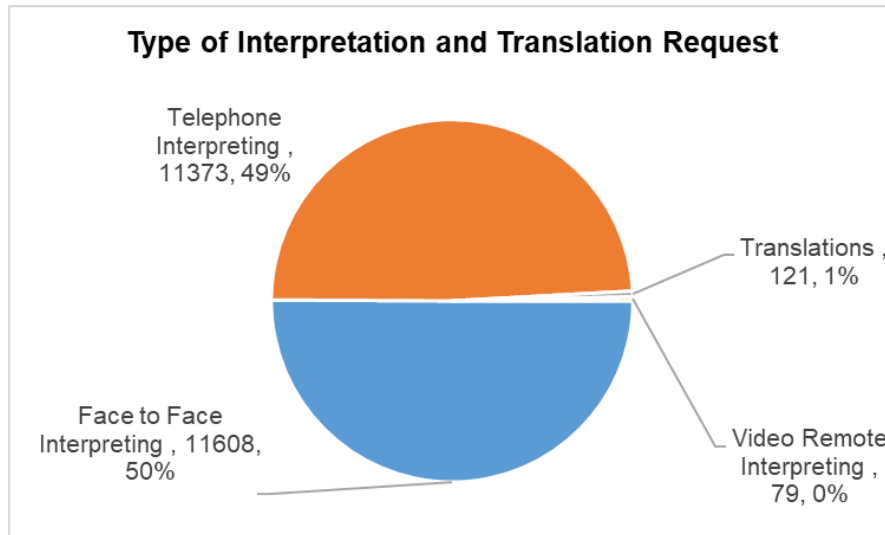
- Turnover was 10.9% for heterosexual staff, 12.8% for gay or lesbian, 16.1% for bisexual, and 22.2% for other sexual orientations.
- Recruitment data show a lower appointment rate for LGB applicants (8.5%) compared with heterosexual applicants (13.0%), suggesting a possible disparity. However, data completeness is limited, as 238 applicants (3.8%) did not wish to disclose their sexual orientation, reducing the reliability of comparison.

5. Interpretation & Translation Data

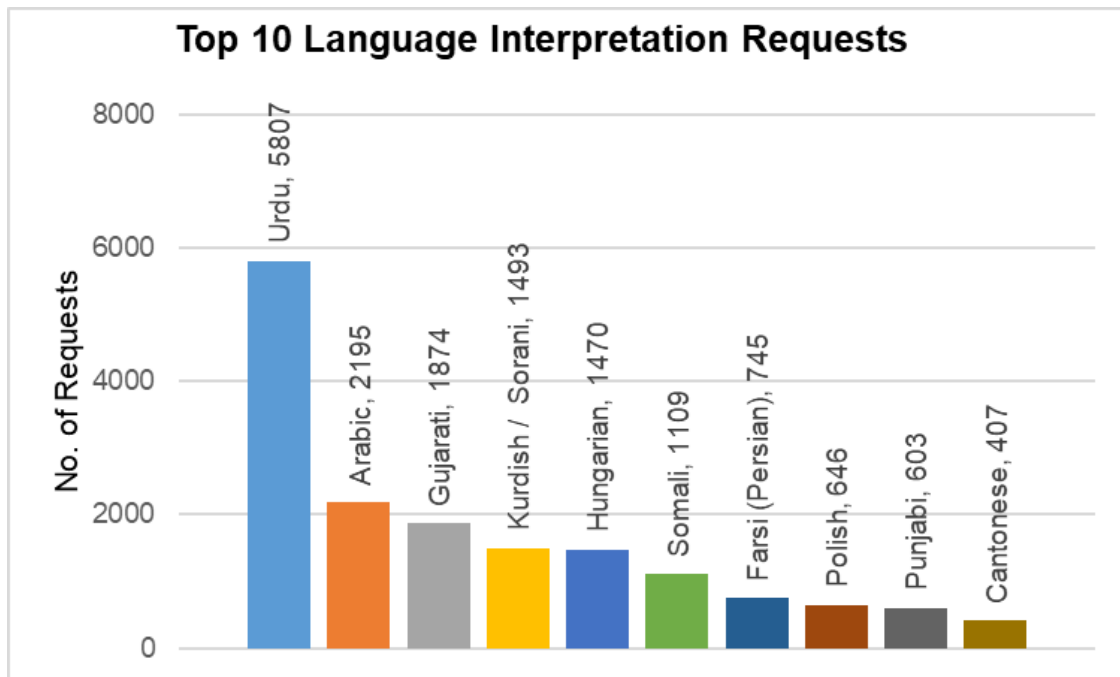
The Trust ensures that patients, carers, and families who do not speak English, or who have communication support needs, can access interpreting and translation services.

The Trust has a main provider (DALs) for interpretation and translation services and has recently introduced a secondary provider (Language Line) to manage requests when the main provider is unable to fulfil them. This approach has strengthened resilience and ensured timely access to communication support, particularly for low-volume or urgent languages. The Trust also employs a hospital Link Worker who provides in-person language support for Punjabi and Urdu-speaking patients; however, usage data for this service is outside the scope of this report.

- During 2024–25, a total of 23,181 interpretation and translation requests were made across both providers. Of these, the main provider (DALs) fulfilled 22,428 requests, while the secondary provider (Language Line) supported an additional 753 requests.
- Of these, 488 were for British Sign Language (BSL) ensuring that patients who are Deaf or have hearing loss can access information and communicate effectively about their care.



- Compared to 2023–24, when telephone interpreting accounted for just 13% of all activity (961 requests) and face-to-face interpreting represented 85% (6,504 requests), there has been a considerable shift towards telephone interpreting. This reflects increased flexibility for staff and patients, quicker access for urgent or unplanned appointments, and improved service efficiency.
- Face-to-face interpreting continues to play a vital role for complex or sensitive consultations requiring in-person communication support, while translation and video remote interpreting represent a smaller but important share of total usage.
- The following figure illustrates the top 10 requested languages during 2024–25.



- Urdu continues to have the highest demand, with 5,807 bookings, followed by Arabic (2,195) and Gujarati (1,874). The overall pattern of language demand remains consistent with the previous year, with only a marginal change — Cantonese has entered the top 10 languages, replacing Portuguese.
- A greater range of languages was recorded in 2024–25, with interpreting provided across 101 languages and dialects, compared to 75 in the previous year, reflecting the increasing linguistic diversity of patients accessing Trust services.
- This provision directly supports the Trust’s commitment to meeting its Public Sector Equality Duty under the Equality Act 2010, by eliminating discrimination, advancing equality of opportunity, and fostering good relations. Ensuring that all patients—regardless of language, disability, or communication need—can understand and participate in decisions about their care helps deliver safe, person-centred, and equitable services. Accessible communication also promotes confidence, dignity, and trust between patients, carers, and staff, helping to foster positive relationships and ensure that every patient feels heard and respected.
- The introduction of a secondary provider has further advanced equality of opportunity by improving service resilience and reducing the risk of unfulfilled requests, particularly for less common languages. Ongoing monitoring of fulfilment rates, language demand, and interpreter availability supports continuous improvement and helps identify where additional actions may be needed to meet the needs of Bolton’s diverse communities.

- The Trust’s interpretation and translation provision is currently under review to ensure it continues to meet the highest standards of accessibility and patient experience. In preparation for the Accessible Information Standard (AIS) 2026, the Trust is aligning its interpretation, translation, and communication support processes to strengthen compliance and ensure that all patients receive information in formats they can understand and act upon.

6. Equality in Complaints and Concerns

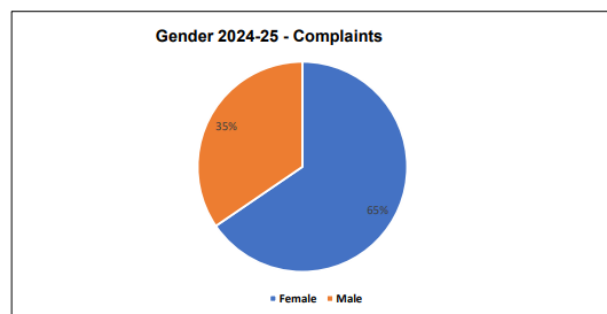
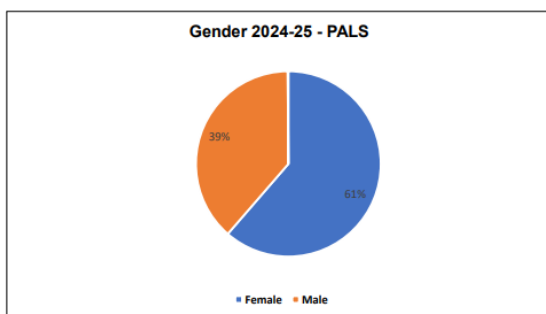
The Trust aims to ensure that all patients, carers, and visitors can raise concerns or complaints confidently, and that these are managed fairly, sensitively, and without discrimination. The Patient Advice and Liaison Service (PALS) offer support and guidance to help patients, relatives, or carers resolve issues informally, while the Complaints Department manages formal complaints when local resolution is not achieved.

Demographic monitoring data—including age, sex, ethnicity, and disability—are routinely collected for PALS and complaints cases. The Trust is taking steps to improve data completeness across all protected characteristics to strengthen future equality monitoring and compliance with the Public Sector Equality Duty (PSED).

a. Overview of Activity

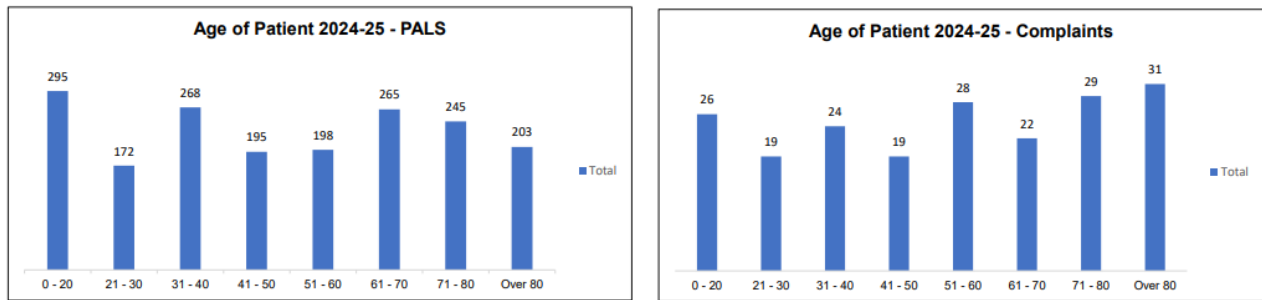
In 2024–25, PALS supported 1,859 individuals to resolve concerns and handled 198 formal complaints. Both services provide an accessible route for patients to raise feedback, with interpreting, translation, and alternative communication formats available to ensure equitable access.

b. Sex Breakdown



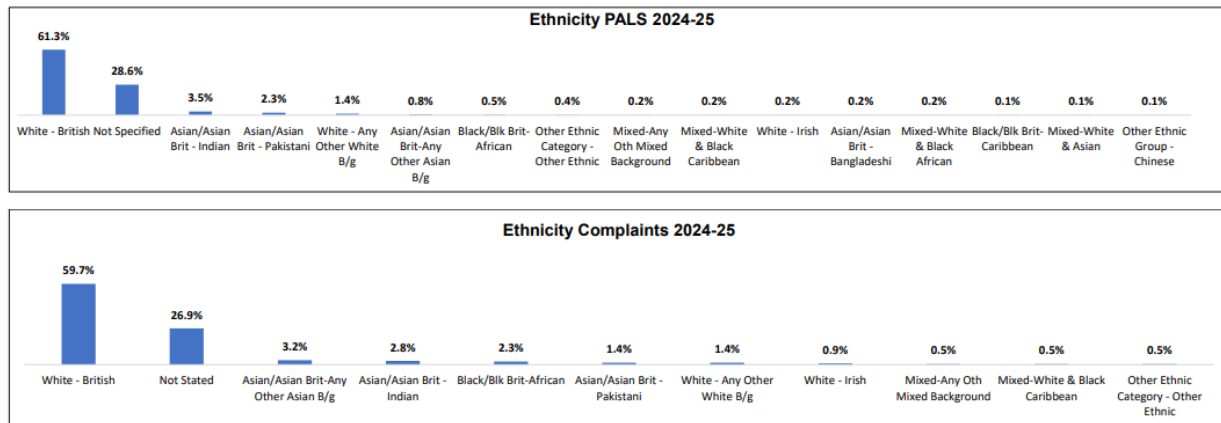
A consistent trend is observed across both PALS and complaints, with women continuing to make up over 60% of users. This pattern reflects national findings that female patients and carers are more likely to provide feedback or advocate for family members.

c. Age Breakdown



- The highest representation is among patients aged 0–20 years (24.1%), followed by 60–79 years (22.7%).
- Engagement is lowest among adults aged 21–30 years for both PALS and complaints.
- The highest proportion of complainants are aged 80 years and over (20.8%), indicating that older adults and their carers are more likely to raise formal concerns.
- Lower representation is observed among adults aged 21–40 years, which mirrors national trends showing reduced engagement from younger age groups.

d. Ethnicity



For both PALS and complaints White British group have the highest usage.

- White British patients have the highest use of both PALS and complaints. Asian and Black groups appear under-represented relative to their share of the Trust patient base (~10.5% Asian; ~2% Black), but the large 'not stated' share (~27–29%) limits certainty.
- The Equality, Diversity & Inclusion (EDI) Team and Patient Experience Team continue to work collaboratively to address these disparities through community and faith-based outreach, use of interpreters in engagement sessions, and targeted communication campaigns that promote awareness, confidence, and inclusivity.

e. Equality-Related Complaints and PALS Enquiries

Between April 2023 and May 2025, several cases were recorded with equality-related themes:

Formal Complaints (6 cases):

- 3 related to disability, referencing autism awareness, reasonable adjustments, and communication.
- 1 related to age, involving access to clinical assessment and decision-making.
- 1 related to race, citing staff attitude and access to treatment.
- 1 related to sex, highlighting the experience of a same-sex couple during maternity care.

All cases were investigated in line with the Trust's Complaints Policy. Outcomes and learning were shared through divisional governance, including refresher training on reasonable adjustments and inclusive communication.

PALS Enquiries (10 cases):

- 5 related to disability, including accessibility and communication for Deaf or neurodiverse patients.
- 4 concerned interpretation services, particularly timeliness and appropriateness of language support.
- 1 involved weight discrimination within community wheelchair services.
- All were resolved locally or through direct engagement with service teams. Follow-up actions included clarification of interpreter booking processes and reinforcement of accessible communication standards across departments.

f. Themes and Learning

Equality-related PALS and complaints cases continue to provide valuable insight into the experiences of patients with protected characteristics. Recurring themes include:

- Disability awareness and the need for consistent reasonable adjustments.

- Communication support and the timeliness of interpreting and translation.
- Cultural sensitivity and staff awareness in diverse patient interactions.

Learning from these cases informs ongoing improvement through the Accessible Information Standard (AIS) implementation and the Trust's Anti-Racism commitments. The Patient Experience Group reviews equality-related learning quarterly to ensure actions are embedded and progress is monitored.

7. Next Steps and Equality Objectives (2025 - 27)

The Trust's equality data and analysis have identified key areas for improvement across both workforce and patient experience. The priorities set out in the Trust's new EDI Plan (2025–27) respond directly to the data collected and discussed in this report and provide measurable outcomes for both workforce (Our People) and patient experience (Our Patients). These priorities are the Trust's EDI Objectives, which are designed to strengthen compliance with the Public Sector Equality Duty by eliminating discrimination, advancing equality of opportunity and fostering good relations across all our services and workforce.

Equality Objectives for 2025–2027 are set out in our new 2025–2027 EDI Plan. These are:

Our Patients

1. *Data* - strengthening the quality, completeness and use of patient demographic data.
2. *Access* – including physical and communication access
3. *Experience* – using patient demographic data to monitor and tackle inequity of patient experience
4. *Outcomes* – improve health inequalities in Bolton, according to the CORE20+5 priorities.

Our People

1. *Data* – improving declaration rates and use of staff demographic data to inform equitable experience.
2. *Inclusive recruitment* - strategies to improve representation at all levels of our workforce.
3. *Reasonable Adjustments* – improving the efficiency of provision.
4. *Inclusive Culture* – by tackling bullying and harassment and inclusive leadership.

These actions will also ensure continued compliance with our statutory, regulatory and contractual obligations, including:

- Equality Act 2010 (Public Sector Equality Duty),
- Equality Delivery System (EDS2022),
- Workforce Race and Disability Equality Standards (WRES and WDES),
- the Accessible Information Standard (AIS) 2026 refresh,
- and the Health and Care Act 2022 duty to reduce inequalities.

Governance and Accountability

- Progress against these objectives will be monitored through the EDI Assurance Group and reported to the People Committee and Trust Board.
- The EDI Team, within Organisational Development, will work with Divisions and corporate areas to share the EDI Plan and discuss and agree how they will contribute to achieving the Patient and People priorities. This will include opportunities for Divisions to support and shape Trust-wide initiatives, analysing divisional-level data to track progress, and understanding how these contribute to overall Trust 'People' KPIs. The EDI Team will also support Divisions to monitor progress against their agreed EDI objectives through their Divisional People Committees.

Appendix 1 Patient Profile Raw Datasets

a. Total number of patients broken down by Trust activity

Activity	Inpatient	Outpatient	Community	A&E
No. of total	88014	52834	59273	138952
% of total	25.96	15.58	17.48	40.98

b. % of Missed appointments overall by type of activity

Service	Total	% of Total
Acute Outpatients DNA	14291	50.02%
Community Outpatients DNA	14279	49.98%
Total	28570	100%

c. Age profile of patients compared to resident population

Age group	No of patients	% of patients
00-09	37744	11.13%
10-19	24188	7.13%
20-29	34499	10.17%
30-39	41669	12.29%
40-49	32984	9.73%
50-59	39111	11.53%
60-69	41934	12.37%
70-79	45589	13.45%
80-89	33771	9.96%
90+	7584	2.24%

d. Missed appointments by Age

Age Group	Total	% of total
00-09	852	2.98%
10-19	1444	5.05%

20-29	3524	12.33%
30-39	4414	15.45%
40-49	3919	13.72%
50-59	4770	16.70%
60-69	3943	13.80%
70-79	3160	11.06%
80-89	2122	7.43%
90+	422	1.48%

e. Sex profile of patients compared to local population

Sex	No. of Patients	% of patients
Female	184454	54.4
Male	154603	45.6
Not Specified	16	0.0

f. Missed appointments by Sex

Sex	Number of patients DNA
Female	13974
Male	14591
Not Known	5

g. Ethnicity profile

Ethnic Category	Ethnicity	Total	Percentage of Total
White/ White British	British	196203	57.86%
	Irish	1216	0.36%
	Any other White background	5404	1.59%
	Total	202823	59.82%
Black or Black British	African	5674	1.67%
	Caribbean	486	0.14%
	Any other Black background	930	0.27%
	Total	7090	2.09%
Asian/ Asian British	Indian	13193	3.89%
	Pakistani	17541	5.17%

	Bangladeshi	636	0.19%
	Any other Asian background	4105	1.21%
	Total	35475	10.46%
Mixed	White and Asian	826	0.24%
	White and Black African	576	0.17%
	White and Black Caribbean	824	0.24%
	Any other mixed background	1298	0.38%
	Total	3524	1.04%
Other Ethnic Group	Chinese	493	0.15%
	Any other ethnic group	5200	1.53%
	Total	5693	1.68%
Not stated	84468	24.91%	

h. Missed appointments by Ethnicity

Ethnicity	Total patient DNA	Total % patient DNA
African	518	1.81%
Any other Asian background	439	1.54%
Any other Black background	62	0.22%
Any Other Ethnic Group	428	1.50%
Any other mixed background	94	0.33%
Any other White background	414	1.45%
Bangladeshi	45	0.16%
British	16000	56.00%
Caribbean	65	0.23%
Chinese	34	0.12%
Indian	1336	4.68%
Irish	129	0.45%
Not stated	7086	24.80%
Pakistani	1733	6.07%
White and Asian	68	0.24%
White and Black African	40	0.14%
White and Black Caribbean	79	0.28%

Total	28570	100%
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i. Religion and Belief profile of patients

Religion/Belief	No. of patients	% of patients
Christian (all denominations)	143,219	42.23%
Buddhist	35	0.01%
Hindu	3,527	1.04%
Jewish	81	0.02%
Muslim	25,086	7.40%
Sikh	80	0.02%
Other religions / beliefs	1,479	0.44%
No religion / atheist / agnostic	14,255	4.21%
Do not wish to answer / refused	17,705	5.22%
Unknown / not stated	137,017	39.21%
Total	339,484	100%

j. Missed appointments by Religion and Belief

The table below shows the breakdown of patients who Did Not Attend (DNA) appointments in 2024/25 by religion and belief, grouped under the same main categories.

Religion & Belief	No. of DNAs	% of DNAs
Christian	12,627	44.20%
Muslim	3,166	11.08%
Hindu	363	1.27%
Jewish	6	0.02%
Buddhist	13	0.05%
Sikh	4	0.01%
Other religion	144	0.50%
No Religion or Belief	1,420	4.97%
Not Stated / Refused / Unknown	10,827	37.88%
Total	28,570	100%

Disability

k. Attendances with Learning Disabilities

Learning Disabilities	Total	Percentage of Total
A&E	826	50.12%
Acute Outpatients	144	8.74%
Community Outpatients	344	20.87%
Inpatient	334	20.27%
Grand Total	1648	100%

Appendix 2: Workforce Profile Raw Datasets

a. Overall Workforce Data

Sex	Total	%
Female	5360	84.24%
Male	1003	15.76%
Grand Total	6363	100%

Age band	Total	%
<=20 Years	40	0.63%
>=71 Years	25	0.39%
21-25	437	6.87%
26-30	768	12.07%
31-35	864	13.58%
36-40	865	13.59%
41-45	780	12.26%
46-50	666	10.47%
51-55	763	11.99%
56-60	666	10.47%
61-65	409	6.43%
66-70	80	1.26%
Grand Total	6363	100%

Disability	Total	%
No	4976	78.20%
Not Declared	975	15.32%
Prefer Not To Answer	33	0.52%
Yes	379	5.96%
Grand Total	6363	100%

Ethnicity	Total	%
BME	1481	23.28%

Not Stated	249	3.91%
White	4633	72.81%
Grand Total	6363	100.00%

Religious beliefs	Total	%
Atheism	776	12.2%
Buddhism	19	0.3%
Christianity	3245	51.0%
Hinduism	138	2.2%
I do not wish to disclose	1212	19.1%
Islam	545	8.6%
Jainism	3	0.1%
Judaism	18	0.3%
Other	403	6.3%
Sikhism	4	0.1%
Grand Total	6363	100.00%

Religious beliefs	Total	%
All other religions	1906	29.95%
Christianity	3245	51.00%
I do not wish to disclose	1212	19.05%
Grand Total	6363	100.00%

Sexual orientation	Total	%
LGB	150	2.36%
Heterosexual or Straight	5145	80.86%
Not stated	1052	16.53%
Other sexual orientation	9	0.14%
Undecided	7	0.11%
Grand Total	6363	100%

Employee Category	Total	%
Full Time	3520	55.32%
Part Time	2843	44.68%
Grand Total	6363	100%

Band	Total	%
Band 2	983	15.45%
Band 3	735	11.55%
Band 4	480	7.54%
Band 5	1430	22.47%
Band 6	1191	18.72%
Band 7	621	9.76%
Band 8 A	282	4.43%
Band 8 B	81	1.27%
Band 8 C	29	0.46%
Band 8 D	10	0.16%
Band 9	17	0.27%
Medical	487	7.65%
Other	16	0.25%
Very Senior Manager (VSM)	1	0.02%
Grand Total	6363	100.00%

Assignment status	Total	%
All other Assignment status'	6200	97.44%
Maternity & Adoption	163	2.56%
Grand Total	6363	100.00%

b. Staff Group

Gender	Female	Male	Grand Total
Additional Professional, Scientific & Technical	130	37	167
Additional Clinical	1174	176	1350
Administrative And Clerical	1036	221	1257
Allied Health Professionals	468	123	591

Estates	32	5	37
Healthcare Scientists	91	41	132
Medical And Dental	242	247	489
Nursing And Midwifery	2187	153	2340
Grand Total	5360	1003	6363

Age band	<=20 Years	>=71 Years	21- 25	26- 30	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	61- 65	66- 70	Grand Total
Add Prof Sci & Tech	1	1	15	23	20	29	23	15	19	14	7		167
Additional Clinical	21	11	80	129	194	163	160	128	164	166	108	26	1350
Admin	17	7	63	135	112	129	145	126	176	191	131	25	1257
Allied Health Professionals		1	82	83	97	85	82	53	61	34	10	3	591
Estates	1					3	2	2	10	11	6	2	37
Healthcare Scientists			5	21	16	21	22	18	11	8	10		132
Medical & Dental		2	44	36	42	106	65	67	49	48	25	5	489
Nursing And Midwifery		3	148	341	383	329	281	257	273	194	112	19	2340
Grand Total	40	25	437	768	864	865	780	666	763	666	409	80	6363

Disability	No	Not Declared	Prefer Not To Answer	Yes	Grand Total
Additional Professional, Scientific & Technical	136	22		9	167
Additional Clinical	1080	199	9	62	1350
Administrative And Clerical	970	172	6	109	1257
Allied Health Professionals	487	70	1	33	591
Estates	25	8		4	37
Healthcare Scientists	99	30	1	2	132
Medical And Dental	346	126	2	15	489
Nursing And Midwifery	1833	348	14	145	2340

Grand Total	4976	975	33	379	6363
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Ethnicity	BAME	Not stated	White	Grand Total
Additional Professional, Scientific and Technical	61	12	94	167
Additional Clinical	281	26	1043	1350
Administrative and Clerical	165	37	1055	1257
Allied Health Professionals	149	17	425	591
Estates	2	2	33	37
Healthcare Scientists	56	8	68	132
Medical and Dental	248	61	180	489
Nursing and Midwifery	519	86	1735	2340
Grand Total	1481	249	4633	6363

Religious belief	Atheism	Buddhism	Christianity	Hinduism	Prefer not to answer	Islam	Jainism	Judaism	Other	Sikhism	Grand Total
Add Prof Sci & Tech	21		72	4	25	33		1	11		167
Additional Clinical	136	7	692	16	268	98	1		132		1350
Administrative And Clerical	171	3	635	29	257	76	1	1	84		1257
Allied Health Professionals	93	1	281	16	82	84		7	27		591
Estates	1		18		11	1			6		37
Healthcare Scientists	9		49		31	38			5		132
Medical & Dental	70	6	103	60	134	94	1	4	14	3	489

Nursing And Midwifery	275	2	1395	13	404	121		5	124	1	2340
Grand Total	776	19	3245	138	1212	545	3	18	403	4	6363

Sexual orientation	LGB	Heterosexual	Not stated	Other SO not listed	Undecided	Grand Total
Additional Professional, Scientific & Technical	6	135	24		2	167
Additional Clinical	23	1105	220	1	1	1350
Administrative and Clerical	42	1001	210	2	2	1257
Allied Health Professionals	17	501	72	1		591
Estates	0	28	8	1		37
Healthcare Scientists	6	96	32	1		132
Medical and Dental	8	357	124			489
Nursing and Midwifery	51	1922	362	3	2	2340
Grand Total	153	5145	1052	9	7	6363

Assignment category	Fixed Term Temp	Permanent	Grand Total
Additional Professional, Scientific & Technical		159	167
Additional Clinical	36	1314	1350
Administrative And Clerical	59	1198	1257
Allied Health Professionals	6	585	591
Estates		37	37
Healthcare Scientists	4	128	132
Medical And Dental	155	334	489

Nursing And Midwifery	23	2317	2340
Grand Total	291	6072	6363

Band	Ban d 2	Ban d 3	Ban d 4	Ban d 5	Ban d 6	Ban d 7	Ban d 8A	Ban d 8B	Ban d 8C	Ban d 8 D	Ban d 9	Medic al	Othe r	VS M	Gran d Total
Add Prof Sci & Tech			14	52	34	35	22	6	3	1					167
Additional Clinical	627	468	230	21	4										1350
Administrative And Clerical	319	266	236	134	85	71	48	48	18	4	14		14		1257
Allied Health Professionals				120	246	160	58	3	4						591
Estates	37														37
Healthcare Scientists		1		34	50	27	17	2			1				132
Medical & Dental												487	2		489
Nursing And Midwifery				106	772	328	137	22	4	5	2			1	2340
Grand Total	983	735	480	143	1191	621	282	81	29	10	17	487	16	1	6363

c. Pay band

Gender	Female	Male	Grand Total
Band 2	867	116	983
Band 3	645	90	735
Band 4	429	51	480
Band 5	1260	170	1430
Band 6	1051	140	1191
Band 7	537	84	621
Band 8A	230	52	282

Band 8B	58	23	81
Band 8C	18	11	29
Band 8D	7	3	10
Band 9	9	8	17
Medical	240	247	487
Other	9	7	16
VSM		1	1
Grand Total	5360	1003	6363

Age band	<=20 Years	>=71 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	Grand Total
Band 2	24	13	66	84	113	100	108	96	106	146	106	21	983
Band 3	14	4	46	85	93	78	72	62	90	106	66	19	735
Band 4	2		26	47	50	50	55	45	86	61	48	10	480
Band 5		3	191	265	243	179	159	108	130	87	55	10	1430
Band 6		2	63	183	206	169	146	125	127	104	57	9	1191
Band 7		1		53	78	108	106	81	101	57	31	5	621
Band 8A				9	21	51	45	52	43	45	16		282
Band 8B				4	11	12	14	17	16	5	2		81
Band 8C				1	5	9	2	5	3	3	1		29
Band 8D						1	4	1	4				10
Band 9				1	2	2	3	4	4	1			17
Medical		2	44	36	42	104	65	67	49	48	25	5	487
Other			1			2	1	2	4	3	2	1	16
VSM								1					1
Total	40	25	437	768	864	865	780	666	763	666	409	80	6363

Disability	No	Not Declared	Prefer Not To Answer	Yes	Grand Total
Band 2	779	138	7	59	983
Band 3	569	108	6	52	735
Band 4	372	73	1	34	480
Band 5	1115	210	11	94	1430

Band 6	953	171	4	63	1191
Band 7	507	75	1	38	621
Band 8A	210	54	1	17	282
Band 8B	72	6		3	81
Band 8C	23	4		2	29
Band 8D	10				10
Band 9	13	2		2	17
Medical	344	126	2	15	487
Other	8	8			16
VSM	1				1
Total	4976	975	33	379	6363

BAME	BME	Not stated	White	Grand Total
Band 2	212	27	744	983
Band 3	118	17	600	735
Band 4	63	10	407	480
Band 5	501	66	863	1430
Band 6	216	38	937	1191
Band 7	88	14	519	621
Band 8A	24	12	246	282
Band 8B	4	1	76	81
Band 8C	1	3	25	29
Band 8D	1		9	10
Band 9	2		15	17
Medical	247	61	179	487
Other	4		12	16
VSM			1	1
Grand Total	1481	249	4633	6363

Religious belief	All other religions	Christianity	Not declared	Grand Total
Band 2	258	530	195	983
Band 3	238	348	149	735
Band 4	125	243	112	480

Band 5	397	809	224	1430
Band 6	361	636	194	1191
Band 7	177	333	111	621
Band 8A	53	166	63	282
Band 8B	25	45	11	81
Band 8C	9	16	4	29
Band 8D	5	3	2	10
Band 9	4	7	6	17
Medical	250	103	134	487
Other	4	5	7	16
VSM		1		1
Total	1906	3245	1212	6363

Religious belief detailed	Atheism	Buddhism	Christianity	Hinduism	Not declared	Islam	Jainism	Judaism	Other	Sikhism	Grand Total
Band 2	90	5	530	10	195	61	1		91		983
Band 3	93	1	348	15	149	58			71		735
Band 4	46	3	243	12	112	32	1		31		480
Band 5	158		809	17	224	141			81		1430
Band 6	176	2	636	13	194	101		10	59		1191
Band 7	86	2	333	6	111	47		3	32	1	621
Band 8A	28		166	4	63	7		1	13		282
Band 8B	16		45	1	11	1			7		81
Band 8C	8		16		4				1		29
Band 8D	3		3		2	1			1		10
Band 9	1		7		6	1			2		17
Medical	70	6	103	60	134	93	1	4	13	3	487
Other	1		5		7	2			1		16
VSM			1								1
Total	776	19	3245	138	1212	545	3	18	403	4	6363

Sexual orientation	LGB	Heterosexual	Not stated	Other	Undecided	Grand Total
Band 2	20	800	160	2	1	983
Band 3	17	598	118	1	1	735
Band 4	11	370	98	1		480
Band 5	34	1190	202	2	2	1430
Band 6	27	995	167	2		1191
Band 7	16	496	106	1	2	621
Band 8A	10	220	51		1	282
Band 8B	2	70	9			81
Band 8C	3	21	5			29
Band 8D	0	9	1			10
Band 9	2	10	5			17
Medical	8	355	124			487
Other	0	10	6			16
VSM	0	1				1
Grand Total	150	5145	1052	9	7	6363

Assignment category	Fixed Term Temp	Permanent	Grand Total
Band 2	417	566	983
Band 3	382	353	735
Band 4	276	204	480
Band 5	777	653	1430
Band 6	585	606	1191
Band 7	368	253	621
Band 8A	202	80	282
Band 8B	75	6	81
Band 8C	24	5	29
Band 8D	9	1	10
Band 9	16	1	17
Medical	372	115	487
Other	16		16

VSM	1		1
Grand Total	3520	2843	6363

Category	Full Time	Part Time	Grand Total
Band 2	417	566	983
Band 3	382	353	735
Band 4	276	204	480
Band 5	777	653	1430
Band 6	585	606	1191
Band 7	368	253	621
Band 8A	202	80	282
Band 8B	75	6	81
Band 8C	24	5	29
Band 8D	9	1	10
Band 9	16	1	17
Medical	372	115	487
Other	16		16
VSM	1		1
Grand Total	3520	2843	6363

Maternity	All other Assignment status'	Maternity & Adoption	Grand Total
Band 2	970	13	983
Band 3	727	8	735
Band 4	468	12	480
Band 5	1369	61	1430
Band 6	1152	39	1191
Band 7	601	20	621
Band 8A	275	7	282
Band 8B	80	1	81
Band 8C	29		29
Band 8D	10		10

Band 9	17		17
Medical	487		487
Other	14	2	16
VSM	1		1
Grand Total	6200	163	6363

d. Leavers

Gender	Leavers	Headcount	%
Female	589	5360	10.99%
Male	123	1003	12.26%

Disability	Leavers	Headcount	%
No	537	4976	10.79%
Not Declared	133	975	13.64%
Prefer Not To Answer	2	33	6.06%
Yes	40	379	10.55%

Ethnicity	Leavers	Headcount	%
BAME	175	1481	11.82%
Not Stated	36	249	14.46%
White	501	4633	10.81%

Religion	Leavers	Headcount	%
All other religions	232	1906	12.17%
Christianity	320	3245	9.86%
I do not wish to disclose my religion/belief	160	1212	13.20%

Sexual orientation	Leavers	Headcount	%
Bisexual	9	56	16.07%
Gay or Lesbian	12	94	12.77%

Heterosexual or Straight	563	5145	10.94%
Not stated	126	1052	11.98%
Other sexual orientation not listed	2	9	22.22%

e. Recruitment

Gender	Female	Male	Prefer not to say
No. of shortlisted applicants	4734	1596	50
No. appointed from shortlisting	723	205	0
Relative likelihood of shortlisting/appointed	15.27%	12.84%	0.00%

Age	No. of shortlisted applicants	No. appointed from shortlisting	Relative likelihood of shortlisting/appointed
Under 20	129	34	26.36%
20 - 24	959	204	21.27%
25 - 29	1345	164	12.19%
30 - 34	1154	161	13.95%
35 - 39	913	129	14.13%
40 - 44	671	70	10.43%
45 - 49	466	53	11.37%
50 - 54	360	43	11.94%
55 - 59	217	50	23.04%
60 - 64	105	14	13.33%
65+	27	6	22.22%
Not stated	34	-	-

Disability	No	Yes	Not stated
No. of shortlisted applicants	5798	449	133
No. appointed from shortlisting	740	55	133
Relative likelihood of shortlisting/appointed	12.76%	12.25%	100.00%

Ethnic Origin	White	BAME	Not stated
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No. of shortlisted applicants	3060	3197	123
No. appointed from shortlisting	471	367	90
Relative likelihood of shortlisting/appointed	15.39%	11.48%	73.17%

Religion	All other Religions	Christianity	Do not wish to answer	Atheist
No. of shortlisted applicants	1734	3257	524	865
No. appointed from shortlisting	221	389	184	134
Relative likelihood of shortlisting/appointed	12.75%	11.94%	35.11%	15.49%

Sexual Orientation	Heterosexual	LGB	Not stated	Undecided
No. of shortlisted applicants	5839	295	238	8
No. appointed from shortlisting	760	25	141	2
Relative likelihood of shortlisting/appointed	13.02%	8.47%	59.24%	25.00%

Transgender	No	Yes	Not stated
No. of shortlisted applicants	0	0	6380
No. appointed from shortlisting	0	0	928
Relative likelihood of shortlisting/appointed	0.00%	0.00%	14.55%