

Public Sector Equality Duty Report

April 2024– March 2025

Title:	Public Sector Equality Duty Report 2024 - 2025
Responsible Director:	Director of People and Culture
Author:	Head of Education, Learning and Development Equality, Diversity, and Inclusion Manager

Purpose of the report and summary of key issues:	<p>The purpose of this report is to provide assurance of compliance with the Public Sector Equality Duty (PSED) for the period of April 2024 – March 2025. The Trust is required to comply with both the general duties and the specific duties of the PSED and is mandated to publish the results of activities in relation to the Equality Delivery System (EDS) 22, Workforce Equality Standards and Gender Pay Gap (GPG) Report.</p> <p>This report is an aggregation of all Equality, Diversity, and Inclusion (EDI) work to provide assurance that Harrogate District NHS Foundation Trust (HDFT) is compliant with PSED.</p> <p>Key themes include:</p> <ul style="list-style-type: none"> - Improvements in staff engagement and diversity - Notable increases in BME representation - Notable increases in disclosures of disability and sexual orientation. <p>The National Staff Survey (NSS) results indicate that HDFT falls below the national average concerning discrimination across various protected characteristics:</p> <ul style="list-style-type: none"> - Gender - Sexual Orientation - Disability
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	<ul style="list-style-type: none"> - Age - Other <p>Efforts to address disparities in career progression and harassment are highlighted, along with initiatives such as Reciprocal Mentoring programs and reasonable adjustment support. Recommendations include implementing action plans derived from Workforce Equality Standards to inform future diversity and inclusion strategies.</p> <p>The report is for noting prior to its publication.</p>
BAF Risk:	The Patient and Child First Improving the health and wellbeing of our patients, children, and communities
	Best Quality, Safest Care
	Person Centred, Integrated Care; Strong Partnerships
	Great Start in Life
	At Our Best: Making HDFT the best place to work
	An environment that promotes wellbeing
	Digital transformation to integrate care and improve patient, child, and staff experience
	Healthcare innovation to improve quality
Corporate Risks	None
Report History:	The report has not been discussed or presented elsewhere.
Recommendation:	It is recommended that this report is noted prior to publication on the Trust's external website.

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1. Purpose

The Equality Act 2010 sets out the Public Sector Equality Duty (PSED) in three key areas of compliance, in which the general duty requires the Trust to exercise their functions having due regard to the need to:

- Advance equality of opportunity between people who share and people who do not share a relevant protected characteristic.
- Foster good relations between people who share and people who do not share a relevant protected characteristic.
- Eliminate unlawful discrimination, harassment, victimisation, and any other unlawful conduct prohibited by The Act.

The purpose of the report is to provide assurance of Harrogate District NHS Foundation Trust's (HDFT) compliance with the Public Sector Equality Duty (PSED) under the Equality Act 2010, focusing on advancing equality of opportunity, fostering good relations, and eliminating unlawful discrimination.

2. Background

The first two aims of the PSED (advancing equality and fostering good relations) applies to the first eight of the nine protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage or civil partnership status). Although marriage and civil partnership is a protected characteristic, it is not relevant to the first two aims and only needs to be considered in relation to eliminating unlawful behaviour, which applies to all nine protected characteristics.

HDFT strives to create a culture of inclusivity through the People Plan 2024 and beyond. The delivery of this is through a governance structure which includes the Belonging subgroup. This group facilitates the organisations EDI ambitions:

- Everyone will demonstrate HDFT KITE (Kindness, Integrity, Teamwork and Equality) behaviours to care for our patients, children and communities.
- HDFT will build strong teams who support each other.
- HDFT will promote equality and diversity.
- HDFT will increase diversity in leaders and decision makers.

Alongside the use of the PSED, HDFT also works in line with the NHS's first National EDI improvement plan, published on June 8th, 2023. This improvement plan sets out targeted actions to address prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The NHS EDI improvement plan includes six high impact actions (HIA):

1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
3. Develop and implement an improvement plan to eliminate pay gaps.
4. Develop and implement an improvement plan to address health inequalities within the workforce.
5. Implement a comprehensive induction, on boarding and development programme for internationally recruited staff.
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment, and physical violence at work occur.

Success metrics for the National Improvement Plan include NSS results, WRES and WDES, National Education and Training Survey (NETS) and Board Assurance Framework. The implementation of the national EDI improvement plan will strengthen the progress of the PSED within HDFT, leading to better outcomes for patients and a more inclusive work environment for staff. The success metrics for the NHS Improvement Plan are largely encompassed within this PSED.

This report will now set out HDFT data under the three key areas of the PSED for the period of April 2024 to March 2025. Please be aware that there may be variations in headcount figures between the 2023 – 2024 and 2024 – 2025 periods throughout the report, as the data is sourced from multiple channels at different points in time.

3. To advance equality of opportunity

3.1 Staff Survey Results

HDFT saw a rise in the NSS response rate, with 48.7% (2463 employees) of the workforce taking part, a 3% increase on the previous year.

Between September and November 2024, the National Staff Survey was undertaken by IQVIA for 126 organisations, including HDFT. 65 of these Organisations are Acute and Acute & Community Trusts, which make up the comparator group displayed across the HDFT NSS results.

The seven NHS People Promises and themes of Engagement and Morale have not changed significantly from 2023.

Two questions from the NSS can demonstrate improvements in the advancement of opportunity:

1. Staff who agree or strongly agree that the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.).

There is a 1.7% decline in respondents agreeing that the organisation respects individual difference, as illustrated below.

HDFT 2023	HDFT 2024	Difference	Comparator
75.7%	74%	1.7%	69.8%

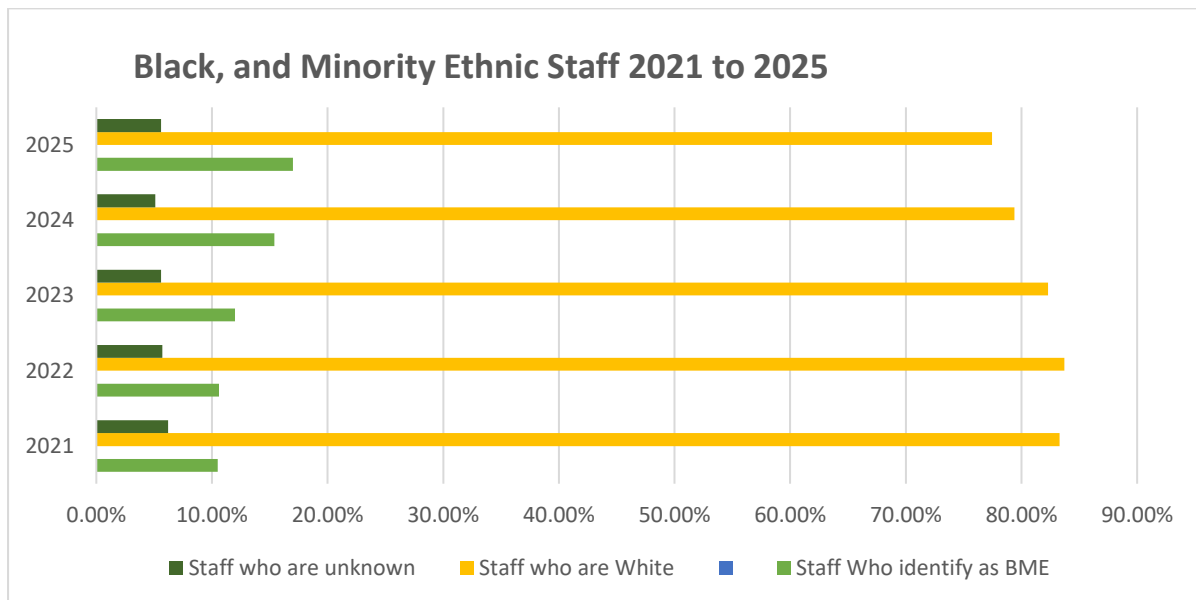
2. Staff who agree that the organisation acts fairly concerning career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age.

As illustrated below, there is a 2.2% decrease in respondents agreeing that the organisation acts fairly concerning career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age.

HDFT 2023	HDFT 2024	Difference	Comparator
60.9%	58.7%	2.2%	54.5%

3.2 Workforce Ethnicity

The proportion of Black and Minority Ethnic Staff (BME) has increased year on year, as illustrated below.



The table below shows the total number of BME staff on 31 March 2025

Out of the 5263 employees who declared their racial identity on ESR, 864 disclosed their ethnicity under the umbrella category of "BME."

Ethnic Origin	Headcount
D Mixed - White & Black Caribbean	8
E Mixed - White & Black African	14
F Mixed - White & Asian	17
G Mixed - Any other mixed background	12
GA Mixed - Black & Asian	1
GC Mixed - Black & White	1
GD Mixed - Chinese & White	3
GE Mixed - Asian & Chinese	2
GF Mixed - Other/Unspecified	5
H Asian or Asian British - Indian	289
J Asian or Asian British - Pakistani	71
K Asian or Asian British - Bangladeshi	9
L Asian or Asian British - Any other Asian background	43
LA Asian Mixed	1
LB Asian Punjabi	2
LE Asian Sri Lankan	8
LG Asian Sinhalese	1
LH Asian British	8
LK Asian Unspecified	7
M Black or Black British - Caribbean	14

N Black or Black British - African	185
P Black or Black British - Any other Black background	5
PB Black Mixed	2
PC Black Nigerian	42
PD Black British	2
R Chinese	18
S Any Other Ethnic Group	43
SC Filipino	42
SD Malaysian	2
SE Other Specified	7
Total	864

3.3 Seniority and Ethnicity

Using three broad pay bandings across all staff groups, it is evident that there is an increase in the number of staff disclosing their ethnicity from 2024 to 2025. The overall growth is largely driven by the increase of BME staff and reduction of White staff within Medical and Dental.

HDFT remains committed to taking positive action to address underrepresentation or disadvantage faced by certain groups and over this reporting cycle has:

- Encouraged disclosure of protected characteristics on employment records
- Implemented cohort two of a Reciprocal Mentoring programme.
- Maintained the BME and Ally Staff Network (now known as REACH network)

A comparison table showing the pay bandings of BME staff, including categories for White and Not Stated, is available on the next page.

31 st Mar 2024				
Banding	BME	White	Not Stated	TOTAL
Bands 2 -7	604	3,562	242	4,408
Bands 8 - VSM	12	262	8	282
Medical and Dental	191	333	38	562
TOTAL	807	4,157	288	5,252
Total %	15%	79%	5%	
31 st Mar 2025				
Banding	BME	White	Not Stated	Total
Bands 2 -7	661	3513	248	4422
Bands 8 - VSM	15	277	8	300
Medical and Dental	188	312	41	541
TOTAL	864	4102	297	5263
Total %	16%	78%	6%	

3.4 Workforce Race Equality Standard (WRES) Data

HDFT can demonstrate improvements in the advancement of equality of opportunity through WRES data (reporting period to 31 March 2024):

- Metric 1: The total percentage of BME employees in HDFT (excluding Board members) has increased by 3.6% since 2023.
- Metric 5: 3.4% reduction in staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. 1.3% improvement against the national average.
- Metric 6: 8.1% reduction in staff experiencing harassment, bullying or abuse from staff in the last 12 months.
- Metric 8: 7.0% reduction in staff experiencing harassment, bullying or abuse from their manager, team leader or other colleague in the last 12 months.
- Metric 9: An overall 3.4% reduction in Board of Directors' representation, compared to the overall workforce from 22% in 2023, and now 18.6% in 2024.

The Trust regularly holds its REACH (Race, Ethnicity and Cultural Heritage) staff network group (previously known as BME and Allies network), a well-established network with approximately 111 members. Activities undertaken during this reporting cycle include:

- Workforce celebrations and awareness raising, i.e., ethnicity, religious festivals such as Ramadan, Eid and the Festival of Light, health inequalities, and Black History Month, as well as workshops to support BME colleagues.
- Information through Facebook pages and Team Talk – our Chief Executive leads live MS Teams Trust-wide communication sessions each week, including invited speakers to raise awareness of EDI, health, long-term conditions, and many other topics.
- The Executive sponsor, Russell Nightingale, and Non-Executive Director Wallace Sampson have attended some of the network meetings, providing high-level support and commitment to its members.

[See Appendix 1 WRES Data 2024 for more information](#)

3.5 Gender

The workforce remains predominantly female with little movement in percentage terms (86% in March 2022, 85% in March 2023, 83% in March 2024 and 84% in 2025). The Trust demonstrates a steady increase in female staff at higher bands and in Medical and Dental.

	31 Mar 2022			31 Mar 2023			31 March 2024			31 March 2025		
	Employees	Female	Male	Employees	Female	Male	Employees	Female	Male	Employees	Female	Male
Bands 2-7	3,791	3,412	379	3,983	3,545	438	4,408	3,887	521	4422	3901	521
Band 8 to VSM	219	175	44	242	190	52	282	219	63	300	231	69
Medical and Dental	433	235	198	470	244	226	562	277	285	541	296	245

The data tells us:

1 There are more women in roles band 2-7 – 88% Female, 12% Male

2 There are more women in roles band 8 – VSM: 77% Female, 23% Male

3 The representation between men and women within Medical and Dental: 55% Female, 45% Male

Across the whole of the NHS, 77% women make up the NHS workforce but are under-represented at senior level.

3.6 Gender Pay Gap

In 2018, it became mandatory for all public sector employers with more than 250 employees to measure and publish their gender pay gap (GPG) information. The GPG is a measure of the percentage difference in pay between all male and female workers. Closing the gender pay gap is about more than just the numbers, it is about increasing support for female staff.

At HDFT, females earn on average £19.65 hour compared to £25.99 for males. This means that females earn £6.34 less per hour, which equates to a £6.34 gender pay difference or 'gap' this equates to a 24.4% pay gap. Last year this was 26%, which means that the gap has marginally reduced since the previous year by 1.6%

3.7 Age

The majority of Trust staff are aged between 31 and 60. More than 32% of staff are aged over 51, highlighting the importance of age inclusion. The Organisation has seen a rise in the headcount, but not percentage, of staff aged 51 and over.

	2023/2024		2024/2025	
Age Band	Headcount	% of Workforce	Headcount	% of Workforce
16-20 Years	17	0.3%	17	0.3%
21-30 Years	757	15.0%	847	16.1%
31-40 Years	1,312	26.0%	1392	26.5%
41-50 Years	1,286	25.5%	1310	24.9%
51-60 Years	1,290	25.6%	1283	24.4%
60+ Years	377	7.5%	410	7.8%
TOTAL	5,039		5259	

3.8 Disability

The number of staff who have disclosed their disability on the Electronic Staff Record (ESR) has risen by 62 employees but remains as 6.3% of the workforce. There is a 1% increase in colleagues choosing to declare their disability or long-term condition.

The ability to report on who has, or has not, verified their information has only been available from March 2024. Most ESR data is provided at the start of employment, however, it should be considered that disabilities can be acquired during employment, and therefore may not be disclosed.

The National Staff Survey for 2024 shows 665 employees disclosing a disability or long-term condition, which is 27% of respondents or approximately 12% of the workforce. Data collection on ESR continues to be improved in several ways, including by regular communications in our all-staff weekly bulletin, promoting step-by-step guides to complete ESR and highlighting what the data is used for on the Intranet.

Disability Status	Headcount 31 March 2024	Headcount 31 March 2025
Yes	315	377
No	4,402	4396
Not Declared	525	473
Prefer not to answer	10	11
TOTAL	5,252	5257

Significant amounts of work continue to take place in the organisation regarding disability and long-term conditions, including:

- Within the Disability and Long –Term Condition staff network:
 - The membership has more than doubled, to approximately 75 people.
 - Examples of discussion topics include WDES data, staff policies and specific conditions to raise awareness.
 - The Reasonable Adjustments Passport
 - Executive Sponsor involvement - the Director of Strategy and a Non-Executive Director both attend network meetings to offer support.

- Within the Neurodiversity Staff network:
 - The membership has increased to over 55 people.
 - Topics of discussion are usually based on people's lived experiences.
 - Colleagues who are neurodivergent or parents to neurodivergent children attend, to gain understanding and learn from others.
 - Communication includes E-updates and intranet articles.
 - Equality, Diversity, and Inclusion training is delivered during Corporate induction.
 - Furthermore, the Trust is recognised under the Disability Confident Scheme (level II). The scheme is a best practice standard to ensure that those people who identify as being disabled or having a long-term condition can be offered an interview where they can demonstrate they meet the minimum requirements of the role. Work continues to embed the scheme into the recruitment and selection process, ensuring that people who identify as having a disability are not disadvantaged and is reviewed annually.
 - The Trust has several initiatives or points of contact in place to prevent the development of long-term mental health conditions, including burnout:
 - Mental Health First Aiders
 - Health and Wellbeing Manager
 - Referral links between the Employee Assistance Programme and Occupational Health Department.
 - Annual health and wellbeing events
 - Health promotions, such as the Blue Light Card
 - Staff rest areas within the hospital.

3.9 Reasonable Adjustments

Significant work has been carried out to enable colleagues to feel more empowered to request reasonable adjustments from their manager. The annual National Staff Survey asks the question, "Has your employer made adequate adjustment(s) to enable you to carry out your work?"

78.1% of colleagues received their reasonable adjustment and 21.9% did not. Compared to 2023, there is a 2.1% increase in staff accessing required reasonable

adjustments, which runs simultaneously with a decrease in those not receiving or not requiring them, as illustrated below.

	HDFT 2023		HDFT 2024	
Yes	243	75.9%	310	78.1%
No	77	24.1%	87	21.9%
No adjustment required	259	44.7%	264	39.9%

3.10 Workforce Disability Equality Standard (WDES) Data

Harrogate District Hospital Foundation Trust can demonstrate improvements in the advancement of equality of opportunity at the Trust, through the use of WDES data (reporting period to 31 March 2024):

- Metric 1: There continues to be year on year increases of staff declaring their disability or long-term condition. HDFT had more staff declaring this protected characteristic than the national average.
- Metric 3: One employee with a disability or long-term condition entered the capability process in 2023 / 2024.
- Metric 4a – d: Since the last WDES, disabled staff have reported fewer incidents of bullying and harassment from managers, colleagues, and patients/service users. For the incidents that did occur, more were reported in 2023 in comparison to the previous year. HDFT disabled staff experience less incidences of bullying and harassment which is better than the national average.
 - Metric 4a: Harassment, bullying or abuse from patients, relatives or the public in the last 12 months reduced from 29.7% to 26.7% and is 3.1% better than the national average.
 - Metric 4b: Harassment, bullying or abuse from line managers in the last 12 months reduced from 14.5 % to 11.0 % and is 4.3 % lower than the national average.
 - Metric 4c: Harassment, bullying or abuse from other colleagues in the last 12 months reduced from 21.2% to 21.1% and is 3.2% lower than the national average.

- Metric 4d: The last time you experienced harassment, bullying or abuse, did you report it? The data has improved from 49.3% to 56.1% and is better than the national average of 50.6%.

[Please see Appendix 2 WDES data for more information](#)

3.11 Sexual Orientation

The table below shows the number of LGBTQ+ people who have disclosed their sexuality on ESR.

Sexual Orientation	2024		2025	
	Headcount	%	Headcount	%
Bisexual person	43	0.8%	52	0.99%
Gay or Lesbian	71	1.4%	74	1.41%
Heterosexual or straight	4,107	78.2%	4265	81.07%
Not stated (person asked but declined to respond)	1,024	19.5%	789	15%
Other sexual orientation not listed	4	0.1%	2	0.04%
Undecided	3	0.1%	8	0.15%
TOTAL	5252		5190	

The number of staff who have disclosed their sexual orientation has increased by 0.19%. The number of people on ESR who identify within the umbrella of “LGBTQ+” (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, the plus stands for all other identities not captured within the acronym) has increased from 121 employees to 136 employees. This figure only includes sexual orientation within LGBTQ+, as gender is referred to in other sections of the report.

The number of people who have ‘not stated’ their sexual orientation remains high, at 15%; however, it is 4.5% lower than the previous year and 2.1% lower than 2022.

The network membership stands at almost 60 colleagues and is active with its awareness and inclusion events throughout the year.

3.12 Gender Reassignment and Transgender

Records of non-binary colleagues are limited, as currently the ESR system is programmed to only record male or female. Colleagues may disclose themselves as non-binary or transgender, or to identify as “Mx” (gender-neutral title) in the title category.

Staff are encouraged to have their ID badge updated, use their pronouns, and use them alongside their name on their email signature. (Examples include: “he, him, his”, “she, her, hers” or “they, them, theirs”).

3.13 Religion

Compared to 2024, the proportional split of religious groups is similar to 2025 in that over 50% of employees disclose Christianity as their religious belief. 19.64% of the workforce have not disclosed their religion on ESR, which is less than 23.2% in 2023.

Religious Belief	2024		2025	
	Headcount	%	Headcount	%
Atheism	828	15.8%	913	17.35%
Buddhism	30	0.6%	32	0.61%
Christianity	2,674	50.9%	2685	51.04%
Hinduism	84	1.6%	98	1.86%
I do not wish to disclose my religion/belief	1,220	23.2%	1033	19.64%
Islam	130	2.5%	140	2.66%
Jainism	1	0.0%	1	0.02%
Judaism	13	0.2%	7	0.13%
Other	258	4.9%	258	4.90%
Sikhism	14	0.3%	16	0.30%
Unspecified	-	-	78	1.48%

The Trust’s Multi-faith Centre offers emotional, spiritual, and religious support to people of all faiths, beliefs, and religions and those who do not observe any belief system. Chaplains provide a confidential ‘listening ear’ to people for staff and patients at ward level. The Chaplains are also available for prayers, communion and confession for patients and employees.

The Chaplaincy Service collaborates closely with the Wellbeing Manager, Freedom to Speak Up and the Equality, Diversity, and Inclusion Manager to exchange strategies and identify areas where the workforce would benefit from enhanced awareness of their collective pastoral efforts.

3.14 Pregnancy & Maternity and Part-Time Working

The number of pregnant employees totalled 150 in the period to 31 March 2025. This figure excludes employees who TUPE transferred during their Maternity Leave. The Trust does not have the ability to collate data on TUPE staff transfers.

2023/24 Headcount	2023/24 Headcount	2024/25 Head count
Number of staff who went off on maternity leave between Apr 24 and Mar 25	235	150
How many returned during this period	107	137
How many left the Trust during this period *	17	15
How many returned part-time	76	107
How many returned full-time	31	30

All pregnant staff are offered a maternity risk assessment to support their physical and mental wellbeing throughout their pregnancy, with an Occupational Health referral where required.

During 2024/25, 150 colleagues commenced maternity leave (compared to 235 in 2023/24). The Trust does not currently track those who TUPE transfer during leave.

A total of 137 colleagues returned from maternity leave during the year, including those who commenced leave in previous periods. Of these:

- 78% (107 colleagues) returned part-time
- 22% (30 colleagues) returned full-time

This continues a strong pattern of part-time returners, with a slight decrease in full-time returns compared to the previous year (29% in 2023/24).

Turnover among colleagues on maternity leave rose slightly to 10% (15 leavers), up from 7% in 2023/24. While this reflects a small upward trend, the figure remains well below the Trust's overall turnover threshold of 15% and suggests maternity-related attrition is comparatively low.

This data continues to support the Trust's approach to flexible working and family-friendly policies but suggests ongoing monitoring is needed to ensure we support increased flexibility for returners seeking full-time roles.

4. Fostering good relations between those who share protected characteristics and those who do not.

There are regular events run by all the staff networks to improve all colleagues understanding of underrepresented groups. The Trust uses the staff networks to inform which inclusion calendar days should be recognised across the Trust, by following the NHS Employers calendar of inclusion events, which include the Lunar New Year, Ramadan, Eid, Christmas, Transgender Awareness Week and Black History Month. Examples of initiatives to recognise these events include Trust-wide communication, social media posts, guest speakers, charity funded snack bags and face to face meetings and social meetings.

Education and training to support fostering good relations includes the commencement of Cohort 3 of the Reciprocal Mentoring programme in 2025, which pairs colleagues with a disability or long-term condition with senior leaders in the organisation. This helps influence policy change, improve opportunities for career progression, further inclusion and provide increased understanding by non-disabled colleagues of the daily 'lived experience' of being a person with a disability or long-term condition. Candidates who attended cohort one of Reciprocal Mentoring were BME and were invited to participate in a BME Leadership and Development Programme in this reporting cycle. In total, 20 BME colleagues have accessed Reciprocal Mentoring and 12 followed onto BME Leadership Development Programme. According to the Trust's WRES report, people of colour are more likely to access continuing professional development than their White peers.

5. To eliminate unlawful discrimination, harassment, and victimisation

5.1 National Staff Survey Results 2024

The following tables show benchmarked data on discrimination shown across protected characteristics. The results from these tables are used to help formulate our programme of work for the following year. Ethnicity and colleagues with a

disability and long-term condition will be the focus of equality, diversity and inclusion action plans for 2025.

Ethnicity

	2020	2021	2022	2023	2024
Your org	30.69%	26.27%	35.00%	35.88%	44.07%
Best result	20.18%	19.49%	19.69%	28.00%	31.53%
Average result	44.63%	46.54%	48.69%	51.77%	56.16%
Worst result	76.99%	71.86%	73.19%	77.24%	73.22%
Responses	140	188	186	216	241

Gender

	2020	2021	2022	2023	2024
Your org	21.15%	22.06%	21.09%	23.80%	19.82%
Best result	9.30%	5.97%	10.82%	9.86%	13.16%
Average result	19.96%	20.35%	20.00%	19.07%	18.49%
Worst result	28.50%	30.58%	29.96%	28.11%	25.50%
Responses	140	188	186	216	241

Religion

	2020	2021	2022	2023	2024
Your org	1.98%	2.16%	5.33%	2.31%	3.45%
Best result	0.00%	0.42%	0.84%	0.92%	1.04%
Average result	3.64%	4.24%	4.21%	4.43%	4.81%
Worst result	17.17%	14.52%	16.64%	16.12%	20.56%
Responses	140	188	186	216	241

Sexual Orientation

	2020	2021	2022	2023	2024
Your org	3.90%	4.44%	2.22%	3.33%	5.09%
Best result	0.00%	1.16%	1.36%	0.96%	1.63%
Average result	3.65%	4.09%	3.89%	3.96%	3.67%
Worst result	10.25%	23.21%	8.35%	7.22%	7.36%
Responses	140	188	186	216	241

Disability

	2020	2021	2022	2023	2024
Your org	12.38%	13.39%	11.07%	14.84%	14.25%
Best result	2.81%	3.10%	3.74%	3.81%	3.48%
Average result	8.10%	8.28%	8.59%	8.91%	9.12%
Worst result	15.84%	19.54%	20.43%	18.85%	21.30%
Responses	140	188	186	216	241

Age

	2020	2021	2022	2023	2024
Your org	27.17%	22.20%	19.75%	22.97%	17.66%
Best result	10.65%	11.70%	12.90%	9.97%	10.71%
Average result	19.06%	18.83%	18.73%	16.99%	16.15%
Worst result	27.17%	32.05%	28.20%	23.87%	23.22%
Responses	140	188	186	216	241

Other

	2020	2021	2022	2023	2024
Your org	31.55%	34.61%	34.71%	31.12%	24.16%
Best result	15.33%	14.60%	15.16%	16.70%	13.34%
Average result	27.53%	26.62%	24.54%	24.88%	21.99%
Worst result	45.22%	45.35%	37.52%	37.27%	33.58%
Responses	140	188	186	216	241

The work carried out by the Trust to eliminate unlawful discrimination, harassment and victimisation includes the development of appropriate policies, processes, and networks to support staff:

- Further work has been carried out to support colleagues with disabilities and long-term conditions, including regular staff network meetings for peer support, and a listening event was held in 2024 with those outcomes now rolled out in 2025.
- During 2024, presentations were made by network groups, raising awareness to the workforce via TeamTalk.
- Cultural Competency Training was delivered face to face six times in 2024.
- The Trust remains a Disability Confident Employer level II.

- The Trust was awarded Bronze for the Stonewall Rainbow Badge Accreditation Scheme in April 2023 and is working towards the silver award.

5.2 Equality Delivery System 22

5.3 The Equality Delivery System (EDS) aims to help NHS organisations improve service quality for their communities and create discrimination-free workplaces for NHS employees, in line with the Equality Act 2010. The implementation of EDS22 is a mandatory assessment NHS services.

5.4 EDS22, introduced in 2023, is the latest version of the EDS. It aligns with NHS England's Long Term Plan and its commitment to an inclusive, fair, and accessible NHS. This version is the basis for HDFT's most recent assessment, detailed below.

The overall assessment was 'Achieving' and remains the same as the previous year.

Outcome:	Description:	Rating: / (Score)	
1. A	<i>Patients (service users) have the required levels of access to the service.</i>	●	Achieving (2)
1. B	<i>Individual patients (service users) health needs are met.</i>	●	Achieving (2)
1. C	<i>When patients (service users) use the service, they are free from harm.</i>	●●	Excelling (3)
1.D	<i>Patients (service users) report positive experiences of the service.</i>	●	Achieving (2)
2. A	<i>When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions.</i>	●	Achieving (2)
2. B	<i>When at work, staff are free from abuse, harassment, bullying and physical violence from any source.</i>	●	Achieving (2)

2. C	<i>Staff have access to independent support/advice when suffering from stress, abuse, bullying harassment, and physical violence from any source.</i>	●●	Excelling (3)
2. D	Staff recommend the organisation as a place to work and receive treatment.	●	Developing (1)
3. A	<i>Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.</i>	●	Achieving (2)
3. B	<i>Board/Committee papers (including minutes) identify equality and health inequalities-related impacts/risks and how they will be mitigated & managed.</i>	●	Achieving (2)
3. C	<i>Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.</i>	●	Achieving (2)

6. Health Inequalities

Early Years

HDH's patient groups and data on inequalities is attached in Appendix 3. This is being used within the Local Care Partnership to look at how we can work across social care, primary and secondary care and mental health providers to reduce inequalities and improve outcomes for patients across Harrogate.

Our community based 0-19 services, cover a large footprint across the North, North East and North West of England and have roles that are dedicated to reducing inequalities depending on the population health demographics of the areas. For example, our community anchor works with local communities to develop relationships and target interventions, and some localities have specialist roles such as a health visitor for asylum seekers, as part of the skill mix to specifically target groups that need more support and/or intervention. We also deliver social value through our contracts and use the Great Start in Life Foundation to fund some of the opportunities e.g., we supported families with food, beds and blankets in Wakefield.

One of the Healthy Child Programmes key roles is to identify children with high risk and low protective factors, and to ensure that these families receive a personalised service. Poverty is one of the biggest risk factors linked to poorer health outcomes. Poorer children are less likely to be breastfed, more likely to be exposed to tobacco smoke, and more likely to be injured at home and on the roads.

Inequalities in early learning and achievement begin to become apparent in early childhood, with a gap opening between the abilities of poor and prosperous children at as early as two or three years of age. Children who come from families with multiple risk factors (e.g. mental illness, substance misuse, debt, poor housing, and domestic violence) are more likely to experience a range of poor health and social outcomes. These might include developmental and behavioural problems, mental illness, substance misuse, teenage parenthood, low educational attainment, and offending behaviour.

School Years

The wide range of issues covered by our 0-19 Services are difficult to quantify due to the diverse needs of individuals, families, and communities. Taken together, the High Impact Areas describe areas where Health Visitors and School Nurses can have a significant impact on health and wellbeing, improving outcomes for children, young people, families, and communities.

Early Years Provision

The 6 high impact areas for early years and relate to the 4 overarching aims:

- focusing on preconceptual care and continuity of carer
- reducing vulnerability and inequalities
- improving resilience and promoting health literacy
- ensuring children are ready to learn at 2 and ready for school at 5

School Age Children & Young People Provision

The 6 high impact areas relate to 4 aims for school age children and young people, namely to:

- reduce inequalities and risk
- ensure readiness for school at 5 and for life from 11 to 24

- support autonomy and independence
- increase life chances and opportunity

Our place-based and community-centred, approach supports development of local solutions drawing on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health.

7. Conclusions

The National EDI Improvement Plan emphasises that a diverse workforce, supported by inclusion, enhances staff engagement, retention, innovation, and productivity, ultimately benefiting patient care and outcomes. The EDS22 report underpins HDFT's dedication to EDI, maintaining an 'Achieving' rating during this reporting period. For detailed actions, refer to Appendix 4.

Staff surveys and workforce data reveal that HDFT, like the broader NHS, must continue to advance workplace inclusivity. Notably, women constitute 84% of the HDFT workforce but are underrepresented in senior roles.

Despite some areas of decline, the report shows progress compared to 2023/24, such as increased staff disclosure of ethnicity, sexual orientation, or disability/long-term conditions. It is recommended that the Trust fully implements the EDS22 action plan and leverages the NHS EDI Improvement Plan, WRES, and WDES to shape its future EDI agenda. This approach will aid in benchmarking, measuring, monitoring, and developing future initiatives.

The Trust remains committed to enhancing diversity and reducing discrimination through ongoing actions. HDFT has earned the Bronze Award in the Stonewall Rainbow Badge accreditation scheme and holds Level II in the Disability Confidence Scheme and is working towards reaccreditation of the HenPicked Menopause Friendly accreditation reflecting its commitment to fostering an inclusive culture.

8. Recommendations

The Board of Directors are asked to:

- Review the enclosed paper and note how the Trust is meeting the Public Sector Equality Duty requirements.
- Approve the report for publication on the Trust's website.

8. Appendices

Appendix 1: Workforce Race Equality Standard 2024

Points to note:

- **Metric 2** - A figure below 1.00 indicates that BME staff are more likely than White staff to be appointed from shortlisting.
- **Metric 3** - It is 0.00 for 2023 as no BME colleagues entered the formal disciplinary process in 2022/23, whereas White colleagues did.
- **Metric 4** - A figure below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

			March 2023	March 2024	
1	Percentage of BME staff	Overall	11.8%	15.4%	↑
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants		2.19	2.44	↑
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		0.00	0.49	↑
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.63	0.71	↑
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	BME	29.4%	26.5%	↓
		White	28.1%	19.9%	↓

6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	32.9%	24.8%	↓
		White	23.4%	19.5%	↓
7	Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	BME	40.2%	53.9%	↑
		White	57.2%	61.9%	↑
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	22.6%	15.6%	↓
		White	5.9%	6.1%	↑
9	BME board membership	BME	22.2%	18.7%	↓
		White	77.8%	81.3%	↑
	Difference (total Board – Overall Workforce)		10.4%	3%	↓

Appendix 2: Workforce Disability Equality Standard 2024

		March 2023			March 2024		
1	Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members but excluding Non-Executive Board members) compared with the percentage of staff in the overall workforce.	Disabled (number)	Disabled (%)	RAG	Disabled (number)	Disabled (%)	RAG
	Cluster 1 (up to Band 4)	89	5.65%	↑		6.9%	↑
	Cluster 2 (Bands 5-7)	142	5.58%	↑		6.5%	↑
	Cluster 3 (Bands 8a-8b)	15	6.88%	↓		8.5%	↑
	Cluster 4 (Bands 8c-9 and VSM)	1	3.70%	↓		0%	↓
	Cluster 5 (Medical/dental consultants)	4	2.47%	↑		2.4%	↓
	Cluster 6 (Medical/dental, non-consultants)	0	0.00%	↔		0.7%	↑
	Cluster 7 (Medical/dental, trainees)	6	4.03%	↓		4.67%	↑
		257	5.34%	↑		6.3%	↑
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.09		↑		1.15	↑
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0.00		↔		3.33	↑
		Disabled	Non-Disabled		Disabled (number)	Disabled (%)	

		March 2023			March 2024		
4a	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Patients or other members of the public	32.3%	27.8%	↓		26.7%	↓
4b	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers	18.5%	9.6%	↓		11.0%	↓
4c	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Other Colleagues	26.0%	18.4%	↑		22.1%	↑
4d	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	50.0%	46.1%	↑		56.1%	↑
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	48.2%	55.8%	↑		57.9%	↑
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	29.6%	22.7%	↓		18.4%	↓
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	35.0%	45.5%	↑		42.9%	↑

		March 2023			March 2024		
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	n/a	n/a	↑		75.9%	↑
9a	The staff engagement score for Disabled staff, compared to non-disabled staff.	6.3	6.9	↓		6.8	↑
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes		↔		Y	↔
10a	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce (voting membership of the Board)	-5%		↔		-6.0%	↑
10b	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce (Executive membership of the Board)	-5%		↔		-6.0%	↑

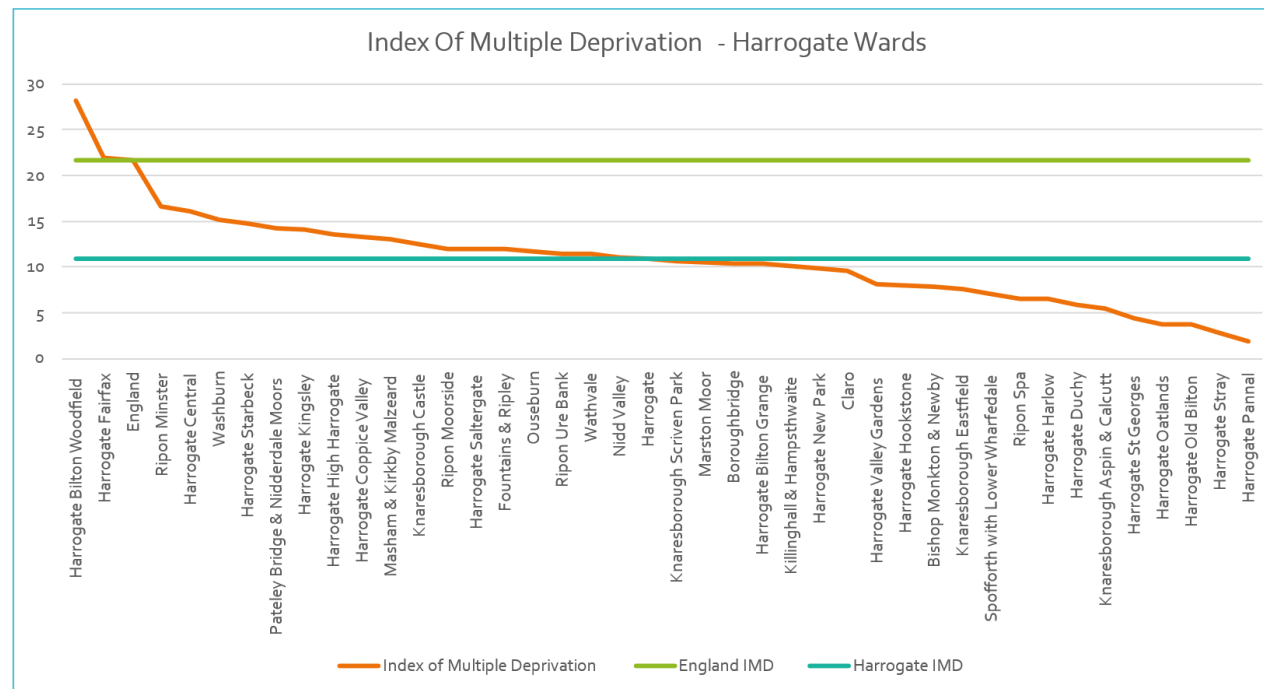
Code:

	The score has worsened
	The score has remained at the same or similar level as the previous year
	The score has improved

Appendix 3: Health Inequalities

Harrogate— Index of Multiple Deprivation 2019

Harrogate has low levels of deprivation. It is generally affluent and healthy, but with pockets of deprivation and worse health



- Only 2 wards more deprived than the England average:
 - Harrogate Fairfax: three LSOAs, IMD deciles 3, 5, 6
 - Harrogate Bilton Woodfield: five LSOAs, IMD deciles 1, 6, 6, 6, 7

Appendix 4: EDS22 Action Plan

EDS Action Plan				
EDS Lead			Year(s) active	
Richard Dunston Brady (Equality, Diversity and Inclusion Manager)			Three	
EDS Sponsor			Authorisation date	
Angela Wilkinson (Director of People and Culture) Wallace Sampson (NED EDI Champion)				
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Develop a system for the additional collection/reporting of waiting times by <i>Disability</i> status and <i>Disability</i> type and further information and analysis to be included in 2025 from LTUCC and PSC directorates.	Directorates to discuss with planning teams how they can extract data to help them to develop their service.	
	1B: Individual patients (service users) health needs are met	Further engagement of patient's community groups and the public in commissioned services	Clinical Directorates to lead on their own specialisms	

	1C: When patients (service users) use the service, they are free from harm	Outcome 1C: N/A as the Trust has reached 'Excelling' in 2025		
	1D: Patients (service users) report positive experiences of the service	Further evidence is required regarding patient health inequalities and how this is identified and managed as part of the service development, which includes the voices of the service users.	Clinical Directorates/ PET team to consider how they can include all protected characteristics in their feedback mechanisms.	
Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improved sickness absence monitoring data of staff considering all protected characteristics.	People and Culture Directorate to consider additional support for staff with long- covid conditions (2A) and the monitoring of them to provide improved staff support	

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Year-on-year improvements of WRES and WDES data.</p> <p>Continue to deliver Cultural Competency Training to staff.</p> <p>Recording and analysis of themes from the Freedom to Speak Up Guardian</p>	<p>Equality, Diversity, and Inclusion Manager to report on these metrics annually.</p> <p>In place.</p> <p>Freedom to Speak Up Guardian to collate data where available and report on analysis</p>	
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	N/A as the Trust has reached 'Excelling' in 2025		
	2D: Staff recommend the organisation as a place to work and receive treatment	Year-on-year improvements of WRES, WDES and Impulse survey.	Equality, Diversity, and Inclusion Manager to report on these metrics annually.	

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>Health inequalities are to be a standing item on the agenda at all board meetings.</p> <p>Improved attendance at staff networks by Exec Sponsors</p> <p>Board to hold services to account and demonstrate their commitment to health inequalities.</p>	All directorates to action this and include the EDI Manager in quarterly meetings for updates	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Directorate business plans should shape the needs of their population in terms of health inequalities.	All directorates to work with planning teams as per 1A	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Year-on-year improvements of WRES, WDES, Gender Pay Gap and Impulse survey.	Equality, Diversity, and Inclusion Manager to report on these metrics annually.	