

Public Sector Equality Duty Report

April 2025–March 2026

People and Culture Committee, 27 May 2026.

Title:	Public Sector Equality Duty Report 2025–2026
Responsible Director:	Acting Chief People Officer
Author:	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). The report meets its workforce obligations for the period of April 2025–March 2026. The Trust is required to comply with both the general duties and the specific duties of the PSED. It is mandated to publish the results of activities in relation to the Equality Delivery System (EDS) 22 for the period 2025, Workforce Race Equality Standard 2025, Workforce Disability Standard 2025, Gender Pay Gap (GPG) Report 2025, and Ethnicity Pay Gap (EPG) Report 2025.</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> <p>Staff engagement. Targeted initiatives for disability and long-term conditions. Reductions in bullying and harassment for some protected characteristics, but not all.</p> <p>The Trust maintained its ‘Achieving’ rating under EDS22, indicating compliance with national standards, with scope for further improvement.</p> <p>The report is for noting prior to its publication.</p>
	<p>The Patient and Child First Improving the health and wellbeing of our patients, children, and communities</p>

Trust Strategy and Strategic Ambitions:	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:	Belonging sub-group – 09/06/26 People & Culture Programme Board – 05/05/26 SDR – 20/05/26 People & Culture Committee – 27/05/26	
Recommendation:	It is recommended that this report is noted prior to publication on the Trust's external website.	

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Purpose

The Trust has a statutory duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity, and foster good relations. This report provides assurance that these duties have been met across the workforce by the following:

- Advancing equality of opportunity between individuals who share a relevant protected characteristic and those who do not.
- Fostering good relations between individuals who share a relevant protected characteristic and those who do not.
- Eliminating unlawful discrimination, harassment, victimisation, and any other conduct prohibited under the Act.

This report provides assurance that Harrogate District NHS Foundation Trust (HDFT) has met its statutory obligations under the Public Sector Equality Duty (PSED) for the period April 2025 to March 2026. It brings together key workforce equality metrics, including the Equality Delivery System (EDS22), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and pay gap reporting.

1.0: Background

The first two aims of the PSED (advancing equality of opportunity and fostering good relations) apply to eight of the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. While marriage and civil partnership is recognised as a protected characteristic under the Equality Act 2010, it is not relevant to these two aims. It is, however, applicable to the third aim – eliminating unlawful discrimination, harassment, victimisation, and other prohibited conduct – which applies to all nine protected characteristics.

HDFT strives to create a culture of inclusivity through the People Plan 2025 and beyond. This is delivered through a governance structure that includes:

- The Belonging Subgroup – “where everyone is valued and recognised, where diversity is celebrated and where they are proud to work”.
- Looking After Our People – “physical and emotional support to be At Our Best”.

- Growing For The Future – “education, training and career development for everyone”.
- New Ways Of Working – “the right people with the right skills in the right roles”.

This group facilitates the organisation’s 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 that 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 8 June 2023. This improvement plan sets out targeted actions to address prejudice and discrimination. This discrimination maybe direct and indirect that exist 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 (HIAs):

1. Ensure chief executives, chairs, and board members 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 underrepresentation 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, onboarding, 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, the National Education and Training Survey (NETS), and the Board Assurance Framework. The implementation of the National EDI improvement plan will strengthen the progress of the PSED within HDFT. In turn, this will lead 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 also supports the Trust's legal duty under the Equality Act 2010 to have due regard to equality in the design and delivery of its services. The Trust evidences due regard by addressing disadvantage linked to protected characteristics within its workforce, mitigating the risk of indirect discrimination, in line with the Equality Act 2010.

The report will now set out HDFT data under the three key areas of the PSED for the period of April 2025 to March 2026. Please be aware that there may be variations in headcount figures between the 2025 and 2026 periods throughout the report, as the data is sourced from multiple channels at different points in time.

To Advance Equality of Opportunity

Staff Survey Results

Response rates to the National Staff Survey increased to 61.9% (3,341 respondents), up 13.2% from the previous year.

Between September and November 2025, the National Staff Survey was undertaken by IQVIA for 128 organisations, including HDFT. Seventy-one of these organisations are Acute and Acute & Community Trusts, which make up the comparator group displayed across the HDFT NSS results.

Some of the seven NHS People Promises and themes of Engagement and Morale on the following page have changed significantly from 2024.

Metric	2024; 2025	Absolute change	% change (vs 2024)	Rank
PP5 We are always learning	5.75; 5.89	+0.14	+2.43%	1
PP6 We work flexibly	6.52; 6.63	+0.11	+1.69%	2
PP7 We are a team	7.06; 7.15	+0.09	+1.28%	3
PP3 We each have a voice that counts	6.88; 6.96	+0.08	+1.16%	4
PP1 We are compassionate and inclusive	7.54; 7.61	+0.07	+0.93%	5
PP2 We are recognised and rewarded	6.28; 6.34	+0.06	+0.96%	6
PP4 We are safe and healthy	6.26; 6.29	+0.03	+0.48%	7

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).

There is a 1.1% improvement in respondents agreeing that the organisation respects individual difference, as illustrated below.

HDFT 2025	HDFT 2024	Difference	Comparator
75.1%	74%	1.1%	69.0%

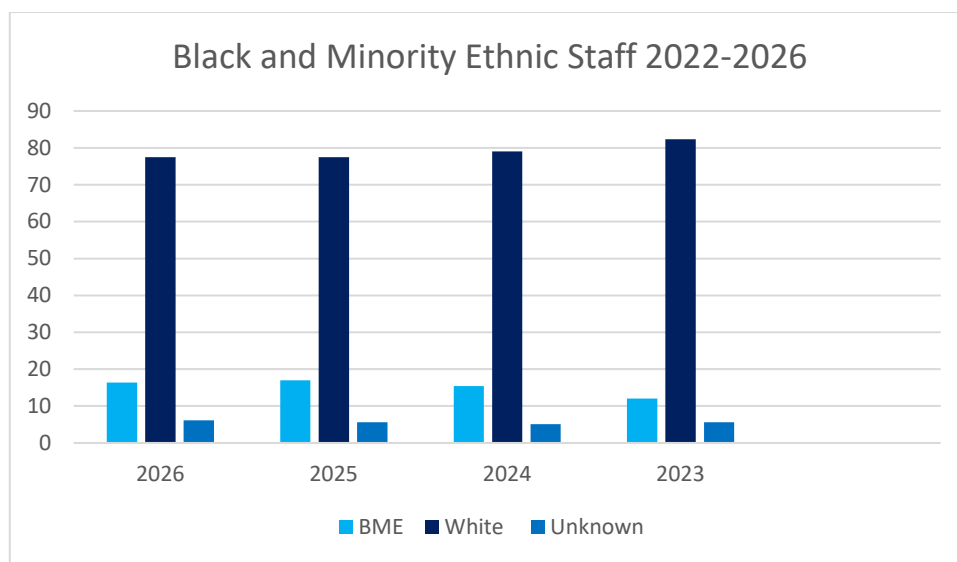
2. Staff who agree that the organisation acts fairly concerning career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age.

As illustrated below, there is a 0.4% improvement in respondents agreeing that the organisation acts fairly concerning career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age.

HDFT 2025	HDFT 2024	Difference	Comparator
59.1%	58.7%	0.4%	53.1%

2.0: Percentage of Black and Minority Ethnic (BME) Staff

The graph below shows the proportion of Black and Minority Ethnic (BME) staff from 2023 to 2026 with percentage values - exhibiting a slight decrease in from 17.0% to 16.4% in 2026.



Of the 5,484 employees who declared their racial identity on ESR, 899 disclosed their ethnicity under the umbrella category of 'BME'; however, their proportion of the workforce decreased slightly due to the overall workforce growth.

The table below shows the total number of BME staff on 31 March 2026.

BME Ethnic Origin	Headcount
D Mixed – White & Black Caribbean	9
E Mixed – White & Black African	15
F Mixed – White & Asian	20

G Mixed – Any other mixed background	14
GA Mixed – Black & Asian	1
GD Mixed – Chinese & White	2
GE Mixed – Asian & Chinese	2
GF Mixed – Other/Z Not Stated	3
H Asian or Asian British – Indian	293
J Asian or Asian British – Pakistani	82
K Asian or Asian British – Bangladeshi	11
L Asian or Asian British – Any other Asian background	37
LA Asian Mixed	1
LB Asian Punjabi	2
LE Asian Sri Lankan	9
LG Asian Sinhalese	1
LH Asian British	6
LK Asian Z Not Stated	7
M Black or Black British – Caribbean	11
N Black or Black British – African	205
P Black or Black British – Any other Black background	7
PB Black Mixed	1
PC Black Nigerian	39
PD Black British	3
PE Black Z Not Stated	1
R Chinese	23
S Any Other Ethnic Group	43
SC Filipino	43
SD Malaysian	3
SE Other Specified	5
TOTAL	899

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 2025 to 2026. The overall growth is driven by the increase in BME staff and reduction in White staff within Medical and Dental.

HDFT remains committed to taking positive action to address underrepresentation or disadvantage faced by certain groups. Over this reporting cycle, the organisation has:

- Encouraged the disclosure of protected characteristics on employment records.
- Implemented cohort three of a Reciprocal Mentoring programme for colleagues with a disability or long-term condition.
- Maintained the REACH network (previously known as the BAME and Ally Staff Network).
- Commenced delivery of the Embedding Equality framework, including four catalysts.
- Recruited Independent Panel Members for interviews at clinical band 7–VSM; the first cohort was recruited and trained in January 2026. They are successfully being integrated into senior manager and leader interviews, with evaluation and feedback being collated as part of the process.
- Data-driven EDI reports (Employee Experience Performance Pack) are being rolled out from May 2026, the content of which will be examined and discussed at each Directorate board.
- Directorate-level EDI Champions are being recruited for and will be launched shortly after training in June 2026.
- Career-ready training toolkits for BME staff at band 6 and 7 are being curated using a variety of platforms and providers to enable flexibility and accessibility for employees.

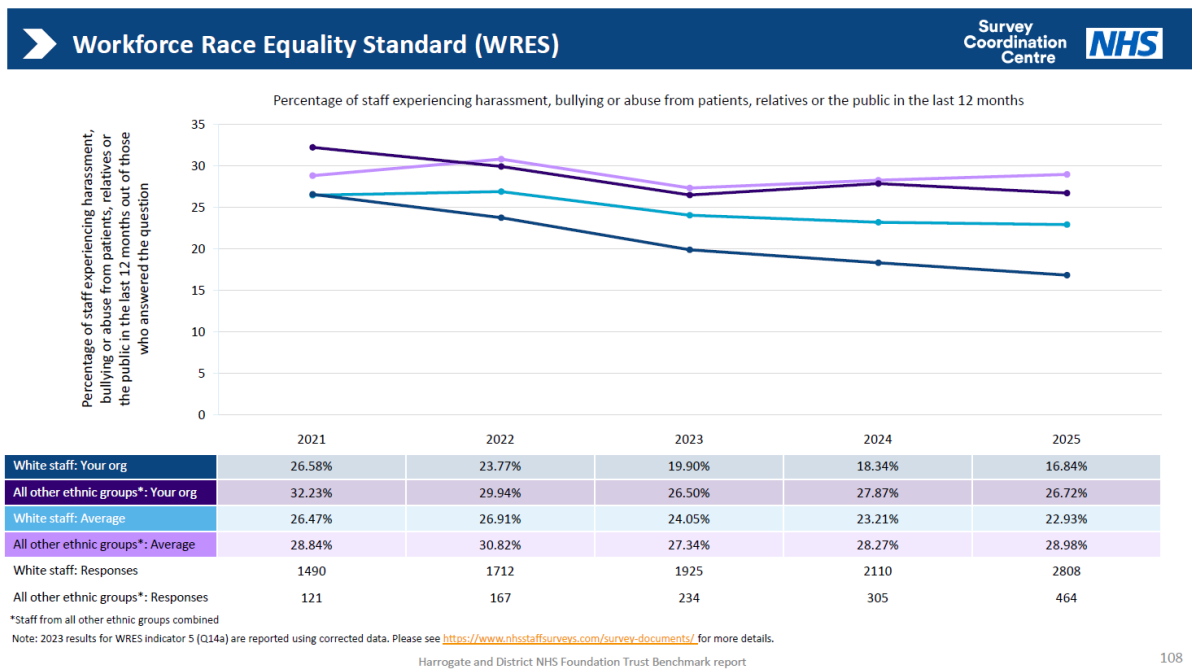
A comparison table showing the pay bandings of BME staff, including categories for White and Not Stated, is shown on the following page.

31 March 2026				
Banding	BME	White	Not Stated	TOTAL
Bands 2–7	681	3637	251	4569
Band 8–VSM	24	292	9	325
Medical and Dental	194	304	66	564
Other (North House Surgery – currently on local payscale)	0	15	11	26
TOTAL	899	4248	337	5484
Total %	16.0%	77.0%	6.0%	
31 March 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 %	16.0%	78.0%	6.0%	

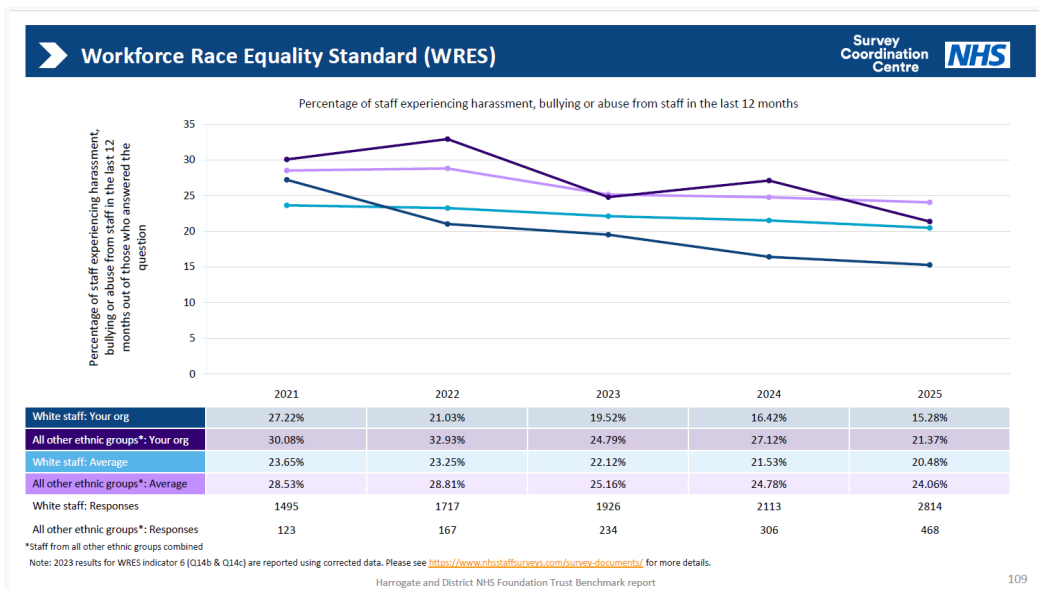
Workforce Race Equality Standard (WRES) Data

HDFT can demonstrate improvements in the advancement of equality of opportunity through WRES data (reporting period to 31 March 2025):

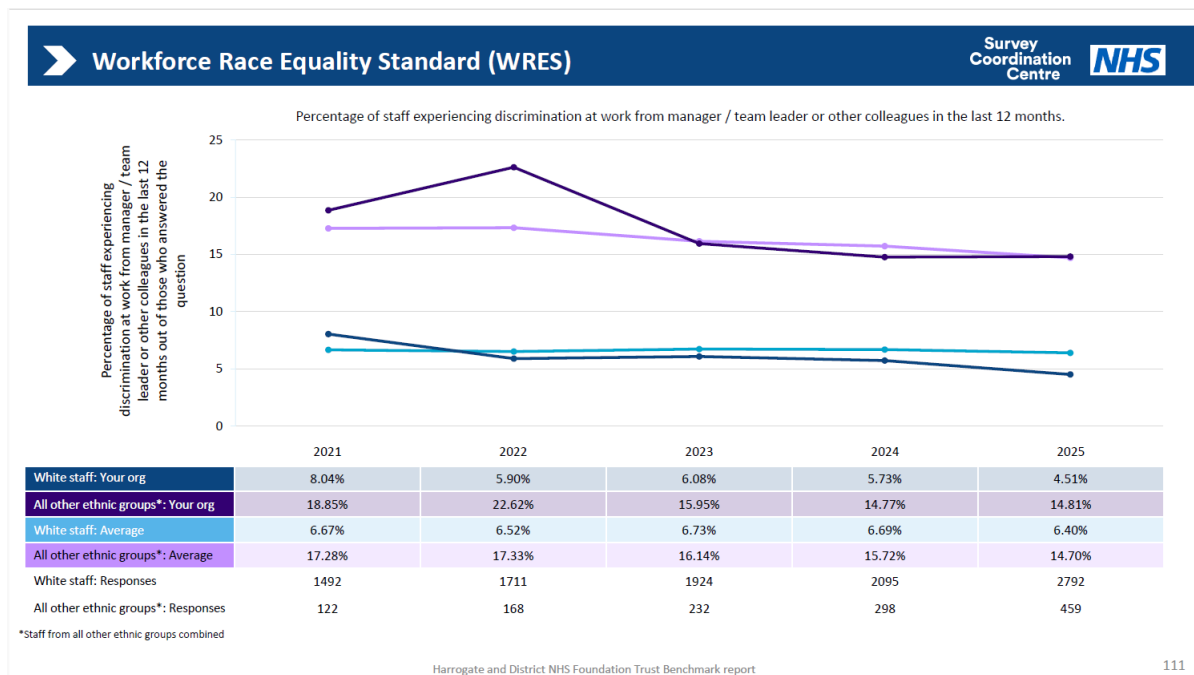
- Metric 1: The total percentage of BME employees in HDFT (excluding Board members) has increased since 2023.
- Metric 5: There has been a 1.5% improvement in staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months. This is 2.26% better than the benchmarked average.



- Metric 6: There has been a 5.75% reduction (an improvement) in staff experiencing harassment, bullying or abuse from staff in the last 12 months, which is also 2.69% better than the benchmarked average of 24.06%.



- Metric 8: 2025 showed a 0.04% worse position compared to 2024 for staff experiencing harassment, bullying or abuse from their manager, team leader, or other colleague in the last 12 months. The 2025 percentage figure of 14.8% is below the benchmarked average of 14.7%.



- Metric 9: There has been an overall 6.84 reduction in Board of Directors representation compared to the overall workforce, from 18.6% in 2024 to 11.8% in 2025.

During 2025, the Trust relaunched all their staff support networks including REACH (Race, Ethnicity, and Cultural Heritage). Senior BME leaders supported the event to help address issues around membership and focus on actions for 2026. This is a well-established network with around 111 members, and the relaunch helped to improve visibility, attendance, and engagement. Since then, the network has acquired several new members. Despite attendance at meetings being low, there are events throughout the year for this group of staff.

Activities delivered during this reporting period include:

- **Workforce celebrations and awareness raising**, including ethnicity and religious festivals such as Ramadan, Eid, and the Festival of Light, as well as health inequalities and Black History Month.
- **Sharing information via the colleague Facebook and Team Talk**. Team Talk is the Trust-wide weekly live MS Teams session led by our Chief Executive, featuring invited speakers to raise awareness of EDI, health, long-term conditions, and a range of other topics.
- **Senior leadership support**, with the Executive Sponsor, and Non-Executive Director/EDI Champion, attending a number of network meetings to demonstrate commitment and provide high-level support to members.

For further information, please see the Workforce Race Equality Standard report for 2025: [Equality and diversity - Harrogate and District NHS Foundation Trust](#)

3.0: 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 and in 2026). The Trust demonstrates a steady increase in female staff at higher bands and in Medical and Dental as shown below.

	31 March 2026			31 March 2025			31 March 2024			31 Mar 2023		
	Employees	Female	Male	Employees	Female	Male	Employees	Female	Male	Employees	Female	Male
Bands 2–7	4569	4035	534	4422	3901	521	4,408	3,887	521	3,983	3,545	438
Band 8 to VSM	325	248	77	300	231	69	282	219	63	242	190	52
Medical and Dental	564	306	258	541	296	245	562	277	285	470	244	226
Other	26	26	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	5484	4615	869	5263	4428	835	5252	4383	869	4695	3979	716

Key insights from the data include:

- There are more women in roles in bands 2–7: 88.0% female, 12.0% male, with no change from 2025.
- There are more women in roles in band 8–VSM: 76.0% female, 24.0% male. In 2025, the figures were 77.0% female, 23.0% male.
- Representation of men and women within Medical and Dental: 54.0% female, 46.0% male. In 2025, the figures were 55.0% female, 45.0% male.

Across the whole of the NHS, 87.0% women make up the NHS workforce – a 10.0% increase from 2025 ([NHS workforce statistics - NHS England Digital](#)).

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 shows the percentage difference in pay between all male and female employees. However, closing the gender pay gap is about more than the figures – it is also about strengthening support for women in the workplace.

At HDFT, the 2025 Gender Pay Gap report shows that females earn on average £20.99 hour compared to £28.12 for males. This means that females earn £7.13 less per hour, which equates to a £7.13 (25.35%) gender pay difference or 'gap'. Last year, this was 24.4%, which means that the gap has worsened by 0.95%. However, the pay gap is driven by the Medical and Dental workforce, and if this data is removed from the calculations, the median for females becomes £19.23 compared to £19.55 for men, resulting in a pay gap of £0.32 or 1.65%. A further factor potentially impacting is that North House Surgery (female workforce) are currently on a local pay scale, which will have had some impact on the gap. They are being moved onto Agenda for Change, and this will be reflected in our next pay gap report.

4.0: Age

The majority of Trust staff continue to be aged between 31 and 60. The biggest rise has been in the age group of 31–40. There are 32.5% of colleagues aged 50–70+, which highlights the organisation's ageing staff population.

This table shows the headcounts and percentage of workforce by age band groupings.

Age Band	2025/2026		2024/2025		2023/2024	
	Headcount	% of Workforce	Headcount	% of Workforce	Headcount	% of Workforce
16–20 Years	19	0.3%	17	0.3%	17	0.3%
21–30 Years	835	15.2%	847	16.1%	757	15.0%
31–40 Years	1483	27.0%	1392	26.5%	1,312	26.0%
41–50 Years	1362	24.8%	1310	24.9%	1,286	25.5%
51–60 Years	1311	23.9%	1283	24.4%	1,290	25.6%
61+ Years	474	8.6%	410	7.8%	377	7.5%
TOTAL	5,484		5,259		5,039	

5.0: Disability

The number of staff who have disclosed their disability on the Electronic Staff Record (ESR) has risen by 60 employees and is 8.0% of the workforce. There has been a 0.8% 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 2025 shows 902 (27.0%) employees disclosing their disability or long-term condition compared to 665 (27.0%) employees in the previous year, which equates to 8.0% 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 SharePoint.

The dataset in the table below shows the headcount of people who have disclosed their disability or long-term condition on ESR.

Disability Status	Headcount 31 March 2026	Headcount 31 March 2025	Headcount 31 March 2024
Yes	437	377	315
No	4,522	4,396	4,402
Not Declared	510	473	525
Prefer not to answer	15	11	10
TOTAL	5,484	5,257	5,252

Significant work has continued to support colleagues with disabilities and long-term conditions.

- **Disability and Long-Term Condition Staff Network**
 - Membership is over 80 colleagues.

- Discussion topics include WDES data, staff policies, and awareness raising.
 - Practical support themes include managing a condition through nutrition and physiotherapy.
 - Executive sponsor engagement is strong: the Director of Strategy and a Non-Executive Director both attend network meetings to offer support.
- **Neurodiversity Staff Network**
 - Membership has grown to over 90 colleagues.
 - Discussions are shaped by members lived experiences.
 - The network supports both neurodivergent colleagues and parents/carers of neurodivergent children, helping people build understanding and learn from one another.
 - Communications include regular e-updates and intranet articles.
 - There is an active Teams chat forum providing ongoing peer support.
 - The network has hosted guest speakers, including:
 - Professor Rachael Charlton (Goldsmiths, University of London) on neurodiversity and menopause.
 - Professor Megan Freeth (University of Sheffield) on autism in the workplace.
 - Sadie Dingfelder, neurodivergent science journalist, speaking about living with face blindness.
 - The Trust is recognised under the Disability Confident Scheme (Level 2). This best-practice standard supports fair recruitment by offering an interview to candidates who identify as disabled or as having a long-term condition, where they meet the minimum requirements for the role. Work continues to embed this approach into recruitment and selection, with an annual review to help ensure candidates are not disadvantaged.
 - The Trust has several initiatives and points of contact to help prevent the development of long-term mental health conditions, including burnout:
 - Mental Health First Aiders.

- Colleague Wellbeing Manager.
- Referral pathways between the Employee Assistance Programme and Occupational Health.
- Annual health and wellbeing events.
- Health promotions, such as the Blue Light Card.
- Staff rest areas within the hospital.

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?’.

A total of 75.8% of colleagues (684 people out of 902 respondents) received their reasonable adjustment compared to 78.1% in 2024. This shows a 2.3% decrease in staff accessing required reasonable adjustments.

Improved communications via multiple platforms have since taken place with additional signposting for colleagues and managers to inform them on reasonable adjustments and the Access to Work process.

Workforce Disability Equality Standard 2025 (WDES) Data

Harrogate District Hospital Foundation Trust can demonstrate improvements in the advancement of equality of opportunity at the Trust, using WDES data (reporting period to 31 March 2025):

- Metric 1: There continues to be year-on-year increases in staff declaring their disability or long-term condition, from 6.3% in 2024 to 7.22% in 2025.
- Metric 3: 1.5 WTE employees with a disability or long-term condition entered the capability process in 2024–2025 (figures are taken over a two-year rolling period).
- Metric 4: This includes four separate metrics about staff experiencing bullying and harassment or abuse:

- Metric 4a: Harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months reduced from 26.7% in 2024 to 21.7% in 2025.
- Metric 4b: Harassment, bullying, or abuse from line managers in the last 12 months worsened slightly from 11.0% in 2024 to 11.7% in 2025.
- Metric 4c: Harassment, bullying, or abuse from other colleagues in the last 12 months reduced from 22.1% in 2024 to 20.6% in 2025.
- Metric 4d: The reporting of incidents of harassment, bullying, or abuse increased from 56.1% in 2024 to 57.5% in 2025.

Please see the following link for further information: [Equality and diversity - Harrogate and District NHS Foundation Trust](#)

6.0: Sexual Orientation

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

Sexual Orientation	2026		2025		2024	
	Headcount	%	Headcount	%	Headcount	%
Bisexual person	67	1.2%	52	0.99%	43	0.8%
Gay or Lesbian	71	1.3%	74	1.41%	71	1.4%
Heterosexual or straight	4,487	81.8%	4,265	81.07%	4,107	78.2%
Not stated (person asked but declined to respond)	845	15.4%	789	15.0%	1,024	19.5%
Other sexual orientation not listed	7	0.1%	2	0.04%	4	0.1%
Undecided	7	0.1%	8	0.15%	3	0.1%
TOTAL	5,484		5,190		5,252	

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 136 employees to 152 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 15.4%; however, this is 0.4% lower than the previous year and 4.1% lower than in 2024.

The network membership stands at almost 60 colleagues and is active with its awareness and inclusion events throughout the year; however, participation remains low.

Gender Reassignment and Transgender

Records relating to non-binary colleagues are limited, as the ESR system is currently configured to record only 'male' or 'female'. However, colleagues may disclose that they are non-binary or transgender and may choose to use 'Mx' (a gender-neutral title) where a title is recorded.

Staff are encouraged to update their ID badge, share their pronouns, and include them alongside their name in their email signature. Examples include 'he/him/his', 'she/her/hers', and 'they/them/theirs'.

7.0: Religion

Compared to 2025, the proportional split of religious groups is similar to 2026 in that 50.0% of employees disclose Christianity as their religious belief. People who choose not to disclose their religion or belief is 20.6% on ESR.

The table shows the headcount of the workforce mapped against different religions or beliefs.

Religious Belief	2026		2025		2024	
	Headcount	%	Headcount	%	Headcount	%
Atheism	1,013	18.5%	913	17.35%	828	15.8%
Buddhism	39	0.7%	32	0.61%	30	0.6%
Christianity	2,744	50.0%	2685	51.04%	2,674	50.9%
Hinduism	97	1.8%	98	1.86%	84	1.6%
I do not wish to disclose my religion/belief	1,128	20.6%	1,033	19.64%	1,220	23.2%
Islam	147	2.7%	140	2.66%	130	2.5%
Jainism	0	0.0%	1	0.02%	1	0.0%
Judaism	6	0.1%	7	0.13%	13	0.2%
Other	295	5.4%	258	4.90%	258	4.9%
Sikhism	15	0.3%	16	0.30%	14	0.3%
Unspecified	0	0.0%	78	1.48%	-	-
Total	5,484					

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

The Chaplaincy Service works closely with the Colleague Wellbeing Manager, Freedom to Speak Up Guardians, and the Equality, Diversity, and Inclusion Manager to share approaches and identify where the workforce would benefit from greater awareness of their combined pastoral support.

8.0: 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.

The table below shows the number of people who took maternity leave and compares them with the last three years.

	2025/26 Head count	2024/25 Head count	2023/24 Head count
Number of staff who went off on maternity leave between Apr 25 and Mar 26 *	153	150	235
Number of staff who went off on maternity leave between Apr 25 and Mar 26 **	276		
How many returned during this period	139	137	107
How many left the Trust during this period ***	17	15	17
How many left the Trust during this period ****	5		
How many returned part-time	102	107	76
How many returned full-time	32	30	31

* This number is based on how many employees commenced maternity leave in the financial year (i.e. **maternity start date of 1 April 2025 or later**).

** This number is based on how many employees had a period of maternity leave in the financial year (i.e. **maternity start date may be earlier than 1 April 2025**).

*** This is how many employees left the Trust within the period 1 April 2025 to 31 March 2026 (**this includes 5 who left on their Maternity Leave end date**).

**** This is how many employees left the Trust on the date their maternity leave ended. This is of the total 17 employees who left in the period.

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

During 2025/26, 153 colleagues commenced maternity leave (compared to 150 in 2024/25). The Trust does not currently track those who TUPE-transfer during leave.

A total of 139 colleagues returned from maternity leave during the year, including those who commenced leave in previous periods. Of these:

- 73.0% (102 colleagues) returned part-time.
- 23.0% (32 colleagues) returned full-time.

This continues a strong pattern of part-time returners, though the changes in the figures year on year are marginal.

Turnover among colleagues on maternity leave rose slightly to 14.0% (22 leavers), up from 10.0% in 2024/25. While this reflects an upward trend, the figure remains above the Trust's overall turnover threshold of 12.0%.

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.

9.0: Fostering good relations between those who share protected characteristics and those who do not

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

Education and training to support the fostering of good relations includes the commencement of Cohort 3 in 2025, for Reciprocal Mentoring targeted at colleagues with a disability or long-term condition. Colleagues are paired with senior leaders in the organisation, helping to influence policy change, improve opportunities for career progression, strengthen inclusion, and increase understanding among non-disabled colleagues of the day-to-day ‘lived experience’ of being a person with a disability or long-term condition.

10. To eliminate unlawful discrimination, harassment, and victimisation

National Staff Survey Results 2025

The following tables show benchmarked data from the National Staff Survey 2025, measured against other 121 Acute and Acute & Community Trusts. The area of interest is the data provided regarding discrimination shown across different protected characteristics. The results from these tables are used to help formulate our programme of work for the following year. Ethnicity and colleagues with disabilities and long-term conditions will be the focus of equality, diversity, and inclusion action plans for 2026.

Race

	2025
Your org	42.80%
Best result	27.76%
Average result	52.00%
Worst result	70.56%
Responses	310

Sex

Your org	12.60%
Best result	8.47%
Average result	15.75%
Worst result	20.93%
Responses	310

Religion

Your org	4.69%
Best result	2.29%
Average result	6.87%
Worst result	21.49%
Responses	310

Sexual Orientation

Your org	1.86%
Best result	1.25%
Average result	3.12%
Worst result	5.67%
Responses	310

Disability

Your org	14.11%
Best result	4.23%
Average result	10.47%
Worst result	24.69%
Responses	310

Age

Your org	20.91%
Best result	11.08%
Average result	17.46%
Worst result	26.25%
Responses	310

Other

Your org	26.32%
Best result	16.16%
Average result	21.87%
Worst result	29.43%
Responses	310

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 the first cohort for Reciprocal Mentoring commenced in 2025 for this group of staff.
- During 2025, presentations were made by network groups, raising awareness among the workforce via TeamTalk.
- The Disability Confident Employer accreditation was renewed again at the start of 2026, which supports people with a disability, neurodivergence, or long-term conditions with their reasonable adjustments.
- Guest speakers were invited to present their research or lived experiences for the Trust as part of our 'lunch and learn' programme of work.

11.0: Equality Delivery System 22

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 of NHS services.

The 2025 review was delivered with three separate stakeholder groups, with Domain 1 led by the Director of Strategy, and the Clinical Director for Children and Young People's Public Health Directorate. Domains 2 and 3 were led by the Equality, Diversity, and Inclusion Manager.

The overall EDS22 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>	●●	Excelling (3)
1. B	<i>Individual patients (service users) health needs are met.</i>	●●	Excelling (3)
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>	●●	Excelling (3)
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	<i>Staff recommend the organisation as a place to work and receive treatment.</i>	●	Achieving (2)
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 inequality-related impacts/risks and how they will be mitigated and 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)
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12.0: Conclusions

This report provides a comprehensive overview of how HDFT meets its Public Sector Equality Duty (PSED) and discharges its workforce obligations.

Below are the key conclusions, with both highlights and areas for further attention, based on the data provided.

- **Staff engagement.** The National Staff Survey response rate rose to 3,341 respondents (61.86 % of the workforce), a 13.16% increase over the previous year. There are indications that more staff agree that the organisation respects individual differences (up 1.1%) and acts fairly on career progression (up 0.4%).
- **Increasing diversity declarations.** HDFT has encouraged staff to disclose protected characteristics and offered reciprocal mentoring and staff network support. This has led to more colleagues disclosing their disability and sexual orientation. The Neurodiversity network has grown to over 90 members, offering peer support and awareness-raising activities, and the Menopause network now attracts over 200 members and achieves many of its own successes.
- **Race equality.** The total number of BME staff grew to 899, reflecting continued recruitment of minority ethnic colleagues. HDFT's WRES data shows fewer BME staff reporting harassment from patients and the public (a 1.5% improvement, outperforming the national average by 2.26%) and less abuse from other staff (a 5.75% improvement, 2.69% better than average). However, the proportion of BME staff decreased slightly, and representation at board level fell from 18.6% to 11.76%, with only two BME directors. A slight increase in harassment from managers (0.04%) also points to further necessary work to be carried out in that regard.
- **Ageing workforce.** The largest proportion of staff remains in the 31–60 age bracket, but 32.5% of employees are aged 50–70+, indicating an ageing

workforce and highlighting the need for succession planning and support for older workers.

- **Disability discrimination.** While more colleagues are declaring a disability and the WDES data shows a fall in harassment from service users, only 75.8% of disabled staff reported receiving reasonable adjustments – a drop from 78.1%. Harassment from line managers increased slightly from 11.0% to 11.7%, and 1.5 staff entered capability processes, suggesting that more work is needed to create a supportive environment.
- **Disclosure and inclusion for LGBTQ+ colleagues.** Even with a slight increase in disclosures, 15.4% of staff still do not state their sexual orientation, and active membership of the LGBTQ+ network is low. Greater visibility of role models and allyship training could help reduce this ‘prefer not to say’ group and create a more inclusive culture.
- **Maternity and part-time working raise retention issues.** During the reporting period, 153 staff took maternity leave and 139 returned. Turnover rose from 10.0% to 14.0% and the Trust saw 73.0% of colleagues return on a part-time basis.
- **Overall judgement and future direction.** The Trust’s EDS22 assessment remains ‘Achieving’, indicating compliance with the Equality Act 2010 but leaving room for further progress. Positive trends in survey results and network engagement show that efforts to improve equality are working. Continuing to embed fair recruitment, strengthen accountability for senior leaders, and prioritise health inequality reduction will be key for HDFT to fully realise its PSED obligations and build a truly inclusive workforce.

13.0: Recommendations

The Board of Directors are asked to:

- Review the enclosed paper. The Trust meets the requirements of the Equality Act 2010 in discharging its workforce obligations for the Public Sector Equality Duty.
- Approve the report for publication on the Trust’s website.

Appendices

Appendix 1: Workforce Race Equality Standard 2025

Points to note:

- **Point 2** – A figure below 1.00 indicates that BME staff are more likely than White staff to be appointed from shortlisting.
- **Point 3** – In 2025, 1.01 BME colleagues entered the formal disciplinary process. The figure is taken from a two-year rolling period.
- **Point 4** – A figure below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

	Metric		March 2025	March 2024
1	Percentage of BME staff	Overall	16.47%	15.4%
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants		2.97	2.44
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		1.01	0.49
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.83	0.71
5	Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months	BME	27.9%	26.5%
		White	18.3%	19.9%
6	Percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months	BME	24.3%	24.8%
		White	13.2%	19.5%
7	Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	BME	49.2%	53.9%

8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	9.8%	15.6%
		White	7.3%	6.1%
9	BME Board membership	BME	11.78%	18.7%
		White	82.35%	81.3%
	Difference (Total Board – Overall Workforce)	BME	-5.0%	3.0%
		White	4.0%	2.0%

Appendix 2: Workforce Disability Equality Standard 2025

		March 2025	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		
	Cluster 1 (up to Band 4)	7.14%	6.9%
	Cluster 2 (Bands 5–7)	9.25%	6.5%
	Cluster 3 (Bands 8a–8b)	9.7%	8.5%
	Cluster 4 (Bands 8c–9 and VSM)	9.05%	0.0%
	Cluster 5 (Medical/Dental consultants)	0.0%	2.4%
	Cluster 6 (Medical/Dental, non-consultants)	1.41%	0.7%
	Cluster 7 (Medical/Dental, trainees)	4.57%	4.67%
		7.22%	6.3%
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.01	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	4.34	3.33
4a	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying, or abuse from Patients or other members of the public	21.7%	26.7%
4b	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying, or abuse from managers	11.7%	11.0%
4c	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying, or abuse from other colleagues	20.6%	22.1%

		March 2025	March 2024
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	57.5%	56.1%
5	Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion	55.0%	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	20.3%	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	39.7%	42.9%
8	Percentage of Disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work	78.0%	75.9%
9a	The staff engagement score for Disabled staff, compared to Non-Disabled staff (0–10)	6.63	6.8
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Y	Y
10a	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce (voting membership of the Board)	-7.0%	-6.0%
10b	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce (Executive membership of the Board)	-7.0%	-6.0%

Appendix 3: EDS22 Action Plan

February 2026 EDS Action Plan	
EDS Lead	Year(s) active
Dr Zakyeya Atcha, Clinical Director and Consultant in Public Health Dr Richard Dunston Brady, Equality, Diversity, and Inclusion Manager	2026 2025 and 2026
EDS Sponsor	Authorisation date
Mr Mathew Graham, Director of Strategy Ms Angela Wilkinson, Director of People and Culture	26 February 2026

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Continue to consider the needs and barriers to accessing services to identify solutions to minimise their impact to obtaining services needed.	Work with partners to ensure that our information leaflets and letters are translated into the recipient's first language.	December 2026
	1B: Individual patients (service users) health needs are met	Ensure that we continue to understand the changing needs of our service users and their caregivers, so that we can provide the best support possible.	Review themes arising from a range of feedback methods, including staff feedback, to ensure that services are responsive to service users' needs.	December 2026
	1C: When patients (service users) use the service, they are free from harm	Explore specific training in respect to those with protected characteristics and at risk of experiencing inequalities in health and access to services.	Each directorate and service area to complete staff training and development needs reviews as part clinical and reflective supervision session and at annual appraisals.	December 2026
	1D: Patients (service users) report positive experiences of the service	Seek feedback from service users with protected characteristics and those at risk of experiencing inequalities to better serve them and the needs of their caregivers.	Actively develop and use a range of survey methods to receive feedback from service users and their caregivers.	December 2026

	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	To develop EDI data available to managers and directorates to inform them of trends.	Workforce Pack including survey results and EDI data to be shared with directorates.	End Q1 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Year-on-year improvements of WRES and WDES data. Continue to deliver Cultural Competency Training to staff. Recording and analysis of themes from the Freedom to Speak Up Guardian.	Equality, Diversity, and Inclusion Manager to report on these metrics annually. In place. Freedom to Speak Up Guardian to collate data where available and report on analysis.	Ongoing
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Deliver an anonymous reporting process for staff to call out incidences of bullying and harassment from any source.	Work with FtSu Guardians to deliver this.	Q1 2026
	2D: Staff recommend the organisation as a place to work and receive treatment	Year-on-year improvements of National Staff Survey.	Equality, Diversity, and Inclusion Manager to report on these metrics annually.	Review Jan 2027

	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	Health inequalities are to be a standing item on the agenda at all board meetings. Improved attendance at staff networks by Exec Sponsors Board to hold services to account and demonstrate their commitment to health inequalities.	All directorates to action this and include the EDI Manager in quarterly meetings for updates.	Ongoing
	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.	Ongoing
	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.	Ongoing