

Equality, Diversity and Inclusion

Our developing
improvement plan

2025-2026



“The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms.”

NHS People Plan, 2020

“The NHS must embed a compassionate culture built on civility, respect and equal opportunity.”

NHS Long Term Workforce Plan, 2023

“We are inclusive and champion diversity.”

LTHT People Priority, 2025

ABOUT US

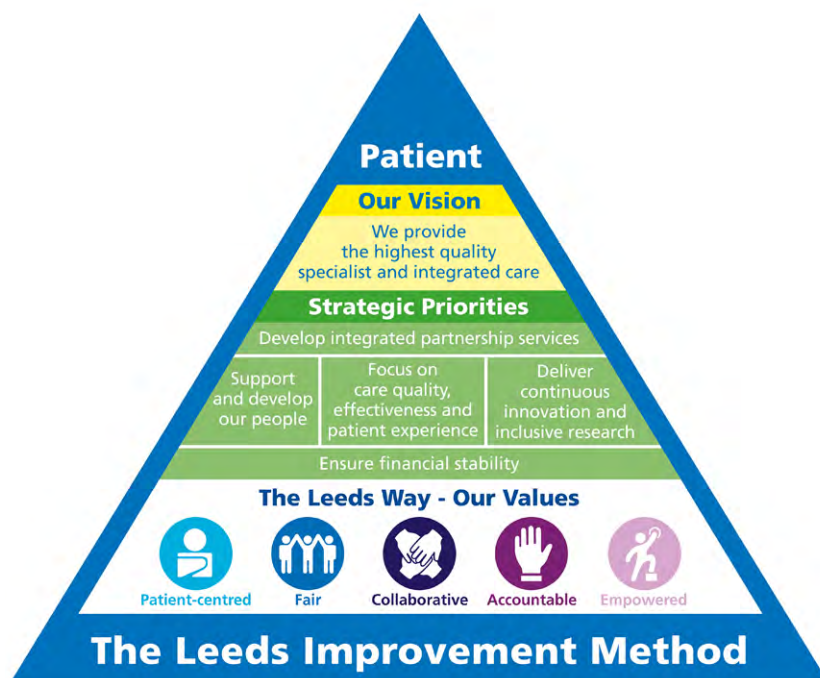
Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest and busiest acute hospital trusts in Europe, serving patients across Leeds, Yorkshire, and beyond. We are proud to deliver world-class specialist and integrated care across seven hospitals, supported by a workforce of over 20,000 colleagues. We are also a leading centre for research, innovation and education, training future generations of healthcare professionals and driving improvements in patient outcomes.

Our hospitals:

- Leeds General Infirmary
- St James's University Hospital
- Leeds Children's Hospital
- Chapel Allerton Hospital
- Seacroft Hospital
- Wharfedale Hospital
- Leeds Dental Institute

TRUST STRATEGY

Leeds Teaching Hospitals NHS Trust is an ambitious organisation with a clear vision to provide the highest quality specialist and integrated care. Our vision, values and strategic priorities are summarised in our strategic triangle below, which shows patients at the centre of everything we do.



Our mission:

to be an internationally renowned academic healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves outcomes.

- One of the **largest teaching hospitals** in the country
- A **regional and national centre for specialist treatment** and the **local hospital for the Leeds community**
- **Seven hospitals** across **five sites** in the city
- Treat around **1.6 million patients** every year
- Spend around **£1.9 billion** each year
- Almost **22,000 staff**
- Established **Centre of Excellence** for Research and Innovation at scale and a top recruiter for clinical trials

To support delivery of the strategy, we have seven multi-year goals which drive our long term activity and seven annual commitments which are refreshed each year to consolidate our in-year priorities.

Our multi-year goals are:

- Deliver fit for purpose healthcare.
- Deliver top quartile healthcare performance.
- Deliver a sustainable surplus by becoming the most efficient teaching hospital.
- Have an embedded culture of service improvement and innovation.
- To be a leading academic healthcare institution.
- Have a consistent, high performing and sustainable workforce.
- People receive person-centred care in the most appropriate setting.

Our 7 annual commitments are available on our [website](#).



The Leeds Way

The Leeds Way is what we stand for and what we want to achieve. It is how we do things around here and what makes Leeds Teaching Hospitals different to other organisations. The Leeds Way is described in our strategic triangle; it encompasses our ambition through our vision and strategic priorities and our culture through our values, as created by our staff. It sets out what our stakeholders can expect from us as a Trust.



Patient-centred



Fair



Collaborative



Accountable



Empowered

The Leeds Improvement Method

The Leeds Improvement Method (LIM) is our philosophy of continuous improvement that underpins all our organisational strategies. It brings the principles of daily management methods, improvement methodology, respectful behaviours and the removal of waste from processes together.

Our strategy framework

This document is part of a wider suite of strategies that work together to support the Trust to meet its overarching vision. At the centre of this is the Trust's corporate strategy, supported by three core strategies and eleven enabling strategies. This strategy forms part of the People Priorities enabling strategy.

Our strategy framework enables us to ensure our strategies align and are updated appropriately to reflect and support the overall Trust strategy.



MAKING IMPACT

Our five People Priorities enable us to effectively support and develop our people. Most pertinently for our EDI Plan is our priority to **be inclusive and to champion diversity**.

This priority is brought to life through our annually refreshed **Team Commitment** - **support one another to act with kindness and compassion** - which makes equality, diversity and inclusion (EDI) everyone's responsibility. Through small, meaningful actions taken at every level, we aim to create sustained and collective impact across the organisation.



All of our EDI actions, set out in this plan, are embedded through our **Three Strand Approach** to:

1. De-bias our processes
2. Embed a culture of conscious inclusion
3. Take positive action

This approach enables us to focus our improvement efforts and to build a positive, inclusive culture across our organisation.

OUR APPROACH

This plan focuses on the areas where LTHT can make the greatest impact, taking a short- and longer-term approach to improvement. It reflects national, regional, and local priorities, aligning with the [NHS Equality, Diversity, and Inclusion Improvement Plan](#) and the [West Yorkshire Health & Care Partnership Equity and Fairness Strategy](#). Through this alignment, we are contributing to a shared NHS ambition for an inclusive workforce and equitable patient outcomes.

- We recognise that this plan must remain live and responsive - evolving in step with emerging data, feedback, and the wider context of change across LTHT; particularly ensuring inclusion and alignment of recent CQC Reviews.
- We will continue to shape, refine and co-produce it, collaboratively, drawing on the voices and the experiences of those it affects, to ensure it remains relevant, inclusive, and impactful.

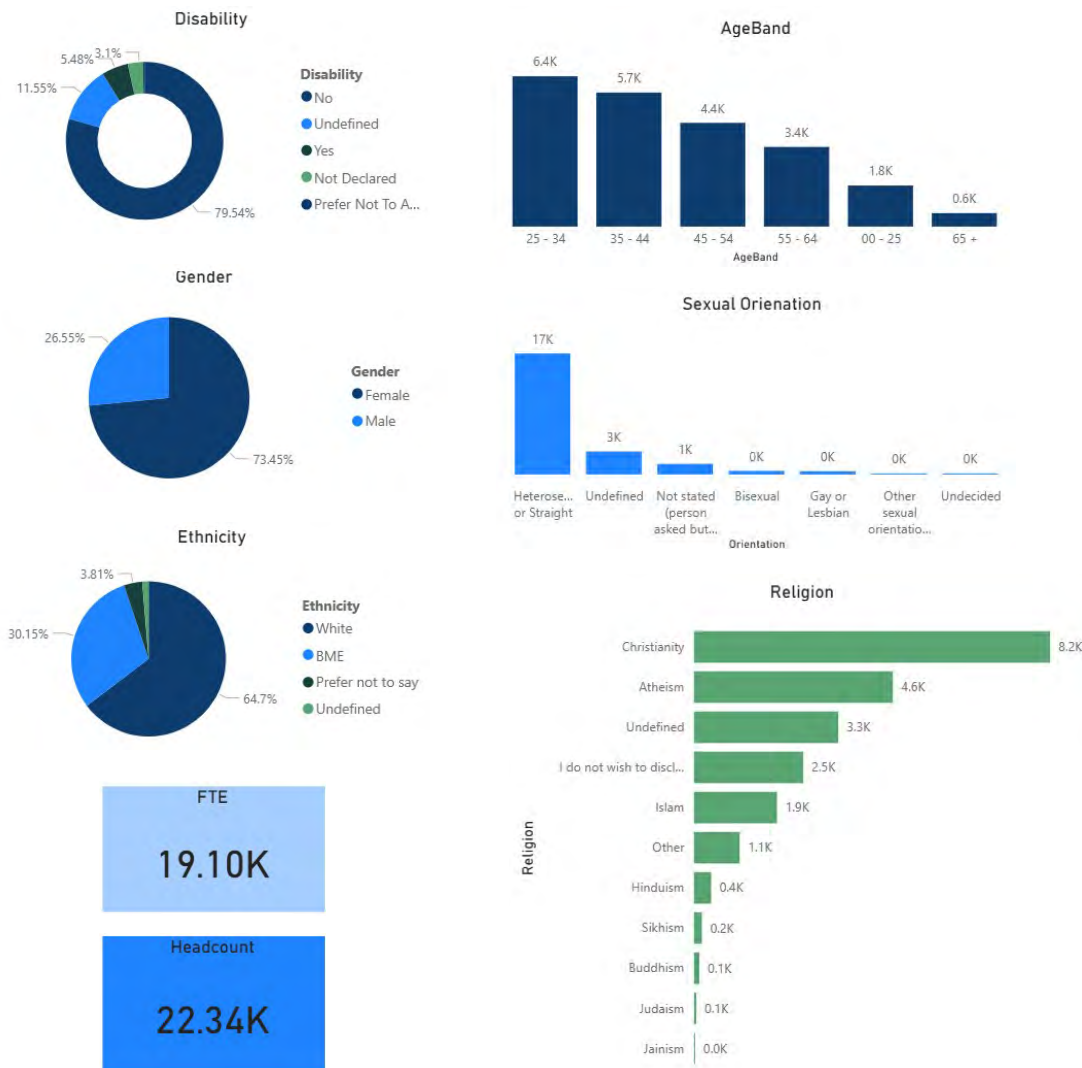
This will result in a plan that is both shaped and acted upon by our people.

OUR FEEDBACK LOOPS

Embedding inclusion requires collective ownership and continuous learning. We ensure our EDI priorities are shaped and progressed through strong feedback loops that connect our people, networks, and leaders. Through regular engagement, listening events, staff surveys, and collaboration with our networks, champions, leaders and people, we gather insight into lived experiences and emerging challenges. These insights directly inform our EDI priorities, helping us to collectively identify what works, where barriers remain, and where we need to focus next.

You can read more about these in the '[Celebrating our Successes - Collective Voice and Involvement](#)' section later in this document.

OUR PEOPLE



Our most recent workforce data (our full report is published on the [LTH website](#)) shows encouraging progress across several equality areas, while also highlighting where improvement is needed. You can read about some of the actions we are prioritising in the '[Our Plan](#)' section later in this document.

We continue to use this data to inform targeted action and understand the lived experience of our people. Some of the headlines are shown on the following pages.

Ethnicity

- Representation of Black, Asian and Minority Ethnic (BME) staff has improved over the last five years (from 16% to 30.15%) and now exceeds to the local population.
- Bullying, harassment and discrimination in the workplace continues to improve (lowering from 23.62% to 22.39% in the 2024 NHS Staff Survey), and is significantly better than the national average, although remains a concern.
- The frequency of public abuse experienced by BME staff has increased (from 22.85% to 25.01% in the 2024 NHS Staff Survey), although it remains significantly better than the national average.
- The relative likelihood of White applicants being appointed from shortlisted compared to BME is the highest recorded, at a likelihood of 1.94 (a figure of 1.2 or above indicates a statistically significant worse outcome).
- Workforce data quality has significantly improved, with staff with an 'Undefined' status positively decreasing from 3% to 1.48% over the last year.

Gender*

- Females represent approximately three-quarters of our workforce, of which representation is improving at a senior level (Bands 8c – 9). However, the proportion of males overall continues to increase with seniority.
- The gender pay gap as of March 2025 was 16.1%, reflecting a continued improvement (1.69% decrease).

**For these results, data on sex is used due to the categories used for capturing the gender of staff within the NHS.*

Disability

- Representation of disabled staff has improved over the last five years (from 3% to 5%), however is lower than local population levels.
- Overall, disability representation deteriorates as seniority increases.
- Workforce data quality continues to improve, however 12% of staff continue to have an undefined status.

- The relative likelihood of non-disabled applicants being appointed from shortlisted compared to disabled has deteriorated slightly since the previous year (from a likelihood of 1.26 to 1.34 in (a figure of 1.2 or above indicants a statistically significant worse outcome)).
- Harassment, bullying and abuse experienced by disabled staff from the public, managers and staff, has improved slightly (<1%), with the reporting of these experiences continuing to significantly improve (from 51.50% to 56.66%, in the 2024 NHS Staff Survey), although they continue to be a concern.
- Perceived access to career progression or promotion has deteriorated for disabled staff (57.65% to 54.22% in the 2024 NHS Staff Survey) at a greater rate compared to non-disabled staff, although remains better than the national average.

Sexual Orientation

- Workforce representation by sexual orientation across the Trust (4%), largely reflects the local population.
- Workforce data quality has significantly improved, however those with an undefined status remains at 15%.

Religion and Belief

- Workforce representation by religion across the Trust, largely reflects the local population.
- Workforce data quality has significantly improved. However those with an undefined status is at 16%, though this has improved significantly.

CELEBRATING OUR SUCSESSES



Team Activities

Across LTHT, teams are creating meaningful impact. Below are examples of how inclusion is being brought to life in our organisation.

Leeds Dental Institute's **storytelling videos**, from fellow colleagues, supported all to 'celebrate their differences', deepening understanding and empathy across teams.

Trauma and Pharmacy teams have led **open conversations** about diversity and inclusion, encouraging honest dialogue.

Theatres and Anaesthesia developed and co-produced a senior-led video about **Standards of Behaviour on harassment and inclusion** to raise awareness and collective responsibility.

Abdominal Medicine and Surgery **celebrated Black History Month** with cultural events, with food, education, and learning on patient safety for black and brown skin tones. They created a powerful team image that highlights the diversity of their staff.





Team Resources

The 'Time to Talk' team toolkit, enables teams to create safe spaces for staff to engage in conversations about mental health and workplace culture.

The Civility Toolkit enables teams to focus and enhance civility in their day-to-day practices.

A flexible working project saw the introduction of a new, easy read, **Flexible Working Policy** and team resources, to enable teams to explore greater flexibility, together.

This saw a **significant NHS Staff Survey improvement** (2022-24), and a continued above national average position, in satisfactions for flexible working opportunities (54% to 58%), and those feeling comfortable to speak to their line manager (68% to 72%).

The new **Inclusive Recruitment policy, training and guidance**, supports recruiting managers through fair and transparent recruitment practices.

The **Report for Support** campaign has **significantly increased the reporting of violent or abusive experiences** (from 63% in 2022 to 72% in 2024 - moving from below to above the national average). This ensures that individuals and teams experiencing incidents of this nature have access to the relevant resources and support.

A new **Anti-Discrimination Working Group** has been established to ensure our teams are proactive, and equipped to act in the moment, developing line manager and individual understanding and confidence, alongside an impactful anti-discrimination communications campaign.



Collective Voice and Involvement

Leeds Teaching Hospitals encourages celebration and involvement. This includes Staff Networks, events, Lunch & Learns, Schwartz Round reflections sessions, book clubs (often reading our published book '[Amplifying voices, Mending Divides](#)', edited by Ester Jamera) and more. Just a few of the successes over the last year include:

The **Christian Network's Carol Service** bringing together both staff and patients for celebration.

The **Network Showcase Event**, bringing together our networks to celebrate our differences together.

The **Disability Network** supports a mindset of EDI being 'everyone's business' including development of the 'Supporting Attendance' policy

A celebration of **Black History Month**, themed 'Standing Firm in Power and Pride' showcasing performances, guest speakers, 'lunch and learns', competitions and 'fuddles' (a Yorkshire term meaning a celebratory gathering with shared food).

The first **East and South East Asian** celebration event.



Our champions have come together to form a **Champions community** of practice, sharing best practice, experiences and themes, whilst collectively supporting the progression of the EDI plan.

New Muslim Staff Network

A new **speaking up web portal**, makes it quicker and easier to speak up - part of our speaking up improvement plan, informed by our annual self-assessment.

Staff Health Equity research was conducted to inform improvement activity in support of the wellbeing of all employees.



Training and Development

Over the last year, over **1,000 people** have accessed **EDI development**, through our LTHT Positive Action leadership programmes (Reciprocal Mentoring, BAME Moving Forwards, and Springboard Women Programme), EDI Learning Bursts, and via the Leeds Health and Care Academy online Training Portal. This is in addition to the introduction of the new NHS Elect national online training portal.

This provides a more **diverse** library of development for our people to access, as and when they need.



LTHT is entering its fifth year of running a **supported internship programme**.

This programme had become a model for other employers.

We have supported the development of a team of over **300 Internationally Educated Nurses**, helping them integrate into the workforce and ensuring they received the guidance and support needed to succeed in their roles.



OUR PLAN

Our EDI Strategic Group, bringing together representatives from across our Trust, has identified a set of short-, medium-, and long-term priorities. These reflect both the opportunities for continued improvement and the need for focused and coordinated action.

This plan will be a living, breathing document, to ensure we stay adaptable, that we will continue to strengthen and adapt as contexts, needs, data and intelligence changes. Collectively, we will develop and progress SMART actions aligned to each of our priorities, to ensure clarity in activity and ownership at all levels across the Trust.

While these priorities outline our collective focus areas, every part of our workforce will be supported to align them with their own work and take ownership for driving related improvements in line with our EDI Plan. This includes, but is not limited to, Clinical Service Units, leaders and teams, Staff Networks, and EDI Champions.

All priorities and actions are underpinned by the Equality Act 2010 and are approved by the Trust Equality, Diversity & Inclusion (EDI) Strategic Group, which reports to the Trust Board via the LTHT Workforce Committee.

1. Short-Term Priorities

Ensure all board members champion at least one EDI action in the Trust: All board members are expected to champion at least one EDI action within the Trust. This commitment ensures that EDI remains a strategic priority and is visibly supported at the highest levels of leadership.

Review and re-define the role of Staff Networks and their Chairs: Further defining and strengthening the role of staff networks, and their chairs, in alignment to the delivery of the Trust's EDI Plan. These networks are recognised as pivotal contributors to shaping an inclusive culture across the Trust.

Raise the profile of EDI champions and allies across the Trust: further strengthen and raise the profile of champions and allies across the Trust. These individuals play a crucial role in advocating for inclusion, supporting colleagues, and driving local cultural change.

2. Medium-Term Priorities

Reasonable adjustments - supporting consistent and impactful use: to renew our collective focus on reasonable adjustments. Enabling effective support and utilisation of adjustments to ensure consistently equitable working conditions.

Simple belonging language: To review and utilise simple, inclusive language that feels accessible by all, and promotes active use to empower a sense of belonging throughout the organisation.

3. Long-Term Priorities

Impactful training for all in a management position: review and make available impactful training, that ensures that all leaders across the Trust are equipped with the knowledge and sensitivity required to foster inclusive environments and uphold EDI principles.

Review how, where, and when we invest our resources: to identify and support further improvements.

Available data that is easy to access, tells you about your team and is useful and actionable: Review and develop data that is easily accessible, relevant, and actionable. Enabling the Trust, leaders and teams to make informed decisions that support inclusion and address disparities effectively.

Communication (from 'ward to board') - engaging staff on the frontline: Strengthen communication strategies and opportunities to enable greater engagement and involvement, from frontline staff to senior leadership, in EDI practice and activity. This 'ward to board' approach ensures that EDI messages and initiatives are consistently shared, understood and accessible across all levels.







Staff Health Equity: Following the research conducted over the last year, implement the recommended outcomes. This supports the wellbeing of all employees, particularly those from underrepresented or vulnerable groups.

OUR CONTINUED ACTIONS

Alongside our refreshed, collective priorities, we will continue to progress the work we started over previous years, including the statutory national [NHS Equality, Diversity, and Inclusion Improvement Plan](#) and related High Impact Actions (HIA).

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

<p>Measurable objectives on EDI for Chairs Chief Executives and Board members.</p> <p>Success metric</p> <p>1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).</p> 	<p>Overhaul recruitment processes and embed talent management processes.</p> <p>Success metric</p> <p>2a. Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>2b. NSS Q on access to career progression and training and development opportunities</p> <p>2c. Improvement in race and disability representation leading to parity</p> <p>2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity</p> <p>2e. Diversity in shortlisted candidates</p> <p>2f. NETS Combined Indicator Score metric on quality of training</p> 	<p>Eliminate total pay gaps with respect to race, disability and gender.</p> <p>Success metric</p> <p>3a. Improvement in gender, race, and disability pay gap</p> 
<p>Address Health Inequalities within their workforce.</p> <p>Success metric</p> <p>4a. NSS Q on organisation action on health and wellbeing concerns</p> <p>4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training</p> <p>4c. To be developed in Year 2</p> 	<p>Comprehensive Induction and onboarding programme for International recruited staff.</p> <p>Success metric</p> <p>5a. NSS Q on belonging for IR staff</p> <p>5b. NSS Q on bullying, harassment from team/line manager for IR staff</p> <p>5c. NETS Combined Indicator Score metric on quality of training IR staff</p> 	<p>Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.</p> <p>Success metric</p> <p>6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)</p> <p>6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)</p> <p>6c. NETS Bullying & Harassment score metric (NHS professional groups)</p> 

Many of these are actions are ongoing practices that we wish to ensure are fully embedded, with progress assured over the coming year.

HIA2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity:

Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation.

3 Strand Approach: De-Bias Processes

Status: In progress

HIA3: Develop and implement an improvement plan to eliminate pay gaps.

Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.

3 Strand Approach: De-Bias Processes

Status: In progress

HIA5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety.

3 Strand Approach: Conscious Inclusion

Status: Ongoing

Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression.

3 Strand Approach: Conscious Inclusion

Status: Ongoing

HIA6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set and plans implemented to improve staff experience year-on-year.

3 Strand Approach: Conscious Inclusion

Status: In progress

Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.

3 Strand Approach: De-Bias Processes

Status: Ongoing

Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff.

3 Strand Approach: Conscious Inclusion

Status: Ongoing

Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence.

3 Strand Approach: Conscious Inclusion **Status:** Ongoing

Have mechanisms to ensure staff who raise concerns are protected by their organisation.

3 Strand Approach: De-Bias Processes **Status:** Ongoing

LTHT specific actions:

Continue to progress the new Anti-Discrimination Working Group.

3 Strand Approach: Conscious Inclusion **Status:** In progress

Continue to progress the use of equality impact assessments as 'business as usual' practice when individuals, teams and Trust Board are developing and reviewing plans, policies and procedures, introducing measures and making key decisions.

3 Strand Approach: De-Bias Processes **Status:** Ongoing

Continue to improve the quality of our workforce data captured through ESR across all protected characteristics.

3 Strand Approach: Conscious Inclusion **Status:** Ongoing

OUR LEGAL AND STATUTORY DUTIES

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

Our workforce information is measured and reported nationally each year through the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), the Gender, Ethnicity and Disability Pay Gap Reports, and the NHS Staff Survey, as well as monitored locally across the city of Leeds and wider Yorkshire Region. This year we have additionally published a Disability Pay Gap Report, despite this not being mandated, to ensure we holistically understand our workforce data to drive forward the right action.

We are required to ensure this data is visible and published on the Trust's website by 31st October 2025. We are also required to publicise the actions we are taking to address both what this data, and our staff are telling us.

LOOKING AHEAD

We recognise that delivering meaningful equality, diversity and inclusion requires sustained focus, collaboration, and courage. We are proud of our progress but recognise and remain committed to going further - creating a culture where every colleague feels they belong, are valued, and can thrive. Together, by living The Leeds Way, we will make inclusion our everyday reality.