

**Inclusion and Belonging Update**  
**Trust Board**  
**29 January 2026**

Presented for:	Information
Presented by:	Suzanne Dunkley, Chief People Officer
Author:	Chris Jones Deputy Director of HR and OD
Previous Committees:	27 November 2025 – Trust Board 14 January 2025 – Equality Delivery System to People and Culture Committee

Link to Strategic Objective	Support and develop our people
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Capable, Compassionate and Inclusive Leaders
Regulatory Impact	Regulation 17: Good governance

Key points	Purpose
<ol style="list-style-type: none"> <li>Note the progress since 27 November 2025 and the identification of action owners and time frames in Appendix one and Appendix two of this paper</li> <li>Endorse the overarching approach to Inclusion and Belonging—and the focus on behavioural shifts led by all colleagues and leaders, Trust wide and by team</li> </ol>	Information

<a href="#">Risk Appetite Framework</a>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Towards
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

## 1. Summary

Between October and December 2025, the Trust brought together the Equality, Diversity and Inclusion (EDI) findings from the CQC Well-Led review, the Employers Network for Equality and Inclusion (ENEI) review, and the Maternity Safety Support Programme (MSSP).

Board discussions in October and November helped merge all recommended actions into one Trust-wide plan, which was presented on 27 November 2025.

This paper updates progress on actions required by the national NHS Equality, Diversity and Inclusion Improvement Plan. It also proposes clear action owners and timelines for the short, medium and long-term objectives agreed by the Board.

In addition, the paper outlines an engagement strategy to involve colleagues across the Trust that will strengthen belonging and make LTHT a great place to work for everyone.

The Board is asked to note the progress made since November 2025 and endorse our overarching Inclusion and Belonging strategy, supporting consistent application of it across all people-focused forums and Committees.

## 2. Progress Since Last Update

Recent senior leadership and LTHT Live sessions have highlighted the need for more visible leadership, clearer decision-making, stronger communication, and easier ways for colleagues to get involved. As we progress our actions, we will continue to emphasise the importance of speaking up and listening well, using a range of routes for feedback and concerns.

We have also engaged colleagues through an all-colleague 'Belonging Briefing', which summarised the three reviews, followed by an engagement session with our EDI steering/strategy group in December 2025. This has helped set the tone for the ongoing conversations we want to have with colleagues.

Key progress includes:

- **Assigning action owners and timeframes** to each High Impact Action required by the national NHS Equality and Inclusion Improvement Plan (Appendix 1).
- **Identifying owners and timelines** for each short, medium and long-term priority in the Trust-wide action plan presented to the Board in November 2025 (Appendix 2).
- **Completing major preparations** for the introduction of our new Applicant Tracking System (ATS), which will support fair and transparent recruitment, improve flow metrics, and link into the Financial Improvement/Turnaround and Maternity response

work. The ATS rollout will be aligned with actions from the recent Inclusive Recruitment audit presented to the People Committee in January 2026.

- Developed a strategy focused on inclusive behaviours, emphasising how leaders and teams “show up” every day rather than talking about abstract culture change. This strategy is described in Section 3 of this paper.

### **3. Creating a sense of belonging and making LTHT a brilliant place to work for everyone**

Our Inclusion and Belonging strategy will help us stay focused on our core purpose at LTHT: delivering safe, high-quality care for patients. We will do this by creating an inclusive environment for everyone who works with us.

A key part of this is reinforcing our shared responsibility to raise concerns—whether about patient safety or behaviours and practices that could put safety at risk. We will regularly and clearly explain how colleagues can speak up, offer multiple ways to raise concerns and ensure leaders understand the importance of listening and acting.

People policies, processes and systems will be made simple and easy to understand across the whole colleague journey. The People Function’s priority is to care for the people who care for our patients—supporting colleagues and managers to know what is expected of them and giving them the skills and tools they need to do their jobs well.

This is not a short-term project or branded initiative. Instead, we will embed this approach through everyday conversations focused on shaping day-to-day behaviours. We will keep open, practical dialogue with colleagues so everyone understands how their actions can help others feel safe, heard and valued—every shift, every meeting, every conversation.

These conversations will happen both Trust-wide and within local teams. Leaders will be encouraged to continue these discussions regularly with their teams.

We will use a range of touchpoints, including face-to-face conversations across all sites, and across all shift patterns and staff groups. We will also use LTHT Live follow-ups, local huddles, team briefs and the new weekly Trust-wide in-person Senior Leaders management meetings (from 11 February 2026).

We will also refresh our Leeds Way values based on colleague feedback gathered through these conversations and celebrate them across the Trust at engagement and celebration events throughout the year. All colleagues will be involved, and all will understand the importance of each of us contributing to safe, high-quality patient care.

We will track our progress using a new 'People Improvement Framework'. This will monitor practical, achievable workforce health metrics with clear owners and timeframes. Progress will be reported regularly.

Performance against a new People Improvement Framework will be shared with the People Committee for assurance before going to Board. We expect to present the new framework to the People Committee in March, followed by the first full report in May. People improvement metrics used in the People Improvement Framework will also be used in the IQPR data presented to Board.

We will also continue to meet all statutory Inclusion requirements, including:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Leadership and Management Framework
- NHSE Board EDI Action Plan
- Equality Delivery System (EDS)
- National Staff Survey and action plans
- Pay Gap reporting (Gender, Ethnicity, Disability)

#### **4. Quality and Performance Implications**

We expect to see improvements in our workforce health metrics as inclusion strengthens, colleagues feel safer to speak up, and everyone has fair access to development and career progression. These improvements will be monitored through our new People Improvement Framework, which will include clear targets and timelines.

The overall strategy and action plans will be delivered using internal resources, once we have reviewed the People Function's structure and capacity. The Chief People Officer will work closely with the Executive Team, as well as Communications, Freedom to Speak Up, Improvement and Operational teams. Our colleague networks will also be key partners in delivering this work.

We will regularly review and update our action plans to reflect any changes in context or legal/statutory requirements. The People Committee and Board will be kept informed of any updates to the agreed plans.

#### **5. Financial Implications**

There are no new financial risks beyond what we have already committed to. We will soon review the resources within the People Function, which will include recruiting to some current vacancies. Funding for improvement work will come from LTHT's evolving Inclusion & Belonging Improvement Plan.

## 6. Risk

There is a **workforce retention and morale risk** (Cautious). Colleagues may feel we are launching “more initiatives” if they do not see real, practical changes. We will reduce this risk by giving regular Trust-wide updates on progress and ensuring leaders visibly follow through on actions. We will also avoid branding this work as a separate initiative.

There is also a **regulatory risk** relating to Well-Led and Equality standards (Averse). The risk is that we may not be able to show clear improvements or fully embed Equality Impact Assessments (EQIAs). We will manage this by introducing the new People Improvement Framework with regular reporting, using EQIAs early in our planning, and improving the quality of ATS metrics

## 7. Communication and Involvement

There will be a comprehensive internal and external communications plan to report our progress against the actions outlined in this paper. The Chief People Officer will work closely with the Director of Communications and Deputy Chief Operating Officer to ensure that work on our Inclusion and Belonging strategy is aligned to the work currently underway on our overall Trust strategy.

## 8. Improving Health Equity

The review placed a strong focus on health equity, with Public Health playing a key role in gathering and assessing evidence. The review’s findings centred on identifying and tackling health inequalities.

Our Inclusion and Belonging strategy is aimed at our workforce, but it will also include actions that address health inequalities. This will help create a long-term, systematic approach that improves outcomes for colleagues, who are also members of the communities we serve.

We will follow strong equality and diversity practices and work to eliminate unfair and avoidable differences in healthcare. Promoting health equity is a core commitment supported by the work of the Board and its Committees.

## 9. Publication Under Freedom of Information Act

This document is accessible in accordance with the Freedom of Information Act 2000.

## 10. Recommendations

1. Note the progress since 27 November 2025 and the identification of action owners and time frames in Appendix 1 and Appendix 2 of this paper.

2. Endorse the overarching approach to Inclusion and Belonging—and the focus on behavioural shifts led by all colleagues and leaders, Trust wide and by team.

### **11.Supporting Information**

Appendix 1: High Impact Action plan, action owners and timeframes

Appendix 2: Short, Medium and Long term action plan, action owners and timeframes

Appendix 3: Full Diversity and Inclusion report presented to Board in November 2025

#### **Author**

**Chris Jones Deputy Director of HR, and OD, Suzanne Dunkley Chief People Officer**

**January 2026**

## Appendix one- NHS equality, diversity, and inclusion improvement plan (High Impact Actions)

HIA	Action	Lead	When	Progress
<b>HIA-1 Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</b>				
1.1	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.	Suzanne Dunkley	30-Jun-26	Updated standing objective which will be personalised as part of the annual appraisal Apr-Jun 2026 and will support quarterly reviews
1.2	Board members should demonstrate how organisational data and lived experience have been used to improve culture.	All Board members	31-Oct-26	To form part of the Inclusion and Belonging Board reporting
1.3	NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework.	All Board members	31-Oct-26	To form part of the Inclusion and Belonging Board reporting
<b>HIA-2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</b>				
2.1	Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation.	Suzanne Dunkley	30-Jun-26	Roll out scope for growth conversations for Leaders in the 2025-26 Appraisal window.
2.2	Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes. Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.	Chris Jones	30-Jun-26	<p><b>Completed</b></p> <p>Leeds Career Compass</p> <p>Gold Standard Apprenticeship process</p> <p>Rotational Apprenticeship programmes</p> <p>Established Graduate scheme</p> <p><b>Further work required</b></p> <p>Social mobility measured needs to be explored.</p>
<b>HIA-3 Develop and implement an improvement plan to eliminate pay gaps.</b>				
3.1	Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.	Chris Jones & Elizabeth Garthwaite	31-Oct-26	<p><b>Completed</b></p> <p>Inclusive Recruitment Policy in place which includes Consultant and Medical and Dental Appointments.</p> <p>Flexible Working Policy in place.</p> <p><b>Further work to</b> provide assurance of all the recommendations in the Mend the Gap report.</p>
3.2	Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.	Chris Jones	31-Oct-26	<p>Annual Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap.</p> <p>To be maintained as part of the Inclusion and Belonging Board reporting.</p>
3.3	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns.	Chris Jones	30-May-27	<p><b>Completed</b></p> <p>Inclusive Recruitment Policy in place.</p> <p><b>In progress</b></p> <p>New Applicant Tracking System to be rolled out 9 March 2026.</p> <p>Flexible Working Policy in place, to be reviewed as part of Inclusion and Belonging work.</p> <p>Complete Internal Audit actions</p>

HIA	Action	Lead	When	Progress
<b>HIA-4 Develop and implement an improvement plan to address health inequalities within the workforce.</b>				
4.1	Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework.	Chris Jones	30-Jun-26	<b>Completed</b> Work underway as part of continuous improvement cycle.
4.2	Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare.	Chris Jones	01-Apr-26	Previously collaborated on system recruitment events. Standard work in place.
<b>HIA-5 Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.</b>				
5.1	Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).	Chris Jones	31-Oct-26	<b>Completed</b> Part of Inclusive Recruitment Policy Process established to identifying staff new to UK, and on project plan for new recruitment system. - signposted to the Colleague Networks for support. International Recruitment ceased . Medical Inductions take place- cohort recruitment ceased.  <b>To progress</b> Review of Corporate, Medical and Dental, Local Induction
5.2	Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback.	Chris Jones	31-Oct-26	<b>Completed</b> Standard work in place
5.3	Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety.	Chris Jones	28-Feb-26	<b>Completed</b> International recruits colleague network in place. Active colleague networks encourage line manager involvement and participation.
5.4	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.	Chris Jones	30-Jun-26	<b>To progress</b> Scope for growth conversations as part of the annual appraisal.
<b>HIA-6 Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</b>				
6.1	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.	Chris Jones	30-Jun-26	<b>Completed</b> Annual Employment Relations reporting to Board Bi-annual Freedom to speak up report  <b>To progress</b> Implementation of the People Improvement Framework



HIA	Action	Lead	When	Progress
6.2	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.	Chris Jones	30-Jun-26	<b>Completed</b> Weekly MHPS review Monthly complex case review Monthly lessons learnt review Daily escalations  <b>To progress</b> Implementation of the People Improvement Framework with Inclusion and Belonging measures for improvement. Avoidable Harm roll out
6.3	Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it.	Chris Jones	31-Dec-26	<b>Completed</b> Intranet resource for all colleagues Report for support and ongoing work on Violence Prevention Reduction reported to Board Annual Employment Relations reported to Board Freedom to Speak up reported to Board Health and Safety reported to Board  <b>To progress</b> Review and implementation of the Sexual Misconduct Policy Framework and associated actions.
6.4	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.	Chris Jones Alan Sheppard	30-May-26	<b>Completed</b> Rolled out of Freedom to Speak Up App Increased visibility and number of FTSU champions FTSU Steering Group established Regular reporting to Board Incorporated into the People Improvement Framework Aligned to FTSU Improvement Plan Community of practice established Champions development sessions set up as standard work
6.5	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence.	Chris Jones	30-Jun-26	<b>Completed</b> Health and Wellbeing support available physical, mental and financial.  <b>To progress</b> Colleague psychologists are not available for all CSUs/Corporate Departments
6.6	Have mechanisms to ensure staff who raise concerns are protected by their organisation.	Chris Jones Alan Sheppard	30-May-26	<b>Completed</b> Procedure for Dealing with Reported Negative Impact (Detriment) Risk Assessment for Reported Negative Impact (Detriment)  <b>To progress</b> Wider communications Update Trust Intranet

## Appendix two - Inclusion and Belonging action plan presented to Board in November

No	Action	Lead	When	Progress
<b>Short-Term Priorities</b>				
1.1	<b>Ensure all board members champion at least one EDI action in the Trust:</b> 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.	Suzanne Dunkley	30-Jun-26	Updated standing objective which will be personalised as part of the annual appraisal Apr-Jun 2026 and will support quarterly reviews
1.2	<b>Review and re-define the role of Staff Networks and their Chairs:</b> 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.	Chris Jones	31-Mar-26	Review of Executive SRO Review underway
1.3	<b>Raise the profile of EDI champions and allies across the Trust:</b> 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.	Chris Jones	31-May-26	<b>In progress</b> Champion role review Champion development and alignment Promotion of networks
<b>Medium-Term Priorities</b>				
2.1	<b>Reasonable adjustments - supporting consistent and impactful use:</b> To renew our collective focus on reasonable adjustments. Enabling effective support and utilisation of adjustments to ensure consistently equitable working conditions.	Chris Jones	31-Oct-26	Working group set up Support from Staff Networks, Health and Wellbeing, Operational HR and CSUs
2.2	<b>Simple belonging language:</b> 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.	Suzanne Dunkley Jane Westmoreland	30-Jun-26	
<b>Long-Term Priorities</b>				
3.1	<b>Impactful training for all in a management position:</b> 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.	Chris Jones	31-Aug-26	Review underway
3.2	<b>Review how, where, and when we invest our resources:</b> To identify and support further improvements.	Suzanne Dunkley	30-Jun-26	
3.3	<b>Available data that is easy to access, tells you about your team and is useful and actionable:</b> 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.	Suzanne Dunkley	30-Jun-26	

No	Action	Lead	When	Progress
3.4	<b>Communication (from 'ward to board')</b> - 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.	Suzanne Dunkley Jane Westmoreland	31-Aug-26	
3.5	<b>Staff Health Equity:</b> 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.	Chris Jones	31-Oct-26	<b>Completed</b> Research on public and staff health inequalities conducted.  <b>To progress</b> Improvement actions/options identified.