

## Inclusion and Belonging Action Plan – Update

**Public Board  
28 May 2026**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Suzanne Dunkley, Chief People Officer
<b>Author:</b>	Rachael Meal, Senior OD Practitioner, and Chris Jones Deputy Director of HR and OD
<b>Previous Committees:</b>	27 November 2025 – Trust Board 29 January 2026 – Trust Board 11 March 2026 – People Committee 26 March 2026 – Trust Board

<b>Freedom of Information Act (FOIA) Exemption</b>	<input type="checkbox"/> <b>YES</b> (restricted from the FOIA) <input checked="" type="checkbox"/> <b>NO</b> (available to the public under the FOIA)
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<b>Link to Strategic Objective</b>	Support and develop our people
<b>Link to Provider Capability Assessment</b>	People and culture
<b>Link to CQC Well-led Statement</b>	Capable, Compassionate and Inclusive Leaders
<b><u>Regulatory Impact</u></b>	Regulation 17: Good governance

<b>Key points</b>	<b>Purpose</b>
1. Continued delivery of the Trust wide Inclusion and Belonging Action Plan. 2. Next phase focused on embedding as part of standard work, and Trust-wide Values refresh.	Assurance and Information

<b><u>Risk Appetite Framework</u></b>			
<b>Level 1 Risk</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
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	Operating within

## 1. Summary

Between October and December 2025, the Trust brought together findings from the CQC Well-led review, the Employers Network for Equality and Inclusion (ENEI) review, and the Maternity Safety Support Programme. Board discussions in October and November 2025 led to a single Trust-wide Inclusion and Belonging Action Plan, first presented in November 2025, and updated in January 2026.

This paper provides assurance on progress against the Inclusion and Belonging priorities, including delivery of the Inclusion & Belonging Action Plan and associated National High Impact Actions, since January 2026. All Inclusion and Belonging actions are currently on track, with no red or amber items.

The Board is requested to acknowledge ongoing progress.

## 2. Update

Key updates include:

- All initiatives related to Inclusion & Belonging are progressing as planned, with delivery supported by the established governance processes, including the People Committee, and regular Trust Board reports.
- Launched the review and evolution of the LTHT values, through organisation wide co-creation, by all colleagues. Results being presented as part of the May Board agenda.
- Notable progress has been made across the following actions:
  - A 'maturity matrix' pilot underway, to assure the newly embedded CSU speaking up frameworks.
  - Individual Inclusion and Belonging objectives embedded as part of the 2026 Board appraisals.
  - Implementation has commenced, following SBAR approval and pilot completion, of the revised Inclusion & Belonging Champions model- aligning varying equality champions roles, FTSU, and strengthening the surrounding support infrastructure.

All legal and national obligations continue to be fulfilled as part of standard work, such: Workforce Race/Disability Equality Standard (WRES/WDES), Equality Delivery System (EDS), Pay Gap reporting (Gender, Ethnicity, Disability).

## 3. Quality and Performance Implications

There are no direct adverse impacts on clinical service quality or delivery arising from the Inclusion and Belonging Action Plan. The programme is embedded within standard organisational practice, minimising disruption while strengthening the conditions that support high-quality care. The principal benefit is the improvement of colleague experience, psychological safety, and equity, which are recognised enablers of safer care, stronger team functioning, and more consistent service delivery. Work to strengthen leadership accountability, Freedom to Speak Up arrangements, and access to workforce insight is intended to support earlier identification of concerns and more consistent decision-making across services, while also contributing to national performance requirements (e.g. WRES, WDES and NHS EDI High Impact Actions).

A quality impact assessment has not identified any negative service impacts. The primary risks are indirect and relate to workforce experience, particularly the potential for variable

engagement or inconsistent local implementation if inclusion activity is perceived as additional rather than integral to day-to-day work. Mitigations focus on simplicity, integration into existing processes, and leadership accountability. Variation in impact across services is anticipated, reflecting differences in local context; as workforce data and performance insight mature, this will support more targeted intervention. Overall, the programme is expected to deliver positive quality and performance benefits over time, particularly through improved staff experience, reduced inequity, and strengthened workforce stability.

#### **4. 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 has included successful appointment to the recent vacancies. Improvement work will continue to be embedded and supported through LTHT's evolving Inclusion & Belonging Improvement Plan.

#### **5. Risk**

There is a workforce retention and morale risk (Cautious). This work continues to emphasise simplicity, consistency, shared responsibility, and practical impact, reducing the risk of colleagues experiencing Inclusion and Belonging as "additional initiatives" or siloed activity, rather than part of everyday working life, and supporting all to recognise their role in supporting their colleagues to feel included with a sense of belonging.

All legal and national obligations continue to be fulfilled as part of standard work, such: Workforce Race/Disability Equality Standard (WRES/WDES), Equality Delivery System (EDS), Pay Gap reporting (Gender, Ethnicity, Disability).

There are no material changes or impact to the risk appetite.

#### **6. Communication and Involvement**

Internal and external communications continue to align Inclusion and Belonging with the wider Trust strategy, ensuring coherence rather than duplication. Colleague networks, CSUs, Corporate Departments, Professional groups, and all colleagues remain key partners in delivery, alongside the EDI Strategic Group stakeholders who are embedded within consultation and action progression.

#### **7. Impact on Equality & Health Inequalities**

While focused on the workforce, Inclusion and Belonging actions also support the Trust's wider commitment to health equity, recognising colleagues as members of the communities we serve and contributing to long-term, systemic improvement. Our Inclusion and Belonging Plan includes action against our new workforce health inequalities strategy, following the conduction of research within LTHT, followed by the presentation of recommendations for improvement.

#### **8. Publication Under Freedom of Information Act**

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

#### **9. Recommendation**

Note and be assured of the progress since Board March 2026, (Appendix 1 and 2).

## **10.Supporting Information**

Appendix 1: Short, Medium, and Long-term priorities  
Appendix 2: National High Impact Actions

### **Authors**

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May 2026

## Appendix 1: LTHT Short, Medium, and Long-term Priorities

No	Action	Lead	When	Status	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 & Jo Bray	30-Jun-26	On Track	All Board members have been briefed, and support guide provided, to incorporate an Inclusion & Belonging objective within their 2026 Appraisal. A report is scheduled for July's Board, following the ending of the Appraisal season (June).
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	On Track	Network Chair Collaborative' established following a January thought Leadership session with Chairs (bi-monthly meeting, first one 11/03/2026), and improvement actions identified and underway aimed at establishing standard work. The following themes are the focus of the group for the year ahead: Network connectivity and forward planning, alignment of activity across Networks and Trust strategies, impactful alignment to Executives, roles/responsibilities/accountability clarity, governance standardisation, and a proposal for a new model for the Faith and Belief Network. This is now transitioning into standard work.
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	On Track	Review of various I&B and FTSU Champion roles and supporting infrastructure complete, SBAR developed & approved, and pilot complete. Implementation now commenced.
<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-Dec-26	On Track	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 use 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	On Track	Setting tone of voice for the organisation including internal communications guidelines about how we communicate with each other and how we refer to ourselves. Style guide has been developed between the communications team and has been uploaded to the intranet. This will be further developed, alongside the EDI Strategic Group to ensure it is reflective of our organisation, during June's meeting.
<b>Long-Term Priorities</b>					
3.1	<b>Impactful training for all in a management position:</b> Review and make available impactful training, which 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	On Track	Review of I&B leadership L&D is now complete and is aligned to a wider leadership L&D pilot. The pilot model focused on greater self-directed learning, supporting quick/accessible learning as and when colleagues require it, accompanied by in person, exploratory 'Learning Sessions', to enable reflection, knowledge sharing and build further understanding. The pilot will commence over the following few months.
3.2	<b>Review how, where, and when we invest our resources:</b> To identify and support further improvements.	Suzanne Dunkley	30-Jun-26	On Track	Underway across People Function Roles and responsibilities review underway across Networks and Champions. Meeting audit underway. Pilot of alternative Network Co-Chair model.
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	On Track	New PIF process embedded, to inform local action and support.  Power BI Dashboard under development.

No	Action	Lead	When		Progress
<b>Long-Term Priorities</b>					
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	On Track	Reviewed meeting structure for senior leadership team to encourage two-way communication and cascade of information. Reviewed internal communications channels to ensure content is relevant and engaging for colleagues. This will also include practical campaigns focusing on inclusion and belonging, and health and wellbeing. This will be further developed, alongside the EDI Strategic Group during June's meeting.
3.5	<b>Workforce 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-Mar-27	On Track	Research on public and staff health inequalities conducted and completed. This work has informed the Workforce Health Equity Improvement Plan for 2026/27.

## Appendix 2 – National EDI High Impact Actions

HIA	Action	Lead	Status	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	On Track	30-Jun-26	All Board members have been briefed, and support guide provided, to incorporate an Inclusion & Belonging objective within their 2026 Appraisal. A report is scheduled for July's Board, following the ending of the Appraisal season (June).
1.2	Board members should demonstrate how organisational data and lived experience have been used to improve culture.	All Board members	On Track	31-Oct-26	To form part of the Inclusion and Belonging Board reporting and Appraisal objectives
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	On Track	31-Oct-26	To form part of the Inclusion and Belonging Board reporting and Appraisal objectives
<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	On Track	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	Completed	30-Jun-26	<b>Completed</b> - Leeds Career Compass Gold Standard Apprenticeship process Rotational Apprenticeship programmes Established Graduate scheme  Ongoing work includes social mobility measures, which will be incorporated into broader action.
<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	On Track	31-Oct-26	<b>Completed</b> - Inclusive Recruitment Policy in place which includes Consultant and Medical and Dental Appointments. Flexible Working Policy in place.  Further work to provide assurance of all the recommendations in the Mend the Gap report.
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	Completed	31-Oct-26	Annual Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap. To be maintained as part of the Inclusion and Belonging Board reporting. Standard work established: review of all metrics to inform the annual LTHT Inclusion & Belonging Plan in Oct each year, incorporating actions into a holistic plan to avoid the development of multiple action plans.
3.3	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns.	Chris Jones	Completed	30-May-27	<b>Completed</b> - Inclusive Recruitment Policy in place. Flexible Working Policy in place. Flexible Working improvement Project completed.  Ongoing work includes the New Applicant Tracking System of which is being incorporated into the People Improvement Framework (PIF) as it matures.
<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	Completed	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	Completed	1-Apr-26	<b>Completed</b> Previously collaborated on system recruitment events. Standard work in place.
<b>HIA</b>	<b>Action</b>	<b>Lead</b>		<b>When</b>	<b>Progress</b>
<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).	Lisa Kirk	Completed	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.  No plans for further international recruitment of registered nurses. Last cohort arrived July 2023. Recruitment 2019-2023 all of whom benefited from: relocation benefit package, pastoral and settle in support, preparation for transition to UK practice and NMC test of competence. Established and use the Globally Trained Nurses Colleague Network for ongoing support and maintenance.
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.	Lisa Kirk	Completed	31-Oct-26	<b>Completed</b> Standard work in place for onboarding, welcome, and pastoral support. As above.

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.	Lisa Kirk	Completed	28-Feb-26	<b>Completed</b> International recruits ' <i>Globally Trained Nurses Network</i> ' 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.	Lisa Kirk	Completed	30-Jun-26	<b>Completed</b> Scope for growth conversations as part of the annual appraisal. Offering Scope for Growth conversations as part of appraisals and regular 121s for all internationally educated and trained colleagues.
<b>HIA</b>	<b>Action</b>	<b>Lead</b>		<b>When</b>	<b>Progress</b>
<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	On Track	30-Jun-26	<b>Completed</b> Annual Employment Relations reporting to Board Bi-annual Freedom to speak up report Availability of new Staff Survey results dashboard- enabling Trust and local breakdowns  <b>To progress</b> Implementation of the People Improvement Framework
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	On Track	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
<b>HIA</b>	<b>Action</b>	<b>Lead</b>		<b>When</b>	<b>Progress</b>
<b>HIA-6 Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</b>					
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	On Track	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	Completed	30-May-26	<b>Completed</b> CSU Speaking Up Framework embedded, and maturity Assurance Matrix being piloted for roll out. 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	Completed	30-Jun-26	<b>Completed</b> Health and Wellbeing support available physical, mental, and financial.
6.6	Have mechanisms to ensure staff who raise concerns are protected by their organisation.	Chris Jones Alan Sheppard	Completed	30-May-26	<b>Completed</b> Procedure for Dealing with Reported Negative Impact (Detriment) Risk Assessment for Reported Negative Impact (Detriment)