

HIA	Action	Senior Lead	When	Status	Progress
HIA-1 Chief executives, chairs and board members must have specific and measurable EDI objectives					
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	Completed	Board members now have formal Inclusion and Belonging objectives incorporated into appraisal arrangements and governance, strengthening visibility, accountability and leadership commitment.
1.2	Board members should demonstrate how organisational data and lived experience have been used to improve culture.	All Board members	31-Oct-26	Completed	Forming part of the Inclusion and Belonging Board reporting, Appraisal objectives and governance- standard work established.
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	Completed	Forming part of the Inclusion and Belonging Board reporting, Appraisal objectives and governance- standard work established.
HIA-2 Embed fair and inclusive recruitment processes and talent management strategies that target					
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	Completed	Roll out 'Scope for Growth' conversations for all colleagues; an inclusive and fresh approach to personal development and nurturing talent.
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	Completed	Introduction of: 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.
HIA-3 Develop and implement an improvement plan to eliminate pay gaps.					
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.	Paddy Coughlin & Elizabeth Garthwaite	31-Oct-26	On Track	Inclusive Recruitment Policy in place which includes Consultant and Medical and Dental Appointments. Flexible Working Policy in place. Continued 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	31-Oct-26	Completed	Annual Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap data analysed. Standard work established: Embedded as part of the Inclusion and Belonging Board reporting, incorporating actions into our holistic annual improvement plan annual.
3.3	Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns.	Chris Jones	30-May-27	Completed	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.
HIA-4 Develop and implement an improvement plan to address health inequalities within the workforce.					
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	Completed	Refresh and implementation of Health and Wellbeing conversations.
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	Completed	Standard work established. Collaboration on system recruitment events.
HIA-5 Comprehensive Induction and Onboarding Programme for international recruitment staff					
		Lead	When		Progress

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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	31-Oct-26	Completed	Inclusive Recruitment Policy implemented. Process established to identify colleagues new to UK. Dedicated support via the Colleague Networks. Established the Globally Trained Nurses Colleague Network for ongoing support and maintenance. Medical Inductions in place- cohort recruitment ceased. Nursing cohort recruitment ceased, previous cohorts supported via: relocation benefit package, pastoral and settle in support, preparation for transition to UK practice and NMC test of competence.
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	31-Oct-26	Completed	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	28-Feb-26	Completed	Established the Globally Trained Nurses Colleague Network, supporting 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	30-Jun-26	Completed	Roll out 'Scope for Growth conversations for all colleagues; an inclusive and fresh approach to personal development and nurturing talent.
HIA-6 Eliminate conditions and environment in which bullying, harassment and physical harassment		Lead	When		Progress
HIA-6					
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.	Dominic Barnes	30-Jun-26	Completed	Data analysis and improvement action incorporated into established governance: Annual Employment Relations report, bi-annual Freedom to Speak Up report, People Improvement Framework, annual Inclusion & Belonging Improvement Plan. Development of new NHS Staff Survey results dashboard- enabling Trust and local demographic breakdowns.
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.	Dominic Barnes	30-Jun-26	Completed	Implementation of People Function governance to enable triangulated data reviews and action (People Improvement Framework, monthly case reviews, lessons learned and daily escalations) BME conduct cases analysis and recommendations report and action plan developed Weekly MHPS review

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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.	Nikki Hosty	31-Dec-26	Completed	Intranet resource for all colleagues 'Report for Support' process implemented Board governance and reporting route established for: Violence Prevention Reduction, Employment Relations reported, Freedom to Speak up, Health and Safety Ongoing action includes the 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	Completed	Local Speaking Up Framework (lead champion, local governance routes, and maturity self-assessments) embedded across clinical CSUs. Freedom to Speak Up App embedded. Increased visibility and number of FTSU champions Implementation of People Function governance to enable triangulated data reviews and action Champion community of practice established Champions development sessions established as standard work. Ongoing actions are embedded within the Inclusion and Belonging Priorities, including a review of the champion model, to align existing champions into one 'Inclusion and Belonging' champion.
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	Completed	Suite of 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	30-May-26	Completed	Procedure and risk assessment for managing reported negative impact (Detriment) established.

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Short-Term Priorities					
1.1	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.	Suzanne Dunkley & Jo Bray	30-Jun-26	Completed	Action additionally aligns with the national EDI High Impact Action 1. Progress Update: developed and shared a Board Brief, individual objectives have been established as part of 2026 Appraisal season (and as part of a broader review of Executive appraisals), and aligned to the existing Board member appraisal governance route.
1.2	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.	Nikki Hosty	31-Mar-26	Completed	Co-created refresh of EDI Stratgic Group and governance structure in August, ready for establishment in October. Network Chairs' Collaborative established and transitioning into standard work. Roles and Infrastructure guidance drafted. This is now transitioning into standard work.
1.3	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.	Nikki Hosty	31-May-26	Completed	Review complete, proposal created, recommended model approved. Lead Champion in all clinical CSUs. CSU 'Maturity Matrix' created to enable local speaking up self-assessments. Launch with champions taking place during October development and networking event. Communications plan established for launch following Oct event.
Medium-Term Priorities					
2.1	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.	Anna Edgren-Davies	31-Dec-26	On Track	Scoping and review underway. Relevant project stakeholders aligned and engaged.
2.2	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.	Suzanne Dunkley Jane Westmoreland	30-Jun-26	Completed	Trust Comms brand guidelines have been updated, and aligned to new values and behaviours and Trust Strategy. Inclusion and Belonging Intranet pages review complete and in process of being implemented. Vision articulated via the development of a People Function Poster.
Long-Term Priorities					
3.1	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.	Nikki Hosty	31-Jan-27	On Track	Compassionate and Effective Leadership Programme' in development- for varying levels of leadership and management. Review and proposal completion date extended and set for Jan 2027.

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3.2	Review how, where, and when we invest our resources: To identify and support further improvements.	Suzanne Dunkley	30-Jun-26	Closed	Resource realignment underway across People Function Roles and responsibilities review underway across Networks and Champions. Meeting audit and governance review underway. Recommendation to Board: close action and receive an assurance update of finalisation in six months' time.
3.3	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.	Nikki Hosty	31-Mar-27	On Track	Power BI Dashboard under development. Inclusion and Belonging Workshop identified action as a 'long-term priority' within the published Inclusion and Belonging Improvement Plan. Completion date scheduled and amended for March 2027.
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Long-Term Priorities					
3.4	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.	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.
3.5	Workforce 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.	Anna Edgren-Davies	31-Mar-27	Closed	This priority is relatively mature with staff health equity research undertaken, and recommendations informing improvement activity in the form of a Staff Health Equity strategy, and action plan have been developed. Priority actions are underway and aligned into the Inclusion & Belonging Improvement Plan, Leeds Health and Care Academy, and Patient Experience team. Given significant activity is already underway, any further actions have been paused due to resource alignment and capacity challenges.