The Leeds Teaching Hospitals NHS Trust

Fair Chance (Inclusive Career Progression) Inclusion and Belonging

Trust Board
26 November 2026

Presented for:	Information and Assurance
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Previous Committees:	

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)

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

Key points	Purpose
• A proposed career progression scheme will build on existing development activity rather than create a separate programme that is disconnected from current practice. • The initial phase will establish the evidence, identify where progression is unequal or unclear, and agree a small number of priorities with measurable outcomes. • Inclusive leadership will be framed through one leadership standard, one set of Leeds Way values and one clear leadership story.	Assurance and Approval

• Success will be judged through colleague progression, visibility of opportunities, confidence, belonging, talent pipelines, retention and contribution to better patient care.	

Risk Appetite Framework			
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

1. Summary

The LTHT Fair Chance career progression scheme is a proposed Trust wide transformation approach to make career opportunity more visible, accessible and fair. It brings together two connected priorities:

- Improving career progression for Agenda for Change Band 2 and 3 colleagues
- Strengthening inclusive leadership at Band 6+ with particular focus on Band 8+ leadership.

The proposal is built around a simple principle. Talent is everywhere and opportunity should be too. It will use workforce, progression, talent, staff survey, recruitment and leadership data to understand the current position; celebrate what works; identify barriers; focus on a small number of high impact priorities; then test, learn, improve and scale.

The approach will start with a core group and widen participation to include deputies, directors, CSU teams, Band 2 and 3 colleagues, Band 6+ and Band 8+ leaders, including medical and dental leadership, networks and forums, Moving Forward alumni and staff side partners. A documentary style “7 Up for LTHT” strand will follow colleagues at different career stages to capture real experiences of ambition, opportunity, barriers and progress.

2. Case for change

2.1 Career progression for AfC Band 2 and Band 3 colleagues

The discovery phase will test whether colleagues understand what progression looks like, can see opportunities, and experience pathways as simple and visible. It will also explore whether some groups progress faster than others and where hidden barriers exist.

The intended outcomes are:

- A visible career ladder.
- Clear progression pathways.
- Better access to development.
- More internal promotion.
- Greater confidence and aspiration.

- Earlier recognition of talent.

The work will build on current activity, including the Moving Forward Programme, Mary Seacole, apprenticeships, talent conversations, career coaching, internal development opportunities and CSU led initiatives.

2.2 Inclusive leadership at AfC Band 6+ and Band 8+

The leadership proposition is to align development and practice around one leadership standard, one set of values and one leadership story. The Leeds Way values will underpin expectations of leaders at every level.

Inclusive leadership will mean:

- Creating opportunity.
- Developing others.
- Listening actively.
- Growing talent.
- Removing barriers.
- Sponsoring future leaders.
- Building belonging.

A central leadership question will guide the work: “Who gets the opportunities here, and who does not?”

2.3 Proposed transformation approach

Stage	Focus	Key questions / activity
1. Understand	Build the evidence base	Review workforce, progression, talent, staff survey, recruitment and leadership data.
2. Celebrate	Identify strengths	What are we already doing well? What is working today? What should be scaled?
3. Identify blocks	Make barriers visible	Examine complicated pathways, leadership behaviours, confidence, access to development and organisational habits.
4. Focus	Choose priorities	Apply a laser focus to a small number of priorities capable of delivering significant impact.
5. Change	Deliver and improve	Test, learn, improve and scale successful interventions.

2.4. Delivery and involvement - Start small, then widen participation

The work will begin with a clear core structure and expand through planned participation.

Initial core	Wider participation
Executive sponsor group	Deputies and directors

Initial core	Wider participation
Transformation design team	CSU teams
People Directorate	Band 2 and 3 colleagues
Operational leaders	Band 6+ and Band 8+ leaders
Staff-side partner involvement	Networks and forums; Moving Forward alumni; other relevant groups

2.5 Data, insight and learning

The programme will collect and connect available evidence to understand the whole picture. The analysis will focus on the starting point, current strengths, barriers, differential progression and the areas where focused action is most likely to improve opportunity.

The programme will also look outside LTHT to learn from best practice, other NHS organisations, other sectors and approaches that have delivered demonstrable benefit. Learning will be adapted to the LTHT context and will include alignment with the emerging organisation development strategy, Leeds Way values and Moving Forward Programme.

2.6 “7 Up for LTHT”

A documentary style strand will follow colleagues across career stages, from Band 2 and Band 3 through emerging leadership, Band 6+ and senior leadership. It will capture ambitions, barriers, opportunities, leadership experiences, career journeys and progress. The purpose is to create a human account of transformation based on real careers and real change, alongside the quantitative evidence.

2.7 Measures of Success

Outcome	Illustrative evidence
More colleagues progressing	Improved progression and internal promotion patterns
More visible opportunities	Clearer routes and improved colleague awareness
Greater confidence	Improved confidence and aspiration feedback
More inclusive leaders	Evidence of inclusive leadership practice and development
Greater belonging	Improved colleague experience and belonging measures
Stronger talent pipelines	Earlier identification and development of talent
Better retention	Improved retention in priority groups and roles
Better patient care	Evidence that people and leadership improvements support care quality and experience

2.8. Milestones

Timing	Milestone
October 2026	People Committee discussion

Timing	Milestone
Early November 2026	Design transformation approach; develop case studies; agree priorities; prepare “7 Up” stories.
26 November 2026	Board presentation and launch of the transformation phase within the Inclusion and Belonging Strategy.
31 January 2027	Learning Resource Centre resources made available and communicated to each band 2 – 4 through communication channels relevant to their position
Quarterly reporting	Regular tracking and updates via People Function SLT meetings

3. Financial implications

There are no additional financial implications arising directly from this proposal. Delivery will be managed within existing resources and agreed budgets.

4. Risk

There is a workforce retention and morale risk (Cautious). This work continues to emphasise simplicity, consistency, shared responsibility and practical impact of a compassionate and inclusive culture.

Risk	Mitigation
The work is perceived as a short-term initiative rather than sustained culture change.	Anchor delivery in the Inclusion and Belonging Strategy, Leeds Way values and existing leadership and development programmes.
Insufficient evidence to identify where barriers exist.	Triangulate workforce, progression, talent, recruitment, staff survey and leadership data, supported by colleague insight.
Participation does not reflect the breadth of the workforce.	Start with a core group, then deliberately widen involvement across roles, bands, CSUs, networks, forums and staff-side partners.
The scope becomes too broad to deliver meaningful change.	Use the discovery phase to select a small number of high-impact priorities with clear measures.
Colleagues share experiences but do not see action.	Create visible feedback loops that show what has been heard, what will change and how progress will be measured.

5. Communication and Involvement

This approach was co-created with the BME network. Future engagement will involve colleagues at different career stages, leaders, networks, forums, CSU teams, staff-side partners and existing

programme alumni. Communications will explain the purpose of the scheme in plain English, show how feedback has influenced decisions and provide regular updates on progress and outcomes.

6. Impact on equality and health inequalities

These priorities and the overall Inclusion and Belonging work supports the Trusts wider commitment to equality and health equity, recognising colleagues as members of the communities we serve and contributing to long term systemic improvement.

7. Publication under Freedom of Information Act

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

8. Recommendations

The Board is asked to:

- Support the five-stage transformation approach: understand, celebrate, identify blocks, focus and change.
- Support the proposed engagement and evidence-gathering phase, including the “7 Up for LTHT” strand.

9. Supporting information

Appendix 1: Fair Chance infograph

Author

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