



University Hospital  
Southampton  
NHS Foundation Trust



# INCLUSION AND BELONGING STRATEGY

2023 to 2026

# CONTENTS

- 03 Foreword by Jenni Douglas-Todd
- 04 Foreword by David French
- 05 **Section 1:** The National NHS People Agenda
- 06 The UHS strategy
- 06 Our people strategy
- 07 Why an Inclusion and Belonging Strategy?
- 11 **Section 2:** What we know about Inclusion and Belonging at UHS right now
- 15 **Section 3:** Change for the future
- 20 **Section 4:** Insight, governance and oversight
- 21 Appendix 1 – Hate crime definition
- 22 Appendix 2 & 3
- 23 Closing thoughts from Steve Harris, Chief People Officer





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**“AS THE CHAIR OF UHS,  
I AM COMMITTED TO  
EVOLVING OUR BOARD  
AND LEADERSHIP SO WE  
DELIVER WHAT IS REQUIRED  
FOR ALL OUR WORKFORCE  
TO FEEL THEY BELONG AND  
CAN THRIVE AT UHS.”**



**FOREWORD BY  
JENNI DOUGLAS-TODD –  
CHAIR OF THE TRUST BOARD**

Over the last few years there has been significant engagement, listening and sharing of experiences from our workforce at UHS, and specifically those who have protected characteristics and those who were disproportionately impacted by the Covid Pandemic. This brought about a real understanding of what inclusion and belonging needs to “look like” at UHS. The Inclusion and Belonging Strategy now provides the mandate for us to move to action and enable everyone to know what inclusion and belonging “feels like” at UHS. The themes in the strategy have been developed with staff, across a diverse range of groups, also including the outputs from engagement during the pandemic. This strategy sets out a clear intent to move UHS to an organisation beyond just being content to acknowledge racism and discrimination exists and should not be

tolerated, to a place where we take pro-active action to eliminate it.

This strategy cannot be delivered by one team, a select group of leaders, or those who have faced racism or discrimination themselves, it must be owned and delivered by all of us, by our everyday actions and behaviours aligned to our UHS Values. What we accept for our staff, we accept for our patients. We should only accept a place where we can **all** belong.

As the Chair of UHS, I am committed to evolving our board and leadership so we deliver what is required for all our workforce to feel they belong and can thrive at UHS.

**Jenni Douglas-Todd**  
Chair of the Trust Board, UHS



**WORLD CLASS PEOPLE**



**“NO MATTER WHO YOU ARE, WHERE YOU ARE FROM, WHATEVER YOUR RELIGION OR SEXUAL ORIENTATION, I AM COMMITTED TO BUILDING A CULTURE AT UHS WHERE YOU CAN BE YOURSELF AND BE YOUR VERY BEST.”**



**FOREWORD BY  
DAVID FRENCH –  
CHIEF EXECUTIVE OFFICER**

University Hospital Southampton is a leading university teaching hospital, together just under 13,000 staff provide a range of secondary care services to our local population and specialist services for nearly 4 million people across the south of England and beyond. We are proud of the care we provide and the outcomes we achieve. We are also proud of our hugely diverse workforce, that do amazing work every day, over 116 nationalities working together to deliver our vision of *World class people delivering world class care*.

Our People Strategy 2022-2026 sets our ambition to support and nurture our people through a culture that values diversity and builds knowledge and skills, to provide rewarding career pathways in compassionate and motivated teams. The three components of “*Thrive, Excel and Belong*” describe the work programmes over the next five years to enable us to reach those ambitions.

Our Belonging and Inclusion Strategy is critical to the “Belong” element of our

People Strategy. It sets out clear actions we will take to make UHS a place where every person feels they belong and feels safe to carry out their work free from violence, bullying, harassment and abuse, and it sets the direction for us to ensure our workforce is representative of the communities we serve.

I want UHS to be a place where everyone has a voice. Where people feel included, respected, safe from harm and, no matter who you are, where you are from, your role and banding, what you identify as, whatever your religion or sexual orientation. I am committed to building a culture at UHS where you can be yourself and be your very best.

In an organisation where *everyone* feels respected, included and involved, we will collectively deliver the best care for our patients and communities.

**David French  
Chief Executive Officer**



**WORLD CLASS PEOPLE**

SECTION 1:

# THE NATIONAL NHS PEOPLE AGENDA

The National NHS People Plan 2021-23 sets out the following 4 strategic aims across the whole NHS:

1. Looking after our people

2. Belonging in the NHS

3. New ways of working and delivering care

4. Growing for the future



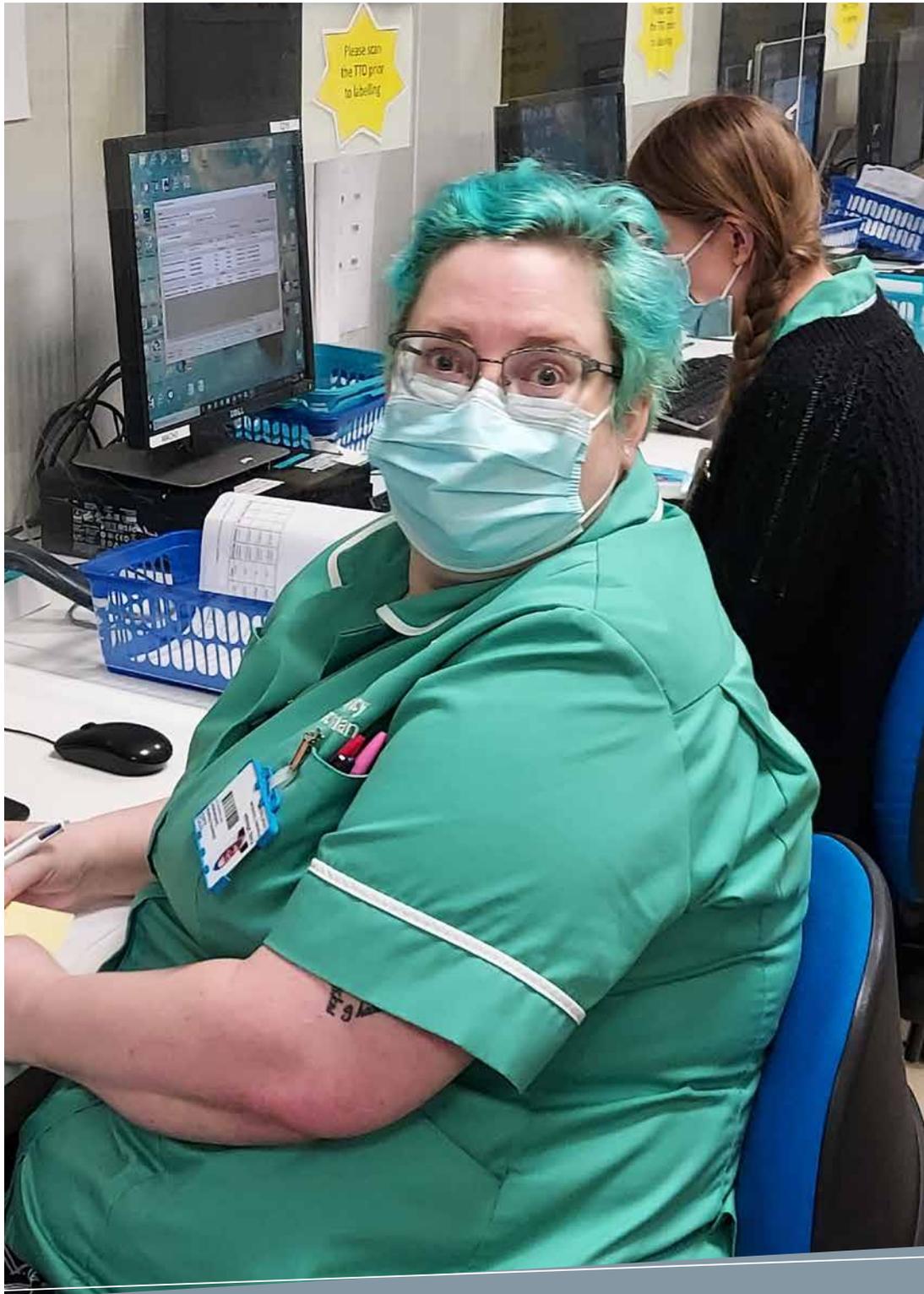
Under the strategic aim of *Belonging in the NHS* the plan states:

***“the NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place.”***

To deliver the objectives of the People Plan the national 6 High Impact Actions firmly places the ownership of creating inclusive and compassionate workplaces with executive senior managers of NHS trusts.

It describes specific action and improvement to be taken across the NHS in a number of areas including recruitment, leadership representation, governance, accountability and staff voice.





## THE UHS STRATEGY

Our **UHS strategic plan** provides a framework based on the **vision and values** of UHS, organised around **five themes** which set out the ambitions for UHS.

The world class people pillar describes our ambitions to develop a supporting and nurturing culture that values diversity and builds knowledge and skills to provide rewarding career paths within empowered, compassionate, and motivated teams.

## OUR PEOPLE STRATEGY

To deliver the ambitions of the **World Class People**, our People Strategy was developed based on feedback and insights gathered from our UHS family, it sets out **three key areas** of focus over the next four years, with ambitious programmes of delivery under each area.



<sup>1</sup> NHS England » NHS People Plan

<sup>2</sup> UHS Way - University Hospital Southampton

## WHY AN INCLUSION AND BELONGING STRATEGY?

Prior to the Covid-19 pandemic UHS had made good progress developing a workforce more reflective of the community we serve, whilst supporting and valuing our staff with their diverse attributes and needs. The impact of the Covid-19 pandemic and the George Floyd murder created a new momentum. As the impact of Covid on Black, Asian and ethnic communities became clearer, the UHS family came together to talk and listen, and the Race Equality Improvement Plan was created and the imperative to broaden the agenda to enable inclusion and belonging for all came to the forefront.



It has been widely acknowledged that the use of the term Black, Asian and Minority Ethnic, and specifically the use of acronyms BAME or BME are unhelpful and it groups many ethnicities into one term. It disguises huge differences in outcomes between ethnic groups and does not help identify or meet the needs of diverse groups of people who have been collectively described. Recommendation 24 of the ***Inclusive Britain: government responses to the Commission in Race and Ethnic Disparities*** (March 2022) states the term BAME should be disaggregated, and the ***NHS Race & Health Observatory report Power of Language*** (November 2021) also recommends single collective terms should not be used unless specific context is provided, also use of the word “minority” reinforces inequity and should not be used.

As part of the launch and implementation of this strategy, we will engage with UHS staff about language, and we will collaborate with partners across Hampshire and Isle of Wight Integrated Care System as part of the Race Equality Workstreams. We will await the outcome of the governments consultation to determine appropriate language, we will stop using acronyms BAME and BME, and we will never use collective terms when referring to an individual. We have used Black, Asian and Ethnic group in this strategy to differentiate between experiences and disparity between workforce groups as per the NHS Workforce Race Equality Standard. We will update this digital strategy when there is agreed and widely accepted language which can be used in the broader workforce context.



**We want to go further. We want to make a clear statement about our intent, underpinned by a set of stretching objectives to drive change, reduce disparity and create the culture described in our strategic plans. We have committed to significant investment in time and resources to achieve this.**



In line with the NHS Improvement and NHS England WRES leadership strategy document *A Model Employer: Increasing black and ethnic minority representation at senior levels across the NHS*, we must take action to improve race inequality and ensure that the leadership at senior levels across the organisation matches that across the rest of the UHS workforce and NHS more broadly.

Being an inclusive organisation isn't just about race equality, we want to focus efforts on all elements of inclusion, enabling all people to feel included and supported, valued for **their unique contribution and experiences**.

People face discrimination, challenges and barriers due to their sex, their age, their ethnicity, their gender identity, their marital status, their religion and faith, their socio economic background, if they have a disability either hidden or visible, their accent, their physical appearance, the list is long. At UHS we want to embrace all elements of all people, and we must set up our organisational processes and environments for all to be successful and feel that that they **belong**, are respected, and can work in an environment which is free from harassment, bullying and abuse.

To achieve that, we want to become an **anti-racist** and **anti-discriminatory** organisation.

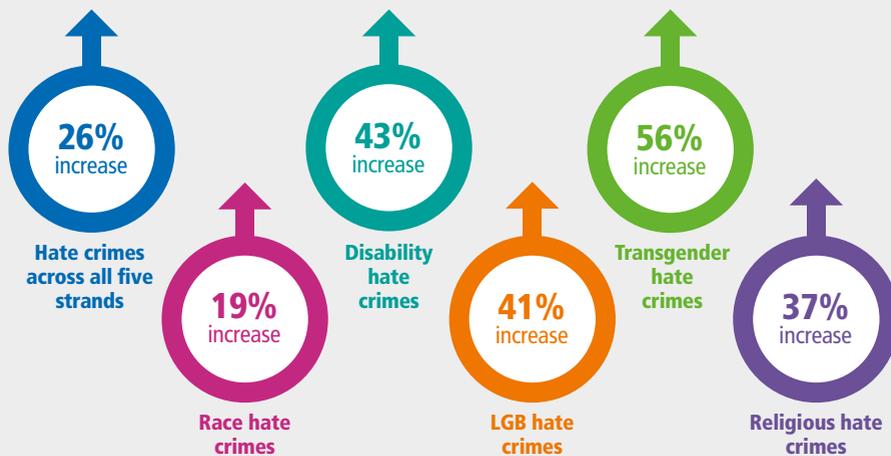


<sup>3</sup> Our vision, mission and values - our people - University Hospital Southampton (uhs.nhs.uk)

<sup>4</sup> <https://www.uhs.nhs.uk/Media/UHS-website-2019/Docs/About-the-trust/Plans-and-strategies/Our-race-equality-improvement-plan.pdf>

<sup>5</sup> wres-leadership-strategy.pdf (england.nhs.uk)

The Official Statistics report on Hate crime in England and Wales, 2021 to 2022 reported that hate crimes, defined as “hostility or prejudice towards someone based on a personal characteristic” increased by 26% from 2020. The report states that hate crimes increased across all five strands (appendix 2), race crimes increased by 19%, 43% against people with disabilities, 41% against lesbian, gay and bisexual people, and 56% increase against transgender people, and religious hate crimes increased by 37% the highest number of religious hate crimes recorded since the time series began in 2012.



This strategy is focused on the delivery of an inclusive culture for our staff, recognising the overwhelming body of evidence that engaged staff who feel valued and safe, deliver better healthcare. The NHS providers with high levels of staff engagement (as measured in the annual NHS Staff Survey) tend to have lower levels of patient mortality, make better use of resources and deliver stronger financial performance.

We are also building our strategy and programme of work to tackle health inequalities; this will help us to remove avoidable variations in quality and experience of care by engaging with our communities. Both strategies will run in parallel and align to reduce disparity and improve experiences at UHS.



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“WE AIM TO TAKE MORE  
**RADICAL POSITIVE** ACTIONS,  
NO ONE IN SOCIETY SHOULD  
EXPERIENCE RACISM OR  
DISCRIMINATION. AS A  
WORKPLACE **UHS STRIVES**  
TO LIVE BY OUR VALUES  
AND **CREATE A PLACE**  
WHERE EVERYONE CAN FEEL  
**SAFE** AND FEEL THAT THEY  
BELONG.”

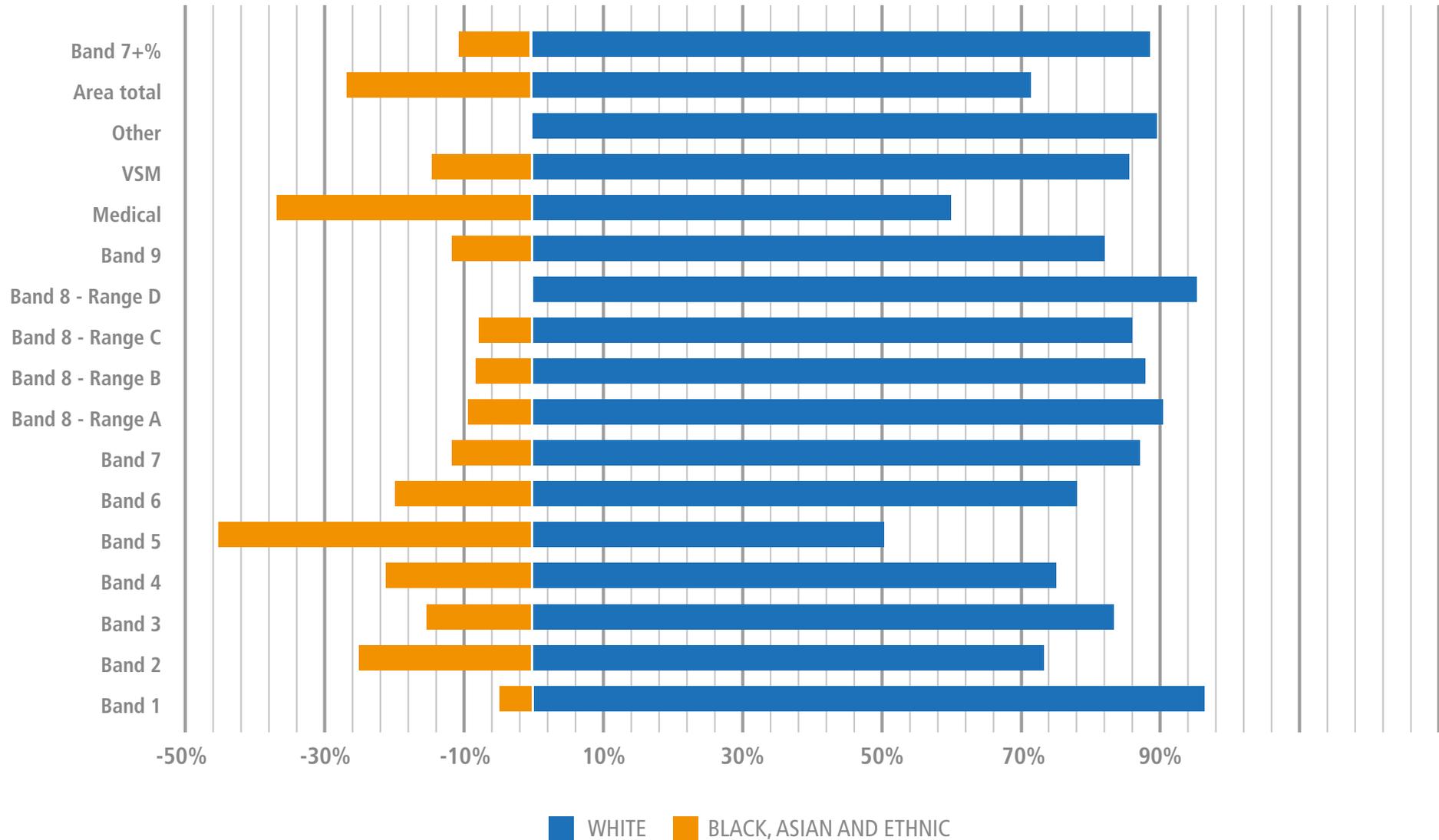


SECTION 2:

# WHAT WE KNOW ABOUT INCLUSION AND BELONGING AT UHS IN 2023

## Diversity breakdown

Ethnic Origin and Payscale of substantive staff  
Percentage split breakdown



<sup>6</sup> Hate crime, England and Wales, 2021 to 2022 - GOV.UK ([www.gov.uk](http://www.gov.uk))

People from Black, Asian and ethnic backgrounds represent **25%** of the workforce at UHS, in roles within Agenda for Change (AfC) bands 2 to 6, meeting or exceeding the national target of **19%**. Total workforce at AfC B7 or above make up **11%**, however roles above band 8a are below the national target, with less than **10%** in roles 8a-8d and **12%** at band 9. There is **37%** representation from people of Black, Asian and ethnic backgrounds in the Medical professional group. In Nursing and Midwifery, **11%** of the workforce in roles B7 or above are represented by people from black and ethnic backgrounds.

The data in our WRES/WDES for 2022 report shows there is still disparity between the experiences of people from Black, Asian and ethnic backgrounds and those from white backgrounds, those with disability and long term illness and those without. We can evidence we have progressed in many areas over the last five years, but we still have a long way to go to substantially reduce or eliminate this disparity.

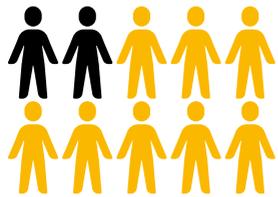


In the 2022 national staff survey, 15.7% of people from Black, Asian and ethnic backgrounds reported experience of discrimination at work from a manager compared to 5.8% from white backgrounds. 11.6% of people with a long term illness or disability experienced discrimination from a manager/team leader or colleagues in the same period, compared to 6.8% without a disability or long term illness.



# UHS WORKFORCE PROFILE AS AT 31st MARCH 2023

UHS is one of the **largest employers** in Southampton, with **13,704 staff** working across a diverse range of healthcare fields as well as non-clinical career pathways. Our profile is as follows:



## ETHNICITY

The UHS workforce comprises of **24%** of people from **Black, Asian and Global majority** backgrounds (2791 staff), which is in line with the local population. The largest ethnic groups outside of White are **Filipino** (6.05%), **Indian** (5.68%), Other **Asian** backgrounds (3.37%) and **Black/Black British - African** (3.73%).

## GENDER

UHS has a majority **female workforce** (10167 employees), Females, are however under represented at the most senior levels in the organisation. We recognise that an individual can identify as more than male or female. Currently our national system mandates the use of male and female as comparators and therefore may not be representative of everyone at UHS.



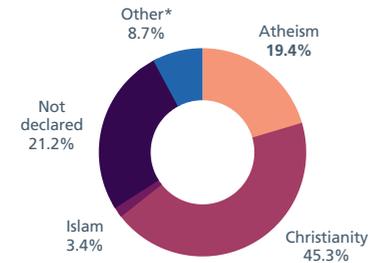
## DISABILITY

UHS has **increased** its disability declarations by **9.9%** since March 2019.



## FAITH & RELIGION

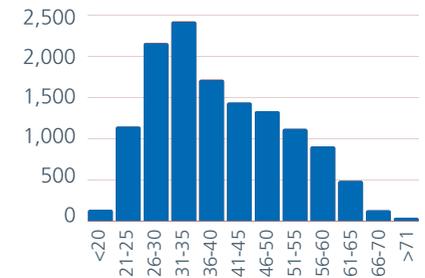
**Christianity** is the most declared religion amongst UHS staff.



\*Other is inclusive of Buddhism, Sikhism, Jainism and Judaism

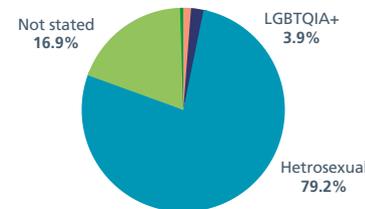
## AGE

The majority of UHS staff falling within the **31-35** and **26-30** age brackets.



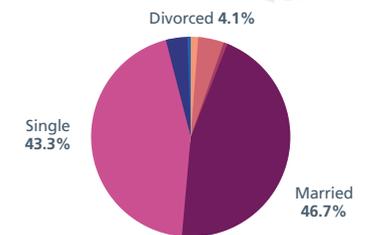
## SEXUAL ORIENTATION

**3.9%** (539 employees) of the UHS workforce have declared their sexual orientation as **lesbian, gay or bisexual**. **16.9%** (2,310 staff) have not stated their sexual orientation.



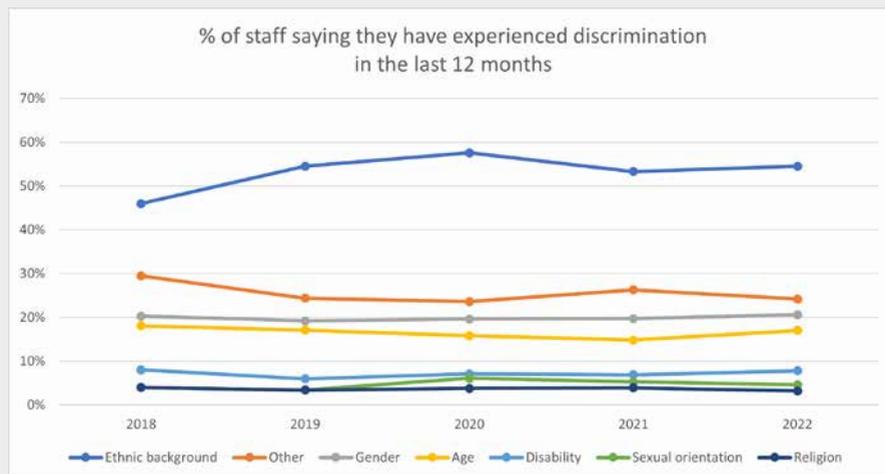
## MARRIAGE & CIVIL PARTNERSHIP

**46.7%** of UHS staff are married, **43.3%** are single. **1.62%** are in civil partnerships, **4.1%** divorced and **0.67%** widowed.



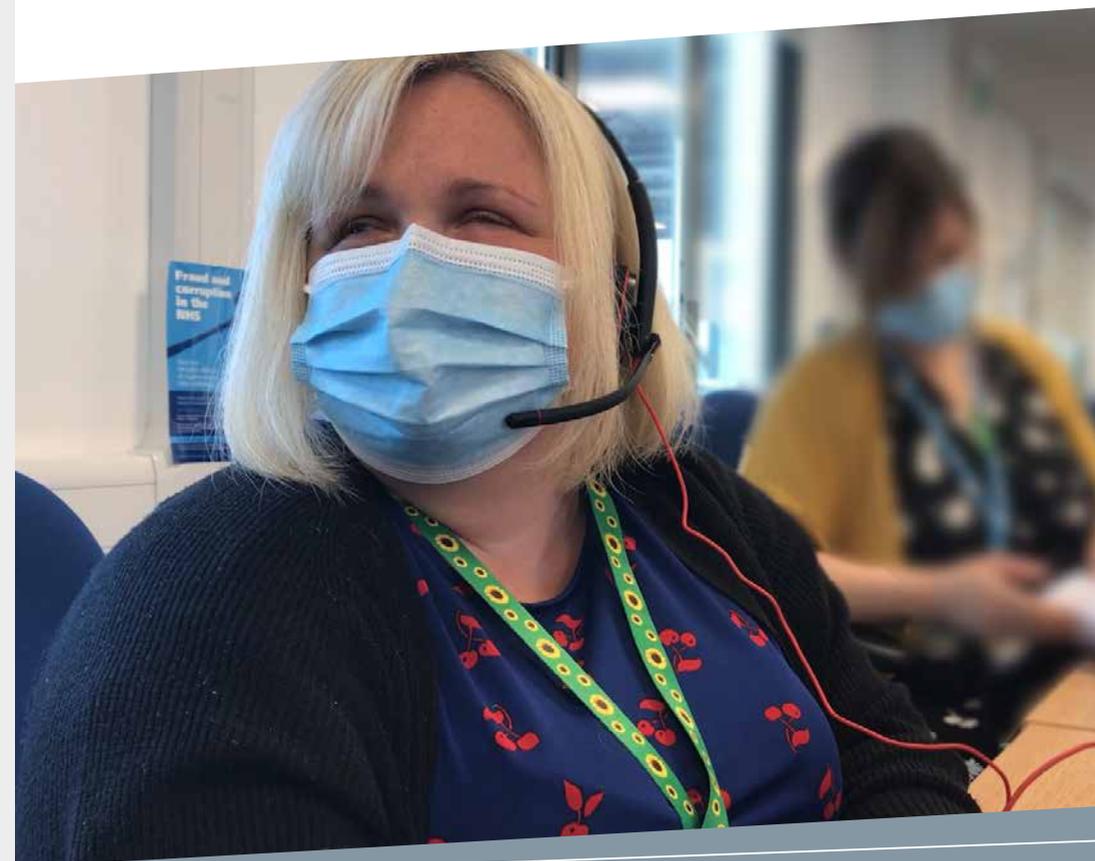
Our data shows overall we have a **predominantly female** workforce, however this changes at more senior roles; Agenda for Change (Afc) roles at 8d shows **54%-46%** male to female ratio, at Afc roles at B9 this shifts to **65% males to 35% females**, and Trust Board whereby **70% male to 30% female** (October 2022). Our 2022 gender pay gap data showed there was a disparity between the average male and female pay across the total workforce, per hour of **24%** in favour of males, however the disparity was predominantly in the medical workforce. The Agenda for Change pay comparison was not significant between male and female counterparts across the Afc workforce.

Obtaining a clear picture of people who identify as Lesbian, Gay, Bi-sexual, Transgender, Queer, (Questioning), Intersex, Asexual in our workforce, having reliable data on whether this group is represented across all roles, and identifying whether their experiences in UHS is positive or negative is more difficult and restricted by declaration rates. The categories available on the NHS Electronic Staff Record (ESR) are not representative of the broad range of Lesbian, Gay, Bi-sexual, Transgender Queer, (Questioning), Intersex, Asexual identity which in turn impacts on declaration, and our ability to take informed action to improve. This is being nationally considered but we are unable to change this locally.



(Data is run retrospectively for the previous 12 months as of 31 March).

“It is important that we consider and acknowledge intersectionality when seeking to understand and overcome inequality. No person has one single characteristic or issue that impacts their experience. In order to move forward we must look at the complexity surrounding discrimination and marginalisation and understand the ways in which multiple forms of discrimination, such as racism, sexism and classism combine and overlap or intersect and impact on people’s quality of life and their ability to be their best at work.”



### SECTION 3:

## CHANGE FOR THE FUTURE

**By fully utilising the provisions within the Equality Act 2010, we want to be clear about our intentions to reduce disparity of experiences and create an inclusive culture.**

We have heard from a large number of our UHS family both at specific engagement events and over the period of the Covid pandemic. From these insights we have developed this strategy and work programme over the next three years. We want to set out a clear ambition to become an anti-racist and anti-discriminatory organisation, celebrating our diverse workforce as one of our key strengths.

We will draw from the review of evidence on how to make recruitment and career progression fairer from NHS East of England and Roger Kline research paper *“No More Tick Boxes”* and specifically the shift to the new paradigm (appendix 2). We will align our programme of work to the **Model Employer WRES leadership strategy 2019** model for improving Black, Asian and Ethnic representation across the workforce (appendix 3).

We want to take action to **make change happen, quicker**. We believe that the actions described in these five themes will enable us to achieve this:

1. Workforce reflecting our communities, at all roles, at all levels.
2. Safe and healthy working environments, free from all racism, aggression, hate and discrimination.
3. Recruitment processes which are free from bias and are inclusive.
4. Inclusive leadership and management.
5. Networks that thrive and support creation of an inclusive and safe place to work.

<sup>7</sup> NHSE-Recruitment-Research-Document-FINAL-2.2.pdf (england.nhs.uk)



There are full work programmes under each of these themes, and some are in development. We will be working alongside the **Hampshire and IOW Integrated Care Board**. Examples of action that will be taken are listed below, full work programmes are available on request:

## 1. Workforce reflecting our communities, at all roles, at all levels.

Deliver **positive action programmes** to increase representation from all our communities, meet national target throughout the workforce but specifically in senior levels.

Partner with Florence Nightingale Foundation to deliver Positive Action Nurse Leadership Programme to increase representation from all our communities within our nursing profession at senior levels.

Deliver phase 2 of declaration programme to increase declarations of disability, long term illness and sexual orientation on the ESR system.

Partnership with Black History Month South to showcase NHS careers in schools and outreach into Southampton communities.

Deliver a variety of positive action and all staff talent development interventions within the Trust Talent Plan with an aim of increasing mobility in the workforce, improvement in representation and experience of opportunity.

Implement annual cohorts of **Project Choice**, supported internship programme for people with learning disabilities. Aim to support people with learning disabilities into long term employment and increase representation at UHS from our communities.

## 2. Safe and healthy working environments, free from all racism, aggression, hate and discrimination.

Creation of a behaviour framework to bring to life our Trust Values and more clearly describe the expected behaviours relating to equality, diversity and inclusion.

Fully establish divisional EDI Steering Groups to drive actions and improvements throughout each division.

Creation of EDI data and information dashboard to evidence improvements and scrutinise themes, determine actions required.

Developing a culture of allyship: all staff participating in Actionable Allyship training by 2024. Introduce e-module option April 2023.

Digital Inclusion Work Programme. Review and revise assistive technology use. Improve involvement of user participation for all new digital systems. Introduce inclusive meetings guidelines and training for Chairs.

Revise existing Equality Impact Assessment framework and tools to ensure EIA is fully embedded as a decision-making tool.

## 3. Recruitment processes which are free from bias and are inclusive.

Implement Inclusive Recruitment work programme. Review and improve recruitment and attraction policy and process. Establish working group to include staff network members. Align outputs to NHS Inclusive recruitment programme.

Implement training programme for all recruiting managers to upskill recruiting managers, embed inclusive recruitment practices and, in turn, improve representation.

Create a toolkit for recruiting managers and those involved in recruitment to enable learning and best practice for inclusive recruitment.

## 4. Inclusive leadership and management.

All Board members and senior leaders to have Inclusion and Belonging objectives aligned to the delivery of this strategy in annual appraisals from 2023.

Inclusive leadership content in all UHS leadership and management programmes to include personal learning, personal action and accountability.

Board and Senior leadership programmes to include the element for all leaders plus strategic and cultural responsibilities for equality, diversity inclusion.

Developing a culture of allyship: all staff participating in Actionable Allyship training by 2024. Introduce e-module option April 2023.

Inclusive leadership and management as part of the UHS Managers Induction Programme.

Maximise UHS access to external leadership and management opportunities via the Integrated Care Board, regional and national NHS programmes, NHS Leadership Academy.

## 5. Networks that thrive and support creation of an inclusive and safe place to work.

Development programmes for Network Chairs to enable leadership of highly active networks.

Implement the Equality, Diversity and Inclusion Council

Establish and support new staff networks, as per requested: • Women's Network • Carers Network • Veterans Network

Develop and implement a model of 'networked communities' maximising digital platforms with a view to increase engagement and hear the voice of all our people and to truly represent of all our communities across UHS.



## HOW WILL WE MEASURE PROGRESS? WHAT ARE THE TARGETS?

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Our targets reflect our ambitions and the national requirements where they exist. We have also agreed local targets where it is meaningful for UHS over the lifetime of this strategy unless otherwise stated:

- Reduce disparity across all WRES and WDES indicators by 5% by 2026. This would mean our existing disparity rates are reduced by 50% or are eliminated.
- Increase percentage of people declaring they have a disability or long-term illness in the UHS workforce by 8%, reaching 20% by 2026. This is in line with 20% of the population declaring they have a disability or long term illness.
- Increase representation of people from Black, Asian and Ethnic backgrounds at Band 7 and above by 10% by 2024
- Meet or exceed the national target of representation at all levels in the organisation of 19% in 2022/23 increasing to 23% by 2024/25.
- 80% of all UHS staff to participate in UHS Allyship training programme by 2026.
- Increase all staff participation in the annual NHS staff survey to 70% by 2026.
- Increase participation in the staff survey questions related to WRES and WDES by 10% by 2026.
- In addition to the WRES and WDES questions in the annual staff survey, increase the staff experience measured by the annual survey to be the *best* in the acute and acute community trust benchmark group by 2026, for questions:
  - 21C** – I would recommend my organisation as a place to work
  - 9G** – My immediate manager is interested in listening to me when I describe challenges I face
  - 15** – Does your organisation act fairly with regard career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
  - 18** – I think my organisation respects individual differences (e.g cultures, working styles, backgrounds, ideas, etc)
  - UHS locally added question** – In the workplace, I feel a sense of belonging to UHS, increase by 10% by 2026.
- Introduce a meaningful measurement of feeling a sense of belonging at UHS to assess the success of our UHS strategies in relation to our desired culture and impact on attraction and retention.

# BELONGING BLUEPRINT

S.A.F.E.R

The UHS Belonging Blueprint is our tool to help individuals and teams to take action to implement this strategy and create the culture of inclusion and belonging we are aspiring to achieve.

The acronym **SAFER** helps us to remember the steps; **Self, Action, Focus, Engage, Respect** with some supporting behaviours under each step. There are more tools and resources to use this Blueprint on the VLE Inclusion and Belonging Hub.



## SELF

It starts with you

- Self-reflect
- Self-educate
- Self-regulate



## ACTION

Be the change

- Challenge behaviors not people
- Have co-operative conversations
- Champion learning over knowing



## FOCUS

Identify what matters

- Identify 3 key things you want to improve
- Identify your why
- Take small measureable steps



## ENGAGE

Reach out to others

- Share what's working
- Don't be afraid to ask questions
- Embrace engaging discussions



## RESPECT

Celebrate your differences

- Acknowledge diversity
- Be aware of your biases
- Respect each others individuality



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“THE NHS MUST WELCOME  
ALL, WITH A CULTURE OF  
BELONGING AND TRUST.  
WE MUST UNDERSTAND,  
ENCOURAGE AND CELEBRATE  
DIVERSITY IN ALL ITS FORMS.  
DISCRIMINATION, VIOLENCE  
AND BULLYING HAVE  
NO PLACE.”



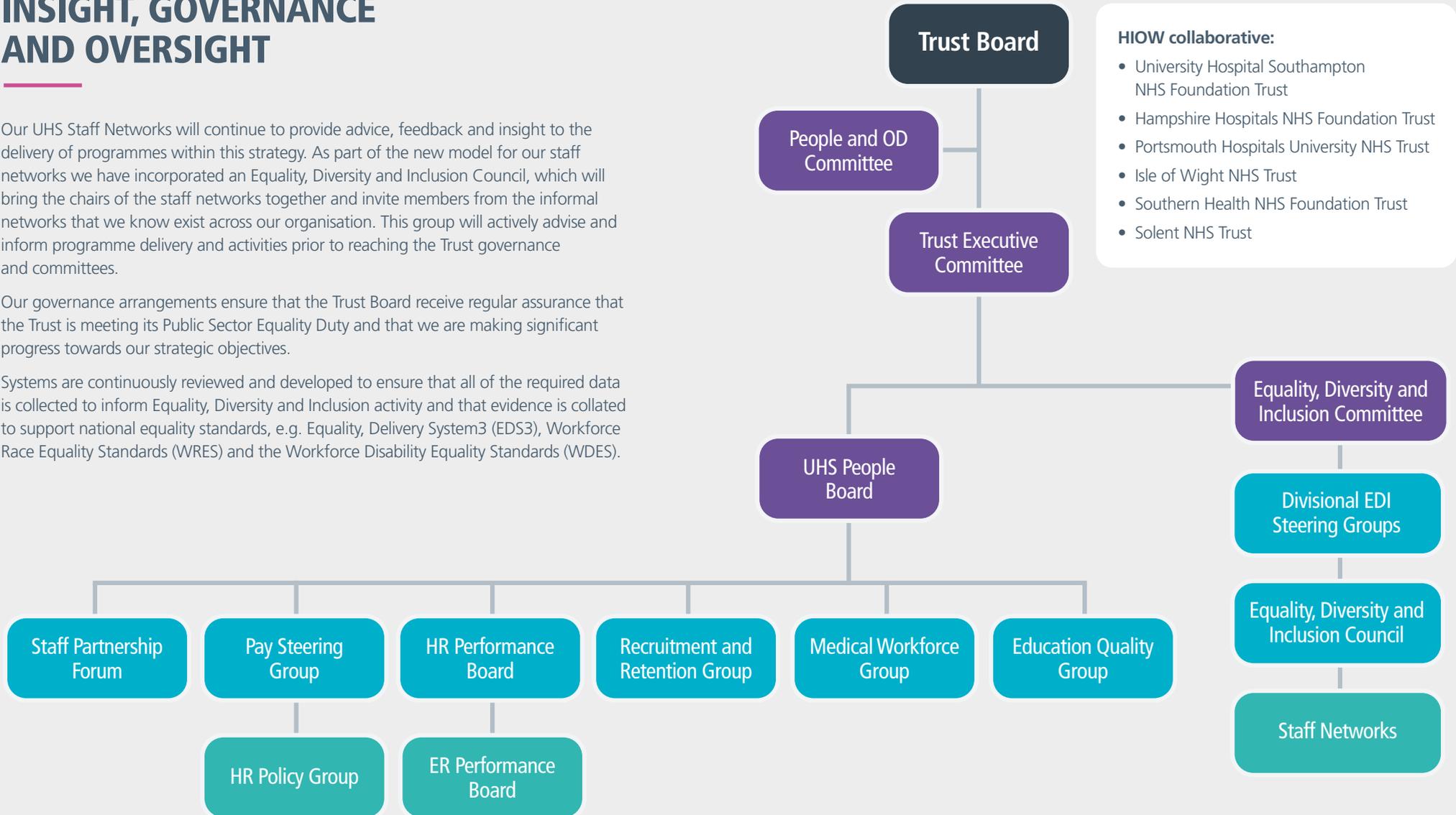
SECTION 4:

# INSIGHT, GOVERNANCE AND OVERSIGHT

Our UHS Staff Networks will continue to provide advice, feedback and insight to the delivery of programmes within this strategy. As part of the new model for our staff networks we have incorporated an Equality, Diversity and Inclusion Council, which will bring the chairs of the staff networks together and invite members from the informal networks that we know exist across our organisation. This group will actively advise and inform programme delivery and activities prior to reaching the Trust governance and committees.

Our governance arrangements ensure that the Trust Board receive regular assurance that the Trust is meeting its Public Sector Equality Duty and that we are making significant progress towards our strategic objectives.

Systems are continuously reviewed and developed to ensure that all of the required data is collected to inform Equality, Diversity and Inclusion activity and that evidence is collated to support national equality standards, e.g. Equality, Delivery System3 (EDS3), Workforce Race Equality Standards (WRES) and the Workforce Disability Equality Standards (WDES).



## APPENDIX 1 – HATE CRIME DEFINITION

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Hate crime is defined by the Police, Crown Prosecution Service, Prison Service (now the National Offender Management Service) and other agencies who make up the criminal justice system as ‘any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic.’ There are five centrally monitored strands of hate crime:

- **race or ethnicity**
- **religion or beliefs**
- **sexual orientation**
- **disability, and**
- **transgender identity**

A hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on:

- a person’s race or perceived race, or any racial group or ethnic background including countries within the UK and Gypsy and Traveller groups; this includes asylum seekers and migrants
- a person’s religion or perceived religion, or any religious group including those who have no faith
- a person’s sexual orientation or perceived sexual orientation, or any person’s sexual orientation
- a person’s disability or perceived disability, or any disability including physical disability, learning disability and mental health or developmental disorders
- a person who is transgender or perceived to be transgender, including people who are transsexual, transgender, cross dressers and those who hold a Gender Recognition Certificate under the Gender Recognition Act 2004.



## APPENDIX 2

**Roger Kline**, Research Fellow at Middlesex University, brings together a wealth of evidence in the NHS East of England document *“No More Tick Boxes”* and the practitioner guide *“If your face fits – Exploring common mistakes to addressing equality and equity in recruitment”*. It suggests practical steps NHS employers can do to improve staff recruitment and career progression and in particular the shift needed from the old model to the new. It focuses on the treatment of **women, disabled staff**, and staff of **Black, Asian and ethnic origin**.

Fig.1 – The old and the new paradigm for recruitment and career progression.

OLD MODEL	NEW MODEL
Emphasises importance of policies, procedures and training thus setting standards and enabling individuals to raise concerns safely.	Emphasises importance of accountability and transparency. Adopts a <b>“public health”</b> approach to improving outcomes, triangulating data to be proactive and preventative. Intervenes to encourage staff, seeing fair and effective career progression as a key management function.
Substantial emphasis on diversity training and unconscious bias training.	Understanding the biases, stereotypes and assumptions that distort decision making in recruitment career progression is important but training alone will not significantly change decision making.
Encouragement and support to individuals to take advantage of development opportunities through mentoring and positive action. Training for panels and managers on ensuring processes are followed and are fair and free of bias.	Granular attention to primarily removing bias from processes, not through training individuals at each stage of the career lifecycle by understanding how bias and stereotypes affect decision making and how to mitigate it. Emphasises tracking all individual’s development proactively, linked to effective appraisals, transparent access to stretch opportunities.
Delegated to HR and often under-resourced.	Key Board issue led by CEO and Chair.

**Source reference:** NHS East of England, No More Tick Boxes: A review of the evidence on how to make recruitment and career progression fairer. Roger Kline 2021.

## APPENDIX 3

**Model Employer:** Increasing Black, Asian and ethnic background representation at senior levels across the NHS. Evidence based model for improving Black, Asian and Ethnic representation across the NHS workforce.



<sup>8</sup> NHS-Practitioners-Guide-If-Your-Face-Fits\_FINAL-2.pdf (england.nhs.uk)



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CLOSING THOUGHTS  
**STEVE HARRIS –  
CHIEF PEOPLE OFFICER**

*Thank you for reading our Inclusion and Belonging Strategy.*

*The intentions and priorities within this document are important to us and we are firmly committed to delivering them. We know that in order to achieve our ambitions we all must come together and collectively we must be accountable for the behaviours we live, and actions we take. We must be willing to challenge what we think we know, and to at times, feel uncomfortable as we stretch our learning and understanding. We want UHS to be a place where there is no disparity of experience between individuals, and there is equality of opportunity for everyone in the UHS family. Rightly, we will be held to account for what we do, and I am committed to supporting the delivery of this strategy.*

A handwritten signature in black ink, appearing to read 'Steve Harris'.

**Steve Harris**  
Chief People Officer





University Hospital  
Southampton  
NHS Foundation Trust

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**“A WORLD CLASS  
ORGANISATION IS MADE  
UP OF WORLD CLASS  
PEOPLE. THEY ARE OUR  
GREATEST ASSET”**



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