

Implementing a Workforce Race Equality Response in the COVID-19 Context

Isle of Wight NHS Trust

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Contents

Welcome	3
Introduction	4
A rapid summary of evidence	4
Organisational Response	5
Methodology	5
Implementing a Workforce Race Equality Response	7
Toolkit 1: Covid-19 Workforce Race Equality Response Plan	8
Toolkit 2: Covid-19 Terms of Reference for the Equality Steering Committee	10
Toolkit 3: Covid-19 Priority Objectives for Trust Diversity and Inclusion Lead	11
Toolkit 4: Rapid D&I Self-Assessment (Team Level)	12
Toolkit 5: Our Team - Our HWB Commitment (Team Leader Template)	13
Toolkit 6: Staff On-Boarding Experience (Team Leader Guidance and Template)	14
Toolkit 7: Staff Engagement in the Covid-19 Context (Team Leader Guidance and Template)	17
Contact	20

Welcome

The Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012, the Trust provides a full range of health services to an offshore population of circa 143,000.

The Trust has an ambition to be recognised as an inclusive employer of choice through a values-led diversity and inclusion programme. In the context of Covid-19, the Trust has designed a high impact methodology to integrate diversity and inclusion across each business area of the organisation built on a foundation of inclusive and compassionate leadership (Toolkit 1).

With growing evidence of a disproportionate impact of Covid-19 on groups protected by the Equality Act 2010, the Trust Organisational Development team has designed a transferrable guidance to implement a Workforce Race Equality Response. This guidance includes a series of practical toolkits for Health and Social Care organisations to integrate a 'well-led' response to diversity and inclusion.

Whilst this guidance will put a spotlight on actions designed and undertaken by the Isle of Wight NHS Trust, we have undertaken an appraisal of local and national papers and publications including Suzie Bailey and Michael West, 'Ethnic Minority deaths and Covid-19: what are we to do? Kings Fund, 30 April 2020.

The NHS constitution is very clear: 'Everyone Counts' be they patients or staff. This means the NHS needs to consider the outcomes that different people experience; taking different or extra steps to improve access and design services so that their health outcomes and experience are equitable.

We have embraced this commitment and taken the opportunity to spark 'inclusion conversations' to identify what support our people need during this challenging time. We have a duty of care to our people and we want to ensure the opportunity for staff to be at their best so that together we can put our patients, carers, community and staff at the heart of everything we do.

We are excited that you have picked up our Guidance and thinking about accessing the resources we have developed.

Isle of Wight NHS Trust

Julie Pennycook
Director of Human Resources and Organisational Development

1. Introduction

- 1.1 Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds being disproportionately affected by Covid-19. Early analysis also points to an overrepresentation of BME health and care professionals among coronavirus fatalities. Please see: [ICNARC report on COVID-19 in critical care 10 April 2020](#)
- 1.2 Despite only accounting for 13% of the population in England and Wales (ONS), 40% of NHS doctors and 20% (NHS Employers) of nurses are from a BAME background. A recent HSJ article 'Exclusive: deaths of NHS staff from covid-19 analysed' from the 22nd of April reveals a **3.55 times** higher death rate for BAME nurses and Midwives, **3.29 times** higher risk for HCSWs, a **2.13 times** factor for Doctors and Dentists.
- 1.3 The high number of deaths among Filipino staff has also been highlighted: with an estimated 40,000 such staff employed in the NHS they constitute a significant proportion of the nursing workforce. With colleagues originating from the Philippines and BAME medical colleagues it is essential the Trust offers a positive action response to supporting our people.
- 1.4 NHS England has issued a letter (dated 29 April 2020) to all Health and Social Care organisations recommending employers should risk assess staff at potentially greater risk of Covid-19 and make appropriate arrangements accordingly.
- 1.5 This guidance sets out how Isle of Wight NHS Trust will meet the requirements set out by NHS England through the design of a high impact organisational development methodology.

2. A rapid summary of evidence

- 2.1 Systematic reviews of ethnically homogenous cohorts from China suggest that the key risk factors for hospital admission include age, sex (males), and comorbidities such as cardiovascular disease, hypertension, and diabetes.
Li B, Yang J, Zhao F, et al. Prevalence and impact of cardiovascular metabolic diseases on COVID-19 in China 2020
- 2.2 Concerns about a possible association between ethnicity and outcome were raised after the first 10 doctors in the UK to die from covid-19 were identified as being from ethnic minorities
Siddique H. *UK government urged to investigate coronavirus deaths of BAME doctors*. Guardian 2020
- 2.3 These concerns were confirmed by observational data from the Intensive Care National Audit and Research Centre, showing that a third of covid-19 patients admitted to critical care units are from an ethnic minority background.
Intensive Care National Audit and Research Centre. *Covid-19 study case mix programme*. 2020
- 2.4 The NHS Confederation states: some BME groups are at higher risk of certain diseases and conditions – this may suggest an increased likelihood of developing COVID-19. A number of BME staff from various socioeconomic backgrounds, including hospital consultants, nurses and healthcare assistants, have died as a result of the virus;
- 2.5 The National Institute for Health Research states: these issues are of critical importance and urgently need to be addressed but are not straightforward, because there may be multiple factors driving this association (such as genetic, socioeconomic, behavioural, cultural and religious and environmental) and many potential confounding factors including comorbidity.
- 2.6 NHS Staff Survey highlights critical considerations in workforce race equality and whilst progress has been made nationally since the introduction of the Workforce Race Equality Standard (WRES), we know that in the NHS, Black and Minority Ethnic (BME) staff, who constitute one in five of all nurses and midwives, more than one in three of all doctors, and one in six of all NHS staff:
 - are discriminated against in recruitment, especially in the transition from shortlisting to recruitment;
 - are seriously under-represented within the NHS at senior managerial and Board position;

- are more likely on average to enter the disciplinary process;
- are more likely than white staff to experience harassment, bullying or abuse from other staff;
- are more likely to experience discrimination at work from colleagues and their managers; and are much less likely to believe that their trust provides equal opportunities for career progression.

Kline, R. The snowy white peaks of the NHS (2014) Middlesex University Research Repository

2.7 Careful consideration is required in delivering workplace race equality interventions as nationally, NHS Staff Survey results demonstrates an employee experience gap between BAME and White British staff. Whilst obligations for reporting WRES has been paused this year, the Trust will continue on our WRES journey and embed a quality improvement approach to diversity and inclusion and focus positive action to eliminate unlawful discrimination and inspire equal opportunity in everything we do.

2.8 This guidance includes an engagement schedule to spark 'inclusion conversations' to build insight into the experience of staff and offer opportunities to be involved in key decision making (Toolkit 7).

3. Organisational Response

3.1 Isle of Wight NHS Trust has devised a **Covid-19 Workforce Race Equality Action Plan** to integrate a well-led response to emerging evidence suggesting that COVID-19 is having a disproportionate effect on people from BAME backgrounds (Toolkit 6).

3.2 The Trust is managing a multi-methods approach to diversity and inclusion in the Covid-19 context and is utilising Equality Analysis/Impact Assessment as a 'responsive' process. The Trust identified the following **10 High Impact Actions** as part of the workforce race equality Covid-19 response:

- i. devise a Board paper and live action plan to strengthen governance and reporting of the Covid-19 workforce race equality response;
- ii. targeted promotion of the Health and Wellbeing offer to high risk groups identified through local and national data sets;
- iii. increased visibility of public health promotion campaigns via #WellbeingWednesday;
- iv. prioritised staff health checks/screening led by Occupational Health provider;
- v. completion of risk assessments for all staff with prioritisation of high risk groups;
- vi. increasing awareness of risk assessment process via Equality Impact Group; Staff Equality Networks; and senior leaders (Heads of Nursing) at divisional level;
- vii. CEO letter to BAME colleagues recognising the national picture and signposting to wellbeing support offer;
- viii. targeted promotion of the in-house 'Listening Ear' (Staff HWB Coaching service);
- ix. development of Leadership Development opportunities including 'Empowering Conversations' for team leads to engage 'at risk' team members;
- x. exec-led Equality Network Meetings for staff to have their say on 'what we are doing well and what we need to improve'.

4. Methodology

4.1 Whilst the focus of this positive action programme is on Race, there will be responsive action for groups protected by the Equality Act with specific reference to age; disability and sex and will captured through Trust wide risk assessment.

4.2 The health, safety and wellbeing of **all our people** is the principal objective.

4.3 There will be regular engagement and consultation with the Trust Board; Trade Unions; Human Resources Team and Divisional Senior Management Teams.

4.4 This Covid-19 Workforce Race Equality Guidance embraces the ethos of 'Risk Management'

4.5 What is Risk Management? In simple terms, a risk is..... An event or circumstance which could result in harm or adversely affect the ability of the organisation to achieve its objectives.

4.6 Risk management is: the identification and assessment of risks and acting to reduce likelihood and/or minimise harm. Risk Registers are a tool for risk assessment and management. Risk assessment and management occurs every day. Where the risk affects a number of service users or staff, service provision, the Trust reputation or our Organisational objectives – risks should be recorded and managed through the risk register.

4.7 The Risk Management of Covid-19 in regard to Workforce Race Equality is set out below:

(i) Objective

The strategic objectives of the Covid-19 Workforce Race Equality Action Plan are:

- maximise workplace **safety** standards through workplace health and wellbeing;
- demonstrate our duty of **care** by connecting positively with our organisational values;
- **responsive** to individual needs through appropriate risk assessment;
- deliver **effective** staff engagement adopting a multi-methods approach;
- embed a **well-led** response to support leadership, management and governance arrangements.

(ii) Risk identification

The Trust welcomes the Governments national review investigating the disproportionate effect of Covid-19 on BAME people and will take local steps to identify risk through:

- Workforce data analysis to identify staff from a BAME background;
- Monitor sickness absence rates by protected characteristics due to Covid-19 at Trust and Divisional level;
- Issue targeted CEO Communication and visible senior leadership promoting wellbeing support;
- Review, strengthen and promote the process of workplace risk assessment for staff;
- Offer opportunities for staff to be involved in key decision making processes.

(iii) Risk Assessment

Adopt a multi-methods approach to staff engagement to build insight in to BAME staff experience in the Covid-19 context:

- **Listening Ear Service** – a wellbeing coaching hotline that aims to support staff by signposting to internal and external wellbeing services and offers self-management strategies;
- **Freedom to Speak Up** – increasing confidence for people from protected groups to raise concerns as national data tells us BAME staff are less likely to raise concerns;
- **Coaching** - positive action with targeted opportunities for managers/team leads cohorts;
- **HWB Team Diagnostics** – undertake semi-structured interviews, online focus groups and team meetings to build insight into what is working well and what we could do better;
- **Staff Experience Survey** – undertake trust wide pulse surveys on critical issues that may impact on staff experience and outcomes;
- **Online Equality Impact Group** – refreshed terms of reference and exec-led meetings;
- **Senior Nurse Walk-rounds** – keep a checklist of staff feedback relating to staff experience, engagement and wellbeing and feed into organisational development team for consideration and action;
- **E-Postcards** – an opportunity for staff to feedback on the Trust response to health and wellbeing and share positive news at service/team/individual level.

(iv) Identification of Controls:

The Trust is implementing a Trust-wide Organisational Development Plan with a priority focus on health and wellbeing; furthermore we will:

- Champion the development and completion of a culturally appropriate Risk Assessment Framework inclusive of all at-risk groups;
- Development of Team Manager Guidance/Development to deliver empowering conversations;
- A bi-weekly 'Leadership Toolbox' series focusing on topics such as (i) Leading in a VUCA World'; (ii) Wellbeing Essentials for Managing Teams; and (iii) Respect and Values; a focus on tackling incivility in times of heightened stress.

(v) Measures of assurance:

Reporting and Governance of the Covid-19 Workforce Race Equality Action Plan will be managed via the HR SMT with reporting of critical issues to Trust Board. This includes:

- Delivery report of Covid-19 Workforce Race Equality Action Plan;
- Reporting compliance of Staff Risk Assessments and Health and Wellbeing Check-in;
- PSED - HR Workforce Data sets including sickness absence by protected characteristics.

(vi) Gap Analysis:

- The Trust will monitor national and local data trends; research; audits and reviews to ensure learning is embedded
- The Education Team will monitor access to learning, education and development opportunities by Race to ensure equality of opportunity in access to such services.

(vii) Implementation of actions:

- Actions contained within the Covid-19 Workforce Race Equality Action Plan; and
- Clarify process for risk mitigation and offer team leader guidance on managing risk assessment; and provision of reasonable adjustments.

(viii) Measure; Monitor and Re-assess:

- A weekly review of the Action Plan will be undertaken with monthly progress reports issued to the HR Senior Management Team.

5. Implementing a Workforce Race Equality Response in the Covid-19 Context

5.1 The Trust is compiling a suite of toolkits to enable our services to offer a safe, caring, effective, responsive and well-led approach to diversity and inclusion in the Covid-19 context.

5.2 The next section of this guidance provides toolkits that you are free to use and amend as required:

Toolkit 1: Covid-19 Workforce Race Equality Response Plan

Toolkit 2: Covid-19 Terms of Reference for the Equality Steering Committee

Toolkit 3: Covid-19 Priority Objectives for Trust Diversity and Inclusion Lead

Toolkit 4: Rapid D&I Self-Assessment (Team Level)

Toolkit 5: Our Team - Our HWB Commitment (Team Leader Template)

Toolkit 6: Staff On-Boarding Experience (Team Leader Guidance and Template)

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Toolkit 1: Covid-19 Workforce Race Equality Response Plan

Diversity and Inclusion Focussed Implementation Plan

Vision	Strategy												
<p>Our diversity and inclusion plan will contribute to the delivery of the trust vision, values and priorities over the next 3 years. It sets out a clear approach that everyone in our organisation will be taking to ensure that we embed equality, diversity and inclusion into everything we do.</p> <p>The strategic aims of our equality plan are to: (i) enable our people to connect with our vision, values and behaviours; (ii) respond positively to our quality, safety, operational and financial obligations and (iii) recruit, retain and develop skilled and committed people.</p> <p>Covid-19 Workforce Race Equality Action Plan</p> <p>With growing evidence of a disproportionate impact of COVID-19 on groups protected by the Equality Act 2010, the Trust has devised this high level summary plan to deliver positive action in improving the engagement, experience and wellbeing of our people. This response is contained as a chapter within the Trust Covid-19 Organisational Development Priority Plan 2020.</p> <p>This Priority Plan incorporates actions devised by NHS England/Improvement to improve the health, safety and wellbeing of our NHS People.</p>	<p>In developing our Covid-19 diversity and inclusion response, careful consideration of the workforce and clinical strategy has been undertaken. The table below illustrates our framework to embed an evidence based framework:</p> <table border="1"> <thead> <tr> <th>Integration criteria</th><th>Improving our equality performance</th></tr> </thead> <tbody> <tr> <td>1. Equality Impact Group (EIG)</td><td>Governance and Reporting</td></tr> <tr> <td>2. Equality Standard</td><td>Organisational Development</td></tr> <tr> <td>3. Staff Networks</td><td>Workforce Engagement</td></tr> <tr> <td>4. Diversity Moments</td><td>Learning, Education and Development</td></tr> <tr> <td>5. Diversity Scorecard</td><td>Employee Relations Performance</td></tr> </tbody> </table> <p>Performance of this plan will be measured through the Workforce Diversity Scorecard and reported to the Trust Board via the HR&OD Committee.</p>	Integration criteria	Improving our equality performance	1. Equality Impact Group (EIG)	Governance and Reporting	2. Equality Standard	Organisational Development	3. Staff Networks	Workforce Engagement	4. Diversity Moments	Learning, Education and Development	5. Diversity Scorecard	Employee Relations Performance
Integration criteria	Improving our equality performance												
1. Equality Impact Group (EIG)	Governance and Reporting												
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3. Staff Networks	Workforce Engagement												
4. Diversity Moments	Learning, Education and Development												
5. Diversity Scorecard	Employee Relations Performance												

High Impact Actions

Implementing the Covid-19 Workforce Race Equality Response: Procedures, Systems and Governance

1	Prepare for implementation of the Covid-19 Workforce Race Equality Response, including assessing current systems and processes, and developing and rolling out a local implementation plan.
2	Review current PSED data to gain an accurate workforce profile by Race at Trust and Divisional level
3	Equality Impact Group review governance of implementing this response within their organisation(s), and if necessary plan for and implement mitigating actions to address any identified risks
4	Clinical and Corporate leads review the Implementation Guidance accompanying this standard and consider whether changes are required to current business practices, training and local policies.

Implementing the Standard: Workforce, Human Resources and Training

5	Develop a compelling, shared strategic direction for diversity and inclusion in the Covid-19 context
6	Agreed process for identifying and responding to individual needs (Risk Assessment)
7	Give team leads the tools and resources to lead a diversity and inclusion response in the Covid-19 Context
8	Delivery of Equality and Human Rights Week (w/c 18 May) to focus on support to High Risk groups
9	Build support offer for BAME staff into Health and Wellbeing Hub (Intranet)
10	Diversity and inclusion reporting firmly on the board agenda

On-going Compliance: Identification and recording of needs

11	Develop a Covid-19 Diversity Scorecard to monitor Race Equality outcomes at divisional and organisational level
12	Divisional Directors to act as D&I Champions and support sponsor delivery of the D&I plan
13	Ensure full alignment between the diversity and inclusion plan and trust vision and values
14	Strengthen diversity and inclusion reporting arrangements to Trust Board

Empowered, engaged and supported people

15	Deliver the Covid-19 Workforce Race Equality action plan, assess its impact and ensure benefits are realised.
16	Through learning, education and development, staff are confident and services are responsive to the needs of our local population
17	When at work, staff are free from abuse, bullying, harassment and violence from any source
18	The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
19	Improved engagement with staff from protected groups and key stakeholders to promote delivery of the equality plan and achievement of our objectives
20	Staff report positive experiences of their membership of the workforce

Critical Success Factors (April 2020– March 2021)	
Phase 1	Description
Committing to a new way of working	<ul style="list-style-type: none"> Devise an over-arching D&I plan in response to Covid-19 Equality Impact Group (EIG) Terms of Reference refreshed to include Covid-19 response Engage and build confidence of team leads to hold empowering conversations with staff Development of a clear inclusion framework embracing workforce and clinical strategy
Phase 2	
Engaging our staff around what matters	<ul style="list-style-type: none"> A round of high profile Staff Conversations to build insight into staff experience Best insight to inform longer term strategy and 'quick wins' Creating an appetite for teams to adopt the Equality Standard methodology
Phase 3	
Empowering teams to drive change	<ul style="list-style-type: none"> Develop and empower team leaders to use the Equality Standard Create inspiring stories to 'fuel' wider spread Managers supporting teams and helping to remove any barriers to success Surfacing of 'diversity champions'
Phase 4	
Embedding this new way of working	<ul style="list-style-type: none"> Structured and regular communications in place; share success stories and measurable outcomes Network of diversity champions and support infrastructure in place to spread to further teams Evidence-base of tangible improvements to patient experience, safety, quality, working life for staff and organisational performance (introduce patient and staff stories)

Strategic Risks			
	Risk	Impact	Mitigation
1	Staff do not engage with delivery of the organisational values and priorities via the Diversity and Inclusion Plan	Delivery of programmes/initiatives and service developments is blocked or delayed. Improvements to quality, transformation, money and people priorities are not achieved.	Engage at the earliest opportunity with the Board, Equality Steering Group and Staff to share and discuss equality plans. Use this to sense check plans and begin process of encouraging staff ownership of plans and priorities.
2	The organisation fails to meet at a minimum the essential regulatory or contractual requirements for equality and diversity (Quality, Financial, Contract Monitoring etc).	Non-delivery will impact on trust wide status with key statutory bodies including CQC.	Ensure clear and full understanding of requirements and translate this to local service requirements.
3	Not meeting the legal, regulatory and commissioner requirements to equality and diversity	Reputational damage to Trust; loss of credibility as an employer of choice; poor performance on national staff survey, negative employee relations; high sickness absence, turnover and poor retention.	Ensure robust performance monitoring and management are in place to maximise performance against legal, regulatory and commissioner requirements. Work with information, HR&OD and other clinical/corporate colleagues to ensure systems and services are supported by appropriate governance and reporting arrangements.
4	The trust is unable to sustain and maintain an effective and well-led equality and diversity service due to a mismatch between the organisations understanding of the needs of staff.	Diversity and Inclusion Plan not based on people insight. As a result, the organisation is unable to deliver a quality equality, diversity and inclusion service.	Ensure a partnership and collaborative approach that involves staff at every point of the employee journey. Look to make meaningful use of staff feedback as part of service design and improvement.

Key Performance Indicators	
Ref	Name and description
1	Response rate and results of the annual National NHS Staff Survey, including Staff Engagement Score: <ul style="list-style-type: none"> Violence, bullying and harassment Health and wellbeing Staff motivation Staff reporting they are able to contribute to improvements at work
3	Response rate and results to the quarterly Friends and Family Test for staff or Staff Experience Survey
4	Diversity Scorecard to include workforce demographic profile and employee relations performance, including recruitment and retention levels
5	On-Boarding and Exit Interview feedback
6	Taking the temperature through observations, walk-arounds , peer reviews and 'back to the floor' by senior leaders
7	Benchmarking data from other NHS Trusts (local and national)

Toolkit 2: Covid-19 Terms of Reference for the Equality Steering Committee

1. NHS Constitution

The NHS Constitution includes the following pledge:

The NHS commits... to engage staff in decisions that affect them and the services they provide, individually, through representative organisations, and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

2. Introduction

With our commitment to the NHS Constitution, The Equality Steering Group is a group of committed people who are passionate about making a success of improving our equality and diversity performance, will give it their full commitment, and who, between them, have the ability to influence all key groups of staff across the organisation.

3. Role and Focus

- To oversee and steer the response of Covid-19 equality, diversity and inclusion impacts in the Trust;
- To provide leadership and strategic direction on equality in the Covid-19 context to ensure the Trust meets legal, regulatory and commissioner guidance and standards;
- To actively and visibly champion the approach and its goals every day;
- To direct the diversity and inclusion journey, make decisions and remove any barriers that get in the way;
- To act as 'link' sponsors for frontline teams;
- To plan for sustainability throughout to embed new ways of working;
- Conduct Action Reviews based on the 5 CQC Domains in responding to protected groups
- To positively challenge every day:
 - Does what we are doing feel different from how it has always been?
 - Can we see it is having a positive impact?
 - What else do we need to do?

Toolkit 3: Covid-19 Priority Objectives for Trust Diversity and Inclusion Lead

Objective 1: Monitor Core (Strategic) priorities of the Covid-19 Race Equality Action Plan

The core priorities outlined below have been based on the legal, regulatory and commissioner requirements for diversity and inclusion:

- (i) **Policy development** and **transparency** with a focus on outcomes of equality impact assessment
- (ii) Programme management including **consultation and involvement**
- (iii) **Use of evidence** – better intelligence more appropriately used
- (iv) **Capability** - training and staff development

Objective 2: Policy development and transparency

- Design of new policy/policy decisions related to Covid-19 including consultation and equality impact analysis;
- Advice on managing critical policy issues in regard to the clinical and workforce strategy through the Covid-19 lens;
- Preparation for any changes required as a result of the Equality Act 2010, EDS2; WRES; WDES; GPG and NHS Staff Survey in particular reference to the employee experience of BAME staff;
- Advice and guidance on review of previous policy where this impacts on equality and diversity issues

Objective 3: Covid-19 management including consultation and involvement

- Review and update risk assessment process and tools to ensure person centred approach;
- Opportunities to discuss equality impacts of strategy development and co-ordination lessons learned;
- Equality feedback reports issued to the Quality and Governance committee and Trust Boards on programme outcomes

Objective 4: Use of evidence – better intelligence more appropriately used

- Analysis of data to inform Covid-19 policy development, impact assessment and the setting and monitoring of equality objectives;
- Individual and collective Trust reports on equality, diversity and inclusion outcomes;
- Analysis and review of information to inform service/organisational development.

Objective 5: Capability – learning, education and development

- Design, co-ordination and input of Covid-19 equality impacts into mandatory training and induction programmes;
- Workforce training needs analysis for equality and human rights in the Covid-19 context;
- Development of higher level training and development for key staff groups;



Toolkit 4: Rapid D&I Self-Assessment (Team Level)

This tool should be owned by your team and used to celebrate the great work that you in supporting our people and to identify ways of continually improving your service.

Please discuss and answer (providing evidence) the following questions with your team.

Service:

Location:

1. How do we identify and address risks in delivering high quality and inclusive services to protected and high risk groups in our communities?
2. How do we raise issues/concerns about diversity and inclusion and promote transparency and openness in our team (e.g. supervision, Speak Up, whistleblowing, etc.)?
3. How do we work with other business units and external organisations to ensure our service is effective and responsive to staff and patient needs? What do we do if barriers seem impossible to break down?
4. How do we review our diversity performance and take action to improve it?
5. How do we ensure that we all understand our own roles and responsibilities to diversity and inclusion and those of our team?
6. Please identify at least 3 examples of good practice relating to diversity and inclusion so that other services could learn from
7. Please identify at least 3 actions to improve the teams Covid-19 response to diversity and inclusion as a service provider and employer



Toolkit 5: Our Team - Our HWB Commitment (Team Lead Template)

Dear Colleague

During this time of uncertainty and worry, it's understandable that you and colleagues may feel anxious about this developing and uncertain situation. In response to the challenge we face today, our engagement promise is to enable a work environment where you feel safe, take pride in everything you do and work as part of a successful team delivering the best care for our patients and community.

Many of you may be concerned about the disproportionate impact of COVID-19 on BAME colleagues in the UK. We understand that this is worrying and we want to do all we can to ensure you feel safe and supported. At a national level an inquiry has been launched to understand why people from BME backgrounds appear to be disproportionately affected by coronavirus.

We have identified steps to prioritise your health and wellbeing and we welcome you to access opportunities to have a wellbeing conversation through our Listening Ear service; access tools and resources to support your team and feel inspired to be at your best. More specifically:

XXX Insert your Trust HWB Support Offer XXX

It really is true that our greatest asset is our staff and we are very grateful for the work you are doing. Regardless of whether your work is centred on Covid-19, on our preparation, planning or training, or if you are continuing to work on other elements of our business as usual, it's all essential.

As a team we will:

- Champion our organisational values and role model effective and supportive behaviours
- Inspire a compassionate and inclusive workplace culture where everyone feels engaged and valued
- Prioritise our health and well-being with a focus on mental, physical, social and financial wellbeing
- Enable open and honest conversations to keep everyone informed and offer opportunities for people to have their say
- Have regular team conversations to make sure we have the right equipment, guidance and training to deliver high quality, safe and person centred services
- Support each other to work flexibly and offer reasonable adjustments so we can work in different circumstances and settings
- Ensure we enable the best start for people joining the Trust or those re-deployed to support our services
- Support each other to comply with public health measures designed to reduce the spread of coronavirus.

We care about you. We will focus on you. We are #TeamIOWNHS

Team Lead

XXX

Toolkit 6: Staff On-Boarding Experience (Team Leader Guidance and Template)

1. Introduction

- 1.1 During this time of uncertainty and worry, it's understandable that colleagues may feel anxious about this developing and uncertain situation. In response to the challenge we face today, our engagement promise is to enable a work environment where you feel safe, take pride in everything you do and work as part of a successful team delivering the best care for our patients and community.
- 1.2 Many of you may be concerned about the disproportionate impact of COVID-19 on BAME colleagues in the UK. We understand that this is worrying and we want to do all we can to ensure you feel safe and supported. At a national level an inquiry has been launched to understand why people from BME backgrounds appear to be disproportionately affected by coronavirus.

2. What is on-boarding experience?

- 2.1 On-boarding refers to the mechanism through which new employees or employees re-deployed to a new business area acquire the necessary knowledge, skills, and behaviours to become engaged and effective organisational members.

3. What is the aim of effective on-boarding?

- 3.1 We have identified steps to prioritise your health and wellbeing and we welcome you to access opportunities to have a wellbeing conversation through our Listening Ear service; access tools and resources to support your team and feel inspired to be at your best. More specifically:
- 3.2 Whether you are new to the Trust, Bank staff or been re-deployed to a new business area; we want to make sure you have the best start when you join us. This on-boarding guidance aims to identify: (i) your experience as a member of the organisation and (ii) identify what support you need to ensure you have a safe, effective and positive experience.

4. Why is this important?

- 4.1 The **on-boarding** approach ensures that the organisation, and individual managers take a shared responsibility for the engagement, wellbeing, safety and development of our people.
- 4.2 It means that whilst individual members of staff still have a responsibility for their own personal and professional development, so does the employer, in recognition of the inequalities in access and opportunities for development and promotion that will otherwise exist. Policies, procedures and training in isolation are not sufficient to ensure equality.

5. How to use this Guidance?

- 5.1 Team Leads/Managers are invited to use this guidance as a checklist to ensure the best start for people joining their team/service.
- 5.2 Secondly, the guidance has been presented as a survey. If you intend to use this as a survey then please do ensure appropriate data confidentiality and information governance responsibilities are followed. All information must be treated anonymously and with the strictest confidence. Information should be stored securely and no person will be identified in the final report.
- 5.3 If you are interested using this as an employee survey, then please contact the Organisational Development team.



ON-BOARDING EXPERIENCE - Template

Please complete the following survey to assist in gathering relative feedback that will allow for on-going improvements to the workforce experience

Please rate the following questions using the following scale unless other-wise noted:

Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

YOUR FIRST DAY ON THE JOB Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)					
1. Clear information was provided about:					
• Vision and values Y/N					
• Organisational structure Y/N					
2. The information on first day of the job was helpful and complete with specific reference to health and wellbeing.	1	2	3	4	5
3. The information I received on key policy and procedures was clear and helpful.	1	2	3	4	5
4. I knew where to go to get additional assistance on health and wellbeing; HR matters, benefits, and paperwork following my first day on the job.	1	2	3	4	5
5. Any other comments:					
YOUR FIRST DAY AT YOUR DESK OR WORKSPACE; INCLUDING HOME WORKING Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)					
6. On my first day, my workspace was organised and I had everything that I needed to start working (or knew where to get it).	1	2	3	4	5
7. Working from home – I have completed the health and safety risk assessments	1	2	3	4	5
8. My workspace is clean, functional, and ready for use.	1	2	3	4	5
9. My IT equipment (computer, email access) was ready for use.	1	2	3	4	5
10. Telecommunications (including phone and voicemail set-up) were ready for use.	1	2	3	4	5
11. My manager/supervisor was prepared for my arrival	1	2	3	4	5
12. I was welcomed to my office and introduced to the people on my work team.	1	2	3	4	5
13. Any other comments:					



YOUR FIRST WEEK ON THE JOB Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)					
14. I was assigned meaningful work/training during my first week on the job.	1	2	3	4	5
15. I knew where to go to get questions about my work answered.	1	2	3	4	5
16. My line manager/supervisor provided me with a clear and concise explanation of my duties and job expectations.	1	2	3	4	5
17. I understand the Trust methods on how to raise concerns	1	2	3	4	5
18. My manager completed my Personal Risk Assessment	1	2	3	4	5
19. Any other comments:					
YOUR FIRST MONTH ON THE JOB Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)					
20. My manager quickly integrated me into the team scheduling 121/Supervision.	1	2	3	4	5
21. My manager completed my Wellbeing Check-In with me	1	2	3	4	5
22. I received initial training to help me understand internal systems, standard operating procedures, and other information needed to perform my job.	1	2	3	4	5
23. Any other comments:					
YOUR FIRST 90-DAYS ON THE JOB Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)					
24. I received additional training to help me understand internal systems, general operating practices, and other information needed to perform my job.	1	2	3	4	5
25. My manager has provided on-going constructive feedback about my performance.	1	2	3	4	5
26. My manager checks with me regularly to answer any questions I may have.	1	2	3	4	5
27. The job expectations as described in the job description and interview process are consistent with what I am currently doing.	1	2	3	4	5
28. I feel accountable for my performance.	1	2	3	4	5
29. The vision and values have been reinforced throughout the induction process.	1	2	3	4	5
30. I am satisfied with the overall induction that I have received.	1	2	3	4	5
31. Any other comments:					

Toolkit 7: Staff Engagement in the Covid-19 Context (Team Leader Guidance and Template)

Title	Staff Engagement in the Covid-19 Context
Project Lead	
<p>1. Introduction Effective staff engagement are a set of co-produced actions to enable understanding of one's role in an organisation, and being sighted and energised on where it fits in the organisation's purpose and objectives.</p> <p>2. What is the aim of this engagement toolkit? This toolkit enables staff being given a voice in their journey to offer ideas and express views that are taken account of as decisions are made. The aims are (i) build insight of employee experience as a member of the organisation based on key indicators of the NHS Staff Survey and in the context of Covid-19; and (ii) assist the development of the Covid-19 race equality action plan.</p> <p style="text-align: center;">Thank you for taking time to read this information sheet</p>	
Project Lead contact details	

This toolkit aims to support team leads/managers to:

- Deliver structured staff engagement to identify staff experience in the Covid-19 context
- Provide a structured forum (with regard to the CQC domains and NHS Staff Survey) for staff to feedback on actions or decisions that affects them and the services they provide;
- Promote the communication and engagement methods in place for staff to have a voice within the organisation

FOCUS GROUP SCHEDULE		
	<ul style="list-style-type: none"> • What outcome would you like from this discussion? • What would make this time we have together feel valuable? • What does workforce race equality mean to you in the context of Covid-19? • What's on your mind about work right now? • How are things going for you at work? • What are we doing well in our response to supporting staff in the Covid-19 context; • What we could we do better in supporting staff during this time? • In the context of Covid-19, how could the trust improve the: <ul style="list-style-type: none"> ✓ recruitment and selection of staff ✓ staff re-deployment; on-boarding experience; and local induction ✓ support colleagues from Bank and Agency; ✓ accessing mandatory learning, education and development; ✓ tackle harassment, bullying or abuse from any source; ✓ undertaking individual risk assessment in management of Covid-19. 	
SEMI-STRUCTURED INTERVIEW SCHEDULE		
Introduction	<p>During this time of uncertainty and worry, it's understandable that colleagues may feel anxious about this developing and uncertain situation. In response to the challenge we face today, our engagement promise is to enable a work environment where you feel safe, take pride in everything you do and work as part of a successful team delivering the best care for our patients and community.</p> <p>Many of you may be concerned about the disproportionate impact of COVID-19 on BAME colleagues in the UK. We understand that this is worrying and we want to do all we can to ensure you feel safe and supported. At a national level an inquiry has been launched to understand why people from BME backgrounds appear to be disproportionately affected by coronavirus.</p> <p>This conversation is to check-in and to make sure you have the right support for you to be happy, healthy and motivated.</p>	Notes:
Opening questions	<ul style="list-style-type: none"> • What outcome would you like from this discussion? • What would make this time we have together feel valuable? • What does workforce race equality mean to you? • What's on your mind about work right now? • How are things going for you at work? 	



	<ul style="list-style-type: none"> • What's it like working in this organisation right now? • How would you describe the culture of this organisation at this moment in time? • Do you have any particular issues/concerns as a member of the Trust? • Are you aware of any particular issues/concerns for black and minority ethnic staff working in this organisation? 	
Culture	<ul style="list-style-type: none"> • Do you have regular, documented 121's and a recent Wellbeing Check-in? • Have you experienced any behaviour that goes against our Trust Values? • If you were unhappy about the behaviour of team members, how would you challenge them? • Do you know how to raise a concern within the organisation? • Do you feel confident to raise concerns? If no, how can I help/support you? 	
Treatment of staff and access to development opportunities	<ul style="list-style-type: none"> • What is your experience of how concerns from staff are dealt with by management, for example concerns about patient care or resources? • What is your experience of the support that you need to do your role – for example access to training and development to effectively manage the operational demands of Covid-19? • Are BME staff appropriately represented in sharing good news/practice of how the Trust is managing Covid-19? • What are your views of leadership development programmes? Are BME staff appropriately represented? Are you aware of the Organisational Development offer? • What is your experience or your observations of the way the organisation handles disciplinary and grievance issues? 	
Bullying and harassment	<ul style="list-style-type: none"> • Have you personally observed or experienced bullying and harassment? • Do you know what support is available for people who have experienced bullying or harassment? • Would you be confident to raise issues of bullying and harassment/ if not, why not? 	
Support for BME staff	<ul style="list-style-type: none"> • Where would you go if you felt that you had experienced discrimination? • In the context of Covid-19, do you have any recommendations for the Trust to improve engagement of BME staff? • Are there any specific support groups or support mechanisms that Black and minority ethnic staff use inside or outside of work? 	
Closing question	<ul style="list-style-type: none"> • Is there anything else that you want to raise about workforce race equality in the Trust? • Thank you for giving us your time and views 	

If you would like to learn more about the Organisational Development response in the Covid-19 context at Isle of Wight NHS Trust, then please contact:

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