

Guidance to support Risk Assessment for staff with potential work-related exposure to Covid-19.

Produced by

Covid-19 BAME Mortality Disparity Advisory Panel

South East Region, NHS England and NHS Improvement

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1. Why is this important?

NHS staff safety and COVID-19

More than two hundred NHS and social care staff have died from Covid-19 (data from 9th May 2020). No manager, member of staff or member of the public wants to see such a tragic loss of fellow human beings and valued health and social care colleagues.

Analysis of deaths of the first NHS and social care staff has shown that BAME staff are particularly affected and account for 21% of NHS staff but 63% of COVID-19 deaths; 20 % of nursing and support staff but 64% of deaths and 44% of medics but 95% of deaths. We are not sure why this is the case, but research suggests that this may be partly because BAME staff are more likely to work on the front line in lower graded roles, may be less likely to raise concerns and are more likely to be agency staff, or nightshift workers - all groups that may be at additional risk.

It is therefore important that risk assessments for BAME staff are checked for any workplace factors that may increase risk as well as for any long-term health conditions. This is not an alternative to tackling the risks faced by all staff and ensuring all staff are as safe as possible, but recognises the evidence that some staff groups, notably BAME staff, are especially at risk.

The attached Risk Assessment Tool from NHS England and NHS Improvement South East Region complements the National Risk Reduction Framework for NHS Staff at risk of COVID-19 Infection and any local guidance already developed by organisations.

The guidance also complements the existing #HAY (How are You) guide disseminated on 1st May 2020 which ensures that all employees, and team leaders within those employers are equipped, across the region, to have a consistent and high standard of expectation of what needs to be in place and what staff can expect from the region as their leaders.

Finally, it tackles the additional workplace risks faced by BAME staff and is an amended version of an excellent initiative by Royal Berkshire NHS Trust. The briefing for managers, shared by Isle of Wight NHS Trust has been adapted for use in this pack. Additional guidance for nursing homes and social care is being actively considered.

2. How to use these resources

NHS Employers set out initial guidance on [Risk Assessments for Staff during Covid-19](#) on 4th April 2020. This was supplemented with a more detailed [Risk Reduction Framework](#) which has been drawn up by a group of external multidisciplinary health experts and was published by NHS Employers and the Faculty of Occupational Medicine on 12th May 2020. It is intended to assist employers in conducting risk assessments of staff, particularly those who are high risk and vulnerable, notably BAME staff. It seeks to tackle both health and workplace practices which might be a risk. It should assist employers to adopt similar systematic approaches that will reduce risk.

These resources are intended to supplement the above Risk Reduction Framework. They do so by highlighting key **workplace** risks particularly those which impact on **BAME staff** whose infection and death rates have been disproportionately high

You may (or may not) have already completed an initial round of individual staff risk assessments. We therefore recommend these resources can be used flexibly:

- If your Trust has not yet rolled out comprehensive risk assessments, then we recommend you consider using this tool;
- If your Trust has already undertaken risk assessments, we recommend you use this tool for staff not originally covered, notably staff returning from sick leave, agency and bank staff, and newly qualified staff;
- In either case we recommend you make use of the checklist for BAME and other staff you may consider especially at risk – especially the part of the Excel Risk Assessment Tool which is found under the Tab titled “Workplace Assessment.” We recommend you use this again for those staff, even if an initial risk assessment was undertaken.

3. Adapting these resources for use in your own organisation

- You will need to insert the appropriate local links and contact details. You can badge it as a South East Region NHS Risk Assessment tool or badge it as your own.
- You can amend the leaflet which sets out the rationale behind this approach and/or turn it into a letter from your Chief Executive.
- You can also amend as appropriate the guidance on conducting the interview.
- Your BAME Staff Network should be fully involved in this work, including encouraging staff to engage fully with the Assessment interview. Where Region has contact details for BAME Staff Network chairs, we will include them in our correspondence.

4. Summary of resources

Risk Assessment Tool (appendix 3)

The attached excel tool includes:

1. A checklist linked to a dashboard to help **calculate the health risks** individual staff face. It includes questions to be asked during any individual risk assessment interview for COVID 19 that staff will be expected to have.
2. A checklist for managers to help identify any **workplace practices** that might increase the risks that staff face. It is an amended version of a risk assessment tool developed by Royal Berkshire NHS Trust.
3. A **management repository** for the completed excel forms which will be a safe place for all such assessments and allows analysis of trends that may emerge about hot spots in the organisation. This will also contain details of any concerns raised and steps taken to address them. **It is important that formal advice is sought from your local information governance team to ensure that handling and storage of data complies with the requirements of the General Data Protection Regulation (2019)**
4. A **staff checklist** is included which can be given to staff ahead of their risk assessment to enable them to prepare confidently and constructively for it, so it feels more like a joint supportive exercise.

The Risk Assessment tool provides a traffic lights dashboard of risk.

- It is a user-friendly means of carrying out a risk assessment linking long term health conditions with demographic-linked workplace practice risks.
- It enables your organisation to audit the risk faced by groups of staff who are particularly at risk – especially BAME staff – by focussing on how their treatment at work may increase the risks they face. The Workplace Assessment tool is the only one of its kind currently available in the NHS which enables you to identify and track concerns about workforce treatment that may cause additional risk
- The tool can be set up as an online resource using your local IT system so that it will enable you to (a) track patterns within the workforce and (b) feedback to managers the status of their teams and risks faced (c) provide reports on performance on this issue
- It can be an effective way of improving engagement with your BAME in particular
- You can use this tool as means of improving governance of this issue by using the framework created to analyse patterns, support managers and improve staff engagement.

Board Checklist

The board checklist complements the Workplace Assessment Tab on the Excel spreadsheet and seeks to summarise for the Board those workplace risks which, whether or not staff have underlying health conditions, may make them more vulnerable to COVID 19, and may lead them to be disproportionately exposed to risk. This checklist may be partly covered by your existing arrangements for COVID-19 but it may highlight issues you wish to consider further. It can also be used to demonstrate that there is effective Board oversight over these risks.

#HAY (How Are You) Guide

The SE Region collaborated with the military to benefit from their experience and learning in order to build on our focus of supporting staff through this pandemic. Annex E of this guide shares some practical support and advice for employers, leaders, managers and all staff to consider with a specific focus on supporting staff from BAME backgrounds and other high risk or vulnerable groups.

Information leaflet for staff

Text for a **leaflet** has been provided and can be adapted for local use. The leaflet summarises the reasons why it is important that we make doubly sure that staff at greater risk (such as BAME staff) have this additional assessment and are confident to take part in it.

Mobile/ smart phone risk assessment

We are aware that staff do not always have immediate access to personal computers so we have designed a tool which allows the staff self-assessment to be completed via a mobile or smart phone and developed a step by step guide explaining how this tool can be set up at a local level. This [link](#) will provide you with our form as a template which will then be stored in your MS Forms once you click it and the guide can be found in section 7 below.

Guidance for managers

We have included guidance to assist managers and staff in making a potentially difficult discussion as productive as possible. It is based upon ideas developed by the Isle of Wight NHS Trust and you may wish to use or adapt this to local circumstances.

5. Board Checklist - workforce risk factors linked to Covid-19

Recent [research](#) has shown that specific groups of staff, notably BAME staff, are more likely to have health conditions that make them vulnerable to Covid-19. We also know that BAME staff may be vulnerable to adverse treatment within the [workplace](#) which may exacerbate other risks, so particular attention should be paid to the risks to these staff.

The list of risk factors below is intended to support the work your organisation has already begun and to help ensure that risks to staff from COVID-19 are minimised. A small number of them (with metrics*) should form the basis of internal reports to the board (which you may already be receiving) and which will form the basis on which the Region gains assurance on Board oversight on these issues¹.

The remainder are intended as a useful aide memoire based upon research and experience elsewhere within the NHS. Your Board may already have addressed some or many of these questions, but it may assist you in demonstrating that you have appropriately exercised your duty of care and are proactively intervening to do so.

Risk	Potential risk mitigation
1. Governance	
1.1 *Is the Board sighted on and has it put in place appropriate accountability and resource into Covid-19 workforce assessment and support?	Spot checks on any areas where higher than expected infection rates indicated by data or soft intelligence including concerns to Speak Up Guardians.
1.2 *Does your organisation hold data (disaggregated by White/BAME) that will demonstrate the effectiveness of engagement on COVID-19 and BAME staff?	*Collect data (disaggregated by White/BAME) on the following: <ul style="list-style-type: none"> a. Numbers of risk assessments as a proportion of the overall employed workforce b. Overall staff Covid-19 sickness absence (days) c. Proportion of staff (White/BAME) moved following a risk assessment d. Proportion of these groups of staff who have had a risk assessment <ul style="list-style-type: none"> i. returners, ii. agency staff, iii. newly qualified staff, iv. staff returning from sick and permanent night shift staff
1.3 *Is the Board clear on the additional risks BAME staff face?	*Describe how your organisation and system have used this data to influence your preparations for restoration and recovery planning?
1.4 Has the board considered the medium-term implications of the impact of Covid-19?	

¹ Information related to items marked with an asterisk and highlighted in yellow will form part of the SE Region assurance on board oversight.

1.5 Is Occupational Health centrally involved in oversight and support?	
1.6 Is there BAME representation in senior decision making/oversight? 1.7 Is your BAME Network fully involved in decision making around the risks to BAME staff?	Collect information on demographic make up of Gold Command.
1.8 Is there an emphasis, wherever possible on strong staff engagement to both receive suggestions and hear concerns, before significant changes in working practices? Bear in mind research, for example, the Francis Freedom to Speak Up report 2015 and recent reports indicate some groups of BAME staff are less likely to raise concerns either because they don't believe they will be heard or because of possible adverse consequences for them.	Clear, repeated messages from CEO Minimise redeployment of Speak Up Guardians. Ensure staff are signposted to them if they have concerns. Highlight examples where concerns were raised and have been were addressed. Where necessary, remind professional registrants that requirement to raise concerns remains in place.
1.9 Does your organisation hold data on staff Covid-19 sickness and staff Covid-19 deaths by department, grade, and protected characteristic? 1.10 Are you being proactive in using such data to triangulate with soft intelligence from areas of concern – and with other workforce data e.g. WRES and WDES - especially data for reported bullying?	Such data, used effectively, can enable early interventions to listen, support and act on concerns
2.0 Risk assessment and deployment	
2.1 Is there a focus to ensure some staff groups are specifically included in risk assessments e.g. returners, agency staff, newly qualified staff, staff returning from sick or annual leave, and night shift staff ? It is important to ensure these groups are assessed as they may be especially vulnerable (e.g. RCN survey indicates temporary agency nurses are currently much less likely to be offered tests).	Is there clarity about the role of the agency in risk assessments and the role of the Trust in ensure safe working arrangements?
2.2 Is there effective management and governance to follow up risk assessments both for individuals and at employer wide basis?	

<p>2.3 Do deployment decisions correlate with risk assessments i.e. done fairly and proportionately?</p> <p>There is growing evidence that BAME staff may be disproportionately redeployed to Covid-19 wards.</p>	<p>Monitor such decisions and ensure concerns raised are addressed – especially if deployment is not accompanied by safe PPE and working practices</p> <p>Some trusts have been collecting such data. You may want to do so going forward.</p>
<p>2.4 Are specific steps being taken proactively to ensure BAME staff are specifically being risk assessed not just for health risks but for exacerbating workplace treatment factors?</p>	
<p>3.0 Protection</p>	
<p>3.1 Is the PPE Fit process effective without disproportionate impact on some staff groups, notably BAME and female staff?</p> <p>Note: HSJ reports that younger female workers are twice as likely to die as other staff NHS Confederation, has published guidance about the use of PPE for staff, which includes information about cultural considerations.</p>	<p>Monitoring should specifically include BAME staff</p> <p>Be clear on consistent response if a staff member ‘fails’ a fit test - a particular BAME issue.</p>
<p>3.2 Are managers clear that social distancing must be observed in role/function including in spaces such as rest areas? How is that validated?</p>	
<p>4. Removal from risk areas</p>	
<p>4.1 Is the default position for staff who could effectively work from home or who have vulnerable family members at home that they work from home?</p>	<p>Ensure clarity in policy and monitor</p>
<p>4.2 In reaching decisions about working from home or site, is there an acknowledgement of risks from travelling on public transport which should avoided wherever possible?</p>	<p>Revisit whether additional staff could work from home all or part of the time or be enabled to travel at quieter periods?</p>
<p>4.3 Is social contact with co-workers minimised with audit of open plan offices, shared workstations or hub environments and maximum use of homeworking?</p> <p>Are all possible similar steps taken in Outpatient clinics and reception areas?</p>	
<p>5.0 Tests</p>	
<p>5.1 Is there a transparent policy of prioritisation to include all staff identified by risk assessment as being at greater risk and any staff with additional exposure e.g. travelling to work?</p>	

5.2 Do all staff know about rapid access testing for symptomatic staff and household members?	Insert link to local test site here
5.3 Are testing arrangements in place for staff in isolation or working from home?	
5.4 Are all staff aware of the voluntary screening programme for asymptomatic staff?	Have managers reviewed whether the staff member has a means to access this testing programme and support them with this?
6.0 Engagement, communications and support	
6.1 Are managers confident (and do they get support) in having honest and difficult conversations with BAME staff about their circumstances?	Specific support should be offered to managers wherever possible
6.2 Are BAME staff prominent in decision making on COVID 19 both through staff networks with access at Board level but also via other means e.g. senior BAME managers?	
6.3 Is there a clear narrative about this work, including EDI implications, owned by leaders and managers who are confident in sharing it?	
6.4 Are arrangements in place through STPs and more widely to identify, understand and share better practice ?	
7.0 Mental and other health support	
7.1 What steps have been taken to understand the staff needs during and after the COVID 19 pandemic with particular attention to BAME staff ?	
7.2 What support is in place for staff in self-isolation or who are or have been ill with COVID 19?	
7.3 Are staff aware that psychological support is available for any staff member concerned about their vulnerability to COVID 19?	
7.4 Staff who do not wish to be withdrawn from an area contrary to their risk assessment —Should there be any staff who have been advised to not work in their current role or location, but who then wish to continue working in a role or location deemed unsafe for them, then the employer's duty of care is likely to be that such an outcome of their risk assessment would result in an instruction to follow the outcome.	

6. #HAY Guide - Supporting those in high risk groups

SUPPORTING STAFF FROM BLACK ASIAN & MINORITY ETHNIC (BAME) BACKGROUNDS, and OTHER HIGH RISK OR VULNERABLE GROUPS.

1. There is considerable focus on the reasons why people from Black, Asian and Minority Ethnic (BAME) groups are contracting Covid-19 and suffering in more cases than others. This guide is not intending to circumnavigate, cut across or speculate on that work, but to add a useful addition for action and thought where this is helpful.
2. This Annex shares some practical support and advice for employers, the leaders, managers and all staff to consider. It also shares some of the national focus on this area and our commitment to support this.
3. There are also other vulnerable groups of our staff, and those who have caring responsibilities for others in need. These include, but not limited to, those who are partially sighted or blind, and use touch regularly to navigate the world, or those who have specific and high levels of stress and anxiety which need additional support during this time. This annex is intended to be as inclusive as possible.

Ask your people

4. The most important advice is to ask your people what they need help with.

Emotional Support

5. For many people being in a higher risk group or living with the fear of either more likely to contract the disease and / or have worse outcomes only serves to make life more difficult, carrying the burden of this anxiety simply by being who someone is can be a deeply stressful situation for individuals, families and communities.
6. It is incumbent upon all to recognise that the very essence of this Guide helps to address this, and asking 'How are you?' #HAY and truly listening, caring about the answer and seeking to understand can sometimes be as useful as a practical action. As Maya Angelou said "...people will forget what you said, people will forget what you did, but people will never forget how you made them feel"
7. Inclusion networks and groups should be strongly supported to connect – virtually and regularly, and all aspects of the weekly SE Health and Wellbeing Dispatch should be made available where relevant.

Personal Protective Equipment (PPE)

8. We know that all masks are to be fit-tested, not only fit-checked, and some masks have differing ways of being both fit and comfortable for different face shapes and sizes. It is vital that we pay special attend to this so that not only is the fit correct, but that the perception and anxiety of them not fitting can be openly discussed and addressed.
9. You may also have to carry out specific risk assessments for clinical frontline (or person facing) roles so that we can both address who need to be wearing what and

for those that do not, how to assure them around their safety, and create adjustments for people to feel as well as know what is to be worn where.

10. As is the case with national policy all frontline staff caring for suspected or confirmed COVID patients must be equipped with long-sleeve gowns and FFP3 masks, and the staff testing availability will now be available for suspected cases.

Staff Testing

11. As the staff testing element of the new testing for Covid-19 policies and protocols come into place, each employer will decide on which key workers are referred for testing, as well as key workers deciding for themselves, in the appropriate circumstances.

12. When considering the employers ability to nominate key staff members for testing, please notice in particular those within the criteria who might be exhibiting early symptoms, may be asymptomatic or whom you consider might be exposed more than others. As we know, our workforce is made up of many different roles, professionals and people from different backgrounds and heritage. Please consider all in the planning of your own staff testing, paying particular attention to those from BAME backgrounds.

13. In all cases, the test results will be shared with the individual and not the employer, and all employers will need to have contact with the staff member who have been tested to then agree a return to work, or not, for the relevant time period.

USEFUL INFORMATION ON VITAMIN D

14. The roles of Vitamin D has been much in the media around its efficacy to support people from BAME backgrounds. In terms of this guide, there is no advice on this area, suffice to share the facts around what Vitamin D is and some thoughts around how to increase it.

15. Vitamin D is:

- a fat-soluble vitamin that promotes the absorption of calcium, regulates bone growth and plays a role in immune function.
- Produced in skin when it's exposed to sunlight. Those with a darker skin absorb less UV radiation from the sun and therefore produce less Vitamin D.

16. Vitamin D can be found in the following;

- a small number of foods, including oily fish such as salmon, mackerel, herring and sardines, as well as red meat and eggs.
- all infant formula milk, as well as some breakfast cereals, fat spreads and non-dairy milk alternatives. (Manufacturers must add vitamin D to infant formula milk by law.)
- dietary supplements.

17. For more information on Vitamin D please go to;

<https://www.nhs.uk/live-well/healthy-body/how-to-get-vitamin-d-from-sunlight/>

7. Information leaflet for staff

DRAFT TEXT FOR LOCAL AMENDMENT

Dear colleague

NHS staff safety and COVID-19

More than two hundred NHS and social care staff have died from Covid-19. No manager, member of staff or member of the public wants to see such a tragic loss of fellow human beings and valued health and social care colleagues.

Every NHS Trust and social care employer has a duty of care to its staff. However early [analysis](#) suggests strongly that the majority of those staff who died were infected through occupational exposure so we know that what employers do can make a big difference

Prior to the pandemic, research made clear that some groups of NHS staff were at particular risk, notably those with underlying long-term health conditions. NHS employers were asked to ensure that such staff were either not exposed to front line COVID-19 work, asked to work from home where possible and in some cases required to stay at home. As an [NHS Confederation briefing](#) demonstrated Black and Minority Ethnic (BAME) people are at particular risk.

Analysis of deaths of the first NHS and social care staff has shown that BAME staff are particularly affected and account for 21% of NHS staff (but 63% of COVID-19 deaths); 20 % of nursing and support staff (but 64% of deaths) and 44 % of medics (but 95% of deaths). We are not sure why this is the case, but research suggests that this may be partly because BAME staff are more likely to work on the front line in lower graded roles, may be less likely to raise concerns more likely to be agency staff, nightshift workers or have been trained overseas - all groups that may be at additional risk.

It is therefore very important that risk assessments that for BAME staff are checked for any **workplace factors** that may increase risk as well as for any long-term health conditions. This is not an alternative to tackling the risks faced by all staff and ensuring all staff are as safe as possible, but recognises the evidence that some staff groups, notably BAME staff, are especially at risk.

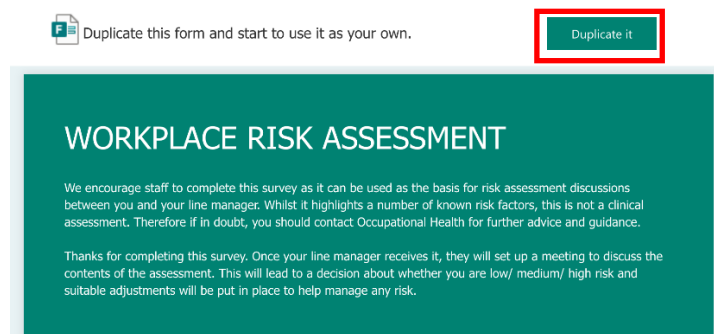
New guidance from NHSI/E Covid-19 South East BAME Mortality Disparity Advisory Panel is intended to support managers in assessing additional workplace risks that BAME staff. It is part of our work to ensure **all** staff can work as safely as possible.

Please use it to help stem the numbers of NHS staff infected by and dying from COVID-19

8. Making the risk assessment form easier for staff to complete

Creating a mobile version of the staff risk assessment form

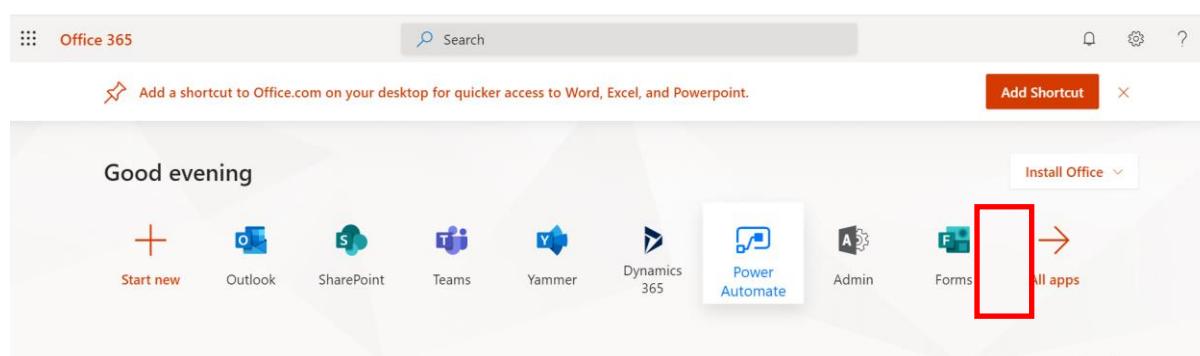
1. You need to have Office 365 and be logged into Office 365.
2. You then need to create your own form. To accelerate that, you can use our form as a template and then tweak that to reflect the wording you want for your organisation. This [link](#) will provide you with our form as a template which will then be stored in your MS Forms once you click it and ask to “Duplicate it”



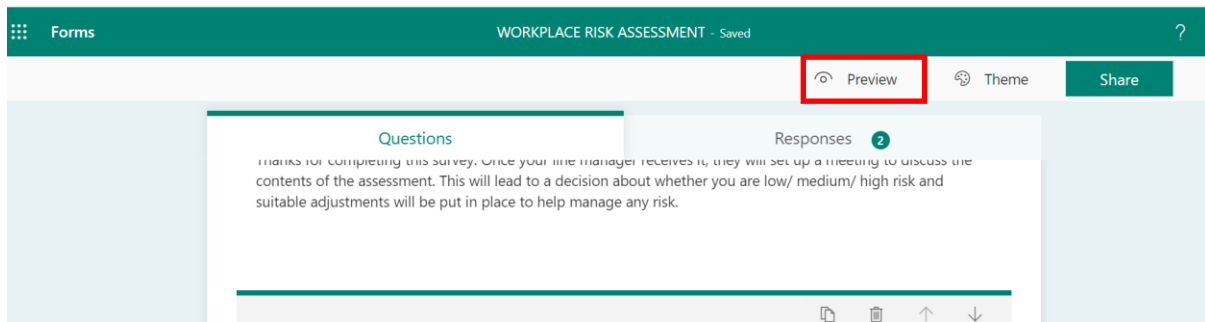
3. To get into your MS Forms, use this link and log in using your username and password

www.office.com

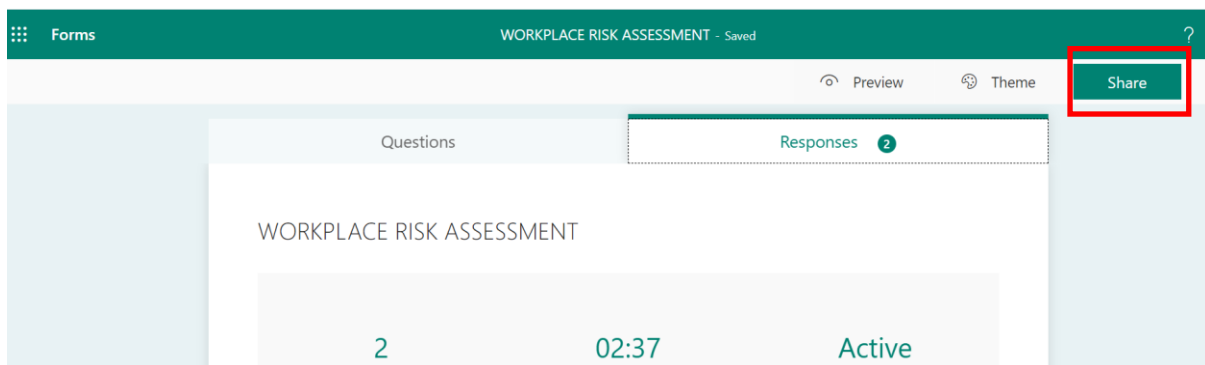
4. Once you are into Office 365, you will see icons for all of the Office 365 applications and the green “F” will indicate MS Forms



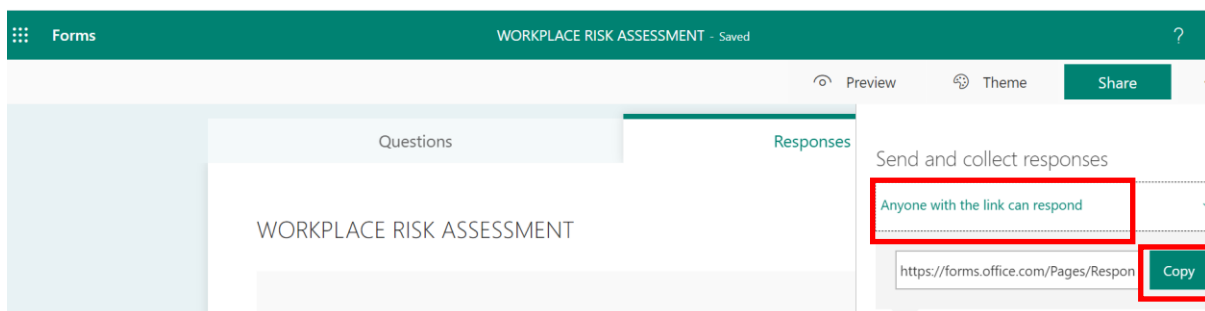
5. If you click on MS Forms, that will open your version of Forms and you will find the template already saved there. You can then amend the template by clicking on any question, which will bring up a series of options to change that question or add a new question. All changes will be automatically saved as you make them.
6. When your survey is ready, you can
 - a. Use the Preview button to see what it will look like on your computer or mobile



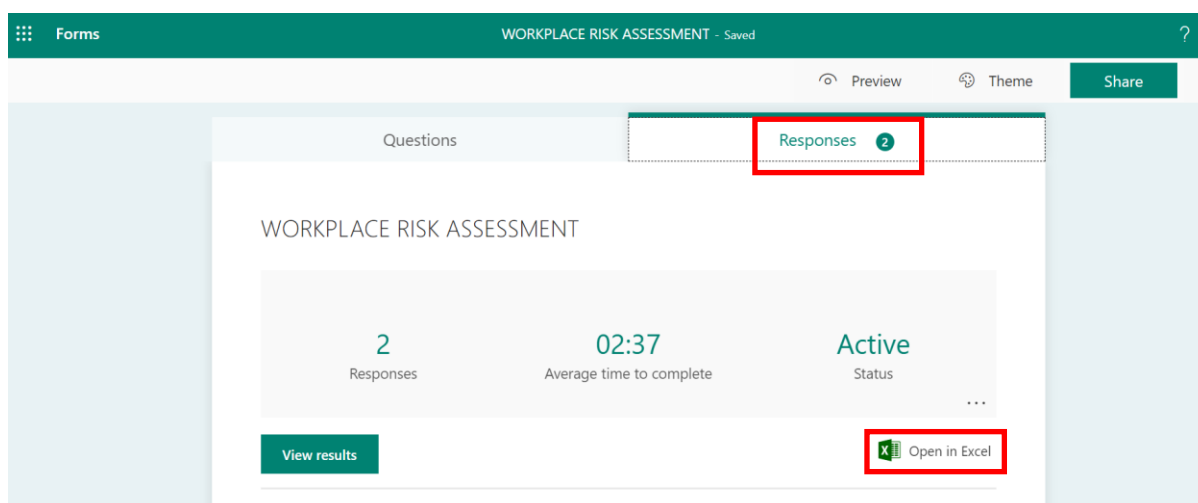
- b. Prepare to send it to whoever you want to complete it by hitting “Share” and then go to “Share and Collect Responses”



- Then decide whether you want to stick with the default which is that “Only people in my organisation can respond” or whether you want it to be “Anyone with the link can respond”.



- Then hit “Copy” from “Share and Collect Responses” and send that link in an email to anyone who you want to complete it.
7. As responses come in, the icon for that form in MS Forms will show the number of responses received and you can export all of the responses into one Excel spreadsheet for analysis by clicking the “Responses” tab and then “Open in Excel”.



9. Guidance for Line Managers

"Someone is sitting in the shade today because someone planted a tree a long time ago"

WARREN BUFFETT
BUSINESS LEADER & PHILANTHROPIST

Welcome

This guidance aims to integrate a well-led response in engaging, supporting and valuing our people in the COVID-19 context.

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 design a structure for well-being conversations to identify the support our people need during this challenging time. We want to make sure our NHS people have the opportunity to be at their best so that we can put our patients, carers, community and staff at the heart of everything we do.

Health and Wellbeing Guidance

The Covid-19 Risk Assessment process is critical in supporting our people, however we have identified a potential negative impact on staff experience if our people do not feel safe to raise concerns.

Inspired by the commitment of our NHS Constitution 'Everyone Counts', this guidance sets out health and wellbeing support tools to enable Managers to have a

compassionate, safe and inclusive conversation that puts our staff at the centre of everything we do.

Toolkit 1: This toolkit contains a bank of wellbeing coaching questions to start the conversation about undertaking a Covid-19 Risk Assessment. This toolkit aims to build insight into how the staff member is feeling and to create a safe environment to raise concerns.

Toolkit 2: This toolkit contains a short 121 preparation schedule that team members can use to collect their thoughts, feelings and experiences to discuss with their Manager on a regular basis.

The aim of this Guidance is to:

- provide a structured response to Workforce Race Equality in the Covid-19 context to enhance compassionate and inclusive leadership; staff engagement; health and wellbeing; and diversity and inclusion.

More specifically

- inspire an environment where staff feel valued;
- where we make things simple for staff to have their say and feel engaged;
- an open culture is embedded where staff feel safe to raise concerns.

Toolkit 1: 121 Wellbeing Questions

For managers to use in 121's with team members

With growing evidence of a disproportionate impact of Covid-19 on groups protected by the Equality Act 2010, this guidance for Managers and Team Leads aims to spark a well-being conversation with staff identified at High Risk to Covid-19.

This is just a small sample of questions so please use in conjunction with your own wellbeing support programme.

To open...	<ul style="list-style-type: none"> • What outcome would you like from this discussion? • What would make this time we have together feel really valuable? • What's on your mind about work right now, what feels important? • How are things going for you at work?
How are you feeling...	<ul style="list-style-type: none"> • How is the current situation with Covid-19 impacting on you? • How are you feeling about your role at this moment in time?

	<ul style="list-style-type: none"> • From a scale of 1-10, how happy are you at this moment in time? What could you/we do to move it forward by 1? • How do you think this score impacts on your role currently?
Introducing the Risk Assessment...	<ul style="list-style-type: none"> • How manageable is work feeling at the moment? What support can I give to make it feel more manageable? • What's the biggest concern for you at the moment? Why is it having an impact on you? • What steps have you taken to resolve this concern? How did that go? • What is your experience of the current Risk Assessment process?
Introducing the Risk Assessment...	<ul style="list-style-type: none"> • How manageable is work feeling at the moment? What support can I give to make it feel more manageable? • What's the biggest concern for you at the moment? Why is it having an impact on you? • What steps have you taken to resolve this concern? How did that go? • What is your experience of the current Risk Assessment process?
Feelings about team culture...	<ul style="list-style-type: none"> • How would you describe the culture of the team to an outsider? Why do you think that? • What do you think the team does well in supporting staff and what could be better? • On a scale of 1-10, how supported do you feel by the team at this moment in time? What could we all do to move your score by 1?
To understand how someone is feeling about change...	<ul style="list-style-type: none"> • How are you feeling about the impact of Covid-19? How would you describe your initial reaction to it? • What concerns do you have about this situation? • Do you feel involved? Is there anything we can do to make you feel more involved? • Do you feel safe? • What does it feel like to be brave? What impact is this having on you?
To close the wellbeing conversation...	<ul style="list-style-type: none"> • During this time of uncertainty and worry, it's so important that we support one another and look after our health and wellbeing. • It's understandable that you and colleagues may feel anxious about this developing and uncertain situation. • Please remember to utilise the health and wellbeing support you are entitled to including confidential support through Workplace Options; Occupational Health and Freedom to Speak Up. <p>#bekindtoyourself</p>

Toolkit 2: 121 Wellbeing Check-In Template (Team Member Template)

During this time of uncertainty and worry, it's important that we support one another and look after our health and wellbeing. It's understandable that you and colleagues may feel anxious about this developing and uncertain situation.

We have taken the opportunity to design a well-being check-in to spark a conversation on how you're feeling; identify what support you may need; and discuss roles and responsibilities during this challenging time.

We want to make sure you have the opportunity to be at your best so that we can put our patients, carers, community and staff at the heart of everything we do.

We care about you. We want to focus on you. We will support you.

Action by Staff Member : Please complete this template and have a conversation with your manager in your wellbeing 121

Name: _____ Date: _____

1. Your Health and Wellbeing - How are you?

You could think about:

- *Your health and well-being – how do you feel?*
- *Reviewing your health and well-being; do you have what you need?*
- *Your work/life balance.*
- *What the team culture currently feels like?*
- *Any actions you want to take to improve your health and well-being*

2. Your Role - How is work going?

You could think about:

- *Your stand out moment.*
- *Something that you're proud of what your team has achieved.*
- *Something you've learned or improved on.*
- *Something you've found challenging.*
- *Support you may need from your manager or colleagues*

3. Your Personal Development and Aspirations

You could think about:

Reflect on your learning and development and its impact.

- *Update your Personal Development Plan (PDP).*
- *The opportunities you have had to learn something new.*
- *What support or development you've identified.*
- *Reflect on what you'd like to do more of in your role.*

Thank you for reading this Guidance.