

Supporting Risk Assessment of BAME Staff at risk of COVID-19 in Adult Social Care

1. Introduction

Surrey Heartlands Health and Care Partnership take the health and wellbeing of our workforce extremely seriously and we recognise the disproportionate impact that COVID-19 is having on the BAME workforce. As ICS partners we have engaged and collaborated to develop and proactively implement initiatives and tactics to ensure our BAME workforce is supported and protected, and will continue to do so for the duration of the crisis and into the recovery and restoration phase. Concern for the BAME workforce includes our social care partners who provide homes and services within the Surrey Heartlands area.

This guidance and accompanying risk assessment template are intended to support adult social care employers and managers to have sensitive and inclusive conversations with their BAME staff. They should identify any existing underlying health conditions that may increase the risks for them in undertaking their frontline roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BAME colleagues, particularly regarding both their physical and psychological safety and wellbeing. We stress the importance of looking at risk assessment with the individual and taking a holistic approach that also considers their family life and home life and any impact Covid-19 is having, or may have, on their wider family and their home circumstances.

All health and social care employers and employees have a **duty of care** to implement safe practice within the working environment at all times.

Employers are required, as far as reasonably possible, to secure the health, safety and welfare of their employees. Under the Management of Health and Safety at Work Regulations 1999 as a minimum this includes:

- **Identification** of what could cause injury or illness in your business
- Deciding **how** likely it is that someone could be harmed and how seriously
- Taking **action** to eliminate the danger, or if this isn't possible, control the risk

It is therefore recommended that risk assessments are conducted with staff that are from BAME backgrounds, or who have households / family members from BAME backgrounds. Risk assessments should **ALSO** be undertaken with **all** staff, whether or not they have an underlying health condition.

This resource aims to provide guidance and a practical template to support adult social care employers to reduce the risk to staff in relation to COVID-19. The document aims to support employers to appropriately risk assess staff, putting the most appropriate mitigating actions in place, to **reduce, avoid, remove or eliminate the risk**.

We recognise some of the sensitivities and concerns that both staff and Managers will have, and we stress the importance of confidentiality and sensitive conversations during this process.

The document includes considerations for assessing the workplace as well as the workforce. Staff members should have the opportunity to discuss their concerns. Conversations should be held, supportively, taking into consideration the significant anxiety, concerns and preferences staff may have.

2. Context

By 12 May 2020, there had been 203 COVID-19 related deaths of health and social care workers in England. Of those deaths, 60% of people were from a BAME background. Nationally, organisations have been advised to risk assess all staff providing personal care and support in frontline roles.

As always, adult social care employers should adhere to infection control procedures in line with the latest Public Health England (PHE) guidance for care homes and for supported living and home care.

[Guidance for care homes](#)

[Guidance for supported living and home care](#)

3. Evidence Base

The Latest Report published on June 15th by Public Health England: *COVID-19: understanding the impact on BAME communities A summary of stakeholder insights into factors affecting the impact of coronavirus (COVID-19) on black, Asian and minority ethnic (BAME) communities* indicates that some ethnic groups are far more likely to die from COVID-19. This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).

An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.

Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups.

Comparing to previous years, all-cause mortality was almost 4 times higher than expected among Black males for this period, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females.



It is important to note that the relationship between ethnicity and COVID-19 is not yet fully understood, and the risk of catching or dying from Covid-19 is affected by many different factors including socioeconomic factors. This guidance will be updated as any new evidence emerges.

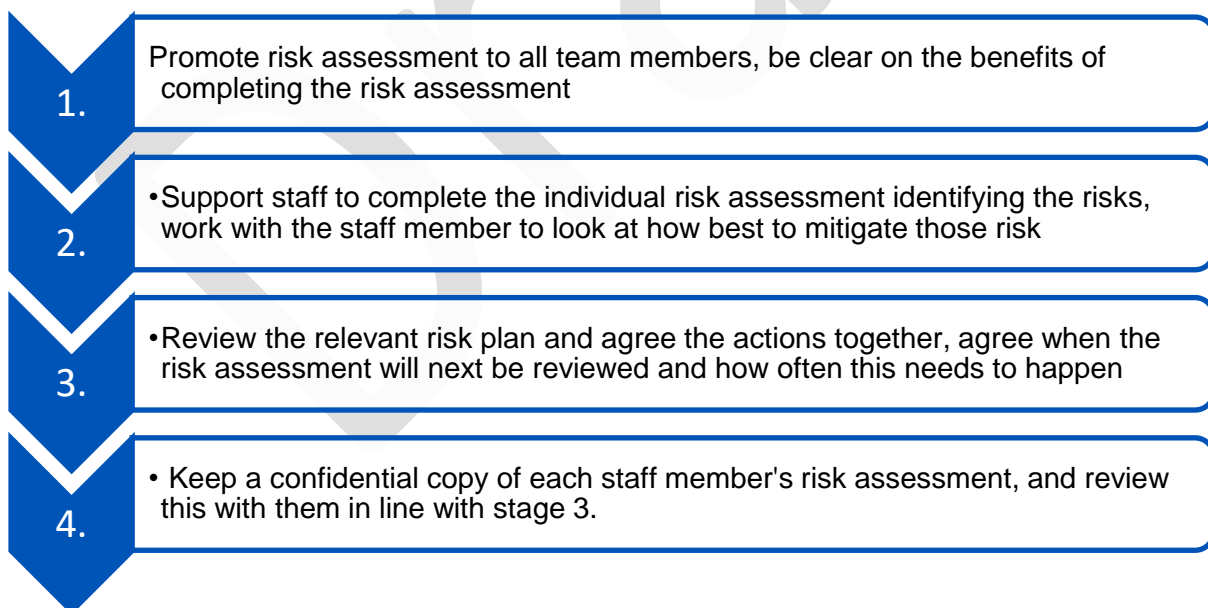
4. Undertaking the risk assessment

Risk assessments (Appendix 2) should be completed by the manager or other nominated person in conjunction with the employee and done on an individual basis. Risk assessments should be promoted for all members of staff and individual risks assessed accordingly. Managers should think about how best to support staff whose first language may not be English.

For each risk assessment, it is essential to:

- Identify any potential risks
- Assess the level of risk – i.e. how likely it is that each risk could cause harm. Each risk assessment should be an individual conversation that is conducted sensitively and adapted for cultural sensitivities
- Take appropriate action to reduce, avoid, minimise or eliminate the risk

Risk Assessment Overview



To support this, **Appendix 1** contains guidance on undertaking risk assessments for anyone potentially at increased risk through COVID-19, based on their ethnicity, age, gender, and any underlying health conditions, and **Appendix 2** provides a risk assessment template for use by managers. **Appendix 3 & 4** contain templates to assist with health and wellbeing conversations.

5. Responsibilities

All staff:

- To undertake a risk assessment with their line manager or other nominated person
- To discuss any concerns in relation to the outcome of the risk assessment and the impact this may have on them and their ability to carry out their duties
- To make their line manager aware of any changes to their health and wellbeing which may require a further risk assessment to be undertaken - for example, they become pregnant or have since developed a new, underlying condition. If so a further appropriate risk assessment should be completed.

Line managers

- Line managers must remind the staff member of their right to confidentiality in any conversations with them
- To undertake risk assessments with all employees.
- To ensure the outcome of the risk assessment is discussed openly with the employee and that any concerns raised are addressed appropriately
- To ensure the risk assessment is kept by the line manager to enable appropriate monitoring and recording of information, reviewed as agreed and updated at each review or when an additional need arises such as a change to the person's individual circumstances

6. Actions and Outcomes

Employers should be mindful that they have a [Duty of Care](#) (*Resource 5*) to consider the possible outcomes from all risk assessments carried out and put into place measures to mitigate such risks to their employees and service users.

Examples of such measures could include and is not limited to:

1. Limiting duration of contact with service users
2. Wherever possible maintain a two metre distance from service users and colleagues
3. Avoiding public transport /rush hour/car sharing
4. Consider adjustments to working hours and varying work patterns
5. Asking service users to wear a mask when interacting with staff
6. Consideration of staff working in small teams with consistency of team members working on the same shifts
7. Redeployment to a lower risk area

Further measures can be found in the Good Practice for Care Homes document **Appendix 5**. Additional support may be available through employee assistance programmes, occupational health or chaplaincy support.

7. **References and Resources:**

1. Docherty AB, Harrison EM, Green CA et al. Features of 16,749 hospitalised UK patients with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol.
<https://www.medrxiv.org/content/10.1101/2020.04.23.20076042v1>
2. COVID-19 related deaths of Health SJ
<https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>
3. COVID-19 deaths among care staff Community Care
<https://www.communitycare.co.uk/2020/05/11/covid-19-deaths-among-social-care-staff-far-outstripping-healthcare/>
4. COVID-19 guidance for NHS workforce leaders / Health, safety and wellbeing / Risk assessments for staff
<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>
5. Duty of Care Handbook
<https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue197863.pdf>
6. HSE Managing Risk
<https://www.hse.gov.uk/simple-health-safety/risk/steps-needed-to-manage-risk.htm>
7. Working Safely during the Coronavirus (COVID-19) outbreak
<https://www.hse.gov.uk/coronavirus/working-safely/index.htm>
8. NHS People – also available to all care staff <https://people.nhs.uk/>



Appendix 1

Undertaking a risk assessment for staff at increased risk of COVID-19

Risk to staff and the workplace

The process of managing risk for vulnerable staff is not intended to be onerous. It is about identifying sensible measures to control the risk to staff from the potential exposure to COVID-19 in the workplace. Workplaces are likely already taking a number of steps to protect staff, but the risk assessment will help to determine whether there is more that can be done. Risk assessments should be completed by the manager or other nominated person, in conjunction with the employee and on an individual basis.

When undertaking a risk assessment, it is essential to:

- Identify the risk
- Assess the level of risk
- Take appropriate action to reduce the risk

One of the most important aspects of the risk assessment is accurately identifying any potential risks. Risk assessments should be undertaken on an individual basis, taking into account people's personal circumstances. When identifying the potential risks this should include the **workforce** environment as well as the **individuals'** personal risk. The following steps will assist with ensuring safety within the workplace for staff and service users.

Step 1: Identification of risk

1.1 Identify the risks in the home/service. Make sure you involve staff fully in the process, ask staff what concerns them, how do they think they can mitigate the risks, what do they want you as the manager to do? Walk round the care home with the staff member and identify all of the areas that pose a risk and look at how to reduce these risks.

Consider these points:

- Are control measures effective in practice?
- Have you altered the layout of the home since your last assessment?

1.2 Determine which staff and service users might be harmed and how. Make sure you have identified everyone who is at risk and ensure that you have spoken to them about the process and how the risks will be eliminated or if this is not possible, reduced to an acceptable level.

- Have any new staff or service users joined, which requires a review of the risk assessment?



| Risk | Description |
|-------------|--|
| Location | <ul style="list-style-type: none">• What setting does the individual work in?• Do they work in a care home, supported living, home or community care or multiple settings?• Are they undertaking home visits?• Do they undertake any other roles?• How do they travel to work, and do they travel in order to undertake their duties?• Is the individual working across multiple locations? |
| Role | <ul style="list-style-type: none">• Is their role primarily direct service user care?• Do they have some form of service user contact – e.g. reception?• Do they have no contact with service users e.g. back office/administration roles? |
| Environment | <ul style="list-style-type: none">• Does their regular working environment pose an increased risk?• Certain work environments and procedures may convey higher risk of transmission• Aerosol generating procedures (AGPs) present risk of aerosolised transmission |

Identify those with potentially increased vulnerability to adverse outcomes to COVID-19 and carry out an Individual risk assessment.

Factors to take into consideration when carrying out individual risk assessments:

Ethnicity - The evidence suggests that people from BAME backgrounds are at increased risk. Predominantly Black, Bangladeshi and Pakistani ethnicities and particularly those who are older or with other underlying health conditions.

Age - The majority of deaths involving COVID-19 have been among people aged 65 and over, with 45% of these occurring on the 85+ age group.

Sex - Data globally and from the UK shows that COVID-19 disproportionately affects men. UK data is showing approximately 60% of people admitted to hospital are male. In addition, this same data also showed that females experience a 20% lower mortality.

Underlying health conditions -

There are many health conditions that can increase the risk of COVID-19 in an individual. Extremely vulnerable people have been identified by Public Health England, contacted by their GP and advised to shield. This includes solid organ transplant recipients, people with specific cancers, people with severe respiratory conditions, people with some rare diseases, people on immunosuppression therapies and women who are pregnant with significant heart disease



Some staff will already have received a 'shielding' letter from the Government if they have any of the identified underlying health conditions. If a member of staff has received such a letter, then please discuss immediately with the staff member as they should not be working. The Government is currently advising people to shield until 06 July and is regularly monitoring this position. The latest information is available [here](#)

Others that may be at risk are:

- People who would normally be advised to have a flu vaccination such as those with: COPD, bronchitis, emphysema or asthma; heart disease, kidney disease, liver disease, stroke or TIA, diabetes, lowered immunity as a result of disease or medical treatment, neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), cerebral palsy or a learning disability, problem with spleen including sickle cell disease, or had spleen removed
- People with a BMI of 40 or above (obese)
- People from Indian, Pakistani, or Bangladeshi backgrounds may be more likely to develop coronary heart disease than white Europeans. People of black ethnicities are at higher risk of developing hypertension. Black, Indian, Pakistani and Bangladeshi ethnicities more commonly have Type 2 Diabetes than the rest of the population¹

Pregnancy - If the staff member is pregnant then you need to follow the national advice:

Where possible pregnant women are advised to avoid working in contact with confirmed or suspected COVID-19 patients.

Before 28 weeks' gestation, women are advised to discuss with their line manager and mitigate against the risks

After 28 weeks of gestation or if you have underlying medical problems then working from home or in non-patient facing roles is advised. Please discuss with your line manager and / or occupational health.

RCOG guidance for COVID-19 infection in pregnancy;

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-13-coronavirus-covid-19-infection-in-pregnancy.pdf>

Vulnerable household members -

Staff may have no underlying medical conditions themselves but are concerned about other members of their household. If any members of a household have received shielding letters this must be discussed as part of the risk assessment process.

While national evidence is still emerging to highlight the intersectional issues of Race/LGBT and COVID-19, there are a number of factors that exist which may result in people from



LGBT communities being more at risk of infection than the general population. This includes but isn't limited to LGBT communities being disproportionality impacted by HIV, having a higher prevalence of smoking and being less likely to access health services through fear of LGBT phobia.

Step 2: Assessment of risk

Consideration should be given to how likely it is that each risk could cause harm. Even after all precautions have been taken, some risks can still remain. Employers need to decide whether the risk remains high, medium or low. Each risk assessment should be an individual conversation that is conducted sensitively and adapted for cultural sensitivities.

The following table provides an indication of known high, medium and low risk factors:

| | |
|---|---|
| <u>Known High Risk Factors</u> | Ethnicity – Black, Bangladeshi, Pakistani ethnicities Health – More than one long-term condition (including BMI of 40 or over), pregnant women over 28 weeks and/or with underlying conditions Age – 70 and over |
| <u>Known Medium Risk Factors</u> | Ethnicity – Indian ethnicity Health – one long term condition (including BMI of 30 or over), pregnant women under 28 weeks Age – 55 – 70 years |
| <u>Known Low Risk Factors</u> | Ethnicity – White, Chinese, mixed ethnicities Health – none Age – under 55 |

***A combination of factors will determine the overall risk**

If an individual has an equal number of high and medium risk factors, it is recommended that you give more weighting to the higher risk factors.

Step 3: Mitigating actions:

Evaluate the risks and implement safety measures accordingly. This step involves considering the level of risk posed to each vulnerable person and determining what type of safety measure will eliminate the risk or lower it to an acceptable level. Involve the individual fully in the process, look at training around PPE and Infection, Prevention and Control so that they are fully up to date. Look at all of the housekeeping procedures and identify the risks and reduce these for individuals.

Once the level of risk is understood, employees and employers need to agree which mitigating actions are appropriate based on the level of risk to the individual. This could include redeployment or relocation of those seen to be at higher risk to lower risk environments. This may not always be possible, but consideration should be given to how they can manage their work safely e.g. non direct care roles and or roles that allow social distancing to be maintained

The following provides some potential mitigating actions as a starting point for consideration.



| Mitigation | Proposed Actions |
|---------------------------------|---|
| Avoid risk where possible | <u>Workforce cohorting</u> <ul style="list-style-type: none"> Care will be delivered through a range of different models including specific workplace areas for COVID-19 related care. |
| Accept risk if able | <u>Training</u> <ul style="list-style-type: none"> Ensure all team members are up to date with infection control training Ensure team members are upskilled in correct use of PPE Ensure there is sufficient supply of correct PPE |
| Limit risk if possible | <u>Use of protective equipment</u> <ul style="list-style-type: none"> Ensure all service user facing staff have access to PPE Review the grade of PPE equipment used for high risk staff Acquisition of culturally appropriate PPE <u>Opportunities for health interventions</u> <ul style="list-style-type: none"> Undertaking health checks Providing smoking cessation advice |
| Transfer risk where appropriate | <u>External support</u> <ul style="list-style-type: none"> Risk assessment may mean that staff are considered 'high risk', so may need to look at alternative ways to fulfil their role |

Step 4: Recording

Record your results. It is good practice to record the findings of the risk assessment, and proposed actions to be undertaken to reduce or eliminate the risk. Risks to staff should be included on the organisation's risk register. The document can be used as a basis for a later review of working practices etc.

The guidance for COVID-19 is regularly changing. It is therefore important to regularly review risk assessments in line with any change in guidance.

Risk assessments should be reviewed monthly as a minimum, or when there is a significant change in local or national guidance.

We all know that in a care home and other settings, records are especially crucial. You need to prove to regulators of health and safety and care services (the Health and Safety Executive and Care Quality Commission) that your organisation provides a safe working environment for your staff at all times and that you have identified those most at risk.

Your risk assessment records should show that you have:

- Carried out a sufficient and thorough check.
- Identified all the obvious risks/hazards.
- Identified who the risks might affect.
- Considered the people who are at significant risk.
- Implemented precautions to eliminate or reduce risks as much as possible.
- Involved the individual fully in the process.
- Detailed any hazards you've identified that put individuals at risk and explain what measures you've put in place to protect them.



Step 5: Review

Review your assessment regularly. The current environment is changing rapidly all the time, you must determine whether your risk assessment and the control measures you've implemented remain effective. To do this, you should regularly review your results and consider whether you need to carry out a new risk assessment. You need to review the following:

- Do you still need to make improvements anywhere?
- Have staff provided feedback? Have they reported any concerns?
- Are control measures effective in practice?
- Where possible have you altered the layout of the home or other care setting since your last assessment?
- Have any new staff or service users joined, which requires a review of the risk assessment?

Appendix 2 Risk Assessment

Colleagues in the increased risk group Covid-19

Risk Assessment and Actions

It is the line manager's responsibility to complete an assessment with staff who fall into the increased and higher risk categories as set out by Public Health England (PHE) and NHI/E. This form has been developed to support managers with this assessment but it must be completed in conjunction with the latest guidance from Public Health England. Further information on Covid-19 can be found here: [Coronavirus \(Covid-19\) guidance](#)

The Following guidance can be accessed with regards to vulnerable categories

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-21-occupational-health-advice-for-employers-and-pregnant-women.pdf>

<https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>

Main Risks – Exposure to Covid-19, impact on current health condition, mental wellbeing

Note: The impact to a ward/area is monitored via the Corporate Covid-19 risk assessment.

| General Information | | | | | |
|--|--|-------------------------------------|-------------------------------|---|-------------------------------------|
| Colleagues' Name(s): | | | Job Title: | | |
| Line manager | | | Managers' job title | | |
| Location of service / Area: | | | Working hours: | | |
| Date of Assessment: | | | Review date: | | |
| Individuals underlying health condition category / other factors: | Please tick appropriate box: | <input checked="" type="checkbox"/> | Current post involves: | Please tick appropriate box: | <input checked="" type="checkbox"/> |
| | Notified as on 12 week Shielding (very high risk group) | <input type="checkbox"/> | | Directly caring for Covid-19 individuals (tested as positive) and undertakes Aerosol generating procedures (AGPs) | <input type="checkbox"/> |
| | Vulnerable – over 70 or underlying health condition as per PHE list | <input type="checkbox"/> | | Directly caring for Covid-19 individuals (tested as positive) – not undertaking AGPs | <input type="checkbox"/> |
| | Pregnant - +/- 28 weeks | <input type="checkbox"/> | | Directly caring for individuals not tested / unknown Covid-19 status but within 2 metres of patient – within any setting | <input type="checkbox"/> |
| | BAME* - staff member or family / household members | <input type="checkbox"/> | | Directly caring for individuals not tested / unknown Covid-19 status but more than 2 metres of patient – within any setting | <input type="checkbox"/> |

| | | | | | |
|-------------------------------|--|-------------------------------------|---|--|--|
| | Concerns re impact on mental wellbeing | | | Proving a service within the care setting but not directly caring for individuals (e.g. cleaning, cooking, estates, IT) but may have contact with individuals not tested/unknown Covid-19 status | |
| | Other specific concerns e.g. caring for vulnerable relative | | | Proving a service but not directly in the care setting (e.g. training, admin) | |
| Individuals ethnicity: | <i>Please tick appropriate box:</i> | <input checked="" type="checkbox"/> | | | |
| White | English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> | Mixed / Multiple ethnic groups | White and Black Caribbean | |
| | Irish | <input type="checkbox"/> | | White and Black African | |
| | Gypsy or Irish Traveller | <input type="checkbox"/> | | White and Asian | |
| | Any other White background | <input type="checkbox"/> | | Any other Mixed / Multiple ethnic background | |
| Asian / Asian British | Indian | <input type="checkbox"/> | Black / African/ Caribbean / Black British | African | |
| | Pakistani | <input type="checkbox"/> | | Caribbean | |
| | Bangladeshi | <input type="checkbox"/> | | Any other Black / African / Caribbean background | |
| | Chinese | <input type="checkbox"/> | Other ethnic group | Arab | |
| | Any other Asian background | <input type="checkbox"/> | | Any other ethnic group | |

*** in the absence of formal guidance we are looking at increased risk amongst BME communities in particular Black and Asian (African, Caribbean, Indian, Pakistani, Bangladeshi, Filipino, Chinese, Japanese).**

| Mitigation of risk | | |
|--|------------------|---|
| Risk Factor | Current Position | Additional action to reduce risk (mitigation) |
| Are any adjustments already in place for this member of staff? | | |
| Has advice been sought from Team Prevent (where appropriate)? | | |
| Have any other risk assessments been carried out with this member of staff (e.g. stress risk assessment/pregnancy risk assessment) | | |
| Is it necessary for this member of staff to attend a place of work? | | |
| Is the role working face to face with individuals? | | |

| Mitigation of risk | | |
|---|------------------|---|
| Risk Factor | Current Position | Additional action to reduce risk (mitigation) |
| If individual facing, is this staff member still seeing individuals directly? | | |
| If not face to face – does this staff member have contact with individuals? | | |
| Is this staff member required to work in an office? | | |
| Is this staff member required to travel to carry out their role? | | |
| Other considerations: | | |

| Assessment | | |
|---|-------------------------------------|------------------------------|
| Please tick appropriate box: | <input checked="" type="checkbox"/> | Monitoring / further action: |
| Actions agreed as detailed above reduce the risks to the staff member | <input type="checkbox"/> | Date agreed to review action |
| Actions agreed as detailed above do not fully reduce the risks to the staff member/ some concerns remain. | <input type="checkbox"/> | |
| Additional notes | | |
| Please add any additional notes as appropriate / following discussion with Manager/HR Advisor: | | |
| | | |



Line managers should conduct a thorough, sensitive and comprehensive conversation with staff. They should identify any existing underlying health conditions or risk factors that increase the risk for the staff member in undertaking the role identified. The conversation should be an ongoing basis (complete review date above) and consider staff member feelings re: safety and mental health and wellbeing. Where required/ identified managers will seek occupational health and/or HR advice.

| | | | |
|---|--|---|--|
| Individual's signature | | Date signed | |
| Print Name | | | |
| Signature of Manager/Person completing risk assessment | | Job title of manager/person completing risk assessment | |
| Print Name | | Date signed | |



Appendix 3

Health and wellbeing conversations: Wellbeing coaching questions

This set of questions will help you to start the conversation about undertaking a COVID-19 risk assessment, build insight into how the staff member is feeling, and create a safe environment to raise concerns.

| | |
|--|--|
| 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 valuable?• What's on your mind about work, 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 you?• How is the current situation impacting your family?• How are you feeling about your role?• On a scale of 1-10, how happy are you? What could you/we do to move it forward by 1?• How do you think this score impacts your role currently? |
| Introducing the risk assessment | <ul style="list-style-type: none">• How manageable is work? What support can I give to make it feel more manageable?• What's the biggest concern for you? 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? What could we all do to improve 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 important that we support one another and look after our health and wellbeing.• It's understandable that you and your colleagues may feel anxious about this developing and uncertain situation.• Please remember to use 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> |



Appendix 4

Health and wellbeing conversations 1-2-1 wellbeing check-in template

During this time of uncertainty and worry, it's understandable that you and your colleagues may feel anxious, and we must do all we can to support one another and look after our own health and wellbeing.

This wellbeing check-in template will help you to share 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 1-2-1.

Name:

Date:

1. Your health and wellbeing - How are you?

You could think about:

- Your health and wellbeing – how do you feel?
- Reviewing your health and wellbeing - 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 wellbeing. Comments...

2. Your role - How is work going?

You could think about:

- Your stand-out moment, something you are proud of.
- Something that 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.

Comments...

3. Your personal development and aspirations

You could think about:

- Reflecting on your learning and development and its impact.
- Updating your personal development plan (PDP).
- Listing the opportunities you have had to learn something new.
- What support or development would help you in your role.
- What you'd like to do more of in your role.



Comments...

Draft