Team Leeds Hearts and Minds
Findings from Team Leeds Chat (TLC)-**including notes**
-workforce from ethnically diverse backgrounds-

About Team Leeds Chats (TLCs)

TLCs create a space for our health and care workforce to talk, listen, connect and share experiences of living and working during the pandemic, or working in partnership with health and care colleagues from across the system. Workforce experience is critical for shaping the future of health and care in Leeds. The learning that was shared will help to increase awareness and make Leeds an even better place to work.

Context

Covid-19 has disproportionately impacted certain groups of people. In acknowledgement of this a TLC was hosted with members of our health and care teams from **ethnically diverse backgrounds**, who were asked to share their **experiences of living and working during the pandemic**. The group comprised a majority of those working remotely throughout the pandemic and just one in a people facing front-line role.

Key findings

- The feeling in this group can be summed up as relating to loss of human contact, isolation from working at home and a sense of inhibited workplace networks and relationships.

- Covid-19 risk assessments for minority groups inadvertently caused tensions and feelings of inequitable treatment between colleagues.

- Psychological safety, resilience and belonging in some teams are affected where remote working remains in operation.

- An early debate around vaccination as a condition of deployment (VCOD) has left residual damage to some personal and professional relationships.

- Conducting a work life via MS Teams / Zoom relies upon digital confidence.

Conclusion:

There was a sense within this group that living and working during a pandemic has created, or exacerbated, a number of undesirable outcomes. Feeling isolated from friends, family, colleagues, communities and faith sectors has reduced general confidence and connectivity. This is in alignment with other TLC groups, but there is an additional plea to build more inter-personal relationships and further develop a culture of inclusion where race, ethnicity and culture is discussed more freely and with greater confidence.
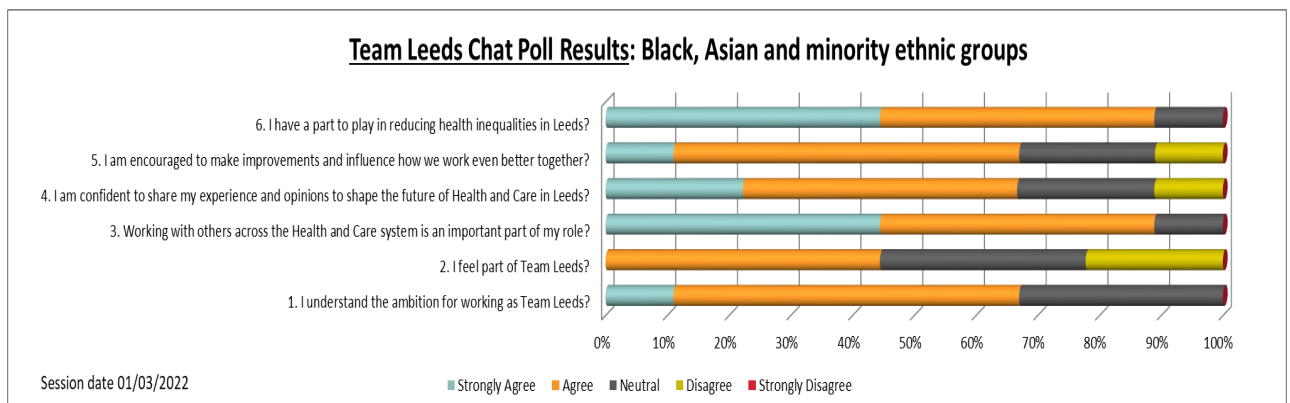
April 2022

Team Leeds poll results

TLC participants were asked to take part in a quick-fire poll, which provides an indication of the workforce' understanding of Team Leeds and our joint health and care ambitions.

Note: this is a small participant sample and is not fully representative of all workforce views.

Team Leeds Chat Poll Results: Black, Asian and minority ethnic groups

6. I have a part to play in reducing health inequalities in Leeds?
5. I am encouraged to make improvements and influence how we work even better together?
4. I am confident to share my experience and opinions to shape the future of Health and Care in Leeds?
3. Working with others across the Health and Care system is an important part of my role?
2. I feel part of Team Leeds?
1. I understand the ambition for working as Team Leeds?

Session date 01/03/2022

■ Strongly Agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree

The results from the TLC poll on this occasion indicate there are improvements to be made across all domains; perhaps *most notably for this group*:

- Creating a culture where all members of the health and care workforce feel part of and included in #TeamLeeds.

Thank-you to everybody who took part in this Team Leeds Chat: we hope this findings report provides a good summary of the key issues discussed. If you have would like to provide further feedback please email us at: leedsth-tr.heartsandmins@nhs.net.

April 2022

What did participants from ethnically diverse groups say were the challenges/ experiences of living and working during the pandemic?

- When members of our workforce from Black, Asian and minority ethnic background were expected to complete Covid-19 Risk Assessment it caused division with some other colleagues, who perceived themselves as equally at risk /afraid of contracting Covid-19, but were not requested to complete an assessment.
- Some members of our ethnically diverse workforce were inadvertently omitted from the Covid-19 Risk Assessment process and remained personally afraid of potential impact /outcomes. This resulted in feelings of inequitable treatment.
- Joining an organisation in a new job role during a pandemic has impaired connectivity between colleagues; interrupted relationship building and disrupted the settling in process. It is difficult to build relationships and forge a sense of identity/belonging in a time when you are permanently working from home and are isolated from wider networks.
- Building trust is hard at the best of times and developing confidence to speak up via an on-line virtual platform is exceptionally challenging for some people.
- Some felt empowered and confident in portraying thoughts/feedback in the workplace pre Covid-19, but this has changed during the pandemic.
- Protracted periods of lock-down, where many people experienced exceptional levels of disconnect and isolation from *family, friends, colleagues, communities and faith sectors,* coincided with other major events, including that of the death of African-American, George Floyd, in May 2020, and the ensuing Black Lives Matter campaign. This was exacerbated (for some minority / ethnically diverse groups because there was a perception /assumption that *some* colleagues avoided the subject completely in a bid to minimise opportunity for using clumsy or potentially offensive language. This lessened interaction and opportunity for *some* colleagues from ethnically diverse backgrounds to share their feelings, debate the issues or simply express concern /grief. Because people could not meet face-face it minimised opportunities for incidental conversations and access to colleagues from mixed backgrounds. One participant described setting up a whatsapp group to enable people to talk, which is reported to have helped.
- Vaccination as a condition of deployment (VCOD) caused a great deal of anxiety for some colleagues from ethnically diverse backgrounds. It was difficult to acknowledge personal beliefs and government views when colleagues or family members were having their own difficult conversations around what they themselves believed in. Some people from ethnic minority backgrounds were willing to lose their jobs as a result. Whilst the compulsory element is now retracted, damage to some relationships continues.
- The Race Equality Network provides a chance to feedback but there is not always the space to properly open up, particularly on issues relating to race and culture. One participant reported that they had never heard of this network in 20 years.

- Continuous and persistent on-line interaction and little or no face to face communication between many colleagues are resulting in damage to self-confidence.
- Conducting a work life via Zoom/ MS Teams relies upon digital confidence, and in some cases, e.g. the job interview process, can be additionally stressful when things don't go according to plan. This has potential to impact progress or indeed success.
- One participant, a **front-line worker**, described themselves as 'lucky'. Lucky to have continued to physically go to work; to interact with others and participate in 'workplace banter', to enjoy mutual support with colleagues and experience a certain degree of distraction from the significant challenges that Covid-19 brought. They also noted that '*Patients who were normally confident, such as city workers, were lonely and feeling anxious*' whilst accessing direct face-face clinical services. The working from home culture has had a negative impact on confidence and trust and made relationship building more challenging, with one participant describing it as, '***the spark and interaction has gone'.***

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