



EDI at Hamilton Health Sciences

EDI Report & Recommendations

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Deliverable ID

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Description and Notes	The EDI Report and Recommendations summarizes the overarching strategy and vision for EDI at HHS and presenting the prioritized recommendations. This also includes a list of key behavioural indicators and key performance indicators developed to measure and track progress.
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Version	Date	Nature of the changes
V1	03-07-2022	
V2	03-10-2022	Incorporated HHS Feedback
V3	03-16-2022	Incorporated final HHS Feedback



How to read this document

If you are unable to read the entire report, you could read the document **in the following way:**

- 1) Read the *executive summary* (pg. 7-13)
- 2) Read the *next steps* (pg. 50-56)



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EDI Advisory Council Chairs: Letter of Introduction

Placeholder: Introduction Letter- EDI Advisory Council Chairs

“ In order to drive inclusive cultural change; HHS needs leadership alignment, understanding, and buy-in.”

The background of the slide features a photograph of two women in a professional setting. The woman on the left is wearing a white sweater and large hoop earrings. The woman on the right is wearing a blue polka-dot shirt and a white surgical face mask. They are shaking hands. A large yellow trapezoidal shape is overlaid on the left side of the image, containing the text.

Executive Summary

In the following section we will outline high level summaries and key takeaways from the complete engagement.

Background & Context

Background

EY has been engaged by Hamilton Health Sciences (HHS) to conduct an organizational assessment to better understand the current landscape as it relates to equity, diversity and inclusion (EDI). In collaboration with the **President's EDI Advisory Council**, EY has been leading varying engagement forums to capture the thoughts, perspectives and opinions of diverse staff across HHS and Community Stakeholders. Over the past 20 weeks, EY has completed the following activities:

- ▶ **Completed 20 leaders interviews** to further understand the current state of EDI within the organization, the current EDI related challenges and to explore what success would look like in this area
- ▶ **Completed a systemic analysis** of HHS' practices and policies. Using the Global Equality Standard (GES) framework, we conducted a robust assessment of current policies and procedures examining each through an EDI tested lens
- ▶ **Collected "lived experience"** data from members of the President's EDI Advisory Council
- ▶ **Launched the HHS Workforce Survey** allowing 3731 employees to provide their opinions and perspectives regarding the current state of EDI and culture within the organization
- ▶ **Completed 6 anonymous focus groups.** Participants included **Patient Experience Advisors** and representatives from various employee demographic groups (including Indigenous employees). These sessions were utilized to gain qualitative insights and everyday examples from the **HHS employee experience.**
- ▶ **Completed 3 Community Stakeholder Interviews** to diagnose equity and inclusion challenges experienced throughout the community and identify opportunities for HHS

Objectives

- ✓ **Provide an overview of the key insights from the assessment** - summarize the key insights from the Current State Assessment of HHS
- ✓ **Detail recommendations-** explain the recommended priorities, actions and steps for achieving HHS' desired future state
- ✓ **Detail enablers** - outline the key enablers from a governance and resourcing perspective that would enable the EDI agenda at HHS

Key Activities and Deliverables



Summary of Key Themes

This slide summarizes key themes observed throughout all forums of our engagement.

HHS is a collaborative organization that strives to be patient focused

Both internal and external stakeholders agreed HHS is collaborative and strives to be patient focused. All stakeholders recognized improving patient focus requires investment in EDI, as currently HHS' policies, processes and way of working do not fully support the needs of diverse patient groups.

There are barriers to care due to the lack of cultural sensitivity

Across all engagement forums, we found evidence that the lack of standardized mandatory cultural competency and EDI training has resulted in barriers to patient care.

Leaders are aligned on the ideal future state, however, there is a desire for more commitment and accountability as it relates to EDI

Leaders were able to articulate their vision for EDI. However, they struggled to identify their role as inclusive leaders. Concerns regarding leadership's transformative competencies were observed amongst HHS internal stakeholders. In addition, the limited number of leaders who identified the lack of diversity within the leadership team unprompted needs to be better understood, as strong leadership awareness and commitment are key success factors to drive inclusive cultural change.

There is a desire for metrics and measurement to track EDI progress

There is a strong organizational recognition that EDI is important to the long-term success of HHS. While there is organizational agreement on the general direction and ideal future state, there is considerable concern that without data and trackable metrics, the desired culture transformation will not be successful. Additionally, stakeholders feel defined metrics associated to behaviours and performance indicators will drive collective ownership of EDI and help move push the organizational needle in a more inclusive direction.

Employees desire more transparency

All internal stakeholders, at both the staff and leadership level, consistently stated there is a need for additional EDI transparency. The need was especially apparent when stakeholders were asked to comment on the existing performance appraisal and monitoring, career progression, recruitment and onboarding policies and procedures.

Consensus across all employees that there is limited inclusion

Across all engagement forums, lack of inclusion was an apparent and consistent trend. Members of HHS workforce reported feeling included when interacting with their direct team. However, limitations were identified at every level beyond peer interactions. Concerns regarding lack of psychological safety, culturally inappropriate or insensitive remarks being made by staff and managers, exclusionary behaviors at the manager and leadership level and accessibility were commonly observed.



Summary of Recommendations (1/2)

The slide summarizes recommendations resulting from the observed themes based on the Current State Assessment.

Based on the observed themes and direction from the EDI Advisory Council members, 13 recommendations were developed, inclusive of recommendations provided by the EDI Advisory Council Working Group. The below recommendations were designed to improve both existing behavioural and systemic impediments to cultures of belonging and safe, equitable, diverse and inclusive environments.

Key Themes	Recommendations*
 <p>HHS is a collaborative organization that strives to be patient focused</p>	<p>Systemic Recommendation #1: Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence:</p> <ul style="list-style-type: none"> • Embed diversity within HHS' Corporate values statement, demonstrating diversity is foundational to HHS • Develop an anti discrimination and anti-racism policy • Develop a zero tolerance to racism policy
 <p>There are barriers to care due to the lack of cultural sensitivity</p>	<p>Systemic Recommendation #2: Design, develop and implement a robust data collection process to understand patient experiences as they relate to EDI</p> <ul style="list-style-type: none"> • Develop forums allowing patients to provide feedback on Quality Improvement Plan metrics along with specific questions related to EDI and health equity • Formal inclusion of EDI within Patient Experience- incorporating EDI into health quality/ equity measures (i.e. 90 day readmission rate, ED wait times, ED LOS, admission rate, average LOS, acuity/ expirations) <p>Systemic Recommendation #3: Establish strategic collaboration with local Indigenous groups including MIRI (McMaster Indigenous Research Institute)</p> <p>Systemic Recommendation #4: Design and implement patient centric resources that demonstrate inclusion (i.e. multi language and trans inclusive intake/medical consent forms, obvious directions to multifaith rooms or healing lodges, clear descriptions of support services available)</p> <p>Behavioural Recommendation #1: Implement a suite of mandatory training resources for all employees (Foundational EDI, cultural competencies, culturally safe and trauma informed care)</p>
 <p>Leaders are aligned on the ideal future state, however, there is a desire for more commitment and accountability as it relates to EDI</p>	<p>Systemic Recommendation #5: Develop a leadership EDI competency framework through education and performance evaluation (middle management to ELT)</p> <ul style="list-style-type: none"> • Identify/ appoint 'EDI Champions' at the leadership level and 'EDI influencers' at the middle management level. These self appointed members of varying leadership teams will lead "walking the walk" acting as change enablers, modeling inclusive leadership behaviours • Formally include EDI accountability within leader success metrics (performance appraisals, talent management, scorecards) <p>Behavioural Recommendation #2: Equip leaders with inclusive leadership skills (empathy, mind clarity and culturally connected competency training) using behavioural sprints (middle management to ELT)</p>

Summary of Recommendations (2/2)

The slide summarizes recommendations resulting from the observed themes based on the Current State Assessment.

Based on the observed themes and direction from the EDI Advisory Council members, 13 recommendations were developed, inclusive of recommendations provided by the EDI Advisory Council Working Group. The below recommendations were designed to improve both existing behavioural and systemic impediments to cultures of belonging and safe, equitable, diverse and inclusive environments.

Key Themes	Recommendations*
 <p>Consensus across all employees that there is limited inclusion</p>	<p>Systemic Recommendation #6: Clearly define what inclusion looks like within HHS and how inclusion will drive HHS' people, patient and operational strategies through a business value report, aligning and creating consistency around the "why" of EDI and impact of investment</p> <p>Systemic Recommendation #7: Develop resources and formats to support diverse employee groups</p> <ul style="list-style-type: none"> • Develop Employee Resource Groups • Provide formal and informal mentorship, research funding opportunities and development pathways for historically excluded group members • Provide anonymous feedback forums allowing staff to identify and express concerns related to EDI
 <p>Employees desire more transparency</p>	<p>Systemic Recommendation #8: Standardize hiring and selection processes to include transparency and an EDI lens</p> <ul style="list-style-type: none"> • As HHS works to centralize organizational talent attraction processes, utilize HBRP's to manage the recruitment function • Refine internal promotion requirements to include completion of EDI related resources • Diverse hiring practices (Indigenous, BIPOC female leaders etc.,) <p>Systemic Recommendation #9: Develop and implement a formal EDI issue resolution process</p> <p>Behavioural Recommendation #3: Revise corporate communication strategy and the way in which HHS communicate key decisions (level of disclosure, governance)</p> <ul style="list-style-type: none"> • Develop and deploy commitment, affirmation statements and Thought Leadership outlining HHS' and leaders commitment to transformative change building a more diverse, equitable and inclusive HHS for staff and patients • The semi regular communication cadence reinforces the importance of and commitment to EDI across the HHS workforce (annual report, blog posts, townhalls etc.)
 <p>There is a desire for metrics and measurement to track EDI progress</p>	<p>Systemic Recommendation #10: Develop and utilize an EDI Tracker (collect, track and measure demographic data, attrition data, exit interview EDI related themes, metrics for talent attraction, procurement, communications and patient experiences)</p>

EDI Advisory Council Recommendation Alignment & Prioritization

On February 9th, members of HHS' EDI Advisory Council Working Group met to discuss and provide a consolidated list of their EDI related recommendations.

On February 16th, EY presented a consolidated list of recommendations to the EDI Advisory Council Working Group along with data points and justifications. The Working Group members were then asked to assess and prioritize each recommendations and determine which were essential to improving the current EDI landscape. The below table (on the right) details the outcomes of this exercise. In addition to the six prioritized recommendations, EY included 3 foundational recommendations that will lay the groundwork for impactful change and enable HHS to track and measure investments.

EY Foundational EDI Recommendations

- 1** Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence
- 2** Implement a suite of mandatory training resources for all employees
- 3** Develop and Utilize an EDI Tracker



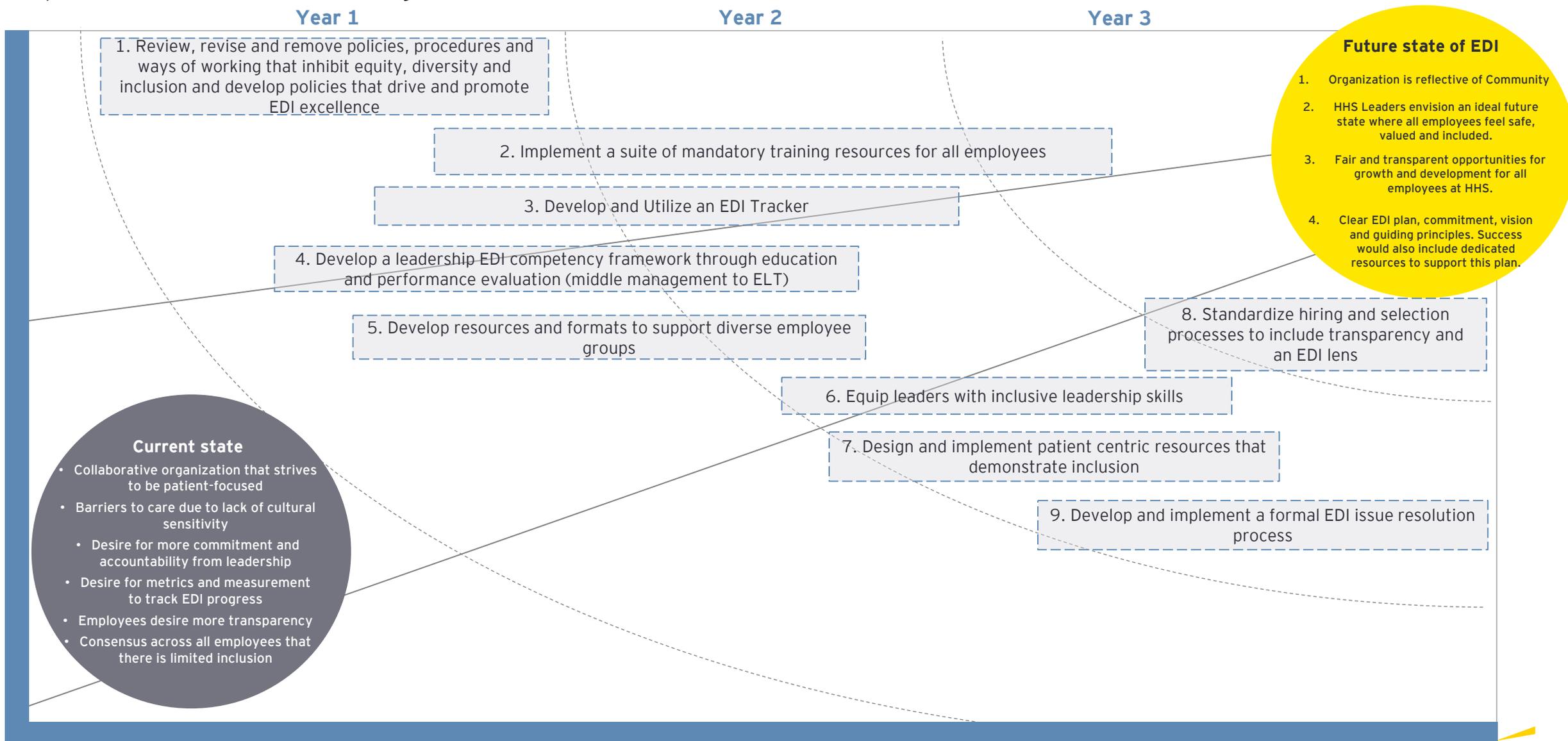
EDI Advisory Council Working Group Recommendation Rating:

- 4** Develop a leadership EDI competency framework through education and performance evaluation (middle management to ELT)
- 5** Develop resources and formats to support diverse employee groups
- 6** Equip leaders with inclusive leadership skills
- 7** Design and implement patient centric resources that demonstrate inclusion
- 8** Standardize hiring and selection processes to include transparency and an EDI lens
- 9** Develop and implement a formal EDI issue resolution process

- Additional information on the complete list of recommendations and activities completed to create the prioritized list can be found in [Appendix I](#).

Implementation Roadmap

The roadmap presents a time-based set of recommended initiatives and behaviours to execute as HHS strives to become a more equitable, diverse and inclusive organization.



Our Approach

In the following section we will review the engagement approach and key assessment forums used to build this report.



Methodology

The scope of work.

Hamilton Health Sciences partnered with EY to co-develop an **EDI Report & Recommendations** designed to address the existing EDI challenges experienced across the hospital network by staff and patients. Using EY's Global Equality Standard (GES) and the Culture Fitness Diagnostic (CFD), we were able to assess the current state of EDI within HHS and develop systemic and behavioural recommendations, that once implemented will help to build a safer, more equitable and inclusive workforce culture. These prioritized recommendations are detailed within this report along with best practices and implementation considerations.

STAGE 1: INITIATION & DATA COLLECTION

- Collected data and documentation to be assessed using the GES
- Coordinated the launch of the HHS Workforce Survey
- Scheduled leader interviews (Executive Committee, Leaders from various sectors, and Functional Leaders)
- Scheduled community stakeholder interviews with the Hamilton Anti-Racism Resource Centre, De dwa da dehs nye>s and the Hamilton Trans Health Coalition
- Planned focus group sessions with key stakeholders

STAGE 2: DIAGNOSTIC & ASSESSMENT

- Collected data and analyzed over 50+ policies and procedures related to EDI
- Conducted Leader Interviews with over 20+ Leaders
- Launched the HHS Workforce Survey. Allowing over 3731 employees to provide their unique opinions and perspectives on the current cultural health and behaviours in relation to EDI
- Conducted 6 focus group sessions and developed an asynchronous focus group option
- Assessed HHS' policies and processes against EY's Global Equality Standard criteria to generate an organizational score and next steps to advance diversity, equity and inclusion
- Conducted regular touchpoints with the EDI Advisory Council to ensure alignment and consistent dialogue

STAGE 3: FINAL REPORT & PRESENTATION

- Worked with the EDI Advisory Council and Working Group members to co-design tactical recommendations tailored for HHS. These recommendations are designed to improve the current organizational health, address existing EDI related issues and embed inclusion into HHS' operational standards and forward-looking strategy
- Presented the final recommendations to the EDI Advisory Council for endorsement
- Drafted the final report outlining all findings and associated recommendations



50+
pieces of supporting
documentation reviewed



100+
Employees participated in
interviews and focus groups

3731
HHS Workforce
survey respondents

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- ▶ **Completed 20 leaders interviews** to further understand the current state of EDI within the organization, the current EDI related challenges and to explore what success would look like in this area
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Key Activities and Deliverables



High-Level Approach

Below outlines the input and analysis taken to create this report.

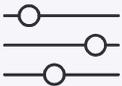
HHS' EDI data was collected from multiple sources:

EDI Survey Data	Cultural Health Index of Motivation, Positivity and Behaviour risk	EDI Culture Likert scale on 12 EDI measures	Leadership capabilities Leadership capabilities most needed
	Behaviours Traits to KEEP, STOP and START	Motivators Motivators for HHS' people	Operating Environment Aspects of work that support values
	Priority Areas Priority areas to shift the culture	Behaviour Risks Most prevalent and impactful negative traits	
Additional Data Sources	Systemic Analysis Assess HHS' practices and policies against 7 standards and 35 EDI competencies to ensure equity for all unique groups.	Leadership Interviews Meet with HHS' senior leaders to understand perspectives of current culture, EDI status, barriers and success factors.	Employee Focus Groups Conducted 6 focus groups with HHS employees to further deep dive into information gathered throughout analysis.
	Conducted 3 Community Stakeholder Interviews. These interviews were targeted at understanding the experiences of diverse patients		

Results were analyzed along 10 demographics:

Benchmark Results are compared to EY's global benchmarking database		
Tenure	Generation	Department
Gender Identity	Sexual Orientation	Group Membership
Ethnicity	Disability Status	Indigenous Identification
Religion		

The EDI Report & Recommendations is divided into 4 sections:

Our Approach  An review of the work done to date, how we did it, and what is next	Key Insights  A summary of findings from each evaluation method conducted throughout the engagement. Including a summary of consistent themes observed
Recommendations  A detailed breakdown of each prioritized recommendation, including key considerations, implementation steps and best practices	Next Steps, Strategic Planning & Enablers  A tangible roadmap of activities and steps to be taken to advance the EDI agenda within HHS, including timelines and key activities

Summary of Key Insights

The following section details key themes and findings from each engagement evaluation method.

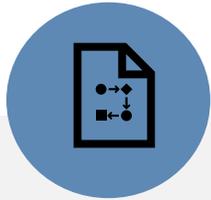


Data Collection Strategy

EY leveraged five data analysis methods to build engagement and collect information on HHS's current state for this report.

The findings from the various data gathering sources are detailed in the following slides.

Stakeholder Feedback



Systemic Analysis

Description: Analysis and insights from HHS data collected (e.g. organizational policies and procedures) using EY's GES framework, HR data trends and documentation review.

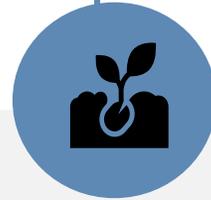
Purpose: The findings and recommendations will provide a robust foundation for HHS's EDI Recommendations



HHS Workforce Survey

Description: Using EY's EDI Workforce Survey, prepared and delivered a culture and EDI assessment for the entire HHS organization.

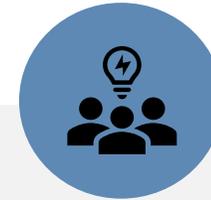
Purpose: To understand employee sentiment across the organization and for unique groups.



Community / Patient Experience

Description: Conducted 3 Community Stakeholder Interviews and conducted 1 anonymous focus group with Patient Experience Advisors

Purpose: to diagnose equity and inclusion challenges experienced throughout the community and patients and identify opportunities for HHS



Focus Groups & Lived Experience

Description: Conducted 6 live-virtual focus groups (30-60 minute). Offered self-guided focus group option to all HHS employees

Purpose: To understand misalignments or gaps in the current state data and to enhance engagement.



Leader Interviews

Description: Conducted 20 leadership interviews with HHS's key stakeholders as determined by HHS.

Purpose: To understand the current state and needs for EDI at HHS, leveraging the interviews to understand desired future state.

Understanding current state

Reinforcing Findings & Exploring Gaps

Understanding Current & Desired Future State

Systemic Analysis: Summary of Results

EY leveraged their Global Equality Standard to measure Hamilton Health Sciences (HHS) practices and policies against 35 global EDI standards.

● Not met	● Partially met	● Met
HHS presented no documentary or qualitative evidence to demonstrate compliance with this competency.	<p>HHS presented partial evidence but there are some significant gaps. The gaps could include (but not exclusively limited to):</p> <ul style="list-style-type: none"> • Areas where the quality of the evidence is weak, inconsistent or incomplete. • Areas which have only just begun to be addressed and are subject to significant further development. • Areas where interviews were unable to substantiate documentary evidence presented. 	<p>HHS presented a variety of good quality evidence that demonstrates that HHS is fully compliant with this competency. The evidence presented is consistent throughout and embedded in the culture of the organization.</p>

Each of the 35 competencies has been graded 'Met', 'Partially met' or 'Not met' below:

Core EDI components	Your talent	Your business	Your people	Your leadership	Your relationships	Review and measurement
● Culture	● Talent attraction	● Strategy	● Feedback mechanism	● Commitment & accountability	● External relationships & CSR	● Pay gap
● Policies & practices	● Recruitment & onboarding	● Bias	● Mental health & well-being	● Visibility & messaging	● Supplier relationships	● Data analysis
● Engagement survey	● Appraisal & performance monitoring	● Business case	● Flexible working	● Inclusive leadership	● Customer / Community insight	● Action planning & implementation
● Targeted training	● Career progression	● Governance	● Adjustments & accessibility	● Senior level scrutiny	● Industry insight & regulations	● Review
● Communications	● Learning & development	● Setting priorities	● Caring responsibilities	● Middle management	● Human rights & modern slavery	● Measuring impact

Systemic Analysis: Global Equality Standard Assessment - Maturity Scale

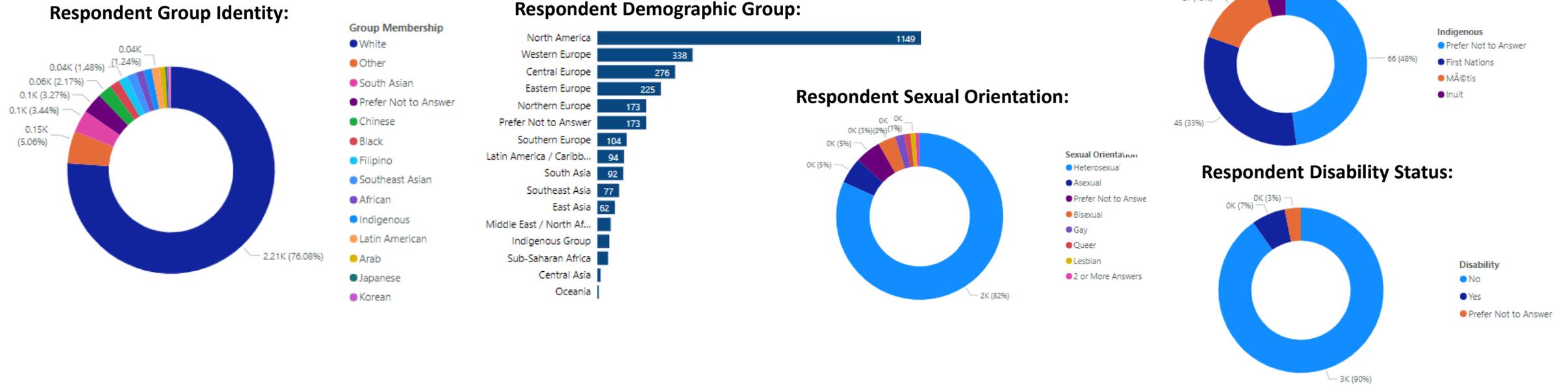
This assessment identifies the organization's current standing within the broader maturity spectrum and the stages that an organization will need to travel through in order to achieve and sustain a truly inclusive culture.

	Level 1	Level 2	Level 3	Level 4	Level 5
	We are compliant	We are all the same	We encourage everyone to be themselves	EDI is part of everything we do	EDI is who we are, not what we do
What issues is HHS tackling?	<p>People can be judgemental about cultural differences</p> <p>Our workforce is disillusioned</p> <p>We don't have the right EDI data</p>	<p>We have a one size fits all approach</p> <p>We struggle to identify the gaps and set targets</p> <p>We don't know how to start the conversation</p> <p>We don't have leadership commitment</p>	<p>We know where the barriers to progression are</p> <p>We tend to focus on traditional interventions that don't tackle the barriers systemically</p> <p>We have a strategy but it isn't followed through</p>	<p>We're very focused on EDI but it is not yet a part of our everyday culture</p> <p>We have clear accountability, but not everyone contributes</p> <p>Struggle to manage this against other strategic priorities</p>	<p>We can articulate how EDI improves the experiences of our staff and patients, we recognize we are on a journey and are committed to EDI</p> <p>We want to use our progress to influence others and change the world</p>
What is your business doing?	<ul style="list-style-type: none"> > Focus policy only on regulatory requirements 	<ul style="list-style-type: none"> > Collect limited diversity data (gender, age and ethnicity) but don't proactively analyse 	<ul style="list-style-type: none"> > Strategy in place with leadership commitment, but limited follow through > Interventions in place but not always targeted or prioritised > Bias awareness > Limited metrics & tracking > Networks and groups drive change 	<ul style="list-style-type: none"> > Leadership are accountable > Can demonstrate progress against objectives > Collect diversity data that shapes the approach > Business case for diversity is part of strategic and operational activities 	<ul style="list-style-type: none"> > Cultural evolution is core to business strategy > Progress and evolution is evaluated and lessons learned are fed back into every part of the business > All employees are empowered to influence positive change > Dedicated budget and clear ROI
What is the impact?	<ul style="list-style-type: none"> > High attrition, can lead to absenteeism > Employees are cynical and mistrustful of leadership 	<ul style="list-style-type: none"> > 'Don't ask, don't tell' culture stifles team spirit and creativity > Employees disengaged 	<ul style="list-style-type: none"> > Positive impact on productivity > Employees feel valued and teams perform well 	<ul style="list-style-type: none"> > Better engagement scores > Senior management is more diverse > Employees seek mentors and take responsibility for career development 	<ul style="list-style-type: none"> > Higher employee engagement > Employees are passionate brand ambassadors > Every patient or staff feels welcomed in HHS and able to receive the best care > HHS is a strong and inclusive community anchor
Where are you now and where do you want to get to?					

HHS Workforce Survey* - Demographic Breakdown

Below outlines the demographic participation of those HHS employees who responded to the survey.

The demographic inputs used to generate the analysis:



With the demographic information obtained from HHS Workforce Survey, EY performed an analysis by dissecting the data based on demographic groups to:

- Validate if results from differing demographic groups were aligned with majority of respondents;
- Identify and investigate outliers in the data, if any; and,
- Ensure representation of data across all demographic groups.

Objective: To obtain a holistic view of the current EDI state at HHS

Result: At a high level, the findings were *consistent* and *reinforced* our initial findings from the Leader Interviews. However, EY identified variance in the behaviour risks and negative traits that HHS should stop. This demonstrates that underrepresented groups/ visible minority groups who are different than the majority have stronger negative feelings around their sense of inclusion and belonging.

* The HHS Workforce survey was conducted by EY to obtain workforce sentiment and demographic data

HHS Workforce Survey - Summary of Results

Below outlines total results* of the survey that was collected from November 25th, 2021 to December 31st, 2021.

Overall participation - 27.63%

3731 employee responses

76% of respondents identify as 'White'.

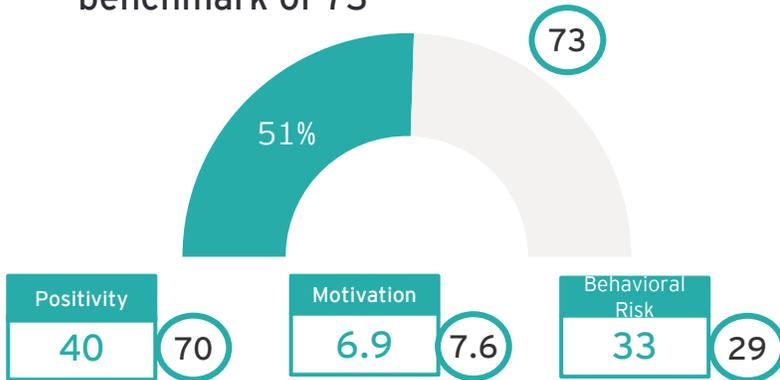
Top departments

① Adult Acute Healthcare: 503

② Nursing: 380

③ Allied Health Professional: 304

A 'Moderate' culture health score of 51 out of 100 compared to industry benchmark of 73



Top positive traits

- ✓ Challenging
- ✓ Collaborative
- ✓ Process-oriented

Top negative traits

- ✗ Overworked
- ✗ Undervalue people
- ✗ Hierarchical

Behavioural risks: Overworked, Undervalue people, Unrealistic expectations, Disrespectful

Traits to Keep, Start and Stop

Keep Traits	Start Traits	Stop Traits
<ol style="list-style-type: none"> 1. Inclusive 2. Collaborative 3. Innovative 	<ol style="list-style-type: none"> 1. Transparent 2. Empowering 3. Well-organized 	<ol style="list-style-type: none"> 1. Overworked 2. Undervalue people 3. Unrealistic expectations

Most Supportive Behaviours

- ✓ Teaming and collaboration
- ✓ Talent development
- ✓ Digital tools and technology

Least Supportive Behaviours

- ✗ Risk appetite
- ✗ Physical workspace
- ✗ Leader effectiveness

Desirable Leadership Traits

- ▶ Truly understand the perspective of others
- ▶ Be fully present and lead with an open mind
- ▶ Think of the big picture and make fully informed decisions

Top Motivators

- ▶ Enjoyment in my job
- ▶ Balance between work and personal responsibilities
- ▶ Consistency to keep doing the work I am doing

Top Focus Areas

- ▶ Work life balance and personal wellness
- ▶ Leader effectiveness
- ▶ Teaming and collaboration

Key EDI Insights

32% agree their unique perspective is valued at HHS

53% believe they are treated fairly at HHS

36% agree that HHS provides fair and equitable opportunities to all employees

50% feel a sense of belonging within HHS

44% agree that senior leaders value equity, diversity and inclusion

63% agree that the teams they work with are diverse

62% agree that their direct manager creates an inclusive environment

68% agree that HHS provides communications and information in accessible formats

* Please note: This slide summarizes the high level insights from the total respondent population at HHS, of which, 76% identify as 'White'.

Stakeholder Feedback- Summary of Results

High level summary of stakeholder feedback

LEADERSHIP INTERVIEWS

1

HHS is a resilient, patient focused organization

2

There is a perceivable disconnect amongst leadership regarding the current state, additionally there is widespread skepticism that transformative EDI change can be achieved

3

There is generic understanding of an inclusive and equitable working environment. However, leaders desire greater clarity on tactical expectations and their role in building the future state

4

There is a desire for defined EDI metrics and accountability

5

There is agreement and acknowledgement that EDI needs to have a formal home within HHS

6

There is desire for greater transparency in HHS' hiring, promotion policies and procedures to improve representation

COMMUNITY STAKEHOLDER INTERVIEWS

1

Equity deserving community members report inconsistent experiences when accessing health care services

2

Diverse community members feel the need to alter their appearance prior to arrival at HHS to avoid profiling

3

A desired need for strategically designed safe spaces and inclusive procedures

4

A desired need for trauma informed care training for all HHS staff

5

Shared sentiment that HHS staff could benefit from additional cultural competency training

6

A shared desire for HHS to improve representation of diverse staff to better reflect the communities served

7

Needed forums to easily provide patient focused feedback

INTERNAL FOCUS GROUPS

1

Internal staff agreed they feel included when interacting with their peers, in team huddles problem solving or providing exemplary patient care

2

A desire for increased transparency and communication regarding leadership decisions

3

Desire for a clear selection processes with defined credentials when hiring candidates

4

Desired need for greater work/ life balance

5

Desire for additional organizational and leadership EDI training

6

Desire for additional feedback forums

7

Desire for enhanced diversity across HHS and especially within the leadership team

Stakeholder Feedback- Summary of Results

Summary of stakeholder feedback from each stakeholder group

CONSOLIDATED THEMES

HHS Leadership

1. **Patient Focused.** HHS is a resilient and patient focused organization. Leaders sense that this focus on patients has, at times, come at the cost of staff well-being.
2. **EDI Understanding.** Leaders generally understand the premise of EDI, however they feel **greater clarity and defined tactics** are needed to clearly outline their role as inclusive leaders and enablers of change.
3. **Strong future state vision.** There is a general consensus amongst leaders that in order to achieve this vision and maintain momentum, EDI needs a formal home within HHS with dedicated resources.

Community Stakeholders

1. **Inconsistent Patient Experiences.** Community stakeholders with diverse backgrounds are often met with **inconsistent patient experiences** while receiving care at HHS.
2. **Perceived Need for Additional HHS Staff Training.** To improve consistency of patient experiences, community stakeholders believe HHS staff would benefit from job specific **cultural competency** and **EDI** training.
3. **Desired Commitment to EDI and Improve Patient Experiences Through A Structural Assessment.** Community stakeholders expressed a general desire for HHS to systematically review policies and procedures using a 'lens of inclusion and reconciliation' and remove/ redesign historically discriminatory, exclusionary or problematic policies, procedures and informal ways of working.

President's EDI Advisory Council

1. **Perceived lack of EDI Understanding.** The President's EDI Advisory Council attributes much of the current state to a **lack of foundational EDI understanding** at the organizational level. Council members perceive HHS leadership as lacking the training and lived experiences to support the identification and removal of inequitable and exclusionary policies, processes and behaviours.
2. **Desire for Improved Inclusion and Representation.** To support the future state, Council members believe HHS would benefit from **investments in diversity**. This includes more diverse voices at the decision making table and hiring, promotion and pipeline development strategies to ensure HHS' workforce is reflective of the diverse talent found within Hamilton.
3. **Perceived Need for EDI Investments.** Council members believe HHS should make a strong commitment to EDI including **mandatory training**, a defined process to address EDI related concerns, anonymous feedback forums and development of EDI metrics that can be measured and tracked.

Patient Experience

1. **Positive Patient Experience.** Advisors believe HHS is **patient focused**, many understand while their experiences with HHS have been predominantly positive, this is not consistent amongst their BIPOC community members.
2. **Perceived Need for HHS Action to Create More Inclusive Environments.** Advisors believe HHS staff would **benefit from cultural competency and EDI specific training**, additionally they suggested improved representation of BIPOC community members within HHS' workforce will help to build trust and create safer spaces.
3. **Perceived Need for Improved Accessibility.** Advisors commonly identified **accessibility as a barrier to care** and a needed investment area to improve patient inclusion.
4. **Perceived Need for Improved Patient Feedback Forums.** Advisors suggested HHS would benefit from easily accessible feedback forums

Stakeholder Feedback- Overlapping themes

Below outlines consistent themes expressed from all Stakeholders

Need for Improved Consistency in Patient Experiences

Both internal and external staff identified consistency in service/ experience as a considerable organizational challenge. Internal stakeholders often noted employee experience is highly influenced by level of privilege.

Similarly, external stakeholders identified lack of consistency in service/ patient experience as a major barrier to care for diverse patients. While there are examples of care providers going above and beyond, there is a similar frequency of negative patient experiences.

Need for Improved Inclusive Consultation

Stakeholders recognize to improve trust both internally and within the community, HHS must utilize inclusive consultation. Including the opinions and perspectives of diverse stakeholders ensures HHS' intent and impact align.

Internal stakeholders identified lack of diversity at the leadership level and/or EDI training as an operational risk to the sustainability of EDI transformation. They recommend consistent consultation with the Advisory Council to navigate this process, or additions of diverse representatives at the leadership table.



Need for Improved and More Transparent Talent Attraction and Retention Policies

All stakeholders outlined the need for greater diversity within HHS' workforce. All internal stakeholders confirmed HHS would benefit from additional transparency and equity within the talent attraction and promotion processes.

There was general consensus amongst internal stakeholders that the hiring and promotion of diverse staff, at all levels, can be a powerful lever in changing the current environment, creating safe zones and improving patient care.



Need for Mandatory Training

All stakeholder groups identified a need for cultural competency and health equity training for HHS staff. External stakeholders specified this training should be mandatory for emergency department triage nurses.

Internal stakeholders noted training should be mandatory, and included in onboarding orientation for new hires. Additionally, stakeholders suggested standard training is not adequate. HHS should invest in job specific EDI/ cultural competency training.



Need for Improved EDI Feedback Mechanisms

All stakeholders desire improved feedback mechanisms, including an anonymous option. All stakeholders reporting finding EDI resources challenging and many were unaware of existing avenues to provide feedback. Internal stakeholders noted the exposure of filing a complaint through email or with a manager directly, can be off-putting for many HHS staff members.



Need for Defined Processes to Address EDI Related Issues

Internal stakeholders identified a significant need for a defined issues resolution process. This process would ensure EDI related complaints are documented, tracked and interventions occur in a timely manner, with a focus on education and resolution.



Additional Accountability with Distinct Roles and Responsibilities

Internal stakeholders noted that given the near constant organizational changes and budgetary pressures, EDI related issues are often seen as 'swept under the rug.'

Additionally, internal stakeholders desire increased accountability at both the staff and leadership level. Especially in instances when behaviours do not align with the organizational Code of Conduct or contribute to a culture of belonging.



Need for Defined EDI Metrics and Ownership

All internal stakeholders believe EDI should be owned by a dedicated team. This team should develop organizational standards, development plans and metrics, including leadership specific metrics.

They feel the development of a dedicated team would help to define EDI standards, drive collective ownership and build behaviours that foster inclusion.

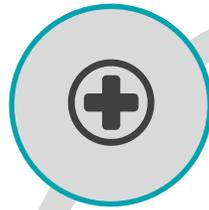


Summary of Key Themes

The document summarizes key themes observed throughout all forums of our engagement.

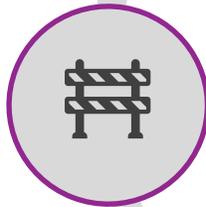
HHS is a collaborative organization that strives to be patient focused

Both internal and external stakeholders agreed HHS is collaborative and strives to be patient focused. All stakeholders recognized improving patient focus requires investment in EDI, as currently HHS' policies, processes and way of working do not fully support the needs of diverse patient groups.



There are barriers to care due to the lack of cultural sensitivity

Across all engagement forums, we found evidence that the lack of standardized mandatory cultural competency and EDI training has resulted in barriers to patient care.



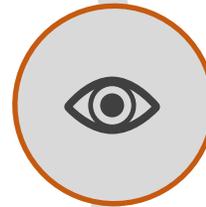
There is a desire for metrics and measurement to track EDI progress

There is a strong organizational recognition that EDI is important to the long-term success of HHS. While there is organizational agreement on the general direction and ideal future state, there is considerable concern that without data and trackable metrics, the desired culture transformation will not be successful. Additionally, stakeholders feel defined metrics associated to behaviours and performance indicators will drive collective ownership of EDI and help move push the organizational needle in a more inclusive direction.



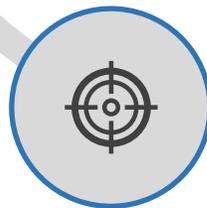
Employees desire more transparency

All internal stakeholders, at both the staff and leadership level, consistently stated there is a need for additional EDI transparency. The need was especially apparent when stakeholders were asked to comment on the existing performance appraisal and monitoring, career progression, recruitment and onboarding policies and procedures.



Leaders are aligned on the ideal future state, however, there is a desire for more commitment and accountability as it relates to EDI

Leaders were able to articulate their vision for EDI. However, they struggled to identify their role as inclusive leaders. Concerns regarding leadership's transformative competencies were observed amongst HHS internal stakeholders. In addition, the limited number of leaders who identified the lack of diversity within the leadership team unprompted needs to be better understood, as strong leadership awareness and commitment are key success factors to drive inclusive cultural change.



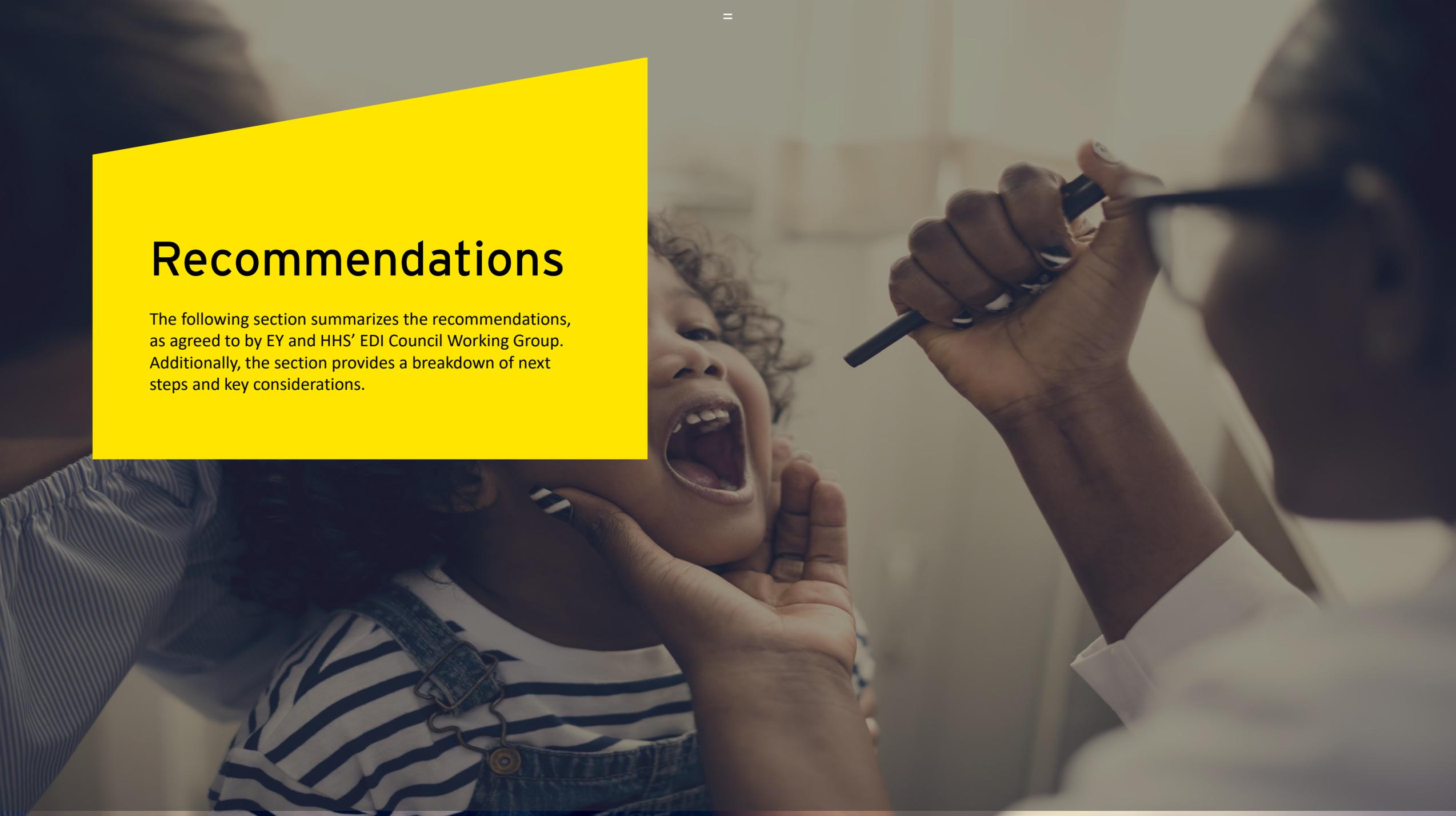
Consensus across all employees that there is limited inclusion

Across all engagement forums, lack of inclusion was an apparent and consistent trend. Members of HHS workforce reported feeling included when interacting with their direct team. However, limitations were identified at every level beyond peer interactions. Concerns regarding lack of psychological safety, culturally inappropriate or insensitive remarks being made by staff and managers, exclusionary behaviors at the manager and leadership level and accessibility were commonly observed.



Recommendations

The following section summarizes the recommendations, as agreed to by EY and HHS' EDI Council Working Group. Additionally, the section provides a breakdown of next steps and key considerations.





Foundational Recommendations

The following recommendations detail foundational suggestions provided by EY that, if executed, will set the foundation and provide a 'north star' for future EDI success.

Foundational Recommendation #1 – Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence

Overview and steps required for implementation.

Objective: To ensure EDI is set up for success, HHS needs operational policies that point to acceptable standards of behaviour, inclusive teaming and leadership. The creation of policies specific to anti-racism and anti-discrimination will clearly outline the organizational stance and response to inappropriate actions and/ or behaviour. While the inclusion of EDI within the Code of Conduct and Values provides a clear and concise organizational 'north star,' ensuring standards of inclusion, equity and diversity are thoroughly outlined, easily referenced, and detail behavioural standards that actively contribute to cultures of belonging .

Objective: Embed equity, diversity and inclusion within all relevant operational policies, Code of Conduct and Value statements.

Policies & Statements to be created:

- Anti-racism policy and position statement
- Zero tolerance of racism policy and position statement
- Trans Affirming Care position statement
- Truth & Reconciliation Calls to Action Policy/ statement
- Anti-discrimination policy
- Mental Health policy
- Observance of religious holidays/ days of cultural importance policy

Key Considerations:

- HHS' organizational policies should be reviewed on a bi-annual basis and when needed revised, to ensure operational policies and procedures stay current and align with best practices and health trends
- Provide feedback forums allowing employees to comment on existing policies or current gaps
- Formally include the review of policies and procedures within the portfolio of HR

Policies to be revised:

- Revise the Equal employment/ Employment Equity policy to further define "creative and equitable approaches to recruit the best qualified individuals." The policy should outline inclusive and antibias standards in place to ensure equity within the recruitment processes and partnerships/ initiatives in place to improve recruitment of diverse candidates
 - As an additional measure to demonstrate HHS' commitment to EDI and improve organizational transparency, HHS should consider creating an addendum to this policy demonstrating ongoing work to meet the Truth and Reconciliation Commissions Calls to Action, including details related to targeted initiatives led by HHS to ensure Indigenous people have access to job opportunities
- Revise the Job Description policy removing strict requirements in favour of appropriate combination of requirements/ credentials
 - As an additional measure, job positions should be revised to include verbiage that encourage diverse applicants to apply
- Revise HHS' Values and Code of Conduct to include standards related to inclusion and anti-discrimination. Clearly define the 'S' component of RESPECT to detail behaviours and accountabilities of leaders and staff in the creation of inclusive cultures
- Revise the Pay, Wage and Salary Policy to include gender pay equity standards
- Revise the Procurement strategy to include diverse supplier standards, and accessible procurement standards
- Consider amending the Work Accommodation Protocol moving cost of accommodations from 'department of origin' to a centralized budget, creating a safer and more streamlined accommodation request processes
- Consider revising the Recognition and Appreciation framework to include supporting documents for managers/ leaders outlining how and when to acknowledge and show appreciation in real time or through defined forums

Foundational Recommendation #1 - Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence

Summary of considerations.

	Key Considerations		Implementation Details	
Best Practices	<p>EDI Policy & Procedure Review Working Team</p> <p>This working team is led by Human Resources but includes Subject Advisors(SA) from varying professional and personal backgrounds. The SA's provide differing consideration points and lived experiences ensuring future policies demonstrate inclusive design and consultation</p>	<p>Open Communication</p> <p>This initiative is communicated across the organization as a foundational step to begin creating a more inclusive and equitable HHS. Employees are provided an overview of the EDI Policy & Procedure Review Working Team composition, project scope and timelines. This approach is strategically structured to ensure diverse voices/ perspectives have been included and reflected in HHS next phase policies and processes</p>	<p>Invitation of Feedback & Consultation</p> <p>Employees should be provided an opportunity to provide feedback and suggestions on need policy revisions/ additions and ways of working. Additionally, the project team should provide a consultation windows inviting employees to provide feedback.</p>	<p> High priority</p> <p> Medium – High impact</p> <p> Easy-Moderate effort & difficulty</p>
Key Stakeholders	<ul style="list-style-type: none"> ▶ Human Resource- Lead ▶ Senior Lead and Strategic Advisor, (EDI)- Consult and Champion ▶ HR Partner- Consult and Champion ▶ EDI Policy & Procedure Review Working Team- Consult and Champion 	<ul style="list-style-type: none"> ▶ Communications Team – Consult, Champion ▶ Human Resource Business Partners (HRBP) - Champion 	<p>Metrics to Track</p> <p></p> <ul style="list-style-type: none"> ▶ % of employees aware of standards outlined in the Code of Conduct and HHS Values statement ▶ # of policies created, revised or amended ▶ Execution against communications plan ▶ Response to employee feedback ▶ Application / consistency of policies 	
Impacts	<p>Key Systemic Impacts:</p> <ul style="list-style-type: none"> Commitment to EDI Policies and Procedures Visibility and Messaging Communications 	<p>Key Behavioural Impacts:</p> <p>The creation and revision of policies to be more equitable and inclusive is a needed step in building trust amongst HHS' workforce. Additionally, the broad range of policies being reviewed will generate interest and project buy-in that can later be leveraged for change activation</p> <p>By outlining standards of behaviours, that have been cohesively developed to address experiences of diverse employee groups, HHS is able to building behaviours and actions that support a more inclusive and equitable work environment.</p>	<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Develop a communications plan and timeline in collaboration with the communications team ▶ Begin crafting objectives on the review i.e. remove outdated language, ensure concepts are reflective of the current landscape, outline standards of behaviors that support our long-term culture and EDI objectives ▶ Emphasize the benefits to employees ▶ Engage EDI champion and influencers to cascade information to their teams <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Bi-annual review of policies ▶ Quarterly connects regarding changing best practices and needed additions/revisions 	
Truth & Reconciliation	<ul style="list-style-type: none"> • As a formal step of recognition of the Truth and Reconciliation Commissions Calls to Action, HHS should consider releasing a position paper, created in consultation with Communications team, Indigenous employees and allies, addressing organization activity and targeted investments to address calls to action specific to Health, Research and Business • Consult with Talent Attraction Specialists and Indigenous Specialists to define pathways and partnerships that can be utilized to improve representation of Indigenous employees within HHS 			
Roadmap of Activities	<p>● ————— Year 1 ————— ●● ————— Year 2 ————— ●● ————— Year 3 ————— ●●</p> <p>1.1 Review existing policies and ways of working</p> <p>1.2 Create new policies</p> <p>1.3 Review policies on bi-annual basis</p>			

Foundational Recommendation #2 – Implement a suite of mandatory training resources for all employees

Overview and steps required for implementation.

Objective: To help develop a level of collective EDI understanding across HHS, provide mandatory training. Using a blend of eLearning and classroom solutions, provide staff with foundational and situational training intended to help develop competencies related to cultural sensitivity/awareness, belonging, allyship and their role in creating a safer and more inclusive HHS.

Step 2.1

Identify Resource Development

Objective / Purpose: Identify foundational EDI skills and desired competencies needed across HHS' workforce to exhibit a baseline understanding of EDI.

Key Activities:

Introduction to EDI:

- EDI defined
- Intersectionality
- Inclusive and accessible language/ teaming
- Conflict resolution, allyship & bystander intervention

Cultural Awareness:

- Cultural sensitivity
- Indigenous culture sensitivity/ Indigenous sciences/ ways of knowing/ healing practices/ Birth, Near-death and death practices
- Cross cultural awareness/ competencies (Culturally safe patient care practices)

Trauma Informed Care:

- Culturally safe care
- Open-mindedness and compassion
- Healing orientation/ treatment triggers

Anti-Racism/Anti-Oppression:

- Anti-racism (vs. non-racist), health equity
- Privilege & race fluency
- Systemic Racism/ systemic health barriers
- Oppression, micro-aggression, power dynamics

Key Considerations:

HHS should identify which modules / e-learning is necessary based on competency frameworks for each role and level. HHS may choose to develop learning targeted to specific job levels or functions. All learning should be designed to facilitate authentic conversation and be supported by story telling sessions to help connect lived experiences to learning objectives.

Step 2.2

Build a Learning Plan

Objectives / Purpose: Begin to develop a learning plan and calendar. Outlining mandatory/ suggested learnings needed to meet the desired level of collective understanding.

Key Activities:

- 1 Develop a learning schedule including timelines and objectives
- 2 Communicate the schedule to all HHS staff
- 3 Create an anonymous feedback forum and invite staff to provide their comments and suggestions
- 4 Utilize HR&I or third party specialists to develop story boards, including 'key moment' training and situationally relevant / job specific educational content using a blend of delivery methods
- 5 Build eLearning modules/ delivery forums
- 6 Begin integrating training into workforce planning considerations

Key Considerations: To ensure general usability, cultural acuity and ongoing success of learning resources, the following considerations should be met:

- Accessibility of training (all modules or learning resources meets WCAG 2.1 Level AA standards)
- Involvement of diverse, intersectional professionals in content development
- Include mandatory EDI training within HHS' onboarding suite
- Develop an annual learning week, providing dedicated development time and behavioural refreshers

Step 2.3

Develop an Implementation Plan

Objectives / Purpose: Develop rollout and measurement plans to ensure smooth integration (e.g. development plans and goal setting).

Key Activities:

- Create a stakeholder engagement plan (i.e. who needs to be consulted, engaged, informed, partnered with, etc., how and when)
- Evaluate the learning ecosystem and the relevant interactions (i.e. integrations with performance management and appraisals)
- Identify and confirm rollout options (i.e. pilot, org-wide rollout, by level, by function, etc.)
- Create a communications plan to ensure awareness of the training, requirements, timelines, etc. This plan should clearly detail organizational expectations and how the provided learning will enable changes in mindsets and behaviours
- Determine how feedback will be collected and modules measured; measure knowledge before and after
- Execute on the plan, monitoring throughout rollout and providing support as needed

Key Considerations:

- Ensure all training resources can be accessed from virtual locations
- Determine and plan for additional operational cost associated to staff completing learning
- Engage the learning team early to understand typical protocol and integration requirements
- Determine contingency plans (e.g., if pilot doesn't go as planned)
- Build excitement

Foundational Recommendation #2 – Implement a suite of mandatory training resources for all employees

Summary of considerations.

	Key Considerations			Implementation Details
Best Practices	<p>Ongoing EDI Learning & Development</p> <p>Provide staff a forum to continue discussing EDI. Facilitate story telling sessions or provide bite size EDI related learning at a consistent cadence, helping to continue the development of competencies. Provide a forum for staff to anonymously ask questions or request additional support</p>	<p>Targeted Courses to Support Different Roles</p> <p>Recognizing there are varying roles across HHS, develop targeted training modules/ materials that can support staff in building competencies specific to their roles. i.e. Trans affirming care practices, culturally safe diagnostic imaging, trauma informed care etc.,</p>	<p>Proactive reviews of demographic shifts</p> <p>Proactively review shifting community demographic data, issues arising across the health care sector and people trends. When needed, create or revise learning materials to ensure resources are current and reflective of staff needs</p>	<p> High priority</p> <p> High impact</p> <p> Moderate - high effort & difficulty</p>
Key Stakeholders	<ul style="list-style-type: none"> Senior Lead and Strategic Advisor, (EDI) – Lead Director- Organizational Development/Interprofessional Development - Champion Learning & Development Team – Consult and Champion 			<ul style="list-style-type: none"> EDI Advisory Council – Consult VP, HR– Champion Communications Team – Consult, Champion
Impacts	<p>Key Systemic Impacts:</p> <p>Targeted Training</p> <p>Learning & Development</p> <p>Bias</p> <p>Commitment & Accountability</p>	<p>Key Behavioural Impacts:</p> <p>Establishing a baseline level understanding of EDI will result in additional openness, awareness and empathy, improving the experiences of both patients and staff. Ongoing education creates an environment of psychological safety that invites respectful dialogue and overall improved levels of inclusiveness.</p>		<p>Metrics to Track</p> <ul style="list-style-type: none"> Completion rate of mandatory training Completion rate of suggested learning Feedback collected from a learning survey or quiz (comparison of knowledge before vs knowledge after completion) EDI related investigations/ grievances
Truth & Reconciliation	<ul style="list-style-type: none"> In response to the Truth and Reconciliation Commissions Calls to Action #22, ensure the mandatory cultural competency/ sensitivity training includes a module specific to Indigenous culture. Additionally, job specific training provided to frontline staff should include modules specific to Indigenous health issues, sciences, ways of knowing and healing practices. Bite size learning/ resource materials provided to frontline staff may include information on possible support offered through the role of Indigenous Patient Navigators, maps of smudging lodges, patient questions that demonstrate a partnership/ understanding of Indigenous ways of knowing 			<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> Develop targeted messaging to ensure awareness of the program, setting expectations regarding the mandatory nature and seriousness of the learning Emphasize objectives of the learning Invite staff to provide feedback/ suggestions Ensure staff understand training is mandatory and tie program completion to performance appraisals and expectations Engage EDI champion, influencers and people leaders to reinforce learnings through application and discussion <p>Ongoing:</p> <ul style="list-style-type: none"> Review the EDI program regularly and update with new best practices, addressing problem areas at HHS as needed
Roadmap of Activities				

Foundational Recommendation #3 – Develop and utilize an EDI Tracker

Overview and steps required for implementation.

Objective: What gets measured, gets done. To ensure tangible progress on identified priority areas, HHS needs to conduct a baseline assessment, determine measures of success and define year over year improvement targets. Defined parameters should be reflected within an EDI Tracker and used to track and evaluate organizational progress. Additional information on EDI Tracker can be found within the [Appendix J](#).

Step 3.1

Identify EDI Indicators to Track

Objective / Purpose: Define current state EDI performance levels and organizational goals for the next 3 years.

Key Activities: Identify priority EDI initiatives that should be tracked:

- Greater numbers and mix of diverse talent throughout HHS i.e. how many job postings have been revised to include a mix of qualifications, how many diverse applications applied/ were hired
- Greater number of community partnerships supporting the identification and development of a diverse talent pipeline
- Improved leadership diversity balance and mix i.e. how many diverse applicants were promoted to manager or above positions
- Improved response rates to EDI related questions within the My Voice Engagement survey
- Improved staff retention and promotion rates across HHS and specifically of diverse employees
- Consistent application of EDI within CQI and health equity initiatives
- Completion of EDI training
- Middle Manager to ELT performance metrics
- Improved diversity requirements of suppliers/ procurement processes

Key Considerations:

Consider selecting a small subset of indicators to begin tracking and conduct data validation exercises. Every 4-6 months include additional measures within the EDI Tracker, slowly building towards one tool tracking all organizational EDI investments and their operational impact

Step 3.2

Identify Current State and Growth Targets

Objectives / Purpose: Identify for each investment area the measures of success and year over year growth to be achieved.

Key Activities: Define annual growth needed for each investment area to meet the 3 year target

1. Identify the parameters of success for each indicator
2. Define how success is measured, including the identification of success indicators and goals for both 1 year from now and 3 years from now
 - i.e. What is the current composition of the workforce? What demographic groups are underrepresented based on the makeup of the communities served? Annually, what rate of talent acquisition is needed to close this gap?
 - Tracker data should also include retention rate of diverse talent to ensure consistent progress
 - Based on the mandatory training implementation plan, what number of employees must have completed training each month to meet our educational goal?
3. Identify what data exists to support the measurement of these indicators
4. Identify organizational investments that have been deployed in support of each metric

Key Considerations:

Consider the most effective way to collect demographic data of current employees and how that information will be used and stored. Review census data of community to confirm the demographic breakdown to help identify desired targets for HHS

Step 3.3

Develop an Implementation Plan

Objectives / Purpose: Ensure leaders are aware of the EDI Tracker and metrics included.

Key Activities:

- Begin building the tracker based on identified indicators, including 1 year targets and overall vision of success
- Create a stakeholder engagement plan (i.e. who needs to be consulted, engaged, informed, partnered with, etc., how and when)
- Evaluate the current data landscape and identify if new data sets or indicators are required
- Identify who owns each data set and discuss needed changes/ revisions and timelines
- Begin actioning data requests needed to build the tracker
- Create a detailed change management and communications plan to ensure awareness of the indicators, requirements, timelines, etc.
- Begin compiling data into the tracker

Key Considerations:

Consider developing a phased tracker that follows the 3-5 year investment strategy. As work commences on new streams of the EDI agenda, it is added to the tracker. Ensure conversations regarding data retention, measurements and management are consistently discussed throughout project planning

Foundational Recommendation #3 – Develop and utilize an EDI Tracker

Summary of considerations.

	Key Considerations		Implementation Details
Best Practices	<p>Develop a Data Retention Strategy</p> <p>Led by the Senior Lead and Strategic Advisor (EDI) upon identifying data metrics to be measured within the EDI Tracker, a data retention and collection strategy is needed to begin populating the tool. Review the existing HRIS system to identify captured data, gaps and needed retention processes.</p>	<p>ELT Direction</p> <p>Ensure ELT is aware of the value of the EDI Tracker and understands possible changes in data reporting that impact their teams/ways of working. To promote the EDI Tracker and ensure appropriate data is being provided and included within measurements, ELT must cascade across the organization the importance of the data being collected and outline standards.</p>	<p> High priority</p> <p> Medium – High impact</p> <p> Easy-Moderate effort & difficulty</p>
Key Stakeholders	<ul style="list-style-type: none"> ▶ Executive Committee – Consult and Champion ▶ Senior Lead and Strategic Advisor, (EDI) – Lead ▶ Human Resources– Consult ▶ Data Operation Team – Consult, Champion 	<ul style="list-style-type: none"> ▶ Communications Team – Consult, Champion 	<p>Metrics to Track</p> <p> ▶ Performance of identified metrics</p> <p>▶ # of initiatives being added to the tracker</p> <p>▶ Action against plans and organizational goals</p> <p>▶ Demographics of HHS employees in comparison to community demographics</p>
Impacts	<p>Key Systemic Impacts:</p> <p>Data Analysis</p> <p>Measuring Impact</p> <p>Senior Level Scrutiny</p>	<p>Key Behavioural Impacts:</p> <p>Developing and utilizing an EDI Tracker builds accountability and will help maintain organizational momentum and monitor year over year progress. Additionally, concise data indicators provide an opportunity to evaluate investment impacts, and when needed, course correct or further investigate underperforming areas.</p>	<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ In addition to general communications related to the overall EDI strategy, begin socializing the EDI Tracker amongst leadership and within teams/divisions responsible for data creation, retention or extraction ▶ Emphasize the benefits of EDI and the power of data to drive progress ▶ Engage EDI Champions to answer data and accountability related questions <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Tracker to be updated annually with additional priority areas
Truth & Reconciliation	<p>Develop specialized metrics to specifically measure the number of Indigenous applicants compared to the number of those hired. Develop metrics to track retention and promotion of Indigenous staff. Develop metrics to track the success of community partnerships in identifying and acquiring Indigenous talent. Integration of these metrics along with targeted initiatives to help retain Indigenous staff will help HHS address the Truth and Reconciliation Commissions Calls to Action #23 re. increasing the number of Indigenous staff working within the health-care field.</p>		
Roadmap of Activities	<p>● ————— Year 1 ————— ●● ————— Year 2 ————— ●● ————— Year 3 ————— ●</p> <p>3.1 Identify EDI indicators to track</p> <p>3.2 Identify current state and growth targets</p> <p>3.3 Develop an implementation plan</p>		

EDI Advisory Council: Prioritized Recommendations

The following section details recommendations prioritized by the HHS EDI Council Working Groups, including key activities and considerations, impacted stakeholders and implementation suggestions



Recommendation #4 – Develop a leadership competency framework (middle management to ELT) (1/2)

Overview and steps required for implementation.

Objective: In order for leaders demonstrate their commitment to EDI, HHS must support and equip them with an inclusive leadership framework. In addition to training, this framework should help leaders align EDI to their broader operational strategies, feel equipped to speak to the organizational direction and their role as inclusive leaders and change enablers.

Step 4.1 Engage Leaders in Action Planning and Metric Development

Objective / Purpose: For leaders to have a thorough understanding of their role in creating a more inclusive and equitable HHS, they should be actively engaged in the development of competency building, inclusive leader frameworks and metric/measurement identification.

Key Activities:

1. Socialize and discuss current state results with leaders to build understanding and awareness
2. Conduct a leadership workshop, creating buy in on the importance of EDI and alignment with strategic priorities.
3. Outline EDI related additions to the HHS policies i.e., Values and Code of Conduct. Detail the behaviours that create inclusive leaders and cultures of belonging, align on a behavioural statement, leadership standards and team expectations
4. Engage and support leaders in the development of actions plans for their respective teams/divisions, visions of success and the identification of metrics indicating progress
5. Engage leaders in strategic planning exercises, identifying additional support needed to effectively understand and communicate the coming cultural change and importance of EDI
6. Identify EDI Champions at the ELT level to model inclusive leader behaviours and coach their peers

Key Considerations:

To ensure leaders are provided adequate time to absorb the current state and begin drafting their strategic plan, consider offering these sessions in a series. Given the lack of diversity amongst the leadership team, ensure diverse facilitators are available to generate conversation/ alternative points of view

Step 4.2 Support Leaders Through Annual EDI Objective Planning

Objectives / Purpose: Supported by the Senior Lead and Strategic Advisor (EDI), Leaders will utilize the predetermined behavioural statements, team expectations, evaluation metrics and additions to HHS' policies to create an action plan for their team that fosters inclusion and equity, while helping to build transparency.

Key Activities:

Leaders should develop an action plan for their team, portfolio or program division that addresses the follow key components:

1. As a leader, how am I enabling EDI transformation within the team and broadly across HHS?
2. How will I ensure opportunities (e.g. vacant positions or development) on my team are filled/allocated in an transparent and equitable manner?
3. How will I engaged in open and transparent conversation regard EDI and the upcoming culture transformation?
4. How am I supporting the development of EDI competencies across the team?
5. As a leader, how will I reinforce and reward behaviours that support inclusion and belonging? ([Appendix J - Behavioural Nudging Platform](#))
6. What are the EDI goals for my team?
7. How are we measuring EDI success?

Key Considerations:

HR and EDI Lead should be responsible for supporting leaders throughout planning. Consider creating a toolkit to support leaders with key messaging, examples, definitions, and instruction. Consider deploying an Equitable Leader Assessment to support this work- additional details in [Appendix J](#).

Step 4.3 Invite Employees to Consult on the Action Plan

Objectives / Purpose: Clearly communicate the team/ division EDI plan, including how this plan supports HHS' broader EDI change strategy. Provide an opportunity for employees to provide direct feedback or direction.

Key Activities:

- Leaders to share the current state findings from the organizational EDI assessment
- Leaders to detail HHS' EDI strategy and key investment areas
- Leaders to share the team/divisional plans with team members and seek feedback on opportunities where inclusion can be more present in their day-to-day interactions / key moments
- Leaders to revise plans based on team feedback and share the finalized plan with the Senior Lead and Strategic Advisor (EDI)
- Based on defined metrics, include EDI with leadership performance metrics and team scorecards

Key Considerations:

To promote psychological safety and open dialogue, consider developing forums that allow staff to provide anonymous feedback. Alternatively, feedback could be provided to the EDI team for consolidation and anonymization prior to being provided to the leader. Additionally, 360 feedback forums should be used to support this process and identify when initiatives are working well or require revisions.

Recommendation #4 – Develop a leadership competency framework (middle management to ELT) (2/2)

Summary of considerations.

	Key Considerations			Implementation Details	
Best Practices	<p>Provide Ongoing Support</p> <p>Recognizing some leaders may require additional guidance and support throughout this transformation, identify peer EDI Champions that are able to provide ongoing support. Additionally consider drop in hours with the Senior Lead and Strategic Advisor (EDI) as an opportunity for leaders to receive ongoing coaching</p>	<p>EDI Decision Making Framework</p> <p>As an outcome of the Leadership Workshop, equip leaders with tools and cheat sheets they can use to evaluate strategic and daily decisions from an EDI lens. Leaders should commonly ask these questions within team settings, embedding EDI within organizational day-to-day conversation/ consideration</p>	<p>EDI in Research & Innovation</p> <p>Ensure the EDI competency and considerations framework is applied to research and innovation, ensuring system-wide health initiatives encapsulate and reflect the needs of diverse patient and employee groups</p>	 High priority	 Medium – High impact
Key Stakeholders	<ul style="list-style-type: none"> ▶ Executive Leadership Team– Consult and Champion ▶ Senior Lead and Strategic Advisor, (EDI) – Lead ▶ HR Partner – Consult & Champion ▶ Communications Team – Consult, Champion 			 Moderate effort & difficulty	
Impacts	<p>Key Systemic Impacts:</p> <p>Inclusive Leadership Communications Commitment & Accountability Senior Level Scrutiny</p>	<p>Key Behavioural Impacts:</p> <p>The development of a leadership competency frameworks allows leaders to understand the importance of EDI from all dimensions, from organizational to staff level. By providing this content, leaders are aligned on the importance of EDI and their role as inclusive leaders/ change enablers, including defined accountability metrics. Lastly, the framework allows leaders the opportunity to build their own competencies, allowing them to personally understand the challenges their team may experience, as they prepare for change.</p>		<p>Metrics to Track</p> <ul style="list-style-type: none"> ▶ % of employees aware of EDI initiatives and priorities in engagement survey responses ▶ % of perceived leadership commitment through engagement survey ▶ 360 feedback, tracked annually ▶ Performance against ELA findings/ priority improvement areas 	
Truth & Reconciliation	<p>The competency framework should include education on the Truth and Reconciliation Calls to Action, including key questions and consideration points that should be evaluated prior to making operational decisions i.e. whose reality is reflected and whose is not? Are there assumptions being made that may impact Indigenous people? Are there any unintended adverse consequences that may impact Indigenous people or perpetuate inequity? Is this policy/program culturally relevant to Indigenous communities?</p>				
Roadmap of Activities	<p>Year 1</p> <p>4.1 Engage leaders in action plan & metrics</p> <p>Year 2</p> <p>4.2 Support leaders through annual EDI objectives</p> <p>4.3 Invite employees to consult on action plan</p> <p>Year 3</p>				
	<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Develop the action plan in collaboration with the ELT, Senior Lead and Strategic Advisory of EDI and HR&I ▶ Begin with aligning EDI to operational imperatives and leader commitment statements ▶ Emphasize the benefits to HHS, leaders, patients and staff ▶ Arrange frequent touch points between leader and direct reports to identify level of priority and encourage dialogue ▶ Additional details on leadership change management can be found in Appendix J <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Action plans to be updated annually to identify in year priorities 				

Recommendation #5 – Develop resources and formats to support diverse employee groups (1/2)

Overview and steps required for implementation.

Objective: In addition to refining processes and organizational policies to support a more inclusive and equitable culture, offering targeted resources, initiatives and development opportunities will foster a sense of inclusion and belonging at HHS.

Step 5.1

Develop/ Improve Current Support Programs

Objective / Purpose: Execute low effort and high impact employee resource investments. These investments can be used to demonstrate initial EDI activities focused on addressing employee concerns

Key Activities:

1. Develop Employee Resource (ERG) or Affinity Groups: these voluntary membership groups allow employees with commonalities to meet, support each other and advise on outcome that can help improve culture, performance and mental well-being. These resource groups can help historically excluded groups feel connected through a common cause or interest. ERG leaders can help to identify emerging talent that might otherwise go overlooked due to unconscious bias
2. Develop formal and informal mentorship opportunities and buddy systems. These programs can result from ERG groups or be formally sponsored by HHS and include reciprocal mentorship options. Mentorship programs can increase employee retention, workplace satisfaction and foster professional growth

Key Considerations:

Consider including resource and support questions with the annual My Voice engagement survey. Consider reviewing and increasing EAP coverage limits. Outline the mentoring process in the workplace, how mentees will apply or enter the program, how long it will last, where they will meet, how HHS will track the success of the program

Step 5.2

Communicate Programs

Objective / Purpose: Increase awareness and drive participation in Employee Resource Groups (ERG) and mentorship opportunity programs. The Communications Plan helps create understanding of communication requirements, messaging, and effective communication channels.

Key Activities:

1. Finalize the ERG's and ensure that effective communications to all stakeholder is in place. The comms materials represents the formal, packaged or structured information to be disseminated by the team and consumed by employees.
2. Initiate the ERGs and Mentorship Program. Ensure the program is communicated during employee orientation. New hires should be encouraged to participate in ERGs and the Mentorship program
3. Communicate the value of ERGs and the Mentorship Program. These resources help to foster a sense of inclusion and belonging

Key Considerations:

Consider leveraging EDI champions to help drive engagement and participation in the various resource groups. Consider that most employees are already feel extremely overworked and have limited time outside of working hours to engage in these resources. Additional compensation or time allocation may want to be considered

Step 5.3

Continue to Evaluate Needed Employee Support

Objectives / Purpose: Evaluate the ongoing needs and support formats of diverse employees.

Key Activities:

1. Enhance the existing Employee Assistance Programs (EAP) to ensure sufficient diversity amongst counsellors, culturally affirming care
2. Revise Flexible Work Policies and guidelines standardizing flexible work options for non patient facing positions
 - Flexible work arrangements should also be included within accommodation options
3. Conduct ongoing internal assessments throughout the execution of this strategy to better understand the experiences of diverse staff and the systemic and behavioural barrier they continue to face.
4. Leverage the resources as a way to create two-way communication with regards to feedback on the programs and EDI at HHS

Key Considerations:

Consider that employees needs evolve and change over time. Consider the best formats to conduct a needs assessment of diverse employees, ensuring the review of processes and measurement of impact / effectiveness

Recommendation #5 – Develop resources and formats to support diverse employee groups (2/2)

Summary of considerations.

	Key Considerations			Implementation Details	
Best Practices	<p>Cultural Competency Mentoring</p> <p>Consider offering leaders the opportunity to receive cultural mentorship from members of employee resource groups. These relationships can help leaders understand work experiences from the perspective of a colleague from a different ethnic background, disability status, age group, sexual orientation or gender</p>	<p>ERG's Sponsored by an Executive Leader</p> <p>To encourage participation and allow diverse staff to share their experiences with leaders, each ERG should have an executive sponsor. This sponsor is then tasked with sharing the groups concerns/ barriers with the broader ELT team</p>	<p>Invite Ally's to Join ERG's</p> <p>ERG's are open groups and encourage participation from ally's and those interested in learning more</p>	 High priority	 Medium – High impact
Key Stakeholders	<ul style="list-style-type: none"> ▶ Executive Leadership Team– Champion ▶ HR - Lead ▶ Senior Lead and Strategic Advisor, (EDI) – Consult & Champion ▶ EDI Champions - Champion 			 Moderate effort & difficulty	
Impacts	<p>Key Systemic Impacts:</p> <p>Career Progression</p> <p>Mental health & well-being</p> <p>Learning & Development</p> <p>Feedback Mechanism</p>	<p>Key Behavioural Impacts:</p> <p>The development of employee resources and formats to support diverse employees will have a significant impact on a sense of belonging and inclusion at HHS. It will foster an environment that helps employees to feel they can be successful at HHS, be their authentic self in the workplace and creates a sense of community.</p>		<p>Metrics to Track</p> <ul style="list-style-type: none"> ▶ % of diverse employees who have a sense of belonging on engagement survey ▶ % of retention of diverse employees ▶ # of diverse employees in management / senior leadership positions 	
Truth & Reconciliation	<p>Identify Indigenous employees interested in participating in Cultural Competency Mentorship and partner them with organizational leaders and influencers. This program provides Indigenous mentors the opportunity to share their thoughts and opinions on HHS initiatives, engage in open dialogue regarding decolonization of health practices and reconciliation, and provide direction and support as leaders begin to facilitate EDI transformation. This practice helps HHS address the Truth and Reconciliation Commission Calls to Action- #20, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.</p>				
Roadmap of Activities					
				<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Identify the current needs of Employee Resource Groups (ERG) ▶ Develop ERG and informal and formal mentorship opportunities ▶ Communicate resources available to employees to key stakeholder and new hires <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Evaluate needs/ identified challenges or system barriers expressed by diverse employees. Review and revise based on needs evolving and changing and feedback from existing participants 	

Recommendation #6 – Equip leaders with inclusive leadership skills (1/3)

Overview and steps required for implementation.

Objective: In order for leaders to model inclusive behaviours and consistently demonstrate HHS’ commitment to EDI, they must clearly understand the competencies of an inclusive leader through the completion of targeted learning and development opportunities through formal and informal channels.

Step 6.1

Set Leadership Expectations and Requirements

Objective / Purpose: Clearly communicate the future state vision HHS is trying to achieve. Including a definition of EDI and the needed skills leaders should cultivate to support this vision.

Key Activities:

1. Define what EDI means to HHS; ideally, 3 years from now, what will the operational culture look like? What behaviours are consistently exhibited across leaders and staff to reinforce this ideal cultural state?
2. Further define the ideal future state behaviours exhibited at the leadership level.
 - Everyone feels heard, respected, welcomed and valued
 - Leaders have clear expectations/ accountability
 - Staff reflect the communities served
3. Utilize the ideal future state behaviours to introduce the Leadership Learning Series. Outlining the importance of leadership competencies in the creation of inclusive cultures.
4. Provide leaders an opportunity to provide comments/ feedback on the learning series

Key Considerations:

Include data from the HHS Workforce survey and past engagement survey data to further illustrate workforce sentiment towards leadership
Emphasize ‘keep’ and ‘start’ behaviours derived from the HHS Workforce survey. Ensure diverse and intersectional facilitators lead the exercise to provide differing perspectives/ experiences.

Step 6.2

Informally Support Leaders with Inclusive Leadership Skills

Objectives / Purpose: Create a series of informal training and quick reference documents that will help foster the development of inclusive leadership skills. These learning resources are intended to create a psychologically safe environment, in which leaders can learn about EDI. These resources are intended repeatedly frame inclusive leader behaviours until they become habit.

Key Activities:

1. Lunch & Learns, Guest Speakers, Anonymously ‘Ask an Expert’ sessions, HR&I Informal Drop In sessions
2. Monthly EDI newsletters that includes holidays, tips, links to podcasts, helpful articles and resources
3. Develop a Private Hub Group – where leaders can share learnings and approaches. This site should include easily referenced support resources
4. Mentorship – leaders to mentor someone with a different background, race, ethnicity, etc. Leaders to be mentored by a colleague of a different background

Key Considerations:

- Collect all resources / videos / training, etc. and upload to a central EDI SharePoint/ Hub site for easy access
- Consider having the EDI site automatically ‘favourited’ in computer browsers
- Identify additional ways to nudge behaviours (see [Appendix J](#) for practical ideas for shifting behaviour)

Step 6.3

Formally Support Leaders with Inclusive Leadership Skills

Objectives / Purpose: Create and effectively rollout a formal Leadership Learning Series, equipping leaders with the skills and competencies to act inclusively, manage diverse teams and apply an EDI lens to decision making.

Key Activities:

1. Ask leaders to identify knowledge gaps and evaluate findings against desired competencies to develop learning strategies. HHS should consider an Equitable Leadership Assessment and coaching to identify critical development areas
2. Define needed training topics, objectives, delivery methods and attendees. This training is intended to build on bias/ privilege training previously completed and topics covered within the mandatory EDI training.

Example training for leading diverse teams:

- ▶ Inclusive Leadership Behaviours- Empathy, mind clarity and culturally connected
 - ▶ Learning to Listen and listening to learn
 - ▶ Supporting employees undergoing a gender-affirming transition
 - ▶ Empowering women
 - ▶ Understanding Anti-Black Racism and How to Be An Ally
 - ▶ Accessibility awareness
 - ▶ HHS Health Equity Barriers/ Service Challenges
 - ▶ A Guide to Leading Conversations on Systemic Racism, Discrimination and Health Inequity
3. Develop evaluation methods and forums for leaders to provide feedback or request additional support

Key Considerations:

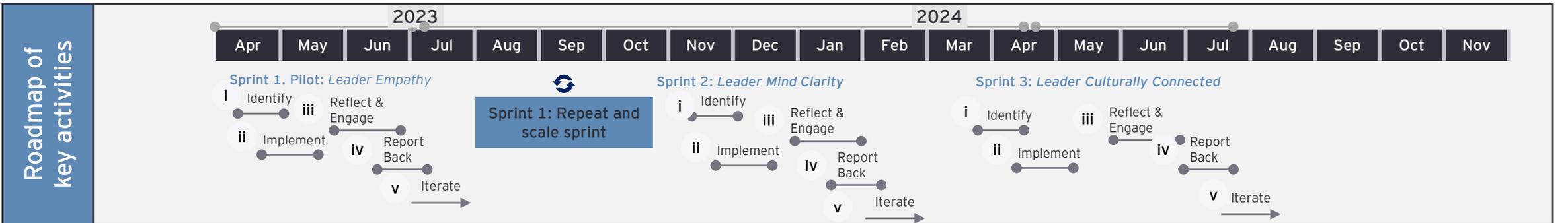
- Build on existing leadership capabilities
- Ensure new leaders complete all training requirements
- Provide allocated learning and development time/leader retreats
- Embed inclusive leadership training into existing leadership programs and coaching
- Establish training completion expectations (link to goals and eventually performance management)

Recommendation #6 - Equip leaders with inclusive leadership skills - Behavioural Sprint (2/3)

Utilize behavioural sprints to support and affirm learning calendar.

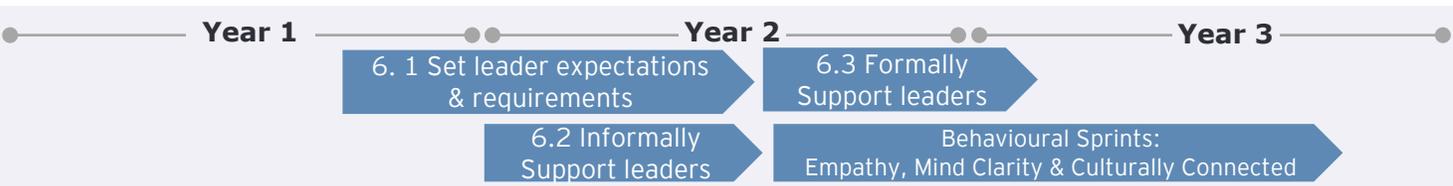
Objective: Actively seek out opportunities to involve others and regularly seek feedback on how to team more inclusively to promote innovation

Behaviour Sprint	Description / Features
<p>1. Empathy</p>	<ul style="list-style-type: none"> i. Identify: Develop behaviour sprint for how to develop more empathic leader i.e., active listener, affirming, strong communicator. See Appendix J for examples. Develop activities, create timelines and ideal outcomes. During this stage HHS will also identify a sprint sponsor who will champion the sprint, identify additional behaviour champions around the organization and establish KBIs ii. Implement: Launch sprint with core behaviour team iii. Reflect and engage: Conduct a brief weekly meeting cadence with core behaviour champion team to discuss success, challenges, and feedback iv. Report back: Connect after results of the next people survey has been conducted to discuss interim progress and feedback. Develop and share success stories v. Iterate: Conduct a session to address challenges, lessons learned, successes. Tweak approach and either repeat sprint, or focus on the next target behaviour
<p>2. Mind Clarity</p>	<ul style="list-style-type: none"> i. Identify: Develop behaviour sprint to encourage mind clarity amongst leaders. Develop activities, create timelines and ideal outcomes. During this stage HHS will also identify a sprint sponsor who will champion the sprint, identify additional behaviour champions around the organization and establish KBIs ii. Implement: Launch sprint with core behaviour team iii. Reflect and engage: Conduct a brief weekly meeting cadence with core behaviour champion team to discuss success, challenges, and feedback iv. Report back: Connect after results of the next employee survey has been published to discuss interim progress and feedback. Develop and share success stories v. Iterate: Conduct a session to address challenges, lessons learned, successes. Tweak approach and either repeat sprint, or focus on the next target behaviour
<p>3. Culturally Connected</p>	<ul style="list-style-type: none"> i. Identify: Develop behaviour sprint for how to develop culturally connected and aware leaders. Develop activities, create timelines and ideal outcomes. During this stage HHS will identify a sprint sponsor who will champion the sprint, identify additional behaviour champions around the organization and establish KBIs ii. Implement: Launch sprint with core behaviour team iii. Reflect and engage: Conduct a brief weekly meeting cadence with core behaviour champion team to discuss success, challenges, and feedback iv. Report back: Connect after results of the next people survey has been conducted to discuss interim progress and feedback. Develop and share success stories v. Iterate: Conduct a session to address challenges, lessons learned, successes. Tweak approach and either repeat sprint, or focus on the next target behaviour



Recommendation #6 – Equip leaders with inclusive leadership skills (3/3)

Summary of considerations.

	Key Considerations			Implementation Details		
Best Practices	<p>Start with Acknowledgement</p> <p>To being an individual’s journey to inclusive leadership, each leader must start by acknowledging that we are the sum of our experiences and background. This should be used to shift their mindset and recognize their biases.</p>	<p>Build on existing capabilities</p> <p>Leaders aren’t starting from ground zero. Identify strength areas and build upon them to create a more inclusive culture (for example, collaboration). Formal learning / coaching can be done to fill in any existing gaps.</p>	<p>Integrate Inclusive Skills and Behaviours Throughout Other Learning and Growth Avenues</p> <p>Inclusive leadership cannot be simply learned but must be slowly ingrained through small nudges and systemic changes, ultimately resulting in a mindset shift.</p>	 High priority	 High impact	 Moderate-high effort & difficulty
Key Stakeholders	<ul style="list-style-type: none"> ▶ ELT – Consult ▶ Human Resources/ Org Dev – Consult and Champion ▶ Senior Lead and Strategic Advisor, (EDI) –Co-Lead ▶ EDI Advisory Council - Champion 	<ul style="list-style-type: none"> ▶ Learning & Development Team – Co-Lead, Consult ▶ Middle Management – Consult ▶ HR Partner- Consult ▶ Communications Team – Consult, Champion 			<ul style="list-style-type: none"> ▶ Inclusive leadership score on My Voice or I’m in engagement/ pulse survey ▶ Leader feedback on resources/tools ▶ Leader usage on resources/tools ▶ Turnover per business unit ▶ Behavioral pulse check 	
Impacts	<p>Key Systemic Impacts:</p> <p>Targeted Training</p> <p>Inclusive Leadership</p> <p>Middle Management</p>	<p>Key Behavioural Impacts:</p> <p>Providing leaders with the necessary resources and tools will improve awareness and begin to build necessary skills to execute on inclusive leadership.</p>				
Truth & Reconciliation	<p>Consider including Indigenous specific content within the Leadership Learning Series. Learning courses could include:</p> <ul style="list-style-type: none"> • Reflecting on Cultural Bias: Indigenous Perspectives • Reconciliation: A Starting Point • Cultural Competency: Indigenous Perspectives 					
Roadmap of Activities						
	<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Partner with Learning and Development to develop relevant training, learning and resources ▶ Integrate with HR&I; ensure they are brought along from ideation to creation and implementation ▶ Communicate the responsibility of leaders to role model inclusive behaviour ▶ Link to succession & performance <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Regularly update the material to ensure relevancy and presence 					

Recommendation #7 – Design and implement patient centric resources that demonstrate inclusion (1/2)

Overview and steps required for implementation.

Objective: Recognizing HHS' reputation across community groups is fragmented, a targeted investment in inclusive patient resources will help to restore community trust and further demonstrate HHS' commitment to it's vision of 'best care for all.'

Step 7.1

Develop assets that address needs expressed by community stakeholders

Objective / Purpose: To demonstrate both HHS' commitment to EDI and exemplary patient experiences, develop patient resources that reflect community needs

Key Activities:

1. Develop and action a list of requested patient resources:
 - Trans inclusive forms (including preferred names and pronouns)
 - Intake/consent forms offered in varying languages reflective of the community
 - Clearly visible posters informing patients of available support services
 - Signage pointing to locations of medicine lodges/ multi faith rooms for ceremonies near hospital entrances
 - Assessment of general accessibility, especially availability of braille or high contrast signs and automatic doors
 - Culturally appropriate menu options
2. In addition to the suggested list, provide patients and staff that opportunity to identify systemic barriers faced by patients
3. Communicate changes to community members using social media and invite feedback/ suggestions on needed patient/family resources

Key Considerations:

Evaluate how EPIC can be used to systematically embed inclusive language within HHS' operations.

Step 7.2

Centralize and Share Existing Patient Resources

Objectives / Purpose: Create an accessible repository of existing patient resources that be leveraged and used across the organization to improve patient experiences

Key Activities:

1. Develop a Patient Experience Resource SharePoint of Hub page
2. Include an asset repository of premade resources that staff can share, save and use i.e., hospital map, patient FAQ, translation services, patient navigator programs, locations of multi faith rooms etc.
3. Enable a chat feature allowing staff to share questions, voice common patient concerns or request additional content
4. Create a spotlight feature highlighting new assets, or resources current being developed
5. Integrate this site with the broader EDI/ CQI initiatives and ensure these resources are regularly communicated through updates and outlined within EDI resource portals/postings/sites

Key Considerations:

To ensure resources within the portal are easily found and organized, page ownership is required. HHS should consider appointing the creation and management of the internal Patient Experience Resource site to a member of the patient experience team

Step 7.3

Proactively Evaluate Needed Patient Resources

Objectives/ Purpose: On a semi regular cadence review shifting community demographics and patient trends to identify needed patient resources

Key Activities:

1. Integrate EDI into patient planning exercise asking targeted questions to ensure the needs of all patients are met i.e. is this resource or practice culturally relevant to all patients? Does this resource/policy perpetuate systemic disparities faced by diverse patients?
2. Provide patients an opportunity to provide feedback related to EDI and provide suggestions on needed patient resources
3. Proactively develop, revise and adapt support services and patient resources based on community demographic changes, emerging issues and developments in best practices
 - Given the aging population of Hamilton, this team could begin look at additional patient resources needed for the elderly, including those of diverse backgrounds (i.e. large font forms/brochures, quiet consultation/exam rooms, care giver support resources etc.,)

Key Considerations:

Consider using a third party service to obtain EDI related feedback from patients, integrating suggested resources into future patient experience plans

Recommendation #7 - Design and implement patient centric resources that demonstrate inclusion (2/2)

Summary of considerations.

It is important to note, EY's engagement was specific to employee experience, however given the considerable amount of feedback, this recommendation has been included. As such, EY recommends a broad assessment related to patient experience as part of HHS' EDI journey

	Key Considerations			Implementation Details	
Best Practices	<p>Improve visibility of Ally's</p> <p>Provide and encourage staff to wear ally affirming lanyards or wristbands for issues they are passionate about i.e. LGTBQ+, BLM, #TransDayofVisibility #EveryChildMatters etc., Consider providing lanyard/wristband upon the completion of associated training</p>	<p>Development of an HHS App</p> <p>Consider the development of an organizational app or website that consolidates support services/partnerships available for demographic groups into one consolidated location. The app/website should be widely communicated and included on visible signage within patient friendly spaces. Front line staff should also receive orientation on the app and services/ resources offered by HHS.</p>	<p>Targeted and Two-Way</p> <p>Provide patients the opportunity to advise on services and resources needed by HHS. Additionally, consult community groups when developing resources to ensure intent and impact are aligned</p>	<p> High priority</p> <p> Medium – High impact</p> <p> Easy-Moderate effort & difficulty</p>	
Key Stakeholders	<ul style="list-style-type: none"> ▶ Director- Patient Experience- Lead ▶ Senior Lead and Strategic Advisor, (EDI)- Lead ▶ EDI Council – Consult and Champion ▶ Communications Team – Consult, Champion 			<p>Metrics to Track</p> <p> <ul style="list-style-type: none"> ▶ Usage of internal EDI employee experience site ▶ # of EDI related patient experience requests ▶ Patient experience metrics </p>	
Impacts	<p>Key Systemic Impacts:</p> <p>Commitment & Accountability</p> <p>Visibility and Messaging</p> <p>Communications</p>	<p>Key Behavioural Impacts:</p> <p>This investment demonstrates HHS commitment to inclusive patient care and systemically builds equity and inclusion into day-to-day operations. These initiatives serve as a reminder to staff, helping to positively shift behaviours and ways of thinking.</p>		<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Identify needs expressed by Community Stakeholders ▶ Develop assets to address needs ▶ Identify the key stakeholders to consult with and identify the EDI champions who can actively communicate the resources available <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Ongoing relationships with Community Stakeholders to have consistent dialogue on needs / resourcing 	
Truth & Reconciliation	<ul style="list-style-type: none"> • Develop Indigenous patient FAQ detailing how treatment/ interventions can be augmented to respect cultural needs • An Indigenous discharge planning tool: summarizing information on Indigenous Health Centres in Hamilton, including services and contact information, to support discharge planning 				
Roadmap of Activities	<p>● ————— Year 1 ————— ●● ————— Year 2 ————— ●● ————— Year 3 ————— ●</p> <p style="margin-left: 150px;">7.1 Develop assets that address stakeholder needs</p> <p style="margin-left: 200px;">7.2 Centralize & share existing patient resources</p> <p style="margin-left: 250px;">7.3 Proactively evaluate needed patient resources</p>				

Recommendation #8 – Standardize hiring & selection processes to include transparency and an EDI lens (1/2)

Overview and steps required for implementation.

Objective: Utilize talent attraction as an organizational lever to improve representation of diverse candidates throughout HHS. Additionally, talent attraction can be used to ensure new hires of all backgrounds exhibit an understanding and/or credentials that support cultural competencies and inclusive teaming. Lastly, standardizing the hiring/promotion process to help restore workforce trust and demonstrate additional transparency in organizational decision making

Step 8.1

Revise the Talent Attraction/Hiring Process to include EDI

Objective / Purpose: Ensure the processes and practices behind hiring, promotions and talent acquisition strategies are revised to include an equity and inclusion lens.

Key Activities:

1. Where possible, revise existing policies to ensure an EDI lens has been applied:
 - Ensure postings have been written using inclusive language
 - Assess job descriptions and ensure they include a split of necessary skills and experience, with a focus on abilities
 - When applicable, include how experience obtained outside of Canada will be evaluated
 - Include verbiage on postings encouraging diverse candidates to apply
 - Ensure postings meet accessibility standards and provide applicants accommodation options
2. Develop assessment/ evaluation standards that include EDI
 - Provide hiring managers with standard interview questions, to offset skills/clinical knowledge, including questions related to cultural competencies, inclusive teaming and health equity barriers specific to Hamilton
 - Develop an interview template including a response scoring matrix to be completed at each interview, the matrix should account for differences in communication and presentation styles

Key Considerations:

As an added measure of transparency, consider sharing personal competition assessment scores with internal candidates. Additionally, consider providing interview questions in advance, providing applicants time to prepare

Step 8.2

Revise the Talent Attraction/Hiring Process to Demonstrate Transparency

Objectives / Purpose: As HHS evaluates the benefits of centralizing the recruitment function, ensure the existing processes and practices behind hiring, promotions and talent acquisition strategies are equitable and promote transparency.

Key Activities:

1. Utilize hiring panels of at least 2 participants in addition to the hiring manager to mitigate bias or favouritism, additional participants can be volunteers/ members of the EDI Council or identified through the units Human Resource Business Partner (HRBP)
2. Provide mandatory antibias and fair employment opportunity training for all hiring managers and hiring panel volunteers
3. Create policies requiring all job opening to be communicated and posted with timelines for competitions (i.e. applicant period is 30 days, followed by 2 weeks of competitions)
4. Require hiring managers to submit a short business case to their direct leader, cc'ing the HRBP and Senior Lead and Strategic Advisor (EDI), detailing the successful applicants assessment score and panel rationale for advancement.
5. Ask new hires to complete a 60 Day Pulse Check assessment including targeted questions specific to equity, inclusion and transparency within the recruitment process. Provide summarized results to the VP of HR and the Senior Lead and Strategic Advisor (EDI) for additional assessment and action

Step 8.3

Utilize Talent Attraction to Improve Representation/ EDI Competencies across HHS

Objectives / Purpose: Utilize talent attraction as a lever to address underrepresentation and to ensure all new hires are familiar with EDI and have developed competencies that will improve workforce culture and patient experiences.

Key Activities:

1. Review workforce demographic data from the I'm In survey to identify the current mix of diversity across HHS, including identification of portfolio, programs, positions with the least amount of diversity
2. Compare organizational numbers with Hamilton's labour market to determine the scope of underrepresentation
3. Define strategies and needed processes to improve mix of diversity across HHS and specifically within underrepresented teams/ branches. This information should be provided to leaders and included within their in year action plan
 - Ensure posting are place on varying job boards, develop community partnerships and pipeline development programs, utilize third party recruiters to identify leader level candidates with experience leading EDI change
4. Included cultural sensitivity, inclusive teaming and health equity experience/ education as key hiring requirements for roles being filled externally, especially if the position is manager level or above.
5. Communicate across the organization that EDI related competencies have been included within manager and above positions, and going forward will be heavily weighted in all competitions.
6. Encourage employees to complete the Leader Learning Series or other courses focused on EDI and health equity/systemic barriers

Recommendation #8 – Standardize hiring & selection processes to include transparency and an EDI lens (2/2)

Summary of considerations.

	Key Considerations		Implementation Details
Best Practices	<p>Led from the Top</p> <p>The importance of hiring and talent attraction as a key enabler in building a more inclusive and transparent HHS, must be clearly and consistent communicated. Hiring managers must understand the upcoming change in recruitment processes and their role in build transparency. These expectations should be consistently reinforced, clearly outlined in policies and interview templates and detailed in hiring manager training sessions</p>	<p>Collect disaggregated self-identification data</p> <p>To ensure EDI investments are improving the diversity of applicants, HHS should begin collecting disaggregated self-identification data</p> <p>Additionally, internal HRIS systems should be utilized to track identification data of staff allowing HHS to better track workforce demographics</p>	<p> High priority  Medium – High impact</p> <p> Easy-Moderate effort & difficulty</p>
Key Stakeholders	<ul style="list-style-type: none"> ▶ VP, HR– Lead ▶ Communications Team – Consult, Champion ▶ Senior Lead and Strategic Advisor, (EDI) – Consult and Champion ▶ Human Resource Business Partners– Consult, Champion ▶ Organizational Development/ Talent Management – Consult, Champion 		<p>Metrics to Track</p> <ul style="list-style-type: none"> ▶ # of diverse candidates applying ▶ # of diverse candidates being hired ▶ 60 Day New Hire Pulse Check results ▶ Representation of diverse staff across HHS and specifically within identified teams/divisions ▶ Metrics related to manager favouritism/ nepotism on annual engagement survey
Impacts	<p>Key Systemic Impacts:</p> <p>Recruitment & Onboarding Strategy</p> <p>Middle Management Talent Attraction</p> <p>Career Progression</p> <p>External Relationships</p>	<p>Key Behavioural Impacts:</p> <p>Revising the talent attraction processes to include EDI and transparency further demonstrates HHS commitment to creating a workforce reflective of the community it serves. Committing action to statements, this approach signifies the importance of diversity and transparency in the hiring process and creates systemic processes that combat bias. This approach further enforces the inclusive leadership behaviours expected of managers.</p>	<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Align internal key stakeholders on the revised HR hiring processes that include EDI ▶ Create a communications plan to create more transparency around the entire employee life-cycle ▶ Identify KPIs and KBIs to track progress <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Review and seek formal and informal feedback on the revised hiring and selection process
Truth & Reconciliation	<p>In alignment with Integration the Truth and Reconciliation Commissions Calls to Action #23 re. increasing the number of Indigenous staff working within the health-care field, HHS should: Develop community partnerships with Indigenous Groups and develop mentorship programs. Additionally, vacant HHS roles should be posted within the community organizations job board (i.e. De Dwa Da Dehs Nye Aboriginal Health Centre, Hamilton ONWA, Hamilton Aboriginal Health Centre etc.). HHS should work closely with McMaster university and other educational institutions to identify and connect with students interested in opportunities within HHS and develop internship and work placement programs</p>		
Roadmap of Activities			

Recommendation #9 – Develop and implement a formal EDI issue resolution process (1/2)

Overview and steps required for implementation.

Objective: Building on the Zero Tolerance of Racism Policy and position statement, develop the EDI Issue Resolution System. This system is intended to provide an anonymous platform allowing HHS staff to submit EDI related complaints. In order to ensure HHS effectively responds to each complaint issues, a step by step issue resolution map needs to be developed and shared across the organization.

Step 9.1 Define the EDI Issue and Possible Resolution

Objective / Purpose: Craft and validate the methodology of the EDI issues resolution system. Engaging diverse perspectives and backgrounds throughout the process

Key Activities:

1. Revise the Progressive Discipline Policy to include escalations reported through the EDI Issue Resolution System
2. Clearly define complaint parameters (i.e. Inequitable process/behavior, behaviours not aligned with inclusion, bullying, harassment, discrimination, racism/ transphobia, homophobia etc.) Complaint types should point back to policies, with clear definitions of behavioural standards.
3. Develop a complaint matrix that details investigation steps and a progressive issue resolution outcome table
4. Evaluate how resolution outcomes will escalate if after the first complaint/intervention the issues persist. i.e., first complaint outcome is training, second complaint outcome is training plus mentoring/inclusive teaming counseling etc.,
5. Provide an opportunity for the EDI Advisory Council or employee groups to review the matrix and proposed resolution outcomes and provide feedback

Key Considerations:

Engage union leadership and representatives from legal to agree on complaint matrix and escalations steps. Consider intervention strategies and escalation processes for complaints of a serious nature that may pose an individual or public safety concern

Step 9.2 Begin Developing the EDI Issue Resolution System

Objectives / Purpose: Working with internal systems administrators to begin developing a platform that will support the EDI Issue Resolution System

Key Activities:

1. Develop an internal platform that can be configured to anonymously report EDI issues, facilitate two way communication, allow site users to tag or assign case numbers and extract data for usage in other reports
2. Determine and share on the site appropriate timelines for issue investigation/ resolution
3. Develop an update site for those issuing the complaint to track progress or provide questions to the investigator
4. Based on the conclusion of the investigation and severity of the complaint, the investigator will recommend a resolution outcome and proceed with next steps
5. Send a short assessment asking the complaint issuer to provide their satisfaction with the investigation outcome

Key Considerations:

Consider launching a small scale pilot of the EDI Issue Resolution System, allowing the team to obtain needed experience in issue resolution, providing recommendations and developing a repository of support resources.

Step 9.3 Launch the EDI Issues Resolution System

Objectives / Purpose: Formally Announce the creation of the EDI Resolution System, indicating the go-live date and what staff can expect

Key Activities:

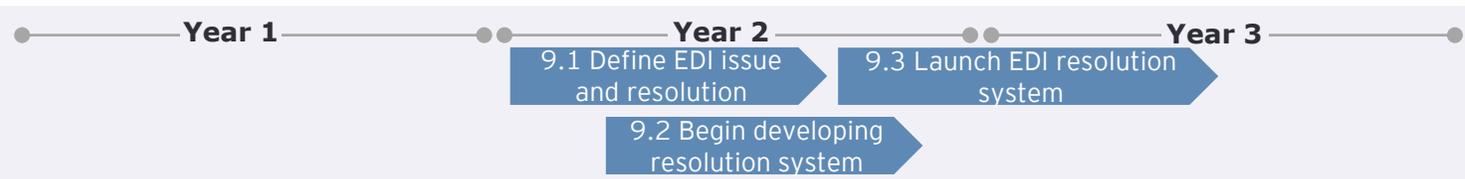
1. Create a communications plan that clearly frames the purpose and intent of the EDI Issues Resolution System
2. Share the systems methodology and complaint matrix
3. Re-circulate relevant policies that define behaviours that do not align with HHS Values or Code of Conduct i.e. anti harassment, anti-racism, anti-discrimination, zero tolerance for racism policies
4. Include direct links or resources to training materials:
 - Cultural competencies/ awareness
 - Understanding EDI
 - Inclusive teaming
5. Provide staff a point of contact should they have additional questions or concerns

Key Considerations:

For staff who do not regularly use computers or access digital assets, consider placing posters announcing the tool around HHS to ensure awareness and visibility

Recommendation #9 – Develop and implement a formal EDI issue resolution process (2/2)

Summary of considerations.

	Key Considerations			Implementation Details	
Best Practices	<p>Resolution Options</p> <p>Complainants should be provided the opportunity to request that no formal action be taken in response to their complaint. Additionally, if desired, complainant's should have the optionality to be identified and engage in mediation or reconciliatory discussions with the other party</p>	<p>Leader Framing</p> <p>Change and communications must be led from the top. Leaders should announce the system and detail the work and consideration invested in this system and its purpose as an enabler to help build a culture where everyone feels safe and welcome</p>	<p>Resolution outcome</p> <p>Upon completion of an investigation, if an intervention is suggested, there should be a mechanism in place to ensure the intervention is completed.</p>	 High priority	 Medium – High impact
Key Stakeholders	<ul style="list-style-type: none"> ▶ VP, HR– Consult and Champion ▶ Investigation specialists- Consult ▶ Senior Lead and Strategic Advisor, (EDI) – Lead 	<ul style="list-style-type: none"> ▶ General Counsel/ Legal– Consult ▶ Technology/ Information Systems – Consult ▶ Union Reps/Stewards- Consult ▶ Communications Team – Consult, Champion 		 Easy-Moderate effort & difficulty	<p>Metrics to Track</p> <ul style="list-style-type: none"> ▶ # of issues reported ▶ # of resolved issues ▶ Level of complainant satisfaction with issue resolution
Impacts	<p>Key Systemic Impacts:</p> <p>Action Planning & Implementation</p> <p>Visibility & Messaging</p>	<p>Key Behavioural Impacts:</p> <p>The creation of the EDI Issue Resolution System serves to identify and correct behaviours that do not foster an inclusive culture. Through additional training, mentorship, coaching or behavioural sprints behaviours can be developed that support HHS' long-term vision.</p>		<p>Change Management Considerations</p> <p>Roll-out:</p> <ul style="list-style-type: none"> ▶ Develop a project launch and communications plan ▶ Begin with developing awareness of EDI Issue Resolution System and understanding of its purpose ▶ Communicate this tool is part of the larger organizational strategy to create a safer and more inclusive HHS ▶ Recirculate relevant policies and training materials prior to launch <p>Ongoing:</p> <ul style="list-style-type: none"> ▶ Data should feed the EDI Tracker ▶ Regular updates on numbers and types of complaints should be shared with ELT 	
Truth & Reconciliation	<p>When Indigenous employees were asked to describe instances where they felt excluded or undervalued they commonly stated when exclusionary or offensive 'jokes' or statements are made by peers or leaders.</p> <p>The EDI Issue Resolution System can be utilized to</p>				
Roadmap of Activities					

Next Steps & Strategic Planning

In the following section we detail each recommendation milestone sequentially throughout a 3 year timeframe



Next Steps

Immediate actions upon completion of this engagement.

- Approve report recommendations
- Detail the recommendation implementation workplan- including sequencing of key activities/ detail within each key activities
 - This should be completed in consultation with the new Senior Lead and Strategic Advisor, (EDI)
- Set up a PMO for EDI
- Validate governance structure, involved teams/roles and cadence of status meetings
- Determine appropriate resourcing based on workplan (i.e. # of resources, suggestions for roles are detailed on slide 62)

3 Year Plan - Foundational EDI Recommendations

Introduce foundational EDI initiatives and create organizational buy in and support.

3 YEAR PLAN

Initiatives	YEAR 1			YEAR 2			YEAR 3		
	RECOMMENDATIONS	SET THE FOUNDATION	BUILD EDI CAPACITY	EMBRACE EDI					
1. Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence	<p>1.1.1 Issue an open call to the HHS Workforce to identify volunteers for the EDI Policy & Procedure Review Working Team</p> <p>1.1.2 Provide HHS' workforce the opportunity to provide feedback/ suggestions on existing policies and needed additions</p> <p>1.1.3 Create clear instructions for the EDI Policy & Procedure Review Working Team and outline how these policies will impact future work related to HHS' EDI Strategy</p>	<p>1.2.1 Create a matrix of policies to be revised and policies to be created</p> <p>1.2.2 Divide team attention in 2, with one subgroup focused on policy revision and the other focused on policy creation and development of position statements</p> <p>1.2.3 Post new and revised policies and position statements for review/ consultation with HHS' workforce</p>	<p>1.3.1 Continue to update policies as the EDI strategy is implemented, ensuring organizational needs are met</p>						
2. Implement a suite of mandatory training resources for all employees	<p>2.1.1 Identify behaviours and competencies needed across HHS staff to build a culture of belonging</p> <p>2.2.1 Map needed behaviours and competencies to EDI learning story board and curriculum plans</p> <p>2.2.2 Begin development of EDI foundational modules (or procure a third party partnership</p>	<p>2.3.1 Rollout an introduction to the EDI courses, as part of the broader EDI strategy. Outline the organizational importance of EDI and clearly define employee expectations</p> <p>2.3.2 Provide employees clear timeframes to complete the mandatory learning modules. Embed EDI modules within onboarding training.</p>	<p>2.2.3 Implement informal EDI training forums and behavioural nudges into frequent employee gatherings to reinforce learnings</p> <p>2.3.3 Arrange annual learning and development weeks inviting staff to revisit EDI related modules or complete new learnings</p>						
3. Develop and utilize an EDI Tracker	<p>3.1.1 Identify HHS' priority investment areas over the next 3 years</p> <p>3.2.1 Identify HHS' 'vision of success' for each priority area</p> <p>3.2.2 Define measures of success and organizational metrics that exist/ need to be created to support this metric</p>	<p>3.3.1 Begin socializing the EDI Tracker with the ELT/ leaders and teams responsible for data retention, maintenance or extraction</p> <p>3.3.2 Develop a data retention strategy, identifying metrics that exist vs. those needing to be created, engaging information systems and developing the tracker with available data</p>	<p>3.3.3 As data becomes available/ as priority areas begin receiving investment add data to the tracker</p>						

3 Year Plan - Prioritized EDI Recommendations

3 YEAR PLAN

Initiatives	3 YEAR PLAN		
	YEAR 1	YEAR 2	YEAR 3
RECOMMENDATIONS	SET THE FOUNDATION	BUILD EDI CAPACITY	EMBRACE EDI
4. Develop a leadership competency framework (middle management to ELT)	<p>4.1.1 Conduct a leadership workshop creating buy in and alignment on EDI and how it supports HHS' strategic imperatives.</p> <p>4.1.2 Begin framing inclusive leadership behaviours in the context of cultural transformation and expectations of the leadership team</p> <p>4.1.3 Identify EDI Champions</p>	<p>4.2.1 Engage and support leaders in the development of actions plans for their respective teams/divisions</p> <p>4.3.1 Share leader developed EDI plans, objectives and methods of measurement within their teams for feedback</p>	<p>4.3.2 Support leaders through the inclusion of EDI within their annual objective planning</p> <p>4.3.3 Defined metrics to be included within leadership performance metrics and team scorecards</p>
5. Develop resources and formats to support diverse employee groups	<p>5.1.1 Develop Employee Resource or Affinity Groups</p> <p>5.1.2 Develop a formal mentorship offering, communicated through ERG's connecting diverse staff with mentors across HHS. Ensure ERG are included within onboarding material</p>	<p>5.2.1 Identify executive sponsors for each ERG</p> <p>5.2.2 Provide organizational wide comms inviting interested staff (including ally's and learners) to join ERG's</p>	<p>5.3.1 Begin providing ERG's an opportunity to advise on organizational issues impacting</p> <p>5.3.2 Begin reviewing and enhancing the existing Employee Assistance Programs (EAP)</p>
6. Equip leaders with inclusive leadership skills	<p>6.1.1 Conduct the HHS Future State Workshop</p> <p>6.1.2 Set expectations & requirements of leaders, including behaviours of inclusive leaders and change enablers</p>	<p>6.1.3 Introduce the Leader Learning Series</p> <p>6.2.1 Reinforce the Leader Learning Series with informal development opportunities, including lunch and learn sessions and mentorship opportunities</p>	<p>6.3.1 Formally Support Leaders with Inclusive Leadership Skills, equipping leaders with the skills and competencies to act inclusively, manage diverse teams and apply an EDI lens to decision making.</p>

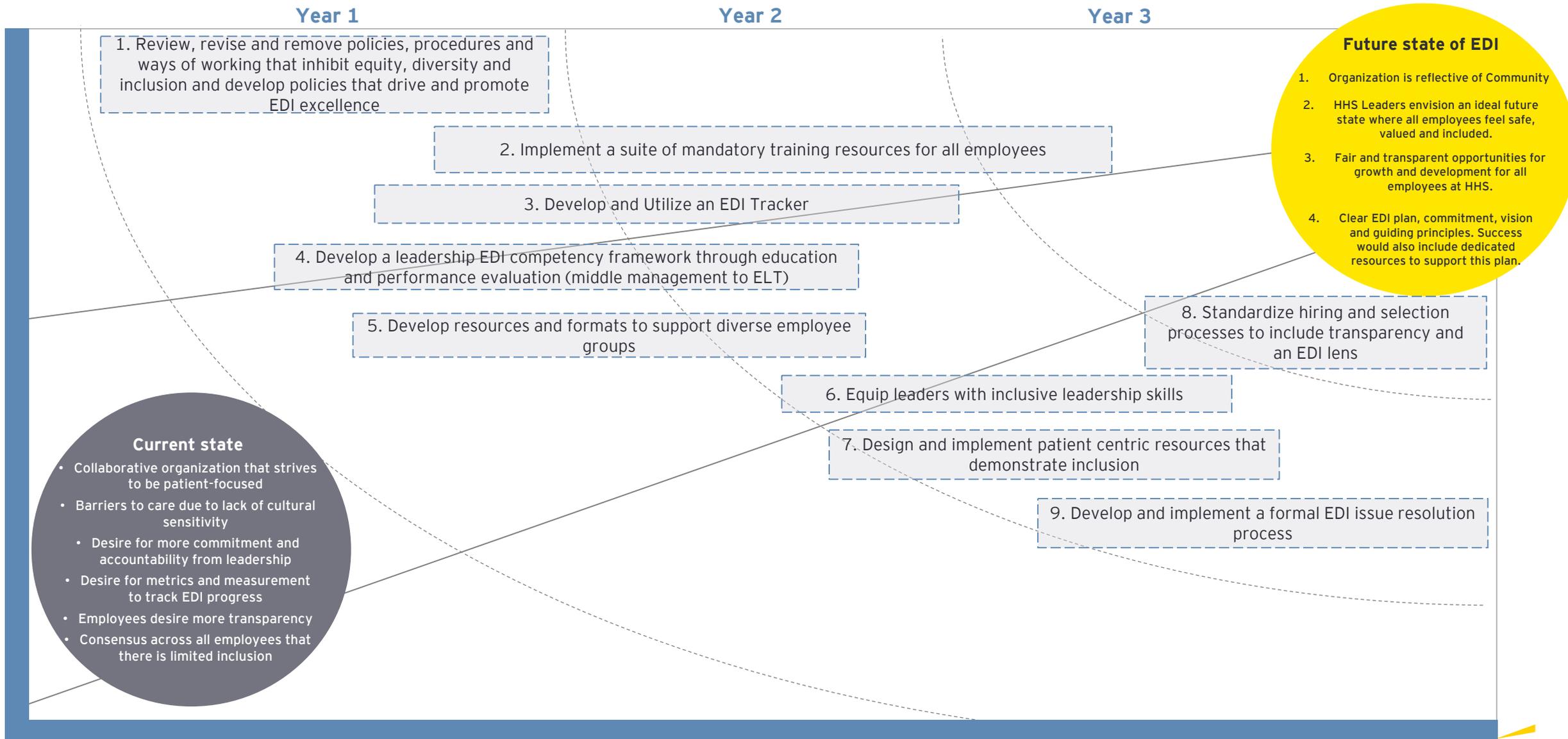
3 Year Plan - Prioritized EDI Recommendations

3 YEAR PLAN

Initiatives	3 YEAR PLAN		
	YEAR 1	YEAR 2	YEAR 3
RECOMMENDATIONS	SET THE FOUNDATION	BUILD EDI CAPACITY	EMBRACE EDI
7. Design and implement patient centric resources that demonstrate inclusion	<p>7.1.1 Utilize social media and a public facing feedback forum to collect patient/ staff requests for additional resources</p> <p>7.1.2 Review list of provided resources and develop a three year execution plan, outlining how and when commonly requested resources will be created and launched</p> <p>7.1.3 Evaluate how EPIC can support more inclusive processes</p>	<p>7.2.1 Begin developing patient centric resources</p> <p>7.2.2 Develop a site allowing HHS staff to easily reference pre-created inclusive patient experience materials</p> <p>7.2.3 Link resource site to EDI initiatives, including CQI, ensuring staff are aware of new resources</p>	<p>7.3.1 Review existing resources to ensure they reflect the needs of current demographic groups across Hamilton, this assessment should be completed at a semi-regular cadence going forward</p>
8. Develop resources and formats to support diverse employee groups	<p>8.1.1 Assess existing hiring processes to identify systemic barriers and inequities</p> <p>8.1.2 Develop a hiring template including EDI related questions and a scoring matrix.</p> <p>8.1.3 Educate HHS leaders and hiring managers on the template, implementation and how HHS will ensure compliance</p>	<p>8.1.4 Circulate the template widely across the organization for consistent usage</p> <p>8.2.1 Provide mandatory antibias and fair employment training to all hiring managers/ hiring panel volunteers</p> <p>8.2.2 Develop policies and begin utilizing hiring panels</p>	<p>8.2.3 Require hiring manager to provide scores and a short business case prior to extending and employment offer</p> <p>8.3.1 Begin utilizing talent attraction as a tool to improve representation/ EDI competencies across HHS</p>
9. Equip leaders with inclusive leadership skills	<p>9.1.1 Revise the Progressive Discipline Policy</p> <p>9.1.2 Develop a complaint matrix that details investigation steps and a progressive issue resolution outcome table</p> <p>9.1.3 Develop a compliant matrix that details investigation steps and a progressive issue resolution outcome table</p>	<p>9.1.4 Invite staff to provide feedback on the matrix and suggested resolutions</p> <p>9.2.1 Engage technology, HR and internal systems to begin mocking/ developing the system</p> <p>9.1.5 Engage Union representatives and legal throughout the develop of the system and resolution steps/ actions</p>	<p>9.2.2 Develop the EDI Issue Resolution System</p> <p>9.2.3 Begin developing a repository of support tools and resources</p> <p>9.3.1 Re-circulate relevant EDI policies and training</p> <p>9.3.2 Launch the EDI Issue Resolution System</p>

Implementation Roadmap

The roadmap presents a time-based set of recommended initiatives and behaviours to execute as HHS strives to become a more equitable, diverse and inclusive organization.



EDI Should be Integrated Across Your Entire Employee Lifecycle

A compelling employee lifecycle should be grounded in meaningful experiences that can be understood through questions like those below.

What Do You Want Your Employees To Experience?

Employer Brand

How the talent sector perceives the HHS' EDI practices

- ▶ How do I know that the organization cares about EDI?
- ▶ Do I see myself represented in the employees that work there?
- ▶ Does the organization show a commitment to investing in the local communities?

Leadership Development / Succession Planning

How leaders demonstrate and enforce EDI behaviours

- ▶ Do leaders look like me? Do leaders value my opinions?
- ▶ Do I see leaders respecting and including underrepresented voices?
- ▶ Do I have access to leadership?

Belonging and Culture

How the Culture supports inclusion

- ▶ Do I feel psychological safety in my working relationships?
- ▶ Does "covering" or "code switching" feel like the only way to fit in?
- ▶ Can I be my whole self at work, and am I valued for this?
- ▶ Has the company clearly defined EDI behaviours for all employees, and are they meaningfully enforced?
- ▶ Do my colleagues understand or appreciate the parts of my life experience that are influenced by my race?

Exit Process

How I am treated as I leave

- ▶ Were EDI questions included in my exit interview?

Talent Acquisition

Recruitment Process

How does HHS cultivate diverse talent in their pipeline

- ▶ Do I have a fair shot when I apply for jobs here?
- ▶ Is the company actively pursuing a diverse mix of candidates?
- ▶ Does the company tap into spaces/organizations that provide access to diverse talent?

Talent Engagement

Performance Management

How is the development of individuals supported at HHS

- ▶ Do I feel like I'm being evaluated or held back because of individual or organizational biases?
- ▶ Is there a commitment to mentor and coach diverse talent?
- ▶ Are diversity, privilege, and unconscious bias considered when making talent decisions?
- ▶ Am I given the opportunity to develop the skills I need to achieve success?
- ▶ Are employees and leaders accountable for EDI metrics like inclusive behaviour?

Career Pathways

How HHS supports my ability to learn and grow

- ▶ Do I have equal access to new experiences and important projects as my peers?
- ▶ Do I have sponsors that understand me and advocate for me to get the career opportunities I seek?

Pay Equity

How equitable is the total rewards package.

- ▶ Am I paid fairly, and is there ongoing measurement to ensure that continues?
- ▶ Are all benefits (monetary and non-monetary) equally accessible to me?
- ▶ Does the rewards package recognize diverse needs?

Talent Departure

Alumni Network

How I stay engaged after leaving the organization

- ▶ Would I encourage other people to work for here in the future?
- ▶ Do I see the company continuing to evolve and invest in diverse talent?

Enablers

The following section details the organizational governance, including a high-level overview of the roles and responsibilities needed drive EDI throughout HHS.



Building a better
working world

Enabling EDI

Below outlines what is needed to enable the EDI recommendations.

	Roles	Example responsibilities	Considerations
HHS Board of Trustees	An organizational leader, setting the EDI tone and ensuring long	<ul style="list-style-type: none"> ▶ Review HHS' mission and strategy to ensure EDI is thoughtfully embedded and tied to organizational outcomes ▶ Review new policies and processes integral to people and culture ▶ Develop CEO EDI related standards and accountabilities 	Consider developing a decision making framework/ key considerations to equip board members. Consider obtaining example CEO EDI related accountabilities from other organizations
HR Partner	A partner in the HR department who will formally support the HR EDI related initiatives	<ul style="list-style-type: none"> ▶ Formally support EDI related initiatives that ▶ Collaborate with the Senior Lead and Strategic Advisor of EDI on the development and implementation of HR-related recommendations ▶ Collaborate with communications department 	Consider the current workload and responsibilities within the existing HR team. Consider the amount of time required to formally support the execution of the HR related EDI recommendations
Truth & Reconciliation Committee	A team who will formally address the healthcare calls to action within the Truth and Reconciliation Report, including measurable goals to identify and close the gaps in health outcomes	<ul style="list-style-type: none"> ▶ Review Truth and Reconciliation healthcare calls to action ▶ Develop plan to address calls to action ▶ Work in collaboration with the Senior Lead and Strategic Advisor of (EDI) ▶ Measures and tracks progress ▶ Reports on progress 	Consider best practices which would have HHS lead and be solely responsible for the work and consult with Indigenous employees and / or Indigenous Community Partner. Consider accommodation made to current responsibilities
Inclusive Patient Experiences Team	A team led by HR&I, to review how EPIC can be utilized to systemically design more inclusive patient experiences	<ul style="list-style-type: none"> ▶ Responsible for creating further alignment with the Trans Inclusive Service and Care Plan (TISC) ▶ Review how population projections will impact care models, needed resources and communication forums 	Consider how suggestions or recommendations from the team impact diverse patients
EDI Champions	A designated group of individuals who are to support and champion EDI initiatives and behaviours	<ul style="list-style-type: none"> ▶ Communicate and engage others ▶ Gather informal feedback with regards to EDI related matters and initiatives ▶ Acting as an ally (example: educating others on inclusive language) 	Consider the stakeholder analysis, levels within organization, people's lived experience and understanding of EDI concepts when selecting EDI Champions

Governance

Below outlines the proposed governance structure to support the implementation of the EDI recommendations at HHS.

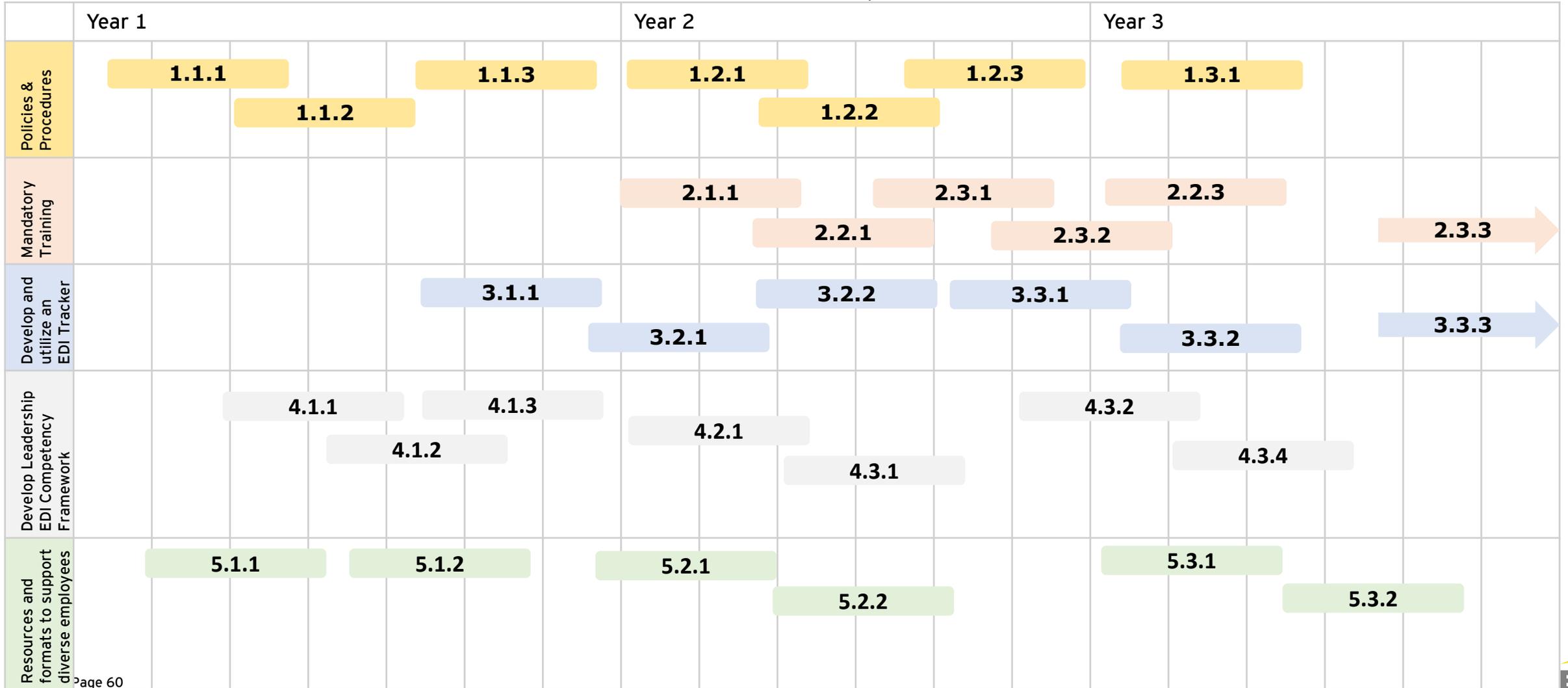
THE EDI CULTURE GOVERNANCE STRUCTURE

		Roles	Example responsibilities	Considerations
<p>% decisions made</p> <p>5%</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>PT</p> </div>	<p>PT acts as the governing body for HHS as a whole; provides broader approvals</p>	<ul style="list-style-type: none"> ▶ Utilized as required to provide broader HHS authority and final approvals ▶ Provide EDI budget approvals 	<p>Consider leaderships commitment to EDI and how to collectively work towards the ideal future state</p>
<p>70%</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Senior Lead & Strategic Advisor, EDI</p> </div>	<p>Sponsors, leads and champions the EDI program, providing broad oversight over critical decisions</p>	<ul style="list-style-type: none"> ▶ Provides executive oversight and strategic direction ▶ Lead EDI initiatives ▶ Resolves strategic and directional issues 	<p>Consider the additional resources that will be required to support the Senior Lead and drive the EDI strategy at HHS</p>
<p>20%</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>VP, HR</p> </div>	<p>Provides strategic direction, collaboration and resourcing for HR related EDI initiatives</p>	<ul style="list-style-type: none"> ▶ Provides approval for HR-related EDI initiatives ▶ Allocates resources to projects and related initiatives 	<p>Consider how the VP of HR and Senior Lead & Strategic Advisor of EDI will work collaboratively on various initiatives</p>
<p>5%</p>	<div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 5px;"> <p>EDI Champions</p> </div> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 5px;"> <p>EDI Advisory Council</p> </div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>HR& Inclusion</p> </div>	<p>Supports the EDI strategy and implementation</p> <p>Informs, supports and champions initiatives</p> <p>Supports EDI strategy and executes HR related EDI initiatives</p>	<ul style="list-style-type: none"> ▶ Supports leader and employee engagement ▶ Escalates matters as required ▶ Identifies and discuss risks, issues, dependencies, etc. ▶ Ensures issues are mitigated ▶ Reviews and discuss continuous improvement opportunities ▶ Champions and supports EDI initiatives 	<p>Consider the size of the organization, various sites and how many EDI Champions will be needed per location / department etc.</p> <p>Consider the importance of diverse representation on the Council (demographics, department, level, internal, external). Best practice suggests a size of 12-14 individuals. Consider accommodation made to current responsibilities</p>

Resourcing (1/2)

Below outlines the proposed resourcing needed to enable the EDI agenda at HHS.

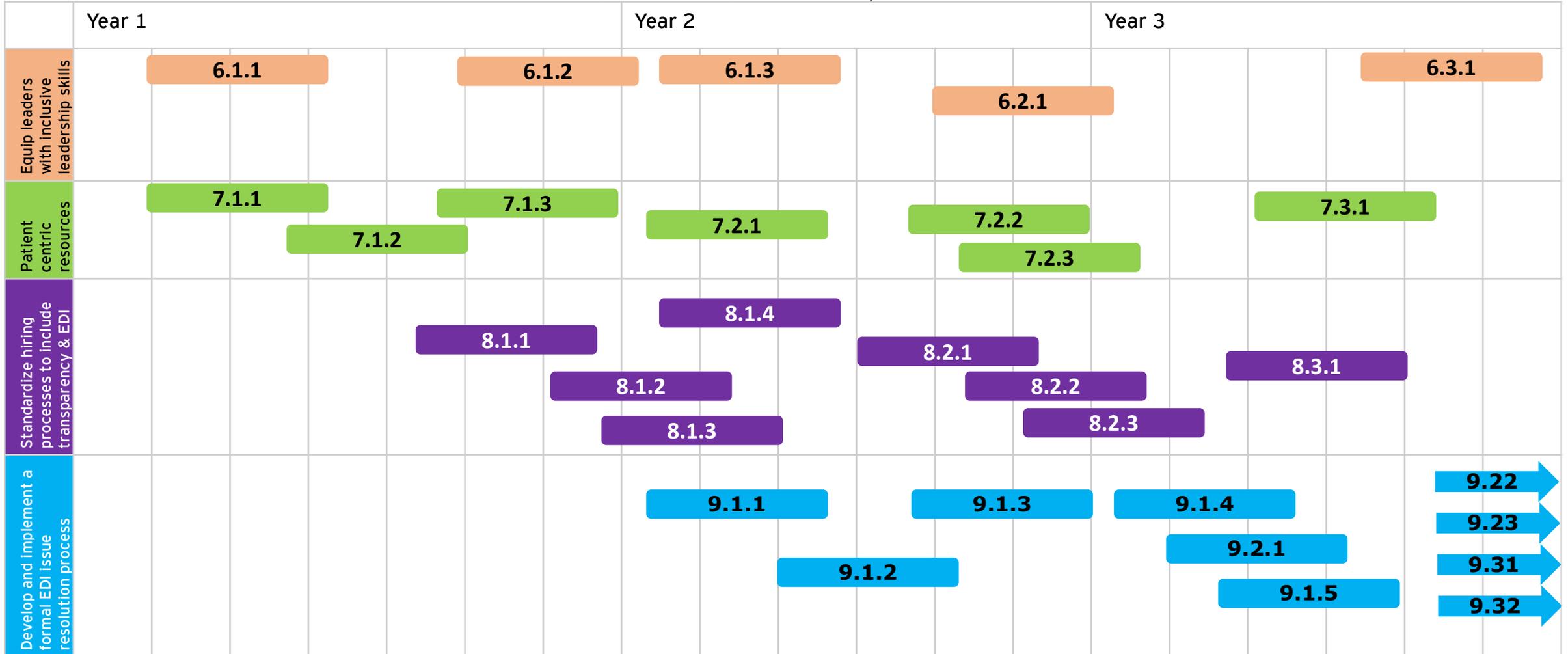
Due to the estimated time commitment for the various EDI initiatives, two (2) - four (4) full-time resources with the support of the human resource department (HR Partner) will be necessary to effectively execute the prioritized recommendations. The below outlines the key activities detailed within the 3 Year Plan of Prioritized EDI Recommendations (slides 50/51) over a three year time frame.



Resourcing (2/2)

Below outlines the proposed resourcing needed to enable the EDI agenda at HHS.

Due to the estimated time commitment for the various EDI initiatives, two (2) - four (4) full-time resources with the support of the human resource department (HR Partner) will be necessary to effectively execute the prioritized recommendations. The below outlines the key activities detailed within the 3 Year Plan of Prioritized EDI Recommendations (slides 50/51) over a three year time frame.



Suggested EDI Roles & Competencies

Below outlines the proposed resourcing needed to enable the EDI agenda at HHS.

Roles	Example responsibilities
<p>EDI, Director</p> <p>The EDI Director acts as strategic partner and enabler, overseeing HHS’ commitment to advancing EDI</p>	<ul style="list-style-type: none"> ▶ Leads, plans and advises on EDI efforts across HHS ▶ Works collaboratively with HHS professional development to provide support and training for staff and physicians on issues related to EDI ▶ Works closely with the Director, Human Resources on recruitment, selection, job classification, compensation, personnel action, labor relations, and other areas of responsibility to ensure compliance to employment equity, anti-racism and anti-discrimination policies and equity of processes ▶ Works as a strategic partner with various groups and committees to develop and implement specific programs and initiatives aligned with policy and procedures in the areas of talent acquisition; retention; individual, team and organizational development; performance management; compensation, and; employee relations.
<p>EDI, Specialist</p> <p>The EDI Specialist is a change agent, who will leverage their passion for EDI to implement HHS’ EDI strategy and oversee the development of supporting resources and tools</p>	<ul style="list-style-type: none"> ▶ Develop and manage the implementation of HHS’ EDI strategic plan ▶ Develop external relationships and partnerships to build awareness and champion EDI across HHS ▶ Work closely with colleagues from policy and communications to track developments in the policy space and develop messaging that helps communicate HHS’ EDI commitment ▶ Manages HHS’ EDI Issue Resolution System ▶ Oversee the development of research, technical guidance, practical tools and resources to improve EDI performance and disclosure ▶ Monitor and report on diversity and inclusion topics and initiatives both best practices in healthcare and more generally in Canada and internationally
<p>EDI, Project Manager</p> <p>The EDI Project Manager is responsible for managing the delivery of HHS’ EDI strategy and implementation plan</p>	<ul style="list-style-type: none"> ▶ Manages the development and execution of the project plan ▶ Monitors project work plan and regularly submits progress report and maintains the EDI Tracker ▶ Identifies key stakeholders and initiatives and maintains relationships with industry stakeholders who are interested in, and supportive of employing diverse groups. ▶ Analyzes project requirements, project planning, budget and change activities ▶ Manages any contractor relationships to successfully achieve project deliverables
<p>EDI, Coordinator</p> <p>The EDI Coordinator provides critical support to handle day-to-day operations of company-wide EDI strategies, programs, and initiatives.</p>	<ul style="list-style-type: none"> ▶ Support the Office of EDI with scheduling, managing logistics, coordinating events, and other technical duties related to EDI strategies, programs, and initiatives ▶ Assist with compiling and tracking EDI metrics ▶ Conduct research for EDI programming and strategies ▶ Assist with stakeholder communication, such as emails, reports, presentations, and other materials ▶ Organize meetings/calls with various internal stakeholders, such as the EDI Committee, Executive EDI Council, and ERGs ▶ Supports in the resolution of issues reported through the EDI Issue Resolution System

Appendix

- A. Systemic Analysis
- B. EDI Workforce Survey
- C. Community Stakeholders
- D. Patient Experience
- E. Focus Groups
- F. Lived Experience
- G. Leadership Interviews
- H. Summarized Findings & Key Themes
- I. Recommendations and Prioritization Exercise
- J. Resources



Data Collection Strategy

EY leveraged five data analysis methods to build engagement and collect information on HHS's current state for this report.

The findings from the various data gathering sources are detailed in the following slides

1

Systemic Analysis

Description: Analysis and insights from HHS data collected (e.g. organizational policies and procedures) using EY's GES framework, HR data trends and documentation review.

Purpose: The findings and recommendations will provide a robust foundation for HHS's EDI Recommendations

2

EDI Workforce Survey

Description: Using EY's EDI Workforce Survey, prepared and delivered a culture and EDI assessment for the entire HHS organization.

Purpose: To understand employee sentiment across the organization and for unique groups.

3

Community / Patient Experience

Description: Conducted 3 Community Stakeholder Interviews and conducted 1 anonymous focus group with Patient Experience Advisors

Purpose: to diagnose equity and inclusion challenges experienced throughout the community and patients and identify opportunities for HHS

4

Focus Groups & Lived Experience

Description: Conducted 6 live-virtual focus groups (30-60 minute). Offered self-guided focus group option to all HHS employees

Purpose: To understand misalignments or gaps in the current state data and to enhance engagement.

5

Leader Interviews

Description: Conducted 20 leadership interviews with HHS's key stakeholders as determined by HHS.

Purpose: To understand the current state and needs for EDI at HHS, leveraging the interviews to understand desired future state.

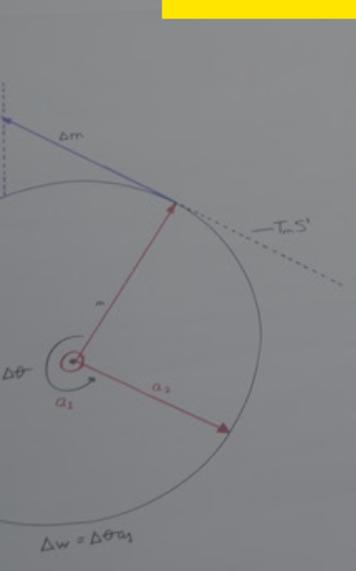
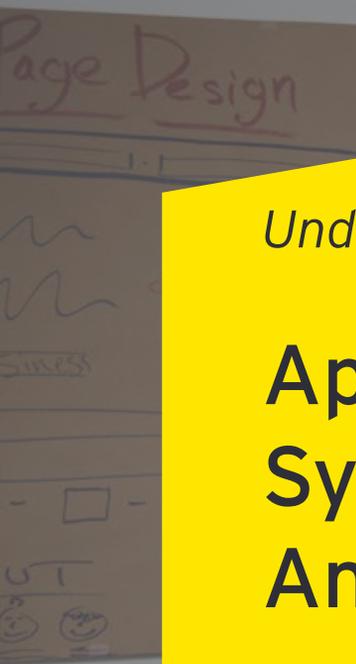
Understanding current state

Reinforcing Findings & Exploring Gaps

Understanding Current & Desired Future State

Understanding Current State

Appendix A: Systemic Analysis



Systemic Analysis

About this Section



This section summarizes the following:

- ▶ Background & Context of systemic analysis / GES
- ▶ EY's Global Equality Standard Framework
- ▶ Systemic Analysis Scoring
- ▶ Systemic Analysis Findings

Methodology



EY collected and reviewed over 54 documents from HHS. This documentation outlines various policies and procedures as it relates to Equity, Diversity and Inclusion.

EY created preliminary scoring for various policies and processes, and confirmed how it was lived through the employee focus group sessions.

Key Takeaways

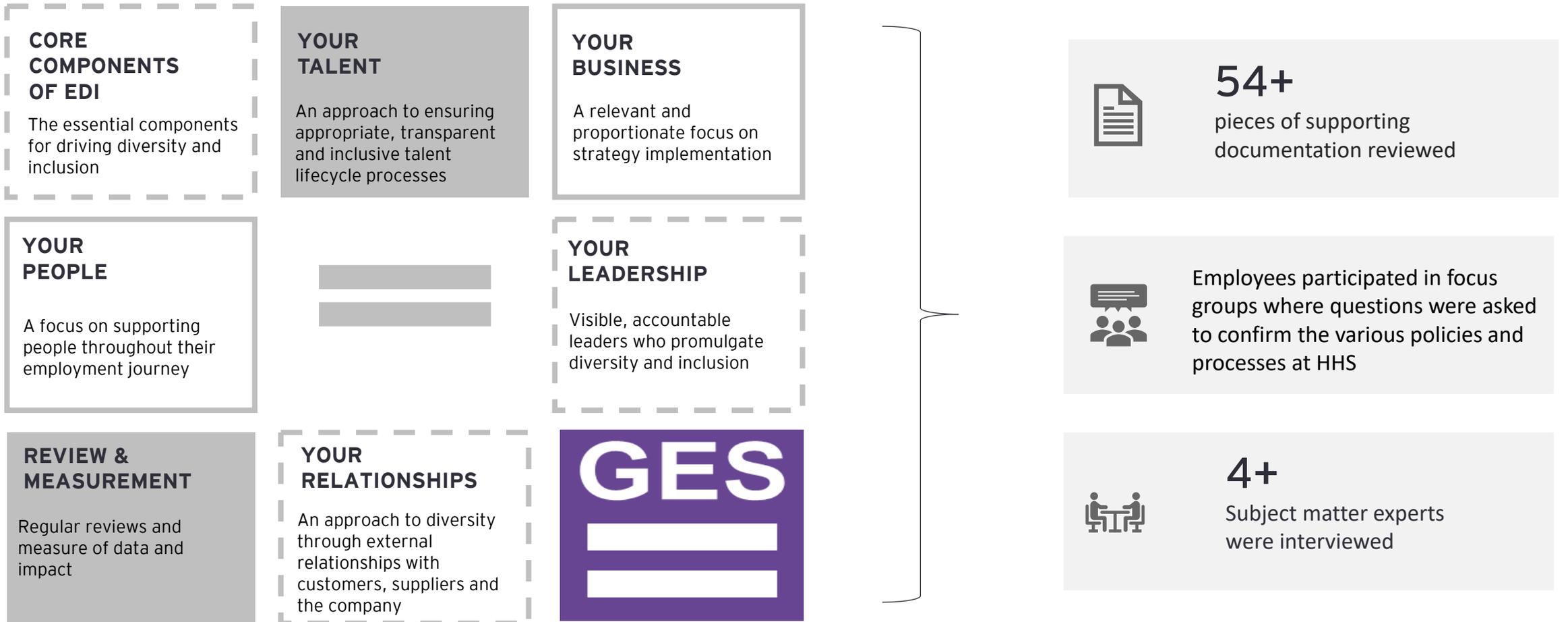


- ▶ HHS policies, mission and values strive to be patient focused
- ▶ There is not a clear business case for the benefits of an equitable, diverse and inclusive organization
- ▶ Currently there is limited demographic data, metrics and measurement in place to track EDI progress
- ▶ There is a lack of transparency with regards to recruitment, onboarding, performance appraisal and career progression processes
- ▶ Low commitment and accountability from Leadership as it relates to EDI

Systemic Analysis - GES

Background & Context.

The Global Equality Standard (GES) framework examines culture and EDI from every angle, providing a robust and comprehensive assessment



Systemic Analysis - GES

EY's Global Equality Standard Framework.

The Global Equality Standard (GES) framework examines culture and EDI from every angle, providing a robust and comprehensive assessment

35 GES Framework Components



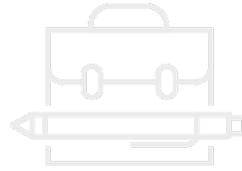
CORE EDI

- Inclusive Culture
- Policies & Practices
- Engagement Survey
- Targeted Training
- Communication



TALENT

- Talent Attraction
- Recruitment Processes
- Appraisal & Performance Monitoring
- Career Progression
- Learning & Development



BUSINESS

- Strategy & Planning
- Bias
- Business Case
- Governance
- Setting Priorities



PEOPLE

- Feedback Mechanism
- Mental Health & Wellbeing
- Flexible Working
- *Employee Adjustments & Accessibility*
- Caring responsibilities



LEADERSHIP

- Commitment & Accountability
- Visibility & Messaging
- Inclusive Leadership
- Senior Level Scrutiny
- Middle Management



RELATIONSHIPS

- External Relationships & CSR
- Supplier Relationships
- Customer Insight
- Industry Insight & Regulation
- Human Rights & Modern Slavery



REVIEW & MEASURE

- Pay Gap
- Data Analysis
- Review
- Measurement
- Implementation

Systemic Analysis

EY leveraged their Global Equality Standard to measure Hamilton Health Sciences (HHS) practices and policies against 35 global EDI standards.

● Not met	● Partially met	● Met
HHS presented no documentary or qualitative evidence to demonstrate compliance with this competency.	<p>HHS presented partial evidence but there are some significant gaps. The gaps could include (but not exclusively limited to):</p> <ul style="list-style-type: none"> • Areas where the quality of the evidence is weak, inconsistent or incomplete. • Areas which have only just begun to be addressed and are subject to significant further development. • Areas where interviews were unable to substantiate documentary evidence presented. 	<p>HHS presented a variety of good quality evidence that demonstrates that HHS is fully compliant with this competency. The evidence presented is consistent throughout and embedded in the culture of the organization.</p>

Each of the 35 competencies has been graded 'Met', 'Partially met' or 'Not met' below:

Core EDI components	Your talent	Your business	Your people	Your leadership	Your relationships	Review and measurement
● Culture	● Talent attraction	● Strategy	● Feedback mechanism	● Commitment & accountability	● External relationships & CSR	● Pay gap
● Policies & practices	● Recruitment & onboarding	● Bias	● Mental health & well-being	● Visibility & messaging	● Supplier relationships	● Data analysis
● Engagement survey	● Appraisal & performance monitoring	● Business case	● Flexible working	● Inclusive leadership	● Customer / Community insight	● Action planning & implementation
● Targeted training	● Career progression	● Governance	● Adjustments & accessibility	● Senior level scrutiny	● Industry insight & regulations	● Review
● Communications	● Learning & development	● Setting priorities	● Caring responsibilities	● Middle management	● Human rights & modern slavery	● Measuring impact

Systemic Analysis - Core Components of EDI

Below provides a detail overview of HHS's current state systemic findings against the Global Equity Standard (1/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
Culture	How EDI values and behaviours show up in HHS's current culture and ways of working		No evidence	The values and behaviours required to promote an inclusive culture are identified and communicated	The values and behaviours required to promote an inclusive culture are actively promoted and understood	The values and behaviours required to promote an inclusive culture are lived by employees (e.g. behavioural competencies are considered as part of the appraisal process)	There are efforts to identify and address potential cultural dysfunction There is staff and leadership alignment of purpose and values	<ul style="list-style-type: none"> Diversity and Inclusion are not currently listed as a Core Value at HHS
Policies & Practices	How HHS's policies and practices support key diverse groups and promote inclusion		No evidence	In the absence of policies, there is a consistent approach in place which reflects legislation and is being applied	Clear policies are in place which reflect legislation and are being applied (in relation to: discrimination, bullying and harassment, flexible working, employee adjustments, sickness absence etc.)	Support is in provided to enable the consistent application of policies	Policies are in place which go beyond statutory requirements to support key diverse groups (e.g. enhanced maternity leave, matched SPL transgender policy, carers policy)	<ul style="list-style-type: none"> HHS Code of Conduct is based on the acronym RESPECT, however, it does not outline actions associated with inclusive or equitable teaming or delivery of patient care Mission statement does not include inclusion or principles of health equity New Employee Orientation Policy does not detail how EDI training requirements will be met by both the hiring manager/ team or through mandatory orientation training HHS' dress code policy and Inclusive Service and Care Plan includes Trans affirming and gender inclusive initiatives
Engagement Survey	How the employee engagement survey is leveraged to collect and analyze diverse perspectives of unique groups at HHS		No evidence	An employee engagement survey is in place	An employee engagement survey is in place which contains key questions relating to diversity and inclusion (with no remedial steps to take action)	An employee engagement survey is in place which contains key questions relating to diversity and inclusion and actions are taken as a result OR The survey captures demographic diversity data and actions are taken as a result	Analysis used to understand any differential experiences	<ul style="list-style-type: none"> HHS conducts the My Voice Matters survey to better understand organizational engagement and pain points, this survey asks 3 questions related to EDI. Additionally, HHS offers the "I'm In" platform, which aims to help HHS understand the perspectives and opinions of diverse employees. No indication of action or next steps taken in response to survey results
Targeted Training	How HHS trains their employees on EDI-specific issues to prevent inequity and promote inclusion for all employees		No evidence	Generic non-mandatory training is in place (e.g. confidence building, interview training, people relationship)	Awareness raising training is available on key people topics (e.g. bullying and harassment, flexible working, one EDI)	Talent management training has been delivered to ensure fair talent and objective application of talent management processes	Relevant individuals have been provided with appropriate guidance or training in order to support key aspects of managing teams (e.g. coaching, people mgmt., bullying and harassment, policy training)	<ul style="list-style-type: none"> No mandatory EDI training is required for staff or leaders HHS does offer a number of EDI related facilitated learning opportunities Anti bias and privilege training is available for middle managers to ELT, currently HR is working to make antibias a mandatory course for all hiring managers Leadership is not required to complete professional development or inclusive leader competency development training
Communications	How EDI is embedded into HHS's communication channels at all aspects of the employee lifecycle		No evidence	Statements demonstrating the org commitment to diversity and inclusion (internally and externally)	Infrequent communications and events raise awareness and celebrate diversity and to ensure staff are aware of the commitment to diversity and inclusion	Range of channels are used effectively and regularly to communicate on EDI activities (internally and externally)	EDI messages are communicated at key internal talent and business milestones (e.g. induction, annual reviews)	<ul style="list-style-type: none"> Limited communications demonstrating HHS' commitment to EDI, these statements do not include actions or next steps the organization will take to improve EDI across HHS No hospital position papers or clear point of view on EDI related issues

Systemic Analysis - Your Talent

Below provides a detail overview of HHS's current state systemic findings against the Global Equity Standard (2/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
Talent Attraction	How HHS sources and attracts diverse talent		No evidence	Jobs are advertised widely and are accessible to a broad set of potential candidates	Unstructured / sporadic example/s of initiatives to attract identified underrepresented groups (e.g. university networking events)	Structured activities and initiatives are in place to attract identified underrepresented groups	EDI is communicated as a key part of the employee value proposition AND Programs are in place to provide alternative routes to employment (e.g. veterans. apprenticeships, returner-ships)	<ul style="list-style-type: none"> Talent attraction is decentralized and owned by hiring managers No targeted initiatives to hire more diverse staff HHS job posting include standard accommodation verbiage, but do not promote EDI (e.g. "we welcome diverse talent and backgrounds to apply") Job description policy does not include a regular EDI review cadence to ensure postings reflect needed competency development No policies detailing when a position requires an open competition HHS has an Equal Employment policy - recent revisions included EDI, suggestions by the HR&I team to include EDI should be actioned Other than McMaster University, HHS has few external partnerships to help attract and develop diverse talent
Recruitment & Onboarding	How HHS shows that they are committed to EDI throughout recruitment and selection and how HHS onboards new employees ensuring adequate accessibility and inclusion		No evidence	There is a statement demonstrating commitment to EDI in relation to recruitment	An onboarding process that ensure all are supported (e.g. signposting)	Some evidence of the following: A) Processes are designed to mitigate bias and improve objectivity (e.g. balanced panels, blind screening, challenging decisions, recruiter briefing, UB) B) Recruitment materials and processes are accessible and inclusive (e.g. adjustments, plain English language forms)	Strong evidence of the following: A) Same as 4 B) Same as 4 C) Initiatives are in place to address disproportionality (e.g. positive action, contextualised recruitment, targets)	<ul style="list-style-type: none"> HHS offers mandatory onboarding training, EDI is not included Managers are offered antibias training, access to EDI interview package, and support from Human Resource Business Partners Missing key documents (e.g. diverse talent attraction strategy, recruitment & selection job aids, applicant scoring matrixes) HHS publicly confirmed they will establish a process to update recruitment to emphasize EDI Hiring panels are used for senior positions, however selection of panel members should be standardized to ensure inclusion
Appraisal & Performance Monitoring	How HHS ensures equity across performance appraisal and management practices		No evidence	Regular performance reviews and ongoing feedback	Clear and structured performance review process which is applied fairly and consistently for all individuals (e.g. defined objectives and competencies for each grade / level / business)	Multi-feedback sources and decision makers OR Transparency / objectivity around scoring / decisions	Mechanisms to consider the diverse circumstances of staff thought the performance process (e.g. HR representative at panels, EDI briefings, adjustments for mat leave, mental health)	<ul style="list-style-type: none"> HHS has a standard performance appraisal form/template. This template includes 1 EDI metric, as such minimal scoring is attributed to inclusive behaviours HHS' performance management process is inconsistent, lacks defined timelines, and calibration metrics No 360 or one-way feedback forums are available
Career progression	How HHS provides transparency, support and equal opportunity throughout career pathways, promotion and progression processes		No evidence	Generic high level description of career progression routes	Transparent career pathways with defined competencies AND Regular career conversations	Targeted initiatives to address underrepresentation (e.g. coaching, accelerated career programs, talent mapping)	Promotion and progression processes are objective and look to mitigate bias (e.g. internal opportunities are advertised to all staff)	<ul style="list-style-type: none"> Succession planning processes lack consistency and are subject to bias No indication of a formal organizational succession plan
Learning & Development	How employees at HHS are provided with opportunity to learn and develop the skills that they require to progress in their career and ensure equal opportunity		No evidence	There is an example of a training / development program	There are training and development programs available to all	Either: (A) Training and development programs take accessibility into consideration in how they are delivered (e.g. different types of leading, timing and location) (B) Consistently addressing development needs of all (e.g. mentoring, work allocation)	Using L&D to support EDI ambitions (e.g. gender balances leadership programs, women leadership program)	<ul style="list-style-type: none"> Learning opportunities are generally in-person/ virtually facilitated, resulting in access barriers to front line staff or those not working standard business hours No clarity or defined processes regarding the allocation of development opportunities No L&D plans indicating how changing demographics/ issues will inform upcoming learning calendars Learning decks, one pagers and toolkits should be designed using accessible WCAG 2.1 Level AA templates

Systemic Analysis - Your Business

Below provides a detail overview of HHS's current state systemic findings against the Global Equity Standard (3/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
Strategy	How EDI is integrated into HHS's business strategy and key documents (e.g. reviews)		No evidence	EDI is mentioned in a key business document	EDI is sporadically mentioned in key business documents, annual reports, website etc.	Leaders identify EDI as a key strategic priority for the organisation	EDI is integrated into business plans (e.g. investment decision, clients/market opportunities)	<ul style="list-style-type: none"> HHS appointed a Medical Director for Gender Equity and hired a Workplace Investigations Specialist with expertise in human rights based discrimination HHS has implement a Gender Identity and Gender Expression Policy Infrequent examples of EDI being embedded within operational strategy, including reviews of patient outcomes from an EDI lens or CQI indicators No indication EDI has been formally embedded with HHS operational or health equity strategy
Bias	How HHS manages and mitigates bias (implicit and systemic)		No evidence	The organization has ad hoc bias awareness training available for their managers	An organizational approach / procedure to ensure that work is allocated fairly and all groups have fair access to opportunities	A clearly applied approach to ensure that all groups / roles (e.g. protected groups, back office function, front line staff) are not disadvantaged in terms of opportunities (e.g. work allocation, career development, internal mobility, access to benefits)	Application of approaches to mitigate bias through the design of business structures (e.g. alternative career progression pathways and role design to allow for different skills and approaches to be valued special, alternative career structures, working patterns)	<ul style="list-style-type: none"> Implicit bias training is available to employees and leaders HHS is working to make bias training mandatory for all hiring managers No indication of alternative career paths/ role design Bias training occurs on an ad hoc basis as a reactionary measure following an incident HHS has no documentation on processes for assigning fair work assignment / project allocation
Business Case	How HHS has articulated the importance of EDI to them as an organization		No evidence	A business rationale for diversity and inclusion has been developed	A contextualised, sector specific business case has been developed	The business case business specific and understood by staff . The business case is reviewed and updated regularly (unless new).	Evidenced based proof points to support the business case	<ul style="list-style-type: none"> A business case for EDI does not exist; HHS needs to determine what EDI means to them and how it can be leveraged to improve the experiences of patients and staff
Governance	How HHS assigns formal decision-making authority and management of the EDI agenda		No evidence	There are individual/s for whom EDI is a head responsibility (e.g.HR manager with EDI responsibilities, EDI sponsor)	Informal structure in place to discuss and manage the EDI agenda	Regular agenda item in key decision making forums (e.g. the board, senior leadership team meetings)	A devolved governance structure which embeds EDI across all parts of the business	<ul style="list-style-type: none"> EDI is not formally a responsibility of an HHS leader EDI is being completed as 'side of desk' work HHS has developed an EDI Advisory Council who lack clear Terms of Reference and objectives No defined governance model detailing each teams EDI related responsibilities
Setting Priorities	How HHS has decided to prioritize EDI and related commitments / actions		No evidence	High level commitments have been set for 1 protected characteristic (e.g. gender)	High level priorities have been set beyond gender	Priorities have been set which are actionable (i.e. have sufficient detail underneath)	Priorities which have a defined rationale (e.g. address areas of evidenced disproportionality)	<ul style="list-style-type: none"> EDI is not included within the organizations 2018/19 Strategic plan The My Voice Matters survey measured demographics, however, no outcomes or priorities were subsequently identified or executed on HHS has developed an EDI policy for board members HHS infrequently publishes communications related to advancing its EDI commitment

Systemic Analysis - Your People

Below provides a detail overview of HHS's current state systemic findings against the Global Equity Standard (4/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
Feedback Mechanisms	How HHS collects honest feedback from their employees at all levels	●	No evidence	There is a feedback channel for staff	Formal and informal channels provide regular opportunities to ensure all staff can provide feedback	EDI issues feedback channels are available (e.g. Networks, HR reps, EDI champions, whistleblowing, communicated grievance process)	Staff are consulted on aspects of the EDI agenda (e.g. policy development)	<ul style="list-style-type: none"> HHS has a whistle-blower policy HHS grievance and investigation process is available Staff can reach out by email to provide feedback on inclusion related topics The My Voice Matters allows respondents to provide feedback
Mental Health and Wellbeing	How HHS supports their employees with personal issues related to mental health and wellbeing	●	No evidence	Some communication on the organisation's commitment to EDI (e.g. communications around the EAP)	Reactionary effort for: A. Minimizing mental health issues and promote wellbeing B. Raising awareness of mental health & wellbeing C. Support to those who require mental health / wellbeing interventions	Strong and continuous efforts have been made regarding: A. See 3 B. See 3 C. See 3	An evidence based understanding of the organisation's key issues and any industry triggers feeding into future activities / interventions	<ul style="list-style-type: none"> HHS is working to develop a Mental Health Policy Prevention and awareness policies in place are not aligned with the current needs of staff as they continue to deal with burnout related to the global pandemic HHS offers a suite of support services and interventions
Flexible Working	How HHS provides flexible and broadly accepted working alternatives to their employees	●	No evidence	There is a compliant flexible working policy which outlines the various options.	Consistent application of a range flexible and agile working options that take into account individual personal circumstances (e.g. caring resp, religious reqs) but doesn't encourage a positive, flexible culture	Consistent and proactive uptake, acceptance and buy-in of flexible working across the organization	The benefits of flexible working have been communicated and are understood OR A review of flexible working practices has been conducted	<ul style="list-style-type: none"> Flexible working policy exists at a basic level; exercising it is subject to self Director/ VP level Inconsistent application of the policy - dependent on team, relationship with manager, etc. No dispute process available
Adjustments & Accessibility	How HHS ensures that people of varying abilities are able to succeed	●	No evidence	A policy or procedure is in place for implementing adjustments	Support for those with long term leave and conditions (e.g. sickness, chronic illness, rehabilitation, OH and manager support)	There is a proactive approach to implement adjustments AND Consideration has been given to Website accessibility and Building use (incl. facilities to support diverse needs e.g. anxiety issues, prayer rooms, breastfeeding, gender neutral bathrooms)	A proactive approach is in place which ensures accessibility of key online content and internal material when relevant A proactive approach is in place which ensures accessibility of building infrastructure	<ul style="list-style-type: none"> HHS has an Accessibility policy, including customer service and parking HHS' ergonomics assessment and toolbox is available to support working from home Leave practices do exist at a basic level Accommodation process is lengthy and requires reapplication every 6 months Accommodation budget is within business units, which can deter people from seeking needed accommodations
Caring Responsibilities	How HHS supports and provides flexibility for individuals who have additional caring responsibilities outside of work	●	No evidence	Policies in place that are legally compliant for maternity, paternity, adoption, SPL, adoption leave, parental leave etc.	Basic evidence of one of the following programs: 1) A program to support those before, during and after mat/pat and adoption leave (e.g. KIT days applied consistently, buddies) 2) A program to support those with caring responsibilities (e.g. children, elder care) (e.g. toolkits, manager training, mentors)	Strong evidence (incl. feedback from employees) of effective programs, e.g.: 1) A program to support those before, during and after mat/pat and adoption leave 2) A program to support those with caring responsibilities 3) There is an approach to manage emergency situations (e.g. assistance with emergency childcare).	Feedback and data has been captured from those with caring responsibilities and maternity, paternity and adoption leavers to identify whether current provisions are sufficient and develop evidence based and data driven interventions OR Active promotion of programs to encourage uptake (e.g. shared parental leave)	<ul style="list-style-type: none"> HHS offers maternity & parental leave and a number of compassion leaves including: Family Care Giver, Family Medical, Adoption, Stillbirth/Miscarriage, Child Death and Child Disappearance Additional leaves include: Vacation, Personal LOA LOA offerings meets basic standards globally

Systemic Analysis - Your Leadership

Below provides a detail overview of HHS's current state systemic findings against the Global Equity Standard (5/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
Commitment & Accountability	HHS's commitment to ensuring they are held responsible and accountable for EDI progress	●	No evidence	Demonstrated vague commitment through supporting initiatives	Leaders have been involved key EDI decisions	EDI roles and responsibilities are formally defined within the senior leadership team. (e.g. sponsorship, championing networks)	Leaders are held to account for their EDI responsibilities and there has been a demonstrated improvement as a result (e.g. diversity aspirations for teams)	<ul style="list-style-type: none"> Some supporting initiatives exist to show HHS's commitment to EDI (e.g. current state assessment and strategy) ELT and senior leaders have been involved to date in current state assessment
Visibility & Messaging	How HHS and it's leaders explicitly communicate their commitment to EDI	●	No evidence	Limited examples of leaders referencing people related issues internally or externally	Limited examples of leadership communications relating to EDI which are infrequent	A variety of leaders communicate their on-going commitment to the agenda in a structure way. Staff are made aware of the leadership commitment to EDI (e.g. statements of intent) as indicated through interviews	Leadership communications are detailed / strategic / meaningful demonstrating an authentic commitment (e.g. EDI progress, business case, action orientated)	<ul style="list-style-type: none"> EDI related communications are visible within the internal Hub, there are also sporadic messages regarding advancing EDI published to external sites EDI related updates have been shard at Townhalls No communication strategy related to EDI HHS has been trying to usage more diverse imagery on sites and portals which has been called out by many staff members as tokenism
Inclusive Leadership	How leaders at HHS role modelling inclusive workplace behaviour, ensuring approachability, proactivity and awareness	●	No evidence	Leaders are perceived as approachable	The organization articulates expectation for leaders in terms of inclusive behaviours (e.g. training, frameworks, feedback)	There are behavioural competencies / measures in place which relate to EDI against which leadership behaviours are measured and there is evidence of role model inclusive behaviour (e.g. behavioural driven targets, score cards)	Visible demonstration and commitment and proactive seeking out mechanisms and solutions to drive inclusive leadership (e.g. Aware of leading practice, giving opportunities to those with diversity characteristics.)	<ul style="list-style-type: none"> There was no evidence through quantitative data that leaders were approachable; focus groups & interviews suggest that leaders are approachable, have moderate tolerance EDI related issues, but are unsure of next steps leadership performance is lacking measurement on inclusive behaviours Leaders expressed a need for more streamlines and impactful EDI resources
Senior Level Scrutiny	How diversity is tracked and shared across key diversity characteristics	●	No evidence	Data is available but there is no mechanism in place to scrutinise data	Limited / ad hoc scrutiny of diversity data across relevant characteristics	Senior/board level leaders regularly scrutinise diversity data across a range of relevant characteristics	Leadership succession planning considers diversity	<ul style="list-style-type: none"> No employee demographic data is currently collected There is currently no demographic data analysis occurring No indication succession planning considers diversity
Middle Management	How middle management at HHS are supported to manage diverse and inclusive teams	●	No evidence	People management training is provided	Middle managers are supported to manage diverse teams (e.g. absence, mental health, flexible working)	Relevant individuals have been provided specific guidance or training to support key aspects of managing diverse teams (e.g. cultural awareness, mental health awareness, managing transitions) and interventions they may make throughout the talent lifecycle AND Employees feel comfortable approaching managers on EDI issues	EDI roles and responsibilities are formally defined within the middle management team (e.g. sponsorship, championing networks) OR There are competencies in place which relate to EDI against which leadership behaviours are measured	<ul style="list-style-type: none"> Middle Managers are not required to complete mandatory training. While cultural competency training is available, it is at the discretion of managers HHS provides learning resources including direct communication, mitigate bias etc) Managers may be aware of policies that exist to support diversity (e.g. flexible work / leave policy) but struggle to locate resources Employees reported low levels of comfort approaching their manager on EDI related issues

Systemic Analysis - Your Relationships

Below provides a detail overview of HHS' current state systemic findings against the Global Equity Standard (6/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
External Relationships & CSR	How HHS invests in and prioritizes the community, volunteerism and other CSR opportunities	●	No evidence	There is a CSR approach in place	All staff have equal access to participate in CSR activities	Community investment, strategic alliances and volunteer projects advance diversity and social mobility	CSR work supports your talent strategy (e.g. source diverse talent through school leavers program, staff acquiring skills through mentoring)	<ul style="list-style-type: none"> No formal mentorship programs in place to target talent development of diverse/ historically excluded youth HHS is a teaching hospital working with McMaster University, aside from this partnership there were minimal community partnerships
Supplier Relationships	How HHS holds their suppliers accountable for EDI	●	No evidence	There have been internal dialogue aim relation to integrating EDI in the procurement process	There are plans to consider EDI as part of the procurement process	EDI policies and practices have been requested from suppliers. Policy is tested / proven / discussed with proof of implementation AND (IF RELEVANT) Efforts to include all suppliers and ensure opportunities open to all / (e.g. statement of intent for smaller suppliers, women / BAME owned businesses)	EDI is formally considered when awarding appropriate contracts (e.g. weighted criteria) OR Ongoing engagement with and management of suppliers to ensure continual improvement of EDI	<ul style="list-style-type: none"> There is no EDI or accessible procurement requirements of suppliers Vendor standards do not include demonstration of EDI practices The HHS Procurement Directive references the Broader Public Sector Accountability Act, which does include an anti sweatshop and an anti child labour policy
Customer / Community Insight	How HHS engages with their customers and the community to ensure they are serving them to the best of their ability and based on their unique needs	●	No evidence	Capturing feedback from customers / clients	Training for front line staff on EDI topics (e.g. dementia training, awareness raising)	Tailoring services to serve the distinct needs and preferences of its diverse client base (e.g. sharing EDI events with customers) or committing to educating customers / external stakeholders	Collaborating with clients and customers on EDI issues / topics	<ul style="list-style-type: none"> Stakeholder relations policy mentions: Community & Indigenous Relation (maintaining dialogue) and Government & Regulatory Relations (transparent reporting on environmental, social and governance) No training or tailored services exist
Industry Insight & Regulations	How HHS engages with and contributes to industry knowledge and regulations regarding EDI	●	No evidence	The organisation complies with EDI related industry regulations, legislative requirements	Limited networking activities are used to broaden EDI knowledge base	The organisation has engaged with external groups and / or reviewed external industry data to understand good practice in EDI	Using insight gathered to produce industry leading research / documents / forums	<ul style="list-style-type: none"> HHS complies with legislative requirements (i.e. employee equity) HHS has not actioned the Truth and Reconciliation calls to action, specifically those related to health HHS has a partnership with McMaster University and relies on the university for direction re. best practices
Human Rights & Slavery	How HHS engages with and manages risk surrounding the Human Rights & Slavery act in Canada and globally	●	No evidence	Organisations recognize they have to comply with Modern Slavery Act's provisions	The provisions are supported by internal policies and procedures (e.g. human rights policy, recruitment policy) and, follows the Government's guidance to address modern slavery within operations and supply chain	A robust risk assessment of own operations as well as third party relationships have been undertaken, outcomes are disclosed, and mitigation measures (audit, capacity building, grievance mechanisms, remediation etc.) have been developed and implemented	The program is regularly evaluated for improvement opportunities Collaboration is sought from industry groups, peer companies, and civil society to seek long-term sustainable solutions to try and address the problem	<ul style="list-style-type: none"> HHS adheres to Modern Slavery Act provisions (Bill S-216) There are some supportive policies in place (e.g. Anti-Harassment Policy)

Systemic Analysis - Review & Measurement

Below provides a detail overview of HHS's current state systemic findings against the Global Equity Standard (7/7).

Standard	Description	HHS Score	Red	Amber		Green		Score Rationale
			1	2	3	4	5	
Title	What they standard means in plain language	How HHS Scored on the GES	Description of scoring by level					Why HHS scored as they did
Pay Gap / Pay Equity / Pay for Equal Work	How HHS ensures equity and transparency in pay across groups of employees	●	No evidence	Demonstrated awareness of the legislation	Equal pay reviews have been carried out and gender pay gap analysis has been carried out and published by the required date	Equal pay reviews have been carried out and actions have been taken to mitigate any pay gaps identified. Gender pay reviews have been carried out and plans are in place to mitigate any pay gaps identified	Pay reviews and gender pay gaps reviews have been carried out for other protected characteristics (besides gender) have been carried out OR Accuracy of data has been assured by a third party	<ul style="list-style-type: none"> HHS offers pay scales for a number of union / non-unionized role within the organization No reference to gender pay equity in pay, wage and salary admin policy
Data Analysis	How HHS leverages data to track EDI characteristics across the employee lifecycle over time	●	No evidence	Attempts to capture some diversity data	The diversity profile of the organisation is captured and analysed by grade and relevant diverse groups. If relevant there have been efforts to increase data disclosure	Data is analyzed to understand whether any adverse impact exists across a range of organizational processes (recruitment, appraisal, promotion, retention and exit)	EDI data analytics / predicative model or similar is carried out (i.e. forecasting, flexible working, disciplinarians, absence management, flexible workers)	<ul style="list-style-type: none"> EDI data is minimal (engagement survey) Tracking of termination, pay grade, performance ratings, etc. occurs, however, it is not currently analyzed against EDI characteristics
Action Planning & Implementation	How HHS leverages their strategy to create action and implementation plans specific to EDI	●	No evidence	Activities are taking place on an ad hoc basis	High level action plan is in place	Evidence of underrepresentation and disproportionality is addressed through a detailed action plan to ensure the delivery of EDI activities / initiatives (with clear owners and timelines). Engagement and communication approaches are considered	Risks and barriers to delivery have been assessed	<ul style="list-style-type: none"> Currently, HHS's high level action plan is to A) create President's EDI Advisory Council and B) hire external support to work with Council develop recommendations No evidence thus far of commitment to implementation of EDI recommendations
Review	How HHS exercises regular reviews of the strategy, practices and policies to ensure adequacy and continuous improvement	●	No evidence	Policies, initiatives or plans are reviewed reactively	Reviews are carried out against relevant policies and initiatives without any formal timeline / planning	Periodic reviews of the policies, processes, initiatives and action plan are conducted and actions are taken as a result of findings	Periodic reviews of the strategy, priorities and business case are conducted OR Building on any demonstrable success to inform future policy making	<ul style="list-style-type: none"> Policies and practices are reviewed on an ad hoc basis. HHS indicated plans to review policies in the future but have not yet done a thorough review
Measuring Impact	How HHS tracks success of EDI-related initiatives	●	No evidence	General discussions have been had around measuring impact	Success criteria have been defined for EDI activities	Impact is identified through reviews and initiatives are refined / adjusted based on impact identified	Key performance indicators are used to track return on investment	<ul style="list-style-type: none"> Have begun to capture some demographic data Currently no metrics in place (KBIs or KPIs) to measure impact

Understanding Current State

Appendix B: EDI Workforce Survey

About this Section



This section summarizes the following:

- ▶ Background & Context of Survey
- ▶ Survey participation results
- ▶ Total results from the survey
- ▶ Survey results broken down by various demographics (department,

Methodology



EY launched the EDI Workforce Survey to all HHS employees to further understand the EDI culture within the organization.

The survey was active for 5 weeks total. The survey was AODA compliant and available in both a paper and digital format.

Key Takeaways



- ▶ 'Teaming and collaboration' is prevalent
- ▶ 'Transparency' was the #1 start trait, 'overworked' was the #1 stop trait
- ▶ 64% do NOT feel they have a fair and equitable opportunity at HHS
- ▶ 'Empathy' was #1 desired leader trait
- ▶ To create change in the EDI space, employees need more work / life balance
- ▶ 'Inclusion' was #1 start trait by non-white employees
- ▶ BIPOC employees do not believe they can be successful at HHS

Behavioural Assessment

Summary: EY's EDI Survey assesses the EDI strengths and development areas of your EDI organizational culture. This Survey can quickly assess the organization's EDI performance and its intersection with culture

Questions

Questions: The EDI Survey includes 24 dynamic questions that take between 10-15 minutes to complete.

In addition, there are 11 EDI specific questions that assess EDI against several key components.

Topics

Topics: Feelings and perceptions around inclusiveness, belonging, equity, leadership behaviours. Identify cultural traits to keep, stop and start, and uncover what motivates your people. EDI themes have been analyzed against the cultural health of the organization and filtered by select demographics (e.g. gender, tenure, age, ethnicity, sexual orientation, country, job title, etc.)



Culture Health Score

- 1. How positive is HHS' culture today? Positivity:** Out of ten possibilities, how many positive traits (vs negative) were selected to describe HHS' current culture (score on a scale of 0-100)
- 2. How motivated is your workforce today? Motivation:** How motivated your people say they are today, on a scale of 0 (least motivated) to 10 (highly motivated)
- 3. What poses the most risk to your organization? Behavioural Risk:** How your people describe the negative aspects of your culture (i.e. the type, frequency and the severity of negative traits (scored on a scale of 0-100))

Culture Health Score Criteria:

90-100 = High positivity
70-89 = Moderate positivity
< 70 = low positivity

> 26 = High behaviour risk
20-26 = Moderate behaviour risk
< 20 = low behaviour risk

8.1-10 = High motivation
7.0-8.0 = Moderate motivation
< 7.0 = low motivation



Stop and Start Traits

Employees were asked to select the top traits (out of 60) to start and stop in the future. The 3 selected the most amount of times are recorded.



Supportive Behaviours

Employees were asked about the traits that most and least support their culture. The most voted supportive trait and most least supportive trait are included.



EDI Considerations

11 EDI questions were asked on a 5-point Likert scale from Strongly Agree-Strongly Disagree. If a question had 40% or more people selecting neutral, disagree or strongly disagree to a question then it was flagged as a EDI consideration.

Survey Participant Overview (1/2)

Department	# of participants
Adult Acute Healthcare	503
Nursing	380
Allied Health Professional	304
Diagnostic Services	208
Clerical / Secretarial	198
Adult Emergency	172
Laboratory	156
Child & Youth Acute Healthcare	144
Child & Youth Emergency Ambulatory Care	120
Research	120
Adult Rehabilitation Services	105
Human Resources	102
Adult Perioperative & Endoscopy Services	94
Customer Support Services	87
Physicians	86
ICT	75
Pharmacy	71
Financial Services	68
Facilities Management	38
Corporate Services	35
Other	665
Total Count	3,731

Tenure	# of participants
<1 year	141
1-3 years	165
4-5 years	98
6-10 years	140
11-15 years	78
>15 years	173
Prefer not to say	9
Total Count	804

Generation	# of participants
Baby boomers	60
Gen X	272
Millennials	380
Gen Z	64
Prefer not to say	25
Total Count	801

Survey Participant Overview (2/2)

Cultural Background	# of participants
South Asia	127
Latin America / Caribbean	118
Southeast Asia	105
North America	84
East Asia	67
Middle East / North Africa	61
Sub-Saharan Africa	52
Eastern Europe	37
Indigenous Group	35
Prefer not to answer	29
Central Europe	26
Western Europe	26
Northern Europe, Southern, Europe, Central Asia and Oceania	37
Total Count	804

Group Membership	# of participants
Other	229
South Asian	133
Chinese	77
Black	65
Filipino	59
Southeast Asian	58
African	50
Latin American	50
Indigenous	43
Arab	40
Total Count	804

Gender	# of participants
Female (cisgender)	593
Male (cisgender)	186
Non-binary, Two-Spirit, 2 or more answers, Trans Woman, Trans Man	19
Prefer not to answer	5
Total Count	803

Sexual Orientation	# of participants
Heterosexual	596
Homosexual, Asexual, Bisexual, Pansexual, Other	158
Prefer not to say	50
Total Count	804

Disability Status	# of participants
Employees who do not identify as a person with a disability	734
Employees who do identify as a person with a disability	44
Prefer not to say	26
Total Count	804

Indigenous Status	# of participants
First Nations	32
Métis, Inuit	19
Prefer not to say	14
Total Count	65

EDI Workforce Survey Total Results*

Survey of HHS employees, collected from November 25th, 2021 to December 31st, 2022

Overall participation - 27.63%

3731 employee responses

76% of respondents identify as 'White'.

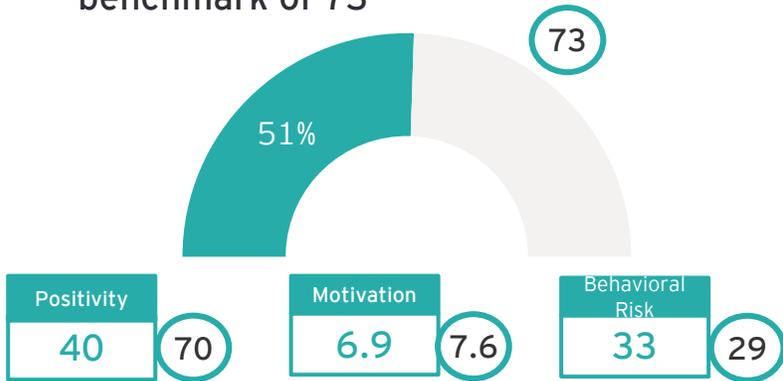
Top departments

① Adult Acute Healthcare: 503

② Nursing: 380

③ Allied Health Professional: 304

A 'Moderate' culture health score of 51 out of 100 compared to industry benchmark of 73



Top positive traits

- ✓ Challenging
- ✓ Collaborative
- ✓ Process-oriented

Top negative traits

- ✗ Overworked
- ✗ Undervalue people
- ✗ Hierarchical

Behavioural risks: Overworked, Undervalue people, Unrealistic expectations, Disrespectful

Traits to Keep, Start and Stop

Keep Traits	Start Traits	Stop Traits
<ol style="list-style-type: none"> 1. Inclusive 2. Collaborative 3. Innovative 	<ol style="list-style-type: none"> 1. Transparent 2. Empowering 3. Well-organized 	<ol style="list-style-type: none"> 1. Overworked 2. Undervalue people 3. Unrealistic expectations

Most Supportive Behaviours

- ✓ Teaming and collaboration
- ✓ Talent development
- ✓ Digital tools and technology

Least Supportive Behaviours

- ✗ Risk appetite
- ✗ Physical workspace
- ✗ Leader effectiveness

Desirable Leadership Traits

- ▶ Truly understand the perspective of others
- ▶ Be fully present and lead with an open mind
- ▶ Think of the big picture and make fully informed decisions

Top Motivators

- ▶ Enjoyment in my job
- ▶ Balance between work and personal responsibilities
- ▶ Consistency to keep doing the work I am doing

Top Focus Areas

- ▶ Work life balance and personal wellness
- ▶ Leader effectiveness
- ▶ Teaming and collaboration

Key EDI Insights

32% agree their unique perspective is valued at HHS

53% believe they are treated fairly at HHS

36% agree that HHS provides fair and equitable opportunities to all employees

50% feel a sense of belonging within HHS

44% agree that senior leaders value equity, diversity and inclusion

63% agree that the teams they work with are diverse

62% agree that their direct manager creates an inclusive environment

68% agree that HHS provides communications and information in accessible formats

* Please note: This slide summarizes the high level insights from the total respondent population at HHS, of which, 76% identify as 'White'.

EDI Survey - Data Cuts

Below provides a snapshot of the data cuts available for review.

Ctrl + Click on the tiles to explore each data cut.

Department

Group
Membership

Gender

Sexual
Orientation

Disability Status

Comparison of culture findings by Department (1/3)

Top 8 departments

Department	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (36) Unrealistic expectations (34) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (34%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (31%) Empowering (25%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (48%) Undervalue people (33%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (28%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (40%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (26%) 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (47%) Equitable opportunities for all employees (63%) Sense of belonging (50%) Senior leaders value equity, diversity and inclusion (56%) Authentic self at HHS (41%) Culture values differing perspectives and skills (52%) Workforce reflects diversity of the community (48%)
Adult Acute Healthcare: 503	42%	<ol style="list-style-type: none"> Overworked (50) Unrealistic expectations (41) Undervalue people (38) Disrespectful (30) 	<ol style="list-style-type: none"> Inclusive (33%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (32%) Well-organized (27%) <u>Talent/people-centric (27%)</u> 	<ol style="list-style-type: none"> Overworked (56%) Unrealistic expectations (41%) Undervalue people (36%) 	<ol style="list-style-type: none"> Work-life balance (51%) Leader effectiveness (33%) Teaming & collaboration (25%) 	<ol style="list-style-type: none"> Truly understand others' perspective (44%) Be fully present and lead with an open mind (38%) 	<ol style="list-style-type: none"> Enjoyment in my job (36%) Balance between work and personal responsibilities (25%) 	<ol style="list-style-type: none"> Unique perspective is valued (77%) I am treated fairly (54%) <u>I can be successful (43%)</u> Equitable opportunities for all employees (69%) Sense of belonging (58%) Senior leaders value equity, diversity and inclusion (65%) <u>Direct manager creates an inclusive environment (45%)</u> Authentic self at HHS (50%) Culture values differing perspectives and skills (59%) Workforce reflects diversity of the community (49%)
Nursing: 380	49%	<ol style="list-style-type: none"> Overworked (52) Undervalue people (39) Unrealistic expectations (38) Disrespectful (26) 	<ol style="list-style-type: none"> Inclusive (31%) Collaborative (28%) <u>Accountable (24%)</u> 	<ol style="list-style-type: none"> Well-organized (32%) Transparent (30%) Empowering (29%) 	<ol style="list-style-type: none"> Overworked (61%) Undervalue people (37%) Unrealistic expectations (36%) 	<ol style="list-style-type: none"> Work-life balance (59%) Teaming & collaboration (28%) Leader effectiveness (27%) 	<ol style="list-style-type: none"> Truly understand others' perspective (46%) Be fully present and lead with an open mind (37%) 	<ol style="list-style-type: none"> Enjoyment in my job (38%) Balance between work and personal responsibilities (32%) 	<ol style="list-style-type: none"> Unique perspective is valued (76%) I am treated fairly (56%) <u>I can be successful (41%)</u> Equitable opportunities for all employees (66%) Sense of belonging (60%) Senior leaders value equity, diversity and inclusion (64%) <u>Direct manager creates an inclusive environment (41%)</u> Authentic self at HHS (49%) Culture values differing perspectives and skills (56%) Workforce reflects diversity of the community (46%)
Allied Health Professional: 304	62%	<ol style="list-style-type: none"> Overworked (44) Undervalue people (34) Unrealistic expectations (34) <u>Playing Favourites (25)</u> 	<ol style="list-style-type: none"> Inclusive (37%) Collaborative (31%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (33%) Empowering (27%) <u>Talent/people-centric (25%)</u> 	<ol style="list-style-type: none"> Overworked (48%) Undervalue people (31%) Unrealistic expectations (30%) 	<ol style="list-style-type: none"> Work-life balance (49%) <u>Talent Development (28%)</u> Leader effectiveness (28%) 	<ol style="list-style-type: none"> Truly understand others' perspective (38%) Be fully present and lead with an open mind (27%) 	<ol style="list-style-type: none"> Enjoyment in my job (33%) Balance between work and personal responsibilities (26%) 	<ol style="list-style-type: none"> Unique perspective is valued (66%) I am treated fairly (44%) Equitable opportunities for all employees (66%) Sense of belonging (45%) Senior leaders value equity, diversity and inclusion (54%) <u>Teams are diverse (49%)</u> Culture values differing perspectives and skills (50%) Workforce reflects diversity of the community (57%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Department (2/3)

Top 8 departments

Department	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Diagnostic Services: 208	35%	<ol style="list-style-type: none"> Overworked (48) Undervalue people (40) Unrealistic expectations (35) Not Taking Responsibility (27) 	<ol style="list-style-type: none"> Inclusive (32%) Accountable (22%) Innovative (20%) 	<ol style="list-style-type: none"> Transparent (37%) Well-organized (32%) Accountable (24%) 	<ol style="list-style-type: none"> Overworked (53%) Undervalue people (40%) Unrealistic expectations (33%) 	<ol style="list-style-type: none"> Work-life balance (55%) Leader effectiveness (38%) Rewards & Recognition (20%) 	<ol style="list-style-type: none"> Truly understand others' perspective (47%) Be fully present and lead with an open mind (40%) 	<ol style="list-style-type: none"> Enjoyment in my job (35%) Balance between work and personal responsibilities (33%) 	<ol style="list-style-type: none"> Unique perspective is valued (76%) I am treated fairly (62%) I can be successful (49%) Equitable opportunities for all employees (68%) Sense of belonging (59%) Senior leaders value equity, diversity and inclusion (62%) Teams are diverse (42%) Direct manager creates an inclusive environment (55%) Authentic self at HHS (53%) Culture values differing perspectives and skills (61%) HHS provides communication in accessible formats (44%) Workforce reflects diversity of the community (49%)
Clerical /Secretarial: 198	67%	<ol style="list-style-type: none"> Overworked (41) Undervalue people (34) Unrealistic expectations (30) Disrespectful (28) 	<ol style="list-style-type: none"> Inclusive (33%) Well-organized (25%) Innovative (22%) 	<ol style="list-style-type: none"> Recognition focused (30%) Transparent (27%) Empowering (26%) 	<ol style="list-style-type: none"> Overworked (40%) Undervalue people (29%) Unrealistic expectations (26%) 	<ol style="list-style-type: none"> Work-life balance (63%) Rewards & Recognition (28%) Leader effectiveness (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (47%) Be fully present and lead with an open mind (31%) 	<ol style="list-style-type: none"> Enjoyment in my job (35%) Consistency to keep doing the work I am doing (29%) 	<ol style="list-style-type: none"> Unique perspective is valued (72%) I am treated fairly (46%) Equitable opportunities for all employees (62%) Sense of belonging (52%) Senior leaders value equity, diversity and inclusion (51%) Teams are diverse (42%) Authentic self at HHS (41%) Culture values differing perspectives and skills (44%)
Adult Emergency, Urgent and Ambulatory Care: 172	42%	<ol style="list-style-type: none"> Overworked (52) Undervalue people (42) Unrealistic expectations (38) Disrespectful (27) 	<ol style="list-style-type: none"> Inclusive (28%) Collaborative (25%) Innovative (22%) 	<ol style="list-style-type: none"> Transparent (33%) Empowering (28%) Recognition focused (26%) 	<ol style="list-style-type: none"> Overworked (63%) Undervalue people (43%) Unrealistic expectations (36%) 	<ol style="list-style-type: none"> Work-life balance (45%) Leader effectiveness (32%) Teaming & collaboration (26%) 	<ol style="list-style-type: none"> Truly understand others' perspective (46%) Be fully present and lead with an open mind (37%) 	<ol style="list-style-type: none"> Enjoyment in my job (38%) Consistency to keep doing the work I am doing (28%) 	<ol style="list-style-type: none"> Unique perspective is valued (78%) I am treated fairly (50%) I can be successful (41%) Equitable opportunities for all employees (66%) Sense of belonging (64%) Senior leaders value equity, diversity and inclusion (63%) Direct manager creates an inclusive environment (41%) Authentic self at HHS (41%) Culture values differing perspectives and skills (55%) Workforce reflects diversity of the community (51%)
Laboratory: 156	62%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (38) Unrealistic expectations (30) Not Transparent (24) 	<ol style="list-style-type: none"> Inclusive (33%) Innovative (28%) Collaborative (26%) 	<ol style="list-style-type: none"> Talent/people-centric (26%) Transparent (26%) Well-organized (26%) 	<ol style="list-style-type: none"> Overworked (46%) Undervalue people (39%) Unrealistic expectations (25%) 	<ol style="list-style-type: none"> Work-life balance (56%) Leader effectiveness (29%) Talent Development (26%) 	<ol style="list-style-type: none"> Truly understand others' perspective (36%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (36%) Balance between work and personal responsibilities (34%) 	<ol style="list-style-type: none"> Unique perspective is valued (69%) I am treated fairly (41%) Equitable opportunities for all employees (62%) Sense of belonging (51%) Senior leaders value equity, diversity and inclusion (44%) Direct manager creates an inclusive environment (49%) Authentic self at HHS (41%) Culture values differing perspectives and skills (49%) Workforce reflects diversity of the community (49%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Department (3/3)

Top 8 departments

Department	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Child and Youth Acute Healthcare: 144	67%	<ol style="list-style-type: none"> 1. Overworked (42) 2. Undervalue people (36) 3. Unrealistic expectations (35) 4. <u>Place Blame (24)</u> 	<ol style="list-style-type: none"> 1. Inclusive (42%) 2. Collaborative (27%) 3. <u>Accountable (24%)</u> 	<ol style="list-style-type: none"> 1. Empowering (31%) 2. Transparent (27%) 3. <u>Inclusive (26%)</u> 	<ol style="list-style-type: none"> 1. Overworked (42%) 2. Undervalue people (35%) 3. Unrealistic expectations (32%) 	<ol style="list-style-type: none"> 1. Work-life balance (58%) 2. Teaming & collaboration (29%) 3. <u>Talent Development (22%)</u> 	<ol style="list-style-type: none"> 1. Truly understand others' perspective (41%) 2. Be fully present and lead with an open mind (33%) 	<ol style="list-style-type: none"> 1. Enjoyment in my job (34%) 2. Balance between work and personal responsibilities (32%) 	<ol style="list-style-type: none"> 1. Unique perspective is valued (69%) 2. I am treated fairly (48%) 3. Equitable opportunities for all employees (71%) 4. Sense of belonging (56%) 5. Senior leaders value equity, diversity and inclusion (61%) 6. <u>Teams are diverse (49%)</u> 7. <u>Direct manager creates an inclusive environment (47%)</u> 8. Authentic self at HHS (44%) 9. Culture values differing perspectives and skills (55%) 10. Workforce reflects diversity of the community (63%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Group Membership (1/3)

Top 9 groups

Group Membership	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (36) Unrealistic expectations (34) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (34%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (31%) Empowering (25%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (48%) Undervalue people (33%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (28%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (40%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (26%) 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (47%) Equitable opportunities for all employees (63%) Sense of belonging (50%) Senior leaders value equity, diversity and inclusion (56%) Authentic self at HHS (41%) Culture values differing perspectives and skills (52%) Workforce reflects diversity of the community (48%)
White: 2794	56%	<ol style="list-style-type: none"> Overworked (46) Undervalue people (36) Unrealistic expectations (35) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (35) Collaborative (25) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (30%) Empowering (26%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (50%) Undervalue people (33%) Unrealistic expectations (32%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (27%) Teaming & collaboration (25%) 	<ol style="list-style-type: none"> Truly understand others' perspective (41%) Be fully present and lead with an open mind (34%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (27%) 	<ol style="list-style-type: none"> Unique perspective is valued (66%) I am treated fairly (44%) Equitable opportunities for all employees (61%) Sense of belonging (48%) Senior leaders value equity, diversity and inclusion (53%) Culture values differing perspectives and skills (50%) Workforce reflects diversity of the community (47%)
South Asian: 133	50%	<ol style="list-style-type: none"> Overworked (42) Undervalue people (36) Unrealistic expectations (34) Lack of Inclusion (32) 	<ol style="list-style-type: none"> Inclusive (32%) Collaborative (31%) Responsive (24%) 	<ol style="list-style-type: none"> Inclusive (34%) Talent/people-centric (33%) Transparent (32%) 	<ol style="list-style-type: none"> Overworked (40%) Undervalue people (33%) Unrealistic expectations (28%) 	<ol style="list-style-type: none"> Work-life balance (44%) Leader effectiveness (32%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (36%) Be aware of changing demographics and embrace inclusion (30%) 	<ol style="list-style-type: none"> Consistency to keep doing the work I am doing (25%) Growth of my skills and Capabilities (25%) 	<ol style="list-style-type: none"> Unique perspective is valued (64%) I am treated fairly (49%) Equitable opportunities for all employees (62%) Sense of belonging (48%) Senior leaders value equity, diversity and inclusion (63%) Teams are diverse (49%) Direct manager creates an inclusive environment (41%) Authentic self at HHS (42%) Culture values differing perspectives and skills (55%) Workforce reflects diversity of the community (54%)
Chinese: 77	43%	<ol style="list-style-type: none"> Overworked (46) Undervalue people (37) Unrealistic expectations (35) Not Transparent (29) 	<ol style="list-style-type: none"> Collaborative (37%) Inclusive (35%) Accountable (25%) 	<ol style="list-style-type: none"> Transparent (40%) Responsive (33%) Talent/people-centric (30%) 	<ol style="list-style-type: none"> Overworked (49%) Undervalue people (35%) Resistant to change (32%) 	<ol style="list-style-type: none"> Work-life balance (51%) Talent Development (29%) Teaming & collaboration (27%) 	<ol style="list-style-type: none"> Truly understand others' perspective (43%) Be fully present and lead with an open mind (30%) 	<ol style="list-style-type: none"> Balance between work and personal responsibilities (35%) Enjoyment in my job (35%) 	<ol style="list-style-type: none"> Unique perspective is valued (70%) I am treated fairly (43%) Equitable opportunities for all employees (60%) Sense of belonging (49%) Senior leaders value equity, diversity and inclusion (54%) Direct manager creates an inclusive environment (41%) Authentic self at HHS (48%) Culture values differing perspectives and skills (59%) Workforce reflects diversity of the community (46%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Group Membership (2/3)

Top 9 groups

Group Membership	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Black: 65	35%	<ol style="list-style-type: none"> Overworked (43) <u>Lack of Inclusion (37)</u> Undervalue people (30) Unrealistic expectations (29) 	<ol style="list-style-type: none"> <u>Customer-centric (26%)</u> Inclusive (26%) Innovative (20%) 	<ol style="list-style-type: none"> <u>Inclusive (57%)</u> Empowering (24%) <u>Proactive (24%)</u> 	<ol style="list-style-type: none"> Overworked (41%) <u>Stuck in our ways (28%)</u> <u>Disconnected (24%)</u> 	<ol style="list-style-type: none"> Work-life balance (46%) <u>Talent Development (33%)</u> Leader effectiveness (22%) 	<ol style="list-style-type: none"> <u>Be aware of changing demographics and embrace inclusion (50%)</u> <u>Manage through change and know when to challenge (33%)</u> 	<ol style="list-style-type: none"> Enjoyment in my job (43%) <u>Consistency to keep doing the work I am doing (28%)</u> 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (61%) <u>I can be successful (48%)</u> Equitable opportunities for all employees (76%) Sense of belonging (69%) Senior leaders value equity, diversity and inclusion (75%) <u>Teams are diverse (55%)</u> <u>Direct manager creates an inclusive environment (46%)</u> Authentic self at HHS (66%) Culture values differing perspectives and skills (65%) <u>HHS provides communication in accessible formats (41%)</u> Workforce reflects diversity of the community (72%)
Filipino: 59	65%	<ol style="list-style-type: none"> Overworked (44) Unrealistic expectations (37) Undervalue people (36) <u>Manipulative (31)</u> 	<ol style="list-style-type: none"> Collaborative (40%) Innovative (35%) Inclusive (21%) 	<ol style="list-style-type: none"> Transparent (30%) <u>Inclusive (26%)</u> Empowering (23%) 	<ol style="list-style-type: none"> Overworked (44%) Unrealistic expectations (37%) <u>Unsupportive (33%)</u> 	<ol style="list-style-type: none"> Work-life balance (53%) <u>Decision Making (26%)</u> Teaming & collaboration (23%) 	<ol style="list-style-type: none"> Truly understand others' perspective (42%) Be fully present and lead with an open mind (33%) 	<ol style="list-style-type: none"> Enjoyment in my job (51%) <u>Financial Rewards (e.g. Pay check) (28%)</u> 	<ol style="list-style-type: none"> Unique perspective is valued (74%) I am treated fairly (60%) <u>I can be successful (42%)</u> Equitable opportunities for all employees (65%) Sense of belonging (56%) Senior leaders value equity, diversity and inclusion (65%) Authentic self at HHS (58%) Culture values differing perspectives and skills (66%) <u>HHS provides communication in accessible formats (46%)</u> Workforce reflects diversity of the community (61%)
Southeast Asian: 58	61%	<ol style="list-style-type: none"> Overworked (44) Undervalue people (34) Unrealistic expectations (32) Disrespectful (32) 	<ol style="list-style-type: none"> Inclusive (28%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> <u>Inclusive (30%)</u> Transparent (30%) Empowering (28%) 	<ol style="list-style-type: none"> Overworked (43%) Undervalue people (30%) Unrealistic expectations (28%) 	<ol style="list-style-type: none"> Work-life balance (53%) <u>Talent Development (28%)</u> Teaming & collaboration (25%) 	<ol style="list-style-type: none"> <u>Build Relationships and connect the right people across the organisation (33%)</u> Truly understand others' perspective (30%) 	<ol style="list-style-type: none"> Enjoyment in my job (33%) Balance between work and personal responsibilities (25%) 	<ol style="list-style-type: none"> Unique perspective is valued (70%) I am treated fairly (56%) <u>I can be successful (48%)</u> Equitable opportunities for all employees (69%) Sense of belonging (61%) Senior leaders value equity, diversity and inclusion (68%) <u>Direct manager creates an inclusive environment (40%)</u> Authentic self at HHS (56%) Culture values differing perspectives and skills (54%) <u>HHS provides communication in accessible formats (41%)</u> Workforce reflects diversity of the community (63%)
African: 50	66%	<ol style="list-style-type: none"> Disrespectful (34) Overworked (34) <u>Abusive (34)</u> <u>Lack of inclusion (32)</u> 	<ol style="list-style-type: none"> Inclusive (38%) Innovative (32%) Collaborative (27%) 	<ol style="list-style-type: none"> <u>Inclusive (51%)</u> Transparent (38%) <u>Recognition focused (32%)</u> 	<ol style="list-style-type: none"> <u>Lacks praise (27%)</u> Overworked (37%) Undervalue people (27%) 	<ol style="list-style-type: none"> Work-life balance (43%) Leader effectiveness (35%) <u>Talent Development (24%)</u> 	<ol style="list-style-type: none"> Truly understand others' perspective (51%) <u>Be aware of changing demographics and embrace inclusion (46%)</u> 	<ol style="list-style-type: none"> <u>Consistency to keep doing the work I am doing (30%)</u> <u>Pride in company products/ services (27%)</u> 	<ol style="list-style-type: none"> Unique perspective is valued (73%) I am treated fairly (58%) <u>I can be successful (49%)</u> Equitable opportunities for all employees (86%) Sense of belonging (63%) Senior leaders value equity, diversity and inclusion (79%) <u>Teams are diverse (51%)</u> <u>Direct manager creates an inclusive environment (57%)</u> Authentic self at HHS (71%) Culture values differing perspectives and skills (57%) <u>HHS provides communication in accessible formats (41%)</u> Workforce reflects diversity of the community (57%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Group Membership (3/3)

Top 9 groups

Group Membership	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Latin American: 50	73%	<ol style="list-style-type: none"> Overworked (37) Unrealistic expectations (37) Undervalue people (32) <u>Controlling (24)</u> 	<ol style="list-style-type: none"> Inclusive (39%) Collaborative (25%) Innovative (25%) 	<ol style="list-style-type: none"> <u>Talent/people-centric (33%)</u> Empowering (31%) <u>Recognition focused (31%)</u> 	<ol style="list-style-type: none"> Unrealistic expectations (39%) Overworked (31%) Undervalue people (28%) 	<ol style="list-style-type: none"> Work-life balance (50%) Teaming & collaboration (31%) <u>Talent Development (31%)</u> 	<ol style="list-style-type: none"> <u>Be aware of changing demographics and embrace inclusion (39%)</u> Truly understand others' perspective (28%) 	<ol style="list-style-type: none"> <u>Consistency to keep doing the work I am doing (31%)</u> Enjoyment in my job (31%) 	<ol style="list-style-type: none"> Unique perspective is valued (70%) Equitable opportunities for all employees (53%) Sense of belonging (58%) Senior leaders value equity, diversity and inclusion (53%) <u>Teams are diverse (45%)</u> Culture values differing perspectives and skills (47%) Workforce reflects diversity of the community (45%)
Indigenous: 43	66%	<ol style="list-style-type: none"> Overworked (46) Undervalue people (43) Unrealistic expectations (31) <u>Makes Exceptions (29)</u> 	<ol style="list-style-type: none"> Inclusive (44%) <u>Passionate (31%)</u> <u>Accountable (28%)</u> 	<ol style="list-style-type: none"> <u>Recognition focused (33%)</u> Well-organized (31%) <u>Accountable (28%)</u> 	<ol style="list-style-type: none"> Overworked (50%) Undervalue people (50%) Unrealistic expectations (25%) 	<ol style="list-style-type: none"> Work-life balance (56%) Teaming & collaboration (31%) Leader effectiveness (28%) 	<ol style="list-style-type: none"> Truly understand others' perspective (44%) Be fully present and lead with an open mind (25%) 	<ol style="list-style-type: none"> <u>Growth of my skills and Capabilities (31%)</u> Balance between work and personal responsibilities (28%) 	<ol style="list-style-type: none"> Unique perspective is valued (64%) I am treated fairly (44%) Equitable opportunities for all employees (58%) Sense of belonging (53%) Senior leaders value equity, diversity and inclusion (47%) Authentic self at HHS (42%) Culture values differing perspectives and skills (51%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Gender (1/2)

Gender	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	1. Overworked (45) 2. Undervalue people (36) 3. Unrealistic expectations (34) 4. Disrespectful (25)	1. Inclusive (34%) 2. Collaborative (25%) 3. Innovative (23%)	1. Transparent (31%) 2. Empowering (25%) 3. Well-organized (24%)	1. Overworked (48%) 2. Undervalue people (33%) 3. Unrealistic expectations (31%)	1. Work-life balance (52%) 2. Leader effectiveness (28%) 3. Teaming & collaboration (24%)	1. Truly understand others' perspective (40%) 2. Be fully present and lead with an open mind (32%)	1. Enjoyment in my job (34%) 2. Balance between work and personal responsibilities (26%)	1. Unique perspective is valued (67%) 2. I am treated fairly (47%) 3. Equitable opportunities for all (63%) 4. Sense of belonging (50%) 5. Senior leaders value equity, diversity and inclusion (56%) 6. Authentic self at HHS (41%) 7. Culture values differing perspectives and skills (52%) 8. Workforce reflects diversity of the community (48%)
Woman: 3014	62%	1. Overworked (47) 2. Undervalue people (37) 3. Unrealistic expectations (36) 4. Disrespectful (24)	1. Inclusive (34%) 2. Collaborative (27%) 3. Innovative (23%)	1. Transparent (31%) 2. Empowering (26%) 3. Well-organized (25%)	1. Overworked (51%) 2. Undervalue people (35%) 3. Unrealistic expectations (33%)	1. Work-life balance (54%) 2. Leader effectiveness (27%) 3. Teaming & collaboration (25%)	1. Truly understand others' perspective (41%) 2. Be fully present and lead with an open mind (33%)	1. Enjoyment in my job (34%) 2. Balance between work and personal responsibilities (28%)	1. Unique perspective is valued (68%) 2. I am treated fairly (47%) 3. Equitable opportunities for all (64%) 4. Sense of belonging (50%) 5. Senior leaders value equity, diversity and inclusion (55%) 6. Authentic self at HHS (40%) 7. Culture values differing perspectives and skills (52%) 8. Workforce reflects diversity of the community (48%)
Man: 616	52%	1. Overworked (38) 2. Undervalue people (31) 3. Unrealistic expectations (29) 4. <u>Not taking responsibility (26)</u>	1. Inclusive (33%) 2. Innovative (26%) 3. Collaborative (21%)	1. Transparent (31%) 2. <u>Talent/people-centric (25%)</u> 3. <u>Inclusive (23%)</u>	1. Overworked (35%) 2. <u>Bureaucratic (26%)</u> 3. Undervalue people (25%)	1. Work-life balance (43%) 2. Leader effectiveness (27%) 3. <u>Talent development (25%)</u>	1. Truly understand others' perspective (37%) 2. Be fully present and lead with an open mind (26%)	1. Enjoyment in my job (31%) 2. <u>Consistency to keep doing the work I am doing (21%)</u>	1. Unique perspective is valued (59%) 2. I am treated fairly (43%) 3. Equitable opportunities for all (57%) 4. Sense of belonging (48%) 5. Senior leaders value equity, diversity and inclusion (54%) 6. Authentic self at HHS (40%) 7. Culture values differing perspectives and skills (52%) 8. Workforce reflects diversity of the community (45%)
Prefer not to answer: 64	24%	1. Overworked (43) 2. Undervalue people (39) 3. Disrespectful (39) 4. <u>Harassment (37)</u>	1. Inclusive (21%) 2. <u>Accountable (19%)</u> 3. <u>Customer-centric (19%)</u>	1. Transparent (43%) 2. <u>Open-minded (34%)</u> 3. <u>Accountable (30%)</u>	1. Overworked (40%) 2. Undervalue people (36%) 3. <u>Unsupportive (32%)</u>	1. Leader effectiveness (51%) 2. Work-life balance (38%) 3. <u>Decision-making (32%)</u>	1. Truly understand others' perspective (47%) 2. Be fully present and lead with an open mind (34%)	1. Enjoyment in my job (40%) 2. <u>Consistency to keep doing the work I am doing (38%)</u>	1. Unique perspective is valued (89%) 2. I am treated fairly (79%) 3. <u>I can be successful (64%)</u> 4. Equitable opportunities for all (88%) 5. Sense of belonging (77%) 6. Senior leaders value equity, diversity and inclusion (70%) 7. <u>Teams are diverse (40%)</u> 8. <u>Direct manager creates an inclusive environment (56%)</u> 9. Authentic self at HHS (77%) 10. Culture values differing perspectives and skills (74%) 11. <u>HHS provides communication in accessible formats (48%)</u> 12. Workforce reflects diversity of the community (62%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Gender (2/2)

Gender	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Others*: 37	61%	<ol style="list-style-type: none"> 1. Lack of inclusion (44) 2. Abusive (35) 3. Playing favourites (33) 4. Manipulative (31) 	<ol style="list-style-type: none"> 1. Inclusive (39%) 2. Adaptive (25%) 3. Collaborative (25%) 	<ol style="list-style-type: none"> 1. Inclusive (43%) 2. Transparent (36%) 3. Recognition focused (29%) 	<ol style="list-style-type: none"> 1. Lack of inclusion (29%) 2. Micromanaged (29%) 3. Abusive (25%) 	<ol style="list-style-type: none"> 1. Work-life balance (46%) 2. Leader effectiveness (39%) 3. Teaming & collaboration (29%) 	<ol style="list-style-type: none"> 1. Truly understand others' perspective (36%) 2. Be fully present and lead with an open mind (36%) 	<ol style="list-style-type: none"> 1. Ability to serve my clients (29%) 2. Enjoyment in my job (29%) 	<ol style="list-style-type: none"> 1. Unique perspective is valued (72%) 2. I am treated fairly (54%) 3. Equitable opportunities for all (72%) 4. Sense of belonging (60%) 5. Senior leaders value equity, diversity and inclusion (71%) 6. Teams are diverse (50%) 7. Direct manager creates an inclusive environment (50%) 8. Authentic self at HHS (68%) 9. Culture values differing perspectives and skills (65%) 10. HHS provides communication in accessible formats (57%) 11. Workforce reflects diversity of the community (64%)

*Others include Non-binary, Two-spirit, Trans Woman, Trans Man and 2 or more answers

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Sexual Orientation (1/3)

Sexual Orientation	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (36) Unrealistic expectations (34) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (34%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (31%) Empowering (25%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (48%) Undervalue people (33%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (28%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (40%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (26%) 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (47%) Equitable opportunities for all (63%) Sense of belonging (50%) Senior leaders value equity, diversity and inclusion (56%) Authentic self at HHS (41%) Culture values differing perspectives and skills (52%) Workforce reflects diversity of the community (48%)
Heterosexual: 3000	57%	<ol style="list-style-type: none"> Overworked (46) Undervalue people (36) Unrealistic expectations (35) Disrespectful (24) 	<ol style="list-style-type: none"> Inclusive (34%) Collaborative (26%) Innovative (24%) 	<ol style="list-style-type: none"> Transparent (31%) Empowering (26%) Talent/people-centric (24%) 	<ol style="list-style-type: none"> Overworked (49%) Undervalue people (34%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (51%) Leader effectiveness (27%) Teaming & collaboration (25%) 	<ol style="list-style-type: none"> Truly understand others' perspective (40%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (27%) 	<ol style="list-style-type: none"> Unique perspective is valued (66%) I am treated fairly (45%) Equitable opportunities for all (62%) Sense of belonging (48%) Senior leaders value equity, diversity and inclusion (55%) Culture values differing perspectives and skills (49%) Workforce reflects diversity of the community (46%)
	76%	<ol style="list-style-type: none"> Overworked (40) Unrealistic expectations (33) Undervalue people (33) Disrespectful (30) 	<ol style="list-style-type: none"> Inclusive (26%) Innovative (24%) Collaborative (20%) 	<ol style="list-style-type: none"> Open-minded (27%) Well-organized (25%) Transparent (22%) 	<ol style="list-style-type: none"> Overworked (38%) Unrealistic expectations (31%) Undervalue people (27%) 	<ol style="list-style-type: none"> Work-life balance (54%) Leader effectiveness (30%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (46%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (36%) Consistency to keep doing the work I am doing (29%) 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (54%) Equitable opportunities for all (61%) Sense of belonging (52%) Senior leaders value equity, diversity and inclusion (58%) Direct manager creates an inclusive environment (47%) Authentic self at HHS (48%) Culture values differing perspectives and skills (49%) HHS provides communication in accessible formats (41%) Workforce reflects diversity of the community (45%)
Prefer not to answer: 215	35%	<ol style="list-style-type: none"> Overworked (43) Undervalue people (34) Disrespectful (33) Unrealistic expectations (33) 	<ol style="list-style-type: none"> Inclusive (26%) Accountable (21%) Innovative (19%) 	<ol style="list-style-type: none"> Transparent (31%) Well-organized (30%) Open-minded (29%) 	<ol style="list-style-type: none"> Overworked (41%) Undervalue people (29%) Unrealistic expectations (27%) 	<ol style="list-style-type: none"> Work-life balance (49%) Leader effectiveness (37%) Talent development (25%) 	<ol style="list-style-type: none"> Truly understand others' perspective (37%) Be fully present and lead with an open mind (36%) 	<ol style="list-style-type: none"> Enjoyment in my job (36%) Consistency to keep doing the work I am doing (31%) 	<ol style="list-style-type: none"> Unique perspective is valued (77%) I am treated fairly (67%) I can be successful (49%) Equitable opportunities for all (77%) Sense of belonging (66%) Senior leaders value equity, diversity and inclusion (69%) Teams are diverse (43%) Direct manager creates an inclusive environment (54%) Authentic self at HHS (61%) Culture values differing perspectives and skills (63%) HHS provides communication in accessible formats (44%) Workforce reflects diversity of the community (52%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Sexual Orientation (2/3)

Sexual Orientation	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Bisexual: 129	49%	<ol style="list-style-type: none"> Overworked (50) Undervalue people (39) Unrealistic expectations (38) <u>Not taking responsibility (29)</u> 	<ol style="list-style-type: none"> Inclusive (36%) Collaborative (22%) <u>Accountable (21%)</u> 	<ol style="list-style-type: none"> Transparent (38%) <u>Recognition focused (31%)</u> Well-organized (30%) 	<ol style="list-style-type: none"> Overworked (58%) Undervalue people (38%) Unrealistic expectations (35%) 	<ol style="list-style-type: none"> Work-life balance (54%) Teaming & collaboration (27%) Leader effectiveness (26%) 	<ol style="list-style-type: none"> Truly understand others' perspective (36%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (29%) Balance between work and personal responsibilities (27%) 	<ol style="list-style-type: none"> Unique perspective is valued (77%) I am treated fairly (53%) <u>I can be successful (46%)</u> Equitable opportunities for all (70%) Sense of belonging (58%) Senior leaders value equity, diversity and inclusion (64%) <u>Direct manager creates an inclusive environment (40%)</u> Authentic self at HHS (54%) Culture values differing perspectives and skills (64%) Workforce reflects diversity of the community (54%)
Gay: 62	43%	<ol style="list-style-type: none"> Overworked (39) Undervalue people (38) <u>Not taking responsibility (38)</u> Unrealistic expectations (29) 	<ol style="list-style-type: none"> Inclusive (48%) <u>Adaptive (25%)</u> Collaborative (17%) 	<ol style="list-style-type: none"> <u>Inclusive (40%)</u> Transparent (37%) <u>Accountable (33%)</u> 	<ol style="list-style-type: none"> Undervalue people (37%) Overworked (35%) <u>Bureaucratic (25%)</u> 	<ol style="list-style-type: none"> Work-life balance (54%) Leader effectiveness (35%) <u>Digital tools and technology (25%)</u> 	<ol style="list-style-type: none"> Truly understand others' perspective (48%) Be fully present and lead with an open mind (35%) 	<ol style="list-style-type: none"> Enjoyment in my job (35%) <u>Impact on the community (25%)</u> 	<ol style="list-style-type: none"> Unique perspective is valued (63%) I am treated fairly (49%) <u>I can be successful (47%)</u> Equitable opportunities for all (71%) Sense of belonging (66%) Senior leaders value equity, diversity and inclusion (67%) <u>Teams are diverse (44%)</u> <u>Direct manager creates an inclusive environment (44%)</u> Authentic self at HHS (56%) Culture values differing perspectives and skills (58%) Workforce reflects diversity of the community (56%)
Queer: 42	42%	<ol style="list-style-type: none"> Overworked (49) <u>Lack of inclusion (39)</u> Unrealistic expectations (37) Undervalue people (36) 	<ol style="list-style-type: none"> Inclusive (42%) Collaborative (39%) <u>Customer-centric (24%)</u> 	<ol style="list-style-type: none"> <u>Inclusive (52%)</u> Empowering (36%) <u>Talent/people-centric (33%)</u> 	<ol style="list-style-type: none"> Overworked (52%) Unrealistic expectations (33%) Undervalue people (30%) 	<ol style="list-style-type: none"> Work-life balance (58%) Leader effectiveness (33%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> <u>Be aware of changing demographics and embrace inclusion (52%)</u> <u>Think of the big picture and make fully informed decisions (36%)</u> 	<ol style="list-style-type: none"> <u>Growth of my skills and capabilities (36%)</u> Enjoyment in my job (33%) 	<ol style="list-style-type: none"> Unique perspective is valued (72%) I am treated fairly (54%) <u>I can be successful (51%)</u> Equitable opportunities for all (78%) Sense of belonging (57%) Senior leaders value equity, diversity and inclusion (81%) <u>Teams are diverse (63%)</u> Authentic self at HHS (69%) Culture values differing perspectives and skills (72%) Workforce reflects diversity of the community (81%)
Lesbian: 36	61%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (36) <u>Not transparent (30)</u> <u>Micromanaged (30)</u> 	<ol style="list-style-type: none"> Inclusive (55%) Collaborative (24%) <u>Customer-centric (24%)</u> 	<ol style="list-style-type: none"> Transparent (45%) <u>Accountable (31%)</u> Well-organized (31%) 	<ol style="list-style-type: none"> <u>Micromanaged (45%)</u> Overworked (41%) Undervalue people (34%) 	<ol style="list-style-type: none"> Work-life balance (66%) Leader effectiveness (28%) <u>Decision-making (28%)</u> 	<ol style="list-style-type: none"> Truly understand others' perspective (48%) <u>Be aware of changing demographics and embrace inclusion (34%)</u> 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (24%) 	<ol style="list-style-type: none"> Unique perspective is valued (76%) I am treated fairly (48%) Equitable opportunities for all (56%) Sense of belonging (65%) Senior leaders value equity, diversity and inclusion (51%) Culture values differing perspectives and skills (56%) Workforce reflects diversity of the community (45%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Sexual Orientation (3/3)

Sexual Orientation	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
2 or more answers: 32	43%	<ol style="list-style-type: none"> 1. Not taking responsibility (43) 2. Overworked (41) 3. Lack of inclusion (40) Unrealistic expectations (32) 4. Unrealistic expectations (32) 	<ol style="list-style-type: none"> 1. Inclusive (38%) 2. Collaborative (33%) 3. Resilient (25%) 	<ol style="list-style-type: none"> 1. Empowering (33%) 2. Accountable (29%) 3. Inclusive (29%) 	<ol style="list-style-type: none"> 1. Overworked (38%) 2. Not taking responsibility (33%) 3. Lack of inclusion (29%) 	<ol style="list-style-type: none"> 1. Talent development (42%) 2. Work-life balance (33%) 3. Leader effectiveness (29%) 	<ol style="list-style-type: none"> 1. Be fully present and lead with an open mind (42%) 2. Truly understand others' perspective (42%) 	<ol style="list-style-type: none"> 1. Enjoyment in my job (33%) 2. Ability to serve my clients (29%) 	<ol style="list-style-type: none"> 1. Unique perspective is valued (71%) 2. Equitable opportunities for all (68%) 3. Sense of belonging (62%) 4. Senior leaders value equity, diversity and inclusion (59%) 5. Teams are diverse (46%) 6. Authentic self at HHS (47%) 7. Culture values differing perspectives and skills (58%) 8. HHS provides communication in accessible formats (50%) 9. Workforce reflects diversity of the community (67%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Disability Status

Disability Status	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	1. Overworked (45) 2. Undervalue people (36) 3. Unrealistic expectations (34) 4. Disrespectful (25)	1. Inclusive (34%) 2. Collaborative (25%) 3. Innovative (23%)	1. Transparent (31%) 2. Empowering (25%) 3. Well-organized (24%)	1. Overworked (48%) 2. Undervalue people (33%) 3. Unrealistic expectations (31%)	1. Work-life balance (52%) 2. Leader effectiveness (28%) 3. Teaming & collaboration (24%)	1. Truly understand others' perspective (40%) 2. Be fully present and lead with an open mind (32%)	1. Enjoyment in my job (34%) 2. Balance between work and personal responsibilities (26%)	1. Unique perspective is valued (67%) 2. I am treated fairly (47%) 3. Equitable opportunities for all (63%) 4. Sense of belonging (50%) 5. Senior leaders value equity, diversity and inclusion (56%) 6. Authentic self at HHS (41%) 7. Culture values differing perspectives and skills (52%) 8. Workforce reflects diversity of the community (48%)
No: 3372	57%	1. Overworked (45) 2. Undervalue people (35) 3. Unrealistic expectations (35) 4. Disrespectful (24)	1. Inclusive (34%) 2. Collaborative (26%) 3. Innovative (23%)	1. Transparent (30%) 2. Empowering (25%) 3. Well-organized (24%)	1. Overworked (48%) 2. Undervalue people (33%) 3. Unrealistic expectations (31%)	1. Work-life balance (51%) 2. Leader effectiveness (27%) 3. Teaming & collaboration (24%)	1. Truly understand others' perspective (40%) 2. Be fully present and lead with an open mind (32%)	1. Enjoyment in my job (34%) 2. Balance between work and personal responsibilities (26%)	1. Unique perspective is valued (67%) 2. I am treated fairly (45%) 3. Equitable opportunities for all (62%) 4. Sense of belonging (50%) 5. Senior leaders value equity, diversity and inclusion (56%) 6. Culture values differing perspectives and skills (51%) 7. Workforce reflects diversity of the community (47%)
	49%	1. Overworked (48) 2. Undervalue people (40) 3. Unrealistic expectations (35) 4. Playing favourites (28)	1. Inclusive (34%) 2. Innovative (28%) 3. Collaborative (21%)	1. Transparent (35%) 2. Accountable (28%) 3. Empowering (27%)	1. Overworked (53%) 2. Undervalue people (38%) 3. Unrealistic expectations (30%)	1. Work-life balance (54%) 2. Leader effectiveness (27%) 3. Talent development (23%)	1. Truly understand others' perspective (41%) 2. Be fully present and lead with an open mind (29%)	1. Enjoyment in my job (35%) 2. Balance between work and personal responsibilities (25%)	1. Unique perspective is valued (71%) 2. I am treated fairly (56%) 3. I can be successful (45%) 4. Equitable opportunities for all (71%) 5. Sense of belonging (55%) 6. Senior leaders value equity, diversity and inclusion (61%) 7. Teams are diverse (42%) 8. Direct manager creates an inclusive environment (41%) 9. Authentic self at HHS (56%) 10. Culture values differing perspectives and skills (58%) 11. Workforce reflects diversity of the community (51%)
Prefer not to answer: 136	35%	1. Overworked (39) 2. Undervalue people (35) 3. Disrespectful (34) 4. Not taking responsibility (32)	1. Inclusive (23%) 2. Accountable (21%) 3. Passionate (18%)	1. Transparent (37%) 2. Well-organized (30%) 3. Open-minded (29%)	1. Overworked (36%) 2. Undervalue people (29%) 3. Playing favourites (22%)	1. Work-life balance (53%) 2. Leader effectiveness (37%) 3. Decision making (20%)	1. Truly understand others' perspective (41%) 2. Think of the big picture and make fully informed decisions (27%)	1. Enjoyment in my job (40%) 2. Balance between work and personal responsibilities (26%)	1. Unique perspective is valued (77%) 2. I am treated fairly (63%) 3. I can be successful (53%) 4. Equitable opportunities for all (70%) 5. Sense of belonging (60%) 6. Senior leaders value equity, diversity and inclusion (67%) 7. Teams are diverse (41%) 8. Direct manager creates an inclusive environment (55%) 9. Authentic self at HHS (59%) 10. Culture values differing perspectives and skills (61%) 11. HHS provides communication in accessible formats (43%) 12. Workforce reflects diversity of the community (55%)

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Disability Status and Cultural Background (1/2)

Disability Status (Yes/No)	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (36) Unrealistic expectations (34) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (34%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (31%) Empowering (25%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (48%) Undervalue people (33%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (28%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (40%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (26%) 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (47%) Equitable opportunities for all (63%) Sense of belonging (50%) Senior leaders value equity, diversity and inclusion (56%) Authentic self at HHS (41%) Culture values differing perspectives and skills (52%) Workforce reflects diversity of the community (48%)
No and North America: 1361	62%	<ol style="list-style-type: none"> Overworked (47) Undervalue people (37) Unrealistic expectations (34) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (37%) Collaborative (26%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (30%) Empowering (26%) Well-organized (23%) 	<ol style="list-style-type: none"> Overworked (51%) Undervalue people (35%) Unrealistic expectations (30%) 	<ol style="list-style-type: none"> Work-life balance (51%) Teaming & collaboration (26%) Leader effectiveness (26%) 	<ol style="list-style-type: none"> Truly understand others' perspective (41%) Be fully present and lead with an open mind (35%) 	<ol style="list-style-type: none"> Enjoyment in my job (35%) Balance between work and personal responsibilities (29%) 	<ol style="list-style-type: none"> Unique perspective is valued (64%) I am treated fairly (41%) Equitable opportunities for all (59%) Sense of belonging (45%) Senior leaders value equity, diversity and inclusion (50%) Culture values differing perspectives and skills (46%) Workforce reflects diversity of the community (43%)
	No and Others*: 1843	51%	<ol style="list-style-type: none"> Overworked (45) Unrealistic expectations (35) Undervalue people (34) Disrespectful (24) 	<ol style="list-style-type: none"> Inclusive (33%) Collaborative (26%) Innovative (24%) 	<ol style="list-style-type: none"> Transparent (31%) Talent/people-centric (25%) Empowering (25%) 	<ol style="list-style-type: none"> Overworked (46%) Unrealistic expectations (32%) Undervalue people (31%) 	<ol style="list-style-type: none"> Work-life balance (51%) Leader effectiveness (28%) Talent development (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (39%) Be fully present and lead with an open mind (30%) 	<ol style="list-style-type: none"> Enjoyment in my job (32%) Balance between work and personal responsibilities (24%)
Yes and North America: 78	50%	<ol style="list-style-type: none"> Overworked (49) Undervalue people (41) Unrealistic expectations (35) Disrespectful (28) 	<ol style="list-style-type: none"> Inclusive (33%) Collaborative (24%) Innovative (23%) 	<ol style="list-style-type: none"> Recognition focused (37%) Empowering (33%) Accountable (29%) 	<ol style="list-style-type: none"> Overworked (54%) Undervalue people (41%) Unsupportive (31%) 	<ol style="list-style-type: none"> Work-life balance (50%) Teaming & collaboration (29%) Recognition and rewards (26%) 	<ol style="list-style-type: none"> Truly understand others' perspective (43%) Be fully present and lead with an open mind (34%) 	<ol style="list-style-type: none"> Enjoyment in my job (36%) Balance between work and personal responsibilities (30%) 	<ol style="list-style-type: none"> Unique perspective is valued (75%) I am treated fairly (54%) I can be successful (44%) Equitable opportunities for all (73%) Sense of belonging (44%) Senior leaders value equity, diversity and inclusion (60%) Authentic self at HHS (54%) Culture values differing perspectives and skills (53%) Workforce reflects diversity of the community (53%)

*Others include all groups except North America and Prefer not to answer

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Disability Status and Cultural Background (2/2)

Disability Status (Yes/No)	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Yes and Others*: 145	50%	<ol style="list-style-type: none"> Overworked (48) Undervalue people (39) Unrealistic expectations (35) <u>Not taking responsibility (30)</u> 	<ol style="list-style-type: none"> Inclusive (36%) Innovative (31%) <u>Accountable (21%)</u> 	<ol style="list-style-type: none"> Transparent (40%) Well-organized (29%) <u>Accountable (27%)</u> 	<ol style="list-style-type: none"> Overworked (51%) Undervalue people (36%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (55%) Leader effectiveness (27%) <u>Talent development (22%)</u> 	<ol style="list-style-type: none"> Truly understand others' perspective (39%) Be fully present and lead with an open mind (26%) 	<ol style="list-style-type: none"> Enjoyment in my job (33%) Balance between work and personal responsibilities (24%) 	<ol style="list-style-type: none"> Unique perspective is valued (68%) I am treated fairly (57%) <u>I can be successful (42%)</u> Equitable opportunities for all (72%) Sense of belonging (61%) Senior leaders value equity, diversity and inclusion (61%) <u>Teams are diverse (43%)</u> <u>Direct manager creates an inclusive environment (41%)</u> Authentic self at HHS (54%) Culture values differing perspectives and skills (60%) Workforce reflects diversity of the community (47%)

*Others include all groups except North America and Prefer not to answer

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Disability Status and Group Membership (1/2)

Disability Status (Yes/No)	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Overall population: 3731	51%	<ol style="list-style-type: none"> Overworked (45) Undervalue people (36) Unrealistic expectations (34) Disrespectful (25) 	<ol style="list-style-type: none"> Inclusive (34%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (31%) Empowering (25%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (48%) Undervalue people (33%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (28%) Teaming & collaboration (24%) 	<ol style="list-style-type: none"> Truly understand others' perspective (40%) Be fully present and lead with an open mind (32%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (26%) 	<ol style="list-style-type: none"> Unique perspective is valued (67%) I am treated fairly (47%) Equitable opportunities for all (63%) Sense of belonging (50%) Senior leaders value equity, diversity and inclusion (56%) Authentic self at HHS (41%) Culture values differing perspectives and skills (52%) Workforce reflects diversity of the community (48%)
No and White: 2567	57%	<ol style="list-style-type: none"> Overworked (46) Undervalue people (36) Unrealistic expectations (35) Disrespectful (24) 	<ol style="list-style-type: none"> Inclusive (35%) Collaborative (25%) Innovative (23%) 	<ol style="list-style-type: none"> Transparent (30%) Empowering (26%) Well-organized (24%) 	<ol style="list-style-type: none"> Overworked (50%) Undervalue people (33%) Unrealistic expectations (32%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (28%) Teaming & collaboration (25%) 	<ol style="list-style-type: none"> Truly understand others' perspective (41%) Be fully present and lead with an open mind (34%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (27%) 	<ol style="list-style-type: none"> Unique perspective is valued (65%) I am treated fairly (44%) Equitable opportunities for all (61%) Sense of belonging (48%) Senior leaders value equity, diversity and inclusion (53%) Culture values differing perspectives and skills (49%) Workforce reflects diversity of the community (45%)
	51%	<ol style="list-style-type: none"> Overworked (43) Undervalue people (35) Unrealistic expectations (33) Lack of inclusion (27) 	<ol style="list-style-type: none"> Inclusive (31%) Collaborative (28%) Innovative (24%) 	<ol style="list-style-type: none"> Transparent (31%) Inclusive (30%) Talent/people-centric (25%) 	<ol style="list-style-type: none"> Overworked (43%) Undervalue people (31%) Unrealistic expectations (28%) 	<ol style="list-style-type: none"> Work-life balance (48%) Leader effectiveness (27%) Talent development (26%) 	<ol style="list-style-type: none"> Truly understand others' perspective (37%) Be aware of changing demographics and embrace inclusion (26%) 	<ol style="list-style-type: none"> Enjoyment in my job (31%) Balance between work and personal responsibilities (23%) 	<ol style="list-style-type: none"> Unique perspective is valued (70%) I am treated fairly (50%) I can be successful (40%) Equitable opportunities for all (66%) Sense of belonging (56%) Senior leaders value equity, diversity and inclusion (62%) Teams are diverse (43%) Direct manager creates an inclusive environment (42%) Authentic self at HHS (51%) Culture values differing perspectives and skills (55%) Workforce reflects diversity of the community (55%)
	43%	<ol style="list-style-type: none"> Overworked (49) Undervalue people (39) Unrealistic expectations (35) Disrespectful (28) 	<ol style="list-style-type: none"> Inclusive (33%) Innovative (28%) Collaborative (21%) 	<ol style="list-style-type: none"> Transparent (34%) Recognition focused (29%) Empowering (28%) 	<ol style="list-style-type: none"> Overworked (55%) Undervalue people (36%) Unsupportive (30%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (26%) Recognition and rewards (21%) 	<ol style="list-style-type: none"> Truly understand others' perspective (42%) Be fully present and lead with an open mind (30%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (27%) 	<ol style="list-style-type: none"> Unique perspective is valued (70%) I am treated fairly (56%) I can be successful (45%) Equitable opportunities for all (71%) Sense of belonging (53%) Senior leaders value equity, diversity and inclusion (61%) Teams are diverse (43%) Direct manager creates an inclusive environment (41%) Authentic self at HHS (55%) Culture values differing perspectives and skills (55%) Workforce reflects diversity of the community (52%)
Yes and White: 170	43%	<ol style="list-style-type: none"> Overworked (49) Undervalue people (39) Unrealistic expectations (35) Disrespectful (28) 	<ol style="list-style-type: none"> Inclusive (33%) Innovative (28%) Collaborative (21%) 	<ol style="list-style-type: none"> Transparent (34%) Recognition focused (29%) Empowering (28%) 	<ol style="list-style-type: none"> Overworked (55%) Undervalue people (36%) Unsupportive (30%) 	<ol style="list-style-type: none"> Work-life balance (52%) Leader effectiveness (26%) Recognition and rewards (21%) 	<ol style="list-style-type: none"> Truly understand others' perspective (42%) Be fully present and lead with an open mind (30%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Balance between work and personal responsibilities (27%) 	<ol style="list-style-type: none"> Unique perspective is valued (70%) I am treated fairly (56%) I can be successful (45%) Equitable opportunities for all (71%) Sense of belonging (53%) Senior leaders value equity, diversity and inclusion (61%) Teams are diverse (43%) Direct manager creates an inclusive environment (41%) Authentic self at HHS (55%) Culture values differing perspectives and skills (55%) Workforce reflects diversity of the community (52%)

*Others include all groups except White and Prefer not to answer

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results

Comparison of culture findings by Disability Status and Group Membership (2/2)

Disability Status (Yes/No)	Culture Health	Top Behavioural Risks	Top 3 Keep Traits	Top 3 Start Traits	Top 3 Stop Traits	Top 3 Desired Focus Areas	Top 2 Desired Leadership Traits	Top 2 Motivators	EDI Considerations (≥40% responded neutral or disagree)
Yes and Others*: 44	60%	<ol style="list-style-type: none"> Overworked (41) Undervalue people (41) Not taking responsibility (35) Unrealistic expectations (34) 	<ol style="list-style-type: none"> Inclusive (37%) Accountable (29%) Innovative (26%) 	<ol style="list-style-type: none"> Transparent (40%) Inclusive (37%) Accountable (34%) 	<ol style="list-style-type: none"> Undervalue people (40%) Overworked (37%) Unrealistic expectations (31%) 	<ol style="list-style-type: none"> Work-life balance (57%) Talent development (40%) Teaming & collaboration (23%) 	<ol style="list-style-type: none"> Truly understand others' perspective (37%) Be fully present and lead with an open mind (26%) 	<ol style="list-style-type: none"> Enjoyment in my job (34%) Consistency to keep doing the work I am doing (23%) 	<ol style="list-style-type: none"> Unique perspective is valued (74%) I am treated fairly (51%) I can be successful (41%) Equitable opportunities for all (71%) Sense of belonging (60%) Senior leaders value equity, diversity and inclusion (63%) Teams are diverse (40%) Direct manager creates an inclusive environment (40%) Authentic self at HHS (55%) Culture values differing perspectives and skills (66%) Workforce reflects diversity of the community (43%)

*Others include all groups except White and Prefer not to answer

Legend: The underlined findings signal a trait / behaviour / consideration that is unique from the overall population results



Understanding Current State

Appendix C: Community Stakeholders

Community Stakeholder Interviews

About this Section



This section summarizes the following:

- ▶ Themes from Community Stakeholder Interviews

Methodology



EY met with external stakeholders representing a broad range of community members. These 60 minute interviews were targeted at understanding the experiences of diverse patients. EY led representatives through a series of questions to understand existing pain points, and discuss recommendations to build community trust and improve patient care.

These interviews were conducted using a virtual meeting platform.

Key Takeaways



- ▶ Community Stakeholders feel that more cultural sensitivity training needs to be provided to HHS employees
- ▶ Equity deserving community members report inconsistent experiences when accessing health care services
- ▶ Diverse community members feel the need to alter their appearance prior to arrival at HHS to avoid profiling
- ▶ Communities should be consulted, not asked to create inclusive policies or practices

Community Stakeholder Themes (1/2)

	THEMES	DETAILS
1	<p>Equity deserving community members report inconsistent experiences when accessing health care services</p>	<ul style="list-style-type: none"> ▶ Community stakeholders shared a number of negative HHS patient experiences. They also outlined how these experiences are often shared within the community and act as a deterrent to other diverse patients seeking needed care ▶ Stakeholders noted HHS has made progress in recent years and appreciate the effort undergone to create more inclusive and equitable environments ▶ Stakeholders identified consistency of service and understanding of diverse patients as being an ongoing challenge. While there are stories of HHS staff going above and beyond, the average experience of patients with diverse background continues to be inconsistent ▶ Given these experiences, HHS has a conflicting reputation within the community
2	<p>Diverse community members feel the need to alter their appearance prior to arrival at HHS to avoid profiling</p>	<ul style="list-style-type: none"> ▶ Community stakeholders provided similar stories of patients of varying backgrounds feeling unsafe while accessing care. Many of these stories included personal recounts of changing appearance or clothing prior to arrival at HHS, to avoid being profiled or discriminated against ▶ Many BIPOC community stories included a sick or in distress community member asking a white friend or family member to accompany them to the emergency department
3	<p>A desired need for strategically designed safe spaces and inclusive procedures</p>	<ul style="list-style-type: none"> ▶ Community Stakeholders indicated HHS could do more to integrate practices that promote psychological safety and culturally inclusive care into operational standards ▶ Stakeholders consistently stated for many, seeking care can be triggering or anxiety inducing, implementation of structural changes that identify HHS as a safe space is ideal. Ideas included intake forms including preferred name and pronouns, offering of medical forms in various languages that reflect the community, clearly visible posters informing patients of available support services and medicine lodges for ceremonies near hospital entrances or visible signage directing visitors to the lodges
4	<p>A desired need for trauma informed care training for all HHS staff</p>	<ul style="list-style-type: none"> ▶ Stakeholders consistently noted the need for trauma informed care training for all HHS staff ▶ Community Stakeholders represent community members that have/ continue to experience traumatic events. Stakeholders frequently suggested HHS would benefit from education and experience allowing them to identify trauma and remove potentially retraumatizing policies or procedures. ▶ Stakeholders identified trauma informed care as a significant lever to promote trust and improve treatment interventions

Community Stakeholder Themes (2/2)

THEMES	DETAILS
<p>5 A perceived need for mandatory organizational diversity training</p>	<ul style="list-style-type: none"> ▶ All stakeholder groups indicated they have had interactions with HHS staff where they felt the need to self-educate and provide culturally relevant context when receiving care ▶ All stakeholder groups expressed a need for HHS staff to complete mandatory cultural competency and health equity training ▶ Stakeholders noted HHS staff would benefit from cultural competency, culturally safe care, anti-bias and health equity training. Stakeholder noted this training would particularly benefit triage nurses ▶ Additionally, stakeholders suggested standard training is not enough, they believe HHS would benefit from targeted role specific training to improve awareness and build cultural competencies and understanding of diverse patient groups
<p>6 A desired need for HHS to utilize additional levers to build trust, including the contextualization of care related questions</p>	<ul style="list-style-type: none"> ▶ Stakeholder groups emphasized the importance of creating trust and psychologically safe zones when receiving health care ▶ Given past experiences within the healthcare sector and general stigma, patients of diverse backgrounds may be nervous to disclose their group identification, gender expression or sexual orientation. To reduce anxiety, stakeholders believe contextualizing treatment related questions, helping the patient to understand the purpose, is helpful and can be utilized to build trust.
<p>7 Communities should be consulted, not asked to create inclusive policies or practices</p>	<ul style="list-style-type: none"> ▶ Stakeholders noted the recent actions of HHS to improve EDI are appreciated, however, community consultation is necessary to ensure intention and impact are aligned ▶ Stakeholders are generally happy to provide HHS direction or assistance, however they believe HHS should own creation and implementation of EDI or reconciliatory initiatives ▶ Given the scope of change needed, stakeholders want to see HHS drive this work and consult with them, when appropriate
 <ul style="list-style-type: none"> ▶ Generally, Community Stakeholders approve of HHS' initiatives to create a safer, more equitable, and inclusive environment. They believe organizational focus on staff training and structural revisions that demonstrate a clear commitment as needed organizational changes to improve patient care. Additionally, Community Stakeholders emphasized the importance of trauma informed care, inclusive procedures and greater representation of diversity within HHS' workforce as desired steps towards more inclusive care. ▶ Given that Stakeholder Engagement is a critical element of inclusive transformation, HHS may want to assess and evaluate the methods, cadence and stakeholder audience in preparation to drive change within the EDI space. 	

A photograph of a doctor in a white lab coat and blue scrubs, with a stethoscope around their neck, holding a patient's hand. The doctor is also holding a large, open document or folder. The patient's hands are clasped together. The background shows a clinical setting with a framed anatomical chart on the wall.

Understanding Current State

Appendix D: Patient Experience

Patient Experience Advisors

About this Section



This section summarizes the following:

- ▶ Themes from Patient Experience Advisors focus group

Methodology



EY met with members of HHS' Patient Experience Advisory group. This 60 minute session captured the perspectives and opinions of primarily external patient advocates, including representatives from the McMaster Children's Hospital Family Advisory Council and Youth Advisory Council. The purpose was to better understand their perception of EDI within HHS, provide lived experience and share suggestions for improvement.

This session was conducted on an anonymous virtual platform.

Key Takeaways



- ▶ 100% feel that HHS is patient focused
- ▶ Overall experiences have been fairly positive, recognizing that BIPOC community members do not have the same experiences
- ▶ Desire for improved accessibility
- ▶ Patients have expressed instance of occasional discrimination or prejudice when receiving services at HHS
- ▶ Expressed staff could benefit from additional cultural competency training
- ▶ Desire for more feedback forum
- ▶ Need for HHS to create more inclusive environments

Patient Experience Themes (1/2)

THEMES	DETAILS
<p>1 Strong agreeance amongst Patient Experience Advisors that their experiences with HHS have been predominantly positive, however they recognize BIPOC community members do not have the same experiences</p>	<ul style="list-style-type: none"> ▶ When asked if participants thought 'HHS was patient focused' all respondents said 'yes' ▶ When participants were asked to rate their patient experience at HHS out of 10, the response rate was 7.8, when asked to rate their experience from an EDI perspective, the response rate was 7.5 out of 10 ▶ When asked if Patient Experience Advisors felt all patients were treated fairly, 70% of respondents said 'no'. Many cited the experiences of BIPOC community members and media stories as the reason they believed many patients do not receive equal treatment
<p>2 A desire for HHS staff to act as a curious health partner and include family members and care givers when developing treatment plans</p>	<ul style="list-style-type: none"> ▶ Patient Experience Advisors identified a need for health practitioners to act as a partner in care, asking questions that are relevant to both the patients care and culture, to better understand the patient and design impactful treatment plans ▶ Desire for health care practitioners to give additional consideration and greater involvement to patient families and caregivers when developing treatment plans and interventions ▶ Desire for health care practitioners to acknowledge patients and caregivers as experts in their own experience. Additionally, Patients Advisors would like to feel as though they are a valued part of their health team, engaging in meaningful conversations to achieve ideal health outcomes
<p>3 A desire for improved accessibility across all HHS sites</p>	<ul style="list-style-type: none"> ▶ Patient Experience Advisors identified a number of accessibility barriers they currently encounter when accessing services at HHS. They outlined the following areas as common barriers: general navigation, usage of bathrooms including height of toilets and grab bars, availability of ramps, braille or high contrast signs and automatic doors ▶ Desire for greater accessibility through HHS sites
<p>4 Perceived instance of occasional discrimination or prejudice experienced by patient advisors when receiving services at HHS</p>	<ul style="list-style-type: none"> ▶ 27% of Patient Experience Advisors stated they had "personally experienced discrimination or prejudice in their healthcare encounters" ▶ 90% of participants felt they were treated fairly while receiving care at HHS, however, 36% believed they have not been actively engaged in decisions or discussions impacting their care

Patient Experience Themes (2/2)

	THEMES	DETAILS
5	<p>Shared sentiment that HHS staff could benefit from additional cultural competency training</p>	<ul style="list-style-type: none"> ▶ Patient Experience Advisors commonly noted additional cultural competency training should be provided and would be beneficial to HHS staff, especially triage nurses ▶ Advisors specifically mentioned training needs for BIPOC and LGBTQ+ patients, general cultural competency and mental health training
6	<p>A shared desire for HHS to improve representation of diverse staff to better reflect the communities served</p>	<ul style="list-style-type: none"> ▶ Patient Experience Advisors commonly noted the importance of health care practitioners that reflect the patient population. They noted diverse representation is an important step in the creation of trust and psychologically safe zones. Additionally, they noted the availability of HHS staff that live in the community and speak the same language as patients ▶ Patient Experience Advisors also suggested a need for community training, helping health care practitioner better understand the diverse population of Hamilton
7	<p>Needed forums to easily provide patient focused feedback</p>	<ul style="list-style-type: none"> ▶ Patient experience advisors indicated a forum to easily provide patient experience feedback is needed ▶ They believe first hand experience, especially related to EDI, can help the organization identify problem areas and develop needed policies and procedures to support a more inclusive HHS
	<ul style="list-style-type: none"> ▶ Patient Experience Advisors generally feel HHS is committed to patients and makes an effort to understand Hamilton's diverse communities. Most would describe their experiences with HHS as positive, however, they do recognize BIPOC community members have had negative experiences while seeking care. Advisors insisted additional training and recognition of patients as experts in their own experience is essential to improving the patient experience. Advisors also noted to improve community relations and outcomes of diverse patients, HHS should focus on improved accessibility, representation of diverse staff that reflect the communities served and easier forums to provide patient feedback, especially related to EDI. ▶ Given that Learning and Support is a critical component to evoking change, HHS may want to consider how to engage with Patient Experience Advisors as they develop EDI learnings and support resources targeted at improving patient experience as it relates to EDI. 	

Reinforcing findings & exploring gaps

Appendix E: Focus Groups



Focus Groups

About this Section



This section summarizes the following:

- ▶ Focus Group format
- ▶ High-level findings from the various topics that were explored in the focus groups

Methodology



EY conducted 6 anonymous focus groups. Participants included representatives from various employee demographic groups (including Indigenous employees). These sessions were utilized to gain qualitative insights and everyday examples from the HHS employee experience.

These focus groups were conducted using our virtual and anonymous tool, Real-time Collaborator. Asynchronous focus groups were available to all HHS employees using our Qualtrics platform

Key Takeaways

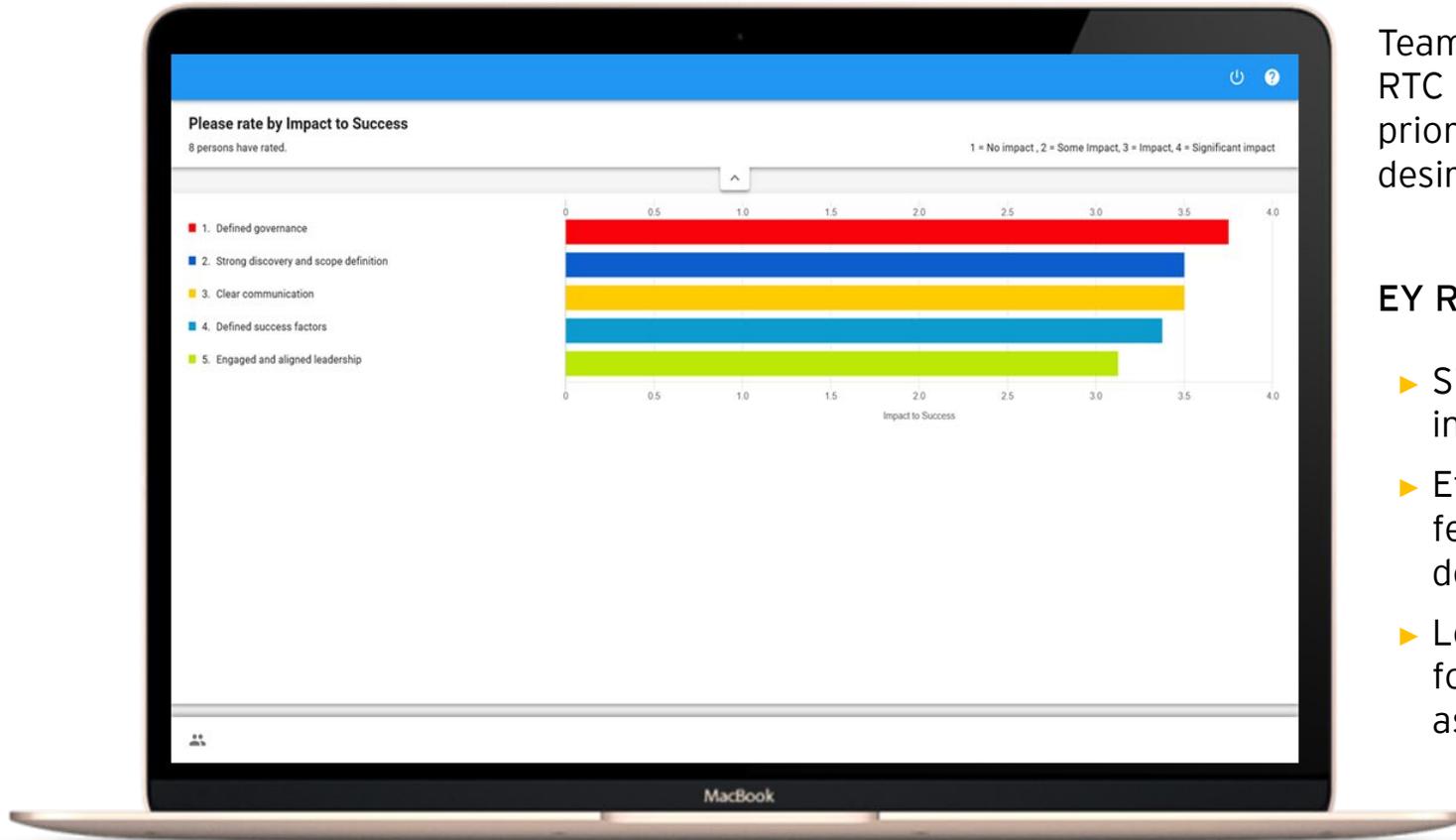


- ▶ Employees desire more transparency as it relates to decision-making, hiring and career progression
- ▶ Employees are most enjoying their jobs when directly interacting with patients
- ▶ There is limited inclusion at HHS
- ▶ Employees do not feel that enough cultural sensitivity has been provided for them to effectively do their job
- ▶ There is a desire for more accountability at all levels within the organization
- ▶ Employees are looking for greater EDI commitment from leadership
- ▶ Employees expressed the need for more diversity within the leadership team

Employee Focus Group Format - Real Time Collaborator (RTC) Tool

EY has conducted 6 focus groups leveraging the RTC tool to provide complete anonymity, in addition to a self guided focus group survey using Qualtrics.

EY RTC (powered by xLeap) is a firm-approved, third-party platform that provides real-time collaboration capability for our clients.



Teams can design real-time client sessions using the EY RTC platform's flexible and robust brainstorming, prioritization, and assessment activities to achieve the desired session objectives.

EY RTC's virtual collaboration platform enables EY to:

- ▶ Significantly increase the number of stakeholders involved in the feedback gathering process
- ▶ Efficiently and anonymously gather insight and feedback from stakeholders, enabling fast, effective decision-making
- ▶ Leverage real-time prioritization and voting results to focus on the most relevant and important items as well as drive alignment and buy-in from the group

Focus group topics include: Core components of EDI, performance appraisal process, behavioural traits to keep, start and stop, feelings and perceptions around inclusiveness, belonging and equality

Focus Group Results (1/3)

The below are consolidated themes derived from the focus group sessions

Areas of further exploration	Focus Group finding themes
<p>Strong Teaming and Collaboration <i>Collaboration is critical to inclusion, we want to further explore where and when it is present and how we can use it for the benefit of EDI</i></p>	<ul style="list-style-type: none"> • Most focus group members felt included when interacting with their peers, in team huddles, problem solving or providing exemplary patient care • Employees feel included when they are included in conversations and their opinion is asked and valued • Diverse respondents reported feeling included when they are working alongside other diverse colleagues, change champions or peers and managers that value and seek diverse opinions
<p>Limited Communication / Transparency <i>Communication and transparency are critical change levers. Ensuring the workforce receives clear and consistent communication regarding change will enhance likelihood of transformational success</i></p>	<ul style="list-style-type: none"> • Desire for increased transparency and communication regarding leadership decisions • Desire for additional and streamlined EDI communications. Participants noted HHS staff would benefit from senior leader communications sent directly to staff outlining the current priorities, actions being taken and next steps • Desire for leadership to clearly outline the 'why' of EDI investments and next steps, providing staff an opportunity to better understand the culture HHS is working to create
<p>Lack of Fair and Equitable Opportunities <i>Equity in resources and opportunity is a fundamental pillar of EDI and common workforce concern. We want to explore the current processes and rationale through which HHS deploys resources and opportunities</i></p>	<ul style="list-style-type: none"> • Perceived inconsistent application of procedures related to the allocation of career opportunities and promotions. Employees feel opportunities are provided at the discretion of managers/ leaders with no rationale, defined parameters, or communication • Desire for documented and well enforced processes and oversight related to the equitable allocation of opportunities
<p>Lack of inclusive hiring, promotion and development practices <i>Equity in attraction and promotion of staff is an essential component of equitable and diverse workplaces. We want to explore current pain points and suggestions for improved equity</i></p>	<ul style="list-style-type: none"> • Desire for a clear selection process with defined credentials when hiring candidates • Desire for targeted development and mentorship opportunities, this was especially prevalent amongst female and BIPOC focus group respondents. Additionally, respondents noted while HHS has representation of females within leadership positions, there is very little representation of diverse females • Desire for representation of diverse HHS internal employees on hiring panels

Focus Group Results (2/3)

The below are consolidated themes derived from the focus group sessions

Areas of further exploration	Focus Group finding themes
<p>Leadership Traits and Leaderships Commitment to EDI <i>The values displayed by leadership are a significant contributor to workplace culture. We want to further evaluate current behaviours and competencies needed to support a culture of belonging</i></p>	<ul style="list-style-type: none"> • Desire for leadership to undergo training and development exercises to better understand EDI, and learn how to utilize EDI as a tool to better understand others, show empathy, and improve collaboration in the work place • Desire for leaders to empower employees to identify and address issues of EDI and create open and psychologically safe environments that promote dialogue and collective ownership of inclusion • Desire for leaders to exhibit authenticity, acknowledging historically the organization may not have always gotten this work right
<p>Mental Health Support and Work/Life Balance <i>Mental Health, flexible work arrangements and work/life balance are clear indicators of inclusion. We want to further evaluate the availability and quality of resources and the differences between policy and practicality and additional support needed for staff</i></p>	<ul style="list-style-type: none"> • Desired need for greater work/ life balance • Employees indicated they are aware of the available mental health resources, common limitations provided were difficulty to access when not at HHS and the length of resources are not conducive to the long hours worked by frontline staff • Employees feared HHS' mental health and well-being resources were not confidential, and therefore they avoid usage of the resources
<p>Training / Learning & Development <i>Learning and development provide opportunities to build skills and competencies, which is integral to cultural change. We want to explore workforce bandwidth, current aptitude and specific resources needed</i></p>	<ul style="list-style-type: none"> • Desired need for additional EDI and cultural competency training. BIPOC and LGBTQ employee noted they regularly provide culturally safe care instructions to their colleagues • Desired need for internal training and development exercise for all HHS staff within each employees regular work hours. Employees noted a large impediment to building staff competencies is the lack of mandatory training, lack of allocated training and development time
<p>Lack of Inclusion <i>A critical element of EDI, we will explore how inclusion impacts employees of varying demographic groups and discuss needed changes to create a culture of belonging. Additionally, we want to assess how psychologically safe employees would describe their experiences at HHS</i></p>	<ul style="list-style-type: none"> • Perceived sentiment that HHS does not value the opinions and perspectives of all people, respondents provided examples of leadership soliciting feedback and advice from diverse employees and then making decisions that do not reflect the advice provided • Desire for enhanced diversity at the decision making table, including a defined framework that documents how diverse stakeholders were consulted and the principles used to make organizational decisions • Consistent desire amongst stakeholders for additional middle management training, helping to develop competencies that support cultures of belonging and help standardize employee experience

Focus Group Results (3/3)

The below are consolidated themes derived from the focus group sessions

Areas of further exploration	Focus Group finding themes
<p>Employees feeling undervalued and disrespected <i>Negative employee sentiment is relevant to both inclusion and equity, and are indicative of larger culture challenges. We will explore the causality and scale of these feelings and explore possible solutions/ support resources</i></p>	<ul style="list-style-type: none"> Indigenous employees noted they feel excluded and disrespected when they hear coworkers make offensive remarks or are dismissive of Indigenous experiences BIPOC employees reported feeling disrespected when issues of racism or inequity are shared with leaders and there is no response Perceived sentiments of tokenism amongst BIPOC employees is associated with feeling undervalued
<p>Employee Motivation - enjoyment of job <i>Motivation is directly related to inclusion, as employees that are actively engaged by colleagues and leadership exhibit higher levels of motivation. We will explore causes of motivation and leadership behaviours and styles related to equity and inclusion</i></p>	<ul style="list-style-type: none"> Employees indicated that they most enjoy their job when interacting directly with patients, especially when they are saving lives Employees also shared that when they are working together as one team and problem solving together as a team, they are enjoying their job
<p>Perceived Resistance to Change <i>For transformations to be successful, resistance must be closely monitored. We will explore historical issues and needed change support to ensure success</i></p>	<ul style="list-style-type: none"> Perceived sentiment that HHS is hierarchical and bureaucratic. The stakeholder navigation and consensus needed to evoke change, coupled with the demanding environment of HHS, makes change very slow and challenging to achieve
<p>Lack of Feedback Forums and Escalation Processes for transformation to be Tracked</p>	<ul style="list-style-type: none"> Desire for additional feedback forums. Most employees identified direct escalation to their manager or Human Resources as the only forum to report EDI related issues. Employees feel the organization would benefit from anonymous feedback forums and defined escalation processes Desire for stricter and well enforced policies will help clearly communicate the organizational commitment to EDI
<p>Perceived Need to Improve Organizational Accessibility <i>The identification and removal of accessibility barriers is a considerable component of equity and inclusion. We will explore current pain points experienced by employees with disabilities and document possible solutions/ support resources</i></p>	<ul style="list-style-type: none"> Desired need for streamlined accommodation processes allowing HHS staff to easily receive support When we asked respondents to rate HHS accommodation request process from 1 to 10, the average provided rate was 3.5. Employees provided personal stories of struggling to locate accommodation information within HHS' internal portals, being required to contact multiple stakeholders and share sensitive information and having to repeat the 'cumbersome' process every 6 months to be provided a need accommodation, despite having a permanent disability as their greatest challenges

A close-up photograph of a person wearing blue surgical scrubs and a blue bouffant cap. Their hands are visible, adjusting the cap. The background is a plain, light-colored wall.

Reinforcing findings & exploring gaps

Appendix F: Lived Experience

President's EDI Advisory Council - Lived Experience

About this Section



This section summarizes the following:

- ▶ Themes from President's EDI Advisory Council Lived Experience

Methodology



Understanding there is often disparity between how culture is designed and how it is lived. EY met with members of the President's EDI Advisory Council to explore and document their lived experiences. In this session, we asked questions to better understand the current state and validate early findings from our desk-based analysis.

This session was conducted on an anonymous virtual platform.

Key Takeaways



- ▶ Lack of foundational EDI understanding at the organizational level
- ▶ Support of the identification and removal of inequitable and exclusionary policies, processes and behaviours
- ▶ Desire for improved inclusion and representation, especially at the decision-making table
- ▶ Desire for more commitment and investment in EDI (training, feedback forums, leadership accountability)

President's Advisory Council - Lived Experience Themes (1/4)

	THEMES	DETAILS
1	<p>Shared sentiment that HHS' workforce is comprised of talented and committed professionals</p>	<ul style="list-style-type: none"> ▶ Members of the Council noted HHS is comprised of talent professionals, committed to improving patient outcomes and/or operational processes ▶ Council members noted there is considerable inclusion at their peer level, and their job is most enjoyable when their team is working together to solve issues or deliver exemplary patient experiences
2	<p>Perceived lack of EDI understanding at the leadership level</p>	<ul style="list-style-type: none"> ▶ Many members of the EDI Advisory Council feel leaders struggle to fully understand EDI and the associated impact on staff and patients ▶ Members of the Council feel the vast majority of HHS leaders are ill equipped to lead EDI related conversations or address issues ▶ Members identified personal bias and awareness of privilege at the leadership level as the main impediment to improved understanding of EDI ▶ Members also believe a "knowledge of systemic inequities and barriers" commonly faced by both the patient population and internal staff may be helpful in addressing organizational inequity and gaps
3	<p>Shared sentiment of fear of professional risk when calling out inequity or discrimination</p>	<ul style="list-style-type: none"> ▶ When asked 'Are you comfortable discussing issues of race and inequity with your leaders?' participants rated their comfort in between 'slightly' and 'somewhat comfortable' ▶ Of those who stated they were comfortable discussing race and inequity, a few cited they feared professional risk when calling out discrimination or inequity ▶ Shared instances in this and other interviews of white employees being asked by their BIPOC teammates to bring forth issues on their behalf (examples included a white staff member being asked by racialized teammates to bring forth behavior of a racist patient)
4	<p>Desired need for improved transparency in hiring and promotion practices</p>	<ul style="list-style-type: none"> ▶ The Council identified gender based discrimination and this is supported by minimal representation of females in leadership positions ▶ Additionally, there is minimal representation of BIPOC people at the manager, director or VP level ▶ Council members provided examples of colleagues being directly seconded into positions, at times, these secondments occurred to positions that had not been posted or were not openly understood to be vacant or available ▶ Additional provided examples of perceived lack of transparency within internal hiring processes included hiring managers demonstrating nepotism or favouritism; the inclusion of 'must have' credentials within job postings that are not accurate and hiring managers discrediting non-Canadian professional experience or education

President's Advisory Council - Lived Experience Themes (2/4)

THEMES	DETAILS	
5	<p>Shared sentiment that HHS' strategy and people plans are not designed to be inclusive or equitable</p>	<ul style="list-style-type: none"> ▶ No clear process for staff to observe meaningful or religious holidays ▶ No organizational communications celebrating diverse holidays or days of awareness ▶ Awareness that HHS' policies are outdated and ineffective, however there is no immediate plan to review and revise these policies. Council members specifically called out the lack of an anti-racism policy and the outdated Code of Conduct
6	<p>There is a strong consensus that improved consultation and inclusion of diverse voices is need at decision making tables</p>	<ul style="list-style-type: none"> ▶ Perception of inner-circle of individuals making decisions behind closed doors and/or via informal means, without other key stakeholders at the table ▶ No clear or documented process to obtain BIPOC and diverse employees consultation/feedback on organizational policies or processes. This is especially harmful when these policies are intended to improve the experiences of equity seeking employees and patients ▶ Council members expressed significant concern over the lack of diversity at the leadership level, where most decisions are made. Council members struggle to reconcile how members of the dominant group can direct inclusion and define equitable policies without lived experiences or training
7	<p>Organizational need to create EDI related accountability</p>	<ul style="list-style-type: none"> ▶ At present, HHS as an organization speaks to EDI as 'everyone's responsibility' which shifts attention away from leaders ▶ The Council believes for HHS to achieve transformational change, there needs to be defined metrics and accountability tied to leadership performance
8	<p>Shared sentiment of HHS performing as an ally while maintaining the status quo</p>	<ul style="list-style-type: none"> ▶ Council members provided numerous examples of HHS acting as an ally, but not implementing policies or procedures to address needed change. Examples included use of diverse groups in photos, while not improving the talent attraction and retention processes for diverse candidates or organizational statements in support of Black Lives Matter and the National Day for Truth and Reconciliation without addressing organizational policies and behaviours that negatively impact Black and Indigenous staff members ▶ While Council members acknowledge communication is a step in the right direction, without appropriate action, the message of solidarity is lost and serves to further maintain the status quo or can be perceived as lip service

President's Advisory Council - Lived Experience Themes (3/4)

	THEMES	DETAILS
9	<p>Observed instances of behaviour not in alignment with HHS' Code of Conduct being overlooked or downplayed by HHS management and leaders</p>	<ul style="list-style-type: none"> ▶ Council members shared numerous examples of hearing derogatory and harmful comments within the workplace. Examples include staff perpetuating harmful Indigenous stereotypes or insensitive comments regarding the unhoused or nearby mental health facility ▶ Members shared examples of poor behaviour they had witnessed or heard of and the associated lack of response from managers and leaders. A specific example included the organizational response to the HRT0 decision
10	<p>There is agreement and acknowledgement that EDI needs to have a formal home within HHS</p>	<ul style="list-style-type: none"> ▶ The Council acknowledges there is good and important work going on across HHS ▶ The Council recognizes there are leaders committed to making impactful change and building inclusive environments ▶ The Council believes there is a significant amount of work to achieve both the Working Group pillar goals and broader inclusion. To achieve these goals the Council believes EDI needs to be formally included within a team, with dedicated resources
11	<p>Shared agreement that HHS needs an anonymous feedback forum for EDI related issues and formal process to address concerns</p>	<ul style="list-style-type: none"> ▶ Information related to EDI complaints is challenging to locate ▶ Members of the council have provided EDI related feedback or identified practices/ policies that do not promote inclusion to managers, leaders and HRBP's, most feel there was no response or they did not receive an adequate response. Some leaders have been receptive to EDI related feedback, however, they were unsure of appropriate action/ next steps ▶ No clear mandate detailing how EDI related issues should be documented, tracked and resolved ▶ HHS staff are currently unable to provide anonymous feedback/ issue a complaint, this is a common deterrent for staff as they fear retribution

President's Advisory Council - Lived Experience Themes (4/4)

THEMES	DETAILS
12 An organizational need for mandatory EDI training and supporting organizational policies	<ul style="list-style-type: none">▶ Council members acknowledged the importance of mandatory EDI training▶ Council members identified each HHS employee has their own understanding of EDI, culturally safe patient care and inclusive teaming. In order to set a baseline of understanding, mandatory training for all staff and ongoing training for new hires is necessary▶ In addition to training, Council members agreed there is a need for organizational policies that firmly support EDI and set out organizational standards▶ To ensure the success of these standards and HHS' commitment, there needs to be clear repercussions for those who do not comply with defined EDI standards



- ▶ Members of the President's EDI Advisory Council outlined significant issues with the current state and the associated impact on staff and patients. There is agreement amongst the Council that revised hiring and promotion policies that promote diversity is essential to changing the current state. The Council would also like to see the creation of mandatory EDI and cultural competency training to improve both patient and employee experiences. To ensure long-term change, the Council supports the redesign/ creation of policies and procedures that support EDI, including the creation of an anonymous feedback forum, defined processes to handle EDI related complaints and targeted metrics tied to leadership performance.
- ▶ Given that **Measuring and Tracking Outcomes** is a critical component of designing sustainable change, HHS may want to consider how to leverage the Council for consultation and specifically on how to develop realistic measures and metrics that help track EDI progress.

A group of business professionals are seated around a table in a meeting. A man in a dark suit and white shirt is gesturing with his hands while speaking. A woman with glasses is listening intently. Another woman is partially visible on the left. There are coffee cups and a notebook on the table.

*Understanding Current & Desired
Future State*

Appendix G: Leadership Interviews

Leadership Interviews

About this Section



This section summarizes the following:

- ▶ What EDI Success Looks Like - from the perspective of HHS leaders
- ▶ High-level themes to further understand the current state of EDI and the obstacles HHS may be experiencing

Methodology



EY met with 20 HHS leaders comprised of executives, functional experts clinical leadership to better understand the current EDI environment. These 60 minute interviews were intended to explore leaderships understanding of EDI, identify operational successes and areas for improvements/ investment.

These interviews were conducted using a virtual meeting platform.

Key Takeaways



- ▶ HHS strives to be patient focused
- ▶ Leaders are aligned on the desired future state (employees feel seen and heard)
- ▶ Leaders agree that the organization should be reflective of the community it serves, however, only 8/20 leaders mentioned that need for more diversity at HHS
- ▶ Leaders are uncertain as to how to the behavioural and organization changes required to achieve this desired state
- ▶ There is a lack of consistency with the understanding of the current EDI landscape at HHS
- ▶ There is a desire for EDI metrics and accountability
- ▶ There is agreement that EDI needs a formal home at HHS



What Success Looks Like

Leadership findings

20 leader interviews were conducted to understand current state of EDI at HHS and define what success looks like.

Leaders defined success as:



1. Organization is reflective of Community

HHS Leaders indicated that EDI success will be when the demographics of the organization is reflective of the diverse community you serve.



2. Inclusion & Psychological Safety is of the utmost importance

HHS Leaders envision an ideal future state where all employees feel safe, valued and included.



3. Transparency is required

HHS Leaders want fair and transparent opportunities for growth and development for all employees at HHS.



4. Shared EDI Vision

HHS Leaders want a clear EDI plan, commitment, vision and guiding principles. Success would also include dedicated resources to support this plan.

Leadership Interviews (1/3)

	THEMES	DETAILS
1	HHS is a resilient, patient focused organization	<ul style="list-style-type: none">▶ HHS is made up of good people who consistently pull together to deliver exemplary patient care▶ The organization is heavily clinical/ patient focused▶ Budget constraints and past ways of working have funneled resources into patient care, often neglecting culture and people development▶ The organizational focus on patient care has created power dynamics where incidents of high performing staff and physicians exhibiting behaviour not aligned to the organizational Code of Conduct has been historically overlooked or downplayed
2	There is a perceivable disconnect amongst leadership regarding the current state, additionally there is widespread skepticism that transformative EDI change can be achieved	<ul style="list-style-type: none">▶ There is limited leadership alignment on the current state. While some leaders recognize there is considerable work needed to build a more inclusive and equitable environment, others believe the current state is a good reflection of EDI. However, all leaders identified areas for improvement including hiring processes, development of EDI metrics/ leadership accountabilities and streamlined EDI support for leadership▶ Leaders identified the importance of EDI, however, there is collective ambiguity regarding what change looks like, including the role of leaders in change enablement▶ Leadership believes there are isolated examples of great EDI related work going on across HHS, but this work is site or team specific and while they can try to emulate these projects or initiatives, without appropriate resources and support it can be challenging
3	There is generic understanding of an inclusive and equitable working environment. However, leaders desire greater clarity on tactical expectations and their role in building the future state	<ul style="list-style-type: none">▶ There is a clear and mostly aligned vision on the ideal future state (i.e., everyone feels valued, heard, respected, all people are provided opportunities, staff reflects the community served at all levels.)▶ Leadership agreed EDI is important to staff and the community, but struggled to connect how investments in EDI may improve internal operational pain points▶ Leaders are aware of/ make use of some practices associated with inclusive leadership, however there is appetite for streamlined support and targeted development/ education opportunities▶ Leaders felt somewhat equipped to engage and lead conversations related to race, equity and inclusion. However, there was common agreeance that given the evolving nature of EDI they fear unintentionally inflicting harm (i.e. don't know what they don't know)▶ A consistent concern observed across leadership was lack of direction, and uncertainty, related to the construction of more equitable and inclusive environments. An additional observed theme from HHS leadership was the sentiment of not knowing where to begin or how to identify and address longstanding inequities

Leadership Interviews (2/3)

	THEMES	DETAILS
4	There is a desire for defined EDI metrics and accountability	<ul style="list-style-type: none">▶ Leaders agree for change to be achieved, it must be measured▶ Leaders stated defined metrics that can be evaluated and associated leadership behaviours to support these metrics would help refine their role as inclusive leaders and change enablers
5	There is agreement and acknowledgement that EDI needs to have a formal home within HHS	<ul style="list-style-type: none">▶ Leadership called out the demanding environment of HHS and believe for there to be longstanding change, EDI needs to be formally included within the mandate of a team, either existing or new▶ Leadership recognizes that in order for this team to be successful it must include full time employees dedicated to EDI with a defined budget▶ Leadership feels HHS is generally reactive to issues related to EDI. They believe having a team with dedicated resources and bandwidth to set EDI standards, define an organizational identity and develop investment strategies would result in improved experiences for both staff and patients
6	There is desire for greater transparency in HHS' hiring, promotion policies and procedures to improve representation	<ul style="list-style-type: none">▶ Questions over fairness of promotions and hiring practices were commonly expressed. Leaders agreed HHS would benefit from defined processes to improve the attraction and promotion of diverse talent▶ HHS leaders commonly stated the importance of diversity at the leadership level and ensuring HHS' staff reflects the community it serves▶ General consensus amongst leaders that HHS lacks gender diversity at the senior level, this was especially noted amongst female leaders who often felt this disparity creates settings/ leadership forums that lack psychological safety

Leadership Interviews (3/3)

THEMES	DETAILS
7 Desired need for improved EDI feedback forums	<ul style="list-style-type: none">▶ Leaders recognize for change to be impactful, it must be informed by real experiences and address existing pain points▶ While HHS has developed a whistle blower policy, a targeted EDI forum mechanism may support the desired “see something, say something” culture. Leaders want a culture where people feel empowered to call out inequity or exclusionary practices▶ Leaders recognize HHS’ internal Human Resources team is not always seen positively across the workforce, therefore an additional forum to collect feedback may help improve the current state, address existing issues and inform/direct needed organizational changes



- ▶ Leadership is generally aligned on the ideal future state. While leaders have a strong understanding of vision for the ideal state, they are uncertain of the behaviours and changes required to achieve this future state. They feel a defined organizational roadmap, overseen by a dedicated and appropriately resourced team is critical to long-term success. Additionally, leaders agreed they would benefit from streamlined support resources, including training, and defined metrics, allowing them to clearly understand their role as inclusive leaders and how they contribute to the construction of a more diverse and equitable HHS.
- ▶ Given that **Leadership Alignment** is critical to evoking organizational change, HHS leaders may want to consider how creating alignment at the leadership level will generate greater interest, commitment and accountability to EDI. It will also be critical for the sustainment of the change that some individual behavioral changes will be considered when designing the recommendations.

Appendix H: Summarized Findings & Key Themes



Summarized Findings (1/3)

Data was analyzed and synthesized to arrive at following themed findings.

KEY THEME	SUPPORTING DATA			
	Data from the systemic analysis	Data from the EDI survey	Data from the Interviews & Lived Experience	Data from Focus Groups
<p>1. HHS is a collaborative organization that strives to be patient focused</p>	<p><i>HHS is a collaborative organization that strives through it's mission, values and policies to be patient focused. This sense of care being a priority is confirmed from Patient Experience Advisors and HHS employees. The HHS workforce is resilient and motivated when interacting directly with patients and working together as one team as these are the key moments when they are enjoying their job. This is a positive trait that will have to be leveraged as we look to build recommendations.</i></p>			
	<p>The GES review indicated most organizational behaviour policies are focused on patient care/ experience. HHS' mission, vision and values is focused on patient care.</p>	<p>How motivated HHS is today?</p> <p>6.9/10 7.6 Benchmark</p> <p>Motivator - What Motivates HHS employees? 34% #1 Motivator - Enjoyment of job</p> <p>What trait should HHS keep? 25% #2 Keep Trait - Collaborative</p> <p>What behaviour most supportive of HHS' Values?  How we team and collaborate as an org.</p>	<p> Patient Focused Interviewees all agreed that HHS is a resilient and patient focused organization</p> <p> Collaborative Interviewees shared teams are working together to deliver exemplary patient experiences</p>	<ul style="list-style-type: none"> ▶ 100% of Patient Experience Advisors feel that HHS is patient focused ▶ HHS employees confirmed that they are most enjoying their job when interacting directly with patients, saving lives, working together and problem solving as a team
<p>2. There are barriers to care due to the lack of cultural sensitivity</p>	<p><i>HHS currently does not have sufficient cultural sensitivity training nor mandatory foundational EDI training. Community Stakeholders and Patients confirmed that this training is imperative for health equity. Employees agreed that they have not received enough training to effectively do their jobs. As HHS looks to implement training, it should be noted that employees currently feel overworked and are not provided time for L&D.</i></p>			
	<p>HHS only partially met the 'Targeted Training' and 'Learning & Development' competencies for the following reasons:</p> <ul style="list-style-type: none"> ▶ No mandatory foundational EDI training ▶ There is not sufficient cultural sensitivity training provided in order for employees to effectively do their job 	<p>Motivator - What Motivates HHS employees? 19% Growth of skills & abilities (#4)</p> <p>What HHS should focus on to reach ideal state? 24% Talent & how we develop it (#4)</p> <p>What should HHS stop and start doing?</p> <p>Overworked #1 trait to stop and #1 risk</p> <p>Talent / People-centric #2 greatest potential for improvement and #4 trait to start</p>	<p> Diversity Training Community Stakeholders indicated the need for mandatory cultural competency and health equity training</p> <p> Barriers to Care Interviewees shared that although HHS is patient focused, the lack of training is creating barriers to care</p>	<ul style="list-style-type: none"> ▶ 90% of employees do not feel that enough cultural sensitivity training has been provided in order for them to effectively do their job ▶ When focus group participants were asked their understanding of EDI Training their responses included "unhelpful" "non-existent" "reactive" "not mandatory" ▶ 100% of employees are supportive of an org-wide mandatory EDI training ▶ Employees confirmed they are not provided time for learning and development

Summarized Findings (2/3)

Data was analyzed and synthesized to arrive at following themed findings.

KEY THEME	SUPPORTING DATA			
	Data from the systemic analysis	Data from the EDI survey	Data from the Interviews & Lived Experience	Data from Focus Groups
<p>3. Leaders are aligned on the ideal future state, however, there is a desire for more commitment and accountability as it relates to EDI</p>	<p>HHS scored low on 'commitment and accountability'</p> <ul style="list-style-type: none"> ▶ There is little EDI visibility and messaging coming from senior leadership both formally and informally (prior to this engagement) ▶ Leadership commitment and accountability has not yet been defined / tied to EDI success 	<p>When asking HHS employees about Senior Leadership</p> <p>56% do not feel Senior leaders value equity, diversity and inclusion'</p> <p>▶ Top Focus Area: How effective our leaders are (28%)</p> <p>▶ Top Desired Leadership Trait: Truly understand the perspectives of others (40%)</p>	<p> A Need for Clear EDI Vision Leaders were aligned on ideal future state (i.e. everyone feels valued, heard, respected, etc.) and a desire for a clear EDI Vision.</p> <p> Perceived Lack of Understanding Employees feel that leaders need more of a commitment to EDI and understanding of the lived experiences of others. However, 8 out of 20 leaders acknowledged a need for greater diversity across HHS, and 9 out of 20 specified a need for greater diversity within ELT</p>	<ul style="list-style-type: none"> ▶ Employees appreciate leaderships effort, however, some feel that it is 'too little, too late' ▶ Employees feel that leadership does not have the knowledge or lived experiences to navigate EDI related issues ▶ Focus group participants indicated that they are looking for a greater commitment from leadership as it relates to EDI (57% said 'very low -> low' when asked how committed leadership was to EDI)
<p>4. Consensus across all employees that there is limited inclusion</p>	<p>HHS only partially met GES scoring in key areas:</p> <ul style="list-style-type: none"> ▶ Inclusion is not currently listed as a value at HHS ▶ There is not a clear business case for an equitable, diverse and inclusive organization at HHS <p>Culture Scape indicated lack of inclusion and unfair hierarchies as a consistent cause of voluntary attrition</p>	<p>50% of employees said they do not have a sense of belonging at HHS</p> <p>▶ What respondents want to see STOP</p> <p>Disrespectful #4 risk to org</p> <p>Undervalue People #2 trait to stop and #2 risk</p> <p>68% of employees said they do not feel their unique perspective is valued</p> <p>▶ What respondents want to see START</p> <p>Inclusion #1 start trait - non-white</p> <p>Empowerment #2 start trait</p>	<p> Need for Inclusion Interviewees shared the need for more diverse representation amongst HHS staff</p> <p>Specifically, participants consistently called out a need for improved representation at the leadership level</p>	<p> Accessibility Interviewees shared the need to improve accessibility to create a more inclusive environment</p> <ul style="list-style-type: none"> ▶ Focus group participants indicated that minimal inclusion exists outside of the peer/ internal team level ▶ Participants shared that a sense of 'lack of inclusion' exits on daily basis when co-workers make insensitive remarks, when management makes decisions, during interactions with senior leadership and when they are not asked for input/ their opinion ▶ Participants indicated that they feel empowered when they feel valued, recognized and their opinion is welcomed

Summarized Findings (3/3)

Data was analyzed and synthesized to arrive at following themed findings.

KEY THEME	SUPPORTING DATA			
	Data from the systemic analysis	Data from the EDI survey	Data from the Interviews & Lived Experience	Data from Focus Groups
<p>5. Employees desire more transparency</p>	<p><i>There is a desire at HHS from both staff and leaders for more transparency. Employees do not feel that HHS provides fair and equitable opportunities for all; in fact, they feel that performance appraisal processes are unfair and lack consistent application. There is a lack of communication and transparency with regards to overall decision-making, hiring and career progression processes.</i></p> <p>We recognize that some policies and processes at HHS exist, however, there could be more transparency in some key areas:</p> <ul style="list-style-type: none"> ▶ Appraisal and performance monitoring ▶ Career progression ▶ Recruitment and onboarding 	<p>Transparency</p> <p>#1 trait to start</p> <p>Transparency was selected as the area for greatest potential to improve</p> <p>64% of employees said they are neutral or disagree that 'HHS provides fair and equitable opportunities to all employees'</p>	 <p>Transparency</p> <p>All internal stakeholders confirmed HHS would benefit from additional transparency and equity within the talent attraction and promotion processes.</p>	<ul style="list-style-type: none"> ▶ 42% of employees do not feel the performance appraisal process is fair, 72% say it is not consistently applied. Some employees even stating that they haven't had a review in 3 years ▶ Participants indicated there is a lack of transparency around decision-making, hiring processes and communication of these topics
<p>6. There is a desire for metrics and measurement to track EDI progress</p>	<p><i>HHS currently has limited metrics in place to measure or track EDI progress as confirmed by staff, leaders and the systemic analysis.</i></p> <p>HHS has limited metrics in place to measure or track EDI progress. Some key areas to track:</p> <ul style="list-style-type: none"> ▶ Review & Measuring Impact (KPIs) ▶ Engagement Survey / Demographic Data ▶ Leadership Metrics (KBIs) 	<p>What existing positive traits can HHS leverage to implement metrics and track progress?</p> <p>Top Positive Traits</p> <ul style="list-style-type: none"> ✓ Process-oriented ✓ Results Oriented 	 <p>Leaders</p> <p>Interviewees expressed greater clarity and defined tactics are needed to clearly outline their role as inclusive leaders and enablers of change</p>  <p>Metrics</p> <p>Lived Experience participants indicated there needs to be defined metrics and accountability tied to leadership performance</p>	<ul style="list-style-type: none"> ▶ Focus group participants indicated that every employee at all levels should be held accountable ▶ Participants specified their desire for leadership to be held accountable for their actions ▶ Participants indicated less talk and more measurable action is needed at HHS

Key Theme #1 - HHS is a collaborative organization that strives to be patient focused

HHS demonstrated a somewhat healthy organizational culture, people are most motivated when providing exemplary patient experiences or working collaboratively with their team members to solve organizational challenges

Overview

The current state EDI analysis revealed an inconsistent culture that lacks inclusion. Leaders believe HHS is resilient and full of dedicated and talented professionals that effectively collaborate to provide exemplary service. They also noted HHS' culture is fragmented as a result of the many amalgamations resulting in the health network.

1 EDI is not formally included within HHS' internal processes and policies

Systemic Analysis (GES)

The existing processes and polices are lacking directional guidance and specifics related to how HHS ensures positive patient and employee experiences.

- ▶ Most policies are focused on patient standards and experience, with less of an emphasis on equity, diversity and inclusion
- ▶ HHS has made efforts to improve community engagement and utilized their partnership with McMaster University to develop research targeted at EDI and improving both health outcomes and social determinants
- ▶ Organizational expectations and guidelines related to creating inclusive cultures, reference RESPECT, or treating others the way you would like to be treated. However they do not include standards of inclusive patient care or guidelines specific to inclusive and equitable teaming and collaboration.
- ▶ HHS lacks an organizational identity and stance on EDI related issues, as apparent in the lack of accountability frameworks, organizational communications and escalation processes

3 Employees and leaders continued to describe HHS's culture with mixed positive and negative sentiment throughout focus groups and interviews

Focus Groups & Leadership Interviews



Patient Focused

Participants emphasized the focus HHS' places on patient care, and the importance of these attributes throughout their work



Challenging

Employees emphasized they enjoy HHS' dynamic environment and solving challenges.



Change Resistant

Interviewees described HHS as bureaucratic, 'stuck in their ways' and hard to change. Many expressed skepticism that organizational culture transformation could be achieved.

2 HHS Workforce Survey results describe moderate culture health.

EDI Survey

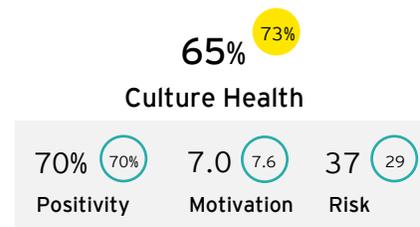
A) Participation rate outlines moderate engagement



How we team and collaborate is most supportive of our values

34% #1 Motivator - Enjoyment of job

B) Results demonstrate moderate culture health:



HHS employees confirmed that they are most enjoying their job when interacting directly with patients, saving lives, working together and problem solving as a team

C) Participants ranked a range of traits to describe HHS's current culture - the top 4 were all positive:

- #1 Challenging (48%)
- #2 Collaborative (28%)
- #3 Process-Oriented (22%)
- #4 Customer Centric (21%)

D) Participants also selected a range of positive traits that they would like to see HHS KEEP:

- #1 Inclusive (28%)
- #2 Accountable (20%)
- #3 Innovative (20%)
- #4 Responsive (18%)

Key Theme #2 - *There are barriers to care due to the lack of cultural sensitivity*

All stakeholders, internal and external, agreed cultural sensitivity and competency training is needed to help HHS progress and create safer and more inclusive experiences for both staff and patients.

Overview

All stakeholders acknowledged the ongoing investments targeted at making HHS a safer and more inclusive space. Building on this work, stakeholders identified foundational EDI, cultural competency and culturally safe and trauma informed care training as needed educational and development opportunities for staff.

1 Educational and development opportunities are not mandatory

Systemic Analysis (GES)

While HHS, via HR&I, does offer several EDI related training resources, these learning offerings are not mandatory. Additionally, HHS does not compensate frontline staff for attending training outside of their standard working/shift hours, nor do they incentivize staff to complete training.

- ▶ No available EDI focused training for targeted roles, management, or employees
- ▶ Organizational onboarding training is mandatory and managed through HR; this learning suite includes Code of Conduct, AODA and Health, Safety and Wellness standards. EDI is noticeably absent, including inclusive accessibility standards.
- ▶ Moderate accessibility/ usability of EDI training resources when offsite or unable to attend an in person session
- ▶ No defined learning week or allocated professional development hours
- ▶ HHS is working on anti-bias training for middle and hiring managers. ELT was provided a learning session targeted at building awareness of privilege. However, no additional leader training has been conducted. Completion of additional EDI related competencies is at the discretion of leaders or staff.

3 Leaders, employees and community stakeholders expressed a need for mandatory EDI Training

Community Stakeholder, Focus Groups & Leadership Interviews

Leaders Desired Streamlined EDI Resources

Leaders expressed a need for streamlined and efficient resources, helping them to better understand their role as an inclusive leader and change enabler.

Employee Desired Learning for All

90% of employees that participated in the focus group sessions feel not enough cultural sensitivity has been provided by HHS in order to effectively do their job

100% of employees that participated in the focus group sessions were supportive of organizational wide EDI training

Focus group participants identified 'lack of allocated development and learning time' as a major impediment to building collective competencies

Community Desired Competency Training

External stakeholders shared communal stories and first person experiences of discrimination and inequity when seeking health care services.

They outlined the need for mandatory competency training in addition to job specific competencies. Additionally, community stakeholders suggested this training should be a priority for triage nurses and physicians

2 HHS Workforce Survey Results indicated a desire for HHS to invest in the development of its people

EDI Survey

A. Top Motivators

19% Growth of skills & abilities (#4)

B. Top Focus Areas

24% Talent & how we develop it (#4)

C. What Should We Stop and Start Doing?

Overworked

#1 trait to stop and #1 risk

Talent / People-centric

#2 greatest potential for improvement and #4 trait to start



Survey respondents indicated 'Talent and People Centric' as the #2 greatest area for potential improvement. HHS staff desire development opportunities. However, the lack of defined professional development opportunities and dedicated learning time due to being 'Overworked' is an organizational risk

Key Theme #3 - Leaders are aligned on the ideal future state, however, there is a desire for more commitment and accountability as it relates to EDI

There is a disconnect at the leadership level between future state ambition and current state behaviours and action

Overview

Leaders were able to identify key indicators of EDI they believe should be embedded within the future culture. However, they struggled to identify how EDI is related to current operational challenges and the long-term benefit associated with culture investments. Additionally, leaders indicated they were unsure of their role as change enablers and lacked effective resources and support to confidently model behaviours of inclusive leaders.

1 The infrastructure is not in place to support leaders in managing diverse teams or drive EDI related change

Systemic Analysis (GES)

- ▶ No leadership frameworks, resource playbooks or bite size learnings available to leaders
- ▶ Currently there is **no EDI leadership scrutiny** (EDI is measured only at the Board level, no formal requirements for diversity amongst middle management or ELT)
- ▶ There is **little EDI visibility and messaging** coming from senior leadership, both formally and informally, (with the exception of Hub postings and communications issued in response to Black Lives Matter and the National Indigenous Peoples Day)
- ▶ Leadership commitment/accountability has **not yet been defined and tied to EDI success**
- ▶ Leaders are not measured against **inclusive behaviours standards** or targets
- ▶ Leaders are not required to complete **mandatory training** related to developing and effectively manage diverse teams

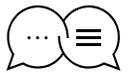
3 Leadership

Focus Groups & Leadership Interviews



Lack of EDI Clarity/ Understanding

Leaders were able to speak the ideal future state. They struggled to connect current actions and behaviors to building the future state. They expressed a shared challenge of being unable to effectively contribute to the future state without targeted resources and defined metrics. While leadership called for more diversity within HHS broadly, HHS staff outlined a specific needed for additional diversity in leadership, greater representation of BIPOC women and targeted support, endorsed by leadership, to help diverse talent enter and advance within HHS.



Lack of Psychological Safety

Leaders expressed a moderate level of comfort when speaking to or addressing EDI, however most expressed fear of making a mistake or unintentionally upsetting or offending others due to limitations of their own understanding. Similarly, given the scope of change needed, they mentioned not knowing where to begin when trying to apply an 'EDI lens'



Stuck in Our Ways

Employees expressed that they desire leaders to genuinely seek and consider new and differing perspectives from diverse employees groups throughout strategy development, decision-making, and planning

2 The survey revealed that a large portion of the organization believe leaders are critical to organizational change and desire EDI commitment and action at the leadership level

EDI Survey

44% of HHS employees feel senior leadership at HHS value EDI.



Survey respondents identified 'Leader Effectiveness' as the #2 area for prioritization to achieve HHS's greatest potential.

Top Three Employee Desired Leadership Traits

Empathetic
40%

Truly understand the perspective of others

Open-minded
32%

Be fully present and lead with an open mind

Decision-maker
21%

Think of the big picture and make fully informed decisions

Employees with less than 1 year of experience within HHS identified the following as their most desired leadership traits:



Awareness of changing demographics
Embracing inclusion
Management through change

Key Theme #4 - Consensus across all employees that there is limited inclusion

Employees of all demographic groups identified organizational issues with inclusion at the systemic and behavioural level.

Overview

Employees consistently identified interactions within their internal teams as key moments where they experiences inclusion. Beyond their peers, employees regularly identified systemic and behavioural barriers to inclusivity across HHS.

1 HHS's current practices and policies did not provide the infrastructure for an inclusive culture that promotes belonging

Systemic (GES)

- ▶ Equity, diversity and inclusion are noticeably absent from HHS' Code of Conduct and Corporate Values. The organization is also lacking an anti-discrimination and anti-racism policy, along with EDI affirming position statements, which are industry standards
- ▶ HHS offers an anti-bias course, they are currently working to make this course mandatory for all hiring managers. However, there is no application of approaches to mitigate bias through the design of business structures (e.g. alternative career progression pathways and role design to allow for different skills and approaches to be valued special, alternative career structures, working patterns)
- ▶ HHS lacks a decision making framework that critically examines operational decisions from an EDI lens
- ▶ Accessibility and inclusion principles are not included within HHS' procurement policies
- ▶ No initiatives are in place to address disproportionality of leadership, additionally no indication that leadership succession planning considers diversity

2 The survey indicated an organizational split regarding EDI, with half of respondents scoring metrics related to inclusion negatively

EDI Survey

52% of employees feel HHS' workforce reflects the diversity of the communities it serves

50% of employees agreed they feel a sense of belonging within HHS

48% of employees agreed HHS' culture values different perspectives, skills and experiences

39% of employees agreed their direction manager creates an inclusive inclusive environment where my voice is welcomed

32% of employees agreed their unique perspective is valued at HHS

Top negative traits

- ✗ Overworked
- ✗ Undervalue people
- ✗ Hierarchical



Top focus areas

- ⊕ Work life balance and personal wellness
- ⊕ Leader effectiveness
- ⊕ Teaming and collaboration

3 Employees and community stakeholders described varying levels of belonging and inclusion

Focus Groups & Community Interviews

Inconsistent Patient/Employee Experiences

External stakeholders indicated the experiences of BIPOC and LGBTQ+ community members vary considerably, and positive patient stories are met with an equal number of negative experiences. Similarly, employees of varying backgrounds expressed concern regarding the experiences of their peers from diverse backgrounds

Lack of Leadership Diversity

Employees consistently pointed to the lack of diversity amongst HHS leadership team as an indication of the larger EDI problem. Additionally, when leaders were asked to describe what EDI looked like to them, 45% indicated a need for greater representation at the ELT lever and 40% indicated a general organizational need for greater diversity

Lack of Behavioural Competencies Resulting in Exclusion

Both internal and external stakeholders indicated they had personally heard a peer or health care professional make a derogatory or inappropriate statement or 'joke'

Employees are apprehensive to identify organizational EDI issues

Internal stakeholders indicated they felt uncomfortable or feared identifying an EDI related issue due to fear of professional risk, repercussions and commonly noted amongst BIPOC respondents, they feared being seen as 'angry' or a 'trouble starter'

Key Theme #5 -Employees desire more transparency

Historical ways of working and decentralization of the Human Resource function across HHS has resulted in a culture with minimal transparency and eroded staff trust in leadership

Overview

Employees consistently identified a need for greater transparency and formal organizational policies that are well understood and implemented as a needed measure to build trust and improve organizational equity and inclusion

1 The infrastructure is not in place to support leaders in managing diverse teams nor are leaders held accountable to EDI success

Systemic Analysis (GES)

- ▶ Promotion and progression processes lack formal standards to help improve impartiality/bias
- ▶ No formal policy indicating all job open positions must be posted and complete a formal competition/ application process
- ▶ Competition/ application scoring or decision frameworks are not shared with unsuccessful internal applicants
- ▶ General decision making frameworks, especially those intended to examine EDI, are not shared
- ▶ No formal and publicly available EDI or health equity multi year plan
- ▶ No formal and publicly available plan to address the Truth and Reconciliation Calls to Action
- ▶ No formal forum to receive and track EDI related feedback
- ▶ No formal tracking process for EDI related concerns or resolution steps

2 Both leaders and employees confirmed that they do not believe leaders role model inclusivity

EDI Survey

36% of HHS employees feel the organization provides fair and equitable opportunities to all

Transparency was selected as the #1 desired 'start' trait to improve HHS' culture

Staff members in non clinical roles consistent indicated 'Not taking responsibility' as their 4th organizational risk

3 Further exploration revealed additional transparency is highly desired by HHS staff and a needed improvement to help employees feel heard and valued

Focus Groups & Leadership Interviews

Lack of Openness Amongst Leaders

Leaders indicated a discomfort speaking to issues related to EDI. They expressed concern related to their lack of understanding, specifically the use of incorrect concepts or terms, could unintentionally offend members of staff. This apprehension has been clearly observed by staff and perceived as dismissive or interference as they seek to challenge the current state

Leadership Favouritism Negatively Impacting Improved Representation

Employees consistently shared their frustration with HHS' internal promotion and opportunity allocation processes. Attendees shared experiences of being 'passed over' for a promotion, in favour of another employee they felt was 'better liked or preferred' by the hiring/ allocating manger. Additionally, BIPOC and LGBTQ+ believe they are disproportionately impacted by instances of favouritism, and as a result diversity in management continues to be an organizational challenge

Employees Lack Trust in Leadership

42% of employees and 36% of BIPOC employees feel senior leadership value equity, diversity and inclusion.

Staff further indicated they believed HHS leadership fundamentally do not understand EDI and did not believe they could effectively lead the needed culture change.

Need to Formally Track/ Action EDI Related Suggestions

Systemic changes to current ways of working are needed to begin changing the current state and rebuilding staff trust. Employees commonly noted they found the process of consistently being asked to provide feedback without follow up or action a negative impact to their mental health

Key Theme #6 - *There is a desire for metrics and measurement to track EDI progress*

What gets measured, gets done. HHS leaders and staff desire EDI metrics and key performance indicators that can be tracked year over year to ensure sustained positive transformation

Overview

EDI has not formally been integrated within HHS' organizational performance or operational metrics. Given the observed disparity of responses to the HHS Workforce Survey provided by the dominant and diverse employee groups, defined metrics with a prescriptive EDI lens is critical to ensuring HHS is effectively looking, identifying and removing systemic barriers experienced by diverse groups.

1 The infrastructure is not in place to track HHS' EDI performance or hold leaders accountable to EDI targets

Systemic Analysis (GES)

- ▶ Staff demographic data is not captured
- ▶ While HHS has an employment equity policy, demographic data cannot be reviewed to determine the success and applicability of this this policy
- ▶ Resulting from the organizational lack of data, there is no quantitative data demonstrating the scope of underrepresentation of diverse talent within HHS broadly and at specific levels.
- ▶ No defined organizational targets or goals related to EDI
- ▶ Management/Leadership EDI related performance indicators and associated metrics have not been developed
- ▶ EDI performance indicators have not been implement within management/ leadership performance metrics
- ▶ HHS' standard employee performance review template includes 1 metric related to EDI, 'Supports diversity through tolerance, equality and fairness in all interactions with others. Acts in a manner that shows consideration for other's time, space, ideas and opinions.' The use of 'tolerance' is problematic and not in alignment with culture of belonging
- ▶ No defined strategy or metrics to improve diverse representation throughout HHS using talent attraction (not including Indigenous recruitment efforts)
- ▶ Job descriptions do not require applicants to demonstrate EDI/ inclusive teaming aptitude, cultural competencies training or if appropriate, training pertaining to providing culturally safe/ trauma informed care
- ▶ Isolated instances of EDI being integrated into CQI and health quality/equity metrics

2 Both leaders and employees confirmed that they do not believe leaders role model inclusivity

EDI Survey

52% of survey respondents agreed HHS' workforce reflects the diversity of the community it serves.

46% of BIPOC respondents agreed HHS' workforce reflects the diversity of the community it serves.

36% of Trans, 2 Spirit or Non-binary respondents agreed HHS' workforce reflects the diversity of the community it serves.

- The variance in responses to this question demonstrate the importance of demographic data
- As ~77% of HHS' workforce identify as White, the examination of diverse opinions, experiences and data indicators is critical to understanding the current state and building data driven solutions that positively impact change.

3 Further exploration revealed that there is a potential lack of psychological safety and open-mindedness coming from leaders

Focus Groups

Inconsistent Application of Talent Management Processes

42% of employees do not feel the performance appraisal process is fair

72% said it is not consistently applied.

Some employees stated they had not completed a performance review in 3 years

A group of people are seated around a table in a meeting room. A woman in the center is holding a document and speaking to the group. The document she is holding has text and diagrams. The background shows a window with a view of greenery. The overall scene is a professional meeting or workshop.

Appendix I: Recommendation Prioritization Exercise

Recommendations (1/2)

Below summarizes the proposed focus areas for HHS to target over the next 12-36 months.

Below outlines the recommendations to address the current state findings.

Current State Themes		Recommendations	Source	P1	P2	P3	P4
1. HHS is a collaborative organization that strives to be patient focused	S	Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence: (Employment equity, job descriptions, pay equity, work accommodation protocol, code of conduct, discrimination and racism policy) <ul style="list-style-type: none"> Embed diversity within HHS' Corporate values statement, demonstrating diversity is foundational to HHS Develop an anti discrimination and anti-racism policy Develop a zero tolerance to racism policy 	EY/WG	✓		✓	
2. There are barriers to care due to the lack of cultural sensitivity	S	Design, develop and implement a robust data collection process to understand patient experiences as they relate to EDI <ul style="list-style-type: none"> Develop forums allowing patients to provide feedback on Quality Improvement Plan metrics along with specific questions related to EDI and health equity Formal inclusion of EDI within Patient Experience- incorporating EDI into health quality/ equity measures (i.e. 90 day readmission rate, ED wait times, ED LOS, admission rate, average LOS, acuity/ expirations) Establish strategic collaboration with local Indigenous groups including MIRI (McMaster Indigenous Research Institute) 	EY/WG	✓	✓	✓	
	S	Design and implement patient centric resources that demonstrate inclusion (i.e. multi language and trans inclusive intake/medical consent forms, obvious directions to multifaith rooms or healing lodges, clear descriptions of support services available)	EY	✓		✓	
	B	Implement a suite of mandatory training resources for all employees (Foundational EDI, cultural competencies, culturally safe and trauma informed care)	EY		✓		
3. Leaders are aligned on the ideal future state, however, there is a desire for more commitment and accountability as it relates to EDI	S	Develop a leadership EDI competency framework through education and performance evaluation (middle management to ELT) <ul style="list-style-type: none"> Identify/ appoint 'EDI Champions' at the leadership level and 'EDI influencers' at the middle management level. These self appointed members of varying leadership teams will lead "walking the walk" acting as change enablers, modeling inclusive leadership behaviours Formally include EDI accountability within leader success metrics (performance appraisals, talent management, scorecards) 	EY/WG	✓			
	B	Equip leaders with inclusive leadership skills (empathy, mind clarity and culturally connected competency training) using behavioural sprints (middle management to ELT)	EY	✓			

Legend: S = Systemic-Based Initiative B = Behavioural-Based Initiative

Legend:
P1: Pillar 1
P2: Pillar 2
P3: Pillar 3
P4: Pillar 4

Recommendations (2/2)

Below summarizes the proposed focus areas for HHS to target over the next 12-36 months.

Below outlines the recommendations to address the current state findings.

Current State Themes		Recommendations	Source	P1	P2	P3	P4
4. Consensus across all employees that there is limited inclusion	S	Clearly define what inclusion looks like within HHS and how inclusion will drive HHS' people, patient and operational strategies through a business value report, aligning and creating consistency around the "why" of EDI and impact of investment	EY	✓		✓	
	S	Develop resources and formats to support diverse employee groups <ul style="list-style-type: none"> Develop Employee Resource Groups Provide formal and informal mentorship, funding opportunities and development pathways for historically excluded group members Provide anonymous feedback forums allowing staff to identify and express concerns related to EDI 	EY/WG				✓
5. Employees desire more transparency	S	Standardize hiring and selection processes to include transparency and an EDI lens <ul style="list-style-type: none"> As HHS works to centralize organizational talent attraction processes, utilize HBRP's to manage the recruitment function Refine internal promotion requirements to include completion of EDI related resources Diverse hiring practices (Indigenous, BIPOC female leaders etc.,) 	EY/WG	✓	✓	✓	✓
	S	Develop and implement a formal EDI issue resolution process	EY/WG			✓	
	B	Revise corporate communication strategy and the way in which you communicate key decisions (level of disclosure, governance) <ul style="list-style-type: none"> Develop and deploy commitment, affirmation statements and Thought Leadership outlining HHS' and leaders commitment to transformative change building a more diverse, equitable and inclusive HHS for staff and patients The semi regular communication cadence reinforces the importance of and commitment to EDI across the HHS workforce (annual report, blog posts, townhalls etc.) 	EY	✓		✓	
6. There is a desire for metrics and measurement to track EDI progress	S	Develop and utilize an EDI Tracker (collect, track and measure demographic data, attrition data, exit interview EDI related themes, metrics for talent attraction, procurement, communications and patient experiences)	EY/WG			✓	✓

Legend: S = Systemic-Based Initiative B = Behavioural-Based Initiative

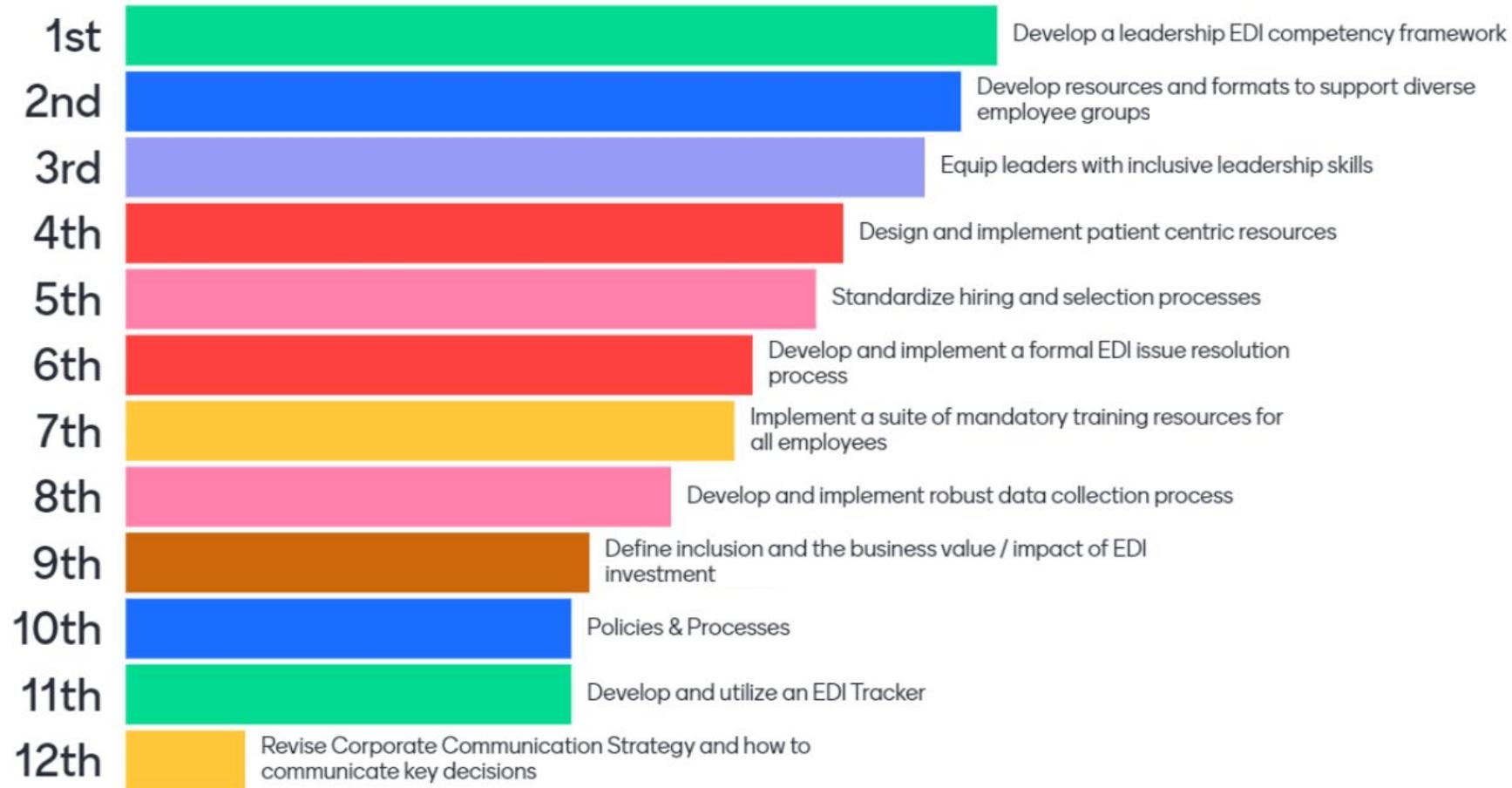
Legend:
P1: Pillar 1
P2: Pillar 2

P3: Pillar 3
P4: Pillar 4

Outcomes from the EDI Advisory Council Working Group Meeting (February 16)

Recommendations Ranking Exercise.

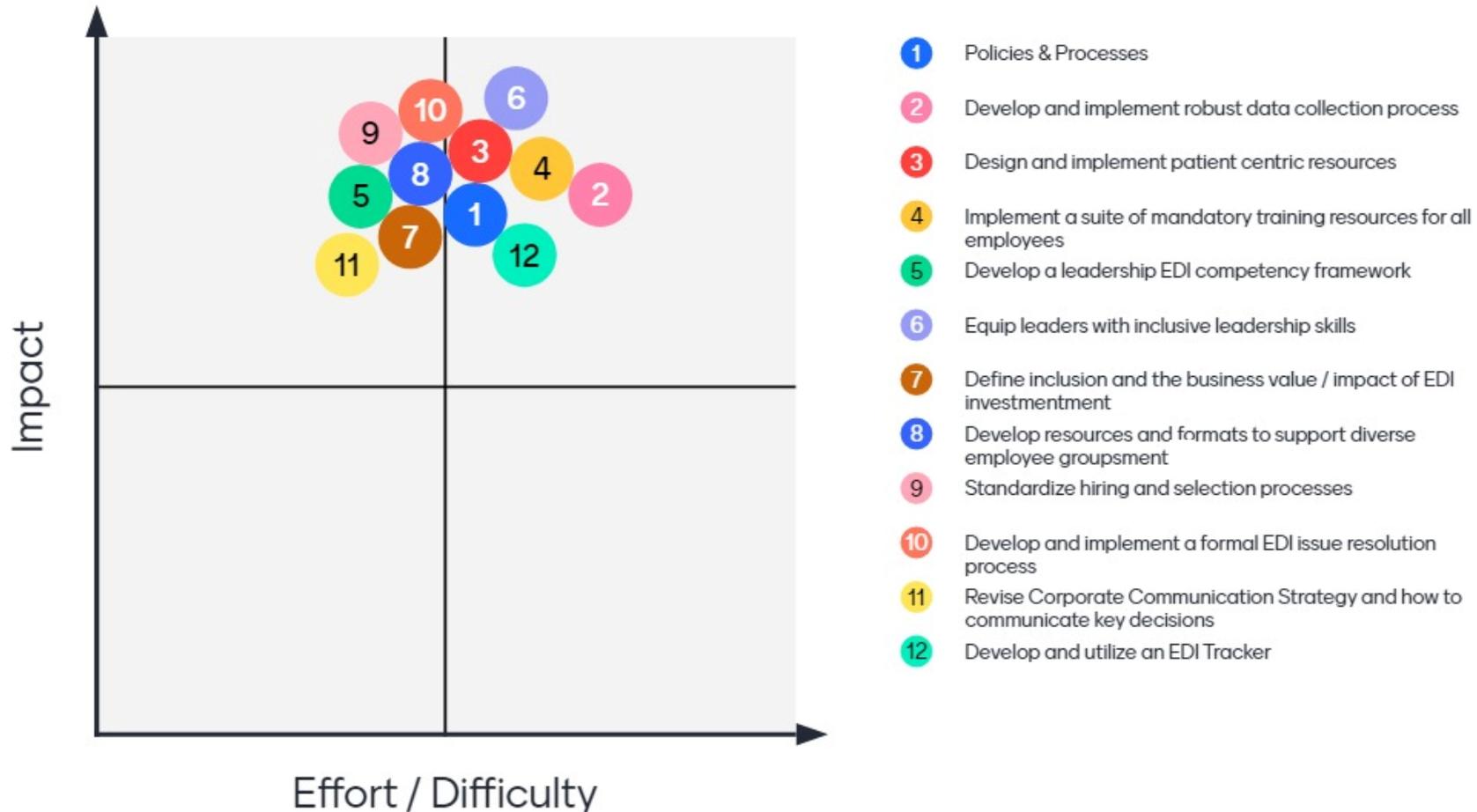
Session participants were asked to review the recommendations and prioritize each from **most** to least important:



Outcomes from the EDI Advisory Council Working Group Meeting (February 16)

Recommendations Heat Map Exercise (Impact vs Effort).

Session participants were asked to review the recommendations and place each within a matrix depicting ease of implementation and impact of outcome:



Recommendation Working Group Pillar Alignment

Below outlines how the 9 suggested recommendations align with the pillar work completed by the EDI Advisory Council Working Group.

Pillar # and Title	Recommendation Alignment
1 Organizational Commitment and Integration	<ol style="list-style-type: none">1. Review, revise and remove policies, procedures and ways of working that inhibit equity, diversity and inclusion and develop policies that drive and promote EDI excellence4. Develop a leadership EDI competency framework through education and performance evaluation (middle management to ELT)
2 Professional Practice, Education, and Research	<ol style="list-style-type: none">2. Implement a suite of mandatory training resources for all employees6. Equip leaders with inclusive leadership skills
3 System Interaction and Culture	<ol style="list-style-type: none">7. Design and implement patient centric resources that demonstrate inclusion9. Develop and implement a formal EDI issue resolution process
4 Compositional Diversity and Community	<ol style="list-style-type: none">8. Standardize hiring and selection processes to include transparency and an EDI lens

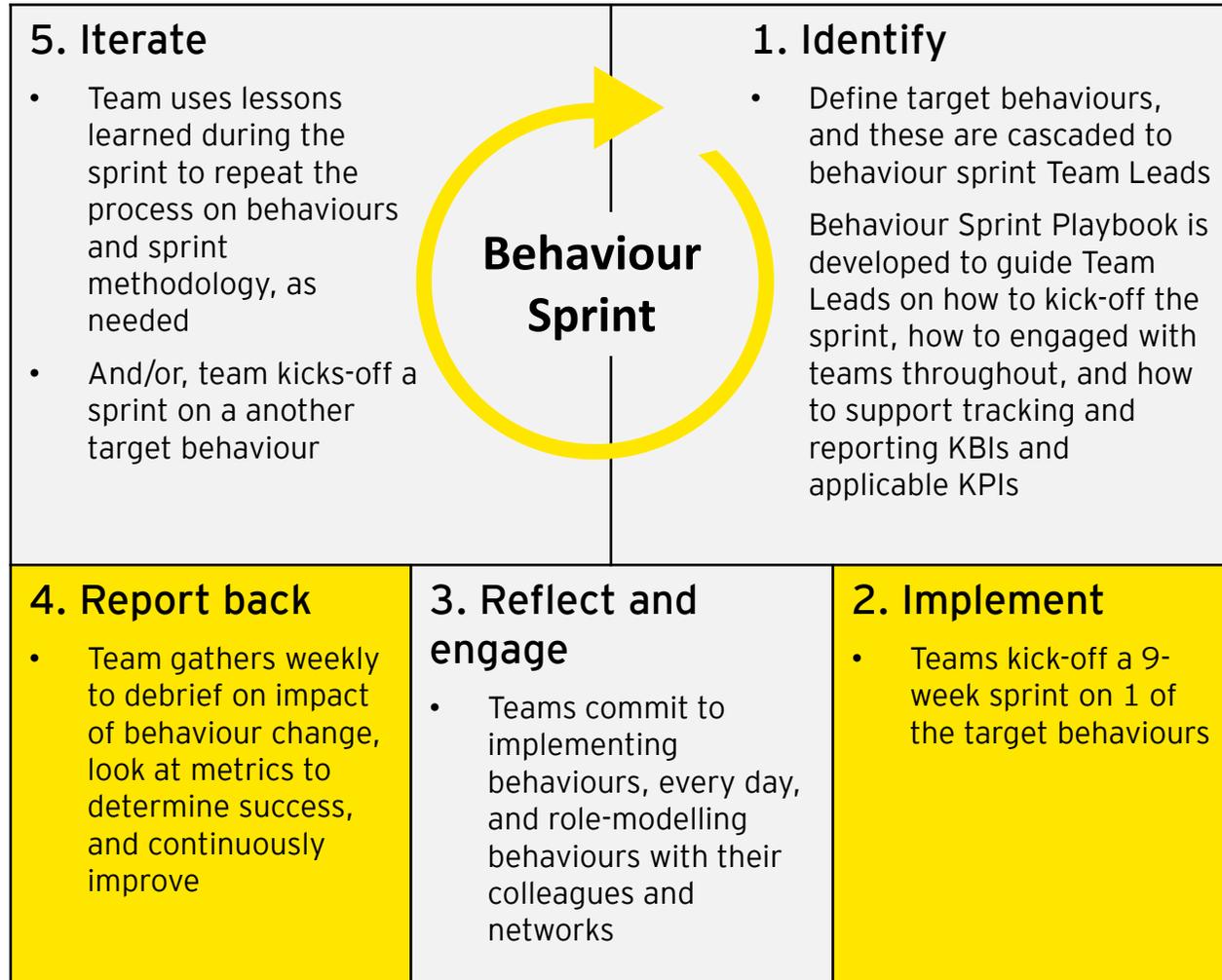


Appendix J: Resources

Understanding Behaviour Sprints

Behaviour Sprint Framework

Behaviour sprints follow an iterative process, selecting from various techniques and tracking progress to refine execution and drive results



Behaviour Change Techniques	Description
Default option	<i>Automatic setting, unless deselected</i>
Gamification	<i>Applying game elements to problem-solve</i>
Influencer role-modelling	<i>Person with authority and/or trust champions behaviour</i>
Mentorship	<i>1:1/small group coaching, source of intrinsic motivation</i>
Messaging	
<ul style="list-style-type: none"> Alternatives message 	<i>Communicate worse scenarios</i>
<ul style="list-style-type: none"> Decision-tree message 	<i>Illustrate thought process</i>
<ul style="list-style-type: none"> Loss aversion message 	<i>Communicate gains to be lost</i>
Nudges	<i>Gentle, inexpensive change in the environment (visual, physical, etc.)</i>
Priming	<i>Stimuli that activates associated beliefs, attitudes</i>
Progress-monitoring	<i>Tracking and reporting on metrics</i>
Rewards & recognition	<i>Show appreciation (financial / non-financial)</i>
Storytelling	<i>Use narrative to instill a target behaviour, mindset</i>

Shifting Behaviours is Required

A shift in mindsets and behaviours is oftentimes needed to achieve a EDI cultural change.

From Behaviours		To Behaviours
Discuss EDI as a team only when it is top of mind	➔	Discuss EDI as part of regular team meetings and all-hands
Think of EDI as a project or short-term initiative	➔	Build EDI considerations into all 'business as usual' talent processes
Lack of visibility or clarity about promotion process and criteria	➔	Intentionally communicate about promotion criteria to all employees
Operate from an assumed or preferred way of doing things	➔	Seek out ideas that are different from "the normal" way of doing things
Unreflective or unaware of bias or "favourites" you are unintentionally prioritizing or viewing with leadership qualities	➔	Intentionally seek out others' perspectives, including underrepresented employees
Give priority to the task at hand and efficiency over the people side of teaming and leading	➔	Spend time getting to know others on your team on a deeper level; value the unique strengths and difference in perspective they bring
Saying what others want to hear; assuming information is unnecessary to communicate	➔	Build trust by following through; be transparent about what led to decisions

Potential Barriers to Change:



Resources

- ▶ Limited awareness of resources for leaders and middle managers to understand how to implement the EDI commitments and enable diverse teams to be successful



Leadership buy-in

- ▶ Opportunity to have more diverse leaders and champions of EDI
- ▶ Engagement and buy-in of functional leadership will be critical to ensure sustained cultural change



Communications, Education, and Awareness

- ▶ Low awareness of commitment to EDI and limited alignment on definitions of diversity, inclusion, and equity



Culture Change

- ▶ Culture and behaviour change takes time
- ▶ Leaders and employees across the organization need to live the strategy and be agents of cultural change

Shifting Behaviours is Required

Below outlines various examples of behaviour change interventions.



1

DEFAULT OPTION

Automatic setting, unless deselected



2

GAMIFICATION

Applying game elements to problem-solve



3

INFLUENCES ROLE-MODELLING

Person with authority and/or trust champions behaviour



4

MENTORSHIP

1:1/small group coaching, source of intrinsic motivation



5

MESSAGING

Alternative -/Decision-tree /Framing-/Loss aversion message



6

NUDGES

Gentle, inexpensive change in the environment (visual, physical, etc.)



7

PRIMING

Stimuli that activates associated beliefs, attitudes



8

PROGRESS MONITORING

Tracking and reporting on metrics



9

REWARD & RECOGNITION

Show appreciation (financial / non-financial)



10

STORYTELLING

Use narrative to instill a target behaviour, mindset

Behavior Influencer Platform – three simple steps to accelerate behavioral change rapidly

12 weeks

Step 1. Analyze



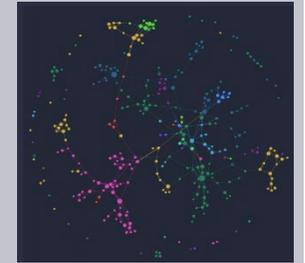
Scientifically reveal influencers and culture with dynamic organizational network analysis

When

When workforce attitudes or behaviors are blocking your results or strategy.
When culture change is on the agenda.
When rapid and transformative management or leadership development is needed.

Proof points

- ▶ Our expertise shows informal communication reaches over 70% of the population at work, compared to less than 30% through formal channels.
- ▶ Gartner research shows that bottom-up change interventions increase the likelihood of program success by up to 22%, and can cut implementation time by up to 1/3.
- ▶ Our approach mitigates the most common risks associated with change initiatives.



Step 2. Listen



Engage influencers and identify transformative behaviors with AI

How

The three-step process sets us apart:

1. Scientific and data-driven approach to identify your key influencers and see org culture, enabling bottom-up change.
2. Drawing out narrative from your influencers, using AI to uncover the micro-behaviors that will scale change at pace.
3. Enabling leadership behavioral sprints and team member nudging, sustaining changed behaviors and language.

Proof points

- ▶ Research* shows influencers lead the networks most important for adoption of info, attitudes, sentiment and behaviors.
- ▶ Research* also shows a behavioral transfer after leadership development and predicts job performance one year later – habit formation is critical.

*2021 study by Guilbeault and Centola



Step 3. Sprint!



Embed new behaviors in managers, using Agile methodology and tech

What

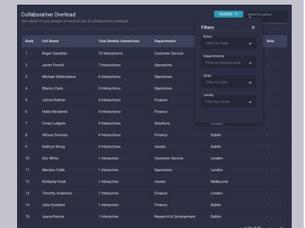
We activate behavior change at scale.

- ▶ Ensure your transformation initiatives are hyper-performing, by integrating engaged social influencer networks into change activations.
- ▶ Effect and sustain enterprise-wide, long term organic change within months.
- ▶ Improve employee engagement; enable higher levels of organizational trust.

- ▶ Visualize and gamify behaviors to build new habits that sustain organic, pro-social, bottom-up, team-based behavior change.
- ▶ Lower attrition and absences.
- ▶ Foster diverse and inclusive networks.

Proof points

- ▶ 14 international business awards



Global EDI Tracker

The EDI Tracker is a powerful way to monitor and display progress over time. It converts a full set of metrics into a comprehensive, visualized EDI dashboard.

Global EDI Tracker

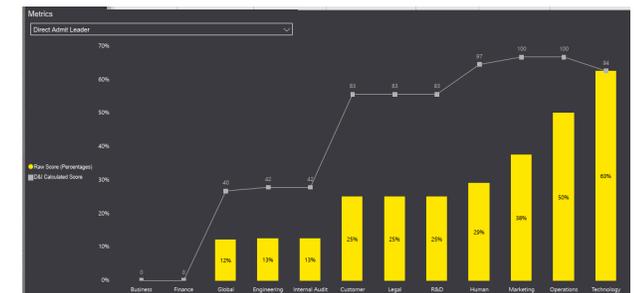
The EDI Tracker is a powerful way to monitor and display progress over time. The EDI tracker converts a full set of metrics into a comprehensive, visualized diversity and inclusion dashboard. Separate views and filters can be created for different stakeholder groups, such as leadership teams or organizational functions.

How it Works

- ▶ Incorporates both diversity and inclusion metrics
- ▶ Can utilize globally consistent standard of metrics to hold all leaders accountable
- ▶ Creates accountability and recognition for implementation of leading EDI practices within business units
- ▶ Sets reasonable targets to help ensure progress is made across all dimensions
- ▶ Measure progress toward goals

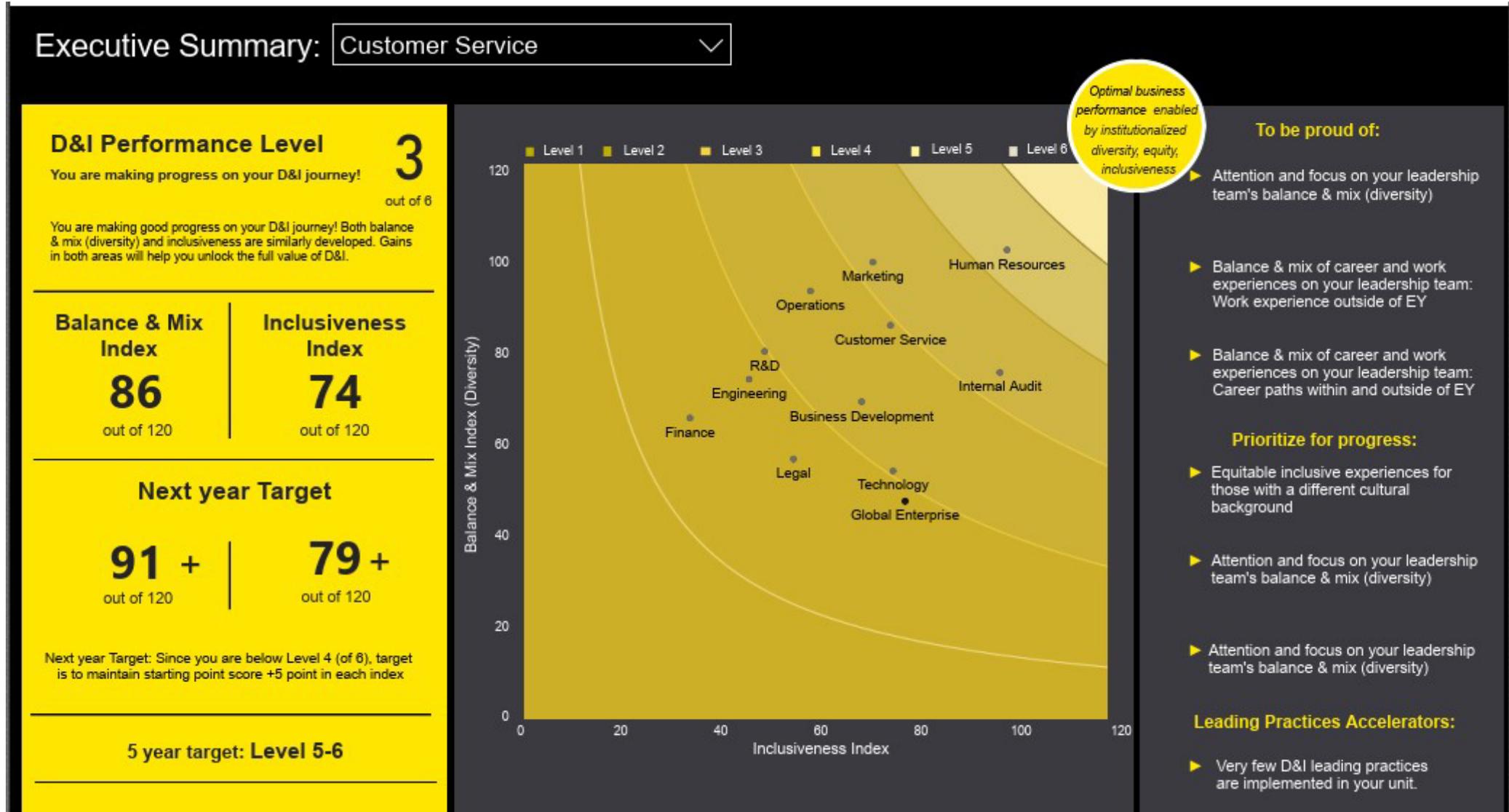
Results

- ▶ Series of dashboards that visualize relative progress on EDI initiatives throughout the organization and identify specific areas for improvement



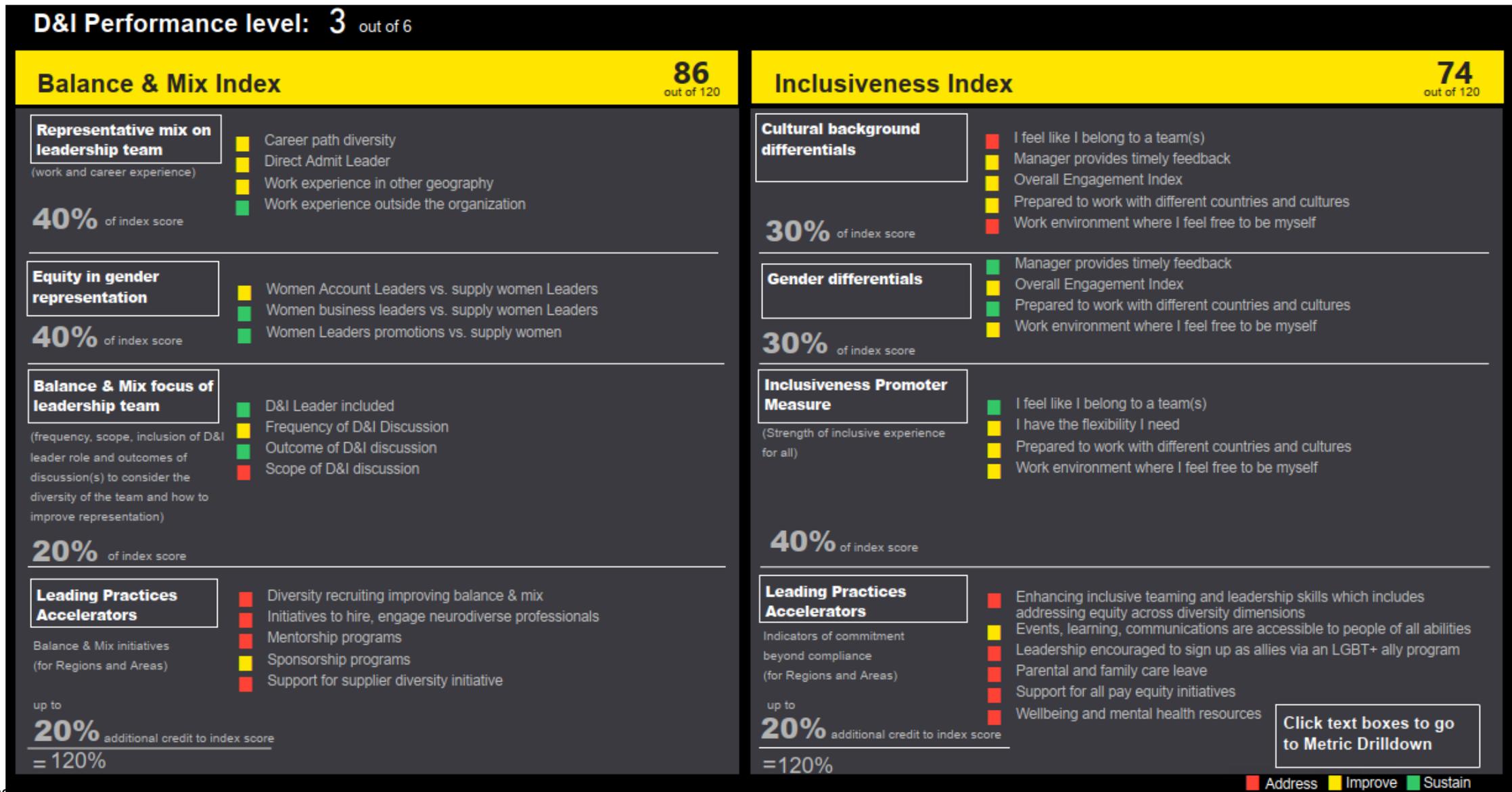
Global EDI Tracker - Sample Report (1/2)

Below is a sample report from the EDI Tracker.



Global EDI Tracker - Sample Report (2/2)

Below is a sample report from the EDI Tracker.



Our Culture Change Management Activation Framework

Once alignment has been reached on your current and desired target EDI cultural state, various change management levers must be used to develop and enable a comprehensive and actionable EDI culture roadmap.

Leadership alignment and agreement on the importance of culture is critical to driving an inclusive organization.

Do leaders demonstrate how culture aligns with the strategy and goals of the organization? What is the tone at the top? Do leaders actually believe in it?

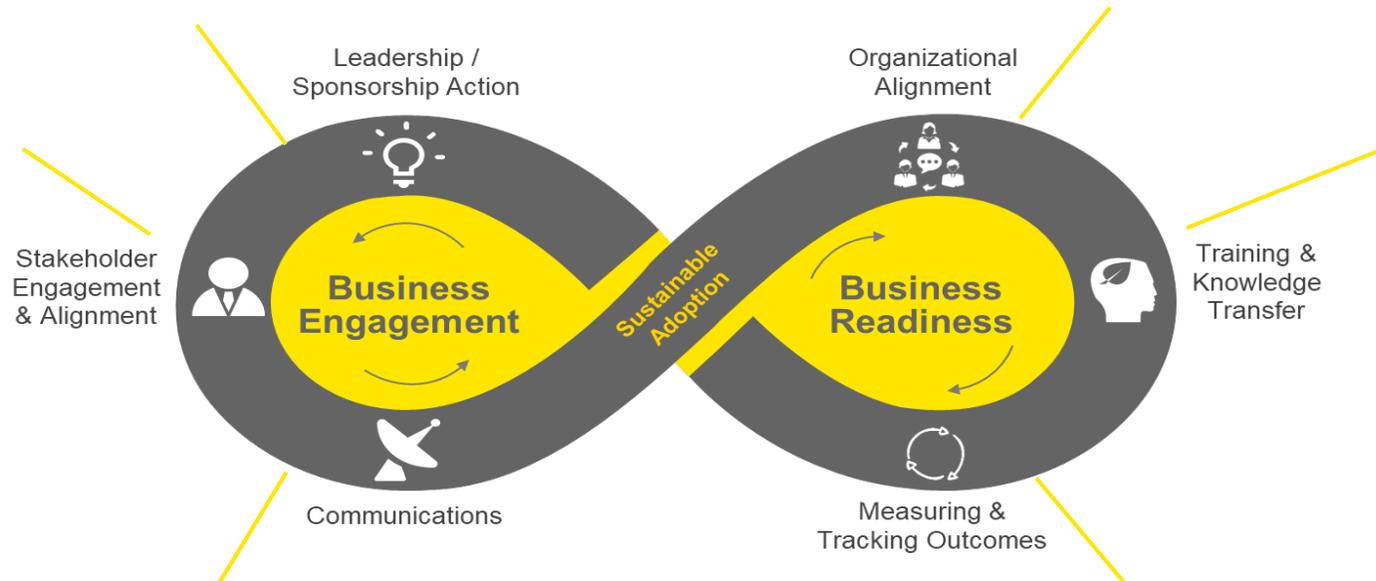
The organization must be prepared to adopt a culture change

Does the way the organization does business - aligning people, systems and processes - enable managers and employees to take ownership for the organization's culture?

Different stakeholders play different roles in fostering culture. Differential and targeted stakeholder engagement helps drive adoption of culture-positive practices and behaviours.

Do stakeholder specific messages address the key question: "What does this mean for me?"

Has the organization identified, aligned and engaged a network of culture sponsors to create a positive momentum?



Communications to the organization both formal and informal need to support organizational culture change.

Do communications inspire and drive interest in culture?

Training and development provides leaders and employees with the understanding and skills to create an inclusive culture.

Has culture training and support that balances traditional and experience-based activities been created for all employees?

Do leaders and employees understand the behaviours and tools to apply to their every day jobs?

Progress relative to the adoption / progress must be measured to understand impact and next actions.

Is culture progress evaluated through established metrics, leveraging the employee engagement survey and other feedback mechanisms to evaluate employee perception?

Equitable Leader Assessment (ELA)

Below outlines how the ELA is utilized to assess leaders and develop personalized competency development paths.

ELA is a 360 assessment that provides leaders with candid developmental feedback in eight distinct areas related to diversity, inclusion and human equity. ELA helps to identify the degree of competency a leader demonstrates in the following eight areas: Openness, Equitable Opportunity, Accommodation, Dignity and Respect, Commitment to Diversity and Inclusion, Knowledge of Diversity and Inclusion, Change Management, Ethics and Integrity.

What is the ELA-360?
The ELA-360 is a 360 assessment for leaders at all levels that measures **9 core** competencies focused on how leaders interact with others, solve problems, and make decisions in a way that values and nurtures individuals' unique talents and strengths.

How is the ELA-360 different from other competency assessments?

- Traditional leadership competencies typically fall into 4 categories.
- The 9 core permeate all four competency areas – they dictate how leaders “engage” other competencies.
- It includes the concept of Human Equity which moves us beyond the Diversity and Inclusion focus on groups toward a focus on the individual and the value or equity that each individual brings to the talent pool.
- Our new competency *Leveraging Innate Talent* is fundamental to the human equity approach and captures a leader's ability to align others' talents and passions with available opportunities in order to achieve superior business results.

9 CORE EQUITABLE LEADER COMPETENCIES

- Personal and Interpersonal
- Operational
- Strategic
- Cognitive/Intellectual

What information is provided in the ELA-360 report?

- Shows how others perceive your strengths and weaknesses and compares this with your own perception
- Provides normative comparison results based on performance of other leaders
- Provides anonymous, detailed comments from raters

How can the information be used?

- To enhance self-awareness of strengths and development priorities
- To focus and facilitate development in the context of individual coaching or team/group training
- To assess high potentials and build bench strength on the 9 core

How can organizations enhance the ELA-360 experience?

- *ELA-360 Workshop*: a skills-based session that introduces leaders to the 9 Core and improves understanding of issues related to diversity, inclusion and human equity
- *ELA-360 Coaching Series*: designed to provide managers with tangible behavioural changes that foster inclusion and human equity
- *The Human Equity Advantage*: a new book by human equity strategist Trevor Wilson that presents a model for change driven by equitable leadership

OPENNESS TO DIFFERENCE
Being positive and receptive with others who are different from you and actively seeking out opportunities to enhance your understanding of those differences.

ETHICS AND INTEGRITY
Being fair and ethical in your approach with others and consistently demonstrating honesty, reliability, and responsibility in your daily work life.

DIGNITY AND RESPECT
Creating a work environment that encourages open and transparent communication and where opinions and contributions of all team members are valued.

EQUITABLE OPPORTUNITY
Making objective employment decisions regarding individuals on the basis of merit and skill.

The 9 Core

FLEXIBILITY
Demonstrating creativity when solving problems and adaptability when responding to the needs of different employees.

KNOWLEDGE
Behaving in a way that reflects a general understanding of diversity, inclusion and human equity as well as relevant employment legislation and best practice for each.

COMMITMENT
Enthusiastically endorsing and participating in programs designed to support Diversity, Inclusion and Human Equity.

CHANGE MANAGEMENT
Fostering an organizational culture that values diversity, inclusion, and human equity through the implementation of effective change management practices.

NEW! LEVERAGING INNATE TALENT
Aligning others' talents and passions with available opportunities in order to achieve superior business results.