

# Addressing the disproportionate impact of COVID-19 on BAME staff

29 May 2020

With evidence emerging of the impact of COVID-19 on black, Asian and minority ethnic (BAME) communities, healthcare leaders met in April to agree a plan to support BAME staff.

The NHS response has since been underpinned by three principles of **protecting, supporting, and engaging our staff**.

- Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters. We know that BAME staff are over-represented at the lower levels of NHS grade hierarchy.
- On a precautionary basis, employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.
- A safety and learning culture is vital. All our staff should feel able to raise concerns safely. Local Freedom to Speak Up Guardians are able to provide guidance and support with this for any concerned member of staff.
- We continue to encourage the need for diversity in our management structures. We know that diverse and inclusive teams make better decisions, including in the COVID-19 response.

A programme led by our Chief People Officer, Prerana Issar, includes staff protection, engagement with staff and staff networks, representation in decision-making, rehabilitation and recovery, and communications and media.

## Staff protection

NHS Employers has published [guidance](#) that is signposted to NHS leaders and updated regularly. Clinical experts have developed a [risk reduction framework](#), published by the Faculty of Occupational Medicine and supported by updated guidance from NHS Employers.

Good practice [case studies](#) show how line managers are being supported to have one-to-one conversations with their teams, listen carefully to staff concerns and provide support and consider job adjustments for any staff identified as being at greater risk.

## Ensuring infection prevention and control education is inclusive for all

The NHS asked all trusts to assess and report on how they were implementing Public Health England's guidance, including how they were preventing transmission within hospital. A national surveillance system will provide a clear picture of the extent of the issue across all hospitals.

We are working with directors of human resources to make sure information is shared effectively with all staff, including those who may not easily receive information through communication cascade (service, agency staff). We are:

- sharing examples of [good practice](#) for employers, demonstrating a quality improvement approach to PPE provision
- sharing strategies for deploying risk assessments in primary and secondary care settings
- providing inclusive PPE, social distancing and hand hygiene education to groups that include agency staff, porters and cleaners.

## Raising concerns

We are working with the National Guardian's Office (NGO) to promote transparency, ensure staff feel able to raise concerns safely, and increase BAME representation among Freedom to Speak Up Guardians.

## Representation in decision-making

We are working to ensure that BAME and disabled staff have influence over decisions that affect them. Data collections, including those that contribute to the Workforce Race Equality Standard (WRES), which were paused as part of the response to COVID-19, will now resume.

We have written to boards to ensure BAME staff networks are given priority, voice and resources to act. Using our WRES experience, we are working with our regional leads on how COVID-19 response teams and management structures can be representative and better anticipate and respond to crises.

Chairs and non-executive directors will be expected to lead internal scrutiny and assurance at all levels.

## Staff wellbeing

We launched a tailored [bereavement counselling service for Filipino staff](#), who are significantly over-represented in staff deaths.

We have also partnered with Headspace, UnMind and Big Health to offer free apps to help staff with their mental health. The apps offer guided meditation, tools to battle anxiety and help with sleep problems

We continue to engage with faith groups and BAME networks to tailor health and wellbeing offers of support.

“Our NHS colleagues continue to provide unparalleled quality care in these challenging circumstances. As a learning organisation, we have a responsibility to act on emerging evidence and take measures that ensure the safety of all our staff, but with a focus on BAME colleagues who appear to be disproportionately affected. The impact of COVID-19 on our BAME staff is not only an equality, diversity and inclusion issue – it is an urgent medical emergency, and we are acting now.”

**Prerana Issar, NHS Chief People Officer**