Paper Title: Progress update on work programme addressing impact of COVID-19 on black, Asian and minority ethnic (BAME) staff and health inequalities

Agenda item: 5 (Public session)

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Paper type: For noting

Summary/recommendation:
Emerging evidence shows that COVID-19 is having a disproportionate impact on black, Asian and minority ethnic (BAME) workforce and the wider community.

This paper provides an update on our programme addressing the impact on our NHS workforce, health inequalities and some of the next steps that are under consideration given the recent Public Health England reports and recommendations.

Background

1. On 15th April, Simon Stevens convened a meeting of leaders in healthcare and representative bodies such as British Medical Association and Royal College of Nursing to discuss the emerging evidence and agree a plan of action to address the impact of COVID-19 on our BAME workforce.

2. Subsequently, Chief People Officer, Prerana Issar, launched a comprehensive programme to address the impact of COVID-19 on our BAME workforce with five streams of work – protection of staff, rehabilitation and recovery, communications, staff networks and representation in decision making - underpinned by three principles of protecting, supporting, and engaging our staff.

3. On 2 June, in response to a commission from the Department of Health and Social Care, Public Health England (PHE) published its review, *Disparities in the risk and outcomes of COVID-19*. The review presented findings based on surveillance data available to PHE at the time of its publication and confirmed that the impact of COVID-19 had replicated existing health inequalities and, in some cases, has increased them. This included evidence of disproportionate impact on people from Black, Asian and minority ethnic (BAME) groups, including NHS staff, who had contracted Covid-19.

4. On 16 June PHE followed up its initial descriptive report with 'B*eyond the data: understanding the impact of COVID-19 on BAME groups',* a summary of its stakeholder engagement and literature review. The report puts forward that the

relationship between ethnicity and health, and the disproportionate impact on BAME groups is likely to be the result of a combination of factors including social and economic inequalities, racism, discrimination and stigma, differing risks at work and inequalities in the prevalence of conditions such as obesity, diabetes, hypertension and asthma.

5. A number of the recommendations requested by stakeholders included in PHE's second report are of direct relevance to the NHS's work to address the impact of COVID-19 including better representation of BAME communities among staff at all levels, risk assessments for BAME workers, producing culturally sensitive education and prevention campaigns and ensuring that COVID-19 recovery strategies address inequalities to create long-term change. This paper outlines initial steps on how these are being addressed and planned for as part of NHSE/I's own work.

BAME initiatives

Protecting staff

6. Risk assessments: On the 29th April, NHS E/I sent a clear instruction to the system that employers should risk-assess staff at potentially greater risk. Employers have a legal obligation to risk assess the health and safety of their employees. Clinical experts developed a risk reduction framework, published by the Faculty of Occupational Medicine, supported by updated guidance from NHS Employers with practical implementation tools.

7. Local Human Resources (HR) directors have been engaged and directed to form a 'triumvirate of action' locally collaborating with communication and BAME networks to ensure that assessments are deployed quickly and sensitively. Increased regional oversight, and use of the Board Assurance Framework to embed board accountability are now being pursued under the direction of the Chief People Officer Prerana Issar.

8. Best practice case studies on deploying risk assessments safely in primary and secondary settings for local adaptation and adoption have been made available on the NHS E/I website. These have been shared through information cascade including Chief Operating Officer's system update, regional communications briefing, weekly stakeholder briefing and HR updates.

9. Fit testing: A multi-disciplinary Task and Finish group has been launched with the Infection, Prevention and Control cell team, quality improvement experts and policy leads to help inform future procurement and supply chain management decisions for organisations with a significant BAME workforce.

10. Staff testing: Initial data from asymptomatic staff testing demonstrates no significant discrepancy in access to testing for BAME staff groups. However, a central communications drive, with targeted messaging to BAME staff groups is being developed to ensure that there is ongoing engagement with staff testing capabilities.

11. Ensuring educational processes are inclusive: A Task and Finish group was set up to examine the reinforcement of educational messages on personal protective equipment (PPE), hand hygiene, and social distancing to staff that may not benefit from traditional information cascades such as ancillary staff, agency staff, porters and cleaners. Best practice in delivering this targeted information has been highlighted to HR directors nationally and shared on a dedicated NHS E/I microsite.

Supporting our staff

12. Raising concerns: NHS E/I remain committed to a culture of openness and transparency. The ability and support for staff raising concerns safely was highlighted in our letter to the system on 29th April. Since then a joint letter from the National Guardians Office and the Workforce Racial Equality Standards (WRES) team has been sent to the system reinforcing our support for staff speaking out. We are also ensuring improved cultural competency through collaboration in training and working with WRES experts. This letter is accompanied by a single-page guide on ways to raise concerns and access to a directory of local and national contacts.

13. Support services: There is recognition that access to traditional support mechanisms may not be possible during the pandemic. We have launched an advice line, text support service and suggested mental health support apps to help staff, from all backgrounds, through this crisis. In May 2020, our helpline received 2773 calls, our text service held 1383 conversations, self service apps were downloaded 118, 268 times, and our dedicated people.nhs.uk page had 134,169 visits.

14. On 19th May, following engagement on support needs with Filipino colleagues across the NHS, we launched a tailored counselling service offer for the Filipino staff community. Tagalog-speaking specialist counsellors and support workers will be on hand to support staff who have experienced bereavement, or who need to discuss anxiety or emotional issues experienced as a result of the coronavirus pandemic.

15. Supporting better representation in decision-making: We issued a joint letter from the Chief People Officer for the NHS and the Chair of NHS Improvement on 19th May to ensure NHS organisations focus on race equality and that Workforce Race Equality Standard (WRES) implementation will continue during 2020.

16. We are working through our regional directors to examine how we can make emergency response structures more representative of the workforce and communities served and have created a briefing pack highlighting best practice case studies from across the system for adaptation and adoption.

Engaging our staff

17. BAME Networks and Webinars: Our online events have reached over 2800 participants. A key component to supporting BAME staff within organisations is

establishing thriving BAME networks. We have commenced a programme of delivery to enable and support BAME networks to become vehicles for change and influence within healthcare organisations. 240 BAME network leads and healthcare leaders have engaged in this programme to date. A sister cohort of BAME networks with Primary Care Networks is being established.

Next steps

18. NHS Race and Health Observatory: The NHS Race and Health Observatory, which will be hosted by the NHS Confederation, will identify and tackle the specific health challenges facing people from BAME backgrounds. This was launched on 29th May 2020 by Simon Stevens, Lord Victor Adebowale and Dr Malo Rao. The Observatory will both analyse and catalyse action. Having made an initial grant to co-fund the Observatory, the Boards are asked in principle to support a multiyear funding commitment to put the Observatory on a stable and independent footing.

19. Working within an inequalities strategy: Development of an inequalities strategy for NHS E/I should be closely linked to workforce as the pandemic has highlighted that the NHS exists as a microcosm of wider society.

20. Recovery phase: Restoring NHS services will need to recognise the stresses placed on our workforce and in particular BAME staff. Continuing staff health and wellbeing offers that are culturally competent is important. As the NHS pursues its digital and system transformational ambitions, digital inclusion and equity in access for all staff to options such as home-working needs to be considered.

21. Given the reported findings, the post-pandemic workplace will also have to be cognisant of keeping staff safe going to and from work and reduce exposure.

22. Refresh of People Plan post COVID-19: The pandemic has highlighted pre-existing areas of inequality within society and our workforce. A concerted effort must take place to level up opportunities for career progression and eliminate discrimination and racism.

23. A system-wide approach is required to ensure that all organisations adopt values-based recruitment for all positions including senior leadership positions. All leaders must demonstrate a commitment and track record on equality and diversity. Reciprocal-mentoring and seeking 360 feedback from BAME staff and networks as part of leadership appraisal should be considered, building on the pre Covid-19 development of a Leadership Compact for the NHS. A firm commitment is needed to ensure the leadership throughout the NHS, including Integrated Care Systems, will be representative of the communities that they serve.

24. Accountability for organisations that provide career progression opportunities through creation of an ‘opportunity atlas’ harnessing WRES data is possible. This data visualisation would directly influence an organisation’s talent recruitment potential.

25. Consideration should also be given to the creation of a publicly visible 'race equality mark' to encourage commitments to enhance the careers of BAME members of staff, and highlight those employers which perform well in race equality. This could work in a similar way to the Athena SWAN charter's recognition of support for the careers of women in science, technology, engineering, maths and medicine (STEMM) employment in higher education and research.

26. Greater support mechanisms should be made available for trainees and workers in distress and local conciliatory options in case of dispute. Regulators should also have a zero-tolerance approach to regulatory referrals being used for intimidation.

Accelerating NHS progress on health inequalities

27. The challenges responding to COVID and managing NHS recovery call for an enhanced push on tackling health inequalities, including for BAME patients.

28. Much work is already underway, including through STP/ICS work to implement the NHS Long Term Plan. Typically, these focus on some of the more medium and long-term actions.

29. To complement that existing system and regional work, and accelerate progress given our current context, NHSE&I is taking further immediate action.

30. A task and finish group is being established to set out proposals for inclusion in the next phase of the COVID recovery work.

31. The remit of the group is to focus on specific measurable actions that can and will be taken by the NHS as part of NHS COVID recovery. It will start immediately, building on the analysis and diagnosis that already exists. These will include actions necessary to progress the relevant recommendations for NHS services set out in the PHE report *Beyond the data: understanding the impact of COVID-19 on BAME groups.*

32. The intention is to provide additional national clarity and drive, with the local flexibility to fit to place, ICS and region. One size will not fit all. Partnership working with local authorities, communities, and citizens is essential. At the same time there needs to be demonstrable nationwide progress.

33. The existing national health inequalities team will be bolstered by support from the strategy group.

34. Additionally, the actions proposed will be hardwired as core NHS system deliverables, with delivery accountability through a strengthened national inequalities programme.

35. This work is distinct from and complementary to the dedicated work on the NHS as an employer being led by the Chief People Officer on supporting our BAME NHS staff and implementing the WRES.

Summary

36. The COVID-19 pandemic has had a disproportionate on BAME communities and health inequalities. Our initiatives aim to protect, reassure, and support our BAME colleagues during this challenging period and address health inequalities.