

# Parliamentary briefing: The effect of Covid-19 on black, Asian and minority ethnic (BAME) communities

Backbench business debate, 18 June 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

## Overview

Over the past few months, the disproportionate impact of COVID-19 on black, Asian and minority ethnic (BAME) people has become increasingly clear. As organisations which collectively employ over 1.3 million staff – including a significant number of BAME individuals – trust leaders are deeply concerned about the evidence showing higher prevalence of the virus and significantly worse health outcomes for BAME groups.

Since evidence of the disproportionate impact of COVID-19 on BAME staff first began to emerge, national NHS bodies and trusts at a local level have sought to find the best way to respond to protect both staff and patients. Trusts would welcome concrete action and recommendations following numerous national reviews with a clear steer from the centre to support the process of identifying and managing the increased risk from COVID-19 for BAME staff. In the meantime, trusts have been proactively working at a local level, to address the risks to their BAME staff.

## Impact of COVID-19 on BAME NHS and care staff

Work to investigate the impact of COVID-19 on BAME NHS and care staff is ongoing, but initial analysis points towards a significantly elevated risk of death for these groups. Looking at all staff employed by the NHS, those from BAME groups account for approximately 21% of the overall workforce, and within this approximately 20% of nursing and support staff and 44% of medical staff. However, analysis by [Tim Cook et. al](#), suggests that BAME individuals account for 63% of all NHS staff deaths from COVID-19, including 64% of deaths of nursing and support staff and 95% of deaths of medical staff.

The British Association of Physicians of Indian Origin has been vocal in raising these issues with NHS England and Improvement (NHSE/I), highlighting the risk factors to their members and calling for proper protection and testing to be prioritised by all employers, including stratified risk assessments for those on the frontline. The Royal College of Nursing has [surveyed its members](#) in relation to access to personal protective equipment (PPE), with a much smaller proportion of those from BAME groups reporting they had adequate protection, compared to those from white ethnicities. Trust leaders have been raising concerns about a shortage of PPE throughout the pandemic and ensuring the safety of staff and patients is of utmost concern to them.

## Public Health England review, 2 June 2020

On 2 June, Public Health England published its report, [Disparities in the risk and outcomes of COVID19](#), which was commissioned by the Secretary of State for Health and Social Care as a rapid review in response to the emerging evidence into factors impacting health outcomes from COVID-19. This review, which supports earlier findings by the Office for National Statistics, offers a broader analysis of the factors impacting the risk of a poor outcome within the pandemic including age, geography, deprivation, occupation, residence (with a focus on care homes), alongside ethnicity. The government has since announced a further review, to be conducted by Kemi Badenoch, the minister for women and equalities, which will look at occupation and comorbidities, alongside ethnicity, which were not accounted for in the initial review.

The review contains little new data in relation to the deaths of NHS staff, with the earlier work of Cook et. al referenced to evidence a disproportionately high number of BAME staff among those who have died. The review does not include a particular focus on what these findings mean for the NHS or make recommendations for policy reform in response. At the time of publication, media commentators reflected on the removal of evidence from the stakeholder and community engagement process that supplied evidence to the review, including on wider health inequalities. This

has since been published. There was widespread criticism of the review, with [black, Asian and minority ethnic medical organisations](#) writing to the secretary of state for health and social care and equalities minister calling for actions including;

- fair and equitable implementation of workforce risk assessments; proper PPE for frontline staff
- mandating BAME representation and visibility in all levels of NHS management, clinical education and curricula
- timely and contextualised public health communications which speak to BAME communities
- robust legislative and contractual levers which ensure that reporting and addressing these inequalities become a statutory public duty
- and ensuring comprehensive data on protected characteristics are openly available to allow for accountability and monitoring.

## Public Health England report 'Beyond the data: Understanding the impact of COVID-19 on BAME groups', 16 June 2020

On 16 June, Public Health England published a follow up report, [Beyond the data: Understanding the impact of COVID-19 on BAME groups](#). This report, which provides several recommendations which will feed into the review being led by the women and equalities minister, indicates that risks associated with COVID-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups. The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work.

The report found that historic racism and poorer experiences of healthcare or at work may mean that individuals in BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about PPE or risk. For trust leaders across England, nothing could be more important during the COVID-19 pandemic than ensuring their staff have the PPE they need, when they need it. Trust leaders have repeatedly raised serious concerns over the supply of PPE throughout the pandemic and yet, despite the efforts of national leaders to ensure consistent supply, delays in the availability of have PPE persisted. Failure to resolve these supply problems continues to be a source of frustration for trust leaders and for frontline staff, who are treating high risk COVID-19 patients day-in-day out, and are rightly concerned for their safety.

## How trusts are responding

Since evidence of the disproportionate impact of COVID-19 on BAME staff first began to emerge, national NHS bodies and trusts at a local level have sought to find the best way to respond.

Trust leaders welcomed the publication of the evidence and views provided by a broad range of stakeholders, which informed Public Health England's report on how COVID-19 is impacting on Black, Asian and minority ethnic communities, and other groups in early June. As organisations which collectively employ over 1.3 million staff – including a significant number of BAME individuals – trust boards have been concerned from the outset about the increased risk of harm faced by their BAME colleagues both in and outside of their working environments.

Trust leaders are committed to understanding the disproportionate toll this pandemic is having on BAME groups and why. They recognise the importance of the perspectives of all the stakeholder groups which contributed to PHE's original review, their recommendations and their shared agreement on the need for urgent action.

Trust leaders are committed to doing all they can to address structural inequality and would welcome firmer recommendations from the government taking into account PHE's report. Trusts are understandably worried about the increased risk to their Black, Asian and minority ethnic staff, which reflect the wider inequalities they already face in the NHS workforce, and about increased risk to their patients and communities. NHS Providers looks forward to rapidly seeing the next steps being taken forward by the Equalities Minister.

While trust leaders await national guidance to support the process of identifying and managing the increased risk from COVID-19 for BAME staff, at a local level, many trusts have been proactively working to address these. NHS Providers will be facilitating a series of roundtable discussions for trust leaders to share practice and collectively move towards concrete local actions.

Below we list a few examples of current action underway which our members have shared with us:

- Leicester Partnership NHS Trust, Northamptonshire Healthcare NHS Foundation Trust and Sussex Partnership NHS Foundation Trust have worked together to share information and expertise to support colleagues from BAME backgrounds. The collaboration has focused on developing a shared data set to inform the approach to risk assessment across the three trusts, and to inform a set of shared outcomes to support BAME staff. Similar principles were initiated in an East London trust, with a data collection exercise carried out to inform a second round of risk assessments.

- Derbyshire Community Health Services NHS Foundation Trust have had a BAME risk assessment process in place since April which they have shared with primary care and local authority colleagues, and this has been identified as a case study of good practice by NHS England.
- The work at Guys and St Thomas' NHS Foundation Trust and Norfolk and Norwich University Hospitals NHS Foundation Trust to develop risk assessment matrixes, guidance for line managers, occupational health advice for staff and staff FAQs was noted in the [NHS Employers risk assessment guidance](#).
- Surrey and Sussex Healthcare NHS Trust's work to ensure all staff felt safe and were using PPE appropriately was highlighted in a recent [NHS England briefing](#). Also featured in this briefing was a [collaboration between primary and secondary care](#) in North West London to provide a COVID-19 'hot hub' patient assessment centre and key worker testing services.
- The West Yorkshire and Harrogate Health and Care Partnership BAME network offers a forum for staff to raise concerns and share steps to improve conditions in workplaces, and Bradford District Care NHS Foundation Trust has been [active in tackling COVID-19 fake news](#) and misinformation within certain community groups as well as working with the [Bradford Institute for Health Research](#) to use local data to inform policy. Birmingham and Solihull Partnership NHS Foundation Trust has similarly been involved in local work to highlight the geographical communities most at risk that could benefit from targeted support to stay safe.
- In addition, since April, through our daily engagement with trust leaders, we have heard their observations, concerns and activity in relation to their BAME staff. Themes included enhanced support in the form of letters to BAME staff, promoted activity on trust's BAME networks and NHS groups as well as listening events with trust leaders. Details of the risk assessment process were also compared across trusts and systems, with a number of examples of seeking to work collaboratively on the response to this challenge across the health and care landscape.