NHS CONFEDERATION
BME Leadership Network

Support for black and minority ethnic NHS staff following a risk assessment

This briefing considers the experience of black and minority ethnic (BME) staff working in the NHS and the support they have received following completion of a COVID-19 risk assessment. It has been developed in partnership with the Chief Nursing Officer's Nursing and Midwifery BME Action Plan Steering Group.

The briefing explores the types of support provided and emerging learning on what BME staff have found helpful, and also less so, in feeling safe at work and general health and wellbeing. It also puts forward areas for improvement and offers practical advice on how to mitigate risks to staff. Intended for senior health and care leaders, it aims to inform decision-making and influence change.

Key points

- In April 2020, NHS England and NHS Improvement asked all employers to risk assess staff at potentially greater risk of contracting COVID-19 and to make appropriate arrangements. This included staff from a BME background, following emerging evidence of a disproportionate impact on BME healthcare professionals.

- While risk assessments have been undertaken, some BME staff have expressed concern that the measure has been tokenistic and failed to lead to sustained change or action.

- Our engagement with NHS equality leads reveals that a diverse range of follow-up interventions have been put in place to help protect, support and engage staff. This includes protective interventions (such as vitamin D provisions), supportive interventions (such as temporary alternate roles) and engagement interventions (such as regular discussions), as well as customised approaches depending on the nature and type of support need.

- While these interventions have been helpful to a degree, our engagement suggests that further work is needed to ensure that staff feel safe and supported at work. This includes revisiting the processes associated with follow-up support, investing in cultural competence learning and prioritising inclusive follow-up support as a strategic imperative on boards' agendas.

NHS Leadership Academy

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Background

With evidence emerging on the [impact of COVID-19 on BME communities](#) and healthcare workers, NHS England and NHS Improvement chief executive Sir Simon Stevens brought together healthcare leaders and representative bodies in April 2020 to agree a plan of action to support staff.[1] Held on 15 April 2020, the summit included representatives from the British Medical Association and the Royal College of Nursing.

Following the meeting and acting on a precautionary principle, all employers were asked to risk assess staff at potentially greater risk of contracting COVID-19 and to make appropriate arrangements accordingly. This briefing considers the experience of BME NHS staff following completion of this risk assessment.

The development of the risk assessment should be seen within the context of several other factors, such as the systemic issues highlighted by the annual [Workforce Race Equality Standard (WRES) report](#). These issues, and experiences of discrimination, make it more difficult for BME colleagues to raise concerns and be heard within their organisations. A survey of BME Leadership Network members in 2020 found that 88 per cent of respondents do not speak out because they fear for their jobs.[2]

At the same time, the death of George Floyd cannot be viewed in isolation. Many BME staff will have experienced racism and unequal treatment, and the pandemic has had a disproportionate impact on BME members of staff. As a result, many BME health and care workers and communities are scared and the workplace has become yet another form of 'weathering'[3] – what Harvard Professor David Williams describes as a gradual erosion of resilience. The leadership of many NHS organisations also does not yet reflect either the diversity of their workforce or of the populations they serve.

Additionally, the Windrush Scandal and the immigration debate fuelled by Brexit have created an environment where staff from BME backgrounds are likely to have experienced heightened fatigue, anxiety and exposure detrimental to their health and wellbeing. The London School of Tropical Medicine has also documented the lack of trust some communities have in the COVID-19 vaccine.[4]

Following the first wave, concerns emerged about the impact on staff wellbeing, given the increase in reported levels of anxiety and fatigue.[5] These were heightened in trusts with a high proportion of black and minority staff. Disproportionately impacted by the pandemic, BME staff have a double fear of 'entering the fray once again', wondering whether they will have adequate cover for multiple long shifts on COVID-19 wards and appropriate personal protective equipment (PPE).

This context provides the backdrop to the partnership between the NHS Confederation's BME Leadership Network and the Chief Nursing Officer's (CNO) Nursing and Midwifery BME Action Plan Steering Group. We have come together to share thinking and insights on the lived experience of staff from BME backgrounds, focused primarily on the types of support staff have received following a risk assessment. This briefing comes in response to requests from regional chief nurses for further support in this area. In addition to sharing learning and resources, it recommends key actions NHS trusts and other system bodies can take to support effective and robust post-risk-assessment support.

The NHS needs to ensure that staff are safe and that their wellbeing is supported. Emphasis on one aspect and not the other will be mistaken for box ticking and a lack of care. Indeed, participants in a recent BME Leadership Network study suggested that risk assessments had been tokenistic and not led to sustained change or action.[5]

A segmented offer covering both staff safety and wellbeing will be required, where compassion and professionalism are demonstrated as the NHS seeks to protect, support and engage.

Types of follow-up support and uptake

Our discussions with equality leads and others across the system have revealed a diverse range of follow-up support to help protect, support and engage staff. This includes:

- **Protective interventions**: such as Vitamin D provision, flu jabs, recognition of vulnerable status and COVID-19-safe workplaces.

- **Supportive interventions**: such as example temporary alternate roles, redeployment, home working, flexible working, mentoring, psychological support and counselling.

- **Engagement interventions**: such as regular discussions, video briefing, newsletters, awards and Zoom/ MS Teams meetings.

In addition, customised approaches have been provided depending on the nature and type of support need – please see page 4.

Staff member feeling distressed → Staff member needing specialist mental health intervention

Self help	Need to talk	More intensive support	Mental health intervention	Crisis
Access to apps • Umind • Headspace • Daylight • Sleepio • Cityparents • Brightsky • Liberate mindfulness **Digital resources** • People.nhs.uk website • Silvercloud for mental 'well health' self-guided tools • Support from family, friends and community	• Line manager discussion • Team support conversations • Local peer supporter • Freedom to Speak up guardians • Occupational health and employee assistance programme support • NHS Helpline • NHS Text line • NHS Bereavement helpline • Tagalog speaking helpline • Financial support helpline	• **Common rooms** – groups of staff coming together around critical issues • **Project 5** – 1-1 support and coaching • **Ass. Clin Psy** – for senior staff, access six sessions of psychologist time free • Access to the **screening website** and answer mental health questions to help understand next steps	• Brief interventions from employee assistance programmes services • Self-refer to IAPT/local Psychological services • Resilience hubs who can outreach, screen and support wait for treatment • Access to complex needs services, such as Practitioner Health	• Trained line Distress REACT • Clinical call screening • Specialist mental health services • NHS Helpline • NHS Text line

Local, system and regional support →

Source: Dr Sonya Wallbank, head of culture transformation at NHS England and NHS Improvement and clinical lead for the health and wellbeing response to COVID-19. Speaking at the King's Fund, 23 November 2020.

As of 28 October 2020, the uptake of support following a risk assessment has been as follows:

- 153,125 app downloads

- 7918 Silver Cloud sign ups

- 338,785 website sessions

- 300,770 users

- 8,625 contacts through dedicated helplines

- 2,565 leadership circle

- 940 common room and 1,227 coaching and mentoring

- 3,027 primary care coaching sessions (1,033 further booked)

- 22,017 website sessions and 19,655 users

- 16,256 views, 31m+ Twitter impressions and 6,246 tweets.

Source: Dr Sonya Wallbank, head of culture transformation at NHS England and NHS Improvement and clinical lead for the health and wellbeing response to COVID-19. Speaking at the King's Fund, 23 November 2020.

Other supporting resources from NHS Employers

NHS Employers has developed a comprehensive web page detailing guidance for NHS organisations on how to enhance their existing risk assessments, particularly for at-risk and clinically vulnerable groups within their workforce. The resources include where trusts and staff can access support, how to understand risk assessments and supporting vulnerable staff.

A key focus of the health and wellbeing support includes the need to routinely equality impact assess local approaches to ensure equality and inclusivity. And furthermore, to undertake such activities through partnership working between equality, HR, health and wellbeing colleagues, staff side and BME networks to help co-create and co-deliver a comprehensive risk assessment strategy.

Emerging learning

Feedback from organisations and staff has highlighted the following key learning:

What has not helped	What has helped staff feel safer
• No feedback/instructions about what to do next* • Lack of empathy/ lack of support from managers • Managers' own concerns and anxiety • Line manager failure to escalate • PPE issues • Shortage of staff and resources/ service delivery • Staff are all from a BME background so cannot be removed • Lack of understanding for BME issues/concerns • Staff left to deal with it themselves	• Understanding, empathy and cultural sensitivity regarding BME issues (including impact on family) • Cultural awareness training • Understanding risks regarding ethnicity • Environment and space for prayers • Empathy and interest • Understanding from line manager and colleagues • Flexible working • Adequate and appropriate PPE • Deployed to a less risky ward • Open and supportive discussion • Health and safety check-in • Work-related adjustments • Manager demonstrating compassion • Team support and understanding

* Various regional responses are in development to improve the feedback loop regarding next steps.

What can NHS trusts do now?

Feedback has revealed the importance of revisiting and sustaining inclusive follow-up support.

Discussions with staff have indicated that some staff and managers need to rethink, or in some cases eliminate, deeply ingrained and subconscious perceptions and behaviours. Similarly, the chair of the NHS Confederation Lord Victor Adebowale recently encouraged the NHS to ask the question "are we leading all of the people all of the time?".

Nonetheless, taking the steps below to cultivate inclusive follow-up support can help lay a good foundation for NHS organisations:

- **Evaluate your inclusive follow-up support strategy**

  Evaluate the impact of support across protected characteristics and identify key learning.

- **Address cultural competence and risk-assessment support**

  Invest in cultural competence learning involving line managers, HR and occupational health.

- **Think governance and follow-up support**

  Revisit the processes associated with follow-up support and look to embed evidence-based inclusive practice.

- **Focus on integrity and systems**

  Work with line managers, HR and occupational health to define what inclusive post risk-assessment support means, how to measure impact and what behaviours support it.

- **Adopt measurement to demonstrate performance**

  Continue to prioritise inclusive follow-up support as a strategic imperative on the board's agenda, and monitor relevant metrics. Cross-reference with existing workforce metrics such as the NHS Staff Survey, WRES and workforce disability equality standard (WDES) metrics data.

Entering the fray

The BME Leadership Network's report, Perspectives From the Front Line, paints a stark picture:

"As has been well documented, the COVID-19 pandemic has served to foreground these issues in the starkest terms and mobilised efforts to redress structural inequalities. Over recent months, questions have continued to be raised over why the pandemic has taken a disproportionate toll on people from a BME background. Our research points to two key reasons:

- First, that the NHS has failed to adequately address the long-standing health and socio-economic inequities that have disproportionately impacted BME communities.

- And second, that institutional racism has negatively impacted on the accessibility and quality of services available to BME communities, as well experiences of discrimination among BME staff within the organisation.

During the first wave, these were compounded by: an initial lack of and appropriateness of PPE for BME staff; the higher number of BME staff in high-risk roles; a notable absence of communication strategies and services aimed at BME communities; and the continued enactment of 'hostile environment' policies.

Reducing inequalities experienced by staff and people using health and care services will require concerted action by the NHS, government and wider public sector, working at scale and in a systematic and targeted way with communities to address inequalities and regain trust. Integrated care systems have a key leadership role in this and must be supported to lead on this work."

Further waves of COVID-19 will impact on the motivation of BME staff to seemingly 'enter the fray' unless these issues are addressed.

Partnerships with primary, community and voluntary sector providers, including mental health providers, are key. Approaches to developing and delivering staff support solutions such as wellbeing, counselling and childcare support will help build community and social value in a more trusted way than in-house approaches.

Developing workforce and community trust through appropriate governance and operational processes will be even more critical for the rollout of a successful vaccine programme and the success of high-performing organisations supporting a diverse workforce and communities.

References

1. NHS England and NHS Improvement (2020), Safe Working for All NHS Staff Through COVID-19. [Online, accessed January 2021], https://www.england.nhs.uk/coronavirus/workforce/addressing-impact-of-covid-19-on-bame-staff-in-the-nhs/safe-working-for-all-nhs-staff/

2. NHS Confederation (2020), Perspectives from the front line: The disproportionate impact of COVID-19 on BME communities. [Online pdf, accessed January 2021], https://www.nhsconfed.org/resources/2020/12/perspectives-from-the-front-line-disproportionate-impact-covid-19-bme-communities

3. Erosion by constant and repeated levels and clusters of stress throughout the life course increasing general health vulnerability Geronimus/The Code Switch Podcast-NPR Jan 2018 Geronimus et al, Hum Nature, 2010 ; Sternthal et al 2011.

4. Bell, S et al (2020), Parents' and Guardians' Views on the Acceptability of a Future COVID-19 Vaccine: A Multi-methods Study in England, Vaccine, Volume 38, Issue 49, 2020, Pages 7789-7798, ISSN 0264-410X. [Online, accessed January 2021], http://www.sciencedirect.com/science/article/pii/S0264410X20313219

5. NHS Confederation (2020), The NHS After COVID-19: The Views of Provider Trust Chief Executives. [Online pdf, accessed January 2021], https://www.nhsconfed.org/resources/2020/07/nhs-after-covid19-view-of-provider-chief-executives

6. Op. cit. NHS Confederation (2020).

About the BME Leadership Network

The NHS Confederation's BME Leadership Network exists to strengthen the voice of BME leaders in England and support health and care organisations to meet the needs of all communities. It aims to:

- improve understanding of equality, diversity and inclusion and publish the benefits to help deliver better care for all

- improve and sustain the number of BME leaders working in the NHS

- profile the diverse range of BME leaders delivering solutions across the health and care system.

The network is supported by the AHSN Network, NHS Leadership Academy and the Royal College of Nursing.

To find out more, visit www.nhsconfed.org/BMEleadership

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