# South East Survey on BAME staff, the COVID-19 pandemic and wellbeing

NHS England and NHS Improvement - South East

# Contents



# Executive summary


This survey is the second conducted in the South East by the Equality, Diversity and Inclusion Team. The first, launched in June 2020 at the early stages of the COVID-19 pandemic, revealed heightened concerns among Black, Asian and Minority Ethnic (BAME) staff about safety, risk assessments, access to PPE and fit testing. The information we gathered enabled us to support the region with risk assessments, best practice and increasing engagement with BAME staff networks. We also used the survey to support the work of the regional Turing the Tide Board to review health inequalities and BAME staff and communities. In October 2020 a second survey was launched to provide an avenue for BAME staff to voice their feelings confidentially and to see if progress had been made since June 2020. We also expanded the scope of the survey, asking more targeted questions about BAME staff experience and community inequalities. We had over double the number of respondents, over 63% of whom were clinical staff. Once again, we targeted our survey at BAME staff in the South East, distributing the survey link through BAME staff networks, ICS leads, HRDs in the region, inclusion networks and staff side representatives.

Analysis of this survey shows that BAME staff remain fearful and anxious about their safety, there has been improvement in access to PPE and fit testing, there remains a lack of confidence about safety to speak up and BAME staff continue to feel undervalued and not heard. BAME staff also continue to face barriers to progression and are concerned about wider NHS commitment to equality, diversity and inclusion. There is also more work to be done to improve messaging and communications about risk assessments and improve data management.

The survey has helped the South East EDI Team plan targeted interventions to support BAME staff – all of which are aligned with national WRES aspirations, the NHS long term staffing strategy and developing a BAME leadership pipeline.




# Introduction

A survey was developed in April 2020 to give voice to the experience of healthcare workers (HCW) and Personal Protective Equipment (PPE) use at the early stages of the COVID-19 pandemic. There were 260 respondents and a report was circulated in June 2020. Findings provided a baseline for the South East EDI Team engagement and consultation work, particularly with Black, Asian and Minority Ethnic (BAME) staff networks and wider representatives and the pandemic impact on their work experience. At the time the South East EDI Team was also deployed to support the region with risk assessment completion, and the survey helped provide valuable insight into the different experiences of BAME staff.

A second survey was launched in October 2020 to find out about subsequent experiences and improvements and continue to build on the information that had been gathered to facilitate additional interventions. This time the survey also included questions about staff wellbeing, as this was a major issue during the Wave 1 of the pandemic. There were 413 respondents. We especially focused on getting responses from BAME staff who, in general, are less likely to engage in surveys and engagement due to organizational legacy issues including race disparity. This was also the approach taken for the first survey. Unlike the first survey report, this one pays special attention to the experience of clinical staff, so we develop a richer picture of COVID-19 pandemic work experience, clinical issues concerning PPE access and development concerns of our BAME clinical staff.

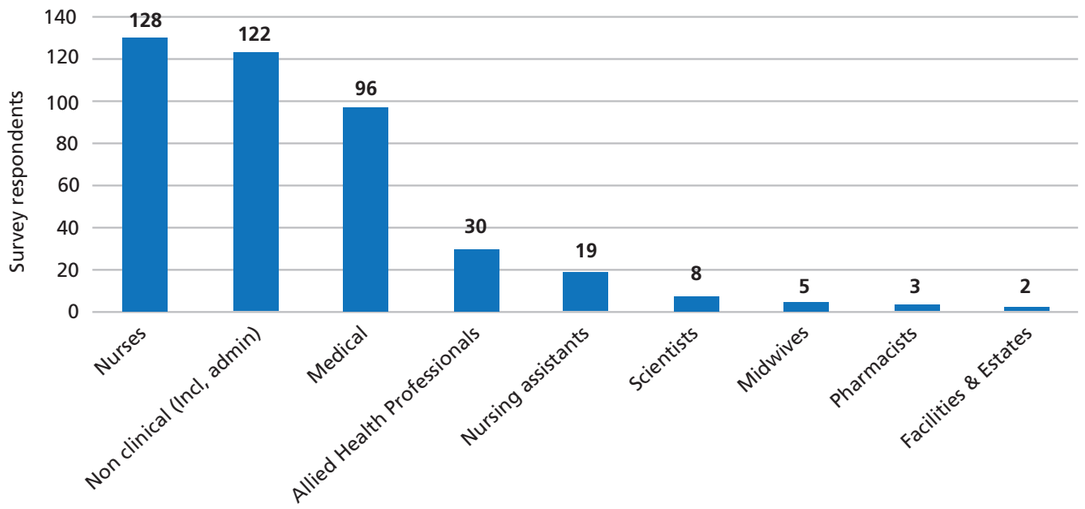
# Overview of survey respondents

There were 413 survey respondents – 68% were clinical staff. Most respondents were in the South East, with others in London and the South West. Analysis showed that experiences were similar across the regions for BAME staff.

Most respondents were permanent staff. There were 15 bank staff. The survey was targeted at BAME staff in the South East which is reflected in the survey results. All respondents reported similar themes about speaking up, access to Personal Protective Equipment (PPE) and career development. For example, some NHS workers reported that they only have access to surgical masks when FFP3 (Filtering Facepiece 3) masks are needed for aerosolization procedures. Other comments were that agency staff are being refused PPE equipment that NHS staff are being provided, and that staff have limited access to safety helmets and safety footwear. Caring for people during the COVID-19 pandemic is a fast-moving area as we learn more about the virus and transmission routes. Employers are expected to provide NHS workers, volunteers and student workers with fit-for-purpose equipment they can use to protect themselves and others from onward transmission.

The South East EDI Team has been involved in ongoing discussions since June 2020 with regional organisations about PPE, risk assessments, standard operating procedure, staff support and engagement. These conversations will continue throughout the vaccination programme. Findings from our first survey and this one has also contributed to increased engagement with regional BAME staff networks and wider staff representatives.

### Chart 1 Profile of all respondents by professional group




### Chart 2 Profile of all respondents by ethnicity




# Focus on clinical staff

Clinical staff represented 282 respondents – 68% of our survey participants. All were permanent staff.

### Table 1 Respondents - Clinical staff by region

| Which region of the NHS do you work in? | Number |
|---|---|
| South East | 196 |
| South West | 44 |
| London | 31 |
| North West | 3 |
| East of England | 8 |
| **Total** | **282** |

Over 20% of our staff in the South East have declared their ethnicity as Black, Asian and Minority Ethnic (BAME). Like other regions, there is a higher proportion of BAME staff represented in the professions of nursing and medical services. Of the 282 clinical respondents, 45% were nurses and 34% were doctors. The rest of the clinical staff were allied health professionals and other healthcare workers.

### Table 2 Respondents - Clinical staff by ethnicity

| Clinical staff by ethnicity | Number |
|---|---|
| Asian or Asian British - Indian | 73 |
| Black or Black British - African | 65 |
| Any other Asian background | 27 |
| Black or Black British - Caribbean | 25 |
| White British | 12 |
| Chinese | 11 |
| Any other ethnic group | 9 |
| Mixed White and Black Caribbean | 8 |
| Asian or Asian British - Pakistani | 7 |
| Mixed White and Asian | 7 |
| Any other White backgound | 7 |
| Arab-Middle Eastern | 7 |
| Any other Black backgound | 6 |
| Any other Mixed backgound | 5 |
| Asian or Asian British - Bangladeshi | 5 |
| Filipino | 5 |
| Mixed White African | 2 |
| White Irish | 1 |
| **Total** | **282** |

# Clinical staff and PPE

While 81% of clinical staff surveyed confirmed they had access to a full range of PPE the others stated that they did not. Respondents were concerned about expired dates on masks and some were unclear about the chain of command to ask for additional supplies of PPE.

In terms of fit testing, 36% said they had not been fit tested. This figure represents a slight decline over our survey in June 2020, however the issue of fit testing remains an issue of concern. Without adequate fit and training on proper use of equipment, the equipment is rendered useless. The Health and Safety Executive has recommended that employers provide a safe working environment with the right equipment and training to use the equipment. Some organisations have put PPE leads in ward areas – these are staff who will help others who need support. We have recommended this practice to providers in the South East to increase awareness of the proper use of PPE. It is useful to have PPE leads in different ward areas to remind people to use and dispose of equipment properly too. There also remains concern among some BAME staff that masks do not fit their faces properly.

It is recommended that there is an increase in PPE fit range to reflect the diversity of staff. While this was raised in our first report in June 2020, it is worth reiterating that internationally trained nurses, some of whom are recent joiners, will need additional support with PPE and fit testing during their induction.

### Table 3 Respondents – Clinical staff and fit testing

| Have you be fit tested? | Number |
|---|---|
| Yes | 181 |
| No | 101 |
| **Total** | **282** |

### Table 4 Respondents – Clinical staff – access to PPE

| Do you have access to a full range of PPE? | Number |
|---|---|
| Yes | 228 |
| Not sure | 19 |
| No | 35 |
| **Total** | **282** |

### Table 5 Respondents - Clinical staff – asking for PPE

| Do you feel able to ask for PPE or speak up about not having PPE? | Number |
|---|---|
| Yes | 241 |
| No | 41 |
| **Total** | **282** |



In general, there was considerable support by line managers of their colleagues and vice versa. Most managers have tried to provide information in a timely way and access to adequate PPE and wider equipment to improve staff safety. Some 80% of respondents said that their managers provided them with the information and guidelines necessary.

### Table 6 Respondents - Clinical staff – Management support

| Has your manager supported you and provided you with the information and guidelines you need work safely and care for the patients (including risk assessments)? | Number |
|---|---|
| Yes | 228 |
| No | 54 |
| **Total** | **282** |

# Clinical staff and culture and leadership

Speaking up about concerns during the COVID-19 pandemic has been an ongoing issue, particularly among our BAME staff who continue to be underrepresented in key decision-making roles and in senior positions. Since June 2020 the South East EDI Team has been approached by both ICS/STP and providers to improve input and engagement from BAME staff.

Our survey found that the number of clinical staff speaking to Freedom to Speak Up Guardians has remained static since last year, although regional work to increase the profile of FTSUG among BAME staff has only just begun, so it is hoped that figures will improve. Survey respondents were provided with space to record their feelings about accessing support from FTSUG and the majority continued to express a reluctance to do so and a general lack of confidence in the role of the FTSUG and there were issues of trust. Those who did access the service felt their issues were not taken seriously and there was fear of reprisals and being see as a troublemaker.

### Table 7 Respondents - Clinical staff – Speaking to FTSUG

| Have you ever spoken to the Freedom to Speak Up Guardian (FTSUG) in your work-place about any concerns you may have? | Number |
|---|---|
| Yes | 234 |
| No | 48 |
| **Total** | **282** |

Dignity and respect remain an issue that for BAME staff which is reflected in NHS staff surveys over the past 5 years and WRES indicators since 2015. Our survey found that while the majority, 68%, of clinical staff felt they are treated with dignity and respect at work, this is not always consistent. Some stated they felt patronized, overlooked and stereotyped by their colleagues. These findings are also reflected in the discussions the South East EDI Team has had with BAME staff network representatives. We see this as an ongoing area of work – to improve BAME staff experience and with it, patient experience.

### Table 8 Respondents - Clinical staff – Dignity and respect in the workplace

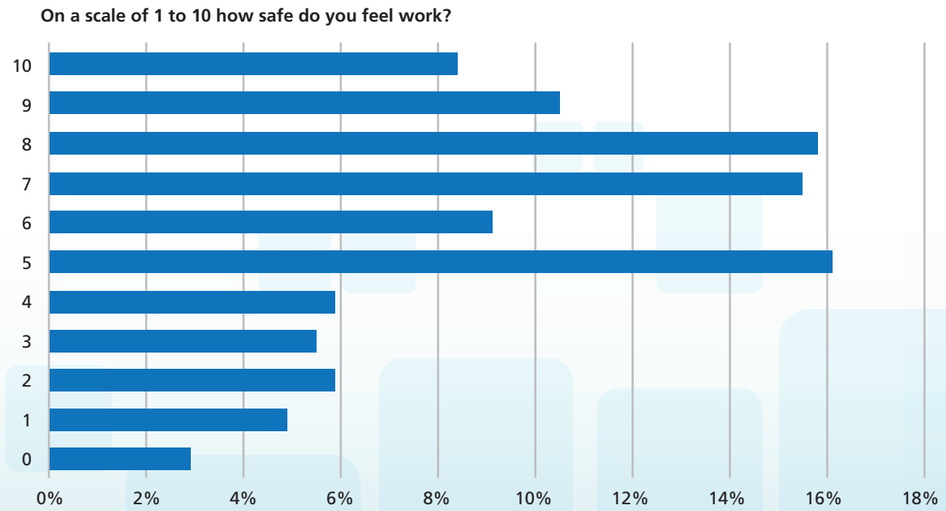
| Do you feel you are treated with dignity and respect at work? | Number |
|---|---|
| Yes | 193 |
| No | 66 |
| Sometimes | 23 |
| **Total** | **282** |

57% of respondents felt that there is opportunity for to advance their career in the NHS. Many comments refer to a sense of discrimination when trying to progress, and also mention long periods stuck at the same band as non -BAME staff progress around them. One comment that sums up much of the overall feeling displayed is: "opportunities for

We were also curious about how safe our clinical staff felt in the workplace. We decided to ask this question because there has been considerable work undertaken since 2020 to improve staff safety and wellbeing.

We asked respondents to tell us how emotionally and physically safe their felt on a scale of 1 to 10. Over 3% of respondents recorded a zero stating that it was much worse than simply not feeling safe and felt they were targeted for unsafe work during the pandemic. This feeling, in part, is reflected in staff being able to speak to their manager and others about safety concerns, which has been heightened during the pandemic.

### Chart 3 Respondents – Clinical Staff – Feeling safe (emotionally and physically) at work




Note: The scale was 1 (not very safe) to 10 (very safe). However, some respondents felt that they were below 1 and recorded a 0.

We asked the question: We know that BAME people are considered to be at higher risk of COVID-19 infection. Have you had a discussion with your line manager about what you need to keep you safe and support your mental health and wellbeing? Over 39% of our clinical staff respondents did not access support from their line manager about concerns. The survey in June 2020 had asked the question: If you are BAME do you consider yourself to be at higher risk? And 53% felt they were at higher risk. Studies indicate a markedly higher mortality risk from COVID-19 among BAME groups (Razaq et.al 2020). Latest reports by analysts continue to suggest that people from all minority ethnic groups, apart from Chinese people and mixed-race people, are at greater risk of a COVID-19-related death than the White population, in England and Wales (Ford, 2020). The ONS has said that according to their figures Black males and females were nearly twice as likely as similar White people to experience a COVID-19 death. There are thought to be many contributing factors including the overrepresentation of BAME populations in lower socio-economic groups, poor housing, multi-family and multi-generational households, co-morbidity exposure risks, and disproportionate employment in lower band key worker roles. For HCWs there are increased health and care setting exposure risks. This remains a complex issue and the exact reasons why BAME groups are being disproportionately impacted by the virus are still being investigated. However, it has caused considerable fear and anxiety among BAME NHS workers. (BAME people account for 21% of NHS staff and 63% of deaths, 20% of nursing and support staff and 64% of deaths and 44% of medical staff and 95% of overall deaths).

One BAME staff member said: *'I have to come early to work stay half an hour in the car, and still manage to come late as I have to internalize and go through things in my head, about giving my 100%, about infection control and the things I would or my family would miss in case the worse happens.'*

Another said: *"I initially was refused a risk assessment on the basis that BAME relating to COVID was not on the form. I had my manager say "If we do risk assessments on all our staff, we would lose 20% of the workforce". At that point, I thought I would die if I got COVID and my anxiety was making me ill. I had staff make me feel as if I was trying to shirk my duties, even though I have only ever given the NHS 31 years of my full commitment."*

# Clinical staff and career development

Our survey found that NHS workers are afraid - for themselves, for their colleagues, friends and family, their community and patients. Many respondents spoke about trouble sleeping, depression, anxiety, panic attacks, rise in physical ailments, exhaustion and showing other signs of deep emotional distress. There were many comments about facing racism within their roles and a lack of progression opportunities for BAME staff.

In terms of career development, many felt there was a lack of support for clinical staff who are BAME. This in turn contributed to their lack of trust in the risk assessment process and reporting concerns, for fear their career development would be affected. These findings are like those from our survey in June 2020 and there has been no change in this perception.

### Table 9 Respondents - Clinical staff – Advancing career

| Do you believe there is apportunity for you to advance your career in the NHS? | Number |
|---|---|
| Yes | 166 |
| No | 116 |
| **Total** | **282** |

Respondents were asked several open-ended questions around specified concerns. Below are the main themes by question.

### Table 10 Respondents - Clinical staff – If you were going to ask for three things to advance your career in the NHS what would it be?

| Top 10 themes in order of number of mentions |
|---|
| Mentor and coach |
| A fair recruitment system |
| Protected time for studies |
| Shadowing opportunities |
| Equality training for senior managers to reduce discrimination |
| Flexible working opportunities |
| Funding to develop skills |
| Review of interviewing process – embedding equality |
| Equality and appraisal training for line managers |

The themes in Table 10 reflect the findings of studies on BAME progression in the NHS conducted by the national Workforce Race Equality Standard (WRES) team, the NHS Leadership Academy and NHS England. Several regions are now developing sustainable mentoring and coaching offers. In the South East we have also developed an inclusive recruitment guide and we have encouraged recruiters to try and ensure their interviewers are sufficiently aware of bias and are trained in inclusion, and that panels are as diverse as possible.



BAME doctors who respondent to the survey, were particularly concerned about developing the skills needed to move into leadership positions. They felt that there were few opportunities for dedicated time to help them develop leadership skills and learn how to network and navigate the NHS culture. BAME nurses raised concerns about the recruitment and interviewing process not being transparent, and a lack of trust in the hiring process. Both professional groups highlighted a need for equality and inclusion training for interviewers and more diverse interview panels. There was also concern that visible and vocal difference in terms of skin colour and accent was affecting their chances of progress in the NHS, and that equality was not embedded and there was a lack of motivation for senior decision makers to make improvements and increase BAME representation in senior roles. Most respondents had opted to self-fund further studies in the hope that would help them progress in the system. Concerns were also raised about training for line managers and the appraisal process.

### Table 11 Respondents - Clinical staff – What do you think your organization needs to do better to help BAME people in general?

| Top 10 themes in order of number of mentions |
|---|
| Increased BAME representation in higher management |
| Taking bullying, harassment and discrimination seriously |
| Forums for listening to staff |
| Emotional support for international workers and intercultural support |
| Open and transparent conversations with senior leaders |
| Support for wider BAME voice |
| Demonstrate that action has been taken to listen to views of BAME staff |
| Monitor bullying and discrimination and notify staff what is being done |
| Treat BAME staff fairly |

Table 11 shows that the themes for BAME people with regard to organizational support are well-documented. BAME representation in senior roles and bullying and harassment are issues that continue to affect BAME staff experience and wellbeing. The South East EDI team is developing a suite of offers to improve BAME leadership skills via the WRES Experts, BAME network chairs and wider (Disabled staff network chairs) along with supporting Boards to become more aware of WRES aspirations. We have already launched three initiatives to help our BAME staff with the concerns raised in Table 11 and hope to continue to expand our offer.

Some specific quotes from staff when asked: What do you think your organisation needs to do to better help BAME people in general?

*"Zero tolerance on racial abuse and bullying and taking action quickly. Integrate BAME staff into the organisation throughout."*

*"Work on practices within HR which are not maximising psychological safety of BAME staff."*

*"Understand the difference, appreciate, and respect. Stop pretending that there is no difference."*

*"Understand and recognise the barriers to development. Understand their uniqueness and the richness of diversity they bring to our organisations. Engage through early supportive programs in their career journey to encourage aspirations and signpost places of support."*

*"To put up a BAME office that is visible for the staff … To have funds to support BAME staff networks."*

*"Educate Managers on unconscious bias and fairness."*

*"Promote a safe working culture where everyone is being heard."*

*"Support mental and physical wellbeing of BAME."*

*"Cultural induction when first arrive in the UK in order to better understand how the NHS works. Mentoring from culturally competent clinicians from similar backgrounds with experience of working in the NHS."*

*"Deliver on all the detailed plans written down to improve the working lives of BAME staff and monitor the effectiveness of these plans. To do a thorough scrutiny of the recruitment, talent management, racial discrimination complaints and disciplinaries involving BAME staff."*

## Clinical staff and health inequalities

Given the research that showed the disproportionate impact on the BAME population of the pandemic, we asked people about health inequalities and wellbeing. We wanted to know what the NHS could do to help local communities to reduce health inequalities.

According to the NHS Long Term Plan and the Health and Social Care Act, the NHS has to increase its engagement with communities that are affected by health inequalities – BAME communities in particular have been highlighted as an area for increased engagement. This will affect BAME staff too, many of whom live the community with friends and family. During the COVID-19 pandemic, this has led to considerable fear and anxiety for our BAME workforce and their families.

Our first survey in June 2020 revealed that many BAME staff would have been grateful for visible, tangible and vocal support for their local community. There was also a call by international nursing staff for additional support due to the distance from their family and rising concerns about their health and wellbeing.



**Table 12 Respondents - Clinical staff – What can the NHS do differently to reach BAME people in their communities to improve their health and wellbeing and help reduce health inequalities?**

| Top 10 themes in order of number of mentions |
|---|
| Support with speaking up about concerns |
| Increase in practical support such as interpreters and clarity about how to access healthcare assistance |
| Increase data about understanding about BAME communities, their needs and experience |
| Health education for children and religious groups. |
| Education and training on culture, communication and different experiences. |
| Proactively engage communities and BAME staff – provide clear avenue for feedback and discussion. |
| Engage with community stakeholders and fund BAME health and wellbeing programmes. |
| Train NHS staff about cultural sensitivity, racial profiling and bias. |

Note: Health inequalities are defined as unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.

Some specific quotes from staff when asked: What the NHS can do differently to reach BAME people in their communities to improve health and wellbeing and reduce health inequalities? The quotes show that BAME staff have considerable understanding and knowledge of what they need to assist local communities and improve their own work experience. The survey question does reveal that what is lacking is a forum where BAME staff can be listened to, heard and improvement actions put in place. Furthermore, there is clearly a need for increased engagement by key decision-makers and improved communications to explain what NHS organisations are doing and/or are committed to when it comes to community wellbeing.

*"Some of the BAME staff in the NHS do not have access to government benefits like their white counterparts, this is because they are here on a visa so they do not have access to public funds such as affordable housing and childcare benefits. they may work extra shifts and longer hours in order to pay for private rent and private childcare. This can lead to exhaustion and burn out and thus poor health. BAME staff usually come for large families and may be responsible for caring for elderly relatives in addition to working full time. If there is some help towards this, it will go a long way."*

*"Mandate a local offering for BAME communities to be provided by each provider trust and the STP's/ICS .Involve faith groups in the ICS Ensure organizations like the CQC do not give out ratings like "Well lead" without robust review of the WRES data and action plan."*

*"If we are aware of the causes of health inequalities, we have a duty to mitigate and intervene to address them. If it is policy, management, infrastructure or training that is required, we should be actively seeking the solutions to reduce the inequalities."*

*"Hospital Board to liaise or engage with public bodies for BAME or Ethnic Minorities that are present in communities outside hospital."*

*"Have dedicated BAME health screening clinics. Closely monitor and act quickly to reduce the incidences of BAME mothers dying during childbirth."*

*"Develop community development roles to bridge the gap/understanding between BAME communities and NHS organisations "*

The survey asked respondents: has the pandemic financially affected you and/or your family? If so how? This was clearly a difficult question for many respondents to consider. Over half of respondents have been affected – financially, physically and emotionally, through reductions in hours (and therefore income), increases in hours (increasing stress and exhaustion), fears for safety, and through family unemployment, illness and death.

### Table 13 Respondents - Clinical staff – Has the pandemic financially affected you and/or your family? If so how?

| Top 10 themes in order of number of mentions |
|---|
| Fear and worry about supporting family members who are unable to work/lost their job. |
| Stress and anxiety about family/friend's death and fear about falling ill. |
| Lack of trust to ask for help due to BAME people being treated differently. |
| Working twice as hard due to fears about failure and staying late without additional pay. |

### Table 14 Respondents - Clinical staff – Do you have anything else to add about working as a BAME person in the NHS during the COVID-19 pandemic and in general?

| Top 10 themes in order of number of mentions |
|---|
| Improved vocal support from senior leaders to reduce discrimination and feel valued |
| Increased mental health support |
| Clarity in messaging around PPE and provide equipment as needed |
| Improve data and research about BAME staff experience during pandemic |
| Measures on social distancing and cleaning need to be improved for staff safety |
| Risk assessments not taken seriously and/or no support about reviews |



### Quotes from staff about working during the pandemic

*"Working as a BAME nurse for me in the current situation is a risk to my life, my very existence, I know so many black nurses who have died, and I was very sick too, and makes even worse for my anxiety, if it gets too much I think I have one decision to be alive or dead."*

*"Yes, a lot... like why I did not have a mask when it was lockdown in March, and I was working in a ward? Why the mask was mandatory after I was already sick and not before? Why do we still have to attend hand over 9-10 staff for 30 minutes in a 5x4m room"*

*"We are all energy depleted in the NHS, working above and beyond for the patients we look after. BAME staff have the added burden of inequality and macro- and micro-aggressions that make life more exhausting. Also, when we see other colleagues subject to racism, it impacts on our morale as a shared group. Most white people are not aware of their privilege and sense of entitlement."*

*"We appreciate the gaps which have been uncovered by the Covid-19 (these have always existed and BAME have been suffering in silence) now is time for action at last hopefully the issues which have affected the BAME over decades will now be addressed."*

*"This is my first time working in the NHS. By joining the NHS, I realised how my ethnicity (as well as other factors) were a disadvantage to me here. The NHS does not take well to change, doesn't truly prioritise staff welfare and certainly does not like the very strict hierarchy to be disrupted. How are people to advance, learn and develop if they are made to know their place and are not heard or valued by those higher up?"*

*"Staff must be empowered and facilitated to voice concerns without fear of reprisals. Racism is not a BAME issue. It's something that needs to be tackled by our white leaders and colleagues."*

*"No support or communications from the managers - felt very alone and unsupported and this is reflective of day to day work also."*

*"It has been hard and I have really seen how I am not valued as a person and its quite hurtful."*

*"I think being BAME in the NHS during this time is dangerous as there has been a shift from more covert racism to more overt. Staff are also more open about discrimination in promotion and educational opportunities."*

*"As a BAME person working in the NHS during the COVID period made me question myself on many points. At the onset of the pandemic and in the early stages of the NHS's response, I found myself and other BAME colleagues being allocated the COVID patients and being constantly put in a position of risk to exposure. - I am now more aware of the inequalities in certain practices that are often employed within the workplace…"*

*"The deaths of BAME staff in the first wave affected me deeply. Will there be any learning for hospital management that ignored PPE concerns, unfairly likely to be deployed to frontline COVID wards than their white counterparts. What learning is directly in place for those who make such decisions…"*

# Recommendations

| Area | Recommendation |
|---|---|
| **Autonomy** | Enable BAME staff to seek support themselves from Occupational Health, their GP and others. Some respondents spoke of over-monitoring when they needed to take time for appointments. It is important to allow staff the time to assess their own health and wellbeing, and take part in their own assessments. |
| **Best practice** | Share learning across the region using professional networks and co-produce targeted interventions. |
| **Data & information** | Data collection on sickness rates and death rates for BAME staff.<br>Conduct root cause analysis for each BAME NHS worker death for learning and to prevent further deaths. |
| **Fairness** | Ensure there is equity and transparency in allocation of rotas and shifts.<br>Risk assess rotas for vulnerable staff groups. |
| **Governance** | Decision-makers to demonstrate ongoing consultation and engagement with BAME staff, BAME networks and those in the local BAME community.<br>Communications teams to increase legitimate output via social media - NHS workers are concerned about their families, friends and community too and need verified information.<br>Leadership - clear statements on minimising risk, redeployment measures and supporting staff through the crisis.<br>Visible and transparent leadership to break down any signs of 'them and us'.<br>Support BAME staff networks and improve engagement. |
| **Mental health** | Ensure there is adequate internal and external support that staff can access. Specific mental health support from those trained in limiting bias and targeted messaging to BAME staff. |
| **PPE** | Issue PPE and implement fit testing for everyone.<br>Ensure managers know when FFP3 masks must be used.<br>Ensure internationally trained staff have opportunity for fit testing and support with PPE. |
| **Respect** | Understanding staff needs by using different consultation mechanisms such as Freedom to Speak Up Guardians, EDI Leads, Chaplaincy, Wellbeing Teams, Mental Health First Aiders.<br>Support from HR for managers to deliver safe working conditions for their staff. |
| **Risk assessment** | Guidance on how to risk assess for staff and managers.<br>Transparency in how risk assessments are conducted.<br>Keep a track record of risk categories and staff declines – address these issues and reduce BAME staff anxiety about career threat.<br>Consultation with BAME staff and networks. |
| **Ongoing review** | Continue to review and collect survey information to build up knowledge about BAME staff experience in the South East to enable effective, evidence-based initiatives. |



# Conclusion

The COVID-19 situation, PPE issues and NHS operations affect everyone. Working together and focusing on core areas will help ensure we cover all NHS workers. It is clear that the current climate has caused staff considerable psychological and physical distress. Yet, the survey reveals that staff are doing their best under extremely stressful situations. They are being supportive of one another and trying to do the right thing when there are issues that concern them. They continue to provide high quality care to patients and deliver their service with the utmost professionalism.

# Survey questions

| | |
|---|---|
| What is your role in the NHS? | |
| Are you a bank or permanent worker in the NHS? | |
| What is your ethnicity? | |
| Do you have access to a full range of PPE? (PPE or Personal Protective Equipment protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks.) | Please specify what PPE you are lacking |
| Have you been fit tested? (As people come in all sorts of shapes and sizes it is unlikely that one particular type or size of face piece or mask will fit everyone. Fit testing will ensure that the equipment selected is suitable for the wearer.) | |
| Do you feel able to ask for PPE or speak up about not having PPE? | Please comment |
| Do you feel you are treated with dignity and respect at work? If you feel you are not, what would it take to make you feel respected and treated with dignity? | Please comment |
| Have you ever spoken to the Freedom to Speak Up Guardian (FTSUG) in your workplace about any concerns you may have? | Please comment |
| Has your manager supported you and provided you with the information and guidelines you need to work safely and care for the patients (including risk assessments)? | Please comment |
| On a scale of 1 to 10 how safe (emotionally and physically) do you feel at work. (1 is not safe at all - to 10 very safe) | |
| We know that BAME people are considered to be at higher risk of COVID-19 infection. Have you had a discussion with your line manager about what you need to keep you safe and support your mental health and wellbeing? | Please comment |
| Do you believe there is opportunity for you to advance your career in the NHS? | Please comment |
| If you were going to ask for three things to advance your career in the NHS what would it be? | |
| What do you think your organisation needs to do to better help BAME people in general? | |
| What can the NHS do differently to reach BAME people in their communities to improve their health and wellbeing and help reduce health inequalities? (Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.) | |
| Has the pandemic financially affected you and/or your family? If so how? | |
| Do you have anything else to add about working as a BAME person in the NHS during the COVID-19 pandemic and in general? | |
| Which region of the NHS do you work in? | |

# References


BMA 2020 BME doctors hit worse by lack of PPE (https://www.bma.org.uk/news-and-opinion/bame-doctors-hit-worse-by-lack-of-ppe) [last accessed 04/05/2020]

Cragg, S and Defriend, E-J (2020) 'Has the government broken the law by putting NHS staff in harm's way? The Guardian 25 April 2020.

Ford, S (2020) 'Latest figures on Covid-19 deaths spark fresh calls to protect BME population' Nursing Times, 7 May 2020.

GOV.UK General advice on social distancing (https://www.gov.uk/coronavirus) [last accessed 04/05/2020]

GOV.UK How to use PPE (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe) [last accessed 04/05/2020]

GOV.UK COVID-19 Infection Prevention and Control (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) [last accessed 04/05/2020]

Health and Safety Executive Risk at Work and PPE (https://www.hse.gov.uk/toolbox/ppe.htm) [last accessed 04/05/2020]

ICNARC report on COVID-19 in critical care 4 April 2020 (www.icnarc.org) [last accessed 04/05/2020]

The Lancet (2020) Ethnicity and COVID-19 www.thelancet.com Published online April 21, 2020 (https://doi.org/10.1016/S0140-6736(20)30922-3) [last accessed 04/05/2020]

NHS Employers Risk assessments for staff (https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff) [last accessed 04/05/2020]

Office of National Statistics (2020) Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020, 7 May 2020 (https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020) [last accessed 11 May 2020]

Oppenheim, M. (2020) 'Female NHS staff at risk due to not being able to access protective gear correctly sized for women' The Independent 21 April 2020

Razaq, A. et.al (2020) BAME COVID-19 deaths - What do we know? Rapid data and evidence review, 5 May 2020, The Centre for Evidence-Based Medicine.

Royal College of Obstetricians and Gynaecologists - Information for pregnant women (https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/) [last accessed 04/05/2020]

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Lead: **Cavita Chapman**, Head of EDI

Authors: **Olivia King**, Regional Equality Manager
and **Catherine McGill**, Project Co-ordinator

For other formats or queries contact Olivia.King6@nhs.net

NHS England and NHS Improvement - South East