

## How NHS organisations are supporting black and minority ethnic staff through COVID-19 and beyond

In April 2020, all NHS employers were asked to risk assess staff at potentially greater risk of contracting COVID-19 and to make appropriate arrangements. This included staff from a black and minority ethnic (BME) background. This briefing highlights examples of how NHS organisations and integrated care systems have supported staff following these assessments.

It has been supported and developed in partnership with the Chief Nursing Officer's (CNO) Nursing and Midwifery BME Action Plan Steering Group and NHS England and NHS Improvement's regional heads of equality and diversity.

### Key points

- Across England, NHS providers, commissioners and integrated care systems have taken steps to respond to the needs of staff at potentially greater risk of contracting COVID-19. This has included staff from a black and minority ethnic background.
- Where organisations conducted risk assessments for BME staff following the April 2020 mandate, feedback from staff has been mixed and pointed to a range of issues. Despite the mixed picture, positive examples of post-assessment support have been highlighted across the country, welcomed for their cultural sensitivity, empathy from managers and swift action in making work-related adjustments. This briefing showcases such examples.
- Engagement with regional heads of equality and diversity and local NHS organisations has highlighted the importance of going beyond the risk assessment tool to provide meaningful support to staff. Where behaviours have been changed and investment placed in face-to-face interactions, this has yielded the greatest benefit to BME staff.
- As the NHS enters the next stage of the pandemic, working with staff to make sense of and understand the challenges they face will be crucial, as will long-term action. This will support efforts to retain – and sustain – staff after a gruelling 12 months, and to redress long-standing issues that have affected the BME workforce for several years.
- By reviewing examples of positive post-assessment support, we have identified five key lessons on how the NHS can better engage with, safeguard and support staff from a BME background.

# Background

In April 2020, all NHS employers were asked to risk assess staff at potentially greater risk of contracting COVID-19 and to make appropriate arrangements accordingly. This included staff from a black and minority ethnic (BME)\* background, following mounting evidence of a disproportionate impact on BME groups.

Where organisations conducted risk assessments for BME staff, [feedback was mixed](#) and indicated issues ranging from:

- lack of feedback following the assessment
- lack of support from managers
- lack of understanding of cultural sensitivities
- inaction following risk assessments.

Nearly 70 per cent of participants in a recent BME Leadership Network study suggested that [risk assessments had been tokenistic](#) and not led to sustained change or action.

While feedback has been mixed, we have heard positive examples of support for BME staff following a risk assessment; support that has been culturally sensitive, where managers have demonstrated empathy and provided work-related adjustments. This briefing showcases such examples, where NHS organisations and systems have taken on board the needs of BME staff. It also includes a set of key questions to help leaders reflect on their support to staff and NHS People Promise commitments for a compassionate and inclusive NHS.

To inform this briefing, we sought feedback from NHS England and NHS Improvement's regional heads of equality, the [BME Leadership Network](#) (which is part of the NHS Confederation) and the Chief Nursing Officer's (CNO) Nursing and Midwifery BME Action Plan Steering Group. The three groups have come together to share thinking and insights on the lived experience of BME NHS staff, with a particular focus on the types of support staff have received following a risk assessment.

\* [Public Health England's June 2020 report](#) noted a broad consensus among stakeholders from black and minority ethnic communities that COVID-19 had exposed and exacerbated long-standing inequalities affecting their communities. Factors identified include exposure risk and disease progression, poor chronic disease management, poor targeting of public health strategies, and racism and discrimination. This report also reflects the important principle of upholding the right and choice to self-identification by equalities groups, including people from black and minority ethnic communities.

The paper comes in response to requests from regional chief nurses and NHS Confederation members for further support in this area. As the NHS enters a new phase in the pandemic, this briefing offers insights on how NHS organisations and integrated care systems can take steps to develop a truly compassionate and inclusive working culture. It follows a [joint briefing on risk assessments](#) published in February 2021.

## Support for staff following a risk assessment: examples from across England

Across England, NHS providers, commissioners and integrated care systems have taken steps to respond to the needs of staff at potentially greater risk of contracting COVID-19. In this section, we highlight examples from across all seven NHS regions. It is followed by a summary of five key learning points on how NHS organisations can better engage with, safeguard and support staff from a BME background.

### East of England

#### ➔ Weekly check-ins and engagement with senior leaders

Cambridge University Hospitals NHS Foundation Trust developed [engagement events](#) to hear about staff experiences during the pandemic.

The sessions were designed to:

- listen to staff concerns
- enquire about access to personal protective equipment
- check understanding of the risk-assessment process
- hear about experiences of working from home
- feedback actions from the trust's BME staff health taskforce
- signpost to sources of support.

Notes and action points from the meetings are published on the COVID-19 staff portal. Members of the executive team, including the director of workforce and the chief nurse, have joined some of the meetings to listen, learn and answer questions from staff.

#### ➔ Continuous risk-assessment matrix

Norfolk and Norwich University Hospitals NHS Foundation Trust has developed a [risk assessment matrix](#) to support individuals and line managers to undertake regular risk assessments. It also encourages conversations between line managers and staff on a regular basis as part of the post-assessment support.

(continued)

### ➔ Virtual hospital, helpline and funding

West Hertfordshire Hospitals NHS Trust has a workforce that is 40 per cent BME. The trust and its chief executive, Christine Allen, worked with colleagues from the Connect BAME Employee Network to discuss how best to manage the impact of COVID-19 on BME colleagues. Together, they agreed a number of actions, including staff risk assessments, admissions to the virtual hospital and the creation of a helpline.

The network also [received £50,000 funding](#) from NHS Charities Together in recognition of the importance of the network and post-assessment support.

### ➔ Supporting safe staff deployment

East and North Hertfordshire NHS Trust implemented a [comprehensive offer to staff](#) when rapid redeployment of the workforce was needed. This included colleague support from health and wellbeing services, as well as training, education and support to ensure staff had the skills to perform their new roles. Regular debriefs were also held to allay individual and team fears.

As a result of temporary moves between roles during the pandemic, some staff discovered new opportunities. These deployment approaches could encourage and give confidence to more staff wanting to step in and try new roles.

---

### Who to contact for further information

Harprit Hockley, Head of Equality and Inclusion, NHS England and NHS Improvement (East of England): [harprit.hockley1@nhs.net](mailto:harprit.hockley1@nhs.net)

### ➔ Digital risk assessment

Working with external partners, Barts Health NHS Trust developed bespoke software to enable a digital risk assessment system. Staff can complete a self-assessment, which line managers can review in conjunction with their direct reports. The HR team can also review the assessment and escalate cases, depending on the outputs.

You can watch a [demonstration of the system](#) or contact Harjinder Mann, digital systems lead at Barts Health, at [h.mann@nhs.net](mailto:h.mann@nhs.net) to find out more.

### ➔ Addressing cultural differences

North West London Integrated Care System developed core principles, agreed at ICS level, to be adopted at individual organisations within the system. This included [understanding cultural differences](#) as, for example, Filipino staff felt they could not refuse work requests they viewed as unsafe, putting themselves in harm's way.

### ➔ Guidance for line managers

Guy's and St Thomas' NHS Foundation Trust has developed dedicated [guidance for line managers in supporting BME staff](#) with COVID-19 risk assessments. The trust has also produced [occupational health advice](#) for staff, which outlines guidance for isolating staff who have COVID-19 and very high-risk staff groups, including BME staff.

---

### Who to contact for further information

Janine La Rosa, Regional Head of Equality and Diversity, NHS London:  
[janine.larosa@nhs.net](mailto:janine.larosa@nhs.net)

## Midlands

### ➔ Dress code safety

Along with colleagues from other provider organisations, and with support from the British Islamic Medical Association (BIMA) dress code team, United Lincolnshire Hospitals NHS Trust [produced guidance on the safe wearing of head coverings/hijabs during COVID-19](#).

The guidance was adopted by [NHS Employers](#), which provided reassurances on safety while observing a key aspect of faith, as head coverings/hijabs are not normally advised in A&E.

### ➔ Data collection

Leicester Partnership, Northamptonshire Healthcare and Sussex Partnership NHS trusts have worked together to [share information and expertise](#) to support colleagues from BME 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 BME 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.

### ➔ Staff support toolkit

NHS Midlands developed a [BME staff support and risk assessment toolkit](#), which summarises national guidance and advice for managers and support staff can access individually.

---

### Who to contact for further information

Kuvy Seenan, Head of Equality and Inclusion, NHS England and NHS Improvement (Midlands): [kuvy.seenan@nhs.net](mailto:kuvy.seenan@nhs.net)

## North East and Yorkshire

### ➔ Weekly engagements

Newcastle-upon-Tyne Hospitals NHS Foundation Trust introduced [weekly engagements](#) and check-ins with its BME staff, which has enabled issues to be highlighted and addressed quickly.

### ➔ Positive action

Leeds Teaching Hospitals NHS Trust worked with its well-established [BME staff network](#) and strong partnership arrangements with trade unions. The key step was a programme of positive action (as defined in the Equality Act 2010) and support. The BME staff network grew quickly over just a few weeks, with more than 500 members receiving updates and taking part in virtual discussion groups about COVID-19.

### ➔ Guidance for managers

Calderdale and Huddersfield NHS Foundation Trust developed a [manager's guide for risk assessments](#) to support conversations with staff. It outlines what managers need to do to support risk assessments and reasonable adjustments as part of post-risk-assessment support.

---

### Who to contact for further information

Mathew James, Head of Equality and Inclusion, NHS England and NHS Improvement (North East and Yorkshire): [mathewjames@nhs.net](mailto:mathewjames@nhs.net)

## North West

### ➔ Staff appeal

Following support from the public, Liverpool University Hospitals NHS Foundation Trust set up an [appeal fund](#) to support staff welfare during this difficult period. This has raised over £500,000.

### ➔ Speaking up and having conversations

NHS Bolton Clinical Commissioning Group chairperson Dr Wirrin Bhatiani wrote an insightful [blog](#) about the importance of protecting the workforce during the pandemic and speaking up and raising concerns.

### ➔ Workstation assessments

North West Boroughs Healthcare NHS Foundation Trust has developed online guidance to help manage muscle and joint pain and stay well in work.

---

### Who to contact for further information

Anthony Nichols, Head of Equality and Inclusion, NHS England and NHS Improvement (North West): [anthony.nichols@nhs.net](mailto:anthony.nichols@nhs.net)

## South West

### ➔ Vulnerable at-risk groups and extra support for BME staff

Somerset NHS Foundation Trust [wrote to all BME employees](#) announcing that staff would be included in the 'vulnerable and at-risk group' and given the extra support that came with the classification. As part of this, BME staff would be prioritised for COVID-19 testing and FIT testing for high-level protection FFP3 masks.

### ➔ Staff networks and meditation app

To reduce anxiety, alleviate stress and promote rest, University Hospitals Plymouth NHS Trust has put in place BME staff networks and a free culturally sensitive meditation app.

### ➔ Establishing a BME network

Cornwall Partnership NHS Foundation Trust recently formed a BME network, which is open to everyone working across the local health and care system. The network, spanning across Cornwall and the Isles of Scilly, will provide the space for health workers to discuss their lives and highlight to the trust the challenges they have faced and the impact this has had on their health, safety, wellbeing, economic, career and life opportunities.

---

### Who to contact for further information

Kate Milton, Head of Equality and Inclusion, NHS England and NHS Improvement (South West of England): [kate.milton@nhs.net](mailto:kate.milton@nhs.net)

### ➔ **Support for staff whose first language is not English**

Surrey and Sussex Healthcare NHS Trust ensured that staff were using PPE appropriately by developing [COVID-19 action cards for staff](#). These had step-by-step infographics for those whose first language is not English.

### ➔ **Resource packs**

NHS England and NHS Improvement's regional team developed resource packs to supplement its Risk Reduction Framework. It highlights workplace risks, particularly those which impact on BME staff. In addition, a toolkit was developed to encourage organisations to look beyond the risk assessment.

### ➔ **FIT tests and raising concerns**

Following concerns, Western Sussex Hospitals NHS Foundation Trust put in place a comprehensive [programme of support for BME staff](#), including working with line managers to have conversation around risk assessments; patient safety officers working with BME staff to undertake FIT tests; and raising awareness a series of communications options to raise concerns.

---

### **Who to contact for further information**

Cavita Chapman, Head of Equality and Inclusion , NHS England and NHS Improvement (South East of England): [cavita.chapman@nhs.net](mailto:cavita.chapman@nhs.net)

# Lessons learned

“This process has highlighted that some managers find conversations that involve ethnicity difficult, and some BME staff do not feel confident about having those conversations with their line managers”.

**Karen Pearce, Head of Equality, Diversity and Inclusion, Newcastle-upon-Tyne Hospitals NHS Foundation Trust**

As the NHS enters the next stage of the pandemic, working with staff to make sense of and understand the challenges they face will be crucial, as will long-term action. This will support efforts to retain – and sustain – staff after a gruelling 12 months, and to redress long-standing issues that have affected the BME workforce for several years.

Five key lessons can be drawn from the last 12 months which will help to inform how the NHS can better engage with, safeguard and support staff from a BME background.

## 1. Go beyond the risk-assessment template

Completing a risk assessment is just the start. Think about what needs to be part of the staff wrap around to make them feel safe. Safety and wellbeing must be core features of a follow up to a risk assessment. Where behaviours have been changed and investment placed in face-to-face interactions, this has yielded the greatest benefit to BME staff.

## 2. Culturally competent managers are vital

Value and invest in the development of staff and line manager relationships. To develop these relationships, consider how knowledge and understanding of cultural beliefs and values can influence individuals, including their personal experiences, perceptions, feelings and coping strategies.

## 3. Redeployment can help staff development and build a diverse talent pipeline

The pandemic has given impetus to growing BME leadership pipelines in line with mandated Workforce Race Equality Standard (WRES) targets. Over the last 12 months, temporary redeployment has matched the skills of diverse staff with the temporary needs of teams and directorates across organisations. This arrangement benefits the employing organisation and member of staff, enabling them to gain valuable experience.

#### **4. Diverse communication channels reach a diverse workforce**

Using diverse communications channels can help join the dots between risk assessment and follow-up support, and spotlight the behaviours and technology that will improve communication and collaboration. Without such a communications approach there will be limited success.

#### **5. Regular formal and informal feedback is essential**

The post-risk-assessment process has revealed the importance of regular feedback. Despite work pressures, senior leaders and managers consistently sought staff feedback on an individual and team basis, and also via staff networks. To motivate a team and increase their productivity and motivation, feedback is crucial.

## Getting it right: key questions leaders should ask

The NHS People Promise commits to developing a compassionate and inclusive culture and to address workforce and workload challenges. A key part of this will be recognising workplace safety and retaining a focus on staff wellbeing and inclusion.

As the acute pressures on the NHS start to subside, NHS and system leaders are encouraged to consider how they can help bring the commitments to life. The table below, based on the NHS People Promise, highlights a set of expectations for supporting BME staff. It has been developed with regional nursing and midwifery leads.

NHS People Promise	Expectations	Questions
We are a team	Encourage kindness and compassion for each other during these challenging times – checking in, listening, understanding, empathising and helping.  Recognise that everyone is different and avoid making assumptions.	To what extent have organisations invested in cultural competence learning involving line managers, HR and occupational health?  Fostering healthy, diverse team relationships is a critical factor.
We work flexibly	Flexible working and redeployment are an integral part of post-risk-assessment support.	What examples can we point to that demonstrate flexibility in when and how staff work, which complements post-risk-assessment support?  Small things matter as much as large-scale changes to flexible working.
We are always learning	Staff are empowered to redesign and simplify risk-assessment processes to improve staff experience.	Can we identify organisations in the region that have evaluated and shared the findings of their inclusive follow-up support strategy, and which have cross-referenced with their latest WRES report and discussed with their boards?  Learning annually and acting on WRES surveys will help year-on-year improvement.

(continued)

(continued)

NHS People Promise	Expectations	Questions
We are safe and healthy	Regular risk assessments are undertaken and an integral part of a trust's wider health and wellbeing agenda.	<p>Is inclusive risk-assessment support an integral part of the governance process of organisations and organisational risk management strategy and health and wellbeing agenda?</p> <p>Listening to staff and whether they feel safe is important.</p>
We each have a voice that counts	<p>Ongoing conversations with staff in different ways are undertaken.</p> <p>Staff are seen as central to the solution, to be involved, listened to and invited to contribute their experience, expertise and ideas.</p>	<p>How are organisations continuing to use the role of BME staff networks and post-risk assessment support?</p> <p>Resourcing BME networks recognises increasing best practice.</p>
We are recognised and rewarded	Recognition, praise and reward are integral part of post risk assessment and health and wellbeing support.	<p>What evidence is there of staff who have been redeployed as part of post-risk-assessment support being recognised?</p> <p>Such redeployment supports achievement of WRES targets.</p>
We are compassionate and inclusive	Organisations have recognised the importance and are committed to building a compassionate leadership mindset and behaviours, in particular when in the middle of crisis and the pressure is on.	<p>To what extent are health and wellbeing guardians playing a part in ensuring robust risk assessments are taking place, and is this separate to the Freedom to Speak Up (FTSU) process?</p> <p>Having a diverse range of FTSU guardians will help assure effective post-risk-assessment follow up.</p>

## 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](http://www.nhsconfed.org/BMEleadership)



---

18 Smith Square, Westminster, London SW1P 3HZ

Tel 020 7799 6666

Email [enquiries@nhsconfed.org](mailto:enquiries@nhsconfed.org)

[www.nhsconfed.org](http://www.nhsconfed.org)

Follow the NHS Confederation on [Twitter](https://twitter.com/nhsconfed) @nhsconfed

If you require this publication in an alternative format, please email [enquiries@nhsconfed.org](mailto:enquiries@nhsconfed.org)