

Interim Chief Executive NHS Scotland and

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Chief Executives of NHS Territorial Boards

Copied to:

Chief Executive, Public Health Scotland
 Chief Executive, NHS National Services Scotland
 DG Health & Social Care
 Covid-19 Director
 Chief Officers IJBs
 Local authority Chief Executives
 RCN and BMA

23 June 2020

Dear Colleague

ACTION TO ADVANCE RACE EQUALITY ACROSS NHS SCOTLAND

I am writing to you at a time when issues around health inequalities – and indeed wider social inequality – on the grounds of race are perhaps more visible than ever before. I am anxious to ensure that across the NHS, we are redoubling our efforts to address this, both as an employer and as service providers. There are two immediate issues which require our collective attention. These are in relation to ethnicity data and risk assessments for our minority ethnic staff.

Ethnicity data

I recognise the great efforts you have been making during these unprecedented times to collect, collate, code and submit routine hospital activity data to Public Health Scotland for the purposes of national reporting and decision making. This is especially challenging as your staff are engaged in delivering patient care or deployed to support our Test and Protect strategy for Scotland.

As you know, the First Minister announced the formation of an expert group to examine the impact of COVID-19 on minority ethnic communities – including those from Black and Asian backgrounds in Scotland. The group met for the first time on 10 June. You will be aware of evidence that has emerged from other parts of the UK that suggests that some minority ethnic people may be at increased risk from COVID-19. Evidence of the risks for these communities is limited in Scotland because of the lack of complete and timely data on the ethnicity of people who have been affected. A preliminary recommendation from the group therefore is to ensure

that data on ethnicity of all patients be complete, timely and accurate so as to better understand the COVID-19 impact on, and general health outcomes of minority ethnic groups.

This is a crucial time to reiterate the importance of improving the quality of the ethnicity data for routine hospital activity data returns to Public Health Scotland which include COVID-19 related admissions, discharges and clinic attendances. This data is essential to allow PHS to monitor trends in the incidence of the virus within population groups and to support research on the relative risks of COVID-19 that account of all the relevant factors that influence this.

I recognise that a time lag exists from patient discharge to submitting national returns, for which your Board and Public Health Scotland have an existing a six-week timeline agreement for full data submission. I would like to reiterate the importance of ensuring that the data is complete within this timeline and that efforts are made to ensure that your staff clearly explain the reasons for collection of personal data, such as ethnicity, so that patients provide the data that we need.

I am encouraged that Boards are eventually submitting 100% of their Scottish Morbidity Records (SMR00 and SMR01) after discharge. However, submission rates at six weeks after patient discharge over the past year have varied from just under 50% to 60% which makes it very difficult to use the data to inform national decision making in emergency situations such as the current pandemic. While the percentage of records with ethnicity variables completed varies from 50% to 100%

Please continue to work with Public Health Scotland to address any challenges you may have, including assistance you may require for data quality assurance of routine national hospital activity data.

NHS as an employer – risk assessments and recruitment

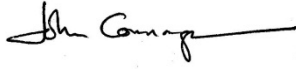
Data aside, this is also a crucial time to focus on listening to the voices of our minority ethnic staff and urgently address any concerns they have in relation to COVID-19. On 21 May we issued interim guidance on best practice on risk assessments and how to support minority ethnic staff in health and social care settings. This emphasised the need for sensitive, supportive conversations with these staff that consider their health, safety and psychological wellbeing.

The pandemic has further highlighted inequalities at every level of society, including an increased risk of death from COVID-19 for some minority ethnic communities in England and Wales. The Black Lives Matter movement has also brought to the fore a reconsideration of institutional racism and inequality of opportunity for people of colour. This includes race employment and the lack of visible role models in senior positions within organisations in Scotland, including the NHS. This needs to change, otherwise these inequalities will persist and we will continue to miss the opportunity to increase our talent pool and diversify the workforce.

With this in mind, we will be working with you, our partners and the minority ethnic workforce to co-produce an action plan to tackle the issues outlined above in a meaningful and inclusive way. This engagement will align with the work already underway on cultural reform (post-Sturrock Review) Dignity at Work and post Covid, recovery and renewal. Further details on this will follow and we look forward to you being part of these conversations and your support in driving these initiatives forward.

I will undoubtedly be writing to again and thank you for your ongoing contribution to our collective efforts to advance race equality across the NHS, both for our staff and for our patients.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Connaghan', with a long horizontal flourish extending to the right.

JOHN CONNAGHAN CBE
Interim Chief Executive NHSScotland