

Title:

Service	Addressing impact of Covid 19 on BAME Staff in NHS Lanarkshire
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Situation

The pandemic has further highlighted inequalities at every level of society, including an increased risk of death from COVID-19 for Black and minority ethnic communities. The Black Lives Matter movement has also brought to the fore institutional racism and inequality of opportunity for people from BAME communities. This includes race employment and the lack of visible role models in senior positions within organisations in Scotland, including the NHS.

There has been a disproportionate impact of the Covid-19 on NHS workers from Black, Asian and Minority Ethnic (BAME) backgrounds. The risk assessment of those colleagues needs sensitive engagement given the systemic issues and experiences of discrimination which makes it more difficult for BAME colleagues to raise concerns and be heard within their organisations.

A letter received from John Connaghan (Interim Chief Executive NHS Scotland) on 23rd June has identified 'two immediate issues which require our collective attention. These are in relation to ethnicity data and risk assessments for our minority ethnic staff.'

Background

During the Covid -19 pandemic the following guidance and tools were published for the NHS and their partners, this included:

Public Health Scotland published on 20th May, an initial analysis looking at the impact of COVID-19 by ethnicity in Scotland:
<https://publichealthscotland.scot/news/understanding-the-impact-of-covid19-on-people-from-ethnic-minorities-in-scotland/>

On 21 May, the Scottish Government published guidance for NHS and Social Care staff in Scotland on the risk assessment process for BAME staff. This guidance was provided for employers to support BAME staff during COVID19 :-
<https://www.staffgovernance.scot.nhs.uk/media/1727/guidance-for-employers-to-support-bame-staff-during-covid-19-21-may-2020.pdf>

Prior to this guidance NHS Lanarkshire staff were provided with a generic Covid Risk Assessment tool. This was revised to include BAME factors following the publication of the above guidance. Managers across NHSL have been actively encouraged to undertake risk assessment of all staff, including BAME staff since April '20. This occurred via 3 separate Daily Briefings and Management cascade communication.

Following SG's guidance in May a further 2 Briefings were issued. The issue of BAME evidence and assessment has frequently been discussed at both the IMT (Incident Management Team?) and Silver Workforce & Wellbeing Command Group.

BAME Risk Assessments:

As the assessments were carried out by managers and participation is voluntary, there are no records to demonstrate assessments completed.

Occupational Health have limited direct contact with BAME staff with only 8 staff members seeking informal Physician advice. Minimal calls were made to the Covid Helpline re advice.

As such staff are either comfortable with the advice they are receiving or not aware of the requirement to be assessed. As a result the HR Director has written to 453 BAME staff, identified from workforce data. The letter again encourages the uptake of risk assessment and directly contacting Occupational Health should the individual have any concerns.

Communication regarding the letter is scheduled to be included in the Daily Briefing for Friday 26th June.

Progress update on BAME monitoring

Patient Data Monitoring:

Ethnicity is a mandatory field for all patients attending NHS Lanarkshire and this information is included in the submission for SMR records six weeks after discharge if a discharge letter is available and 95% complete for the quarter.

The Ethnicity field is updated by admin & clerical staff upon presentation, however this can be set to 'not known' and at no other point is this information recorded resulting in clinical coding being unable to update this required field accurately.

At present 81.7% with entry in ethnic group field on Trakcare, this includes not known or not given, with 18.3% with no entry.

NHS Lanarkshire last assessment of SMR01 submissions received a report of 100% accuracy for data submitted January 2019 – March 2019.

At point of contact, staff are apprehensive of asking ethnicity if marked unknown. Similarly patients are apprehensive in disclosing this information as they express it may have a view on how they are treated.

Clinical coding strive to achieve 95% completeness for future six week submissions, coding from discharge letters and clinical notes to ensure timely ethnicity submission for these Covid months.

Staff Data Monitoring:

In terms of our staff, though, we have a relatively small number of ethnic minority staff – 437 out of around 13,500 heads – the 1 in 4 that's unknown should be an area of action for NHS Lanarkshire.

Group	Head Count
White Scottish/British/Other	8,829
Black and Minority Ethnic Groups	437

Unknown	3,428
Prefer not to say	882
Total	13,576

Recommendations

The CMT are asked to consider the following recommendation:

- Change the current format of unknown status for patient ethnicity to be a mandatory question asked at all presentations in order to obtain correct and relevant data.
- Staff to be supported and encouraged to complete/update personal data in regards to their protected characteristics on eESS system
- Complete a review of the NHS Lanarkshire workforce versus the local population in terms of BAME representation.
- Complete a retrospective analysis of recruitment candidates' ethnicity to understand the trends in % of applicants who are ultimately successful
- Continue to evidence proactive approaches to risk assessment for BAME staff, including physical and mental health.

Date: 29.06.20