

Welcome and introductions

Claire Armstrong, co-director of the NHS Workforce in the Department of Health and Social Care welcomed all to the meeting. Helen Whately, minister of state for care and SPF chair, because of other commitments, joined the meeting during the following agenda item.

Protecting Black, Asian, and Minority Ethnic (BAME) NHS staff work programme

Dr Na'eem Ahmed, consultant radiologist at Chelsea & Westminster NHS Foundation Trust was welcomed back to the SPF to update on the work he was doing for NHS England and NHS Improvement (NHSEI) on protecting BAME NHS staff. COVID-19 has disproportionately impacted BAME staff. This work includes requesting primary and secondary care organisations to ensure risk assessments are conducted and the risk assessment consider ethnicity. Na'eem said that it was important that risk assessments are not static and further assessments are likely to be required if staff move to a different workplace setting.

Na'eem said there are twice monthly meetings between NHS BAME networks and the policy team in NHSEI to voice anxieties, concerns and share good practice. A BAME advisory group is being established to look at what is happening in the NHS and identify solutions. The advisory group will look at the evolving research base on the impact of COVID-19, linking in with the Race and Health Observatory, and seek to get guidance to the front line. The advisory group will also look at how the NHS is structured so that leaders are fully aware and responsive to the needs of their staff and the community they serve.

Na'eem said he had been working with the Infection, Prevention and Control Cell on Personal Protective Equipment (PPE) to ensure the design of PPE and fit testing meets the needs of all staff. A fit testing algorithm has been developed for identifying where staff, who for religious reasons cannot shave off their beard or remove their face covering, should be given access to a powered air purifying respirator hood. During the second wave of the pandemic different communication mechanisms are required to ensure related messages on access to PPE and fit testing reach all staff, for example agency staff, contractors, and students.

Na'eem advised that the work he had been leading on will be incorporated into the Equality, Diversity, and Inclusion (EDI) team in NHSEI and the co-directors of the EDI team Mike Franklin and Jenni Douglas-Todd would be happy to come to a future SPF meeting to update on this policy area.

Trade union representatives fed back that some of their members had identified occasions where risk assessments had prevented medical students observing procedures as part of their training and that sometimes adjustments identified by risk assessments had not been made. They requested national guidance should reassure staff that they will not suffer any detriment as result of a risk assessment and that their pay and terms and conditions will not be negatively affected. Staff and their trade union representatives should be fully engaged in any process which leads to a staff member being redeployed and anyone redeployed as a result of a risk assessment should be able to return to their substantive role following the pandemic.

Na'eem said he would take away the request for national guidance and acknowledged that in some cases organisations needed to be reminded of the importance of making reasonable adjustments and risks should be mitigated to ensure medical students can continue to receive their training and not be disadvantaged because of the pandemic. In response to a further question from a trade union rep, Na'eem said that a letter to the NHS from NHSEI should go

out shortly and this would include a request for reporting on self-isolating staff and staff sickness to also record ethnicity.

Local NHS case study - Red Card to Racism, North Bristol NHS Trust (2020 HPMA Partnership Working Award winner)

Claire Armstrong introduced Guy Dickson, Head of People Strategy and Marcia Dawkins, Theatre Coordinator for Emergency Theatre & UNISON branch chair and equality officer who joined the meeting to speak about North Bristol NHS Trust's [red card to racism](#) initiative, which won the 2020 SPF sponsored HPMA award for partnership working between employers and trade unions.

Guy said in 2014, two hospitals had merged and there had been a clash of cultures. In 2015 the trust had received a requires improvement rating and in 2016 the trust leadership put the organisation in financial special measures. To address these issues, the trust chief executive implemented a people focused five year strategy, which helped the trust come out of special measures and in 2019 be awarded a 'good' CQC rating with an 'outstanding' rating for the quality of care and of leadership.

There was data and anecdotal evidence on racist incidents in the trust. Marcia gave an example in which a relative demanded that the patient they were visiting should not be treated by a non-white clinician. In that situation, the ward manager took the clinician off the ward. Another example was racist graffiti found in a lift only accessible by staff.

In response to such incidents, the trust chief executive had monthly meetings with trade union reps to analyse data and agree action. Trade union reps suggested a campaign based on one used by the Football Association – 'red card to racism'. The campaign was developed in partnership with the Trade Unions, HR, and communications teams and championed by the trust chief executive.

The campaign, which was launched in November 2019, is based around challenging unacceptable behaviour used by patients, relatives, and members of the public. Individuals are given a number of opportunities to change their behaviour. Where they choose not to and as a last resort, the trust writes to the individual to request, if they need treatment in the future, they go elsewhere.

The numbers of reported incidents of racist abuse in the trust were low, however NHS Staff Survey results showed a quarter of BAME staff had experienced abuse in the past year, some of which may have been racially motivated. North Bristol used the trust's communication mechanisms and local media to get messages on the campaign to front line staff and encourage them to report incidents. They are also working with the police, who have a base on the hospital site to support staff.

Guy acknowledged that the work to tackle racism at North Bristol NHS Trust is ongoing and the organisation is not racist free, but the difference now is that the organisation is crystal clear on their position in rejecting it. He said that there had been an awful racially motivated attempt to murder a staff member just outside the hospital entrance. Following the incident, the trust chief executive had written to all staff offering psychological support to colleagues and family members.

The trust is continuing to work in partnership with trade unions on EDI issues. They have held listening events and developed an action plan to address the disproportionate impact of COVID-19 on BAME staff. They consulted with BAME staff about the staff COVID-19 risk

assessments and concerns like the use of PPE. North Bristol also has a blossoming BAME staff network and ran a vibrant Black History month.

Guy recognised that there was still more work to do and they are reinvigorating the red card to racism campaign and ensuring they collect data regarding specific incidents and action taken. They also plan to develop a clear hate crime policy for all protected characteristics.

Minister thanked Guy and Marcia for their presentation and for bringing to life what some staff go through. She acknowledged the importance of staff speaking up and trying to stop racism through addressing underlying prejudices.

Trade unions highlighted the need to change hearts and minds and questioned why the ward manager had taken the decision to take the BAME member of staff off the ward. Guy said that the BAME network in the trust is key to making change happen and he was delighted about their level of engagement. He also emphasised the need to learn from incidents and put in place systems and training to help managers deal more effectively with inappropriate behaviour from patients and members of the public.

Implementing phase 3 of the NHS response to the COVID-19 pandemic

Bill McCarthy, North West regional director gave a perspective from the North West of England on phase three of the NHS response to COVID-19 restrictions. 2,900 COVID-19 patients are in North West hospitals, which was higher than the peak in April and amounted to twenty per cent of hospital beds. The pandemic is also directly affecting staff, with absence levels at eight per cent. Despite these pressures, hospitals in the North West are continuing to provide non-COVID-19 related services and operations and he was proud of what the health and care teams in the region are delivering.

Bill said that the NHS had a couple of advantages compared to the first wave. They have treatment and drug therapies that work, which means fewer patients requiring critical care beds. They also understand more about how the virus spreads in the community. There are resources in place to support staff health and wellbeing through the resilience hubs and risk assessments are being used to ensure staff are protected.

Bill highlighted the importance of NHS organisations collaborating within a system to understand where there is capacity and ensure continued service provision. Joint working with local government and social care providers is also critical to ensure vulnerable groups in communities have the support they need.

Em Wilkinson-Brice, deputy chief people officer, NHSEI said she and her colleagues recognised how tired NHS staff are and really valued the work they do. NHSEI is supporting NHS staff through this challenging time through a three pronged [health and wellbeing offer](#), incorporating staff supply, staff safety and staff support.

Em said that NHS staff had fed back that they do not want to be referred to as heroes as they feel this means they should not need support. Through communications, NHSEI want to normalise staff seeking help and this should not in any way be seen as a weakness. NHS staff are ordinary people, doing extraordinary things.

National health and wellbeing resources available to staff includes resources to address secondary stresses such as financial guidance. The national health and wellbeing offer is being tailored to different staff groups, for example a helpline for Filipino nurses in Tagalong. The national health and wellbeing resources have been accessed half a million times. Resources are available for staff at all levels in an organisation, including executives. Local People Plans have

amplified the health and wellbeing offer to staff, building on what is being offered nationally. Em said that the People Pulse survey results show that the number of staff who believe their trust definitely takes positive action on staff health and wellbeing increased from 29 per cent (2019 NHS Staff Survey) to 67 per cent.

Due to time constraints, partners agreed to send any follow-up questions to Bill and Em after the meeting, through the SPF secretariat.

NHS Race and Health Observatory

Dr Habib Naqvi, director of the NHS Race and Health Observatory said there had been a recommendation in a special edition of the [British Medical Journal on 'racism in medicine'](#) to establish an organisation or body that sought to address health inequalities in the BAME population. NHSEI fully supported and endorsed the establishment of the Observatory. Two weeks later, the pandemic struck. COVID-19 showed the disparities in levels of illness and general health between those from a BAME background compared to the rest of the population.

Habib said the UK has a long history of migration, well-established and growing BAME communities. England has a robust legal framework in the Equality Act and the health inequalities duties, and high levels of investment in health research. According to Habib, the responses to ethnic health inequalities to date have often been fragmented, confused and costly, often with a focus on data collections rather than implementation.

Although it will be aligned with the aspirations set out in the NHS Long Term Plan, the Observatory will also set its own direction of travel. While 'observing' is an important aspect of the work, the Observatory will also be a proactive investigator – carrying out rapid reviews and turning them into recommendations.

The Observatory is independent. This is important, so that people are confident in the objectivity of the Observatory's research, recommendations and in the implementation support it will provide.

At a stakeholder event carried out at the end of September, number of potential key themes for focus emerged, which include care pathways, the disproportionate effect of COVID-19, digital access to health and care services, and the implications of using genetics based interventions. The Observatory will build on these high-level themes to finalise its work programme.

Habib said that the Observatory is still being established but should hopefully be in a position to have its first board meeting by January and have finalised its work programme by early 2021. Habib agreed to return to a future SPF meeting to update on the Observatory and have a more in-depth focus on what it can offer the NHS workforce and leadership.