

UK Covid-19 Inquiry
FAO: Solicitor to the Inquiry
BY EMAIL ONLY TO: solicitors@covid19.public-inquiry.uk

Your Ref: M2/R9R/FEMHO/TJS
Our Ref: CDK/IGY/0309
Direct Dial: Irrelevant & Sensitive
Email: isabel.gregory@saunders.co.uk
Date: 9 December 2022

Dear Sirs

UK COVID-19 Inquiry: Module 2 – Response to Rule 9 Request to The Federation of Ethnic Minority Healthcare Organisations (“FEMHO”)

Reference: M2/R9R/FEMHO/TJS

We write further to the Rule 9 letter we received on 7 November 2022 and subsequent collective correspondence sent on behalf of FEMHO and other Module 2 CPs in which an extension was requested and granted to 9 December 2022.

Please see attached to this letter FEMHO’s responses to the information requested by way of the Rule 9 questionnaire dated 7 November 2022. Please let us know if you require anything further at this stage.

Yours faithfully

pp. **Personal Data**

Cyrlia Knight
SAUNDERS LAW

1. A brief overview of the history, legal status and aims of the organisation or body. Please explain whether the work of the organisation or body is UK wide, or is instead confined to England, Scotland, Wales or Northern Ireland only.

FEMHO is an unregistered union of self-governed ethnic minority health and social care organisations based in the UK; it has no legal status. It was conceived in the very early stages of the Covid-19 pandemic as a federation to bring together individuals and existing organisations and networks with shared interests and goals and form a united voice to collaborate and advocate collectively on behalf of Black, Asian and Minority Ethnic workers at all levels within the health and social care sectors to reduce inequalities. The Covid-19 pandemic and the starkly disproportionate impacts that our now-members were experiencing, and our collective concerns that our voices were not being heard and our efforts to draw attention to and reduce these disparities were being ignored, provided the impetus to the formation of the group.

From its earliest conception FEMHO gained momentum and UK-wide members quickly and in the first year grew to represent over 55,000 individuals across 43 member organisations. We represent a broad spectrum of workers at all levels within the health and social care system including but not limited to doctors, nurses, midwives, dentists, psychiatrists, pharmacists, biomedical scientists, physiotherapists, radiographers, speech and language therapists, healthcare assistants, paramedics, social workers, medical secretaries, public health practitioners, managers, IT staff, chaplains, cleaners, porters, catering and other support staff.

FEMHO's initial focus has been on ensuring that the starkly disproportionate impacts of the Covid-19 pandemic faced by our members are brought to light and addressed within the scope of the Inquiry. Our long-term aims seek to reduce the systemic and underlying inequalities faced by our members and communities.

FEMHO believes in giving ethnic minority communities the ability to benefit from the level of care that the UK provides to all of its citizens. Unfortunately, inequality and a lack of access and diversity means that communities are missing out on the care they have the right to access. What FEMHO aims to do is close the gap between ethnic minority health and social care organisations and ethnic minority communities to deliver care in an improved way. In doing so we hope we consider that we will be able to achieve better outcomes through the implementation of improved policies and opinion formers as well regulators and commissioners both locally and nationally.

2. A brief description of the group(s) which the organisation or body supports or represents.

FEMHO has come together united by a common concern to ensure that the COVID-19 Inquiry addresses important questions of how and why there have been disproportionately adverse COVID-19 health outcomes for members of the Black, Asian and minority ethnic ("BAME") communities, and particularly disproportionate impacts experienced by BAME health and care sector workers ("HCSWs").

FEMHO is a multi-disciplinary consortium that currently represents 43 organisations. A brief description of each group is set out below.

FEMHO member Organisations as at December 2022
African Caribbean Medical Mentors (ACMM)
Asian Professionals National Alliance NHS (APNA NHS)
AskDoc
Association of Afghan Healthcare Professionals-UK (AAHPUK)
Association of Pakistani Physicians and Surgeons UK (APPS UK)
Association of Pakistani Physicians of Northern Europe (APPNE)
Bangladesh Medical Association UK (BMAUK)
Bangladeshi Doctors in the UK (BD Doc UK)
Better Health 4 Africa (BH4A)
Black Women in Health (BWIH)
British Association for Physicians of Indian Origin (BAPIO)
British Caribbean Doctors and Dentists (BCDD)
British Egyptian Medical Association (BEMA)
British Indian Nursing Association (BINA)
British Indian Psychiatrists Association (BIPA)
British International Doctors Association (BIDA)
British Islamic Medical Association (BIMA)
British Pakistani Psychiatrists Association (BPPA)
British Sikh Doctors Organisation (BSDO)
British Sikh Nurses (BSN)
British Somali Medical Association (BSMA)
Cameroon Doctors UK (CamDocUK)
Filipino Nurses Association UK (FNA UK)
Ghanian Doctors and Dentists Association UK (GDDA-UK)
Medical Association of Nigerians Across Great Britain (MANSAG)
Melanin Medics
Midlands Egyptian Society (MES (Medical))
Muslim Doctors Association (MDA)
Nepalese Doctors Association (NDA UK)
Nigerian Nurses Charity Association UK (NNCAUK)
PalMed UK
Seacole Group
Sikh Doctors and Dentists Association UK (SDDA(UK))
Sri Lankan Psychiatrists Association UK (SLPA(UK))
Sudan Doctors Union UK (SDU-UK)
Syrian British Medical Society (SBMS)
Uganda Nurses and Midwives Association UK (UNMA-UK)
UK Black Pharmacists Association (UKBPA)
UK Ugandan Medical Doctors Association (UK UMDA)
United Iraqi Medical Association (UIMA)
Zimbabwe Doctors Association UK (ZDA-UK)
Zimbabwean Allied Medical Professional Association (ZAMPA UK)
Society of African Caribbean midwives UK (SoAC)

3. A brief overview of the work of the organisation or body in supporting or representing the relevant group(s) between January 2020 and Spring 2022 as it relates to the response to Covid-19 of (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive.

FEMHO member organisations held *many* webinars and awareness raising sessions to educate the public and engage the Government on issues relevant to ethnic minority healthcare workers and patients. See below for examples:



BWVH
BLACK WOMEN IN HEALTH



BLACK WOMEN IN HEALTH

MYTHS VRS FACTS OF COVID-19 VACCINE

EVERYTHING YOU NEED TO KNOW ABOUT THE
COVID-19 VACCINE

FEBRUARY 13, 2021 | 4.30-6PM
ZOOM (Register on Eventbrite)

Let us talk about our concerns, dispel the conspiracy theories, bust the myths, and educate ourselves so we are empowered to make an informed decision.

CORE COVID-19 Vaccines Event

A national public event to engage the Black and Asian communities about COVID-19 vaccines.

March 16, 2021, 6:30pm-8:30pm

Event registration URL
<https://corecovid19vaccineevent.eventbrite.co.uk>
(Register to receive Zoom details).

This event is organised by CORE with secretariat provided by Voicechange England and Race on the agenda (ROTA). For further information about CORE see here visit <https://www.rotanet.org.uk/CORE>

07512 062802
events@oahn.org.uk

SPEAKERS



Dr Binika Kane
Consultant Chest Physician, Manchester Foundation Trust, Co-Founder of South Asian Heritage Month



Nadim Zahawi MP
Vaccine Minister



Dr Prashanth Patel, Consultant in Metabolic Medicine
Honorary Associate Professor, University of Leicester



Professor Dr Mahesh Nirmalan
Consultant in Intensive Care Medicine, Manchester Foundation Trust



Dr Yakubu Karagame
Consultant ENT Surgeon and Laryngologist, St Guy's and St Thomas'



Dr Bola Owolabi
Director of Health Inequalities NHS England / NHS Improvement




Dr Ngozi Ede-Osagie
Consultant Neonatologist, Manchester Foundation Trust





Dr Diana Asante
GP Staffordshire



Dr Sunil Daga
Nephrologist, Leeds



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BAME Vaccination conversation

23 February 2021 5:30pm – 7:00pm

Virtual (Microsoft Teams - Joining details will be sent to registered delegates on 22 February 2021)

ADD TO CALENDAR

ORGANISER


Delegate

FREE

– 0 +

RESERVE

CamDocUK Educational Series – Webinar 09







CamDocUK
TALKING WITH THE COMMUNITY

COVID-19 Vaccination: The Journey So Far

Saturday
March 27th, 2021
18:00 to 19:30 UK

zoom Live stream: <https://us02web.zoom.us/j/85480153221>

Moderator	Speaker	Speaker	Speaker
			
Dr John Ayuk Consultant Endocrinologist University Hospital Birmingham, UK	Dr Emmanuel Nsutebu Consultant in Infectious Diseases Sheikh Shakhboub Medical City, UAE	Dr Linda Bello General Practitioner Colchester Medical Practice, UK	Dr Christian Akem Dimala Public Health Expert Tower Health, PA, USA

Guest Speakers





- Mr Charles Mambo – Member of Public Who has Taken the Covid-19 Vaccine
- Dr Florence Tumasang – Cameroon-based Obstetrician/Gynaecologist

Co-moderator: Dr Anna Mbene

To register for the webinar, visit www.eventbrite.com e. 147188565963

BLACK, ASIAN & MINORITY ETHNIC PEOPLE COVID-19 AND THE VACCINE SEMINAR

Thursday 11th February 2021
17:00 – 19:00
JOIN ONLINE
[HTTPS://BIT.LY/39R1EHD](https://bit.ly/39R1EHD)

 Dame Donna Kinnair CEO RCN	 Professor Kevin Fenton Public Health	 Dr Malur Sudhanva Consultant Virologist
 Professor Jacqueline Dunkley Bent Chief Midwifery Officer	 Dr Chaand Nagpaul Chair BMA	 Hosted by Yvonne Coghill Special Advisor



SCAN ME TO JOIN



JAMAICAN DIASPORA UK HEALTH CONVERSATIONS

WINDRUSH HEALTH LEGACY

COVID 19

UNCERTAINTIES AND EXPERIENCES
IT'S TIME TO TALK

SUPPORTED BY:

VICTORIA MUTUAL

HOST:
DR DAVID BURTON
CONSULTANT OPHTHALMOLOGIST
CHAIR, JOKU HEALTH & WELLBEING WORKING GROUP

Guest
DR DONALD B. PALMER
BSC (HONS), MSC, PHD, PGCAP, FHEA, FRSB

Guest
DR DORIAN COOPER
GENERAL PRACTITIONER

STREAMING LIVE on:
YOUTUBE: JAMAICAN DIASPORA UK
www.facebook.com/JDUKNATIONAL
www.facebook.com/JamaicanDiasporaUK

7:30 PM UK THURSDAY 04th MAR.

EMIC BAME COVID AWARE PROJECT in collaboration with ZDHA

Non Communicable Diseases & COVID 19

HYPERTENSION **STROKE** **DIABETES** **MANAGEMENT**

Facilitated by:
Dr Brighton Chireka
Prof Edward Kunonga


Date: 28 October 2020
Time: 7-9pm

Meeting ID: 920 073 7934
password: 270620

#communitiesCan

cantemic@gmail.com

supported by

British Sudanese Association of Paediatrics and Child Health in Collaboration with SAP
"Children and COVID" Post Conference Awareness Day.

Dr Sara Abdelgalil
 Paediatric Consultant, special interest in Allergy & Immunology
 Assistant Professor
 United Kingdom

Honorary Guest
Mrs Hala Abdarrahim
 Director of School Health
 Ministry of Federal Health Sudan

Topic:
 "Care of Children and Young People during COVID and Reopening of Schools"

Dr Carmen Gonzalez
 Paediatrics Infectious disease and Immunology Consultant
 United Kingdom

Topic:
 PIMS (Paediatric inflammatory multisystem syndrome)

Dr Raymond Nethercott
 Paediatric Consultant
 Special interest in Asthma
 Officer for Ireland RCPCH
 Northern Ireland, UK

Topic:
 "Unintended consequences of COVID pandemic on Child health Programmes"

Moderated by
Dr Habab Hassan **Dr Mai Ali**

Friday 29/01/2021
 16:00
 18:00

Join us live on facebook or zoom
 Register: <https://bit.ly/3stZXPE>
 Certificates for zoom attendees

GOING BEYOND STATISTICS:
Impact of COVID-19 on BAME lives

WEBINAR:
 Enhancing better understanding of the risks of COVID-19 amongst the UK BAME community and providing insights on possible solutions

22nd of May 2020 | 5.30-7.30pm BST | Zoom

SPEAKERS:

PROF. KEVIN FENTON
 Regional Director, Public Health England London

DR TITILOLA BANJOKO
 Co-convenor, Better Health for Africa

PROF. ALIKO AHMED
 Co-convenor, Better Health for Africa

CHAIR BY:
ZEINAB BADAWI,
 Chair, Royal African Society

To register, visit:
 Email:

<https://goingbeyondstatsbame.eventbrite.co.uk>
BAMEhealthprosUK@gmail.com

THE FIGHT AGAINST COVID-19
THE ROLE OF NURSES AND MIDWIVES IN THE UK AND AFRICA

DISCUSSION WEBCAST
WEDNESDAY 03 JUNE 2020 | 10:00 – 12:00 BST | 12:00 – 14:00 EAT

CHAIR:
Lord Nigel Crisp KCB
 Co-Chair
 Nursing Now

CO-CHAIR:
Beatrice Amuge
 Chief Nurse
 Ministry Of Uganda

Prof Dame Donna Kinnair
 CEO and General Secretary of the Royal College of Nursing

Tracey Collins
 Head of Global Nursing
 Health Education England

God Byrne MBE
 Director of Global Engagement
 Health Education England

Dr Catherine Hannaway
 Consultant
 Global Nursing Now Campaign

Prof Mark Radford
 Chief Nurse NHS Health Education England & Deputy Chief Nursing Officer of England

Heather Caudle
 Chief Nurse
 Surrey and Borders NHS Foundation Trust

Dorcas Gwata Global
 Mental Health Nurse
 Expert and African
 Diaspora Affairs Analyst

Ms. Annet kanyunyuzi
 Senior Nursing Officer Jinja
 Regional Referral Hospital and
 President Uganda National
 Midwives Association

Ms. Elizabeth Ekong
 Lecturer Uganda Christian
 University & Chairperson
 Uganda Nurses and Midwives
 Council (UNMC)

Catherine Odeke
 Coordinator
 Nursing Now Uganda

SSCG **AN** **Nursing now** **Uganda UK Health Alliance** **Health Education England** **NHS** **Royal College of Nursing** **Surrey and Borders Partnership NHS Foundation Trust**

MEDICAL ASSOCIATION OF NIGERIANS ACROSS GREAT BRITAIN

MANSAG Webinar Series

THEME: Flattening the Covid-19 Curve: Engage, Explain, Encourage

Wednesday, 17th June 2020 Time: 1830-1930

This Webinar Series is organised for all MANSAG members, BAME communities and the general public.

- 1 Tracking Covid-19: Now and what next Epidemiology of Covid-19
- 2 Treatment, Care and Research to date with Covid-19
- 3 NHS Trust and GP Practice duty of care to BAME staff during Covid-19 Pandemic
- 4 The Fenton Report: What's in it?

SPEAKERS:



Dr Tokunbo Sangowawa
MBBS, MPH, MSc, FWACP, FFPH
Independent Consultant in Public Health Medicine and Former Clinical Director of Public Health, Tees Valley Public Health Shared Service CPD Director, Faculty of Public Health,



Dr Imo Umoh
MBBS, MRCP
Consultant Respiratory Physician, Northampton General Hospital NHS Trust.



Dr Chizo Agwu
MBBS, MRCP, MSc.
Deputy Medical Director, Sandwell & West Birmingham NHS Trust.

Moderator:
Dr Chris Osufofor, MBBS, MRCPI. Clinical Research Associate, University of Cambridge. UK.

REGISTER TODAY: <https://tinyurl.com/y72t3n5r>

www.mansag.org

BAME COVID AWARE PROJECT

COVID 19 VACCINE ANSWERS TO YOUR QUESTIONS



Prof Eduard Kunonga
Public Health Consultant



Dr David Chonzi,
Clinical Development/
Patient Safety
Physician for Biotech



Dr Agnes Mahomva
Zimbabwe Chief Coordinator
COVID 19 Response



Lucia Vambe
Clinical Manager
COVID Vaccination
Programme

Date: 3 March 2021
Time: 7-9 pm (UK)

zoom
Meeting ID: 920 073 7934
password: 270620



Dr Tinashe Gede
Physician &
Lecturer University of Zimbabwe

Accredited by CPD (2 CPD points)

Ethnic Minority Independent Council

ZIMBABWEAN


HM Government

partnership with THE NATIONAL LOTTERY COMMUNITY FUND


CORONAVIRUS COVID-19

Sudan Doctors' Union UK branch


UK Sudanese healthcare workers who lost their lives during COVID-19




Dr Amged El-Hawrani
ENT consultant
University Hospitals of Derby and Burton




Dr Muhammad Eltayib
Cardiothoracic surgery registrar
Royal Victoria Hospital



Dr Abdelwahab Yousif Babiker
Consultant Physician
Scarborough Hospital



Dr Adil El-Tayyar
NHS Transplant Surgeon



Mr Hafiz Jalal
London NHS Patient Transport Worker

#NHSHeroes
#clapforourcarers
#thankyouNHS

A tribute to our NHS heroes

sdu_uk



**NIGERIA NURSES
CHARITABLE
ASSOCIATION UK**

Keeping safe... Professional vs personal dilemma:

COVID-19 vaccination conversation with BME Nurses and Midwives

FRIDAY 5TH MARCH, 7-9PM

To submit questions in advance please email info@nncauk.org

 Dame Donna Kinnair Chief Executive and General Secretary Royal College of Nursing	 Prerana Issar Chief People Officer NHS England	 Professor Jacqueline Dunkley-Bent OBE Chief Midwifery Officer, National Maternity Safety Champion Improvement	 Professor Anton Emmanuel Professor in neuro-gastroenterology at University College London and Consultant gastroenterologist at UCLH and National Hospital for Neurology and Neurosurgery
 Professor Mashood Baderin Professor of Laws at SOAS University of London Resident Islamic Consultant at the Muslim Association of Nigeria UK (MANUK)	 Vanessa Apea Consultant physician in Genito-urinary and HIV medicine and clinical lead in sexual health at Barts Health NHS Trust	 Pastor Sola Fola-Alade Lead Pastor of the Liberty Church London	 Nadim Zahawi Parliamentary Under Secretary of State (Minister for Business and Industry) and Parliamentary Under Secretary of State (Minister for COVID Vaccine Deployment)

<https://www.eventbrite.co.uk/e/keeping-safe-professional-vs-personal-dilemma-c-19-vaccination-decision-tickets-143606901107>

FEMHO members and organisations also took numerous other steps to try and raise awareness of relevant issues (including concerns about PPE and the disproportionate impacts on ethnic minorities) at high levels within the health system and government. These steps include but are not limited to letters written to the Chief Medical Officer, Chief Executives of NHS trusts and the General Medical Council, Medical Directors at NHS England, the Chief Executive Officer for the UK Health Security Agency, the then Health Secretary and various MPs. One result of these efforts was that an early day motion was tabled in Parliament¹ and a cross-party letter coordinated and signed by 39 MPs was sent in support of our aims calling on Government to provide for a thorough investigation of the disproportionate impacts of the pandemic on minoritised communities and healthcare workers. Member organisations also published press releases and wrote and/or contributed to various articles.

4. A list of any articles or reports the organisation or body has published or contributed to, and/or evidence it has given (for example to Parliamentary Select Committees)

¹ <https://edm.parliament.uk/early-day-motion/58113/covid19-and-black-asian-and-minority-ethnic-communities-deaths>

regarding the impact on the group(s) which the organisation or body supports or represents of the response to Covid-19 by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive. Please include links to those documents where possible.

As above, FEMHO members and organisations published and/or contributed to numerous articles and reports. Given the embryonic nature of FEMHO we do not yet hold a database of all such documents. Many of our members are also currently exhausted, still suffering with the impacts of Covid-19 and facing cost of living pressures. We cannot therefore at this time exhaustively capture all our and our individual members' work however examples include but are not limited to:

- [Coronavirus: Call for public inquiry into BAME death risk - BBC News](#)
- [Boris Johnson urged to launch independent public inquiry into disproportionate impact of coronavirus on ethnic minorities | The Independent | The Independent](#)
- [COVID-19: understanding the impact on BAME communities - GOV.UK \(www.gov.uk\)](#)
- [COVID-19: review of disparities in risks and outcomes - GOV.UK \(www.gov.uk\)](#)
- [Unequal impact? Coronavirus and BAME people \(parliament.uk\)](#)
- <https://nhsproviders.org/media/689698/otdb-covid-19-phe-bame-report.pdf>
- [Review into the impact of Covid19 on BAME communities - The Labour Party](#)
- [Impact of Covid-19 on Black, Asian and Minority Ethnic \(BAME\) staff in mental healthcare settings – Royal College of Psychiatrists 2020](#)
- [Grim Diagnosis of Racial Inequality in Healthcare – Guardian letters February 2022](#)
- [Riberio-Addy leads call for inquiry into impact of pandemic policy on minority communities – Brixton Buzz May 2022](#)
- [Race must be part of Covid inquiry MPs demand – The Voice June 2022](#)

If you require further information or examples please do let us know.

- 5. *The view of the organisation or body as to whether the group(s) it supports or represents was adequately considered when decisions about the response to Covid-19 were made by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive. Please also explain the reasons for the view expressed by the organisation or body in this respect.***

Figures from March-April 2020 highlight the disproportionate impact of COVID on the people we support at a national level:

- 21% of all staff are BAME – 63% of healthcare workers who died were BAME.
- 20% of nursing staff are BAME – 64% of nurses who died were BAME.
- 44% of medical staff are BAME – 95% of doctors who died were BAME.²

Despite these trends quickly becoming apparent, little effort was made at a central government level to convene health system leaders concerning this issue. Numerous delays in highlighting and addressing this problem at a central level led to continued ambiguity concerning how best to protect staff of ethnic minority background. Delays in the provision of national guidelines and policy led to inconsistencies between hospital trusts as to how vulnerable staff are to be protected from the occupational risk of COVID-19. NHS

² BMA article [COVID-19: the risk to BAME doctors \(bma.org.uk\)](#)

Employers did not provide updated guidance for employers on prioritisation and management of risk, including ethnicity, until July of 2020.³

Whilst FEMHO welcomes the Chief Medical Officer's decision to commission a report on the disproportionate impact of COVID-19 in June 2020⁴, little progress was made on acting upon the report recommendations that would have seen ethnic minority health workers better supported. The then Public Health England's recommendation to, "Accelerate the development of culturally competent occupational risk assessment tools", translated into minimal and inconsistent changes on the ground to better support health workers of ethnic minority background. We attribute this to the continued lack of representation of individuals at a senior system leadership level, who would have possessed the necessary level of expertise and influence to promote better consistency in the implementation of this recommendation.

Furthermore, according to our members, little was done to engage with members of BAME staff networks, both at a hospital trust level and national level. Minimal involvement and representation of their views in decision making resulted in a continued lack of influence over the decisions that affected them. Earlier involvement of BAME workers, particularly senior clinical leaders, would have resulted in improved communication and trust in decision making processes and outcome concerning guidelines to support members of staff.

Finally, FEMHO believes that ethnic minority workers of ethnic minority backgrounds were inadequately supported owing to the failure to adopt and implement strategies that accounted for wider determinants of health. The PHE report⁵ highlighted how the disproportionate impact of COVID-19 on those of ethnic minority was due to an interplay of structural inequalities, however the failure to address this at a government level through the promotion of recovery strategies that promote long-term sustainable change is further evidence for the inadequate support of this group.

- 6. *Whether the organisation or body raised any concerns about the consideration being given to the group(s) which it supports or represents with (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive, when the Government(s) and/or Executive were making decisions about their response to Covid-19. Please provide a list of any such correspondence or meetings with the UK Government, Scottish Government, Welsh Government and/or the Northern Ireland Executive, including the dates on which the body or organisation wrote or such meetings were held, to whom the correspondence was addressed or with whom the meeting was held, and any response received from the UK Government, Scottish Government, Welsh Government and/or Northern Ireland Executive addressing such concerns.***

Members of FEMHO made numerous attempts to raise concerns about the level of consideration given to the amount of support and protection for ethnic minority health workers. Concerns were largely made through the form of petitions and campaigns. Whilst the opportunity to have direct meetings with decision makers would have been thoroughly welcomed, the lack of such is consistent with our stance that inadequate representation of

³ NHS employers [Risk assessments for staff | NHS Employers](#)

⁴ PHE report [Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities \(publishing.service.gov.uk\)](#)

⁵ *Ibid.*

ethnic minority leaders at a senior level resulted in minimal emphasis being placed on this issue.

An example of our petitions:

[Petition · BAME LEADERSHIP: A DEMAND FOR A COVID-19 RACE EQUALITY STRATEGY · Change.org](#)

7. A brief summary of the views of the organisation or body as to any lessons, if any, that can be learned from any consideration which was given to the group(s) that the organisation or body supports or represents by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive when they were making decisions about their response to Covid-19.

Some of the lessons that have been learnt from the level of consideration:

- Protection of staff (including returning staff), including improved risk assessments that specifically consider the physical and mental health of BAME staff. Simon Stevens and Amanda Pritchard wrote to the NHS to advise that employers, on a precautionary basis, should conduct risk assessments for staff and to act accordingly. NHS Employers have provided updated guidance for employers on prioritisation and management of risk, including ethnicity. We believe there are also significant cultural repeated behaviours that played a contributory role.
- Engagement with staff and staff networks to enable better learning from the lived experience of ethnic minority health workers, share guidance and of course, hear from staff as to what actions are needed to take and what support can be provided nationally.
- Give the BAME network leaders protected time: Ensure at least 25% of a chair's normal day-to-day role can be devoted to network activities, alongside support in raising their profile and strengthening skills.
- Give BAME Network leaders across the NHS economic safety and professional protection when they offer to volunteer. Propose to the NHS Staff Council, an amendment to the NHS Terms and Conditions of Service Handbook that internal BAME Staff Networks are formally recognised and valued, like they are in many other organisations.
- Representation in decision making will ensure that BAME staff have influence over decisions that affect them. Data collection, including that which contributes to the WRES, was originally paused as part of the response to COVID-19, but has resumed. With scientific and anecdotal evidence highlighting that BAME colleagues are being disproportionately impacted by COVID-19, organisations are also being asked to review their COVID-19 Gold command and national governance structures for levels of diversity representation in leadership.
- Rehabilitation and recovery to ensure there is tailored and ongoing health and wellbeing support during and after the crisis. The disproportionate impact of COVID-19 on BAME communities is taking a significant emotional toll – both personally and professionally – when colleagues are already giving more of themselves than ever before.

- Communications and media. The contribution of our BAME colleagues is not fully represented in the mainstream media.