

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

Cyrilia Knight **SAUNDERS LAW**

EC4Y 0DT

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.

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

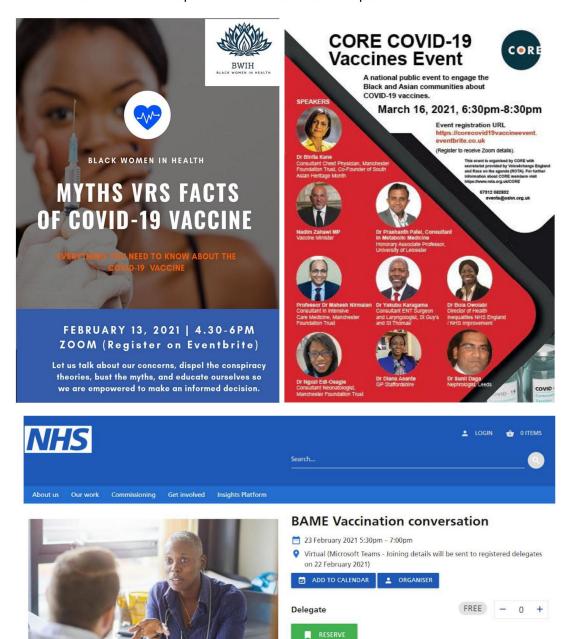
FEMHO has come together united by a common concern to ensure that the COVID-19 Inquiry addresses important questions of how and why there have been disproportionately adverse COVID-19 health outcomes for members of the Black, Asian and minority ethnic ("BAME") communities, and particularly disproportionate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

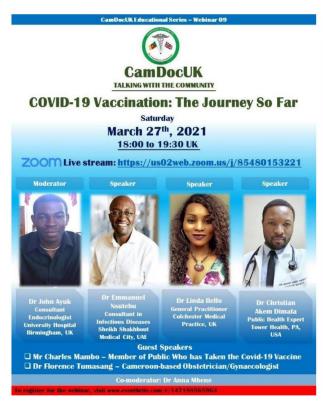
FEMHO is a multi-disciplinary consortium that currently represents 43 organisations. A brief description of each group is set out below.

EENILO
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 (FNÁ 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)
Zimbabwe Doctors Association of (ZDA-or) Zimbabwean Allied Medical Professional Association (ZAMPA UK)
Society of African Caribbean midwives UK (SoAC)
Codicty of African Cambbean minimizes on (COAC)

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:











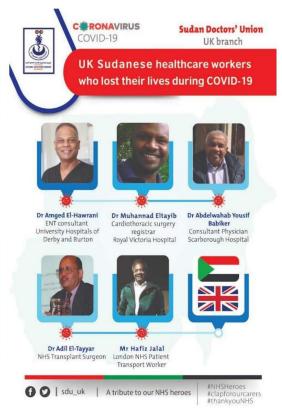


To register, visit: Email: https://goingbeyondstatsbame.eventbrite.co.uk BAMEhealthprosUK@gmail.com











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



https://www.eventbrite.co.uk/e/keeping-safeprofessional-vs-personaldilemma-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.