

The government did not, however, simply wait for new data to emerge before acting. For example, over 95% of frontline NHS workers from an ethnic minority background have had a risk assessment and agreed any necessary mitigating actions.

I have reviewed, and will continue to review, the actions that government departments and their agencies have put in place to mitigate the impacts of COVID-19. It is clear that there is much good work underway, but I believe departments need to do more, and be more innovative, in their work to address the disparities. People from ethnic minority backgrounds were at the forefront of the national effort in fighting the virus, in the NHS and in social care but also in the transport and retail sectors and we must do what we can to protect them and to reduce the risks they face.

In the report I make a number of recommendations including:

- The recording of ethnicity data as part of the death certification process should become mandatory, as this is the only way we will be able to establish a complete picture of the impact of the virus on ethnic minorities. I know that there is good work underway across government to develop a solution to this, and this must be a priority for the coming months. I understand that legislative changes will be required and these should be brought forward at the earliest opportunity by DHSC.
- We must update the Shielded Patient List in line with our improved knowledge of the factors that put people at greatest clinical risk. Our understanding of the virus has greatly improved since the first iteration of the list and new evidence is emerging from my work, which should be taken into account. We must ensure that the list is refined to protect those at highest risk of COVID-19 hospitalisation and mortality, based on their clinical profile.
- Ethnic minorities are grossly under-represented on the national vaccine register, which is voluntary. We must reduce fear and build confidence among ethnic minority people, tackling misinformation and anti-vaccination messages which have been directed at them, and rebuilding trust in government messaging.
- We must support the development and deployment of a validated 'risk calculator', ensuring that it reflects the latest evidence about COVID-19 disparities and risk factors affecting people from an ethnic minority background. At the Chief Medical Officer's request, NERVTAG is working with an expert subgroup of academic, scientific and clinical experts and the University of Oxford to develop a predictive risk model in clinical settings.
- Anecdotally, we know there is much good work being done by local authorities and Directors of Public Health so that we can learn the lessons of what works at a local level. There should be a rapid, light-touch review of local authority action to support ethnic minority and hard-to-reach communities.

My other main focus in this first quarter has been to explore how we can improve the reach of our communications about the impact of COVID-19 on ethnic minority communities. In particular, I convened a cross-government effort to develop an ethnic minority engagement communications plan in time for the Eid Al Adha holiday at the end of July; conducted media interviews supporting government guidance to ethnic minority communities around local lockdowns; and reached out to the 23 embassies and high commissions of those nationalities most likely to be impacted by COVID-19 for their help in communicating through their diaspora networks.

We must continue to be as innovative as we can in targeting our communications to hard-to-reach groups, especially those at greatest risk in areas of local lockdown and rising concern. We must also raise awareness of particular risks that may be impacting on ethnic minority communities. Housing, for example, is a risk factor especially where we have multi-generational households and we must ensure that advice on what can be done within homes to minimise transmission is widely available and translated into a range of languages.

Throughout this work, I have reinforced the need to avoid stigmatising people from ethnic minority