



GMB RACE NEWS





GMB Race: Writing for Black Ballad Magazine

The UK Government told the public that COVID-19 was the great leveller of our time. Prince Charles himself fell victim. However, Black, Asian and Minority Ethnic (BAME) communities are up to twice as likely to die with COVID-19 than those from a white British background according to Public Health England's review.

The report tells us that the most deprived workers are twice as likely to die than the richest. Those employed in hospitality, retail, working as carers or taxi drivers also face disproportionately high death rates. These frontline workers are keeping the country afloat. Those with the luxury of being able to work from home during this global pandemic should never forget that fact.

Public Health England goes on to explain that BAME people are at a higher risk of catching COVID-19 because they disproportionately live in overcrowded households, urban deprived areas, and have jobs that expose them to higher levels of risk.

Ironically, the report contained no recommendations on how to reduce the disparities it went to great lengths to highlight over several pages. We know that BAME people have been at the sharp end of over a decade's worth of austerity and cuts to public services. As COVID-19 continues to spread, it's now BAME lives that are being cut short.

Public health is political. Solutions lay with scientists and policymakers. We can build more houses, invest in deprived areas and mitigate risk for those in public-facing jobs. We can close the race pay gap and boost marginalised voices in the workplace. These are policy decisions.

The failure of Conservative and Labour administrations to act has cost lives. Decades of structural racism in housing, health and social care and the workplace tells us black lives don't matter. That needs to change.

Robbie Scott
GMB Race Communications officer
CEC Race Seat

NHS ENGLAND REPORT SLIDES

1




Addressing the disproportionate impact of Covid-19 on Black Asian and minority ethnic (BAME) staff

NHS England and NHS Improvement



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There is emerging evidence of an association between ethnicity and adverse outcomes from COVID-19 – we have a responsibility to act.

- 01**

NHS Data
NHSE/I validated data confirms that of 147 staff deaths, 61% are BAME. Despite BAME staff being 20.3% of the NHS hospital and community workforce (Sept 2019).
- 02**

HSJ analysis
High risk specialties of anaesthesia and intensive care appear to be under-represented in HCW deaths, possibly due to more rigorous IPC and PPE practice. BAME staff are over-represented at lower levels of the NHS grade hierarchy.
- 03**

ONS report
After adjusting for age, COVID-19 mortality rate for black males is 4.2 times higher than for white males, rate of death by COVID-19 for black females is 4.3 times higher than for white females.
- 04**

Largest study to date (pre-print)
Ben Goldacre et al., analysing NHS health data from 17.4 million UK adults, people from BAME backgrounds are at a higher risk of death, and this is only partially attributable to pre-existing clinical risk factors or deprivation.

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NHS ENGLAND REPORT SLIDES

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As a learning organisation – we have acted on the ‘precautionary principle’



On 15th April, Simon Stevens convened a meeting of leaders in healthcare and representative bodies such as British Medical Association and Royal College of Nursing to discuss the emerging evidence and agree a plan of action including getting preliminary guidance out to the system – with more detailed guidance to follow. Initial PHE review on impact of COVID-19 on BAME communities is expected by the end of May.

Chief People Officer, Prerana Issar, launched a comprehensive programme to address the issue of impact of COVID-19 on our BAME workforce with five streams of work – protection of staff, rehab and recovery, communications, staff networks and representation in decision making - underpinned by three principles of **protecting, supporting, and engaging our staff.**

1. Staff Protection
Ensuring we act quickly to protect our workforce in light of emerging risk factors.

2. Staff Support
Addressing staff concerns, promoting better representation, and supporting wellbeing.



3. Staff Engagement
Providing leadership and reassurance to our workforce.

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1. We are now reviewing protection for all staff in light of emerging risk factors



Although initially focused on BAME as there is a disproportionate impact, we are reviewing provision for all staff through risk assessments and in conjunction with available scientific evidence.

NHS Employers [published guidance](#) on 30 April, which was updated on 28 May, and we engaged a group of clinical experts to rapidly develop a risk reduction framework which has been published by the Faculty of Occupational Medicine. Other publications have been produced by organisations such as the Royal College of Psychiatrists.



All organisations are to deploy a comprehensive education program focusing on social distancing, hand hygiene and PPE. This program should reach the whole workforce including lower grades where BAME staff are over represented.

Alongside this, developing a central communications effort that helps to reach agency staff, support services and ancillary workforce—understanding that traditional learning tools such as e-learning may need to be modified to achieve penetration.



We are working towards ensuring that both mask fit testing and staff testing are an inclusive experience for all.

This will also be reflected in central communications effort. We are also asking for examples of best practice, where organisations are taking a ‘quality improvement’ approach to their processes, and building-in improvements.



COVID-19 deaths data is now publicly available on the [NHS England website](#) including breakdown by ethnicity. For staff, we have a reporting process in place for providers and CCGs.

We are currently ensuring that our returner data also considers ethnicity. All advice on staff protection applies to existing and returning staff.

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NHS ENGLAND REPORT SLIDES

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2. We are determined to be an inclusive organisation – listening, supportive, and representative.



WELLBEING

We have **launched** an advice line, text support service and suggested mental health support apps to help staff, from all backgrounds, through this crisis.



SPEAKING UP

We continue to support staff speaking safely about their concerns. We are working collaboratively with the National Guardians Office to ensure that this message is reinforced.



RECRUITMENT & RETENTION

We are determined to ensure the NHS place remains an employer of choice. To do this we will align with recruitment and retention programmes to ensure an inclusion is considered in any approach and concerns from our diverse staff groups are addressed.



REPRESENTATION

Inclusive teams make better decisions. We are continuing with Workforce Racial Equality Standard (WRES) implementation during 2020, and are working with organisations to increase diversity in representation in COVID-19 response teams and management structures – we will be working with regional directors in taking this forward.

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3. We are delivering an engagement programme across multiple platforms to demonstrate leadership and reassure our staff.



WEBINARS

Including WRES team, BAME networks, academics and clinicians to discuss impact of COVID-19 on BAME workforce and communities.



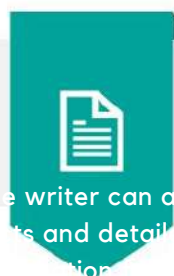
VIDEOS

Including International Nurses Day and thank you videos directed to our BAME workforce. Wider comms strategy to ensure all central messaging is representative in both content and delivery.



PUBLIC ENGAGEMENT

Naming of stepdown facility at Epsom and St Helier Hospital after nurse Mary Seacole, and engaging the Mary Seacole Trust charity in the opening of the facility.



BLOGS & LETTERS

Letter to system from Simon Stevens and Amanda Fritchard highlighted BAME impact as priority. Follow up blogs and letter from CPO outlining plan of action and support for staff raising concerns.



SOCIAL MEDIA


Direct engagement with workforce on social media – understanding concerns and providing real-time feedback on progress. Focused messaging to staff re: social distancing during public holidays and religious festivals.

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NHS ENGLAND REPORT SLIDES

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Our delivery roadmap



- 01 Prioritisation of staff protection to ensure that all staff can work safely; includes a focus on BAME staff. This includes delivery of risk reduction framework with further guidance from NHS employers, delivery of education programme around PPE and ensuring availability/transparency of data.
- 02 Continuing communications programme to reassure staff. Ensuring that our fit testing and testing processes are robust and inclusive and that returners are safe in line with emerging evidence. Also, working alongside recruitment and retention programmes to ensure that the NHS remains an employer of choice. Promotion of staff well-being and support in raising concerns safely.
- 03 Supporting organisations with making teams and response structures representative, ensuring continued focus on workforce race equality via WRES. Evaluating staff concerns raised through Freedom to Speak Up Guardians and through engagement processes during pandemic to improve our processes.

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On Thursday 30th April, NHS Employers [published guidance to employers on risk assessments](#), advising them to consider ethnicity, age and underlying health conditions.

Since 30 April, an independent group of expert clinicians led by Professor Kamlesh Khunti developed a [Risk Reduction Framework](#), and numerous expert publications have been produced by organisations such as the [Royal College of Psychiatrists](#).

Many NHS trusts are updating their risk assessment procedures, considering a range of mitigating actions such as reinforcing hygiene measures, robust fit testing procedures, inclusivity of PPE provision and training, and improved occupational health support. Redeployment is not the default approach

NHS Employers published updated guidance on Thursday 28th May 2020 to reflect the range of approaches being taken by trusts.

NHS Employers has engaged with the Social Partnership Forum at every stage of the process, including the current efforts to update their guidance. The SPF also provided detailed comments on the Risk Reduction Framework. We are grateful for their important contributions to our efforts to improve risk assessments.

COVID-19 Risk Reduction Framework for Healthcare Workers

EMPLOYERS TO SCORE HEALTH SAFETY AND WELL-BEING OF EMPLOYEES INCLUDING:

WORKPLACE ASSESSMENT WORKFORCE ASSESSMENT

1 2

3 INDIVIDUAL ASSESSMENT

4 5

AGE AND ETHNICITY:
BAME ETHNICITY AND LABOUR IS PARTICULARLY AT RISK OF COVID-19 IN THOSE WITH CO-MORBIDITIES
WHITE EUROPEAN ETHNICITY Aged over 65

SEX:
• Males at higher risk

UNDERLYING HEALTH CONDITIONS INCLUDING:
Clinical vulnerable groups include:

- hypertension
- Cardiovascular Disease (CVD)
- PCV, Metabolic (DM)
- Lung disease (COPD)
- Chronic Kidney Disease (CKD)
- Diabetes
- Cancer
- Palliative
- Immunosuppressed
- etc.

PREGNANCY
• All pregnant women should have risk assessment.
• Women > 20 weeks pregnant or have underlying condition should be recommended to stay at home.
• Women < 20 weeks pregnant should only work in patient facing roles where risk assessment supports this.

When, where, why and how.
MEASURES TO MITIGATE RISK OF COVID-19 ARE FROM TOOLKIT OF NHS STAFF

A. Risk Reduction Framework needs to be used in conjunction with NHS Employers Guidance
B. Employers need to take into consideration health care setting such as Primary or Community Care, Hospital setting or environment where Aerosol Generating Procedures are performed

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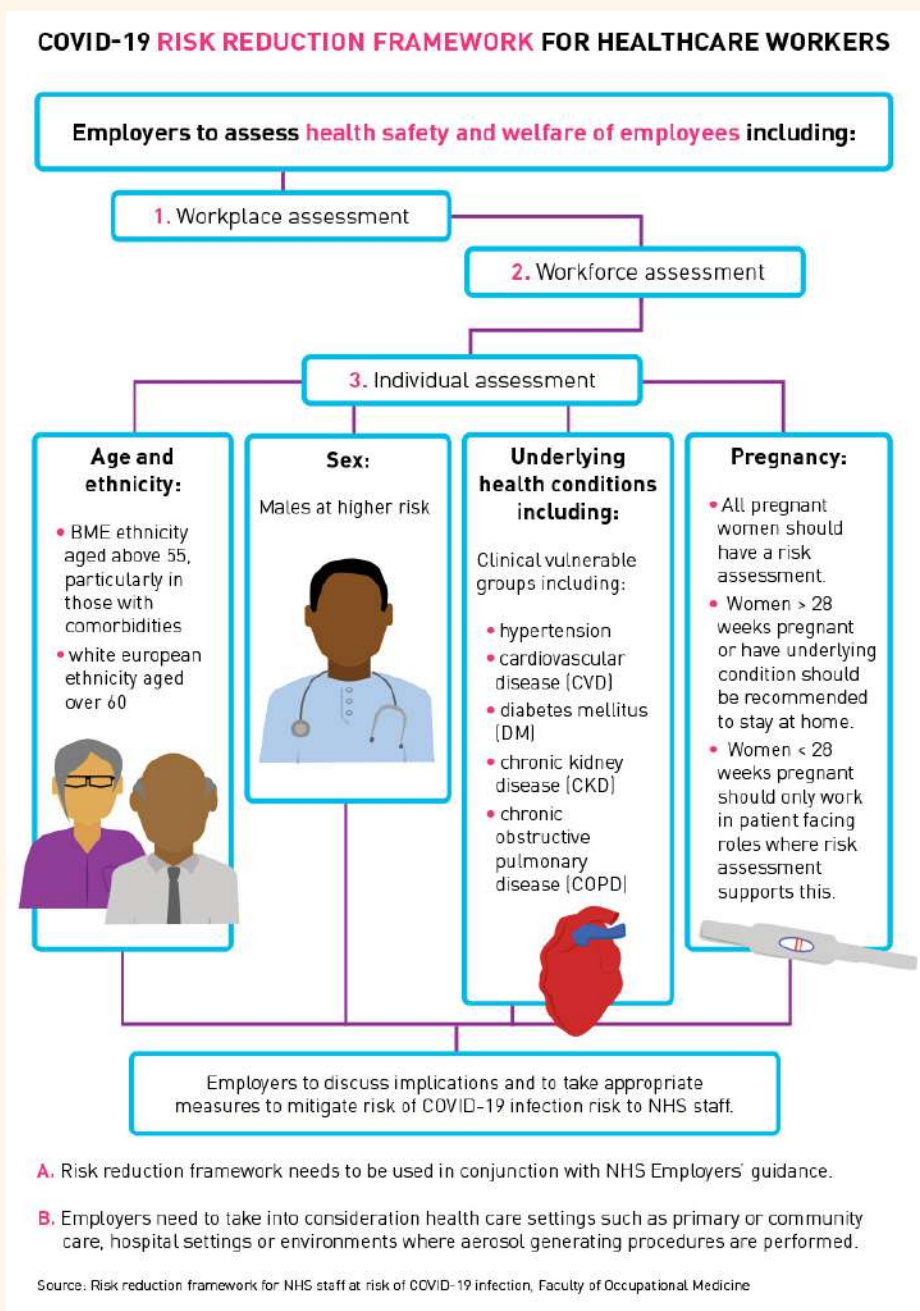
NHS Providers: Risk Assessments

Following the government's easing of lockdown measures and the opening up of several businesses and workplaces, this is more relevant and poignant than ever, for BAME workers.

Research by the TUC highlights that BAME people are more likely to be trapped in temporary, zero hours or low-paid, NHS and public service jobs than white people. As such, they don't have the option to 'work from home' but are required to go into their respective workplaces. GMB Race are calling

for stringent and relevant risk assessments to be carried out, that are pertinent to individuals involved to reduce the risk of COVID-19 exposure. Appropriate PPE must also be provided to all workers at all times and all clinically vulnerable workers are allocated the lowest-risk roles on site, with social distancing of at least 2m. Else they'll become yet another COVID-19 statistic for NHS England!!!

Naome Kyokushaba-Katsigazi
Vice Chair GMB Race



Click here for more details



TUC Survey on BAME Workers and COVID-19

As GMB members and as BAME (Black Asian Miority Ethnic) members, it is vital that we assist in the process of providing qualitative data on how COVID-19 has impacted on us, which is why I am writing to you as Chair of GMB Race to ask you to spare a few minutes of your time to fill in this important TUC Survey. We know our families have been hit hard - we know huge numbers of BAME workers on the frontline have faced anxiety, despair and tragedy as we battled with the pandemic and its devastating effects.

The information provided will be treated in the strictest confidence and help to inform this Union on prioritising lobbying and campaigning on issues linked to COVID-19. Have you been bullied at work because you wanted to self-isolate?

Have you suffered any discrimination as a result of COVID-19? We are here to help and to give our members a voice. Share your Covid19 experience with us today.

Fevzi Hussain
Chair GMB Race

BAME workers and COVID-19 - call for evidence

The massive and disproportionate impact of COVID-19 on BAME workers has been clear for weeks.

The debate around the causes has focused on medical explanations or theories around cultural practices. But the TUC has focused our intervention on the impact of institutional racism. In all the discussions around this issue, the voices of BAME workers themselves have been largely absent. We want to put this right and make sure that people are heard.

BAME workers' voices and experiences must shape the debate and any solutions developed.

People have told us about BAME workers being disproportionately assigned to frontline situations, not been given adequate protective equipment, targeted when hours or jobs are being cut and racially abused by colleagues or customers. Often they have not been able to raise issues for fear of victimisation.

We want to make sure the voices of these workers are at the centre of conversations about what needs to change.

We need your support to enable BME workers to share their experiences of unfair treatment and racism at work during this crisis to:

- **highlight the lived experiences of BAME and migrant workers**
- **pressure the EHRC (Equalities & Human Rights Commission), as the equalities regulator, to use their powers to hold government and employers to account**
- **ensure targeted action is taken to tackle racism at work**
- **shape the narrative around the impact of COVID-19 on BAME workers**

**Use the links below to
access the survey**



BME workers and coronavirus
How have you or other BME workers been treated at work during the coronavirus crisis? We want to hear from you.

Immigrants-we get the job done!



On 10.6.20 a newspaper reported, yet again, notes being posted through black neighbours' doors in Basildon, Essex reading "Go away, before it is too late". This is a shortened version of a racist note, something I and many other black people have experienced throughout our lives.

On 9.6.20 we saw the pulling down of a statue of slave owner, Robert Milligan, that stood in the Borough of Tower Hamlets. This followed the action of activists in Bristol the day before, with the pulling down of the Edward Colston statue, another slave owner.

Why were they taken down? Where do we start? Colonialism, slavery, imperialism, structurally ingrained racism - all come to mind.

The Black Lives Matter movement, set up by three black lesbian women in the US, (Alicia Garza, Patrisse Cullors, Opal Tometi) following the execution of Trayvon Martin, has reignited the pain, hurt, frustration and anger following the murder of George Floyd. We must also acknowledge, and remember, that on the same day, the execution by US police of black Trans man, Tony Mcdade and two other black Trans women, including Ilyana Dior who was brutally attacked by 20-30 straight white men.

The movement we are seeing today is a continuation of that hurt, anger and frustration, along with the everyday racism we experience: from access to healthcare, education, justice, progression in workplaces, race pay disparity and much more.

To qualify, when I refer to Black people it is in the political Black context which unites non-white

people collectively against white racism, born out of the racist attacks in the 1960s and 1970s. It is acknowledged that many non-white people use Black, Asian, Minority, Ethnic, (BAME) or Black Minority, Ethnic, Refugee (BMER) or People of Colour (POC). All are equally valid collectives for political campaigning.

It matters not, as a black person, who is in power. It is black people who are disproportionately impacted on by policy, regulations, legislation, procedures, structures, etc. The emergency Coronavirus legislation was passed without proper consultation and we have seen an increase in stop and search of black men on our streets.

Under COVID-19, I have intervened in a handful of incidents including where a large police van pulled up with 10-12 officers surrounded one young black man. The incident involved me remonstrating with 12 white officers against one young black man who had been searched and handcuffed in the street.

They eventually removed his handcuffs, after I pointed out that what they were doing was unlawful: they had no reasonable justification to do that, he had done nothing wrong.

The trauma of being stopped, searched and handcuffed remains with you for a very long time and will do with that young man. It was the first time he had been stopped. When the police van left, he was left shaking and fearful. We don't know how the trauma of his experience will impact on his schooling, work, relationships and progression in society in the future.

Another incident involved my neighbour. Whilst going to the local shop to buy food for his family, he was indiscriminately stopped by the police, handcuffed, arrested and taken to the police station. He was released after being detained at the police station with officers wearing no PPE. The trauma of being in an unprotected confined space, as well as being unlawfully detained has resulted in him rarely venturing out now and finds it difficult to even engage in conversation.

The Monitoring Group have been working tirelessly, since the lockdown, being flooded with calls concerning police stop and search using the emergency powers. The Monitoring Group reported that the Crown Prosecution Service needs to review all prosecutions brought under these emergency powers, as they have been enforced unlawfully.

The BBC film "Sitting in Limbo" showed how under this government's Hostile Environment agenda, the life of a black person has no value. The film was based on Alan Bryan's experience during the Windrush Immigration scandal. It was written by his brother, Stephen S. Thompson, and shows the stark reality of being wrongfully detained by the Home Office and threatened with deportation. Those feelings and experiences are real. After living in the UK for over 50 years, Alan Bryan lost his house, his job, his identity and his freedom.

Those in power, the decision makers, have no idea of how the impact of their decisions have affected ordinary people.

COVID-19 is disproportionately affecting BAME people across the world. In the UK 90% the first doctors to die of the virus came from BAME communities. They were doing their jobs to save lives.

It has been the NHS staff, at all levels, and other essential workers, including care workers, prison staff, public transport workers, public sector workers, shop workers etc., who have had to continue working during the lockdown. Many have lost their lives. Lives lost by not having appropriate PPE, if any at all, as a result of this government's delay and slow reaction to the crisis.

In all honesty, this government has never placed the UK in a full and meaningful lockdown.

Scientists are saying that had we locked down a week earlier, we would have saved half the lives lost. That is more than 25,000 people. We know there has been a disproportionate level of BAME people who have lost their lives due to the virus and yet there is still no measures put in place to protect us.

The frustration we feel is much wider than the death of George Floyd, George is the catalyst that ignited the world, to say enough is enough! We are all aware of the reality we face as BAME people

each day we get up, go to work, school, college, visit a library, a museum, sit in the park or access support services. This has given our white allies the opportunity to step up. It is not enough to not be a racist you must be actively anti-racist. The young people we now see on the streets have clearly said they will not take this anymore. They have given us hope.

We should be given the best possible protections along with all our fellow workers who feel it is unsafe for us to return to work. We must remember that immigrants have played a huge part and with great sacrifice, got the job done and have kept this country going during the COVID-19 crisis.



Taranjit Chana
Secretary GMB Race
GMB National Race Representative



For latest guidance in 60 different languages click here



For latest guidance using BSL click here



For GMB's Coronavirus Hub click here