Royal College of Nursing
2020 | International Year of the Nurse and Midwife

RCN briefing: Debate on a Motion of the Effect of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities, June 2020

Summary

- Every day that BAME health and care staff are disproportionately affected by COVID-19 is another day these workers and their families are needlessly put at extra risk.
- Lived experience and emerging research is telling us that BAME health and care staff are at increased risk, yet organisations and Government has been slow to respond and put additional safeguards in place.
- It is imperative that both the Government led inquiry and cross-government Commission into the impact of COVID-19 on BAME communities is transparent, engages with stakeholders and BAME people. Any recommendations made must result in tangible action, be measurable and be evaluated in full.
- We welcome the Equality and Human Rights Commission's proposals for an inquiry – it is long overdue as inequalities in health and life outcomes are already known.
- We call for the UK Government to move quickly to develop clear, cross-governmental strategy which includes costed, tangible action plans to tackle racial disparities across society.

The experience of BAME nursing staff during COVID-19

It is evident that BAME health and care staff are disproportionately affected by COVID-19, including death. There are increasing media reports of BAME staff being asked ahead of others to care for people with COVID-19 and we know that many BAME people are employed in social care where personal protective equipment (PPE) has been slow to be distributed. Yet, we know that adequate and correctly fitting PPE significantly reduces the risk of contracting COVID-19, and therefore risk of death.

Our latest member survey shows that for nursing staff working in high-risk environments (including intensive and critical care units), only 43% of respondents from a BAME background said they had enough eye and face protection equipment. This is in stark contrast to 66% of white British nursing staff. Furthermore, 70% of BAME respondents said that they had felt pressured to care for a patient without adequate protection as outlined in the current PPE guidance, almost double the 45% of white British respondents who had felt this pressure.

Sadly, nearly a quarter of BAME nursing staff said they had no confidence that their employer is doing enough to protect them from COVID-19, compared with only 11% of white British respondents. Most worryingly, respondents reported that they did not feel comfortable speaking out about their concerns and we know that in some places, organisational cultures may inhibit BAME staff from raising concerns for fear of reprisal. Additionally, migrant nursing staff on tier-two visas report feeling inhibited about raising concerns as a result of their immigration status.

The most common reason respondents told us for not reporting concerns was because they did not believe any action would be taken (68%) and almost a third (29%) were fearful of speaking out.

We expect employers to be proactively carrying out comprehensive and continuous equality impact assessments and risk assessments on staffing issues relating to COVID-19, including reviewing the allocation of shifts, and access to PPE and to fit testing for BAME workers.

Explaining the disproportionate impact of COVID-19 on BAME groups

The recent Public Health England reports make clear the long-term and potentially devastating impact of COVID-19 on many communities, however we are deeply concerned by the impact on particular communities including Bangladeshi, Black and other BAME groups.

The reports mirror what we hear from our own members - that BAME health care staff in particular, face an elevated level of risk. However, a concerning lack of timeframes against each recommendation made is does not reflect the immediacy and urgency of the situation. We need concrete, strategic and operational actions with the funding required to achieve them as part of a cross-governmental strategy for sustained change.

Biology can also be a distraction and the disparities between BAME groups contracting and dying from COVID-19 will not be understood by biology alone. There are multi-layered and complex structural and societal factors which require examination. The Workforce Race Equality Standard (WRES) provides a powerful and compelling body of evidence but this has not been utilised effectively to level up the experiences of BAME health and care staff and patients.

The impact of COVID-19 will require a new policy and analytical lens which includes understanding the role of racism and systemic inequality. This should be built into the scope of the Government's review so that there is understanding on how different protected characteristics interact to create disadvantage or benefit within this pandemic.

We expect a pragmatic use of the current evidence base by the Government now. There are a large number of studies that give consistent indications of systemic racism throughout health care. Though research can always explore these issues in more depth, there is mounting evidence and historical reviews which can be utilised given the backdrop of health outcomes inequalities during this pandemic.

Separately, but of paramount importance is the need for data to be collected and published on the number of health and care staff who have caught COVID-19, whether they received treatment after a positive test, and those that have sadly died from the infection. This data must be collected by nationality and ethnicity along with an understanding of the role and setting where the staff member worked so that the true impact of the pandemic is known. We welcomed the recommendation from the latest Public Health England report which set out the need for mandatory data collection on BAME patient outcomes and workforce. This now must be acted upon by Government with urgency.

We call for:

- The UK Government to invest in a cross-governmental strategy to tackle health inequalities which sets out clear objectives, measurable recommendations and timeframes with the funding required to achieve them.
- The scope of the Government's inquiry to include understanding in full the role of institutional racism and systemic inequality within health and care.
- Data collected and publicly reported on the number of health and care workers who have contracted COVID-19, received treatment and died by their role, setting, ethnicity and nationality as well as whether they had any underlying health conditions. This will provide a clear and accurate picture of the impact of COVID-19 on people with multiple protected characteristics.

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