



Llywodraeth Cymru  
Welsh Government

# First Ministers Black, Asian and Minority Ethnic COVID-19 Advisory Group

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## Summary report

September 2021

Chair: Judge Ray Singh, CBE. Hon LLD.

# First Ministers Black, Asian and Minority Ethnic Covid-19 Advisory Group - Summary Report, September 2021

## Chairs Foreword

The Covid-19 pandemic has been a phenomenal catastrophe such as the world has never experienced in over a hundred years.

It was an unprecedented time that affected individuals and families, in so many different ways. Many lost loved ones to the Covid-19 virus and not being allowed to be with them during the precious last moments of their lives and grieve in the most traumatic manner unable, to gather together, to pay their respects in the usual custom.

In Wales, it was not long into the pandemic that statistics began to show the disproportionate impact of the Covid-19 virus on Black, Asian and minority ethnic communities. The statistics revealed that ethnic minority people working in the health and social care sector were 4 times more likely to be exposed to and die from the virus than their white counterparts.

Although the longstanding socio-economic factors and systemic and structural racism have had more apparent impact on our communities, we needed urgent action to ensure we were doing all we could to protect our ethnic minority communities.

I wrote to the Right Hon First Minister of Wales Professor Mark Drakeford MS, as Chair of Race Council Cymru, expressing our deep concerns regarding the disproportionate impact Covid-19 was having on Black, Asian and minority ethnic communities across Wales.

The First Minister immediately responded and set up The First Minister's Black Asian Minority Ethnic Covid-19 Advisory Group and asked me to Chair the Group and I volunteered my services to assist Welsh Government to bring together a strong team of experts to advise the First Minister. I was very fortunate to have had Dr Heather Payne as my technical adviser assisting me and without her assistance and guidance we would not have been able to achieve so much in such a short space of time.

The intervention by the First Minister Mark Drakeford in setting up the Advisory Committee, included Professor Keshav Singhal Chair of BAPIO Cymru, who joined the Advisory Committee having expressed similar concerns to the First Minister

directly. Together, we began to look into these disproportionate impacts which has led to this report

As Chair of the Advisory Committee, I created two subgroups - the [Socio-economic subgroup](#) chaired by Professor Emmanuel Ogbonna and the Risk Assessment subgroup chaired by Professor Keshav Singhal.

The Risk Assessment subgroup developed the All Wales Risk Assessment Toolkit, the first of its kind in the UK, which was launched and recommended for use across Wales with a strong focus on the health and social care sectors.

The Socio-economic group produced their report identifying that structural and systemic racism continued to play a key role in the lives of ethnic minority communities. The report recommendations were accepted by Welsh Government with immediate action taken to deliver them.

The report had a substantial role in supporting the development of the Race Equality Plan for Wales 2020-2025, which we are optimistic will introduce changes to minimise the disproportionate effects that have pervaded the Black Asian and Minority Ethnic communities before and during the pandemic.

Working closely with the Minister for Social Justice Jane Hutt MS, "The Race Equality Action Plan: An Anti-racist Wales" was published for consultation in March 2021. The long-term goal is for this action plan to address the existing racial inequalities and embed a fairer, inclusive and equitable outcome for all.

My hope is that this plan when implemented fully, will yield equality of outcomes - a truly diverse and antiracist Wales.

**Judge Ray Singh, CBE. Hon LLD.**

**Chair, First Ministers Black, Asian and Minority Ethnic Covid-19 Advisory Group**

## Introduction

Over eighteen months ago, Wales, the rest of the UK and world were hit by the initial waves of a pandemic, and in those early days when so little was known about Covid-19.

What emerged was the growing evidence of the disproportionate impact of COVID-19 infection on people from Black, Asian, and minority ethnic (ethnic minority) backgrounds.

Early data from the Intensive Care National Audit and Research Centre showed that approximately one-third of patients admitted to an Intensive Care Unit with confirmed cases of coronavirus were from an ethnic minority background, showing a higher frequency than that expected from the overall population prevalence. Furthermore, data (published in the [Health Service Journal](#)) detailed the disproportionately high rate of ethnic minority individuals among Health and Care Workers who died from COVID-19, highlighting the need to protect the NHS and social care workforce, the backbone of the pandemic response.

Understanding why our ethnic minority communities were so disproportionately impacted required identifying the evidence to act in an informed way to minimize avoidable harm to these vulnerable groups.

This called for swift action from the Welsh Government, who taking a cross-government approach, established the Black, Asian and Minority Ethnic Covid-19 Advisory Group, chaired by Judge Ray Singh in April 2020.

## Black, Asian and Minority Ethnic Covid-19 Advisory Group

In April 2020, growing evidence emerged of the disproportionate impact of COVID-19 on ethnic minority people. Even before the evidence was clear, this evolving picture was a cause for grave concern. Against this backdrop, the Welsh Government wasted no time to establish an Expert Advisory Group tasked with advising the First Minister and Cabinet. The direction was simple, learn quickly and

take the appropriate action to protect those, working so hard on our health and care frontline and save lives. The Advisory Group (terms of reference at Annex 1) was supported by two subgroups, the first considering the evolving evidence and a way forward in the context of workforce risk assessment interventions for the health and social care workforce and the second to advise on socio-economic factors and wider social determinants influencing Covid-19 Health outcomes in ethnic minority people.

The Advisory Group and its subgroups worked with stakeholders from ethnic minority communities and expert advisers within Wales and across the UK, to work at pace, to share information and consider options to redress the impact of the pandemic on vulnerable populations.

The Advisory Group was supported by analysis of a range of statistical data available about the circumstances of the Black, Asian and minority ethnic group population in Wales undertaken by Knowledge and Analytical Services in the Welsh Government. The analysis drew on a range of sources and covered areas including employment, housing, poverty and deprivation as well as data on Covid-19 related deaths, and patients critically ill in intensive care units in Wales.

This analysis was published as a statistical article, [Coronavirus \(COVID-19\) and the Black, Asian and Minority Ethnic \(BAME\) population in Wales](#), in June 2020 to coincide with the publication of the Socio-Economic Subgroup's report.

Further updates were provided to the Advisory Group until the end of 2020 to keep them informed on new data available since June, particularly on Covid-19 related deaths by ethnic group and occupation and on critically ill patients in intensive care.

The work of the Advisory Group has informed and helped protect the health and wellbeing of our communities, and provide more tailored advice for health, social care and other workers. Discussions at the Advisory Group on the vaccination strategy led to the establishment of an Equalities and Engagement Task and Finish group of the Vaccinations Board to ensure that myths were dispelled, and accurate information provided to all communities to encourage vaccine uptake. This has been a very positive outcome.

## Risk Assessment Subgroup

The remit of the Risk Assessment Subgroup, chaired by Professor Keshav Singhal, was primarily to consider the evolving evidence, in order to make recommendations to the First Minister's Advisory Group on a workplace risk assessment for frontline health and social care workers in Wales.

The Risk Assessment Subgroup (terms of reference at Annex 2) considered a range of approaches to risk assessment drawing on existing tools in use elsewhere as well as a wide range of evidence and numerous reviews. The group concluded that it was a combination of various factors which contributed to the severity of infection including age and ethnicity.

This led to the production and refinement of the [All Wales COVID-19 Workforce Risk Assessment Tool](#), a simple, easy to use, self-assessment tool designed to be suitable for use for all health and social care staff, regardless of ethnicity.

The Tool includes signposts to health and wellbeing resources as well as the existing and continuing behaviours to avoid COVID-19 infection. The Tool, currently still a live resource, also serves as a consistent way to document risks and issues if there is need for further action such as escalation or additional occupational health assessment. The importance of the Tool is the discussion on the outcome of the assessment between employee and line manager to ensure mitigating actions are put in place where necessary, to avoid harm.

The Tool, initially available as an online PDF / paper version, was subsequently made available on the Learning @ Wales platform, accessible by public sector workers as an E-Tool and for NHS Staff through the Electronic Staff record.

The Tool was further amended to suit the context of different workplaces, with a sector specific version available for Education as well as a more generic version for 'other sectors.' The Tool is now in use in a number of workplace settings outside Health and Social Care. The online tool has been refined to ensure that data on the

different public sectors completing the assessment can be captured and disaggregated for data analysis purposes.

Ensuring the awareness of the Tool was as widespread as possible, a communications campaign accompanied the Tool including an [animation](#) on how to use the Tool.

The Subgroup has continually considered and reviewed evidence and expert advice to ensure the Tool remains current and reflects the latest government guidance. The Tool is supported by [guidance and FAQs](#) which, along with the Tool is reviewed in line with policy changes. Welsh Government has consistently worked in social partnership with Trade Unions, Health Boards and NHS Employers to ensure the guidance and FAQs are kept under regular review to ensure that both continue to support both staff and employers as the virus has evolved.

The Subgroup is currently stood down with the understanding that it can be requested to come together should the situation require it.

A more detailed summary of the work of the Risk Assessment Subgroup is located at Annex 4

### Risk Assessment Tool Data

Table 1: NHS Wales Headcount and Ethnicity (5 year comparison) - Aug 2015 - Aug 2020

Ethnicity	2015- AUG	%	2020- Aug	%
Asian or Asian British	2,648	3.1	3,407	3.5
Black or Black British	432	0.5	800	0.8
Mixed	464	0.5	752	0.8
Not Stated	13,152	15.5	6,086	6.2
Other Ethnic Groups	851	1.0	1,215	1.2
White	63,613	75.1	79,585	81.7
Unknown	3,528	4.2	5,625	5.8
Total	84,688	100.0	97,470	100.0

Data Source: ESR DW (DDRB 2021-2022)

[Social Care Wales – workforce profile 2019](#) of commissioned care provider services reports that 83% of the staff employed by commissioned care providers whose ethnicity was reported stated their ethnicity as White. 11% of staff preferred not to state their ethnicity. Table below shows the breakdown at local authority level of the ethnicity of commissioned care provider staff.

Table 2: Percentage of commissioned care provider staff by ethnicity, by local authority and region, 2019

	%					
	White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic group	Prefer not to say
Isle of Anglesey	99	0	0	0	0	0
Gwynedd	75	1	1	1	0	22
Conwy	91	1	2	1	1	4
Denbighshire	77	1	4	1	5	12
Flintshire	95	2	0	0	0	3
Wrexham	92	1	1	1	1	5
<b>North Wales</b>	<b>87</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>8</b>
Powys	86	1	1	1	1	11
Ceredigion	87	1	2	2	1	8
Pembrokeshire	83	3	1	0	0	13
Cardiganshire	90	1	2	1	1	6
<b>Mid &amp; West</b>	<b>86</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>9</b>
Swansea	72	1	4	2	1	19
Neath Port Talbot	90	1	2	1	1	5
Bridgend	78	0	1	0	0	20
<b>Western Bay</b>	<b>79</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>15</b>
The Vale of Glamorgan	74	3	1	2	4	16
Rhondda Cynon Taf	91	1	1	1	0	6
Merthyr Tydfil	90	0	1	1	1	7
Torfaen	89	2	2	1	0	6
Monmouthshire	84	3	1	1	1	9
Newport	81	3	5	3	2	6
Cardiff	61	4	6	4	2	23
Blaenau Gwent and Caerphilly	89	1	1	1	1	8
<b>South East</b>	<b>80</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>11</b>
<b>Wales</b>	<b>83</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>11</b>

The Risk Assessment Subgroup received regular data analysis reports on the tool completion rates including breakdowns by sector, ethnicity, age and risk rating. The latest data analysis (25 June 2021) showed:

- From the first report template being issued 01/10/2020 submissions totalled just under 18,000. At the close of the analysis on 25/06/2021 a total of just over 74,000 submissions were received. This included both Learning@Wales and ESR platforms.



- Based on the last report of June 2021, 96% of all submissions were from the Health Sector.
- The number of 'Incomplete' submissions across all sectors as at October 2020 was 18%, and this dropped to 2% by June 2021.  
\*Note: Completion rate relates to all risk factor questions being answered, those that have missing answers are classed as not completing the assessment
- Velindre Health Board had the highest percentage of staff completing the assessment in ESR, reaching 71%. Betsi, Aneurin Bevan and CTM were close behind all reaching over 60%.
- Betsi Cadwaladr UHB had the highest number of submissions entered into ESR totalling over 23,700.  
\*Note: If someone has completed the assessment more than once they will be counted more than once.
- There were 3 peak points in the submissions of data via ESR across the time period, and these came 28<sup>th</sup> July 2020, 14<sup>th</sup> August 2020 and 3<sup>rd</sup> March 2021.
- At the point of the last report the risk profile across all sectors categorised as 'Low Risk' was 94%, with only 0.4% being classed as 'Very High Risk' or 'Clinically Vulnerable'.

Table 3: Risk Assessment Tool completers by risk level and employer October 2020 to June 2021

	Low Risk	High Risk	Very High Risk	Clinically vulnerable	Total
<b>Health</b>	67,190	3,843	74	89	71,196
<b>Further Education</b>	696	27	25	29	777
<b>Social Care</b>	600	32	7	28	667
<b>Other</b>	473	23	8	14	518
<b>Education</b>	400	19	8	6	433
<b>Local Authority</b>	189	6	-	-	195
<b>Primary Care</b>	164	13	3	10	190
<b>Other Public sector</b>	114	11	-	-	125

	Low Risk	High Risk	Very High Risk	Clinically vulnerable	Total
<b>Childcare</b>	66	4	7	-	77
<b>Private sector</b>	30	1	-	-	31
<b>Not Stated</b>	23	2	-	1	26
<b>Youth Work</b>	9	1	-	-	10
<b>Police</b>	9	-	-	-	9
<b>Playwork</b>	5	-	-	-	5
<b>Students</b>	1	-	-	-	1
<b>All Sectors</b>	69,969	3,982	132	177	74,260

### Risk Assessment Tool Survey

To understand how the Tool was being used and its effectiveness, a survey (unpublished) was commissioned which aimed to gain a better understanding of the Tool in terms of the ease of use of the tool, whether the tool has led to a change in working practices, and the extent to which the tool is perceived to accurately capture the risk of COVID-19.

Some of the main findings included:

- Respondents to the survey indicated they completed the pdf version of the online/on screen (31.2%) or the paper version (16.3%), thereby meaning a large percentage of respondents were effectively not logged in whilst completing the risk tool. Almost a third of respondents completed the ESR version of the risk tool made available to NHS staff (29.8%).
- In most cases respondents to the survey scored a low risk (71.1%), with a little over a fifth scoring high or very high (20.4%).
- Just under two-thirds of respondents (64.2%) considered the risk assessment score they obtained to be accurate.

- A little over a half of respondents to the survey (51.0%) reported discussing their risk score with their line manager/supervisor, with 13.0% of respondents indicating that they have made/will make such arrangements or that they are currently undecided in relation to whether to do so. Just over a third of respondents reported not making any arrangements to discuss their risk score with their manager/supervisor (35.9%). The most common reason provided for this was that there was no need to do so.
- Almost a quarter of those who answered the AWCWRAT survey reported changes to their working practices directly as a result of completing the Tool (22.6%).

### Social Care Implementation Subgroup

The Social Care Implementation subgroup, chaired initially by Andrea Street, was established to ensure the social care sector's needs were taken into account with the developing Covid-19 actions, including ensuring that social care workers and those working across social services were engaged in the developments to protect health and social care staff during the pandemic.

The sector is typified by approx. 64,000 workers of which 4.3% are Black, Asian and Minority Ethnic and a large range of employers, many of which are classed as Small, Medium Enterprises (SMEs).

A key element of the work of the group was to support implementation of the All Wales Covid-19 Workforce Risk Assessment Tool into the social care sector. The subgroup reviewed relevant workforce data and considered the dynamics of how to implement the Tool robustly and ensure maximum impact and coverage.

The Social Care Implementation sub-group sought to understand the impact of Covid-19 on ethnic minority workers employed in social care, the social care workforce more generally and to understand the impact of the implementation and use of the tool on individuals and providers.

Members of the sub-group have supported the development of the All Wales Tool to enable its use within the wider social care sector. The group has ensured the role of the social care sector is emphasised and fully recognised within the guidance accompanying the tool. To support this a specific film clip for the social care sector with the then Deputy Minister Chief Whip promoting the tool was produced.

The subgroup established implementation champions in each Local Authority to support the implementation of the tool, provide feedback on use and any resistance, and successfully used the champions to also engage with the Track and Trace follow up after the availability of the vaccine.

An initial joint communications campaign was developed including an animation which explained the rationale of the tool to its audience. A further specific communications campaign was carried out in March 2021, targeting the social care workforce to emphasise the need for the social care workforce to continue to monitor their risk in relation to Covid-19 and to continue to use the tool. This included webinar sessions (100+ attendees), ADSS Cymru newsletter and direct communication with employers, which included a poster sent out to relevant care settings.

The latest data analysis (*25 June 2021*) showed that of the total amount of people who have completed the online risk assessment tool, 0.9% was by those in the social care sector. However, following feedback from the sector, it indicated that the majority were utilising the PDF or paper version of the tool rather than the online version.

A survey carried out between September and December 2020 of employers, which included care homes, domiciliary care and other types of care establishments, reported that of the 320 employers who responded, over 12 thousand (20% of the total Social Care Workforce) employees had completed a risk assessment. Just over half had used the pdf version, a quarter the online version and a quarter via other means.

To ensure that links with the sector are maintained, to address any changes to the tool and to support the future communication campaigns, the subgroup will continue to exist as a reference group.

### Socio-Economic Factors Subgroup

The Socio-Economics Subgroup, chaired by Professor Emmanuel Ogbonna, examined the socio-economic factors, which contributed to disproportionate impact of Covid-19 on our ethnic minority communities. The Subgroup (terms of reference at Annex 3) was tasked with advising the Welsh Government on socio-economic factors and wider social determinants influencing Covid-19 Health outcomes in ethnic minority people.

The group produced a comprehensive report in June 2020. The [Report](#) highlighted the entrenched inequalities experienced by ethnic minority people which were magnified by Covid-19. The report highlighted people's lived experiences of racism, an existing culture of racial discrimination, and structural inequalities in Wales today and advocated change through its 37 recommendations.

In September 2020, the First Minister gave a detailed [response](#) to the Black, Asian, and Minority Ethnic Covid-19 Advisory Group socio-economic report recommendations. The First Minister in response to the recommendations, made clear that action on many was already underway, had been completed or commitment made by the Welsh Government to take further work forward. Many of the recommendations were also to be captured within the priorities of the Race Equality Action Plan for Wales which would not only deliver on the recommendations but would moreover, identify and deliver changes to address the deep rooted inequalities ethnic minority peoples experience in their lives.

The remit of the Subgroup was extended to include monitoring the implementation of the recommendations from their Socio-Economic Report and with the development of the Race Equality Action Plan provide expert advice to the Welsh Government, via the Race Equality Action Plan Steering Group, in the development of the Plan and

ensured that senior leadership across Welsh Government and the public service are engaged in the Plan and ready to lead implementation.

Prior to the pre-election period meetings of the Socio-Economic group were paused with a commitment to set future meetings once the Senedd was back in session. A Ministerial decision has been sought on the future of the Socio-Economic Group.

## Conclusion

The Advisory Group and its subgroups, comprising of academics, clinicians, social care representatives, trade unions, data experts, workforce management, third sector organisations and ethnic minority community members, worked collectively and at pace, leading and shaping the Welsh Government approach to protecting the most vulnerable against the severe impact of the pandemic.

The Group with its supporting subgroups, developed a simple and straightforward workforce risk assessment tool which was rolled out to all the Health Boards and Trusts as well as across the social care sector and published the powerful but sobering report on wider socio-economic factors that influence poorer Covid-19 outcomes in Black Asian and minority ethnic groups, putting forward 37 recommendations for action which were accepted and implemented by Welsh Government and partners.

Although the Advisory Group and its subgroups have been stood down as the infection rates steadily decreased over the summer period, they remain alert to the current pandemic environment, ready to reconvene should the need arise for their collective expertise, knowledge and experience to ensure the most vulnerable communities and people of Wales are protected.

## Annex 1: Wales First Minister's Covid-19 Advisory Group – Health Impact on Black, Asian and Minority Ethnic (BAME) People: Draft Terms of Reference

The Welsh Government is concerned that people from Black, Asian, and Minority Ethnic (BAME) backgrounds appear to be disproportionately impacted by COVID-19, with consequent adverse health outcomes.

A group has been convened to advise the First Minister and his Cabinet on this matter. The group will work with stakeholders representing BAME communities, expert advisers from within Wales and across UK (especially Public Health England) together with international colleagues to share information and approaches to consider and address this issue.

### **Aims of the Group**

The Group will advise on:

- Any effective measures that could be put in place to quantify and evaluate risks;
- Any avoidable harms and effective risk assessment measures;
- Possible interventions and system remedies; and
- Any other issues required by Ministers

### **Membership:**

- The Group will include representation from Welsh Government Officials, BAME NHS and care workers, Public Health Wales (PHW), NHS Wales Health Boards and Trusts, drawing in expertise from those involved with data collection and analysis, workforce management, occupational health, quality and safety, academic, and any other additional expertise as required;
- The Group will meet by virtual means and report weekly to Ministers during the Covid crisis period;
- Membership and agreed advice will be published;
- Sub-groups may be established drawing in additional expertise for specific tasks, to report back into the main group; and
- The group will seek input from wider organisations and BAME communities and contributors may be invited to present to the group.

### **Objectives and work plan:**

#### **1. Data evaluation**

**Key questions: What is the size and nature of any additional risk of Covid to BAME people, and is there avoidable harm?**

- To understand differences in numbers and rates of tests between ethnic groups by interrogating data on Covid and ethnicity from all available sources including PHW, Secure Anonymised Information Linkage (SAIL) Databank, Patient Episode Database for Wales (PEDW), electronic staff record (ESR), Intensive Care National Audit & Research Centre (ICNARC), Office of National Statistics (ONS) and WCCP and lab confirmed cases;

- To understand differences in hospitalisation between ethnic groups using enhanced surveillance systems to calculate numbers and rates of hospital admissions, intensive care unit/ high dependency unit admission, and other outcomes; and
- To understand differences in mortality among between ethnic groups using lab confirmed cases, mortality data , SAIL comorbidity data and further analysis

## **2. Workforce and employment measures**

**Key questions: Should any additional health and safety at work measures be in place for BAME people and how should risks be assessed?**

- Assess exposure rates using ethnicity denominator data in NHS employees using workforce employment Service Record (ESR) data;
- Review the risk assessment process and advice for health and social care employees, with special attention to the presence of comorbidities which might impact on Covid risk
- Review Personal Protective Equipment Advice for at risk groups and any mechanism to address concern about non-availability; and
- Review ethnicity measures in death notification protocol and RIDDOR reporting

## **3. Community and public health measures**

**Key questions: Are there any additional public health measures or interventions that would reduce any disproportionate impact of Covid on BAME communities?**

- Review the potential need for dietary or other health advice to minimise Covid risk in BAME communities.
- Review the accessibility of advice and guidance on social distancing and any practical challenges of achieving it in BAME communities.
- Work with BAME representative groups to minimise removing any language, cultural or other barriers to effective dissemination and understanding of public health messages among BAME groups; and
- Advise on other possible socio-economic factors and determinants which may influence poorer Covid-19 outcomes in BAME groups, including cultural factors, unconscious bias, age, gender, literacy, and suggest options to reverse any inequalities

## **4. Ongoing research and evaluation to inform evidence and recommendations**

**Key questions: What are the unanswered questions about Covid and BAME communities, and what data or studies do we need to answer them?**

- Consider and respond to emerging PHE research questions, methodology and findings on BAME and Covid;
- Comment on emerging evidence and advise on options regarding appropriate additional measures and safeguards for BAME individuals in Wales; and



- Identify and harness UK wide and international research that could be of benefit to BAME communities in Wales

## Annex 2: Black, Asian and Minority Ethnic Covid-19 Scientific Subgroup – Risk Assessment

**Co-chairs:** Professor Keshav Singhal MBE, Chair BAPIO Wales

Helen Arthur, Director of Workforce and Corporate Business

### **Aim of the Sub- Group:**

- A scientific group convened to consider the evolving evidence in order to make recommendations to the First Minister's COVID-19 BAME Advisory Group:
  - Workplace risk assessment for frontline health and social care workers in Wales;
  - Suggest practical steps to mitigate the risk for the staff identified as vulnerable; and
  - Consider the evolving evidence and implications for the wider community.
- To report recommendations to Dr Andrew Goodall CBE, NHS Wales Chief Executive, Chief Medical Officer, Chief Nursing Officer and Albert Heaney, Director of Social Services and Integration, during the Covid crisis.

### **Membership:**

- The Group will meet by virtual means and report weekly to the Covid-19 BAME Advisory Group during the Covid crisis period.
- Agreed advice or recommendations will be submitted to Andrew Goodall, NHS Wales Chief Executive & be published.

### **Deliverables**

- Recommend appropriate precautionary principles for use by NHS and Social Care employers in Wales, in consultation with WG, employers and unions.
- Recommend a workplace Risk Assessment tool for staff with co-morbidities and encourage BAME colleagues to utilise this route, to promote best practice in health and safety at work.
- Consider approaches under consideration in the other UK countries and recommend any additional interventions to protect against Covid, including implications for workforce and safe, effective PPE usage.

- Recommend ongoing data collection and further analysis to monitor progress and outcomes and learn lessons for the future.

## Membership of Black, Asian and Minority Ethnic Covid-19 Scientific Subgroup

Name	Organisation
Prof Keshav Singhal, MBE FLSW MS(orth) FRCS M.Ch(orth) <i>Consultant Orthopaedic Surgeon CTMUHB</i>	BAPIO(Wales)
Daniel Thomas <i>Clinical Scientist (Epidemiology)</i>	Public Health Communicable Disease Surveillance Centre
Ronan Lyons <i>Clinical Professor of Public Health</i>	Swansea University
Dr Marysia Hamilton-Kirkwood <i>Assistant Medical Director Public Health</i>	Aneurin Bevan University Health Board
Ceri Harris <i>Equality lead</i>	Velindre NHS Trust
Dr Kofi Obubie <i>Consultant endocrinologist</i>	Aneurin Bevan University Health Board
Professor Meena Upadhyaya <i>Consultant in genetics</i>	Cardiff University
Prof Iqbal Singh <i>Consultant Physician</i>	Chair Centre of Excellence for Safety in Older People
Jack Parry Jones <i>Consultant in Intensive Care</i>	University Hospital Wales
Dr Has Shah BEM  <i>General Practitioner</i>	Secretary BAPIO Wales
Dr Andrew Feyi-Waboso	
Helen Arthur <i>Director of Corporate Business &amp; Workforce</i>	Welsh Government
Dr Heather Payne <i>Senior Medical Officer for Maternal &amp; Child Health</i>	Welsh Government
Uzo Iwobi OBE, <i>Specialist Policy Adviser on Equalities</i>	Welsh Government
Gemma Nye <i>HSS – Workforce &amp; OD</i>	Welsh Government
Geraldine Buckley <i>HSS – Workforce &amp; OD</i>	Welsh Government
Helen Freese <i>HSS – Senior Governance and Equality Manager</i>	Welsh Government

### Annex 3: Socio-economic and Social Impacts of Covid-19 in Black, Asian and Minority Ethnic Populations sub-group

Co-chairs: Professor Emmanuel Ogbonna, Emma Bennett, Welsh Government

Deputies: Ayanna Mathurine, Welsh Government, Shavanah Taj, Wales TUC

#### Purpose:

- To advise the Welsh Government on socio-economic factors and wider social determinants influencing Covid-19 Health outcomes in BAME people.
- To monitor the implementation of the recommendations from the Socio Economic report.
- To provide expert advice to the Welsh Government, via the Race Equality Action Plan Steering Group, in the development of the Race Equality Action Plan for Wales.

#### Deliverables:

1. Identification of key sociodemographic, geographic, socioeconomic or cultural factors that may be contributing in the short term to disproportionately adverse outcomes from COVID in BAME communities.
2. Propose short-term options to minimise any exacerbation of inequalities identified.
3. Review the accessibility of current Public Health advice and guidance to combat Covid, such as social distancing, and comment on any practical challenges of achieving it among BAME communities.
4. Identify any language, format, cultural or other barriers to effective dissemination and understanding among BAME and diverse communities and recommend remedies.
5. Recommend potential research questions for a medium, and longer term, analysis of factors influencing Covid outcomes in BAME communities, including culture, age, faith, gender, disability, and other individual factors, as well as the potential role of systemic factors such as racism or unconscious bias.
6. Provide expert advice, insight, and support on the Race Equality Action Plan for Wales, particularly on those actions arising from the Socio-economic report.

Membership and contact details for Covid-19 BAME Socio-Economic Advisory Sub-Group

Name	Organisation
Professor Emmanuel Ogbonna	Cardiff University
Daniel Thomas - <i>Clinical Scientist (Epidemiology)</i>	Public Health Communicable Disease Surveillance Centre
Ruth Coombes - Head of EHRC, Wales	EHRC, Wales
Alicja Zalesinska	Tai Pawb
Rocio Cifuentes	EYST
Shavanah Taj	Wales TUC
Trudy Aspinwall	TGP Cymru
Aled Edwards	Cytun
Gaynor Legall	
Dr Roiyah Saltus	
Ali Abdi	Race Council Cymru
Professor Robert Moore	NWREN
Maria Mesa	Women Connect First
Suzanne Duval	BAME Mental health Diverse Cymru
Humie Webbe	
Dr Salamat Fada - Chair of North Wales African Society & part of Black History Management Committee at RCC	
Naomi Alleyne	WLGA
Jan Firby - Healthcare Quality Delivery Manager, Population Healthcare	Welsh Government
Uzo Iwobi OBE - <i>Specialist Policy Adviser on Equalities</i>	Welsh Government
Dr Heather Payne - <i>Senior Medical Officer for Maternal &amp; Child Health</i>	Welsh Government
Emma Bennett - Head of Equality, Communities	Welsh Government
Hannah Fisher - Senior Manager Race, Faith & Gypsy Roma Traveller Policy, Communities	Welsh Government
Phil Jenkins - Head of equality support for ESNR	Welsh Government
Sara Ahmad - Economist, Prosperous Futures	Welsh Government
Steven Macey - Social Research Officer, Prosperous Futures	Welsh Government
Sue Leake - Principal Statistician, KAS	Welsh Government
Stephanie Jones - Team Support, HSS – Population Healthcare	Welsh Government