

Risk assessment for BME colleagues: frequently asked questions (FAQ)

Updated Friday 29 May 2020

1. Question: Whom is this risk assessment for?

Answer: For colleagues who are of dual heritage, mixed raced or BME, either for themselves or because they reside with a family member within the above groups.

2. Question: When a risk assessment has been completed should BME staff be referred to Occupational Health? Is there a rapid process?

Answer: If further advice regarding health-related adjustments or answers to particular clinical queries is required, Occupational Health will give priority to COVID-19 related assessments; these may be virtual consultations or by phone.

Occupational Health can be emailed at uhdb.occhealth@nhs.net

3. Question: Is multi-generational more than two generations?

Answer: Yes, we are interpreting 'multi-generational' as more than two generations.

4. Question: For staff who are not employed by the Trust, what method should be used to record their information? This could include Honorary contracted staff and sub-contracted staff.

Answer: Please use the same [risk assessment form](#) and send a copy to the employer/agency; a discussion may also be required.

5. Question: Who will be completing the risk assessment for BME bank staff?

Answer: The line manager who would have most contact with the bank worker i.e. where the bank worker most regularly works; if you are unsure please check with Kim Broadhurst, People Resource Manager – Temporary Staffing:

kim.broadhurst@nhs.net

6. Question: How do we support colleagues who are reluctant to step back from their usual duties?

Answer: You would need to explore together what other alternative work there could be, and what kind of mitigations can be put in place e.g. PPE, working with different cohorts of patients etc. It's important to discuss with colleagues that all roles within the Trust are valuable and help to support our service users and carers; even if someone isn't working in their usual role, they can still have an important part to play in making a positive difference to people's lives.

7. Question: Should we consider moving BME colleagues from areas where they are working with COVID-positive patients?

Answer: Each risk assessment for each individual is going to be different, and it's important that you consider what your BME colleague's own health requirements may be. Please consider a full range of options across all settings.

8. Question: Will we be rolling this risk assessment out to other high-risk individuals as well, who are not BME?

Answer: We are redesigning our risk assessments for other high-risk and vulnerable groups.

9. Question: What do we do if we cannot find alternative duties for staff who are at risk?

Answer: It is worth considering a full range of options across all settings and staff groups in order to help protect staff; it may be that working from home is the only safe option for that individual. If this is not practicable within their permanent job role, redeployment to another role may need to be considered.

10. Question: Is it appropriate to consider use of PPE to support BME colleagues to remain patient-facing?

Answer: Infection control policy should be followed in all cases in line with current guidance for all staff groups.

11. Question: Do we follow this same process for our BME agency/bank staff colleagues?

Answer: Yes, as with all BME colleagues. See question 5 above.

12. Question: What is the process for BME colleagues being on call and potentially attending areas with a COVID-19 presence?

Answer: On-call and bleep-holding requirements need to be identified on the risk assessment, and adjustments considered. It may be that alternative bleep-holders are required or that duties are adjusted to ensure that there is no visiting to areas that are considered to be of higher risk and no participation in clinical interventions that would be considered of higher risk. The assessment needs to be constantly reviewed as cohorts of patients may change.

13. Question: Can line managers have a copy of the letter sent to our BME colleagues just in case they haven't received one?

Answer: Yes, please [download the letter from Connect](#). Managers then need to update ESR where necessary.

14. Question: Who will cover the assessments for junior doctors in different areas?

Answer: Medical staffing colleagues in People Services will ensure communication is cascaded and risk assessments will then be completed by the appropriate senior

medic. Area Service Managers (ASMs) will complete assessments for Consultant Psychiatrist colleagues.

15. Question: Are we OK to share this process with our sub-contractors? It seems like good practice that we should be sharing/seeking assurance.

Answer: Yes this would be sensible, please liaise with your Area Service Manager in order to coordinate this.

16. Question: Would we include staff who are BME but are isolating for other vulnerabilities?

Answer: Yes these assessments need to be completed for all BME colleagues.

17. Question: What do we do with the risk assessment once it is completed?

Answer: The colleague should retain a copy along with the line manager. If the assessment results in the staff member needing to work from home, please make your Area Service Manager aware of the change of circumstances of that colleague as we need to understand the implications for service provision.

18. Question: If I have a question not answered here, who do I speak to?

Answer: please go through to your Area Service Managers/General Managers for any further escalation.

19. Question: Is there a central point for managers to raise any ideas, issues or areas for clarification following discussions with colleagues?

Answer: Managers can provide feedback to their Area Service Managers/General Managers for any further escalation.

20. Question: How often should review assessments take place?

Answer: Ideally review every two to four weeks or if the circumstances, guidance or health of the colleague change.

21. Question: Many of our staff have previously come forward and said they were anxious due to living with older/vulnerable relatives. We have attempted to support, but anxieties are still high in some cases.

Answer: We need to follow the national guidance and take account of individual circumstances where appropriate. The national guidance will inevitably change over time, as the risk factors (e.g. the rate of infection) change.

22. Question: Many regular staff undertake bank shifts; what is the Trust stance on BME staff completing bank shifts during the pandemic?

Answer: This is acceptable practice, as long as the risk assessment has been completed and the appropriate mitigations are in place where required.

23. Question: We need to think about how we get people back to work. I think we may lose staff or have increased members of staff not available which is going to badly affect the unit.

Answer: As the guidance changes and the restrictions are reviewed nationally, we will update our own guidance accordingly. The national guidance will inevitably change over time, as the risk factors (e.g. the rate of infection) change.

24. Question: For BME colleagues and those colleagues who are 12-week shielding, is there a plan for return to work?

Answer: As above, in the previous answer, we will have to review the national guidance as it changes and as the restrictions are eased or changed. The national guidance will inevitably change over time, as the risk factors (e.g. the rate of infection) change.

25. Question: Who has access to the final risk assessment once it has been completed?

Answer: There has been some confusion over this – apologies. When the original version of the risk assessment form was agreed, it was designed to be a paper form, but this meant there would be no automated way to collate the data from across all the risk assessments so that the Trust could understand the effect on workforce availability. For this reason, the Trust was planning to enlist the support of the Research team to pull together the returns and analyse the trends in workforce availability. This is now no longer necessary, as our IM&T team has created an electronic version of the form, which automatically collates data from all the risk assessments to provide a snapshot of the overall effect on workforce availability (without revealing any of the content of individual risk assessments). As a result, we have not engaged the Research team's services and they do not have access to any of the data. The electronic version of the form ensures that all the information on the form is held securely. Once the form has been completed, a link is then emailed to the line manager and the colleague, and this can be kept by them to access the document and its content. **No one else can view the contents of the risk assessment.** Even if the link were forwarded to another email address, another member of staff would not be able to open it.

The only information that a line manager needs to share with managers above them is the availability of that individual – whether they are at work, working from home or unable to work, for example – so that this can be fed into the overall workforce picture for the team or department.

26. Question: How long will the Trust keep this information?

Answer: The online form will only be 'live' for as long as we are in this pandemic. Once we are able to resume normal operating practices, the data will be erased.

27. Question: I have completed the paper version, do I need to send it somewhere? And where shall I store it?

Answer: As long as the colleague has a copy then simply scan it and destroy the paper copy. Once the pandemic is over, we will send out advice to delete all the electronic, scanned copies.

28. Question: A member of my team has requested that a different manager completes the BME risk assessment with them. How will I be able to ensure that we have everything in place for that member of staff if I haven't completed the risk assessment?

Answer: Some BME colleagues have expressed a preference for someone else to complete their risk assessment; there are many reasons why this may be required and so, to be able to ensure that the risk assessment is carried out, this option should be explored. Once the risk assessment has been completed, the individual's line manager will need to be informed of the outcome, so that any recommendations can be followed through. This should be done in a manner that both protects the employee and their confidentiality, whilst allowing the line manager to enact whatever changes or recommendations are required.

29. Question: Will filling in this form have any impact on my pay or progression within the Trust?

Answer: No, the form will have no impact on colleagues' pay or their career progression in the future within the Trust. Information contained within the risk assessment form will be erased once the COVID-19 pandemic is over.

30. Question: Can I be accompanied while I complete the form?

Answer: Yes, you can be accompanied, for example by a colleague of your choice or by a staffside rep, while the form is completed. The colleague or staffside rep would have to accompany you virtually, in order to maintain social distancing.

31. Question: How often should the risk assessment form be reviewed?

We would advise that the form, and the discussion and the outcomes that surrounded it, be reviewed every month. This does not mean that the form must be completed again; it means that a discussion should take place about whether anything has changed, and whether any further adjustments need to be made.