



## **NHS England & Improvement – North East & Yorkshire Region**

### **Primary Care & Public Health Covid Cell Oversight Group**

The NEY Primary Care and Public Health Covid Cell Oversight Group considered several RFF tools and agreed to support the dissemination and use of a tool across all areas of Primary Care delivery, namely General Practice, Community Pharmacy, Dentistry and Optometry.

The following Risk Reduction Framework (RRF) has been developed by colleagues in London to support Black, Asian and Minority Ethnic (BAME) and 'at risk' colleagues during the Covid-19 pandemic. This tool is supported by the NEY PCPH cell for use.

The aim of the RRF is to support discussions and provide a structure to help colleagues consider the risks associated with the provision of primary care, as well as support further understanding of who in the team is at most risk and how they can be supported to continue delivering high quality care to patients safely.

A list of tasks, specific to general practice, has been added to the end of the document from the SAAD Tool developed by General Practice colleagues in Manchester. It was agreed that the list was helpful to identify some of the roles colleagues considered to be high risk could undertake and is intended to provide a useful set of tasks rather than to be a definite set of actions. It was also acknowledged that new tools would be developed and published, and we would encourage colleagues across Primary Care to consider the tool that best suits them and their service.

We would also like to take this opportunity to thank colleagues from London and Manchester for developing and sharing the tools.

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# Demographic Responsive Staff Risk Assessment Framework

## 1. Background

Emerging evidence that is currently being reviewed by Public Health England (PHE) appears to show that Black, Asian and Minority Ethnic (BAME) communities are disproportionately affected by COVID-19. Whilst Public Health England (PHE) carry out this review, a Risk Assessment Framework has been developed to support the assessment of staff risk and inform decisions about additional measures where necessary. The risks to staff with underlying health conditions and pregnancy are well known and evidence also suggests that the impact may also be higher among men and those in the higher age brackets. This Framework brings together all these factors in one assessment tool.

Within the NHS as a whole, 40 per cent of doctors and 20 per cent of nurses are from BAME backgrounds, as are substantial numbers of administrative, health care support workers and ancillary staff. The proportion is significantly higher in North Central London NHS organisations.

Executive Directors are asked to ensure that Line Managers are supported in having sensitive and comprehensive conversations with their BAME staff. By completing the Risk Assessment Document attached as (Appendix 1) Managers will be able to identify any factors that may increase the risks for staff in undertaking their roles and responsibilities in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the feelings of BAME colleagues, particularly with regard to their safety and their mental health. Managers should also seek and follow occupational health advice where appropriate.

## 2. Purpose

The purpose of this Framework is to ensure a robust and consistent approach across the NCL System for managing the risk presented to staff identified as being potentially disproportionately affected by the COVID-19 including those from a BAME background.

This risk assessment tool aims to help managers to identify the risks to potentially vulnerable staff in undertaking their roles and responsibilities during the COVID-19 pandemic. Following identification of risks, it will be critical to determine the interventions that can be put in place to mitigate and manage these, ensuring that the necessary support is given to staff.

## 3. The Framework

The Framework focuses on the following 5 staff characteristics:

### Age

Research by PHE has shown that COVID-19 has a greater impact on those in older age groups. Therefore, older staff may be more at risk because of this and the greater likelihood of long-term conditions. When completing the Risk Assessment Framework, Managers will need to

ensure that this is considered. All new employees in older age groups should be encouraged to disclose any medical conditions that may compromise their health.

### Underlying Health Conditions (See Appendix 2)

Staff with underlying health conditions (or in some cases, disabilities) are likely to manage these through the application of reasonable adjustments. Some of those adjustments will have been formally agreed with Line Managers and others informally adopted by staff to suit their own circumstances. It is likely that the COVID-19 pandemic will bring further challenges detailed below for those staff with disabilities:

- A weaker immune system, leaving them more vulnerable to getting an infection;
- Issues associated with personal protective equipment (PPE); and
- Mental health conditions increasing levels of anxiety and stress.

Government advice on vulnerable workers and shielding should be followed and every effort made to encourage all staff to disclose any medical conditions that may compromise their health.

Undertaking a robust risk assessment by the completion of Risk Assessment Framework will enable mitigating factors and additional support to be explored.

### Gender

There is some emerging evidence to suggest that the COVID-19 pandemic may impact more on men than women, therefore organisations may need to review the approach they have taken in relation to the risk assessment and deployment of returners.

### Pregnancy

Pregnant women at whatever stage of pregnancy are classed as “at risk”. The Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Faculty of Occupational Medicine have developed specified guidance for healthcare workers who are pregnant. In addition, staff who are returning from maternity leave should be assessed through this Framework based on government advice.

### Ethnicity

Emerging evidence that is currently being reviewed by Public Health England shows that BAME communities are being disproportionately affected by COVID-19. The causes of these increased risk factors are not yet fully understood, and further research is taking place. In the meantime, it is vital that we respond quickly to what the evidence is telling us.

In addition, religious events, most notably Ramadan, during which some staff may choose to fast, coincide with the COVID-19 outbreak. This may have an impact on the ability of individual members of staff to perform their role fully, especially when wearing the highest levels of PPE. While the Assessment Framework does not score this factor, Line Managers should have a thorough and comprehensive conversation with individual members of staff to consider what reasonable adjustments could be made during this period.

## 4. Risk Assessment

The risk assessment tool aims to holistically assess individual staff risk to safeguard employees at most risk of adverse or serious reactions to COVID-19 based on the emerging data and available evidence.

When completing the Risk Assessment Framework, Line Managers should gather the relevant information as outlined above, through one-to-one conversations with their staff where possible. Managers should listen carefully to staff concerns and provide support and consider reasonable adjustments or redeployment for any staff who are identified as being at greater risk.

Adjustments to mitigate any risks identified may include:

- Moving to a lower-risk area;
- Undertaking lower-risk tasks;
- Utilising Personal Protective Equipment
- Limiting exposure (for example through reducing shift lengths); and
- Remote working if possible.

Additional support through employee assistance programmes and Occupational Health may also be appropriate. Managers should seek and follow occupational health advice where appropriate.

## 5. Managing Redeployed Staff

It will be important for all employers across the NCL system to work closely together to ensure that a joint and consistent approach is taken to identify and manage any risks with regard to staff that may be temporarily redeployed from one organisation to another.

The receiving organisation will be responsible for undertaking the relevant on-boarding checks in relation to health assessments, risk assessments and seeking occupational health support where required. It will be important to keep the employing organisation updated with the outcome of all discussions, assessments and adjustments put in place to mitigate any risks. In cases where the risks cannot be mitigated, this may mean that temporary placements need to be brought to an end and employees return to their employing organisation earlier than the initial agreed timeframe.

## APPENDIX 1

### RISK ASSESSMENT FRAMEWORK

The assessment tool and scoring guidance below are intended to support managers in assessing the risks to potentially vulnerable staff and recording the actions which will follow discussions with them about those risks. The framework is designed to assess the risks associated with the following two categories:

#### **Health conditions associated with an elevated COVID-19 risk**

The Government are advising those with underlying health conditions at increased risk of severe illness from Coronavirus (COVID-19) to be particularly stringent in following social distancing measures. This group includes those with conditions described in the table attached (Appendix 2) which scores risks from low to significant. These scores should be used when completing the Risk Assessment Framework below.

#### **Demographic factors associated with an elevated COVID-19 risk**

Emerging evidence suggests there are three key characteristics that can affect vulnerability and risk. These are Age, Gender and Ethnicity. Older people, men, and people from BAME communities appear to be at greater risk from COVID-19.

Line Managers are therefore asked to carry out risk assessment for members of their teams taking into consideration age, gender and ethnicity risk factors – especially where there is a combination of other risk factors described above.

The risk assessment should be a meaningful conversation and exploration for the risk factors and perception of the member of staff. Where there is agreement that the risk factors can be mitigated to everyone's satisfaction no change is needed. Where however, it is clear there are increased risk for a member of staff, the Line Manager must provide support and make necessary adjustments to mitigate those risks.

HR and OH can provide advice and support to line managers on an approach that supports individual members of staff and, should any adjustments result in a strain on services, these issues must be escalated to ensure adequate support is provided. All forms must be returned to the HR Department once completed.

## Appendix 2

### Health Conditions Guidance

This table outlines the risks (Low to Significant) in relation to staff with underlying health condition or pregnancy

Increasing level of social distancing recommended

Condition	Risk Categories by Condition		
	1 Low Risk	2 Moderate Risk	3 Significant Risk
Pregnancy			Pregnant workers (at any stage) who have underlying health conditions
			Pregnant workers after 28 weeks gestation
Weakened Immune System (excluding cancers)		A weakened immune system as the result of conditions such as: <ul style="list-style-type: none"> <li>▪ HIV and AIDS</li> <li>▪ SLE / Lupus</li> <li>▪ Rheumatoid or medicines such as steroids</li> <li>▪ Chemotherapy or immune modulators</li> </ul>	Solid organ transplant recipients
			Bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
			People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
			People on immunosuppression therapies sufficient to significantly increase risk of infection

Risk Categories by Condition			
Condition	1 Low Risk	2 Moderate Risk	3 Significant Risk
Cancers		Cancer – chemotherapy or XRT completed in the last 6 months	Cancer who are undergoing active chemotherapy or radiotherapy for lung cancer
			Cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
			People having immunotherapy or other continuing antibody treatments for cancer
			People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
			People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
Heart Conditions	Cardiac conditions such as previous heart attack with no ongoing problems, Controlled high BP etc.	Heart valve disease that is severe and associated with symptoms (regularly feel breathless, or you have symptoms from your heart valve problem despite medication, or if you are waiting for valve surgery)	Chronic heart disease, such as heart failure
		You're recovering from recent open-heart surgery in the last three months (including heart bypass surgery)	
		Congenital heart disease (any type) if you also have any of the following: lung disease, pulmonary hypertension, heart failure, you're over 70, you are pregnant, or if you have complex congenital heart disease (such as Fontan, single ventricle or cyanosis)	
		Cardiomyopathy (any type) if you have symptoms such as breathlessness, or it limits your daily life, or you've been told you have problems with your heart function.	

Condition	Risk Categories by Condition		
	1 Low Risk	2 Moderate Risk	3 Significant Risk
<b>Respiratory Conditions</b>	Mild asthma- never hospitalised or needing oral steroids in last 2 years	Chronic (long-term) respiratory diseases, such as problematic asthma, COPD, emphysema or bronchitis that have required a hospital admission or a course of oral steroids within the last 2 years	People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD (including those who have required multiple hospital admissions or courses of oral steroids within the last 2 year), confirmed occupational lung disease and pulmonary hypertension
	Use of CPAP machine for Sleep Apnoea		
<b>Neurological disorders</b>	Mild multiple sclerosis only with sensory or visual changes	Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis	
	Stable mild cerebral palsy (i.e. where they may walk a little awkwardly, but might not need any special help)	Learning disability or moderate cerebral palsy (.e. may need to use special equipment to be able to walk, or might not be able to walk at all or need lifelong care)	
	Well controlled epilepsy		
	Fibromyalgia / ME		
<b>Renal Disorders</b>	Kidney disease Stage 1 &2	Chronic kidney disease stage 3a	Chronic kidney disease stage 3b, 4 - 5



Condition	Risk Categories by Condition		
	1 Low Risk	2 Moderate Risk	3 Significant Risk
Liver Disorders	Minor derangement of liver function	Chronic liver disease, such as active hepatitis	
	Fatty liver disease		
	Haemochromatosis		
Other Conditions	Diabetes controlled by diet or tablets with no diabetic complications	Diabetes well controlled on insulin and without diabetic complications	Diabetes controlled on insulin or diabetes with diabetic complications or poor glucose control
	Coeliac disease	Problems with the spleen, such as sickle cell disease or spleen removed	Severe diseases of body systems
		Being seriously obese (a BMI of 40 or above)	

## Demographic Responsive Ward/Team/Directorate Staff Risk Assessment

RISK	SCORE 1	x	SCORE 2	x	SCORE 3	x	SCORE 4	x
<b>AGE</b>	Below the age of 49		50-59		60-69		70+	
<b>GENDER AND ETHNICITY</b>	Female		Male		BAME Male or Female			
<b>RELEVANT HEALTH CONDITION – REFER TO THE ACCOMPANYING GUIDANCE (APPENDIX 2)</b>	No underlying health condition		Health condition identified as low risk from accompanying guidance		Health condition identified as moderate risk from accompanying guidance		Health condition identified as significant risk from accompanying guidance	

TOTAL RISK SCORE AND SUGGESTED ACTION							
Total Score 1-6		Total Score 7-8		Total Score 9 +		Any Individual Score of 4	
<b>Category A - MINOR</b>		<b>Category B - MODERATE</b>		<b>Category C - MAJOR</b>		<b>Category D - MAJOR</b>	
Continue working in current environment following all safety precautions		Where possible redeploy away from environments where Covid contact is likely and avoid direct contact with Covid cohort where possible.		Redeploy to role where not likely to come in to contact with Covid and consider whether role can be done from home. An OH assessment may be completed if there are concerns about employee continuing in role and employee should be offered opportunity for homeworking whilst awaiting outcome of OH assessment.		Home Working on full pay or medical suspension with full pay if role cannot be undertaken from home. Only exception is if a pregnant individual still wishes to stay in work.	

## Examples for completing form detailed below

Ward/Team/Directorate	Number of Staff	Number of Conversations	Manager's Name	Director's Name	Date/s risk conversations took place	Managers Signature
Finance or Ward	18	16 (2 staff off sick)	Joe Bloggs	Joe Bloggs	4 – 7 May 2020	Signed by Manager

Name of Employee	Job Title	Risk Identified	Initial Risk Category	Reasonable Adjustments to manage risk	Risk Category following reasonable adjustments to manage risk
John Smith	Qualified Nurse	Male/Black Diabetic (moderate risk) 56 years old	Moderate (8)	Redeploy to a role with low likelihood of Covid contact Ensure accessing appropriate PPE	Minor
Jane Smith	Finance Analyst	Female/White Pregnant 32 years old	Major (Pregnant)	Remote Working from home	Minor
Joanne Smith	Ward Administrator	Female/Black 59 years old. No underlying condition	Minor	Continue in role. Ensure appropriate PPE and following all safety precautions	Minor
Amit Singh	Specialist Nurse	Asian / Male 66 years old. Kidney disease requiring dialysis (significant risk)	Major (10)	Unable to carry out role at home – medical suspension with full pay	Minor

## RISK MATRIX – REASONABLE ADJUSTMENTS

RISK CATEGORISATION MATRIX			
Impact Category	Risk Category	Escalation Required	Example of Adjustments
Total Impact Category A	Minor	Low Risk - Local Management	Reasonable Adjustments – None to be taken  Continue working in current environment following all safety precautions and manage situation by routine procedures/interventions
Total Impact Category B	Moderate	Medium Risk – Service Head	Management responsibility and action must be specified to reduce the risk to enable continuation of working arrangements
Total Impact Category C	Major	High Risk – Senior Management	If Occupational Health assessment needed, homeworking whilst awaiting advice on condition and consider interventions to reduce risk.

# Risk Assessment Template

Ward/Team/ Directorate	Number of Staff	Number of Conversations	Manager's Name	Director's Name	Date/s risk conversations took place	Managers Signature

[illegible]

## Self Assessment and Decision Score (SAAD)

Roles and Responsibilities for Clinical and Non-Clinical Staff:

Risk Area	Clinical Staff within General Practice
Mild	<p>Roles within General Practice:</p> <ul style="list-style-type: none"> <li>• F2F Hot sites</li> <li>• F2F Cold sites</li> <li>• Telephone Consultations</li> <li>• Video Consultations</li> <li>• 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc</li> <li>• Immunisations</li> <li>• Staff training (Video)</li> <li>• Coiling fitting</li> <li>• Cervical Screening</li> <li>• Home visits – COVID-19</li> <li>• Home visits–non COVID-19</li> <li>• Urgent phlebotomy</li> <li>• Death Certification</li> </ul> <p>Avoid:</p> <ul style="list-style-type: none"> <li>• Routine medicals eg HGV</li> <li>• Routine F2F medication/ Health reviews</li> <li>• Routine phlebotomy for annual reviews (unless related to specific drugs eg DMARDS)</li> <li>• Travel Vaccinations</li> <li>• Minor Surgery</li> </ul>
Moderate	<p>Roles within General Practice: ☐</p> <p>F2F Cold sites</p> <ul style="list-style-type: none"> <li>• Telephone Consultations</li> <li>• Video Consultations</li> <li>• 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc</li> <li>• Home visits -non COVID-19</li> <li>• Staff training (Video) Avoid:</li> <li>• Routine medicals eg HGV</li> <li>• Routine F2F medication/ Health reviews</li> <li>• All phlebotomy</li> <li>• Travel Vaccinations</li> <li>• Cervical screening</li> <li>• Minor Surgery</li> <li>• Coil Fitting</li> <li>• Any Care Home Visits</li> <li>• All F2F COVID-19 engagement (Video permitted) ☐      Death Certification</li> </ul>

High	<p>Roles within General Practice:</p> <ul style="list-style-type: none"> <li>• Telephone Consultations</li> <li>• Video Consultations</li> <li>• 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc</li> <li>• Staff training (Video)</li> <li>• Work from home where possible</li> </ul> <p>Avoid:</p> <ul style="list-style-type: none"> <li>• Routine medicals eg HGV</li> <li>• Routine F2F medication/ Health reviews</li> <li>• All phlebotomy</li> <li>• Travel Vaccinations</li> <li>• Cervical screening</li> <li>• Minor Surgery</li> <li>• Coil Fitting</li> <li>• Any Care Home Visits</li> <li>• All F2F COVID-19 engagement (Video permitted)</li> <li>• Death Certification</li> </ul>
	<b>Non-Clinical Staff within General Practice</b>
Mild	Continue working as normal but following infection control and safety precautions (ie masks when moving between rooms within the building, cleaning down work stations before and after use and ensure where possible social distancing both during work and during breaks)
Moderate	<p>Follow infection control and safety precautions</p> <p>Adjust working hours where possible</p> <p>Face masks when working in shared rooms</p> <p>Working in a separate room where possible</p> <p>Minimal F2F patient contact (ie no front reception desk work)</p>
High	<p>Follow infection control and safety precautions</p> <p>No direct patient contacts</p> <p>Lone working or working in separate office with minimal movement within the building</p> <p>Working from home where possible</p>

- Regularly review working environment with staff member
- Document actions agreed between staff and manager (Review 6 monthly or earlier if any conditions with staff change or during appraisals after first review)
- Raise any concerns about limitations in implementing safe environment for staff member with employer