

Written evidence submitted by the Filipino UK Nurses Association (MRS0431)

As of this writing, we have the highest number of staff mortalities in both the NHS and social care due to CoVid-19. It's a staggering 22% of ALL Staff deaths.

Please help us to prevent more deaths and devastation to our colleagues' families.

IMMEDIATE ACTIONS:

1) Please have a discussion with NHS Trusts to immediately provide financial assistance and bereavement counselling to families of those who died whilst in service:

[Name]-Nurse from [Name] Hospital, London

[Name]-ward hostess from [Name] Hospital, NHS Trust

[Name]-nurse from [Name] NHS Trust, London

[Name]-doctor from [Name] Hospital NHS FT London

[Name], nurse from [Name] Hospital NHS Trust

[Name], hca from [Name] Hospital NHS Trust

[Name], healthcare support worker from [Name] NHS Trust

[Name], nurse from [Name] NHS Trust, Wales

[Name], healthcare assistant from [Name] Hospital NHS Trust

[Name], hca/ward hostess from the [Name] Hospital NHS Trust

[Name], hca from [Name] Hospital NHS Trust

[Name], nurse from [Name] Hospital NHS Trust

[Name], nurse from [Name] Hospital NHS Trust

[Name], Governor from the [Name] Partnership NHS Trust

2) Assistance with repatriation of these three nurses: Staff Nurse [Name], Senior Nurse [Name] and Staff Nurse [Name]

3) A Filipino nurse representative to the team which will investigate the high proportion of BAME staff deaths in the NHS. We have so far lost 28 of our comrades and we have the highest mortality of all ethnicities in the NHS and social care around 20%.

4) Help in setting up as 24-hour helpline specifically for the Filipino healthcare workers and their families. This will be manned by Filipino volunteers to help, support, advise and

signpost people to different charitable organisations/government institutions/ NHS England/different Filipino networks all over the UK.

5) An urgent call to action for all the NHS Trusts in the UK to implement the Health and Safety at Work Act (1999) Risk Assessments and Equality Impact Assessments to prevent more deaths of Filipinos and other front-line staff. Urgently implement the PHE's advice on Shielding for all frontline staff who are deemed to be in the high-risk category just like the rest of the population. 80% of our comrades who died were on this category, and should have been shielded.

6) A call for RCN and other unions to advise their members not to work without WHO standard PPEs especially in Covid wards. At present there are NO ITU/HDU staff deaths in the NHS as they are all using a WHO standard PPEs.

7) Clarify guidelines on PPEs and whether to wear surgical masks or not. Advice from different Royal Colleges vary and the WHO advice is different. Evidence states that mortalities amongst staff are significantly in the non-aerolised areas (non ITU) such as wards. It is evident that WHO-full PPEs must be observed in any areas of suspected or confirmed Covid-19.

8) Urgent concerns of front-line Filipino nurses and healthcare workers being always assigned to Covid wards and without adequate PPEs (WHO standard).

9) Testing (including anti-bodies) of all front-line staff please both in the NHS and care sector.

10) Help for over 200 Filipino nurses who are stranded in the Philippines at the moment and could not leave for the UK. They are all NMC-registered nurses. The British government will not help with repatriation as they are not British nationals. The cost of a one-way commercial flight has gone up four times, so they cannot afford it. These are valuable NHS staff/resources not being utilised at the moment especially in this pandemic.

OTHER RECOMMENDATIONS/QUERIES:

1) Clarify sickness reporting and self-isolation guidelines as some managers are not in agreement with the Occupational Health Department and NHS111's advice especially for those people coming back "too early" after they contracted Covid-19. When staff goes back to work, they must be tested including anti-bodies, counselling support provided, and role modification considered.

2) Agency nurses who have limited companies are not supported by the government unlike the others including the self-employed. There are around 400 nurses from [Company] who are all anxious because of this and because of the inadequate PPEs on the general ward areas and Covid wards.

3) Reassurance for our frontline Filipino colleagues that if they are unwell, they must go home and follow the NHS 11 advice to self-isolate without any fear of being reprimanded especially the new nurses from the Philippines. It will be great if a letter like the one from Somerset NHS Trust is adapted by all NHS Trusts.

- 4) A memorial to honour all those Filipinos who died due to Covid-19. Perhaps we can have this together with the re-launching of the Filipino Nurses UK Association this September?
- 5) When our Filipino colleagues seek emergency services-that they are attended to promptly and within the guidelines. In Nurse [Name]'s case, this did not happen, and the devastated family is still waiting for answers from the London Ambulance Trust to have closure.
- 6) Filipino colleagues are being asked to do extra shifts to cover for others who have gone off sick and some are being asked to come back to work sooner even before they are well recovered, therefore they are over-worked and stressed and prone to catching Covid-19.
- 7) Can you please clarify about "death in harness" in this situation as relatives should be able to claim for compensation if death was a result of Covid-19 in the workplace? Can the government consider hazard pay for the bereaved families?
- 8) Some of the deceased may not have relatives here, what is the support and means for them to claim any compensation/apply for funding from different charities like the RCN Foundation?
- 9) Can we please have you, [Name] as our dedicated Filipino advocate from Team CNO?
- 10) How can those who want to work at the Nightingale Hospital in London be fast-tracked to help in this pandemic?

RESEARCH PROPOSALS/QUESTIONS:

- 1) What is the infection rate/severe presentations of Covid-19 amongst Filipino and BAME staff in those who have recovered? Is any data available?
- 2) Can you please liaise with NIHR that any funding that is given to NIHR Covid-19 and ethnicity studies have a Filipino or part of the peer review and PPI group and to specifically do a purposive sample and do a sub-group analysis. If any samples are available from the deceased, these should be studied alongside records and with their families' consent.
- 3) Support on the research delivery from the CNO Team: support on research prophylaxis/prevention for medical and nursing staff, support on the research delivery of anti-viral treatments and support on Genomic studies highlighting involvement of the BAME communities.

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