

18 May 2020

Increased Risk of Death from Covid-19 Faced by Some Hospital Staff - Particularly BAME Staff

Dear Trust CEO,

You will know well that many NHS Hospital staff are at increased risk of death as a result of Covid-19 infection, with recent evidence suggesting that work within the NHS is potentially a contributing factor for some. While this is an issue for all staff who possess characteristics associated with increased risk of death, you will know equally well that many of those staff are from Black, Asian and Minority Ethnic (BAME) backgrounds, where the impact has been grievously heavy. You will understand that there is huge anxiety amongst hospital staff, particularly amongst high-risk groups, about those risks and how they might be protected from them.

We are sure you will share our view that staff should be offered every protection to keep them from becoming infected with Covid-19 while at work. While it has not yet been possible to identify the reasons why particular groups are at such increased risk, it is nevertheless possible to identify that some features, including comorbidities, are associated with increased risk of death. These have not to date been seen as having such a marked risk increase as to warrant self-isolation shielding, but clearly that increased risk is still relevant.

With that in mind, may we urge you most strongly to introduce a risk scoring tool to evaluate those of your medical staff who are at increased risk of death from Covid-19 infection, and take steps to protect them from that risk, including removing them from duties that involve potential Covid-19 exposure? We write on behalf of medical staff, but hope you will want to introduce such measures for all your staff.

It may well be that you have already adopted an appropriate risk scoring tool across your organisation, accompanied by measures to allow at risk staff to be assigned to less exposure prone duties. If that is the case we would urge you to continue to use it right across the organisation. If you have not yet introduced such measures we encourage you to introduce them with speed. We have attached links to scoring systems that have recently been developed; we feel that there is some virtue in organisations selecting a risk assessment tool from a small widely used range, not least because this will help give staff the confidence that they are being dealt with in a consistent manner and in line with colleagues in other organisations.

We would also strongly suggest that you take this opportunity to involve staff-side bodies within your trust in the roll-out of risk-assessment tools. We are confident you will find your Local Negotiating Committee ready to discuss and address these issues on behalf of their colleagues. Involving staff affected will also help to ensure that any communication around these tools are pitched appropriately.

Chief executive officer: Tom Grinyer



We know these are challenging times for all of us working across the NHS. Safety of staff is a key issue in the work against Covid-19, and therefore we hope that you share our view that this must be addressed across the country as a matter of utmost urgency. Please do contact us if we can offer further assistance.

Very best wishes,



Rob Harwood
Chair, UK Consultants Committee, BMA



Amit Kochhar
Co-Chair, UK Staff, Associate Specialist and Specialty Doctors Committee, BMA



Rajesh Kumar
Co-Chair, UK Staff, Associate Specialist and Specialty Doctors Committee, BMA



Sarah Hallett
Chair, UK Junior Doctors Committee, BMA



David Strain
Co-Chair, UK Medical Academic Staff Committee, BMA