

	Nurses and midwives	Healthcare support workers	Doctors and dentists	Other staff
Number	35	27	19	25
Age; yrs median (IQR [range])	51 (46-57 [23-70])	54 (42-64 [21-84])	62 (54-76 [36-79])	51 (34-58 [29-65])
Male; %	39	22	94	55
BAME; %	71	56	94	29
BAME workforce; %*	20	17	44	-

Ethnicity was described for most (96 per cent) cases and most were accompanied by pictures of the individual. In 63 per cent of cases the individual was of BAME background. Further, many of the individuals were born outside the UK (Table 3).

For 53 of 64 BAME individuals, their country of birth was not the UK and, for the other 11 (17 per cent), this was uncertain. Among the Caucasian individuals, there were further staff who were not born in the UK, including three from elsewhere in Europe, meaning a minimum of 56 (53 per cent) of those healthcare workers who died were not born in this country (Table 3).

Table 3. Ethnicity of health and social care workers who died from covid-19. Observed ethnicity is compared to ethnicity among the NHS workforce.

	n	% of known	% of NHS workforce
Ethnicity			
White	38	38	79
Asian	36	36	10
Black	27	27	6
Chinese	0	0	1
Mixed	0	0	2
Other	0	0	2
Unknown	5		
Country of birth for BAME individuals not born in the UK			
Philippines	19	36	
Zimbabwe	5	9	
Nigeria	4	8	
India	4	8	
Sudan	3	6	
Pakistan	2	4	
West Indies	1	2	
Other African	8	15	
Other Asian	7	13	
Unknown	11		

Discussion

There are three key findings from this analysis to highlight in particular:

- The disproportionately high rate of BAME individuals among those who have died;
- The absence of those members of staff considered at high risk of viral exposure and transmission; and
- The overall rate of fatalities compared to the population.

The excess of BAME health and social care workers who have died during this pandemic has been commented on by others but has not previously been formally analysed and therefore confirmed. Among all staff employed by the NHS, BAME account for approximately 21 per cent, including approximately 20 per cent among nursing and support staff and 44 per cent among medical staff.

BAME individuals account for 63 per cent, 64 per cent and 95 per cent of deaths in the same staff groups. BAME patients also accounting for 34 per cent of the patients admitted to UK intensive care units with covid-19 but only 17 per cent of the UK population.

In the USA, the preponderance of deaths among BAME groups has also been noted and is of rising political importance. The causes of this excess mortality are not clear and could be biological (genetic susceptibility), medical (due to association with diseases such as hypertension and diabetes which are risk factors for poor outcome from covid-19), or sociological (due to employment and working patterns that increase risk of exposure and transmission).