

**REPORT OF THE SSCIENTIFIC RISK ASSESSMENT SUBGROUP
CHAIR: PROFESSOR KESHAV SINGHAL MBE
AUGUST 2021**

Executive Summary

1. It became obvious early on in the pandemic (March 2020) that Black, Asian and ethnic minority populations were disproportionately affected by higher mortality.
2. Various organisations including British Association of Physicians of Indian Origin (BAPIO) and Race Council Cymru (RCC) brought this to the attention of the Welsh Government.
3. Reports from the King's Fund, Office of National Statistics (ONS), Intensive Care National Audit & Research Centre (ICNARC), and Institute of Fiscal studies and the Nuffield Foundation confirmed these observations.
4. In addition to ethnicity and social behaviours, certain comorbidities were seen to have an impact on the mortality also.
5. In response to these concerns the Welsh Government proactively set up a Black, Asian and ethnic minority Covid-19 Advisory Group under the Chairmanship of Judge Ray Singh CBE and Dr Heather Payne.
6. Two subgroups of this group were set up. A Socio-economic subgroup chaired by Prof Emmanuel Ogbonna and a Scientific Risk Assessment subgroup chaired by Prof Keshav Singhal MBE (setup on 29th April 2020). The Risk Assessment subgroup was tasked with developing a risk assessment tool for use by NHS and Social care staff.
7. The Risk Assessment (RA) subgroup decided to take a pragmatic approach developing a simple, easy to use and self-administered Covid-19 risk assessment tool (RA tool). Within one month the RA tool was made available to minimise avoidable risk and protect lives, to keep health and social care staff safe during the peak of the pandemic.
8. The first version of the RA Tool was prepared within 2 weeks of the group's constitution and the final version was launched by the Welsh Government for use by all NHS/Social care staff on 27th May 2020 by the First Minister of Wales. (<https://gov.wales/launching-risk-assessment-support-bame-workers>)
9. The RA tool has kept pace with emerging evidence over the last year with only minor modifications and has proven to be robust and fit for purpose. **93.8% respondents felt that the tool correctly identified their risk level for Covid-19.**
10. The RA tool has provided confidence to the public sector workers to manage their risks and continue working, helping to sustain the NHS and public services during the second wave of the pandemic. More than 71,000 NHS/Social care employees and over 74,000 public sector employees have used the online version of the tool, with an estimated 45,000 additional paper versions downloaded and used.

4. Identify age, sex and ethnicity clusters and their overlap with comorbidity clusters
5. Prepare a simple risk assessment matrix which would be easy to use and self-administered encouraging the maximum number of people to use it.
6. Engage all stakeholders in the development process including wide consultations with BAME advocates and community groups, Unions and professional associations like the British Medical Association and the Royal College of Nursing.
7. Prepare an online version linked to the electronic staff records and E-learning Wales
8. Continually monitor ongoing research and adapt the risk assessment tool as required
9. Collect data on an All-Wales basis particularly to identify concordance between the risk assessment given by the tool and the individual perception of their Covid-19 risk.
10. Monitor ongoing risk assessment tool development in other UK Nations to identify learning points.

This approach was different to that adopted by the other UK Nations who relied on a data intensive approach. The RA Sub-group was however conscious about the need of developing the RA Tool at pace to save lives and decided to rely on the abundance of data already available to quickly produce a simple to use tool.

The group met weekly at formal meetings and would work on a daily basis in its urgent efforts to prepare a definitive tool as soon as possible.

Intangible Factors probably a complex set of economic, social & cultural factors

The risk assessment subgroup realised that apart from ethnicity and comorbidities, there were a number of intangible and less obvious factors as under which were being dealt with by the Socio-Economic Subgroup of Prof. Ogbonna. The various observations and hypotheses included the following.

1. Pakistanis, black Africans and black Caribbeans are over-represented among key workers overall.
2. Working age black African being 50% more likely to be a key worker than a white British working-age person, and nearly three times as likely to be a health and social care works
3. Facing bullying and microaggression regarding PPE availability.
4. Members of racial and ethnic minorities may be more likely to live in densely populated areas

5. Racial residential segregation is linked with a variety of adverse health outcomes and underlying health conditions
6. multi-generational households
7. More Reluctant to speak out & ask for PPE
8. Less likely to be heard, if they raise concerns
9. Locums, high risk in patients areas, Unsafe rotas, ? Less breaks
10. Relatively poor state of health working long hours, lack of exercise, financial stress, and work-related stress.

The risk assessment subgroup therefore decided to focus attention on tangible risk factors which had already been published in various studies and scientific papers as discussed above, which would lend themselves to immediate mitigation.

Clinically Extremely Vulnerable - Automatic scoring of 7 (Very High Risk)

In keeping with the ethos of simplicity, all those over 70 and those who had been sent shielding letters (Clinically extremely vulnerable) were automatically assigned a score of 7 (very high risk) and advised to work from home. This group of people included those with the following conditions

1. Solid organ transplant recipients
2. People with specific cancers:
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - People with 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
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD)
4. People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological).

5. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).
6. People on immunosuppression therapies sufficient to significantly increase risk of infection.
7. Pregnant women with significant heart disease, congenital or acquired.
8. Children up to the age of 18 with significant heart disease, congenital or acquired.

First Version of the Risk Assessment Tool developed – 13th May 2020

On 13th May 2020, less than 2 weeks from its inception the risk assessment group submitted the first draft of the tool to the Welsh Government for consideration. The tool was further tweaked over the next 2 weeks and the final version was launched by the First Minister Prof Mark Drakeford MS on 27th May 2020

https://drive.google.com/file/d/1X8OIXTbTPQmmafpt3HAn_UjKWPvaXwnz/view?usp=sharing

Other Risk Assessment tools across the UK and the world:

Members of the Risk Assessment group particularly Dr Heather Payne Senior Medical Officer Wales, Ronan Lyons of SAIL and Daniel Thomas of NHS Wales were in regular contact with the similar groups in other UK Nations. Following discussions, it became clear that the Oxford group in England were focussing on a data intensive approach preparing a risk assessment tool which would be linked to the patient's medical records and would require to be administered by a health care professional, whereas the Scottish approach was to assign an age score to each comorbidity thereby calculating the Covid age which would guide the degree of risk.

The All Wales Covid-19 Risk Assessment subgroup decided following consultations that their own pragmatic approach which would allow everyone, including members of the public to risk assess themselves would be best suited to Wales and allow greatest penetration and almost universal use of the tool.

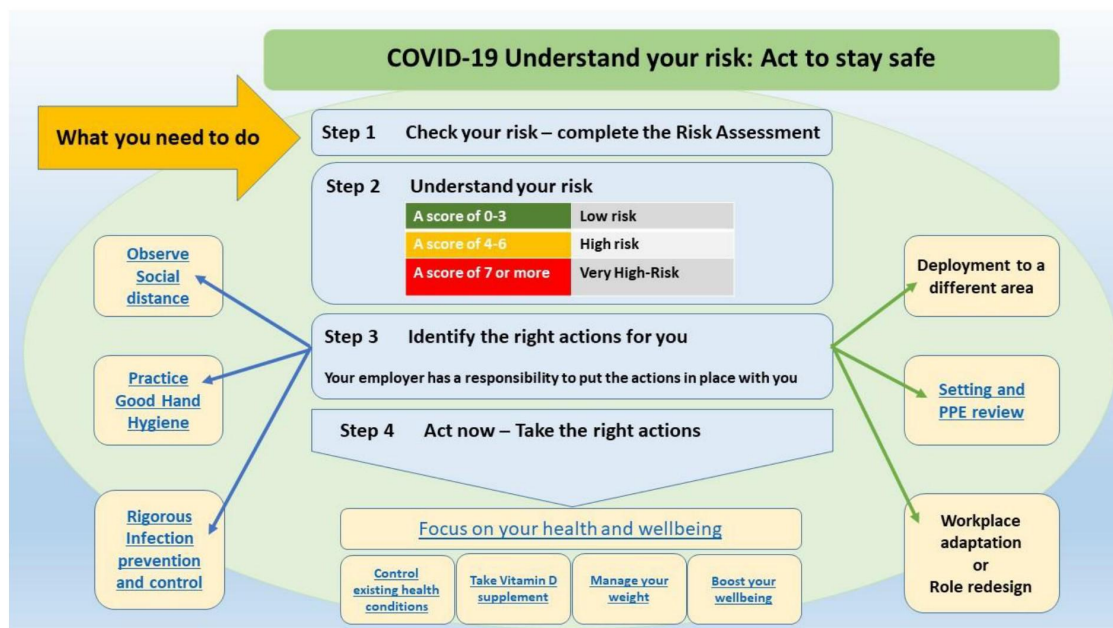
Controversies and discussions:

A number of risk factors were keenly debated both within the group and with stakeholders. These included Sickle cell trait, mild asthma, controlled diabetes, increased score for BAME females, particularly black and Pilipino females, increase weightage for over 60s, differential weightage for different ethnic groups, pregnancy etc.

The group engaged additional experts (Annex 3), including patient and representative groups to discuss individual issues. In some instances, like sickle cell

Chronology of actions:

| Date | Activity |
|----------|--|
| 21 April | Minister for Health and Social Services Written Statement: COVID-19 and BAME Communities on the emerging evidence of the disproportionate impact that COVID-19 is having on some individuals from Black, Asian and Minority Ethnic (BAME) backgrounds. |
| 29 April | BAME Covid-19 Expert Advisory Group weekly meetings commence. |
| 1 May | Dr Andrew Goodall CBE , endorses the use of an existing Risk Assessment Tool developed by Aneurin Bevan University Health Board (ABUHB) as an immediate way forward and directs Chief Executives and Chairs in this approach recognising and making clear the expectation that further advice arising from the work of the Risk Assessment Subgroup would be implemented without delay. |
| 2 May | Minister for Health and Social Services Written Statement: COVID and BAME – measures to protect the Health and Social Care workforce welcoming the Joint Statement made by NHS Employers, the Association of Directors of Social Services, Trade Unions and making clear the need for a precautionary approach as the evidence base for the differential impact of COVID-19 on health and social care workforce continues to evolve. |
| 5 May | Covid-19 BAME Risk Assessment Subgroup weekly meetings commence. |
| 26 May | Minister for Health and Social Services Press release Wales BAME Covid-19 health advisory group takes a cross-Government approach |
| 27 May | First Minister Written Statement: All-Wales COVID-19 Workforce Risk Assessment Tool The Workforce Risk Assessment Tool is made available as a pdf on WG website, for immediate use across the NHS and social care |
| 10 June | Targeted Digital media campaign commences  |
| 10 June | Links to the pdf version of the Workforce Risk Assessment is included within education guidance published on 10 June. The Risk Assessment used across Wales to support return of staff to schools ahead of re-opening on 29 June. |
| 22 June | The Tool was made available on the Learning@Wales e-learning platform . In the first week around 700 people completed the Risk Assessment The Learning@Wales platform, also provides access to a range of other e-learning modules that are relevant including infection prevention and control. |
| 30 June | An animation describing how to use the Tool made available in English and Welsh provided on YouTube shared through BAME networks as well as formal comms channels, this continues to receive much positive feedback. ENGLISH: https://youtu.be/3N6-BypH840 WELSH: https://youtu.be/rQdLZiNqT2U |



All Wales COVID-19 Workforce Risk Assessment Tool

Who needs to use this tool?

There are already well established arrangements and guidance for people who are in a 'Shielding Group' who should be staying at home or who are considered 'Vulnerable' according to Public Health guidance and so should already be maintaining strict social distancing. This tool does not apply to these individuals as following existing guidance already mitigates the risk they face.

Shielding groups (Very High Risk) and Vulnerable Groups (High risk)

Everyone who is considered to be extremely vulnerable to Covid-19 infection will have received a 'shielding' letter from the Chief Medical Officer for Wales Dr Frank Atherton, setting out the steps you should take to protect your health. These are known as "shielding" measures and advise staying at home until a further announcement is made, so this risk assessment is not necessary.

Vulnerable groups (adults who would normally be offered a flu jab for health reasons) are at higher risk and are advised to maintain strict social distancing. Appropriate adjustments to their role, redeployment or medical suspension should already be in place for these individuals.

Pregnant women may be particularly vulnerable and must not work in direct patient-facing roles beyond 28 weeks.

Important note – if you are of a Black, Asian, Minority or Ethnic (BAME) background and under 28 weeks pregnant

New information about pregnant BAME women indicates that they are at considerably increased risk throughout their pregnancy and so should avoid face-to-face contact with COVID-19 cases. This means no front line work where there is sustained community transmission.

All Wales COVID-19 Workforce Risk Assessment Tool – confidential once completed

How to use this Tool

The Tool asks a number of questions about you that are designed to identify whether you are at a higher risk from Covid-19. It asks some questions about your health, weight and ethnicity which may increase your risk of serious illness following an infection with Covid-19.

You may know the answers to the questions yourself, but if not you can discuss this with your line manager, workforce team, union representative, Occupational Health or advocate.

You may also want to consult your GP about the health conditions that are listed.

Please complete the questions and add up your score.

COVID-19 Understand your risk: Act to stay safe

We will continue to develop and improve the All Wales COVID-19 Workforce Risk Assessment Tool. If you have any comments or queries on the use or to improve the tool please email HSS.Covid19.WorkplaceAssessmentSubGroup@gov.wales

All Wales COVID-19 Workforce Risk Assessment Tool – confidential once completed

Step 1

Check your risk

Consider each risk factor that applies to you and total your score

| Risk factor | Score |
|---|-------|
| Age – Covid-19 seems to have a bigger impact on people who are older | |
| • If you are aged between 50-59 | 1 |
| • If you are aged between 60-69 | 2 |
| Sex at birth – Covid-19 seems to have a bigger impact on males than females | |
| • Male | 1 |
| Ethnicity – Covid-19 seems to have a bigger impact on people from some ethnicities | |
| • Do you identify as one of the BAME or Mixed race groups as set out in this link | 1 |
| Existing Health conditions (Comorbidity) – Covid-19 seems to have a bigger impact if you already have other pre-existing health conditions. You may want to speak to your GP if you are not sure about these questions | |
| • Cardiovascular disease | |
| Are you on any treatment for Hypertension (high blood pressure), Atrial Fibrillation (Irregular heart rate), Heart Failure, Previous MI (had a heart attack), had a stroke, or Transient Ischemic Attack (mini stroke) | 1 |
| • Diabetes Mellitus Type 1 or 2 | 1 |
| • Chronic lung disease (including asthma, COPD, interstitial lung disease) | 1 |
| • Chronic kidney disease (any stage 1-5) | 1 |
| • Sickle cell trait, Thalassaemia trait or other haemoglobinopathy | 1 |
| Obesity – Covid-19 seems to have a bigger impact if you are overweight | |
| This link will help you work out your BMI – if your BMI is more than 30 OR If your waist circumference is: | |
| • South Asian Female more than 33 inches (84cm); Other BAME or white Female more than 34.5 inches (88cm) | 1 |
| • South Asian Male more than 35 inches (89cm); Other BAME or white Male more than 40 inches (102cm) | |
| Family history – Covid-19 seems to have a family susceptibility for some people, especially twins | |
| • Has a member of your immediate family (parent under 70, sibling, child) been in ITU or died with Covid-19 | 1 |
| Total score | |

All Wales COVID-19 Workforce Risk Assessment Tool

29/06/2021

All Wales COVID-19 Workforce Risk Assessment Tool

Introduction

This Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact with the COVID-19 virus.

We want to help you understand whether you may be at greater risk and to help you and your line manager to choose the right actions for you based on your level of risk.

Your employer has a duty of care to protect your health and safety at work and this includes understanding if you are at extra risk from COVID-19. This duty of care includes ensuring an equitable approach for all staff regardless of ethnicity or any other protected characteristics.

The next page sets out an overview of the risk assessment process. It has links to the latest guidance and information on the basic things that everyone can do to reduce their risk of COVID-19 infection, as well as the things that employers must do to support people who work for them.

Please use the resources as well as the Risk Assessment Tool to get the best results.

All Wales COVID-19 Workforce Risk Assessment Tool – confidential once completed

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You may know the answers to the questions yourself, but if not you can discuss this with your line manager, workforce team, union representative, Occupational Health or advocate.

You may also want to consult your GP about the health conditions.

Please complete the questions and add up your score.

You should now arrange a time to discuss with your line manager. This may include a discussion with Occupational Health.

COVID-19 Understand your risk: Act to stay safe

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| • If you are aged 60-69 | 2 |
| • If you are aged 70-79 | 4 |
| Sex at birth – COVID-19 seems to have a bigger impact on males than females | |
| • Male | 1 |
| Ethnicity – COVID-19 seems to have a bigger impact on people from some ethnicities | |
| • Do you identify as one of the Black, Asian and Minority Ethnic or Mixed race groups as set out in this link | 1 |
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