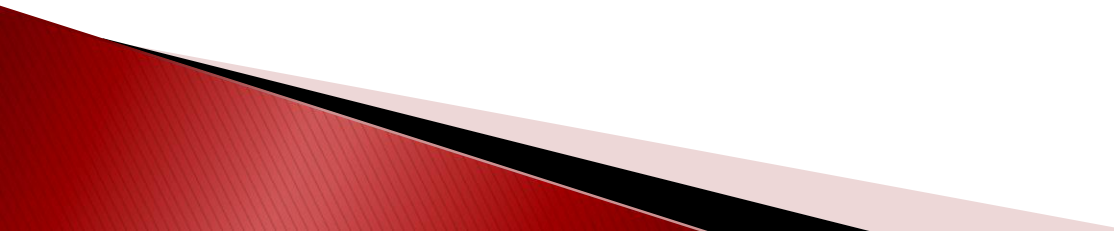




COVID-19 and BAME

Challenges faced by TSSA

Introduction

- ▶ Background
 - ▶ TSSA's work with various industry groups
 - ▶ Examples of how it is being implemented
 - ▶ Difficulties encountered
 - ▶ Questions
- 

Background

- ▶ PHE England Reports (June and August 2020 (Disparities and Outcomes Report)– found:
 - 50,000 excess deaths (20th March–17th May 2020) – highest amongst Black and Asian communities
 - Factors in increased risk of death = Comorbidities (eg, diabetes, hypertensive disease (21%v45%), age, BMI, sex, social deprivation, access to health care, region
 - Death rates from COVID–19 were highest among people of Black and Asian ethnic groups. Compared to White British:
 - Bangladeshi – 2x as likely to die
 - Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black – 10% to 50% higher risk of death


TSSA's work with various industry groups

- ▶ Railway Industry Coronavirus Forum (RICF)
 - Set up in March 2020 and includes railway TUs, Network Rail and TOCs with ORR and RSSB.
 - Various 'principles' agreements reached on an industrywide basis – eg, Emergency Working (CEV/Shielding), Social Distancing, etc
 - BAME Employee Principles
- ▶ Why principles?
 - General principles (framework) that apply across industry
 - Employers implement measures in their company within principles
 - Use of risk assessments
 - Company level and/or local consultation (SRSC 1977 Regs, Health and Safety (Consultation with Employees) Regs 1996)

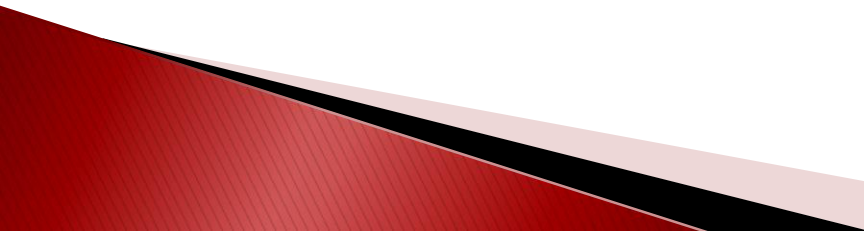
BAME Employee Principles

- ▶ Network Rail and TfL ahead of the game
- ▶ BAME first discussed at RICF 21st May 2020
- ▶ BAME Working Group initial meeting 10th June
 - Chaired by NR Diversity and Inclusion Director
 - Involved NR, TOCs, TfL and includes TU reps
 - Objective to establish principles and process as basis for RSSB industrywide guidance
- ▶ Four meetings (TSSA member input) but TOCs decide on different approach at third meeting
- ▶ RSSB “*Good Practice Guidance: Assessing employee vulnerability to Covid-19*”

What is the aim of the Principles?

- ▶ To facilitate an individual's awareness of their potential risks and reduce disparities by improving accessibility to an Occupational Health (OH) professional who can undertake a full clinical risk assessment and advise on appropriate controls
 - ▶ Guidance introduces 19 principles to consider when undertaking individual vulnerability risk assessments
 - ▶ Guidance aimed at BAME employees and considers factors like age, BMI, sex, etc (Covid Age estimates vulnerability)
 - ▶ ALAMA risk assessment with clinical judgment/guidance
 - ▶ Proposes a simple process
- 

Examples of how it is being implemented

- ▶ NR and TfL – online system/process and individual health risk assessment. Invitation to participate. Colour lights. Measures
 - ▶ C2c – TSSA instrumental in pushing (Nov 20 agt)
 - ▶ Northern and GWR use of Individual health risk assessment
 - ▶ Monitoring committees – LNER (risk assessment development)
 - ▶ GTR – individual and workplace risk assessments in place (consultation on)
 - ▶ Greater Anglia – Online risk assessment form
 - ▶ MTR Crossrail – forum and risk assessments
 - ▶ WMT – forum
- 

Difficulties encountered

- ▶ TOCs adopted a rearranged set of principles as part of existing risk assessments – but excluded rep accompaniment
- ▶ Are they doing anything?
 - Invisibility of processes in place – but have they implemented appropriate risk assessments?
 - Claim they have no knowledge – but challenged!
 - Delays to introducing risk assessments?
 - Apparent reluctance to supply information
- ▶ TSSA organisers pursuing in companies
- ▶ Listed for RICF discussion

Any questions?

