WORKERS' MEMORIAL DAY \$28TH APRIL Remember the Dead: Fight for the living



Defend:

Our right to be human .....Our right to look after our health and that of our families .....Our right to not be made ill by work

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Defend our right to:

...be treated with dignity and respect .....be treated as a responsible adult .....privacy ..... involved in making decisions which affect our lives and that of our workmates and families





Defend our right to not be:

...made sick by work .....sacked for being sick being replaced by someone who will in turn be made ill .being unemployable because of . . . . . . . . . . . . . . having been sacked for being sick .....being labelled a 'scrounger'

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Union workplaces are safer workplaces!

Government guidance and employer sickness absence schemes are most often a

#### **Prevention Free Zone**

The best way to cut sickness absence and reduce benefit payments is to pay reasonable wages, employ people for reasonable hours, ensure that work does not injure or make people ill

Research shows 20% of sickness absence is work related (Hazards 85)

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Some sickness absence policies have reached absurd levels with people potentially disciplined for taking 3 days a year off..

.....with little or no discretion for managers

.....with inadequate protection for workers with disabilities and chronic ill health

What is this like for workers? See

<u>www.mssociety.org.uk/forum/everyday-living/sick-pay-george-osborne-etc</u> (second post 'hunny')

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4.1 days off a year is not skiving or misconduct (Canada Life Group Insurance, 2013)

Research indicates that up to 80% of people think they have been made ill by people coming in while ill (Canada Life Group Insurance, 2013)

Research shows that more productivity is lost through people coming in ill than through sick leave (Stewart, F and others 2003, quoted in Hazards 85)

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Research shows that people work more extra hours unpaid than they take off sick (TUC, 2013 quoted in Hazards 122)

Doctors argue that short term absence may be healthy coping behaviour (Kivimaki M and others, 2003, quoted in Hazards 85)

Glasgow City Council Unison reports 46% of rep's time is spent on sickness absence (Donohoe, S., 2013, Glasgow City Unison)

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Part of our job as union reps is to look after the people picking up the pieces in the workplace because employers – through their Lean Management – have no provisions for cover

- A Lothian TGWU Not for Profit sector stress survey showed a key cause of stress was lack of cover (TGWU 7/148 and Lothian NHS, 1996)
- Part of our job is to work with others in the team to build understanding and support for a person with ill health problems
- We should be thinking about the possibility of Reasonable Adjustments making the workplace better for all

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We have examples from the private sector, the NHS, Local Government and the Not for profit sector of Sick Pay being cut. TUC surveys show 16% reporting they go to work ill because there is not sick pay (TUC, 2013 quoted in Hazards 122)

What does that mean for workers...?

SSP will now no longer be index linked

US research shows that lack of sick pay will lead to lack of preventative and early treatment for workers and their families with the personal and economic costs that brings..

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# Union workplaces are safer workplaces!

Sickness absence management is a key bargaining issue Safety and sickness are linked so H&S reps have the right to be consulted

#### What is our agenda?



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# Union workplaces are safer workplaces!

#### What is our bargaining agenda?

Full negotiation; full involvement of reps at all stages. Sickness and safety are linked, so safety reps have a right to be consulted



Separation of sickness absence and disciplinary procedures Emphasis on prevention – first thing to consider is has work impacted on ill health; always consider 'is a new RA needed'

Sickness not treated as misconduct

Adequate levels of sick pay

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# Union workplaces are safer workplaces!

#### What is our bargaining agenda?

Reasonable targets with a minimum calculation period of a year

Management discretion but with training and monitoring

Clarity regarding exemptions, eg disability chronic illness, pregnancy, operations

Clarity about contact when off – by whom, when, how, representation..



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# Union workplaces – are safer workplaces!

#### What is our bargaining agenda?

Clarity and agreement on how sickness absence data will be used

- Clear procedures regarding medical referral
- Rehabilitation/ phased return to work (on full pay)
- No incentives for attendance (eg bonuses, increments)
- No use of statistical, rigid 'tolerance' days

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# Union workplaces are safer workplaces!

#### What is our bargaining agenda?

Other policies alongside:

Flexible working

Compassionate/special leave

(also, drug and alcohol policies, bullying and harassment....)

But also remember Phil Taylor's 'trinity' of attack: Performance management, Lean management, Sickness absence management (all the same struggle)

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We are not asking for the moon! ACAS Guidance - example policy

'As a responsible employer we undertake to provide payments to employees who are unable to attend work due to sickness. (See the Company Sick Pay scheme.)

We will support employees who have genuine grounds for absence for whatever reason. This support includes:

- a. 'special leave' for necessary absences not caused by sickness
- b. a flexible approach to the taking of annual leave
- c. access to counsellors where necessary
- d. rehabilitation programmes in cases of long-term sickness absence.'

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### This workshop not about OH, but we need to know what we want from OH and fight for it

Independent/ preferably through NHS

- Multidisciplinary including good integration of primary care services
- Rapid access/self referral
- Face to face not through call centres
- Prevention is priority not just for those already injured or ill but those with concerns about the possible impact of work on health
- Ability to go into the workplace
- Worker focussed

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#### Union workplaces are safer workplaces!

Referral to Occupational Health

Protection of human rights and privacy...Medical records (Access to Medical Records Act 1988)



