

Contents

- 1 TUC Day of Action on Health & Safety**
 - 2 Occupational Health provision in FE colleges**
 - 3 It's good news week - a couple of successes**
 - 4 Fast-track claims process for workplace injuries a step nearer**
 - 5 Work stress has adverse effects at home**
 - 6 Dame C. Black – Upsets and Failures**
 - 7 Quiz night at IOSH**
 - 8 Anti-stress and bullying: forthcoming activities**
 - 9 HSE publications**
 - 10 Health & Safety courses**
-

1 TUC Day of Action on Health & Safety

Workers Memorial Day, 28th April 2012, is the day that the TUC has designated as the Day of Action on Health and Safety, as part of the campaign against the government's actions to reduce regulation, standards and the enforcement of occupational health, safety and welfare. That can only mean more injuries, more ill-health and worsening conditions. In keeping with the principle that Workers Memorial Day activities should be organised at regional, local and workplace levels, there is no national TUC event that day. The TUC website has pages for activity reporting at <http://www.tuc.org.uk/workplace/tuc-20489-f0.cfm>; and this records local activities that are due to take place. Please visit that to find out what is going on near you, and please log-up any activity your branch or LA organises or is involved in.

This is the best link for WMD 2012 Resources:

<http://gmhazards.files.wordpress.com/2011/06/resources-for-workers-memorial-day-20121.pdf> Please circulate and publicise as widely as possible.

We need to get people out to WMD events and to get them lobbying MPs and only have 7 weeks to go. The Resources listed will help you to do so this.

For further information and support please contact mail@gmhazards.org.uk

2 Occupational Health provision in FE colleges

The Association of Colleges has launched a new service agreement for the provision of occupational health services to its members. They say that many colleges were dissatisfied with the costs and level of occupational health service provision from their providers. This framework agreement allows colleges to choose a range of OH services that best meet their needs from a list of 6 approved suppliers for a fixed price, with possible further discounts. The framework covers both on-site and off-site occupational health provision.

The six suppliers who have signed-up to this are:

- Cambridge Health at Work
- Anglia Support Partnership
- Firstcare Ltd
- Hobson Health Ltd
- IMASS
- Orchard Health

Cambridge Health and Anglia Support are NHS organisations; Cambridge as part of NHS Plus, the NHS occupational health provider; Anglia Support offer a range of financial and other services to NHS trusts including OH, but are currently in the process of awarding a management contract to Serco, an organisation that has grown huge and rich by taking over privatised public services, so is this another slice of backdoor NHS privatisation?

Firstcare Ltd describe themselves as "The industry leading absence management service"; Hobson, IMASS and Orchard also provide absence management services. Strangely the IMASS brochure is full of photographs of the bodies of attractive young people without clothes. Is occupational health about nakedness? None of the others seem to think so.

Occupational health providers assist the employer to meet the duties imposed on them in relation to the health of employees, a legal requirement under Regulation 7 of the Management of Health & Safety at Work Regulations; Under the SRSC Regulations Reg 4A(1)(b) employers have a duty to consult with TU safety reps on such appointments. It is also a measure which may substantially affect the health, safety or welfare of employees, particularly health and its consequences, so a second duty to consult under SRSC Regulation 4A(1)(a). As you all know, HSE also gives much more general guidance about the importance of employers consulting trade union safety reps.

Many UCU members and activists view occupational health provision with suspicion, as a management tool to discipline workers for being absent through sickness, or provide justification for sacking people who have suffered long-term sickness, especially that caused by work-related stress.

UCU believes that occupational health should be a service provided for workers to ensure they don't work in an environment that damages their health, and to tell

employers what they need to do to ensure that work is health-risk free. That means occupational health service provided without restriction or charge; worker-focused and responsive; aimed at helping rehabilitation; and making recommendations to employers on positive action to improve working conditions. It is important that recommendations can be made to the employer without fear that the OH employee, or contracted service provider will be victimised in some way.

OH service provision and review should be under at least joint control as the least-worst option; it is unlikely an employer would negotiate away their ultimate control. HSG 257, 'Occupational Health Services in Higher & Further Education' (HSE; 2006) doesn't really do justice to the role of trade union safety reps in all this, despite being dedicated to the only trade union member of the group that drafted it. It doesn't even remind employers they have to consult with trade unions over the appointment of competent persons appointed by the employer, under the Management Regulations. You can download a free copy, if you think it's worth it, from <http://www.hse.gov.uk/pubns/books/hsg257.htm> . It's showing its age, with reference-back to the now defunct (and largely failed) 10-year "Revitalising Health & Safety strategy" launched by John Prescott in 2000 as a sop to those of us who were demanding some real government action to improve regulation and enforcement.

We recommend that Branches take-up issues around OH provision with their employers. If your employer is thinking about changing their OH provider, or if Branches are unhappy with the current provision, you should insist on being effectively involved in any decision-making process, and there should be proper discussion and negotiation about what happens. The same goes for local associations and branches in HE.

3 It's good news week - a couple of successes

It's always good to report successful safety reps action, so here are a couple of small victories, but hugely important for the members concerned.

Case 1: Over a period of months, a member was subjected to persistent and violent abuse and threatening behaviour from a group of students, and after formally complaining to managers, was fobbed-off and got little support. Despite being asked directly, management failed to provide any classroom assistance to help with the situation, or deal effectively with student behaviour problems or take any other effective action to protect our member. Our member reported being very shaken and distressed by what had happened, and felt undermined by the things students had said, and by the lack of support from management. The situation deteriorated to the point where our member felt not just anxious, but actually scared of going into the classroom, and very demoralised. Managers repeatedly ignored complaints; at one point the local manager told other staff that the group concerned were perfectly well-behaved when she was with them.

It took the employer the best part of a year to finally resolve this problem, with our member taking sick leave because of the stress it had caused. The Branch took a formal grievance which was resolved completely in our member's favour, with the employer accepting responsibility for what happened and apologising, and agreeing to put a number of appropriate measures in place to help improve

working conditions, and to take further action on our members sick pay and absence record.

Case 2: Without any prior consultation with UCU, university managers issued an instruction that all marking of student exam scripts would in future have to be done electronically. Members were concerned about this, and raised the issue with UCU reps, and the case was taken up by the Branch. They alleged failure to consult under the SRSC Regulations (Reg 4A(1)(a) & (e) on the grounds that this was a change that had the potential to have a substantial impact on the health of our members (by increased DSE use and the risks associated with that) and to argue that a such a change in the work system was the introduction of a new technology. Any HSE Inspector would also have told the employer that this significant change in working practice would require a new risk assessment to be conducted.

The Branch challenged the pro V-C in a meeting where she denied that it was 'mandatory'; the Branch produced an email from a Faculty Registrar which said all lecturers had to do online marking unless there were very exceptional circumstances. The pro V-C had no response, and the Branch informed her that they would e-mail all our members to tell them it was not compulsory. The Branch reports that the faculty office has now been besieged by academics requesting hard copies of scripts, and they feel that a real success has been achieved for the benefit of our members.

As our reps at both these institutions have said, victories, even small ones, make the job worthwhile. They also encourage others, so please let us have more good news stories to publicise, to jbamford@ucu.org.uk

4 Fast-track claims process for workplace injuries a step nearer

The Government plan to introduce a streamlined process for handling employers' liability claims has moved a step closer. In response to a consultation paper, *Solving disputes in the county courts*, the Government intends to introduce a scheme to cover such claims as part of a package of measures to reform the civil-justice regime.

However, it also acknowledges that concerns in relation to issues of causation and contributory negligence – as expressed by Professor Löfstedt in his review of health and safety legislation – and the prime minister's plans to reform the law on strict liability in civil health and safety cases to reduce costs – i.e. lawyer's fees - mean that further consultation with stakeholders will be required.

Cameron has made reference to the road-traffic accident personal-injury (RTA PI) scheme as a basis for a personal injury scheme for minor cases. The RTA scheme was set up to handle relatively small claims and control legal costs, which are pre-set in a way that encourages early settlement. The Government also plans to increase the financial limit of the RTA PI scheme from £10,000 to £25,000. The Association of British Insurers (ABI) welcomed the Government's announcement, while the Association of Personal Injury Lawyers (APIL) warned the Government to slow down, claiming there were significant weaknesses in the RTA PI

scheme that shouldn't be passed on to any new work-related personal injury scheme. Read more here:

<http://www.shponline.co.uk/news-content/full/fast-track-claims-process-for-workplace-injuries-planned>

5 Work stress has adverse effects at home

Bit of a curate's egg, this survey by the British Heart Foundation (BHF) reported by Workplace Law Network, and the links to the BHF Health at Work programme.

<http://www.bhf.org.uk/healthatwork/>

The survey results show around one in three UK workers say bosses don't care about their happiness and wellbeing in the workplace. That's not really surprising; why should they break the habit of a lifetime? More than two-thirds of the BHF respondents also claim their organisation doesn't offer any opportunities to get fit and healthy; and that over one in ten workers fail to do any exercise on an average working day.

"Almost a fifth of employees rate their daily stress levels as seven out of ten or above. Respondents also reported that stress from work spilled over into their home life and free time." Hooray for this survey report which has managed to get cause and effect the right way round for once, after years of employers claiming that it is external and personal factors that are the primary causes of stress, rather than what happens at work. We are surprised it is only 20%, compared to the results from the latest UCU survey, which shows that over 80% of our members reported their job as stressful or very stressful.

This website is all a little confusing; for the BHF wellbeing at work appears to be solely related to mental health – that mental ill-health in turn being caused by stress – see

http://www.bhf.org.uk/HealthAtWork/wellbeing_at_work/getting_started1.aspx.

Shouldn't they focus on the physiological effects of stress – coronary heart disease and hypertension, for example, only referred-to in passing under 'Eating well at work' and 'Getting active at work'. Isn't this what a HEART foundation study should do? There is a picture of a health & safety manager who I'd say needs to check-out BHF's healthy eating and exercise advice as a matter of urgency.

This is all depressingly familiar, from the Dark Dame's introduction to the Well@work project report (<http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001022>) to the abject failure to focus on poor employer practices as primary causes of work-related stress and other forms of ill-health. The HSE, ACAS, CIPD, the NHS and many others have been plugging the 'business case' for many years. This asserts that healthy workers save (or make) employers money because they are more productive, have less time off, are happier and more contented (but NOT overweight and contented, obviously) and thus have more wellbeing, and are 'engaged' and 'resilient', etc. etc., a message that has been studiously ignored by so many employers in our sector for years. You would think that after years of banging their heads against a brick wall, these endless promoters of 'wellness' or 'wellbeing' based on the 'business case' would move on to some more effective argument. Even the DWP's former 'Workplace Wellbeing Tool' – which enabled employers to calculate the costs of ill-health - was removed from

their website last October 31st to reduce costs – did DWP give up plugging the business case as it was cost-ineffective? But that's now clearly not the case - the DWP has now set-up a new site <http://www.dwp.gov.uk/health-work-and-well-being/our-work/workplace-well-being-tool/>

When will one of these serial apologists for employers come clean and just say that work-related ill-health is more often than not down to poor and unsafe employment conditions, excess workloads and long hours, poor management practices, constant uncertainty generated by repeated change and possible job loss and poor working environments generally, and that employers are responsible for these, and culpable. It isn't likely much will change until these criminal employment practices are stopped. But that is unlikely as, in our sector, the enforcers don't appear to treat these sort of breaches of Section 2 of the Health & Safety at Work Act as criminal activities, and take no action against them.

6 Dame C. Black – Upsets and Failures

a) According to a report on the GP news service Pulse, the BMA wrote a strongly worded response to the Sickness Absence consultation of Dame Carol Black and David Frost.

It warned it was 'concerned about imposing an obligation on doctors to encourage patients back to work': several respondents saw this as possible political capture of good medical practice. The BMA pointed out that any efforts by doctors in this regard should have the patient's interests in mind rather than seeking to help the government's employment strategy.

What is it about government and its toadies? Why would a doctor like Black produce reports and recommendations that undermine the professional standing and role of GP's by questioning their competence to determine long-term sickness absence, and by implication, that they operate in some kind of conspiratorial way with their patients to keep sick and injured people away from work unnecessarily. Remind me, how do you spell principles?

b) Take-up for the Fit for Work Service pilot programme has been significantly lower than expected, according to a Department of Work and Pensions report on the progress of the scheme. It appears that employers aren't interested, and it has credibility problems with GP's.

<http://statistics.dwp.gov.uk/asd/asd5/rports2011-2012/rrep792.pdf>

Following DCB's 2008 review of the health of Britain's working age population, 11 Fit for Work Service (FFWS) pilots were launched throughout Great Britain with the intention of testing different approaches to supporting people in the early stages of sickness absence working in small and medium-sized enterprises to get back to work as quickly as possible.

However by the end of March 2011, 6,726 people had taken up the service offered by the pilots, which is about 40% of the number that the pilots planned for. Two of the smaller pilots had a significantly higher penetration rate (defined as number of cases divided by the employed population) than the other pilots, but most fell well short.

According to the DWP report, the main reasons for the lower than expected take-up were:

- the size of the core client population of long-term sickness absentees may have been overestimated;
- difficulty in generating the expected level of referrals from General Practitioners (GPs) and employers; and
- little success in pursuing general marketing exercises to reach clients in other ways.

The report concludes that GPs remain the most likely route through which FFWS will attract clients from the target group. For that reason, all the remaining pilots are concentrating on increasing their referrals from GPs and taking a more systematic and professional approach to securing their involvement. Effective engagement strategies involved:

- initially engaging with practice managers but trying to meet GPs face-to-face to get the message across;
- establishing credibility by, for example, working with advocates and champions;
- being persistent and maintaining visibility by, for example, meeting clients in GP surgeries;
- providing additional value and ensuring GPs received client feedback; and
- demonstrating the value of the service to GPs generally as well as their patients.

How come this woman is still in post when pretty much everything she has done or recommended is a huge flop? Fit notes - thumbs down from workers, employers and GP's. Fit for Work - 40% take-up. What has happened about the public health responsibility deal? Not heard a whisper about that for months.

It's time to follow AVB, DCB.

7 Quiz night at IOSH

A short and perplexing little quiz from IOSH here – I initially thought it referred to the few quid I have in my ISA. <http://www.lifesavingsquiz.co.uk/> Not sure what it is intended to achieve, but it's only 6 questions, so test your knowledge. You get the correct answers as you go - even I didn't get 100% and I'm supposed to know about these things!

8 Anti-stress and bullying: forthcoming activities

UCU is again working with Gail Kinman, Professor of Occupational Health Psychology at Bedfordshire University, to undertake the biennial stress survey. It is hoped to distribute this to members before the end of March 2012. We need to make sure of a high level response, so please, will all you UCU health & safety representatives

encourage members to take part in the survey this year. We'll remind you all again when it is released.

The Stress and Bullying Working Group has recommended the week of 19th – 23rd November as the date for Anti-Stress and Bullying Week this year. It has been suggested we approach other education sector unions, to see if a combined education sector-wide campaign might be generated, and we will report on that issue later in the year. We also hope to get the other FE and HE unions more involved this year. We'll confirm all the details following UCU Congress.

We have some ideas for a poster for the 2012 campaign, and hope to be able to have some printed copies available at UCU Congress early in June. We have made a request for a fringe meeting on Stress and Bullying at Congress, and hope that UCU health & safety reps who are delegates to Congress will support our fringe meeting, and encourage colleagues to come with them.

9 HSE publications

Just to remind you that HSE have now filled-up the "Other" category for website documents. Publications useful for UCU reps include Violence in the Education Sector, Health and Safety Policies in Education, the VDU Workstation checklist, and guidance on microbiological containment.

<http://www.hse.gov.uk/pubns/books/index-other.htm>

10 Health & Safety courses

Just a reminder that the next UCU Health & Safety starter course begins on Tuesday 13th March – 15th March, at the UCU head office in Carlow Street. The second stage linked to this course is 19th – 21st June. Application form at

<http://www.ucu.org.uk/index.cfm?articleid=4821>

Contact UCU Health & Safety Advice

UCU Health & Safety Advice is provided by the Greater Manchester Hazards Centre, and is available for 3 days each week during extended term times.

The contact person is John Bamford: (e) jbamford@ucu.org.uk

(t) 0161 636 7558

**Visit the [UCU Health and Safety web page:](http://www.ucu.org.uk/index.cfm?articleid=2132)
<http://www.ucu.org.uk/index.cfm?articleid=2132>**