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### **1. RIDDOR changes**

Further changes to RIDDOR came into force on 1<sup>st</sup> October. The Regulations have been substantially re-organised and now look very different. The revised Regulations can be downloaded from <http://www.legislation.gov.uk/ukxi/2013/1471/regulation/4/made>. This document is only the Regulations; the “Guide to RIDDOR 95”, one of the HSE Legal Series (L73) booklets has been withdrawn, so there is no longer any guidance for employers (or union reps either), no summary of duties or the key changes, or the appendices. So hold on to your current copy of L73; the list of diseases and conditions in Schedule 3 of that withdrawn document help to identify conditions covered by the duty in new Regulation 9 – Exposure to carcinogens, mutagens and biological agents.

I am informed by HSE that there are currently no plans to revise and re-issue L73, and that this has been replaced by the RIDDOR pages on the HSE website, which have been updated. It’s my view that these pages are less useful than L73 was, and some of the links – for example to the HSE’s Cancer pages - are not particularly helpful. The PR person at HSE regrets that I don’t think these pages are very informative! It strikes me that this is all part of the pattern of fudging the

level of responsibility that work has to damage our health, by emphasising other factors that are not work-related. See <http://www.hse.gov.uk/riddor/index.htm>  
The list of reportable injuries has been revised and reduced, and is now listed in Regulation 4:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia; any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
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These changes follow on from the changes to the reporting requirement in cases where any injury that results in an absence of more than 7 days must be reported. (Regulation 4) Don't forget that some confusion has been introduced into RIDDOR by the change from reporting injuries that cause more than 3 days absence to those that result in more than 7 days absence. The duty on employers to keep injury records (Regulation 12(1)(c)) applies to any injury that causes an absence of more than 3 days. Safety reps can check that these records are being properly kept, using SRSC Regulation 7 on Provision of information..

The injuries to members of the public that must be reported have not changed. The HSE have issued a limited guidance document at <http://www.hse.gov.uk/pubns/indg453-rev1.pdf>

## **2. Facilities for Nursing Mothers**

We had a recent enquiry about a nursing mother who is returning to work following her maternity leave, and who needs to be able to express breast milk whilst at work. This is an equality issue as well as a welfare matter.

The Workplace Health, Safety and Welfare Regulations 1992, Regulation 25 - Facilities for rest and to eat meals – impose a duty on employers. This requires them to provide suitable and sufficient rest facilities at readily accessible places, and specifically requires that "Suitable facilities shall be provided for any person at work who is a pregnant woman or nursing mother to rest." (Regulation 25(4)) The facility to express and store breast milk should be a part of this rest provision. The ACoP, Paragraph 234 associated with Regulation 25 says that canteens or restaurants can be used as rest facilities providing there is no obligation to purchase food, but this would not be a suitable facility for expressing milk. ACoP paragraph 232 provides that a staff room can be used as a place to eat, providing it isn't contaminated, and there is a suitable surface on which to place food that is clean – so that's your desk. It is pretty obvious that a staff room would not be an appropriate location to express breast milk.

A number of reps have told us that their employers are no longer providing separate facilities for rest and eating, especially in new build - accommodation space is expensive to provide and maintain, so is a target for employers cost saving. Many employers now rely on the ACoP provisions that permit alternatives to proper rest rooms, simply directing staff to use refectories or their staff room as rest areas and to eat meals. (At least one UCU Branch is pursuing a case against an employer who has insisted that kettles, toasters etc. be removed from staff offices on 'elf `n safety grounds'). It isn't at all clear how employers without rest rooms comply with the duty to make suitable arrangements for nursing mothers in such circumstances.

UCU needs to ensure that rest facilities are correctly provided for staff, as formal rest rooms appear to be rapidly becoming a thing of the past. It is important to make arguments around the phrase 'readily accessible' as well – a refectory in another building may be too far away for someone who is not well. UCU should be consulted over new build and refurbishment, and that's our opportunity to make the case to ensure proper rest and eating place facilities are included. One HSE Inspector I asked expressed the opinion that Regulation 25 meant a separate facility regardless of the condition of the workplace, but the HSE is now effectively prohibited from inspecting in workplaces such as colleges now defined as low risk unless there has been a serious incident or injury.

### **3. Re-launched public health responsibility (PHRD)**

The government's attempts to focus on the role employers can play in public health initiatives has been re-launched. This initiative developed from the earlier "work and health" project, which failed to identify and deal with the real problems of workplace health – i.e. those health problems caused by work and employers, and substituted a cheap way of promoting public health issues. Despite taking the heat out of real work-related health matters as far as employers were concerned (as evidenced by the growth of "Wellbeing" committees and other initiatives) it never really took off, and only a few hundred employers signed up to the deal. In HE it is limited to a handful of universities and even fewer colleges have been persuaded. As a consequence, some focus appears to have shifted from proper health, safety and welfare in workplaces to the unholy trinity of wellbeing, engagement and resilience, which many have questioned as manipulative techniques that impose restrictions on criticism of employer objectives determined outside any collegial framework. On this measure, lack of wellbeing stems wholly from individual failings – being overweight, a smoker and a drinker, lack of physical exercise – rather than the poor working environments imposed by employer's actions. The PHRD came up with a series of 'pledges' which employers were invited to sign-up to. Pledges are one of the vehicles promoted by those who use the manipulative "Nudge" techniques – the HSE used it a few years ago, to little obvious effect. There is now a well-established 'Behavioural Insights Team' at Downing Street that promotes the neo-liberal concept 'behavioural economics' and is popularly known as the 'nudge unit'. You can visit their web pages here <https://www.gov.uk/government/organisations/behavioural-insights-team>

The late lamented HEFCE-funded project 'Wellbeing in HE' never took the deal forward effectively despite the encouragement in the project's final newsletter. See Issue 6. Summer 2011 here <http://www.wellbeing.ac.uk/resources/#e-news> for more information.

Let's restate our concerns. When the previous government appointed a Director of Health and Work in 2006, many hoped that this might focus on the work-related factors that cause ill-health, and as a consequence lead to making employers behave a little better towards their staff, improve the overall working environment

and reduce the incidence of work-related ill health, particularly in relation to work-stress and associated illness and absence. Instead, the focus was on the role employers could play in promoting public health; getting employers to do their public health promotion was a canny step that both saved public expenditure, and allows employers to gain some kudos from appearing to take some positive action on health issues.

But it never really took off – perhaps employers themselves were also very canny, and decided to sidestep this particular initiative. Currently, the website claims that there are 570 ‘partners’ signed up to the ‘pledges’ (ONS claims there were 2.10 million businesses registered for PAYE and VAT in the UK in 2010!) -

<https://responsibilitydeal.dh.gov.uk/partners/> – as you’d expect many from the NHS, the Deal’s lead department. There are some strange examples – the drinks industry has obviously organised en masse, with the trade associations, brewers, spirit producers, drinks importers and promoters, distributors of alcoholic drink and pub and restaurants tagging along. Unfortunately there isn’t a pledge that they will stop producing or advertising alcoholic drink that creates so much obesity, ill-health, violence and social disruption, but then you can’t have everything.

UCU has no problem with employers making better facilities available for their workers, and would support initiatives that improve refectory food and provide support to help staff give up smoking. Those employers who go down that road need to ensure they involve the union and our reps in the process, and offer sufficient choices that don’t impose dictatorial changes. UCU members are adults, not children, so employers need to do it **with** us, not **to** us. BUT, and it’s a big but, not where this promotes an alternative focus to the very real need to improve employer behaviour in relation to work-related health issues like stress and more general approaches to all work-related causes of ill-health.

#### **4. Work Foundation thinks return-to-work should be “clinical outcome”**

The Work Foundation, based at Lancaster University, has called on all political parties to focus on the link between work and health, as a priority to reduce long-

term unemployment rates, and to commit to policies that integrate health and work outcomes for people with long-term conditions.

With 140 million days each year lost to sickness absence, at a cost of over £13 billion each year, this is certainly a problem policymakers cannot afford to ignore.

The Work Foundation says work should be introduced “as a clinical outcome” for patients. They say that around 40% of people with chronic conditions such as rheumatoid arthritis leave work within five years of diagnosis, while people with multiple sclerosis leave work on average 18 years before their contemporaries.

<http://www.theworkfoundation.com/Media/Press-Releases/1381/Work-and-health-link-must-be-priority-in-any-efforts-to-reduce-longterm-unemployment-rates>

## **5. Yet another survey finds UK is a nation of stressed workers**

YouGov research on behalf of Westfield Health published on 30<sup>th</sup> September continues to show that the UK is a nation of over-stressed workers subject to excess workloads and long hours, with workers eating lunch at their desks, working overtime and through holidays and sickness.

The ‘Big Work Survey’ questioned 2,011 UK working adults and 520 senior decision makers, discovering that 64% of respondents reported being stressed by their work and that 82% of employees had worked over their contractual hours in the last 12 months.

It also revealed that nearly 90% of UK workers have done their job while being below par, while 59% said that, because of work commitments, they went into work despite being ill. Furthermore, 46% of respondents said that they eat lunch at their desk/place of work, while 54% don’t take breaks (other than lunch) on a typical day, and 29% revealed they have even missed longer breaks by cancelling annual leave because of work pressures.

On a positive note, 59% of managers and decision-makers reported that they considered the health of their staff was ‘very important’.

Further findings from the research include:

- 33% of senior decision-makers revealed their business offered flexible working hours – while 28% discourage flexibility
- 50% of the staff who were offered flexible working said it made them more productive.
- Workers in Scotland were the UK's most stressed (71%) compared to 52% of those in Wales
- 47% of all employees said their employer did not create a 'fun and healthy environment' to work in.

Offering advice for employers, Westfield Health pointed-out that the survey revealed high levels of 'presenteeism' - when people work even though they are unwell or have short or long-term untreated health conditions. This is recognised as a contributor to lost productivity and potential health costs for employers, as a result of staff performing less effectively than normal, feeling unmotivated or making errors due to illness. Steps to improve worker health lead to measurable economic benefits which can be greater than the costs associated with sickness absence, as well as boost staff morale and improve recruitment and retention.

## **6. We still need more and better-informed UCU safety reps**

Local UCU organisations need to ensure that all workplace representatives are aware of the health, safety & welfare (HSW) implications of managerial decision-making across all conditions-of-service matters. There are always HSW implications of any decisions taken or action proposed by employers, and local branches and LA's need to consider these as part of their bargaining response. We need to ensure that negotiators ask the right questions about the HSW impact of employer proposals and actions. This is particularly important around health-related issues like workload and other stressors. We continue to get enquiries about stress-risk assessments with particular reference to excess workload. UCU does have a current campaign on workload, and we promote the annual anti-stress and bullying week – 18<sup>th</sup> – 22<sup>nd</sup> November this year.

The place to get some of the basic information to improve our local organisation around HSW is on the health & safety training course. This is for all UCU reps, not just safety representatives, so please encourage other UCU representatives in your workplace to apply for the H&S course; you might even consider raising the idea (a real “blast from the past”) that all existing UCU reps should also become UCU safety reps – giving us a big increase in numbers. You don’t have to be a health & safety expert to be a health & safety representative; you have to be a representative taking-up problems and issues on behalf of members. Time-off and facility provision for trade union safety representatives is far superior to those for other reps – and a key function for reps is to inspect the workplace 4 times year – giving us a really high profile for the union. Why not raise this at your next Branch/LA committee?

The next H&S Introductory Courses are:

London:	Carlow Street	January 7 <sup>th</sup> – 9 <sup>th</sup> 2014
Manchester	Mechanics	January 22 <sup>nd</sup> – 24 <sup>th</sup> 2014

More information from Karen Brooks – [kbrooks@ucu.org.uk](mailto:kbrooks@ucu.org.uk) Please encourage others to apply.

## **7. NHS bladder cancer campaign**

The NHS is running a campaign on bladder and kidney cancers between 15<sup>th</sup> October and 20<sup>th</sup> November. It will highlight the need for early diagnosis. In both bladder and kidney cancer early diagnosis can considerably increase the chances of survival.

It is estimated that 30% of bladder cancers result from occupational exposure in the workplace to carcinogens such as benzidine. A wide range of occupations are at risk but include printing and motor mechanics and other engineering workers; hairdressers are thought to be at risk as well because of their frequent exposure to permanent hair dyes. The HSE estimate that in the UK there are 550 new cases of bladder cancer caused by occupational exposure with 245 deaths.

The international body on cancers, IARC, also states that there is evidence that exposure to arsenic and cadmium and chemicals used in printing processes can cause kidney cancer. Trichloroethylene is also believed to cause a 40% risk increase for occupational exposure. Trichloroethylene is a degreaser and solvent commonly used in engineering workshops.

<http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/bloodinpee/>

The TUC believes cancer caused by work is considerably under-reported, and has published a guide to occupational cancers at

<http://www.tuc.org.uk/extras/occupationalcancer.pdf> .

**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](mailto:jbamford@ucu.org.uk) (t) 0161 636 7558**