

SICKNESS ABSENCE

**DEVELOPING A JOINT “GOOD
PRACTICE” APPROACH**

A few observations

- Sickness absence is a very sensitive issue for TU's
- TU's often focus on bargaining on Sick Pay agreements i.e. The level of sick pay entitlement
- Absence Management often has less TU involvement
 - ❖ TU's may be reluctant to enter into collective agreements
 - ❖ Employers may also be reluctant (preference for management policies)
 - ❖ TU focus is more often on member representation
- Absence management “policy” can be a source of conflict, mistrust & dispute
- Theme of this presentation:
 - ❖ Developing a wide ranging and holistic **joint** work programme for sickness absence has numerous mutual benefits
 - ❖ Prime objective is to establish “Attendance Cultures” and eliminate “Absence Cultures”
 - ❖ Getting absence rates to acceptable levels reduces employer costs and helps to protect fair and reasonable sick pay entitlements for workers **i.e. win:win**

Pulling and Drifting

EXTREME
All members
must be
protected
regardless



TU pull

Employer pull



EXTREME
All absence
costs must
be removed

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British care company fines workers £50 for calling in sick

Newcross Healthcare charged employees even after absence for car crash injuries


One of Britain's biggest providers of agency care workers has been fining staff who phone in sick £50, raising concerns that frontline employees are being forced to turn up for shifts when they are not fit for work and risk spreading illnesses to vulnerable patients.

An investigation by the Guardian has uncovered evidence of cases in which Newcross Healthcare Solutions has failed to pay its employees if they cancel shifts because of illness without 24 hours' notice, and has also docked money from their pay.

The firm, which employs 7,000 staff across 63 branches providing temporary nurses and care workers for hospitals and residential and nursing homes, made a pre-tax profit of £21m and paid directors an equity dividend of £17m in 2017.

After being contacted by the Guardian, Newcross Healthcare announced it would be scrapping the £50 charge by April 2019. The firm, which said it could not comment on individual cases, also denied workers had wages docked when they were "genuinely ill", but dozens of examples seen by the Guardian suggest otherwise.

FEARS RAISED OVER CHRISTMAS BIN COLLECTION CHAOS AS SOUTHWARK REFUSE COLLECTORS VOTE TO STRIKE

 JOSH SALISBURY (29 November, 2018) **ENVIRONMENT**

The successful strike ballot means rubbish collectors could stage a walk-out within the next six months

Fears have been raised of rubbish collection chaos over the Christmas period after Southwark's refuse collectors voted to strike.

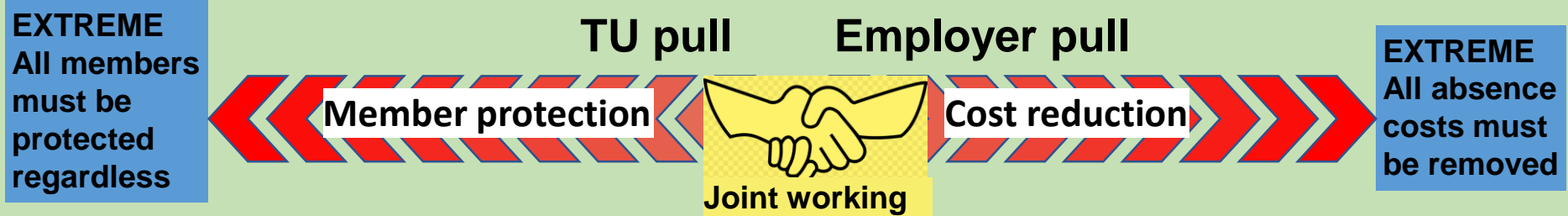
Workers at Southwark's Veolia depot, the contractor responsible for bin collections, voted overwhelmingly for a strike on Wednesday in a row over changes to sickness policy .

Workers at Veolia's Southwark refuse depot voted 92 per cent in favour of industrial action on a turnout of 57.5 per cent.

The GMB union slammed the policy changes as 'draconian' but Veolia has said it is 'disappointed' with workers' decision to stage a walk-out.

Nadine Houghton, a GMB union regional organiser, told the *News*: "We are urging Veolia to get around the table with us because we actually think this dispute can be solved.

Pulling and Anchoring



- Commitment to joint sickness absence work programme
- Agreed acceptable absence target

Understanding the problem: Costs

UNISON Case study – Hospital private contractor

- No of employees = **510**
- Absence level = **12.6%**
- Average absence per employee = **32 days/year**
- **16,241** work days lost to sickness absence/year
- Total sick pay cost = **£1.5m/year** – cost is unacceptable/unsustainable

Costs based on 12.6% absence	
Absence cost	£1,187,583
Trust funding	-£188,700
Agency costs	£446,628
Trust penalty charges	£65,000
Total costs	£1,510,511

Understanding the problem: Costs

UNISON Case study – Hospital private contractor

	Total staff	% staff	Total sick days	% sick days
0-12 days	268	57.6	1,216	10.5
13-20 days	45	9.7	775	6.7
Over 20 days	152	32.7	9,596	82.8
Totals	465	100	11,587	100

- Majority of staff (57.6%) within or near to acceptable absence levels (5% target was established)
- 32.7% of staff account for 82.8% of all absence – main problem is with this group.
- Threat to withdraw sick pay agreement and move to SSP – punishes the majority of staff.

Understanding the problem: Costs

High absence levels have a cost for TU's:

- Employer moves to withdraw good sick pay agreements and replacement with SSP and no pay for 3 waiting days.
- Imposition of absence triggers.
- Offcosting on pay and other terms and conditions
- High levels of member representation on absence issues.
- Member complaints:
 - Inability to get annual leave agreed
 - Changes to shifts and rotas to cover absence
 - Covering work of frequently absent staff
 - Impact on team bonuses and performance
 - Unions defend “shirkers” at expense of wider membership interests

Strong reasons why TU's should seek involvement in sickness absence as a whole.

Understanding the problem: Causes

- Data from UNISON case study – information was shared with TU's

Absence type	No of staff	% of staff	Total days sick absence	% of total absence
Multiple ailments	80	15.7	4,466	27.5
Stress	48	9.4	3,543	21.8
Musculo/Skeletal/Back	34	6.7	2,131	13.1
Serious illness	12	2.4	1,502	9.2
Cold/Flu	140	27.5	1,245	7.7
Hospital treatment	30	5.9	1,162	7.2
Respiratory/Asthma	15	2.9	824	5.1
Cardio Vascular	6	1.2	744	4.6
D&V	35	6.9	187	1.2
Virus	10	2.0	170	1.0
Trip/Fall	10	2.0	118	0.7
Allergy	5	1.0	55	0.3
No details given	5	1.0	54	0.3
Migraine	10	2.0	40	0.2
No absences	70	13.7	0	0.0
Total	510		16,241	

- Patterns likely to be similar in many workplaces

Understanding the problem: Causes

- What happens if management impose SSP or other hard measures as a response?

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- TU dispute
- Possible industrial action
- Legal challenges under Equalities Act
- Encourages Presenteeism

Equalities Act issues

- The solution is to work jointly to address the issues to deal with genuine sickness fairly & to remove casual sickness.

Agreeing absence targets

- Office for National Statistics – national average 4.4 days/year or around 2.2%
- NHS and Local Government – average around 8-10 days or around 3.4%-4%
- For outsourced public sector the 3.4%-4% should be an acceptable range
- At a 4% target in the UNISON case study: cost falls – £1.5m to around £300,000

Absence Management Agreement

- Line management of staff absence – is wholly a management responsibility and function. No joint function here.
- The principles of absence management can be subject to joint agreement however.
- Good absence management would include acceptance of:
 - Employee notification of absence to nominated manager ASAP
 - Regular contact by management during absence
 - Return to work interviews as a requirement
- Triggers?
 - Sensitive issue for TU's
 - Useful in encouraging attendance BUT:
 - Should be fair
 - Genuine illness/absence should not be triggered (i.e. recognised medical issues, requirements not to attend work, workplace accidents etc)
 - Management must be allowed sensible discretion not to trigger – British Gas example.
- Joint training on “Dealing with Absence Management” and requirements under the Equalities Act.
- Should include regular joint monitoring and analysis of levels, patterns and causes of absence
- Analysis is essential to understand what factors are driving sickness absence and how to remedy them.

Dealing with Absence Causes – Mental Health

- TU's have expertise and knowledge in dealing with Mental Health in the workplace.
- TU mental health champions/first aiders exist in a number of workplaces – Work with them.
- Train managers and TU reps in mental health awareness.
- Analyse reported causes of mental health/stress – is **Job Design** an issue for example?
- Incorporate use of effective Occupational Health services in joint programmes.
- Establish support mechanisms for staff with reported mental health issues
- Establish Health and Wellbeing programmes within the joint work programme.
 - TU's can advise on programmes they are involved in with other employers.
- Focus on **prevention** as well as current employee absence

Dealing with Absence Causes – Muscular Skeletal/Environmental

- Involve TU Health & Safety reps in joint programme – trained and experienced:
 - Joint workplace inspections and risk assessments
 - Joint agreement on measures to address hazards and risks and other safety issues
- Manual handling training for management and staff
- Focus again on **prevention** as well as current issues

Dealing with Absence Causes – Hidden Issues

- Childcare/caring is often a key factor in sickness absence – staff report in sick to mask need to be absent for caring responsibilities.
- Consider provision of family friendly policies and leave entitlements.
- Still an absence cost – but better dealt with openly than hidden in sickness absence.

Other things we have done

- Establishment of lead absence manager (Absence Champion) & lead TU rep for absence
 - Allows regular liaison on absence issues and prevents issues from escalating
- Attendance bonuses
 - Paid on team basis for achievement of hitting absence targets
 - Payment should be at a level to be attractive, but not too high
 - Should be part of work programme aimed at culture change/encouraging attendance
 - Should be a temporary inducement not a permanent fixture
 - Relies partly on peer pressure – must be monitored to ensure no bullying/harassment or presenteeism

Communication & Education

- Success of absence programmes depends on staff responses
- Education about the costs and consequences of high levels of sickness absence is important.
- Regular communication is important:
 - To advise about joint work programmes
 - To keep the focus on sickness absence and to encourage attendance positively
 - To reassure staff that genuine sickness will be supported
 - To let staff know that casual absence is not acceptable and will be dealt with

Conclusion

- Recognise that sickness absence is a joint/shared issue
- Aim for the **win:win**
- Absence levels are brought within an acceptable target (3.4%-4%)
- Costs are brought to affordable/acceptable levels
- Fair sick pay entitlements are protected
- Conflict/dispute is removed
- Productivity is improved
- Staff morale is improved