

MINISTERIAL TASK FORCE

ON HEALTH, SAFETY AND PRODUCTIVITY

ONE YEAR ON REPORT

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CabinetOffice

DWP Department for
Work and Pensions



MINISTERIAL TASK FORCE ON HEALTH, SAFETY AND PRODUCTIVITY

"ONE YEAR ON" REPORT

Ministerial Foreword

The joint Task Force and Cabinet Office report on Managing Sickness Absence in the Public Sector was produced a year ago. This report summarises the progress that has been made in implementing our recommendations and with the pilots that we called on departments to set up.

While it is intended to provide the Task Force itself with an overview of the actions being taken to improve attendance levels, we are keen to share our experience with stakeholders whose expertise can help us to learn from experience in both the public and private sectors. Their contributions to our original report were invaluable.

In our original report, we noted that previous initiatives aimed at reducing the number of days lost to sickness absence had not delivered the improvements that were hoped for. So we looked carefully at how we could turn things around.

First, there are strong links between this work and the "productive time" aspects of the wider efficiency agenda that applies across the whole public sector. Recognising the strong relationship between sickness absence, efficiency and productivity has meant that the issues remain high on the management agenda.

Secondly, the Task Force ensures continuing ministerial interest to secure high level commitment and help to embed further management action and progress reporting. We know that good practice exists - there are many examples in this report - and the challenge is to make sure that it now becomes the norm across the public sector. Indeed, there can be no excuse for that not to happen.

There are real signs that our work is already starting to have a positive impact. The most recent figures for sickness absence in both central and local government show significant falls. We are now working to make sure that these improvements are sustained and to build on the momentum that the Task Force has generated.

Finally, we are keen to promote a healthy workforce and healthy workplaces. The Department of Health, Department of Work and Pensions and Health and Safety Executive recently launched the new Health Work and Well Being strategy. The Task Force will play a key part in ensuring that the public sector responds and leads by example.

Lord Hunt
Department of Work and Pensions

Jim Murphy
Cabinet Office

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1 Introduction

1.1 The Ministerial Task Force on Health, Safety and Productivity and the Cabinet Office produced a joint report on Managing Sickness Absence in the Public Sector in December 2004. The Task Force had been established to ensure that the Government led by example in acting to tackle work related ill health. Its report responded to a request by the Chancellor, in the 2004 Spending Review, that it should consider the arrangements for short term self certification in Government departments and long term absences in the wider public sector.

Purpose of this report

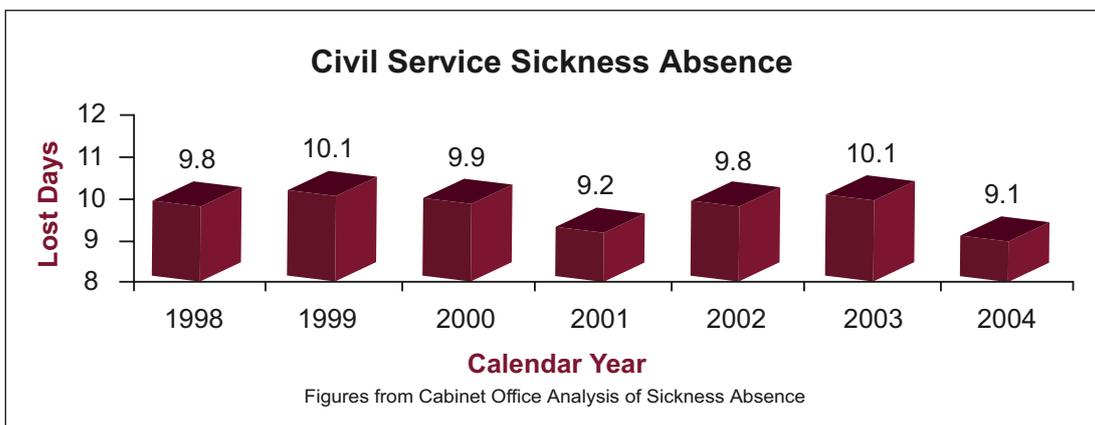
1.2 This report provides a summary of progress against the key recommendations and actions called for by the Task Force. It includes examples of the approaches being adopted, but these are necessarily only a snapshot of the actions in hand. Its purpose is therefore to:

- Report to the Task Force on key developments and areas where further work remains to be done, including issues that have emerged as its recommendations have been implemented;
- Give feedback to stakeholders who have contributed to the Task Force’s work and seek their continuing involvement and support;
- Maintain momentum by stimulating debate about future actions that will deliver sustained reductions in sickness absence as a contribution to improvements in efficiency and productivity across the public sector.

Summary of progress and impact

1.3 Some of the measures we have recommended will take time to work through and we hope to see further reductions in sickness absence across the wider public sector by this time next year. But feedback from stakeholders, including evidence from the CBI’s annual survey of absence and labour turnover, indicates that the recommendations we made, if properly implemented, should be effective in reducing absence.

1.4 There are grounds for believing that our work is already having an impact. Cabinet Office statistics for civil service absence in 2004 show a welcome reduction in the average number of working days lost in 2004 at 9.1 days per member of staff, down from 10.1 days in 2003. 40.2% of staff had no recorded spells of absence, an increase of 4.0%. These figures reflect the increasing management focus being given to attendance issues as part of the efficiency and productivity agendas - the Task Force and stakeholders have noted the importance of sustaining senior management focus if lasting improvements are to be made. Going back to before 1997, around 10 days were being lost to sickness absence for each member of staff in the civil service.



- 1.5** And based on information from Best Value Performance Indicators (BVPI) for local authorities, there are early indications that positive early results are emerging from the effort going into securing productive time efficiency gains. Although the data is unaudited, the **early signs** are that average sickness per member of staff has reduced across all local authorities by approximately half a day. For both the civil service and local government these improvements follow little or no movement for several years previously.
- 1.6** In this report we include aggregate data on trends in each major part of the public sector. The Task Force will continue to work with departments, employers organisations and trade unions to expose the poorest performers and ensure that they adopt the good practice approaches that we have set out.

Emerging conclusions

- 1.7** Our overall conclusion is that action is in hand across the public sector to tackle sickness absence, and that the early indications show that this is starting to feed through into reductions in days lost. But these gains, and the continuing reductions that we want to see, will only be sustained with continuing management commitment and attention.
- 1.8** As our recommendations are implemented, the feedback we have received is that:
- there is a good deal of evidence to suggest that scope remains for innovative approaches on an “invest to save” basis. Improving occupational health provision has produced results in a number of areas;
 - good practice in sickness absence and attendance management is well established, but we need to improve the ways in which it is disseminated and adopted, especially in areas where there is scope for improved performance;
 - this report gives details of some of the specific initiatives and pilots that demonstrate what can be done. These are welcome, but they will have the most impact when they form part of organisation wide approaches, supported by top managers. Indeed, the commitment of public sector leadership is absolutely critical.
- 1.9** We are keen to hear from stakeholders on these questions, and to seek their support for, and suggestions on, measures that will maintain our momentum.

2 Stakeholders and strategic engagement

- 2.1 In the past year sickness absence management has continued to receive management and media attention. Surveys and press reports, especially where an organisation’s performance is poor, and new initiatives such as the Royal Mail’s approach backed by incentives, have contributed to the debate.
- 2.2 As part of a strategy to ensure that stakeholders are able to contribute fully to its work, the Chairman of the Task Force has met key stakeholders including the TUC, CBI, Council of Civil Service Unions, Local Government Association and Acas. He has also met organisations in the public and private sectors which have introduced new approaches, and held bilateral meetings with ministerial colleagues and public sector employers’ organisations.

National Audit Office

- 2.3 The National Audit Office have published four reports on the management of sickness absence as part of their on going scrutiny of public spending. They already have a “good practice in managing sickness absence “ section on their web site and have recently produced an Attendance Management CD-ROM Audit Toolkit. This has been widely circulated to Government departments and we hope that they will make good use of it.
- 2.4 They have also published a research paper jointly with the Institute for Employment Studies and the Institute of Work Psychology on “Current thinking on managing attendance - A short guide for HR professionals”.

Public Service Forum (PSF)

- 2.5 Chaired by the Cabinet Office Minister, this forum enables dialogue between Government, public service employers and trade unions on public service and workforce reform. The PSF is keen to support the Task Force’s work and provides a vehicle for engaging employers and trade unions from across the public sector. Both stand to gain from improving health and attendance. Continuing work on the importance of a healthy work force, healthy workplaces and better absence management will also contribute to the public sector’s response to the Health, Work and Wellbeing strategy.

Health, Work and Wellbeing

- 2.6 The strategy for the Health, Work and Wellbeing of Working Age People was launched in October 2005 and is a crucial part of delivering on the Government’s commitment to improving the health and wellbeing of the working age population. This is a central element of the wider welfare reform agenda and helps to make a reality of the Health and Safety Commission’s Strategy for Workplace Health and Safety.
- 2.7 The strategy is underpinned by a partnership between the Department for Work and Pensions, the Department of Health and the Health and Safety Executive. Among other things it will encourage good management of occupational health, and transform opportunities for people to recover from illness while at work. It will be led by a new National Director for Occupational Health and include the creation of a National Charter for Health, Work and Wellbeing. The work of the Task Force supports the strategy by making sure that the public sector responds and leads by example.

3 Delivery plan actions - fundamental systems changes

- 3.1 Our recommendations focused on top level commitment, giving managers the tools for the job, training and support. While these are relevant across the public sector, this section focuses on examples of good practice identified as part of our monitoring of progress in Government departments. The Cabinet Office will look to share this information with departments and agencies.

Performance Partnerships

- 3.2 Attendance management has been included in the Performance Partnership Agreements - six monthly discussions between the Head of the Home Civil Service and Permanent Secretaries - as a means of maintaining high level commitment and securing lasting improvement within departments. The Prime Minister's Delivery Unit within the Cabinet Office are discussing with Sir Gus O'Donnell, the new Head of the Home Civil Service, the form that future bi-laterals will take and what part attendance management will play in the new programme of Capability Reviews.

- 3.3 Aside from these central requirements, departments are implementing their own procedures to maintain commitment from senior managers in improving attendance. For example:

- The *Scottish Executive* Management Group monitors sickness absence on a quarterly basis and considers and approves departmental policy and procedures;
- In the *National Assembly for Wales*, monthly reports are provided to the Executive Board (Directors) on sickness absence levels and action being taken to reduce them. Individual Board members are also challenged on sickness absence in their areas as appropriate;
- The Board of the *Office of the Deputy Prime Minister* (ODPM) has collectively signed up to achieving a reduction in sickness absence and receive monthly reports and statistics;
- In the *Ministry of Defence* (MOD) the HR Director is responsible for reducing sickness absence and has initiated a six monthly review of arrangements across the department for occupational health services and absence management, with the aim of reducing absence;
- In *HM Prison Service* sickness absence management is underpinned by a Key Performance Target. A range of management reports are circulated to directors and managers on a monthly and quarterly basis, and information is made available to all managers and staff via the Intranet;
- In the *Department of Work and Pensions* (DWP), each minister takes an interest in sickness absence performance in the parts of the business for which they are responsible. The departmental target features in Executive Team reports with a monthly sickness absence report being prepared for senior managers. Quarterly updates on progress on managing attendance are presented to the DWP HR Board.

- 3.4 Attendance management will be included in the Annual Reports produced by agencies from financial year 2005-6, by those agencies which are not currently reporting details in performance reports.

Written Statement to Parliament

- 3.5 The Analysis of Sickness Absence in the Civil Service is published each year. It provides details of the average number of days lost per person to sickness absence per department on a yearly basis. The report is laid before Parliament by way of a written statement and copies are placed in the Libraries of both Houses.

Real Time Reporting and Trigger Points

- 3.6** The Task Force recognised the importance of having up to date absence information. Government departments are at various stages in the process of introducing real time reporting. For example:
- Pilots are being planned or are underway in a number of departments which will include the use of triggers points and the Bradford Factor. This is a simple formula that can be used to measure irregularity of attendance at an individual level. Other work is continuing across the civil service to implement systems that will provide real time sickness absence data to managers;
 - *The Department for Trade and Industry* pilot has been completed and is about to go live. This “e-sick absence” system makes it simple to record sickness absence and gives every line manager immediate up to date information to help them to see clearly when action is needed;
 - *The Office of National Statistics* (ONS) have a self service HR system that gives real time information to managers. They are currently working on the reports that can be produced from this system. ONS have reported that the use of trigger points has reduced individual average absence rates from **10.1 to 8.47 days per year**.
 - Real time absence reporting has been in place in the *MOD* since April 2005. The absence project delivers real time reporting and improved management information through a straight forward reporting process, with renewed emphasis on the relationship between the individual and line manager;
 - A new personnel system is being worked on for introduction in 2006 by *HM Revenue and Customs*. This will continue, as now, to provide the facility for line managers to view sickness absence on a real time basis.
- 3.7** Of the departments which have adopted trigger points, most report that it is too early to assess the impact on levels of absence but the Cabinet Office, HSE, Crown Prosecution Service and Vehicle and Operator Safety Agency (VOSA) have reported levels are on a downward trend.

Training for Line Managers

- 3.8** As new HR systems are being introduced, departments are implementing plans for management training based on a three pronged approach:
- training in the use of the systems themselves;
 - training in the procedures that line managers have to follow;
 - training line managers to develop the skills they need to carry out the procedures effectively.
- 3.9** This process will be aided by the diagnostic tools being developed as part of a project with the Work Foundation to develop a model of the Well Managed Organisation.
- 3.10** Over 80% of main civil service departments offer formal system training for HR staff and line managers. This is expected to increase as more systems come on-line. Some examples of formal training are:
- The *Department of Work and Pensions* (DWP), *HM Revenue and Customs* (HMRC) the *Cabinet Office* use e-learning to train staff. DWP monitor performance in line with other management responsibilities. Through this and other initiatives such as triggers points, they have already started to see a modest improvement in sickness levels;

- The *Driver and Vehicle Licensing Agency* (DVLA) has introduced a specific objective for line managers to “take appropriate and timely action to contribute to the reduction in Agency sickness absence by an average of one day, per person, per year”;
- The *Department for Environment, Food and Rural Affairs* (DEFRA) operate performance management based training packages including the skills required for dealing with absence management and having “difficult conversations” with staff;
- In the *Department for Education and Skills* (DfES) facilitated sickness absence management workshops have been introduced dealing with case studies and real examples. They are also facilitating earlier access to Occupational Health Advisers for line managers to skill them in having difficult conversations with staff about health issues;
- Line managers’ performance in the *Department for International Development* is monitored through the performance management systems and this has improved awareness and prompted more positive and pro-active action by line managers in addressing staff absences.

Central HR Support

3.11 Reviews of central HR support available to line managers are either underway or have been completed in most departments. Many are moving towards a Business Partner model:

- The *Vehicle and Operator Safety Agency* have a dedicated performance team within their HR Division who are responsible for developing policies and procedures that assist the organisation to tackle sickness absence more effectively. This has enabled their HR to take a more focused and pro-active approach to managing sickness absence;
- *DFES* intend to improve first contact HR advice on attendance issues by providing access to HR caseworkers to increase their capability in dealing with sickness absence enquiries. They are also undertaking an occupational health pilot where HR staff are working more closely with occupational health in new ways to ensure more timely and strategic support.

Pre-employment Checks

3.12 Departments ask applicants to declare any health problems at the time of recruitment. Many departments have undertaken reviews of the suitability of their systems:

- As part of the *Foreign and Commonwealth Office’s* (FCO) new healthcare contract, the occupational health provider will collect statistics which will include information on pre-employment health checks
- *DWP* are currently carrying out analysis of their process. Early findings have indicated that individuals, who have been referred to the OH provider at the recruitment stage and subsequently offered employment, are more likely to have higher levels of sick absence. They will be entering into dialogue with the selection policy team to address this issue;
- An occupational health pilot in the *Immigration and Nationality Directorate* of the *Home Office* will carry forward more robust checking of sick records from previous employers to reduce the risk of recruiting poor attendees. This pilot is expected to provide very effective sickness absence management and will be evaluated and rolled out further.

Support for Managers - HR advice and occupational health services

- 3.13** All departments provide HR advice and other services for building a HR skills base. Most provide support for staff and line managers through their HR Customer Services teams and all frequently review the feedback they get from these services and address the problems.
- 3.14** All departments reported that they are aiming for a more pro-active Occupational Health Service which can help with early interventions and several are currently reviewing their occupational health provision to ensure that it reflects good practice:
- *HM Treasury* published new guidance to line managers in January 2005. They are now required to report the first day of absence with reports going direct to the departmental welfare officer when trigger points are reached. Further action is planned to improve processes in response to an internal audit review
 - A new healthcare contract came into force in April 2005 in the *FCO* providing greater capacity for swift occupational health action in cases of long-term or problematic short term sickness
 - *DWP* are about to roll out an early intervention approach. They will evaluate the effectiveness and then consider a wider roll-out
 - The *Crown Prosecution Service* have recently awarded a new contract for counselling and support services which includes trauma counselling for those involved in distressing casework. This is seen as a pro-active approach to avoid future absences;
 - On-site Occupational Health Advisors were introduced by the *UK Passport Service* in January 2005. A new OH contract also allows for greater interaction between HR teams/line managers and off-site OH consultants.

4 Delivery plan actions - Short term absence

Insisting on certification and moving towards disciplinary proceedings for persistent offenders.

- 4.1 *Home Office core and Immigration & Nationality Directorate.* A clearer, more robust attendance management policy was introduced in January 2005 and its effectiveness is being monitored. Sickness absence certification is insisted upon and disciplinary action taken against persistent offenders.

Bringing in OH for absences above a given number of days in a 12 month period (where possible), to pick up early signs of longer term problems and issues.

- 4.2 *HM Prison Service* has adopted a proactive approach to managing stress and other mental illness:
- 24.6% of total absence, April to June 2005, was due to psychological problems;
 - Between 2001/2 and 2002/3, there was an increase of 7.8% in the rate of psychological absence but there has since been a fall of 17.0% in the rate of psychological absence to 2003/4 and 19.6% to 2004/5;
 - Long-term sickness absence fell 22.9% between 2002/3 and 2003/4 and a further 3.7% between 2003/4 and 2004/5.
- 4.3 Recently HMPS has introduced welfare support systems and HR policies aimed at reducing stress, including the imminent letting of a stress support contract for the service and the introduction of well-being days etc. The Service is also working closely with HSE advisers on the stress reduction strategy through the implementation of the stress management standards. These actions have already led to a **3% fall** in days lost to stress related illness.
- 4.4 In the *Home Office core and Immigration & Nationality Directorate*, a review of the occupational health support contract is currently taking place, with a view to the new contractor providing a more responsive and pro-active service to staff.

Formally auditing adherence to triggers - formalising requirements for return to work interviews after a given length of absence, and defining key trigger points.

- 4.5 *HM Revenue and Customs.* Evaluation of best practice has shown triggers to be an effective management tool when part of a robust management reporting system which requires line managers to be accountable for their decisions in managing individual cases of sickness absence. Results of using (various) triggers in a business unit in former Customs & Excise, in the 8-month period ending April 2005, include:
- Absences of 10 or more working days in a 12-month rolling period
- **7.5% reduction in this category of sickness absence.**
 - 5 absences in a 12-month rolling period
- **19% reduction in this category of sickness absence**
 - Absences at the 26-week stage
- **27% reduction in this category of sickness absence.**

4.6 Measures taken include inefficiency action being applied to cases where attendance is judged to be unsatisfactory; and existing managing sickness absence policy allows for insistence of a medical certificate where line management considers it necessary.

4.7 *HM Prison Service.* The mandatory application of attendance triggers has been applied to 3,200 staff (6.5% of the workforce in 2004/05). In addition, the service has managed the robust application of return to work interviews, supported by audit findings that confirm the systems are generally well managed.

- The use of mandatory trigger points has resulted in a 7% fall in short term sickness rates;
- In combination, the measures implemented in HM Prison Service have helped the Service achieve an overall fall in sickness rates of 4.7% against last year

Systematising checks on persistent Monday/Friday absence.

4.8 *The Department for Work and Pensions (DWP)* has undertaken analysis and modeling to provide information on the extent of this problem and its contribution to overall absence rates. It found that the usual pattern is a peak on Mondays, gradually declining through to Thursday, with a further rise on Friday. However, for the period June 2004 to May 2005, there were slightly more one day absences on a Tuesday than there were on a Friday. The DWP managing attendance policy is equipped to deal with absence patterns of this sort.

Not paying staff failing to certificate after absences of more than 5 working days.

4.9 *Department for Work and Pensions.* From analysis carried out, the incidence of unauthorized absence which resulted in pay being stopped is negligible. The greater problem is that some sick absences are not being closed down properly on the system which, in turn, suggests that an absence is unauthorized as there is no accompanying medical certificate. This is being addressed.

More sensitive arrangements for special/compassionate leave; initialising of flexi days.

4.10 *HM Revenue and Customs.* Managers can consider offering options of flexible work patterns to help staff return to and stay at work. This also encourages staff not to mask the real reasons for absence under a heading of sickness absence.

4.11 *UK Passport Service.* The Employee Assistance Programme provides for a series of counselling sessions plus wide ranging advice and information on issues which may affect staff and thus impact on attendance. In addition, a new occupational health service was introduced from January 2005 that includes access to on-site OH advisors. Health promotions including flu vaccinations and biennial health checks are also available to staff.

5 Delivery plan actions - Long term absence

- 5.1** High level targets for reducing ill health retirements were introduced as part of Departmental Service Delivery Agreements to a level consistent with those achieved by the best quartile of civil service employers (3.72 ill health retirements per 1,000 staff). The Ill Health Retirement Review that led to the Service Delivery Agreement being introduced was more than an efficiency exercise. It was about providing comprehensive rehabilitative programmes to help manage sick employees back to work.
- 5.2** During 2004/2005, the Civil Service Pensions Division report that 1209 ill health retirements were approved and 1256 rejected. 294 of those approved cases were for musculo skeletal related absences and 235 of those approved were for mental disorders.
- 5.3** Departments have since undertaken a systematic review of their long term absence cases since the publication of the Task Force report. These actions should feed through into reductions in reported absence levels given that long term absence accounts for a high proportion of the overall totals in the public sector. Latest figures available show that in the last **12 months**:
- 594 have returned to work (325 on a part-time basis);
 - 319 have been medically retired;
 - 966 have been dismissed;
 - 27 have resigned.

Occupational Sick Pay

- 5.4** Currently, an individual is entitled to six months full followed by six months half pay in any four year period. Departments can then decide as part of a rehabilitative process to pay Sick Pay at Pension Rate for a further period.
- 5.5** Several employers including the Immigration and Nationality Directorate, HM Revenue and Customs and HM Prison Service are currently working up plans to introduce new arrangements for new members of staff, or have already introduced them.

Home Office core and Immigration & Nationality Directorate

A new attendance management policy being piloted for probationers

HM Prison Service

For probationers, only one attendance warning is issued before dismissal proceedings are implemented. For staff over the minimum retirement age, no extension of employment is given if attendance levels have been unsatisfactory.

Incentives

- 5.6** The Task Force report noted that there was scope for exploring the use of incentive schemes as part of an overall approach to good attendance management, and the issue has received a good deal of attention following the introduction of a scheme by Royal Mail. Proposals for a pilot scheme have been worked up in two DWP businesses, Jobcentre Plus and the Pension Service. These proposals are being finalized for HM Treasury approval and will include evaluation criteria to form the basis of an assessment of their effectiveness in reducing absence. DWP will also consult trade unions as part of the process of addressing implementation issues, and hope to start the pilot early in 2006.

Good practice advice for managing sickness absence and return to work

- 5.7 In October 2004, HSE published an authoritative good practice approach to help human resources professionals and line managers to manage sickness absence and return to work. This advocates a systematic approach for sickness absence management and overcoming barriers to return to work. It includes practical advice for employees who are off sick wanting to go back to work and on the contribution Trade Union representatives can make to the return to work process.
- 5.8 HSE is working with Acas and the Chartered Institute of Personnel and Development to develop a tool to guide line managers through instances of staff sickness and return to work.

Corporate Health and Safety Performance Index (CHaSPI)

- 5.9 HSE has developed a tool to help large organisations, in both the public and private sectors, to measure how effectively they are managing their health and safety. It was launched on 20 July 2005.
- 5.10 CHaSPI is free to use and internet based. It scores participating organisations on a scale of one to ten for issues such as management of health and safety, employee absence and injury rates. Overall results are publicly available on the HSE website to aid benchmarking. Separate sections enable like for like comparisons to be made within the public sector, for example within local authorities.
- 5.11 HSE is working on pilot trials for CHaSPI in local authorities and NHS Trusts and is promoting its use in central government departments. Lord Hunt, as Chairman of the Task Force, is actively involved in promoting this work.

So far, more than 60 public bodies have registered to use CHaSPI and a further 18 have started the process. These range through local authorities, NHS trusts, emergency services and include the National Assembly for Wales.

Stress Management standards

- 5.12 The Task Force asked HSE to develop a package of support that helps a small number of public sector organisations to use the stress Management Standards, implement their action plans and evaluate the results. Work related stress is the major cause of sickness absence in the public sector, prevalent across all types of work and occupation, and has to be tackled if we are to bring about significant improvements in attendance and productivity.
- 5.13 Following the publication of the Task Force Report last year, HSE has continued to develop materials and methodologies to help organisations tackle the issue of managing work related stress. Last November, HSE published new Management Standards for work related stress as part of a tried and tested methodology that can be applied to all sectors of the economy.

“The survey also asked whether employers used the Health and Safety Executive’s management standards for stress or guidance from another source. Half of organisations use some form of guidance with 28% using the HSE standards. Given that the standards were only launched formally in November 2004 their use by over a quarter of organisations is encouraging. Larger employers were more likely to use the HSE standards - 57% of those with over 5,000 employees compared with 21% of organisations with fewer than 50 employees”

CBI. “Who Cares Wins - absence and labour turnover”, May 2005

5.14 HSE has developed a strategy to target activity for improvements in work related stress in the public sector, based on high prevalence in the health services, central and local government. It has set in place a work programme to help organisations in these key sectors to tackle the issue. The first stage of this work is to provide dedicated support from advisers at HSE and Acas to support the introduction of the Management Standards in around 80 public sector organisations. The initial results have been positive. Organisations involved include:

- The Home Office
- Child Support Agency
- The Welsh Assembly
- Ministry of Defence
- The Police Service
- HM Prison Service
- The Land Registry
- 28 Local Authorities
- 34 Health Care Trusts
- 12 Education institutions.

“I would wholeheartedly recommend the Well-Being Programme [a Programme based on HSE’s Stress guidance]. At a time of unprecedented educational change, it has served as a timely reminder of the importance of investing in the wellbeing of the staff who represent our most valuable resource. In particular, the Well-Being survey provides schools with very clear feedback about strengths and areas for development in this crucial aspect of school life.”

Andy Yarrow, Headteacher, Hornsey School for Girls, September 2005

5.15 The next stage of the work in 2006/07 will be to extend take up of the Management Standards in key target sectors. By the end of 2007/08 HSE expects to see this work feeding through into significant improvements in days lost as a result of work related stress.

5.16 The Ministerial Task Force welcomes the work being done by the HSE and would like to see all public sector organisations setting examples of good practice that will improve the well being of their employees.

HSE’s partnership role

5.17 We asked HSE to develop a planned programme of high level contacts with key public sector delivery organisations, to agree the key challenges they face and work with these organisations to establish targets, develop solutions and evaluate the results.

Partnership working on sickness absence prevention.

Senior managers at HSE and HM Prison Service (HMPS) agreed an approach to partnership working to implement the Task Force’s recommendations and tackle sickness absence. Based on a common understanding of the causes and operational pressures facing HM Prison Service, projects were set in place to address the key issues.

On stress

- Two prison areas volunteered to pilot the use of the HSE Management Standards for tackling work related stress;
- HSE Stress Partners are liaising with local HMPS and Acas to set up local delivery teams;
- A working group including Acas, HSE and HMPS provide advice and support to the local teams;
- HMPS is one of the largest employers implementing the stress management standards.

On slips and trips

- Researchers from the Health & Safety Laboratories (HSL) have reviewed accident data and the statistics for each prison visited;
- Forensic examination of prisons has been undertaken;
- A presentation for the HMPS Safety Advisors conference is planned. The team will follow up with HMPS estates and others to discuss findings;
- The project will produce guidance for wider dissemination in spring 2006.

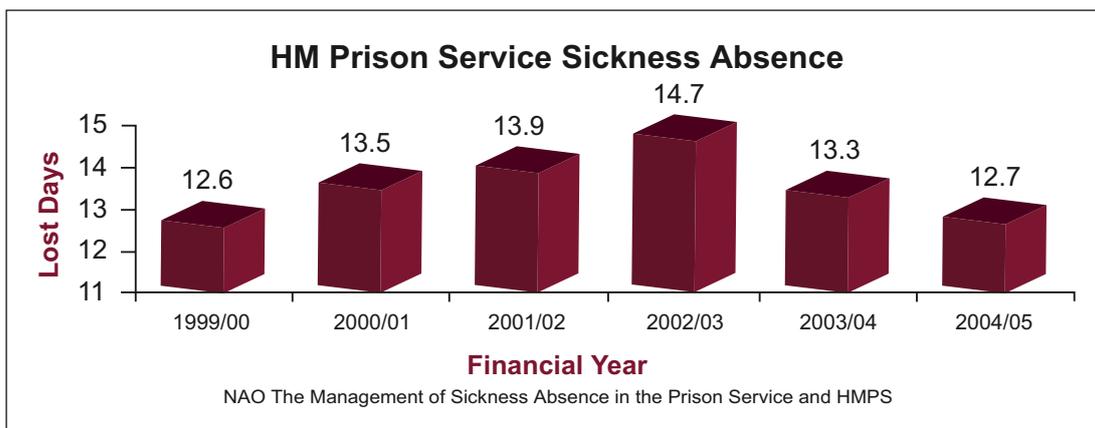
On musculo-skeletal injuries

HMPS have provided analytical data illustrating injury causation for a range of establishments. HSE are considering funding a research project to examine this in more detail to look at common causation.

On occupational health

HSE is providing guidance on what an effective occupational health service might look like - the current work with HMPS will form part of this work which will have wider implications for the public sector and beyond.

These and other measures, some of which are described earlier in this report, helped HMPS to reduce long-term sickness absence by 22.9% between 2002/3 and 2003/4 and a further 3.7% between 2003/4 and 2004/5.

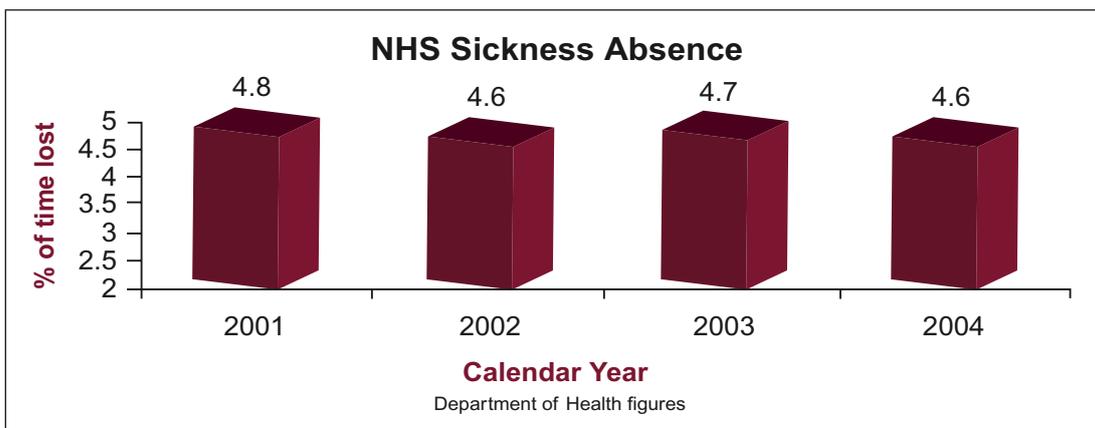


6 Sustainability in the wider public sector

- 6.1 The Cabinet Office have reported to the Task Force on the use of targets in the monitoring of civil service attendance management performance, and set out a proposed method for future monitoring.
- 6.2 The Task Force takes the view that the responsibility for setting targets should lie with individual departments. Individual departments are best placed to judge what measures and targets are required to meet their specific business needs, given the wide range of activities that the public sector undertakes.
- 6.3 The Cabinet Office is now challenging departments to set stretching but realistic targets and monitor progress, taking account of links to the Gershon review and the Performance Partnership exercise referred to above. The Task Force will continue to have an important role in monitoring progress on the setting, reviewing and reporting processes.

Health and Social Care

- 6.4 Within the NHS, over 700 employing organisations employ 1.3 million people. Musculo skeletal disorders (40%), stress (30%) and violence to staff (14%) are the principal causes of sickness absence. While sickness absence has reduced from 4.71% (2003-04) to 4.56% (2004-05), the rates vary between regions and trusts, with some levels as low as 2% in the Acute sector and as high as 9% in the Ambulance and Mental Health sectors.

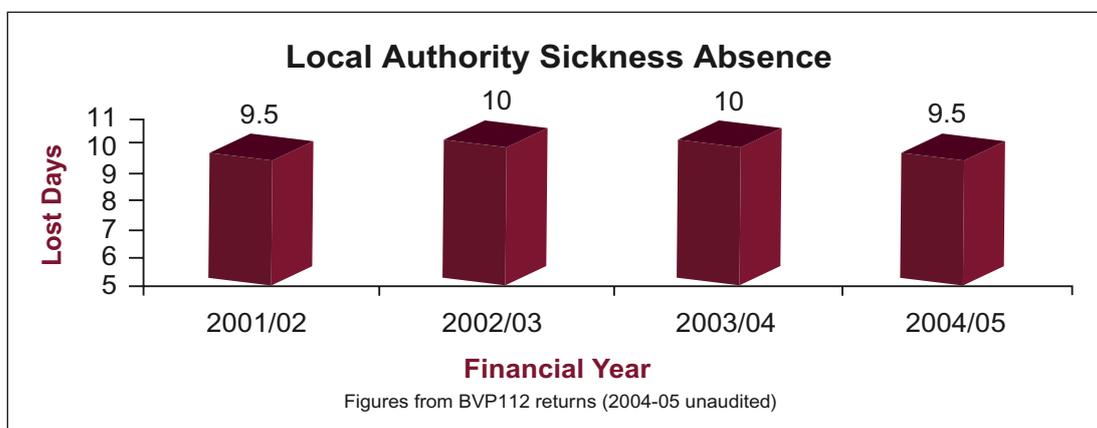


- 6.5 In June 2005 the Healthcare Commission published a report on Ward Staffing. It noted that sickness absence levels are high and that this is an issue that trusts need to address. It is estimated that the cost of sickness absence is in the region of £275m and that, if sickness absence was reduced by 30%, a saving of £82.5m could be made.
- 6.6 HSE has worked to establish a new ‘Healthcare Health and Safety Group’ to foster greater partnership across health and social care. The forum involves HSE participation but with the key stakeholder groups of the NHS Trade Unions and NHS Employers Organisation leading its business. The group is tasked with aligning its efforts with HSC/E’s strategic aims of improving the management of sickness absence and producing a new occupational health and safety strategy for health and social care.

- 6.7 Workstreams to reduce the incidence of sickness absence in the key high risk areas of stress, musculo-skeletal disorders, slips and trips, and violence and aggression are in progress and are proposed to continue into 2006/07. The first phase of a project to implement the Stress Management Standards across all NHS Trusts is currently involving 40 volunteer Trusts. Groups are being set up to develop a UK wide Manual Handling training passport scheme to promote greater consistency of standards, and new collaborative partnerships are being formalized with the NHS Security Management Service, Healthcare Commission and the Commission for Social Care Inspection to ensure that HSC/E’s priorities are reflected in their business agendas.
- 6.8 Following discussions between the Task Force Chairman, Lord Warner at the Department of Health and the NHS Employers it has been agreed that further action would be taken to emphasise the productivity arguments for improving the management of attendance and to raise the issue with Chief Executives of NHS Trusts. The NHS Employers will also develop high level plans and guidance for dealing with the issues.

Local authorities

- 6.9 The Local Authority (LA) sector employs some 2.2m workers (9% of the workforce). Sickness absence within LAs has been estimated to cost around £900 million per annum, with the work related component costing in the region of £360 million. In LAs approximately 40% of the sickness absence is caused by stress and MSDs.
- 6.10 Based on information from Best Value Performance Indicators (BVPI) for local authorities, there are early indications that positive results are emerging from this effort. Although the BVPI data is unaudited and so may be subject to change, **early signs** are that average sickness per staff member has reduced across all local authorities by approximately half a day. This follows little or no movement in the two previous years.



- 6.11** The ‘productive time’ work stream of the Gershon efficiency agenda has meant that all the reasons for ‘losing potentially productive time’ are coming under increasing scrutiny in local authorities.
- 6.12** The solutions for tackling ‘lost or down time’ in general are broad ranging and innovative (e.g. use of ICT for increased operational or frontline mobility and staff home working). As part of this work, concerted effort has been clearly demonstrated in local authorities’ efficiency statements to managing sickness absence more effectively:
- The 2004/05 backward look annual efficiency statements for productive time efficiency initiatives showed large numbers of councils (around 40%); specifically focusing on tackling ‘down time’ due to sickness absence as part of the efficiency (productive time) work stream;
 - The 2005/06 forward look efficiency plans for increasing productive time also showed 191 (50%) of councils taking action to develop the “people” aspects of their organisations with 188 specifically tackling sickness absences.

Richmondshire District Council

In 2002/03 the council introduced an attendance incentive scheme where its 330 staff receive an additional days leave for 100% attendance in the previous leave year. The scheme was introduced as part of a wider programme of absence management with changes including a re-vamp of return to work interviews. In the first year of the scheme:

- absence fell from an average of 10.02 days per employee to 8.1 days;
- even after taking into account the extra days leave given, it is estimated that the additional productive staff days gained give a net saving in the region of £30,000.

- 6.13** HSE has developed a plan of intervention with LAs at Chief Executive and Elected Member level. This intervention seeks to influence sickness absence performance by identifying the work related causes of sickness absence and putting in place control measures to address them. The intervention seeks to target those authorities where the biggest impact on sickness absence can be made and will contribute to the LA efficiency and productivity agenda.

Executive briefing for local authorities

As part of the continuing efforts to reduce sickness absence and deliver improvements in productive time as part of the efficiency agenda, the Employers Organisation for local government produced an executive briefing pack for elected members, chief executives and service managers in July 2005.

“Managing Sickness Absence and Improving Productivity - the Crucial Link” provides an analysis of current trends and makes the connections between the cost of absence, delivering efficiency targets and services and how staff can be supported through measures to prevent sickness absence and the return to work process.

The Police Service

6.14 The Strategy for a Healthy Police, launched by the Home Office in 2002, has provided the 43 police forces in England and Wales with £19m over four financial years. Forces were able to use this money on a variety of initiatives aimed at reducing sickness absence, and were required to evaluate the results.

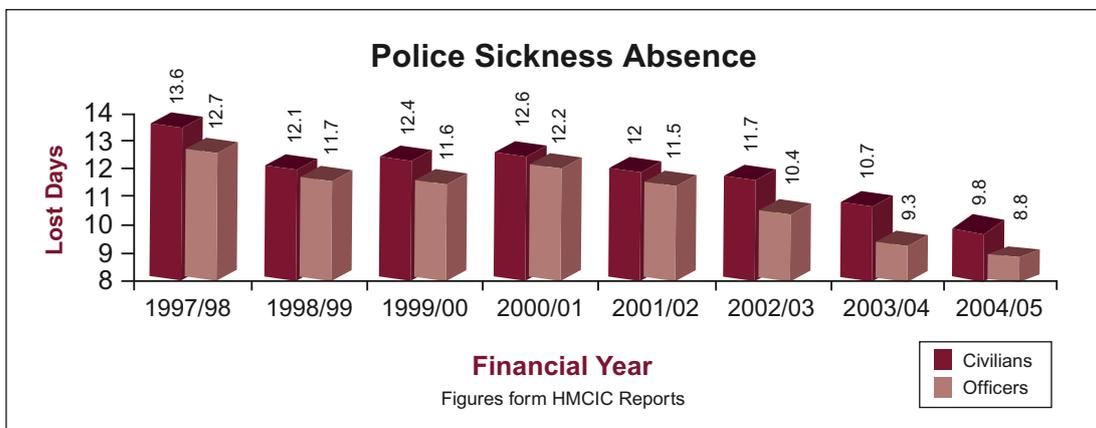
6.15 The most successful of these initiatives involved the referral of sick or injured staff for fast-track interventions, but other useful initiatives included stress auditing, absence management coaching, and the recruitment of specialist staff such as physiotherapists and podiatrists.

Essex Police

A recent initiative resulted in the number of police officers on long term sickness absence almost halving in a 12 month period as well as a reduction in the number of ill health retirements. A main contributory factor was “fast track” interventions for stress and musculo skeletal problems.

In 2003-04, a saving of over 9000 working days resulted in a nominal saving of more than £1 million - a saving of £4 for every £1 spent on fast track intervention.

6.16 Police sickness absence has continued to fall from 12.2 days lost per officer in 2000/01 to 8.8 in 2004-05 with further improvements in the pipeline. The impetus given by the Task Force’s work should provide an opportunity to build on the gains made, and entrench good absence management into organisational culture.



Sector specific solutions

- 6.17** In order for the greatest possible reduction in sickness absence to be achieved, an organisation must take the holistic view and embrace a range of approaches tailored towards their needs. The following case study demonstrates how a group of call centres are adopting this strategy.

The North West Contact Centre Project (nwccp.org), funded by the DTI, is designed to promote partnership delivery by developing and sharing an understanding of health, safety and productivity issues in contact centres for both the regulated and regulator. It aims to improve attendance and the working environment through innovative approaches to partnership working and by adopting ‘peer learning’ techniques.

Reducing costs, increasing profitability, reducing sickness absence and reducing staff turnover represent challenges in this rapidly growing sector.

The project is delivered through training, workshops and workgroups allowing networking opportunities for partners and the production of ‘Best Practice’ outcomes in cultural, environmental and occupational health issues affecting the contact centre work ethic. Headline issues dealt with so far are:

- developing learning opportunities;
- lowering base line costs;
- legislative compliance;
- diversity and disability;
- sickness absence;
- reviewing the HSE guidance for contact centres (LAC 94/1).

The project is intended to move the contact centre health, safety and welfare agenda forward throughout the north west of England and we will disseminate the results more widely.

