

Health and Safety Executive Board Paper		HSE/07/120	
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## HEALTH AND SAFETY EXECUTIVE

The HSE Board

### Monthly health and safety statistics including a discussion on managing sickness absence

A Paper by Tim Beaumont, HSE's Health & Safety Advisor

Advisors: HR Service Centre; HSE's Managing Attendance Task Force

Cleared by Vivienne Dews on 27 November 2007

#### Issue

1. The monthly report on absence levels and incidents and a review of absence management in the first 6 months of 2007/08.

#### Timing

2. For discussion at this meeting.

#### Recommendation

3. That the Board:
  - a. Notes that if absence levels continue at the current rate then HSE will miss the 2007/8 sick absence target.
  - b. Recognises the role it has in bringing absence down in HSE
  - c. Agrees to undertake the recommendations in paragraph 14 to encourage effective management of attendance in HSE.
  - d. Reviews the format of attendance information reported monthly to the Board and recommends any improvements.

#### Background

4. There is continuing concern at the top of the Civil Service on levels of sickness absences across Departments and the PDC has recently commented unfavourably on absence levels in 2 DfT agencies. Following presentations by two Permanent Secretaries (Leigh Lewis at DWP and Peter Housden at CLG) on the links between sickness absence, health promotion and staff engagement and motivation, the Permanent Secretaries Management Group has agreed:
  - a. to adopt a checklist of best practice based on work done by HSE and the Work Foundation for the ministerial Task Force;
  - b. to examine case study examples of effective workplace health interventions; and
  - c. to a package of other support to senior managers including a series of master classes on which HSE is leading.
5. HSE's role in supporting this work means that we must be sure we are following best practice ourselves. Managing attendance has been the subject of several papers before the Board over recent years, most recently in June 2007 when the Board agreed a programme of action.

6. Since then the renamed Managing Attendance Task Force (MATF) has met three times. The MATF includes all the Business Partners and other key HRD staff, Policy Group specialists and representatives from HSE's Trade Unions. The MATF has initiated a programme of centrally coordinated work to implement the conclusions the Board reached in June.
7. Internal Audit carried out a compliance review of HSE's attendance management policy in the period up to September 2007. The report to the audit is yet to be agreed; however the MATF has already taken on board some of the key findings.
8. This paper sets out the current state of play regarding sickness absence in HSE. It contains several new pieces of intelligence about the subject including a report on levels of absence over the first 6 months and an overview of a recent audit into compliance against absence policies. Finally the paper sets out what senior management needs to do to help address the issue in HSE.

### Argument

9. The overall picture from the recent intelligence is that levels of sickness absence are not falling and that action is required across the organisation if HSE is to achieve its desired levels of absence reduction.
10. The first piece of evidence is the analysis of absence over the first six months of the year found in Annex 1. The main points to note are:
  - a. HSE is not on track to meet the end of year absence target (8.0 days/staff member). The rate for the 1<sup>st</sup> six months was 8.2 days/staff member.
  - b. Overall patterns of absence have not changed significantly since the report at the end of 2006/07, although there has been an increase in male stress and depression.
  - c. Despite the not so good performance overall, 17 of 30 offices and 9 of 13 Directorates are on course to meet end of year target. This indicates that there may be parts of the organisation that could be sources of best practice.
  - d. Late reporting is still likely to be a problem. HRD is working at identifying the extent of late reporting and areas where this is particularly a problem.
  - e. The cost of absence has risen with pay.
11. The second piece of evidence was the compliance audit carried out by Internal Audit. The audit only provided **limited assurance** that the risks arising from poor management of attendance are being controlled. The audit did not dispute the content of the current sickness absence policy. Instead, the audit recommendations are directed at improving understanding and compliance with the current policy across HSE. This view is in line with the MATF.
12. Some of the recommendations are directed at HRD and related to communication of the current policy and enhancing the use of e-HR. Other recommendations place a responsibility on HSE line management to increase the prominence given to attendance management. For example, the audit recommended that attendance management should be on the agenda for directorate/divisional/team meetings and all management units in HSE should have an understanding of how they contribute to reducing absence levels. When the final report is agreed its recommendations will be shared with Directorates.
13. HRD has already started the process of taking on board the audit recommendations. The centrally coordinated actions planned by the MATF are found at Annex 2. The main activity is targeted support visits for some sections

in HSE. These follow the managing attendance training events that took place across the organisation 8 - 12 months ago. The visits will include bite size training for line managers and floor walking to explain how e-HR can be used to provide information on attendance. In addition there will be one to one discussions with line managers on specific cases identified by the team before the visit and on any individual cases that managers wish to progress. Appropriate well being events are also being planned. Finally HRD has agreed to repackage the current attendance management policy to make it more accessible.

14. Centrally driven activity is only part of the story. Without cross Directorate commitment to reducing sickness absence progress is likely to be slow. The evidence in this paper shows that absence needs to reduce further and that management action across HSE is needed. As Board members there are specific actions you can take to help HSE address the issue of attendance management:
  - a. Set clear Directorate and Divisional level targets for sickness absence rates for the end of the year and check on progress against them with your management teams.
  - b. Promote discussion of attendance management in your part of the organisation. Commitment at Board level needs to be matched with commitment and understanding at Bands 3 to 6. The targeted support visits will help achieve this but Board members can help by ensuring that management meetings at all levels deal with managing attendance – that managers have a grasp of what the current issues are and whether they are on target for the year for absence.
  - c. Address non-compliance issues in your part of the organisation. Two particular actions to address are late reporting and completion of return to work interviews. Line managers in your part of the organisation need to know that you expect that absences are recorded on e-HR on the first day of absence from work.
  - d. Promote and support the targeted support visits when they reach your part of the organisation. These visits are opportunities for your staff to receive extra help and training from HRD.
15. There is evidence from the analysis of absence in Annex 1 that effective absence management practises such as those listed above take place in parts of the organisation. HSE needs to make such good practice the norm. Senior management level commitment to such an aspiration is vital to seeing it achieved.
16. One final thing for the Board to consider is the absence information that managers receive. All managers have access via e-HR to reports on absence levels and patterns in staff in their management chain. Some parts of the organisation make use of the more sophisticated reports available from e-HR that look at larger organisational groupings. Finally the Board receives a monthly absence overview as a below the line paper.
17. The audit recommended that improving the quality of management information would enable better targeted action. It might be more appropriate for individual senior managers to receive detailed reports about their part of the organisation. The Board monthly report could then focus on a few simple headline indicators.

Suggested indicators are found at the end of the usual absence report in Annex 3a). The Board is asked to review the current monthly absence report and suggest any improvements in the current headline information. The monthly information you receive should help you see overall how HSE is doing and how your part of HSE is performing against other directorates.

18. HSE has a national target for sickness absence, a task force to coordinate central activity and an absence policy that is recognised as being fit for purpose. The next step is to make effective absence management commonplace. Taking the action set out in this paper should help this to happen.

### **Consultation**

19. An early draft of this paper was considered by the MATF including a TU safety representative and the national lead on the policy from Health & Work Division in Policy Group.

### **Presentation**

20. HRD are talking to CD about a structured campaign of communications with HSE staff. This could also attract external interest, given HSE's role in advising others on attendance issues.

### **Costs and Benefits**

21. Annex 1 shows the financial cost of sickness absence to HSE which will be £3,667,110 annually at current absence rates, in direct salary costs alone using a formula previously cleared with PEFD. If absence could be reduced HSE would have more staff time available to contribute to delivery of its objectives.

### **Financial/Resource Implications for HSE**

22. The proposals in the MATF action plan have a low or negligible impact on resources. The proposals for Board members similarly are not expected to generate any significant resource burdens.

### **Environmental implications**

23. None identified

### **Action**

24. The targeted support visits are due to start in December and continue throughout the rest of the year. A review of their impact will take place at the start of the next work year. The MATF will continue to meet regularly to develop the themes that have already been identified.
25. As of next month the monthly report on sickness absence will alter in line with the preferences expressed by the Board.
26. The final report from the Internal Audit is expected to be agreed very shortly. The full findings of the report will be disseminated across the organisation.
27. The actions set out in paragraph 14 of this paper are for Directorates to implement. The MATF has the role of advising Directorates on how these can be implemented and in the future requesting report on progress.

## Annex 1 – Report on absences in HSE for the 1<sup>st</sup> 6 months of 2007/08

Produced for managing attendance task force 18 October 2007

**Table 1 - Headline details of sickness absence for the first 6 months of 2007/08**

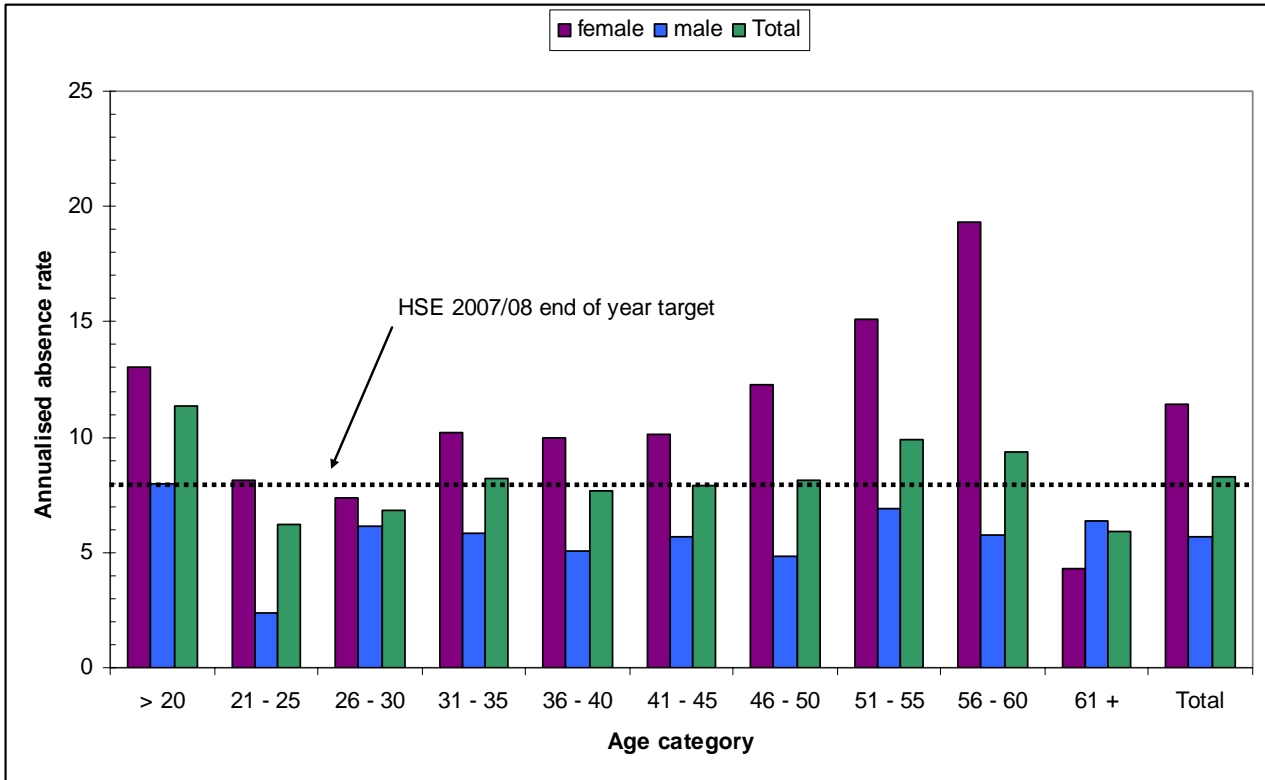
	Female	%	Male	%	Total
Staff in post as at 30.9.07	1600	44.8	1971	55.2	3571
Days absent	9144	61.9	5630	38.1	14774
Absence rate <sup>1</sup>	11.4		5.7		8.3
Cost	£971,085	53.0	£862,471	47.0	£1,833,555

In the following graphs the absence rate has been annualised by double the rate obtained from the first 6 months. In effect it gives the annual rate if the current absence trends stayed as they are.

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<sup>1</sup> Rate equivalent to six monthly figures doubled to give an annual rate

**Figure 1 - Absence rate by age category & gender**



**Figure 2 - Cost of absence by age and gender**

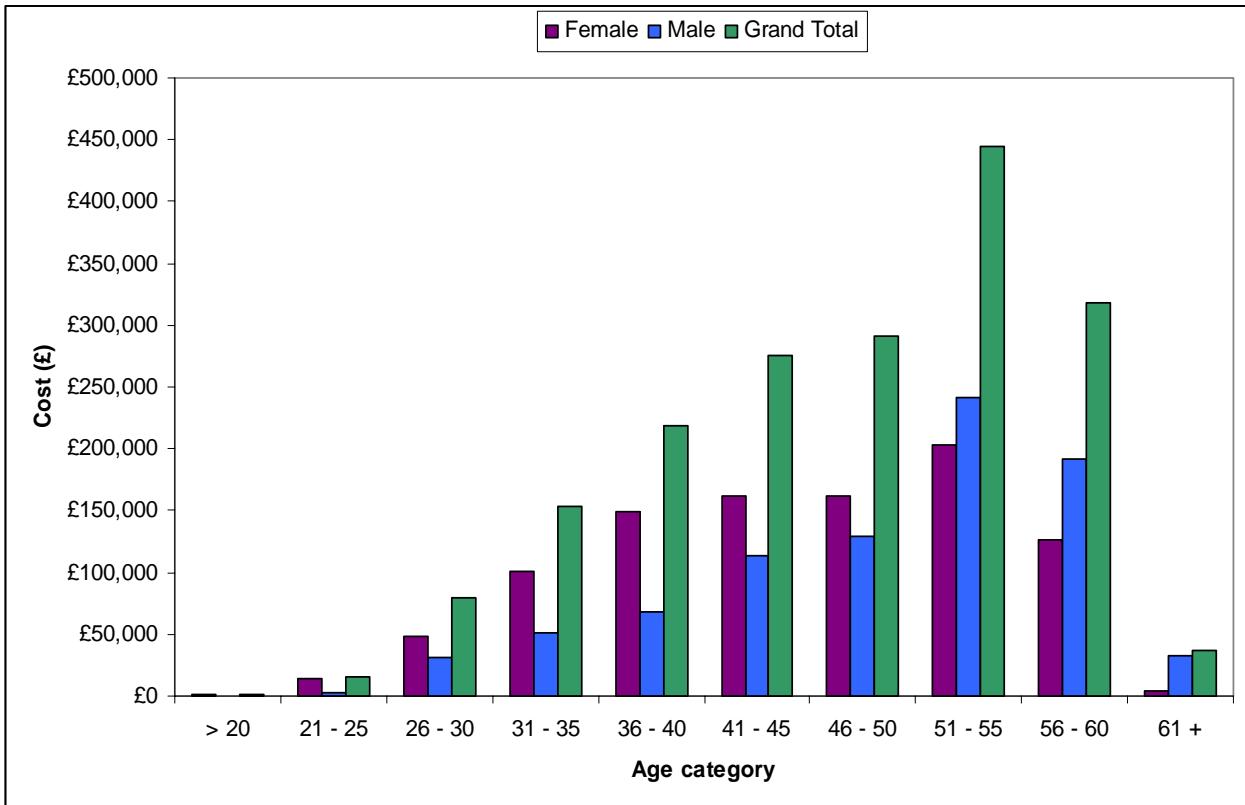


Figure 3 - Absence rate by job band and gender

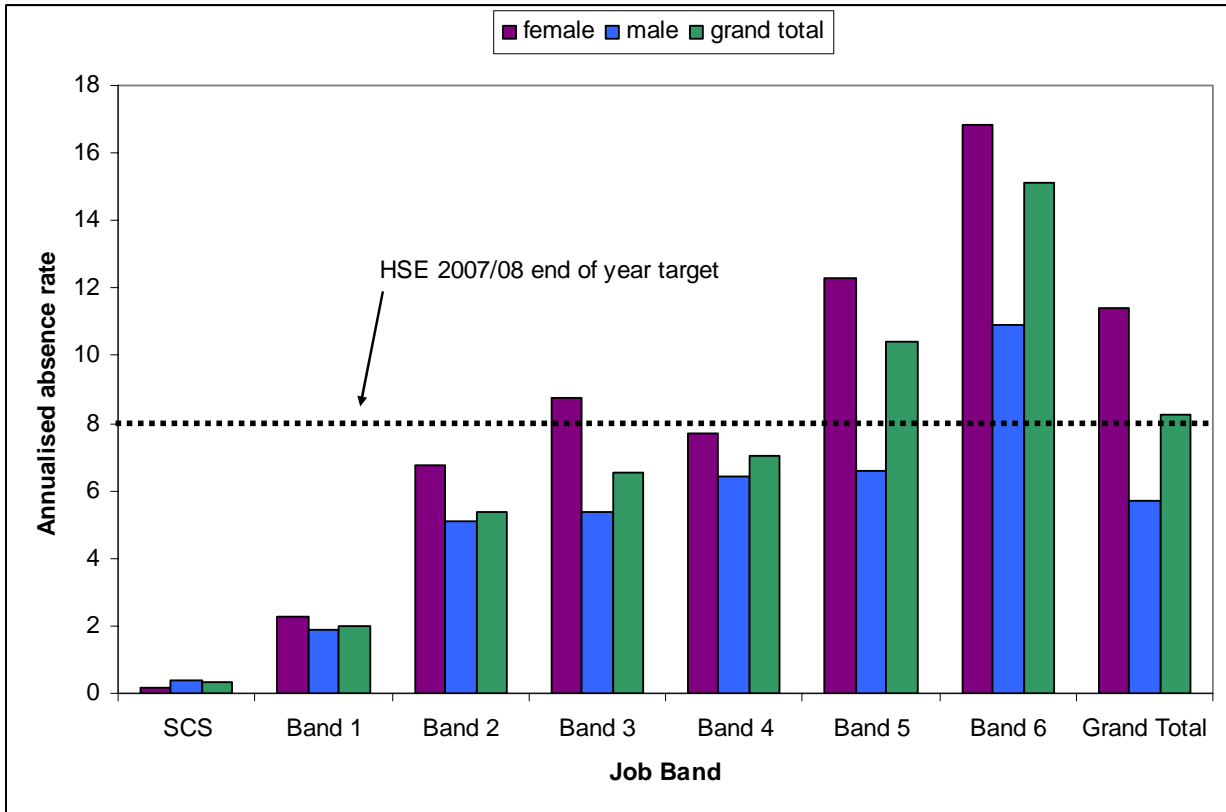


Figure 4 - Cost of absence by job band

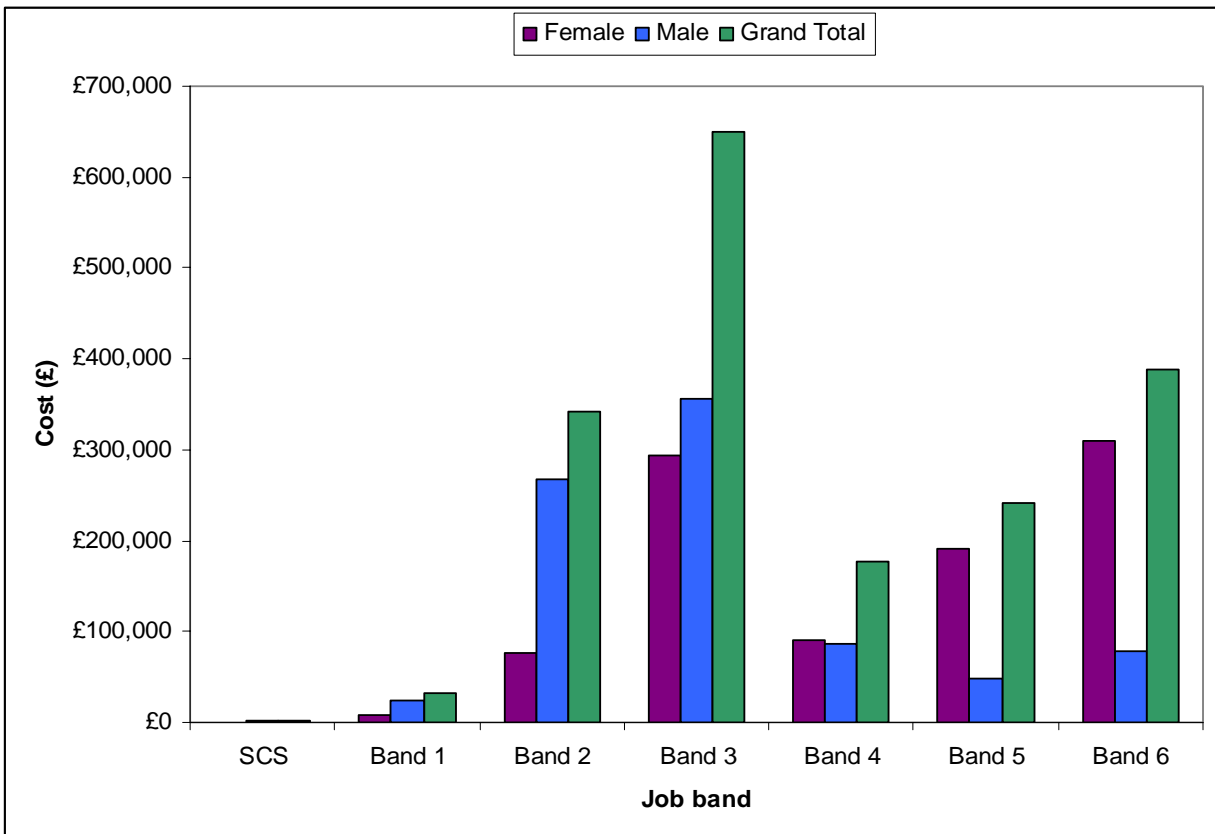


Figure 5 - Absence rate by directorate and gender

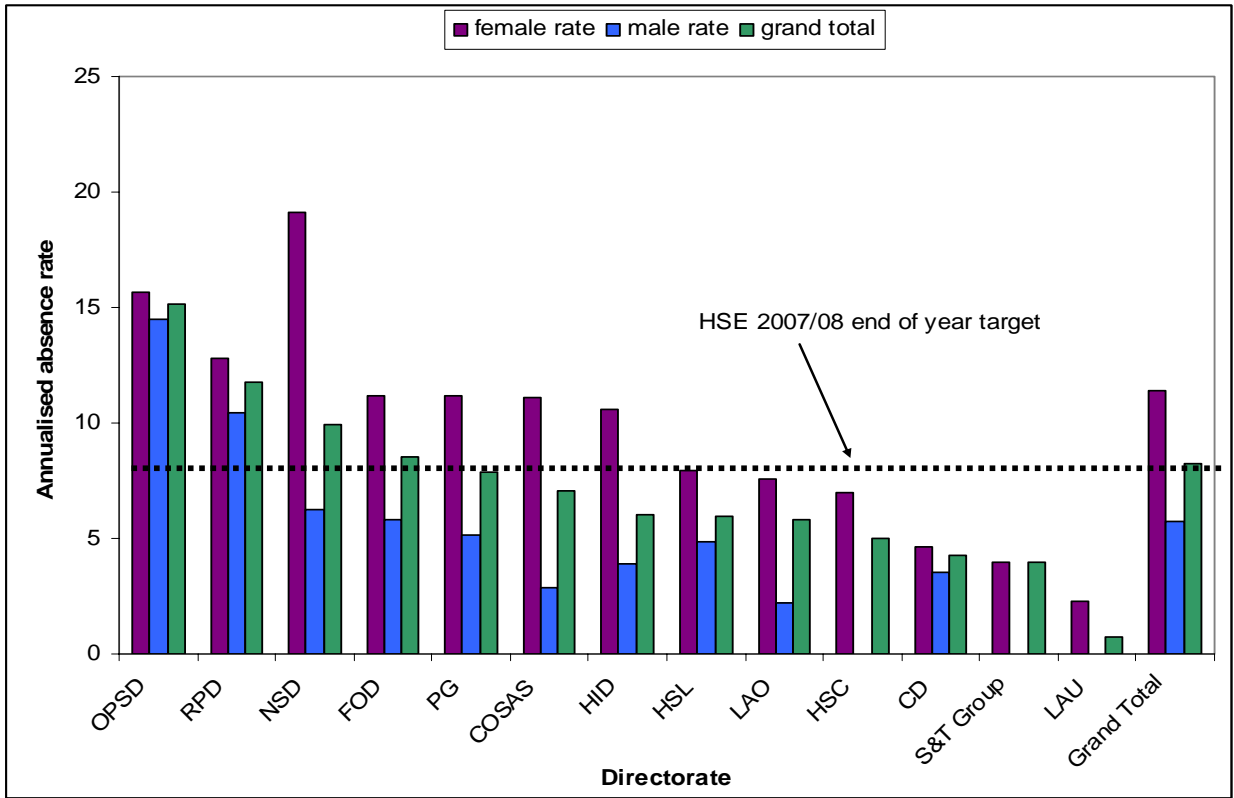
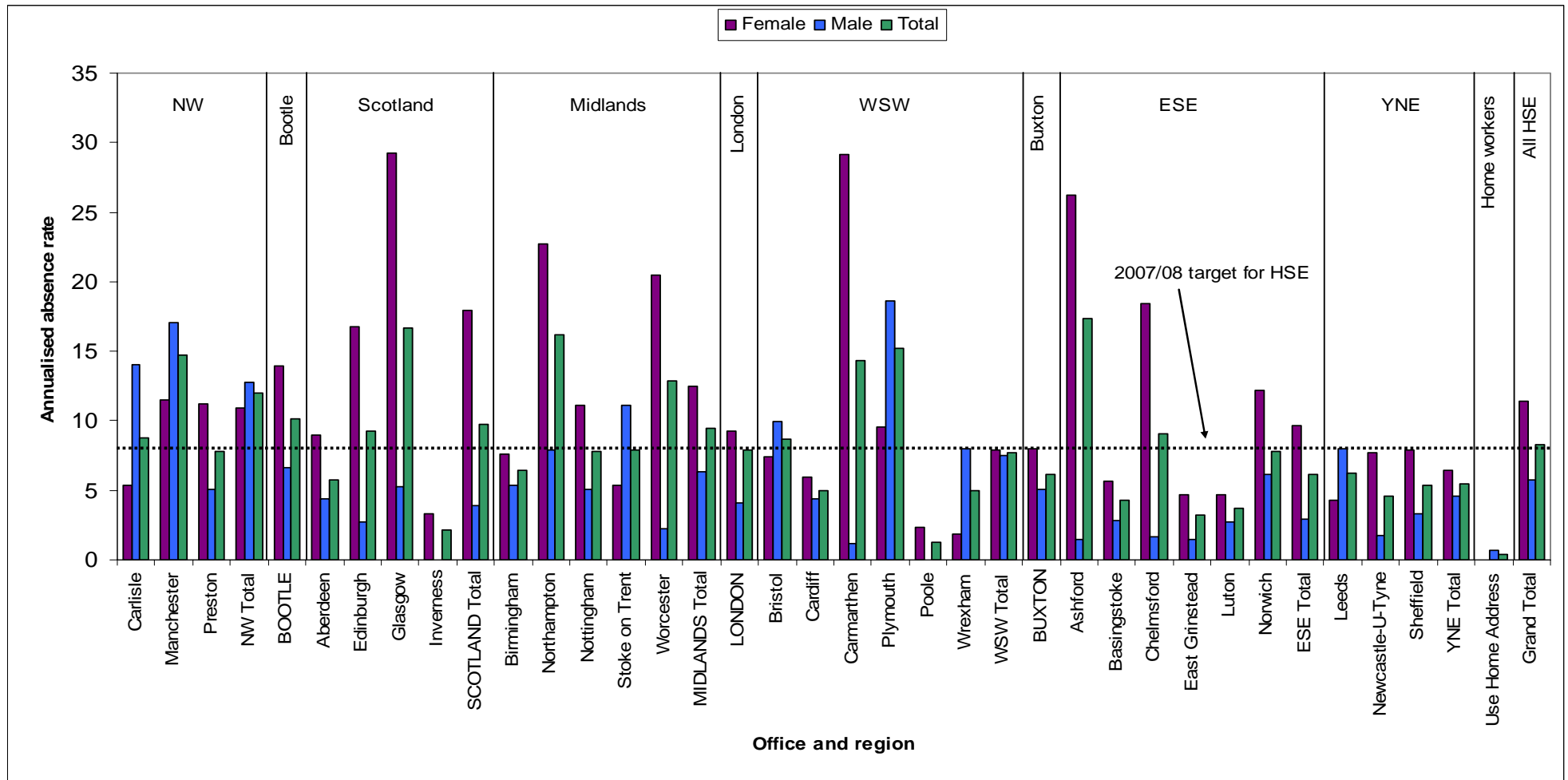
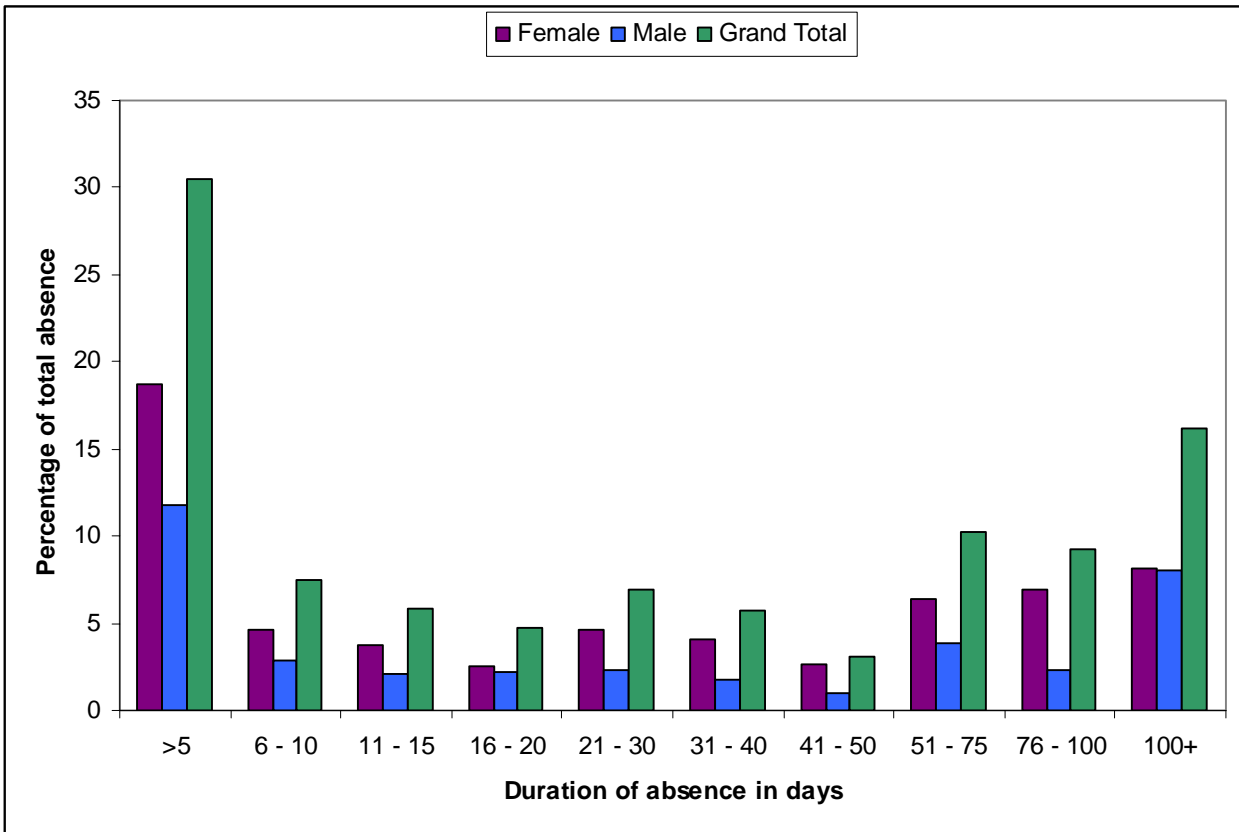


Figure 6 - Absence rate by office<sup>2</sup>, region & gender

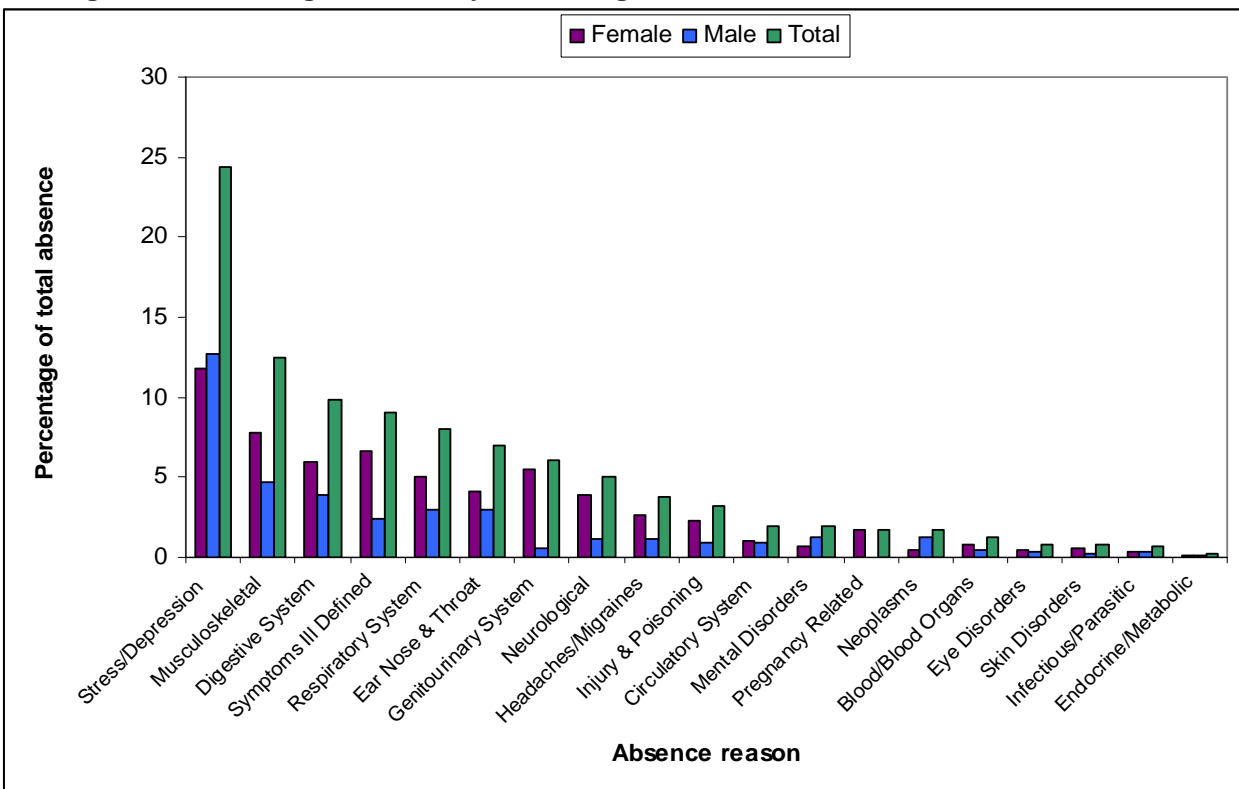


<sup>2</sup> Harwell included with Bootle as part of ND. FOD London included with London.

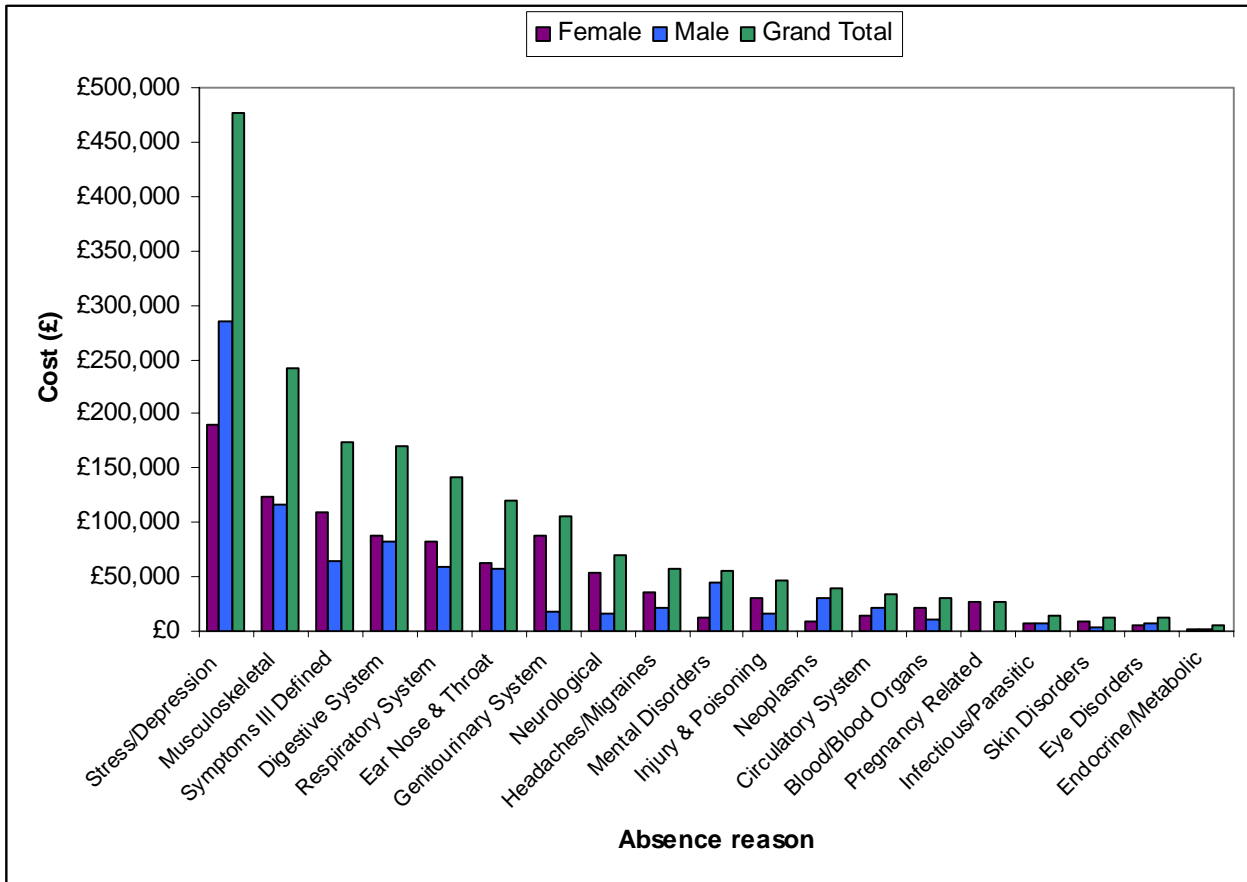
**Figure 7 - Percentage absence by duration & gender**



**Figure 8 - Percentage absence by reason & gender**



**Figure 9 - Cost of absence by reason & gender**

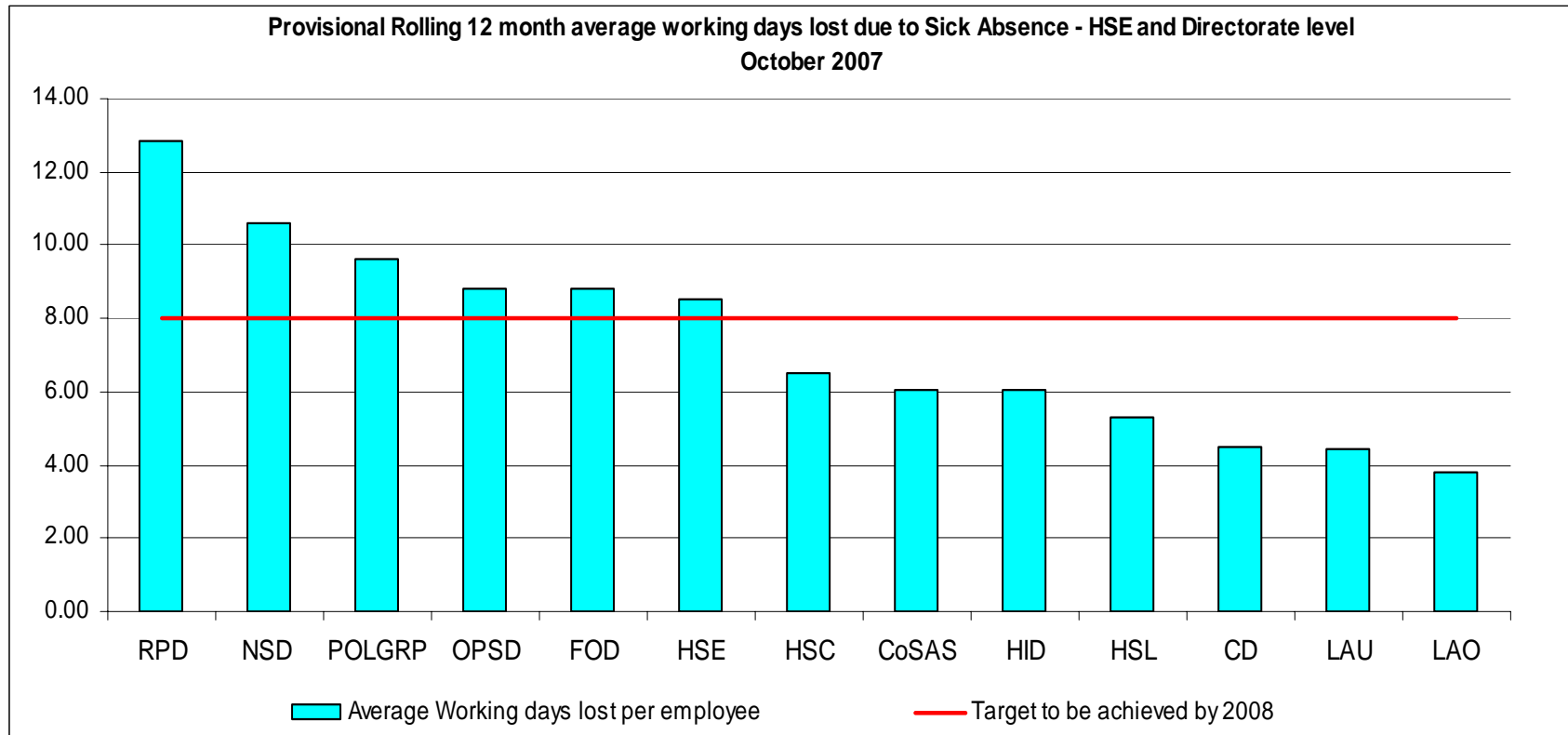


**Annex 2 – Centrally coordinated work on managing attendance and stress**

	November	December	January	February	March	2008/09
<b>MATF team</b>	Prepare targeted managing attendance support visits - consisting of bite size training, personnel surgeries, e-HR floor walking and possible well being pilot event	First targeted managing attendance support visit to BSD, Bootle - due 11 - 12 December 2007	Further visit to Bootle based Directorate/Division	Visit to FOD regional office	Visit to FOD regional office	Evaluation of pilots: based on number of managers trained, number of long term absence cases closed in pilot areas and percentage attendance at well being events. Impact on attendance to be evaluated over a period of time with assistance from Statistics Branch
<b>HR Service Centre</b>	Involved in visit prep - research about numbers to attend and any major long term absence cases.	Support to visiting team	Support to visiting team	Support to visiting team	Support to visiting team	Contribute to setting out of planned roll out of visits across HSE. Produce end of year stats fro sickness absence.
<b>Business partners</b>	Assist in preparation of bite size training	Support to visiting team	Support to visiting team	Support to visiting team	Support to visiting team	
<b>Occupational Health Service, Employee Assistance Programme</b>	Produce suggestions for well being activities to be piloted initially in Bootle and later across the country.	Support to visiting team	Support to visiting team	Support to visiting team	Support to visiting team	
<b>Health &amp; Safety Advisor</b>	Board paper on sickness absence in the first six months of the work year. Preparation for targeted attendance support visits.	Board paper presentation	Support to visiting team. Work on improving intranet guidance accessibility for staff	Support to visiting team	Support to visiting team. Reformatted managing attendance guidance launched	Collate and draft plan for attendance, well being and stress for 2008/09.
<b>Other events</b>	CIPD/HSE Absence Management Conference.	MATF meeting due 11/12/07	SWG meeting due	MATF meeting due		
<b>Communications</b>	Launch of programme - initially message directed at staff affected by the pilot in BSD and all HSE SCS. Message to be - this programme is building on previous activity; it's driven by the Cabinet Office; it's about supporting not punishing staff; it's about responding to issues raised in the staff and stress surveys.	Further communications ahead of the pilot. All BSD staff to be contacted prior to event. All HSE staff to be informed when event starts. HR Service Centre to be notified of events to deal with extra absence related queries.	Further communications ahead of second pilot.	Further communications ahead of second pilot.	Further communications ahead of second pilot. Publicity around launch of new attendance management guidance.	Express article on impact of pilots
<b>Stress working group</b>	Feedback to be provided to D/Ds about action plans from RPD & SWG		Work on organisation of masterclass in stress management standard best practice in HSE	Possible date for stress management standards masterclass	Completion date for work on producing new guidance on stress management for line managers. New guidance to reflect recent research in the area by Goldsmith's college.	New draft action plan for work year to be proposed, including possible audit by IA/HSL on stress management action plans. The FOD guide to inspecting on stress could be used as an internal benchmark..

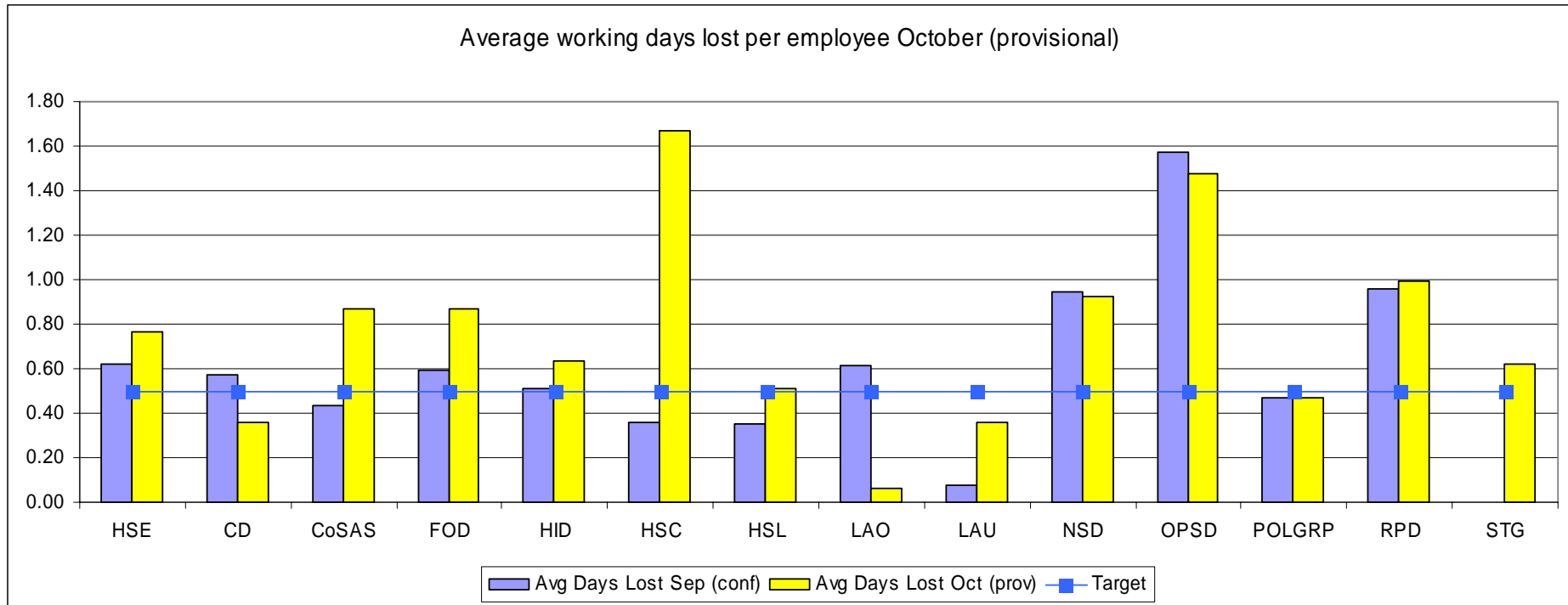
Annex 3 a) – Sickness absence report up to 31<sup>st</sup> October 2007 (final month provisional as late reporting affects this slightly)  
 First 6 Graphs are the usual data sent to Board. The table at the end of the graphs sets out the proposed alternative sickness absence report.

Graph 1



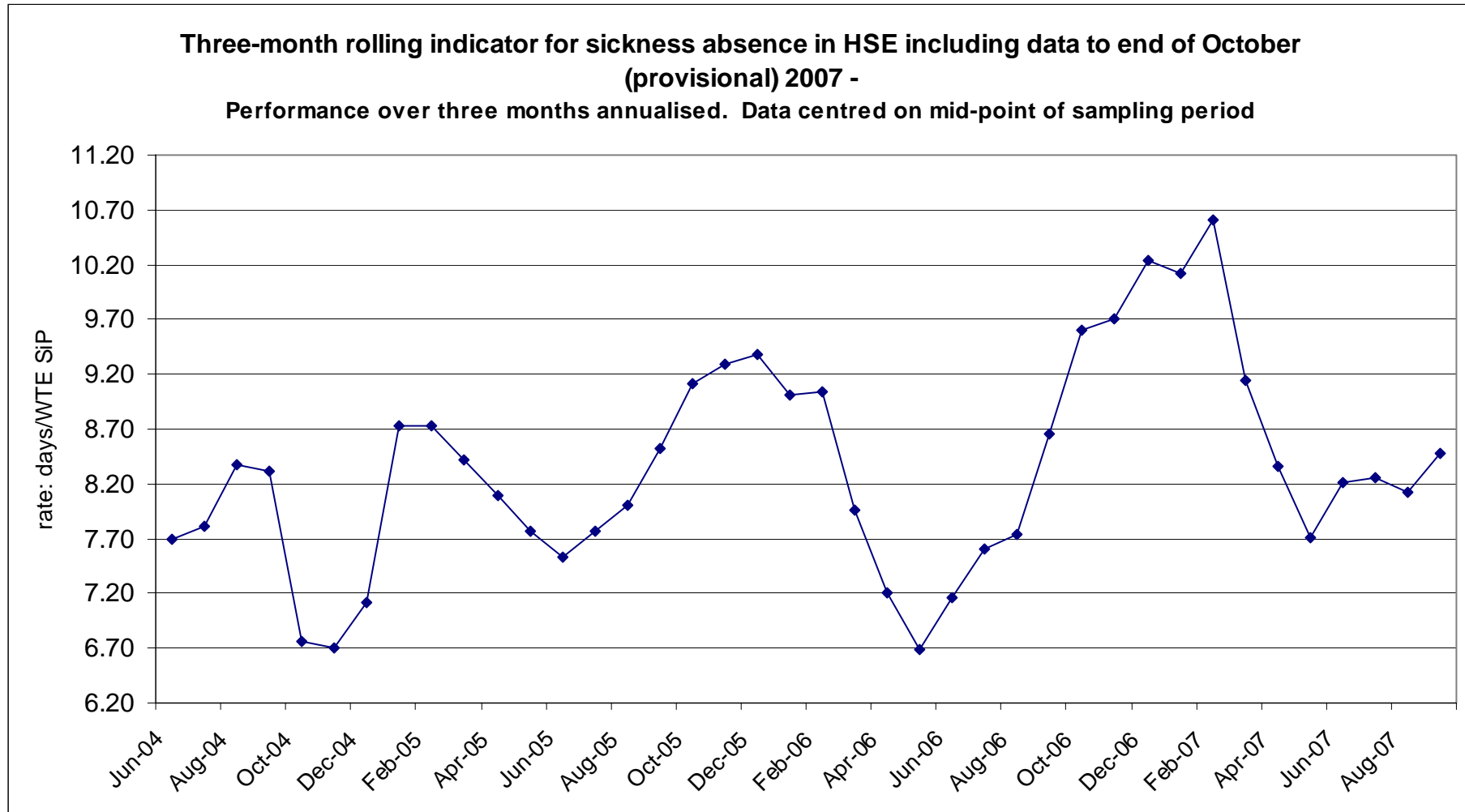
Commentary: There have been no significant changes to this graph since last month. The overall HSE performance is broadly the same, although certain directorates (RPD, HSL) are up.  
 Source data: e-hr data extracted 12 November 2007

Graph 2



Commentary: The rate at HSC has risen sharply this month, although the small size of this unit means that this effect is skewed. There has been a rise in absence in FOD which is more significant. Only 4 of the units saw a fall in days lost/employee.  
 Source data: e-hr data extracted 12 November 2007

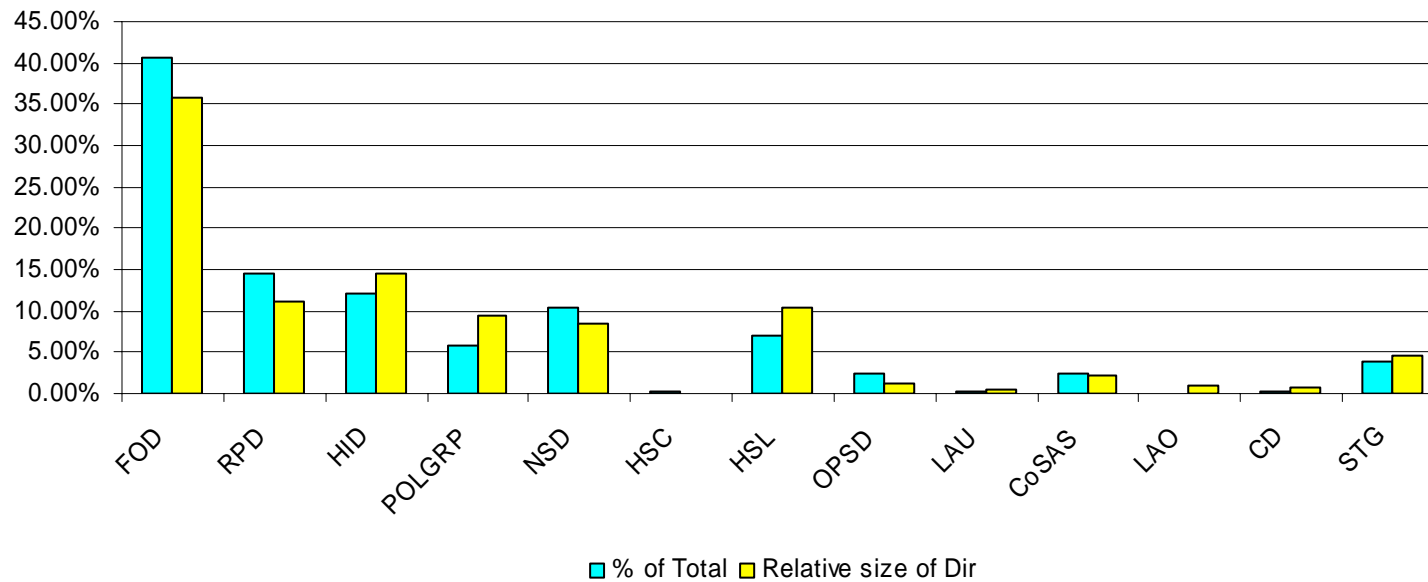
Graph 3



Commentary: There is a rise in the three month rate. However the rise was not as sharp as previous years and the level of absence is now lower than in 2006/07.  
Source data: e-hr data extracted 12 November 2007

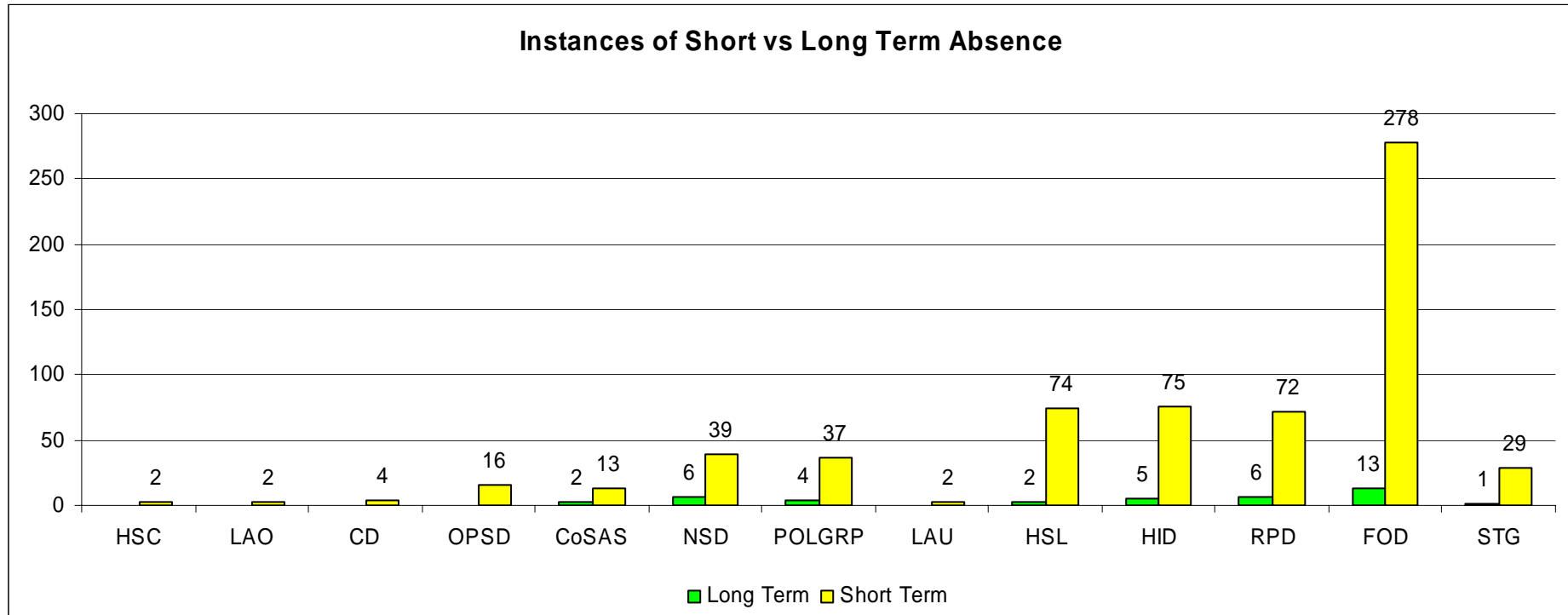
Graph 4

### Comparison of relative size of Directorate vs ownership of days lost



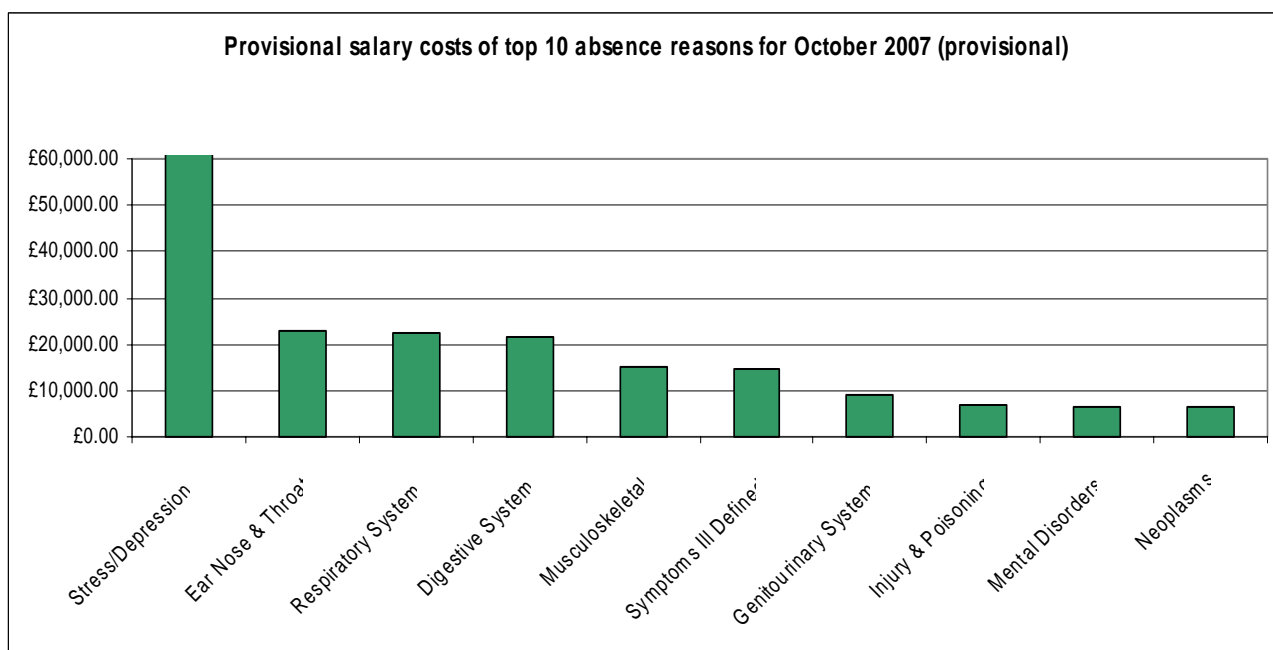
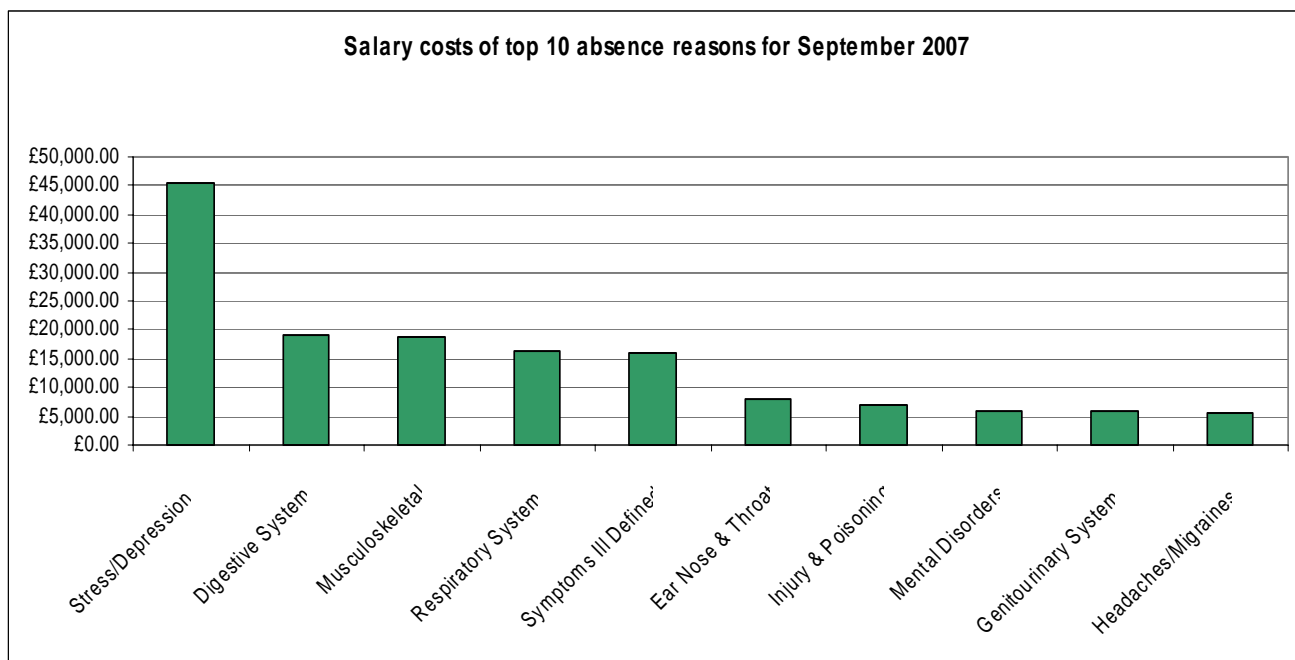
Commentary: There has been a shift in the month so that FOD is responsible for a much higher proportion of absence than previously. Aside from this change there is no other significant changes to the graph.  
Source data: e-hr data extracted 12 November 2007

Graph 5



Commentary: The number of short term absences rose from 472 to 643 and long term from 32 to 39. Most of the rise in short term absences were in HSL, HID, RPD & FOD.  
 Source data: e-hr data extracted 12 November 2007

Graph 6



**Commentary:**

The calculation of cost for the organisation is direct salary costs only. They do not include allowances or the cost of covering absence. Stress/depression remains the leading cause of absence. Symptoms ill defined continues to go down the list of main absence causes.  
 Source data: E-HR 12 November 2007

**Table 2 - Comparison between current year and previous years for absence rates.**

Year	Annualised absence rate August - September - October	Absence rate – year to date	Absence rate at year end
2005/06	8.52	8.05	8.45
2006/07	8.66	7.63	8.91
2007/08	8.47	8.20	

The table above shows that although absence for the current three months was lower than previous years, the overall rate since the start of the year is high. Previous experience indicates that this will continue to climb towards the year end.

Annex 3b) – Incidents in HSE up to 16<sup>th</sup> November 2007

**Table 3 - Incidents in HSE since the start of 2007/08**

Category	Actual number reported since 1/4/06	Number required to exceed target	Target for 2007/08
All incidents causing injury	30	87	<137
All work related ill health	55	64	<101
DSE ill health	27	26	<41
Slips/trips causing injury	8	22	<35

For the first time this year the numbers of DSE related cases of ill health are above the level required to stay on course to meet our target.

**Table 4 - Comparison in incident rates for 2007/08**

Category	Equivalent rate for 2007/08 targets (per 1,000 staff <sup>3</sup> )	Current actual annualised rate of accidents (per 1,000 staff)
All incidents causing injury	36	14
All work related injury	26	25
DSE ill health	11	12
Slip/trips causing injury	9	4

The incident rate information shows that for DSE cases we are actually above the target rate. The rate of ill health cases is not far below the target rate. In contrast the actual rates of incidents are much lower than the target rates.

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<sup>3</sup> Incident categories include non-HSE staff. It is difficult to calculate how many non-HSE staff work on HSE premises. For the purpose of this comparison HSE staff in post whole time equivalent is used to calculate rates