

Project Title	Improving Absence Management
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Engineering and Utilities
Objective	Rolls-Royce calculated that if it could reduce absence levels by 10% it would make significant savings.
Description	Rolls-Royce developed an effective sickness absence management programme including: implementing a company-wide absence management policy explaining the responsibilities of managers; and introducing an IT programme that monitors employee absence, recording the reasons for the absence and calculating the costs. Anyone who is absent for 4+ weeks benefits from an action plan, including physiotherapy services (for both work and non-work related injuries).
Project Cost	£100,000 - £500,000
Project Start Date	01-01-1999
Project End Date	Ongoing
Achievements	By reducing absence by about 15% the company has saved approximately £11 million. Health and safety benefits include fewer days absence due to illness; and the ability to analyse the cause of staff absence accurately. For example, the proportion of staff absence due to stress dropped from 20% to 16%. Business benefits include reducing staff absence from an average of 2.9% in 1999 to 2.4% of the workforce in 2002. Average number of days lost per employee per year has fallen to 4.2 (CBI estimates national average is 6.8). Consequently, more staff contribute to Rolls-Royce's business activities at any one time. Employees feel managers are positively interested in their prompt return to work. Trade union representatives were consulted over the proposed procedures at the planning stage. As employees return to work more quickly management time spent on each absence is more effective. It cost approximately £7,800 to develop the policy and procedures. Briefing managers and other specialists cost about £200,000 in time. The time managers spend managing staff absence is largely the same as before the initiative, but is used earlier in the period of absence. In the first year of the initiative, about 191,000 work days were lost through sickness absence. This cost the company around £71.7 million (direct and indirect costs). By reducing absence by about 15% the company has saved approximately £11 million.
Source of Funding	
Submitted By:	submitted by Neal Stone, Health and Safety Executi
	Rolls-Royce plc
Address:	Rose Court 2 Southwark Bridge London SE1 9HS England - North West
Telephone:	020 7717 6484
Email:	neal.stone@hse.gov.uk

Project Title	Rehabilitation of employees after (psychological) illness
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Chemical and Hazardous Installations
Objective	To facilitate early return to work and successful return of function after illness or injury
Description	Stakeholders have worked together to continually improve the management of illness so that everyone has a clear understanding of what can and should be done to minimise the impact of illness on employees' capacity to work effectively and healthily.
Project Cost	None Specified
Project Start Date	01-01-1998
Project End Date	Ongoing
Achievements	<p>At AstraZeneca, we have established a high degree of consensus as to what contributes to successful rehabilitation: (1) A good relationship between manager and employee, expressed in a regular contact between them from day one of the absence; (2) Managers need to own the rehabilitation. One person needs to manage the case and secure all the inputs of different parties. The line manager is the most appropriate person for this task; (3) A good relationship between HR and line manager: managing expectations of line managers. The line manager will be, most of the time, focused on organisational targets and perspectives. The HR manager will make sure that the well-being of the individual won't be overlooked; (4) Good communication between the line manager, SHE department and the HR department: regular contacts so everyone knows what is going on. The rehabilitation case is managed without gaps; (5) The competence of the manager: the more experienced a line manager is, the less he or she will need the support of the HR department, and the better a rehabilitation will work; (6) The willingness of the individual: if an individual is unwilling to participate, then rehabilitation won't work. Such unwillingness may stem from many things: genuinely low self esteem undermining confidence; fear of failure; lack of trust; lack of belief that the source of the problem will be tackled etc Where unwillingness is apparent, it is important to understand what lies behind it; (7) Consistent support for line manager and employee: Occupational health and HR should bring a flexible framework, that fits with the reality of the workplace, so line manager and employee feel supported in a sensible way; (8) Managing expectations: occupational health needs to be as honest as possible with employees and line managers. If everyone is talking the same language, it will give a firm foundation for a good rehabilitation.</p>
Submitted By:	Dr Richard Preece
	AstraZeneca
Address:	Alderley Park, Macclesfield, SK10 4TG England - North West
EMail:	richard.preece@astrazeneca.com
Partners	Occupational health, Line managers, Individual employees, Human resources, CALM - counselling service, Employee representatives

Project Title	Managing Absence and Ill Health
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Sea Transport and Docks
Objective	To introduce a more effective sickness absence management system.
Description	An analysis of staff absence through ill health found that absence levels were a considerable drain on the organisation. More effort is now placed on causes of absence and assisting staff return to work, rather than coping with the effects of absence in the workplace. Measures included providing training for managers and staff on the new procedures and support available; and providing line managers with timely data on absence levels which assists in their management duties. Managers became more involved in their employees' absences, and are more accountable for that management. Return to work interviews are conducted. Referrals are made to the occupational health doctor for any absence that is potentially long term and the doctor's advice is taken to provide opportunities for safe earlier return to work where staff aren't able to carry out their normal duties.
Project Cost	£10,000 - £50,000
Project Start Date	01-01-2000
Project End Date	Ongoing
Achievements	A 70% drop in overall absence rates from 11-12% in 1999 to 3-3.4% in 2003. This drop is equivalent to around 30 staff at work. This saving greatly outweighs the additional cost of the occupational health service. Numbers of staff on long-term absence have dropped from about 15-16 employees to about 2-3 employees at any one time. Glenn Witham, Head of Personnel and Development says "All staff are aware that absence is effectively managed. This has had a positive effect on morale to those staff who have to cover during periods of sickness absence".
Submitted By:	Neal Stone
	Port of London Authority
Address:	2 Southwark Bridge London SE1 9HS England – London
Telephone:	020 7717 6484
Email:	neal.stone@hse.gov.uk

Project Title	Managing sickness absence through a non-medical approach
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Financial Services
Objective	To develop an understanding amongst the Human Resources and management community about the wider influences of sickness absence and so influence the return to work process.
Description	<p>14 pilot groups initially set up to measure quantitative and qualitative measures associated with the reduction of absence. Training by the organisational health manager has been provided to Business Managers, HR and line managers in the approach to be followed and managers have been upskilled in Attendance management procedures to ensure fairness and consistency in:</p> <ol style="list-style-type: none"> 1. Identifying the underlying cause of absence e.g health, social or work-related 2. Developing an action plan to retain or return the employee in work 3. Using flexible options as far as possible to return people to work.
Project Cost	£10,000 - £50,000
Project Start Date	01-06-2001
Project End Date	31-12-2002
Achievements	By giving the Human Resources team the skills and confidence to manage non-medical causes of absence, cost savings in short term absence came to £1 million over the first 5 months. Reducing short term absence can impact on the overall costs of absence although for the strategy to reap the most benefit Halifax need to go and look at rehabilitating those on long term sick leave.
Submitted By:	Lisa Hooley
	Halifax plc
Address:	<p>Halifax plc Trinity Halifax HX1 2RG</p> <p>England - Yorkshire & the Humber</p>
Telephone:	01422 332396
Email:	lisahooley@halifax.co.uk

Project Title	Holistic Approach to Attendance Management
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Financial Services
Objective	To meet two of the objectives set out in Securing Health Together's ten year plan - 1. to reduce days lost to ill health by 30% and 2. to improve opportunities for rehabilitation back to work.
Description	Management and professionals in the Human Resources (HR) and Occupational Health (OH) teams are committed to tackling absence management. We believe that using an holistic approach to manage sickness absence yields the greatest benefit to the employees, their families and the business. Through liaison with the employee, their line manager and their GP, HR and OH are able to prioritise appointments to ensure employees are provided with any information and assistance they require so as not to become ill from work and also in facilitating their return to work. The Company is at relatively low risk when compared to other industries. The needs assessment analysis of sickness records show that the main problem is stress (about 80%) and musculoskeletal disorders (about 20%). All employees who are absent for more than 30 days are referred to the OH department. This allows for medical, socio-economic and work-related factors which may be preventing the employee returning to work to be explored on an individual basis and a return to work plan is developed. This can be varied ranging from reduced hours/days gradually building up as well as making reasonable adjustments to their work. Afterwards review meetings decrease in frequency as the needs of the employee decrease. The Company also ensure that the employee has access to medical care as soon as possible by providing staff with private medical insurance, access to a confidential stress line and access to a dedicated, independent OH department.
Project Cost	£1,000 - £10,000
Project Start Date	01-01-1995
Project End Date	Ongoing
Achievements	To enable statistics to be calculated a simple evaluation tool called 'the before and after design' has been adopted. This method allows for a baseline measure to be recorded ie levels of absence against projected levels of rehabilitation. Absence statistics currently stand at 4.2 days per employee per annum (1.69%). At the start of the project in 1994 the statistics were 6.0 days. Since the inception of the project a positive correlation between length of absence and return to work using an individually tailored back to work plan has been recorded. A major contributory factor to the success has been the regular, meaningful communication with all relevant parties to work in partnership as well as the ability to adapt and change as needs change.
Source of Funding	Scottish Equitable PLC
Submitted By:	John Walker, Scottish Equitable PLC
Address:	Scottish Equitable PLC, Edinburgh Park, Edinburgh, EH12 9SE
Telephone:	0131 339 9191
Email:	jowalker@scoteq.co.uk
Partners	Corporate Health Limited

Project Title	Employee Rehabilitation Programme
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Engineering and Utilities
Objective	Helping employees who have been ill, whether work-related or not, return to work.
Description	<ol style="list-style-type: none"> 1. routine OH contact after three weeks of absence 2. got managers to accept that 'half a loaf better than no bread' 3. secured agreement from employee's clinician that phased return suitable 4. biggest hurdle in encouraging the employee to attend plant - usually big confidence loss which is more noticeable in employees absent with mental health issues 5. initial meeting with OH and Supervisor 6. suggested dates set for return to work (but not set in concrete) 7. set up dates for visits to plant prior to return (eg for lunch) 8. encourage contact with colleagues 9. offered phased return - gradual build up of hours 10. ensure someone (friend/colleague) meets up with them prior to shift to 'buddy up' 11. reviewed at the end of first shift and then weekly for three weeks
Project Cost	Less than £1,000
Project Start Date	01-01-2000
Project End Date	Ongoing
Achievements	There was a 25% reduction in employees absent for more than three months. As a result the project did not cost anything overall and actually saved NEC money.
Source of Funding	Internal
Submitted By:	Aileen Stewart
	NEC Semiconductors (UK) Ltd
Address:	3 Carnegie Road Livingstone Scotland EH54 8QX Scotland
Telephone:	01506 406 085
Email:	aileen.stewart@suk.necur.com

Project Title	Recording work-related illness
Programme Of Work	Continuous Improvement - Programme 2
Industry Group	Engineering and Utilities
Objective	To put in place systems to record and analyse trends in work-related ill-health (WRIH).
Description	Systems were put in place as follows: 1. Certified absences. OH nurse contacts employee on return to work, establishes precise medical cause (often different from GPs statement) and whether it is likely to be work-related. Then computerises on medically confidential database using shortened list of disease codes from the International Classification of Diseases. 2. Self certified absences. Employee asked to declare upon return to work whether they think illness was caused by work and to place the illness in one of 10 categories. Data entered on HR computer system. OH Nurse then contacts the individual and confirms/rejects the work-related causation. If agrees, computerises on confidential system. The categories are as follows: a) injury but not to back or neck b) back problem c) neck problem d) arm or leg problem (excl. acute injury) e) skin condition f) eye problem g) chest condition h) nose or throat condition i) stress j) none of the above 3. Attendance for treatment/advice at work. First aiders and OH nurses record on treatment slip whether work appeared to be the cause. OH nurse then enters on confidential IT system using short menu of broad medical conditions.
Project Cost	£1,000 - £10,000
Project Start Date	01-10-2001
Project End Date	Ongoing
Achievements	In parts of the business where all systems are in place accurate data on the incidence of work related ill-health is available and monitoring towards the Securing Health Together targets is ongoing. Setting up the absence notification system in new parts of the business has been a challenge but is essential to gather the absence data. This could work in other industry groups provided there was a pro-active OH service.
Submitted By:	John McCaul
	Innogy plc
Address:	Occupational Health Department Windmill Hill Business Park Whitehill Way Swindon SN5 6PB England - South West
Telephone:	01793 892 899
Email:	john.mccaul@innogy.com