

Ministerial Task Force on Health, Safety and Productivity

Delivery Plan for the Review of Sickness Absence in the Public Sector

February 2005

MINISTERIAL TASK FORCE ON HEALTH, SAFETY AND PRODUCTIVITY

DELIVERY PLAN

Background

1 The joint Task Force and Cabinet Office report on Managing Sickness Absence in the Public Sector set out a series of actions and recommendations to help managers and staff throughout the public sector improve attendance management with a view to reducing both short and long term sickness absence. The Task Force called for the early production of a delivery plan to ensure that its recommendations are implemented.

2 The Task Force drew attention to the need to learn from earlier efforts to tackle sickness absence such as the 1998 'Working Well Together' study that made a number of recommendations and received wide support. However, this study failed to make a lasting difference because top management focus was allowed to dissipate and because line managers were not given the tools they needed. This delivery plan is designed to ensure that accountability for achieving targets is clear and that risks are identified and managed.

Target

3 The Task Force is aiming to ensure that the public sector makes a full contribution to the Health and Safety Commission's target to reduce by 30% the number of working days lost as a result of work related injury and ill health per 100,000 workers by 2010 (with 1999 as the baseline year). However, the Task Force is concerned about the wider causes of sickness absence and this delivery plan is designed to build on this target with a range of other measures to improve attendance management.

4 So the overall target is to reduce sickness absence in the public sector by 30% by 2010. This is in line with the targets agreed after the 1998 study and would represent, on average, around 7.0 of days of sickness absence per worker in the public sector. For example, the current level of sickness absence in the civil service is 10 days. An annual reduction of 6%, representing 0.5 days per person per year is needed to achieve this target between 2005/6 and 2009/10.

Objective and purpose of target

5 Reducing sickness absence across the public sector will:

- Ensure that resources are fully devoted to delivering essential services to the public;
- Ensure that the public sector leads by example in promoting the business benefits of health and safety and attendance management and delivering wider health and safety targets;
- Contribute to the efficiency agenda. A number of departments have indicated that they are seeking to reduce sickness absence as part of the Productive Time element of efficiency plans, and in the civil service alone it is estimated that the cost of sickness absence is £375 million each year.

Accountability and governance

6 **Leadership** for the delivery plan will rest with the Ministerial Task Force. As the "owner" of the report it will want to be satisfied that its recommendations and actions are implemented, and that the impact on sickness absence trends is

monitored and evaluated. This delivery plan sets out how government departments and other significant sections of the public sector will report progress to the Task Force.

Strategic management.

7 The Task Force can provide political leadership and play a key part in ensuring that attendance management remains at the top of the management agenda. However, improving the management of sickness absence is being driven by a number of cross public sector work streams, with the following accountabilities:

- Cabinet Office – the Modernising People Management and Corporate Development Groups in respect of the promotion of best practice HR management policies and implementation;
- The Office of Public Service Reform in respect of stakeholder engagement through the Public Service Forum;
- The Office of Government Commerce (OGC) in respect of the Productive Time element of the efficiency agenda, including support to departments that have identified sickness absence as contributing to their efficiency programmes and realising the gains;
- ODPM and DoH in respect of improving attendance management in local government and health sectors respectively and reporting on progress.
- HM Treasury's interest in public sector efficiency and productivity and the delivery of PSA targets;
- the devolved administrations which have a leadership role in promoting health, safety and productivity in Scotland, Wales and Northern Ireland.

8 The Task Force secretariat, with DWP and the Cabinet Office, will coordinate and report on progress with implementing the Task Force's recommendations. HSC/E will continue to report to the Minister for Work on progress towards its own PSA target on reducing sickness absence and HSE's strategic interventions in the public sector.

Consultation

9 This delivery plan has been drawn up in consultation with the relevant stakeholders in DWP, Cabinet Office, OGC and the Treasury.

10 External stakeholders contributed to the development of the Task Force report. They will continue to be engaged and consulted through the Public Service Forum and through regular contacts between the Cabinet Office, secretariat and the Council of Civil Service Unions.

Strategy

11 The strategy for reducing sickness absence was set out in the joint Task Force/Cabinet Office report. The Task Force reviewed the evidence from a number of surveys and research reports. It concluded that improvements in performance depended on a number of management actions, most of which were designed to ensure that good practice guidance is translated into action on the ground.

Particular attention needed to be given to three main areas to:

- secure sustained commitment from managers at the top level;
- deliver the right data and systems to support better attendance management; and
- provide leadership, support and training for line managers.

12 In combination, these strategic factors need to be in place as the high level model of a sound framework for attendance management. They need to be embedded into management and reporting structures at all levels if sustainable gains are to be secured. Models for the management of health and safety already exist and the delivery plan includes further work to provide a model of a well managed organisation, including the impact of factors such as job design and work organisation, given that sickness absence performance can be seen as one indicator of organisational health. It also adds the possibility of pilot studies, the sharing of results and so a gradually improving consensus on good practice.

Delivery actions

13 The delivery plan is attached at **Annex A**. It includes details of a range of pilots and actions designed to support each of these areas. Based on the Task Force's recommendations it sets out measures to address:

- fundamental systems changes – those that address senior management, accountability, data and training issues;
- short term sickness absence through a series of pilots, with the outcomes being disseminated widely;
- long term sickness absence, including access to occupational health services;
- the levers that will encourage and sustain improvements in attendance management in the wider public sector.

14 In each case it includes outlines of accountability for delivery, monitoring and reporting, milestones and evaluation measures.

Impact of environmental factors

15 Two factors may affect the delivery of reductions in sickness absence in the medium term (that is over the next three years). First, it is likely that the introduction of improved on-line HR IT systems will improve both reporting to the new systems and reporting from them, with on-line data to any level of the organisation. This is likely to result in some short term absences (typically of one to three days) being captured that are not currently being picked up through paper reporting systems. While the new systems (assuming that they are supported by improved training for managers in the actions they need to take at certain trigger points and in identifying and dealing with patterns of short term absence) should go some way towards counteracting the impact of better reporting, it is impossible to judge the extent of underreporting at present.

16 Secondly, the public sector faces a period of considerable change including organisational restructuring, relocation and pressures on staff numbers. The evidence indicates that these factors will tend to increase uncertainty that may exhibit itself in higher levels of sickness absence.

Baseline measure

17 The key measure by which progress towards the target can be assessed is the number of days of sickness absence per staff member in a given year. This information is collected annually by the Cabinet Office for the civil service from payroll data (the AON reports) and in 2003 it was 10.0 days (9.8 in 2002). Comparable data is available for each year from 1999. Similar information is collected for local authorities using Best Value Performance Indicator (BVPI) 12; and should be available from public reports from, for example, Police Services and NHS Trusts. As new HR management systems are rolled out it should be possible to

report more helpfully for managers on this headline measure eventually with online reporting for all levels of the public sector.

18 Other contextual information can be drawn from:

- reports from public sector organisations (based on management information and results from staff attitude surveys) on the implementation and impact of attendance management policies;
- the Labour Force Survey, and the introduction of the HSE Workplace Health and Safety Survey (WHASS) all of which shed light on work related aspects of sickness absence and causes;
- surveys carried out by external stakeholders such as the Confederation of British Industry, Trade Union Congress and Chartered Institute of Personnel and Development.

Risks and assumptions

19 *Assumptions.* Delivery of the Task Force's recommendations is based on a number of assumptions. For example, we are assuming that the areas that have been highlighted for attention (summarised in paragraph 11 above) will have the desired impact on sickness absence levels. It is not possible to calculate the exact contribution that any one initiative will make to the achievement of the target but evidence indicates that, in combination, these management actions will make a difference.

20 *Risks.* The Task Force has noted that managing sickness absence is not "rocket science", and highlighted some of the reasons why earlier initiatives failed to have the desired impact. The strategic risks (and how they will be managed) can be summarised under the following headings:

- Leadership. Top level interest in the issues dissipates as other priorities come to the fore leading to a loss of momentum. Ministers have indicated that the Task Force will remain in existence for two years to provide leadership to the programme, receive progress reports and help the process of spreading best practice. In the civil service the use of the Performance Partnerships exercise will help to ensure that the issues remain high on the top management agenda; and the delivery plan includes actions to replicate this in other parts of the public sector;
- Systems. Traditional payroll systems fail to provide real time and accurate information to managers at all levels. This is covered in the delivery plan and the systems provided by the main suppliers of the new HR systems include the information to improve attendance management and provide trigger points for management action;
- Management. Support and training for managers focuses on the operation of new procedures at the expense of developing skills in identifying problems, the range of referral and other actions available to support the early return of absent staff. Departments and others will be asked to report on this as they implement new HR systems.

21 Other risks include:

- reported sickness absence increasing with improved systems and organisational change – see paragraph 16 above;

- the need to ensure that there are structured and coordinated links between this delivery plan and other agendas, such as the OGC's work on efficiency and increasing productive time;
- the need to ensure that stakeholders support the objectives as part of a balanced package that supports the occupational health of public sector workers and improves work organisation and job design.

Monitoring and evaluation

22 Monitoring. High level monitoring will be based on surveys and reports of sickness absence levels across the public sector at least annually (summarised in paragraph 17 above).

23 Detailed monitoring arrangements and accountabilities for specific activities and strategies are included in **Annex A**. The Task Force secretariat will coordinate monitoring and reporting arrangements.

24 Evaluation. We have asked those departments involved in running pilot initiatives to build in evaluation measures and report on them. More generally, it is difficult to assess the precise impact of specific measures (for example, securing top level commitment) to "bottom line" reductions in absence. There is scope for further work on evaluation by DWP and HSE analysts.

Dependencies

25 The following government departments and organisations are key partners in the successful delivery of the Task Force recommendations and target:

- the Cabinet Office – specifically the Corporate Development Group and Office of Public Services Reform in respect of central guidance on attendance management to central government, the Performance Partnerships exercise and the engagement of stakeholders in the wider public sector through the Public Service Forum;
- HSE's Public Services Programme team in terms of the delivery of HSC/E targets and its work in the public sector on prevention and health and safety management, especially on stress and musculo skeletal disorders;
- The Office of Government Commerce, specifically in its work to support departments in achieving benefits associated with reduced sickness absence through the Productive Time element of their efficiency plans;
- ODPM (and the Local Authority Employers Organisation) and DoH (and the NHS Employers organisation) to ensure that the recommendations from the Task Force report are implemented in the local authority and the health service sectors;
- The Scottish Executive, National Assembly for Wales and Northern Ireland Office in view of their interest in public sector productivity;
- Departments such as DWP, Inland Revenue and HM Prison Service which are taking forward pilot initiatives.

HEALTH, SAFETY AND PRODUCTIVITY MINISTERIAL TASK FORCE

DELIVERY PLAN - MANAGING SICKNESS ABSENCE IN THE PUBLIC SECTOR REPORT.

Item	RECOMMENDATION/ACTION (Report paragraph number in brackets)	Lead	Milestones/ baselines	Evaluation	Monitor	End timescale/ report
Block 1 - Fundamental systems changes						
1.1	Use the performance partnerships exercise and analogous mechanisms for agencies etc, and the efficiency review to institutionalise absence management within organisations and through a dedicated annual written statement to Parliament. (4.4)	CO	Annual written statement by departments on progress and achievements. Summaries to Task Force	See 1.1.1	TF Secretariat	Annual
1.1.1	Performance Partnerships - To include one high level absence management indicator as part of the six monthly departmental performance reviews by the Cabinet Secretary.	CO	Agree indicator and implement from mid 05/06	Departmental performance and ability to report on top level indicator every 6 months.	CO	Ongoing
1.1.2	Agencies – To ensure that agencies include absence management reports and indicators in performance reports	CO	Baselines from AON. Letter to Departments to set up arrangement by end Feb 2005. Implement for reports on 2005-06 outturn	Agency performance and ability to report on top level indicator. Annual synopsis to TF	CO and TF Secretariat	Ongoing
1.1.3	Written statement to Parliament	CO and HRDG	Statement on rates and management initiatives by each dept, annually	As above	CO	Annual action

1.2	Management information systems to provide for real time recording and audit and agree trigger points. (4.8)	All departments	CO (Conditions and Employment Relations) to write to HR directors	New systems provide information based on guidance Main suppliers (SAP, Oracle, PeopleSoft) systems can provide real time information.	CO	In line with plans for the roll out of new systems.
1.3	HR management information systems Provide good practice guidance on tailoring and using new IT systems for absence management (4.7) HMPS example – Quarterly review document produced since July 2000 based on absence levels and targets at all levels. Oracle HR system being implemented along with National Shared Service Centre. Pilot areas to start in 2006.	CO/ HSE	CO (Corporate Management Group) to write to HR Directors HMPS can provide examples of their experiences to the TF or other departments	New systems provide information to managers based on guidance. Main suppliers of systems have confirmed that they can provide the information.		
1.4	As new HR systems are installed, train managers in both the systems and procedures and the skills they need to deal with absence management (4.13).	CO/H SE				
1.5	Central HR support to enable move towards integrating absence and performance management (4.14)	All departments			CO	
1.6	Departments to consider whether recruitment procedures are robust in terms of pre employment checks as to an individual's absence record. (4.11)	All departments			CO	
1.7	Departments to reconsider whether their support to managers and those who are sick is sufficient in respect of (a) professional HR advice and other support services and building the HR skills base; (b) formal access to occupational health services to promote early intervention and planned early return. (4.14)	All departments			CO	

Block 2 – SHORT TERM ABSENCE

Item	RECOMMENDATION/ACTION (Report paragraph number in brackets)	Lead	Milestones/ baselines	Evaluation	Monitor
2.1	Insisting on certification and moving towards disciplinary proceedings for persistent offenders. (5.4.A) Being trialled in:	IR, HMPS			CO/ TF Secretariat
2.1.1	Inland Revenue - five absences in 12 months triggers a formal management review which may insist on certification for subsequent absences and/or issuing and formal warning. Aims - To make more, and better, use of inefficiency procedures where the pattern of absences is a cause for concern; To better align managing unsatisfactory absence procedures with the corresponding sickness absence procedures. Roll out - through integrating unsatisfactory attendance element of the Managing Unsatisfactory Attendance & Performance (MAP) ("Inefficiency Action") procedure and the managing sickness absence processes. And through support from the Management Framework and Management capability training		Started September 2004. Linked to HMRC Integration approvals process Integration with Customs & Excise – April 2005	Comparison of sickness absence levels against business units not in the pilot Feedback from jobholders, line managers and Trade Union Side	
2.1.2	HM Prison Service (HMPS) securing an 18% reduction in absence. Greater use of disciplinary proceedings. HMPS introduced mandatory warnings for all staff based on a version of the Bradford Score, named the Attendance Score. There is no discretion to not warn staff unless the case has first been consider by an external occupational health specialist who considers the case a serious condition according to an agreed definition. Such cases protect staff with cancer, heart conditions etc. If necessary long running cases can be dealt with by long-term case management and medical inefficiency etc. The system is also supported by IT systems to identify individual staff breaching the trigger point and audit if proper action has been taken. Nearly 300 staff were dismissed in 2003-4 for either breach of short-term poor attendance procedures or left through medical inefficiency procedures.		New version of Bradford Score introduced by the Prison Service in November 2002 Jan 2004. New reports introduced identifying every member of staff breaching the attendance triggers.	Sickness rates for this category of absence already down 18% Quarterly reports monitor dismissals and new monthly reports all staff breaching attendance triggers	

2.2	<p>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. (5.4.B) Being trialled in.</p>	DWP, HMPS			CO/ TF Secretariat
2.2.1	<p>DWP - Piloted in Jobcentre Plus from March- September 2004 (similar pilot currently running in Child Support Agency, but across all sites)</p> <p>Roll out: Decision on how to roll out will be based on cost and evaluation of pilot.</p>		<p>Pilot end – September 2004 Early evaluation – Nov 04 Full evaluation and recommendations to HR Board – Feb 05 Plans for wider roll out in place April 2005 To include evaluation strategy and dates</p>	<p>Detail will depend on roll out strategy Initial pilot showed reduction in absence in pilot sites</p>	
2.2.2	<p>HMPS Stress related absence has been identified as a key cause of sickness in HMPS accounting for 25 percent of absence. Stress related absence is considered especially responsive to early intervention and support. HMPS has introduced mandatory trigger for all staff diagnosed a suffering with a stress related illness to be referred immediately to the OH provider as well as staff care and welfare services. Mandatory referrals – HMPS has triggers for mandatory referrals to the OH Provider. Staff with stress or psychological illness must be referred immediately, and all other cases must be referred after 20 working days absence. Mandatory referral after 6 months absence includes an assessment for eligibility to be considered for medical retirement.</p> <p>OH reports give departments information on diagnosis, prognosis and whether a condition should be excluded from any Attendance Score calculation. Early referral also provides advice on adjustments that may be made to facilitate the return of the member of staff.</p>		<p>New procedures requiring immediate referral introduced in 2002.</p> <p>Planned to let HMPS wide contract for stress counselling and support in 2006 to boost current arrangements delivered by welfare services.</p>	<p>The greatest contribution is the resolution of cases and increase in exits and medical retirement. Evaluation to continue through reporting in quarterly sickness reviews.</p>	

2.3.1	Formally auditing adherence to triggers - formalising requirement for return to work interviews after a given length of absence, and defining key trigger points. (5.4.C) Being trialled in:	DWP, HMPS IR			CO/ TF Secretariat
2.3.2	DWP Aim: Evaluate both compliance with, and effectiveness of, policy of mandatory Welcome Back Discussion after every absence. Roll out: Already in place, but evaluation will enable us to identify further learning needs		Policy already in place in DWP April 2005 – New L&D products Jan 2006 - Evaluation complete	Evaluation of compliance and quality of intervention Impact on sickness absence Perceptions of managers and staff Evaluation of L&D material	
2.3.3	HMPS , where a mandatory system of return to work interviews has been adopted. Two levels of absence are required: an informal discussion for short periods of self certificated absence; and a formal system of recording absences over 7 day in duration. Compliance with these mandatory procedures is evidenced as part of a regular audit process, and is monitored corporately by the board. Aims: Return to work interviews are mandatory in HMPS, regardless of length of sickness absence. With the exception of very short absences, the interview is initially recorded on the individual's personnel file but the requirement to conduct return to work interviews is also checked annually by the Standard Audit Unit against the Prison Service Standards. Believed that ensuring consistent compliance with procedures by managers at all stages is the key to success in achieving reductions in sickness rates.		New procedures requiring mandatory return to work interviews were introduced in 2002. Adoption of internal and self-audit standards for sickness management in 2003	Return to work interviews contributed to the fall in short term absence of 12%. Compliance monitored through system of internal and self-audits. Key actions are recorded with regular audits to monitor compliance.	

2.3.4	<p>Inland Revenue - auditing managers' application of sickness absence procedures.</p> <p>Aims To use e-HR sickness absence workflow for auditing manager's application of procedures; to make managers more accountable for applying the sickness absence procedures; to help reduce short-term frequent and recurring absence levels</p> <p>Roll out Through a controlled QA/QC process and captured in departments' published audit programmes</p>		<p>Started December 2004 - e-HR window</p> <p>QA/QC model and programme for IR/CE Integration at April 05</p>	Through QA/QC programme	
2.4.1	Requiring daily phone calls to the office when unexpectedly off sick for short periods; encouraging staff to ring in each day on unexpected self-certificated sickness absence. (5.4.D)	IR (Others?)			CO/ TF Secretariat
2.4.2	To be trialled in IR contact centres. IR (from April 2005, HMRC) will use Cabinet Office/HSE studies of the Contact Centre sector to inform best practice across a range of sickness absence processes (including the requirement for jobholders to keep their line informed of their absence) - proven particularly relevant to telephony business.		<p>Work starts 28/1/05</p> <p>Develop pilot plan by Sept 05</p> <p>TF secretariat to contact other departments to run parallel trials Sept 05</p>	<p>Reduced absence levels in contact centres</p> <p>Scope for dissemination and take up</p>	
2.5.1	Systematising checks on persistent Monday/Friday absence. (5.4.E)	DWP			CO/ TF Secretariat
2.5.2	To be trialled in DWP where component businesses will benchmark Monday and Friday absences across the organisation once HR systems are in place in the new year. Aim: To identify absence patterns and tackle persistent Mon/Fri absence Roll-out: 'pilot' will cover whole of DWP.		<p>Starts April 2005 - Local April 05, Managers have access to MI from HR system</p> <p>June 2005 Businesses report quarterly on absence patterns</p> <p>Dec 2005 Review policy to identify possible policy changes</p>	<p>Identify scale and extent of problem and whether existing policy, if applied properly, is able to tackle problem.</p> <p>Work with DWP businesses to identify local, business and DWP-wide solution as appropriate</p>	

2.6.1	Not paying staff failing to certificate after absences of more than 5 working days. (5.4.F)	DWP			CO/ TF Secretariat
2.6.2	Trialled in DWP, where unauthorised absence is dealt with as a conduct issue, and an individual is given written notice that unless a certificate is produce within five working days payment of salary will be stopped. Aim: To establish effectiveness of existing policy in DWP. To amend/clarify policy if not effective Roll-out: April 2006 if changes are necessary		Possible start date April 2005	April 2006 identify: Scale of unauthorised absence. Appropriate action taken or not. Effectiveness of existing guidance	
2.7.1	More sensitive arrangements for special/compassionate leave; initialising of flexi days. (5.4.G) Flexibility for line managers on granting special leave to be trialled in Defra, DWP and IR.	Defra, DWP, IR			CO/ TF Secretariat
2.7.2	IR Aims To encourage jobholders not to mask their reason for absence under, "sickness absence" when the circumstances are not appropriate; To ensure line managers give consideration to requests to time off and utilisation of the relevant option/arrangement End date Alignment with accordance with DEFRA and DWP trial end dates Roll out Through all departments adopting the same time-off arrangements – subject to business needs Through awareness communication to jobholders and line managers		Alignment of IR and C&E time off policies IR and C& E Integration at April 2005	Confidential questionnaire to jobholders Comparing existing flexibilities against other departments' (especially DEFRA and DWP trials) time off options Assessing extent of usage of available options	
2.7.3	DWP Aim: To reduce inappropriate sick leave		September 2004 Timing depends on roll out of HR system. Earliest date for system monitoring – May 2005	Once IT system in place, will monitor take-up quarterly	
2.8.1	Sector specific solutions, notably with contact centres (5.6)	Volunt eers			CO/ TF Secretariat

	<p>In January 2005, IR to engage its Contact Centres key stakeholders on ways to reduce that business unit's sickness absence levels. The emerging issues will determine how to proceed and identify the deliverable outcomes.</p>		<p>Precise details of identified activity will be submitted with the next update for the Ministerial Task Force Delivery Plan.</p>		
--	--	--	--	--	--

BLOCK 3 – LONG TERM ABSENCE

Item	RECOMMENDATION/ACTION (Report paragraph number in brackets)	Lead	Milestones/ baselines	Evaluation	Monitor	End timescale/ report
3.1	Bring together the literature on the fundamental causes of sickness, where they can be related to workplace practice, and seeing how changes to workplace practice can reduce sickness (1.15).	HSE	Scoping note to Public Service Forum by end Feb 2005	Take up and action across public sector	CO/ TF Secretariat	Progress report Sept 05
3.2	Public Service Forum to discuss and appraise this work and to initiate a debate on how job and workplace design can improve to reduce absence in the workplace. (6.2)	OPSR	Links to action with Work Foundation on the mode of the well managed organisation	Long term impact on job design and organisation	OPSR/CO	March 06
3.3	Exploring the role of non-GP occupational health services through pilots within departments. This is an area where there is scope for piloting on an "invest to save" basis. (1.15)	TF Sec and CO	Work with OGC to identify pilots from "productive time" efficiencies, by Sept 05	Pilots initiated and evaluation in place	CO/ TF Secretariat	March 06
3.4	HSE to develop a package of support that helps a small number of public sector organisations to use the stress Management Standards, implement the their action plans and evaluate the results. (6.3)	HSE) (Public Servs Team)	Programme plan by end March. Top level discussions with TF departments by	Targets for levels of absence caused by stress in target depts and other	TF Secretariat	Report on progress and new pilots Dec

3.5	HSE to develop a planned programme of high level contacts with key public sector delivery organisations, promote Management Standards and agree the key H&S challenges they face and work with these organisations to establish targets, develop solutions and evaluate the results. To report regularly the Task Force on progress. (6.4)	HSE (Public Servs Team)	end June Work with OGC to identify others for joint working on H&S Projects in place by September	organisations Reporting to DWP ministers through HSE PSA reporting process. Progress towards efficiency gains associated with absence management under OGC "Productive time" work stream	TF Secretariat	05
3.6	HSE work specifically aimed at reducing the incidence of MSDs to include new initiatives in the public sector. (6.5)	HSE	To be included in targeted HSE activity on MSDs in June 2005	Awareness and departments developing action plans and targets for MSDs	TF Secretariat	April, 06
3.7	Tax treatment - HSE to lead a revision of the guidance and dissemination, with the close involvement of IR. If there is evidence of differences of interpretation of the rules within tax offices, guidance for tax inspectors should be clarified.(6.10)	HSE/IR	Initiate Sept 05. Complete Jan 06	Clarity of guidance and consistency of treatment	TF Secretariat	Feb 06
3.8	Medical retirement - All public sector organisations to review individual cases and case management arrangements for very long term absence (e.g. over 6 months). (6.13)	All departments and others	Departments to be invited to set out plans by Sept 05 Reviews complete by June 06	Reductions in very long term cases through rehabilitation or other action	CO/ TF Secretariat	June 06
3.9	<u>Occupational sick pay - (1) Find organisations willing to pilot new approaches, especially for new joiners on probation periods or new contract staff – departments are being 'lined up' to pilot approaches and report back on findings.</u> (2) Payment of Standard Pay at Pension Rate (SPPR) is an option for civil service staff on long term sickness absence for whom entitlement to six	TF Sec and CO to find volunteers	Trawl for volunteers by June 05 To meet IND and Home Office to identify scope for pilots by March 05	Impact n sickness rates for pilot groups Scope for wider use of these measures	CO/ TF Secretariat	Progress report Dec 05

	<p>months on full pay followed by six months on half pay have been exhausted. Employers to review entitlement to SPPR. (6.15)</p> <p>Integration of IR and C&E provides the opportunity for exploring improvements to various aspects of sick pay provisions with the aim of reducing sickness absence levels. Integration approvals process to review proposals affecting terms and conditions that reduce pay bill and achieve increased productivity.</p>		Pilots in place with evaluation plans by end 05			
3.10	<p>Incentives - DWP to explore the possibility of piloting incentives for good performance as part of their overall approach to attendance management. (6.17) Aim: To improve attendance levels. DWP to develop pilots to run concurrently in different sites.</p>	DWP	November 2005	Sustained improvement in attendance levels in pilot areas. Evaluation to determine which approaches to be rolled out across DWP.	CO/ TF Secretariat /HMT	July 2006
3.11	<p><u>Medium term absences - Task force to return to this aspect of managing sickness absence as part of its forward work plan. (6.19)</u></p>	CO/ TF Secretariat	Work with HMPS to identify issues and problems, scope for action, Dec 05 Paper to Task Force Mar 06	Subject to initial scoping study	CO/ TF Secretariat	Mar 06

Block 4 - Sustainability in the wider public sector

Item	RECOMMENDATION/ACTION (Report paragraph number in brackets)	Lead	Milestones/ baselines	Evaluation	Monitor	End timescale/ report
4.1	HSE to ensure effective sickness absence management is embedded into the efficiency programme and wider public sector performance audit with OGC, NAO, Audit Commission; and report back to the Task Force. (7.1/2)	HSE Pub Servs Team	Discussions with NAO, AC in January. HSE to work with OGC to identify Change Agents to support departments with identification and implementation of productive time absence management benefits. To identify, scope, role and funding for change agents by April 05	Take up of support from identified change agents. Departments on trajectory for meeting identified efficiency savings	CO/OGC/ TF Secretariat	Annual report to Task Force on progress
4.2	The Task force will invite the Work Foundation to undertake joint work with HSE on a profile for the well managed organisation, to assist Boards take the issues forward. (4.5)	HSE Public Servs Team	Initial discussion January 2005 Project plan and scope agreed by end Feb 05 to includes dissemination. Steering group established end Feb 05 Complete by September 05 Disseminate and promote Sept – Dec 05	Interest and take up across public sector through Public Service Forum – see above	CO/ TF Secretariat	End 05
4.3	Task Force will complete, and discuss with stakeholders, a delivery plan to implement the recommendations in this report as a matter of urgency. (1.19)	CO/ TF Secret ariat	Plan complete end Feb 05 Circulate to stakeholders end March	Feedback from stakeholders Progress on all actions	TF/CO	Progress reports to TF every 6 months

			05 Stakeholder seminar on plan and progress end 05			
4.4	TF to invite Permanent Secretaries and board champions in the civil service to provide annual reports on their progress on attendance management. These reports should be the explicit responsibility of a nominated departmental board champion. (7.3)	CO/TF Secretariat	See 1.1 Develop reporting template by March 05 based on key indicators and key actions Write to champions April 05 Depts to report annually	Reports received and impact of actions on sickness rates	CO/ TF Secretariat	Annually
4.5	TF to ask the Public Service Forum to report on progress on implementing these recommendations across the wider public sector. (7.14)	OPSR CO/ TF Secretariat	Initial discussion at PSF Sept 05 Framework for reporting agreed Dec 05 Reports June 06	Progress on, e.g., DoH/NHS "Healthy Working Lives" and impact on absence	CO/ TF Secretariat	June 06
4.6	DoH and ODPM to report to the Task Force on how these levers to secure top level commitment and reporting are applied in health services and local authorities early in 2005. (7.6, 7.11)	DoH, ODPM	TF secretariat and CO to discuss with DoH and ODPM and agree strategic plans for LAs and NHS involvement by Sept 05	Pilots on LA and NHS sectors, impact on absence against plans and targets	CO/ TF Secretariat	TF report Dec 05
4.7	ODPM to work with the Employers Organisation (EO) to collect absence data, etc to help meet the outcomes of the Efficiency Review by increasing productive time by reducing sickness absence. (7.11)	ODPM LA EO	As for 4.6	As for 4.6	TF Sec	As for 4.6
4.8	Stakeholder dialogue - Stakeholders to be involved in high level discussions on sickness absence through the Public Services Forum, supplemented by management/trade union engagement at central and local levels in each of the relevant sectors.(7.14)	CO, All	As above. Paper to TF on stakeholder engagement by June 05	Stakeholder buy in and support	CO/ TF Secretariat	Ongoing