

Committee for Finance and Personnel

Report on Sickness Absence in the Northern Ireland Public Sector Volume One

Together with Minutes of Proceedings of the Committee relating to the Report,
Minutes of Evidence, Memoranda, Written Submissions and Other Papers

Ordered by the Committee for Finance and Personnel
to be printed 4 March 2015

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Committee Powers and Membership

Powers

The Committee for Finance and Personnel is a Statutory Departmental Committee established in accordance with paragraphs 8 and 9 of the Belfast Agreement, Section 29 of the Northern Ireland Act 1998 and under Assembly Standing Order 48. The Committee has a scrutiny, policy development and consultation role with respect to the Department of Finance and Personnel and has a role in the initiation of legislation.

The Committee has the power to;

- consider and advise on Departmental budgets and annual plans in the context of the overall budget allocation;
- approve relevant secondary legislation and take the Committee Stage of primary legislation;
- call for persons and papers;
- initiate inquiries and make reports; and
- consider and advise on matters brought to the Committee by the Minister of Finance and Personnel.

Membership

The Committee has eleven members, including a Chairperson and Deputy Chairperson, with a quorum of five members. The membership of the Committee during the current mandate has been as follows:

Mr Daithí McKay (Chairperson)¹

Mr Dominic Bradley (Deputy Chairperson)

Mrs Judith Cochrane

Mr Leslie Cree MBE

Ms Michaela Boyle²

Mr Paul Girvan

Mr John McCallister^{3 4}

Mr Ian McCrea^{5 6}

Mr Máirtín Ó Muilleoir^{7 8}

Mr Adrian McQuillan

Mr Peter Weir⁹

1 Mr Daithí McKay replaced Mr Conor Murphy MP with effect from 2 July 2012
 2 Ms Michaela Boyle replaced Ms Megan Fearon with effect from 2 December 2013
 3 Mr Roy Beggs replaced Mr Ross Hussey with effect from 23 April 2012
 4 Mr John McCallister replaced Mr Roy Beggs with effect from 15 October 2012
 5 Mr Ian McCrea replaced Mr David McIlveen with effect from 16 September 2013
 6 Mr David McIlveen replaced Mr David Hilditch with effect from 1 October 2012
 7 Mr Raymond McCartney replaced Mr Mitchel McLaughlin with effect from 6 October 2014
 8 Mr Máirtín Ó Muilleoir replaced Mr Raymond McCartney with effect from 10 November 2014
 9 Mr Peter Weir replaced Mr William Humphrey with effect from 1 October 2012

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List of Acronyms and Abbreviations

AA	Administrative Assistant
AO	Administrative Officer
CBI	Confederation of British Industry
CCMS	Council for Catholic Maintained Schools
CIPD	Chartered Institute of Personnel and Development
CHR	Corporate Human Resources
CPD	Continuing Professional Development
DARD	Department of Agriculture and Rural Development
DCAL	Department of Culture, Arts and Leisure
DE	Department of Education
DEL	Department for Employment and Learning
DETI	Department of Enterprise, Trade and Investment
DoE	Department of the Environment
DFP	Department of Finance and Personnel
DHSSPS	Department of Health, Social Services and Public Safety
DoJ	Department of Justice
DRD	Department for Regional Development
DSD	Department for Social Development
ELB	Education and Library Board
FSA	Food Standards Agency
GB	Great Britain
GMI	Grant Maintained Integrated
HMRC	Her Majesty's Revenue and Customs
HR	Human Resources
HRPTS	HR, Payroll, Travel and Subsistence Reporting System
HSC	Health and Social Care
IME	Irish Medium Education
IPH	Institute of Public Health in Ireland
LPAA	Lifestyle and Physical Activity Assessment
MHFA	Mental Health First Aid
MLAs	Members of the Legislative Assembly
NI	Northern Ireland
NIAO	Northern Ireland Audit Office
NICS	Northern Ireland Civil Service
NIPSA	Northern Ireland Public Service Alliance
NISRA	Northern Ireland Statistics and Research Agency
OHS	Occupational Health Service
OFMDFM	Office of the First Minister and deputy First Minister
PfG	Programme for Government
PPS	Public Prosecution Service
PSG	Permanent Secretaries Group
RaISe	NI Assembly Research and Information Services
RTU	Regional Training Unit
SART	Sickness Absence Recording Tool
VES	Voluntary Exit Scheme
VG	Voluntary Grammar
WELL Programme	NICS approach to promoting health and wellbeing for staff

Executive Summary

Arising from this cross-cutting review of sickness absence in the Northern Ireland public sector, the Committee for Finance and Personnel has identified potential savings of approximately £37million per year for the public purse if average sickness absence rates in the Northern Ireland Civil Service, the Health Trusts and the Education sector are brought into line with that of their equivalents in Great Britain. The Committee believes that the findings and recommendations from its review will inform and assist the Department of Finance and Personnel and the wider Executive in overseeing and directing the efforts of departments and other public bodies to meet sickness absence targets, maximise the related savings and thereby contribute to the wider programme of measures to meet the mounting budgetary challenges facing the public sector.

The Committee's decision to undertake the review arose from a referral by the Public Accounts Committee of the Comptroller and Auditor General's report on Sickness Absence in the Northern Ireland Public Sector. This provided an initial evidence base on performance against targets for reducing sickness absence, which the Committee built upon by a co-ordinated scrutiny of policy and implementation to identify good practice and areas for improvement. This included oral hearings on cross-sectoral issues from the Northern Ireland Audit Office, the Department of Finance and Personnel and the Institute of Public Health in Ireland, as well as departmental and sector-specific evidence, including input from the other Assembly statutory committees in relation to their respective departments. In addition, the Committee commissioned research on specific issues and considered up-to-date information on departmental performance against targets available from Northern Ireland Statistics and Research Agency publications.

In terms of the headline findings for each of the three parts of the public sector examined, the Committee noted that, while there was a downward trend in absence rates in the Northern Ireland Civil Service departments up until 2012, this levelled out subsequently and that there has been a consistent failure to meet overall targets, with absence rates remaining higher than the Civil Service in GB. While the majority of civil servants record no sickness absence, long-term absence, particularly due to mental ill-health reasons, has been identified as a key area for attention. The Committee is mindful that there is now an increased organisational focus on tackling this issue, including a renewed emphasis on staff compliance with reporting mechanisms, on managing attendance training, and on preventative and early intervention measures, such as bullying/harassment awareness and wellbeing programmes. In terms of the latter, members see the potential benefits from roll-out of various mental health initiatives currently being trialled.

More generally, the Committee considers that, while good practice policies exist within the Northern Ireland Civil Service, these need to be applied rigorously and consistently within and across departments. Similar themes were noted in respect of the Health and Education sectors, including the need: to focus on reducing long-term absence caused by mental ill-health; for a more uniform application of good practice policies; to set challenging but realistic targets; and for improved monitoring and reporting of performance.

This co-ordinated report includes recommendations on specific measures aimed at helping to drive down sickness absence rates across the public sector. The Committee believes that there is now an increased impetus and onus on all Executive ministers, senior management boards and oversight bodies to rigorously monitor and challenge, as necessary, the performance of public bodies in meeting sickness absence targets over the coming years.

Key Conclusions and Recommendations

1. The Committee acknowledges that the NICS has good practice policies in place for addressing sickness absence and welcomes the introduction across departments of health and wellbeing initiatives, such as the WELL programme, and the trialling of new approaches as part of the Sickness Absence Recovery Strategy. Members also recognise that individual departments can have particular challenges in managing sickness absence as a consequence of the job profiles and work patterns of their staff, which means that direct comparisons between departments can sometimes prove difficult. Similarly, it is evident that comparisons with sickness levels in the private sector are problematic due to various factors, including a lack of comprehensive data on absence levels in that sector. (paragraph 55)
2. The Committee welcomes the research findings which indicate that the wider public sector in Northern Ireland has more robust procedures for reporting and managing sickness absence than its private sector counterpart. Moreover, members are encouraged to see that the percentage of the NICS staff with no recorded sick absence throughout the year increased to over 55 per cent in 2013-14, which provides a good basis to build upon going forward. (paragraph 56)
3. Nonetheless, the Committee is concerned to note that sickness absence levels in the NICS continue to be higher than in the GB civil service and that the NICS has persistently failed to achieve overall sickness absence reduction targets in recent years, which represents a missed opportunity to realise significant savings for the public purse. As such, the Committee considers that further measures need to be put in place to ensure that the existing good practice NICS policies are applied and implemented rigorously and consistently within and across departments. (paragraph 57)
4. The Committee would encourage the Minister of Finance and Personnel and the wider Executive to place a particular priority on reducing long-term sickness absence rates within the NICS, especially in terms of measures to address mental ill-health reasons for absence. Members consider that a concerted focus on consistent application of good practice in this area, and in terms of stress-related absence generally, is all the more pressing given the added challenges arising from public sector reform, particularly in managing the impact on existing staff from losing large numbers of public servants under the VES. (paragraph 87)
5. As part of the continued drive to restore the downward trend in sickness absence rates in the NICS, the Committee recommends that DFP leads in co-ordinating and monitoring the implementation of the following practical steps across departments:
 - NICS-wide roll out of the pilot health and wellbeing schemes, such as the Mental Health First Aid training programme and the Caloriewise programme, which have demonstrated the potential to contribute to reducing absence rates and proactive employee engagement on further measures in this regard;
 - systematic adoption of early intervention measures, such as referral to specialist physiotherapy services and cognitive behavioural therapy as applicable;
 - continued corporate emphasis on managerial and staff compliance with reporting mechanisms, such as return to work interviews, to ensure that any problems can be aired at an early stage and staff can be given the correct assistance;
 - a review of the role of HR Connect in supporting measures to reduce sickness absence, including its potential to support the monitoring of absence rates and compliance with reporting mechanisms;
 - integration of health and wellbeing considerations into Personal Development Plans and/or Personal Performance Agreements of all the NICS staff, with the necessary employer support measures included in organisational plans;
 - provision of tailored and up-to-date training and ongoing support to ensure line managers are fully skilled to carry out their managing attendance duties, with a particular focus on additional training specifically targeted towards business areas with significantly higher absence rates;

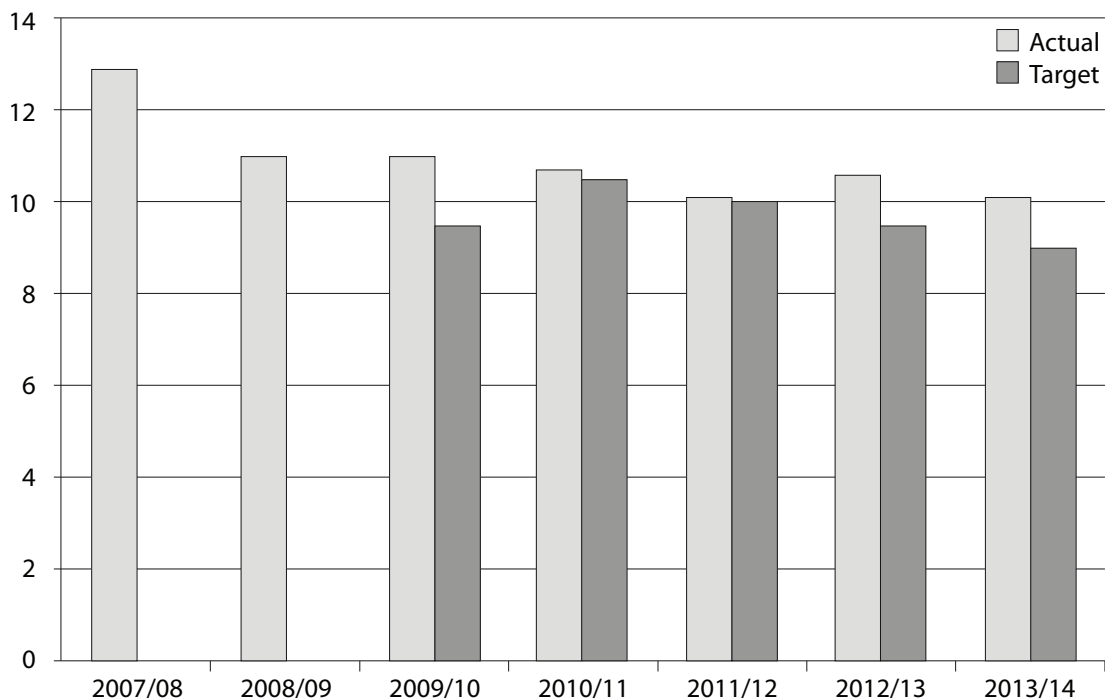
- strategic and co-ordinated application of flexible working practices across the NICS, with a particular focus on the option of flexible location working (e.g. from satellite/hub offices), including where this could facilitate earlier return to work in the case of long-term absence;
 - a PSG-led review of sickness absence targets at a departmental level to ensure they are realistic and achievable, as well as being challenging, based on up-to-date information on prior-year performance; and
 - applying lessons, from the public and private sectors, across all departments and the regular evaluation of sickness absence policies and programmes against developing good practice. (paragraph 88)
6. In encouraging the DHSSPS and the Health Trusts to continue to focus on long-term sickness absence, particularly mental health and musculoskeletal problems, the Committee recommends that consistent sickness absence targets are set to cover all Trusts, including the Northern Ireland Ambulance Service which currently sets its own targets. (paragraph 106)
7. The Committee recommends that the sickness absence targets for Trusts are further informed both by benchmarking with comparator health bodies in other jurisdictions, where possible, and by an analysis of the information from the new HR, Payroll, Travel and Subsistence (HRPTS) reporting system. Such benchmarking should not only be used to inform target setting but also to monitor and assess on-going performance and identify potential areas of best practice. (paragraph 107)
8. To facilitate monitoring and scrutiny, the Committee recommends that all the Health Trusts publish the details of their performance against sickness absence targets since 2010-11 and going forward. (paragraph 108)
9. In noting the findings and recommendations from the Committee for Education's separate scrutiny of sickness absence in DE and the wider Education sector, the Committee for Finance and Personnel echoes the call for various measures to be taken, including:
- action to address growing levels of stress-related absence and the high proportion of long-term absence amongst teachers, which has significant financial and human costs;
 - monitoring the effectiveness of teachers' health and wellbeing programmes and provision of awareness training for teachers in this area;
 - sharing good practice in order to address the reported disparity in teacher absence levels across the ELBs/CCMS by ensuring that the 'Best Practice Forum' engages with all schools regardless of sector;
 - engagement with all school sectors in developing an education-wide composite absence strategy, which will include a focus on benchmarking and will address the NIAO Report recommendations; and
 - setting targets which are realistic and achievable but which also drive improvement in reducing sickness absence across the Education sector. (paragraph 111)
10. In conclusion, the Committee would encourage DFP and the wider Executive to implement the recommendations from this coordinated report with a view to realising the potential savings of approximately £37million per year if the average sickness absence rates in the NICS, the Health Trusts and the Education sector are brought into line with GB. Given the significance of this in the context of the budgetary pressures facing the Executive, the Committee would underline the importance of future performance against sickness absence targets by departments, including at the level of individual business areas, and arms-length bodies being scrutinised regularly by PSG, departmental boards, senior management boards within the Health and Educations sectors and by Assembly statutory committees as applicable. (paragraph 112)

Introduction

Background

1. At its meeting on 5 February 2014 the Committee for Finance and Personnel agreed to undertake a review of ‘Sickness Absence in the Northern Ireland Public Sector’ following referral by the Public Accounts Committee of the Comptroller and Auditor General’s report on this issue, which had been published by the Northern Ireland Audit Office (NIAO) in April 2013 (hereafter ‘the NIAO Report’).¹ In commencing this joined-up approach to scrutiny, the Committee for Finance and Personnel was briefed on the report by NIAO officials at its meeting on 19 February 2014². The report covered the period 2007-08 to 2011-12 and was a follow up to previous work carried out on civil service sickness absence in 2008 (which presented data up to 2006-07). This latest report also included the Health and Education sectors as well as the Northern Ireland Civil Service (NICS) departments.
2. In general terms, the NIAO Report, together with the most recent statistical report from the Northern Ireland Statistics and Research Agency (NISRA)³, showed that there was a clear downward trend in sickness absence until 2012-13 (see **Figure 1**); but, despite this, the levels of absence in Northern Ireland (NI) remained higher than in Great Britain (GB) (see **Table 1**) While the difference between NICS and GB sickness absence levels has narrowed over the years it has been almost constant since 2008-09 and the figure from 2011-12 was 10.1 days which remains significantly higher than the GB civil service level of 7.6 days.

Figure 1: Average number of days lost due to sickness absence in the NICS per staff years 2007-08 to 2013-14

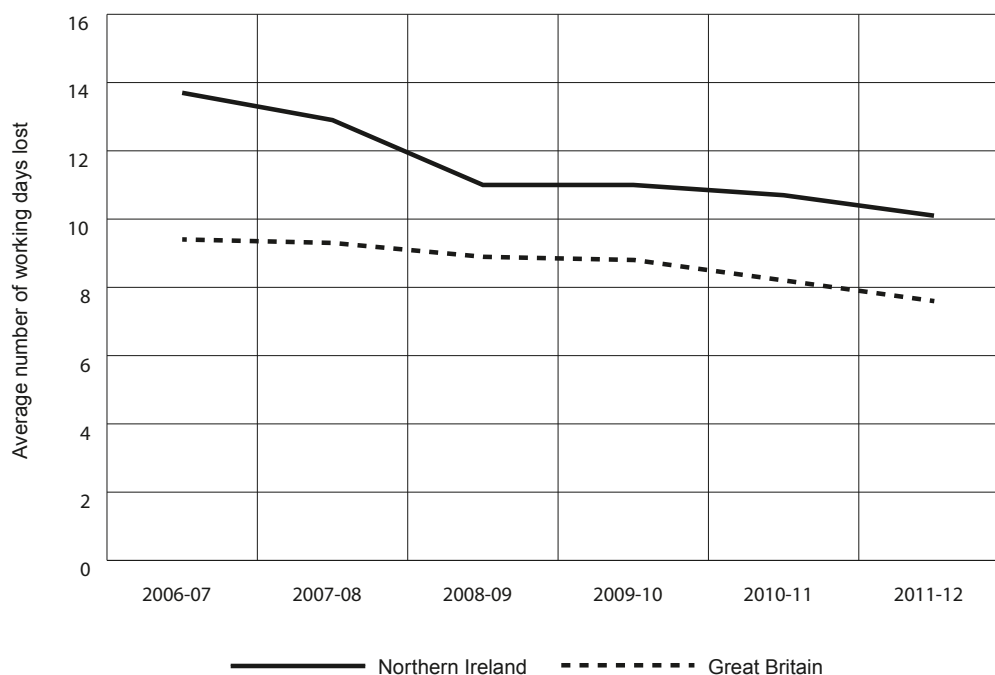


(Source: NISRA Report ‘Sickness absence in the NICS 2012/13’ & NISRA Report ‘Sickness absence in the NICS 2013/14’)

1 Appendix 5 – Other Papers: PAC correspondence, 12 December 2013; and http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm

2 <http://www.niassembly.gov.uk/assembly-business/official-report/committee-minutes-of-evidence/session-2013-2014/february-2014/northern-ireland-audit-office-report-sickness-absence-in-the-northern-ireland-public-sector-northern-ireland-audit-office1/>

3 <http://www.nisra.gov.uk/publications/1314%20Financial%20Year%20Absence%20Report.pdf>

Table 1: Comparison of NI and GB civil service sickness absence rates 2006-07 to 2011-12

(Source: NI Audit Office Report 'Sickness Absence in the Northern Ireland Public Sector')

3. Members noted during oral evidence from the NIAO that the cost of the sickness absence in the NICS, the Health Trusts and Education Authorities was estimated at around £150m per year (see **Figure 2**) and that, if the average sickness absence rates could be brought into line with GB, there were potential savings of £37m per year.⁴

Figure 2: Estimated cost of sickness absence in the NICS, Health Trusts and Education Authorities (2010-11)

	NICS £m	Health Trusts £m	Education Authorities		Total £m
			Teachers £m	Non- teachers £m	
Sickness absence	30.0	72.9	16.0	17.8	136.7
Additional teacher substitution			11.9		11.9
Total	30.0	72.9	27.9	17.8	148.6

(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

4. The NIAO Report concluded that not enough progress had been made in reducing long-term sickness absence, of which mental health was the main cause⁵ (see **Table 2**). The NICS failed to meet its 5-year target to reduce overall absence to 9.5 days by 2009-10 and also failed to meet related targets in relation to long-term sickness absence.⁶

4 Appendix 2 – Minutes of Evidence: NIAO Briefing Session, 19 February 2014

5 http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm

6 http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm

Table 2: Percentage of working days lost by reason for sickness absence in the NICS, 2012-13

	% of working days lost
Anxiety/Stress/Depression/Other Psychiatric Illnesses	29.8
Injury, Fracture	8.3
Gastrointestinal Problems	7.7
Pregnancy Related Disorders	6.4
Cold, Cough, Influenza	6.2
Back Problems	5.6
Other Musculoskeletal Problems	4.9
Benign and Malignant Tumours, Cancers	4.4
Heart, Cardiac and Circulatory Problems	3.8
Genitourinary and Gynaecological Disorders	3.3
Chest and Respiratory Problems	3.3
Ear, Nose, Throat	2.1
Nervous System Disorders	1.4
Other/not specified	12.9

(Source: NISRA Report 'Sickness Absence in the NICS 2012/13')

5. From the initial briefing received, it was clear to the Committee that long-term sickness absence remains a major concern. The NICS failed to meet its long-term sickness absence target for 2011-12 and the NIAO Report cautioned that the lack of progress in reducing the long-term absence rate is a great risk to the achievement of the Programme for Government (PfG) target of 8.5 days for 2014-15. Furthermore, the Committee notes from the most recent NISRA report that, while the 2013-14 absence figure of 10.1 days (average days lost per staff year) is down from 10.6 in the previous year, this result is short of the annual target of 9.0 days.⁷

The Committee's Approach

6. Having considered the report and received follow-up briefing from the NIAO officials, the Committee decided to examine the policy and performance issues more closely to identify good practice and areas where improvements could be made to reduce the levels of sickness absence across the NI public sector. The Committee heard oral evidence from officials from DFP, the Department of Health, Social Services and Public Safety (DHSSPS) and the wider Health sector on performance to date and approaches to managing sickness absence. Evidence was also received from the Institute of Public Health in Ireland (IPH) on health and wellbeing programmes and Assembly research was commissioned on sickness absence in the public and private sectors.
7. The Committee also wrote to the other Assembly statutory committees to seek views on the NIAO Report findings pertaining to their respective departments. Further detail on the responses received from the other statutory committees can be found in the 'Performance of NICS Departments' section of this report.

⁷ <http://www.nisra.gov.uk/publications/1314%20Financial%20Year%20Absence%20Report.pdf>

Consideration of the Evidence

Good practice policies in the NICS

8. From the responses and evidence received from departments, it is evident to the Committee that sickness absence is taken very seriously within the NICS and that there is a drive across departments to achieve reductions in the levels, with well-established procedures and many programmes in place to assist staff.
9. The key driver in the NICS's approach to managing attendance is the prevention of illness and the promotion of a healthy lifestyle. The NICS has introduced and trialled a range of new strategies and approaches as part of its Sickness Absence Recovery Strategy. A key part of this strategy is the inclusion of new approaches in an attempt to ensure consistency and rigor by all departments in tackling sickness absence, particularly in terms of applying, and complying with, attendance management policies and procedures.
10. The Committee was briefed by DFP officials at its meeting on 2 April 2014 on health and wellbeing programmes in operation throughout the NICS⁸. It was clear from this briefing that good practice policies and approaches exist within the NICS to tackle sickness absence and that the health and wellbeing programmes have been developed in line with this. As mental health is the major cause of long-term sickness absence, it is the focus of the programmes.
11. Members were advised that a well-being survey had been commissioned in March 2014 and that stress would be a major part of its analysis. The survey was being managed on a cross-departmental basis and would then lead to individual action plans being drawn up by each department to meet their own specific circumstances. The Committee was encouraged to hear that arrangements were in place to quickly identify stress-related absences and to ensure early intervention as members see this as the key to managing long-term sickness absence. Members were also pleased to note that the programmes and measures being rolled out to tackle sickness absence, particularly long-term absence, had full 'buy in' from senior management.
12. The Committee was briefed on the WELL programme which was launched civil-service wide in September 2012⁹. The programme is delivered by staff volunteers from each department, for which they receive accredited training. There are also a number of WELL dedicated health days which link into wider events such as No Smoking Day.
13. The focus of the programme is engagement with people, primarily through face-to-face contact at the dedicated health days and events but also through the dedicated website which has been accessed by 60% of staff. In addition, over 80 roadshows have been carried out which have provided staff with information and advice and the chance to have a basic health check carried out. This check focuses on areas such as nutrition, weight management, exercise, alcohol intake, stopping smoking and dealing with stress.
14. As the programme is delivered through the staff volunteers, known as 'WELL champions', this ensures that a bottom-up approach is taken. The programme is aimed at building on existing good practice within the NICS. Members were advised that, while there had always been health and wellbeing initiatives within the civil service, the WELL programme takes it to another level and ensures that a more co-ordinated approach is taken across departments, with staff leading from the front.
15. The staff are well supported in the delivery of the programme through a WELL strategy and support team. The support team is there to help the staff volunteers in their delivery of the key messages of the programme and in organising activities. The website also assists in

8 Appendix 2 – Minutes of Evidence: DFP Evidence Session, 2 April 2014

9 http://www.nicsohs.gov.uk/nics_well_guide_with_photo_2012.pdf

ensuring that staff are able to log on and see who their WELL champion is and what events and activities are being scheduled for their department.

16. Members noted that, while the WELL programme aims to provide support to employees, it also empowers individuals by encouraging them to take a keen interest in their own health and wellbeing and to take assurance that they have been given the right information to enable them to make better lifestyle choices or to deal with issues such as stress. The Committee was also encouraged to learn that, in addition to delivering the WELL programme to staff and providing them with information and advice, interventions are part of the programme, one of them being the Lifestyle and Physical Activity Assessment (LPAA). This is an intervention run by the Occupational Health Service (OHS) which measures aerobic fitness via participation on an exercise bike. Also assessed are areas such as diet, weight, alcohol intake and an individual's level of physical activity. The assessment of these areas provides an individual with the information on whether a change is needed to ensure a healthier lifestyle is followed.
17. Whilst the WELL programme is still in its infancy, the Committee is encouraged that it is having a positive effect, with over 170 trained champions throughout the civil service, 5,000 participants at WELL events, 30,000 staff interactions on the website and 16,000 staff members having visited the website, which represents almost two thirds of the civil service workforce.
18. The Committee also heard from DFP officials that Mental Health First Aid (MHFA) training is being rolled out across the UK. This takes the form of a 12 hour training course which is aimed at providing participants with the necessary knowledge, but also the confidence, to firstly recognise mental health problems and then respond to them; to help and support an individual in their recovery. The Committee was informed by departmental officials that MHFA is currently an option for consideration as part of the NICS People Strategy 2013-2016 and members would be supportive of this approach.
19. The Committee also welcomed the introduction of a new sickness absence recording tool to provide more detailed reporting on stress-related illness which includes work-related stress. Conscious of the need for early intervention to try to prevent long-term absence, members welcomed the confirmation from departmental officials that an immediate referral to OHS, in many cases, is seen as a routine intervention as well as possible referral to other support mechanisms, such as Welfare Services or Carecall.
20. Carecall¹⁰ entitles a person to six individual one-hour face-to-face counselling sessions and is available to all civil servants and their family as a free-of-charge service, with the Civil Service picking up the costs. It is also a confidential service which can be used as the first port of call for those experiencing stress or anxiety. The Committee notes that this service aligns with the idea of early intervention to prevent long-term absences by offering a trained counsellor with whom to discuss problems and anxieties. Indeed, Carecall and the WELL programme are part of a wider suite of programmes used by the Civil Service to tackle sickness absence; and members were also advised of measures such as Building Resilience Roadshows, the Condition Management Programme, ongoing training and support and the Pregnancy Support Programme.
21. In terms of the latter programme, members noted that the NIAO Report had highlighted higher levels of female absence in the NICS, running at almost twice that of males, as an area of particular concern. However, the gap narrowed over the period 2011-12 when the rate for females was adjusted for pregnancy-related absences. Furthermore, a NISRA report on sickness in NI Departments 2012-13 stated that a reduction in female absence levels to mirror those of male staff would have a substantial impact on the sickness absence levels in the Civil Service.¹¹ The Committee was therefore pleased to note that the Department for Social Development (DSD) had commenced a new programme specifically for new and expectant mothers. The Pregnancy Support Programme was set up to provide practical advice

10 <http://www.carecallwellbeing.com/>

11 <http://www.dfpni.gov.uk/sick-absence-report-2012-13.pdf>

on maternity benefits and also to give specific health advice on both the ante natal and post natal periods. While an evaluation of the programme is to be carried out, members would be supportive of the scheme being rolled out on an NICS-wide basis should the benefits be proven.

22. In its evidence to the Committee, the IPH¹² highlighted the areas of good practice within the NICS, such as the new suicide prevention strategy launched by the DHSSPS, which will also focus on the promotion of mental health. The condition management programme run by the Department for Employment and Learning (DEL) was also highlighted, as it offers work-focused health rehabilitation to individuals living with a range of physical or mental health problems and who are in receipt of sickness-related benefits. The IPH written submission to the Committee also highlighted the DHSSPS Workplace Health Improvement Programme; a Department-led initiative which seeks to help to improve the health and wellbeing of staff working within the Department. This programme combines senior management commitment and the appropriate infrastructure to deliver advice, support and education on health and wellbeing issues.
23. Also, in terms of stress-related absence, members noted concerns raised recently that the forthcoming reforms in the NICS and the wider public sector, in particular the impact of losing a large number of staff under the Voluntary Exit Scheme (VES), could result in a greater need for support services, including mental health initiatives. The concerns have centred on the potential impact of the VES on staff remaining, in terms of increases in workload in maintaining service delivery and a significant level of redeployment, including potential location changes. In responding to such concerns recently in the Assembly, the Minister of Finance and Personnel has acknowledged that reform and restructuring in its broadest sense is a sensitive issue and needs to be 'handled with care'.¹³ The Committee concurs and, as part of its ongoing scrutiny of the NICS VES, it intends to carefully examine how the risks in this regard will be managed effectively and in line with good practice over the coming years.

Public Sector v Private Sector

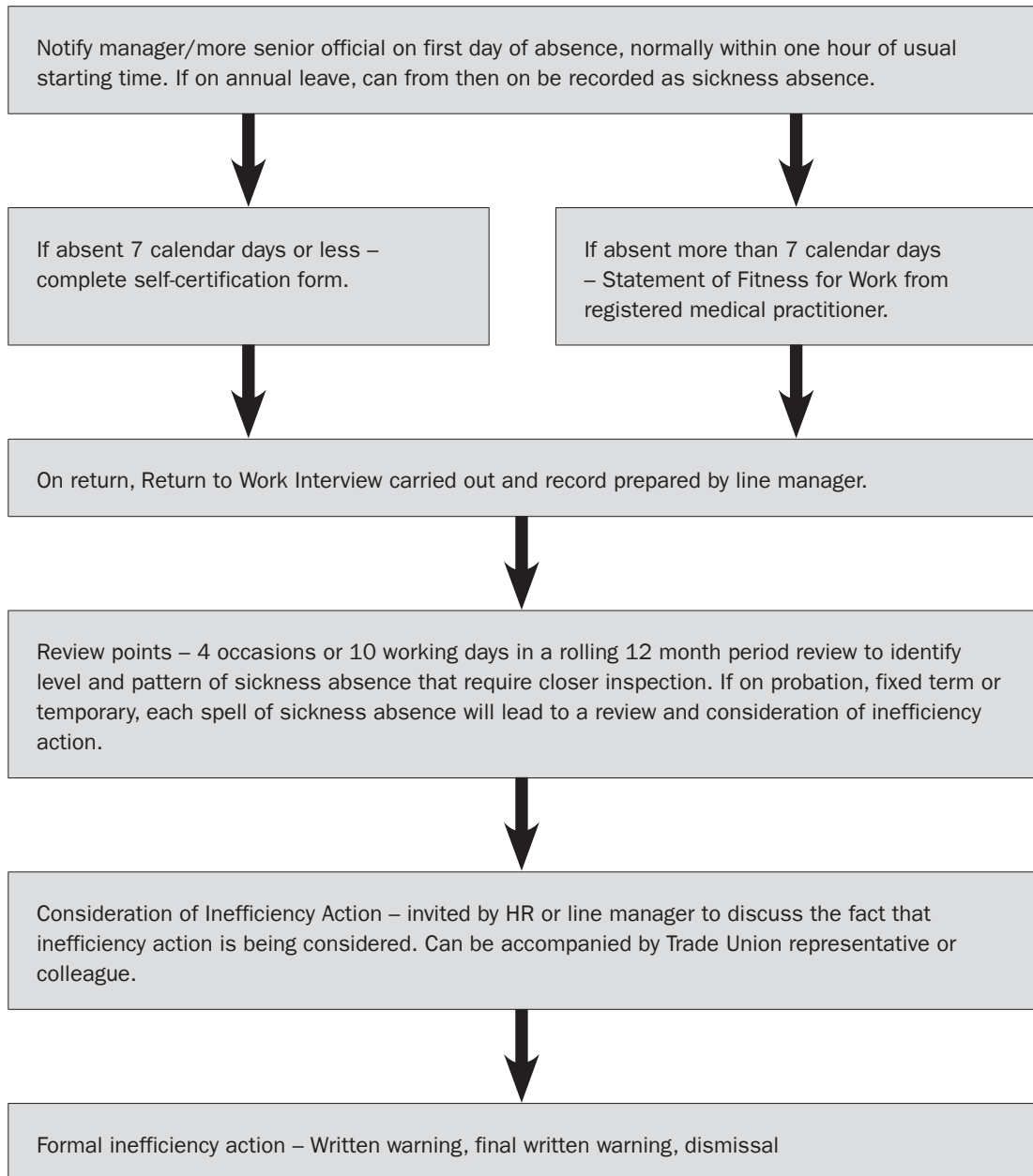
24. The Committee commissioned Assembly research comparing sickness absence between the public and private sectors, which showed that ostensibly absence levels in the public sector tended to be higher than those in the private sector, although there was some evidence that the gap between the two was narrowing.¹⁴
25. The research also found that, in terms of the reporting and management of absence, the public sector takes a more proactive approach, particularly as regards managing short-term absence (**Figure 2** illustrates the usual approach to reporting and managing sickness absence in the NICS). The public sector was also found to have more robust procedures for tackling absence. These measures include the use of trigger mechanisms, the use of absence rates as a key performance indicator, referral to OHS, the use of programmes to identify and reduce workplace stress and the use of services to support employees with mental health problems.

12 Appendix 2 - Minutes of Evidence: IPH, 26 March 2014

13 <http://aims.niassembly.gov.uk/officialreport/report.aspx?&eveDate=2015/02/16&docID=224230>

14 Appendix 6 – Assembly Research Papers: 'Sickness Absence in the Public and Private Sectors', 21 March 2014

Figure 2: Approach to managing sickness absence in the NICS¹⁵



26. Due to the lack of information on sickness absence in the private sector in NI, the research highlighted that care needed to be taken when drawing comparisons between the absence figures in both sectors. In this regard, the research quoted two surveys: the Chartered Institute of Personnel and Development’s (CIPD) ‘Absence Management Survey’, published in 2013; and the Confederation of British Industry’s (CBI) ‘Fit for Purpose: Absence and workplace health survey 2013’. The CIPD survey showed that an average of 8.7 days was lost in public services compared to 7.2 days in private sector services. The CBI survey found that the average days lost per employee was 6.9 days in the public sector compared with 4.9 days in the private sector. The CBI survey also showed that sickness absence levels increase as the size of private sector organisations increase.¹⁶
27. Whilst a cursory consideration of the sickness absence levels between the sectors may show that the private sector has lower levels, the Committee is mindful that straight comparisons cannot be made between the public and private sectors. In particular, members note that:

15 Ibid

16 Appendix 6 – Assembly Research Papers: ‘Sickness absence in the public and private sectors’, 21 March 2014

there are differences in the types of jobs in both sectors; there is a higher percentage of females working in the public sector than the private sector; the private sector is under greater pressure to make up lost time as there are financial consequences for those on sickness absence; and the reporting mechanisms for sickness absence do not appear to be as robust in the private sector.

Performance of the NICS Departments

28. The Committee noted that performance by departments against the main NICS absence reduction target over recent years has been disappointing from various aspects. The overall NICS targets for sickness absence were 10.5 days for 2010-11 and 10 days for 2011-12. Actual sickness absence rates were 10.7 days and 10.1 days respectively.¹⁷ Previously, in 2009-10, only four departments out of eleven achieved the target set for sickness absence. Performance of individual departments against NICS absence reduction sub-targets in that year was equally disappointing.
29. In the two subsequent years, as highlighted in **Table 3** and **Table 4**, while eight of the twelve main departments achieved their individual targets in 2010-11 and five achieved their targets in 2011-12, the NICS targets were not achieved overall and the sub-targets were not achieved.¹⁸

Table 3: Outturn against NICS departmental sickness absence targets 2010-11 and 2011-12

	Average days lost per staff year						
	2009-10	2010-11			2011-12		
	Base year	Target	Actual	Target achieved	Target	Actual	Target achieved
DSD	14.4	13.6	13.4	Yes	12.8	11.1	Yes
DEL	10.7	10.1	10.6	No	9.5	11.4	No
DFP	10.3	9.7	9.5	Yes	9.1	9.3	No
DOE	10.1	9.5	9.2	Yes	9.0	9.8	No
DRD	8.2	8.0	8.5	No	7.9	8.2	No
DARD	9.3	8.9	8.5	Yes	8.5	8.0	Yes
DHSSPS	9.4	9.0	8.5	Yes	8.6	7.1	Yes
DE	10.5	9.9	8.3	Yes	9.4	7.9	Yes
DETI	8.3	8.1	8.1	Yes	7.9	7.3	Yes
DCAL	6.5	6.5	7.5	No	6.5	8.0	No
OFMDFM	8.4	8.2	5.4	Yes	8.0	8.7	No
PPS	9.0	8.7	10.2	No	8.4	9.8	No
DOJ	12.3	11.6	12.9	No	11.0	12.6	No

(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

17 http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm

18 http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm

Table 4: Outturn against sub-targets for long-term sickness absence 2010-11 and 2011-12

	2009-10	2010-11			2011-12		
	Base year	Target	Actual	Target achieved	Target	Actual	Target achieved
Frequency rate (percentage of employees)	11.4	10.7	11.3	No	10.4	11.0	No
Average duration (days)	62.5	59.5	61.2	No	56.5	58.6	No

(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

30. The Committee notes from the most recent annual report from NISRA that the generally disappointing performance across the NICS, in terms of meeting departmental targets, has continued, with the overall targets not being achieved in 2012-13 and 2013-14. As can be seen from **Table 5**, in 2012-13, only two departments (DSD and OFMDFM) achieved their individual targets and, in 2013-14, only one department (DSD) achieved its individual target.¹⁹ Moreover, while the Committee noted a slight reduction in the overall rate of absence in the NICS across the two years, members would wish to see this accelerated significantly going forward.

Table 5: Days lost per staff year – broken down by Department

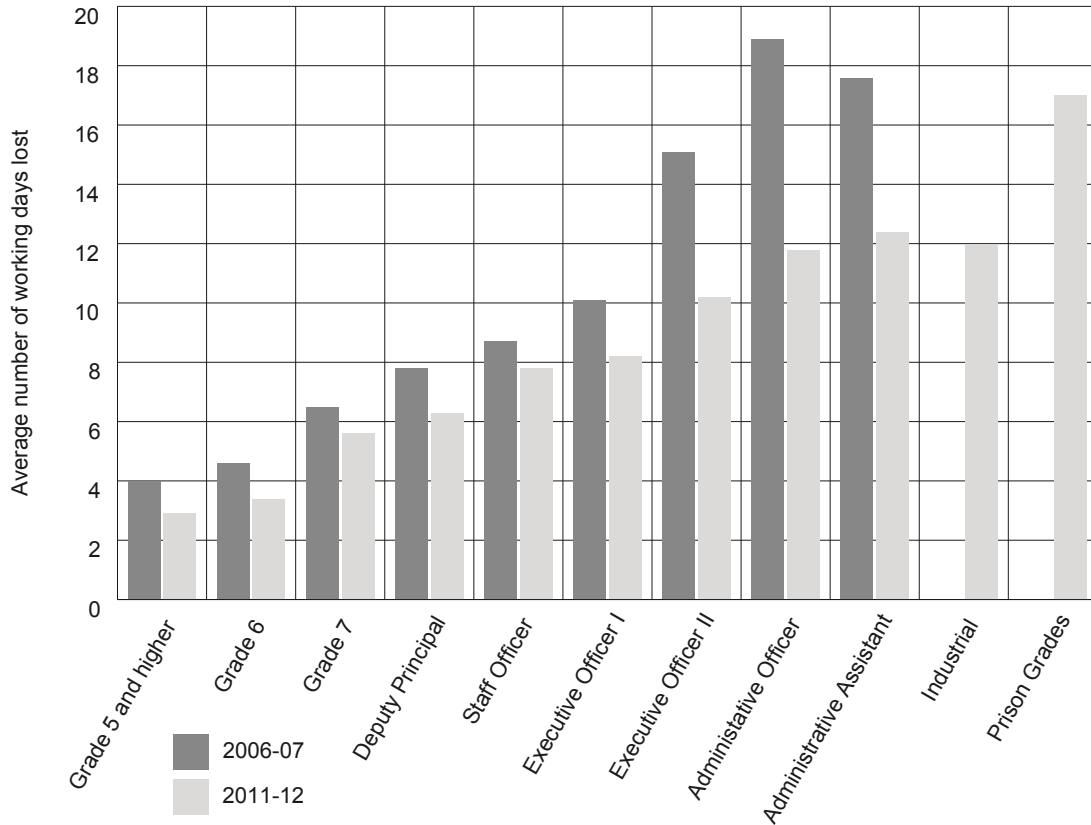
Department	2012/2013		2013/2014	
	Actual	Target	Actual	Target
DARD	9.4	8.2	9.1	7.8
DCAL	8.5	6.5	8.6	6.5
DE	9.6	8.8	9.7	8.3
DEL	11.5	8.9	10.4	8.4
DETI	8.1	7.8	8	7.6
DFP	10.5	8.6	9.4	8.1
DHSSPS	8.8	8.2	9.4	7.8
DOE	9.4	8.5	9.5	8.0
DOJ	12.9	10.3	11.6	9.7
DRD	8.5	7.8	8.7	7.6
DSD	11.4	12.1	11.1	11.4
OFMDFM	7.8	7.8	8.9	7.7
PPS	10.2	8.1	8.2	7.8
NICS Overall	10.6	9.5	10.1	9.0

□ denotes target met. ■ denotes target not met.

(Source: NISRA Report 'Sickness absence in the NICS 2012/13 and 2013/14')

31. In terms of the picture across departments, the Committee also considered the NISRA analysis of sickness absence in the NICS by age and gender.²⁰ It was noted that the absence levels were higher for females at all grades and they were still higher when adjustment was made for gender specific illnesses. However, the findings also concluded that female absence levels follow the same general trend as male absence levels, in terms of decreasing as grade increases. The pattern in terms of sickness absence by grade, is evident from **Table 6**.

Table 6: Average number of sickness days lost per staff year by NICS grade 2006-07 and 2011-12



(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

32. In terms of the impact that age has on sickness absence, the Committee noted the complexity of this relationship from the NISRA analysis of sickness absence in the NICS by gender and staff aged 55+.²¹ While older people have overall the highest level of absence, they tended to have fewer occasions of sickness; an anomaly resulting from the fact that, when they are sick, their absences tended to be for longer periods of time. However, this is not true for all grades, as there are large groups of staff for whom absence does not increase with age – for example AA & AOs aged 55+ have the lowest level of absence in that grade. Employees in the youngest age group, 16-24 tended to have the lowest level of absence – a fact that NISRA linked to the large percentage of staff in this age group on probation.²² The Committee also noted that the reasons for absence could be different – for example, older people being more likely to be absent due to cancers and heart problems, whereas younger people are more likely to be absent due to colds/flu or stomach problems. Members also noted the changing age profile of the NICS, with fewer young people and more older staff, and that the pace of this change is accelerating to the point whereby the proportion of staff

20 Appendix 5 – NISRA Analysis of sickness absence in the NICS: staff aged 55+

21 Appendix 5 – NISRA Analysis of sickness absence in the NICS: staff aged 55+

22 <http://www.nisra.gov.uk/publications/1314%20Financial%20Year%20Absence%20Report.pdf>

- in the youngest and oldest age groups is likely to be similar. The Committee is also mindful, however, that the outworkings of the VES may have an impact in this regard.
33. More generally, the Committee welcomes the fact that, as pointed out by the Minister of Finance and Personnel recently, there is a growing percentage of staff within the NICS who take no sick leave during the entire year – 55.3% in 2013-14, up from 52.3% in 2012-13.²³
34. As part of its evidence gathering exercise, the Committee sought responses to the NIAO Report from all departments, via the respective Assembly statutory committees. The full departmental responses can be found in **Appendix 4** of this report, however summaries of the information received are outlined below.²⁴
35. The Department of Culture, Arts and Leisure (DCAL) commented that some of the data used for the NIAO Report as baseline figures was from 2004 and that this may not reflect the current workforce and trends. DCAL stated that it was supportive of the report recommendation on the need to focus on long-term sickness absence and as regards the use of targets, although DCAL urged that the targets should be realistic and achievable.
36. The current sickness level target, set in 2010-11 for the following 5 years, for DCAL is the lowest of any department at 6.5 days. However, this target was missed, with an actual total of 8.5 in 2012-13 and projected total of 9.3 days for 2013-14. The Department stated that it continues to be proactive in its application of the managing attendance policy and, as research has suggested a link between staff engagement and reduced absence, a staff engagement forum has been established.
37. DHSSPS stated that NI Health and Social Care (HSC) sickness absence rates are not comparable on a like-for-like basis with the other UK countries because of the differences in methodology used to calculate rates. The Department has a new system in place in all HSC Trusts, whereby sickness absence reporting will be based on scheduled days/hours lost divided by scheduled days/hours available; a system which it believes will give a more comprehensive and accurate account of absence and trends.
38. The Department for Regional Development (DRD) stated that, whilst it did not achieve its own target for 2011-12, its absence rate of 9.2 days met the overall NICS target of 10.1 days. DRD further stated that, as industrial staff had been counted towards its absence figures since 2010, this was a major challenge for it as almost 23% of its staff was classed as industrial.
39. DRD further stated that, as per the recommendation from the NIAO Report, the Department would focus on long-term sickness absence, particularly when the cause of the absence was mental ill health.
40. The Department of Enterprise, Trade and Investment (DETI) stated that in 2012-13 it narrowly missed its Ministerial target of 7.8 days with a sickness absence rate of 8.1 days, but this still represented the second lowest rate across the NICS. Members noted that, unlike other NICS departments, the main cause for long-term absence in DETI was musculoskeletal problems, with stress-related absence accounting only for 8% of total absence, which is 72% lower than the rest of the NICS.
41. The Department of the Environment (DoE) stated that its departmental target of 9 days for 2011-12 was not met, the total absence being 9.8 days. DoE had a higher than average figure for psychiatric/psychological illness and 74% of days lost were due to long-term absence, with junior clerical grades having the highest level of absence. The effect of removing the long-term absence figure from the overall absence figures for days lost per

23 <http://aims.niassembly.gov.uk/officialreport/report.aspx?&eveDate=2015/02/16&docID=224230>

24 Appendix 4 – Written Submissions. In the case of DHSSPS, it was agreed that the Committee for Finance and Personnel would receive evidence directly for that department.

employee would reduce the days lost per employee to 2.5. Members noted that the current figures for 2013-14 show that DoE will not meet its targets.

42. In its response, DoE also stated that it needs to do more to communicate and reinforce the message throughout all its Business Groups on the importance of good attendance. As long-term absences are case managed by its HR division, this has taken away line manager responsibility in managing short-term absence and conducting return to work interviews. The Committee also noted that DoE has carried out a workplace stress risk assessment survey and the Department will be analysing the results of this in an effort to be more proactive in managing absence and reducing the overall sickness absence, particularly long-term sickness. The Department is also going to introduce mediation training for a small number of staff to enable early intervention.
43. Arising from the Committee for Finance and Personnel's briefing on DFP's performance against targets for sickness absence, members were concerned to hear that the Department would not meet its target of 8.1 days for 2013-14, with the actual absence rate, subject to verification, standing at 9.4 days.²⁵ Using the statistics from the most recent NISRA report this figure was verified subsequently. Furthermore, the Committee was concerned that DFP and other departments have lower targets for future years despite targets for previous years not being reached. Members believe that realistic targets should be set and that future targets should be reviewed and revised accordingly to ensure that they are both challenging and achievable. That said, the Committee has noted positive signs that, despite its disappointing performance in 2013-14, DFP is managing to turn things around in the current year.
44. At the Committee meeting on 8 October 2014, members received a briefing from DFP Corporate Services Division officials on its performance against business plan targets. This Division has, amongst other things, a role in helping to support DFP business areas to achieve the Department's overall sickness absence target of an average of 7.6 days lost per staff year. Members were advised of a change of tack in 2013, with the introduction of a partnership approach to absence management, whereby the HR Business Partner Teams continue to monitor absence but do so alongside line managers supporting them in taking on a larger role, particularly in the early stages of sick absence, and in a concerted effort to get people back to work quicker by making changes at a local level.
45. Members noted that compliance levels for sickness absence procedures have increased as a result of this approach. Following a review, it is anticipated that DFP will share lessons with other departments in an effort to replicate this success. It was also noted that E-learning Sickness Absence training for all staff and line managers was rolled out across the Department in February 2014 and, by October, 85% had completed this training. The DFP officials highlighted that, as a result of these changes, there was a predicted end-year total based on absence rates for the first quarter of 7.3 days; a result which, if achieved, would be greatly welcomed by the Committee.²⁶
46. The Committee for Education received evidence directly; firstly from NIAO and subsequently from the Department of Education (DE). The Committee also wrote to the Department seeking clarification on a number of departmental specific actions arising from the NIAO Report. The full report on the Committee for Education's findings and recommendations is attached at **Appendix 3** of this report and has also been published separately by the Committee.
47. In its report, the Committee for Education has made the following observations in respect to absence levels within DE:

'The NIAO report on Sickness Absence in the Public Sector (April 2013) showed that the employee absence performance of the Department of Education has improved from just over an average of 12 days lost due to sickness absence in 2006-07 (compared to an

25 Appendix 1 – Minutes of Proceedings: DFP Briefing, 18 June 2014.

26 Appendix 3 – Memorandum and correspondence from DFP, 2 October 2014.

average of 13.7 days in the Northern Ireland Civil Service (NICS) at that time) to just under 8 days lost due to sickness absence in 2011-12 (compared to the NICS average of 10.1 days). However, when the data was adjusted so as to standardise absence rates against the staffing profile of the NICS as a whole, the absence level for DE was given as 9.5 for 2011-12 – this gave DE the third highest level of sickness absence. The NIAO report indicated that DE has met its targets with regard to average days lost in both 2010-11 and 2011-12. In respect of the absence levels for Department of Education staff, the Committee noted the extensive range of DE interventions and policy initiatives and that the level of absence was below the average for the NICS in 2011-12..... The Committee also noted that in 2013-14 average days lost by DE staff increased to 9.7 days against a target of 8.3 days.²⁷

48. The Committee for Education’s findings specifically on absence in the wider Education Sector are also provided later in this report.
49. The Committee for Justice considered the Department of Justice (DoJ) response to the NIAO Report alongside the Department’s performance in 2012-13, as set out in the annual NISRA analysis of sickness absence. This showed that DoJ did not meet the target of 10.3 days for 2012-13 and that the reported outturn was 12.9 days; the highest level across the NICS, though this figure varies between business units in the Department.²⁸ The Justice Committee noted the different actions being taken by DoJ to address sickness absence levels, including: a more proactive approach to the management of sickness absence; application of the NICS HR policy across the Department; as well as the roll-out of further training programmes to assist line managers.
50. As regards the specific findings within the NIAO Report, DoJ officials highlighted that high-level direct comparison may not be appropriate in the case of DoJ where the majority of staff in the agencies operate in front-line roles, with particular pressures which may impact on absence levels. The NISRA analysis adjusted the data to take account of these factors and calculated that, if the DoJ staffing profile matched that of the NICS as a whole, the number of days lost in the Department during 2011-12 would have been 9.0 (as opposed to 12.6). The Department also made a number of observations in respect of long-term absence, the cause of absence and gender absence rates in comparison to the NICS as a whole.²⁹
51. In the case of DEL, the Committee for Employment and Learning was briefed by NIAO officials at its meeting on 26 February 2014 and agreed to write to the Department requesting details of what policies and procedures are in place to reduce sickness absence and to ascertain if the Internal Audit Branch has carried out an audit/review on the sickness absence processes in the last 6 years. In its response, DEL outlined the measures taken to reduce sickness absence levels within the Department, asserting that these measures are balanced by providing a wide range of support services to employees who experience ill-health or long-term conditions. The Department also pointed out that a recent audit of the HR managing attendance processes and procedures, in general, provide a very satisfactory report. In response to a further request from the Committee, DEL also provided absence figures for 2013-14 which indicated that 75% of working days lost were due to long-term absence and that available figures relating to May 2014 indicated that 91.1% of staff were not absent due to sickness.³⁰
52. The Committee for Agriculture and Rural Development also considered the NIAO Report and sought comment from the Department of Agriculture and Rural Development (DARD). The Committee highlighted that it keeps a watching brief on sickness absence by scrutinising the absenteeism targets twice a year in the DARD Business Plan. It also examined the cost of referrals to OHS and committed to monitor a pilot project being run by the Rivers Agency.

27 Appendix 4 – Written Submissions: Committee for Education, 10 October 2014

28 Appendix 4 – Written Submissions: Correspondence from Department of Justice, 3 March 2014

29 Appendix 4 – Written Submissions: Committee for Justice, 3 March 2014

30 Appendix 4 – Written Submissions: Committee for Employment and Learning, 14 October 2014

DARD also briefed the Committee on departmental-specific issues relating to long-term absence, mental health illness, female absence, sickness levels amongst junior grades, targets and information systems.

53. The Committee for the Office of the First Minister and deputy First Minister (COFMDFM) also sought further information from the Office of the First and deputy First Minister (OFMDFM) on the findings of the NIAO Report and on the work within the Department to address sickness absence. Although OFMDFM experienced a slight increase in its absence rates in 2013-14, the Department pointed out that the level of sickness absence over the last 5 years was significantly lower than the rest of the NICS.³¹ COFMDFM noted on-going initiatives within that Department to lessen the incidents of absence as a result of 'anxiety/stress/depression/other psychiatric disorders'. Other points highlighted by the Department included: the proportion of working days lost on a long-term basis due to 'pregnancy related disorders'; the fact that over 60% of OFMDFM staff had no sickness absence; and the advice that a small number analysis should be 'interpreted with caution as they can be unduly influenced by, for example, a few cases of long term absence.'³²
54. From the latest annual figures in terms of the overall performance by departments, the Committee for Finance and Personnel acknowledges that, in the last five years, four departments appear to show a downward trend in their absence figures. Also it is evident that in 2013-14, compared with the previous year, only OFMDFM and DHSSPS experienced a notable increase in their absence levels, while the other departments recorded similar or slightly reduced levels.³³ The Committee is also mindful that there are diverse job profiles in the NICS as a whole and within departments, ranging from back office administration staff in all departments to staff working in front-line roles which can be more emotionally or physically challenging (e.g. social security advisers in DSD, prison officers in DoJ, forestry officers in DARD). Consideration therefore needs to be given to the staffing profile and work patterns of a given department as this can have a significant bearing on its overall level of sickness absence. However, whilst members note that such disparity makes direct comparisons more difficult, there remains concern both with the significantly higher rates of absence in the NICS compared to the civil service in GB and with the persistent failure of the NICS to meet overall targets for reducing absence.
55. **The Committee acknowledges that the NICS has good practice policies in place for addressing sickness absence and welcomes the introduction across departments of health and wellbeing initiatives, such as the WELL programme, and the trialling of new approaches as part of the Sickness Absence Recovery Strategy. Members also recognise that individual departments can have particular challenges in managing sickness absence as a consequence of the job profiles and work patterns of their staff, which means that direct comparisons between departments can sometimes prove difficult. Similarly, it is evident that comparisons with sickness levels in the private sector are problematic due to various factors, including a lack of comprehensive data on absence levels in that sector.**
56. **The Committee welcomes the research findings which indicate that the wider public sector in Northern Ireland has more robust procedures for reporting and managing sickness absence than its private sector counterpart. Moreover, members are encouraged to see that the percentage of NICS staff with no recorded sick absence throughout the year increased to over 55 per cent in 2013-14, which provides a good basis to build upon going forward.**
57. **Nonetheless, the Committee is concerned to note that sickness absence levels in the NICS continue to be higher than in the GB civil service and that the NICS has persistently failed to achieve overall sickness absence reduction targets in recent years, which represents a missed opportunity to realise significant savings for the public purse. As**

31 Appendix 4 – Written Submissions: Committee for the Office of the First and deputy First Minister ,13 November 2014

32 Ibid

33 <http://www.nisra.gov.uk/publications/1314%20Financial%20Year%20Absence%20Report.pdf>

such, the Committee considers that further measures need to be put in place to ensure that the existing good practice NICS policies are applied and implemented rigorously and consistently within and across departments.

Areas for Improvement in the NICS

58. As highlighted above, mental health and stress related illness is the main cause of long-term sickness within the NICS. With the percentage of working days lost at 29.8% in 2012-13, it is clear that there needs to be a range of measures to address this and to achieve a reduction in overall sickness absence levels. Members note that the NICS has a range of information from past health and stress surveys and the information gleaned from them has enabled individual departments to focus on their own measures; as it is also clear from the data that each department has its own specific needs and differing reasons for sickness absence.
59. The Committee welcomes the ongoing work on the Sickness Absence Recovery Strategy and considers that this needs to focus on long-term sickness absence, particularly mental ill health. As alluded to earlier, the NIAO Report showed that this remains the main cause of long-term absence and it is therefore imperative that new measures are introduced to improve this as it is evident that previous programmes have not had the desired effect.
60. Members were also concerned to learn that, despite agreement being reached by the Permanent Secretaries Group (PSG) in February 2014, the Sickness Absence Recovery Strategy had not received Ministerial or Executive clearance as of mid-June 2014. As the strategy includes new approaches to dealing with sickness absence, the Committee expressed concern that the delay in its clearance has meant that the strategy lost several months of potential impact on figures for 2014-15.
61. The Committee noted that the PSG commissioned Corporate Human Resources (CHR) to request additional information from departments. This information includes departmental self-assessments on performance in sick absence management and an evaluation of risk management systems and governance to ensure sickness absence is actioned in compliance with HR policy. The Committee will be keen to learn what differences have been identified between the self-assessments and the internal audit reports conducted across departments and what the response has been in addressing them.³⁴
62. The Committee welcomes the introduction of a new Sickness Absence Recording Tool (SART) across the NICS which is designed to produce more detailed reports on stress-related illness, including work-related stress. The identification of work-related stress illness can lead to immediate referrals to OHS and this will hopefully ensure that long-term absences are avoided and that people are encouraged and supported back to work earlier.
63. From the evidence presented, members believe that the MHFA training programme should be rolled out across the NICS. This programme has been used in the HSC sector and the Ambulance Trust. Benefits have been found not only for those using the service but also for engaging with other members of staff. As alluded to earlier, the scheme helps people to discuss mental health and helps other members of staff to spot the early signs of problems, engage with the individual and signpost them to other services.
64. The Committee notes that cognitive behavioural therapy offers an additional programme to improve mental ill-health related sickness absence. This is a talking therapy which aims to manage problems by changing how an individual thinks and behaves and helps with managing problems in a more positive way. Members were advised that this type of therapy has been shown to be most useful in dealing with anxiety and depression. It can be offered via an online programme on its own or in combination with a therapist who can oversee the programme online, thus offering support to a lot of people at one time. It is recommended

34 Appendix 3 – Correspondence from DFP: Progress report on Sickness Absence, September 2012.

that the NICS assesses the trial of cognitive behavioural therapy through the 'Beating the Blues' online programme.

65. The Committee believes that training of staff must also be at the core of measures to tackle sickness absences. Line managers have immediate responsibility when it comes to absence, so they must have the appropriate training to ensure they have the level of skills needed to assist in reducing absenteeism.
66. Evidence from IPI also underlined the importance for employers to have policies in place to deal with issues such as bullying and harassment and stress; but also that these policies are supported by training of staff and managers to understand the impact that these conditions can have on staff.
67. In its evidence, DFP stated that the training of staff in this area is one of the Corporate Training Priorities. The development of an online training package to accompany the classroom-based training is also a welcome step. However, members are not convinced that a one-off sickness absence training programme over a two-day period is enough. The Committee sees a need for an ongoing review when it comes to sickness absence training, which is adjusted to focus on the challenges of particular departmental or business area circumstances and updated to deal with changing trends in absence and changes in policies. This could be addressed through the provision of additional training which is specifically targeted towards business areas with significantly higher absence rates, focusing on the most common causes of such absences in that particular area.
68. Another important area for improvement in the NICS is in employee engagement. Evidence from studies has shown that there is a link between high levels of employee engagement and low levels of sickness absence, with evidence that employees who feel disengaged take twice as many sick days per year than employees who feel engaged.³⁵
69. There is also strong evidence of a link between having a high level of compliance with an effective performance management system and a higher level of employee engagement. The Committee therefore welcomes the DFP commitment, in the NICS People Strategy 2013-16, to place a specific emphasis on compliance with the performance management policy to support staff. However, members consider that, as with any commitment, this needs to be followed through and then evaluated to ascertain its success and identify areas for improvement.
70. The Committee was informed that the NICS has met with HM Revenue and Customs (HMRC) to discuss how it had successfully reduced its sickness absence rate from 10.5 days in 2010 to 7.51 in 2013. HMRC explained that the major reason for its success could be attributed to the organisation introducing a robust assurance programme. This had resulted in a change in managing attendance processes and an improvement in line managers' skills to address absence. The Committee commends the approach which the NICS has taken in investigating good practice elsewhere and believes that the lessons identified should be applied consistently across the NICS.
71. The Committee was also pleased to note that the NICS has been working with other organisations on a benchmarking review. As outlined earlier, there cannot be a direct comparison between the public and private sectors; but members consider that it is still a useful exercise to benchmark and avail of ideas for good practice.
72. The NICS People Strategy committed the organisation to a benchmarking review of engagement techniques with other organisations. The NICS has worked with Fujitsu to

35 <http://www.hse.gov.uk/sicknessabsence/experience.htm>
<http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/Research-2014/employee-health-and-wellbeing-in-the-city-of-London-technical-report.pdf>
<http://www.ucea.ac.uk/download.cfm/docid/09029336-65F2-44CA-B53631B5E111DFCA>
<https://www.gov.uk/government/publications/cabinet-office-absence-data>

cover areas in relation to engagement and enablement and the Committee sees this as a welcome step which will hopefully lead to measures that will help the NICS address its overall sickness absence. It has already led to an agreement that an NICS Charter is developed with overarching principles; and it is hoped that it will lead to improved engagement, which has been shown to lower sickness level absences. The Committee will wish to be kept informed of progress on this initiative which is at the core of the Sickness Absence Recovery Strategy.

73. As discussed earlier, the NIAO Report also focused on female sickness absence in the NICS as being an area of concern and the Committee feels that more needs to be done to address this – e.g. the level for female sickness absence in 2013-14 (12.1 days) is substantially higher than the level of male absence (8.2 days).³⁶ The detailed NISRA report which analysed sickness absence by gender needs to be evaluated and improvement measures taken, as it is clear that a reduction in the levels of female absence to those of male staff would have a significant impact on the overall NICS sickness absence levels. As highlighted above, the DSD Pregnancy Support Programme is a step in the right direction and the Committee believes that this also needs to be evaluated and, if found to be effective, to be rolled out across the NICS.
74. The Committee agrees that there is a need for consistency of approach across all departments and that the attendance management policies and procedures need to be applied rigorously. The HMRC's success in reducing its sickness absence level is proof that this approach works. Whilst the NICS has, undoubtedly, a wide and varied range of procedures and programmes for dealing with absence, members consider that there needs to be a more concerted effort across the NICS to the application of those approaches which are found to be effective.
75. Simple measures, such as the reporting of absence and return to work interviews, must be carried out consistently across departments. While the Committee acknowledges that some line managers may see the return-to-work interview as a burden, it believes that awareness needs to be raised in terms of how the interviews can be used to encourage an individual returning to work to be open and candid about any problems they are facing, either at home or at work, which enables efforts to be made to address such problems and to help the individual to remain in work. The NICS should therefore reinforce the importance of these simple measures. In this regard, the Committee welcomes the moves, in both the People Strategy 2013-16 and Annual People Plan 2014-15, to include specific compliance measures and targets. It is vital that the implementation of these measures is monitored to ensure compliance by all departments and a uniform approach. On this point, the Committee would wish to see any potential of HR Connect to take on a greater role in centrally monitoring absence rates and compliance with reporting mechanisms to be fully exploited.
76. The Committee also believes that improvements can be made by the NICS through its health and wellbeing initiatives. The WELL programme has already been outlined, but the Committee has noted other measures that can bring about improvement, such as the Cycle to Work Scheme. This scheme provides tax relief on the purchase of bikes and cycle safety equipment, saving an individual around half the cost on average. The scheme is a worthwhile initiative but, on its own, will not increase the uptake of cycling to work as more needs to be done, such as the installation of cycle racks at workplaces along with changing and showering facilities. The Committee believes that a more joined up approach to this scheme is required to ensure that the policy includes planning, financing and implementation and, once this is in place, a monitoring and evaluation policy will be required to measure the success and suggest areas for improvement.
77. As part of their investigations, members also noted the report on sickness absence in the NICS for staff 55+, which was published by NISRA.³⁷ With changes in pension age meaning

36 Appendix 5 – Other Papers: NISRA Report 'Sickness Absence in the Northern Ireland Civil Service 2013-14'

37 Appendix 5 – Other Papers: NISRA Report – Analysis of Sickness Absence in the NICS staff aged 55+

staff having to work longer before they can draw an occupational pension, the workforce is likely to become an ageing one and this, in turn, is likely to have an adverse impact on absence levels in the future. As alluded to earlier, the report showed that, whilst older staff generally have lower absence rates, the illnesses tend to be long term. The NICS will therefore need to be mindful of this and to consider specific interventions to ensure that the impact in this area is minimised.

78. Arising from the evidence from IPH, members concurred with the suggestion that the Caloriewise scheme should be rolled out in staff restaurants.³⁸ IPH explained that the promotion of healthy eating is an important aspect of any workplace health programme and key to that is the provision of healthy eating choices in workplace canteens and other outlets.
79. The Caloriewise scheme from the Food Standards Agency (FSA) was piloted in 2012³⁹ and three local Health Trusts were part of the project. The project helped consumers to make a more informed choice by giving them more information on calories in the food being offered in canteens. There is evidence that schemes such as Caloriewise are most effective when used with other programmes designed to improve lifestyle and when they are designed with staff and have the support of senior management.
80. As part of its evidence, IPH also drew the Committee's attention to a research report by the City of London Corporation entitled 'Best Practice in Promoting Employee Health and Wellbeing in the City of London'⁴⁰. This report focused on what was working for employees of the major banking and financial institutions and what constituted best practice. The main conclusion from the report was that it was more important to have a systematic, coordinated and comprehensive approach which focused on employee engagement rather than having one-off initiatives. There were 68 systematic reviews in the research which covered hundreds of individual studies and found that programmes which had employee engagement were more effective. The evidence also showed that a concerted attempt at tackling the root causes of illnesses was more effective than adopting an approach whereby workers are only treated once they have taken a period of sickness absence.
81. In terms of best practice, the research report found that the provision of healthcare for City workers was excellent and other measures such as ergonomic assessment and individual support services, on a confidential basis, were also seen as effective. Indeed some companies had taken the health and wellbeing agenda to the very core of their organisation, with dedicated teams driving it forward with support from senior management. The issue of mental health was seen as challenging and it was felt that this may warrant assistance from external organisations to assist staff in being open in discussion of the subject.
82. Many of those who took part in the research by the City of London Corporation wanted to progress their health and wellbeing strategy to ensure it was more proactive and get to a situation where staff could be assisted to deal with their illness whilst remaining in work. The major learning point from the review was the need to improve on monitoring and assessment of health and wellbeing. It was also felt those companies which wanted to introduce interventions needed to review employee needs first.
83. During its Inquiry into Flexible Working, the Committee noted strong evidence that flexible working practices could be used as a means of reducing sickness absence.⁴¹ Professor Sir George Bain, for instance, referred the Committee to a report, published in July 2011, which concluded that flexible working had led to a 3 percent reduction in sickness absence.⁴² In

38 Appendix 2 – Minutes of Evidence: IPH, 26 March 2014

39 <http://www.food.gov.uk/northern-ireland/nutritionni/caloriewise/>

40 <http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/Research-2014/employee-health-and-wellbeing-in-the-city-of-London-technical-report.pdf>

41 Appendix 2 – Minutes of Evidence: Briefing by Professor George Bain, 1 February 2012

42 Appendix 5 – Other Papers: DEMOS Report 'Flexible work benefits business and society, but its future hangs in the balance...' July 2011.

addition, in its evidence to the same Inquiry, the Northern Ireland Public Service Alliance (NIPSA) advised the Committee that the provision of a menu of flexible working options could help to reduce sickness absence, giving employees flexibility to choose an option which can facilitate working suited to particular circumstances. Members noted various case studies from international experience which also highlighted this point, including oral evidence from Salford City Council which found that there was a significant reduction in sickness absence across the board when it implemented a flexible working programme for its staff.⁴³

84. Similarly, a CIPD survey – published in May 2012 and based on responses from more than 1,000 employers and 2,000 employees – found that around a fifth of responses said that flexible working reduced the level of sickness absence.⁴⁴ Also, the Recruitment and Employment Confederation (REC) ‘Flexible Work Commission Report’, published in September 2012, highlighted the positive effect that flexible working can have on sickness absence. The Commission found that firms offering flexibility report a significant, positive impact on absence rates. Nearly half the companies surveyed considered this to be a key benefit.⁴⁵
85. Evidence to the Committee’s Flexible Working Inquiry from New Ways of Working, based in the Republic of Ireland, also indicated that flexible working can have an impact on absenteeism figures⁴⁶. The Committee noted that people who are, for example, recovering from a long period of absence and who may need to recuperate physically at home can work from home on a full or part-time basis. This can assist in a quicker return to work for the individual and helps to contribute to the organisation’s productivity and reduce its sickness absence figures.
86. Similarly, in its evidence on health and wellbeing measures, IPH told the Committee that it believed that flexible working would be beneficial in addressing sickness absence rates. The IPH representatives suggested that flexible working and the opportunities that this could give through modern technology, such as the provision of portable devices, could be particularly beneficial to those with disabilities.⁴⁷
87. **The Committee would encourage the Minister of Finance and Personnel and the wider Executive to place a particular priority on reducing long-term sickness absence rates within the NICS, especially in terms of measures to address mental ill-health reasons for absence. Members consider that a concerted focus on consistent application of good practice in this area, and in terms of stress-related absence generally, is all the more pressing given the added challenges arising from public sector reform, particularly in managing the impact on existing staff from losing large numbers of public servants under the VES.**
88. **As part of the continued drive to restore the downward trend in sickness absence rates in the NICS, the Committee recommends that DFP leads in co-ordinating and monitoring the implementation of the following practical steps across departments:**
- **NICS-wide roll out of the pilot health and wellbeing schemes, such as the Mental Health First Aid training programme and the Caloriewise programme, which have demonstrated the potential to contribute to reducing absence rates and proactive employee engagement on further measures in this regard;**
 - **systematic adoption of early intervention measures, such as referral to specialist physiotherapy services and cognitive behavioural therapy as applicable;**

43 Appendix 2 – Minutes of Evidence: Salford City Council briefing, 20 March 2013

44 Appendix 5 – Other Papers: CIPD flexible working paper, May 2012

45 Appendix 5 – Other Papers: REC ‘Flexible Work Commission Report’.

46 <http://www.niassembly.gov.uk/assembly-business/official-report/committee-minutes-of-evidence/session-2013-2014/february-2014/flexible-working-inquiry-new-ways-of-working/>

47 Appendix 2 – Written Evidence: IPH, 26 March 2014

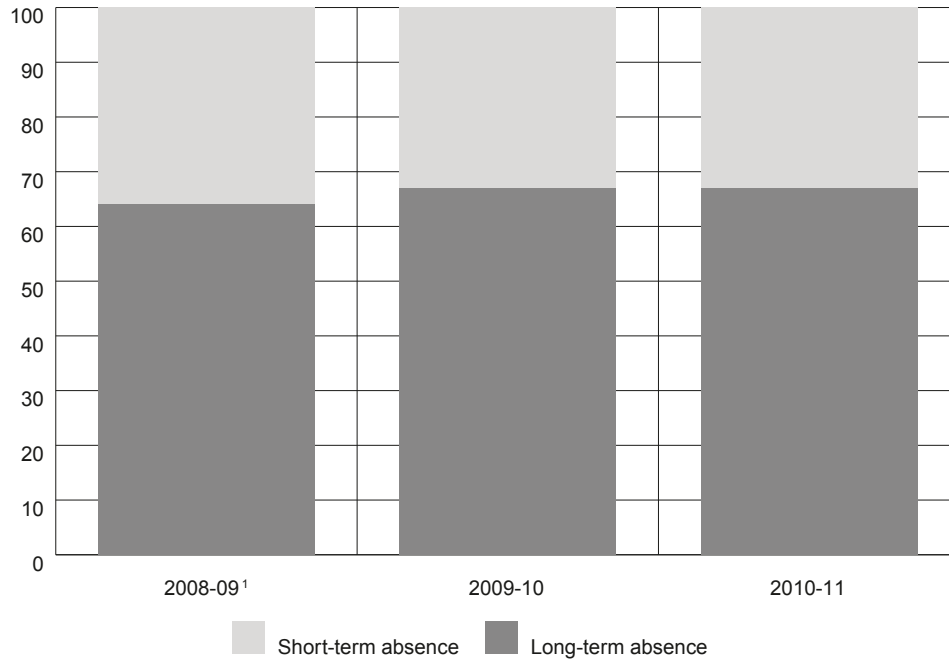
- continued corporate emphasis on managerial and staff compliance with reporting mechanisms, such as return to work interviews, to ensure that any problems can be aired at an early stage and staff can be given the correct assistance;
- a review of the role of HR Connect in supporting measures to reduce sickness absence, including its potential to support the monitoring of absence rates and compliance with reporting mechanisms;
- integration of health and wellbeing considerations into Personal Development Plans and/or Personal Performance Agreements of all NICS staff, with the necessary employer support measures included in organisational plans;
- provision of tailored and up-to-date training and ongoing support to ensure line managers are fully skilled to carry out their managing attendance duties, with a particular focus on additional training specifically targeted towards business areas with significantly higher absence rates;
- strategic and co-ordinated application of flexible working practices across the NICS, with a particular focus on the option of flexible location working (e.g. from satellite/hub offices), including where this could facilitate earlier return to work in the case of long-term absence;
- a PSG-led review of sickness absence targets at a departmental level to ensure they are realistic and achievable, as well as being challenging, based on up-to-date information on prior-year performance; and
- applying lessons, from the public and private sectors, across all departments and the regular evaluation of sickness absence policies and programmes against developing good practice.

Sickness Absence in the Health Sector

89. The NIAO Report also examined sickness absence in the HSC Trusts. The Committee noted that a particular area of difficulty was in respect of the reporting of information. At the time of publication, DHSSPS did not hold any further information on sickness absence within the Trusts beyond high-level six-monthly reports and, therefore, was not in a position to undertake detailed monitoring, including in terms of long-term sickness, main causes of absence, gender and age patterns, etc.
90. Other key findings from the NIAO Report included: that the overall cost of sickness absence in the HSC sector was in the region of £73m in 2010-11 and £71m in 2011-12; that sickness rates varied across Trusts and occupational groups; long-term sickness absence is a material factor on sickness levels (see **Table 7**); and mental health and musculo-skeletal problems are the two largest identified causes of absence (see **Table 8**).⁴⁸

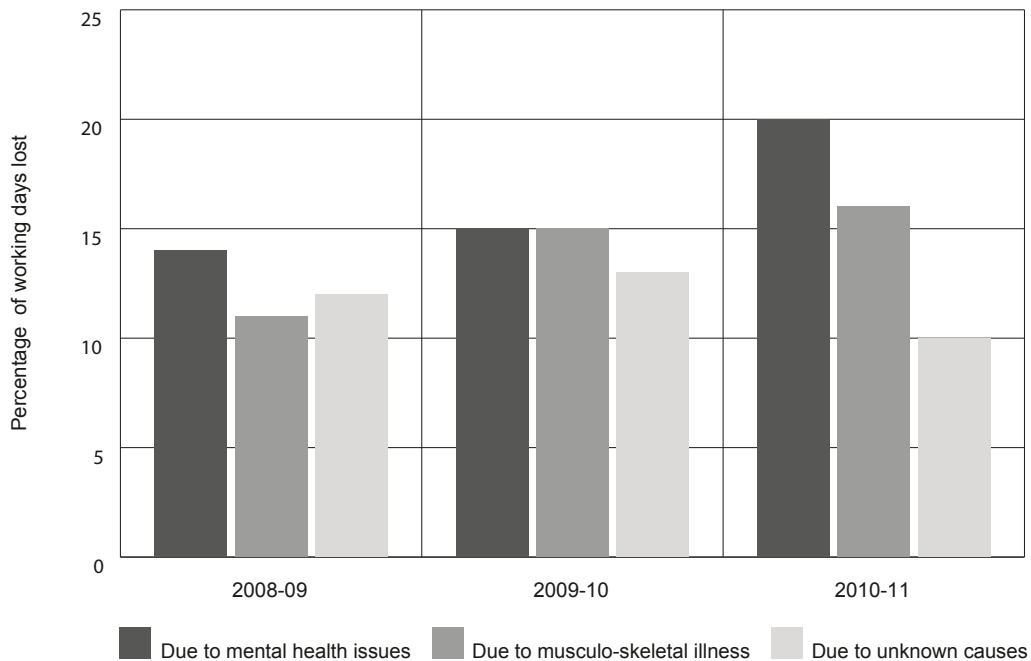
48 http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm

Table 7: Proportion of long-term absence among Trusts 2008-09 to 2010-11



(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

Table 8: Proportion of sickness absence among Trusts due to mental health issues, musculo-skeletal illness and unknown causes 2008-09 to 2010-11



(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

91. In exploring these issues further, the Committee was briefed by officials from DHSSPS and the Belfast HSC Trust at its meeting on 9 April 2014.⁴⁹ The officials informed members that

49 Appendix 2 – Minutes of Evidence: DHSSPS briefing on Sickness Absence in the NI Public Sector, 9 April 2014

musculoskeletal problems and mental health type absences are on the increase. As a result, this had become a priority issue and work was being carried out to address the causes of these absences.

92. Officials further outlined to members a range of measures that were being taken to reduce absenteeism due to the above issues. These included rapid referral to physiotherapy, the promotion of health and wellbeing at health fairs, training for managers on handling stress, counselling for staff and advice and guidance on how to get the best out of OHS.
93. In their evidence, the health sector officials also addressed an NIAO recommendation in relation to monitoring. As a result of limitations with the monitoring system there was a significant level of absence where the cause was unknown; and it was hoped that the introduction and roll out of the new HR Payroll, Travel and Subsistence (HRPTS) reporting system would provide more detail to enable the Department to carry out a review of the absences and implement programmes and interventions to tackle the issues. For example, when an individual inputs an absence into the new system, the reason for the absence must be provided. The information gathered from the new system will make information available to front-line managers in real time, which the officials hoped would provide an improvement in absence levels by giving the manager early warnings of issues of concern. Previously, reliance was on manual input of information which lead to outdated information and inaccurate referrals.
94. In relation to sickness absence reduction targets, as highlighted in **Table 9**, NIAO found a mixed performance by Trusts, with three of the five Trusts meeting their targets in 2010-11 but with the overall target not being achieved:

Table 9: Performance by Trusts against the sickness absence target

Trust	Percentage of working days lost			Target achieved
	2007-08 Baseline)	2010-11 Target	2010-11 Actual	
Southern Trust	5.4	5.2	4.9	Yes
Western Trust	5.8	5.2	5.0	Yes
Northern Trust	6.2	5.2	5.2	Yes
South Eastern Trust	6.3	5.2	5.6	No
Belfast Trust	6.6	5.2	5.8	No
Overall ¹	6.2	5.2	5.4	No

¹ Overall targets and performance exclude the Ambulance Service

Source: DHSSPS

95. NIAO therefore recommended that DHSSPS should set targets at both regional and local level covering all Trusts and that consideration should be given to the introduction of specific targets in relation to long-term sickness absence, similar to those set in the NICS. In their evidence to the Committee, the HSC sector representatives again made reference to the new HRPTS information system as a means of addressing this recommendation. Members were advised that, once fully established, the system will enable the setting of appropriate targets and a robust and consistent baseline. The Committee welcomes this change and would like to see the most up-to-date performance against targets since 2010-11 published, as well as future targets published in similar fashion.

96. As highlighted in **Table 10**, the NIAO Report also found that absence levels in the Health Service in NI are higher than in GB:

Table 10: Comparison of sickness absence rates in the NHS across GB and NI in 2010-11

Percentage of working days lost			
NI	England	Wales ¹	Scotland ²
5.3 ³	5.0 ⁴	5.07	4.74

(Source: NIAO Report 'Sickness Absence in the Northern Ireland Public Sector')

- 1 Data taken from 'Sickness Absence in the NHS', a Welsh Government Statistical Release, using data for the quarters ending June 2010, Sept 2010, Dec 2010, March 2011 (DHSSPS considers that this may not be on a comparable basis to the NI analysis)
 - 2 Data taken from 'NHS Scotland Workforce', produced by NHS Scotland's Information Services Division, using data as at 31 March 2011, published 28 June 2011 (DHSSPS considers that this may not be on a comparable basis to the NI analysis)
 - 3 DHSSPS estimate, excluding social care staff in order to ensure a more meaningful comparison with the health service data from Great Britain. The sickness absence rate for NI, including social care staff, is 5.5 per cent
 - 4 DHSSPS estimate, calculated on a similar basis to NI. The NHS Information Centre quarterly publications 'Sickness Absence Rates in the NHS' for 2010-11 show an annual sickness absence rate of 4.15 per cent
97. However, caution was expressed that there are certain differences in the structures of the Health Sector across GB and that care needed to be taken when making these types of comparisons. That said, the Committee noted that certain broad comparisons are possible. There was evidence that the Ambulance Service, for example, benchmarks with other NHS Ambulance Trusts, however this was not done as a matter of course in all Trusts.
98. In exploring this further, the Committee pressed the HSC representatives on the issue of benchmarking across the sector. The witnesses pointed out that the nature of work in the Health Service is considerably different from work in the wider NICS; though benchmarking was carried out to a certain extent, taking single packages of best practice and applying them to particular grades or types of illnesses. It was also argued that the opportunities arising from the improved information from the new HRPTS system will lead to a greater variety of benchmarking which can now be carried out.
99. The Committee also noted from the NIAO Report that, from 2007 to 2011, DHSSPS had carried out benchmarking of NI's regional performance in comparison with sickness absence rates in England. However, this practice had now ceased and members expressed concern at this, as they see a need for some form of benchmarking with other organisations and jurisdictions.
100. During the evidence session with the HSC officials, the Committee also explored various other issues. For example, members were advised that, as mental health illness is responsible for 40% of long-term sickness absence, extensive strategies have been put in place in the wider health service to tackle the problem, with the focus on training managers to be able to spot signs of stress at an early stage.
101. In relation to long-term absence in DHSSPS itself, officials informed members that the timescale for referral to OHS, normally 20 days across NICS departments, has been reduced to 15 days in an attempt at an early intervention and to provide assistance as quickly as possible. It was also noted that the focus is not just on health, as the Trusts and DHSSPS also have initiatives to improve wellbeing, such as Zumba dancing, choirs, Weightwatchers and lifestyle guidance.
102. Members were also informed about a programme in operation in the Belfast Trust, entitled 'Here 4 U', which provides support through a focus on improvement in people's mental and physical wellbeing. The officials stated that the programme was designed to engage with

people positively to try to remove them from their problems and to assist individuals. It was also reported that being in a group and exercising has helped people. In recent years there were particular successes highlighted from this approach in terms of addressing practical issues for employees with financial problems, via referrals to Citizens' Advice or confidential counselling.

103. During their evidence, the HSC officials also informed the Committee that an absence protocol, agreed with trade unions, is in place in the Trusts and that managers are obliged to follow it. There are triggers included within the protocol which, if breached, lead to actions such as counselling, return to work interviews, disciplinary proceedings and OHS referrals.
104. The Committee also questioned the HSC officials on the extent to which best practice is being shared across Trusts and members were told that various forums exist to allow interaction, including via CHR within DFP.
105. Members also raised the issue of a bullying culture being in existence in the Health sector, which may result in people taking sickness absence, particularly if they have been whistle-blowers and feel that, instead of being supported by management, they have been targeted. In responding, the HSC officials stated that bullying is not tolerated or accepted and that the policies on bullying and harassment are agreed with the trade unions who work with them to ensure that policies are implemented and that any instances of bullying are dealt with. The officials also advised that whistle-blowers have their rights and confidentiality protected as the impact on the whole organisation can be disastrous if a problem goes unaddressed.
106. **In encouraging the DHSSPS and the Health Trusts to continue to focus on long-term sickness absence, particularly mental health and musculoskeletal problems, the Committee recommends that consistent sickness absence targets are set to cover all Trusts, including the Northern Ireland Ambulance Service which currently sets its own targets.**
107. **The Committee recommends that the sickness absence targets for Trusts are further informed both by benchmarking with comparator health bodies in other jurisdictions, where possible, and by an analysis of the information from the new HR, Payroll, Travel and Subsistence (HRPTS) reporting system. Such benchmarking should not only be used to inform target setting but also to monitor and assess on-going performance and identify potential areas of best practice.**
108. **To facilitate monitoring and scrutiny, the Committee recommends that all the Health Trusts publish the details of their performance against sickness absence targets since 2010-11 and going forward.**

Sickness Absence in the wider Education Sector

109. As alluded to earlier, the Committee for Education took evidence from NIAO and DE and also followed up in writing to the Department, seeking clarification on its actions in respect of the relevant NIAO recommendations. The full report by the Committee for Education can be found in **Appendix 4** of this report and an extract on the findings relating to the sickness absence levels within the DE has been included in the 'Performance of NICS Departments' section of this report.
110. The following is an extract from the Committee for Education's report relating to its considerations and findings in respect of the wider Education Sector:

'The report provided commentary on sickness absence for teaching and non-teaching staff in Controlled schools and Maintained schools but does not include information on Voluntary Grammar (VG) or Grant Maintained Integrated (GMI) schools or non-Controlled Irish Medium Education (IME) schools or their controlling organisations. The information was derived from two similar but separate payroll/human resource systems - one for non-teaching staff and one for teaching staff. DE operates the payroll/human resource systems for teachers in all

schools with the exception of VG schools. The employing authorities (Education and Library Boards (ELBs), Council for Catholic Maintained Schools (CCMS) etc.) are afforded enquiry access to this system. CCMS etc. do not employ non-teaching staff– these are employed by the ELBs. While each ELB operates a stand-alone system for non-teaching staff in its area, the system used is understood to be common across all ELBs. The report indicated that DE did not have access to data from the non-teacher systems and did not at that time actively monitor absence levels among non-teaching staff.

Areas for which data was reportedly not readily available, both in relation to teaching and non-teaching staff included:

- the long-term and short-term profile of sickness absence levels;
- gender, age and grade/length of service analysis of sickness absence levels;
- analysis of the main causes of sickness absence and the duration of absences associated with particular causes.

The NIAO report contended that the absence of such data inhibited the effective management of sickness absence within the sector.

The NIAO report noted that the trend in overall teachers' sickness absence levels is downward, having decreased by over 20 per cent since 2006-07, with current sickness absence levels at 7.27 and 7.22 days per teacher per year for 2010-11 and 2011-12. These figures appear to compare well with the overall figure for the NICS, although when the figures are adjusted to take account the number of days attended in any given year, the adjusted figure is 8.2 days. The total pay bill for permanent teachers in post during 2010-11 was in the region of £606m; with a cost of sickness absence that year at £16m, and associated teacher substitution costs of a further £11.9m.

The report showed that in the period 2008-09 to 2010-11, the absence levels of non-teaching staff at four out of the six employing authorities had increased. The NIAO report noted that while it was not possible to gather information on the cost of non-teacher sickness absence, the estimated cost of non-teacher sickness absence in 2010-11 was approximately £17.8m.

NIAO reported differing levels of teacher sickness absence associated with the various school sectors. In 2011-12 teacher sickness absence levels ranged from a low of 5.87 days per teacher at the South Eastern ELB to a high of 8.16 days per teacher at the Western ELB. Belfast ELB, North Eastern ELB and Western ELB have not improved as much as other authorities over the period since 2007-08. South Eastern ELB and North Eastern ELB also experienced increases in teacher sickness levels in 2010-11, with North Eastern ELB witnessing a further increase in 2011-12. CCMS has traditionally experienced higher levels of teacher sickness absence compared with other employing authorities, although sickness absence has improved by 19% since 2007-08.

Although the overall trend over time is downwards, the following variations in absence levels associated with different school types and sectors were also highlighted by the NIAO:

- Controlled and Grant Maintained Integrated schools experienced the lowest levels of teacher sickness absence with an average of 6.5 and 6.2 days sickness absence per permanent teacher respectively in 2011-2012.
- Special schools and Maintained schools (particularly those under CCMS control) experienced the highest levels of sickness at 11.4 and 7.8 days per permanent teacher respectively in 2011-12.

Absence levels in these sectors have improved by 8 and 26 per cent respectively since 2006-07. DE and the employing authorities suggested that higher teacher absence levels

at Special Schools reflect the demanding nature of the work, including a need to avoid the transmission of illness to vulnerable children.

The report also noted that long-term sickness absence (more than 20 days) represented around 60 per cent of total days lost. In England only 2 per cent of absences last for more than 20 days. In respect of long-term sickness, NIAO indicated that employing authorities reported the increasing importance of stress as a key cause.

The teaching sickness levels in Northern Ireland remained similar to those experienced in Scottish and Welsh Schools though higher than those in England though the gap was decreasing. NIAO noted that DE and the employing authorities did not routinely benchmark teacher sickness against sickness levels outside of Northern Ireland.

The NIAO report noted that the Department had set targets in relation to teacher sickness absence – these targets were the same for the overall sickness absence level for each of the individual employing authorities. Performance against these targets forms part of the regular governance and accountability meetings held between the Department and the employing authorities. However, no targets had been set for non-teacher sickness levels.

The Department's target for teacher absence levels for 2010-11 was 6 days for 2010-11 - this target was not achieved. Similarly the target for 2011-12 was not achieved. Despite this, the target for teacher absence has been reduced to 5 days for 2014-15 in line with England. NIAO questioned the achievability of this target.

NIAO recommended:

- improved routine data analysis and reporting in relation to both teaching and non-teaching staff including: the level of long-term sickness absence; the main causes of absences; their respective durations and the gender, age and grade profile of absence.
- the introduction of a combined measure identifying overall sickness absence levels, in addition to the separate analyses and target-setting for sickness absence for teaching and non-teaching staff.
- a more strategic role by DE with regard to promoting and monitoring sickness absence management across the sector.
- the use of statisticians and other relevant specialists to obtain advice and guidance on: the specification of absence targets; the fitness for purpose of data systems and to ensure the use of appropriate methodology and quality control procedures for sickness absence management information.

As part of its consideration of these matters, the Committee also noted the NIAO report on the Management of Substitution Cover for Teachers (2010) which identified average sickness levels for 2008-09 of 7.8 days with associated costs of £15.8m and additional substitution cover costs of £11m. That report also found that if teacher sickness absence in Northern Ireland was reduced to the level in England, estimated savings of around £5.7m in teacher pay costs and an additional £4m in the cost of teacher substitution could be achieved.

Further to the references in the 2013 NIAO sickness report to stress as a cause of teaching staff absence, the Committee noted the Northern Ireland Teachers' Health and Wellbeing Survey (2001). This made a number of recommendations relevant including:

- An annual review of overall health and wellbeing for all teachers;
- Stress reduction/healthier lifestyle courses;
- Consideration of inclusion of health awareness training in Initial Teacher Education;
- Extra support for the implementation of IT so as to reduce teacher stress;

- Examination of methods to redeploy administration work from teachers including the use of the “bureaucracy cutting tool kit” and an evaluation of the day-to-day activity of teachers;
- Independent feedback from teachers to be sought in respect of the school inspection process including improved follow-up by CASS / Welfare Services for individual teachers following an inspection;
- Strategies for improving pupil discipline to be improved;
- Improved communication between teachers, unions and employers so that feedback on problems facing teacher is addressed;
- A review of the independence of employer-provided support services including counselling for teachers;
- A review of the work-life balance programme for teachers to be effectively monitored and implemented;
- Teachers (and principals) to be made more aware of training and CPD opportunities – core teacher / CPD training to include: pupil discipline, time management, stress management and human relations;
- RTU training for principals to include a greater emphasis on coping skills and stress management; and
- A review of the mechanism to release teachers for training so as to improve uptake by teachers of training opportunities.

In respect of teaching absence, the Committee highlighted concerns about growing levels of absence associated with stress – both job-related and non-job-related. Members were surprised to learn that the proportion of long term absence in Northern Ireland (around 63% in 2013-14) greatly exceeds that in England and noted the suggestion that is a result of increases in stress-related absence. The Committee therefore felt that action was warranted in terms of both the growing financial (£12.9m in 2013-14 for all teacher sickness absence) and human costs of teacher absence.

The Committee welcomed the measures introduced following the Northern Ireland Teachers’ Health and Wellbeing Survey (2001) but noted that employing authorities currently do not monitor their effectiveness. The Committee agreed that the Department should encourage all employing authorities to address this through a regular review of overall health and wellbeing for teachers. The Committee also agreed to seek assurance from the Department that it would ensure that the curriculum for Initial Teacher Education and Continuous Professional Development for teachers included health and well-being awareness training incorporating the RTU’s recently developed iMatter whole school support materials.

The Committee welcomed the development of a regional strategy for teacher absence and commended the Department on the production and sharing of absence statistics. The Committee also welcomed the best practice forum and its focus on school culture; adherence to procedures and roles and responsibilities. The Committee hopes that this forum will help to successfully address the reported significant difference in teacher absence levels across the ELBs/CCMS and the reported variation in the application of absence procedures in CCMS schools.

The Committee felt that good practice should be shared across all schools and therefore agreed to strongly urge the Department to ensure engagement by the forum with all schools regardless of their sector.

Additionally the Committee welcomed the Department’s intention to develop an education-wide composite absence strategy and its increasing focus on benchmarking based on organisations within and outside of Northern Ireland. Members hoped that this would

address NIAO's recommendations and ultimately lead to a reduction in the costs and disruption associated with staff absence. As above, the Committee agreed that as the development of a meaningful composite strategy would require engagement with all school sectors, the Department should facilitate this.

The Committee was puzzled by the Department's comments in respect of the methodology for calculating teacher absence in England and the inappropriateness of the teacher absence target for Northern Ireland. The Committee was surprised that, given its concerns, the Department nonetheless adopted what might be viewed as an unattainable target for teacher absence. The Committee noted also that the South Eastern ELB had appeared to achieve the 2011-12 teacher absence target.

The Committee agreed that targets should be realistic and achievable and should also be used by the Department to drive improvement programmes and corrective measures. The Committee agreed that consideration should be given to revised teacher absence targets and that the Department should be prepared to set out the reasoning underpinning any changes to the target that it wished to introduce.

In respect of non-teaching staff, the Committee was surprised to learn of the very high level of so-called multi-jobbers and appreciated the difficulty in devising an agreed absence measuring methodology. The Committee commended the Department for developing a non-teaching baseline figure and agreed to seek a further update on the 2014-15 target for absence reduction. The Committee also agreed to seek further information from the Department on the costs associated with non-teaching absence.⁵⁰

111. **In noting the findings and recommendations from the Committee for Education's separate scrutiny of sickness absence in DE and the wider Education sector, the Committee for Finance and Personnel echoes the call for various measures to be taken, including:**
- **action to address growing levels of stress-related absence and the high proportion of long-term absence amongst teachers, which has significant financial and human costs;**
 - **monitoring the effectiveness of teachers' health and wellbeing programmes and provision of awareness training for teachers in this area;**
 - **sharing good practice in order to address the reported disparity in teacher absence levels across the ELBs/CCMS by ensuring that the 'Best Practice Forum' engages with all schools regardless of sector;**
 - **engagement with all school sectors in developing an education-wide composite absence strategy, which will include a focus on benchmarking and will address the NIAO Report recommendations; and**
 - **setting targets which are realistic and achievable but which also drive improvement in reducing sickness absence across the Education sector.**
112. **In conclusion, the Committee would encourage DFP and the wider Executive to implement the recommendations from this coordinated report with a view to realising the potential savings of approximately £37million per year if the average sickness absence rates in the NICS, the Health Trusts and the Education sector are brought into line with GB. Given the significance of this in the context of the budgetary pressures facing the Executive, the Committee would underline the importance of future performance against sickness absence targets by departments, including at the level of individual business areas, and arms-length bodies being scrutinised regularly by PSG, departmental boards, senior management boards within the Health and Educations sectors and by Assembly statutory committees as applicable.**



Northern Ireland
Assembly

Appendix 1

Minutes of Proceedings

Wednesday, 1 February 2012

Room 30, Parliament Buildings

Present: Mr Conor Murphy MP MLA (Chairperson)
Mr Dominic Bradley MLA (Deputy Chairperson)
Mr Leslie Cree MBE MLA
Mr Paul Girvan MLA
Mr David Hilditch MLA
Mr Paul Maskey MP MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Sinead Kelly (Assistant Assembly Clerk)
Mrs Kathy O'Hanlon (Assistant Assembly Clerk)
Mr Jim Nulty (Clerical Supervisor)
Mr Dominic O'Farrell (Clerical Officer)
Ms Aine Gallagher (Bursary Student)

Apologies: Mrs Judith Cochrane MLA
Mr William Humphrey MLA
Mr Ross Hussey MLA

10.05am The meeting opened in public session

4. Flexible Working – Evidence Session from Professor Sir George Bain

The Committee heard evidence from Professor Sir George Bain in relation to flexible working. The evidence session was recorded by Hansard.

Agreed: that staff will prepare draft terms of reference for an inquiry into flexible working.

Agreed: that Research Services will be asked to examine potential case studies of interest.

Agreed: to request an initial oral briefing from DFP to establish the extent to which the Bain recommendations on flexible working and the NICS Homeworking Policy have been implemented.

[EXTRACT]

Wednesday, 20 March 2013

Room 30, Parliament Buildings

Present: Mr Daithí McKay MLA (Chairperson)
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr David McIlveen MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA
Ms Sandra Overend MLA, Committee for Enterprise, Trade and Investment (Item 10 only)

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Kathy O'Hanlon (Assistant Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Mr Jim Nulty (Clerical Supervisor)
Ms Heather Graham (Clerical Officer)

Apologies: Mr Dominic Bradley MLA (Deputy Chairperson)
Ms Megan Fearon MLA

10.10 am The meeting opened in public session.

7. Flexible Working Inquiry – Evidence from Salford City Council

The Committee took evidence from David Horsler, Customer and Support Services, Salford City Council via videolink. The session was recorded by Hansard.

12.41pm The Chairperson adjourned the meeting.

Mr Daithí McKay MLA

Chairperson
Committee for Finance and Personnel

10 April 2013

[EXTRACT]

Wednesday, 4 December 2013

Room 30, Parliament Buildings

Present: Mr Daithí McKay MLA (Chairperson)
Ms Michaela Boyle MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Ms Heather Graham (Clerical Officer)

Apologies: Mr Dominic Bradley MLA
Mrs Judith Cochrane MLA
Mr Mitchel McLaughlin MLA

10.16am The meeting commenced in public session.

5. Flexible Working Inquiry – Evidence from Northern Ireland Public Service Alliance

The Committee received evidence on the Flexible Working Inquiry from the following Northern Ireland Public Service Alliance (NIPSA) representatives:

- Kieron Bannon – Assistant General Secretary of NIPSA;
- Billy Lynn – Chairperson of NIPSA Civil Service Group Executive Committee.

The session was recorded by Hansard.

10.51am Paul Girvan left the meeting.

10.55am Paul Girvan rejoined the meeting.

11.05am Michaela Boyle left the meeting.

11.10am Ian McCrea left the meeting.

11.15am Michaela Boyle rejoined the meeting.

Agreed: to request data from DFP on the breakdown of homeworkers/teleworkers in the Northern Ireland Civil Service, including gender breakdown, and also up-to-date figures on the usage of the 'satellite hubs' across Northern Ireland.

[EXTRACT]

Wednesday, 19 February 2014

Room 30, Parliament Buildings

Present: Mr Daithi McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Ms Michaela Boyle MLA
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mr Mitchel McLaughlin MLA

10:12am The meeting commenced in public session.

4. Sick Absence in the Northern Ireland Public Sector – Briefing from Northern Ireland Audit Office

The Committee received a briefing on ‘Sick Absence in the Northern Ireland Public Sector’ from the following officials from the Northern Ireland Audit Office (NIAO):

- Neil Gray - Director, NIAO;
- David Murdie – Audit Manager, NIAO; and
- Richard Emerson – Assembly Liaison Officer, NIAO.

The session was recorded by Hansard.

Agreed: to invite the Institute of Public Health and/or the Public Health Agency to provide a view on the potential for reducing sick absence in the public sector through increased focus on health and wellbeing programmes.

[EXTRACT]

Wednesday, 26 March 2014

Room 30, Parliament Buildings

Present: Mr Daithi McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Ms Michaela Boyle MLA
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: There were no apologies

10:05am The meeting commenced in public session.

4. **Health & Wellbeing Measures to Reduce Absenteeism – Briefing from the Institute of Public Health in Ireland**

The Committee received evidence on ‘Health & Wellbeing Measures to Reduce Absenteeism’ from the following representatives from the Institute of Public Health in Ireland (IPH):

- Dr Elizabeth Mitchell, Director of Development & Capacity Building, IPH;
- Mrs Teresa Keating, Public Health Development Officer (Policy), IPH; and
- Dr Joanna Purdy, Public Health Development Officer (Policy), IPH.

The session was recorded by Hansard

10:09am Adrian McQuillan joined the meeting.

10:11am Paul Girvan joined the meeting.

10:23am Judith Cochrane joined the meeting.

10:29am Peter Weir left the meeting.

10:31am Peter Weir rejoined the meeting.

11:05am Peter Weir left the meeting.

11:02am Adrian McQuillan left the meeting.

11:05am Peter Weir rejoined the meeting.

11:13am Mitchel McLaughlin left the meeting.

11:16am Dominic Bradley left the meeting.

11:19am Adrian McQuillan rejoined the meeting.

11:20am Paul Girvan left the meeting.

Agreed: that the IPH representatives would provide follow up information as agreed during the session.

Agreed: to seek an update from DFP on the implementation of the procurement guidance note in relation to food and catering services; and to forward the IPH briefing paper to DFP in advance of next week's evidence from departmental officials on this subject.

[EXTRACT]

Wednesday, 2 April 2014

Room 30, Parliament Buildings

Present: Mr Dominic Bradley (Deputy Chairperson)
Ms Michaela Boyle MLA
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mr Paul Girvan MLA

10:30am The meeting commenced in public session.

6. Sickness Absence in the Public and Private Sectors – Briefing by Assembly Research

The Committee received a briefing from Assembly Research on Sickness Absence in the Public and Private Sectors in Northern Ireland.

Agreed: that the researcher will provide follow-up information on the breakdown of sickness absence data for the education sector.

7. Northern Ireland Civil Service Health and Wellbeing Programmes – Briefing from DFP

The Committee received a briefing on the Role of the Northern Ireland Civil Service (NICS) Health and Wellbeing Programmes in reducing Sickness Absence from the following officials:

- Professor Ken Addley ,Director, NICS Occupational Health Service; and
- Patricia McQuillan – Assistant Director, Nursing and Allied, Occupational Health Service.

The session was recorded by Hansard

12:30pm The Chairperson adjourned the meeting.

Mr Daithí McKay MLA

Chairperson
Committee for Finance and Personnel

9 April 2014

Wednesday, 9 April 2014

Room 30, Parliament Buildings

Present: Mr Daithí McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr Ian McCrea MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Ms Michaela Boyle MLA

10:15am The meeting commenced in public session.

4. Northern Ireland Audit Office Report on Sickness Absence in the Public Sector – Briefing from the Department of Health, Social Services and Public Safety

The Committee received a briefing on the Northern Ireland Audit Office (NIAO) Report on Sickness Absence in the Public Sector, from the following officials from the Department of Health, Social Services and Public Safety (DHSSPS):

- Patricia Corbett - Director of Human Resources, DHSSPS;
- Marie Mallon – Deputy Chief Executive and Director of Human Resources, Belfast Health and Social Care Trust; and
- Tom Hamilton – Deputy Director of Personnel and Corporate Services, DHSSPS.

The session was recorded by Hansard.

Agreed: that the Committee will write to DHSSPS in follow up to request benchmarking information comparing sick absence rates in the health and social care sector here with comparable sectors in other jurisdictions.

[EXTRACT]

Wednesday, 30 April 2014

Room 30, Parliament Buildings

Present: Mr Daithí McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Ms Michaela Boyle MLA
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Mitchel McLaughlin MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mr Adrian McQuillan MLA
Mr Peter Weir MLA

10:55am The meeting commenced in public session.

5. Northern Ireland Audit Office Report on Sickness Absence in the Northern Ireland Public Sector – Briefing from DFP

The Committee received a briefing in response to the Northern Ireland Audit Office report from the following DFP officials:

- Colin Lewis, Head of Corporate Human Resources (CHR), DFP; and
- Mark Bailey, Head of Pay & Policy Division, CHR, DFP

The session was recorded by Hansard.

Agreed: that DFP will write to the Committee to provide further detail on the Northern Ireland Civil Service 'Recovery' Strategy.

Agreed: to seek a written response to issues not addressed during the session due to time constraints.

[EXTRACT]

Wednesday, 11 June 2014

Room 30, Parliament Buildings

Present: Mr Daithí McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Ms Michaela Boyle MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mr Mitchel McLaughlin MLA

10:07am The meeting commenced in public session.

8. Sickness Absence in the Northern Ireland Public Sector – Follow up briefing by Assembly Research

The Committee received a briefing on Sickness Absence in the Northern Ireland Public Sector from Assembly Research.

[EXTRACT]

Wednesday, 18 June 2014

Room 30, Parliament Buildings

Present: Mr Daithí McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Ms Michaela Boyle MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Ian McCrea MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mrs Judith Cochrane MLA

10:08am The meeting commenced in public session.

1. DFP Performance against PfG and Business Plan Targets – Briefing from DFP

The Committee received a briefing on Departmental performance against Programme for Government (PfG) and Business Plan targets 2013-14 from the following departmental officials:

- Stephen Peover, DFP Permanent Secretary;
- Kathryn Hill, Head of Business Planning and Corporate Governance; and
- Brigitte Worth, Finance Director, DFP

Agreed: that the DFP officials will provide follow up information as agreed during the session.

The Committee wished Mr Peover well in his forthcoming retirement and thanked him for his work as DFP Permanent Secretary in supporting the work of the Committee.

[EXTRACT]

Wednesday, 2 July 2014

Room 30, Parliament Buildings

Present: Mr Daithí McKay (Chairperson)
Mr Dominic Bradley (Deputy Chairperson)
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Mitchel McLaughlin MLA
Mr Adrian McQuillan MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mr Sean McCann (Assistant Assembly Clerk)
Mr Joe Westland (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Ms Michaela Boyle MLA
Mr Ian McCrea MLA

10:07am The meeting commenced in public session with Dominic Bradley, Deputy Chairperson in the Chair.

In line with normal practice, the Committee went into closed session for agenda items 7 and 8, which included initial consideration of draft reports.

8. Sickness Absence in the Public Sector in Northern Ireland – Consideration of issues from the evidence (Closed Session)

The Committee considered a working draft report of the review of sickness absence in the public sector in Northern Ireland, which set out the issues arising from the evidence.

Agreed: that a further draft of the report will be prepared for members to consider after summer recess.

12:32pm The Committee moved into public session for the remainder of the meeting.

[EXTRACT]

Wednesday, 25 February 2015

Room 30, Parliament Buildings

Present: Mr Daithí McKay MLA (Chairperson)
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr Ian McCrea MLA
Mr Adrian McQuillan MLA
Mr Máirtín Ó Muilleoir MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Miss Alison Ferguson (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mr Dominic Bradley MLA (Deputy Chairperson)
Ms Michaela Boyle MLA
Mr Paul Girvan MLA
Mr John McCallister MLA

10:20am The meeting commenced in public session.

12:16pm The Committee moved into closed session in line with normal convention for considering draft committee reports.

10. Sickness Absence in the Public Sector in Northern Ireland – Consideration of draft report

The Committee considered a working draft Committee Report on 'Sickness Absence in the Public Sector in Northern Ireland'.

Agreed: that members will provide any comments on the draft report to the Clerk by noon on Friday, 27 February 2015 for reflecting in the final report in advance of the Committee's formal consideration at its meeting on 4 March 2015.

12.21pm The Committee returned to open session.

[EXTRACT]

Wednesday, 4 March 2015

Room 30, Parliament Buildings

Present: Mr Dominic Bradley MLA (Deputy Chairperson)
Ms Michaela Boyle MLA
Mrs Judith Cochrane MLA
Mr Leslie Cree MBE, MLA
Mr Paul Girvan MLA
Mr John McCallister MLA
Mr Adrian McQuillan MLA
Mr Máirtín Ó Muilleoir MLA
Mr Peter Weir MLA

In Attendance: Mr Shane McAteer (Assembly Clerk)
Mr Phil Pateman (Assistant Assembly Clerk)
Mrs Clairita Frazer (Assistant Assembly Clerk)
Miss Alison Ferguson (Clerical Supervisor)
Miss Heather Graham (Clerical Officer)

Apologies: Mr Ian McCrea MLA
Mr Daithí McKay MLA (Chairperson)

10:05am The meeting commenced in public session.

12:01pm The Committee moved into closed session in line with normal convention for considering draft committee reports.

10. Sickness Absence in the Northern Ireland Public Sector – Final Consideration of Draft Report

The Committee considered a draft Committee report on ‘Sickness Absence in the Northern Ireland Public Sector’.

Agreed: that paragraphs 1 - 7 stand part of the report.

Agreed: that paragraphs 8 - 23 stand part of the report.

Agreed: that paragraphs 24 - 27 stand part of the report.

Agreed: that paragraphs 28 - 54 stand part of the report.

Agreed: that paragraphs 55 - 57 stand part of the report.

Agreed: that paragraphs 58 - 86 stand part of the report.

Agreed: that paragraphs 87 - 88 stand part of the report.

Agreed: that paragraphs 89 - 105 stand part of the report.

Agreed: that paragraphs 106 - 108 stand part of the report.

Agreed: that paragraphs 109 - 110 stand part of the report.

Agreed: that paragraphs 111 - 112 stand part of the report.

Agreed: that the Executive Summary stands part of the report.

Agreed: that the Appendices 1 to 6 stand part of the report.

Agreed: That the report be the 13th report of the Committee for Finance and Personnel to the Assembly 2011-16.

Agreed: That the Committee report on Sickness Absence in the Northern Ireland Public Sector be printed.

Members noted that the applicable extract of the draft minutes of today's meeting will be included in the report.

Agreed: that, to enable the report to be prepared for printing, the Deputy Chairperson will approve the extract of the draft minutes before the next meeting.

Members noted that, in line with normal protocol, a typescript copy of the Report will be issued to DFP and that two typescript copies will be laid in the Business Office within 24 hours.

Members further noted that embargoed copies of the printed Report will be made available to all MLAs in advance of the plenary debate in the Assembly.

12.21pm The Committee returned to open session.

[EXTRACT]



Northern Ireland
Assembly

Appendix 2

Minutes of Evidence

1 February 2012

Members present for all or part of the proceedings:

Mr Conor Murphy (Chairperson)
 Mr Dominic Bradley (Deputy Chairperson)
 Mr Leslie Cree
 Mr Paul Girvan
 Mr David Hilditch
 Mr Paul Maskey
 Mr Mitchel McLaughlin
 Mr Adrian McQuillan

Witnesses:

Professor Sir George Bain *Expert Witness*

1. **The Chairperson:** You are very welcome. The Committee had expressed an interest in looking at this area of your work. Decentralisation and relocation have been caught up in the economic downturn along with other issues affecting the Executive, including the reduction of the block grant. There was a strong sense from the Committee that flexible working could perhaps continue to be explored in the current financial climate and could lead to better working conditions for civil servants, less travel and more people being deployed in regional centres rather than in the centre in Belfast. The Committee is pleased to hear evidence from you, and we will be considering whether we take it forward in an inquiry. Perhaps you will make some opening remarks, and then I will allow members to explore the matter with you.

2. **Professor Sir George Bain:** Thank you very much. I thought that I might speak for 15 minutes and then leave the rest of the time for questions and, hopefully, answers. My first answer is to manage your expectations. I am not an expert on the subject. It was one chapter in a report on relocation, as the Chairman said. I chaired a report for the Westminster Government in 2001, which gave the legislative background to employees having the right to request flexible working; however, that was a long time ago. A great deal has

happened since the report in 2008. Moreover, when people look at the disconnect between my work and life they laugh that I am in this area. I imagine that that can probably be said for most Assembly Members as well. I thought that the best thing I could do this morning was try to facilitate a discussion rather than give “Evidence” with a capital E. The first thing in doing that is to provide a short note to structure a discussion.

3. There are, of course, many definitions. I like the one that states that it is about allowing employees to be flexible about how, when and where they work. That seems to sum it up. Here, we are mainly concerned with when and where; how used to be dealt with in the literature on job enlargement, job enrichment and autonomous work groups, usually in manual working areas. This morning I have a hunch that we will concentrate mainly on when and where. I have listed the practices in the report, so I will not go through them all. The excerpts from the report show the different practices in paragraph 6.2.2, including mobile remote working, touchdown, satellite offices, home-working, teleworking, and hot-desking. Even people of my generation tend to know what most of those words mean.

4. It is interesting that you are thinking of an inquiry, because the public sector is already quite well represented, both across the water and in Northern Ireland, with various aspects of flexible working. You are aware of the Northern Ireland Civil Service document dealing with working at home. There are various projects, such as Network Northern Ireland, which is networking virtually all the civil service buildings. I do not know whether that has been completed; it was supposed to have been completed shortly after our report was finished.

5. I have listed three categories of things that stop flexible working. The first is infrastructure costs. One of the things that comes out of the literature is that it is useful to walk before you run and to have a pilot project rather than a massive initiative. There is often considerable upfront investment: putting in Wi-Fi and networking requires significant investment, which can make the cost benefits problematic. Secondly, some jobs do not lend themselves to flexible working, and I list some of them in the report. Unless you have pretty well-defined objectives and measurable deliverables, if you do not require supervision or interfacing with customers and clients, and all the other things that I list, it will be difficult to have flexibility for such jobs. Similarly, the people who would not thrive on flexibility are those who lack self-discipline and motivation and perhaps good time management. You have to be technologically literate, and although most people under 40 these days are, older people may not be. Many people who work at home find that it is sometimes difficult to cope with the isolation and the lack of social contact. Those are some of the things that stop it.
6. I have listed several advantages, which I assume are well known to you and which I imagine are driving your interest. It improves work/life balance and facilitates staff recruitment and retention. When we first talked about the legislative right to request flexible working around the turn of the century in 2000 and 2001, it was pushed by unions but not generally enthusiastically welcomed by employers. That quickly changed, however, because they quickly discovered that once you had flexibility, the range of people you could recruit was much wider. Hence it ceased to be a class-war issue and became much more an issue that both sides could see. It improves satisfaction and reduces costly absenteeism, which is an issue of some interest in the public sector. It improves service delivery, and when you want to deliver a service beyond the normal hours of business, that is a plus. Some of the things that drove the relocation report were an improvement in space utilisation and a reduction in accommodation costs. I visited PricewaterhouseCooper's new building behind the Waterfront Hall. The company employs hot-desking in that building. For the sake of argument, it has 500 consultants — do not hold me to that figure — and 300 desks. People come and go, and the space that that company has is much less than would be required to provide everyone with their own office or desk.
7. Some of the big things that the Chairman mentioned and that drove the report was a reduction in travel time, transport costs and carbon footprints and an improvement in efficiency and productivity. In the literature people give figures such as a 20% improvement in productivity and so on. Most of that is pretty useless; the figures are usually taken from small samples and each case is different.
8. When we put the report together — the secretary to the inquiry was Olive Maybin, whom some of you will know — we included just case studies. I am sure that there are many more such examples now. Each case was quite specific. Page 106 of the report — I have chosen public-sector examples — shows an example from a UK Department. The big problem in that Department was linking London and Sheffield; putting in video conferencing greatly helped in sorting that out. One does not have to think too hard about the link here between Derry/Londonderry and Belfast and other places. Something similar could be done here.
9. Page 110 gives an example from Hertfordshire County Council. The last three paragraphs spell out what was achieved including:
“a reduction in office space and workstation... of approximately 16 per cent.”
10. The council also found:
“work travel has seen a reduction of 10 per cent; work miles have reduced by 9,000” .

11. One of the most interesting examples is on page 113, as it is a Northern Ireland example. It looked at Macmillan nurses, with whom we will all be familiar in one way or another. That case study involved the use of digital pens and digital pads to enable the nurses to file their reports on each of their patients by simply pressing a button and sending them to head office rather than having to come back to base to have the reports typed up.
12. I think that you have been provided with appendix c to the report, which includes a few more case studies. The one that I would choose is an English example from the East Riding of Yorkshire Council. Page 190 provides a series of bullet points. I will not read those out, but they show the sorts of things that the council found that resulted from the use of flexible working. Those figures are much more interesting and reliable than broad generalisations about 20% being saved here or there. It shows what was done on absenteeism, productivity, the recruitment of staff, rent arrears, etc. It has concrete benefits.
13. I will leave you to leaf through the case studies. However, I want to touch on one other area before I draw my presentation to a close — the critical success factors. Again, those came out of the case studies. One thing is stakeholder involvement. By stakeholders, one means employees, customers and users. Almost all the literature suggests that you will not get very far with a top-down approach; it has to be done through a collaborative and consultative approach. Secondly, and most importantly, an example must be shown by senior leadership, and unless the very top management levels are prepared to work in that way and set the example, it will not work. It is like open-plan offices. Someone decides that an organisation must have open-plan offices, and everyone occupies those offices except senior management. Such a set-up usually does not work very well. Thirdly, there must also be support for middle managers, because flexible working means managing and supervising outputs and deliverables rather than inputs. To take an example from academic life: as a head of a department, I did not care too much whether staff worked at home, in the library or anywhere else for that matter, as long as the work was done. At the end of the day, the questions that they had to answer were whether they had got their teaching done and whether they had had good ratings from the students. They also had to be able to show their latest book or paper. There was a clear deliverable and, frankly, it is often easier to write papers and books away from interruptions than it is in the office.
14. That creates a new kind of culture: do not tell me how hard you work or how many hours you put in; just show me what you have done. Of course, it means that you need a job that has such a deliverable, but it is a completely different method for middle managers to supervise. My dad, who was a manual worker on the railway in Canada, had to punch in and punch out. That is how they managed people; if they were late, they were fined and so on. This is completely different.
15. I have already mentioned my fourth point: pilot schemes preceding large-scale projects is probably a generalisation that applies in many areas. Finally, cultural change. Many of these projects seem to be part of a wider scheme of cultural change in an organisation, a willingness to innovate and accept that work is about what we do and how we do it, not where we do it.
16. I will conclude by talking about future policy. As the Chairman said at the beginning, and as the secretary informed me, you are considering whether to inquire further into this area. It is not for me to tell you whether you should have an inquiry, but I thought that I might make a couple of reflections. It is hard for me to see the disadvantages of flexible working. It is not quite a motherhood concept, but flexibility in general is desirable and has most of the advantages that I listed earlier.
17. To some extent, if I am right, it is more a question of how one should do this

- rather than whether one should do it. Often inquiries, at least many of the inquiries that I have been involved in over the years here in Northern Ireland and across the water, have been more a question of “should”; asking whether we should reallocate jobs from Belfast to other areas and so on. Moreover, there is no shortage of evidence or examples to consider; there is a growing body of literature and there are case studies. I am sure that, since we looked at this four years ago, the number of case studies here in Northern Ireland in the private and public sectors will have increased greatly.
18. It seems to me that, if the Committee were minded to inquire further, its inquiry would not be of the same nature as those that I chaired. As I told the Committee, in those cases you are chosen because you are ignorant and people are looking for a blank slate on which they can make an impression, somebody who could perhaps mediate between strongly held points of view. The Committee’s inquiry would not be of that nature; it would be one where there was probably not a great conflict over the concept of flexible working. You would be trying to draw on the expertise of people who had done it, who knew how to go about it and who knew where the pitfalls were.
19. My observation is that if you wanted to proceed with this, it would be quite different, for example, from the inquiry from which this chapter is drawn.
20. **The Chairperson:** Thank you very much indeed. You mentioned the benefit of improved efficiency and productivity. There is some question about where the previous plans have gone, particularly the home-working policy. There is some suggestion that the unions have been taking that issue up again. If the Department of Finance and Personnel were to drive this out, it would take a very hard-nosed look at efficiency and at cost implications. That seems to dictate its thinking, much more than possible benefits to the individual or other, what it might consider, woollier measurements to improve people’s lives. What scale do you think this needs be on across the public sector for it to start to generate measurable efficiencies in a place this size?
21. **Professor Sir George Bain:** I am not sure that I can answer that, because, as I said and as you appreciate, it is about costs and benefits. It depends on whether the costs are relatively small. When I came here this morning, for example, I switched on my phone and found that I am on the network, so I know that this place has Wi-Fi etc. Therefore, the cost of doing something in an environment such as this would be relatively small compared with doing it in, for the sake of argument, County Tyrone, where you would have to start introducing Wi-Fi.
22. Let me stress one point. The Demos report, which I left in my case, is written from a certain social perspective whereby the benefits to employers, it is argued, are greater than those to employees. An employer who gets an employee to work at home does not have to pay for lighting, heating, desk space etc; that is true. On the other hand, an employee who works at home has probably opted to do so because it has considerable advantages for them, particularly if they care for children or aged parents. I thought that the main driver for this would be the Committee, since the Department of Finance and Personnel is the ultimate employer — is that the right phrase? — of civil servants in Northern Ireland. I think that the Department would take a very hard-headed view. Page 190 says:
- “productivity of home workers is 20 per cent higher ... 3 per cent reduction in sickness ... 27 per cent reduction in staff turnover”.*
23. Those are the things that leap out. As you will appreciate, measuring employee morale and commitment and providing a greater sense of work/life balance are much softer dimensions.
24. **The Chairperson:** As you were saying, one of the difficulties is the connection infrastructure, which is OK in Belfast and such places. However, we have a largely rural population, and people have

- to travel to centres of work. Was there any examination of the idea of localised centres? Rather than travelling to large centres, is there an opportunity, as part of flexible-working arrangements, to use existing government or publicly owned facilities in towns and villages in order to allow people to work in their own area as opposed to their home, where they may not have Wi-Fi or the capability to connect?
25. **Professor Sir George Bain:** Very much so. It is easy to think of the concept of satellite offices and touch-down centres germinating. Take an area such as Crumlin, which I do not live far from. Although travelling from Crumlin is not a major thing, I would not have thought that the area has a great deal of infrastructure as such. In fact, I often find it difficult to get a signal on my phone there. You could easily imagine setting up a small satellite office or a touch-down place there to which people could travel from one or two or a few miles away rather than having to come here, which took me an hour this morning, although that was at a bad time of day, of course.
26. There has been a tendency in Northern Ireland and elsewhere to have one-stop shops for all government services. Part of the idea in the report was to combine those one-stop shops with flexible-working arrangements. If you have a one-stop shop in an area, you do not have to go to different offices to get benefits or this, that and the other; you go to one place. It is not a major leap to imagine such places also having office space, desk space or hot-desking so that people would not have to travel elsewhere to work. That is why that chapter appeared in the report. It was interesting that it was not fuddy-duddies like me who actually thought of it; one of the younger members of the secretariat said that we should look at it. If we are talking about transferring employment out of Belfast into the periphery to reduce the carbon footprint and travel time, one idea is to shut down a building on the Stormont Estate that is, perhaps, past its sell-by date and build another one somewhere else. In fact, you do not have to build another building. You can shut down the building that is past its sell-by date and, because of flexible working, you can either utilise a small existing operation or, indeed, perhaps, no operation at all. That is why chapter 6 eventually appeared in the report. Initially, some older members of the commission thought that it was outside our terms of reference. It is funny: when I re-read that to prepare to come here today, I was thinking, of course, about just how much it actually was part of our terms of reference four years ago.
27. **Mr D Bradley:** Good morning, Professor. Thank you very much for your presentation. In your report on relocation you consider flexible working. What are the main issues in integrating flexible working and relocation? Does one complement the other? Should flexible working be advanced with one eye on relocation or vice versa?
28. There are implications for the future design of the public-service estate; you touched on that in your previous comment. What do you consider the implications for the future?
29. **Professor Sir George Bain:** When I visited Newry, we had a long chat about our work on the report. To answer the first part of your question: yes, relocation and flexible working are completely complementary. In fact, in a certain sense, without nitpicking, I suppose that it is almost a definitional point as to whether it is relocation. If you think about all the people who queue in traffic each morning from Newry to Belfast, and vice versa, and you introduced flexible working for at least some of those people, you would have much less traffic on the motorway, reduced travel time, et cetera. Therefore, I suppose that you are relocating the work, not necessarily the person. However, that is a quibble. The two, I believe, are completely complementary. One would drive the other.
30. With regard to the estate — again, I am a little rusty on that now — one of the things that drove the report when the

then Minister of Finance and Personnel, now First Minister, commissioned it was the nature of the public-sector estate; particularly some of the buildings at Stormont, which, I believe, are well past their useful life. Of course, rebuilding them here or elsewhere would require major capital expenditure; you know that better than I. Relocation was seen as, perhaps, part of the answer.

31. As I said, when we started, it was seen as more a case of, OK, we can move x number of jobs from Stormont to x, y or z outside the conurbation of Belfast. As we went on, as you can see from the report, we spoke to property developers and specialists in places such as Enniskillen and Omagh to see whether buildings were available there to which people could be transferred. Of course, the situation has moved on dramatically in the past few years. If that were to proceed, the question of talking to property developers and experts in Omagh, Enniskillen, Strabane and such places does not really arise to the same extent unless you consider the Chairman's notion of a small satellite office somewhere. That was one of the big barriers to relocating. With the possible exception of Derry/Londonderry, there were few suitable buildings to which you could transfer people. Therefore this subverts it.
32. I rang Olive Maybin yesterday to find out about our "office"; Olive and the other members of the secretariat use desks in Clare House in the Harbour estate. It is not quite hot-desking; they have their own workstations. There is a kind of future at work. I downloaded the 'Northern Ireland Civil Service Reform and the future@work'. I will leave a copy with you. A few years ago, it looked like a working environment from science fiction. There was telepresence; you could meet people who were in London or Moscow as if they were in the room with you. There was no need to fly anywhere. A great deal is already being done in that area. As I hinted, the danger for the Committee might be that it is reinventing the wheel when so much

is being done — even in this building — and elsewhere that one could draw from.

33. **Mr D Bradley:** From what you say, a great deal is being done on flexible working. Would it be appropriate for the Committee to look into the inter-relationship between that relocation and the public-service estate? According to what you say, those three elements are inter-related.
34. **Professor Sir George Bain:** What the Committee looks into is its own call. However, I would be surprised if you could look at one without the other. When Shane and his colleagues got in touch with me, their e-mail contained one of the issues that is driving this. The Committee wants to know, first, how it can save on accommodation costs; and, secondly, how it can improve productivity. I assume that in the Committee's initial thinking there was a connection between whether you need all this square footage of accommodation and whether you could accomplish your objectives with a smaller footprint. That is very hard to answer specifically, but, in general, you could almost certainly accomplish your objectives with a smaller footprint. You would have to look at how much smaller, where and how. The two are irrevocably linked.
35. **Mr McLaughlin:** Hello again, George. Two issues interest me. I have had a long fascination with emerging technologies and how they would affect the work/life experience. The first issue that I have come across in my role as an MLA is gender equality. Some married women in middle management were recognised as people who should be promoted to the betterment of the civil service and were offered promotion, but that would have required them to travel from Derry to Belfast. Therefore they had to decline the opportunity. That issue could have been addressed by working from home or by satellite office.
36. In the early days of the Assembly, it was encouraging to see Peter Robinson, as Finance Minister, put an early focus on the issue. However, I am not convinced that we have embraced the concept in

- a systemic way and that the intervening years have seen all Departments taking it on board. Perhaps that is one of the reasons why we should consider taking a look at this entire experience. In fact, I could easily extend that, perhaps through the RPA, to local councils, where you bring government to the people. That is not a concept about relocating offices, and it is not an argument about the capital cost of building new structures or about taking from one part of the region to give to another. The issue is about accommodating workers to give them much more job satisfaction and a better work/life balance as well as the environmental benefits from reducing the carbon footprint, which has often been cited.
37. Therefore in addition to those positive arguments, I also add the issue of equal opportunity, which has affected female civil servants for a considerable time and has put them in the unenviable position of having to decline opportunities for promotion because it would mean moving away from their homes to work.
38. **Professor Sir George Bain:** That is right. A theme that came through loud and clear during the inquiry from which this chapter is drawn was the difficulty that married women in particular have with accepting promotion beyond a certain level because it would require them to move.
39. Although that idea has potential, much would depend on the nature of the promotion. If the promotion was to a position that consisted largely of managing people, it would be hard — unless the situation was similar to the Macmillan nurses' and you were managing them virtually through the web rather than the traditional daily interaction with staff — to see how you could do that properly without moving.
40. That does not detract from your point that there is a large number of jobs, even at a very senior level, that could be done a certain number of days a week without moving being necessary. I have an example of that, although it is hardly definitive proof: when the low pay inquiry was launched in the late 1990s, the then permanent secretary of the Department of Trade and Industry was a woman called Catherine Bell. She was married, had kids and was one of the relatively few female permanent secretaries in the UK Civil Service. Do not hold me to the exact details, but she worked at home two days a week and spent three days in the office so that she could interact with people. Two days of the week she was at home working, where you could easily get her via e-mail or phone. She has since retired, but I imagine that if she was in the position today you would probably get her on a television screen.
41. It is easy for me to say, as I have just done, that there would be difficulties for certain kinds of jobs. However, it is also interesting how, when you put your mind to it, you can overcome some of those difficulties, even for a post such as permanent secretary. You might think that a permanent secretary would need their own office and backup, but the arrangement worked very well 12 or 13 years ago. I imagine that the number of "Catherine Bells" in the UK Civil Service has increased dramatically, both in the sense of being women in senior positions and of having some kind of flexible working.
42. **Mr McLaughlin:** Yes, and travelling one or two days is still better than travelling five. That is one of the areas in which we can develop our thinking on any possible inquiry.
43. The second point is that there may be more progress on this than we realise, because none of us has the full picture. The visit to Clare House some years ago was very interesting, because they were actually futuring; it was not so much about day-to-day practice as about realising potentials. They had gathered up much of the technology, such as the digital pens and the teleconferencing tools et cetera. That has continued to develop, as have the cost parameters, although I am not sure whether that is up or down. I assume that as it gets more mainstreamed it gets more cost-effective.

44. The BT Riverside Tower in the centre of town has a remarkable facility that demonstrates international teleconferencing. It is real-time and realistic.
45. **Professor Sir George Bain:** It is one of the case studies.
46. **Mr McLaughlin:** They played a little trick with a guy in Dublin where they poured a cup of coffee and offered it to people. It demonstrates what can be done.
47. However, I do not see a systematic approach; I do not see the pilot schemes leading to a further roll-out of this in different areas. A facility has been developed in Omagh as part of the investment after the bomb where it has the nearest equivalent to a satellite office. People can come in from different departments and levels of local government and plug in, put in their password and use the portal to their home base. They can bring the service to the local population on an appointments basis. I am not sure that that has fully embraced its wider potential. The Committee should look at it to give it a new focus. I suspect that we have all become a bit blasé about developments around us without grabbing the potentials and taking it as a more proactive policy. In your work, have you a view on whether there is a proactive exploration of that potential or is it a slow burner?
48. **Professor Sir George Bain:** As a preface to answering your question, I have not looked at this since the report was submitted. Therefore, you have to guard about what I am about to say, which is that my impression would be exactly what your remarks suggest. There are developments here, there and everywhere, but no one has a complete picture. In fact, initially, on the note that I prepared under “Extent”, I thought that I could go to something and find it very quickly — X% of people are covered by this scheme or Y% by that scheme, but I could not find it anywhere. That does not mean that it does not exist, but it is not readily available. Therefore, I struck that out very quickly.
49. I am looking — this is the ultimate act of self-promotion — at pages 114 and 115 of the report. Three or four years ago, we made eight recommendations about what the Northern Ireland Civil Service should do. I will not go through them, but, as I say self-promotingly and pompously, I suggest that a starting point might be to see how many of them have been implemented, assuming that you thought that those suggestions were good in the first place. My hunch is very few. Picking up on what the Chairman said, recommendation 3 suggested that the Civil Service develop a network of regional satellite offices. Has that been done? From what you say, I assume not. We know that recommendation 4 has not happened or I would not be sitting here today talking about it. I guess that recommendation 6 has been implemented in the sense that you have a policy on home-working; but there were several suggestions.
50. Mitchel, your point has been taken. I said at the beginning that I am not an expert and I do not pretend for a moment to have much more than a layperson’s view of this; there might be someone in Belfast or somewhere else who does. My hunch is that it is very itchy-bitsy. There are developments here and there; some of them are extremely interesting, such as the BT one, but no one has an overall view. An inquiry might focus on that. You are all much better informed about how to drive government than I am; however, my hunch is that, unless there is a central driver at Stormont at the political and Executive level and a supremo to drive it as part of a policy that the Committee or the Assembly devises, it will probably remain itchy-bitsy and not develop coherently.
51. **Mr Cree:** Being just over 40, I, too, tend to be a bit sceptical now. There have been many flavours of the month over the years. We work to make them exact sciences and then move on to something else. The most recent business one that I was involved in was total quality management (TQM), which was going to revolutionise the world. I do not think that it has.

52. **Professor Sir George Bain:** It enriched quite a few consultants. *[Laughter.]*
53. **Mr Cree:** It certainly did.
54. **Mr McLaughlin:** There is no such thing as a total negative.
55. **Mr Cree:** The latest version of the answering machine has options to press 1 for this, 2 for that, 3 for the other and 99 if you want to end a call. That seems to be the solution. In fact, having had the misfortune to try to contact a Department recently, I was intrigued by the answer machine saying: “I am sorry. No one is available to take your call now. Please call back later”. The message was as simple as that. How on earth do you measure productivity in that scenario? The issue hinges on contracted hours versus productivity or outputs. I am not sure that we can measure that for a great many jobs, even when supervised. Take away the supervision role and what replaces it? Given that it has been some time since your report, might this be a flavour of the month that is disappearing over the horizon?
56. **Professor Sir George Bain:** I do not think so, although I accept your point. I used to be principal of a business school in London. Management fads are quite interesting. Somebody once wrote an article describing such fads as being a bit like fashions: they never really go permanently out of style. Things that were around in the 1930s bloom, everybody rushes in, and then they disappear only to reappear in the 1950s, albeit relabelled. TQM is a good example of that, as is job enrichment.
57. This is a much more fundamental concept. I went to the London Business School in 1989 and was there for eight years. The finance professors — you know, the people who recently ruined the world — were at the cutting edge of technology; they had huge mathematical models and suchlike. There was no e-mail; that did not start until 1993 or 1994. However, it was not a fad; it has revolutionised how we do business.
58. Take the paper that I presented to the Committee as an example. I said that I would set Tuesday aside, collect my thoughts and if I can I will get together a couple of pages to give to the Committee before I appear. At 4.45 pm yesterday, I e-mailed this, and — boom — you got it. Just 10 years ago, I would probably have had to hire a taxi. I guess we would have had the fax machine, but it would not have been the same.
59. This is fundamentally different; it is a complete underpinning. One does not quite know where it will end, but I do not think that it is a fad, although there are fads in it, such as some of the apps and so. I am not sure that I am retired, but I have been away from Queen’s for eight years now. A year before I left, I could type very well because my mother had insisted that I learn how to type and have shorthand, but I was computer-illiterate. A year before I retired, I started getting myself geared up knowing that I would lose all my support systems. My major qualification today is not my PhD from Oxford; it is my typing qualification from Success Commercial College in Winnipeg, which makes everything else possible. I could not live without it. I have an iPad, an iPhone and a desk computer, without which I could not operate. I will be 73 this month, and if you were to speak to someone much younger than I am, they would echo that much more loudly. As politicians, it must have revolutionised how you interact with constituents, permanent secretaries, civil servants and so on.
60. I do not think that it is a fad like total quality management; it has actively changed how we do business. I am very interested in history and like to look back on the great defining moments such as the industrial revolution. I will probably not live to see it, but it is not an exaggeration to say that, 100 years from now, people will be calling this the information technology revolution. It will have completely changed how the world operates in the same way that Isaac Watt Boulton and similar people changed how the world operated in 1776. It is here to stay, which is not to say that we, and the Committee in particular, should not be very sceptical

- of little flavours of the month. I look at the huge information technology projects that have been put into the health service and so on, about which I know very little except what I read in the papers. Most of them over-run time, budget and everything else and often end in disaster. This, however, has fantastic potential.
61. **Mr Cree:** Thank you. We all struggle with technology. I regret not doing the stenographer's course; in my time that was someone else's job. You have the makings of a good politician because although you answered the first part, you have not dealt with the second part. Do you think that it is possible to measure productivity in output, bearing in mind that even a supervised state does not do that?
62. **Professor Sir George Bain:** No, I do not. In my briefing notes, the second bullet point in 3(c) refers to the following as barriers:
- "jobs that (i) lack clearly defined objectives, measurable outputs, milestones or timescales; (ii) require close supervision; (iii) require frequent face-to-face contact with customers or colleagues".*
63. If you are selling in a shop, you will not be a remote worker, although many people are remote in the sense that we now buy
64. online. I would never dream of buying a suit online, although that may just be my generation; I want to go into a shop to feel it, look at it and so on. Your shot across my bows is a good one because although I stick by what I just said, it does not mean that, in 2050 or 2090, 95% of people will not be flexible in the sense of being remote. Flexible means more than that; their working hours, among other things, may be flexible. It is not that they will be remote; they will still be required to interact.
65. I do not know what the limit is, but, as I said, some people would not react well to it, and some jobs employ people in all sorts of work patterns. Supermarkets are an example. They use annualised hours and term working for mums and dads who have kids at school. It is hard to see how if you are working in Tesco
- by the airport you will not be employed in the shop; you will not be employed at home. However, if you were invoicing or doing back-office stuff, there is probably no reason why you could not be employed at home as long as you had access to the systems.
66. **The Chairperson:** OK. Paul's question will be the last; we are slightly behind time. Interesting though this is, we have other witnesses waiting.
67. **Mr Girvan:** Thank you, professor, for your presentation this morning. Flexible working is a culture that has long existed in the civil service. I know one civil servant who has about seven coats that he leaves over the back of chairs so that folk know that he is still there and that he will be back, but whether he picks something up today, tomorrow or next week is another thing. I see areas of difficulty: one is legislation that prohibits working at home; another is rating. If you use your home as an office, should that area be designated as commercial space? Certain considerations need to be given to allow us to expand this. I am a great believer in using technology. It was not available to us even five years ago because broadband had not been rolled out in Northern Ireland to the extent that it is now.
68. There are also planning restrictions and difficulties with whether the office is seen to be ancillary to the use of the home as a home. To go back to a point that the Chairman made, instead of Departments having their own office space, there could be a space for all Departments to use. A working space could be as flexible as the people who use it. That concept has not been adopted by officials who wish to have an element of protectionism for their Departments. We have to overcome that.
69. The private sector has probably gone furthest with that approach. It knows that if somebody is not working they are not being paid. It has tended to give that out to people who work on commission, for example, so that it can demonstrate that those people are paid for the work that they do. From a civil service

- point of view — this brings me back to Leslie's point — it might cost more to monitor what home-working staff are supposedly doing than what you save in the outworkings. I am a great believer in the concept, although we need to do much more work on it. We are further on than we were a few years ago, but much more could be done and a great deal more savings could be achieved. People will have greater job satisfaction. It comes back to the point that Mitchel raised about people being able to take promotion without having to worry about travel and other factors that preclude them from advancing their career.
70. **Professor Sir George Bain:** Since time is pressing, I will make two very quick points. I take the point about civil servants. I remember, while doing this report and others over the past few years, when Bruce Robinson was head of the civil service, you could meet him in three or four different places. He just had a desk, and he would plonk himself down in DFP or across the road or wherever. The difficulties that you raise relate to the previous question. There is health and safety, and rating and security, which is particularly important for government. They all present problems. I was completely unaware of the home-working document. Even from glancing through it, it is obvious that the civil service has thought through most of the issues. There are sections on the difficulties that you might run into with changing the rateable value of your home. On the other hand, as every academic knows, you could write off some of it for tax. There are health and safety aspects. Then, of course, if you are working in a sensitive area, because you are handling personal data or it is a matter of state security, there are huge questions. We have seen how easy it is to lose data and how it can end up on a rubbish tip.
71. **Mr Girvan:** Or left behind.
72. **Professor Sir George Bain:** You can leave it behind in a taxi. All those questions have to be looked at very carefully. This may be a sensitive example, but if we were thinking of someone working in London for MI5, I doubt that he or she would be working at home but rather in a controlled and secure environment.
73. **The Chairperson:** OK. Thank you very much, Professor Bain. That was very interesting.
74. **Professor Sir George Bain:** I look forward with interest to see where you end up.
75. **Mr McLaughlin:** We will be working from home. *[Laughter.]*
76. **The Chairperson:** Probably because of the decision of the electorate.
77. **Professor Sir George Bain:** Perhaps you could close down the Assembly and just appear on screen. That would be much more efficient.

20 March 2013

Members present for all or part of the proceedings:

Mr Mitchel McLaughlin (Acting Chairperson)
 Mrs Judith Cochrane
 Mr Leslie Cree
 Mr Paul Girvan
 Mr John McCallister
 Mr David McIlveen
 Mr Peter Weir

Witnesses:

Mr David Horsler *Salford City Council*

78. **The Acting Chairperson:** I remind members that the session is being recorded by Hansard. Given the amount of electronic activity, can we ensure that mobile phones are switched off as they interfere with the transmission and recording of proceedings?
79. We will hear from David Horsler, customer support services, Salford City Council; and Jonathan Burt from Salford City Council. There is a secretariat paper, and there are issues there for areas of discussion and a slide presentation kindly provided by Salford City Council. I invite our colleagues and witnesses this morning, David and Jonathan, to make a short opening statement.
80. **Mr David Horsler (Salford City Council):** Good morning. I must apologise as Jon Burt has been called out and we have had technical problems this morning. If there are any specific issues that I cannot answer and that he can, I will note them and come back to you.
81. **The Acting Chairperson:** David, can you give us some background to the reasons why you adopted this approach and the experience and benefits that you see from it?
82. **Mr Horsler:** Certainly. I will be very brief, as I know that time is short. By way of background, Salford is a city on the western edge of greater Manchester, and it has about 250,000 inhabitants. We have more than 6,000 staff, excluding teaching staff, of whom 2,000 work with the community and in home care, for example, so our office-based number is 4,000-ish. A great deal of work has been done on relocating and looking at accommodation for those staff.
83. Through the slide show that I provided for you, I have attempted to identify the three varying priorities for the reasons for undertaking a review of work styles and buildings, etc. Currently, and this is, I think, driven primarily by our financial situation, the third property management perspective is the dominant approach. We are trying to dramatically reduce our overheads for property holding and recover, as far as possible, capital receipts to cover our borrowing requirements. However, we have also attempted to use property management and work-style management as a way of changing the way certain parts of our council operate. A number of smaller units — for example, our human resources unit — have completely restructured themselves over the past few years, and we have used the way that they work, their style of working and the physical conditions within which they work to enable new ways of working.
84. Also, we are cognisant of the fact that, generally, employees require more of a work/life balance. Therefore, enabling people to work from home or even to be home workers has been an important aspect of a competitive recruitment environment. A significant number of our call centre workers, for example, work from home, some of whom live hundreds of miles from Salford. If I stop there and open it up for questions, I think that that might be a productive way forward.
85. **The Acting Chairperson:** Thank you very much, David. To help the Committee with its task, will you outline how the council established the performance baselines

- so that it could measure the qualitative or quantitative benefits?
86. **Mr Horsler:** Quantitatively, that has been relatively easy. The Chartered Institute of Public Finance and Accountancy has, for some time, had a benchmarking approach to a number of property issues across all councils, and we have, over time, had national performance indicators on some of those. Most importantly in our case, we looked at the ratio of staff to workstations and the square meters that a work station uses in a building, and we then attached costs to those. Our current estimate is that every work station costs us £1,000 a year, which is a significant reduction over the past three or four years.
87. Qualitatively, it is much more difficult. I do not think that we are sophisticated enough to know what impact it has on recruitment and retention, for example, particularly in an environment where the general trend is for us to significantly reduce our workforce anyway. The broader dynamic in our workforce makes it, I think, almost impossible to see whether we are improving the way that people feel about working for the organisation.
88. **The Acting Chairperson:** Have you experienced any resistance? Workplaces, I suppose understandably, have a well-established culture. Was there any resistance at management level or within your workforce to the change?
89. **Mr Horsler:** Yes, we have had significant resistance. The change management model that I outlined at the beginning of the slide presentation has, I think, been a touchstone for the way in which we have attempted to address that. We have been looking for local leadership to pick up the baton of workplace change and for early adopters in all situations to lead the way forward. We have then demonstrated to other people just how it can work.
90. We have had two key issues, the first of which is the vast amount of storage — mostly paper storage — that individuals have. Three years ago, we estimated that 15% of all our floor space was covered by filing cabinets. Therefore, enabling and encouraging people to work in a much more paperless environment has been a significant cultural, as well as technical, challenge for us. The other issue is what I call nesting, where people want to own physical space in a workplace. If there are more people than workstations, we need people to be disciplined in clearing vacant workstations as they leave, and they have to be prepared to come back to a different workstation later in the day. For some people, that has been very difficult on a personal level.
91. **The Acting Chairperson:** Thank you very much, David. That has been very useful and helpful. I will now invite my colleagues to join in with questions.
92. **Mr Cree:** Good morning. How do you measure the productivity from the work that you have done.
93. **Mr Horsler:** Personnel productivity?
94. **Mr Cree:** Yes.
95. **Mr Horsler:** Some specifics are quite easy to measure. Most of our home workers, for example, work on a largely transactional basis, either answering telephone calls or doing transactional work on benefits and so on. That work is very measurable, and our overall finding is that people are more productive in a home-working environment than they are in the office, particularly those whose home situations mean that breaking up their working day to enable them to, for example, collect their children, is an important part of the way that they want to work.
96. We have also identified a reduction in sickness absence. It is difficult to determine whether that is a reduction in sickness or a reduction in the recording of people who are absent, because of their flexible working patterns, as sick. However, there certainly has been a reduction.
97. We looked at the totality of what it costs to host somebody at work: the running costs of the buildings, IT equipment,

- energy usage, car mileage etc. By taking a much more flexible approach to where people are located, those costs have reduced significantly. Most people, for example, are now capable of working from any PC in the council and from their home PC through the use of Enterprise Anywhere. A number of people, and I include myself in this, will not come in to work for days at a time but are connected to work. That results in, for example, identifiable carbon management savings.
98. **The Acting Chairperson:** Is Enterprise Anywhere a universal software package?
99. **Mr Horsler:** Enterprise Single Sign-On (ESSO) Anywhere is at the sharp end of Microsoft Office, but it is commercially available.
100. **Mr McCallister:** My question is about the types of posts and jobs that are suitable and unsuitable. Did the opportunities open up much when you rolled this out? Were you surprised at some of the roles and jobs in which you could offer flexible working, or were they fairly standard?
101. **Mr Horsler:** In our presentation, you will see a set of definitions that we use to differentiate between types of work styles. It is possible to work differently with all those work styles. However, you have to understand that there are differences. Home workers are, in some senses, very easy, because they work at home most of the time, but, behind that, there are a number of requirements: health and safety, payments, making sure that the kit is hardwired to the city council rather than working through iffy internet connections etc. So the council makes an investment in home workers. It costs about £1,500 upfront per person to get their kit installed etc.
102. Fixed workers are classically administrative/clerical staff who do not really move around a lot but tend to be diluted throughout the organisation. We do not have typing pools or any modern equivalent. We have to understand that those people will probably use the same desk most of the time. However,
- in our broader calculations, because those people tend to mingle with mobile workers in particular, our norms of eight work stations per 10 staff also apply to them.
103. We have to be aware of the welfare needs as well as the operational needs of staff in new workplaces. So, for example, galley kitchens and separate places to eat, so that people do not have to eat at their desk, are critical to the success of this.
104. **Mr Weir:** I will follow on from John's point. You identified different work styles that may be applicable to different roles or jobs. When you were implementing this, to what extent did you have a preconception of who would fit into what role? When you implemented it, to what extent did you find that you had to make adaptations having found categories that you had not necessarily thought could fit into particular pigeonholes?
105. **Mr Horsler:** The first three work styles shown on the slide are home, fixed and mobile. In some senses, we have made very crude assumptions about who fits into which. With the fourth work style, the agile workers, you have to be much more specific because you have to create an agile work environment for them. That often requires adaptations to ICT systems and making sure that staff have the right type of kit. Are they laptop users or do they need something less than a laptop, such as an iPad? You have to be very specific and design around the work style of agile workers. We run an analysis tool over those groups of staff. I do not think that we have that many people who are truly agile. However, we are involved in a project with all of our adult social workers, which will be the biggest group of staff to move down that line.
106. **Mr D McIlveen:** Thank you, David. When did the council start to roll out this concept?
107. **Mr Horsler:** We started taking it very seriously in 2010. The driver was the comprehensive spending review, which identified that we would have to make

- significant savings over the ensuing three or four years. Property was an area that had never been seriously tackled in seeking to make cost savings. In discussions with the trade unions, they asked us to look at anything that was not job-related to make those savings.
108. **Mr D McIlveen:** It is probably fair to say that, at times, none of us likes change. At times, the public sector is probably more resistant to change than everybody else. I guess that, at some point around 2010, a conversation had to take place with a number of your staff members who were already in post. So they had already been interviewed and taken up a largely office-based position. They were then told that they had the option of their post being home-based as opposed to office-based or maybe — I do not know — even that that was an obligation. I wonder about staff who were already in post and found themselves in the position of being able to be based at home such as, as you quite rightly mentioned, people who have a front line, customer-facing role. Was there any friction from a teamwork perspective? Did you find any members of staff who found themselves in this position almost by accident? Somebody may have said, “I am in an office-based position. Had I known that, at some point in the future, I would be home-based, I would have applied for a different post in the council.” Was there any resistance, friction or other negative impact on teamwork?
109. **Mr Horsler:** It is important to understand that most of the process that we have undertaken so far has not really been about staff moving from desk-based to home-based working. Rather, we looked at desk-based roles, in which people have their own desk, probably their own office, certainly their own filing cabinets and probably a lot of empty space around them. The process has been about moving those people into multi-use, open-plan offices, in which people have to find a desk in the morning, which is not theirs, set themselves up and, if they go out for a meeting in late morning, have to do that again in the afternoon. That has been the real push so far.
110. There has been significant opposition to that, much of which has been argued out in professional terms. Certain staff may argue that their opposition comes down to their professional ethos or the way that they work. Lawyers, for example, might say, “We have to surround ourselves with paper at all given times and preferably have 18-inch piles of it at least on our desks. You cannot be a lawyer unless you work like that.” We have tried to work round that sort of defence. Our legal term is shared with Manchester City Council and works over two sites. We still have several store rooms full of deeds and various other bits and pieces, but that is by the way.
111. We have almost come to the end of our opportunities for this “squeezing-up” approach in our big offices. We are having to start to look at the way that we deliver services nearer to the customer. A lot of that will be much more disruptive to people’s perception about the type of work that they do. One of the projects that we are developing physically is the conversion of one of our outlying libraries into a joint library and job centre. We are asking our staff not just to share with staff who work for the Department for Work and Pensions (DWP) but to create a joint front end with DWP. Therefore, library staff will also direct and support jobseekers. It is because we have taken the low-hanging fruit that we are now moving into that area, and it will be much more problematic.
112. **Mr D McIlveen:** I just want to be clear in my understanding: has the council, in response to any resistance from staff, had to compromise or make any changes to its original plan? If productivity remains consistent and costs go down, it is a no-brainer. However, if you find yourselves having to speculate to accumulate, that carries a heavier risk. Did you ever have a plan in place that was costed and looked very nice on paper but then have to

- move the goalposts as a result of staff resistance?
113. **Mr Horsler:** Yes, we have. We have always tried to consult at a very early stage, and, from a crude change management/property management point of view, I think that we sometimes underestimated some real service delivery hurdles, particularly with childcare. We have had to try to fully understand how what we considered to be an adequate set of interview rooms for children and families does not work in practice because competing families or family members are in much closer proximity than they would have been in our previous property structures. So we have had to adapt and look at ways of physically changing buildings, and so on, as we have gone through. However, there have been pushes as well as compromises.
114. **Mr Girvan:** Thank you, David. You spoke earlier about the removal of filing cabinets and said that more data would be held in electronic format. How can you be sure about the security of that data when people are running around with laptops containing very sensitive information rather than holding that information on a central site? I also have a question about security and those who work from home. In Northern Ireland, as a consequence of certain computers going missing, people have had to be moved from their homes. How do you secure the information?
115. **Mr Horsler:** We use a lot of encryption. In particular, any personal information will be encrypted on the users' devices. However, the corollary to that is that some people, traditionally, run around with hard copy in their briefcases at the same time. So, in some senses, we were moving from a totally secure situation to a less secure one. There is a balance to be struck. Home workers or those using Enterprise, as far as I understand it, work via a very secure link through our firewall. A hole is created in the firewall for the purpose of an individual session and ceases at the end of that session. However, when working through Enterprise, people are not working on their own PC but on council servers. That means that data from the council is not coming outside, if that makes sense; it is merely the image of data that comes outside.
116. We are conscious that it is a process rather than a solution, and our data management people are looking at new ways of dealing with that. Some of our current testing with adult social workers focuses less on the cultural use of the data and more on its technical use, including whether you freeze parts of the data on to mobile devices rather than giving live access to all of it and then come back and log in.
117. **The Acting Chairperson:** David, will your next steps and co-operation on planning with key partner organisations entail a relationship based on, say, council premises, office space and so on, or might the process involve the council's services working out of new and different locations?
118. **Mr Horsler:** It will involve both of those things. I think that co-location, co-location, co-location is the motto now. We are sharing back office accommodation with our partners, and we expect, for example, that our large general hospital will move some of its back office accommodation to share one of our core sites over the summer. It will take up to around 400 to 500 workstations to that site, which will allow the hospital to deliver more services in the space that it has vacated. Our view is that, across the city, we should be creating back office campuses that are shared by as many organisations as possible.
119. We are also looking at front-end service delivery. We have five or six years' experience now of local investment finance trust (LIFT) centres for health. I do not know whether those mean anything to you, but they are widely available across England. We built those new centres, which are PFI newbuilds, in Salford, to include not only health facilities but libraries, front desk customer services and so on.

120. Although the LIFT financing model has now disappeared, we hope to build at least another two of those multiagency buildings. One of those will be where I am, in Swinton, which is Salford's public sector hub. The other will be built in one of the more deprived estate areas called Little Hulton. If those come off in the next two or three years, we will have a network of shared front ends stretching across the whole city.
121. **The Acting Chairperson:** David, I want to return to an earlier question that was put to you. I presume that there is political support and endorsement in the council for the strategy, but have you been able to demonstrate that, on the client side, there is satisfaction that there is improved access in the delivery of local government services?
122. **Mr Horsler:** Yes. We would claim success in a couple of areas. The first is in what we call "channel shift", which is about encouraging people to move from face-to-face contact to electronic contact with the city council. All our shared outlets have booths for people to interact with the council. So rather than necessarily expecting everybody to use their PC at home, we use public access PC's in shared service areas, including the provision of tuition and support, to get people to move towards a more electronic involvement with the council. The payment of council tax, for example, through electronic means is increasing at a significant rate.
123. The second success, which has political sensitivity, is that our library usage has gone up dramatically where we have co-located libraries with other services. Given the many libraries run by local government that are under threat across the country, and the political repercussions of that, Salford is in a position now in which it feels justified, in cost and usage terms, in maintaining its full branch library service across the city.
124. **The Acting Chairperson:** David, this has been very helpful. We are very grateful to you for giving us your time. I thank you and your colleagues. We may wish to follow up on some issues through correspondence as we continue our deliberations. If it is acceptable, I would appreciate being able to write to you and keep in touch as we pursue this process.
125. **Mr Horsler:** That would be absolutely fine. As well as being able to investigate further areas with you, I can give you backup data, if that is what you require.
126. **The Acting Chairperson:** We are very grateful, David. Thank you very much and good morning to you.
127. **Mr Horsler:** Good morning to you. It has been a pleasure. Thank you.

4 December 2013

Members present for all or part of the proceedings:

Mr Daithí McKay (Chairperson)
 Ms Michaela Boyle
 Mr Leslie Cree
 Mr Paul Girvan
 Mr John McCallister
 Mr Ian McCrea
 Mr Adrian McQuillan
 Mr Peter Weir

Witnesses:

Mr Kieran Bannon *Northern Ireland Public*
 Mr Billy Lynn *Service Alliance*

128. **The Chairperson:** I welcome to the Committee Kieran Bannon, assistant general secretary, and Billy Lynn, the chairperson of the Civil Service group executive. Please make a brief opening statement, and then we will go straight into questions.
129. **Mr Kieran Bannon (Northern Ireland Public Service Alliance):** Thank you very much for the opportunity to give evidence to the Committee. Members have our paper. I apologise for our lateness in getting that to you. We were trying to pick up on some of the evidence that had already been presented to the Committee in order to focus in on particular issues.
130. Although we can understand a management-orientated approach to looking at areas such as flexible working, and the advantages that can be gained from it in a raft of different ways, we recognise that advancing technologies should be adopted and used in the public sector, including the Civil Service, in Northern Ireland. However, that has to be married with the benefit to employers and individual workers. Therefore, when consulting or negotiating with employers across the public sector, much of what we do is aimed at ensuring that the balance is struck and that flexible working is not introduced in such a way that it

diminishes the terms and conditions that we have built up over years for our members.

131. Of course, there are many issues that we have taken forward with the Civil Service and public services under the banners of “work/life balance” and “family-friendly policies”. Indeed, if you listen to the advertising blurb on radio or TV when the likes of the Civil Service is recruiting, great play is made of term-time working and flexible working arrangements. However, we have not had an easy course in advancing such policies. In fact, we have ended up in industrial tribunals trying to gain access to term-time working, for example, although it is a policy under flexible working facilities in the Civil Service. We did not always enjoy that.
132. After listening to the Assembly researcher, I think that there is certain resistance at management level and in some sectors of senior management. In our paper, for example, we mention that we spent considerable time negotiating a homeworking policy with officials, but it was never put on to the HR Connect system, which is used to advertise jobs. If we agree something, it is put on to the human resources portal, but after the negotiations concluded on homeworking, it did not appear on the portal, and, in fact, it never did. That is as far back as 2009. We have never been given an explanation, but officials could give an explanation to the Committee when they appear before it. We do not necessarily agree with everything that is said about homeworking. There is no evidence available. We have asked for evidence about homeworking because the claim made to us was that it operates on an informal, ad hoc basis. We know that to be the case, but it is not quantifiable. We are told by corporate HR that individual Departments do not hold information on the number of staff who avail themselves of homeworking. Anecdotally, we would

say that it is a privilege of rank and does not apply more widely. In general terms, we have cited a number of existing policies on flexible working. From our perspective, an option such as homeworking does not necessarily work best when part of an overall policy. Rather, it works better as part of a menu of options available under the umbrella of “flexible working arrangements”, which can be chosen at any time when there is an appropriate need for a particular type of flexible working. As I said, there are a number of such facilities.

133. Homeworking or teleworking, as it is also referred to, has a number of benefits, not just for the employer but for the individual. Look at, for example, difficulties with “reasonable adjustments” in the case of a disabled worker. Rather than facilitating a reasonable adjustment in an office situation, a disabled worker's home may be adapted, so it is simply a matter of getting the appropriate technologies in place. The Committee is always interested in sick absence. Teleworking, as part of flexible working arrangements, can also bring a benefit through encouraging people back to work, rather than employers taking the big-stick approach to sick absence. Of course, you have to look at each individual set of circumstances. So we can see a range of benefits. However, in our discussions with the Civil Service, we picked up on some issues. One that was mentioned a few moments ago is the isolation of individuals. We have also raised issues about how people are managed from a performance and development perspective. In an office situation, a person can be developed to a greater extent. All those issues need to be addressed.
134. Homeworking was not introduced in the Civil Service despite the fact that we had entered into an agreement with the Civil Service on that. We understand that it was a decision taken at a very senior level in the Department of Finance and Personnel. Reasons for that decision were given to the Committee by officials in February, but we do not necessarily

hold that all of those circumstances are evident in every case, so we need to look at that.

135. We do not suggest that homeworking or teleworking is necessarily suitable for every functionality in an employer the size of the Civil Service or public sector in Northern Ireland. A box clerk in a Social Security Agency office is not necessarily able to avail himself of teleworking or homeworking, but those in other facilities can. Over the years, a number of such arrangements have been in place in the Civil Service. In particular, some inspectors work from home and are headquartered locally — in other words, there is an official building to which they have to report on certain occasions and at certain times. So such facilities already exist.
136. An issue that came up at an earlier Committee evidence session with civil servants and others was the potential for staff to use their personal computer facilities on behalf of the employer. We do not advocate that at all. It is partly a governance issue. We see it, in some respects, as a Department moving away from corporate responsibility and placing more responsibility on an individual. Such a situation is prone to lead to, for example, disciplinary action, if proper procedures and security arrangements for IT systems are not in place. No doubt, those issues could be overcome. We support having hubs, for example. There is already some facility in the Civil Service whereby staff can call into a hub when out on business rather than having to travel back to the office. That is efficient from a number of perspectives: time, travel and a potential reduction in travelling costs, which are currently paid in a number of instances to staff on official business. So the hub facility can make better use of an individual's time.
137. We have some concern about IT. We make the point that we should keep up with technologies, but our experience of systems in the Civil Service has not been good. DSD, one of the largest Departments, has had major problems with the IT systems introduced there over the years. Also, dare we say it, we

- still have concerns about HR Connect. I think that people have just given up the ghost when it comes to complaining about it, yet that lack of complaints will be presented by civil servants as evidence of things getting better. People are fed up complaining, because nothing seems to be done. Mr McQuillan made the point about accessibility. You need to get systems right, not just in the sense of having wide geographical accessibility to broadband but so that the system supplier gets it right in the first place. That is an important issue for our members.
138. **Mr Weir:** Thank you for your useful and illuminating presentation. In your submission, you mention the resolution adopted at the 2013 NIPSA Civil Service group conference. One thing puzzles me slightly given that, broadly, albeit with some reservations, you appear to see the benefits of flexible working. Maybe I am reading too much into this, but the motion referred to the conference's concern at the Committee holding an inquiry. Is there a particular reason for concern? Depending on what the inquiry concludes, you can express your support, opposition or something in between, so I am intrigued by the reference to concern. Maybe you would deal with that point first.
139. **Mr Bannon:** It was possibly a timing issue more than anything else, in the sense that certain issues were being raised in parts of the Civil Service. DSD, for example, in light of the welfare reform agenda, wanted to introduce certain practices and procedures under the umbrella of flexible working, without proper consultation with us. Our members would have regarded that as a forced agenda. So, at the same time as certain practices were seen to be being forced on employees, the Committee was looking into very similar issues. I think that, in February, the civil servants referred to universal credit, for example. In fact, there was a recruitment exercise in the Civil Service, and some of those practices were written in to the competition, again without consulting us. It ended up having to be removed.
140. **Mr Weir:** For anybody looking in from the outside, there is a terminology issue. There are at least a couple of different names for the same thing. You mentioned homeworking or teleworking, and your motion referred to mobile working. By mobile working, do you mean homeworking, or is it wider than that? Concerns were expressed about hot-desking, and you referred to reservations about how performance could be monitored and managed. The motion's wording is a little ambiguous, so will you expand on your concerns about mobile working and hot-desking and how, potentially, you see those being addressed?
141. **Mr Bannon:** The concerns were based on a combination of factors. The motion also referred to Workplace 2010, and although we have seen its demise, much of what was on that agenda remains with us: for example, accommodation standards have not been agreed. We used to have agreed accommodation standards in the Civil Service, but they were walked away from. The hot-desking issue surfaced under Workplace 2010. We were concerned about the conclusions reached to advance that in the Civil Service and when the surveys were being done. To some extent, this goes back to the previous evidence, in the sense that we would have challenged the data being used to justify hot-desking. We believed that the form of hot-desking being referred to would not have provided sufficient facilities for our members to provide the services that they do. That was the issue —
142. **Mr Weir:** So, more than anything else, you were concerned about the practical implications of the way in which hot-desking was put forward rather than the notion of it per se?
143. **Mr Bannon:** We were concerned about some elements of the notion per se as it was presented by the civil servants under the Workplace 2010 policy. If that were to change, our attitude to hot-desking may well change as well.
144. **Ms Boyle:** Thank you for your presentation. I have a number of

- questions about the use of personal computers for business. You mentioned your natural concerns about governance and moving away from corporate responsibility. You said that the issues and concerns could be overcome. Is there any evidence of how they have been overcome or rectified in other areas?
145. **Mr Bannon:** When I was referring to our concerns being overcome, it was more about clarifying levels of responsibility and where that responsibility would lie. We do not see it lying with the individual. With consultation or negotiation with us about the use of personal equipment, there may be the potential to overcome the issues, but it would require clear guidance showing the levels of responsibility and where that responsibility lay, and it must not be a matter of diverting corporate responsibility to individuals.
146. **Ms Boyle:** The hubs would assist in that. My colleague Adrian McQuillan mentioned rural areas. Accessing a hub would be a major problem for some, particularly my constituents. How many hubs do we have? Are they just offices in towns?
147. **Mr Bannon:** That is the concept, but the idea is to locate them more in rural areas because of the concentration of Civil Service jobs in the greater Belfast area. The hub notion would work better in rural areas.
148. **Ms Boyle:** You mean moving them away from cities and into rural areas.
149. **Mr Bannon:** Yes, because that is where people would be on business when out of their main office. Rather than having to waste time and money travelling back to the office, individuals could use a hub in which the necessary technology was available. That would help the areas that you referred to and with which I am familiar. Provided that the IT facility was available, people could hook up to the systems in rural areas.
150. **Ms Boyle:** I am just thinking of the announcement made this week in my area, Strabane, which identified it as the potential hub for west Tyrone and the north-west.
151. Chair, I have one more question that is outside what we are discussing, if you will allow me. Does your organisation have a gender breakdown of those working flexitime or from home?
152. **Mr Bannon:** No, we do not. To go back to the evidence given earlier, it seems to be a situation that pertains in the Civil Service, potentially more so since HR Connect came on board. There is limited availability of data. We have no idea of how many people are availing themselves of the informal, ad hoc home-working arrangement, because it is not a formal policy. It has not been introduced as such. We have no idea how many hubs are out there, but we have heard of people using hubs in a few areas. Not having access to the data is part of the difficulty. I think that the vast majority of civil servants avail themselves of flexible working hours, so I do not think that it is a gender issue, but there may well be a gender or disability issue in things such as home working.
153. **The Chairperson:** We can request that information from the Department, Michaela. It might well be that it does not have it, but, if that is the case, we can get that on the record.
154. **Mr McQuillan:** Michaela touched on some of my questions, but I want to elaborate a bit on the hub facilities. From what you know about them, what additions or improvements could be made to make it easier for people to avail themselves of the service? Do you have any information on them at all?
155. **Mr Bannon:** We have very little information on them other than from conversations that we have had with individuals. Some said that they have used a facility of that nature. We do not know how sophisticated the hubs are. Certainly, there are facilities in some areas. I had my own laptop with me when I was at a meeting with management side, who suggested that I could hook in somewhere. As it happened, I could not, so we are not

- sure how sophisticated the hubs are or how many there are.
156. **Mr McQuillan:** We also need to know from management what facilities are available at the hub, as well as the condition of the hub for the people who will be working there.
157. **Mr Bannon:** Yes. We do not know, for example, whether it is in a general office environment. Although as I said, the project itself no longer exists, the standards that were intended to be brought in under Workplace 2010 were those of an open-office environment, so we do not know how conducive it is for individuals to be in an open environment to do their particular area of work. I know that the head of Enterprise Shared Services (ESS), Mr Wickens, happened to make some comments about that when he was giving evidence in February, and he expanded into accommodation-type issues. One of the issues with the Workplace 2010 standards was that they were fairly common standards applied uniformly. We found that that did not work, again because it depended on the functionality that you were undertaking. If you were somebody who was just using a laptop and files, that might have suited, but if you had large plans or whatever to look at, the standard one-size-fits-all approach does not work. That is part of the problem that we see around the accommodation aspects.
158. **Mr McQuillan:** Another danger for unions is that there seems to be a resistance to change.
159. **Mr Bannon:** That notion arose, but I will pick up on one of the other examples that were given by some of the officials. I will say two things: first, much of what is on the agenda now around flexible working arrangements, such as term-time working, flexible working and things of that nature were put on the agenda by the union. It was not the employer who walked in one day and said, “By the way, we have got a good idea, let’s do this”. It was because the union put it on the agenda that management were prepared to enter into discussion with us, and we ended up, thankfully, with agreements in those areas. Therefore, we think that we are fairly proactive.
160. The officials presented an example almost as though there was resistance from NIPSA to flexible working. The example was not mentioned by name by the officials, but it concerned a situation in which we had telephony staff — a predominantly female group — who for years were not able to avail themselves of the system of flexible working hours in the Civil Service. We spent many years trying to get that under family-friendly and work/life balance policies and eventually achieved it. We now face a situation whereby those individuals are being told that the system is to be removed from them, on the basis that they happen to co-work with BT staff in a Civil Service building. The BT staff do not have the flexible working arrangements that we have — they work a different shift, or whatever — so our members are being told that they will have the flexible working hours system removed from them. That was presented, although it was not described in that way to you, in the evidence given by the civil servants. It was almost presented by them as though it was an area in which they were trying to do something but unions resisted it. In fact, the civil servants were trying to do something negative.
161. **Mr I McCrea:** Most of the members present represent areas that are more rural than urban. Two thirds of my constituency is rural. Given the difficulties in accessing broadband and whatnot, although the situation is a lot better than it was, there is more work to do. That is in the pipeline.
162. You have a lot of rural dwellers, so how will the hubs work in practice? People will have to travel to an area where there is a hub. In the west of the Province, between mid-Ulster and west Tyrone, you will have a battle as to whether you should put it on the Cookstown/Magherafelt side or in Omagh.
163. **Mr McQuillan:** Coleraine. *[Laughter.]*
164. **Mr I McCrea:** We will not go down that route. This is to try to save people from

- having to travel a distance to work, but how does it work in rural areas? I see difficulties with it, although I am supportive of the concept.
165. **Mr Bannon:** We do not want to get into that type of argument over whether, say, the hospital should be in Enniskillen or Omagh. We do not want to take that approach. However, you could look at it in a different way. You are asking a question, and we are presenting it as it relates to something that exists at present, but let us look at it in a different way and talk about the dispersal of public sector jobs. If we could get away from the concentration of public sector jobs in the Belfast area, we would not necessarily face some of the problems that we do. We are looking at this with blinkered vision at the moment because of what exists. However, there is the question of whether it should exist. If we decentralise to a larger degree, those facilities will be available, not as hubs in particular areas, for which you have to toss a coin to decide where, but through a natural process. The jobs are concentrated in Belfast at the moment, so people are travelling out on business, and that is why there is a need for a hub.
166. **Mr Cree:** I have some short points to make. You mentioned the difficulties with background and said that there is perhaps a lack of trust. What are the main difficulties between the unions and HR at present?
167. **Mr Bannon:** Do you mean between the unions and HR Connect?
168. **Mr Cree:** Yes.
169. **Mr Bannon:** The IT systems themselves suffered difficulties when being set up, and, as such, took a lot longer than was anticipated to get going. HR Connect was advertised as providing a better service. However, the service that it provides is not as good as that provided by the system that existed beforehand. There are a lot of difficulties. I am a bit hesitant to elaborate, because I am not here to give evidence about HR Connect as a system.
170. **Mr Cree:** No, but it clearly has a bearing on the issue.
171. **Mr Bannon:** It has a bearing because we are looking at people who provide systems, either IT systems or services. I mention that because the previous evidence that was given referred to third parties being involved in providing advice, guidance and everything else. It sounded to me as though HR Connect is advertised as being all-singing and all-dancing. However, that has not been our experience. It sends out wrong information, and, even from the point of view of security, information is sent to the wrong people sometimes or to people who happen to have a similar name. That information would sometimes be considered to be confidential, private or personal information. Those things are still happening.
172. **Mr Cree:** You have mentioned family-friendly arrangements a few times. Can you define those, please?
173. **Mr Bannon:** Family-friendly arrangements fall into the broad definition that I started with; that is, they are able to meet both the business need and the need of the individual. Therefore, we should have policies that facilitate, primarily from an equality point of view, the balance between a working life and a home life. It is essentially that. It is something that the Civil Service is proud of advocating that it does. It says that it has a lot of family-friendly arrangements in place.
174. **Mr Cree:** Can I interpret that, to make it simple, as working only a certain number of hours per day?
175. **Mr Bannon:** Not necessarily.
176. **Mr Cree:** It is more vague than that.
177. **Mr Bannon:** The number of hours that a person works in the day can have a bearing on it, yes.
178. **Mr Cree:** Here is my last point. Yesterday, we learned about the high incidence of stress in sickness absence. Do you believe that flexible working can

- help to alleviate that situation, or might it exacerbate it?
179. **Mr Bannon:** If the approach taken is that you have a menu of options under the general umbrella of flexible-working arrangements — term-time working and other arrangements — that can be drawn on to suit certain circumstances. We see that as an advantage. However, if it is an enforced policy that simply states that everyone must work weekends or public or privilege holidays from now on, that will be a negative.
180. **The Chairperson:** The new Civil Service ‘People Strategy 2013-16’ includes a commitment to:
- “Explore use of technology to support an agile, flexible and mobile workforce.”*
181. Does NIPSA have a corporate view, so to speak, on that commitment, given that it apparently has opposition to mobile working? Did NIPSA sign off on that particular strategy with the Civil Service?
182. **Mr Bannon:** We had sight of the people strategy by way of a document secondary to the overall Civil Service HR strategy. Within that, there was a people strategy. We had sight of both documents and had the opportunity to respond to both. We are prepared to talk to an employer about any matter. That what we are here for: to negotiate on those matters. Therefore, we do not close down anything automatically. We close down when there is an imposition or something is introduced without proper consultation and negotiation. We are aware that the officials indicated that discussions had started about flexible working with NIPSA. That was the statement made in February. What they have done is say that would like to talk to us about flexible working, but that has been the height of it. A few things have filtered through in isolation, rather than as a corporate or overall policy, on how the Civil Service wants to move forward. We got something recently about changing from taking off Easter Monday and Easter Tuesday to taking off Good Friday and Easter Monday. That was suggested under the banner of flexible working. We say that that is
- a very small, piecemeal thing. If they want to talk to us about flexible working, that should be done in a structured way. There has not actually been —
183. **The Chairperson:** Do you think that the Department takes the whole issue seriously enough?
184. **Mr Bannon:** I will have to be careful in what I say. *[Laughter.]* Industrial relations are fairly sound. Management seem to take an awful lot of time talking among themselves. Then, when they come up with an idea, we are presented with it and asked to come back with a response by next Friday — that type of thing. It is perhaps not as bad as that, but I say it to illustrate the point. We should be part of the process as we go along. Corporate HR is a unit in DFP that negotiates with NIPSA on Civil Service-wide issues, such as the staff handbook and terms and conditions. The individuals there have said that they want to talk to us about flexible working. We have had a few informal chats about it. We understanding that Corporate HR is consulting with Departments at the moment on a number of things that are primarily being driven by DSD —
185. **Mr Billy Lynn (Northern Ireland Public Service Alliance):** Yes, universal credit and welfare reform.
186. **Mr Bannon:** It is consulting on a wider basis with Departments. It has committed to having those discussions with us when it comes to some views on those matters. We expect that to happen. However, sufficient time should be allowed for it.
187. **The Chairperson:** Are there any examples of good or best practice elsewhere? Colin referred to the United States example, but are there particular examples that you are aware of that —
188. **Mr Bannon:** We would not say so. In fact, we have been saying to the Civil Service of late that, over the years, the Civil Service in Northern Ireland was the pioneer of a lot of flexible working arrangements and the equality agenda. Unfortunately, Billy and I have working for 30-odd years on trade union matters

in the Civil Service, and it took some time.

189. **Mr Lynn:** Try 40.
190. **Mr Bannon:** I was speaking for myself.
191. Once we got there, we did some very good pioneering work in the Civil Service. We have almost become complacent about that again and sat on our laurels. Maybe there is something on the turn again. People used to look to the Civil Service, and why not? It is a significant employer in Northern Ireland.
192. **The Chairperson:** Billy and Kieran, thank you both very much.

19 February 2014

Members present for all or part of the proceedings:

Mr Daithí McKay (Chairperson)
 Mr Dominic Bradley (Deputy Chairperson)
 Ms Michaela Boyle
 Mrs Judith Cochrane
 Mr Leslie Cree
 Mr Paul Girvan
 Mr Ian McCrea
 Mr Peter Weir

Witnesses:

Mr Richard Emerson *Northern Ireland*
 Mr Neil Gray *Audit Office*
 Mr David Murdie

193. **The Chairperson:** I welcome Neil Gray, director at the Audit Office; David Murdie, audit manager at the Audit Office; and Richard Emerson, who is the Assembly liaison officer for the Audit Office. Do you want to make some opening comments before we go into questions?
194. **Mr Neil Gray (Northern Ireland Audit Office):** Thank you, Chair. It might help if I spent five minutes talking you through the key points of the executive summary. The report is a follow-up to a piece of work that we did in 2008 on the management of sickness absence in the Civil Service. This time around, we widened the scope to include the health sector and the education sector. It is very much an overview and focuses squarely on the reported sickness absence data. So, it is important that we all recognise that it is not an audit of the policy and procedures around managing sickness absence in each of the individual bodies that comprise the Civil Service and the health and education sectors.
195. We found an overall declining trend — a trend that is generally downwards — across the three sectors. Nevertheless, wherever we can make the comparison, it shows that our rates of sickness absence are higher than those in GB.
- We estimate that this is costing us around £150 million a year. If we could reduce our average sickness absence rates to match those in GB, we could save ourselves around £37 million a year.
196. I will go into a little bit of the detail and look at the causes of absence. The particular problem area is very much long-term absence. We have not made the progress that we wanted to in order to reduce the levels of long-term absence across the system. Mental health issues are particularly recognised as the major cause of long-term absences.
197. Targets have been set in all three sectors. It is fair to say that achievement of those targets has been inconsistent. For example, the Civil Service had a five-year target to reduce overall absence to 9.5 days, but it did not manage to achieve that. Three out of the six trusts did not manage to achieve targets during the period that we were looking at, and the education authorities did not manage to achieve their targets for teacher absence in 2010-11 and in 2011-12.
198. With regard to the systems that they use to record sickness absence, we found that the Civil Service has generally good systems. We could not say the same about education and health. There is certainly some work to be done to establish management information systems in both those sectors that will give them consistent and accurate data.
199. That is a gallop through the key points in the executive summary. I do not know whether I have missed anything, David, that you want to add.
200. **Mr David Murdie (Northern Ireland Audit Office):** No, I think that those are the main points.
201. **The Chairperson:** Thanks very much for that. I appreciate the fact that it is a broad overview of the situation in certain parts of the public sector, but a

- few things stick out. Page 30 refers to the trusts and their targets. It states that two of the five trusts that had targets failed to meet them. So, three of the trusts did not even have sickness absence targets.
202. **Mr Murdie:** No, I think that the five trusts had the targets. I think that the Ambulance Service did not have a target. It was two of the five that had targets did not achieve them.
203. **The Chairperson:** Explain that one for me again.
204. **Mr Murdie:** Can you refer to the particular paragraph? You said page 30.
205. **The Chairperson:** Which three trusts did not have targets?
206. **Mr Murdie:** Sorry, can you let me know which paragraph you refer to?
207. **The Chairperson:** It is the first bullet point on page 30.
208. **Mr Gray:** I do not think that you are referring to page 30 of the report, are you?
209. **The Chairperson:** It is page 30 of our pack. It is page 7.
210. **Mr Gray:** You need to go to the detail in section 2.
211. **Mr Murdie:** Five of the trusts had targets and two of those trusts did not meet the target. I refer to the body of the report.
212. **Mr Gray:** It is figure 24 on page 41.
213. **Mr Murdie:** The five trusts and their targets are listed. The South Eastern Trust and the Belfast Trust did not achieve the target, but the other three — the Southern, Western and Northern — did.
214. **The Chairperson:** In general terms, some work was done on this in 2006, and from then until now there has been a significant drop in working days lost. The current situation is not acceptable, but what was the reason for that radical drop? Was it due to tighter management or better accountability within the sector?
215. **Mr Gray:** You will be aware that there has been a drive to reduce sickness absence across the public sector. Sickness absence is one of those features that, as soon as you devote attention to it, you can generally see an improvement. So, that will undoubtedly have played some role in this. There are issues about exactly how tightly it has been applied by the Department since then. For example, as David said, targets were set for the acute trusts but not for the Ambulance Service, which, effectively, sets its own targets. That is something that the Department is looking at, and it now seeks to set uniform targets across the sector as part of the drive to manage this. So, it is one of those things that need constant management attention in order to continue to deliver improvements.
216. **Mr Murdie:** Paragraph 2.3 of the report states that the Department:
“has monitored sickness absence levels at Trusts since 2001”.
217. After the Appleby review, closer attention seemed to be paid to it and targets were set. It may be a factor in the movement in sickness absence that attention was paid to it. One of the points that we made in the report was the need to continue with targets and the monitoring of sickness absence to give that due attention. Otherwise, if it is not being monitored or targets are not set, the risk is that levels of absence will increase again and not be driven down.
218. **The Chairperson:** Obviously, a large contributor to this has been the long-term absence factor. I am aware of a few individual cases that related to stress or a clash at work with somebody in management, for example. Are those situations being handled correctly? If they are handled incorrectly, they can lead to one or two people going off on long-term sick. I am sure that we are all aware of examples of that. Better management of such situations would obviously make a big difference in this case.
219. **Mr Gray:** I do not disagree with what you say. Clearly, we did not look at any individual cases as part of this piece

- of work but, logically, what you say fits together. I think it would make a good question for your future witnesses.
220. **Mr D Bradley:** Good morning. You were saying that the methodology of recording absences in education and health — did you say health?
221. **Mr Gray:** Yes.
222. **Mr D Bradley:** You said that it is not as robust as that used in the Civil Service. What changes need to be made in health and education in order to get a clearer picture of what is happening there?
223. **Mr Gray:** I will give you a couple of examples. Education monitors only the absences of teachers; so, if you are non-teaching staff, absence is not recorded, monitored or reported on. That is clearly a weakness in that system. The Health Department leaves the trusts to monitor their own sickness absence, and will record only the overall level. That is correct, is it not, David? You just keep me right in case I am saying something nonsensical. So, the Department holds summary information and it leaves the detailed information to the trusts, which clearly means that it does not have a detailed picture across the whole sector.
224. The Departments are planning to introduce a new HR system. That is one of the improvements that it wants to see so that it will be able to monitor at a much more detailed level across the whole system.
225. **Mr Murdie:** With the Northern Ireland Statistics and Research Agency (NISRA) carrying out monitoring and producing its report annually on sickness absence across the Civil Service, it is a fairly robust and rigorous approach to statistics and analysis. Although information is held in the health and education sectors, it was more difficult for us to try to get it at a summary level. We had to drill down. Reports were not produced regularly for monitoring. It was more difficult to get analysis of long-term and short-term causes of absence or analysis by gender, grade and so on. That sort of information was more difficult to access. From a management information point of view, that is the issue that we have drawn out. If you are going to get information at a level that you can monitor at organisational level, work needs to be done with regard to the systems that are used to record that and produce the reports.
226. **Mr D Bradley:** Previously, officials from the Department, I think, briefed us on the efforts by the Civil Service to deal with sickness absence. It seemed to have quite a coordinated approach. As you said, it has more accurate information. What is your assessment of the level of success that the Civil Service is meeting? If the health and education sectors adopted a similar approach, would we make reasonable additional progress?
227. **Mr Gray:** I will answer those questions in reverse, if I may. The key to that is quality information in the first instance. The Civil Service has generally good information, as David says. The involvement of NISRA in that gives it robustness. It means that decisions are taken on the basis of the best information. Clearly, at present, health and education are not. In that respect, the Civil Service is well ahead of both those sectors. If improvements in information can be delivered in health and education, the management of sickness absence can be improved to match that of the Civil Service. What we are finding in the latest figures is that the Civil Service has delivered a downward trend and success. Over the past couple of years, that success appears to have plateaued. Do you want to say anything more about that?
228. **Mr Murdie:** Our report, which covered the Civil Service figures up to March 2012, showed that downward trend. The graph at figure 11 on page 21 of the report illustrates that downward trend. Last year, there was a slight increase in the overall level of sickness absence. It was 10.1 in 2011-12 and 10.6 last year. So, it does seem to have plateaued or increased slightly in the past year, although since 2006-07, there obviously has been a downward trend.

229. **Mr D Bradley:** The fact that we do not have quality information in health and education is obviously costing us money. Are you able to put any sort of rough figure or estimate on that?
230. **Mr Gray:** Yes. As I told you, across the piece, we have a figure of around £150 million for the losses that sickness absence is costing us across the system. We can break that down across health, education and the Civil Service. In the Civil Service, sickness absence costs us about £30 million. In the health sector, it is costing about £73 million. In the education sector, it is costing around £32 million. As I said, if we can reduce it and just match what they are achieving in GB, we can save ourselves around £37 million.
231. **Mr D Bradley:** The performance of the Civil Service is better than that of the health and education sectors. If we were able to progress health and education to perform in the same way as the Civil Service here, what estimated savings might we make?
232. **Mr Gray:** I do not think that we estimated it like that, did we?
233. **Mr Murdie:** No. We looked at the overall GB figures as the comparator, rather than at what they would be if, say, the health sector were at the same level as the Civil Service.
234. **Mr D Bradley:** But there would be a saving.
235. **Mr Gray:** Undoubtedly.
236. **Mr Murdie:** We also made a point in the report about comparisons between the sectors. One of the points that was made to us during the production of the report was about looking at the structures and the nature of work in the different sectors. When drawing comparisons between sectors, there is a need to be aware of differences as well.
237. **Mr D Bradley:** What needs to be done to bring the education and health sectors up to the same level of performance as the Civil Service?
238. **Mr Gray:** In short, get the information. Get similar policies and procedures for how that is managed at local level. Set some targets. It does not get very much more sophisticated than that with regard to managing sickness absence.
239. **Mr D Bradley:** One of the points that you made was that the Department is largely unaware of the underlying reasons behind sickness absences. Is there not a need for the Health and Education Departments to have more detailed and accurate information so that they have a proper overview of what is happening in those sectors?
240. **Mr Gray:** Yes, and I think that they recognise that. They need to put the investment in first so that they have the information systems that will deliver that. When they have good information, they can take good decisions.
241. **Mr D Bradley:** And that is in hand at the moment.
242. **Mr Gray:** Yes.
243. **Ms Boyle:** Thank you, Neil. You are all very welcome. Have there been any major changes in trends since the 2008 Audit Office report?
244. **Mr Murdie:** If you look at the trends in the graph for the Civil Service in 2008, you see that there was beginning to be a reduction in the level of sickness absence. It had come down even further over the following couple of years. Again, as Neil said, it seems to have plateaued somewhat.
245. **Ms Boyle:** I see in paragraph 1.21 of the report the slight reduction in the gap between males and females. It has narrowed in some way. Going back to the education sector, I see that you have included pregnancy-related illnesses in 1.21. Are we talking about postnatal depression?
246. **Mr Murdie:** Again, that is the work that NISRA would do and analyse. There is fairly robust data in the Civil Service regarding —
247. **Ms Boyle:** I was just trying to define what that meant.

248. **Mr Murdie:** In comparing male and female absences, they will adjust. I do not know the specific details of the pregnancy-related illnesses.
249. **Ms Boyle:** I am just wondering whether morning sickness and postnatal depression, for example, were taken into account when this was compiled.
250. **Mr Murdie:** I am not exactly sure of the detail. It is an attempt to make a more reasonable comparison between the two, as I understand it.
251. **Mrs Cochrane:** Having been in the Civil Service for a number of years, I know that, if you are off with a pregnancy-related illness such as morning sickness, it is not counted towards the normal triggers for discipline and stuff like that. That is normally why, when they gather that information, they set it to the side. I hope that helps.
252. **Ms Boyle:** Thank you, Judith.
253. **Mrs Cochrane:** I cannot remember what I was going to ask. *[Laughter.]* You talked about potential savings in the health and education sectors and across the Civil Service as a whole. Are you more likely to make the savings in health and education because you have to bring somebody in to do jobs in those sectors because a lot more of it is based on service delivery, whereas in the core Civil Service, I am not sure whether anybody else necessarily comes in to do the work? Would that be a correct assumption?
254. **Mr Gray:** I think that is absolutely right. If you look at the part covering teachers, for example, you will see that we put a figure on the cost of substitution, which is around £12 million a year, so you can add that to the cost of the absence itself in the education sector. There are clearly costs in health for employing locums and agencies, but we had a great deal of difficulty getting to that as part of this exercise. Some of you will be aware that the C&AG reported on the use and cost of locums in Health and Social Care (HSC) just a year or so ago.
255. **Mr Cree:** Two points occur to me every time I see these statistics. One is the incidence of long-term sickness in this whole equation, which makes a big difference. I guess that needs more attention than perhaps the other does. It certainly needs first attention. Is there any evidence that that happens?
256. The second issue, which I have always been bemused by, is that, in the straight arithmetical calculation of so many days at x number of pounds a day equalling y, no cognisance is taken of the productivity of others who are acting in a person's absence, which would mitigate that figure. What could we do about that, if anything?
257. **Mr Gray:** Again, I will take those points in reverse order. The cost calculation is a pretty blunt instrument. It cannot, by its very nature, take account of differing levels of productivity among different grades or, indeed, among different individuals. It is difficult to do that. All figures on potential costs and savings, whether in this or any other report, are, by their nature, estimates.
258. Sorry, I have forgotten the first question now.
259. **Mr Cree:** The incidences of long-term sickness in all of that.
260. **Mr Gray:** There is evidence that attention is paid to long-term sickness absence, particularly in the Civil Service. At an individual trust level, we know that work is going on. The difficulty is that, because the Department lacks the numbers and information at a global level in HSC, it is not in a position to influence any of that. It is all left to the individual level. I cannot tell you too much more about that because, obviously, we did not go down to that level when we were doing this piece of work.
261. **Mr Cree:** The other thing, of course, is a direct comparison between the sizes of the trusts. If you are talking about 5.2% across the range of the trusts, obviously those that employ twice as many people will have much higher costs. Sometimes, I think that we ignore that.
262. **Mr Murdie:** The calculation in here was based on a percentage across the piece

- and the whole cost of the sector, but, yes, I take your point.
263. **Mr Gray:** You have certainly hit on a very important issue, which is that of how everybody goes about measuring their losses.
264. **Mr Cree:** It is fundamental.
265. **Mr Gray:** Some of them measure it in days, and the trusts tend to measure it as a percentage of working days lost. There are differences, and, as David said, it makes comparisons between those sectors a little difficult. You can do it, but you need to be aware that the comparisons are not at all direct.
266. **Mr Cree:** It is apples and oranges.
267. **Mr Gray:** Yes, absolutely.
268. **The Chairperson:** Targets for the different Departments are laid out on page 25 of the report. DCAL had a target of 6.5 days for 2010-11, and it had the same target for 2011-12. Its actual days lost went up from 7.5 to 8, so what assurance is there that the Departments are setting realistic targets? How are we benchmarking those targets? Are we just looking to across the water or down South to see what they are doing as an indicator or are we having more local factors included in how we set our targets?
269. **Mr Gray:** On how the targets are set, you are right: the Departments set them, but DFP has a role in this. It acts as the watchdog to make sure that nobody is stepping out of line and setting themselves targets that are either fundamentally unachievable or, indeed, easily achievable.
270. **The Chairperson:** Why is DSD's target such a large number of days? Its target is for 12.8 days compared with 6.5 for DCAL.
271. **Mr Gray:** Which figure are you looking at?
272. **The Chairperson:** The figures on page 25. DSD met its target of 12.8 days with an actual figure of 11.1 days. Its target gave it a lot of scope, did it not?
273. **Mr Gray:** It certainly did. Traditionally, DSD has been one of the Departments with a higher rate of sickness absence. It has been put to us that the nature of work in DSD, a lot of which is customer facing, creates a certain amount of stress.
274. **The Chairperson:** Is that down to the Housing Executive, primarily?
275. **Mr Murdie:** It is the Social Security Agency.
276. **Mr Gray:** That element of dealing with the public apparently causes stress.
277. **Mr Murdie:** If you look at the information on the levels of absence at different grades at DSD, you will find that it is more likely that there will be higher levels of sickness absence among admin customer-facing grades. The structure of that Department is that there is a higher number of those grades of staff in there. That is a factor in the higher levels.
278. **The Chairperson:** Gentlemen, thank you very much.

26 March 2014

Members present for all or part of the proceedings:

Mr Daithí McKay (Chairperson)
 Mr Dominic Bradley (Deputy Chairperson)
 Ms Michaela Boyle
 Mrs Judith Cochrane
 Mr Leslie Cree
 Mr Paul Girvan
 Mr John McCallister
 Mr Ian McCrea
 Mr Mitchel McLaughlin
 Mr Adrian McQuillan
 Mr Peter Weir

Witnesses:

Mrs Teresa Keating *Institute of Public
 Health in Ireland*
 Dr Elizabeth Mitchell
 Dr Joanna Purdy

279. **The Chairperson:** From the Institute of Public Health, I welcome to the meeting Dr Elizabeth Mitchell, director of development and capacity building; Mrs Teresa Keating, public health policy development officer; and Dr Joanna Purdy, who is also a public health policy development officer. Members have received a paper from the institute. Will you perhaps talk us through that to start with, and we will then go into questions?
280. **Dr Elizabeth Mitchell (Institute of Public Health in Ireland):** Yes. I hope that everyone received the paper that we sent. I want to thank the Committee for inviting the Institute of Public Health to give evidence on measures to promote health and well-being in the workplace. I will start by introducing my colleagues Joanna Purdy and Teresa Keating, and explain their areas of expertise. Joanna's experience is primarily in the field of food and nutrition, but she has also done a lot of work on active travel. Teresa's expertise covers active travel and the health impacts of education and employment.
281. By way of introduction, I will say just a few words about the institute. We support policymakers and practitioners in the area of public health across the two jurisdictions in Ireland, with a particular focus on health inequalities. At the heart of our approach is the importance of action across the social determinants of health, such as education, employment and the environment. In my presentation, I will outline a few of the key areas relating to health and well-being measures to reduce sickness absence.
282. First, why is workplace health important? From the employer's perspective, a healthy workforce is needed for the effective delivery of services. Sickness absence decreases productivity and has significant financial implications. The main causes of sickness absence in the public sector are mental health problems and musculoskeletal conditions, such as back pain. Chronic long-term conditions, such as heart and chest disease and diabetes, are also significant causes of longer-term absence, particularly among older workforces. Mental ill health accounts for about 29% of total sickness absence in the Northern Ireland Civil Service and a similar proportion in the health and social care sector.
283. I will turn to evidence on what works. Workplace health and well-being interventions cover a range of key issues, such as health and safety, mental well-being, lifestyle behaviour change and organisational good practice. I will not cover health and safety at work today, although it is a very important aspect.
284. Evidence on what works has recently been reviewed in a report that looked at the effectiveness of interventions to improve workplace health and well-being. The authors concluded that approaches to improving the health of employees are effective in a number of areas. Health promotion and wellness programmes, especially multicomponent programmes covering a range of lifestyle issues, such as physical activity, diet

and smoking cessation, appear to be the most effective, at least in the short term, especially if they are designed in collaboration with staff and with the support of senior management. With regard to mental health programmes, the evidence is strong for interventions to reduce stress in the workplace, and there is moderate evidence in the short term for interventions targeted at people with an existing diagnosis of depression. Although there are a number of promising interventions, the evidence of effectiveness for back pain and musculoskeletal problems does not appear particularly strong at present.

285. I will highlight some of the areas for action, starting with physical activity. By way of context, the percentage of adults in Northern Ireland who achieve the Chief Medical Officer's recommended levels of 150 minutes of physical activity a week has reduced from 38% in 2010-11 to 35% in 2011-12. It has also been reported quite widely recently that our population has the lowest levels of cycling and walking in Europe.
286. The easiest and most acceptable forms of physical activity are those that can be incorporated into our everyday life, such as brisk walking and cycling. Increasing physical activity reduces overweight and obesity and has additional benefits for heart and musculoskeletal conditions and mental health. There are many opportunities for promoting physical activity in the workplace, some of which have no or very little cost. They include simple prompts to increase stair use rather than lifts; involving employees in organising workplace activities, such as walking programmes, yoga, dancing or whatever activity people are interested in; supporting discounted membership of local gyms or leisure facilities; and encouraging staff to walk or cycle to work.
287. I will say a brief word on the cycle to work scheme. It provides tax relief on the purchase of bikes and cycle safety equipment and saves about half the cost on average. It is a very worthwhile initiative, but it is only part of the solution to increasing cycling to work. There is a need to ensure better access

to secure, weather-protected cycle racks and changing facilities and showers in the workplace. In addition, we need to address concerns about the dangers from road traffic. Overall, Northern Ireland needs to develop a safer cycling infrastructure. That will require an integrated policy approach, including planning, financing and implementation as well as monitoring and evaluation.

288. The second area of interest is healthy eating in the workplace. I want to give you a couple of facts. According to the most recent health survey findings in 2012-13, 37% of adults in Northern Ireland were overweight and a further 25% were obese. So, nearly two thirds of the adult population were overweight or obese. Promoting healthy eating is an important aspect of any workplace health programme and key to that is the provision of healthy eating choices in workplace canteens and other outlets. A very good example of a local policy is the food in schools policy, which was published last year by the Department of Education and the Department of Health, Social Services and Public Safety. That is aimed at creating a significant change in food provision and the promotion of healthy eating in schools. Also of note is the Caloriewise scheme, which the Food Standards Agency (FSA) in Northern Ireland piloted in 2012 in a number of food premises, including those in three of the local health trusts. The aim is to provide consumers with more information about calories in the different foods on offer in catering establishments so that they can make informed choices. Another local example of good practice is that the Food Standards Agency in Northern Ireland, in conjunction with DFP's Central Procurement Directorate, has updated existing procurement guidance on integrating sustainable development into the procurement of food and catering services for the public sector.
289. The final area that I want to highlight is mental health and well-being in the workplace. Again, I want to give you a couple of facts. One in four people will experience a mental health problem

- each year, and mental illness is the largest cause of disability. Risks posed to mental health in the workplace are not as visible as those posed to physical health, but they are no less serious. For employers, the benefits of workforces with good mental well-being include enhanced job performance and productivity, increased commitment and job satisfaction, staff retention and lower levels of absence. So what can employers do to promote a positive work environment and reduce stress at work? As a basic building block, employers should have policies in place to improve working conditions; for example, human resource policies that cover health and well-being, work/life balance and the prevention of bullying and harassment in the workplace. Encouraging early detection and intervention, raising awareness and understanding of mental health issues among managers and the rest of the workforce are also very important. There should be practical support for people with known mental health problems, including appropriate measures for disabled members of staff or those returning to work after a long period of absence. Stress management programmes and what is provided will vary according to the settings and the nature of the work, and many organisations avail themselves of employee assistance programmes, often provided by external agencies.
290. In conclusion, the benefits of improving health and well-being in the workplace extend far beyond reducing the cost of absence or poor performance. The key message is that systematic, coordinated, comprehensive approaches, which involve staff in planning and senior management in support, are essential for promoting health and well-being in the workplace. Creating an environment where people actively chose to walk and cycle as part of everyday life can have significant benefits. Employers can do their part to support this. Real improvements can be achieved when active travel is integrated into transport planning and that will ultimately have a positive effect not just on our environment, workforce and population, but on the economy.
291. The implementation of healthy eating in the workplace has been shown to be more effective when delivered in conjunction with other health-promoting activities in conjunction with links with other external agencies, and consultation and engagement with the main parties involved. Most employers now recognise that poor mental health is, by some margin, the single most important cause of sickness absence in the workforce. They acknowledge the importance of having proactive programmes in place.
292. The institute would like to make the following recommendations to the Committee. We think that, in order to promote and maintain a safe environment for active travel to work, pedestrian and cyclist safety should be a key focus of infrastructural investment. The work of a broad range of governmental and other agencies will be required to achieve this. In addition to the cycle to work scheme, further uptake of that form of travel to work could be facilitated by the increased availability of secure, weatherproof cycle parking facilities, not just at workplaces but at schools and public transport hubs, and by access to changing rooms and showers.
293. The principles and learning of whole-school approaches to healthy eating could be adapted for workplaces. Two practical measures to support staff in eating more healthily in the workplace could be implemented across the Northern Ireland Civil Service and Health and Social Care (HSC). These are the implementation of the procurement guidance that I mentioned and the rolling out of the Caloriewise scheme in staff restaurants across those organisations. Public sector employees should ensure that they have comprehensive programmes in place to promote mental health and well-being and to support employees with mental health problems. That is the end of my formal presentation. We are happy to answer any questions.

294. **The Chairperson:** Thank you very much, Dr Mitchell. This is an interesting area. Members and the Committee may have taken a narrow view in the past of sickness absence rates and how to deal with them. This is a more holistic view of the factors that affect staff health. Environment, transport options, eating, smoking and work/life balance are all huge issues, and we need to take those into account in how we reduce these absence rates.
295. On improvements to pedestrian and cyclist safety, the same cities are always mentioned: Copenhagen, Amsterdam and so on. However, Dublin has introduced a new cycle scheme in the city. London is the most obvious example, as well as places such as Cambridge. How have their public service employees' health rates improved as a result of that improved infrastructure?
296. **Dr Mitchell:** I will ask Teresa, who is based in Dublin, to speak specifically about that city, but I will also ask Joanna to speak because she attended a workshop on Monday organised by Belfast Healthy Cities, which highlighted some of the benefits of the Copenhagen example.
297. **Mrs Teresa Keating (Institute of Public Health in Ireland):** There are a number of schemes in Dublin. The cycle to work scheme there has been in place for a number of years and is similar to the scheme in Northern Ireland, where there is a tax incentive to purchase a bicycle. There has been no formal evaluation of the cost-effectiveness of the scheme in Dublin. However, cycling rates have improved significantly. In the five years from 2005 to 2010, they increased by 35%, and the evidence of a number of new bicycle shops has been quoted as one of the positive spin-offs of that scheme.
298. Cycling is by no means particularly safe in Dublin. However, infrastructural and policy changes such as the 30 kph speed limit along the quays have made significant improvements to cycle safety, as has general driver awareness and education. There has been quite a big campaign through the Road Safety Authority to promote and recognise cyclists on the road. There have been a number of infrastructural changes, but it certainly would not be held up as a gold standard, as other places might.
299. One final thing to note is the Dublinbikes scheme, and we could look at how that might be implemented in Belfast and the benefits that it could bring, recognising that a lot of commuters have long journeys to work. One of the benefits of that bike hire scheme is that a lot of the hubs are located near travel exchanges. Therefore, there is the possibility to get a bus or train and then hop on a bike for the remainder of your journey, particularly if you work close to a hub.
300. **Dr Mitchell:** Joanna can tell us a little bit about the learning from Monday's workshop.
301. **Dr Joanna Purdy (Institute of Public Health in Ireland):** Many European cities are cited as good examples of best practice in cycling infrastructure. As was mentioned at the presentation on Monday, 36% of the workforce commutes to Copenhagen by bicycle, and there has been an increase of 10% in cycling in the past 10 years. Much of that increase has come about through the structural changes that they have implemented such as widening cycle lanes and putting structural barriers in place to protect cyclists from motorists. Teresa mentioned the reduction in speed limits, and that is another feature of the Copenhagen system, where a 20 kph speed limit is in place during rush hour, which obviously facilitates cyclists much better. In Copenhagen, they are reporting, based on the number of cyclists who are cycling for work and study purposes, that cycling reduces overall mortality by 3% and has led to an increase of five years in life expectancy. Those are important health benefits emerging from the lifestyle and commuting changes that have been brought about by those infrastructural developments.
302. **Dr Mitchell:** It is worth highlighting that the level of cycling in Northern Ireland is 1% compared with 36% of people in Copenhagen who cycle to work. That 1%

- is the overall cycling level, so we have a fair way to go.
303. **The Chairperson:** I was looking over the figures in the report last night. The number of people doing the 150 minutes recommended physical activity a week has reduced from 38% to 35%, and the population has the lowest level of cycling and walking in Europe. That is an appalling statistic, and we have the debate so often about the obesity time bomb that we face. It does not seem to have been getting any better in the previous three years. There is reference to various pieces of guidance. DFP's Central Procurement Directorate has updated procurement guidance on integrating sustainable development into the procurement of food and catering services. When it comes to food and catering services, we sometimes pay lip service to healthy eating. You could go to an event in the Long Gallery about healthy eating but, at the end of it, there might be a reception with sausage rolls and chicken goujons, which does not really make sense. Is guidance enough or do we need to put something on a statutory footing?
304. **Dr Mitchell:** There is always a debate about whether guidance is enough, but then we get into the argument that adults should be able to make their own choices. There is a balance to be achieved, but we can do a lot through effective implementation of the guidelines, which aim to increase the healthiness of the ingredients and the materials that are purchased throughout catering services in the public sector. That means that, without even having to think about it, you are automatically making things a bit healthier by reducing salt, fat or sugar content, and that makes things easy.
305. We also mentioned the Caloriewise scheme, which is important because it provides consumers with the information to make their own choices. You may have been eating something quite happily but if you have information about the calorie content of that food, you may be surprised and decide that you need to look for something healthier.
- Information is key, and rolling out the Caloriewise scheme would help.
306. **The Chairperson:** Could you elaborate on that a bit more?
307. **Dr Mitchell:** Yes. I will ask Joanna to expand on it as well. Caloriewise was developed by the Food Standards Agency. In Northern Ireland, the FSA conducted a pilot in 2012 in, I think, 12 catering establishments, some of which were in the private sector. Three health and social care trusts used it in their staff restaurants. As far as I know, it has evaluated well and there are plans to roll it out in Southern Ireland as well as in Northern Ireland. Some of the health and social care trusts that implemented the pilot have continued to operate it since. Further work is also being done by the Food Standards Agency here and the Food Safety Authority of Ireland (FSAI) on helping catering managers to work out the calorie content of foods. That tool will be available to help with the implementation of Caloriewise. A very simple recommendation would be to roll that out progressively across the public sector in Northern Ireland in staff restaurants and canteens.
308. **Dr Purdy:** I will just add two points. The first is to do with the roll-out of the scheme and support for caterers and catering establishments. The Food Safety Authority of Ireland has worked closely with the FSA in Northern Ireland to develop the calorie calculator, which catering companies and catering managers will use to work out the calorie content of their menus. That is a very complex process when you get down to the nitty-gritty of how much oil is absorbed in various cooking processes and how much fat is released. They have worked very hard to develop that tool, which is due to be launched by the FSAI in April. That will be followed in Northern Ireland within the next year — most likely during this calendar year — and then across the UK.
309. The Food Standards Agency in Northern Ireland and the FSAI in the Republic are leading on this and see it as setting the trend as a global tool that

- will be available for calorie information for consumers. However, it is also important to pick up on the point about catering establishments, particularly in the health and social care sector. The Caloriewise scheme is being rolled out in restaurants that are open to employees and visitors alike, as well as day patients who use hospital and health and social care facilities. Therefore, the scheme is applicable not only to those who use the facilities regularly but to the wider population, so it will help consumers to make informed choices. I think that that, coupled with broader issues, such as front-of-pack nutrition labelling, is contributing to a greater awareness of what we are eating and to making an informed choice around our food in the supermarket and catering establishments.
310. **Mr McCallister:** I have several points. I was last in Craigavon Area Hospital as a visitor when my son was born nine or 10 weeks ago. I did not see any sign about calories; the food on offer was pretty much chips, particularly in the evening. You commented on vending machines. If you even walk around this Building, you do not have far to go to be tempted by vending machines. Does that have a role? I accept, Elizabeth, your point that you are probably trying to find the balance between the nanny state becoming an all-encompassing body and how we improve health.
311. I also would not mind to hear your comments on how we are managing long-term conditions or helping people with long-term conditions to manage them in a better way. When I was a member of the Health Committee, there was a lot of talk about how you would do almost first aid for mental health. Have we made any progress in rolling that out, even in the Northern Ireland Civil Service, never mind large private sector employers? What about the role of absenteeism for people who have other caring responsibilities, particularly parents or someone who is looking after an elderly relative? That is bound to have a knock-on effect for absenteeism. Is that coming into our sickness figures, or are we counting those separately? Those are just a few thoughts to get you —
312. **Dr Mitchell:** To get us going. Thank you.
313. **Mr McCallister:** Judith has a degree in nutrition. She was telling me all about this.
314. **Mrs Cochrane:** Clearly, I do not pay attention to it.
315. **Dr Mitchell:** I will probably do them in reverse order, if that is all right. It is widely known that there are higher levels of sickness absence among female staff. The main burden of caring often falls on them as well. There is no doubt that hidden in the sick absence figures are probably elements of people having to take time off for caring responsibilities. That can be addressed through increasing access to good childcare and also support for caring for older or disabled family members.
316. **Mr McCallister:** Of course, there are times when, if a child is sick, you are not meant to take them to childcare.
317. **Dr Mitchell:** Exactly. Sometimes, that is a problem. There are definitely difficulties around that. Family-friendly policies and employers who understand working responsibilities and allow flexibility can help with that as well.
318. Mental health first aid has been rolled out quite widely, particularly in the health and social care sector. For example, the Ambulance Service has been rolling it out for its staff. It has found benefits in not only its ability to deal with the service users but engagement with other members of staff. There are definite positive benefits from that. A lot of training organisations provide training in mental health first aid. There are similar schemes that help people to talk and raise the issues of mental health, help to increase awareness and help with how to respond and signpost to other services.
319. **Mr McCallister:** Just on that, we have battled for many years now over the stigma around mental health. Are we making progress on that, or is there

- still reluctance from some employers or employees to say that they have a mental health problem? They are almost hiding it behind something else because they think that it is a long-term difficulty or that somebody is going to be very problematic to deal with in the workplace. What sort of evidence is there around the mental health issue?
320. **Dr Mitchell:** There is quite a lot of evidence that there is still significant stigma about mental illness, not just in the workplace but in wider society. There have been a number of high-profile campaigns organised by various organisations; for example, some in the community and voluntary sector and the Royal College of Psychiatrists. Indeed, work has been done by the Public Health Agency, and you will be aware of its campaigns using high-profile local celebrities, such as Lynda Bryans, to highlight the fact that mental health problems can happen to anyone. It has also used high-profile sports personalities and players across a range of sports. Boxing is an example, because men often keep their mental health problems to themselves perhaps more than women. A number of things are happening on that, and the Public Health Agency is doing work on it.
321. It is also worth mentioning that the Department of Health, Social Services and Public Safety is producing a new suicide prevention strategy and will broaden it to include more aspects of positive mental health promotion. One of the sections will be on promoting mental health in the workplace. That will provide a strong strategic context for that work.
322. I will pick up on your next point, which was about what we are doing about chronic conditions. Again, I refer to the condition management programme. The programme has been funded since 2007 by the Department for Employment and Learning. It offers work-focused health rehabilitation to individuals living with a range of physical or mental health problems and who are in receipt of sickness-related benefits. The programme is delivered regionally by a range of HSC healthcare professionals, occupational therapists, physiotherapists and mental health nurses.
323. Currently, two of the trusts in Northern Ireland are also offering a pilot of that programme to jobseeker's allowance claimants with health conditions. There has also been a pilot for DEL via the welfare department extending that to civil servants, and some of the trusts have been extending it to their own staff.
324. It is usually a 12-week programme, which provides things such as help for people to understand their condition, to improve their functional ability and to increase confidence to improve the prospects of returning to work or staying in work. It provides advice sessions that can cover things such as self-esteem, confidence building, assertiveness skills, stress management, pain management, fatigue management, managing anxiety, managing depression, lifestyle management and managing chronic pain. So, there is quite a bit of focus on the mental health aspects.
325. One of the things about this is the fact that we should be trying to get this in earlier. Often, there has been a tendency to wait until people have been on benefits or have a disability for six months before offering them the programme. These pilots, through which we are trying to support people to stay in work rather than them having to go off work, are the way to go in the future. This is a promising area for the future.
326. **Mr McCallister:** Finally, on this point and leading on from that, what impact do waiting lists in the health service, for example, have on the length of time that people are off work? For example, if you have a mental health issue and you have to wait for six months or a year before you see somebody, or if somebody has a physical condition, for example, a bad knee, and has to wait a certain time, that is bound to have a knock-on effect.
327. **Dr Mitchell:** You are right. Long waiting lists may have an impact. Priority often has to be given on the basis of clinical

- need so that people who are suffering most need to be seen first. However, cognisance should be taken of people's circumstances. Some employers provide schemes where staff have access to diagnostic facilities or intervention procedures so that they can address that problem.
328. **Mr Girvan:** Thank you for your presentation. I apologise for being slightly late. My question is in connection with a culture that has probably built up over many years. As far as Northern Ireland is concerned, a large number of people who are prescribed antidepressants seem to be on them not only for a short time but there seems to be a repeat prescription approach, where it is a lifelong condition, as opposed to trying to deal with the source. Has any work been undertaken on that? I appreciate that more people are out of work because of stress and, as a consequence, they say that they need antidepressants to deal with it. A number of people are prescribed fluoxetine or whatever else, and they are on it for life. Many of us end up dealing with people who have lost their job, and we do appeals for them because of it. You end up doing a DLA appeal, and you find out that they went off work with stress and, as a consequence, they have never gone back to work. Has any work been done on dealing with GPs and how they seem to just reach for the prescription pad and dish this out as a rule to sort out all problems? That probably does take it away from the GP's door for a period, because the person is probably in a fairly zoned-out position for quite a while.
329. **Dr Mitchell:** You are quite right. The levels of prescribing antidepressants here are high compared with the rest of the UK. That is something that is being tackled —
330. **Mr Girvan:** Not only UK; we are one of the highest worldwide.
331. **Dr Mitchell:** Yes, our rates are certainly high.
332. With respect to the workplace, it is increasingly being recognised that programmes such as cognitive behavioural therapy, like a talking therapy, should be offered as an alternative — early intervention is important — rather than waiting until people go off work with stress. It is important for workplaces to try to bring in stress management programmes and support employees through that route. Cognitive behavioural therapy is interesting. It can be provided by an online programme, either on its own or in conjunction with a therapist who has an overview of the CBT online. That means that a therapist can support a large number of people who are going through the programme online just with some direction rather than taking up a lot of time with individual therapy sessions. That is a promising area, and I think it can be provided. It has been trialled in Northern Ireland and it is available. Beating the Blues is the name of the programme that is being used. I think that that is another promising area for trying to address the high levels of prescribing antidepressants. That is from one angle.
333. The other angle that the Health and Social Care Board will take forward is GP education and support. Having access to talking therapies is an important angle for GPs. If there is something else that GPs can refer patients to rather than reaching for the prescription pad, it would be a part of the solution.
334. **Mr Girvan:** Look at what happens in the private sector as opposed to the public sector. We are dealing primarily with absenteeism in the public sector because that is an area that we have some control over. The fact is that there is a 70% increase between public sector and private sector. Have any studies been done about why? Have we created a culture within our public sector that encourages the bullying and the other aspects? We are aware of people who, for one reason or another, put themselves forward as whistle-blowers. There was the case yesterday associated with this, where somebody went forward as a whistle-blower and, as a consequence of putting their head

- above the parapet, they end up being targeted and subsequently having to stay off work and take extended leave periods. That is a very big problem. In one of the major employers, and I am thinking of the health service, that is one of the key areas where that seems to go on and it seems to be endemic. Has any work ever been done on that?
335. **Dr Mitchell:** Work has been done. This has been looked at nationally and, I am sure, internationally. One of the factors is that, in the public sector, the workforce tends to be a bit older than in the private sector. Of course, with older employees, you get more chronic conditions and more absence. It is very variable. Gender and age differences are important, and also the balance between long-term sick and short-term sick.
336. An important building block for any employer is having in place the policies to address the issues that you raised — harassment, bullying and stress — that are related to conditions in the workplace. It is important that policies are not just in place but are supported and implemented by staff. Training for line managers and senior managers about the importance of this in the overall impact on motivation, productivity and efficiency is very important.
337. **Ms Boyle:** Thank you for your presentation. I congratulate John on the birth of his baby son and commend him for raising childcare issues.
338. **Mr Mitchel McLaughlin:** He is an expert on childbirth as well. *[Laughter.]*
339. **The Chairperson:** At least he got to the hospital this time. *[Laughter.]*
340. **Ms Boyle:** The report has a particular focus on cycling and walking to work. As someone who represents a rural area, and having spoken to a number of disability organisations, I know the barriers to work for people with disabilities, particularly mobility issues. Was there a piece of work or an evaluation done on what more public transport can do to assist with this? Was there a conversation between employers and the public sector about transport? It has improved in city areas but not in rural areas. Are there any differences between North and South in public transport? Is it better in the South or the North?
341. **Dr Mitchell:** I will probably come to Teresa to answer this in the main. It is an important issue in a region such as Northern Ireland, which has a high proportion of rural areas and where transport is a particular difficulty. Often, the infrastructure does not lend itself to walking or cycling even if the distances are appropriate for that. That means that public transport has a key role to play, particularly integrating public transport. There is talk of a public transport hub in Belfast, which would be a major step forward, particularly if it builds in safe and secure cycling facilities. I understand that Belfast City Council is planning to have something like the Dublin bike scheme. Those will help where people are travelling in from rural areas to a hub and are then able to avail themselves of walking or cycling to get to their workplace. I will hand over to Teresa about the experience in the South.
342. **Mrs Keating:** I echo what Elizabeth said. It is obviously a very important issue. I am not aware of any differences in access for disabled people to public transport in the South. Although these approaches are important, we need to recognise the issue of rural locations. That is reflected in the Northern Ireland travel survey regarding modes of transport to work. It is significantly lower in east and west compared with Belfast regarding walking, cycling, bus or train, and the car is predominant.
343. The flip side is that, even in areas with good public transport and where people have short journeys to work, there is still significant reliance on the car. Even to work on that cohort who are amenable to change would have a significant impact on overall workplace health.
344. **Dr Mitchell:** I will bring Joanna in on that point.
345. **Dr Purdy:** The commute to school is an important dimension because of the

number of parents and children involved. Sustrans is running an active schools travel programme. Over three years, it will involve 180 schools in its active travel to school programme, where children are encouraged to cycle, scoot or walk to school. It also includes, for those who are located a little further away from the school, park and stride. That involves parking a little further away from the school rather than involving all that congestion and the safety issues of parking at the school gate. There is also park and cycle, which involves parking further away but cycling the last leg of the journey. So, some good work is going on that encompasses rural areas, where, we understand, there are obviously greater challenges with public transport. That in itself is helping to bring about a cultural change in how we view travel and our daily commutes.

346. **Ms Boyle:** That is good to know. Thank you.
347. **Mr Mitchel McLaughlin:** You are very welcome. Personally, I am regretting that I did not meet you about 30 years ago.
348. I get the arguments, and I get the principles and the benefits of it as they have been laid out. I think that the evidence will demonstrate that there is a clear benefit from these workplace initiatives. I am coming at this on the basis that I understand that, and I support it. In fact, I support it strongly. We have local initiatives in this Building such as, when the lifts go out, they are not repaired. I am thinking about the one that goes into the basement where the canteen is. So, you can see that that is a very subtle ploy. *[Laughter.]* Long-term sickness is an issue in the public service. Our long-term sickness rates are higher than the comparable workplace experience, particularly in Britain, and are higher than those in the South. That may have some relationship with the conflict and with being in a post-conflict society. It is bound to have some connection, even though the science does not really help us much in determining that. That may be the explanation for why we are higher in the context of similar occupations and

workplace experience. The programme that you described seems primarily to be aimed at the active workforce. Have we considered delivering this support to staff who are out on long-term sickness? Perhaps that is being done. If so, does it demonstrate some benefit through earlier return to work?

349. **Dr Mitchell:** The responsibility for people who are off long-term on sick or disability rests with the Department for Employment and Learning. It has had a condition management programme in place for a number of years. The programme works with the health service to support people who are out of work and bring them back to work, and it covers a range of physical and mental health conditions. Probably well over 50% of it relates to mental health issues, or mental health combined with a physical health problem. There have been a number of pilots in the Civil Service. Dr Ken Addley, who I believe is coming to present evidence to the Committee, will probably be able to tell you more about the evaluation of that for civil servants and about bringing them back to work through the condition management programme. Health trusts have also been piloting it, and it certainly has shown very promising signs of bringing people back to work and supporting them back to work. Anecdotally, a lot of people have said that they would not have been able to come back to work if they had not had the support of the programme.
350. **Mr Mitchel McLaughlin:** Are your remarks in the context of this region?
351. **Dr Mitchell:** Yes, they are for Northern Ireland. I think that two or three of the trusts have been piloting it, and, where we find out things like that, which work, it is important that we try them, mainstream them, roll them out and demonstrate to others that they work so that they will introduce them. I think that getting in earlier before people have gone off on long-term sick is one of the key things about this. The earlier you can get in and support people, the more you will do to prevent long-term absence.

352. **Mr Mitchel McLaughlin:** I can see that. The fact that this has now been brought forward might mean that we are, just possibly, still a bit early in the learning curve to be able to properly quantify it. I have no doubt whatsoever that it will be beneficial. It is nearly like applied science for people who have become sick, either through stress or through some physical disability that has emerged over the period of their work experience. We have quite close monitoring of sickness levels, and there have been fairly genuine efforts across the piece to reduce those statistics. I think, at the level of short-term sickness there may have been measurable impacts, but the long term seems to be the explanation that is offered for the stubbornness of the high incidence of absence that we have. So you are indicating that there is in fact some —
353. **Dr Mitchell:** There are some promising programmes.
354. **Mr Mitchel McLaughlin:** Pilot programmes. And have evaluations been done?
355. **Dr Mitchell:** Evaluations have been done. It is based on work elsewhere, so there is experience from elsewhere that has been brought in to Northern Ireland and used here. The evidence shows that if people are off for six months the chance of them getting back to work is quite low, and if they are off for a year then I think the chances of them getting back to work are negligible, so early intervention is important. You are right. A lot has been done to manage sickness absence. What we need to do is complement that with programmes to improve health and well-being and to help intervene where people have a long-term condition and need support. If we had a three-pronged approach, I think that would help to drive down the overall levels of sickness.
356. **Mr Mitchel McLaughlin:** I have to say that I was not expecting to hear that. Does your work indicate that, if people are out on long-term sickness for a year, they are very unlikely to come back?
357. **Dr Mitchell:** Yes.
358. **Mr Mitchel McLaughlin:** I presume that we are going to hear the outcomes of those evaluations at some stage, because I think there would be beneficial impacts of delivering those supports to staff who are already out because of sickness and whatever stress kind of reasons.
359. **Dr Mitchell:** I have a contact in the health service if it would be useful, if you would like to follow up on the practical experience of delivering it.
360. **The Chairperson:** Following on from that, the Committee is looking at the area of flexible working at the moment, and I think we have found a fair bit of resistance in some of the comments that have been made by senior members of the Department. Do you have a particular view of flexible working, how it affects sickness levels within the Civil Service and what the benefits of it would be in a fuller roll-out of options regarding that?
361. **Dr Mitchell:** I do not have any hard figures, so I suppose you could say it is more of a gut feeling that, particularly when we come to issues of disability, if people could be permitted to work partly in their own home — distance working, which, I think, often the work in the Civil Service may lend itself to, whether it is working with a laptop provision or whatever, with modern communication technology, which I think could be supported — that would be beneficial. I suppose it is about having the mindset to recognise where those opportunities are available. I think the experience is that staff appreciate that and do not abuse it. There are probably some concerns that, if people are not under somebody's eagle eye, they are not cracking on at the job. I do not think experience bears that out. Our own organisation is quite supportive of home working and being flexible about that, so we are practicing what we preach.
362. **Mr Cree:** Can I ask you three different questions? First, has any work been done in analysing the problems of

- people who are on the benefits system and when, in fact, the incidence of mental health kicks in, caused by the stress of the whole process?
363. **Dr Mitchell:** Stress of dealing with the benefits system, or —
364. **Mr Cree:** Particularly the tribunals system, yes.
365. **Dr Mitchell:** I am sure there is, but I do not have that to hand at the moment.
366. **Mr Cree:** It would be interesting to see that, if such a thing exists.
367. **Dr Mitchell:** OK, we will look into that and can certainly come back to the Committee with information on that.
368. **Mr Cree:** Thank you for that. The other is perhaps a little more light-hearted. Is any work being done on the substances that are added to food and the proliferation of them, many of them working against each other — salts, sugars and all of the other enhancers and preservatives? If anyone takes the time to read a label, they will find it incredible what is added. What is the cumulative effect of all those things on health? Maybe some of them are embalming fluids, I do not know. *[Laughter.]* You mentioned fats, Dr Mitchell. The ordinary person hears that fats and saturated fats are bad for you. Recently we heard that that is not the case at all and they are actually good for you. Sugar is a bad one now. However, follow that line back and you will find all these contradictions, such as about margarines and butter and soya being another component on the wrong side of the fight against cancer. Yet, they are all in there. Are you doing anything about that?
369. **Dr Mitchell:** I would love to be able to solve that one. This contradictory evidence is one of the issues about food and nutrition. People do get confused, but one of the basic principles is that getting back to food produced locally and prepared in the home, with fewer additives and preservatives, is bound to improve the overall standards of nutrition and reduce levels of obesity.
370. **Mr Cree:** Is that not a bit naive in today's modern, fast life?
371. **Dr Mitchell:** The corollary is that if we do not do something about this, levels of obesity and diabetes are going to overwhelm our society. It behoves us to try and do something about it. There is a lot of advice on food and nutrition, and if you follow the basics you will not go far wrong. John McCallister mentioned vending machines, and there are the important issues of sugary drinks and all those others. I will bring in Joanna, because she did her PhD on issues closely related to this.
372. **Dr Purdy:** Thank you, Liz. I did some work looking at reducing the salt content of processed ready meals, which are among the biggest food categories with a high salt content because of the amount of processing and a reduction in flavour that is compensated for by cheap and readily available salt. Interestingly, my study revealed that we were able to reduce by 30% the salt content of a cottage pie, which is a standard home-made meal and also a common ready meal, before consumers noticed the difference in taste. There is no difference in the sensory quality of the product's taste, flavour or any of its other attributes that you would experience as you eat it.
373. Food systems technology to compensate for any reduction in salt for preservation is well advanced. We no longer need salt as a preserving agent; technology has well surpassed that. So, there is certainly the scope to reduce, and under a number of government schemes, retailers and manufacturers have made a commitment to reducing the salt, fat and sugar content of foods. I also endorse Liz's point about going back to cooking from scratch, where we can. That will come through as, under the procurement guidelines, food is sourced locally. We need to ensure that the food that we cook is grown and produced in Northern Ireland. Doing that will, in itself, skill up people and deliver nutritional and health benefits, as well as benefiting the economy. We will put money back into our own economy by closing that loop

- in the food production cycle as well. So, there are many benefits.
374. I had a couple of thoughts on the vending machine issue. The food in schools work is a good example of how to tackle vending. There is some good and pragmatic information available within the food in schools policy, and all the supporting documentation, around replacing the high-sugar and high-fat foods that populate many vending machines. I share your concerns about the impact of those on diet and how easily available they are. There are many counterarguments about the economic benefits that those bring to organisations as well. That has to be weighed up in the context of the long-term economic impact to the health service from the negative health effects. Funding has also been awarded for Belfast to be established as a sustainable food city. Is that the correct title, Liz?
375. **Dr Mitchell:** Yes.
376. **Dr Purdy:** Part of that project involves looking at healthy vending. There will be work taking place in the next year, and that will be rolled out — I think it is a three-year project — over the next three years that will encompass healthy vending. It is an area that we need to look at, particularly in leisure facilities, so that we are not counteracting the health messages about physical activity by stocking vending machines with very unhealthy high-fat and high-sugar foods.
377. **Mr Cree:** I did not ask you anything about vending machines.
378. **Dr Purdy:** No, but I wanted to pick up on an earlier point.
379. **Mr Cree:** We have covered that point. My point was to do with the contradiction about what is good for you and the changed circumstances that are continually appearing. For example, I would value your opinion on the latest one, which is that wheat is bad for you and breads are bad for you. What do you have to say about that?
380. **Dr Purdy:** A lot of evidence is produced on a daily basis and it is contradictory, but we need to be very rigorous in how we examine some of those studies. Those are not necessarily primary research studies but are meta-analysis or a systematic review of existing work. One needs to look very carefully at the nature of the studies that are being published. It is important to say that the media pick up headlines and sensationalise particular facts, and that then presents conflicting messages to consumers. I would recommend that we go back to the Department of Health and Food Standards Agency guidelines on healthy eating, which are being analysed by senior scientific officers who have a high level of expertise in those areas. They represent government perspective, and what is published in those is what we recommend that everyone here and consumers adhere to.
381. **Mr Cree:** It trails quite a bit behind the news that is coming out.
382. I am sure that you know about the five-a-day campaign and how that is being promoted as a healthy thing. Did you realise that that was initiated by the fruit growers in California to sell more fruit?
383. **Mr Girvan:** Nonsense.
384. **Mr Cree:** It is a fact.
385. **Dr Mitchell:** There is no doubt that they are very supportive of it, but there is also evidence of increasing health benefits from having five portions a day of fruit or vegetables in the diet, and anything you can do to increase fibre is beneficial to health, including to prevent bowel cancer. There are numerous health benefits from increasing fruit and vegetable consumption. In Northern Ireland, our uptake is particularly low, I am afraid, and there are particular challenges in getting children to take their recommended levels.
386. **The Chairperson:** How low are we, comparatively?
387. **Mr Cree:** Three and a half a day.
388. **Dr Mitchell:** You are jesting, but I think most people probably manage to scrape by on a couple of portions.

389. **Dr Purdy:** It is probably about half the recommended intake.
390. **The Chairperson:** How does that compare with Britain or the South?
391. **Dr Mitchell:** We are lower. I can send you exact statistics on that. Teresa, do you have figures for the South with you?
392. **Mrs Keating:** I do not, but they are quite similar. They are marginally better with schoolchildren, and again there is a drop-off in the teenage years in fruit and veg consumption.
393. **Mr D Bradley:** Morning. It still is morning, yes? I am just looking at the BBC website, and it is announcing the launch of a new website to highlight warning signs of mental health problems in children. It says that 850,000 children in the UK have a diagnosed mental health condition and that 75% do not receive the help that they need. When it comes to trying to deal with illnesses and causes of absenteeism in the workforce, is it by and large too late, because many of the causes of these have been ingrained from an early age? The focus, therefore, should be on early intervention and early prevention, so that we would have less to do when it comes to the workplace.
394. **Dr Mitchell:** I think that you are absolutely right that the seeds of many adult mental health problems are sown in childhood. The more that we can do to support children and adolescents with developing mental resilience, the more we will do to lessen the impact of that in adult life. We have got the situation, of course, where we are where we are, and we cannot ignore those people who are already in the workforce and suffering mental health problems.
395. **Mr D Bradley:** The same applies to unhealthy eating and other factors.
396. **Dr Mitchell:** Yes, and the positive signs are that we have this new food in schools policy. It looks at the whole educational side, as well as at what food is actually served in schools. We also have the pupils' emotional health and well-being (PEHAW) policy which, again, is a joint policy between the Department of Education and the Department of Health. It aims to address those very issues in schoolchildren. It aims to promote positive mental health, put in place services for children who already have mental health concerns, and signpost them to counselling services and other things. So, there is work ongoing on that. As always, more can be done, I have no doubt. Having good policies is not enough. They need to be implemented and evaluated.
397. **Mr D Bradley:** I know that events are held in many workplaces to emphasise measures that can be taken to combat stress, promote healthy eating, reduce blood pressure and so on. We had a very good one here. I think it was the Food Safety Authority of Ireland that promoted it with MLAs. It was over eight weeks, and several of us took part and benefited from it. However, the problem with those things is that, when the programme ceases, people are liable to lapse into whatever habits they had before. Is it possible to extend the benefits of workplace events further so that you avoid the lapse into previous habits?
398. **Dr Mitchell:** Yes, I think it is. There is a good example in the Department of Health, where I worked previously. It has had a workplace health and improvement programme in place for a number of years. It started with the kind of events that you are talking about. They would have a health fair, and people could go and get their blood pressure checked and experience other screening techniques. Over the years, we have developed it. We have a range of things in place. We offer smoking cessation programmes, weight management programmes, walking competitions, things to promote physical activity, sampler 8-week programmes for yoga or Pilates, for example, in the workplace at lunchtime. The employer allows people to go at lunchtime to participate. It is encouraging people into trying new ways of getting physically active. It also runs healthy eating weeks and promotes information on healthy eating. There is a range of things that

- can be done in the workplace, and you need the commitment of senior management to support that. You also need the involvement of the staff in developing the programme so that it is meeting their concerns. If employers consider it as part of their managing of sickness absence and getting behind it, we will get good results from it.
399. **Mr D Bradley:** Paul mentioned the private sector and what we can learn from it. I believe that, in some cases, the bigger companies employ private health screening firms, and they have regular screening of employees for various illnesses from blood pressure and heart performance and so on. Is that something that we could do more of?
400. **Dr Mitchell:** Look again at the Northern Ireland Civil Service. The occupational health service provides a programme through which it will assess people's levels of fitness and screen them, and it will repeat that on a regular basis so that people can see whether they are improving or getting worse. I think that there are mechanisms for doing that in-house, and that means that you do not necessarily have to go to a private provider, for instance, to get it. The report that I mentioned earlier, which recently reviewed the evidence, was from the City of London Corporation. It looked at all of the big banking and financial sector employers and what they were doing in terms of best practice and what worked for them. Many of them availed themselves of the kind of services that you are talking about.
401. **Mr D Bradley:** So, you are learning from what happens in other sectors.
402. **Dr Mitchell:** Yes. You can certainly learn from good practice, but I think the messages coming through are very similar. There are multicomponent programmes that deal with physical activity provision, smoking cessation and mental health and well-being. They are supported by senior management, and they have got engagement of the staff in designing the programme. Those are the elements of success. Then there is condition management, where you identify people with disabilities or illness, and support them to try to keep them at work or get them back to work early.
403. **Mr D Bradley:** Thanks.
404. **The Chairperson:** The Committee is always referring back to the issue of preventative spending: invest now to save five, six, seven years down the line and realise a saving for the public purse. Do you see your work being involved very much in promoting preventative spending? We have also looked at the area of well-being, and I know that the Minister is looking at that too. There is also the fact that some Departments see themselves as silos. So, a lot of people think that if you are an organisation about health, you belong with the Department of Health, and it is nothing to do with DRD or DOE in terms of planning etc. Is there still a degree of work to do, or are Departments, whether it is the Department of Agriculture with food, the Department of the Environment with planning, or DRD in particular with regard to transport, beginning to realise that they have health responsibilities, as much as the Department of Health?
405. **Dr Mitchell:** Yes. I will answer that from two perspectives. First, the Department of Health is developing a new public health strategic framework, which, hopefully, will be published in the near future. All Departments have been involved in the development of that and agreeing to outcomes that they can contribute to, improving health outcomes and well-being for the future.
406. The other aspect is across Departments as employers. They have a good framework in place for that preventative aspect. It is about making sure that all senior managers across Departments give emphasis to implementing it effectively. There are good models there for them to follow, and it is a question of putting a small amount of resources into making these programmes effective and putting them in place across all Departments.
407. **The Chairperson:** OK, members, happy enough? Elizabeth, Joanna, Teresa, thank you very much.

2 April 2014

Members present for all or part of the proceedings:

Mr Dominic Bradley (Deputy Chairperson)
 Ms Michaela Boyle
 Mrs Judith Cochrane
 Mr Leslie Cree
 Mr John McCallister
 Mr Ian McCrea
 Mr Mitchel McLaughlin
 Mr Adrian McQuillan
 Mr Peter Weir

Witnesses:

Professor Ken Addley *Department of
 Finance and
 Personnel*
 Ms Patricia McQuillan

408. **The Deputy Chairperson:** From the Department of Finance and Personnel (DFP), I welcome Patricia McQuillan, the assistant director of nursing and allied occupational health service; and Professor Ken Addley, the director of the Northern Ireland Civil Service occupational health service (OHS).
409. Before we start, can I ask you why the briefing paper was not received by the Committee until Monday afternoon when, according to protocol, we should have had it last Wednesday?
410. **Professor Ken Addley (Department of Finance and Personnel):** I can only say that the paper was sent up in the middle of last week for DFP to clear. Apologies if it was late in its arrival.
411. **The Deputy Chairperson:** It was sent to DFP.
412. **Professor Addley:** Yes.
413. **The Deputy Chairperson:** It should have been here with us in the middle of last week.
414. **Professor Addley:** It was sent through the DFP Assembly process.
415. **The Deputy Chairperson:** I understand what you are saying, but we should have had it here last Wednesday.
416. **Professor Addley:** I can only apologise for that, Chair.
417. **The Deputy Chairperson:** The Committee discussed this issue earlier, and there is some dissatisfaction among members that papers are not arriving in time. We intend to pursue the matter and will take action.
418. I ask you to begin your presentation.
419. **Professor Addley:** Thanks to the Committee for inviting us to update you on the role of health and well-being programmes in the Northern Ireland Civil Service. As members will know, sickness absence is a complex phenomenon that involves a range of components and contributory factors, and you heard some of that in the briefing from the Assembly's Research and Information Service. That includes matters that relate directly to health, but there are other factors such as how people are managed, the nature of the work they do, the organisational culture and, importantly, employee motivation and engagement. All those taken together generate a set of behaviours that ultimately impact on attendance at work. A holistic approach is required, and health and well-being interventions are part of a broader suite of measures aimed at maximising attendance and play an important role in assisting the management of sickness absence.
420. The health and well-being programmes in the NICS are developed in line with best practice and are consistent with the research in that area as well as recommendations in, for example, the World Health Organization's (WHO) healthy workplace framework, Dame Carol Black's report 'Working for a Healthier Tomorrow', the Boorman report on health and well-being in the

- NHS along with the National Institute for Health and Care Excellence (NICE) guidance on workplace health promotion. The programmes have senior management buy-in. They engage with employees, are multicomponent and cover a range of health and well-being issues, including mental health and musculoskeletal disorders, and they are aligned to the needs of the organisation and the community. The NICS also has a charter for health and well-being that gives a commitment to maintaining and improving the health and well-being of all its staff.
421. In the presentation this morning, I will outline in more detail the WELL programme, the cycle-to-work scheme and mental health first aid. In addition, we will touch on the role of the occupational health service, the welfare support service rehabilitation programme, the external counselling support service provided by Carecall and a condition management programme that is operating in the Department for Employment and Learning (DEL).
422. I will start with the WELL programme. I have a short video that I hope brings some life to what the programme is about and the people whom we are trying to reach. Unfortunately, we cannot play the music that is embedded in it, so rather than not run it at all, we will run it, and I will do my best to give some commentary.
423. **Mr Mitchel McLaughlin:** Are you going to sing?
424. **Professor Addley:** I am not going to sing. If I did, you would know why.
425. The WELL website was launched in September 2012 by the head of the Civil Service. At that launch, there were representatives from the HR staff and the trade union side. One of the main components of the programme is volunteer WELL champions, who are a core part of delivering the WELL programme in Departments. Their training has been accredited by SkillsActive and Volunteer Now, and we run a number of WELL dedicated health days. Those are linked into national health events such as No Smoking Day, Heart Week, and so on. There are a dozen or so of those national health events through the year that we particularly focus on and that our programme will link in to.
426. Departments also run their own health-promoting events. The video shows a particular example from the Department of Justice (DOJ). Minister Wilson launched the charter in April 2012, and these images show him before and after his health check. Engagement is a big part of what we are trying to do with the programme. We try to engage face to face with people or in other ways — for example, through the website. I will update you on the number of visits, but over 60% of staff have accessed the website. It is an Internet website so staff can access it from home, and we are particularly keen that that would be the case. A series of WELL roadshows has been run across the service. Over 80 have been delivered, and they provide information, advice and an opportunity for certain basic health checks. Those are very well attended.
427. We look at the modifiable health risks, such as nutrition, weight management — that is particularly important given the Chief Medical Officer's report published today — physical exercise, quitting smoking, managing alcohol intake and managing stress. As I said, this is a multicomponent programme that looks at all those modifiable risk factors. A lot of the initiatives are generated through the WELL champions in various buildings and offices, and it is very much a bottom-up approach that also has support from the top. We share a lot of personal stories from people who have, through the programme, gone to their doctor because their blood pressure has been found to be high or they have had other health issues that they have been assisted with. The programme was one year old in September last year, and we had a WELL champions' convention that was supported by the head of the Civil Service.
428. I will move on to cover some of the items in the briefing paper, starting

- with the WELL programme and giving a little more detail. It is the corporate health and well-being programme for the 26,000 employees of the Northern Ireland Civil Service. It has a charter for health and well-being, which I mentioned. There is a WELL strategy and a WELL support team. Uniquely in a corporate approach to health and well-being, we have a network of volunteer WELL champions. We deliver WELL roadshows and, as you saw in the video, there is an interactive and innovative WELL website.
429. The aim of the WELL programme is to deliver the health, well-being and engagement programme, building on existing good practice, because when it was in development a number of years ago, we were aware that lots of things were happening to promote health in Departments, and we wanted to build on that. It is a multilevel strategy for positive organisational and individual healthy behaviour change, and an important competent is the volunteer champions whom I mentioned. The support team supports the volunteer champions network and delivers key messages, and organises health interventions and activities. The various components are linked together through the interactive WELL website, which also has a section for WELL champions. Staff are able to go on and see who the WELL champions are, and WELL champions can add activities and events that they are going to run in their Departments.
430. The programme raises awareness among staff about common health conditions such as obesity, diabetes, heart disease, cancer, mental ill health and stress. Clearly, these have the potential to impact, and do impact, adversely on individuals, their families, performance at work and sickness absence. Advice is offered on how to improve health by undertaking positive health behavioural change, with interventions provided that encourage healthy eating, weight loss, quitting smoking, increased physical activity, cancer screening and building resilience. Employee engagement and commitment is addressed by supporting and empowering employees to get involved and to take an active interest in improving their health, well-being and motivation. We see the programme as something that is delivered by people for people in Departments rather than something that is done to people. We hope that that will help to create a more productive, attractive and corporately responsible place to work.
431. The programme plays an important part in empowering employees to make informed choices, and we recognise the importance that employee well-being has in creating and maintaining a motivated, engaged and productive workforce. In developing this well-being community in the Civil Service, it is also the intention that it will benefit not only the organisation and the quality of life of our workforce but the families of staff and the wider public health of the population.
432. One of the interventions that we run is known as the lifestyle and physical activity assessment (LPAA). We run that in the occupational health service. In 2012-13, over 700 participants came down for an assessment. You pedal on an exercise bike that is linked to a computer programme, and the grading of the weighting on the bike is increased, so you have to pedal a bit harder. That gives an indication of your aerobic fitness. It also assesses a range of other issues such as diet, weight, alcohol intake, smoking and level of physical activity. When staff complete the assessment, an indication is made to them on whether they need to make a healthy lifestyle behavioural change. We follow that up at six months. We find that quite a high number of staff make a change. At six months, over 70% are eating more healthily, 69% are taking more physical exercise, 64% have lost weight, 17% have reduced their alcohol consumption and four out of 21 smokers have made, and successfully maintained, a quitting attempt. That is quite a good out-turn for a programme of this type, which, for example, does not offer nicotine replacement therapy. It can be estimated that quitting

- has added 1.2 years — known as discounted life years — to the life of each of those four ex-smokers. In total, 4.8 years of life were saved for those four people who quit smoking following attendance at the programme. Research has also shown that smoking cessation can be directly linked to productivity gain at work.
433. Since its launch in September 2012, and in addition to the LPAA, the WELL programme has recruited and trained over 170 volunteer WELL champions across the organisation and from a range of grades. That training has been accredited externally by SkillsActive and Volunteer Now. You will have seen from the video that we have delivered over 80 health and well-being events and engaged with over 5,000 staff at those events, 3,000 of whom indicated that they would make a positive healthy lifestyle change.
434. At its core, the programme is about engaging with staff and nudging them to make a healthy lifestyle change. The website has had over 30,000 staff interactions since its launch in September 2012, and over 16,000 staff members have engaged with the website, which is almost two thirds of the entire workforce. We send out health and well-being e-zines; to date, almost a dozen have gone out. They go out to all staff who have access to a computer, and, for staff who do not, to terminals.
435. A survey was carried out recently, and we can compare its data with data from a similar survey two years ago. It is 2013 versus 2011. There has been a 2% increase in the employee engagement index, which measures how engaged civil servants are with the organisation, and in the WHO-Five Well-being Index, which is a simple and basic measure of an individual's health and well-being.
436. You will be only too familiar with sickness absence. In 2009-2010, 11% of working days were lost. That came down to 10.6% in 2012-13. The figures oscillate. I have been in the Civil Service since 1992, and, when I joined, the number of days lost was in the region of 16 to 17 days, so it has been on a downward trend. The percentage of staff who took no sickness absence in 2009-2010 was 50.1%, compared with 52.3% in 2012-13, an increase of almost 4.5%. The percentage of staff absent with a mental health condition in 2009-2010 was 30.5% of all absence, compared with 29.8% in 2012-13, representing a modest decrease of 2.3%, but at least it is moving in the right direction.
437. We believe that the WELL model represents an innovative approach to delivering health and well-being in an organisation and could indeed serve as an example for others in the wider public sector in Northern Ireland.
438. If you are content, I will move on to the cycle-to-work scheme.
439. **The Deputy Chairperson:** That will come up during questions and answers. Patricia, do you want to add anything at this stage?
440. **Ms Patricia McQuillan (Department of Finance and Personnel):** I have nothing to add about the WELL scheme. Professor Addley has covered that comprehensively. I will deal with a later aspect of the paper, if you are content.
441. **The Deputy Chairperson:** Fair enough. Last week, we heard evidence from the Institute of Public Health about how schemes such as the WELL scheme can be more successful if there is buy-in from senior management. Is that the case in the NICS?
442. **Professor Addley:** In delivering a health and well-being programme in an organisation, it is extremely important, among other things, to have senior management buy-in. The WELL programme is supported by the head of the Civil Service, as you saw in the video. He is a robust supporter of the programme. Permanent secretaries are behind the scheme, as are HR directors. I am content that the level of senior management buy-in is what we would want it to be.
443. **The Deputy Chairperson:** Towards the end of your presentation, you cited statistics

- about how the WELL scheme has improved things for the staff . Has any evaluation been carried out to compare the costs of the programme with its contribution — for example, to a reduction in the number of working days lost?
444. **Professor Addley:** The cost of the programme over a year is approximately £4 a head. In my presentation, I said that, by reducing average sickness absence from 11 days to 10.6 days, the 0.4 day gained equated to £1.6 million. When we balance that against the indirect cost of sickness absence, you can see that it is a very cost-effective programme.
445. **The Deputy Chairperson:** You mentioned the cycle-to-work scheme. Has any work been carried out to increase the availability of the type of facilities that might encourage more people to participate — for example, the provision of secure, weatherproof cycle-parking facilities at workplaces, changing rooms and shower facilities?
446. **Professor Addley:** The cycle-to-work scheme is not directly under our remit. However, the information that I have to hand indicates that, as of December 2013, 12,000 civil servants were participating in the scheme. That equates to about 4.5% of the total staff. The average uptake in the UK of the cycle-to-work scheme is around 4%, although, interestingly, in those organisations that are predominantly male — fire and rescue services and engineering works — it tends to be 10% or more.
447. This information was provided in answer to a question previously asked: 111 NICS buildings have shower facilities installed. DFP's properties division is responsible for 37 of those, and my information is confined to the buildings that are under the remit of the properties division. Of those 37 buildings, 50% have covered cycle racks, and the number of staff employed in those buildings is almost 10,500. It is a big group of staff. There are other buildings that I do not have information about, but if you would like me to find
- out that information, I could do so and provide it to you.
448. **The Deputy Chairperson:** That would be useful.
449. To what extent has mental health first aid been rolled out to NICS staff?
450. **Professor Addley:** We are considering putting that programme in place rather than it being in place. Given the predominance of mental health issues, both in regard to sickness absence and the ill health retirement of staff, we feel that a programme is needed that will raise the awareness of mental health issues across the workforce. This programme seems to be a cost-effective way of doing that. We are working up a paper on mental health first aid to present to the HR directors' group as part of the NICS people strategy 2014-15 in order to outline the benefits of mental health first aid to the Civil Service.
451. Evaluations that have been undertaken in organisations in which mental health first aid has been delivered have shown that it is very positively received by staff. Staff have increased confidence in dealing with the issue of mental ill health. The programme covers depression and anxiety, other serious mental illness and suicidal behaviours and self-harm. The evaluation has also shown that it reduces stigma in the organisation among those who attended the sessions. I feel that the high reporting of mental health problems in the workforce would be a reason for us to look at this programme, which is being rolled out across the UK and is already being delivered in Northern Ireland. A number of people have been trained to provide the programme through the Public Health Agency.
452. **The Deputy Chairperson:** What has been done at NICS catering outlets to promote healthy eating, particularly in relation to the Caloriewise scheme?
453. **Professor Addley:** The WELL programme addresses healthy eating, and, as I said , the Chief Medical Officer's report published today indicates that the levels of overweight people and

- obesity continue to increase. Lots of initiatives are run in order to provide people with information and advice on nutrition. I am not sure how many catering facilities remain in the Civil Service, but my experience is that they provide opportunities to choose to eat from a salad bar, and there is a range of healthy options. The difficulty, as acknowledged by the Chief Medical Officer, is getting people to go to a salad bar rather than opting for chips.
454. The catering organisations are, of course, in it to make a profit. Although this is not the be-all and end-all, if people are not using the salad bar and food is being wasted, we need to do more to try to nudge people, help them to make an informed choice and move them towards healthy eating and away from those foods that we know are not good for them.
455. **The Deputy Chairperson:** Could any further steps be taken to ensure a more systematic approach to workplace health promotion?
456. **Professor Addley:** The WELL programme was put in place to develop a corporate model. As part of that development, we were trying to create a coherence in the NICS as an organisation. It is a big workforce of 26,000 people, and the employees are spread across the Province. In developing the programme, we tried to have an identifiable brand with a network of volunteers who are in offices and delivering programmes that people are interested in participating in. We also have the WELL website, which I already covered. It has a wealth of health advice and information, self-check tests, and so forth, and links to other sites, particularly for mental health issues. Its coherence indicates that the WELL programme is quite a good example of its type.
457. **Mr I McCrea:** Your presentation has been beneficial. You said that you wanted to encourage and empower employees. That is important, but there will always be those people who do not think that this is for them, regardless of their level of health and well-being, whether it is mental health or general sickness, obesity or whatever. They may be too embarrassed to come forward and say that they want to benefit from the programme. How do you reach those people? I have probably answered the question myself, but have you looked at any way of ensuring that such people can be reached?
458. **Professor Addley:** You are absolutely right. In 2014, there can be very few people who do not know what they should be doing about what they eat, the amount of exercise they should take or whether they should continue to smoke. Ours is, in some ways, a light-touch programme that tries to encourage people; it is not a gymnasium-type approach whereby people would look through the door of a gymnasium and decide that it was not for them because everyone else looked in much better shape. We work in offices and buildings to deliver those health promotion messages in the context of where people work so that there is peer support, and so forth. We have to keep chipping away to get the message across and provide people with activities in which they can participate. We hope to increase the number of people who will see that, if they make some changes, they can extend not only the length but the quality of their lives.
459. **Mr I McCrea:** The work environment is important. People work in buildings, especially in rural Northern Ireland, where there may be damp in the walls, and the walls may not even have been painted in a long time. It may not be the best environment for people to work in. They go to work feeling worse, and they would rather stay at home. Is the working environment a factor? Is it about the four walls around you rather than the people you work with?
460. **Professor Addley:** That is another good point. It is not just about health; it is about other issues that impact on health and, importantly, well-being. Certainly, the physical state of a place of employment is very relevant. However, I believe that the Civil Service is a very good employer and, by and large, has

- very good premises. We have a robust network of health and safety advisers who make sure that there is compliance with all the requirements on the health and safety front.
461. For me, it is about people who do not work in offices but are outside on the roads, up mountainsides and in forests, whose jobs are in an environment that is a little more hazardous and harsh. Where your general point is concerned, I can say that yes, the work environment that people have to come into is extremely important in the physical sense but also psychologically, in how people feel about coming into work and carrying out the work that they do. We heard about customer-facing jobs, and, undoubtedly, in all organisations, an employee having a customer-facing role with a member of the public can create its own pressures and stresses. That is particularly the case when the role involves taking something from the individual such as rates, car tax or whatever — maybe car tax was not a good example to mention. That can create real difficulties for people, and there are a litany of issues around the whole psychological contract at work and what people expect to get out of it. That will feed in to job satisfaction, employee engagement, motivation to be at work and so forth.
462. **Mr A McQuillan:** It was a very interesting presentation. That is something that I would be encouraged to do. I always do a wee bit, fall off the wagon and then get back on it again. I think that the 170 WELL champions are the most important people in the cog. How do you keep them motivated and active and coming up with different programmes to keep people interested in and responding to what they are doing?
463. **Professor Addley:** Before I answer that, I want to say that, if you or any of the Committee members want to come down to our building and undergo the lifestyle and physical activity assessment, you would be very welcome.
464. **Mr Mitchel McLaughlin:** All of us.
465. **Mr Cree:** Good idea.
466. **Mr A McQuillan:** I think that that is a good idea, to tell you the truth.
467. **Professor Addley:** We can certainly do that so that you can get a feel for what it is.
468. **Mr Weir:** The computer says that you died in 1997.
469. **Professor Addley:** I do not know what way that would work, but I am sure that you could get in touch with us and we could get something set up. It can be a difficult enough issue to deal with — sorry, I have forgotten your question.
470. **Ms P McQuillan:** It was about the champions and keeping them motivated.
471. **Professor Addley:** Yes. One of the really innovative bits of the WELL programme was having volunteer WELL champions from the workforce. When we look at who those champions are, we see that they are from across all grades and genders. That is really good, because it is building the community for health and well-being in the workforce. It is not some big programme that rolls up in a bus, although those are quite good. This is a different approach.
472. How do we maintain them? There is a WELL support team that interacts with all the WELL champions and that provides the training for them and menus of opportunities to deliver programmes. There is a knowledge-sharing element to it so that different champions from different buildings can share what sort of events they have been able to put on. In some buildings, there really is huge buy-in to that process. In our own building in Great Victoria Street, the Lincoln Building, we have a WELL champion, and a nutritionist is coming in a few weeks to talk to staff. We have also been running other things. It is a six-storey building, and we are on the ground floor. Some of our staff will get up from their desk twice a day and walk to the top and back down again. So, those are very simple things. You do not need expensive equipment to do that. Lots of people out there are

- prepared to come in and talk to staff and to do those things free, gratis. It is about trying to build on that and to harness that energy. I had a picture from the WELL convention last September, which was the first anniversary of the programme, and the energy in the room from the almost 100 champions who were able to attend was really great. People want to be part of it and want to be part of trying to improve not just their own health and well-being but that of the people they work with.
473. **Ms P McQuillan:** You also have the local champion. Initiatives are happening in our building, and there are different types of initiatives in many other buildings. There is peer pressure. Four or five people might engage initially, and it suddenly snowballs, because other people see them doing it. We are hoping to get the people who maybe need to do it the most and the ones who are not interested on board.
474. **Mr A McQuillan:** It would give those who are not interested a wee bit of encouragement to go along and take part.
475. Do those 170 people have to do this on top of their work? If they are volunteering to do it on top of their work, how do they fit all that in?
476. **Professor Addley:** When we looked at how this might play in, we did not want to be too prescriptive and say that 2% of your time will be spent doing it. So, we decided to adopt a first-aider model. First-aiders do not have an element of their work time set aside for first aid provision; they provide that as and when. As I said, there is light-touch approach to it. Managers in local areas have bought in to it and have given the WELL champions the flexibility that is required to be able to put on events for staff who are working in that area. So far, we have not had any particular issues — at least, I am not aware of any. It is an important point for employers that somebody cannot be off doing this when they should be doing their job. So, it is a light touch, and it seems to work.
477. **Ms P McQuillan:** The human resources and departmental human resources (DHR) people have bought in to it as well. So, there is a process for people to apply and for support to be given through line management in DHR.
478. **Professor Addley:** I think that this links back to a question that the Deputy Chair asked about senior buy-in and commitment from the top. That is very much there in all Departments, so line managers know that they have the scope to facilitate the delivery of these types of things in the workplace.
479. **Mr McCallister:** It is interesting. I think that you are dying to come down to give us an MOT. That might be welcome, but I know that Peter is maybe a little nervous about that.
480. Given the savings that you have made and identified, do you see the programme being expanded? From memory, you have dropped the average absence from 11 days to 10.4 days. So, you have made gains and recouped some of the costs of running the programme. Is there a way that you could expand this by saying, “Look, it is actually working”? Are you seeing a correlation between good physical health and mental health to the extent that we are seeing pretty good savings and absences reduce across the board because people’s health is improving generally? Are you seeing any particular trends in the reasons for absence starting to change slightly?
481. **Professor Addley:** That is a good point. I need to be cautious in saying that what we are doing can be directly linked to changes in sickness absence. It is certainly part of a suite of measures, and it is important as far as the health element is concerned, particularly mental health problems. As I said, when I joined the Civil Service in 1992, the number of reported cases of mental ill health was not as high as it is now. There has been a real change in that not just in the Civil Service but across all organisations in Europe. I suppose that that reflects the degree of mental ill health in the community.

482. Where expanding the programme is concerned, it was to run for three years, and that three-year period ends at the end of March next year. We are in the middle of carrying out as extensive an evaluation of it as we can along the lines of the information that I gave you in the presentation. We will put that to the HR directors' group for it to determine whether it wants to continue with the programme.
483. A short timescale in the arena of health promotion, healthy behaviour and lifestyle change is three to five years. If you are looking to make inroads into other conditions and so forth, it will take a long time to work its way through. We would like to think that our programme is playing a role in reducing the reporting of mental ill health as a reason for sickness absence. As I may have indicated, the number of people who have not had any sickness absence has gone up a little bit. We are not a research organisation, but we look at primary research done in other areas where the provision of certain things will make other things happen. If we are replicating that, we would like to think that we could get those same benefits. Although we have evaluation as a key component of the WELL programme, there is an evaluation panel, which I chair, and we look at evaluating all the various components, particularly the engagement element. In delivering health promotion, we want to engage with people. So, we have engaged face to face with over 5,000 people so far in 18 months. There have been over 30,000 website hits, and two thirds of the workforce have access to the WELL website.
484. In answer to your question about expanding the programme, we will certainly evaluate it, and we will put forward the proposal to HR directors that it continue for a further period of time. We have put a lot of effort into building the brand so that people can identify with it, and we would like to think that the service will continue with it when it sees the results of the evaluation.
485. **Mr McCallister:** I entirely accept your point that three years to turn around behaviour and to get people to engage and take responsibility for their own health is a relatively short time. Have you had much buy-in or support from the Public Health Agency in delivering any of this? Has it made some of its professionals available? I would have thought that it might be very interested in looking at that type of programme. I think that a robust evaluation of anything like that is important. If it proves successful, we would want to keep it. In fact, we would want it to be an exemplar not only to other parts of the public sector but a model that large private sector employers could look at and say, "Is this something that we want to engage with? Do the benefits outweigh any of the potential costs?"
486. **Professor Addley:** In developing the model, the Public Health Agency was part of the team that I chaired, along with the Health and Safety Executive for Northern Ireland, staff representatives and the Ulster Business School. We were able to look at the research in the context of what seems to work with these programmes. We continue to liaise with the Public Health Agency about the programme content. Self-praise is no praise, and this is not for me but for the programme, but I think that the programme is a very good example of how a corporate programme could be put together. As was intimated in the presentation, I feel that it is a useful public sector model that others might want to look at. I appreciate your support for the programme going forward beyond the three-year period, which will end at the end of March 2015.
487. **Ms P McQuillan:** When the programme was developed and we were rolling it out at the early stages, people became aware of it, and people from outside the Civil Service approached us as they were interested in coming on board. However, the programme was built for the Civil Service, and the resource was there to deliver for the Civil Service only. So, we did not want to dilute that impact. I just want to let you know that others are interested in it and are looking at it.

488. **Mr Mitchel McLaughlin:** My question has been pretty well covered. I was indicating that I was satisfied.
489. **Mr Cree:** I have a particular interest in mental health, which you touched on a little. We are pretty good at developing procedures, policies and programmes, but I wonder to what extent mental health problems are generated in the workplace and by the workplace environment. There is stress, anxiety and all that sort of thing. How much is attributable to work? Should we not look at the way that we work, what we do and how the structures operate in offices?
490. **Professor Addley:** You are absolutely right that the impact of how we work, how it is constructed, how people are managed and so on will play in to their psychological state. When we measured the reporting of stress in the Civil Service, in the last survey, which was, I think, in 2009, we found that the level of reporting by people feeling very or extremely stressed was of the order of 20%.
491. In that group, people who were saying that they found difficulty coping with stress dropped to about 10%. So, it depends how you measure it. We have to look at how work is organised, and we have to look at people's expectations of doing jobs. We have to make sure that line managers play a really important role in how they deal with their staff, particularly where issues of pressure and stress at work are concerned. There will be occasions when an individual will have difficulty that is solely related to their work, but, of course, people are under a lot of pressure outside work as well. There is that work/life balance component where people are kind of juggling things, and it can sometimes be difficult.
492. **Mr Cree:** I am looking at the managing sickness chart in the Northern Ireland Civil Service. It does not seem to be very user-friendly from the interviewee's point of view.
493. **Professor Addley:** What chart is that?
494. **Mr Cree:** It is the chart on how we manage sickness in the Civil Service, and it shows the various stages that are involved, including self-certification, interviews and all that sort of stuff. There is not really much in that to suggest that it is a caring organisation or that suggests a link to mental health in particular.
495. **Professor Addley:** I am sure that I have seen the document that you are referring to. Recently, there have been two online sickness absence courses for all staff in the Civil Service. There has been one for line managers and one for staff, and that takes them through the whole sickness absence process in a short online training package of about 20 minutes. In that package, the WELL programme is mentioned as a source of help and support, as is Carecall for external counselling, as well as the welfare service. So, although it takes people through the different processes and procedures, which, I guess, have to be set out in a step fashion, both those programmes indicate where staff can go to get assistance. Is there anything that you want to add, Patricia?
496. **Ms P McQuillan:** No, except to make a point on circumstances in which where people are struggling. Under the Carecall programme, which Ken mentioned, people are entitled to six individual one-hour face-to-face counselling sessions. Those are available to every civil servant and to their family. It is free of charge, and the Civil Service pays the costs. That is an excellent first port of call for people who might have some anxieties or stresses by getting in early and helping them to deal with those.
497. **Mr Cree:** Thank you for that. The trouble is, of course, that people do not like that because of the stigma that is attached to it. Although this is outside your brief, I have seen people coming into the benefits system with physical problems, and, by the time that they go through that system, they have mental problems. It is the system that is causing that link in the chain between stress, depression and anxiety. There are supposed to be mental health champions, but I have not seen too many of them about. If it happens outside work, there is no help.

498. **Professor Addley:** A model of illness that is topical at the moment is what is called the biopsychosocial model. You have the biology of the health condition itself, which is the illness or the disease. You have the psychological aspect of how a person is affected by that psychologically and how they deal with it, and you have the social aspect of it, which concerns their background, culture, what they are used to dealing with and how all that plays out. All those are in there, but, as you rightly point out, the benefits process is not within my bailiwick. However, I can understand what you are saying.
499. **Mr Cree:** Thank you for that.
500. **Ms Boyle:** Most of the areas that I wanted to ask about have been covered. However, I will follow on from a question that I asked about employees who are vulnerable and hard to reach. We are talking about reducing days off through sickness and ensuring emotional health and well-being, but is there a specific piece of work that you were undertaking with employers on encouraging employees to take time off? Obviously, a lot of people who are working may need to take time off, through ill health or whatever, but because of issues to do with being the sole earner in the house, they cannot afford to take time off work. Professor, was a wee bit of work done on encouraging people from the sector to go off sick?
501. **Professor Addley:** It is a fair enough question, but most of our work is geared towards preventing people going off sick, or, if they are off sick, facilitating an early return to work.
502. We carry out about 4,500 sickness absence assessments every year. From time to time, we have to say to people, "Actually, I don't think you should be at work". However, that decision is more likely to be taken at GP level, when an individual goes to their GP with a particular issue and the GP advises them that they should not be at work.
503. **Ms Boyle:** I perfectly understand that, but that is probably part and parcel of it — people will not go to the GP because of what they may be told, especially if they are the sole earner. I am aware of cases where that has happened.
504. I have one more question to ask, if you will allow me. In your stakeholder engagements with other sectors or whatever, have you identified any models of good practice that are already out there that employers implemented?
505. **Professor Addley:** Yes. It took two years to put the model together. We looked at what other organisations were doing and so forth. Sometimes things are not that transferable. It is easier to get a behavioural change in a small group of people than it is in a big group. So, when we found what we thought was transferable, we used that. The primary research for all this concerns senior commitment, involving employees in the design of a programme, identifying modifiable risk factors, engaging with staff, getting buy-in and, increasingly, trying to evaluate the benefits. That type of approach is fairly consistent. We have added to that by putting in the network of volunteer champions and the WELL website. Those are two key components that make our WELL programme in the Civil Service unique.
506. **The Deputy Chairperson:** Thanks very much, Ken and Patricia. Can I ask you in future to do your bit to ensure that any papers that may be relevant get through the process in good time so that the Committee receives them at the appropriate time? The Clerk will write to you about some follow-up issues that have arisen during this session, as you agreed to provide further information on those. Thank you very much.

9 April 2014

Members present for all or part of the proceedings:

Mr Daithí McKay (Chairperson)
 Mr Dominic Bradley (Deputy Chairperson)
 Mrs Judith Cochrane
 Mr Leslie Cree
 Mr Paul Girvan
 Mr Ian McCrea
 Mr Mitchel McLaughlin
 Mr Adrian McQuillan
 Mr Peter Weir

Witnesses:

Ms Marie Mallon	<i>Belfast Health and Social Care Trust</i>
Ms Patricia Corbett	<i>Department of Health, Social Services and Public Safety</i>
Mr Tom Hamilton	<i>Department of Health, Social Services and Public Safety</i>

507. **The Chairperson:** I welcome Patricia Corbett, the director of human resources in DHSSPS; Marie Mallon, the deputy chief executive and director of human resources in the Belfast Health and Social Care Trust; and Mr Tom Hamilton, the deputy director of personnel and corporate services in the Department. Will you give us an update on where we are with the report, the findings and how the Department has acted on them?
508. **Ms Patricia Corbett (Department of Health, Social Services and Public Safety):** Certainly, I am glad to do that. Thank you for this opportunity to provide oral evidence on the Audit Office report on sickness absence in the wider health sector. You have just introduced my colleagues. Marie is the HR director for Belfast Health and Social Care Trust, but she is here to represent directors of all the trusts in Health and Social Care (HSC). Tom has a specific role of representing the Department on any aspect of its sickness absence. My role in the Department is director for the HSC with responsibility for HR, pay and policy.
509. The primary reasons for sickness absence in the HSC are not unexpected. They are due to the physical and emotional demands of the job. All the trusts continue to very proactively address, manage and attempt to reduce sickness absence. Measures are being undertaken, which include rapid referral to physiotherapy, staff counselling, health fairs to promote positive health and well-being, and the training of managers in the management of stress and how to get the best out of our Occupational Health Service (OHS). As you know from the information provided in the Audit Office report, within the trust, there are two main causes of sickness absence: musculoskeletal problems and mental health issues. Both are increasing, and trusts are giving particular priority to addressing those causes.
510. There is also a significant level of sickness absence for which the cause of illness is unknown. The trusts have highlighted that that may typically relate to short-term absence of one to three days where, under absence protocols, individuals are not required to self-certify or produce medical certification.
511. That is just a general update. I will turn to each of the recommendations in the report to give you a flavour of the position at the moment. For recommendation 1, clearly, we all agree that the information systems for measuring sickness absence must be fit for purpose and the data required for analysis and reporting robust. The implementation of the new HR, payroll, travel and subsistence (HRPTS) system across the trusts provides that facility and will enable the Department to gather data, review sickness absence and inform the development of future policies or interventions with the trusts.
512. As part of the Department's governance arrangements with the trusts, each trust is required to establish a realistic sickness absence target, and that is expressed as a percentage of available staff days to be achieved. The

- Department intends to examine the target set in 2013-14, which was 5% of available working days lost, and use that to inform the baseline for 2014-15. That is as directed in the Northern Ireland Audit Office (NIAO) report.
513. Recommendation 2 is about addressing the long-term sickness absence caused by mental health issues and musculoskeletal illness, and looking at monitoring. The primary reasons for that sick absence in the health and social care sector are not unexpected: it is due to the physical and emotional demands of the job. There are varying levels of sick absences between the staff groups, and that is also not unexpected. For example, it is not appropriate to compare the sickness absence of administrative grades with those of nursing absence levels, or to compare the Northern Ireland Civil Service (NICS) with the health and social care sector in sick absence.
514. Factors such as contact with infectious patients and the nature and intensity of the work would need to be taken into account in any such comparison.
515. All trusts continue to proactively address, manage and attempt to reduce sickness absence. Examples of measures being undertaken include rapid referral to physiotherapy and staff counselling, rolling out of health fairs to promote positive health and well-being, and providing training to managers on the management of stress and how to get the best from the Occupational Health Service. At a recent workshop we had with trade union colleagues — I say “we”; it was the HR directors in each of the trusts and the Department — we agreed to work more closely and collaboratively in finding ways to support staff and improve attendance.
516. The final recommendation was mostly about monitoring. The new HRPTS system will provide an excellent opportunity to review the area of sickness absence. Once the new system is fully established, the Department will work with trusts to set appropriate targets and establish a robust and consistent baseline. The reports from the system are still being tested and, once our departmental statisticians are content that those reports are fit for purpose, we will commence regular monitoring. That will be a great improvement as the current information is compiled from manual returns. The new reports will be used to give us early warning of issues of concern and, indeed, to highlight areas where there is best practice.
517. A key opportunity from the new system will be the improvement of sickness absence by making information available to front line managers in real time. In addition, regional sick absence reports by variables such as the reason for absence or by particular group will provide greater granularity and scope for analysis, and, indeed, early intervention. Over time, those reports will provide the trust organisations and the Department with a much more comprehensive and robust picture of sick absence across the region.
518. Absence levels within DHSSPS have reduced significantly over the past number of years. Although the 2012-13 target of 8.2 days was not met, the Department’s absence level was significantly below the NICS average of 10.6 days. The target for 2013-14 is 7.5 days. The main reasons for absence due to illness are in line with the NICS overall, with anxiety, stress, depression and other psychiatric illnesses being the main issues, followed by musculoskeletal problems. The Department has a very successful workplace health improvement programme aimed at encouraging and supporting staff on health-management techniques. In the Department, we also have an improvement plan, which includes regular briefings to the board to raise awareness, early referral of cases to Occupational Health, measures to improve recording of absence and complete return-to-work interviews, and additional support for managers where there are particular complex issues in cases.
519. **The Chairperson:** Thank you. We are just going straight to questions.
520. **Mr Weir:** Thank you, Patricia. Just go over one of the statistics again. Did

- you give figures for the Department for 2012-13?
521. **Ms Corbett:** The 2012-13 target of 8·2 days was not met.
522. **Mr Weir:** Right. The Audit Office reports that we have, on the face of it, been given a clean bill of health — forgive the pun — for the Health Department, because the figures were pretty good. Figures were produced for 2011-12 showing that the absence level had gone down to 7·1. To be fair, I think that, in 2011-12, of all the Departments, the Health Department had the best figures, but there seems to have been a little bit of regression if you have gone up to 8·2 this time around. I am just wondering what you see as the factors that led to a little bit of slipping back. Do you think you have produced targets that are challenging enough in that regard?
523. **Mr Tom Hamilton (Department of Health, Social Services and Public Safety):** I will pick that one up. Unfortunately, yes, over the last couple of years, the figures have gone up, although the trend over the longer period is downward from 11·4. Month on month, we have, on average, between eight and 12 or 13 people off sick. Unfortunately, for the last couple of years, we have had quite a significant increase in people suffering long-term conditions such as cancer and heart diseases. Just under 50% of the staff in the Department — I think we have 638 staff — are over the age of 50. There is a tendency for people not to go off sick as frequently as in other Departments, but when they do, it tends to be for the more serious type of conditions. As I said, over the past year or two, we have seen a significant increase in more serious conditions.
524. We have robust procedures in place. We have tried to tighten up referrals to OHS. During the year, when we had the good figures of 7·1, we referred people, as probably most NICS Departments do, at around 20 days. We have reduced that to 15 days and are trying to get people to OHS more quickly. After they have been seen by OHS, we try to get to the nub of the issue and see whether there are any adjustments that we could make in the workplace that would enable them to get back to work as quickly as possible. Unfortunately, we have seen that increase in those serious conditions.
525. **Mr Weir:** There is the issue of the Department and there is the issue of the trusts. I appreciate what was said about not necessarily comparing like with like with trusts because there are factors such as the number of the staff on the front line in the trusts who are in direct contact with patients. There is always the danger that they are more likely to pick up infections, even colds or the flu if that is going around.
526. You mentioned the HR managers coming together to try to apply best practice. That is very useful if you have other good procedures in the Department, but if those are not rolled out to the trusts, there will be a limited amount of value because that is where the bulk of the staff will be. How do you ensure that whatever good practice and lessons you have learned directly in the Department are applied across the system? The thing about the sector is that the Department itself is arguably just the tip of the iceberg: there are a lot of organisations directly connected through the trusts. How do you ensure that that is rolled out across the full spectrum of the health sector?
527. **Ms Corbett:** You are absolutely right. Part of my role in the Health Department is to work with and understand what is happening across the NICS. I then take that best practice and the lessons learned into a forum where I meet the HR directors from across the trusts every month. I should add that each trust has its own policy, albeit as part of a regional framework, for tackling sick absence. Many innovative approaches are being adopted in the trusts, some of which are similar to what is happening in the NICS. There are different and additional measures and activities taking place and each trust has its own plan for addressing those, so sharing best practice involves two-way communication.
528. Did you want to add anything to that?

529. **Ms Marie Mallon (Belfast Health and Social Care Trust):** I am happy to comment. Taking the point about the issue of infection, it is not only about our staff picking up infections from the patients. We are very sensitive to the fact that we would not want our staff to endanger the lives of patients. It is one thing for someone to come into an office environment with a sore throat, and I apologise if my voice goes today, as I have a sore throat. I will keep away from you —
530. **Mr Weir:** I am sitting beside Paul Girvan, and he is 10 times worse. You will certainly not be sending him to any ward in Northern Ireland. *[Laughter.]*
531. **Ms Mallon:** I just could not bear the thought of not appearing due to sickness as it would have been too ironic.
532. It would be another thing to send a nurse to a vulnerable patient, so we are very conscious of that. That is a factor, and we accept that. I am happy to give an overview of the approach that we take in trusts generally, if that would be helpful.
533. **The Chairperson:** Yes.
534. **Ms Mallon:** Health cannot be compared with other Departments, but it can rightly be compared with other health systems in England, Scotland, Wales and so on. We do that, and the industry norm, as it is described in HR circles, is around 5% on average. That means that some organisations will do better than others. In Northern Ireland and, indeed, throughout the UK, all trusts are conscious that it is not just about meeting targets that are set, which is absolutely the right thing to do, but also because sickness has a cost. It has a financial cost, which is hugely important, and it has a cost in patient continuity and care.
535. If sickness levels are too high and you are dependent on temporary, bank or agency staff, that is not the best way to treat patients. We push very hard on sickness levels. In health, we are well placed, because of the nature of our business, to understand that, if we try to be proactive in securing our staff's health and getting them to take responsibility for their health and well-being, that has an effect generally on the population, which is a good thing.
536. Our approach is threefold, one of which is the preventative measures that we undertake. Patricia rightly said that the two main reasons for sickness absence in health right across Northern Ireland are musculoskeletal and mental health, with mental health being the highest. A big part of that is bereavement. Another big part could be depression associated with personal lives. People go through these things in life. We know the statistics for depression. Some of it will be stress associated with the workplace or other situations, marital or otherwise. It is interesting to note that that is reflective of society; it is the same as the Civil Service. It is hugely important. The other one is musculoskeletal.
537. So, what do we do? Knowing, as we do, that that is responsible for 40% of our long-term absence, we put in place strategies to address that. The mental health strategies are extensive. It is about looking at risk assessment individually and collectively with individuals. It is about managers being able to spot the signs of stress. We have training that we give to managers to say, "Look out for these signs of stress with your staff". We have booklets and information that say, "Here's what to do. Here's how to address it. Here's how to have the conversations". If there is a limit to what someone can do, we ensure that they are referred to Occupational Health, our staff counselling service or whatever is appropriate to their needs. That is hugely important.
538. Health and social care is very pressurised. I should emphasise social care because many of our social services staff, nursing staff etc have to deal with very challenging behaviour from our more vulnerable clients and so on. That can cause pressures, as well as the pressures you hear about in emergency departments (EDs), wards and so on. We have to take account of that and try to be proactive. We do a risk assessment, and we work very closely with a health and safety agency to understand what that means and how

- we can bring about improvements in certain areas.
539. When it comes to the situation in which people need a referral, we try to intervene and assist. When it comes to musculoskeletal issues, it is about preventative measures and then addressing them. Across Northern Ireland, a huge number of nurses — there must be over 20,000 nurses — deal with patients every day, lifting and handling. We have lifting and handling as part of our mandatory training to ensure that they can do that safely, but things happen. We make sure that we have the right equipment and so on. If they have musculoskeletal issues arising out of their own health, there are a number of schemes in health across the patch in which they get pretty rapid access to physiotherapy. We make sure that our patients are not disadvantaged by that. We have ring-fenced some money to try to put in physiotherapists to look at our staff specifically to accelerate their return to work. We also use things such as phased return to work, where people can take it easy; maybe they will not go into their normal job. We get them back into work. A TUC report stated that work is good for you. We know that it is good for mental health. Those sorts of approaches are taken.
540. We have many health and well-being — it is about more than just health — initiatives right across the trusts. We have things such as choirs, Zumba dancing, Weight Watchers, looking after yourself, mental health issues, sexual health, men's health, health preventative measures and health improvement measures. Those are all to try to ensure that our staff are in the best place they can be with their health before they come to work. That all having been said, it is still a challenge. It is a challenge to move it that other 0.5%.
541. Although I have seen a downward trend from the formation of the trusts since RPA in 2007, it is plateauing at around 5.5% on average across the patch. I am delighted to say that, in line with the recommendations, we have implemented the new human resources, payroll, travel and subsistence system, which will measure sickness levels more accurately and give us more detail on the types and categories of sickness, and will give managers real-time information as opposed to retrospective information — sometimes, it is a little bit late — so that they can apply the third part of our plank, which is our absence protocol. It is a jointly agreed absence protocol with trade unions. Managers are obliged to follow an approach that includes triggers. A certain amount of absence triggers a certain amount of action, including return-to-work interviews, counselling, disciplinaries, referrals to Occupational Health and all the things that should happen so that there is not a passive approach. Ultimately, there is accountability for that from the point of view of holding managers to account.
542. Sorry if I have gone on a bit on that. It is a potted version of our approach.
543. **Mr Weir:** It was very useful.
544. I have one final question arising out of that. It was interesting to listen to what you said about the very thoughtful approach that has been developed. I appreciate that, if you look at other branches of the public service or the Civil Service, you see that some problems are particularly acute for you. You talked about musculoskeletal illness and the situation in which nurses, porters or whatever are helping to lift patients regularly, which would have a particular impact. If you are sitting in a rates office and the lifting you are doing is lifting a rates bill, it is not going to be quite the same strain. The thought occurred to me that you are coming at this from two particular situations. One is the general thing of dealing with the various medical problems, be they mental or physical, of your staff in that broader sense as an employer. You are also, in adopting strategies, perhaps in a unique position in the Civil Service and the public service. Because you are the Health Department, a range of those things are particularly acute to you regarding potentially providing solutions, such as looking at physiotherapy. You

- have a degree of expertise of input through medical thinking on how best to get people back to work etc.
545. I think that Patricia talked earlier about trying to ensure that there is roll-out from the Department through the trusts and HR. With a lot of that stuff, you are potentially in the position in the public service in Northern Ireland of being the closest to best practice in a lot of areas of any of the Departments because you have on hand a certain level of expertise, which is not necessarily going to be there in the other Departments. To what extent is there interaction between the Departments to try to share that degree of best practice? It strikes me that, if, generally speaking, you have been more successful in reducing the number of sickness days, although there are some things that may be peculiar to you, there are also a lot of lessons for across the Civil Service. To what extent are you sharing that best practice? Is that being sought to try to ensure that what permeates in health will permeate in the Department of Justice, the Department of Education or whatever?
546. **Mr T Hamilton:** There are various forums. It is certainly discussed. I think that Colin Lewis is coming in a few weeks to talk generally about the NICS and what is happening in different Departments. Colin and his team liaise frequently with us and look at programmes we have in place. I know that Ken Addley was here last week and talked about the WELL programme. We have our workplace health improvement programme, which fits in with what Ken is doing. We very much link in with the like of the Chief Medical Officer's report and the issues being flagged up, such as the mental health issues and the obesity issues. We try to have our own programme in the Department that seeks to address those issues through a range of programmes, such as healthy eating, fitness, weight loss, depression and mental illness.
547. As I said before, we have a fairly high percentage of staff who are over 50 in the Department, so we look at what we can do to provide help for staff who have caring responsibilities for, in many cases, elderly relatives, as opposed to some other Departments, such as the Social Security Agency (SSA), which has more staff with child-caring responsibilities. So, we tend to try to tailor what we can offer by way of support to our staff. There are opportunities through DFP's corporate human resources (CHR) to share that information so that we can hopefully get best practice across the NICS.
548. **The Chairperson:** Leslie, I am going to bring you in at this point, because we have sort of delved into your line of questioning.
549. **Mr Cree:** Yes, you are getting very close to a subject that is very dear to my heart, and that is the matter of mental illness and musculoskeletal illnesses. You touched on what has been happening there, but obviously it is not enough, because the incidence is increasing. What further plans have you, if any, to address that particular concern?
550. **Ms Mallon:** I mentioned health and well-being. We have a health and well-being group that consists of professionals from within the trusts as well as HR, Occupational Health and so on. We set down a plan every year for how we are going to address those two major causes. We work very closely with bodies outside of the trusts, including health and safety and people who deal with mindfulness, which has become one of the new issues. It is about cognitive therapy, how you perceive what is happening to you in life and how you react to it. All the time, we work to best practice. As was mentioned before, it is probably easier for us to do it because we can access best practice and use it in the implementation of our stress strategy and how we roll that out. We import anything that is known to help.
551. One of the big things that we have found about mental health is that people have lots of private issues etc, but things like being together in a group and exercising really help. That is why we have the exercise classes, the Zumba dancing and the choir. They are not medical

- interventions as such, but we use them to deal with individuals as people and to engage them with other people, because we have found that that is one of the best ways, so that they are not isolated with their problem. Our experts tell us that that mindfulness is really helped by that approach. So, we are informed by the experts regarding the strategy that we deploy.
552. **Mr Cree:** Is that something new that you are telling us here?
553. **Ms Mallon:** I can speak for my trust. We have a programme called Here 4 U. It is a whole approach to outline how we can improve people's mental and physical welfare. People can tap into that on their own just by saying that they want to join, or we can refer them if they have gone through staff counselling or Occupational Health. It is that idea of engaging people in a positive way so that they are far removed from their problems. That is not to say that they will not have problems. One of the practical things that I will say, for example, is that a lot of individuals, particularly during recent years, have had financial problems, which have had a big bearing on their mindset. Some of the trusts offer help and assistance regarding, for example, Citizens Advice, so that people can go to get confidential counselling about their problems. So, it is a more holistic approach. It is not just saying that we will deal with the symptoms of your problems, but that we will try to assist you with your problems.
554. **Mr Cree:** I accept all that, but is that a new idea or is that something that you have been doing for a long time?
555. **Ms Mallon:** We have certainly been doing Citizens Advice for a long time. The Here 4 U programme has just been the last couple of years in its totality. There have been different interventions over the years, but this is an intense version of it. We also do things like health fairs. If you go into a canteen area or whatever some days, you will find some of our Occupational Health and other people checking people's cholesterol, their blood pressure and
- all that. So, the totality of the number of things that we are doing is the most recent. We have always done some things, but bringing them together in one major programme is the difference.
556. **Mr Cree:** Do you not think that all that activity brings further stress?
557. **Ms Mallon:** Not at all.
558. **Mr Cree:** I will just ask you one other quickie. There is a table in the report that provides a breakdown regarding the mental health issues, the musculoskeletal ones and the unknown one. Can you fill us in a little bit more? That is quite a significant proportion.
559. **Ms Mallon:** You are absolutely right: the unknown one is one of those codes you never want in anything. It is sort of like a dump code, and it tells you nothing. We are happy to say that the new HR, payroll, travel and subsistence (HRPTS) system, which all trusts have implemented in the past few months, does not allow anyone to enter anything unless they are explicit about the condition. For example, if they go into the system and are asked about the condition and they reply that it is post-surgery recovery, the system will force them to categorise the type of surgery. The manager cannot fill in that field on the computer unless they give exact information. In that way, we will, in future, have more precise information than "other", which is not helpful.
560. **Ms Corbett:** The other element of that system is that we will use what are known as the sickness absence recording tools (SART) codes that are recommended by the medical professions. It is used in the NICS as well, so you are using the same recording tool, which is in European use, so that the information can be compared, not just with the public sector but, in time, we will be able to compare with other trusts or similar health bodies as well.
561. **The Chairperson:** Leslie touched on some key points about mental and musculoskeletal illness. He talked about healthy eating, which is a big issue. Often, when you go into hospital,

- you get a plate of chips when you are taking a break from seeing a patient. Do you believe that the Department of Health, our hospitals and places in the Department's remit where you eat are exemplary in comparison with other jurisdictions and even with European standards?
562. **Ms Mallon:** Our Chief Medical Officer was mentioned, and it was only last week that I heard Dr McBride on the radio once again emphasising the issues around obesity and healthy eating. We in the Department are very aware of what he is saying and his requirements. In our canteens, you are quite right, you will see chips, but you will also see healthy options. There is an issue about choice, and it is a debate as to whether you exclude chips. The first thing that you see when you go into where I am situated, in the City Hospital, is the salad bar and the healthy options. You can then go to the hotplate, where, inevitably there will be chips as well as other hot food. It is about choice, but, on balance, if you look throughout the canteen, most of the food is healthy. However, it is about giving people choice.
563. **The Chairperson:** Is it any better than any other workplace? The Department of Health should be leading in healthy eating.
564. **Ms Mallon:** That is a fair point. Whether it is better than other workplaces, I am not sure, because I do not know about other workplaces. I have not done the benchmarking. However, I take your point.
565. **The Chairperson:** It is important that, if you are to deal with sickness absence, you look at the public health aspect, active travel and healthy eating. If I am queuing to pay for my diesel at a filling station, all I will see is a row of chocolate and crisps. If I go into a hospital and do not see a healthy option when I queue for food, the whole way that the place is laid out is wrong. There are ways and means of highlighting certain choices to people in the hospital jurisdiction. Health needs to make that a priority if it is to be seen as the Department that promotes health.
566. **Ms Mallon:** We try to do that, which is why the salad bar is the first thing that you see, but yes, I am happy to reflect that back to the trusts.
567. **The Chairperson:** What is the Department doing about active transport? It is something that the Institute of Public Health (IPH) raised with us. Two of its main issues were healthy eating choices and active transport. Is the Department of Health offering enough choice and accommodation for staff in that regard?
568. **Ms Mallon:** It signed up to the Cycle to Work scheme to encourage people to cycle to work because it is a healthy thing to do —
569. **Mr Cree:** You are saying the right thing.
570. **Ms Mallon:** We also encourage it for environmental reasons. It has a big take-up. You will regularly see, if you come into hospitals, lots of folk, including our doctors, interestingly enough, cycling to work. We try to provide somewhere for them to chain their bikes and so on. We encourage that.
571. **The Chairperson:** How do you encourage it?
572. **Ms Mallon:** Through staff bulletins, through organisations' intranet and by sending out flyers saying that it is part of what people can access. It is part of the Here for You strategy in Belfast. There may be a different name for it in other trusts that people can access. We list the things that they can access to make their lives better.
573. It is everything from cycle to work to all the health issues that they can access; it is also issues around work-life balance and family-friendly policies. There is a cohort of policies that, overall, we include in our trust — they will have different names elsewhere — that are about our approach to improving working lives, improving your health, improving your balance and improving your availability for work through ensuring that there are care policies, etc. It is a strategy within a strategy, and there is good take-up of it.

574. **Mr Girvan:** I have a point on the mental health issue from a management point of view, as it needs to be looked at. Through another Committee that a number of us sit on, we identified that people are reluctant to put themselves forward as whistle-blowers because of an evident culture of bullying that exists, specifically in the Health Department. As a consequence, some people who go forward end up taking time off because of stress-related sickness, and I can think of one area in the private sector in particular. The management decided to get rid of one person, and it halved overnight the sickness in that one area of the department. Has there ever been an investigation by management into perhaps big areas in which people are off with stress and individuals may be the cause?
575. **Ms Mallon:** In a system with 70,000 staff across Health and Social Care —
576. **Mr Girvan:** I am talking about one in which almost 1,500 people worked in that place, and they were able to deal with it.
577. **Ms Mallon:** I agree with you. In my career in the health service, I have dealt with many instances of bullying. You are absolutely right: it can have an impact on a Department and on many people, so it has to be addressed. Let me be very clear: bullying is not tolerated or accepted in Health and Social Care. Where it happens, it has to be addressed, and it has been addressed.
578. **Mr Girvan:** It is usually coming right from the top. By that, I mean from consultants down.
579. **Ms Mallon:** In my time, I have dealt with consultants who bullied, but it does not matter whether it is a consultant or a clerical officer, it is not acceptable. We survey our staff to find out what is going on. All our bullying policies and our approaches to bullying and harassment are agreed by and with our trades unions, which work in partnership with us to ensure that that environment does not happen.
580. I have responsibility for the whistle-blowing policy in the trust. We have whistle-blowers dealing with all sorts of things, and their rights and confidentiality are protected. I take your point: if you do not address a problem — it may be only one individual — the impact can be catastrophic, so why tolerate it? We set out to do all we can to prevent it and deal with it when it arises.
581. **Mr D Bradley:** Morning. I want to ask you about the comparability of information and statistics among DHSSPS, the trusts and NICS, as those organisations collect different information and forms of information. What attempts have been made to align the information so that there is direct read-across?
582. **Ms Mallon:** I certainly do not know of any attempts because the comparator — I mentioned this at the outset — was probably more appropriate to other health and social care settings. You are right: it creates a difficulty because, if we try to compare ourselves with any sector, whether Civil Service, education etc, it is hard to tell quite how well we are doing.
583. **Ms Corbett:** You are absolutely right. Having the data and the information to allow us to do comparisons is what informs future policy and interventions. What is clear for us in the Department is that the monitoring over the past years has all been manual, and you will know the issues and the problems that manual recording brings. In addition to the point that Marie raised about the short-term absences where the cause is “unknown”, there is a huge amount of data that we cannot get at and examine.
584. The advantage of, and the investment in, the new HR system will bring with it that commonality that will provide, not only the data on the days absent, but, as I said earlier, an industry-standard identification of the reason for the absence. We will then use that data, not just the reasons for the absence and the number of days, but to segment it by working groups, which is something that we have not had access to, so that appropriate

- comparisons can be drawn either at consultant, nursing or admin grade.
585. There will be grades where it will be appropriate to make comparisons with the Northern Ireland Civil Service and others where we would not want to make that comparison because of the nature and intensity of the work, the rostering hours and other influencing factors. However, we could find, not just appropriate comparators, but benchmarking to take single packages of best practice and apply them to particular grades or types of illness. The opportunities that lie ahead from having that rich source of data and information will enable us to make improvements and give us information that we have not previously had access to. That will inform and change thinking on how we deal with those issues.
586. **Mr D Bradley:** I have just noticed that, on page 30 of the report, it states:
- “DHSSPS does not hold information beyond the summary level identified in its six-monthly report. It is therefore unaware of underlying issues, for example the extent of long-term sickness absence, the main causes of sickness absence or any relationships that may exist between sickness absence levels and age, gender or grade.”*
587. Is that what you are talking about addressing?
588. **Ms Corbett:** That is exactly the point, and you have added further segmentation to the data, by age, gender and grade. We do not have access to that; moreover, collecting data manually is prone to human error. It is out of date by the time you get it. We are doing the analysis manually, so it is six-monthly, it is retrospective, it does not provide managers with data and information that allows them to manage and to take action and interventions that can enable improvement. Everything is in an historic sense, but we are moving towards a real-time system where we can, if you like, get real-time reports. Focusing on particular areas will make the difference.
589. **Mr D Bradley:** You said that much of the information was collected and recorded manually. Are you now moving to an electronic system that will improve the collection, recording and comparability of information?
590. **Ms Corbett:** Yes, that is the new HR, personnel, subsistence and travel system that is being rolled out across all trusts. The data will be recorded by managers and staff electronically, and the Department will have access to it. Our statisticians will be able to draw down the data and slice and dice it to provide management information reports. It is not just the Department; the trusts and line managers in the trusts will have real-time information on their staff, on the trends, on the historical position and be able to act accordingly at all levels, at management level, front line management level, senior management level in the trusts and then at a regional level at the Department.
591. **Ms Mallon:** We are not sitting in the trusts counting things up manually. The old system was electronic, but there was a manual transfer of information through salaries and wages that inputted it, and it was a bit archaic. Nevertheless, even within its limitations in the trust, managers are regularly informed of their performance as part of their accountability review. The Department cannot access that in the way that is needed to understand data across Northern Ireland, and that is what Patricia is emphasising. However, I would not want you to think that we do not examine on a monthly basis, because our sickness figures go to our board every month, the same as with other trusts. The old system is not sophisticated, but it still provides us with some information. We think that the new system, once it is embedded, will be super.
592. **Ms Corbett:** It will also allow proactive management.
593. **Ms Mallon:** Yes, across the whole region and with the Department, which will be really good.

594. **Mr D Bradley:** Are you happy that the new system will identify the gaps in information identified in the Audit Office report?
595. **Ms Mallon:** Absolutely. The beauty of it was that it was a system that we designed. For example, one of my assistant directors spent two days a week for months, along with others, going through every element of it and making it our own. What do we want? What do we need? What are the issues and challenges? How can we make the system work for us? That time and detail have meant that we have a super system, so we are looking forward to using it to its full extent.
596. **Mr D Bradley:** It is good to have all that information to have the comparability and so on, but will it lead to any real results in reducing sickness absence levels?
597. **Ms Mallon:** We believe that it will, first, because it is real-time information. Managers in health, for example, sometimes look after hundreds of staff not in their sight line. They will only have to go on to their dashboard to see information on appraisal, absence, who is in and who is not, for example. Having real-time information and having conditions recorded will help to inform our strategy on what areas of health and well-being we concentrate on. Are there other things that we need to do by way of prevention? Then we centrally, corporately and as part of the accountability review process, will be able to hold managers to account in complying with the absence protocol, given that we have all the information about an absence, the reasons and so forth. We will be able to ask, "What have you done to deal with that?" That should all result —
598. **Mr D Bradley:** Can you give us an example of the information that you will receive through the new system, how you will act upon it, and what improved outcome it could bring?
599. **Ms Mallon:** Certainly. People are forced to go in and say what is wrong with someone. So if someone has recently gone into hospital to have surgery, we can see that that surgery is associated with a bone — musculoskeletal — if it is an operation on their shoulder, for example. That means that we know that there is an issue there and that, if we could accelerate their physio service, they could get back to work more quickly. Therefore, we have that immediate information and can refer it to our internal staff physio service to help them to return to work more quickly. That is happening as we speak.
600. **Mr D Bradley:** That is a good illustration of an individual case. I was thinking more of the broader bands of sickness that might be revealed through the information.
601. **Ms Mallon:** Even under the old system, we could identify that some of our ancillary and general staff — our support, domestic, portering, cleaning, catering and so on — were the groups with the most sickness. They traditionally have higher levels, although those levels have almost halved, certainly since my time before the trusts, and they are very good. We know that there is a high level of sickness there. What are we going to do? We have attendance managers and experts who do case management work with individual managers. We would send them in to say, "Your sickness levels are becoming problematic. Give me your top three — or whatever number of people — who have poor attendance. We'll case-manage this through with you". There is real-time information. We can see it centrally, the managers can see it, and we can go in there. I do not want you to think that we go in in a heavy-handed, punitive way, because people may be genuinely sick. However, if we see a pattern of absence that looks problematic, we can send people in quickly to work with the manager to deal with it.
602. **Mr D Bradley:** What was the figure that you gave for the total cost of staff illness in the health service?
603. **Ms Mallon:** We have not given a figure.
604. **Mr D Bradley:** Is there a figure?
605. **Ms Mallon:** No. As I understand, there was a figure in the report, and I looked at that. I am not sure how it was

- made up, because there is the cost of absence through the loss of productivity with people being absent. However, there is an additional cost if you have to backfill a nursing post, for example. If somebody is off in an office, you will not backfill; but you will not leave a nursing shift unsafe, so you will backfill nursing posts. So there is a cost in the loss of productivity and also one associated with additional staff. However, as I understand it, that has not been costed across health.
606. **Ms Corbett:** No, we do not have it.
607. **Ms Mallon:** That is a lack of sophisticated detail.
608. **Mr D Bradley:** You would think that it would be costed. I would like to know what the total cost is and how cost-effective interventions are.
609. **Ms Mallon:** Absolutely. I understand that that is one of the points of having the new system: it will give that level of detail, including, where someone is off sick, if there is a consequential backfill that increases the cost.
610. **Ms Corbett:** My understanding is that, with the new system, we will be able to extract data and turn it into costing data for the cost of the actual absence. We then need to marry it with the other costs from the trusts, such as the backfilling of nursing or locum posts.
611. **Mr D Bradley:** After the new system is up and running, when will that information be available?
612. **Ms Mallon:** The last trusts went on the new system last month.
613. **Mr D Bradley:** Will the information be available within a year, say?
614. **Ms Mallon:** Yes.
615. **Ms Corbett:** I think that we will need a full year of data for it to be meaningful. You could not start to do it for quarters or months; it would not be meaningful. We need to get through a full cycle, and that will give us a baseline of data to move forward with.
616. **Mr D Bradley:** That is grand. Thank you very much.
617. **The Chairperson:** I want to come back to Paul's point about whistle-blowing. I am most familiar with the Northern Trust. I think that the treatment of whistle-blowers by the structures and the management has been appalling. It is something that is impacting hugely on people's health and well-being. Especially in the hospital setting, when it is a life-and-death situation, I know of nurses being afraid to speak out. Nurses have been familiar with cases where somebody has lost their life and have faced a moral dilemma: whether to speak out, do the right thing and be treated negatively as other whistle-blowers have been treated; or stay quiet and ensure that they have a contented working environment. The whistle-blowers whom I have dealt with have been through hell as a result of mistreatment, as some people in managerial positions have frowned upon their whistle-blowing. It is a big problem that ties into what the Minister said yesterday, in the review that was announced about the culture of not speaking out. I cannot speak at length about other trusts, but I know that the Northern Trust requires particular focus.
618. So, with respect to occupational categories, have you a mechanism to identify issues? We found issues with respect to the Causeway Hospital. In certain examples, the maternity service has not been up to a sufficiently high standard. Does that affect levels of sickness absence among staff? If those stories go in the media, they affect morale. If it is not being dealt with satisfactorily internally, that will have a greater impact.
619. **Ms Mallon:** I do not have an intimate knowledge of every whistle-blowing case across Northern Ireland, but our Minister has made it clear, and rightly so, that whistle-blowers should feel free to say that there is an issue or problem. There is nothing new about whistle-blowing policies and encouraging whistle-blowing. Of course, in any trust, you want people to raise issues, but if

- people do not feel safe in doing so they can go through the system of whistle-blowing that I deal with in the trust. It would be outrageous if people felt threatened in any way. If staff feel that they work in such an environment, it is bound to have an impact on their health. There is no question about that. I work with the other HR directors, right across Northern Ireland, and I know of no trust that would institutionalise that sort of approach. If it happens, it is entirely regrettable, but it goes against the policies and what is required in those trusts. If people have to go outside the trust, it is an instance of failure for the trust that people feel they cannot complain directly and internally. I accept that, but no trust would want anyone to feel bullied, intimidated or unable to speak out. I agree that, of course, it would add to sickness and feelings of pressure, and it should not be tolerated.
620. **The Chairperson:** Marie, you have highlighted the fact that you deal with whistle-blowing cases in Belfast Trust. What is your own analysis? You will be aware of cases. What have been the health impacts on people who have been through that process? Is there a need to review that process at the moment?
621. **Ms Mallon:** I think you should always review any process. Certainly, I have a very good individual who deals with whistle-blowers directly. That person has a nursing background and deals with them in a very compassionate way. I have had no complaints about how they have been treated.
622. Leaving aside whistle-blowing, per se, as a policy and so on, remember that, in health, we have very skilled, effective and able trade unions which tell us very clearly if they think there is a problem, either of a collective or an individual nature, within the organisation. So we do not just rely on people coming through managerial lines or, in the extreme, having to go through a whistle-blowing way. We relate very closely with our trade union reps, who represent individuals and groups, and we listen to them if there are any problems, for example, in departments as we talked about earlier. So you have the protection of the individual, who can raise it at any time managerially. If they do not feel they can do that, they can raise it through their trade unions, through HR — which is usually seen as a safe, almost neutral, pastoral approach to these things — or through the formal whistle-blowing policy. So, there are mechanisms. You will always hear about the bad things, but I hope the evidence demonstrates — through staff surveys and checks by Investors in People and other accredited bodies — that there is certainly not a culture of that in health. So that is not just my feeling. However, if cases go wrong with one individual, I accept that that is still not good enough.
623. **The Chairperson:** I would argue that, with respect to the Northern Trust, there is certainly a culture there, going on the number of cases that I have processed, and the Public Accounts Committee has encountered similar cases. There is an issue there.
624. **Ms Corbett:** And the Minister has —
625. **The Chairperson:** I will give you one: I am happy to do so.
626. **Ms Mallon:** I certainly accept what you say, but I know that the management team there obviously wants to deal with that, and I hope that you are finding that that is the case.
627. **The Chairperson:** No, we are not.
628. **Ms Corbett:** And a review has been kicked off, so —
629. **Mr D Bradley:** If I may wander outside the remit for a moment, I have had experience, and I am sure that other MLAs here are in the same position, of quite a few complaints against the health trusts by patients. I get a very strong impression that the whole procedure is weighted against the complainant and that there is very little objectivity in dealing with complaints. Where there are independent people brought in to adjudicate on them, they are usually former employees of the Health Department or one of the trusts, so that there is an innate bias. Even

- though the people are described as external and independent, they have been part of the system in the past and therefore there is, as I call it, an innate bias. There may be a need for a totally independent commissioner for dealing with health complaints, especially some of the more serious ones.
630. **Ms Corbett:** I think that we need to be careful that we do not pre-empt the review that the Minister has kicked off. We have not come today with any evidence or figures to be able to respond to your concerns in that area. Hopefully, those will be picked up as part of that wider review. If there is anything in particular you need us to come back to you on, we are happy to do so.
631. **Mr D Bradley:** There are quite a few.
632. **The Chairperson:** Here is another anecdote. We are dealing with a case in the Northern Trust which I have highlighted to the Minister. A young couple from Ballycastle lost their child, primarily because of lack of access to an operating theatre in 2008 in the Causeway Hospital. An internal report in 2009 found that the hospital was at fault, and they did not get access to that report until they brought the trust to court in 2013, so they had to wait five years or whatever it is. It was not the fault of staff, but because the facilities and structures were not in place. It was a managerial issue, as far as I am concerned. However, the staff would have been aware of the reason for that death in 2008 and they could not say anything, and did not say anything, from 2008 all the way to 2013. The stress on those individual members of staff must have been immense, but the failing of the management and the structures meant that they were put under that stress, as well as the patients.
633. **Ms Mallon:** That, as you say, will, no doubt, be part of that review and inquiry.
634. **Ms Corbett:** Hopefully, all those issues, including the impact on staff, stress levels, sickness absence, the handling of complaints, the protocols and the processes will be part of that. We should not really cut across that at this point.
635. **Mr Mitchel McLaughlin:** We have all been wrestling for some considerable time with the issue of sickness absence. In December 2012, according to the audit report, the Department informed all the arm's-length bodies, including the trusts, that they would be required to take steps to minimise sickness absence during 2013-14. Is that a calendar year, or what is it?
636. **Ms Mallon:** 1 April.
637. **Mr Mitchel McLaughlin:** So, a financial year. Does that include the Ambulance Service?
638. **Ms Mallon:** Yes.
639. **Mr Mitchel McLaughlin:** Does it include all agencies and strata of management, as well as medical?
640. **Ms Mallon:** Certainly all the trusts. I am representing the trust, but it is all the employers.
641. **Ms Corbett:** Yes.
642. **Mr Mitchel McLaughlin:** All the employees?
643. **Ms Mallon:** Employers — the agencies and so on.
644. **Ms Corbett:** Yes.
645. **Mr Mitchel McLaughlin:** You were to undertake a review, and report by September of last year. Was that review completed?
646. **Ms Corbett:** The review of sickness absence levels?
647. **Mr Mitchel McLaughlin:** Yes.
648. **Ms Corbett:** I think the reason that the full review has not been carried out is that we do not have the data because of the transfer from one system to another. I think it was recognised in the report that we would be moving to that.
649. **Mr Mitchel McLaughlin:** Who set September 2013?

650. **Ms Corbett:** I am not sure who set September 2013.
651. **Mr Mitchel McLaughlin:** But you did not have the ability to deliver it?
652. **Ms Corbett:** Well, 2013 was when we got the figures. Each trust does report back, and the Department holds accountability meetings with each trust twice yearly, and there are interim reports on that basis.
653. **Mr Mitchel McLaughlin:** No, but it says: *“undertaking a review and report to the body’s Board and DHSSPS by September 2013”*.
654. Who would have set that target, when the capacity was not there?
655. **Ms Corbett:** That was the target set by the audit report.
656. **Mr Mitchel McLaughlin:** Not according to this.
657. **Ms Corbett:** Which recommendation are you looking at?
658. **Mr Mitchel McLaughlin:** Read paragraph 2.32: *“DHSSPS informed each of its arm’s length bodies”*.
659. There are then three bullet points, and the last one says “undertaking a review”.
660. **Ms Corbett:** Yes, there have been reports, but we have not had a formal review. That would happen at the end of year. It does say September 2013, but we have not completed that.
661. **Mr Mitchel McLaughlin:** For the evidence of this session, the reason that you have not completed it is that you do not have the capacity and, presumably, you did not have it when the target was set.
662. **Ms Corbett:** The issue as I understand it — I will check to ensure that this is absolutely correct — is that we have two systems running. We have the system that, as you described it, is the old system —
663. **Mr Mitchel McLaughlin:** Sorry, I am assuming that there was something in place — something that needed to be improved, augmented or whatever to give us an improved performance. In December 2012, the Department wrote to all its various agencies and structures. It also set a target for producing a review. There is a straightforward answer to this, I assume, which is that you never at any time had the capacity, and it still is not there.
664. **Ms Corbett:** At this point in time, I think that that is correct, yes.
665. **Mr Mitchel McLaughlin:** OK. How do we define long-term and short-term absences?
666. **Ms Mallon:** An absence of 20 or more days is long term, and below that is short term.
667. **Mr Mitchel McLaughlin:** Presumably, the review developed some kind of report and summary of the patterns and themes that emerged. That is absolutely critical if we are going to respond and do something about the other targets.
668. **Ms Mallon:** Even during the period, as we implement, we do know the short- and long-term absences; we know the reasons. So, there is a continuous review and analysis of statistics. Short term, for example, is around one or one and a half, compared with long-term, which is four or four and a half. That is the variation. So, short term is a lot less than the long term.
669. **Mr Mitchel McLaughlin:** When you say one and one and a half. What is that?
670. **Ms Mallon:** Per cent; apologies.
671. **Mr Mitchel McLaughlin:** It is just for the record.
672. **Ms Mallon:** Sorry about that. If the average is around 5.5%, less than 2% is short-term. I am glad you raised that point, because it is important. I have worked in the service for a long time. Years ago, the short-term absence was the longer. Therefore, the casual absence was the problem. I think that the casual absence in health has been

- well reduced. You will know the Monday/ Friday-itis, when people took off, and there was a question mark on all of that. It is now the longer-term absences, which relate to surgery, illness, musculoskeletal, mental illness, and all of that, as opposed to the more casual absence that was a feature 15 or 20 years ago.
673. **Mr Mitchel McLaughlin:** This Committee and the PAC, which I was on previously, have inquired into the issue. I think that they have satisfied themselves that our issue is long-term absence. Clearly, a detailed analysis of that might establish whether there is any abuse in the system or whether the responses of the individual Departments within the public sector are adequate to addressing that in any meaningful way, such as by setting realistic targets and having the means and the wherewithal to do something about those targets. Given that we have completed our year and are into 2014-15, how quickly will that year's data be processed? When will the review be complete, so that we can see the themes?
674. **Ms Corbett:** To be clear, as part of the governance arrangements with each of the arm's-length bodies, including the trusts, that are clearly referred to in here, end-year accountability meetings are held with the Department. Those are usually held in May or June to allow the data to be gathered. That is an opportunity for each of those arm's-length bodies and the trusts to feed back, specifically with regard to the review, and to give evidence on those underlying issues. We will have that by June of this year, in respect of each of the bodies. What we have not done at this stage, and could seek to do, is wrap that together into a more comprehensive report giving the figures before last year.
675. **Mr Mitchel McLaughlin:** But as we move through the first year and complete that, we have a data set that will be augmented by further reports and inputs. Remind me of the definition of long-term absence.
676. **Ms Mallon:** Twenty days or more.
677. **Mr Mitchel McLaughlin:** Are we expected to accept that those issues will be addressed at the wash-up at the end of year?
678. **Ms Corbett:** Not at all.
679. **Mr Mitchel McLaughlin:** That is what I am getting at. At what point after the 20 days will this get flagged up as something that somebody should take a look at before it becomes 30 days and 40 days?
680. **Ms Mallon:** Absolutely. This goes to the policies that all of the trusts have, which define absence as 20 days. That does not mean to say that they do not act until 20 days. That is the definition with regard to the stats. If, for example, you were off and it was to do with mental health or some other area where we think that we could help or intervene, you would be referred to occupational health pretty much straight away. If you were off for surgery, and we know that you will be coming back in six weeks, you will still be off for 20 days, but if you have a line that says that you are coming back, we will not refer you. Therefore, there are triggers, including looking at 20 days and other things, but that does not stop any action in an individual case; 20 days is there for recording purposes, but the action that you take as a manager will depend on the illness of the individual.
681. We do not like to push people into occupational health automatically because they have been off. People are ill, and we know that they are coming back. They may be getting treatment for cancer. There is no automatic "We are going to send you to occy health"; each case is taken on its merits. However, for recording purposes and the definition of long and short, it is 20 days. Action can be and is taken before that, depending on the individual circumstance.
682. **Mr Mitchel McLaughlin:** Given that we are trying to improve the process as we go through it — I accept that, because in the lifetime of the Assembly up to now and whatever length of time it has left, we can record an improvement and

- an increased focus that has produced some outcomes — you indicate that we will have the ability to identify and disaggregate the causes to be able to establish whatever patterns and themes, which is probably not the right word but I cannot think of the right word, to allow us to address those issues. For instance, we had a correspondence from the Chartered Society of Physiotherapy, which talked about a pilot scheme. You made a number of references during this session to access to physiotherapy. It has given us some indication — the evidence has to be tested, but it is quite impressive — of where you can make an intervention and give people a more rapid access to physiotherapy, which would at least deal with the musculoskeletal dimension. However, it said that that was a pilot scheme that has been discontinued. Which is it?
683. **Ms Mallon:** It was not a pilot scheme that was discontinued; it actually came from our trust. We have two physiotherapists — two staff — who are dedicated to occupational health.
684. **Mr Mitchel McLaughlin:** Sorry, are you talking about one trust?
685. **Ms Mallon:** Yes, I am talking about one, and there are others.
686. **Mr Mitchel McLaughlin:** What is there across all the trusts?
687. **Ms Mallon:** I do not have the numbers right across the trusts.
688. I was exemplifying two things; the first was to assure you that it has not stopped. Because there was pressure on patients being seen, we took our physiotherapists out and targeted them towards our patients for a few months, but they will come back. Not only do we think that it is a good scheme, we reckon that for every pound invested, you probably save £3-plus on sickness levels. We wish to extend the scheme, and we will write to the Department, which has been very good about supporting it — the other trusts will say the same thing to you — and if there is any way that we can ring-fence money, this is self-financing. There are no fears.
- I am happy to give the Chartered Society of Physiotherapy the positive message that we will not be stopping the scheme; we are making it available quite widely.
689. **Mr Mitchel McLaughlin:** Well, it gave us a very blunt — and this is absolutely up to the minute. We got this last week: the scheme was discontinued. Was the scheme in one trust area only? Would you be prepared to testify that it is value for money?
690. **Ms Mallon:** Ours is not discontinued.
691. **Mr Mitchel McLaughlin:** Is it going to be introduced right across the service?
692. **Ms Mallon:** That depends on the financing debate with the Department and other people.
693. **Mr Mitchel McLaughlin:** But you are only after saying that it saves you money.
694. **Ms Mallon:** It does save, and I would commend it.
695. **Mr Mitchel McLaughlin:** But why is it not in the —
696. **Ms Mallon:** It was piloted, and it has now been evaluated. It is part of the discussions. Patricia holds monthly meetings, and it will be on the agenda for the HR forum to discuss with other trusts and to commend it as evidence-based improvement. We are at one on this.
697. **Mr Mitchel McLaughlin:** What they are telling us is quite startling. Of those who work, 80% indicated that physiotherapy had prevented them from going absent at all, and of those already off sick, 80% indicated that physiotherapy had shortened their absence. Respondents indicated that the service had shortened their absence by an average of six weeks. That is incredible.
698. **Ms Mallon:** Yes, I have had those same people — ie those physiotherapists — along with our occupational health presenting to the directors in our trusts to say, “Look at how well this works”. We are absolutely at one. I know the Chartered Society of Physiotherapists.

I am happy if you want to direct them to me, and I will give them an equally positive message.

699. **Mr Mitchel McLaughlin:** We will be happy to do that.
700. **Ms Mallon:** Ok. We will share that.
701. **Mr Mitchel McLaughlin:** I have to say that, in general, I am reassured. I could examine why you took until 2012 to send out the directive, but what would be the point? We should encourage the Minister, the Department and you to continue.
702. I think that early interventions might get to the heart of the issue of how the long-term absence stats are pulling the overall stats up. As you have indicated and as is well recorded, the short-term statistics have shown a significant improvement over recent years. Let us —
703. **Ms Mallon:** It really is common sense, is it not?
704. **Mr Mitchel McLaughlin:** It seems to be, yes. I nearly followed through on that. OK. A bit of common sense would be a good idea.
705. **The Chairperson:** Time has got the better of us, unfortunately. We have a couple of other questions about benchmarking. If it is OK, we will send those to you in writing for a response.
706. **Ms Mallon:** Surely. Absolutely.
707. **The Chairperson:** OK. Thank you very much.

30 April 2014

Members present for all or part of the proceedings:

Mr Daithí McKay (Chairperson)
 Mr Dominic Bradley (Deputy Chairperson)
 Ms Michaela Boyle
 Mrs Judith Cochrane
 Mr Leslie Cree
 Mr Ian McCrea

Witnesses:

Mr Mark Bailey	<i>Department of</i>
Mr Colin Lewis	<i>Finance and</i>
	<i>Personnel</i>

708. **The Chairperson:** I welcome the officials from the Department back to the Committee. Do you want to give us a brief update on where things are?
709. **Mr Colin Lewis (Department of Finance and Personnel):** Chair, we have given you a fairly detailed briefing, which I hope you got on time. I will just give you a little bit of further information to update some of the statistics. We wrote the briefing in early April and have subsequently received the estimation of the full year performance, so we are now in possession of the March position. Although that data will be cleansed over the next couple of months, generally speaking, it does not vary a great deal.
710. I can say now that the target estimation provided to us by the Northern Ireland Statistics and Research Agency (NISRA) for the full year will reduce sickness absence to an average of 10 days in comparison with 10.6 days in 2012-13, so that does result in almost a 6% reduction on last year. NISRA will now do its various statistical analyses to break that down by gender, by Department, by grade etc and will publish its figures after the summer, I believe. However, we are generally of the view that, once we know the estimation of the March position, it does not really vary a great deal. I think that that reflects getting back into a positive trajectory. In 2012-13, there was a blip. There was a gradual fall and 2012-13 saw an increase, but we are now going back to a fall. At 10 days, that would be the lowest ever recorded for the Civil Service.
711. The only other thing that I want to say about the data — I do not want to get into detailed analysis of all of it — is that when the last round of targets were set, in 2009-2010, they did not include a number of staff categories, particularly prison grades within the DOJ. They were only assimilated into the data in 2012-13 for the first time. The targets were not changed. I think that the DOJ target was, but the Northern Ireland Civil Service (NICS) target was not changed at all. If you were to take that category out, in a like-for-like comparison the Civil Service would be down to 9.7 days. So, we are moving in the right direction again, thankfully.
712. That is just by way of additional background and context. I do not really want to go through any other specific aspects of the briefing paper, but just give you the opportunity to ask questions.
713. **The Chairperson:** What role does DFP play as a watchdog, both in ensuring that the Department sets challenging but achievable targets for reducing sickness absence and that it implements Civil Service-wide policies and procedures for managing absence? What evidence is there that DFP is exercising a central monitoring role effectively in that regard?
714. **Mr Lewis:** My Department is responsible for all the human resource policies — essentially, the HR handbook — in the Civil Service. We have no role in the implementation and policing of those policies. That resides with the departmental accounting officers and the director for the Public Prosecution Service (PPS), who is the accounting officer for that organisation. That having been said, the permanent secretaries group will look to us to advise on the

- development of any recovery strategies that we might want to adopt. Ultimately, it will be for the permanent secretaries group to advise my Minister, and he may choose to seek the agreement of the Executive.
715. Although we do not have an implementation and policing role, we are in a really strong and unique position to be able to advise as to what is happening elsewhere in relation to the management of sickness in other public sector organisations. We can advise about not only the implementation of the policies and procedures but the wider, softer aspects, such as the preventative and reactive work around supporting people back into work. You will see a lot of stuff in your briefing around welfare support, occupational health, NICS WELL and those sorts of things.
716. The paper indicates that, this year, the permanent secretaries group has been working hard on the back of last year's blip to reverse that position. It sought our advice on a recovery strategy. We have advised on that strategy, and it has been presented to our Minister for consideration. We have a significant role, although we are not accountable for implementation or policing.
717. **Mr Mark Bailey (Department of Finance and Personnel):** We provide quite a significant amount of support to Departments centrally from DFP. For example, the occupational health service and the welfare support service reside in DFP. There are a number of other employee support initiatives or things that we tender for, if there are contracts, and support and encourage across Departments. There is a raft of things such as that through which we provide background and support. Another example, which was included in your briefing, was the well-being survey. It focused on stress and ways of dealing with it. Although that is run across all Departments, we are coordinating that. We chair a cross-departmental group that pushes Departments to ensure that they have action plans in place. As Colin said, we do not have an absolute responsibility for delivering it in other Departments, but we have that whole support network and provide the policies to enable them to do it.
718. **Mr Lewis:** You may well have picked up in your briefing that there has been a major focus on compliance with our existing policies. These are our policies; we determined them. They are genuinely best practice, so there is no concern about their relevance or scope. Corporate HR (CHR) and I, and Mark and his team, have been pushing permanent secretaries to adopt more strenuous targets for compliance. You may have just received the annual people plan. It should be with you very shortly. It has been issued across the Civil Service. It contains those targets. There are quite onerous targets for the recording and certification of sickness and the completion of return-to-work interviews. They are at levels that would not have been noted before. The information is now being reported regularly at each of the departmental board meetings. So, there is an increased focus on compliance. We believe that it will have a material impact on driving forward improvement. Ultimately, it will lead to improvement in reducing and managing absence.
719. **Mr Bailey:** Nobody argues that we do not have good processes in place. There is very much a general acceptance that there are good processes and policies. Very often, however, they are not always followed the way they should be. There is a lot of evidence out there that says, "It's hard graft and hard work, but follow that process, stick to it, enforce it, push it through right down to the lowest level, right through the whole line management structure, and that is where you can see a difference". Reference was made in the briefing to HMRC. We have had some discussions and a couple of members of my team have met representatives of HMRC, because it has made good improvements in its sickness absence, not through doing anything magical, wonderful and new, but through having straightforward compliance, ensuring that people follow it and supporting the line managers to give them the ability to do the job that

- they need to do in order to manage the absence of their staff.
720. **The Chairperson:** One of the sessions that we had involved the Institute of Public Health. There are a number of stakeholders in the area of public health here in the North, but it mentioned a systematic, coordinated approach involving management and staff in planning and support. It said that that was essential for promoting health and well-being in the workplace. What evidence is there that the Civil Service, as a large employer, is taking such an approach? In what way are the stakeholders, those involved in the public health arena, inputting to the Civil Service and the Department in order to inform strategies and policies to deal with sickness in the workplace?
721. **Mr Bailey:** We have links to other bodies. For example, the Health and Safety Executive is part of the well-being survey that we talked about, so it advises on how that survey should be conducted. It will also be involved in helping to develop the action plans emerging from that. There are links with bodies such as that to give us advice.
722. I mentioned that we have been in contact with HMRC, because we are liaising with it on examples of good practice. However, there is quite a lot of information out there that you can draw on to give you advice around policies and processes. Further to my previous point, I think that, rather than considering a whole raft of changes, it is about doing well and properly what we have decided to do. We are absolutely convinced that that will make a major difference. That is why, as Colin said, those compliance measures are in the new people plan. Permanent secretaries will have to report on them, and there will be a real push to ensure that nobody can shy away from this; they have to follow the process.
723. **Mr Lewis:** Mark is absolutely right. The recovery strategy, as we have branded it, is primarily focused on ensuring better compliance. That is it. However, that is not to say that there are not proposals in there that will look at the terms and conditions that apply to our employees. There is a balance there with those preventative measures as well. It is not down to one thing. It is very difficult to look at the cause and effect and say that there is one answer. A suite of measures will have an impact here.
724. While we take some assurance from Departments that they are applying their systems and controls satisfactorily, we are looking for higher levels of assurance on these matters. We are looking for robust levels of assurance, because, essentially, policies are there to be implemented; they are not there to be partially implemented. That is a big focus of our attention. That is not to say that we are ignoring issues with regard to health and well-being — far from it. It is only one part of a suite of measures that we have going forward.
725. **Mr Bailey:** Professor Addley was here, not too long ago, talking about the WELL programme and the support that is provided through that. That is a much wider, proactive approach, which does not wait for something to happen. There is a whole suite of measures such as that. He talked about the resilience roadshows. We have a very active welfare service, which made 4,000 visits in the past year in order to support staff. We also have Carecall, which is a service that people can contact confidentially if there are any issues that they want to talk through. We provide quite a lot of support measures such as that, and it is very hard to define to what extent each one of them helps. You cannot quantify it in that way. It is about providing a whole suite of things that, in the round, help you to deal with issues before they happen.
726. In the briefing, we also mention the pregnancy support programme that DSD runs. Again, that is an area that the Audit Office identified around female absence as opposed to male absence. Although pregnancy is only one part of the issue, DSD has introduced a programme through which it provides additional measures to support pregnant staff, not only before the birth but after the birth. That, again, is something to

- encourage staff and to put in place processes whereby they are able to come back to work more appropriately after the birth. There is a range of positive things being implemented. However again, on Colin's point, we cannot sit on our laurels, because that pregnancy programme is only in DSD. We need to look at examples of good practice in Departments and consider how that might be applied widely across all Departments.
727. **The Chairperson:** What further detail can you give us on the recovery strategy? Can the Committee get a copy of that?
728. **Mr Bailey:** Colin referred to a number of elements. Compliance was one of the main elements. It is worth saying that this has not been fully concluded yet. We are considering a number of elements, and we need to think about which ones we need to focus on. Compliance is one of them. Another one is adopting best practice, which we mentioned, and making sure that we pick up on things that other Departments are doing well.
729. A third element that we have not touched on yet is about employee engagement. There is a lot of evidence around engaged employees being more likely to be in work and assisting you with your attendance or absence issues. That is a large piece of the people strategy, which you will be aware of, having seen it. So, a lot of emphasis is being put on trying to increase the engagement of staff. Within that, there are number of areas that we are focusing on that the Audit Office came up with, such as looking at female absence and why that might be greater, looking at those over 55 and why that absence might be greater and trying to tackle and come up with strategies in that area.
730. Finally, there are a couple of extra things around employer-funded interventions. Physiotherapy is an option that you can consider supporting — it is a bit like the pregnancy support service — where you can provide physiotherapy to staff to aid them to come back to work earlier. There could potentially be another couple of areas to look at. Those are all carrot-type things, to use the carrot-and-stick analogy.
731. There are other things around terms and conditions. We might want to consider occupational sick pay and the trigger mechanisms. By that, I mean that there are mechanisms that trigger actions in the Civil Service. At the minute, if someone has four absences in a 12-month rolling period, that triggers an action, or 10 working days off triggers an action. We can review those trigger mechanisms and see if they are appropriate. So, a suite of things are being considered.
732. **Mr Lewis:** Chair, I am happy to write to you to give you a flavour of things. Ultimately, the strategy goes to my Minister, who will inevitably — because the management of sickness absence is a Programme for Government target — put a paper to the Executive, but I am happy to write to you to give you a flavour of the issues that will be in that, if you are happy with that.
733. **Mr Cree:** We have a lot of information and statistics. I am particularly taken with the mental health stress-related illness. That is roughly one third. There is reference to various actions taken to identify and, hopefully, help. There is the mental health first aid kit and so forth, but is any work being done to look at the work itself to see what is causing stress, anxiety, depression and so forth?
734. **Mr Bailey:** I will answer that initially, Colin. Most of the stress is non-work-related. There is work-related stress and non-work-related stress.
735. **Mr Cree:** How do you know that?
736. **Mr Bailey:** You are very much relying on the individual or on a medical assessment of that. None of us can make a judgement outside of that. We have processes in place where, if it is work-related stress and that is identified, there is immediate referral for dealing with that issue. It goes immediately to your departmental HR and, if required, Occupational Health Service if there is a work-related issue, so that that

- is tackled straight away because you cannot allow that to continue. A large amount of the stress is to do with family, domestic arrangements or financial arrangements, and the other measures that we have already talked about, such as counselling services and Carecall, will help to support those sorts of things. However, within the service, if it is related to work, there is an immediate action plan put in place to deal with it.
737. **Mr Cree:** Is there any information on the outcome of that type of work?
738. **Mr Lewis:** As I understand it, not as yet. We know that about one tenth of all sickness relates to work-related stress, on the basis that 30% relates to stress in total and it is one third of that. We have been talking to NISRA about what we need to do to drill down even further into that information dealing with the very point that you raised. What is causing work-related stress? Is it issues around harassment? Is it bullying? It could be a whole range of things for all we know, and some are more relevant than others, but until we have that fine detail, we will not be in a position to say what interventions we can bring forward to deal with this in a particular way. We are well equipped now to identify stress early and refer it on to occupational health or whatever to deal with it, but I suppose, ultimately, you want to get a little more understanding of the real underlying cause and whether there are any trends in all of that. So, you are right to pose that question, Mr Cree, and that is something that we need to take forward with NISRA. I am not sure when we will be able to do this, but it is very relevant.
739. **Mr Cree:** So, we have not got the information yet sufficient to change any of the procedures for work.
740. **Mr Lewis:** We have not got the information to be able to identify precisely the number of people who are able to identify a particular cause for work-related stress. Until you have that information, I suppose that you are not really in a position to say what the most appropriate intervention is. Absolutely, it is a good question to ask, and we need to look at that in the fullness of time.
741. **Mr Bailey:** Although that information is not available corporately, it is available at a local level. I think that a lot of those work-related stress things tend to be local. They are about your work environment, where you are, the branch that you are in, the Department that you are in and whatever. Those are tackled because they are picked up immediately, but it is a point well made on looking at the trends that are happening.
742. **Mr Lewis:** The working environment is also important.
743. **Mr Cree:** That is part of it.
744. **Mr Lewis:** Absolutely. You would be amazed about some people.
745. **The Chairperson:** Gentlemen, we are stuck for time. I have a number of other questions. Are you OK if we send those in writing?
746. **Mr Lewis:** Absolutely. Not a problem at all.
747. **The Chairperson:** OK. Thank you.



Northern Ireland
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Appendix 3

Memoranda and Correspondence from DFP

Corporate Services Division - Target Status Report 2014/15 – Quarter 1

(includes Departmental targets driven & monitored by CSD)

Results

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
R1.01 Directorate	Report six monthly to the Permanent Secretary on the rollout of the Quality Programme (QP) self assessments and implementation of DFP Business Area improvement plans.	Q1: The following will be reported to the Permanent Secretary and Departmental Board at the July 2014 Board meeting: The remaining Cycle 2 Quality Programme self-assessments are scheduled and on track for achievement. The majority of agreed improvements are being implemented in line with target dates, however some improvement is needed in relation to internal communication (by business areas) on progress/success and recording this on respective Improvement Plans. To facilitate a remedy the Corporate Improvement Centre propose to upload suggested communication templates, which will be available to business areas on the DFP Intranet from July onwards.	Green	Anne Breen
R1.02 Directorate	Report to Departmental Board and publish 2014 results against the 4 core questions from DFP customer satisfaction surveys by 31 March 2015.	Q1: On track for achievement.	Green	Anne Breen
R1.03 Directorate	Deliver CIC consultancy work programme including organisational design, job evaluations and other improvement interventions in line with agreed deadlines.	Q1: On track for achievement.	Green	Anne Breen
R2.01 Directorate	Support DFP Business Areas to achieve the Department's overall sickness absence target of an average 7.6 days lost per staff year.	Q1: Predicted end year total based on absence rates for the first quarter is 7.3 days.	Green	Anne Breen
R2.03 Directorate	Provide quarterly reports to Departmental Board on the size and composition of the DFP workforce.	Q1: On track - information provided to DB and corporate application. New format of reports was agreed by DB.	Green	Anne Breen
R2.04 Directorate	Provide monthly reports to Departmental Board on compliance with completion of PDPs and In-year performance review targets.	Q1: On track - information provided to DB and corporate application. New format of reports was agreed by DB.	Green	Anne Breen

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
R2.05 Directorate	Develop and publish DFP Corporate Training Plan for Training Year 2014-15 by 30 November 2014.	Q1: On track for achievement.	Green	Anne Breen
R2.06 Directorate	Implement agreed actions in the NICS People Strategy, as appropriate, within DFP in line with agreed deadlines.	Q1: no specific actions for quarter 1.	Green	Anne Breen
R3.01 Directorate	Achieve level 3 compliance with the "HMG Information Assurance Maturity Model and Assessment Framework" by 31 March 2015.	Q1: self assessments have been initiated.	Green	Anne Breen
R3.02 Directorate	IT systems delivered within timescales agreed with customer.	Q1: on track for achievement.	Green	Anne Breen
R3.03 Directorate	Requests for information under DP/ FOI/EIR legislation answered within statutory deadlines.	Q1: Handling of FOI requests is currently being reviewed to improve compliance (at a Departmental level).	Amber	Anne Breen
R3.04 Directorate	Implement DFP Retention and Disposal schedule across all business areas. Monitor the disposal actions and provide a report to the SIRO by 31 March 2015.	Q1: on track for achievement.	Green	Anne Breen
R3.05 Directorate	Provide support to the Minister and Permanent Secretary and ensure that Executive / Assembly papers, correspondence and consultations are processed in line with Departmental policies and timescales.	Q1: on track for achievement.	Green	Anne Breen
R3.06 Directorate	Provide advice, guidance and support to Minister, DB and DFP policy makers on all aspects of Equality and produce DFP annual report to Equality Commission by 30 September 2014.	Q1: on track for achievement - no issues to report.	Green	Anne Breen
R3.07 Directorate	Manage internal and external communications to ensure that DFP's message is conveyed accurately and efficiently and report key issues to Stocktake and Departmental Board weekly/monthly.	Q1: The Comms Team has engaged with the media providing press releases and media interviews on DFP key messages including the reform agenda, property prices, budget, procurement and rate issues. Updates have been provided at each Stocktake and Board meeting.	Green	Anne Breen
R3.08 Directorate	Web Editorial Board. To provide overall strategic direction on the management and structure of the internet and intranet including interacting and interfacing with NI Direct and nibusinessinfo. Host and chair biannual board meetings.	Q1: The web editorial board met on 7 May 2014 and the next meeting is in members' diaries for November .	Green	Anne Breen

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
R3.09 Directorate	To undertake an annual IT Health check of the DFP website and provide assurances to the Departmental Security Officer by 28th February 2015.	Q1: IT Healthcheck has been completed and risks identified which have now been fixed. Re-run of health check is underway to ensure effectiveness.	Green	Anne Breen
R3.10 Directorate	Assist the Department in undertaking measures necessary to comply with the Health & Safety Regulations and ensure that risk assessments are carried out in all business areas by 30 September 2014.	Q1: on track for achievement. With LPS transfer of circa 870 staff into the new building at Lanyon Plaza, an ongoing programme to carry out the additional assessments will be put in place.	Green	Anne Breen
R3.11 Directorate	Coordinate DFP accommodation needs in accordance with the Workplace NI Principles and Programme in line with agreed timescales.	Q1: on track for achievement.	Green	Anne Breen
R3.12 Directorate	Implement actions from NICS Corporate Action Plan on Managing Attendance in line with agreed deadlines.	Q1: The predicted end year total, based on absence rates for the first 2 months is 7.2 days (estimated). As part of the Partnership Approach to managing absence, the HRBP teams continue to strictly monitor compliance and support line managers in undertaking their roles, an evaluation to review the process is due to be completed by 30/9/14. E-Learning Sickness Absence Training for 'All Staff' and for 'Managers with Staff' was rolled out across the Dept in Feb14 and to date, 85% have completed the training.	Green	Anne Breen
R4.01 Directorate	Avoid CSD overspend and ensure less than 1.5% under-spend compared to Final Plan.	Q1: on track for achievement - DHR, ISB, CIC.	Green	Anne Breen
R4.02 Directorate	Explore and identify efficiencies within CSD and discuss implementation at quarterly CSD Management meetings.	Q1: on track for achievement.	Green	Anne Breen

Customer

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
C1.01 Departmental	Publish results of core questions from customer satisfaction surveys 2014 by 31 March 2015.	Q1: on track for achievement.	Green	Anne Breen
C1.01 Directorate	G7s to conduct, analyse and report on customer feedback at quarterly CSG Management Meetings (including the DFP 4 core customer satisfaction questions.	Q1: On track for achievement.	Green	Anne Breen
C1.02 Directorate	G7s to add any agreed improvements falling from customer feedback to their respective QP Improvement Plan and communicate to their teams at the next monthly Team Brief.	Q1: Improvements from customer feedback needs to be added to the Improvement Plans for: DHR, ISB, MPOAS and Comms Office - discuss at CSD Management meeting on 2 July 2014.	Amber	Anne Breen

Internal Processes

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
IP1.05 Departmental	Achieve Level 3 compliance with the "HMG Information Assurance (IA) Maturity Model and Assessment Framework" by 31 March 2015.	Q1: Self Assessments have been initiated.	Green	Anne Breen
IP1.01 Directorate	Monitor CSD compliance against all mandatory/corporate security and information assurance policies and provide Stewardship Statement to Finance Branch 6 monthly.	Q1: on track for achievement - DHR, ISB, CIC	Green	Anne Breen
IP1.02 Directorate	All CSD requests for information under FOI, Environmental Information Regulations and Data Protection to be answered within statutory deadlines.	Q1: Handling of FOI requests is currently being reviewed to improve compliance (at a Departmental level) – CSD will align with any revisions.	Amber	Anne Breen
IP1.03 Directorate	Complete all CSD Health & Safety risk assessments by 31 March 2015.	Q1: on track for achievement	Green	Anne Breen
IP2.01 Directorate	At quarterly Management meetings, monitor progress and risks against all CSD objectives/measures in the Balanced Scorecard and update staff.	Q1: On track for achievement, although information will not be available for 2 July meeting.	Green	Anne Breen

Organisation & People

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
OP1.01 Departmental	Publish the DFP Corporate Training Plan by 30 November 2014.	Q1 On track for achievement.	Green	Anne Breen
OP1.02 Departmental	Implement agreed actions in the NICS Strategic Resourcing Plan and NICS People Strategy, as appropriate, within DFP by 31 March 2015.	Q1: No specific actions to date but on track for achievement.	Green	Anne Breen
OP1.03 Departmental	90% of staff to have completed on time Personal Performance Agreements and Personal Development Plans and have them assessed as 'Agreed' on HRConnect.	Q1: At 1 July 2014 only 59% of staff have adhered to this target. HRBP continue to inform Directors/Chief Execs of current status. - profile raised to Departmental Board level.	Red	Anne Breen
OP1.04 Departmental	90% of In-year performance reviews for 2014/15 to be completed on time and recorded on HRConnect.	Q1: due for completion by Q3.	Green	Anne Breen
OP1.05 Departmental	Support DFP Business Areas to achieve the Department's overall sickness absence target of an average 7.6 days lost per staff year by 31 March 2015.	The predicted end year total, based on absence rates for the first 2 months is 7.2 days (estimated). As part of the Partnership Approach to managing absence, the HR Business Partner teams continue to strictly monitor compliance and support line managers in undertaking their roles, an evaluation to review the process is due to be completed by 30/9/14. E-Learning Sickness Absence Training for 'All Staff' and for 'Managers with Staff' was rolled out across the Dept in Feb14 and to date, 85% have completed the training.	Green	Anne Breen

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
OP2.01 Departmental	Complete scheduled Quality Programme self-assessments by 31 March 2015 and implement agreed improvements in line with agreed timetables (Phase 2).	Q1 - The remaining Cycle 2 Quality Programme self-assessments are scheduled and on track for achievement. The majority of agreed improvements are being implemented in line with target dates, however some improvement is needed in relation to internal communication (by business areas) on progress/success and recording this on respective Improvement Plans. To facilitate a remedy the Corporate Improvement Centre propose to upload suggested communication templates, which will be available to business areas on the DFP Intranet from July onwards.	Amber-Green	Anne Breen
OP2.02 Departmental	Continue to engage with staff and address issues raised through the staff consultation exercise and monitor progress against actions quarterly, using the Quality Programme process.	Q1: The expectation is that each Directorate/ Agency has analysed their respective results from the 2013 staff attitude survey, identified appropriate actions and added these to their current Improvement Plans. Alongside this a "People" sub-group has been formed at Board level to drive corporate improvements falling from staff feedback. The Corporate Improvement Centre facilitates quarterly monitoring of all improvement activity - unfortunately, Q1 monitoring tells us that only 24% of business areas are complying with this Departmental target and quick action is required to remedy this.	Amber	Anne Breen
OP1.01 Directorate	All PPAs and PDPs for 2014/15 to be completed and reviewed by 30 June 2014.	Q1 79% of CSD PDPs PPAs on system.	Amber-Green	Anne Breen
OP1.02 Directorate	All in-year performance management reviews completed by 31 Oct 2014.	Q1 no action required. On track for achievement.	Green	Anne Breen
OP1.03 Directorate	Manage CSD's contribution to the DFP absence target and discuss at quarterly Management Meetings.	Q1 achieved	Green	Anne Breen
OP1.04 Directorate	G7s to complete audits on all training and development activity and discuss at quarterly Management Meetings.	Q1: On track for achievement, although information will not be available for 2 July meeting.	Green	Anne Breen

Target Number	HR and Corporate Services - Division Targets	Comments	Status	Owner
OP2.01 Directorate	Address CSD key issues raised through the 2013 Staff Attitude Survey and Quality Programme and monitor progress against actions quarterly, using the improvement monitoring tool.	Q1: The expectation is that each CSD Division has analysed their respective results from the 2013 staff attitude survey, identified appropriate actions and added these to their current Improvement Plans. The Corporate Improvement Centre facilitates quarterly monitoring of improvement activity falling from the Quality Programme and staff/customer surveys - unfortunately, Q1 monitoring tells us that only one of the CSD business areas is complying with this Departmental target and quick action is required to remedy this.	Amber	Anne Breen

DFP Progress report on Sickness Absence September 2012

Sickness Absence in the Northern Ireland Civil Service Progress Report for the Finance and Personnel Committee

September 2012

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1. Introduction

- 1.1 The purpose of this paper is to update the Finance and Personnel Committee on the performance of the Northern Ireland Civil Service (NICS) in managing sickness absence.

2. Background

- 2.1 Following the publication of a report by the Public Accounts Committee in 2008 on sickness absence in the NICS arrangements were put in place to update the Finance and Personnel Committee on the issue on a regular basis. Department of Finance and Personnel (DFP) officials have appeared before the Committee on several occasions and at the Committee meeting on 14th December 2011 the subject was discussed in some detail.
- 2.2 The effective management of sickness absence remains a key priority for NI Departments. Much of the work undertaken by Departments remains aligned to the NICS Action Plan, which evolved from the various recommendations and actions included in the Northern Ireland Audit Office Report on Sickness Absence (May 2008) and the subsequent Public Accounts Committee Report (September 2008). The previous Progress Report, submitted to the Committee in December 2011, included a detailed update on progress against the various key themes in the NICS Action Plan. While these key themes remain, and form the basis of the NICS Action Plan, many have now been fully embedded in departmental activities and practice and consequently are more effectively monitored within their respective governance structures. The focus of this report is therefore on the performance of the NICS against the five year targets set in 2010 and providing an update on progress in section 6 on the initiatives highlighted in December's report.
- 2.3 As previous targets set for short term sickness absence had been met the primary focus is now on the frequency and duration of long term sickness absence. The most recent analysis provided by NISRA shows that a relatively small proportion of staff on long term sickness absence account for over 70% of all days lost. In view of the priority that needs to be attached to long term sickness absence, NISRA's analysis also provides information on how both the frequency and duration of long term absences need to reduce, by department, to achieve the overall NICS target of 8.5 days.
- 2.4 For the first time the NICS sickness absence figures include the Department of Justice (DOJ) and its agencies and the Public Prosecution Service for Northern Ireland (PPS). They also include absence information on industrial staff collected on the same basis as for non-industrial staff.
- 2.5 DFP is responsible for monitoring departmental performance in this area and has just completed an NICS wide monitoring exercise. The outcome of the monitoring exercise has helped to inform the development of this progress report.

3. Targets

- 3.1 The NICS has sickness absence targets in place covering the period April 2010 to March 2015. The targets, which were agreed by the Minister of Finance and Personnel, are set out at Annex 1. The DOJ targets and the total baseline figure have recently been amended to reflect the inclusion of prison grade staff. This change hasn't affected the overall NICS targets.
- 3.2 A number of Departments have developed directorate or business area targets, against which performance will be monitored at Departmental Board level. These lower level, disaggregated targets will not be reported more widely by DFP.

4. Sickness Absence – 2010/11 Overview

4.1 Key Findings

NISRA published its detailed analysis of sickness absence in the NICS during 2010/11 on 2 December 2011, a copy of which was made available to the Finance and Personnel Committee. The key findings were as follows:

- In 2010/2011 the headline absence figure was 10.4 days (average days lost per staff year), down from 11.0 days in the previous year. The NICS absence target of 10.5 days was therefore met.
- The headline absence level represents 4.7% of available working days lost and equates to approximately £25.5 million of lost production.
- The proportion of staff with no recorded spells of absence increased from 50.1% in 2009/2010 to 51.5%.
- Analysis by Department revealed that the level of absence ranged from 5.4 days in OFMDFM to 13.4 days in DSD. A large part of this variation was attributable to differences between Departments in terms of their grade, gender and age profiles.
- As in previous years, the level of absence was highest at the Administrative Officer (AO) grade level (13.2 days).
- The absence level of females reduced from 14.2 days in 2009/2010 to 12.9 days in 2010/2011 but was still markedly higher than that of males (8.1 days). It remained higher (11.7 days) even when *Pregnancy Related Disorders* were taken into account.
- The main reason for absence was *Anxiety/Stress/Depression/Other Psychiatric Illnesses*. The proportion of working days lost due to illnesses of this type was 30.4%, a similar proportion to the previous year (30.5%).
- The level of absence in the NICS was due, in large part, to a relatively small group of staff (10.3%) being absent from work on a long-term basis for an average of 61.7 working days. This group of staff accounted for 71.0% of the total days lost.
- The level of absence was highest for staff aged 55+ (11.2 days). At 9.9 days, staff aged 16-24 had the lowest level of absence.
- Staff within their first year of employment lost significantly fewer days to sickness absence (5.4 days) than staff who had been employed for one year or more (10.5 days).

4.2 Costs

NISRA also reported that the level of sickness absence equates, in paybill terms, to £25.5 million, an increase on the previous year's figure of £22.9 million. The increase in the estimated value of lost production in 2010/2011 was due, in large part, to the inclusion of industrial staff and staff in the Department of Justice and the Public Prosecution Service; however comparing like for like i.e. had these groups been excluded – the estimated lost production in that year would be £21.9 million. It is important to note that the value of lost production in respect of sickness absence is not necessarily a potentially cash releasing saving. Nevertheless it serves as a useful measure for assessing the impact of sickness absence.

5. Sickness Absence – 2011/12 Position

The detailed analysis of sickness absence in the NICS during 2011/12 will not be available until November 2012. However NISRA has estimated that the target for 2011/12 i.e. 9.5 days will be achieved. A copy of the year to date sickness absence analysis figures at April 2012 is attached at Annex 2. It is important to note that the official position on sickness absence in the NICS during 2011/12 will be available only on publication of NISRA's annual report.

6. Workplace Health Strategies

Prevention of illness and promotion of healthy lifestyles are integral to the overall approach adopted by the NICS in managing attendance. The Committee were informed previously of a number of new strategies and approaches that had been developed or were being trialled. An update is provided below.

6.1 Mental Health/Stress-related illness

The 2010/11 report produced by NISRA illustrated once again the ongoing high levels of absence attributable to Anxiety, Stress, Depression and other Psychiatric Illnesses. The proportion of working days lost due to illnesses of this type was 30.4%, a similar proportion to the previous year (30.5%). This has been a general trend across the public and private sectors in recent years and many observers suggest that the trend will continue as issues such as job insecurity, financial pressures and general life difficulties become increasingly apparent.

6.2 The NICS has developed a substantial database of information drawn from the 2005 NICS Workplace Health Survey and the 2009 NICS Stress Survey, both of which applied the Health and Safety Executive's Stress Management Standards. Departments also have at their disposal a sickness absence recording tool which provides for more detailed reporting on stress-related illness, including work-related stress. The availability of this information has helped Departments formulate an organisational response, which is specific to their particular needs.

6.3 There are many surveys and action plans in place on a wide range of organisational issues such as managing attendance, staff attitudes, customer satisfaction, employee engagement and other initiatives such as Investors in People. Therefore a number of Departments have chosen to integrate their actions in response to the stress survey into existing activities and programmes. **A recent monitoring exercise carried out by DFP confirmed that all Departments are taking this matter very seriously and have adopted a wide range of approaches which focus on addressing the issue such as facilitating stress** awareness road shows, workshops & seminars and raising this important issue with staff through departmental and Occupational Health Service (OHS) communiqués and intranet communications. Many of the obvious responses to concerns highlighted in the stress survey lend themselves well to activities that are already well-embedded in existing processes such as performance management arrangements, team briefing, promoting access to the Welfare Support Service and the Employee Assistance Programme.

6.4 Arrangements are also in place to quickly identify stress-related absences where early intervention is key. To support this process a new sickness absence recording tool (SART) has also been introduced which provides for more detailed reporting on stress-related illness, including work-related stress. In many cases, immediate referral to the Occupational Health Service is a routine intervention, while welfare and other support mechanisms are also organised. Information relating to the usage of Welfare and the Employee Assistance Programme, currently delivered by Carecall, is set out at Annex 3.

6.5 NICS Well

The NICS Health and Wellbeing Charter and the new NICS health and wellbeing programme were launched in April 2012 by the Minister of Finance and Personnel and the Head of the Civil Service. The Charter acknowledged:-

- that senior management recognise that good health and wellbeing helps employees to flourish and achieve their full potential in the workplace;
- that the NICS should be a supportive and productive place to work;

- that as an organisation the NICS are committed to sustaining and improving the health and wellbeing of all of its employees, for their own individual benefit and also for the benefit of the public that they serve.

6.6 The NICS WELL internet site, which will provide staff with access not only from work but also from home to a range of health and wellbeing information, was launched by the Head of the Civil Service on 20 September 2012. The Well site will also provide an opportunity for staff to develop a health and wellbeing community within the workforce.

6.7 A series of road shows, delivered by the NICS Well Team across the NICS, will commence in September 2012. The road shows will introduce the WELL programme and a “Get Well” Challenge. The “Get Well” Challenge is a four week individual health and wellbeing change challenge with a success recognition event at the end of the four week period.

6.8 An evaluation strategy that will assess the effectiveness of the NICS WELL approach and also the benefits of specific initiatives or programmes delivered has been developed. Governance arrangements are also in place which includes an NICS WELL Board chaired by the Director of Corporate HR.

6.9 **Welfare Officer Rehabilitation Project**

Welfare Support Service (WSS) and the Occupational Health Service (OHS) have worked together to develop a rehabilitation role for Welfare Officers. Rehabilitation involves early intervention utilising appropriate, adequate and timely measures, aiming to ensure staff are appropriately supported to enable a return to a full range of duties as soon as possible and consistent with their health condition. The new role, which includes a structured assessment tool for use by Welfare Officers, was piloted for a four month period. The results were encouraging indicating that there was potential for the programme to have a positive impact on supporting staff and facilitating an appropriate early return to work. The rehabilitation role was endorsed by the Human Resources Directors Group (HRDG) in June 2012 and is now an integral part of the duties of a Welfare Officer.

6.10 **Building Resilience Road shows**

OHS commissioned the delivery of road shows with the aim to encourage staff to look after their health and take positive action to help them become more resilient. In 2011/12, year one of a three year programme, 15 road shows were delivered at 13 locations across the province - a total of 1804 staff attended. Satisfaction ratings were high with many reporting increased knowledge of building resilience issues and support services available. Blood pressure and cholesterol were rated as the most valuable components with fitness and nutrition the two areas where the majority of attendees reported they would make positive behaviour changes.

6.11 **Pregnancy Support Programme**

As part of the Health and Wellbeing Strategy, Department of Social Development (DSD), in conjunction with the OHS, has introduced a new programme to support new and expectant mothers. The aim of the Pregnancy Support Programme is to offer new and expectant mothers practical advice in relation to maternity benefits and health advice specific to the ante natal and post natal periods. The programme is open to all pregnant employees, who will be invited by Human Resource (HR) to participate on receipt of notification of pregnancy. The programme has three phases:

- A meeting with HR staff to discuss benefits and options available around return to work.
- An ante-natal meeting with an Occupational Health Nurse Specialist (OHNS) to discuss ante natal health including advice on preparing for a new baby.
- A post-natal meeting with an OHNS to discuss post-natal wellbeing, including return to work issues.

6.12 While participation is voluntary pregnant staff are encouraged to participate in the programme. DSD have recently embarked on a more active branding campaign to promote the programme and encourage more staff participation.

6.13 **Work-bridge**

The Department of the Environment (DOE), working with CareCall, the current Employee Assistance Programme provider, has been trialling a programme to assist staff who are absent from work due to a long term illness. "Work-Bridge" offers a blend of coaching and practical actions which involve not only the member of staff and a Work-Bridge coach but line managers, HR and OHS. The programme is currently subject to evaluation within the Department and a decision on its future use is expected shortly.

6.14 **Condition Management Programme**

The Condition Management Programme is an important part of the 'Pathways to Work' initiative which aims to help people on Incapacity Benefit or Employment and Support Allowance return to work. The Department of Education and Learning (DEL) has been piloting the programme within the Department with some success. DEL has therefore decided to extend the pilot until 2013.

6.15 DEL has also carried out research into the factors which influence sickness absence with a particular focus on staff in frontline offices where absence rates tend to be highest. The research, which examined the absence statistics and examples of best practice in public and private sector organisations, also reviewed the Department's absence management procedures. The analysis of the emerging themes and trends has resulted in action plan which has been endorsed by the Permanent Secretary and Senior Management Team.

6.16 **Training and Support**

One aspect of the Corporate Training Priorities is the training of staff, particularly managers, to ensure that they have the necessary management skills to carry out their roles. The training priorities identify that the need for managers to have these skills is essential to assist in reducing absenteeism.

6.17 The NICS managing attendance training provisions have been reviewed and a revised package of training measures has been agreed. An extended 2 day sickness absence classroom based training programme which includes "softer skills" is now available for managers. This training is mandatory for all new line managers or those staff who have not had staff responsibility for some time and require refresher training.

6.18 A team has been set up to develop an on-line training package to complement the classroom based programme. It is anticipated that the package will be used for refresher training for all staff and managers and as part of generic induction training for new staff in future years. This approach will ensure that the NICS meets its responsibilities in relation to training and ensure consistency across Departments.

6.19 **Public/Private Comparisons**

In November 2010 the Chief Local Government Auditor¹ reported that in 2009/10 the average absenteeism rate for NI Councils was 12.39 days, higher than the NICS figure for the same period (11 days). We have been advised that the Chief Local Government Auditor will not be producing similar reports for either 2010/2011 or 2011/2012 and therefore we are unable to draw more up-to-date comparisons. The NI Housing Executive has reported sickness absence levels in 2011/12 of 11.0 days, down from 12.10 days in 2010/11.

1 Absenteeism in Northern Ireland Councils 2009-10

6.20 The CBI figures for 2010² show Average Working Days Lost for UK employers at 6.5 days per employee. This is a marginal rise from 6.4 days in 2009. The Chartered Institute of Personnel and Development (CIPD) Annual Survey 2011³ report on sickness absence in 2010 puts the average level of employee absence at 7.7 days, the same as 2009. While average absence levels remain higher in the public sector than the private sector 2010 saw the gap narrow. The CBI found an average of 5.9 days of absence in the private sector compared with 8.1 days in the public sector. The CBI have confirmed that their next survey on absence and workplace health will not take place until 2013.

6.21 Figures from the Cabinet Office for year ending 31 March 2011 show a reduction in the level of sickness absence to 8.4⁴ average working days lost from 8.7 in the previous year. Some caution is needed when comparing data produced by organisations such as CBI, CIPD, etc. Their methods for gathering data differ from the NICS, which makes it difficult to draw statistically valid comparisons.

6.22 **Compliance**

Departments have indicated that they now have audit arrangements in place or have already undertaken audits of their application of the managing attendance procedures.

6.23 **Evaluation**

The NIAO and PAC in their reports in 2008 made recommendations on the evaluation of HRConnect services. A programme of HRConnect audits was developed for 2011/2012 and was delivered by DFP's Internal Audit in early June 2012, with largely positive results. The review team were content that the HRConnect services had been successfully implemented and the contractual requirements met. They were also content that appropriate arrangements are in place for managing the service. Overall, a 'Green/Amber' rating was given along with a number of recommendations relating to the wider transformation of HR services across the NICS. Those recommendations are currently being considered.

7. Summary

As advised previously we are hopeful that the NICS targets for 2011/12 will be met. We are also confident that Departments are focused on their sickness absence targets and the hard work that is required to ensure they are achieved. However as progress is made, further improvements become harder to secure, so it is vital that there is continuous reassessment of our strategy and policies. There is likely to be a law of diminishing returns in respect of the application of existing policies. To that end the sub-group of Permanent Secretaries (PSG), which focuses on NICS-wide HR issues, will consider as a priority options to further drive down the NICS sick absence levels. It is worth noting that the most recent NISRA annual report on sickness absence in the NICS found that the levels of sickness absence were highest amongst the over 55 age group. With recruitment currently running at low levels, low levels of staff turnover because of the wider labour market position, the removal of any policy on age retirement in order to comply with age discrimination legislation and the probability that changes to public sector pension schemes will require staff to work much longer before they can draw an occupational pension, the NICS workforce is likely to become an ageing one. This is likely to have an adverse impact on sickness absence levels in the future.

2 CBI Absence and workplace health survey 2011

3 CIPD Annual Survey Report - Absence Management 2011

4 Reported Sickness Absence in the Civil Service - for year ending 31 March 2011 – Cabinet Office.

Annex 1

NICS Targets – April 2012 - March 2015

Reduction to 8.5 days over 5 years

Overall Days Lost per whole time equivalent (wte) Staff Member

	2009/ 2010	2009/ 2010 (Base Year) ¹	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
DARD	8.6	9.3	8.9	8.5	8.2	7.8	7.5
DCAL	6.9	6.5	6.5	6.5	6.5	6.5	6.5
DE	10.5	10.5	9.9	9.4	8.8	8.3	7.8
DEL	10.7	10.7	10.1	9.5	8.9	8.4	7.9
DETI	8.3	8.3	8.1	7.9	7.8	7.6	7.5
DFP	10.3	10.3	9.7	9.1	8.6	8.1	7.6
DHSSPS	9.4	9.4	9.0	8.6	8.2	7.8	7.5
DOE	9.9	10.1	9.5	9.0	8.5	8.0	7.5
DOJ	-	12.3	11.6	11.0	10.3	9.7	9.2
DRD	6.7	8.2	8.0	7.9	7.8	7.6	7.5
DSD	14.4	14.4	13.6	12.8	12.1	11.4	10.7
OFMDFM	7.6	8.4	8.2	8.0	7.8	7.7	7.5
PPS	-	9.0	8.7	8.4	8.1	7.8	7.5
NI Depts	11.0	11.2	10.5	10.0	9.5	9.0	8.5

Long-term Frequency Rate

	2009/ 2010 (Base Year) ¹	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
DARD	9.3	9.0	8.8	8.5	8.2	8.0
DCAL	7.0	6.8	6.6	6.4	6.2	6.0
DE	10.7	10.4	10.0	9.7	9.4	9.2
DEL	10.3	10.0	9.7	9.4	9.1	8.9
DETI	8.8	8.6	8.3	8.1	7.8	7.6
DFP	10.0	9.7	9.4	9.1	8.8	8.6
DHSSPS	9.4	9.1	8.9	8.6	8.3	8.1
DOE	9.3	9.0	8.7	8.5	8.2	8.0
DOJ	14.4	13.9	13.5	13.1	12.7	12.3
DRD	8.4	8.2	7.9	7.7	7.4	7.2

		2009/ 2010 (Base Year)¹	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
DSD		14.3	13.9	13.5	13.1	12.7	12.3
OFMDFM		7.7	7.4	7.2	7.0	6.8	6.6
PPS		8.9	8.6	8.3	8.1	7.8	7.6
NI Depts		11.4	10.7	10.4	10.1	9.8	9.5

Average Long-term Duration (days)

		2009/ 2010 (Base Year)¹	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
DARD		68.5	65.1	61.8	58.7	55.8	53.0
DCAL		47.5	45.1	42.8	40.7	38.7	36.7
DE		64.7	61.5	58.4	55.5	52.7	50.1
DEL		62.7	59.6	56.6	53.8	51.1	48.5
DETI		57.2	54.3	51.6	49.0	46.6	44.2
DFP		61.9	58.8	55.8	53.0	50.4	47.9
DHSSPS		62.9	59.8	56.8	54.0	51.3	48.7
DOE		73.0	69.4	65.9	62.6	59.5	56.5
DOJ		57.2	54.3	51.6	49.0	46.6	44.2
DRD		63.9	60.7	57.7	54.8	52.1	49.5
DSD		61.6	58.5	55.6	52.8	50.1	47.6
OFMDFM		72.5	68.9	65.5	62.2	59.1	56.1
PPS		59.4	56.5	53.7	51.0	48.4	46.0
NI Depts		62.5	59.5	56.5	53.7	51.0	48.5

1 Taking account of the 13 NI Departments and including Industrial and Prison Grade staff

Annex 2

NICS Sickness Absence Statistics Year to Date Analysis of Absence Rates by Department⁵

(April 2012)

Department	Staff Year Equivalent (sye)	Available Working Days	Working Days Lost	Ave Days Lost per sye	Absence Rate (%)	Estimated Lost Productivity (£)
DARD Overall	2,811.0	48,174.5	1,793.4	0.6	3.7	178,140
DARD Non-Industrial	2,401.4	41,120.6	1,455.7	0.6	3.5	155,633
DARD Industrial	409.6	7,053.9	337.7	0.8	4.8	22,507
DCAL Overall	274.8	4,639.7	157.1	0.6	3.4	15,788
DCAL Non-Industrial	251.9	4,248.1	141.0	0.6	3.3	14,552
DCAL Industrial	22.9	391.6	16.1	0.7	4.1	1,236
DE	563.9	9,556.7	277.5	0.5	2.9	36,378
DEL	1,889.0	31,919.3	1,909.7	1.0	6.0	199,743
DETI	414.9	7,020.7	264.5	0.6	3.8	36,913
DFP Overall	3,235.5	54,911.5	2,181.7	0.7	4.0	246,327
DFP Non-Industrial	3,219.6	54,640.1	2,140.6	0.7	3.9	244,178
DFP Industrial	15.9	271.4	41.1	2.6	15.1	2,149
DHSSPS	576.8	10,002.3	266.4	0.5	2.7	41,569
DOE	2,513.1	42,895.0	1,872.4	0.7	4.4	188,247
DOE Non-Industrial	2,457.1	41,926.1	1,828.9	0.7	4.4	187,130
DOE Industrial	56.0	968.9	43.5	0.8	4.5	1,117
DOJ exc NIPS Uniformed	2,216.8	37,976.4	1,679.7	0.8	4.4	177,704
DRD	2,255.1	38,295.6	1,469.9	0.7	3.8	133,082
DRD Non-Industrial	1,745.0	29,683.9	883.4	0.5	3.0	100,995
DRD Industrial	510.1	8,611.7	586.5	1.1	6.8	32,087
DSD	6,685.0	113,176.5	5,112.7	0.8	4.5	464,934
OFMDFM	330.6	5,663.3	135.0	0.4	2.4	18,011
PPS	526.7	9,062.5	425.2	0.8	4.7	40,717
NICS Overall exc NIPS Uniformed	24,452.8	416,013.9	17,655.9	0.7	4.2	1,791,258
NICS Non-Industrial	23,438.3	398,716.4	16,631.0	0.7	4.2	1,732,161
NICS Industrial	1,014.5	17,297.5	1,024.9	1.0	5.9	59,097

⁵ The figures for NICS overall include staff in AOCC, AGNI, HSENI and NIAUR. These staff are not included elsewhere in Departmental breakdown.

Notes relating to Year to Date analysis table:

- One staff year equivalent (sye) equates to one member of staff having been available for the entire period being analysed. Non HRConnect data is still based on whole time equivalent (wte).
- One staff year equivalent equates to one member of staff having been available for the entire period being analysed.
- Annual leave has been taken into account.
- Even when covering the entire year, these figures are provisional and should not be quoted as an official absence rate.
- These figures are only included as a guide for the monitoring of sickness absence.

Annex 3

Welfare Support Service & Employee Assistance Programme Statistics - 2011/2012

Welfare Support Service (WSS)

- During the period April 2011 - March 2012 WSS received 1213 calls, compared to 1342 calls in the same period in 2010/11.
- The number of cases forwarded to WSS in April 2011 - March 2012 was 2924, compared to 2778 in the same period in 2010/11.
- The number of visits made by WSS in April 2011 - March 2012 was 3466, compared to 3250 in the same period in 2010/11.

Employee Assistance Programme - Carecall

- During April 2011 to March 2012, there were 852 new referrals made to Carecall, compared to 775 in the same period in 2010/2011.
- The total number of counselling sessions provided during April 2011 - March 2012 was 3579, compared with 3132 in the same period 2010/11.



Northern Ireland
Assembly

Appendix 4

Written Submissions

Committee for Justice Response 3 March 2014

FROM THE OFFICE OF THE JUSTICE MINISTER



Minister's Office Block B,
Castle Buildings
Stormont Estate
Ballymiscaw
Belfast
BT4 3SG
Tel: 028 90522744
private.office@dojni.x.gsi.gov.uk

Our ref SUB/249/2014

Christine Darrah
Clerk, Committee for Justice
Parliament Buildings
Ballymiscaw
Stormont
Belfast
BT4 3XX

3 March 2014

Dear Christine,

ANALYSIS OF SICKNESS ABSENCE IN THE DEPARTMENT OF JUSTICE (DOJ) 2012/13

My previous letter dated 5 November 2013 refers. The Northern Ireland Statistics & Research Agency (NISRA) has now published its report, specific to the DOJ, detailing sickness absence data for staff in the 2012/13 financial year. I attach a copy for your information.

As the Justice Committee have already been advised, the report indicates that the DOJ did not meet the target set for 2012/13 of 10.3 days. The reported outturn for the Department was, in fact, 12.9 days which is the highest level across the Northern Ireland Civil Service (NICS). The number of days lost per staff year varied from 6.5 days in the DOJ Core to 19.0 days in the Youth Justice Agency.

A number of Departmental initiatives aimed at ensuring that sickness absence is robustly managed and that the levels are reduced across the DOJ are ongoing. For example:

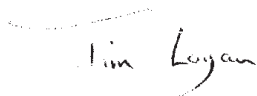
Building a fair, just and safer community

FROM THE OFFICE OF THE JUSTICE MINISTER



- the Department continues to take a proactive approach to the management of sickness absence. The DOJ Permanent Secretary holds individual meetings with Agency Chief Executives and Core Directors on a regular basis to discuss how they are tackling the issue in their respective business areas. Sickness absence is also a standing item at Departmental/Agency Board meetings, the Strategic Resources Committee and Directorate Senior Management meetings.
- the NICS HR policy on managing sickness absence is also applied across DOJ. A peer review of compliance and consistency in application of the policy across DOJ has recently been completed which indicates that, whereas there is general compliance with the NICS policy across the Department, there is scope for some improvement in terms of timeliness of actions (such as review meetings and referrals to welfare/OHS) and greater procedural consistency between the various parts of DOJ. A series of improvement actions have been agreed;
- the Department has identified support to line managers as one of its corporate learning priorities for 2013/14 and will be rolling out a suite of training programmes during 2014 to further assist them with managing attendance. Modules include early interventions, having difficult conversations with staff and understanding mental health issues for managers. This will be in addition to the NICS e-learning package on managing sickness absences which will be rolled out across the Department in early 2014.

We will continue to keep members updated on progress.



TIM LOGAN
DALO

Enc: DOJ – Sickness Action Report – 2012/13

Building a fair, just and safer community



Analysis of Sickness Absence in DOJ 2012/2013



About this report: Contents

This report was compiled by the Human Resource Consultancy Services (HRCS) branch of the Northern Ireland Statistics and Research Agency (NISRA). It presents sickness absence statistics for all staff (including casuals and Prison Grade staff) in DOJ during the 2012/2013 financial year and trend information for the two years form 2010/2011. It also includes information on absence targets to help DOJ evaluate the effectiveness of the steps they are taking to reduce absenteeism.

The information presented for the 12 month period April 2012 to March 2013 is produced from data files provided by HRConnect as well as data files provided by NIPS, NICTS and YJA. Line managers are responsible for ensuring that HRConnect records have been updated. While all the files supplied undergo extensive validation by NISRA, the quality of the information supplied in this report depends on the accuracy of the data files.

Due to small numbers of staff in some Business Areas and /or grade levels it is important that any analyses involving small numbers are interpreted with caution as they can be unduly influenced by, for example, a few cases of long-term absence.

Comparative NICS information contains both non-industrial and industrial staff.

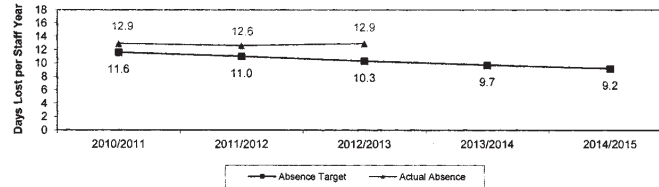
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■ 3. Reason for Sickness Absence	12
■ 4. Long-term Sickness Absence	15
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DOJ Sickness Absence Statistics 2012/2013



Key Facts

Absence Targets



- ▶ At 12.9 days lost per staff year (target 10.3 days lost), DOJ missed its overall target for 2012/2013
- ▶ In terms of long-term absence, DOJ failed to achieve its target for frequency rate (actual 13.2%; target 13.1%) and its target for duration (actual 57.7 working days; target 49.0 working days)

Business Area

- ▶ The number of days lost per staff year varied from 4.3 to 19.0 days. Care should be taken when interpreting this analysis due to the small number of staff in some Business Areas

Grade Level

- ▶ Highest Grade: Industrial level, 17.6 days lost per staff year
- ▶ Lowest Grade: G7+ level, 3.2 days lost per staff year

Reason for Absence

- ▶ Largest proportion of working days lost: Anxiety/Stress/Depression/Other Psychiatric Illnesses (32.9%)
- ▶ Largest proportion of working days lost on a long-term basis: Anxiety/Stress/Depression/Other Psychiatric Illnesses (37.7%)

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DOJ Sickness Absence Statistics 2012/2013



Key Facts

	2010/2011	2011/2012	2012/2013
Days Lost per Staff Year	12.9	12.6	12.9
Information Related to Targets			
Long-term frequency rate (%)	15.2	15.3	13.2
Long-term average duration (working days)	57.8	57.4	57.7
Proportion of Staff with no recorded spells of Absence (%)	53.3	52.6	
Estimated Lost Production (£ million)	6.6	6.6	6.3
Proportion of Working Days Lost by Certification¹			
Certified (%)	73.6	81.6	79.2
Self-certified (%)	9.4	9.1	10.3
Uncertified/Missing (%)	16.9	9.3	10.5
Long-term Absence			
Proportion of staff with one or more long-term absence (%)	14.2	14.4	12.1
Proportion of working days lost due to long-term absence (%)	77.3	77.0	69.6
Estimated lost production due to long-term absence (£ million)	5.1	5.2	4.5
Average duration (working weeks)	11.6	11.5	11.5

Red denotes a poorer result in 2012/2013 than in the previous financial year.
Green denotes a better result in 2012/2013 than in the previous financial year.

¹ The figures for 2010/2011 and 2011/2012 have been revised following the updating of information from HRCConnect.

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DOJ Sickness Absence Statistics 2012/2013



1 Sickness Absence - Overall, Business Area, Grade Level, Gender & Age Group

ABOUT THIS CHAPTER

This chapter considers working days lost in DOJ due to sickness absence by Business Area, Grade Level, Gender and Age Group. Further information detailing absenteeism by length of service and certification, and the proportion of available working days lost can be found in Appendix 2.

SICKNESS ABSENCE OVERALL

Staff in DOJ lost more days (12.9 days; 5.9% of available working days) due to sickness absence than staff in the NICS overall (10.6 days; 4.9% of available working days) during 2012/2013.

The total working days lost in DOJ was equivalent to approximately 220 full-time staff being out for an entire year.

The lost production in paybill terms is estimated at £6.3 million.

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DOJ Sickness Absence Statistics 2012/2013



1 Sickness Absence - Overall, Business Area, Grade Level, Gender & Age Group

SICKNESS ABSENCE BY BUSINESS AREA Days Lost per Staff Year by Business Area 2010/2011 - 2012/2013

Business Area	2010/2011	2011/2012	2012/2013
Compensation Agency	9.8	n/a	8.0
FSNI Chief Executive Team ¹	8.9	6.6	7.1
Northern Ireland Courts & Tribunals Service	11.7	10.3	11.8
Northern Ireland Prison Service	14.5	15.2	14.5
Permanent Secretary's Office	7.5	8.1	6.5
Access to Justice Directorate	n/a	11.9	4.8
Justice Delivery Directorate	4.3	4.5	4.3
Justice Policy Directorate	8.2	14.4	12.9
Policing and Community Safety Directorate	9.8	9.2	24.4
Safer Communities Directorate	n/a	11.6	9.2
Youth Justice Agency	15.3	12.5	
Overall	12.9	12.6	12.9

The number of days lost per staff year varied from 4.3 to 19.0 days.

Care should be taken when interpreting this analysis due to the small number of staff in some Business Areas.

Red denotes the highest absence level in 2012/2013.
Green denotes the lowest absence level in 2012/2013.

¹ Previously known as Forensic Science Northern Ireland Agency.

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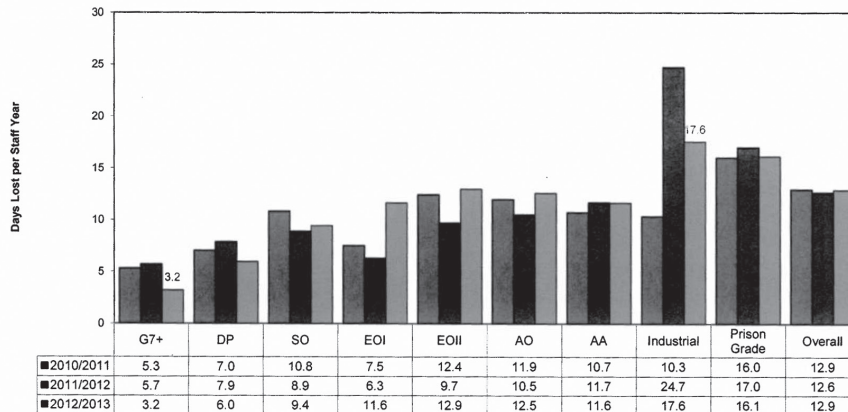
DOJ Sickness Absence Statistics 2012/2013



1 Sickness Absence - Overall, Business Area, Grade Level, Gender & Age Group

SICKNESS ABSENCE BY GRADE LEVEL

Days Lost per Staff Year by Grade Level 2010/2011 - 2012/2013



Staff at G7+ level lost the lowest number of days (3.2 days), while staff at Industrial level lost the highest (17.6 days).

Red denotes the highest absence level in 2012/2013.
Green denotes the lowest absence level in 2012/2013.

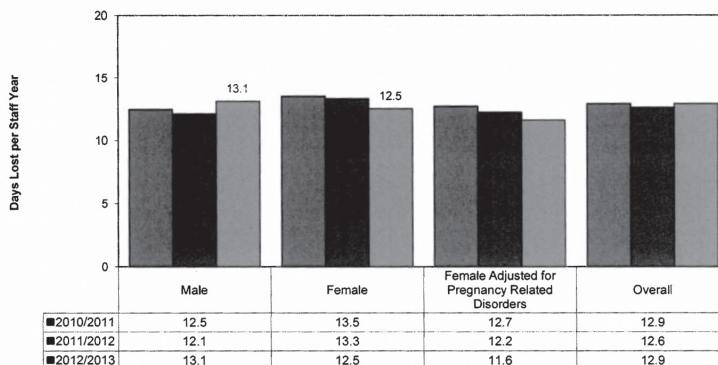
DOJ Sickness Absence Statistics 2012/2013



1 Sickness Absence - Overall, Business Area, Grade Level, Gender & Age Group

SICKNESS ABSENCE BY GENDER

Days Lost per Staff Year by Gender 2010/2011 - 2012/2013



This year females lost fewer days than males. This difference is even greater when Pregnancy Related Disorders are excluded. This differs from the pattern in previous years and in all other Departments across the NICS.

Red denotes the highest absence level in 2012/2013.
Green denotes the lowest absence level in 2012/2013.

DOJ Sickness Absence Statistics 2012/2013

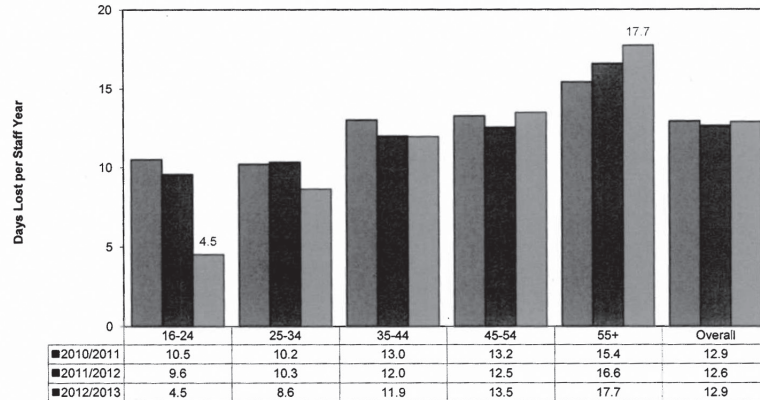


1 Sickness Absence - Overall, Business Area, Grade Level, Gender & Age Group

SICKNESS ABSENCE BY AGE GROUP

Days Lost per Staff Year by Age Group 2010/2011 - 2012/2013

Staff in the 55+ age group lost the highest number of days (17.7 days) during 2012/2013 while staff in the 16-24 age group lost the lowest (4.5 days).



Red denotes the highest absence level in 2012/2013.
Green denotes the lowest absence level in 2012/2013.

DOJ Sickness Absence Statistics 2012/2013

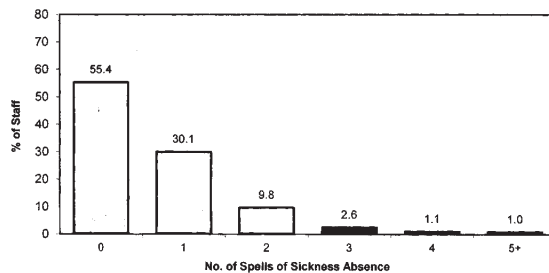


2 Spells of Sickness Absence

ABOUT THIS CHAPTER

This chapter provides information on the number, duration and certification profile of recorded spells of sickness absence. Supporting information which shows the average duration and number of self-certified and certified absence spells can be found in Appendix 3. Trend information regarding the cumulative number of working days lost is also documented in Appendix 3.

NUMBER OF ABSENCE SPELLS



Over one half (55.4%) of staff had no spells of sickness absence during 2012/2013. The comparative figure for the previous year was 52.6%.

DOJ Sickness Absence Statistics 2012/2013



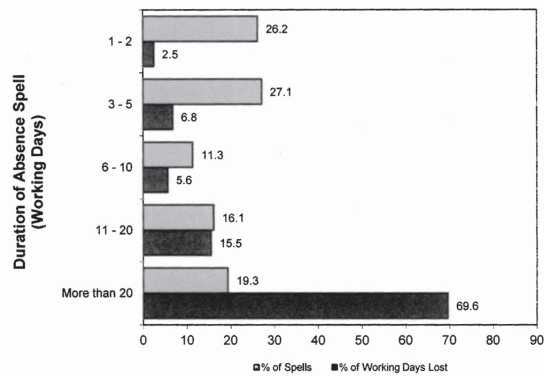
2 Spells of Sickness Absence

DURATION OF ABSENCE SPELLS

Over one half (53.3%) of absence spells lasted for five working days or less. These spells accounted for 9.3% of the total working days lost.

In contrast, absences lasting for more than 20 consecutive working days (i.e. long-term) accounted for 19.3% of absence spells and 69.6% of the total working days lost.

% of Spells and Working Days Lost by Duration



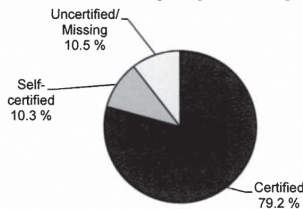
DOJ Sickness Absence Statistics 2012/2013



2 Spells of Sickness Absence

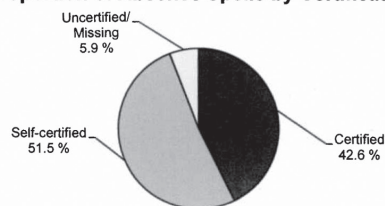
CERTIFICATION PROFILE

Proportion of Working Days Lost by Certification



The majority of the working days lost (79.2%) were medically certified. In contrast the largest proportion of absence spells were self-certified (51.5%).

Proportion of Absence Spells by Certification



On average, self-certified absences lasted 3.2 working days while certified absences lasted 29.7 working days.

DOJ Sickness Absence Statistics 2012/2013



3 Reason for Sickness Absence

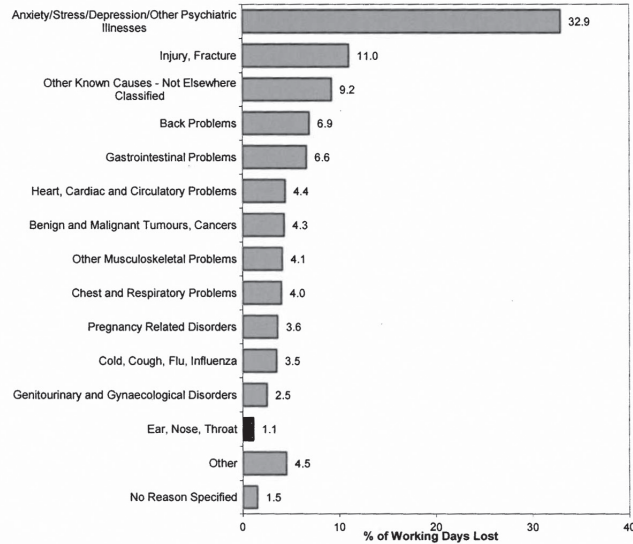
ABOUT THIS CHAPTER

This chapter looks at the reasons for sickness absence. Further information on reasons can be found in Appendix 4.

% WORKING DAYS LOST

For those absences with a specified reason during 2012/2013, Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the largest proportion of working days lost (32.9%). This is the same for most Departments across the NICS.

% of Working Days Lost by Reason



DOJ Sickness Absence Statistics 2012/2013

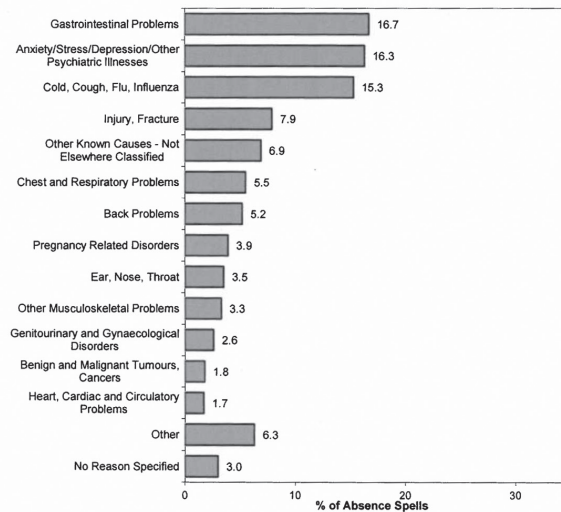


3 Reason for Sickness Absence

ABSENCE SPELLS

For those absences with a specified reason, Gastrointestinal Problems accounted for the largest proportion of absence spells (16.7%).

% of Absence Spells by Reason



DOJ Sickness Absence Statistics 2012/2013



3 Reason for Sickness Absence

Average Duration of Absence by Reason

Reason for Absence	Average Duration (Working Days)
Heart, Cardiac and Circulatory Problems	41.0
Benign and Malignant Tumours, Cancers	37.4
Anxiety/Stress/Depression/Other Psychiatric Illnesses	32.2
Injury, Fracture	22.4
Back Problems	21.4
Other Known Causes - Not Elsewhere Classified	21.4
Other Musculoskeletal Problems	20.2
Genitourinary and Gynaecological Disorders	15.0
Pregnancy Related Disorders	14.7
Chest and Respiratory Problems	11.5
Gastrointestinal Problems	6.3
Ear, Nose, Throat	4.8
Cold, Cough, Flu, Influenza	3.7
Other	11.4
No Reason Specified	7.9

For those absences with a specified reason during 2012/2013, the average duration of an absence varied from 3.7 working days for absences due to Cold, Cough, Flu, Influenza to 41.0 working days for absences recorded as Heart, Cardiac and Circulatory Problems.

DOJ Sickness Absence Statistics 2012/2013

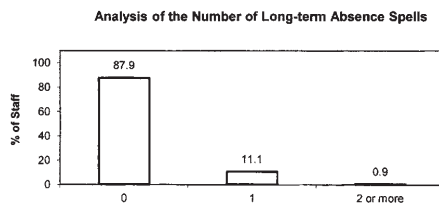


4 Long-term Sickness Absence

ABOUT THIS CHAPTER

This chapter looks at long-term absences, i.e. those which lasted for more than 20 consecutive working days. Supporting information showing the proportion of staff, the average duration and the proportion of working days lost due to long-term absence across Business Areas, Grade Levels, Genders and Age Groups can be found in Appendix 5.

PREVALENCE OF LONG-TERM ABSENCE



531 staff 12.1% had one or more long-term absence during 2012/2013. These staff accounted for 69.6% of all the working days lost and a lost production of £4.5 million. On average long-term absences in DOJ lasted for 11.5 working weeks.

Number of Long-term absences	2012/2013	
	Number of Staff	% of Staff
0	3,870	87.9
1	490	11.1
2 or more	41	0.9
Total	4,401	100.0

The corresponding figures for the previous financial year were 14.4% of staff, accounting for 77.0% of the total working days lost with an average duration of 11.5 working weeks and a lost production of £5.2 million.

DOJ Sickness Absence Statistics 2012/2013



4 Long-term Sickness Absence

REASON FOR LONG-TERM ABSENCE

For those absences with a specified reason, Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the highest proportion of working days lost on a long-term basis (37.7%) in DOJ. This was the same for all Departments across the NICS during 2012/2013.

A further breakdown of reasons for long-term absences is not included due to the small number of cases.

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DOJ Sickness Absence Statistics 2012/2013



5 Absence Targets

ABOUT THIS CHAPTER

This chapter provides background information as to how the targets for DOJ were developed. It also documents whether or not the target for 2012/2013 has been achieved in terms of days lost and whether the individual long-term (more than 20 consecutive working days lost) absence targets have been met.

BACKGROUND

In 2010, a Ministerial target was agreed for an overall reduction in sickness absence within the NICS to 8.5 days lost per staff year by the end of the 2014/2015 financial year; this reflects a 24% reduction from the 2009/2010 base year¹ figure of 11.2 days. A commitment to achieve this target, and associated milestones, is contained in the Executive's Programme for Government. Within this, each individual Department was also given their own target, which for DOJ was 9.2 days by the end of March 2015.

Year on year since 1999/2000, absences lasting for more than 20 consecutive working days have accounted for at least 62% of the total working days lost overall in the NI Departments. Strategic targets were therefore also set in relation to a reduction in both the frequency and duration of long-term absence.

ACHIEVEMENT OF TARGETS

At 12.9 days per staff year (Target: 10.3 days per staff year), DOJ did not achieve its overall target for 2012/2013.

DOJ failed to achieve its target for the average duration of a long-term absence (57.7 days compared to 49.0 days) and failed to achieve its target for long-term frequency rate (13.2% compared to 13.1%).

¹ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the Public Prosecution Service.

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DOJ Sickness Absence Statistics 2012/2013



Absence Targets

ACHIEVEMENT OF TARGETS^{1,2}

	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Days Lost per Staff Year					
TARGET	11.6	11.0	10.3	9.7	9.2
ACTUAL	12.5	12.6	12.0	11.5	11.0
Long-term Frequency Rate³ (%)					
TARGET	13.9	13.5	13.1	12.7	12.3
ACTUAL	14.5	14.5	14.0	13.5	13.0
Long-term Average Duration⁴ (Working Days)					
TARGET	54.3	51.6	49.0	46.6	44.2
ACTUAL	55.0	52.0	50.0	48.0	46.0

¹ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the Public Prosecution Service, where appropriate.

² Long-term absences are defined as being greater than 20 consecutive working days.

³ Frequency Rate is the average number of absences per employee expressed as a percentage.

⁴ Throughout this report, the duration of absences relates only to days lost in the financial year in question.

Red denotes the target has not been achieved.
Green denotes the target has been achieved.

DOJ Sickness Absence Statistics 2012/2013



Appendix 1: Methodology

When reporting sickness absence statistics it is common to express absence rates in terms of the percentage of available working days lost and the number of days lost per person. However, it is recognised that the latter of these measures does not always permit valid comparisons to be made between or within organisations which differ in their proportions of part-time staff and/or their levels of staff turnover. In particular, 'number of days lost per person' can give a quite misleading picture for organisations with high proportions of part-time staff.

To address this issue the Cabinet Office recommended in the review "Managing Attendance in the Public Sector (1999)" that absence figures are expressed in terms of days lost per staff year, where a staff year equals the number of days a full-time employee is contracted to work (i.e. weekends, statutory holidays and annual leave are excluded).

In keeping with this recommendation, absence rates are expressed throughout the report in terms of the percentage of available working days lost and working days lost per staff year. For the vast majority of people, a staff year amounted to approximately 219 working days during 2012/2013, but clearly depends on date of entry and/or date of leaving, and annual leave entitlement which varies by grade level, length of service and work pattern.

DOJ Sickness Absence Statistics 2012/2013



Appendix 1: Methodology

Absence levels are presented in a number of ways throughout the report and are defined as follows:

$$\% \text{ of Available Working Days Lost} = \frac{\text{Number of Working Days Lost}}{\text{Number of Available Working Days}} \times 100$$

$$\text{Working Days Lost per Staff Year} = \frac{\text{Number of Working Days Lost}}{\text{Number of Staff Years}}$$

$$\text{Spells per Staff Year} = \frac{\text{Number of Absence Spells}}{\text{Number of Staff Years}}$$

The following example highlights the rationale for the methodology used by the Cabinet Office.

Example

There are 2 members of staff **A** and **B**.

A was absent for 20 working days and **B** was absent for 10 working days.
A worked full-time all year (hence 1 staff year), and
B worked full-time for ½ year (hence ½ staff year)

Then the number of working days lost per staff year are calculated as follows:

Total number of working days lost = 30
 Total number of staff years = 1 + 0.5 = 1.5

Working days lost per staff year = $\frac{30}{1.5} = 20$

According to the other approach, the number of days lost per person would be:

Total number of working days lost = 30
 Total number of people = 2

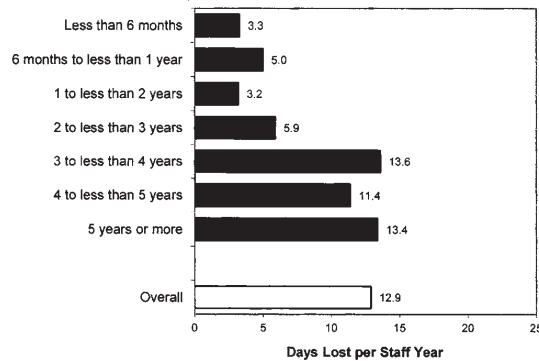
Working days lost per person = $\frac{30}{2} = 15$
 which overlooks the fact that one of the staff was only employed for six months

DOJ Sickness Absence Statistics 2012/2013



Appendix 2: Charts & Tables Relating to Chapter 1

DAYS LOST PER STAFF YEAR BY LENGTH OF SERVICE



	Days Lost per Staff Year
Less than 1 year	4.8
1 year or more	13.1

DOJ Sickness Absence Statistics 2012/2013



Appendix 2: Charts & Tables Relating to Chapter 1

The tables below and on the next page detail the self-certified and certified number of working days lost per staff year by Business Area, Gender, Grade Level and Age Group during 2012/2013.

CERTIFICATION BY BUSINESS AREA - WORKING DAYS LOST PER STAFF YEAR

Business Area	Self-certified	Certified	Overall
Compensation Agency	1.5	5.1	8.0
FSNI Chief Executive Team	1.4	5.2	3.1
Northern Ireland Courts & Tribunals Service	2.1	9.5	11.8
Northern Ireland Prison Service	1.0	11.1	14.5
Permanent Secretary's Office	1.1	5.2	6.5
Access to Justice Directorate	1.6	3.0	4.8
Justice Delivery Directorate	0.8	3.4	4.3
Justice Policy Directorate	0.8	12.2	12.9
Policing and Community Safety Directorate	0.0	24.4	24.4
Safer Communities Directorate	1.3	7.5	9.2
Youth Justice Agency	1.7	17.2	19.0
Overall	1.3	10.2	12.9

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DOJ Sickness Absence Statistics 2012/2013



Appendix 2: Charts & Tables Relating to Chapter 1

CERTIFICATION BY GRADE LEVEL - WORKING DAYS LOST PER STAFF YEAR

Grade Level	Self-certified	Certified	Overall
G7+	0.6	2.3	3.2
DP	0.9	5.0	6.0
SO	0.9	7.8	9.4
EOI	1.7	9.5	11.6
EOII	1.4	10.2	12.9
AO	2.2	9.9	12.5
AA	1.9	9.6	11.6
Industrial	0.6	14.0	17.6
Prison Grade	1.1	12.6	16.1
Overall	1.3	10.2	12.9

CERTIFICATION BY GENDER - WORKING DAYS LOST PER STAFF YEAR

Gender	Self-certified	Certified	Overall
Male	1.2	10.5	13.1
Female	1.4	9.9	12.5
Overall	1.3	10.2	12.9

CERTIFICATION BY AGE GROUP - WORKING DAYS LOST PER STAFF YEAR

Age Group	Self-certified	Certified	Overall
16-24	2.1	2.4	4.5
25-34	1.7	6.4	8.6
35-44	1.3	9.2	11.9
45-54	1.1	11.0	13.5
55+	1.4	14.3	17.7
Overall	1.3	10.2	12.9

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DOJ Sickness Absence Statistics 2012/2013



Appendix 2: Charts & Tables Relating to Chapter 1

The tables below and on the next page detail the percentage of available working days lost by Business Area, Gender, Grade Level and Age Group during 2012/2013.

% OF AVAILABLE WORKING DAYS LOST BY BUSINESS AREA

Business Area	%
Compensation Agency	3.7
FSNI Chief Executive Team	3.3
Northern Ireland Courts & Tribunals Service	5.3
Northern Ireland Prison Service	6.8
Permanent Secretary's Office	2.9
Access to Justice Directorate	2.1
Justice Delivery Directorate	2.0
Justice Policy Directorate	5.8
Policing and Community Safety Directorate	10.8
Safer Communities Directorate	4.2
Youth Justice Agency	8.6
Overall	5.9

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DOJ Sickness Absence Statistics 2012/2013



Appendix 2: Charts & Tables Relating to Chapter 1

% OF AVAILABLE WORKING DAYS LOST BY GRADE LEVEL

Grade Level	%
G7+	1.4
DP	2.7
SO	4.3
EOI	5.3
EOII	5.9
AO	5.7
AA	5.3
Industrial	8.3
Prison Grade	7.5
Overall	5.9

% OF AVAILABLE WORKING DAYS LOST BY GENDER

Gender	%
Male	6.1
Female	5.7
Overall	5.9

% OF AVAILABLE WORKING DAYS LOST BY AGE GROUP

Age Group	%
16-24	2.0
25-34	3.9
35-44	5.5
45-54	6.3
55+	8.1
Overall	5.9

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DOJ Sickness Absence Statistics 2012/2013



Appendix 3: Tables Relating to Chapter 2

The following three tables detail the average number of spells per staff year and the average duration of both self-certified and certified absences by Grade Level, Gender and Age Group during 2012/2013.

AVERAGE DURATION AND NUMBER OF SPELLS BY CERTIFICATION ACROSS GRADE LEVEL

Grade Level	Self-certified Absences		Certified Absences		Overall	
	Average No. of Spells per Staff Year	Average Duration (Working Days)	Average No. of Spells per Staff Year	Average Duration (Working Days)	Average No. of Spells per Staff Year	Average Duration (Working Days)
G7+	0.3	2.1	0.1	18.7	0.4	7.3
DP	0.4	2.5	0.2	21.5	0.6	9.7
SO	0.4	2.5	0.3	23.6	0.7	13.0
EOI	0.6	2.7	0.6	16.6	1.2	9.8
EOII	0.5	3.0	0.4	27.4	0.9	14.3
AO	0.7	3.2	0.6	16.7	1.3	9.6
AA	0.7	2.7	0.6	16.8	1.3	8.8
Industrial	0.2	2.6	0.8	18.4	1.1	16.7
Prison Grade	0.3	4.1	0.6	22.5	0.9	18.1
Overall	0.4	3.2	0.5	20.6	1.0	13.5

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DOJ Sickness Absence Statistics 2012/2013



Appendix 3: Tables Relating to Chapter 2

AVERAGE DURATION AND NUMBER OF SPELLS BY CERTIFICATION ACROSS GENDER

Gender	Self-certified Absences		Certified Absences		Overall	
	Average No. of Spells per Staff Year	Average Duration (Working Days)	Average No. of Spells per Staff Year	Average Duration (Working Days)	Average No. of Spells per Staff Year	Average Duration (Working Days)
Male	0.3	3.7	0.5	22.3	0.8	15.5
Female	0.5	2.8	0.5	18.8	1.1	11.5
Overall	0.4	3.2	0.5	20.6	1.0	13.5

AVERAGE DURATION AND NUMBER OF SPELLS BY CERTIFICATION ACROSS AGE GROUP

Age Group	Self-certified Absences		Certified Absences		Overall	
	Average No. of Spells per Staff Year	Average Duration (Working Days)	Average No. of Spells per Staff Year	Average Duration (Working Days)	Average No. of Spells per Staff Year	Average Duration (Working Days)
16-24	0.9	2.4	0.2	10.2	1.1	4.0
25-34	0.7	2.6	0.5	12.7	1.2	7.2
35-44	0.4	3.0	0.5	17.8	1.0	11.8
45-54	0.3	3.6	0.4	24.6	0.8	16.8
55+	0.3	4.1	0.6	24.3	1.0	17.9
Overall	0.4	3.2	0.5	20.6	1.0	13.5

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DOJ Sickness Absence Statistics 2012/2013



Appendix 3: Tables Relating to Chapter 2

TOTAL NUMBER OF WORKING DAYS LOST - % OF STAFF

Total Number of Working Days Lost	% of Staff		
	2010/2011	2011/2012	2012/2013
0	53.3	52.6	55.4
Up to 5	18.3	19.0	18.4
6 - 10	7.8	7.4	6.6
11 - 15	3.0	3.1	3.3
16 - 20	2.5	2.3	2.2
More than 20	15.1	15.7	14.1

TOTAL NUMBER OF WORKING DAYS LOST - % OF WORKING DAYS LOST

Total Number of Working Days Lost	% of Working Days Lost		
	2010/2011	2011/2012	2012/2013
0	n/a	n/a	n/a
Up to 5	4.7	4.9	5.1
6 - 10	5.3	5.1	4.7
11 - 15	3.5	3.5	3.8
16 - 20	3.9	3.6	3.6
More than 20	82.6	83.0	82.9

Note: The total number of working days lost refers to working days lost over one or more spells of absence.

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DOJ Sickness Absence Statistics 2012/2013



Appendix 4: Tables Relating to Chapter 3

% of WORKING DAYS LOST BY REASON^{1,2} 2010/2011 - 2012/2013

Reason for Absence	2010/2011	2011/2012	2012/2013
Anxiety/Stress/Depression/Other Psychiatric Illnesses	26.5	28.4	32.9
Asthma	0.2	0.1	0.3
Back Problems	8.3	9.0	6.9
Benign and Malignant Tumours, Cancers	2.3	3.0	4.3
Blood Disorders	0.2	0.6	0.3
Burns, Poisoning, Frostbite, Hypothermia	0.1	0.1	0.0
Chest and Respiratory Problems	2.3	2.5	4.0
Cold, Cough, Flu, Influenza	3.9	2.8	3.5
Dental and Oral Problems	0.2	0.1	0.2
Ear, Nose, Throat	1.4	2.2	1.1
Endocrine/Glandular Problems	0.4	0.5	0.6
Eye Problems	0.8	0.6	0.8
Gastrointestinal Problems	4.7	6.1	6.6
Genitourinary and Gynaecological Disorders	1.8	2.4	2.5
Headache/Migraine	0.4	0.6	0.3
Heart, Cardiac and Circulatory Problems	3.2	2.9	4.4
Infectious Diseases	0.8	0.5	0.5
Injury, Fracture	22.1	17.9	11.0
Nervous System Disorders	1.9	1.0	0.7
Other Known Causes - Not Elsewhere Classified	7.9	7.8	9.2
Other Musculoskeletal Problems	3.6	4.4	4.1
Pregnancy Related Disorders	2.9	4.0	3.6
Skin Disorders	0.5	0.4	0.7
Substance Abuse	0.0	0.2	0.1
No Reason Specified	3.5	2.0	1.5

Notes:

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not specified', 'Awaiting Reason' or missing.

² n/a: No cases recorded.

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DOJ Sickness Absence Statistics 2012/2013



Appendix 4: Tables Relating to Chapter 3

BREAKDOWN OF ANXIETY/STRESS/DEPRESSION/OTHER PSYCHIATRIC ILLNESSES

Sub-reason for Absence	% of Working Days Lost	% of spells
Anxiety	14.3	15.4
Depression - Not Pregnancy Related	6.8	3.7
Stress - Not Work Related	21.9	19.5
Stress - Work Related	35.7	23.8
Other ¹	3.1	3.9
No Reason Specified	18.2	33.7
Anxiety/Stress/Depression/Other Psychiatric Illnesses	100.0	100.0

¹ The category 'Other' contains any absence with a sub-reason that is not shown elsewhere in the analysis.

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DOJ Sickness Absence Statistics 2012/2013



Appendix 5: Tables Relating to Chapter 4

The following four tables detail long-term absence by Business Area, Grade Level, Gender and Age Group during 2012/2013.

LONG-TERM ABSENCE BY BUSINESS AREA

Business Area	% of Staff with 1 or more Long-term Absence	Average Duration (Working Weeks)	% of Working Days Lost Attributable to Long-term Absence
Compensation Agency	6.2	14.7	61.1
FSNI Chief Executive Team	6.4	12.4	61.3
Northern Ireland Courts & Tribunals Service	5.0	4.4	19.8
Northern Ireland Prison Service	15.6	12.5	82.1
Permanent Secretary's Office	6.3	9.8	62.2
Access to Justice Directorate	4.5	6.1	40.6
Justice Delivery Directorate	3.0	13.0	64.9
Justice Policy Directorate	14.3	7.4	82.7
Policing and Community Safety Directorate	0.0	n/a	0.0
Safer Communities Directorate	9.3	9.5	62.4
Youth Justice Agency	18.1	14.1	81.9
Overall	12.1	11.5	69.6

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DOJ Sickness Absence Statistics 2012/2013



Appendix 5: Tables Relating to Chapter 4

LONG-TERM ABSENCE BY GRADE LEVEL

Grade Level	% of Staff with 1 or more Long-term Absence	Average Duration (Working Weeks)	% of Working Days Lost Attributable to Long-term Absence
G7+	3.3	7.8	59.0
DP	4.3	10.9	58.3
SO	8.5	10.4	66.9
EOI	6.6	7.5	37.8
EOII	9.3	13.2	71.1
AO	7.8	9.4	46.9
AA	11.0	9.1	58.7
Industrial	20.0	12.8	92.3
Prison Grade	17.6	12.8	83.3
Overall	12.1	11.5	69.6

LONG-TERM ABSENCE BY GENDER

Gender	% of Staff with 1 or more Long-term Absence	Average Duration (Working Weeks)	% of Working Days Lost Attributable to Long-term Absence
Male	12.9	12.3	75.3
Female	11.1	10.5	62.2
Overall	12.1	11.5	69.6

LONG-TERM ABSENCE BY AGE GROUP

Age Group	% of Staff with 1 or more Long-term Absence	Average Duration (Working Weeks)	% of Working Days Lost Attributable to Long-term Absence
16-24	2.5	6.0	35.2
25-34	6.3	7.8	43.8
35-44	11.3	11.1	68.3
45-54	13.7	12.9	75.2
55+	17.4	11.5	73.3
Overall	12.1	11.5	69.6

DOJ Sickness Absence Statistics 2012/2013



Appendix 6: Contribution to overall Working Days Lost

CONTRIBUTION OF EACH GRADE LEVEL

Grade Level	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change ¹
G7+	0.2	0.1	-0.1
DP	0.5	0.4	-0.1
SO	0.9	0.9	0.0
EOI	0.2	1.0	0.8
EOII	1.2	0.9	-0.3
AO	2.0	2.3	0.3
AA	0.3	0.3	0.0
Industrial	0.2	0.1	-0.1
Prison Grade	7.2	6.7	-0.5
Overall	12.6	12.9	0.3

CONTRIBUTION OF EACH GENDER

Gender	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change ¹
Male	6.7	7.3	0.6
Female	5.9	5.6	-0.3
Overall	12.6	12.9	0.3

CONTRIBUTION OF EACH AGE GROUP

Age Group	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change ¹
16-24	0.2	0.1	-0.1
25-34	1.7	1.3	-0.4
35-44	3.6	3.3	-0.3
45-54	4.5	5.3	0.8
55+	2.7	2.9	0.2
Overall	12.6	12.9	0.3

¹ The Change figures in this table are calculated from unrounded figures.

DOJ Sickness Absence Statistics 2012/2013



Appendix 6: Contribution to overall Working Days Lost

CONTRIBUTION OF EACH REASON FOR ABSENCE

Reason for Absence	No. of Days Lost per Staff Year		
	2010/2011	2011/2012	Change ¹
Anxiety/Stress/Depression/Other Psychiatric Illnesses	3.6	4.2	0.6
Asthma	0.0	0.0	0.0
Back Problems	1.1	0.9	-0.2
Benign and Malignant Tumours, Cancers	0.4	0.5	0.1
Blood Disorders	0.1	0.0	-0.1
Burns, Poisoning, Frostbite, Hypothermia	0.0	0.0	0.0
Chest and Respiratory Problems	0.3	0.5	0.2
Cold, Cough, Flu, Influenza	0.4	0.5	0.1
Dental and Oral Problems	0.0	0.0	0.0
Ear, Nose, Throat	0.3	0.1	-0.2
Endocrine/Glandular Problems	0.1	0.1	0.0
Eye Problems	0.1	0.1	0.0
Gastrointestinal Problems	0.8	0.8	0.0
Genitourinary and Gynaecological Disorders	0.3	0.3	0.0
Headache/Migraine	0.1	0.0	-0.1
Heart, Cardiac and Circulatory Problems	0.4	0.6	0.2
Infectious Diseases	0.1	0.1	0.0
Injury, Fracture	2.3	1.4	-0.9
Nervous System Disorders	0.1	0.1	0.0
Other Known Causes - Not Elsewhere Classified	1.0	1.2	0.2
Other Musculoskeletal Problems	0.6	0.5	-0.1
Pregnancy Related Disorders	0.5	0.5	0.0
Skin Disorders	0.1	0.1	0.0
Substance Abuse	0.0	0.0	0.0
No Reason Specified ²	0.2	0.2	0.0
Overall	12.6	12.9	0.3

Notes:

¹ The *Change* figures in this table are calculated from unrounded figures.

² The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

DRD Response 3 March 2014

CENTRAL MANAGEMENT BRANCH



Department for
**Regional
Development**

www.drdni.gov.uk

Room 413c
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10-18 Adelaide Street
Belfast BT2 8GB

Shane McAteer
Clerk to the Committee for Finance and Personnel
Room 419
BELFAST

Telephone: (028 905) 41140
Facsimile: (028 905) 40064
Email: alan.doherty@drdni.gov.uk

Your reference: DALO 27C/3/2014
Our reference:

03 March 2014

Dear Shane

NI AUDIT OFFICE REPORT ON SICKNESS ABSENCE IN THE NI PUBLIC SECTOR

The Clerk to the Committee for Regional Development has asked me to respond directly to your memo of 10 February 2014 seeking the views of Statutory Committees on the findings of the NI Audit Office's 2013 Report on Sickness Absence in the Public Sector.

I have consulted Departmental officials, who have made the following points:

1. Part One of the NIAO's 2013 Report examines statistics covering the period from 2006/07, the most recent year scrutinised in NIAO's previous report on this issue (Management of Sickness Absence in the NI Civil Service (May 2008)), until 2011/12. In line with the general downward trend in sickness absence during this period, DRD's average absence level fell from 9.2 days in 2006/07 to 8.2 days in 2011/12. DRD's average absence level of 9.2 days in 2006/07 was already the lowest amongst NICS Departments.
2. Whilst DRD did not achieve the specific Departmental target set for 2011/12, its outturn of 9.2 days more than met the overall NICS target of 10.0 days.
3. As the 2013 Report points out, industrial staff have been included as part of absence monitoring since 2010. This has presented a significant challenge for DRD, where industrial staff make up almost 23% of the Department's workforce. Because of the

nature of industrial work (physical labour, outdoor working, etc), the previous separate absence targets for this group of staff had historically been set at higher levels than those for non-industrials.

4. Since the publication of the NIAO report, an analysis of NICS sickness absence in 2012/13 has been published by the Northern Ireland Statistics and Research Agency (NISRA). NISRA's report shows that the DRD staff absence level of 8.5 working days lost in 2012/13 was amongst the lowest in the NICS. The non-industrial figure of 7.1 days lost was again the lowest of any Department.
5. DRD takes its managing attendance responsibilities seriously and will continue to play its part in sustaining improvements in sickness absence across the NICS. In line with the recommendation in the NIAO Report, particular attention will be focused on achieving reductions in long-term sickness and on absences where the cause is mental health related. The Department has already taken proactive steps to promote the health and well-being of staff through the publication of its Health and Well-Being Policy and through the provision of a range of initiatives designed to encourage staff to look after their health.

I hope that the above points are of assistance. I have copied this response to the Clerk to the Committee for Regional Development.

This letter is fully disclosable under FOI.

Yours sincerely



ALAN DOHERTY
Departmental Assembly Liaison Officer

DE Response 7 March 2014



Committee for Education

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To: Shane McAteer
Clerk to the Committee for Finance and Personnel

From: Peter McCallion
Clerk to the Committee for Education

Date: 7 March 2014

Subject: **NIAO Report – sickness absence**

Shane,

You wrote to all statutory committee clerks on 10 February 2014 seeking feedback on the NIAO report on sickness absence in the public sector.

The Education Committee has arranged a briefing from NIAO on this subject on 19 March 2014. Owing to scheduling pressures, the Department of Education is unable to brief on this matter until after Easter Recess. The Committee will therefore not be able to respond as requested until mid-May 2014.

Regards

Peter McCallion
Committee Clerk

DETI Response 18 March 2014



**Committee for Enterprise,
Trade and Investment**

Room 375
Parliament Buildings

Tel: +44 (0)28 9052 1574

To: Shane McAteer
Clerk to the Committee for Finance and Personnel

From: Jim McManus
Clerk to the Committee for Enterprise, Trade and Investment

Date: 18 March 2014

Subject: **Public Sector Sickness Absence**

At its meeting on 13 March 2014, the Committee for Enterprise, Trade & Investment considered correspondence from the Department of Enterprise, Trade & Investment relating to public sector sickness absence. Members agreed to forward this to the Committee for Finance and Personnel for information.

Jim McManus

Clerk
Committee for Enterprise, Trade and Investment

Request to DETI from the ETI Committee

At its meeting on 20 February 2014 the ETI Committee discussed the NIAO Sickness Absence in the Northern Ireland Public Sector Report published in April 2013.

Members asked for a written briefing on the DETI elements of the report.

- 1.1 DETI is not specifically referred to in the narrative of the report, however the Department does appear in Figure 5 of the Report which shows the average days lost due to sickness absence per staff year by each NICS department in 2006/07 and 2011/12; and also in Figure 6, which shows the actual and standardised sickness absence levels by NICS department in 2011/12.
- 1.3 Figure 1 in the Report compares sickness absence rates in the NICS, Trusts and education authorities in 2010/11 and shows an overall NICS absence rate of 10.7 days lost per member of staff. During this same period the DETI figure was 8.1 days lost per member of staff, representing 3.7% of available working days. The Department achieved its Ministerial absence target for that year (8.1 days) and had the third lowest overall figure in the NICS for the period.
- 1.4 In total 42 staff (7.8%) had one or more long-term absence (more than 20 days) during this period.

2. DETI Sick Absence Figures 2011/12 – 2012/13

- 2.1 In the following year 2011/12 the overall NICS absence reduced from 10.7 to 10.1 days and the DETI figure also reduced from 8.1 days to 7.3 days. The latter surpassed the DETI Ministerial target which was 7.9 days. DETI finished the year with the second lowest absence rate across the NICS. Unfortunately in 2012/13 there was an upward absence trend across the NICS as a whole with the NICS ending the year on 10.6 days and DETI on 8.1. This meant that we missed our Ministerial target of 7.8 days. Despite this DETI still achieved the second lowest absence rate for the year across the NICS.

3. Current Year – 2013/14

- 3.1 DETI's Ministerial target for the current financial year is 7.6 days. Based on the available figures for the first 10 months of this year (April to January) DETI has lost 6.3 days, compared to 8.4 for the NICS as a whole. Although NISRA are currently estimating that we will achieve our target, we believe this will be extremely challenging as we know from our on-going monitoring of absence that absence in February has increased. We suspect this is primarily due to an increase in short-term absence with a number of staff off with viral type illnesses. However in NICS terms, DETI continues to perform relatively well and as at the end of January 2014 we currently have the lowest sick absence figures amongst the NICS departments.
- 3.2 Being a small Department it only takes a few additional staff either being absent or returning to work to have quite a major impact on our absence figures as a whole. As at the end of February 2014 DETI had only 9 staff on long-term sick (over 20 days absent). This represents 1.9% of overall staffing, with the main reason for absence being 'Other Musculoskeletal Problems'. Unlike the NICS as a whole where the main reason for absence, at over 28% of current absence is recorded as 'Anxiety/stress/depression'. In DETI current stress related absence only accounts for some 8% of our total absence, i.e. some 72% lower than the NICS. Also some 16% of current absence in DETI is attributed to 'Benign and Malignant Tumours, Cancers'. On a regular monthly basis NISRA figures show that around 93% of DETI staff have no absence at all during the month in question.

4. Proactive Absence Management and Compliance with NICS Policy and Procedures

- 4.1 In terms of proactive absence management and compliance with current absence management policy and procedures, listed below are some of the practical steps that DETI Departmental HR (DHR) follow when dealing with sick absence:
 - DHR staff monitor alerts and discuss actions with managers.

- Rolling absence reports and probationary printout monitored and considered for action as necessary.
- Return to Work interview reports monitored.
- Internal DHR checklists maintained and completed.
- Immediate action taken on all staff absent with stress related illness, referring immediately to Welfare and Occupational Health Service (OHS). Issue a Stress Questionnaire and DHR meet with the individual after OHS appointment if work related stress.
- DETI constantly analyses and monitors absence data and trends and will investigate any issues arising. Case management approach adopted with Business Partners and managing attendance team working closely with line managers and business areas. HSENI completed a report on the Implementation of Management Standards for Work related Stress in one of our Business Areas identified as a potential 'hotspot'. DHR staff have been heavily involved in the working group established to follow up on the recommendations of this report.
- DHR work closely with OHS on all referrals and arrange Case Conferences with OHS where necessary.
- Provide reasonable adjustments and facilitate phased return to work where appropriate.
- Proactively arrange home visits where appropriate.
- DETI absence staff are active members of the Corporate HR's Managing Attendance Working Group and have also contributed positively to the content and testing the new NICS sickness absence online training package.

5. Good Communication

5.1 Good absence management requires good communication and the active involvement of line managers and senior managers. To this end DETI engage in the following activities:

Information for Departmental Board, Senior management and DHR

- Top and Senior Management Teams receive monthly Business Partner Reports which include details of absence rates by Branch and Division, showing numbers of long-term sick, outstanding return to work interviews and any delays there have been in recording/ending absences.
- The Departmental Board also receive a quarterly report on absence including an anonymised breakdown of all long-term absence cases.
- Procedures in place to ensure up-to-date information is available on long term sick cases within DHR with weekly reports being produced detailing the number of long term cases. DHR staff use these reports to inform regular case reviews on the progress/latest position of each absence, with the Deputy Establishment Officer and/or Establishment Officer.

Information to Staff

- All DETI staff are issued with a regular "Attendance Matters" bulletin from DHR which includes the current Departmental absence statistics, the cost of sick absence in the NICS, reminders about return to work interviews or other managing attendance procedures and information on various wellbeing topics such as WELL events or other health promotion activities.
- Monthly themed Health Bulletin Board
- All new starts and staff transferring in from other departments attend induction courses which provide information/ documentation on the NICS inefficiency sick absence policy, staff/manager roles and responsibilities in this area, and a short briefing from a member of DHR attendance management section.

Reply prepared by: Departmental HR, 11 March 2014

DEL Response 21 March 2014



Committee for Employment and Learning

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To: Shane McAteer,
Clerk to the Committee for Finance and Personnel

From: Cathie White,
Clerk to the Committee for Employment and Learning

Date: 21 March 2014

Subject: Northern Ireland Audit Office (NIAO) report on Sickness Absence on the
Public Sector

Shane,

In response to your correspondence of 10 February 2014, the Committee for Employment and Learning considered the report at its meeting on 19 February and agreed to forward the Report to the Department for comment and to schedule a briefing on the report by the Northern Ireland Audit Office (NIAO). The Committee was subsequently briefed by the NIAO at its meeting on 26 February and agreed to write to the Department for Employment and Learning requesting details of what policies and procedures are in place to reduce sickness absence and to ascertain if the Internal Audit Branch has carried out an audit/review on the sickness absence processes in the last 6 years. The Committee is awaiting this response.

I should be grateful if you would bring this to the attention of your Committee.

Regards,



Committee Clerk



Committee for Employment and Learning

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To: Shane McAteer,
Clerk to the Committee for Finance and Personnel

From: Cathie White,
Clerk to the Committee for Employment and Learning

Date: 14 October 2014

Subject: Northern Ireland Audit Office Report on Public Sector Sick Absence

Shane,

Further to your email yesterday please find attached a Department for Employment and Learning response outlining its policies and procedures to reduce sick absence.

In addition, I have attached further correspondence from the Department dated 9 July 2014 providing a breakdown of the Department for Employment and Learning sickness absence figures.

I should be grateful if you would bring this correspondence to the attention of your Committee.

Regards,



Committee Clerk

Enc.

Mrs Cathie White
 Clerk to the Committee
 Committee for Employment and Learning
 Parliament Buildings
 Ballymiscaw
 Stormont
 Belfast
 BT4 3XX



Department for
**Employment
 and Learning**
 www.delni.gov.uk

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Our Ref: COR/091/14

A March 2014

Dear Cathie,

At their meeting on 26 February 2014 the Committee asked the Department to outline what policies and procedures are in place to reduce sickness absence and to ascertain if Internal Audit Branch has carried out an audit/review on the Department's sickness absence processes in the last 6 years.

All the Department's activities in respect of sickness absence are set within the context of the Northern Ireland Civil Service Managing Attendance Action Plan, a copy of which is attached at Annex A. The Department robustly applies the Northern Ireland Civil Service Inefficiency Sickness Absence policy and procedures and the Sickness Absence policy in order to reduce its sickness absence levels. This allows for action to be taken where attendance is unsatisfactory, however the approach is balanced by providing a wide range of support services which are intended to assist in the rehabilitation of employees who experience ill health or who have to cope with long term conditions. In addition, the Department delivers programmes and initiatives which are aimed at preventing ill health occurring by promoting and improving the general health and well-being of its employees.

The Department has developed a Managing Attendance Action Plan designed to reduce sickness absence levels through a range of mechanisms which focus on governance, well-being, strategies and stakeholder responsibilities. These include the development of Divisional absence targets; early interventions in stress cases; the implementation of a partnership approach to case management between Human Resources Branch and line managers; and the delivery of a range of health and well-being initiatives in partnership with the Northern Ireland Civil Service "Well" programme.

The Department has sought to adopt a culture of attendance and issues regular communications to line managers and staff to: reinforce their roles and responsibilities in respect of attendance issues; ensure that there is a commitment to collaborative working on this issue; and emphasise the message that while there is an acceptance of the genuineness of staff illness, days lost due to sickness absence cause inefficiency.



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Human Resources Branch closely monitors compliance with the policy and procedures and provides regular updates to the Senior Management Team, Departmental Board, Permanent Secretary and the Minister to allow progress to be tracked. In addition, senior management receive updates in the form of a regular HR dashboard which facilitates the monitoring of sickness absence and associated line manager activities. In addition to its annual report on Northern Ireland Civil Service sickness absence, the Northern Ireland Statistics and Research Agency (NISRA) produces a detailed monthly management information report for DEL setting out sickness absence statistics broken down by business area, type of sickness and grade. The HR Director personally reviews all long term absence cases on a monthly basis and assures the robustness of the HR processes and procedures in relation to sickness absence inefficiency cases. This combined approach allows HR and management to identify trends and to ensure that a careful analysis of individual cases is coupled with a detailed overview of the Department's position as a whole.

Research undertaken by NISRA indicates that absence rates in the Northern Ireland Civil Service are higher in the administrative grades, amongst female employees (even after pregnancy related absences are excluded) and in public facing services. The Department has a significant percentage of staff within these categories (female staff at 65.3%; administrative grades at 64.9%, staff delivering public-facing services at more than 50%). In 2012 the Department carried out research to explore these issues and concluded that the Departmental profile endorsed the wider research evidence findings.

Human Resources Branch regularly reviews its internal processes and considers a range of activities to deal with absence. In doing so it carries out benchmarking exercises against other NICS Departments and professional standards to ensure that good practice and continuous improvement are maintained

Human Resources Branch staffing level has been temporarily increased to facilitate prompt action in a range of areas including the referral of sickness absence cases to the Occupational Health Service and the Welfare Support Service; the issue of stress questionnaires to employees; the arrangement of early intervention stress meetings; conducting timely HR review meetings in relation to long term sickness absences and undertaking sickness absence inefficiency actions (from issuing written warnings to consideration of dismissal) as appropriate.

Each line manager must include specific objectives in their annual personal performance agreement in relation to their responsibility for carrying out sickness absence related activities including accurately recording absences, carrying out return to work interviews, maintaining contact with employees during periods of absence and dealing with stress cases promptly.

Managers are encouraged to develop the knowledge and skills required to manage attendance and participate in training which is available online and via the NICS Centre for Applied Learning. In addition, an e-learning package on managing sickness absence is scheduled to be delivered to all NICS staff in the coming weeks. All NICS staff can access the Welfare Support Service and the Employee Assistance Programme (Carecall) for free support and advice on any issue should they be facing difficulties or pressures in their work or their domestic lives. DEL employees

can also access additional support via the Condition Management Programme Pilot. This programme is designed to help staff to avoid absences or minimise the duration of absences by providing a support and rehabilitation programme which is tailored to the individual's needs.

The Department promotes health and well being through regular communications to its staff and by working closely with the NICS Well team and the network of Well Champions to deliver programmes and events in locations across the country. The activities undertaken at local level include maintaining fruit baskets in offices, weight loss events, organized walks in support of good causes, encouraging the use of the stairs, providing nutrition advice and a smoking cessation programme. NICS Well is responsible for a coherent approach to NICS health and well being, and delivery is via the Well Hub which is a web-based product that is accessible to all staff from home or work. DEL HR promotes this valuable resource at every available opportunity and the Department sponsors health check events and road-shows which are delivered by the Well team.

DEL has also explored innovative ways of promoting health and well-being and, at the Department's request, the Director of the NICS Occupational Health Service, Professor Ken Addley, has delivered a podcast explaining why health and wellbeing is important to the NICS and its employees. HR has also commissioned short podcasts dealing with health related issues such as nutrition and managing change.

In addition, DEL staff are regularly encouraged to take personal responsibility for managing their attendance at work. The Department supports this commitment to taking personal responsibility by making available a wide range of work-life balance options including flexible working, alternative working patterns (part-time and term time), reasonable adjustments, time off for medical appointments and special leave (paid and unpaid), all of which have the capacity to contribute to the overall health and well being of the employee.

The approach illustrated above incorporates: NICS good practice; a robust application of the NICS policy; line management compliance with policy and procedures by way of maintaining contact during absences, completing return to work interviews and considering and implementing adjustments. This is supplemented with DEL specific approaches such as the early intervention stress process, Condition Management Programme pilot and other health and well being initiatives. The outcomes of this approach include: an increase in the number of staff who are not absent at all during the year (51.1% in 2011/12 to an estimated 58% from April 2013 to January 2014); a reduction of the sickness absence level from an average of 17.7 days in 2003/04 to 11.5 days in 2012/13; and an expected outturn for 2013/14 is estimated at 10.2 days.

Internal audit branch completed an audit of the HR managing attendance processes and procedures and, in general, provided a very satisfactory report, IAS06/DEL11, dated May 2012. All minor follow up actions were satisfactorily completed and the audit was subsequently closed.

The Department is committed to building on the progress that has been made to date.

Yours sincerely



FIONA STANLEY
Departmental Assembly Liaison Officer

ANNEX A

NICS MANAGING ATTENDANCE ACTION PLAN

Key Theme	Summary of Actions
Target Setting	<ul style="list-style-type: none"> ▪ Overall NICS sickness absence target set for period 2010-2015, with associated annual targets. ▪ Individual departmental five year and annual targets set. ▪ Overall NICS and departmental targets disaggregated into targets for duration and frequency of long term sickness absence.
Management Information	<ul style="list-style-type: none"> ▪ Detailed annual report on NICS sickness absence produced by NISRA. ▪ Monthly monitoring reports produced by NISRA, broken down by department, individual business areas within departments, grades, reasons for sickness absence. ▪ Monthly reporting at departmental and business area level of individual long term sickness absence cases. ▪ Capacity by NISRA to conduct more indepth analysis in individual departments or business areas.
Governance and Management Focus	<ul style="list-style-type: none"> ▪ Overall NICS sickness absence levels included as commitment in Programme for Government. ▪ Director of Corporate HR identified as SRO for NICS sickness absence. ▪ Designated senior official in each department responsible for sickness absence reduction. ▪ Departmental sickness absence levels regular agenda items for Departmental Board meetings. ▪ NICS sickness absence levels a regular agenda item for HR Directors' meetings. ▪ NICS Well Board specifically responsible for NICS managing attendance issues.
Transparent Reporting	<ul style="list-style-type: none"> ▪ NISRA's annual report on NICS sickness absence published as official statistics. ▪ Annual reports submitted to Ministers, Public Accounts Committee and Assembly's Committee for Finance and Personnel. ▪ Progress report on implementation of NICS Action Plan submitted at six monthly intervals to Assembly's Committee for Finance and Personnel. ▪ Departmental targets published and reported on as part of Departmental business planning.
Performance Management	<ul style="list-style-type: none"> ▪ Line managers to include absence management as an objective in their individual Personal Performance Agreements. ▪ Compliance with absence management procedures (recording of reasons for sickness absence, completion of return to work interviews) monitored and reported, with individuals and business areas reminded about failure to comply.

ANNEX A

Summary of Actions	
Workplace Health	<ul style="list-style-type: none"> ▪ NICS Well Programme in place from April 2012 designed to promote health amongst NICS staff. ▪ Provision of 24 hour Employee Assistance Programme through Carecall. ▪ Provision of Welfare Support Services. ▪ Provision of Occupational Health Services. ▪ Provision of health and safety at work services to ensure compliance with relevant legislation.
Training and Support for Line Managers	<ul style="list-style-type: none"> ▪ Online Line Manager Reference Guide in respect of managing attendance. ▪ Online "Flashcards" for line managers to provide simple step by step guidance on how to deal with staff on sickness absence. ▪ New suite of training products, including an e-learning package, now available for line managers in respect of managing attendance, to be used for both induction and refresher training. ▪ Development of HR Business Partner role to support line managers in managing attendance.
Managing Attendance Policies	<ul style="list-style-type: none"> ▪ Comprehensive sickness absence policy in place. ▪ Case management/early intervention approach now in place, with early referral to OHS the norm in respect of certain types of cases. ▪ Introduction of Rehabilitation Programme to support early and intensive intervention with staff on sickness absence. ▪ Inefficiency/Sickness Absence policy in place to address inappropriate levels of sickness absence, incorporating procedures for Review Points, Return to Work Interviews, OHS Referral, Warnings and Dismissal. ▪ OHS advisers available to participate in case conferences at departmental level.
Policy Development and Evaluation	<ul style="list-style-type: none"> ▪ Continuous benchmarking of NICS approach against policies/strategies in other organisations. ▪ Piloting of new interventions, with appropriate evaluation mechanisms, before general application (eg Rehabilitation Programme, physiotherapy services, Pregnancy Support Programme, Workbridge).
Local Strategies	<ul style="list-style-type: none"> ▪ Departments and individual business areas encouraged to develop local interventions in response to their particular circumstances or "hotspots".
Supporting Policies	<ul style="list-style-type: none"> ▪ NICS terms and conditions designed to support staff's individual needs through provision of alternative work patterns. ▪ Availability of Phased Return to Work on medical grounds. ▪ Provision of Reasonable Adjustments where appropriate.



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Our Ref: COR/276/14

9 July 2014

Dear Cathie,

At their meeting on 25 June 2014 the Committee asked the Department to provide a breakdown of the staff sickness absence figures to show the impact of staff on long-term sickness absence on the figures.

The sickness absence figures for 2013/14 have yet to be confirmed but estimates indicate that approximately 75% of working days lost were due to long-term absence. Long-term sickness absence is defined as lasting for 20 consecutive working days or more.

The most recent sickness absence figures available relate to May 2014 and indicate that during the month:

- 91.1% of staff were not absent due to sickness;
- 56.7 % of the total working days lost during the month were due to absences which lasted for the entire month;
- 82.6% of absences were certified by a GP; and
- 10.3% of absences were self-certified (7 working days or less).

The Department continues to robustly apply the Northern Ireland Civil Service Inefficiency Sickness Absence policy and procedures and the Sickness Absence policy in order to reduce its sickness absence levels. This approach is balanced by providing a range of support services which are intended to assist employees to remain at work and to rehabilitate those who are absent due to long-term illness.

Yours sincerely,

FIONA STANLEY
Departmental Assembly Liaison Officer



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IPH Response 26 March 2014

Submission to

Northern Ireland Assembly Committee for Finance and Personnel
Evidence Session on Health and Wellbeing Measures to Reduce Sickness Absence

26 March 2014



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Introduction

1. The Institute of Public Health in Ireland (IPH) was established in 1998 to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice, with a particular focus on health inequalities. At the heart of the Institute's approach is the recognition of the importance of action across the social determinants of health, such as education, employment, income and the environment.
2. A key element of the Institute's work is the development, dissemination and application of public health information to help policy makers and practitioners. The main vehicle for dissemination is the "Health Well", which includes access to a wide range of information and web-based tools [<http://www.thehealthwell.info/>]. Also included in the online resources available through the Health Well is the Obesity Hub [<http://obesity.thehealthwell.info/>] and PANI Tool [Physical Activity and Nutrition Intervention Tool <http://www.thehealthwell.info/pani>]. The IPH portfolio of work includes the "Health Impacts of Employment – A review"¹ and a report published in 2011 entitled "Active Travel – Healthy Lives".²
3. IPH welcomes the opportunity to contribute a written submission and oral presentation on health and wellbeing measures to reduce sickness absence. Evidence relating to health and wellbeing measures to reduce sickness absence is presented under these headings:
 - Why is workplace health important?
 - What works? - the evidence
 - Workplace promotion of physical activity including active travel
 - Healthy eating in the workplace
 - Mental health and wellbeing in the workplace
 - Local example of a multi-component workplace health improvement programme
 - Conclusions
 - Recommendations

Why is workplace health important?

4. A healthy workforce is needed for the effective delivery of public services. Sickness absence (and ineffectiveness caused by presence at work when ill) decrease productivity, affect service delivery and have significant financial costs.
5. The public sector in Northern Ireland employs over 200,000 people. This is approximately 30 per cent of the total workforce. Three main areas account for 75 per cent of the public sector, namely, the Northern Ireland Civil Service (NICS), Health and Social Care and Education. The trends in sickness absence in these three are generally downwards over the last few years and, although still higher than for the public sector in the rest of the UK, the gap is decreasing. The Northern Ireland Audit Office has estimated the cost of sickness absence in these three areas in 2010-11 to be £148.6 million.³
6. Mental health problems are now the main cause of sickness absence in the public sector, accounting for about 29 per cent of the total in the NICS. Musculoskeletal problems are a frequent cause of sickness absence, particularly in the Health and Social Care sector. Medical conditions are also a significant cause of longer-term absence, especially in an older workforce.
7. There is increasing recognition by employers in both the public and private sector of the need to be proactive about maximising the health and wellbeing of the workforce, rather than waiting to react when members of staff go off on sick leave.⁴ A report on NHS organisations

in England found those which prioritised staff health and wellbeing performed better, in terms of quality, patient satisfaction, staff retention and sickness absence.⁵

8. The factors underlying sickness absence can be complex. An Audit Commission report in 2011 demonstrated the link between absence rates in the NHS and levels of deprivation.⁶

What works? - the evidence

9. Workplace health promotion is defined as ‘the combined efforts of employers, employees and society to improve the health and wellbeing of people at work’. Workplace health and wellbeing interventions focus around key issues such as health and safety; mental wellbeing; lifestyle behaviour change; and organisational good practice, as in the WHO workplace health model.⁷
10. The evidence as to what works has recently been reviewed in a report published by the City of London Corporation.⁴ The research included a review of 6⁸ published systematic reviews from the academic literature on the effectiveness of organisational or individual-level interventions to improve workplace health and wellbeing. Reviews were included if they covered health promotion approaches or programmes conducted in (or applicable to) workplaces of 250+ employees; were evaluated by an independent agency; and presented some outcome data. The authors concluded that:

“There is a strong body of evidence in the published literature to support the development of workplace health promotion programmes. Approaches to improving the health of employees are effective in a number of areas:

- Health promotion/wellness programmes. Multi-component programmes covering a range of lifestyle issues (e.g. physical activity; diet; smoking cessation; et.), designed in participation with staff, and supported by senior management, appear to be the most effective in improving aspects of employees’ health, at least in the short term.
- Mental health programmes. The evidence is strong for interventions to reduce stress in the workplace, particularly in relation to cognitive behaviour therapy; and moderate short-term for interventions targeted at people with an existing diagnosis of depression.
- Back pain and musculoskeletal health. Although there are a number of clear and promising interventions, the evidence for effectiveness does not appear particularly strong. This may be at least in part due to the challenge of measuring musculoskeletal outcomes.
- Organisational approaches. The evidence supports holistic embedded organisational approaches to workplace health improvement.”

Workplace promotion of physical activity including active travel

11. The number of adults in Northern Ireland achieving the Chief Medical Officer’s recommended levels of 150 minutes of physical activity per week has reduced from 38% in 2010/11 to 35% in 2011/12.^{8,9} The population of Northern Ireland has currently the lowest levels of cycling and walking in Europe. The most recent Travel Survey for Northern Ireland¹⁰ revealed that over half of all journeys less than 2 miles and two thirds of journeys less than five miles are made by car, representing an increase from the previous survey period.¹¹
12. The easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. “Physical activity that can be incorporated into everyday life, such as brisk walking and cycling, has been found to be as effective for weight loss as supervised exercise programmes.”¹² Increasing levels of physical activity has additional benefits for cardiovascular, musculoskeletal and mental health.¹³

13. There are many opportunities for promoting physical activity in the workplace:
 - Prompts to increase stair use;
 - Initiatives to promote walking e.g. walking team or individual challenges including use of pedometers;
 - Involve employees in organising a workplace activity programme;
 - Discounted membership of local gyms or leisure facilities;
 - Provide information on the benefits of physical activity; and
 - Encourage staff to walk or cycle to work.
14. The Cycle to Work Scheme provides tax relief on the purchase of bikes and cycle safety equipment, saving on average about half the cost. The purpose of the scheme is to encourage employees to make healthier journeys to work. It was introduced to the NICS as a pilot in the Department for Regional Development in 2009, having been running already in a number of organisations in NI, including Belfast City Council and Belfast Health and Social Care Trust. It was rolled out across the NICS in 2012 and is also in place in a number of the health and social care organisations.
15. One of the barriers to active travel to work is limited access to secure, weatherprotected cycle parking facilities and to changing facilities and showers in the workplace. Another significant constraint is safety concerns about dangers from road traffic. There is a need to develop a safe cycling infrastructure if the aim is to encourage others to start cycling. This will require an integrated policy approach which includes legislation, planning, financing, implementation, as well as monitoring and evaluation.²

Healthy eating at work

16. According to the most recent Health Survey findings, in 2012/13 37% of adults in Northern Ireland were overweight and a further 25% were obese.¹⁴
17. Promoting healthy eating in the workplace is an important aspect of any workplace health programme. A number of guidance materials are currently available to support employers to encourage healthy eating and promote the provision of healthy food items in workplace canteens and other outlets. The Health and Safety Executive for Northern Ireland (HSENI) in conjunction with the former Health Promotion Agency produced guidance¹⁵ on healthy eating in the workplace which outlines practical measures which can be used.
18. There is a local example of good practice in the education sector in respect of significant change around food provision and the promotion of healthy eating. The 'Food in Schools' policy¹⁶ advocates a 'whole-school approach' to all food provided and consumed in schools, as well as developing knowledge and skills in relation to healthy eating and lifestyles. The policy includes guidelines on the nutritional standards for school meals, other food and drinks served in schools, vending, and water provision.
19. Among the key messages emerging from the evaluation of progress in schools¹⁷ is the need for a coordinated, holistic approach supported by senior management. The implementation of healthy eating has been shown to be more effective when delivered in conjunction with other health promoting activities such as physical activity programmes, sustainable food/ 'grow your own' initiatives, links with external agencies, and consultation and engagement with the main parties involved in the process. The principles and learning of whole-school approaches to healthy eating could be adapted for workplaces.
20. In 2012 the Food Standards Agency in Northern Ireland (FSA NI) ran a six-month pilot of its Caloriewise scheme.¹⁸ Calorie information, following principles set out by the FSA, was displayed by participating food outlets. The scheme was trialled by nine local businesses

and three HSC trusts. Following the pilot, some HSC Trusts have continued to implement the scheme. Caloriewise was evaluated by the University of Westminster.¹⁹ FSA NI has been working closely with the Food Safety Authority of Ireland (FSAI) in the development and implementation of the Caloriewise scheme.

21. FSA NI, in conjunction with DFP Central Procurement Directorate has updated existing procurement guidance on 'Integrating sustainable development into the procurement of food and catering services'. The new guidance note will provide more comprehensive up to date information on integrating sustainable development and healthy eating objectives into the procurement of food and catering services. In January ²⁰14, Public Health England published 'Healthier and more sustainable catering: a toolkit for serving food to adults', which builds on previous work developed by FSA. This toolkit has been referenced in the new guidance note for Northern Ireland, thereby signposting procurement and catering managers to this resource.

Mental health and wellbeing in the workplace

22. One in four people will experience a mental health problem each year. Mental illness is the single largest cause of disability. Risks posed within the workplace to mental health are not as visible as the risks to physical health. For employers the benefits of workforces with good mental wellbeing include: enhanced job performance and productivity, increased commitment and job satisfaction, staff retention and lower levels of absence.
23. Employers can take a number of steps to promote a positive work environment and prevent stress at work, including:
- Improve working conditions (eg human resource policies that cover health and wellbeing, work/life balance and bullying and harassment);
 - Resilience building programmes;
 - Support for people with known mental health problems including appropriate measures and support for disabled members of staff, or those returning to work after a long period of absence;
 - Raising awareness and understanding of mental health issues among managers and the rest of the workforce; and
 - Employee assistance programmes (eg services that can be provided by an outside organisation, aimed at meeting the needs of employers in the management of employees' psychosocial health).
24. Available resources include the NICE guidance on promoting mental wellbeing at work²⁰ and Health and Safety Executive Northern Ireland (HSENI) standards for reducing work related stress.²¹ The HSENI recommends that employers undertake a risk assessment for work related stress. DHSSPS is currently developing the next Suicide Prevention and Mental Health Promotion Strategy. The intention is to include a section on workplace mental health. Local example of a multi-component workplace health improvement programme
25. The DHSSPS Workplace Health Improvement Programme is a Department-led initiative which seeks to help to improve the health and wellbeing of staff working within the Department. This programme is delivered within NICS Well – an initiative to improve the health and wellbeing of the NICS workforce. It combines senior management commitment and the appropriate infrastructure to deliver advice, support and education on health and wellbeing issues.
26. The programme includes a wide range of health promotion events which are carefully planned to take into account issues identified from absentee figures and suggestions from staff. Workplace Health Improvement events provide advice, information and interactive activities

throughout the year. These include: yoga, health checks, healthy eating, stop smoking, and weight loss amongst other initiatives.

Conclusions

27. In conclusion:

- The key message is that systematic, coordinated and comprehensive approaches, which include employee involvement, are essential for promoting health and wellbeing within the workplace.
- Creating an environment where people actively choose to walk and cycle as part of everyday life can have significant benefits. Employers can do their part to support this. Real improvements to personal health and wellbeing and the wider environment can be achieved when active travel is integrated into transport planning, and ultimately will have a positive impact on the economy.
- With respect to healthy eating in the workplace there is a need for a coordinated, holistic approach supported by senior management. The implementation of healthy eating has been shown to be more effective when delivered in conjunction with other health promoting activities such as physical activity programmes, links with external agencies, and consultation and engagement with the main parties involved in the process.
- Most employers recognise that poor mental health is now, by some margin, the single most important cause of sickness absence in the workforce. This highlights the importance of having proactive positive mental health programmes in the workplace.

Recommendations

28. IPH makes the following recommendations:

- Pedestrian and cyclist safety should be a key focus of infrastructural investment. The work of a broad range of government and other agencies will be required to promote and maintain a safe environment for active travel to work.
- In addition to the Cycle to Work scheme, further uptake of active travel to work should be facilitated by the increased availability of secure, weather-protected cycle parking facilities at workplaces, schools and public transport hubs; and by access to changing facilities and showers in the workplace
- The principles and learning of whole-school approaches to healthy eating should be adapted for workplaces
- Two practical measures to support staff in eating more healthily in the workplace should be implemented across NICS and HSC, the adoption of the procurement guidelines for catering managers and the rolling out of the Caloriewise scheme in staff restaurants.
- Public sector employers should ensure that they have comprehensive programmes in place to promote mental health and wellbeing and support employees with mental health problems.

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Department for Justice Response 28 March 2014

FROM THE OFFICE OF THE JUSTICE MINISTER



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28 March 2014

Dear Christine,

NORTHERN IRELAND AUDIT OFFICE REPORT ON SICKNESS ABSENCE IN THE PUBLIC SECTOR

Thank you for your letter of 14 March 2014, requesting a response from the Department on the issues and sections of the Northern Ireland Audit Office Report on Sickness Absence in the Public Sector relevant to the Department of Justice (DOJ). Committee members will be aware that we recently wrote to you on 3 March 2014 regarding the Analysis of Sickness Absence in the DOJ for 2012/13. This letter should be read in conjunction with that particular correspondence.

The Department of Justice (DOJ) came into existence on 12 April 2010 therefore comparative figures are not available preceding that date. Sickness absence targets for a five year period were originally set up for the DOJ in 2010 using figures from 2009/2010 as a base year. These targets were later revised and original outturn figures were retrospectively adjusted to include Prison Grade staff.

Building a fair, just and safer community

FROM THE OFFICE OF THE JUSTICE MINISTER



Department of
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www.dojni.gov.uk

In 2010/2011 the number of days lost per staff year was 12.9 throughout the DOJ, against a target of 11.6 days. This figure decreased slightly to 12.6 days lost per staff year in 2011/2012.

The Committee may also wish to note that, as stated in the report, high level, direct, comparison between sectors is not always appropriate because of the difference in the nature of the work undertaken in each sector and the patterns of work. In this regard, within DOJ the vast majority of staff in the Agencies operate in front-line roles (Northern Ireland Prison Service, Youth Justice Agency, Northern Ireland Courts & Tribunals Service and Forensic Science NI) which create particular pressures. Furthermore, within the Agencies many staff work shift patterns and unique pressures, including injuries at work, prevail in certain locations (e.g. Prisons, Courts and the Juvenile Justice Centre) which impact on absence levels.

The report highlights that NISRA has identified the staffing profiles of individual departments as a contributory factor to their differing levels of absence. NISRA adjusted the data to take account of these factors and calculated that if the staffing profile of the DOJ matched that of the NICS as a whole, the number of days lost in the Department during 2011/2012 would have been 9.0.

The report identifies that during 2011/2012 long-term sickness absence accounted for 71% of working days lost within the NICS. The comparative figure for the DOJ is that 77% of working days lost were as a result of long term sickness absence.

Psychiatric/psychological illness was recorded as the principal cause of sickness absence accounting for 29% of working days lost during 2011/2012 in the NICS and 28.4% in the DOJ.

The report also highlights that, within the NICS, the sickness absence rate for females was 40% higher than that for males. Within the DOJ the sickness absence rate for females was only 10% higher than that for males, however when the

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FROM THE OFFICE OF THE JUSTICE MINISTER



Department of
Justice
www.dojni.gov.uk

absence rate for females has been adjusted for pregnancy-related absences, there is very little difference.

The NIAO report stated that sickness absence in the NICS is traditionally highest among junior clerical grades; this is not the case in DOJ. The biggest contribution to DOJ's absence level was made by Prison Grade staff which is not unexpected given the front-line nature of the job.

The DOJ continues to take a proactive approach to the management of sickness absence and a number of key actions being taken to address sickness absence in the Department are highlighted in my earlier letter of 3 March 2014.

**TIM LOGAN
DALO**

DCAL Response 3 April 2014



**Committee for Culture,
Arts and Leisure**

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From: Peter Hall
CAL Committee Clerk

Date: 3rd April 2014

To: Shane McAteer,
Clerk, Committee for Finance and Personnel

Subject: NIAO Audit report on Sickness Absence in Public Sector

Dear Shane,

At its meeting on 3rd April 2014, the Committee for Culture, Arts and Leisure considered the enclosed correspondence from the Minister for Culture, Arts and Leisure regarding the NIAO Report on Sickness Absence in the Public Sector.

In her response the DCAL Minister highlights that her Department has set a target of 6.5 working days lost per member of staff year on year for 5 years. It was agreed that I forward this correspondence for the attention of your Committee.

Regards,



Peter Hall

Clerk
Committee for Culture, Arts and Leisure

Enc.

FROM THE MINISTER



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Our ref: COR/56/2014
Your ref: C15/14

Ms Michelle McIlveen MLA
Chairperson
Committee for Culture, Arts and Leisure
Room 344
Parliament Buildings
Ballymiscaw
Stormont
BELFAST BT4 3XX

31 March 2014

Michelle, a chara

RE: CAL Committee – Northern Ireland Audit Office (NIAO) report on sickness absence in the public sector.

Thank you for your correspondence of 21 February 2014 in which you advised that at its meeting on 20th February 2014 the CAL Committee had considered correspondence from the Committee of Finance and Personnel regarding the findings contained in the NIAO report on sickness absence in the Public Sector and agreed to seek my Department's views on the report.

Firstly I note that some of the data used as baseline figures is from 2004 which may not necessarily be reflective of the current workforce and trends. It is reassuring to see that the trend in sickness absence across the three areas reported on is generally downwards. The report has identified that because of the different management information systems used within the sectors high level direct comparison between the sectors is not attainable. This has been identified as a weakness and the NIAO has recommended that this should be addressed. Since one of the main causes of absence across the public sector is mental illness it would be helpful to be able to make comparisons across the public sector to facilitate better analysis of the effectiveness of managing sick absence procedures and of the interventions to reduce the absence and better address the cause.

Other recommendations made are that particular attention needs to be focused on reducing long-term sickness absence levels across the public service because of the significant impact it has on overall sickness absence levels. My Department would support this approach. You will be aware that the NICS has recognised the need to particularly address long term absence and has separate targets for overall absence and long term absence. We also would support the use of targets but would caution that they should be realistic and achievable.

My own Department's target of 6.5 working days lost per member of staff has been set year on year for each of the 5 years from 2010/11, it is the lowest target of all the Departments. This is a very challenging target. In comparison the Department of Social Development's (DSD) target is 11.4 days and the overall NICS Target is 9.0 days. DCAL did not meet their target in 2012/13 (actual outturn 8.5) and the projected outturn figure for 2013/14 is 9.3 days.

My Department is proactive in applying the NICS Managing Sickness Absence policy making full use of phased returns to work; reasonable adjustments to duties; the services of the NICS Employee Assistance Provider - CareCall; and the NICS Welfare Support Services and Occupational Health Service to encourage and support earlier returns to work. Line managers and Departmental HR also actively encourage and support staff to return to work.

In addition, DCAL has a proactive Workplace Health Improvement Programme (WHIP) now run under the NICS WELL banner. The programme serves to raise awareness and understanding of the key health issues occurring amongst staff to encourage preventive action.

Research has shown that there is a strong correlation between staff engagement and reduced sickness absence. My Department has an established Staff Engagement Forum made up of representatives from across the Department. This Forum provides the opportunity to engage with staff and discuss issues arising.

However we still find that our small number of long term absences has proved difficult to reduce.

I trust you find this helpful.

Is mise le meas

Handwritten signature of Carál Ní Chuilín in black ink.

Carál Ní Chuilín MLA

Minister of Culture, Arts and Leisure



Northern Ireland
Assembly

Committee for Culture, Arts and Leisure

Ms Carál Ní Chuilín MLA
Minister of Culture, Arts and Leisure
Causeway Exchange
1 – 7 Bedford Street
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21st February 2014

Our Ref.: C15/14

Dear Minister,

Northern Ireland Audit Office (NIAO) report on Sickness Absence on the Public Sector

At its meeting on 20th February 2014, the Committee considered correspondence from the Committee for Finance and Personnel regarding the findings of the NIAO report on Sickness and Absence in the Public Sector. That Committee has requested that the other statutory committees provide any views they may have regarding the findings.

The Committee agreed that I forward the report to you to seek the views of your Department. Please find the report attached.

I would be grateful if you could provide a response by the 14th March 2014.

Yours sincerely,

Michelle McIlveen

Ms Michelle McIlveen MLA
Chairperson
Committee for Culture, Arts and Leisure

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DHSSPS Response 6 May 2014

FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Edwin Poots MLA



Department of
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Mr Daithi McKay MLA
Chair
Committee for Finance and Personnel
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Our Ref: AGY/272/2014

Date: 6 May 2014

Dear Mr McKay

FOLLOW UP TO FINANCE AND PERSONNEL COMMITTEE EVIDENCE REQUEST – SICKNESS ABSENCE IN THE PUBLIC SECTOR

Thank you for your letter of 10 April, seeking information relating to available benchmarking data which officials had agreed to provide.

Northern Ireland Health and Social Care sickness absence rates are not comparable on a like for like basis with the other UK countries due to the differences in the methodology for calculating the rates. The other country data is used by the Department for comparison of trends over time but it cannot be used to benchmark in terms of relative performance. For example, in calculating sickness absence rates, England includes non-working days available in their denominator i.e. based on 365 days a year for a full-time person. If this was used for comparison against Northern Ireland sickness absence rates then the position for England would be understated. Wales uses the same system as England while Scotland uses total hours lost divided by contracted hours.

Under the new system used by the HSC, the Human Resources, Payroll, Travel & Subsistence (HRPTS) system, introduced to the HSC Trusts through a rolling programme starting in 2013 and now in place in all HSC Trusts, sickness absence reporting will be based on scheduled days/hours lost divided by scheduled days/hours available.

In terms of overall trends over the last few years, Scotland has had a mostly downward trend in sickness absence rates in the past 10 years, with a slight increase in 2013. Trend information is available from 2012 for England and Wales. England saw an increase in sickness absence rates during 2012, with levels generally decreasing again by 2013. Wales also had an increase in sickness absence rates during 2012, with levels decreasing slightly by 2013.

Given time to establish, HRPTS reports will provide HSC organisations and DHSSPS with a more comprehensive picture of sickness absence spells and trends.

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It will then be possible to analyse by for example, sickness absence types, person profiles (e.g. age, gender), job profiles (e.g. grade, band) and organisational profiles (e.g. org unit, hospitals).

I would emphasise that Northern Ireland is concentrating on developing the best possible intelligence data on sickness absence to better understand trends, patterns, reasons, all of which are helpful in informing policy/strategy and realistic targets.

The HSC HR Directors will continue to address these issues at their monthly meetings chaired by the Department's HR (HSC) Director, giving consideration to reports on the policy and practices of other countries. Consideration will also be given as to the potential to make meaningful comparisons between NI and the other UK countries.

I trust this information addresses the questions raised by the committee.



Edwin Poots MLA
Minister for Health Social Services and Public Safety

DoE Response 6 May 2014



Sheila Mawhinney
Clerk to the Environment Committee
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Your reference:
Our reference: COR/371/2014

Date: 6 May 2014

Dear Sheila,

On 4 April 2014, the Environment Committee discussed Departmental sickness absence levels prepared in response to the findings of the NIAO report on *Sickness Absence in the Public Sector*. (The Report published on 23 April 2013, has been referred to the Finance and Personnel Committee by the Public Accounts Committee for scrutiny).

At its meeting, the Committee agreed to write to the Department for further information on how sickness absence is being addressed. In particular Committee Members asked for the following information:

- the reasons behind the long term sickness absence figures;
- if the Department provides counselling services for staff;
- to what extent the Department looks for and shares, best practice;
- what lessons the Department has learned from local government;
- whether there is a uniform approach to dealing with sickness absence across the Department and its agencies;
- if the Department offers pastoral care to staff; and
- what effect the removal of the figures for long term sickness absence would have on the overall sickness absence figures.

I will address each point in the order requested, the information provided uses data produced by NISRA on sickness absence in DOE at 31 March 2014.

1. The reasons behind the long term sickness absence figures?

Within the Department the largest percentage of days lost to sickness absence is in respect of long term sickness¹. For illustrative purposes the tables below provide information on the reason for long term absence during January, February and March of this year.

January 2014

Reason For Absence	Staff	Staff	Working Days Lost	Working Days Lost
	No.	%	No.	%
Anxiety/Stress/Depression/Other Psychiatric Illnesses	25	42.4	514.0	41.9
Back Problems	5	8.5	111.4	9.1
Benign and Malignant Tumours, Cancers	5	8.5	111.7	9.1
Blood Disorders	1	1.7	15.2	1.2
Chest and Respiratory Problems	2	3.4	44.0	3.6
Gastrointestinal Problems	2	3.4	42.3	3.4
Injury, Fracture	4	6.8	91.3	7.4
Nervous System Disorders	1	1.7	22.0	1.8
Other Musculoskeletal Problems	4	6.8	88.0	7.2
Other Known Causes - Not Elsewhere Classified	5	8.5	108.3	8.8
Other	3	5.1	33.9	2.8
No Reason Specified	2	3.4	44.0	3.6
DOE Overall	59	100.0	1,226.2	100.0

The category 'Other' contains any absences with a reason that accounted for less than 1% of the Working Days Lost of absences lasting the entire month. The category 'No Reason Specified' contains any absences for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

¹ Long term sickness absence is an absence lasting more than 20 days (entire month) .

February 2014

Reason For Absence	Staff	Staff	Working Days Lost	Working Days Lost
	No.	%	No.	%
Anxiety/Stress/Depression/Other Psychiatric Illnesses	31	47.7	589.3	47.5
Back Problems	6	9.2	123.9	10.0
Benign and Malignant Tumours, Cancers	7	10.8	142.0	11.4
Blood Disorders	1	1.5	18.6	1.5
Chest and Respiratory Problems	2	3.1	40.0	3.2
Ear, Nose, Throat	1	1.5	20.0	1.6
Injury, Fracture	6	9.2	115.9	9.3
Nervous System Disorders	1	1.5	20.0	1.6
Other Musculoskeletal Problems	5	7.7	100.0	8.1
Pregnancy Related Disorders	2	3.1	30.8	2.5
Other Known Causes - Not Elsewhere Classified	1	1.5	20.0	1.6
Other	2	3.1	21.0	1.7
DOE Overall	65	100.0	1,241.4	100.0

The category 'Other' contains any absences with a reason that accounted for less than 1% of the Working Days Lost of absences lasting the entire month. The category 'No Reason Specified' contains any absences for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

March 2014

Reason For Absence	Staff	Staff	Working Days Lost	Working Days Lost
	No.	%	No.	%
Anxiety/Stress/Depression/Other Psychiatric Illnesses	35	54.7	661.2	55.3
Back Problems	5	7.8	103.9	8.7
Benign and Malignant Tumours, Cancers	5	7.8	100.0	8.4
Chest and Respiratory Problems	2	3.1	40.0	3.3
Ear, Nose, Throat	2	3.1	40.0	3.3
Eye Problems	1	1.6	20.0	1.7
Injury, Fracture	3	4.7	63.9	5.4
Other Musculoskeletal Problems	4	6.3	68.0	5.7
Pregnancy Related Disorders	2	3.1	30.8	2.6
Other Known Causes - Not Elsewhere Classified	2	3.1	40.0	3.3
Other	3	4.7	26.9	2.3
DOE Overall	64	100.0	1,194.7	100.0

The category 'Other' contains any absences with a reason that accounted for less than 1% of the Working Days Lost of absences lasting the entire month. The category 'No Reason Specified' contains any absences for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

2. If the Department provides counselling services for staff?

All Departmental staff have access to NICS Welfare Support Services which can provide help and guidance to anyone affected by personal, domestic or work-related problems. The Welfare Support Services provide a range of services such as:

- practical support following a bereavement;
- in association with the Occupational Health Service, organising exhibitions to promote healthy lifestyles and awareness/screening programmes;
- advice and support for addictions (gambling, alcoholism and drug dependence);
- advice on retirement – preparation for the transition;
- sign posting other areas of specialist advice, information and support.

Staff also have access to the counselling services, provided by Carecall which offers confidential face to face counselling and immediate telephone counselling. In the year to date 431 counselling sessions have been provided to staff. The counselling service deals with a wide range of issues, emotional, personal, personal trauma, work and career, marital /family concerns. From evaluation reports we receive clients using these services find that they are able to better cope with issues as a result of using the service.

3. To what extent the Department looks for, and shares, best practice?

The Department shares best practice with other NICS Departments and is led by DFP on policy matters in relation to managing sickness absence. As reported previously the Department is obliged to take forward a programme of specific actions under the *NICS Managing Attendance Action Plan* which provides a framework by which all NICS Departments manage sickness absence. Psychiatric/psychological related absences account for a significant proportion of monthly absences in DOE. The Department carried out a Work Place Stress Risk Assessment Survey earlier in 2013. It is hoped that by addressing the issues arising from this risk assessment that this will contribute to a reduction in this category of sickness absence. The Department has considered developments in DRD in relation mediation services provided and is in the process of procuring training in mediation skills for a small group of staff. This is intended to help staff deal with these difficult matters and facilitate earlier intervention and resolution of cases before the absence become long term and intractable.

The NICS has recently considered what more can be done to improve NICS performance against sickness absence targets. As a consequence the Department of Finance and Personnel (Corporate HR) has now agreed new compliance targets for 2014-2015. These targets focus on the responsibilities of the local line manager to record sickness absence accurately and raise the importance of good attendance by conducting return to work

interviews as a matter of routine. DOE will support local line managers to achieve these compliance targets during this year.

4. What lessons the Department has learned from local government?

The Department takes its lead from DFP and other NICS Departments in managing sickness absence levels within the parameters of our agreed HR Handbook arrangements. The Department will consider approaches within local government where evidence of good practice emerges and the Department considers that these can complement and improve our own policies.

5. Whether there is a uniform approach to dealing with sickness absence across the Department and its agencies?

There is a uniform approach throughout the Department in the management of sickness absence. All managers must record sickness absence on HR Connect system and the new compliance targets will focus on the responsibilities to record sickness absence and promote good attendance by completing return to work interviews. At present DOE HR case manages all long term absence to ensure a uniform approach.

6. If the Department offers pastoral care to staff?

Central services are provided by Welfare Support Service across all Departments.

7. What effect the removal of the figures for long term sickness absence would have on the overall sickness absence figures?

In the year to date 1 April 2013 – 31 March 2014, long term sickness absence accounted for 73.9% of working days lost.

Short Term Absence Working days lost	Long Term Absence Working Days Lost	Total Working Days lost
6,263.7	17,782.0	24,045.7

During the 2013-14 financial year the total working days lost accounted for 9.4 days per employee (*2013-2014 performance target 8.0 days per employee*). The effect of removing long term absence figure from the overall absence figures for days lost per employee would reduce to days lost per employee to 2.5. A copy of the DOE Sickness Absence Report for March 2014, is attached for information.

I trust this information is of assistance, should you require anything further please contact me directly.

Yours sincerely,

Helen Richmond
DALO
[by e-mail]



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Your reference: COR/514/14
Our reference: DO1-14-1694

Date: 21 May 2014

Dear Sheila

The Committee have asked to see a copy of the results of the 'Report on Implementation of Management - Standards for Work Related Stress' carried by the Health and Safety Executive on behalf of the Department of the Environment during January to March 2013.

Please see attached copy of the report.

I trust this information is of assistance, should you require anything further please contact me directly.

Yours sincerely,

Helen Richmond
DALO
[by e-mail]

Report on Implementation of Management Standards for Work Related Stress



SM201303-0001

Executive Summary

Acknowledgements

Thanks to:

- Steve Hare
- Gary Carson
- Stephen Emerson
- Aileen Hughes
- Margaruite McNeill
- And all those who participated in the process.

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Background

Under the Health and Safety at Work (NI) Order 1978 (as amended) employers have a statutory duty to ensure as far as reasonably practicable, the health, safety and welfare of employees. Employers must also assess health and safety risks under the Management of Health and Safety at Work (NI) Regulations 2000 (as amended).

While in the past health and safety management focused on physical wellbeing, it is now recognized that the legislation applies equally to psychological health and wellbeing.

In October 2004, employers' obligations under the 1989 framework Health and Safety Directive (89/391/EEC) for the protection of employee occupational health and safety, was extended to include work-related stress when EU social partners formally signed a framework agreement.

The Health and Safety Executive have developed management standards for work-related stress. Six key aspects of work have been identified which if not properly managed, can lead to excessive pressures in the workplace. These are demands, control, support, relationships, role and change.

Focus Groups

As part of the process of implementing the Management Standards within the Department of the Environment NI, it was agreed that focus groups should be held. Past experience has shown that this approach allows employees to draw on their own detailed knowledge of local issues and give weight to any findings from the staff survey.

There were 74 focus groups and one to one meetings held between the 5th March and 13th May 2013. A total of 277 (10.16%) participants attended out of the 478 (17.5%) invited to participate. This was based on a staff complement of 2726.

The participants represented a wide range of job types across the DoE. The participants ranged from Heads of Groups to technical and administrative grades. Each focus group was comprised of staff of similar grades so as to help facilitate open discussion.

Participants were encouraged by the HSENI facilitator to explore the six key aspects of work with respect to excessive pressures and potential solutions. After discussion each group settled on a list of key issues which they felt caused excess pressure in the workplace. The participants also suggested potential solutions which they felt could improve working conditions. The common key points from all the focus groups are combined and listed in the key issues above.

A more detailed report will be issued for each of the following:-

- DoE Core
- DoE Planning and Local Government
- NIEA

- DVA

As the focus groups were required to concentrate on perceived problems, the recorded comments from contributors are negative.

However there were many positive comments made, these included:

DVA focus group participants expressed:-

- They liked the shift working patterns
- Good working relationships
- Close to home
- Pay and conditions – regular and secure employment
- Meeting people
- Variety of work – the type of work I want to do
- Working inside
- PPE is supplied so we don't have to wear our own clothes
- Free parking

DoE Core focus group participants expressed:-

- Get a sense of achievement
- Flexibility regarding work location
- Autonomy to get on with my own work
- Staff appreciate policies such as Health Works and health MOTs
- Generally good working relationships amongst peers
- Recently senior managers visited our office – it is good for staff to put a name to the face

DoE Planning and local Government expressed:-

- Good social interaction here
- I like the colleagues I work with
- The work is interesting
- There is a good variety of work
- A sense of doing something worthwhile

NIEA focus group participants expressed:-

- My work location is stunning
- We see our job as making a difference to the community
- Opportunity to work in my chosen profession
- Great variety and interesting work
- I feel like a round peg in a round hole since I got this job
- Good support from staff and a high level of knowledge within the organisation
- Our CEO has an open door policy so staff with conflicting roles can discuss and clarify

Executive Summary

Completing the management standards process, of which this report forms part, addresses the Department of the Environment NI's legal obligations to managing stress within their organisation. The standards are supported by a risk assessment process which involves several stages. These are:

- Questionnaire
- Focus groups
- Reporting
- Developing an action plan to address issues
- And finally review.

Key issues emerging from the focus groups included:

As noted above, as staff attending the focus groups were required to concentrate on perceived problems, the recorded comments from contributors are negative and included:

- Issues concerning the general working environment:-
 - (a) open plan offices which are not suitable for planners, scientists, technical staff or those staff who have to make confidential phone calls or write up reports;
 - (b) Leaks appear to be a general issue with porta-cabins and huts used by staff (many references made by NIEA in particular);
 - (c) temperature control was an issue with many of the staff both within relatively new permanent buildings and most of the porta-cabins where putting on heating in the winter appears to blow fuses;
 - (d) Lighting – an issue in new buildings which have no windows so no natural lighting,
 - (e) lack of meeting rooms – mainly in large open plan offices
- In general employees working in scientific and technical posts feel that they require a greater allocation of training budgets for scientific and technical specialist courses and seminars. There is also a perception amongst these staff that the majority of CAL training is not seen to be appropriate or timely. And they would also like to see more training held in regional offices.
- Administrative staff that are managed by scientific and technical managers feel that normal line management responsibilities such as effective performance management are not being implemented in a timely manner and their line managers require more training regarding their line management duties.
- A number of those interviewed feel that risk assessments are a tick box exercise with little concern for staff wellbeing e.g. assessments for lone workers

- Officers working part time are of the opinion that manager's expectations of their workloads do not differentiate pro rata from that of full time colleagues.
- Those affected would like the Department to prioritise a settlement of cases concerning "out of hours allowances".
- A number of employees are concerned that they consistently take their breaks at their desks due to lack of suitable staff break out facilities and they end up answering telephone queries due to staff shortages.
- There is a feeling that planning is not implemented consistently throughout the province eg. two district planning officers based in the same office but using different procedures for contacting relevant stakeholders.
- Ensure financial procedures are used consistently – staff feel that training in this area is inadequate and procedures differ in different working areas.
- It was consistently claimed that Personal Development Plans carry forward the same training requests over a number of years e.g. staff too busy to be released for training.
- There was a lot of discontent consistently shown by staff at all levels and in all departments with the HR Connect system:-
 - (a) Current PPA/PDP not fit for purpose or actually serves no purpose as it is not used for performance pay or promotion boards
 - (b) Many line-managers will not use box markings effectively as there is too much work involved in marking staff down to a box 4 and most feel they do not have the time to do it
 - (c) Filling vacancies too slow a process and too complicated eg. HR Connect advertised 40 new posts and have left the staff in the unit over 600 people to interview due to appeals by people who applied for the posts
 - (d) HR Connect grievance procedure takes too long and leaves staff feeling tainted – most staff would prefer an in-house early intervention system in place before any grievance went to HR Connect
 - (e) There were numerous instances of staff who have not had PPA/PDPs completed for up to 4 years – why were HR Connect not following these up in some way.
- There is a feeling amongst a significant amount of those interviewed that line managers throughout the organisation do not implement policies consistently eg. Inclement weather policy.
- Most regional employees feel that senior managers should be more visible and available.

- It is felt local managers do not deal with bullying and harassment effectively they would rather brush it under the carpet.
- Staff in general feel that communication within the department is poor despite an overload of emails.
- Implications/impact of change on staff by decisions taken at senior level – are staff ever consulted on changes that may have significant affects on their workload.

The information from the focus groups should be considered in conjunction with any other relevant sources of information e.g. information gathered from the management standards questionnaire.

Key issues should be prioritised and reasonably practicable solutions should be identified and agreed by a team including management and staff representatives which will be appointed by senior managers within DOE. The actions which need to be taken with regard to the priority items, when they will be taken and the responsible person tasked with carrying out the action should also be recorded.

Conclusion

Completing the management standards process, of which this report forms part, addresses the DVA legal obligations to managing stress within their organisation.

Some of the key issues emerging during the focus groups are included above.

This report is a good bench mark at this point in time for the DoE. DOE should not concern themselves about the bench marking reference scores as they are purely an indicator tool for comparison used by statisticians. The DoE has effectively been bench marked against 136 major organisations in Great Britain, which include BT, Post Office, Royal Mail, Health Trusts and Local Government. The DOE results as shown in the colour coding reflect the benchmarking the comparative performance of DOE by reference to this group of organisations.

Dr Robert Kerr of University of Ulster who completes the majority of NICS surveys and NISRA both state that any survey result over 30% is statistically significant. DoE had a 75.3% return of all staff surveyed and over 10% of staff were interviewed in focus groups. The DOE result is, therefore, a very robust return with reliable conclusions.

HSE Indicator Tool

HSENI collated the information from the survey issued on behalf of the Department of the Environment NI (based on HSE indicator tool – a questionnaire on work stress) during March 2013 staff had the opportunity to either complete the questionnaire electronically via the Quizdom sessions or in paper format. A total of 2053 staff, 75.3%, completed the survey (based on a complement of 2726 staff).

Details of the responses obtained were collated and analysed using the HSE analysis tool. This rates staff perceptions of the six key stress factors. The results of

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the completed analysis tool indicates which of the generic stressors require further investigation and verification through the use of, various methods including focus group discussions.

The table below summarises the results in the form of a score and colour coding for each of the stress factors. The colour coding and result scores allow an assessment to be made against the scores of organisations responding to the same questions as part of a HSE survey conducted within 136 organisations and is constituted of 'organisational averages'.

The result scores range numerically (5 to 1) and are correspondingly colour coded from green to red. A higher score indicates a better performance and a lower score may indicate a potential problem area.

The reference scores for each question are different so it is the relationship between the number score for the Department and the reference score that determines the colour. The key below indicates how the organisation is performing with respect to the organisational survey.

Key

	If your result is shown in green then your organisation is performing in the top 20% as measured against the HSE organisational database.
	If your result is in blue then your organisation is performing in the top 51% - 80% range.
	If your result is in amber then your organisation is performing below average in the 21% - 50% range.
	If your result is in red then your organisation is performing below average in the lower 20% range.

The key applies to the summary table on page and the subsequent tables in this report.

Appendix A – Overall results for the Department of Environment

Overall the results based on the returns received indicate that the Department is performing quite well regarding Demands but there is still room for improvement. The scores also show that they are performing lower than average in the areas of Manager's Support; Peer Support and Relationships indications are that there is clear need for improvement in these areas. The Department's results indicate that it is performing poorly with regards to Control, Role and Change and points towards urgent action needed in these areas.

DOE Overall Organisational Results

Demands	3.24
Control	3.20
Managers' Support	3.42
Peer Support	3.71
Relationships	3.75
Role	4.03
Change	2.65

Question	Average
Demands	
3 Different groups at work demand things from me that are hard to combine	3.16
6 I have unachievable deadlines	3.49
9 I have to work very intensively	2.37
12 I have to neglect some tasks because I have too much to do	3.21
16 I am unable to take sufficient breaks	3.71
18 I am pressured to work long hours	3.99
20 I have to work very fast	2.68
22 I have unrealistic time pressures	3.33
Overall	3.24



Control		
2	I can decide when to take a break	3.64
10	I have a say in my own work speed	3.05
15	I have a choice in deciding how I do my work	3.11
19	I have a choice in deciding what I do at work	2.38
25	I have some say over the way I work	3.37
30	My working time can be flexible	3.67
Overall		3.20

Managers' Support		
8	I am given supportive feedback on the work I do	3.03
23	I can rely on my line manager to help me out with a work problem	3.78
29	I can talk to my line manager about something that has upset or annoyed me about work	3.73
33	I am supported through emotionally demanding work	3.05
35	My line manager encourages me at work	3.50
Overall		3.42

Peer Support		
7	If work gets difficult, my colleagues will help me	3.78
24	I get help and support I need from colleagues	3.81
27	I receive the respect at work I deserve from my colleagues	3.59
31	My colleagues are willing to listen to my work-related problems	3.65
Overall		3.71

Relationships	Question	Average
	5 I am subject to personal harassment in the form of unkind words or behaviour	4.16
	14 There is friction or anger between colleagues	3.23
	21 I am subject to bullying at work	4.43

34 Relationships at work are strained **3.18**

Overall **3.75**

*** 356 (17.3%) of the staff who responded report that they are always, often or sometimes bullied.**

Role

1 I am clear what is expected of me at work **4.13**

4 I know how to go about getting my job done **4.34**

11 I am clear what my duties and responsibilities are **4.13**

13 I am clear about the goals and objectives for my department **3.65**

17 I understand how my work fits into the overall aim of the organisation **3.91**

Overall **4.03**

Change

26 I have sufficient opportunities to question managers about change at work **2.91**

28 Staff are always consulted about change at work **2.36**

32 When changes are made at work, I am clear how they will work out in practice **2.69**

Overall **2.65**

DVA Results

Your Results

Demands	3.37
Control	2.78
Managers' Support	3.39
Peer Support	3.68
Relationships	3.74
Role	4.31
Change	2.79

Demands

3	Different groups at work demand things from me that are hard to combine	3.43
6	I have unachievable deadlines	3.77
9	I have to work very intensively	2.32
12	I have to neglect some tasks because I have too much to do	3.60
16	I am unable to take sufficient breaks	3.62
18	I am pressured to work long hours	4.13
20	I have to work very fast	2.62
22	I have unrealistic time pressures	3.50
Overall		3.37

Control

2	I can decide when to take a break	2.99
10	I have a say in my own work speed	2.76
15	I have a choice in deciding how I do my work	2.62
19	I have a choice in deciding what I do at work	2.06
25	I have some say over the way I work	3.08
30	My working time can be flexible	3.15
Overall		2.78

Managers' Support

8	I am given supportive feedback on the work I do	2.96
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23	I can rely on my line manager to help me out with a work problem	3.84
29	I can talk to my line manager about something that has upset or annoyed me about work	3.71
33	I am supported through emotionally demanding work	3.04
35	My line manager encourages me at work	3.40
Overall		3.39

Peer Support

7	If work gets difficult, my colleagues will help me	3.77
24	I get help and support I need from colleagues	3.80
27	I receive the respect at work I deserve from my colleagues	3.57
31	My colleagues are willing to listen to my work-related problems	3.57
Overall		3.68

Relationships	Question	Average
	5 I am subject to personal harassment in the form of unkind words or behaviour	4.10
	14 There is friction or anger between colleagues	3.26
	21 I am subject to bullying at work	4.42
	34 Relationships at work are strained	3.18
	Overall	3.74

*** 139 (17.4%) of the staff who responded report that they are always, often or sometimes bullied.**

Role

1	I am clear what is expected of me at work	4.40
4	I know how to go about getting my job done	4.56
11	I am clear what my duties and responsibilities are	4.44
13	I am clear about the goals and objectives for my department	4.02
17	I understand how my work fits into the overall aim of the organisation	4.12
Overall		4.31



Change

26	I have sufficient opportunities to question managers about change at work	2.95
28	Staff are always consulted about change at work	2.48
32	When changes are made at work, I am clear how they will work out in practice	2.93
Overall		2.79

NIEA Results

Your Results

Demands	3.18
Control	3.56
Managers' Support	3.41
Peer Support	3.69
Relationships	3.65
Role Change	3.80
	2.56

Demands

3	Different groups at work demand things from me that are hard to combine	2.99
6	I have unachievable deadlines	3.37
9	I have to work very intensively	2.45
12	I have to neglect some tasks because I have too much to do	2.91
16	I am unable to take sufficient breaks	3.78
18	I am pressured to work long hours	3.89
20	I have to work very fast	2.81
22	I have unrealistic time pressures	3.25
Overall		3.18

Control

2	I can decide when to take a break	4.13
10	I have a say in my own work speed	3.39
15	I have a choice in deciding how I do my work	3.49
19	I have a choice in deciding what I do at work	2.72
25	I have some say over the way I work	3.66
30	My working time can be flexible	4.00
Overall		3.56

Managers' Support

8	I am given supportive feedback on the work I do	3.13
23	I can rely on my line manager to help me out with a work problem	3.65
29	I can talk to my line manager about something that has upset or annoyed me about work	3.71
33	I am supported through emotionally demanding work	3.03
35	My line manager encourages me at work	3.51
Overall		3.41

Peer Support

7	If work gets difficult, my colleagues will help me	3.77
24	I get help and support I need from colleagues	3.75
27	I receive the respect at work I deserve from my colleagues	3.59
31	My colleagues are willing to listen to my work-related problems	3.67
Overall		3.69

Relationships

5	I am subject to personal harassment in the form of unkind words or behaviour	4.13
14	There is friction or anger between colleagues	3.04
21	I am subject to bullying at work	4.39
34	Relationships at work are strained	3.05
Overall		3.65

*** 105 (17.9%) of the staff who responded report that they are always, often or sometimes bullied.**

Role

1	I am clear what is expected of me at work	3.89
4	I know how to go about getting my job done	4.18
11	I am clear what my duties and responsibilities are	3.88
13	I am clear about the goals and objectives for my department	3.36
17	I understand how my work fits into the overall aim of the organisation	3.71
Overall		3.80

Change

26	I have sufficient opportunities to question managers about change at work	2.87
28	Staff are always consulted about change at work	2.31
32	When changes are made at work, I am clear how they will work out in practice	2.51
Overall		2.56

Planning and Local Government Group Results

Demands	3.14
Control	3.38
Managers' Support	3.36
Peer Support	3.72
Relationships	3.80
Role	3.88
Change	2.48

	Question	Average
Demands	3 Different groups at work demand things from me that are hard to combine	3.00
	6 I have unachievable deadlines	3.22
	9 I have to work very intensively	2.41
	12 I have to neglect some tasks because I have too much to do	2.96
	16 I am unable to take sufficient breaks	3.79
	18 I am pressured to work long hours	3.95
	20 I have to work very fast	2.67
	22 I have unrealistic time pressures	3.14
	Overall	3.14
	Control	2 I can decide when to take a break
10 I have a say in my own work speed		3.10
15 I have a choice in deciding how I do my work		3.30
19 I have a choice in deciding what I do at work		2.46
25 I have some say over the way I work		3.44
30 My working time can be flexible		4.03
Overall	3.38	

Managers' Support

8	I am given supportive feedback on the work I do	2.86
23	I can rely on my line manager to help me out with a work problem	3.75
29	I can talk to my line manager about something that has upset or annoyed me about work	3.65
33	I am supported through emotionally demanding work	3.04
35	My line manager encourages me at work	3.51
Overall		3.36

Peer Support

7	If work gets difficult, my colleagues will help me	3.78
24	I get help and support I need from colleagues	3.83
27	I receive the respect at work I deserve from my colleagues	3.57
31	My colleagues are willing to listen to my work-related problems	3.70
Overall		3.72





Question	Average
Relationships	
5 I am subject to personal harassment in the form of unkind words or behaviour	4.21
14 There is friction or anger between colleagues	3.30
21 I am subject to bullying at work	4.44 *
34 Relationships at work are strained	3.25
Overall	3.80

* 66 (17.2%) of the staff included in this query and who responded report that they are always, often or sometimes bullied.

Role

1	I am clear what is expected of me at work	4.03
4	I know how to go about getting my job done	4.20
11	I am clear what my duties and responsibilities are	3.96
13	I am clear about the goals and objectives for my department	3.45
17	I understand how my work fits into the overall aim of the organisation	3.76
Overall		3.88

Change

26	I have sufficient opportunities to question managers about change at work	 2.74
28	Staff are always consulted about change at work	 2.18
32	When changes are made at work, I am clear how they will work out in practice	 2.51
Overall		 2.48

DOE Core Results

Demands	3.11
Control	3.49
Managers' Support	3.62
Peer Support	3.83
Relationships	3.89
Role	3.87
Change	2.67

Question	Average
Demands	
3 Different groups at work demand things from me that are hard to combine	2.95
6 I have unachievable deadlines	3.25
9 I have to work very intensively	2.32
12 I have to neglect some tasks because I have too much to do	2.97
16 I am unable to take sufficient breaks	3.75
18 I am pressured to work long hours	3.81
20 I have to work very fast	2.62
22 I have unrealistic time pressures	3.21
Overall	3.11

Control	
2 I can decide when to take a break	4.09
10 I have a say in my own work speed	3.16
15 I have a choice in deciding how I do my work	3.48
19 I have a choice in deciding what I do at work	2.52
25 I have some say over the way I work	3.58
30 My working time can be flexible	4.13
Overall	3.49

Managers' Support

8	I am given supportive feedback on the work I do	3.24
23	I can rely on my line manager to help me out with a work problem	3.94
29	I can talk to my line manager about something that has upset or annoyed me about work	3.95
33	I am supported through emotionally demanding work	3.19
35	My line manager encourages me at work	3.78
Overall		3.62

Peer Support

7	If work gets difficult, my colleagues will help me	3.89
24	I get help and support I need from colleagues	3.92
27	I receive the respect at work I deserve from my colleagues	3.72
31	My colleagues are willing to listen to my work-related problems	3.79
Overall		3.83

Relationships

5	I am subject to personal harassment in the form of unkind words or behaviour	4.33
14	There is friction or anger between colleagues	3.40
21	I am subject to bullying at work	4.48
34	Relationships at work are strained	3.37
Overall		3.89

*** 44 (16.7%) of the staff who responded report that they are always, often or sometimes bullied.**

Role

1	I am clear what is expected of me at work	3.94
4	I know how to go about getting my job done	4.19
11	I am clear what my duties and responsibilities are	3.95
13	I am clear about the goals and objectives for my department	3.41
17	I understand how my work fits into the overall aim of the organisation	3.86
Overall		3.87

Change

26	I have sufficient opportunities to question managers about change at work	3.14
28	Staff are always consulted about change at work	2.29
32	When changes are made at work, I am clear how they will work out in practice	2.58
Overall		2.67

Appendix B **DOE Good Practice and Initiatives**

The good practice schemes relating to management and employment practices which the Department of the Environment NI have in place are detailed below:-

1. DRD Stress awareness event to which DOE staff in Clarence Ct were invited.
2. OHS programme...this is issued annually to all DOE staff Core.
3. H&S Circular to DVA staff re DOE Stress Policy (TUS was fully consulted re Policy) .
4. NICS WELL programme.
5. DOE Team Brief articles re general health issues...including Stress (Articles re sun exposure feature on a regular basis).
6. DVA staff have access to Carecall.
7. DVA staff have access to the DFP Welfare group.
8. NIEA completed a full consultation (all NIEA staff) on the Work Related Stress Arrangement when it was being drafted.
9. NIEA issued a short presentation on Stress for managers to use at Team Brief http://doe.intranet.nigov.net/index/health_and_safety/healthandsafety-hsniea/healthandsafety-hsguidniea/managing_workplace_stress_powerpoint_presentation.ppt
10. There were 2 "Volunteer Fairs" held last June & September in NIEA (Klondyke & Lisburn) were 14 external organisations encouraged staff to get involved.
11. DOE are "Working With" Investors in People and have plans to achieve the National IIP Standard by 31st March 2014 a continuous improvement plan is in place across the Department to address areas of weakness both from the original IIP Assessment and from the 2010 Staff Survey.
12. Cycle to Work Scheme – DOE participated in this pilot that launched on Friday 22nd June 2012. The pilot was initially open for applications for 2 months, however this was then extended for a further 2 months. Given the success, the scheme was re-launched as an open ended programme, commencing on 1st February 2013 with a review to be undertaken at the end of January 2014.
13. Workbridge Programme – DOE piloted a voluntary return to work support programme for staff who had been off work on long term sickness absence.
14. NICS Display Screen Equipment Eye-Care Scheme – Available to all staff who use display screen equipment.

15. DOE Volunteering Committee in which staff are encouraged to participate in volunteering projects.

Appendix C – FOCUS GROUP QUESTIONS

<p>Demands Includes issues like workload, work patterns and the work environment</p>	<p>Control How much say the person has in the way they do their work</p>
<p>The standard is that:</p> <ul style="list-style-type: none"> • Employees indicate that they are able to cope with the demands of their jobs; and • Systems are in place locally to respond to any individual concerns. 	<p>The standard is that:</p> <ul style="list-style-type: none"> • Employees indicate that they are able to have a say about the way they do their work; and • Systems are in place locally to respond to any individual concerns.
<p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> • The organisation provides employees with adequate and achievable demands in relation to the agreed hours of work • People's skills and abilities are matched to the job demands; • Jobs are designed to be within the capabilities of employees; and • Employees' concerns about their work environment are addressed. 	<p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> • Where possible, employees have control over their pace of work; • Employees are encouraged to use their skills and initiative to do their work; • Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work; • The organisation encourages employees to develop their skills; • Employees have a say over when breaks can be taken; and • Employees are consulted over their work patterns.

<p>Support</p> <p>Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.</p>	<p>Relationships</p> <p>Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour</p>
<p>The standard is that:</p> <ul style="list-style-type: none"> • Employees indicate that they receive adequate information and support from their colleagues and superiors; and • Systems are in place locally to respond to any individual concerns. 	<p>The standard is that:</p> <ul style="list-style-type: none"> • Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and • Systems are in place locally to respond to any individual concerns
<p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> • The organisation has policies and procedures to adequately support employees; • Systems are in place to enable and encourage managers to support their staff; • Systems are in place to enable and encourage employees to support their colleagues; • Employees know what support is available and how and when to access it; • Employees know how to access the required resources to do their job; and • Employees receive regular and constructive feedback. 	<p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> • The organisation promotes positive behaviours at work to avoid conflict and ensure fairness; • Employees share information relevant to their work; • The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour; • Systems are in place to enable and encourage managers to deal with unacceptable behaviour; and • Systems are in place to enable and encourage employees to report unacceptable behaviour.

<p>Role Whether people understand their role within the organisation and whether the organisation ensure that the person does not have conflicting roles</p>	<p>Change How organisational change (large or small) is managed and communicated in the organisation</p>
<p>The standard is that:</p> <ul style="list-style-type: none"> • Employees indicate that they understand their role and responsibilities; and • Systems are in place locally to respond to any individual concerns. 	<p>The standard is that:</p> <ul style="list-style-type: none"> • Employees indicate that the organisation engages them frequently when undergoing an organisational change; and • Systems are in place locally to respond to any individual concerns.
<p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> • The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible; • The organisation provides information to enable employees to understand their role and responsibilities; • The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and • Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities. 	<p>What should be happening/states to be achieved:</p> <ul style="list-style-type: none"> • The organisation provides employees with timely information to enable them to understand the reasons for proposed changes; • The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals; • Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are give training to support any changes in their jobs; • Employees are aware of timetables for changes; • Employees have access to relevant support during changes.

Committee for Education Response

10 October 2014

Report by the Committee for Education on the relevant aspects of the NIAO Report: Sickness Absence in the Public Sector (April 2013)

Introduction

The Committee for Finance and Personnel wrote to the Committee for Education on 10 February 2014 seeking its views on the Northern Ireland Audit Office (NIAO) report on Sickness Absence in the Public Sector (published: April 2013).

The Education Committee confined its consideration to sickness absence in the Department of Education and the education sector. The Committee took evidence from NIAO (19 March 2014) and from the Department of Education (14 May 2014). The Committee also wrote to DE seeking clarification on its actions in respect of the relevant NIAO recommendations.

This short report summarises the Education Committee's consideration and findings.

Sickness Absence in the Public Sector - Department of Education

The NIAO report on Sickness Absence in the Public Sector (April 2013) showed that the employee absence performance of the Department of Education has improved from just over an average of 12 days lost due to sickness absence in 2006-07 (compared to an average of 13.7 days in the Northern Ireland Civil Service (NICS) at that time) to just under 8 days lost due to sickness absence in 2011-12 (compared to the NICS average of 10.1 days). However, when the data was adjusted so as to standardise absence rates against the staffing profile of the NICS as a whole, the absence level for DE was given as 9.5 for 2011-12 – this gave DE the third highest level of sickness absence. The NIAO report indicated that DE has met its targets with regard to average days lost in both 2010-11 and 2011-12.

Sickness Absence in the Public Sector – Education Sector

The report provided commentary on sickness absence for teaching and non-teaching staff in Controlled schools and Maintained schools but does not include information on Voluntary Grammar (VG) or Grant Maintained Integrated (GMI) schools or non-Controlled Irish Medium Education (IME) schools or their controlling organisations. The information was derived from two similar but separate payroll/human resource systems - one for nonteaching staff and one for teaching staff. DE operates the payroll/human resource systems for teachers in all schools with the exception of VG schools. The employing authorities (Education and Library Boards (ELBs), Council for Catholic Maintained Schools (CCMS) etc.) are afforded enquiry access to this system. CCMS etc. do not employ non-teaching staff– these are employed by the ELBs. While each ELB operates a stand-alone system for non-teaching staff in its area, the system used is understood to be common across all ELBs. The report indicated that DE did not have access to data from the non-teacher systems and did not at that time actively monitor absence levels among non-teaching staff.

Areas for which data was reportedly not readily available, both in relation to teaching and non-teaching staff included:

- the long-term and short-term profile of sickness absence levels;
- gender, age and grade/length of service analysis of sickness absence levels;
- analysis of the main causes of sickness absence and the duration of absences associated with particular causes.

The NIAO report contended that the absence of such data inhibited the effective management of sickness absence within the sector.

The NIAO report noted that the trend in overall teachers' sickness absence levels is downward, having decreased by over 20 per cent since 2006-07, with current sickness absence levels at 7.27 and 7.22 days per teacher per year for 2010-11 and 2011-12. These figures appear to compare well with the overall figure for the NICS, although when the figures are adjusted to take account the number of days attended in any given year, the adjusted figure is 8.2 days. The total pay bill for permanent teachers in post during 2010-11 was in the region of £606m; with a cost of sickness absence that year at £16m, and associated teacher substitution costs of a further £11.9m.

The report showed that in the period 2008-09 to 2010-11, the absence levels of nonteaching staff at four out of the six employing authorities had increased. The NIAO report noted that while it was not possible to gather information on the cost of non-teacher sickness absence, the estimated cost of non-teacher sickness absence in 2010-11 was approximately £17.8m.

NIAO reported differing levels of teacher sickness absence associated with the various school sectors. In 2011-12 teacher sickness absence levels ranged from a low of 5.87 days per teacher at the South Eastern ELB to a high of 8.16 days per teacher at the Western ELB. Belfast ELB, North Eastern ELB and Western ELB have not improved as much as other authorities over the period since 2007-08. South Eastern ELB and North Eastern ELB also experienced increases in teacher sickness levels in 2010-11, with North Eastern ELB witnessing a further increase in 2011-12. CCMS has traditionally experienced higher levels of teacher sickness absence compared with other employing authorities, although sickness absence has improved by 19% since 2007-08.

Although the overall trend over time is downwards, the following variations in absence levels associated with different school types and sectors were also highlighted by the NIAO:

- Controlled and Grant Maintained Integrated schools experienced the lowest levels of teacher sickness absence with an average of 6.5 and 6.2 days sickness absence per permanent teacher respectively in 2011-2012.
- Special schools and Maintained schools (particularly those under CCMS control) experienced the highest levels of sickness at 11.4 and 7.8 days per permanent teacher respectively in 2011-12.

Absence levels in these sectors have improved by 8 and 26 per cent respectively since 2006-07. DE and the employing authorities suggested that higher teacher absence levels at Special Schools reflect the demanding nature of the work, including a need to avoid the transmission of illness to vulnerable children.

The report also noted that long-term sickness absence (more than 20 days) represented around 60 per cent of total days lost. In England only 2 per cent of absences last for more than 20 days. In respect of long-term sickness, NIAO indicated that employing authorities reported the increasing importance of stress as a key cause.

The teaching sickness levels in Northern Ireland remained similar to those experienced in Scottish and Welsh Schools though higher than those in England though the gap was decreasing. NIAO noted that DE and the employing authorities did not routinely benchmark teacher sickness against sickness levels outside of Northern Ireland.

The NIAO report noted that the Department had set targets in relation to teacher sickness absence – these targets were the same for the overall sickness absence level for each of the individual employing authorities. Performance against these targets forms part of the regular governance and accountability meetings held between the Department and the employing authorities. However, no targets had been set for non-teacher sickness levels.

The Department's target for teacher absence levels for 2010-11 was 6 days for 2010-11 - this target was not achieved. Similarly the target for 2011-12 was not achieved. Despite this, the target for teacher absence has been reduced to 5 days for 2014-15 in line with England. NIAO questioned the achievability of this target.

NIAO recommended:

- improved routine data analysis and reporting in relation to both teaching and nonteaching staff including: the level of long-term sickness absence; the main causes of absences; their respective durations and the gender, age and grade profile of absence.
- the introduction of a combined measure identifying overall sickness absence levels, in addition to the separate analyses and target-setting for sickness absence for teaching and non-teaching staff.
- a more strategic role by DE with regard to promoting and monitoring sickness absence management across the sector.
- the use of statisticians and other relevant specialists to obtain advice and guidance on: the specification of absence targets; the fitness for purpose of data systems and to ensure the use of appropriate methodology and quality control procedures for sickness absence management information.

As part of its consideration of these matters, the Committee also noted the NIAO report on the Management of Substitution Cover for Teachers (2010) which identified average sickness levels for 2008-09 of 7.8 days with associated costs of £15.8m and additional substitution cover costs of £11m. That report also found that if teacher sickness absence in Northern Ireland was reduced to the level in England, estimated savings of around £5.7m in teacher pay costs and an additional £4m in the cost of teacher substitution could be achieved.

Further to the references in the 2013 NIAO sickness report to stress as a cause of teaching staff absence, the Committee noted the Northern Ireland Teachers' Health and Wellbeing Survey (2001). This made a number of recommendations relevant including:

- An annual review of overall health and wellbeing for all teachers;
- Stress reduction/healthier lifestyle courses;
- Consideration of inclusion of health awareness training in Initial Teacher Education;
- Extra support for the implementation of IT so as to reduce teacher stress;
- Examination of methods to redeploy administration work from teachers including the use of the "bureaucracy cutting tool kit" and an evaluation of the day-to-day activity of teachers;
- Independent feedback from teachers to be sought in respect of the school inspection process including improved follow-up by CASS / Welfare Services for individual teachers following an inspection;
- Strategies for improving pupil discipline to be improved;
- Improved communication between teachers, unions and employers so that feedback on problems facing teacher is addressed;
- A review of the independence of employer-provided support services including counselling for teachers;
- A review of the work-life balance programme for teachers to be effectively monitored and implemented;
- Teachers (and principals) to be made more aware of training and CPD opportunities – core teacher / CPD training to include: pupil discipline, time management, stress management and human relations;

- RTU training for principals to include a greater emphasis on coping skills and stress management; and
- A review of the mechanism to release teachers for training so as to improve uptake by teachers of training opportunities.

Consideration of Evidence

The Committee received a briefing from NIAO on 19 March 2014. The Committee subsequently wrote to the Department seeking information as to: how it was to improve its analysis of teaching and non-teaching staff absence in schools, including the breakdown of long and short-term absence, gender differentials, the high levels of absence in special schools; the actions that it is to take in respect of mental health issues underlying staff absence; and how the findings arising from the 2001 NI Teachers' Health and Wellbeing Survey have been addressed.

The Department briefed the Committee on 14 May 2014. Relevant correspondence is included in the appendix to this report.

Teaching Staff

The Department indicated that since June 2012, it has published an annual digest of teacher workforce statistics and it has also been able to analyse teacher absence in terms of long-term and short-term absence, gender, age and grade. DE has introduced a new common coding system specifying the main reasons for teacher absence and improved recording of absence and sharing quarterly reports with Controlled and Maintained schools.

In respect of mental health or stress issues, DE initially reported that of 131,487 days absent by teachers in 2012-13 only 5,292 (i.e. 4%) of teacher absence was associated with **work-related** stress. However in subsequent correspondence it was made clear that 30% of teacher sickness absence in 2012-14 was designated as stress or other psychiatric illness. This represented an increase of over 9,000 days on 2011-12 in respect of stress/ other psychiatric illness which includes an increase in work-related stress of 1,815 days from 2011-12 to 2012-13. It should be noted that these figures exclude VG schools.

DE indicated that it had provided a range of policies to improve teacher (and non-teacher) attendance including: flexible working; job sharing; career breaks; temporary variations of contracts; a policy statement on violence and abusive behaviour against teachers; and a teacher health and well-being policy etc.. DE provided considerable detail relating to the health and well-being programme including measures developed in response to the 2001 NI Teachers' Health and Well-Being Survey – a counselling helpline; revised pupil discipline policy; teacher workload agreements etc.

In March 2014, a regional strategy for the management and promotion of teacher attendance was published by DE. The regional strategy encourages employing authorities to: consider if there is an underlying school/sectoral culture of attendance; ensure an attendance management policy is in place in all schools with clear procedure which defines roles and responsibilities for line managers, principals, Boards of Governors (BoGs) HR teams etc.; adopt prevention strategies including promoting worklife balances, healthy lifestyles and reducing stress at work.

The Department convenes a quarterly forum of the ELBs and CCMS sharing best practice and ensuring: a consistent approach to attendance; clarity of roles and awareness of employer and employee support mechanisms. DE indicated that it also provides quarterly statistical reports for forum members detailing headline rates of teacher absence for individual schools and the employing authority as a whole. These are designed to help employing authorities identify trends and to target areas of improvement.

The Department indicated that although the Governing Bodies Association (GBA), Comhairle na Gaelscolaíochta (CnaG); and the NI Council for Integrated Education (NICIE) are represented on the Management Side of the Teachers' Negotiating Committee (TNC), they are not members of the forum.

In respect of the higher levels of staff absence in Catholic Maintained schools, DE referenced possible less strict adherence to the management of attendance thresholds and necessary follow-up actions.

In respect of its failure to achieve the teacher absence targets (which are set at those levels reported in England), DE indicated that the methodology for reporting teacher absence in England may differ from that used in Northern Ireland and that the target might consequently have been unachievable. The Committee noted that although the target had been missed, progress had been made in reducing teacher absence.

DE also advised that a working group - including DE, ELBs, CCMS but not GBA, CnaG, NICIE - was to bring forward an education-wide composite strategy for improving staff attendance.

Non-teaching staff

While DE's central role as paying authority for teachers enables the aggregation of teacher sickness data in Controlled and Maintained schools, it had no similar role in relation to non-teaching staff in these schools, and so had not previously been able to generate non-teacher sickness absence figures.

DE confirmed that it had previously focused on teacher absence but that it was now working to develop joint combined target for teacher and non-teacher absence. DE highlighted inconsistent policy implementation across ELBs associated with a reduction in ELB resources as a consequence of delays associated with the establishment of the Education and Skills Authority.

DE reported that a baseline figure had been established for non-teaching staff absence in 2012-13 of 8.7 days i.e. 5.07% of working time lost per post (and not per employee). DE advised that a 2014-15 target for non-teaching absence reduction was to be agreed. DE also advised that ELBs were considering benchmarking with health or other sectors and that advice was to be sought in this regard from NISRA.

DE indicated that an ELB working group is to further develop in 2014-15 the necessary bespoke software to allow interrogation of non-teaching absence information. The working group had already established a new methodology for the treatment of absence for non-teaching (so-called) multi-jobbers – DE reported that ELBs had 51,000 non-teaching posts and that there were 40% more posts than employees. DE indicated that it expected ELBs to continue resolve these issues in 2014-15.

In subsequent correspondence, DE indicated that the anticipated Education Bill will not tackle any legislative issues that currently impede the unification or greater exchange of information between teaching and non-teaching HR/absence systems in different education sectors.

Findings

In respect of the absence levels for Department of Education staff, the Committee noted the extensive range of DE interventions and policy initiatives and that the level of absence was below the average for the NICS in 2011-12. The Committee also noted that in 2013-14 average days lost by DE staff increased to 9.7 days against a target of 8.3 days.

In respect of teaching absence, the Committee highlighted concerns about growing levels of absence associated with stress – both job-related and non-job-related. Members were surprised to learn that the proportion of long term absence in Northern Ireland (around 63%

in 2013-14) greatly exceeds that in England and noted the suggestion that is a result of increases in stress-related absence. The Committee therefore felt that action was warranted in terms of both the growing financial (£12.9m in 2013-14 for all teacher sickness absence) and human costs of teacher absence.

The Committee welcomed the measures introduced following the Northern Ireland Teachers' Health and Wellbeing Survey (2001) but noted that employing authorities currently do not monitor their effectiveness. The Committee agreed that the Department should encourage all employing authorities to address this through a regular review of overall health and wellbeing for teachers. The Committee also agreed to seek assurance from the Department that it would ensure that the curriculum for Initial Teacher Education and Continuous Professional Development for teachers included health and well-being awareness training incorporating the RTU's recently developed iMatter whole school support materials.

The Committee welcomed the development of a regional strategy for teacher absence and commended the Department on the production and sharing of absence statistics. The Committee also welcomed the best practice forum and its focus on school culture; adherence to procedures and roles and responsibilities. The Committee hopes that this forum will help to successfully address the reported significant difference in teacher absence levels across the ELBs/CCMS and the reported variation in the application of absence procedures in CCMS schools.

The Committee felt that good practice should be shared across all schools and therefore agreed to strongly urge the Department to ensure engagement by the forum with all schools regardless of their sector.

Additionally the Committee welcomed the Department's intention to develop an educationwide composite absence strategy and its increasing focus on benchmarking based on organisations within and outside of Northern Ireland. Members hoped that this would address NIAO's recommendations and ultimately lead to a reduction in the costs and disruption associated with staff absence. As above, the Committee agreed that as the development of a meaningful composite strategy would require engagement with all school sectors, the Department should facilitate this.

The Committee was puzzled by the Department's comments in respect of the methodology for calculating teacher absence in England and the inappropriateness of the teacher absence target for Northern Ireland. The Committee was surprised that, given its concerns, the Department nonetheless adopted what might be viewed as an unattainable target for teacher absence. The Committee noted also that the South Eastern ELB had appeared to achieve the 2011-12 teacher absence target.

The Committee agreed that targets should be realistic and achievable and should also be used by the Department to drive improvement programmes and corrective measures. The Committee agreed that consideration should be given to revised teacher absence targets and that the Department should be prepared to set out the reasoning underpinning any changes to the target that it wished to introduce.

In respect of non-teaching staff, the Committee was surprised to learn of the very high level of so-called multi-jobbers and appreciated the difficulty in devising an agreed absence measuring methodology. The Committee commended the Department for developing a non-teaching baseline figure and agreed to seek a further update on the 2014-15 target for absence reduction. The Committee also agreed to seek further information from the Department on the costs associated with non-teaching absence.

Relevant correspondence is appended.



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11 April 2014

Dear Peter

NIAO Report: Sickness Absence in the Public Sector

Thank you for your letter of 21 March 2014 which refers to the Committee's request for an oral briefing in relation to the NIAO's report on Sickness Absence in the Public Sector (which has now been arranged for Wednesday 14 May) and seeking information on:

- (i) how the Department is to improve its analysis of teaching and non-teaching staff absence in schools, including the breakdown of long and short-term absence, gender differentials, the high levels of absence in special schools;
- (ii) the actions that the Department is to take in respect of mental health issues underlying staff absence; and
- (iii) how the findings arising from the 2002 NI Teachers' Health and Wellbeing Survey have been addressed.

Taking each issue in turn:

- (i) The Department has worked intensively and proactively over recent years to improve its analysis of teacher absence with a view to reducing absences through preventative measures and to reduce the costs associated with absence. This work has sought to deal with issues arising from the aforementioned Teachers' Health and Wellbeing Survey and successive NI Audit Office and Public Accounts Committee reports which raised concerns about the higher levels of teacher absence in local schools when compared to teacher absence levels in England and the management of teacher substitution. This has included the introduction of a new common coding system specifying the main reasons for teacher absence and improved recording of absence and sharing of quarterly reports with schools.

This work has enabled the Department (since June 2012) to publish annual figures on the levels of teacher sickness absence. These figures include a breakdown of the number of teachers taking a period of sickness absence, the average number of days lost due to sickness and the duration of sickness absences taken. A breakdown of these is given by school type and full-time / part-time employment status. An additional

table published each year also gives a breakdown of the average number of days lost due to sickness by Education and Library Board and management type.

This information is readily available in the Teacher Workforce Statistics area of the Statistical Releases section of the DE website. Additional analysis of these figures can be provided, if requested. Additional analysis is available by age, gender, fulltime / part-time, duration of absence, ELB, school type and management type. Some examples of this analysis are attached in Annex 1.

The same level of statistical information and analysis in relation to non-teaching staff is not available. Whilst the Department manages the payroll for teaching staff, it does not manage the non-teaching payroll. Whilst the overall system is the same, each Education and Library Board (ELB) operates its own stand-alone payroll for non-teaching staff to which DE does not have access.

However, much has been done during the last year to address the recommendations within the NIAO report (April 2013) regarding non-teaching staff. Employing authorities have completed work to develop a more accurate method for calculating the organisational sickness absence rate for non-teaching staff employed by the ELBs. Based on the new methodology, a baseline figure for sickness absence rates for 2012/13 has recently been agreed across all ELBs. Going forward in 2014/15, and having established and agreed a baseline figure, the ELBs (in conjunction with DE) will agree on target reductions in staff absence levels for all Boards.

Data is not yet readily available at a strategic level, such as breakdown of long and short term absence and gender differentials, due to difficulties in data extraction from the ELBs payroll / human resource systems. The current information systems are not sufficiently sophisticated to take account of complex aspects of non-teaching contracts, such as part time workers and those who have multiple jobs. However, ELBs are committed to resolving these issues and going forward in the 2014/15 year will be working to develop specific reports which will allow for more strategic monitoring of sickness absence levels across all Boards.

- (ii) In respect of mental health issues that may result in the absence of staff within the Department of Education; as part of the wider NICS, Departmental managers and staff have access to the following support services for staff suffering with stress related illnesses:

Welfare Support Service – Welfare Support Service aims to help increase the effectiveness of NICS Departments by assisting, where possible, in the resolution of staff problems. This is done by providing an individual and confidential service to staff and managers at all levels to enable them to work through (and better cope with) personal and work-related issues which may have an effect on work performance;

Carecall – is the company contracted to provide the NICS Employee Assistance Programme. Carecall complements the Welfare Support Service by providing a professional and confidential counselling service to staff of the NICS. Carecall also provides professional advice on issues such as legal problems, relationship problems, drugs, alcohol, debt anxiety etc. In addition, Carecall will also provide these services to members of the same family living in the same house as the member of staff;

NICS WELL – The NICS WELL Programme is an innovative multi-level health and wellbeing programme available to all NICS employees based on a central health information hub that incorporates a managed network of wellbeing advocates known as ‘champions’, across all departments. Adopting the NICS WELL approach is consistent with current best HR practice in both private and public organisations, in addition to supporting local public health strategies and wider European and global settings approaches to promoting population health; and

Occupational Health Service (OHS) – The Northern Ireland Civil Service Centre for Workplace Health Improvement provides a fully comprehensive occupational health service for all NICS Departments and their executive agencies. The main functions of OHS include:

- promoting the health and wellbeing of civil servants at work and provide a professional, integrated service to management and employees; and
- assisting departments in managing attendance including rehabilitation of individuals after sickness or injury.

Other initiatives deployed within the Department include:

Stress Questionnaire – sent to staff absent with a stress related illness to establish the nature of the stress i.e. whether personal/work-related;

Early intervention meeting – where work-related stress is identified the absentee is invited to an early intervention meeting with the Departmental Human Resources Team to discuss issues and explore solutions; and,

Departmental Wellbeing programme – a series of activities/initiatives are being rolled out in DE in 2014/15 that will promote good physical and emotional health and well-being.

Regarding the teaching workforce, in the 2012/13 academic year, 5292¹ working days were recorded as lost to teachers reporting work related stress as the reason for their absence. Whilst the Department would prefer that no teacher suffers a work related stress illness, this figure should be seen in the context of the overall number of teaching days lost to all types of sickness absence during the 2012/13 academic year which was 131,5632 days, which correlates to approximately 4% of teacher sick absence reported as work related stress.

The Department will continue to work collaboratively with the Employers and Teaching Unions to develop ways of reducing the stress that some teachers experience in their working lives. This co-operation is aimed at improving the terms and conditions of teachers to make their working lives better and as a result improve the outcomes for their pupils.

- (iii) In the years since the Survey was published, considerable improvements have been made in teachers' health and wellbeing through collaborative working between the Management Side (Employers/DE) and the Teachers' side (teaching unions) of the Teachers' Negotiating Committee (TNC). A programme of schemes and policies has been developed, including the following:
- In 2008 TNC introduced a Revised Teacher Attendance Procedure, which included a new provision for the recording of incidences of work-related stress;
 - In 2009 Employing Authorities introduced an independent 24 hour confidential telephone counselling service for all teachers (now provided by Carecall). This has since been extended to teachers and staff in Voluntary Grammar Schools;
 - Also in 2009 TNC introduced a policy statement and code of practice on measures to Combat Bullying and Harassment of Teachers;
 - The Employing Authorities provide an internal Staff Welfare Service. Staff Welfare Officers provide a confidential welfare support service for teachers who are experiencing problems arising from work, personal, domestic or social situations;
 - The Employing Authorities also provide Principals and Boards of Governors with stress management and health and wellbeing advice and training and make referrals to the occupational health service, where appropriate;

1 Excludes Voluntary Grammar Schools

- In 2011 TNC published a Strategy for Teacher Health and Wellbeing (THAW). The strategy is aimed at promoting a more proactive approach to teachers' health and wellbeing through an inclusive approach to best policy and practice on all aspects of workplace health;
- 2011 also saw TNC agree a new Policy Statement on Tackling Violence and Abusive Behaviour against Teachers. The document includes guidance on the handling, recording and reporting of violent incidents against staff in schools and has since been supported by an information leaflet for teachers produced by the teachers unions;
- Also in 2011, TNC introduced a Workload Agreement, to ensure that the workload of all Principals, Vice Principals and teachers is managed fairly and 2 Excludes Voluntary Grammar Schools consistently. This Agreement was designed to ensure that teachers are able to observe their contractual requirements, pursue their careers and undertake their day to day duties without unfair and unreasonable requirements being placed on them and with sufficient time to enjoy a reasonable work/life balance. This Agreement acknowledged that teachers have a right to reasonable workloads, a fair distribution of work within the school, carry out their duties within socially acceptable working hours, regular daily, weekly and annual breaks from work and that work loads are managed in an open, fair and equitable way. This Agreement was reviewed in 2013 with the plan to review every two years; and
- Most recently, in March 2014, the Department, in conjunction with the Employing Authorities, has published a Regional Strategy for the Management and Promotion of Teacher Attendance. The Strategy outlines measures that schools and Employing Authorities can take to pro-actively manage teacher attendance through a consistent approach.

Also during this period other policies and schemes which were introduced by TNC including:

- Flexible Working Scheme
- Job Share Scheme
- Career Break Scheme
- Maternity Scheme
- Statutory Leave Entitlement during Maternity Leave
- Temporary Variation of Contract
- Policy statement on Planning, Preparation and Assessment Time.

Many of these schemes and policies are also available to non-teaching staff and those staff will also have access to supports put in place by the individual employing authorities such as the Staff Welfare Service. Following on from the development and publication of the Regional Strategy for the Management and Promotion of Teacher Attendance, a working group has been formed to develop a composite strategy for the Education sector. It is envisaged that the composite strategy will be published during 2014.

I hope this is helpful in responding to your queries and providing a written update on the position in advance of the session on 14 May 2014.

Yours sincerely

Veronica

Veronica Bintley

Departmental Assembly Liaison Officer

Annex 1

Table 1. Number of working days lost, per teacher, due to sickness by school type and gender, 2012/13

	Primary	Nursery	Secondary	Special	Grammar	Peripatetic	Total
Female	7.9	11.0	8.8	11.1	6.3	13.8	8.5
Male	4.5	0.0	6.0	8.4	3.5	6.1	5.4
Total	7.4	11.0	7.9	10.6	5.3	12.4	7.8

Table 2. Number of working days lost, per teacher, due to sickness by school type and Education and Library Board, 2012/13

	Primary	Nursery	Secondary	Special	Grammar	Peripatetic	Total
Belfast	8.4	15.5	7.3	11.4	4.5	13.5	8.5
Western	6.5	7.5	8.7	10.1	6.5	15.8	7.8
North Eastern	7.9	12.0	8.5	9.4	6.5	7.0	8.1
South Eastern	6.5	12.8	6.9	10.9	4.5	8.1	6.8
Southern	7.9	4.4	8.1	10.1	3.8	16.4	8.1
Total	7.4	11.0	7.9	10.6	5.3	12.4	7.8

Table 3. Number of working days lost due to sickness absence by school type, length of absence and gender, 2012/13

	Nursery		Primary		Secondary		Grammar		Special		Peripatetic Units		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sickness absences by duration (in days)														
Short-term	585	26%	20477	34%	20319	44%	2366	44%	3990	45%	1069	32%	48806	39%
Long-term	1653	74%	38921	66%	25658	56%	2967	56%	4917	55%	2317	68%	76433	61%
Total	2238	100%	59398	100%	45977	100%	5333	100%	8907	100%	3386	100%	125239	100%
Sickness absences by duration (in days) (female teachers)														
Short-term	585	26%	18332	34%	15107	43%	1707	41%	3388	45%	984	32%	40103	38%
Long-term	1653	74%	35478	66%	19988	57%	2479	59%	4166	55%	2098	68%	65862	62%
Total	2238	100%	53810	100%	35095	100%	4186	100%	7554	100%	3082	100%	105965	100%
Sickness absences by duration (in days) (male teachers)														
Short-term	0	100%	2145	38%	5212	48%	659	57%	602	44%	85	28%	8703	45%
Long-term	0	100%	3443	62%	5670	52%	488	43%	751	56%	219	72%	10571	55%
Total	0	100%	5588	100%	10882	100%	1147	100%	1353	100%	304	100%	19274	100%

Source: Teachers' Payroll and Pensions System

Notes:

1. Data excludes voluntary grammar schools.
2. Information is based on the financial year April 2012 – March 2013.
3. Short-term absences are between 1 and 20 days and long-term absences are over 20 days.



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25 June 2014

Dear Peter

Departmental Briefing – NIAO Sickness Absence

Thank you for your letter of 30 May 2014 seeking clarification, on behalf of the

Committee, on a number of issues following on from the Department's briefing in respect of the NIAO Report on Sickness Absence in the Public Sector on 14 May 2014.

I have taken each request in turn.

Update on the new Efficient Discharge policy

Following discussions with employers and teaching unions regarding the reintroduction of an Efficient Discharge (ED) policy, the Department launched ED, by way of DE Circular 2014/11, on 13 May 2014. The purpose of this policy is to allow the early release of a limited number of teachers in the interests of the efficient discharge of the employer's function.

Efficient discharge may be considered in circumstances where re-training would be an ineffective or inefficient use of resources or where phased retirement/stepping down is not a viable option. Termination on the grounds of efficient discharge should not be used where other HR policies and practice would be appropriate. Employers must supply supporting documentary evidence to substantiate why other personnel policies are not applicable.

Efficient discharge must be operated at the initiative of the employer and not the individual teacher. However, the individual has to agree that they will be efficiently discharged. During the 2014/15 financial year, the level of compensation for efficient discharge should be "up to 52 weeks" pay.

Application forms are completed by the relevant Board of Governors and forwarded to the relevant employing / funding authority for consideration of eligibility and validity. Where the relevant employing / funding authority consider that the application meets the criteria, the applications will be forwarded to DE. DE will consider submitted applications by way of a Panel chaired by a senior DE official and comprised of an ETI Inspector, and a representative from both the Employing Authorities and Teaching Unions.

The panel will determine those cases which are considered to meet the criteria, and place in order of priority. The number of successful applications in each financial year will ultimately be managed by DE, subject to affordability. ED is subject to a bid for funding, therefore, any decision regarding those cases that can have their employment terminated on the grounds of efficient discharge which are deemed to meet the criteria and for which funding has been secured will be communicated to the relevant Employing / Funding Authority. In line with redundancy applications, there is no right of appeal in relation to these decisions.

Timeline for the development of the composite absence strategy

The Department has established a working group to develop a similar strategy to the Regional Strategy for the Management and Promotion of Teacher Attendance, for the non-teaching workforce and to examine the feasibility of developing a composite strategy for the education sector as a whole.

This group, chaired by DE, is currently comprised of the employing authorities for the majority of all teaching and non-teaching staff (the 5 ELBs and CCMS). The group will take account of work already undertaken in developing baseline figures and setting targets and will examine how policies and procedures are implemented across all Boards and CCMS, identifying areas of best practice and areas for improvement. It will also identify support mechanisms for managers in implementing and monitoring policies and for staff who are absent due to illness.

Terms of reference and a work plan have been agreed by all involved. It is envisaged that a strategy for the non teaching workforce will be developed by the end of 2014.

Timeline for inclusion of VG and GMI schools in the Absence Forum

The Managing Teachers' Attendance Forum (the Forum) was established by the Department to encourage Employing Authorities to discuss and explore teacher attendance issues and to provide a means of sharing best practice. The recently published Promoting and Managing Teacher Attendance Strategy developed by the Forum, was shared with all schools across the sectors, including all VG and GMI schools. The Governing Bodies Association, Comhairle na Gaelscolaíochta (CnaG) and the NI Council for Integrated Education (NICIE) are represented on the Management Side of the Teachers' Negotiating Committee (TNC) and are not members of the Forum. The Department, at the next meeting of Management Side of the TNC will seek their views on joining the Forum.

Breakdown of the reasons underlying teacher absence (given DE's evidence that only 4% is stress related)

The table below outlines the number of working days lost to teacher sick absence by sickness category recorded by DE's Teachers' Pay and Pensions Team over last three school years. The reasons recorded are taken from the self/medical certificates received from teachers. Worked related stress is a subset of Sickness Category 1 (STRESS/OTHER PSYCHIATRIC ILLNESS) and for which data is included in italics below.

Sickness Category	01/09/2010 - 31/08/2011	01/09/2011 - 31/08/2012	01/09/2012 - 31/08/2013
Stress/Other Psychiatric Illness <i>(of which work related stress)</i>	33,507 <i>(3306)</i>	31,005 <i>(3477)</i>	40,632 <i>(5292)</i>
Benign and Malignant Tumours, Cancers	3,840	4,685	4,286
Blood Disorders	1,152	996	1,075
Burns, Poisoning, Frostbite, Hypothermia	2	16	3
Chest/Respiratory Probs, Cold, Flu, Asthma	13,801	14,476	14,828
Ear/Nose/Throat, Migraine, Eye, Dental, Oral	6,460	7,313	6,335

Sickness Category	01/09/2010 - 31/08/2011	01/09/2011 - 31/08/2012	01/09/2012 - 31/08/2013
Endocrine/Glandular Problems	704	946	667
Gastrointestinal Problems	9,004	8,991	10,826
Genitourinary/Gynaecological Related	7,706	9,654	8,795
Heart/Cardiac and Circulatory Problems	3,220	1,942	3,091
Infectious Diseases	510	690	537
Injury, Fracture	7,283	6,970	5,882
Nervous System Disorders	1,155	879	1027
Musculoskeletal Problems	7,962	7,366	8,717
Skin Disorders	787	566	309
Substance Abuse	10	160	224
Unclassified & Requested Evidence	20,965	22,993	23,571
No Categorisation	1,168	949	682
Total*	119,236	120,597	131,487

*Excludes Voluntary Grammar Schools

Clarification as to whether the new Education Bill will allow for the unification of, or greater exchange of, information between teaching and non-teaching HR/absence systems in different sectors

The exchanging of information between employers is a matter for individual employers to determine. Beyond making the proposed Education Board the single employer for all of the employees currently employed by the 5 ELBs, the proposed Bill will not address any legislative issues that currently impede the unification of or greater exchange of information between teaching and non-teaching HR/absence systems in different sectors. The proposed Bill must be minimal in the interests of completing before local government reform takes full effect on 1 April, 2015.

Yours sincerely

Veronica

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28 July 2014

Dear Peter

Review of Teacher Health and Wellbeing

Thank you for letter of 27 June 2014, seeking an update on the recommendations included in the PricewaterhouseCoopers (PWC) 2001 Review of Teachers' Health and Wellbeing.

As the review was undertaken a number of years ago, I thought it would be useful for the Committee if I started by setting out the background, before explaining how the Department together with key education stakeholders, addressed the findings in the Report of the survey.

Background

The importance of a healthy teaching workforce has long been recognised as a contributing factor in ensuring the provision of an effective education service. If schools are to operate to their optimum capacity in providing a rich learning environment for pupils it is vital that teachers are well motivated, that sickness absence is kept to a minimum and that morale is high. However, in the past Employing Authorities had different approaches to teacher health and wellbeing and whilst some efforts had been made to co-ordinate the welfare function, it was recognised that there was still some way to go in fully integrating the service to ensure that every teacher in every school in Northern Ireland had access to the same level of support.

In 2001, it was decided by the Department of Education (the Department) and the Employing Authorities to commission an independent survey to examine a number of aspects of teacher health and wellbeing. The survey was undertaken by PWC during the period November 2001 to January 2002 and approximately 12,500 teachers responded. While the survey suggested that teachers for the most part were in good health, many suffered significant levels of stress related to their job.

The Report of the survey was published in June 2002 suggested that teachers were open to solutions designed to reduce stress and promote a healthier work environment.

Following its publication, a Strategy Steering Group comprising representatives of the Department, the Employing Authorities and the Teacher Unions together with experts from the Public Health Agency and the Health and Safety Executive considered the recommendations of the PWC Report.

It was concluded that a comprehensive strategy to support teacher health and wellbeing could lead to reduced teacher absence and create happier, healthier environments for both teachers and pupils. A teacher health and wellbeing subgroup, comprising representatives of the Department, the Employing Authorities and the Teacher Unions was established to develop this Strategy.

The Strategy that was developed was about change and building relationships; it was about building upon the work that was already taking place and also about ensuring that teacher health and wellbeing became ingrained in all policy decisions and initiatives.

Agreed by the Teacher Negotiating Committee (TNC), the Strategy was designed to promote the vision of TNC, to improve the health and wellbeing of teachers through an inclusive approach to best policy and practice on all aspects of workplace health.

Over the intervening years a number of initiatives and services have been introduced through the work of TNC and its various working groups to address the findings of the PWC Report, promote the health and wellbeing of teachers, reduce the causes of stress in the workforce and provide professional support services if required.

During the period since the publication of the Report, a range of schemes to improve the flexibility of teachers' working patterns and reduce the causes of workplace stress and fatigue and recognise the importance of a work life balance, have been ratified and introduced by TNC. These include:

- Maternity Scheme;
- Statutory Leave Entitlement during Maternity Leave
- Job Share Scheme;
- Career Break Scheme;
- Flexible Working Scheme;
- Temporary Variation of Contract; and
- Policy Statement on Planning, Preparation and Assessment Time.

In addition, a revised Teacher Attendance Procedure was agreed by the TNC in

2008. It included clarification of the roles and responsibilities of the Principal and the Board of Governors, and introduced new provision for the recording of the incidence of work-related stress.

A revised policy statement and code of practice on measures to combat bullying and harassment of teaching staff issued to schools in 2009 and a new Policy Statement on Tackling Violence and Abusive Behaviour against Teachers was agreed by the TNC and issued to schools in 2011. This document includes guidance on the handling, recording and reporting of violent incidents against staff in schools.

Furthermore, the Employing Authority's internal Staff Welfare Service, provides a confidential welfare support service for teachers who are experiencing problems arising from work, personal, domestic or social situations. The employers have also introduced an independent 24 hour confidential telephone counselling service for all teachers (presently provided by Carecall).

Although the original Report was published a number of years ago, the Department continues to work closely with both the Employing Authorities and Teacher Unions to address the issue of teacher health and wellbeing. Indeed the teacher health and wellbeing sub-group continues to meet regularly to consider outlining what additional measures and initiatives could be developed going forward.

The most recent development is the publication, earlier this year, of a Regional Strategy for the Management and Promotion of Teacher Attendance, which is designed to bring a greater

consistency and uniformity of approach to managing attendance. This Strategy was developed together with the Employing Authorities.

I hope this explains the steps that the Department has taken, together with its partners in education, to address the recommendations of the 2002 PWC Report into Teachers' Health and Wellbeing.

Yours sincerely

Veronica

Veronica Bintley

Departmental Assembly Liaison Officer



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18 September 2014

Dear Peter

Review of Teachers' Health and Wellbeing

Thank you for your letter of 5 September 2014 requesting an update on the effectiveness of the measures which the Department of Education has introduced to enhance teachers' health and wellbeing.

Whilst the Department has worked closely with Employing Authorities to devise strategies to enhance health and wellbeing for teachers, the implementation and control of such measures are the responsibility of the Employing Authority.

Employing Authorities provide advice, guidance and training to schools in managing teacher absence and also promote strategies to support teacher health and wellbeing.

The Employing Authorities have advised that they have been proactive in implementing these measures however; as yet, they have yet to finalise mechanisms to monitor their effectiveness. In some cases, for example Care call and Staff Welfare Services, this would prove difficult due to the highly confidential nature of the services available. Additionally, Employing Authorities believe this would prove a complex and resource intensive exercise which they currently do not have the resource to address.

The Teachers' Salaries and Conditions of Service Committee (TNC) has a Teachers' Health and Wellbeing Working Group (THAW), on which the Department is represented. THAW has not met since February this year and Management Side of the TNC has again, as recently as the Joint Working Party meeting on 16 September 2014, asked for THAW to be re-convened; Teachers' Side of the TNC has agreed and the next meeting is being scheduled for October 2014.

The Department also chairs a quarterly Managing Attendance Forum, which is attended by Employing Authorities, to discuss strategies for managing teacher attendance and sharing methods of best practice. By way of continuous improvement in this area and following the introduction of the Regional Strategy for the Management and Promotion of Teacher Attendance in March 2014, the Department will, at the next meeting of the Managing Attendance Forum propose that methods of evaluating the effectiveness of the measures which have been introduced to enhance teacher health and wellbeing are considered by

Employing Authorities; this is the next logical step after the Strategy has been given time to become embedded across the school system.

The Department will continue to establish/monitor attendance targets for teachers; the current target is to reduce the average number of sick days per teacher to 5 days during 2014/15. The Department also issues reports of teacher sickness absence rates to Employing Authorities on a quarterly and annual basis. This enables Employing Authorities to identify schools which may need particular support in addressing teacher absence.

Yours sincerely

Veronica

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14 January 2015

Dear Peter

NIAO Report on Public Sector Sickness Absence

Thank you for your letter of 12 December 2014 and for providing the Department with a copy of the Education Committee's findings in respect of the NIAO report on public sector absence.

Teachers

The Department acknowledges the Committee's concerns about levels of absence associated with stress.

The provision of a breakdown of statistics in respect of non-job related stress absence is problematic for many reasons including:

- the reason for sickness absence, as entered by an individual's General Practitioner (GP) varies and may not differentiate between job related and non job related stress;
- an individual may not wish to be specific or may not wish to disclose why they are experiencing stress;
- detailed knowledge of the reason(s) for absence may only be known at school level and even then it may not be fully disclosed to a Principal;
- unrelated health problems can be exacerbated by stress and sometimes it is not evident if stress has played a part in their illness;
- GPs use of general terms on medical certificates such as "debility, general debility, nervous debility, depression and anxiety". Such terms may or may not be related to stress. A similar issue exists with medical procedures when GPs use the generic term "post operative", and
- the Department's Teachers' Pay and Pensions Team (TPPT), which produces the annual sickness absence reports, relies on the reasons given by GPs on the medical certificates to determine which sickness category to attribute absences to.

The Committee requested a further breakdown in respect of non-job related stress absence. The appropriateness or detail of what is recorded on medical certificates determines the

accuracy of the sick absence statistics. Based on the reasons given on medical certificates, the table below sets out the breakdown of sick absences advised to TPPT that were attributed to stress and work related stress for the period 1 April 2009 - 31 March 2014.

*Number of days absent due to	2009-10	2010-11	2011-12	2012-13	2013-14
Stress	16,541.0	15,726.0	13,845.0	16,862.0	19,083.0
Work related stress	1,782.5	2,863.0	3,004.0	5,282.0	5,242.0
Total	18,323.5	18,589.0	16,849.0	22,144.0	24,325.0

* Figures are for working days lost based upon financial years and exclude the Voluntary Grammar sector.

Regarding the Committee's suggestion to compare stress related absence statistics and to study and apply lessons learned in similar professions in other jurisdictions; the Department will contact the NI Statistics and Research Agency in the first instance to explore how this might be best taken forward. This will be discussed at the Managing Teacher Attendance Forum.

As the Committee acknowledges, following the publication of the Teachers' Health and Wellbeing Survey and Report the Department, together with the Employing Authorities, introduced a number of measures to improve teacher terms and conditions. This has increased flexibility in work practices for teachers, designed to help reduce sources of potential work related stress.

The Employing Authorities report that the reasons behind stress related absence have been explored. Staff citing stress as reasons for absence, have been supported and steps have been taken to raise awareness of stress across schools. It has been challenging to formally monitor and evaluate the impact these measures have had since their introduction, due to the limited resources available in recent years. However, as you are aware, the Department chairs the Managing Teacher Attendance Forum, where representatives from each Employing Authority meet to discuss and review teacher absence issues. It was this Forum that drew up the Managing Teacher Attendance Strategy which was published and issued to all schools in 2014.

As the establishment of the Forum was designed to bring a more consistent approach to managing attendance issues across the Employing Authorities, it is intended that by bringing the five Education and Library Boards together as the single Education Authority (EA) from 1 April 2015 further progress will be made on adopting a more uniform approach.

While the strategy produced by the Managing Teacher Attendance Forum was shared with schools across all sectors, representatives from the Voluntary Grammar, the Integrated and Irish Medium sectors are not represented on the Forum. The Department has recently issued an invitation to their representative bodies inviting them to attend the next meeting of the Forum. The purpose of this particular meeting is to share information and understanding across all sectors as to how best teachers' sick absences can be managed and monitored. This will ensure that all sectors are engaged with managing attendance issues, including the development of a composite absence strategy and the promotion of the independent Carecall counselling service. The Department will raise the Committee's concerns relating to monitoring and evaluation with the Forum to explore how such work can be developed.

Following the publication of the Teacher Negotiating Committee's (TNC) Strategy for Teachers Health and Wellbeing (THAW) in 2011, a THAW implementation group was established. This group is made up of representatives from the Department to Employing Authorities, sectoral representatives and the Teacher Unions (NITC). The group has recently reviewed the THAW Strategy and its report and recommendations will shortly be presented to the Joint Working Party of the TNC for consideration.

In your letter, the Committee questions the appropriateness of the NIAO recommended target of 5 days sickness absence per teacher set by the Department. Although some initial progress was made to reduce teacher absence rates, it is disappointing to acknowledge that, as the target date of March 2015 approaches, it is unlikely that any of the Employing Authorities will achieve this target. Both the Department and the Employing Authorities believed this target to be challenging from the outset. Even adopting a sequential approach of reducing the average number of absence days by incremental steps over a four year period, proved to be unachievable.

Therefore, when the complete teacher absence statistics for 2014/15 are available later this year, the Department along with the rest of the Management Side of the TNC will consider what would make challenging yet realistic targets for the forthcoming years. The Department and the Employing Authorities agree with the Committee that the targets should be practical and doable as well as stretching.

In relation to the provision of health and safety awareness training incorporating the Regional Training Unit's (RTU) i-matters whole school support materials, I can confirm that the RTU Materials have been produced to empower Headteachers to adopt a whole school approach to Emotional Health and Well Being (EHWB). The RTU's intention therefore is to offer schools access to the materials with mentor type support at the key points of implementation.

The RTU will also support Higher Education Institution (HEI) colleagues to raise awareness of the impact of EHWB on both pupil attainment and teacher efficacy and ultimately whole school effectiveness. EHWB has implications for classroom practice and whole school policy/procedures and discussions between RTU and HEI colleagues will afford opportunities to identify those aspects of the EHWB agenda which impact on the professional work of teachers at an early stage of their career.

Non – teaching staff

Update on Composite Strategy/Non-teaching Staff Strategy

The Committee will be aware that a working group has been established with the ultimate aim, **if feasible**, to develop a composite attendance strategy for the education sector (including both teaching and non-teaching staff). The group is also tasked with exploring the possibility of introducing combined absence targets.

The group is initially focusing on the development of a strategy for non-teaching staff, building on the good work of the Managing Teacher Attendance Forum. The Managing Attendance Strategy for non-teaching staff will aim to encompass all staff who work in the education sector, with the exception of teaching staff and staff employed by the Department of Education.

However, given the many different employers of the school-based staff (five ELBs, 51 Voluntary Grammar (VG) Schools, 38 Grant Maintained Integrated (GMI) Schools) and the different employers of headquarters staff in the Department's Arms Length Bodies (e.g. five ELBs, CCMS, YCNI, CCEA, Staff Commission for ELBs, NICIE, CnaG, Middletown Centre for Autism and GTCNI); all of which run their own payroll systems; this will be challenging.

It will be necessary to prioritise and focus on the majority of non-teaching staff due to the diversity and complexities of the staff employed. The ELBs employ the vast majority of non-teaching staff - around 19,000 school-based staff and 10,000 headquarters staff, including those employed in Youth Centres. The number of headquarter staff employed by the Department's other ALBs is less than 500. The number of school-based support staff employed by VG and GMI schools is not accurately known; however, the Department is issuing surveys to these schools to attempt to gather improved statistical information on these staff.

At this stage, it was initially envisaged that the non-teaching strategy should be developed by the spring; however, with the establishment of the Education Authority agreed as the 1 April 2015, this may be slightly delayed. Whilst every effort will be made to develop a meaningful strategy, the recommendations will need to be realistic against the current resourcing constraints in the sector. It may prove challenging for employers to achieve desired attendance improvements without adequate supporting physical and financial resources.

Early discussions would also indicate that the feasibility of developing a composite strategy for both teaching and non-teaching staff will be extremely challenging. The significant employment differences between teaching and non-teaching staff limits the scope for a combined strategy for various reasons, including the vast range of nonteaching posts, with many fluid working patterns and multi-jobbing, compared to a teaching workforce that is structured, relatively stable, with fewer variances to contracts and pay. The socio economic composition of the teaching and non-teaching workforces also needs to be taken into account.

Baseline and Target Absence Rates for Non-teaching Staff

For the first time substantive work has taken place across the five ELBs to develop baseline data on non-teaching staff absences. Baseline data and subsequent targets have now been established as follows:

Baseline:	2012/13	5.07%
	2013/14	5.04%
Targets:	2014/15	4.75%
	2015/16	4.50%
	2016/17	4.25%

The baseline and target figures developed indicate the percentage of working days lost rather than number of working days lost (as used in teaching staff absence statistics). This measurement was the only meaningful way of providing absence rates for nonteaching staff due to the complexity in calculating absence rates for an extremely varied staff group consisting of part-time workers, multi-jobbers and staff on numerous differing contracts.

Due to the diversity and complexity of working patterns and multi-post holders, in devising the methodology for calculating the annual absence rates, it was necessary to exclude employee post-holdings recorded as absent that did not meet agreed criteria. This includes posts listed as having contract hours or working patterns of zero (often used by payroll purposes to override potential salary overpayments).

To include these posts would have resulted in a significant number of cases where the number of the employee's sick days significantly outnumbered the employee's available working days. Such posts make up <20% of absences recorded. An analysis of the excluded posts indicates that the majority are outside of employees' substantive posts and/or for a set period of time during the year, for example extended schools duties or supervising summer schemes.

The ELBs report that the current payroll system is not sophisticated enough to extract data at a more detailed level, for example including breakdowns on the reason for absence, age, gender etc. Work is underway to develop the contract specifications for a new payroll system for the ELBs. The managing attendance working group will be liaising with the Programme Board developing the specifications to ensure that any new system has the capability of saving and generating reports which include this information.

Cost of Non-teaching Staff Absence

The Committee sought additional information regarding the costs associated with nonteaching absence. The only means of estimating this figure at present is through a crude

calculation taking the percentage working days lost of the total pay bill costs relating to non-teaching staff across the five ELBs. In 2013/14, the absence rate was 5.04% of working days lost and the non-teaching pay bill was £388.2m. The estimated costs of non-teaching staff absence in 2013/14 is therefore calculated as £19.6m.

Non-teaching staff pay bill costs used to calculate estimated cost of absence includes agency staff costs. It should be noted that these staff may not receive sick pay and therefore the estimate may be overstated.

Conversely, it should also be noted that the estimated figure does not include substitution costs. Information on non-teaching substitution costs cannot be easily extracted from the payroll system (unlike the NISTR, used for teaching staff substitution); rather Boards are reliant on schools providing this information.

Unlike teaching posts, substitution/backfill will not always be required or employed in relation to non-teaching posts. The need for backfill is considered on a case-by-case basis dependent on the critical nature of the post. The Boards will only pay for a substitute after 10 or 20 days of sickness absence depending on the size of the school and therefore a decision to backfill immediately may also be dependent on the financial position of the school.

It is also not always possible to distinguish on the payroll between staff employed on temporary contracts to cover long-term sickness absence or for other reasons, such as a short-term post or the provision of maternity cover.

Benchmarking Non-teaching Staff Absence Rates

In terms of benchmarking against other organisations, the measurement adopted by the ELBs (percentage of working days lost) is also used in the Health sector with the overall rate across the Trusts in 2010/11 comparing at 5.4% (as per NIAO report). Elsewhere, it has been difficult to find comparisons in the education sector, for example, in England absence rate statistics are only available for teaching staff. Neither the DES in RoI or the Scottish Executive has published any statistics on absence rates for the education workforce. The working group plans to undertake further research in this area.

Sharing Information across the Sector

The Committee is aware that the group currently comprises representatives from the five ELBs and CCMS. In the interests of sharing good practice, the Department has recently invited the Governing Bodies Association (representing Board of Governors in VG schools), NICIE (representing staff employed in integrated schools) and CnaG (representing staff employed by Irish Medium schools) to join the group.

Clarification

Finally, the Department would wish to clarify a point in the penultimate paragraph of the first page of the Committee's draft report. The NIAO report provided commentary on absence statistics on non-teaching staff from the five ELBs and CCMS only. Information on staff employed by VG and GMI schools was not available, nor was consideration given to absence rates of headquarters staff in the Department's other ALBs.

Yours sincerely

Michele

Michele Matchett

Acting Departmental Assembly Liaison Officer

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12 December 2014

Dear Veronica

NIAO Report on public sector sickness absence

As you are aware, DE officials provided a briefing on 14 May 2014 on relevant aspects of the 2013 NIAO report on public sector absence.

At its meeting on Wednesday 10 December 2014, the Committee agreed to write to the Department setting out its findings in respect of the NIAO report. A copy of the report is appended for your information. It is requested that the Department not publish this report until the plenary debate later in January. The key findings and recommendations are set out below.

In respect of the absence levels for Department of Education staff, the Committee noted the extensive range of DE interventions and policy initiatives and that the level of absence was below the average for the NICS in 2011-12. The Committee also noted that in 2013-14 average days lost by DE staff increased to 9.7 days against a target of 8.3 days.

In respect of teaching absence, the Committee highlighted concerns about growing levels of absence associated with stress – both job-related and nonjob-related. Members were surprised to learn that the proportion of long term absence in Northern Ireland (around 63% in 2013-14) greatly exceeds that in England and noted the suggestion that this is a result of increases in stress-related absence. The Committee agreed to seek a further breakdown from the Department in respect of non-job-related stress absence and information as to how this compares with similar professions. The Committee felt that action was warranted in terms of both the growing financial (£12.9m in 2013-14 for all teacher sickness absence) and human costs of teacher absence. In respect of stress absence, the Committee felt that the Department should study and apply lessons learned in similar professions in other jurisdictions.

The Committee welcomed the measures introduced following the Northern Ireland Teachers' Health and Wellbeing Survey (2001) but noted that employing authorities currently do not monitor their effectiveness. The Committee agreed that the Department should encourage all employing authorities to address this through a regular review of overall health and wellbeing for teachers. The Committee also agreed to seek assurance from the Department that it would ensure that the curriculum for Initial Teacher Education and Continuous Professional Development for teachers would include health and well-being awareness training incorporating the RTU's recently developed iMatter whole school support materials.

The Committee welcomed the development of a regional strategy for teacher absence and commended the Department on the production and sharing of absence statistics. The Committee also welcomed the best practice forum and its focus on school culture, improved adherence to procedures and roles and responsibilities. The Committee hopes that this forum will help to successfully address the reported significant difference in teacher absence levels across the ELBs/CCMS and the reported variation in the application of absence procedures in CCMS schools.

The Committee felt that good practice should be shared across all schools and therefore agreed to strongly urge the Department to ensure engagement by the forum with all schools regardless of their sector.

Additionally the Committee welcomed the Department's intention to develop an education-wide composite absence strategy and its increasing focus on benchmarking based on organisations within and outside of Northern Ireland.

Members hoped that this would address NIAO's recommendations and ultimately lead to a reduction in the costs and disruption associated with staff absence. As above, the Committee agreed that as the development of a meaningful composite strategy would require engagement with all school sectors, the Department should facilitate this.

The Committee was puzzled by the Department's comments in respect of the methodology for calculating teacher absence in England and the inappropriateness of the teacher absence target for Northern Ireland. The Committee was surprised that, given its concerns, the Department nonetheless adopted what might be viewed as an unattainable target for teacher absence. The Committee noted also that the South Eastern ELB had appeared to achieve the 2011-12 teacher absence target.

The Committee agreed that targets should be realistic and achievable and should also be used by the Department to drive improvement programmes and corrective measures. The Committee agreed that consideration should be given to revised teacher absence targets and that the Department should be prepared to set out the reasoning underpinning any changes to the target that it wished to introduce.

In respect of non-teaching staff, the Committee was surprised to learn of the very high level of so-called multi-jobbers and appreciated the difficulty in devising an agreed absence measuring methodology. The Committee commended the Department for developing a non-teaching baseline figure and agreed to seek a further update on the 2014-15 target for absence reduction. The Committee also agreed to seek further information from the Department on the costs associated with non-teaching absence.

A response in respect of the above by 16 January 2015 would be much appreciated.

Yours sincerely

Signed Peter McCallion

Peter McCallion
Clerk

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24 February 2015

Dear Peter

NIAO Report on Public Sector Absence

Thank you for your letter of 23 January 2015 seeking further information in relation to various elements of the Department's previous advice of 14 January 2015 regarding sickness absence of non-teaching staff across the education sector. I will take each request in turn:

1. Clarification on the number of staff (if any) employed on zero hours contracts.

A zero hours contract is defined as a contract where the employer does not guarantee to provide the employee/worker with work (not is the employee obliged to undertake work offered) and will only pay the employee/worker for those hours which are actually worked.

For the purposes of responding to an Assembly Question in October 2014, the Department sought advice from each of its Arms Length Bodies (ALBs) in respect of staff employed on a zero hour contract. With the exception of the South Eastern Education and Library Board (SEELB), none of the ALBs reported the employment of staff on zero hour contracts.

The SEELB advised of 106 staff on such contracts, including posts such as Home

Tutors, Music Tutors, Primary Language Tutors (engaged by the SEELB on behalf of all ELBs), Youth Workers and Invigilators. This form of employment may be used where necessary in order to meet temporary or changeable needs for staff due to changing or unpredictable demand for services (such as home tutoring for pupils who will be off school in the medium to long term due to ill-health) or to provide cover when a permanent post holder is unable to attend work.

As mentioned in the previous correspondence, it is important to highlight that staff may be listed, for payroll purposes only, as having contract hours or working patterns of zero in order to override potential salary overpayments. Whilst this may be interpreted as a member of staff being on a "zero hour contract" (as appears to have been SEELB's interpretation), this may not be the case.

The majority of posts listed on the payroll with a zero hour working pattern represent additional duties which fall outside of employees' substantive posts and/or are for a set period of time during the year for example extended schools duties or supervising summer

schemes. Therefore, in reality this is a payroll related mechanism to enable additional payments to be made to substantive postholders who already have standardised contracts with set working hours for undertaking additional duties.

2. A breakdown of £388m non-teaching pay bill in ELBs in 2013/14 in respect of the categorisation of non-teaching staff.

The ELBs have advised that this figure can be broken down further as follows:

2013/14 Non-teaching Pay bill:	BELB	NEELB	SEELB	SELB	WELB	Total
School Based (£000's)	32,335	37,751	33,919	43,760	35,356	183,121
Non-school Based (Headquarters) ¹ (£000's)	31,869	37,334	34,740	41,294	41,672	186,909
Youth (£000's)	3,154	3,544	3,326	3,350	3,203	16,577
Total (£000's)	67,358	78,629	71,985	88,404	80,231	386,607²

¹ Note that 'headquarters' category may include staff employed directly by ELBs and deployed to schools such as Cleaning, Catering and Transport Services and staff in special schools.

² Previous Pay bill total (£388,193k) included a small element of DEL administrative costs which could not be categorised in this manner.

3 Further information on the number of other ALB headquarters staff and the extent to which their salaries are met by the Department.

The most recent data collected from the Department's other ALBs in relation to the breakdown of full-time equivalent (FTE) staff is set out in the table below:

ALB	FTE staff as at 31.03.14
Staff Commission for the ELBs (SCELB)	4
Council for Catholic Maintained Schools (CCMS)	54
Council for the Curriculum, Examinations and Assessment (CCEA)	401.95
Comhairle na Gaelscolaíochta (CnaG)	13
General Teaching Council NI (GTCNI)	15.1**
NI Council for Integrated Education (NICIE)	11.55
Youth Council NI (YCNI)	14.57
Middletown Centre	25.4

The Department provides funding to each of these ALBs which would cover administrative costs including staff salaries². Each ALB is an employer in its own right and determines staffing levels within its organisation. ALBs may source additional funds from external organisations or charitable bodies which may be used to employ temporary staff for example to take forward specific time bound projects.

² ** Except the General Teaching Council for Northern Ireland (GTCNI)

4. Clarification as to whether non-teaching staff levels in ALBs will be included in the anticipated OECD review of the public sector.

OECD commenced a Public Governance Review in November 2014 and baseline information is currently being collected to inform the review. The structure of the review includes consideration of Strategic Human Resource Management across the public sector; however, it does so in a manner that does not extend to consideration of staffing levels or staff absences within any particular organisation.

I hope this is helpful.

Yours sincerely

Russell

Russell Welsh

Departmental Assembly Liaison Officer

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Northern Ireland
Assembly

Appendix 5

Other Papers

PAC Correspondence on NIAO Report on Sickness Absence

Public Accounts Committee

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From: Aoibhinn Treanor
Clerk to the Public Accounts Committee

To: Shane McAteer, Clerk to the Committee for Finance and Personnel

Date: 12 December 2013

Subject: NIAO Report on Sickness Absence in the NI Public Sector

Background

1. Dear Shane, the Public Accounts Committee considered its forward work programme at its meeting on 11 December and decided its priorities for January to April 2014.
2. As you know PAC has primacy over C&AG's reports, which in practical terms means the Committee decides how his reports should be addressed by the Assembly.
3. Among the reports considered by the Committee was the above named report on Sickness Absence in the NI Public Sector. The Committee agreed to refer this report to the Finance and Personnel Committee.
4. The report is available from the NIAO website at: http://www.niauditoffice.gov.uk/index/publications/report_archive_home/2013/sickness_absence_in_ni_public_sector-2.htm
5. The PAC would appreciate if you would inform it of the outcomes of the Finance and Personnel Committee's deliberations in relation to the report.
6. Please do not hesitate to contact me if you have any queries about this.

Aoibhinn

NIAO Report sickness Absence in NI Public Sector



Northern Ireland Audit Office

Sickness Absence in the Northern Ireland Public Sector



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
23 April 2013



Northern Ireland Audit Office

Sickness Absence in the Northern Ireland Public Sector

Published 23 April 2013

This report has been prepared under Article 8 of the Audit (Northern Ireland) Order 1987 for presentation to the Northern Ireland Assembly in accordance with Article 11 of that Order.

KJ Donnelly

Comptroller and Auditor General

Northern Ireland Audit Office

23 April 2013

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Sickness Absence in the Northern Ireland Public Sector

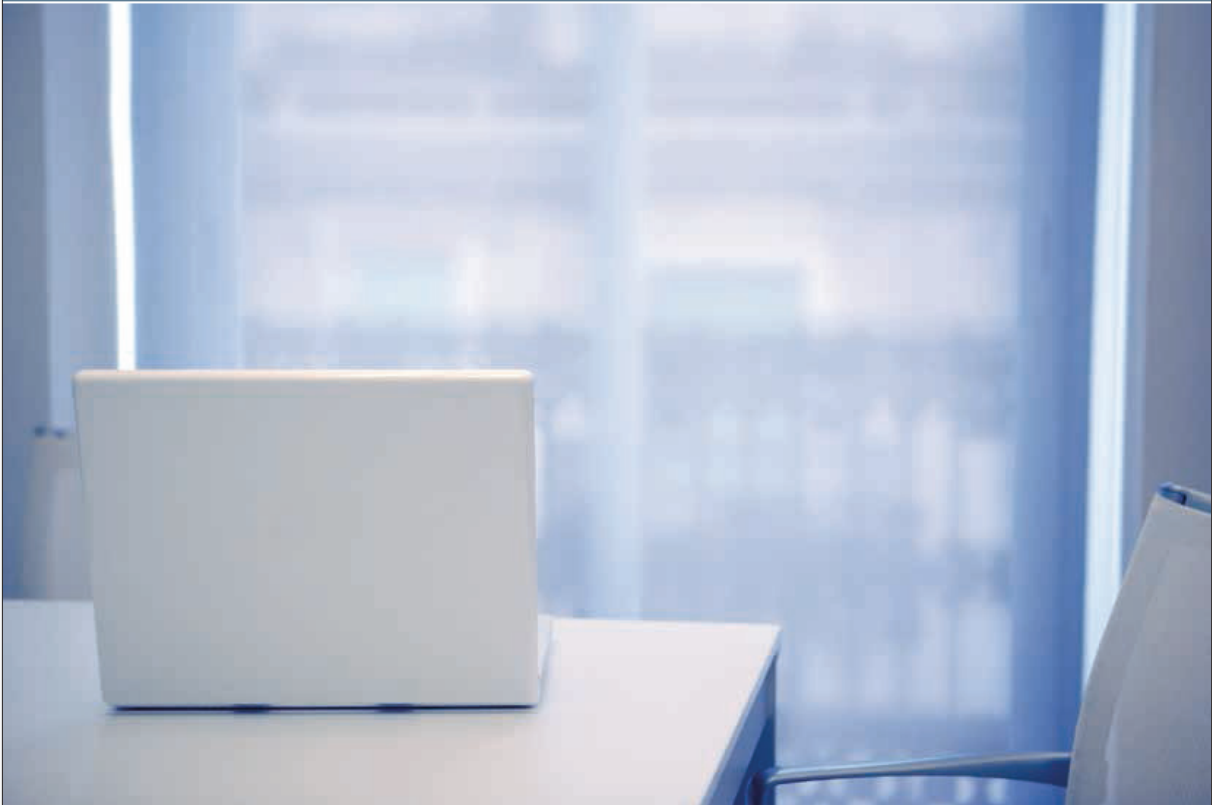
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Abbreviations

BELB	Belfast Education and Library Board
CCMS	Council for Catholic Maintained Schools
DARD	Department of Agriculture and Rural Development
DCAL	Department of Culture, Arts and Leisure
DE	Department of Education
DEL	Department for Employment and Learning
DETI	Department of Enterprise, Trade and Investment
DFF	Department of Finance and Personnel
DHSSPS	Department of Health, Social Services and Public Safety
DOE	Department of the Environment
DOJ	Department of Justice
DRD	Department for Regional Development
DSD	Department for Social Development
ELB	Education and Library Board
GMI	Grant Maintained Integrated
HR	Human Resource
HRMS	Human Resource Management System
NEELB	North Eastern Education and Library Board
NIAO	Northern Ireland Audit Office
NICS	Northern Ireland Civil Service
NISRA	Northern Ireland Statistics and Research Agency
OFMDFM	Office of the First Minister and Deputy First Minister
PAC	Public Accounts Committee
PPS	Public Prosecution Service
SEELB	South Eastern Education and Library Board
SELB	Southern Education and Library Board
WELB	Western Education and Library Board

Executive Summary



Executive Summary

Introduction

1. The Northern Ireland public sector employs over 200,000 people, representing around 30 per cent of the total labour force. The health and wellbeing of the workforce is crucial to the effective delivery of public services. Staff sickness absence reduces productivity, affects service delivery, and has a considerable financial cost.
2. The environment in which public sector bodies currently operate is characterised by increasing pressure on limited resources. There is considerable pressure to achieve efficiencies in order to maximise the effectiveness of available resources. Given the impact of sickness absence on service delivery, it is essential that absence levels across the public sector are properly managed and monitored.
3. In 2008, the Northern Ireland Audit Office (NIAO) and the Public Accounts Committee (PAC) reported on the management of sickness absence in the Northern Ireland Civil Service (NICS)¹. This identified the level of, and key trends in, sickness absence associated with non-industrial staff across the NICS and within the then 11 government departments.
4. Our report noted that the level of sickness absence in the NICS at 2006-07 (13.7 days per staff year) was significantly higher than that experienced in Great Britain (9.3 days). With the cost of sickness absence for 2006-07 estimated at £25.6 million, the report identified considerable scope for savings should absence levels be reduced towards levels in Great Britain. Some of these savings would be in the form of efficiency and productivity gains and not all would necessarily be cash-releasing.
5. Our 2010 report on the management of substitution cover for teachers² identified average sickness levels for 2008-09 of 7.8 days, with associated costs of £15.8 million and additional substitution cover costs of £11 million. Sickness absence levels in Northern Ireland schools were similar to those in Scotland and Wales, but substantially higher than those in England. If teacher sickness absence in Northern Ireland was reduced to the level in England, the report estimated that savings of around £5.7 million in teacher pay costs and an additional £4 million in the cost of teacher substitution could be achieved.
6. Both reports found that good data systems are an essential component in the successful management of sickness absence. Such data systems allow managers to identify patterns of absences in order to understand and respond to the factors influencing them.

NIAO and PAC have reported previously on absence management

1 Management of Sickness Absence in the Northern Ireland Civil Service (NIA 132/07-08), 22 May 2008; and Managing Sickness Absence in the Northern Ireland Civil Service (Report 38/07/08R), 26 June 2008

2 The Management of Substitution Cover for Teachers: Follow-up Report, 26 May 2010

Executive Summary

7. We have also previously reported on sickness absence levels in Northern Ireland Councils with the most recent report for the year 2009-10³.

Scope of the report

8. This report provides an overview of sickness absence levels across the three main areas of the Northern Ireland public sector - that is NICS, health and education sectors. In doing so it provides an update to our 2008 report and extends coverage to health and education, thereby covering approximately 75 per cent of all public sector employees. It presents available statistics and an understanding of what information bodies in the three sectors monitor.

- **Part One** provides an update on the sickness absence position in the NICS;
- **Part Two** provides an overview of sickness absence across Health and Social Care Trusts in Northern Ireland; and
- **Part Three** provides an overview of sickness absence in education authorities in Northern Ireland.

9. We did not assess the appropriateness of the policies established by the various bodies, nor review the effectiveness of the support arrangements or interventions applied by those bodies in managing sickness absence.

10. The study involved the collection and analysis of sickness absence data on the NICS, the six Health and Social Care Trusts (Trusts) and the six education authorities (five Education and Library Boards and the Council for Catholic Maintained Schools). It also involved discussions with the Departments with overall responsibility for the three sectors, and interviews with staff responsible for the monitoring and management of sickness absence in Departments, Trusts and education authorities.

Main findings

11. The trend in sickness absence across the three areas is generally downwards. Analysis of data identifies varying levels of sickness absence between and within the sectors. High level, direct comparison between sectors is not always appropriate because of the different composition of the workforces, different measures applied within each of the sectors and the difference in the nature of work undertaken in each sector and the patterns of work (for example, shift work is more prevalent in the health sector). Care should therefore be taken in making such comparisons (**Figure 1**).

³ Absenteeism in Northern Ireland Councils 2009-10, November 2010

Sickness Absence in the Northern Ireland Public Sector 5

Figure 1: Sickness absence rates in the NICS, Trusts and education authorities (2010-11)

	Teachers in Education Authorities ¹	Non-teaching staff in Education Authorities ²	NICS ³	Health Trusts ⁴
Sickness absence (number of days per permanent teacher)	7.27 days			
Sickness absence (number of days per staff year)		Not available	10.7 days	
Sickness absence (days lost as a percentage of working days available)		Not available	4.9%	5.5%

Source: Department of Education (for teachers), Northern Ireland Statistics and Research Agency (for NICS) and Department of Health, Social Services and Public Safety (for Trusts)

Notes:

1. Teachers - the measure applied in relation to teachers is the number of days lost per permanent teacher (based on a headcount at October of the relevant financial year). The figure has been adjusted to take account of the different number of days worked by teachers each year compared with staff in the NICS.
2. Non-teachers - overall absence rates for the sector are not available for non-teaching staff employed by education authorities.
3. NICS - the measure applied across the NICS is average days lost per staff year. NICS also produces an alternative measure in terms of the percentage of available working days lost.
4. Health - the measure used in the health sector is the percentage of available working days lost.

12. Sickness levels among teachers in Northern Ireland are lower than those for NICS staff and levels of absence in Trusts are higher than in the NICS. In all areas where comparison was possible, sickness absence levels are higher than those elsewhere in the United Kingdom. The difference between absence levels for civil servants in Northern Ireland and those in Great Britain has reduced since 2006-07. Similarly, the gap between teachers' sickness absence levels in Northern Ireland and those in England is also reducing.

13. The levels of absence in the Northern Ireland public sector represent a significant overall cost. We estimate the cost of absence in the three areas covered in this report at over £148 million in 2010-11 (**Figure 2**). Consequently, there is considerable scope for efficiency savings through further reduction in absence levels, particularly if the levels fell to those in Great Britain.

Executive Summary

Figure 2: Estimated cost of sickness absence in the NICS, Trusts and education authorities (2010-11)

	NICS	Health Trusts	Education Authorities		Total
	£m	£m	Teachers	Non-teachers	£m
			£m	£m	
Sickness absence	30.0	72.9	16.0	17.8	136.7
Additional teacher substitution			11.9		11.9
Total	30.0	72.9	27.9	17.8	148.6

Source: Northern Ireland Statistics and Research Agency (for NICS), Department of Education (for teachers) and NIAO (for Trusts and non-teachers)

14. Long-term sickness accounts for the majority of overall sickness absence in all sectors. There has been insufficient progress within NICS to meet targets for reducing the levels of long-term sickness absence. Long-term sickness is also identified as a significant problem within Trusts and as a material factor for teaching and non-teaching staff within education authorities.
15. Mental health issues are recognised as the main cause of sickness absence across all the sectors and its long-term nature also has a significant impact on overall sickness absence levels. Musculo-skeletal problems are also a particular issue within Trusts.
16. Absence reduction targets have been set in all sectors. In the NICS, targets reflect both overall and specific aspects, such as long-term absence, and are set at a sector and departmental level. However, within Trusts, targets are limited to the overall level. In education authorities, targets have been set only for teachers. No targets are in place for non-teaching staff or the workforce overall.
17. Performance against targets has been variable:
- NICS did not achieve its 5-year target to reduce overall absence to 9.5 days by 2009-10, nor its related targets in relation to long-term sickness absence. In 2009-10:
 - overall absence had fallen to 11.0 days; and
 - for long-term absence, the frequency rate (average number of long-term spells per employee, expressed as a percentage) was 10.9 per cent against a target of 9.8 per cent and the average duration 62.8 days against a target of 42.2 days.

- two of the five Trusts which had targets (5.2 per cent of working days lost) failed to meet these for 2010-11; the ambulance service has not achieved its target of 6.85 per cent of working days lost for 2011-12; and
- education authorities failed to meet the teacher sickness absence target of 6 days for 2010-11 and 2011-12.

18. The NICS reports on a comprehensive range of sickness absence data. However, there are limitations in the information systems for management and reporting of sickness absence in the education and health sectors. In both sectors, there is a need to improve the standard of information on sickness absence which will enable managers to identify patterns of absence in order to understand and respond to the factors that influence them. This is particularly relevant to non-teaching staff within the education sector. However, in both sectors there are opportunities to improve the quality and analysis of sickness absence data with the introduction of new systems. For example, the Department of Health, Social Services and Public Safety (DHSSPS) told us that one of the key objectives of a new regional Human Resource (HR) system is the improvement of management of sickness absence through better information being available to frontline managers in real time.

Summary of key recommendations

The report makes a number of recommendations:

- Particular attention needs to be focused on reducing long-term sickness absence levels, as a result of its significant impact on overall sickness absence levels (**paragraphs 1.37 and 2.24**);
- Targets for sickness absence should be reintroduced in Trusts, and include specific targets for long-term sickness absence levels (**paragraph 2.32**);
- Targets within the education sector should be extended to include overall sickness absence levels, sickness levels for non-teaching staff and long-term sickness levels (**paragraphs 3.9 and 3.31**);
- The information systems for measuring and reporting on sickness absence performance must be sound and fit for purpose. In order to address limitations in management information in the health and education sectors, we recommend that statisticians and other relevant specialists are involved in the development and specification of targets, setting up systems which capture and analyse relevant data and ensuring high quality management information is produced (**paragraphs 2.5 and 3.31**); and
- In the health and education sectors, there is scope to improve information to help the management of sickness absence. Sickness absence data should be analysed to provide information on the level of long-term sickness, the main causes of absence and their duration, and the gender, age and grade profile of sickness absence (**paragraphs 2.5 and 3.9**).

Part One:
Sickness Absence in the Northern Ireland Civil Service



Part One: Sickness Absence in the Northern Ireland Civil Service

Sickness absence is costly and impacts on service delivery

1.1 The Northern Ireland Civil Service (NICS) employs around 27,000 staff (equivalent to 25,000 full-time employees), and has associated staff costs of approximately £850 million per year.

1.2 In May 2008, we reported on the management of sickness absence in the NICS⁴, examining absence levels and the effectiveness of action taken to reduce them. Our main findings included:

- in 2006-07, average absence was 13.7 days per staff year, significantly higher than for the civil service in Great Britain (9.3 days);
- the estimated cost of NICS absence in 2006-07 was £25.6 million; this included direct salary costs alone and did not take account of additional costs such as overtime, replacement staff, the cost of managing absence and lost productivity;
- absence levels varied across the 11 NICS departments – from 9.2 days in the Department for Regional Development to 18.7 days in the Department for Social Development;
- long-term absence⁵ accounted for almost 70 per cent of the total working days lost in 2006-07;

- psychiatric/psychological illness was the main cause of absence in the NICS, with 29 per cent of total working days lost attributed to this; and
- absence levels for female staff in the NICS (17.7 days in 2006-07) were considerably higher than for male staff (9.8 days) and for female civil servants in Great Britain (10.7 days).

The average level of sickness absence has been reducing in recent years

1.3 The NICS produces a comprehensive range of sickness absence data. Data is obtained from HR Connect, which is the primary human resource system in the NICS, and human resource systems in the Department of Justice (DOJ). The data from the systems is combined and analysed independently by the Northern Ireland Statistics and Research Agency (NISRA). Absence reports and analyses are provided monthly to individual departments and the Department of Finance and Personnel's Corporate HR in its overarching NICS-wide role. NISRA publishes a detailed annual report of official statistics on absenteeism in the NICS; the report is submitted to all Departmental Ministers and the Public Accounts Committee.

⁴ Management of Sickness Absence in the Northern Ireland Civil Service (NIA 132/07-08), 22 May 2008

⁵ Long-term absence in the NICS is defined as an absence which lasts for longer than 20 consecutive working days

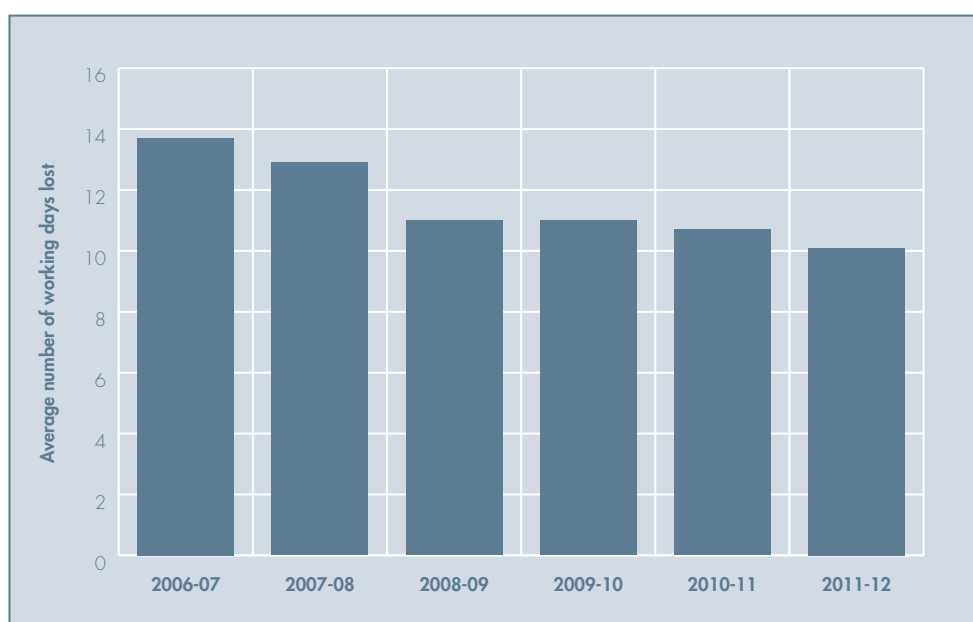
- 1.4 Reported data shows that the trend in sickness absence in the NICS is generally downward. In recent years, overall levels have reduced from the 2006-07 average level of 13.7 days to 10.7 days in 2010-11 and 10.1 days in 2011-12, representing 4.9 per cent and 4.6 per cent of available working days in 2010-11 and 2011-12 respectively (**Figure 3**).
- 1.5 Whilst this reduction is welcome, it is also important to note that:
- it was not sufficient to achieve the 5-year target to reduce overall average absence to 9.5 days by 2009-10 (**paragraph 1.26**); and
 - the NICS average absence level of 10.1 days in 2011-12 remains higher than the Great Britain civil service level of 7.6 days ⁶, which represented the lowest level recorded since 1999 (**paragraph 1.25**).
- 1.6 The reduction in sickness absence rate in 2008-09 coincided with the introduction of HR Connect, the new NICS human resources management system. NISRA has identified evidence that the move to the new system was associated with some under-recording of sickness absences, characterised in particular by a marked increase in the proportion of staff with no recorded spells of absence. However, NISRA reported that its quality assurance checks on absence data revealed that while there was some evidence of under-recording associated with the move to the new pay and absence management system, there was, nevertheless, a real and substantial decrease in absence levels.
- 1.7 In 2010-11, data for industrial staff were incorporated for the first time in the absence statistics. While the average sickness absence levels for these staff lie at the upper end of the spectrum (11.8 and 12 days per staff year in 2010-11 and 2011-12 respectively), the number of such staff is relatively small and the inclusion of the data does not impact materially on overall levels.

⁶ www.civilservice.gov.uk

12 Sickness Absence in the Northern Ireland Public Sector

Part One: Sickness Absence in the Northern Ireland Civil Service

Figure 3: NICS average number of working days lost due to sickness absence per staff year 2006-07 to 2011-12



Source: NISRA

Sickness absence in the NICS costs over £25 million per year

- 1.8 The estimated cost of sickness absence in the NICS for 2006-07 was £25.6 million (**paragraph 1.2**). The estimated cost reduced in 2007-08 but, despite falling levels of absence, has increased to £28.6 million in 2011-12. Between 2007-08 and 2011-12 overall costs amounted to £127 million (**Figure 4**).

Figure 4: Annual cost of NICS sickness absence 2007-08 to 2011-12

Year	Cost of sickness absence (salary costs) (£ million)
2007-08	24.5
2008-09	21.0
2009-10	22.9
2010-11	30.0
2011-12	28.6
Total	127.0

Source: NISRA

1.9 The Department of Finance and Personnel (DFP) has commented that the increase in costs since 2009-10 resulted from two specific factors:

- an equal pay settlement within the NICS in 2009-10, which resulted in substantial pay increases for junior clerical staff who traditionally have higher levels of sickness absence⁷, and
- the inclusion of the DOJ (including prison grade staff) and the Public Prosecution Service (PPS), together with the incorporation of industrial staff within the data for 2010-11⁸. If the costs of these additional staff are excluded, estimated costs for 2010-11 would have been £21.9 million.

1.10 The estimates of NICS sickness absence costs are based on direct salary costs alone and do not take account of associated costs including overtime and replacement staff (**paragraph 1.2**). In 1998, the Cabinet Office⁹ estimated that the true cost of absence could be closer to twice the direct salary cost. However, this research is now somewhat dated. DFP told us that it had not carried out any research more recently to measure the full cost of NICS sickness absence.

There are variances in the levels and causes of sickness absence across the NICS

1.11 Our 2008 report highlighted a number of issues which impacted on overall NICS sickness absence levels:

- a significant variation in absence levels across the 11 NICS departments;
- long-term absence, which accounted for almost 70 per cent of total working days lost in 2006-07;
- psychiatric/psychological illness, with 29 per cent of total days lost in 2006-07, was the main cause of absence;
- NICS female absence levels were almost twice that of both NICS males and females in the civil service in Great Britain; and
- high absence levels amongst junior grades, most significantly Administrative Officer, Administrative Assistant and Executive Officer II.

Absence within individual NICS departments

1.12 In 2006-07, the Department for Social Development (DSD) had the highest average number of days absence (18.7 days), whilst the Department for Regional Development (DRD) had the lowest (9.2 days). The high level of absence in

⁷ NISRA has stated that the median pay for Administrative Assistant and Administrative Officer grade staff increased by 11.6 per cent in 2009-10

⁸ DFP has stated that this represented the inclusion of an additional 5,500 staff years to the total NICS staff years in 2010-11

⁹ Working Well Together: Managing Attendance in the Public Sector, Cabinet Office, June 1998

1.4 Sickness Absence in the Northern Ireland Public Sector

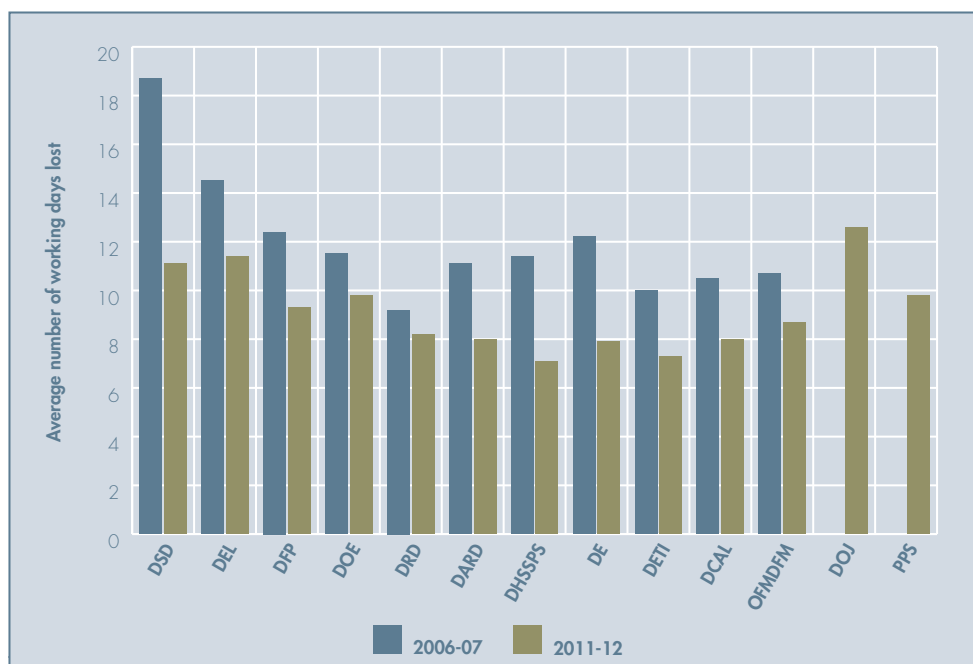
Part One: Sickness Absence in the Northern Ireland Civil Service

DSD, together with its large workforce of around 9,000 staff - almost one-third of total NICS staff - meant that it accounted for over 40 per cent of all working days lost. Indeed, four departments (DSD, DFP, Department of the Environment (DOE) and Department of Agriculture and Rural Development (DARD)) accounted for almost 75 per cent of sickness absences.

1.13 Absence levels have improved in all 11 NICS departments since 2006-07. Comparative data is not available for DOJ and the PPS; however, absence levels for these Departments for 2011-12 lie at the upper end of the departmental spectrum at 12.6 and 9.8 days respectively (**Figure 5**).

1.14 The level of improvement has not been uniform across departments, ranging from an 11 per cent reduction in the absence rate in DRD to a 41 per cent reduction in DSD. Despite the improvements, there remains a significant, though reducing, variation in departmental sickness absence rates. DSD has achieved a reduction from 18.7 days to 11.1 days and is no longer the poorest performing department with DOJ now having the highest level of absence. NISRA has indicated that the reductions achieved in the largest departments (DSD, DFP, DOE and DARD) have driven the downward trend in overall NICS levels.

Figure 5: Average days lost due to sickness absence per staff year by NICS department 2006-07 and 2011-12



Source: NISRA

1.15 NISRA has identified the staffing profiles of individual departments as a contributory factor to their differing levels of absence. This is particularly relevant to DSD which has high numbers of female staff and clerical grades, both of which have traditionally had high absence levels (**paragraphs 1.20 and 1.23**). NISRA has adjusted the data for these factors and calculated departmental absence rates which are standardised against the staffing profile of the NICS as a whole - a calculation of what each department's absence

rate would be if it had the same age, gender and grade make-up as the NICS as a whole. With these adjustments, the poorest performing department in 2011-12 was DFP, with a standardised average sickness absence level of 10.0 days per staff year. The gap between it and the department with the lowest standardised sickness absence rate (Department of Culture, Arts and Leisure (DCAL)) is 3.9 days (**Figure 6**). Staffing profile, however, explains only part of the overall variance in sickness absence rates across departments.

Figure 6: Actual and standardised sickness absence levels by NICS department 2011-12

Department	Actual average days lost 2011-12	Standardised days lost 2011-12
DFP	9.3	10.0
DOE	9.8	9.7
DE	7.9	9.5
DOJ	12.6	9.0
DEL	11.4	9.0
DSD	11.1	8.9
OFMDFM	8.7	8.1
DRD	8.2	7.8
DARD	8.0	7.7
PPS	9.8	7.5
DETI	7.3	7.3
DHSSPS	7.1	6.8
DCAL	8.0	6.1

Source: NISRA

16 Sickness Absence in the Northern Ireland Public Sector

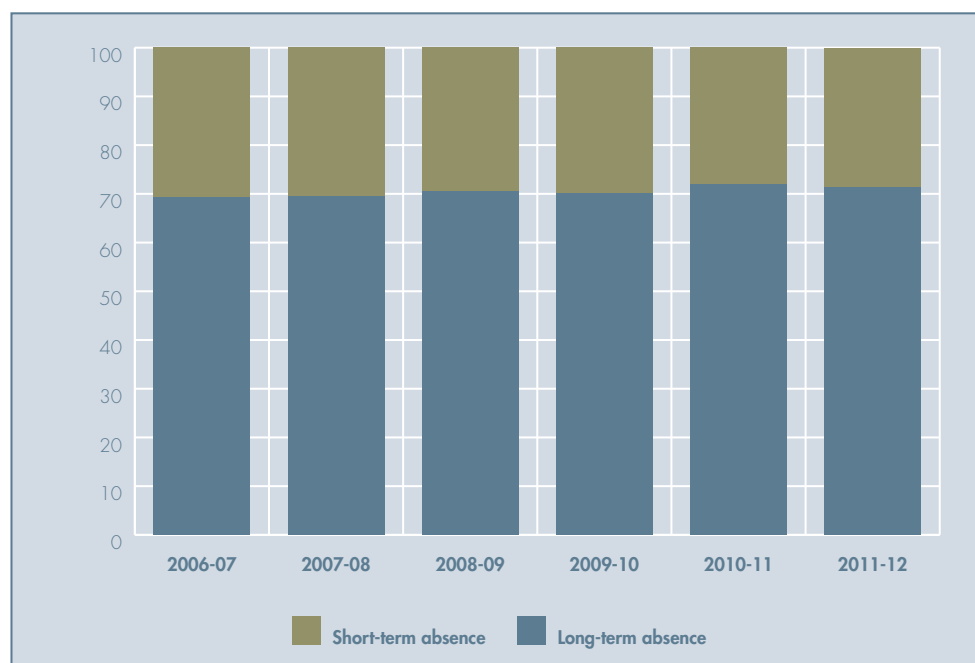
Part One: Sickness Absence in the Northern Ireland Civil Service

Long-term absence

1.16 Long-term absence in the NICS is defined as being an absence of more than 20 consecutive working days. In 2006-07 this accounted for just under 70 per cent of the total working days lost. Our 2008 report noted that whilst civil servants in Northern Ireland did not appear to take sickness absence more frequently than in Great Britain, they tended to be off much longer for the same or similar illnesses.

1.17 Since 2006-07, the total number of days lost to long-term sickness absence has reduced as overall sickness levels have fallen. However, the proportion of sickness absence associated with long-term absence has remained broadly unchanged at 71 per cent in 2011-12 (Figure 7). Targets related to reducing the percentage of NICS staff on long-term sickness absence and its duration have not been achieved (paragraph 1.30). Indeed, the average duration of long-term absence of 58.6 days in 2011-12 was only marginally lower than the level of 60.6 days in 2003-04.

Figure 7: Analysis of long-term and short-term sickness absences in NICS departments 2006-07 to 2011-12



Source: NISRA

1.18 The lack of sufficient progress in addressing long-term sickness constitutes the biggest factor behind the failure to achieve the 2009-10 target (**paragraph 1.26**). It is also a significant risk to the achievement of revised targets to 2014-15.

Principal cause of absence – psychiatric/psychological illness

1.19 In 2006-07 psychiatric/psychological illness was recorded as the principal cause of sickness absence within the NICS, accounting for 29 per cent of working days lost. This remains the principal cause of absence in 2011-12, with the percentage still at 29 per cent. These absences tend to be long-term in nature (amounting to an average of 35.7 days in 2011-12, which is a slight decrease from the 2006-07 level of 37.8 days) and therefore have an obvious impact on overall NICS absence levels.

Female absence

1.20 Studies of sickness absence in the UK¹⁰ have found that grade, gender and age are strongly associated with absence. Possible reasons suggested for women taking more absence than men have included their implicit societal role as carers and their lower average grade profile. In 2006-07, average sickness absence amongst NICS females (17.7 days) was almost twice that of NICS males (9.8 days) and of females in the civil service in Great Britain (10.7 days). Even when the figures were adjusted to take account of pregnancy-related illnesses, absence amongst females remained higher (14.9 days).

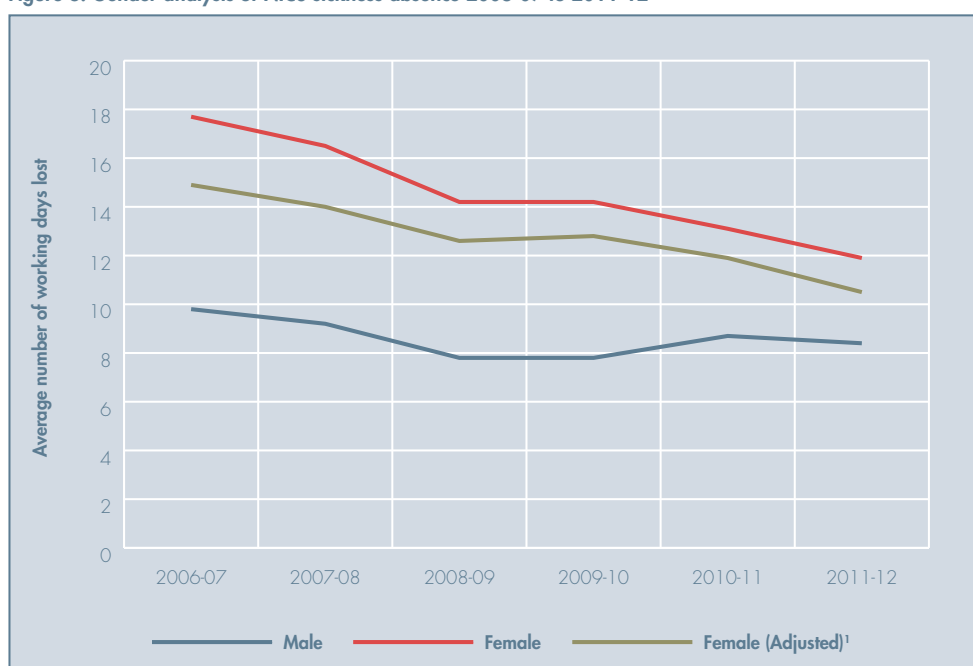
1.21 Despite a reduction of some 33 per cent since 2006-07, the sickness absence rate for females in the NICS for 2011-12, at 11.9 days, remains 40 percent higher than that for males. However, the gap between male and female absence levels has narrowed over time, from around 8 days in 2006-07 to 3.5 days in 2011-12 (**Figure 8**). The difference is further reduced to approximately 2 days when adjusted for pregnancy-related absences.

10 Managing Sickness Absence in the Public Sector, Cabinet Office, November 2004; and Current Thinking on Managing Attendance – a short guide for HR professionals, NAO, December 2004

18 Sickness Absence in the Northern Ireland Public Sector

Part One: Sickness Absence in the Northern Ireland Civil Service

Figure 8: Gender analysis of NICS sickness absence 2006-07 to 2011-12

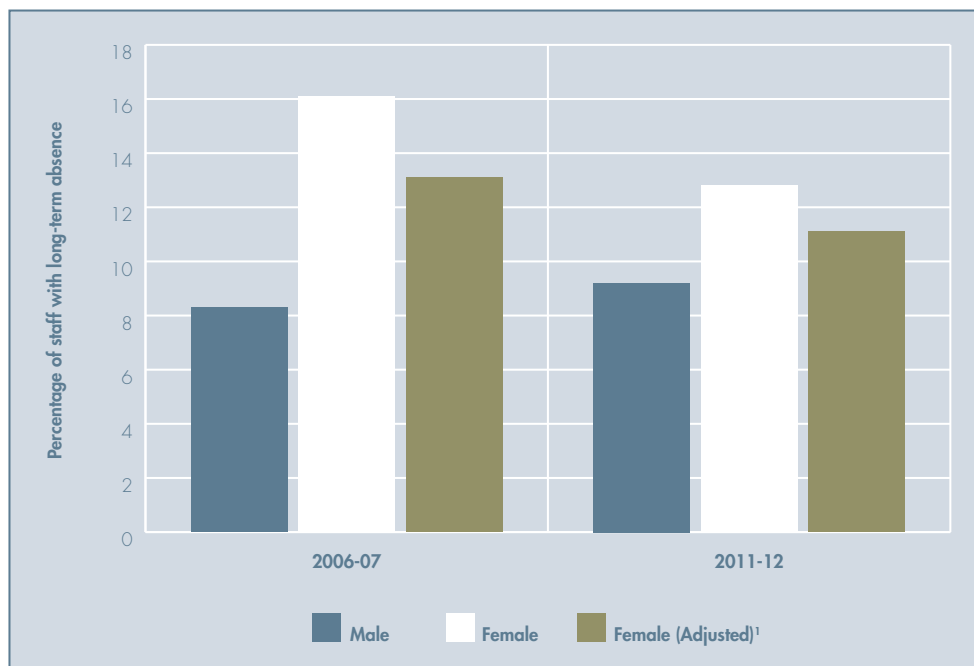


Source: NISRA

Note: 1. Figure adjusted for pregnancy-related illnesses

1.22 Long-term sickness absence is particularly prevalent amongst females. Whilst the percentage of females with one or more long-term absence has reduced between 2006-07 and 2011-12, it remains significantly greater than that for males, although the gap has narrowed (**Figure 9**).

Figure 9: Percentage of NICS male and female staff with one or more long-term sickness absences 2006-07 and 2011-12



Source: NISRA

Note: 1. Figure adjusted for pregnancy-related illnesses

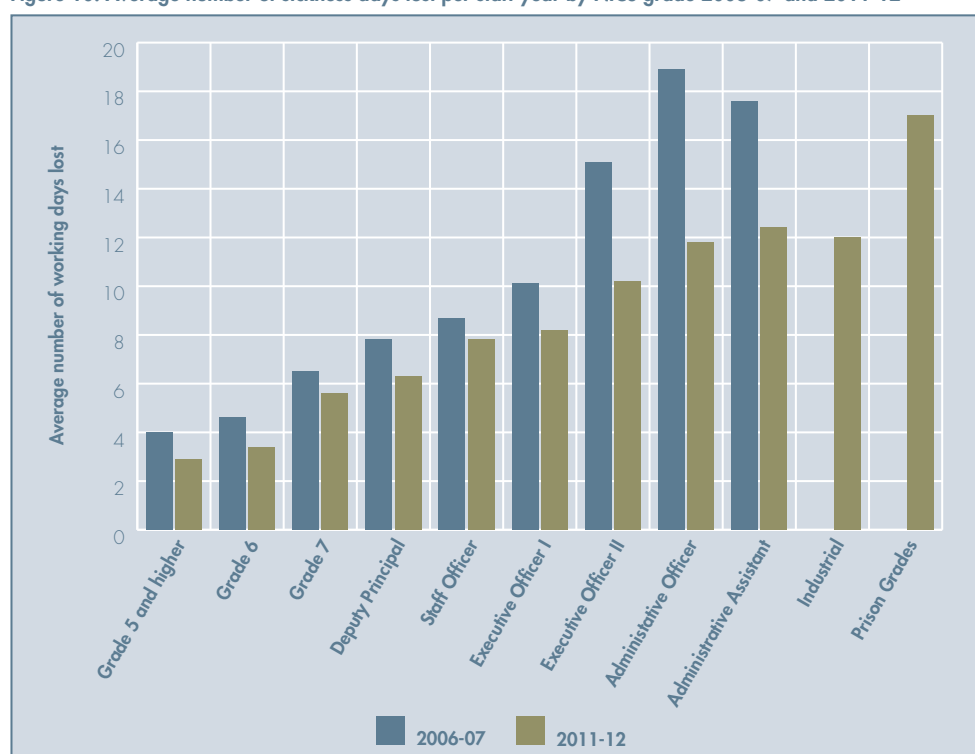
Sickness absence amongst junior grades

1.23 Sickness absence in the NICS has traditionally been highest amongst junior clerical grades. Although the average number of days absence between 2006-07 and 2011-12 has reduced for almost all grades, the

levels remain high in the Administrative Assistant, Administrative Officer and Executive Officer II grades (**Figure 10**). These grades have also seen the largest reductions since 2006-07. Data included since 2010-11 also shows that sickness absence levels are highest for prison grade staff and the levels for industrial staff are similar to those for junior clerical grades.

Part One: Sickness Absence in the Northern Ireland Civil Service

Figure 10: Average number of sickness days lost per staff year by NICS grade 2006-07 and 2011-12



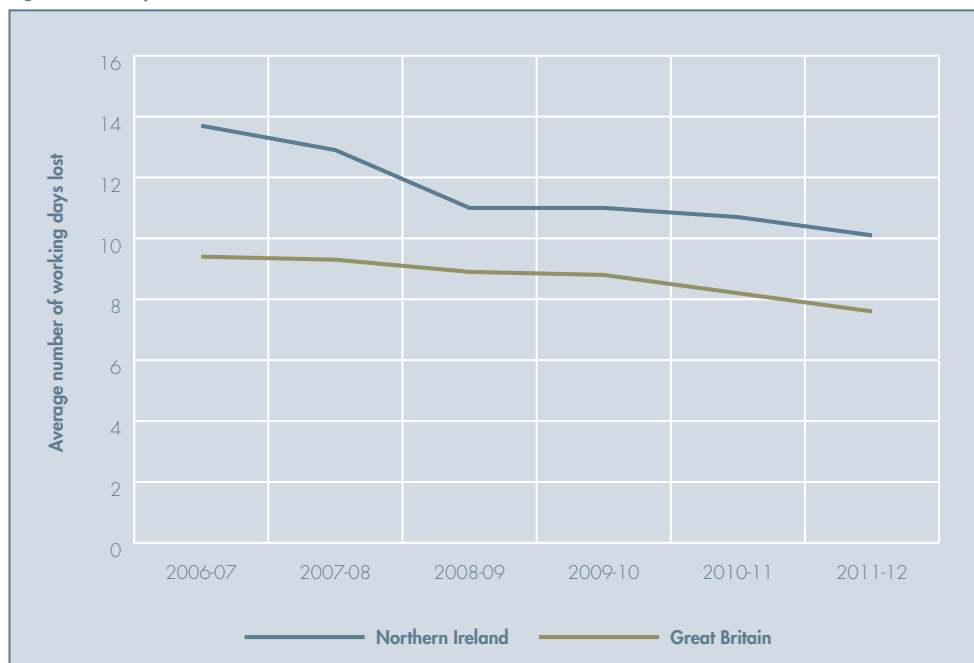
Source: NISRA

1.24 The incidence of long-term sickness absence is also greatest for prison and lower grades. For instance, in 2011-12, 21.8 per cent of staff in prison grades and 12.5 per cent of staff at Administrative Officer level had one or more spells of long-term absence compared with 5.8 per cent and 3.4 per cent for Grade 7 and Grade 6 respectively. However, the incidence of long-term sickness absence in NICS administrative grades has decreased from levels experienced in 2006-07 (17.3 per cent at Administrative Officer grade).

NICS absence levels remain higher than those in Great Britain

1.25 In 2006-07, average sickness absence in the NICS was 13.7 days per staff year, significantly higher than for civil service departments in Great Britain (9.3 days). Over time, the gap between the Northern Ireland rate and that in Great Britain has reduced but has remained broadly constant since 2008-09 (Figure 11). By 2011-12, the difference between the two rates was 2.5 days, 10.1 days in Northern Ireland and 7.6 days in Great Britain.

Figure 11: Comparison of Northern Ireland and Great Britain sickness absence rates 2006-07 to 2011-12



Source: NISRA (Northern Ireland) and Cabinet Office (Great Britain)

Absence reduction targets have not been achieved

1.26 In 2005 DFP, in consultation with other departments, set an overall target to reduce the average level of NICS absence from 15.5 days (the 2003-04 baseline) to 9.5 days by March 2010. The main focus was on reducing the frequency and duration of long-term absence and, to a lesser extent, the frequency of short-term absence. To achieve the main target, departments had to meet three sub-targets:

- frequency of long-term absence – annual 7 per cent reduction;
- duration of long-term absence – annual 7 per cent reduction; and
- frequency of short-term absence – annual 5 per cent reduction.

Achieving the main target would have resulted in an additional 144,000 days being worked each year, equivalent to £10 million in annual productivity or 640 additional full-time staff being available for work.

22 Sickness Absence in the Northern Ireland Public Sector

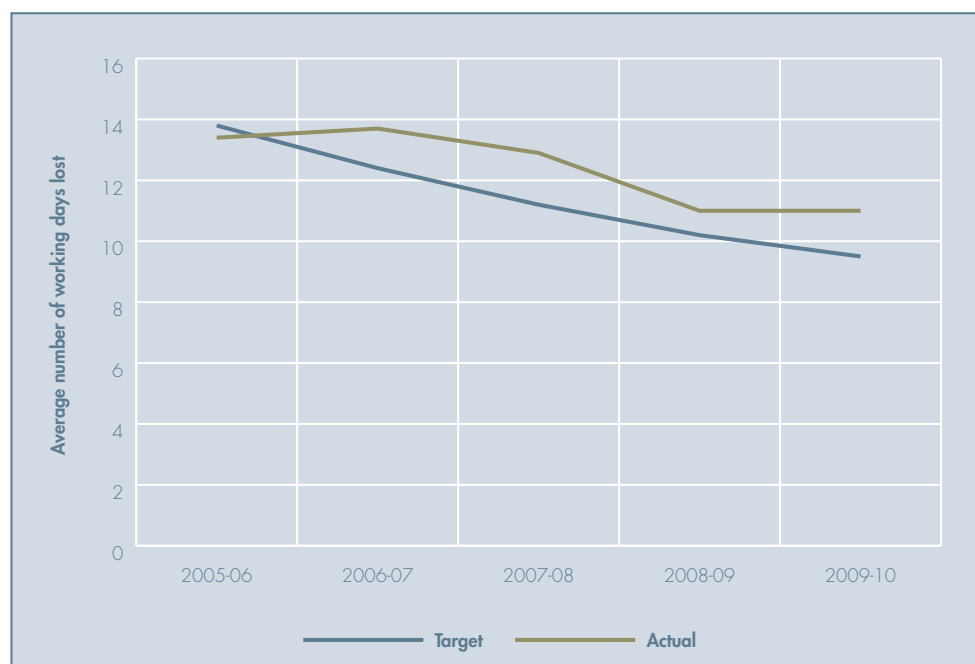
Part One: Sickness Absence in the Northern Ireland Civil Service

1.27 Initial progress against the main target was encouraging and in 2005-06, an average of 13.4 days was lost against the target of 13.8 days. However, this momentum was not sustained. By 2006-07 only 2 of the 11 departments had met their targets and overall absence levels (13.7 days) had crept above that year's target (12.4 days). DFP acknowledged this performance to be disappointing in light of the initial reductions and considered

that it highlighted the need for robust application of policies and procedures within departments.

1.28 Ultimately, the main target was not achieved. At 2009-10, sickness absence stood at 11 days against a target of 9.5 days. Indeed, apart from in 2005-06, the target levels were never attained (**Figure 12**). At 2009-10, only 4 of the 11 departments met their individual targets (**Figure 13**).

Figure 12: Progress against the main NICS absence reduction target 2005-06 to 2009-10



Source: NISRA

Figure 13: Departmental performance against the main NICS absence reduction target

Department	2009-10 Target (average days lost)	2009-10 Actual (average days lost)	Target achieved
DSD	11.2	14.4	No
DEL	10.4	10.7	No
DCAL	9.6	6.9	Yes
DFP	8.5	10.3	No
DOE	8.5	9.9	No
OFMDFM	8.5	7.6	Yes
DARD	8.5	8.6	No
DHSSPS	8.5	9.4	No
DETI	8.5	8.3	Yes
DE	8.5	10.5	No
DRD	8.5	6.7	Yes
Overall	9.5	11.0	No

Source: NISRA

1.29 Performance achieved against the three sub-targets is summarised in **Figure 14**.

Figure 14: Performance against the NICS absence reduction sub-targets

Target	Base year (2003-04)	Target level (2009-10)	Actual outturn (2009-10)	Target achieved
Short-term average spells per person per year	1.41	1.09	0.75	Yes
Long-term frequency rate (percentage of employees)	14.1	9.8	10.9	No
Long-term average duration	60.6	42.2	62.8	No

Source: NISRA

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Part One: Sickness Absence in the Northern Ireland Civil Service

- 1.30 The short-term frequency target of 1.09 absence spells per staff year was achieved comfortably, with actual outturn of 0.75. This is welcome, and confirms that notable progress has been made in addressing this area. However, neither sub-target relating to long-term absence was achieved.
- 1.31 The target for long-term duration was missed comprehensively. The position at 2009-10 (average duration 62.8 days) was actually a deterioration on the 2003-04 base year (60.6 days). The lack of progress in this area was the predominant reason for the failure to achieve the 2009-10 headline target, and for the prevailing high overall NICS absence levels. Long-term absences can be attributed principally to:
- the high proportion of absences related to psychiatric/psychological illnesses (**paragraph 1.19**);
 - the extent of female absence (**paragraph 1.22**); and
 - the levels of absence among junior clerical grades (**paragraph 1.24**).
- 1.32 Recognising the need to set a target for absence reduction beyond 2009-10, and as recommended by the Public Accounts Committee¹¹, DFP began consulting with NICS departments on the matter during 2010. Because the introduction of the new human resources management system for NICS (HR Connect) in 2008-09 meant that reliable information for industrial staff was available for the first time, it was decided that a combined target would be set for both industrial and non-industrial staff. Whilst the average absence level for NICS non-industrial staff in 2009-10 amounted to 11 days, it was significantly higher for industrial staff (13.4 days). However, the relatively small number of industrial staff (around 1,100 compared with 22,400 non-industrial staff) had a minimal effect, and the baseline for the new target was calculated as 11.2 days.
- 1.33 In setting the revised target, account was also taken of the DOJ (created in April 2010), and the PPS (for which powers were also devolved to the Northern Ireland Assembly in April 2010). The target seeks to reduce average absence from the 2009-10 baseline of 11.2 days to an average of 8.5 days by 2014-15.
- 1.34 Linked targets for individual departments have also been set, together with phased sub-targets in relation to the frequency and average duration of long-term sickness absence. Ultimately, targets aim to reduce the frequency of long-term absence from the 2009-10 baseline¹² of 11.4 per cent to 9.5 per cent by 2014-15 and the average duration from 62.5 days to 48.5 days over the same period. No targets have been set in relation to short-term absences in view of past achievement in this area and the importance of focusing on long-term absence problems. Details of current targets are set out at **Appendix 1**.

11 Public Accounts Committee: Report on Managing Sickness Absence in the Northern Ireland Civil Service (Report 38/07/08R, June 2008)

12 The 2009-10 baseline figure was adjusted to take account of the inclusion, from 2010-11, of industrial staff and staff in the Department of Justice and the Public Prosecution Service

1.35 The targets set for overall sickness absence levels in 2010-11 and 2011-12 were 10.5 days and 10.0 days. With actual levels of 10.7 and 10.1 days, the targets were not achieved (paragraph 1.4). Most departments (8

of 13) achieved their individual targets for overall absence levels in 2010-11 but fewer departments (5) achieved the targets for 2011-12 (Figure 15). Sub-targets for long-term absences have not been achieved (Figure 16).

Figure 15: Outturn against departmental sickness absence targets 2010-11 and 2011-12

	Average days lost per staff year						
	2009-10	2010-11			2011-12		
	Base year	Target	Actual	Target achieved	Target	Actual	Target achieved
DSD	14.4	13.6	13.4	Yes	12.8	11.1	Yes
DEL	10.7	10.1	10.6	No	9.5	11.4	No
DFP	10.3	9.7	9.5	Yes	9.1	9.3	No
DOE	10.1	9.5	9.2	Yes	9.0	9.8	No
DRD	8.2	8.0	8.5	No	7.9	8.2	No
DARD	9.3	8.9	8.5	Yes	8.5	8.0	Yes
DHSSPS	9.4	9.0	8.5	Yes	8.6	7.1	Yes
DE	10.5	9.9	8.3	Yes	9.4	7.9	Yes
DETI	8.3	8.1	8.1	Yes	7.9	7.3	Yes
DCAL	6.5	6.5	7.5	No	6.5	8.0	No
OFMDFM	8.4	8.2	5.4	Yes	8.0	8.7	No
PPS	9.0	8.7	10.2	No	8.4	9.8	No
DOJ	12.3	11.6	12.9	No	11.0	12.6	No

Source: NISRA

26 Sickness Absence in the Northern Ireland Public Sector

Part One: Sickness Absence in the Northern Ireland Civil Service

Figure 16: Outturn against sub-targets for long-term sickness absence 2010-11 and 2011-12

	2009-10	2010-11			2011-12		
	Base year	Target	Actual	Target achieved	Target	Actual	Target achieved
Frequency rate (percentage of employees)	11.4	10.7	11.3	No	10.4	11.0	No
Average duration (days)	62.5	59.5	61.2	No	56.5	58.6	No

Source: NISRA

1.36 Overall, in recent years, there has been general improvement in NICS's position with regard to sickness absence levels:

- the trend in overall sickness absence levels is downward, with the gap between NICS levels and those in Great Britain narrowing;
- levels in all departments are reducing and, while there remains variation between departments, improvements by the largest departments have been of particular importance in driving down overall sickness absence levels;
- the gap between the sickness absence levels for female staff and male staff is narrowing; and

- there has been a reduction in sickness absence levels at most grades, with the largest reductions in those grades which traditionally have experienced the highest levels of sickness absence.

1.37 Two areas of particular concern, however, persist:

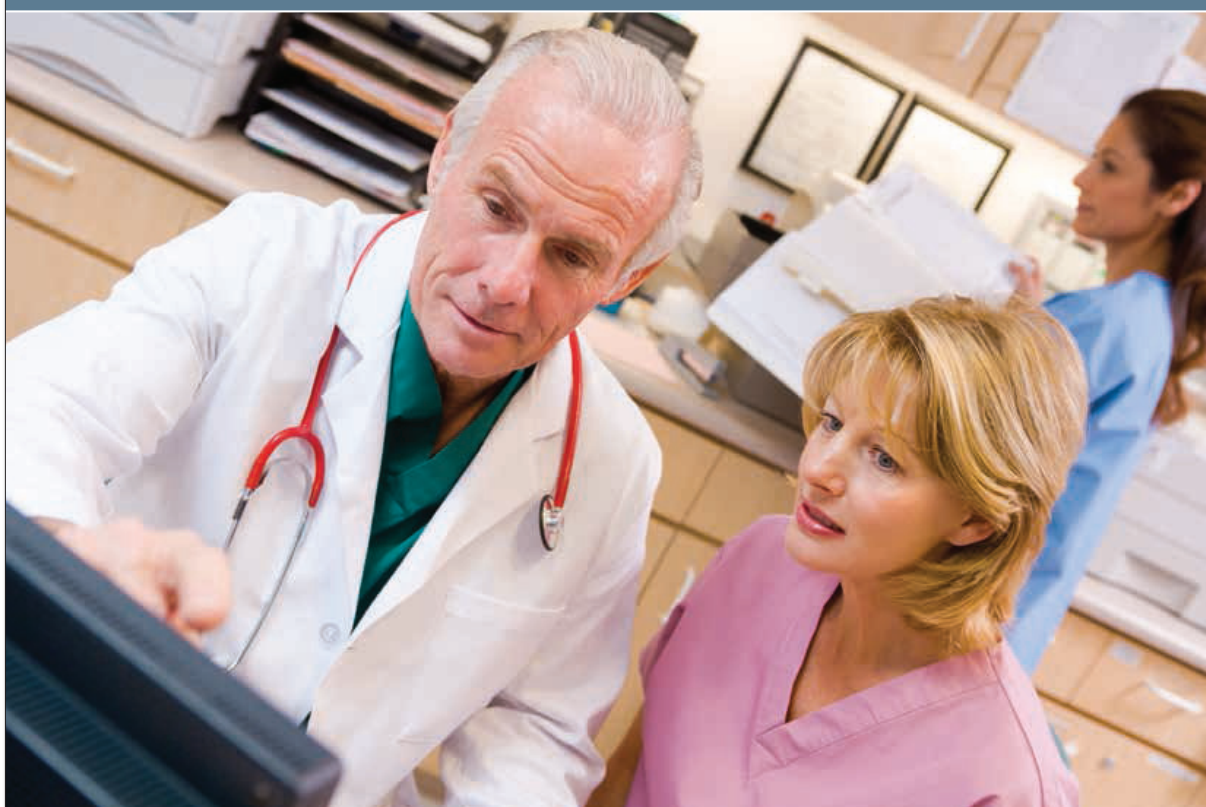
- the proportion of long-term sickness absence has remained broadly unchanged since 2006-07. The lack of progress in this area constitutes a major factor in the failure to achieve overall targets for 2009-10 and represents a significant risk to the achievement of current objectives; and

- the principal cause of sickness absence within the NICS remains psychiatric/psychological illness, with the proportion of days lost for this reason remaining at a similar level since 2006-07.

Recommendation

In order to sustain improvements in sickness absence towards the 2014-15 targets, it is important that attention remains focused on reductions in long-term sickness and absences where the cause is mental health related.

Part Two:
Sickness Absence in Health and Social Care Trusts



Part Two: Sickness Absence in Health and Social Care Trusts

Information on absence levels is provided by the Department of Health, Social Services and Public Safety and Health Trusts

- 2.1 There are six Health and Social Care Trusts (Trusts) in Northern Ireland. The Trusts employ around 70,000 staff in total and represent the single largest area in terms of employees within the Northern Ireland public sector, almost three times the size of the NICS.
- 2.2 Sickness absence data within the Trusts is derived from the Human Resource Management System (HRMS) operated by each Trust. High level information on absence levels is shared with the Department of Health, Social Services and Public Safety (DHSSPS) and reported in DHSSPS's six-monthly Monitoring of Human Resource Activity publication¹³. Our analysis of absences within the health sector is based on the information provided by DHSSPS and contained within these six-monthly reports, supplemented by additional data provided by individual Trusts.
- 2.3 DHSSPS told us that it has monitored sickness absence levels at Trusts since 2001 and used reports to benchmark Trusts across the region. However, its more recent interest stems from concerns raised in the 2005 Appleby Review¹⁴ with regard to the relative productivity of the Northern Ireland health sector. This led to the inclusion of specific targets for improvements in sickness absence within DHSSPS's published Priorities for Action planning framework over the period 2007-08 to 2010-11. DHSSPS's role in relation to sickness absence, however, has largely been limited to monitoring performance against these targets and the production of six-monthly reports (**paragraph 2.2**). The management and monitoring of sickness absence is, in its view, a matter for the Trusts.
- 2.4 DHSSPS does not hold information beyond the summary level identified in its six-monthly report. It is therefore unaware of underlying issues, for example the extent of long-term sickness absence, the main causes of sickness absence or any relationships that may exist between sickness absence levels and age, gender or grade. While this information is available within HRMS, Trusts indicate that this system does not easily facilitate the extraction of information in relation to gender, age or staff grade. Trusts can, however, extract information in relation to the causes of sickness absence, although this does not form part of routine monitoring procedures in all Trusts.
- 2.5 The limitations of the information system were highlighted in a 2008 review commissioned by DHSSPS¹⁵. However, a new human resource system is to be introduced across the Trusts; a benefit of the new system will be improvement of the management of sickness absence through better and more timely information for managers. DHSSPS aims to implement the system on a phased basis from December 2012.

13 DHSSPS: Monitoring of Human Resource Activity, prepared by the Department's Workforce Planning Unit

14 Independent Review of Health and Social Care Services in Northern Ireland (August 2005)

15 DHSSPS: VFM Audit of staff absence and turnover (November 2008)

Recommendations

The development of the new human resource management system, together with plans for the centralisation of human resource activities across all Trusts, provides an opportunity to improve and expand sickness absence analysis and monitoring. The system should provide management information on areas such as the levels of long-term and short-term absence; the main causes of absences and their respective durations; and the gender, age, and grade profile of sickness absences.

It is essential that the information systems for measuring sickness absence are fit for purpose and the data required for analysis and reporting purposes is robust. Statisticians and other relevant specialists should be involved in the development and specification of targets, setting up systems which capture and analyse relevant data and ensuring high quality management information is produced.

Absence in the health sector amounts to over 5 per cent of total working days

- 2.6 The main sickness absence measure used by DHSSPS and the Trusts is the percentage of working days lost. This differs from the main NICS measure (average days lost per staff year). However, the NICS annual report on sickness absence also provides sickness absence levels in terms of percentage of working days lost which has allowed comparisons to be drawn between the two sectors.
- 2.7 Data provided by DHSSPS identifies the overall regional average sickness absence level at 5.5 per cent of working days lost in the year to March 2011. This is greater than the 4.9 per cent reported for the NICS (**paragraph 1.4**). However, it should be noted that the two sectors differ in terms of staff structure and the nature and pattern of work. In particular, DHSSPS and the Trusts told us that the risk of spread of infection to patients, the physical nature of the work undertaken by staff in Trusts and the demands of shift working are factors in explaining higher levels of sickness absence among health and social care staff.
- 2.8 The regional average for sickness absence among health sector staff was first published for the six-month period October 2009 to March 2010. Prior to this, information reported to and collected by DHSSPS was not detailed enough to allow the calculation of overall regional absence levels. While

Part Two: Sickness Absence in Health and Social Care Trusts

no long-run data series is available for the regional level of sickness absence, based on sickness absence rates at individual Trusts, the overall trend appears to be generally downward (**paragraph 2.13**).

The cost of sickness absence in the health sector is substantial

- 2.9 DHSSPS was unable to provide figures on the cost of sickness absence. We also established that Trusts do not routinely produce information on, or monitor the cost of, sickness absence.
- 2.10 However, the cost of sickness absence across the Trusts is substantial. The 2010 McKinsey report¹⁶ noted that significant savings in terms of productivity and efficiency could be made through reductions in sickness absence levels in the health sector. Using data for the six months to March 2010, it suggested that £32.1 million, equivalent to 842 full-time employees, could be saved if sickness absence levels were reduced to the same levels experienced in England. DHSSPS told us that, in its view, these potential savings were overstated because absence levels in the period October 2009 to March 2010 were higher than normal. Also, the McKinsey estimate did not take account of the acknowledged differences in methodology between the respective calculations of days lost in England and in Northern Ireland. Using data for the 2009-10 year and similar assumptions to those applied in the McKinsey report, DHSSPS estimates the potential savings at £20 million, or 520 full-time

employees. On the basis of this latter estimate, the overall cost of sickness absence in 2010-11 in the health sector could be in the region of £73 million (**Appendix 2**). An estimate based on 2011-12 data produced a figure of £71 million.

A number of issues impact on sickness absence in the health sector

- 2.11 Analysis of data obtained from both DHSSPS and the six Trusts identifies a number of issues that impact on overall sickness absence levels:
- sickness absence rates across Trusts vary, with the Ambulance Service experiencing significantly higher levels than other Trusts;
 - occupational groups within the health workforce have differing levels of sickness absence;
 - long-term sickness absence is a material factor in sickness levels; and
 - mental health and musculo-skeletal problems are the two largest identified causes of absence.

Sickness absence levels vary across the Trusts

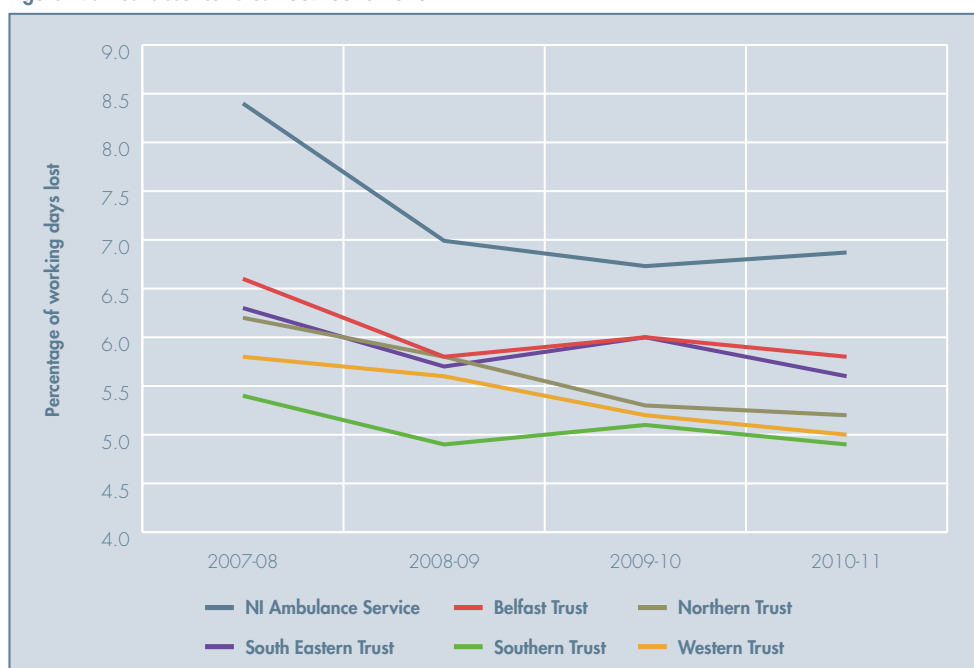
- 2.12 For the year to March 2011, sickness absences ranged from 4.9 per cent of working days lost at the Southern Trust, to 6.9 per cent at the Ambulance Service, with a regional average for the same period of 5.5 per cent (**paragraph 2.7**).

¹⁶ DHSS/HSC (September 2010), Reshaping the System: Transforming Northern Ireland's Health and Social Care Services, particularly Appendix - part 2

2.13 The general trend in sickness absence levels across all Trusts is downward (Figure 17). Except for the Ambulance Service, Trusts have broadly similar absence levels within a range of

approximately 1 per cent. Over the period 2007-08 to 2010-11, the Belfast Trust has experienced higher levels than the other Trusts and the Southern Trust has had the lowest levels of absence.

Figure 17: Trust absence rates 2007-08 to 2010-11



Source: DHSSPS

2.14 The Ambulance Service, while still on a generally downward trend, has experienced much higher levels of sickness absence than other Trusts. Sickness absence during 2010-11, at almost 7 per cent of available working days, was 18 per cent higher than the Belfast Trust, the next highest of the other Trusts. The higher level of sickness absence within the Ambulance Service appears to reflect

the nature of work involved and staffing structure (paragraph 2.17 and 2.18). DHSSPS told us that the Ambulance Service benchmarks absence levels by occupational groups with other Trusts and that this indicates that, for comparable groups, absence levels within the Ambulance Service are similar to the Health and Social Care average.

Part Two: Sickness Absence in Health and Social Care Trusts

Sickness absence rates across the workforce vary considerably

2.15 Data published by DHSSPS in its six-monthly report provides an analysis of sickness absence levels across different staff occupational categories which make up the health service workforce. This analysis identifies variability in sickness rates between the different elements of the workforce (**Figure 18**).

2.16 Medical and dental staff have the lowest level of absence (at around 1 per cent) while ambulance staff and support staff have the highest levels of absence (at between 7 and 8 per cent). Other staff categories experience sickness absence levels as follows:

- professional and technical staff and administrative and clerical staff – between 3 and 5 per cent;
- estates staff – between 5 and 6 per cent; and
- nursing and midwifery and social services staff – between 6 and 7 per cent.

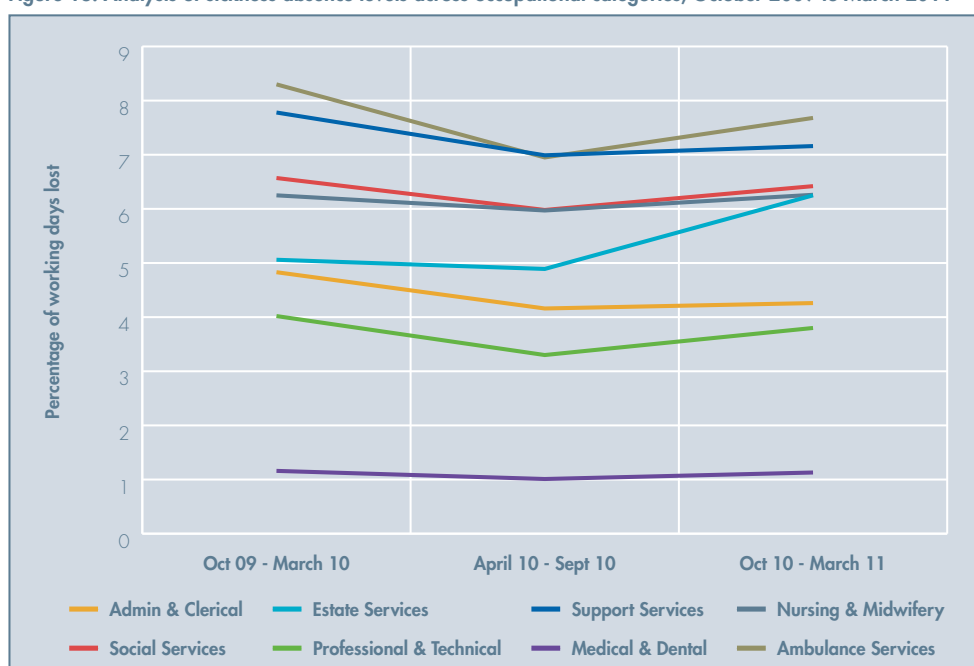
DHSSPS told us that the higher sickness absence levels for ambulance, nursing and midwifery and social services staff may be explained in part by factors such as the physical and emotional demands of the work and the need to avoid the spread of infection to patients and clients. It also notes that absence levels for administrative and clerical staff, ranging between 4.8 per cent of

working days lost in the six months to 31 March 2010 and 4.3 per cent in the six months to 31 March 2011, are similar to levels in the NICS (4.9 per cent for the year 2010-11).

2.17 No research or analysis has been undertaken by DHSSPS or the Trusts to identify reasons behind the differences in sickness absence rates between occupational categories. However, the impact of these differences and the structure of the workforce in individual Trusts may explain the variability in absence rates across the region. For example, the Ambulance Service's workforce is largely front line ambulance staff. This category of staff exhibits higher rates of sickness absence compared with other categories and this is reflected in the higher overall absence level for the Ambulance Service. In contrast with other Trusts, the Ambulance Service does not employ significant numbers of staff in those occupational groups which historically have exhibited low sickness absence levels. Similarly, the Belfast Trust has significantly more staff in occupational areas with higher sickness absence rates - nursing and midwifery and support staff.

2.18 Workforce structure clearly plays some part in the variance in overall Trust absence rates. However, as no standardised rate similar to that calculated for NICS departments (**paragraph 1.15**) is available, it is unclear to what degree the differences in Trusts' absence rates are explained by differences in staff structure alone.

Figure 18: Analysis of sickness absence levels across occupational categories, October 2009 to March 2011



Source: DHSSPS

2.19 Analysis of absence rates within occupational categories at the individual Trusts also suggests that some Trusts experience problems within particular occupational groups:

- the Belfast Trust experiences the highest absence rates across all Trusts for nursing and midwifery and administrative and clerical staff, and the second highest level of absence among support services staff;
- the Northern Trust exhibits the second highest rate of absence among nursing and midwifery staff;
- the South Eastern Trust has the highest absence rates in the support services and social services areas, and also experiences the second highest level of absence among administrative and clerical staff;
- the Southern Trust has the second highest rate of sickness absence among support services staff; and
- the Western Trust has the highest rate of absence among the Trusts for professional and technical staff.

Part Two: Sickness Absence in Health and Social Care Trusts

2.20 Although higher levels of absence in particular occupational groups may to some extent explain the variations in overall rates across Trusts, it remains unclear to what degree they impact on overall rates.

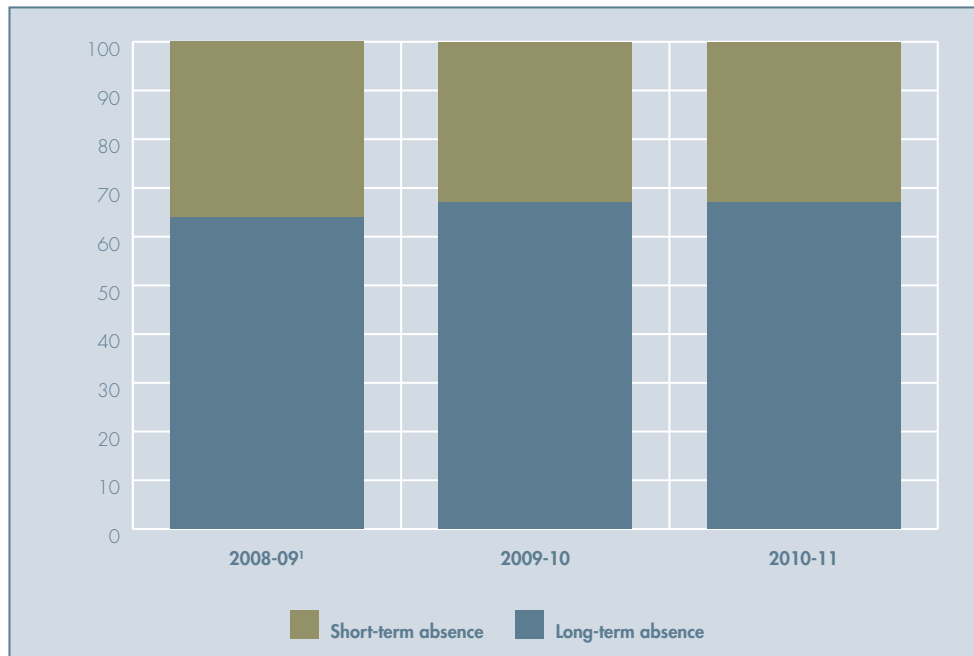
Long-term sickness absence accounts for two-thirds of days lost

2.21 Long-term sickness absence is defined as being an absence of 20 consecutive working days or more. Data provided by

the Trusts indicates that the proportion of long-term sickness absence is significant, at around two-thirds of all days lost (**Figure 19**). In addition, the proportion of long-term sickness has remained generally consistent over the three years 2008-09 to 2010-11.

2.22 The proportion of overall absences attributable to long-term sickness varies across the six Trusts, although most follow a similar pattern with the vast majority of sickness absence related to long-term sickness. However, the Northern Trust

Figure 19: Proportion of long-term absence among Trusts 2008-09 to 2010-11



Source: HSC Trusts

Note: 1. 2008-09 data covers five Trusts only as no analysis was available for the Southern Trust

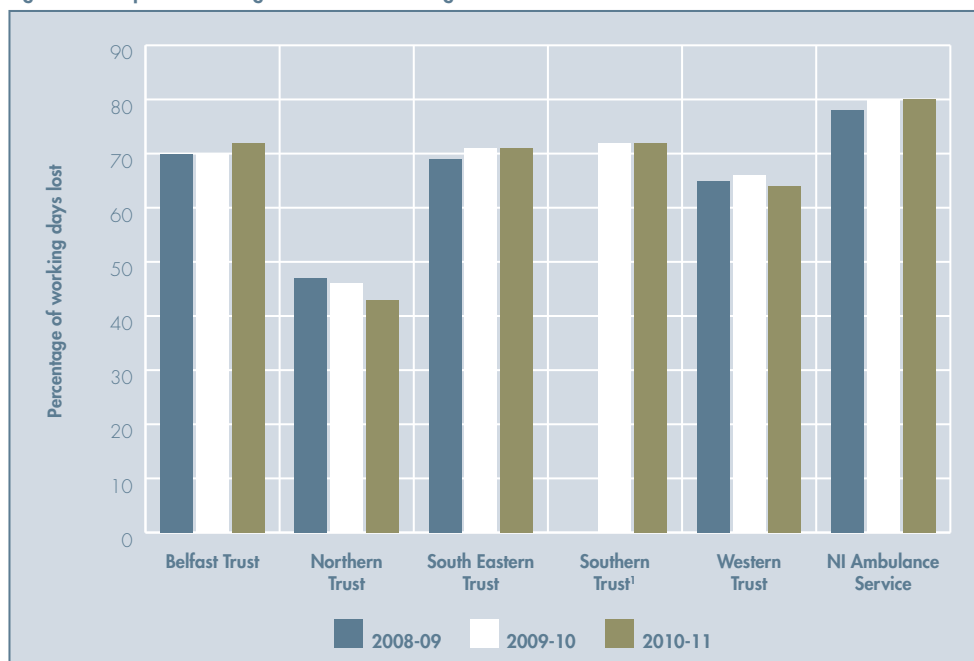
appears to have a significantly different absence profile to that of the other Trusts, displaying more short-term than long-term absences. Its level of long-term absence is almost half the level experienced among the other Trusts (Figure 20). The Northern Trust was unable to provide an explanation as to why this is the case but told us that the implementation of the new HR system will provide better analysis and reporting of information including analysis of short-term and long-term absence.

Mental health and musculo-skeletal problems are the largest causes of absence

2.23

The data indicates two main causes of sickness absence common across all Trusts - musculo-skeletal problems and mental health issues, both of which are increasing. Trusts told us that they are giving particular priority to addressing these causes. There is also a significant level of sickness absence for which the cause of illness is unknown; this has been running at an average of 12 per cent over the period 2008 to 2011, although it reduced to just under 10 per

Figure 20: Proportion of long-term absence among Trusts 2008-09 to 2010-11



Source: HSC Trusts

Note: 1. No analysis was provided by the Southern Trust for 2008-09

Part Two: Sickness Absence in Health and Social Care Trusts

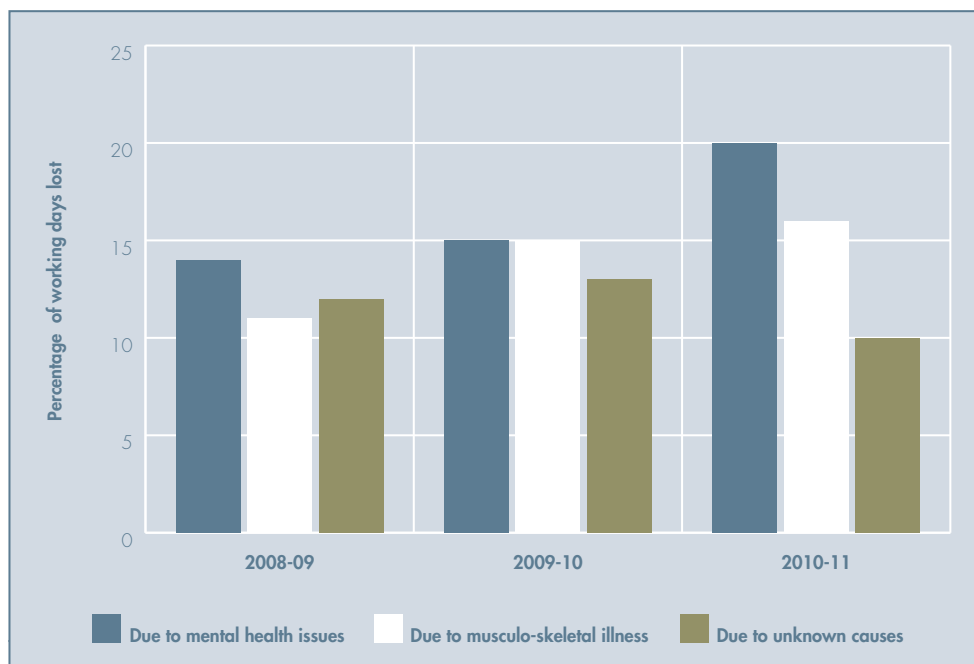
cent in 2010-11 (**Figure 21**). While there may be a number of reasons for the cause of illness not being recorded, Trusts have highlighted that typically this may relate to short-term absences of one to three days where, under absence protocols, individuals are not required to self-certify or produce medical certification.

2.24 Trusts were able to produce data in relation to the causes of sickness absences at our request. However, not all Trusts generate such data routinely for monitoring purposes. Data on the duration of absence analysed by cause was generally unavailable.

Recommendation

There are significant persistent levels of long-term sickness absence in Trusts and the levels of mental illness and musculo-skeletal illness - the main causes of absence - are increasing. It is important, therefore, that DHSSPS and Trusts continue to focus particular attention towards addressing long-term sickness and absences caused by mental health issues and musculo-skeletal illness. These areas should form an element of the Department's and Trusts' routine monitoring activities.

Figure 21: Proportion of sickness absence among Trusts due to musculo-skeletal, mental health issues, and unknown absences 2008-09 to 2010-11



Source: HSC Trusts

Absence levels are higher in Northern Ireland than in Great Britain

2.25 The regional rate of sickness absence across the six Trusts in Northern Ireland was 5.5 per cent of available working days in 2010-11 (**paragraph 2.7**). This overall level of absence is greater than that reported in the health sector in England, Scotland and Wales for 2010-11 (**Figure 22**). There are, however, certain differences in the structures in the health sector across Great Britain and care should be taken in making direct comparisons with Northern Ireland. For example, NHS Trusts in England do not employ social care staff, which is an element of the workforce within which absence levels are relatively high in Northern Ireland. DHSSPS also told us that there is a different basis for the sickness absence rate used in England which results in an under-count of sickness absence in England when compared to that in Northern Ireland. It estimates that the percentage of working days lost in England, calculated on a similar basis to Northern Ireland, would be 5 per cent.

Figure 22: Comparison of sickness absence rates in the NHS across GB and NI in 2010-11

Percentage of working days lost			
NI	England	Wales ¹⁷	Scotland ¹⁸
5.3 ¹⁹	5.0 ²⁰	5.07	4.74

Source: DHSSPS and NIAO

2.26 Over the period 2007-08 to 2010-11, DHSSPS undertook benchmarking of Northern Ireland's regional performance against sickness rates in England published by the Health and Social Care Information Centre. This benchmarking formed one element of its wider monitoring of relative productivity measures subsequent to the 2005 Appleby Review (**paragraph 2.3**). However, it was discontinued after 2010-11, in line with changes in overall strategic focus.

17 Data taken from 'Sickness Absence in the NHS', a Welsh Government Statistical Release, using data for the quarters ending June 2010, Sept 2010, Dec 2010, March 2011 (DHSSPS considers that this may not be on a comparable basis to the NI analysis)

18 Data taken from 'NHS Scotland Workforce', produced by NHS Scotland's Information Services Division, using data as at 31 March 2011, published 28 June 2011 (DHSSPS considers that this may not be on a comparable basis to the NI analysis)

19 DHSSPS estimate, excluding social care staff in order to ensure a more meaningful comparison with the health service data from Great Britain. The sickness absence rate for Northern Ireland including social care staff is 5.5 per cent

20 DHSSPS estimate, calculated on a similar basis to Northern Ireland. The NHS Information Centre quarterly publications 'Sickness Absence Rates in the NHS' for 2010-11 show an annual sickness absence rate of 4.15 per cent

Part Two: Sickness Absence in Health and Social Care Trusts

2.27 Departmental benchmarking also compared rates across occupational areas. Not all areas could be compared because of some differences in categorisation between England and Northern Ireland data and differences in services provided – for example, social services in England are a local government function. Nevertheless, certain broad comparisons are possible (**Figure 23**).

2.28 Trusts told us that they routinely benchmark sickness absence levels against other Northern Ireland Trusts. The Ambulance Service told us that it benchmarks its absence levels with other NHS Ambulance Trusts, Health and Social Care Trusts and related professional groups. Other Trusts compare their performance against Trusts outside Northern Ireland although this is not done as a matter of course by all Trusts.

Figure 23: Comparison of sickness absence rates in England (estimated) and Northern Ireland by occupational areas, excluding social services, for 2010-11

Occupational group	Percentage of working days lost	
	England	Northern Ireland
Admin & Clerical, Estates, Support Services	4.42	5.72
Nursing, Midwifery & Health Visiting	6.05	6.27
Professional & Technical	4.08	3.69
Medical & Dental	1.40	1.10
Ambulance	7.22	7.32
Overall	5.00	5.30

Source: DHSSPS

Trusts have had mixed performance against targets set by DHSSPS

2.29 DHSSPS set a target to reduce the overall sickness absence levels across the Trusts to 5.2 per cent of available working days by March 2011. This target was also set for each individual Trust with the exception of the

Ambulance Service, recognising that its sickness levels differed materially in comparison with the other Trusts. Based on sickness levels in 2007-08 (the baseline year) the target represented varying levels of challenge for the Trusts (**Figure 24**). No underlying targets were set, for example for the level of long-term absence.

Figure 24: Performance against the sickness absence target

Trust	Percentage of working days lost			Target achieved
	2007-08 (Baseline)	2010-11 Target	2010-11 Actual	
Southern Trust	5.4	5.2	4.9	Yes
Western Trust	5.8	5.2	5.0	Yes
Northern Trust	6.2	5.2	5.2	Yes
South Eastern Trust	6.3	5.2	5.6	No
Belfast Trust	6.6	5.2	5.8	No
Overall¹	6.2	5.2	5.4	No

Source: DHSSPS

Note: 1. Overall targets and performance exclude the Ambulance Service

Part Two: Sickness Absence in Health and Social Care Trusts

2.30 While sickness rates reduced at all of the Trusts, the overall target was not achieved. Only three of the five Trusts achieved the target individually. No targets have been set for periods after 2010-11. The Department told us that levels of absence will continue to be monitored and, depending on performance by Trusts, targets may be introduced for 2013-14.

2.31 No separate target was set by the Department for the Ambulance Service. The Ambulance Service set its own target for 2011-12 which aimed to reduce absence to 6.85 per cent. The Ambulance Service considered that this was both challenging and achievable. However, it has not achieved the target, with actual sickness levels of 7.18 per cent for 2011-12.

2.32 In December 2012, DHSSPS informed each of its arm's length bodies, including Trusts, that they would be required to take steps to minimize sickness absence during 2013-14, by:

- establishing a realistic sickness absence target for the organisation to be achieved during 2013-14;
- identifying the key steps and actions to be taken during 2013-14 to reduce or where appropriate maintain current sickness absence levels; and

- undertaking a review and report to the body's Board and DHSSPS by September 2013 of the key reasons behind staff absence and patterns in long-term and short-term absence.

Targets, which as a minimum will involve sustaining the body's previous performance level, are to be agreed by DHSSPS.

Recommendation

Given the impact of sickness absence on service delivery, it is essential that levels are monitored and properly managed. In order to maintain the downward pressure on sickness absence levels within health Trusts, DHSSPS should set targets at both the regional and Trust level, covering all Trusts including the Ambulance Service. Consideration should also be given to the introduction of specific targets in relation to long-term sickness absence similar to those set in the NICS. The recent step by DHSSPS to introduce targets for 2013-14 is welcome. However, it is important that progress in tackling sickness absence is sustained.

Part Three: Sickness Absence in the Education Sector



Part Three: Sickness Absence in the Education Sector

The Department of Education and six employing authorities are responsible for absence management

3.1 There are six employing authorities within the Northern Ireland education sector – five Education and Library Boards (ELBs) and the Council for Catholic Maintained Schools (CCMS). Together these bodies are responsible for around 1,150 primary and secondary level schools and employ approximately 65,000 teaching and non-teaching staff.

NIAO has previously reported on teacher absence

3.2 Our report on *The Management of Substitution Cover for Teachers* (May 2010) identified a number of issues with regard to teacher sickness absence:

- a gradually reducing trend in overall levels of teacher sickness absence from 9.52 days per year in 2005-06 to 7.81 days per year by 2008-09, although this was higher than levels in England (5 days in 2008);
- variation in teacher sickness absence levels across the employing authorities and within school sectors – Maintained schools experienced higher levels of absence compared to Controlled schools (8.5 days in 2008-09) and teachers in Special schools had particularly high levels of sickness absence (9.7 days in 2008-09);

- the failure to achieve targets for the reduction of teacher sickness absence levels towards those in England; the target was set at 6 days per teacher per year by 2008, and the same target was re-instated for 2010-11; and
- the estimated cost of teacher sickness absence across employing authorities at £15.8 million in 2008-09, with associated substitution cover costs of £11 million. Savings of around £5.7 million in teacher pay costs and £4 million in substitution cover costs could be achieved if teacher sickness absence levels in Northern Ireland were reduced to those in England.

3.3 Our report noted that, despite previous criticism by the Westminster Public Accounts Committee²¹, a sound data system to assist the Department of Education (DE), employing authorities and schools in managing teacher attendance had yet to be fully established. At that time, DE indicated that the establishment of the planned new Education and Skills Authority (ESA)²² for Northern Ireland should provide an appropriate opportunity for the development of more effective management information and reporting systems. In its subsequent report, the

21 *The Management of Substitution Cover for Teachers*, Committee of Public Accounts, 27th Report, Session 2002-03, HC 473

22 The Education and Skills Authority (ESA) will take on the functions of the five Education and Library Boards and the Council for Catholic Maintained Schools, together with those functions performed by a number of other bodies within the education sector e.g. the Council for the Curriculum, Examinations and Assessment (CCEA), Youth Council for Northern Ireland, Northern Ireland Council for Integrated Education (NICIE)

Public Accounts Committee²³ highlighted the need for more effective analysis and benchmarking of teacher absence data (**Appendix 3**).

Information systems for absence management are limited

3.4 Data on sickness absence in the six employing authorities is derived from two similar but separate payroll/human resource systems - one for non-teaching staff (implemented in 2008) and one for teaching staff (implemented in 2009). This separation reflects traditional responsibilities within the sector, in that teachers are employed by the ELBs and CCMS but are paid centrally by DE.

3.5 DE operates the payroll/human resource systems for teachers, with the employing authorities afforded enquiry access. Non-teaching staff, support staff based in schools and ELB Headquarters staff, are employed and paid by the ELBs²⁴. Boards therefore operate the payroll/human resource systems in relation to non-teachers. While each ELB operates a 'stand alone' system for its own non-teaching staff, the system used is common across all Boards. However, DE does not have access to data from the non-teacher systems and does not actively monitor absence levels among non-teaching staff, which it states is a matter for the employing authorities.

3.6 At the strategic level, data is somewhat limited with only summary level information available. We requested further data from DE in respect of teaching staff and from the employing authorities for teaching and non-teaching staff. However, this was not readily available, either because of difficulties in data extraction from the payroll/human resource systems or because it was not routinely extracted from those systems for standard reports. Employing authorities told us that information systems are not sufficiently sophisticated to take account of complex aspects of non-teaching contracts, such as part-time workers and those who have multiple jobs. Data routinely extracted by DE and the employing authorities is focused at the school and operational case management level rather than at a more strategic level. Areas for which data was not readily available, both in relation to teaching and non-teaching staff, included:

- the long-term and short-term profile of sickness absence levels;
- gender, age and grade/length of service analysis of sickness absence levels; and
- analysis of the main causes of sickness absence and the duration of absences associated with particular causes.

²³ The Management of Substitution Cover for Teachers: Follow-up Report, Public Accounts Committee, NIA 20/10/11R, November 2010

²⁴ CCMS does not employ non-teaching staff, instead these are employed by the ELBs responsible for the area in which the respective schools are based

Part Three: Sickness Absence in the Education Sector

- 3.7 The absence of such data inhibits effective management of sickness absence within the sector. DE recognises the limitations of current data and, in relation to teachers, has recently expanded the analysis available and, in June 2012, published its first yearly digest of workforce statistics²⁵. DE has also indicated that it is now able to analyse teacher absence in terms of long-term and short-term absence, gender, age and grade. Work is also on-going to develop reporting on the main causes of sickness absence.
- 3.8 DE's central role as paying authority for teachers enables the aggregation of teacher sickness data. However, it has no similar role in relation to non-teaching staff and, combined with the limited data available for these staff, it was not possible to generate aggregated non-teacher sickness absence figures.
- 3.9 The new ESA, which at the time of our previous report (**paragraph 3.3**) was expected to be established by January 2011, has not yet been set up. It is now expected to be established during 2013.

Recommendations

The recent improvements in teacher sickness absence monitoring and reporting are welcome. However, there remains an immediate need to improve and expand the level of strategic information available for the management of sickness absence. Routine data analysis and reporting in relation to both teaching and non-teaching staff should include the level of long-term sickness absence, the main causes of absences and their respective durations and the gender, age and grade profile of absence.

In addition to the separate analyses of sickness absence for teaching and non-teaching staff, DE and employing authorities should also consider the introduction of a combined measure identifying overall sickness absence levels. This will facilitate the identification of sickness absence levels across the education sector as a whole.

In our view, DE should take a more strategic role with regard to promoting and monitoring sickness absence management across the sector. The creation of the ESA will provide an opportunity for the development of more comprehensive management information systems and facilitate a more regional approach to sickness absence management.

²⁵ Teacher Workforce Statistics in Grant Aided Schools in Northern Ireland 2011-12 (28 June 2012)

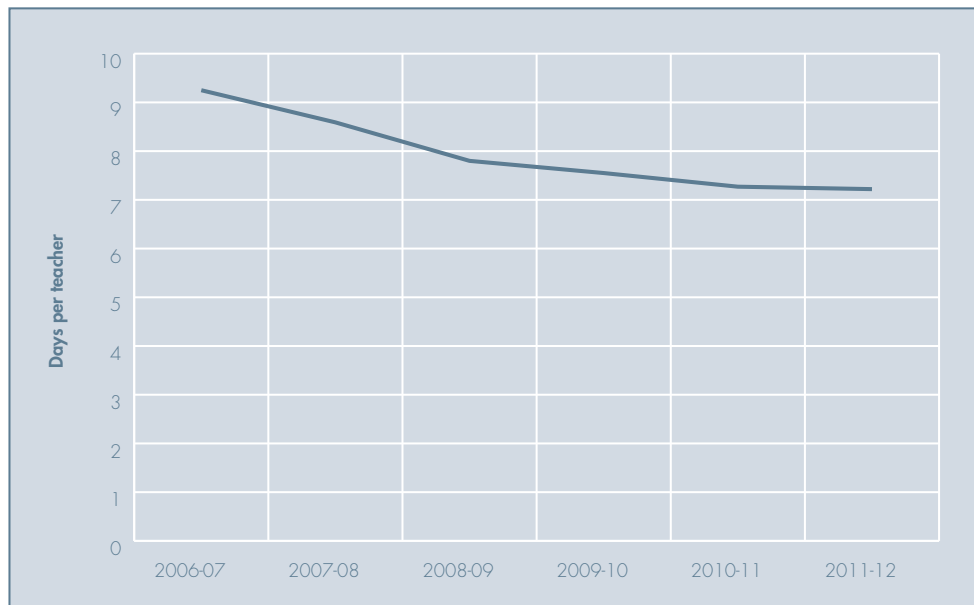
Teaching staff absences are falling but non-teaching staff absences are increasing

- 3.10 The trend in overall teachers' sickness absence levels is downward, having decreased by over 20 per cent since 2006-07. Improvements have slowed since 2008-09 and current sickness absence levels, at 7.27 and 7.22 days per teacher per year for 2010-11 and 2011-12²⁶ respectively, reflect a small improvement on 2008-09 levels of 7.81 days (**Figure 25**). DE and the employing authorities, suggest that improvements have resulted from the focus placed on the management of sickness levels, including the application of attendance policies and changes in the balance between substitution costs met by the employing authorities and by schools from their delegated budgets.
- 3.11 Sickness absence levels among non-teaching staff in 2010-11 are higher than for teaching staff, ranging from a low of 8.11 days per employee per year in the Western ELB to a high of 13.64 days in CCMS (**Figure 26**). In the period 2008-09 to 2010-11, absence levels at four of the six employing authorities have increased. This suggests that the general trend in non-teaching staff sickness absence levels is upwards. While the reasons for this are not clear, in our view the lack of strategic monitoring of non-teacher sickness absence levels and any related targets are contributing factors. DE suggests that the increasing sickness absence levels among non-teaching staff also reflect the effect of the changing environment within which staff have been operating, including uncertainty over the introduction of the ESA.

²⁶ Teacher absence figures cover all Controlled schools, Maintained schools (those under CCMS and Irish Medium schools) and Grant Maintained Integrated schools, but exclude Voluntary Grammar schools

Part Three: Sickness Absence in the Education Sector

Figure 25: Overall teacher absences (days per teacher) 2006-07 to 2011-12



Source: Department of Education

Figure 26: Non-teaching staff numbers and sickness absences 2008-09 to 2010-11

Employing Authority	2008-09		2009-10		2010-11	
	Staff Numbers (Full-time Equivalents)	Sickness Absence (days per employee)	Staff Numbers (Full-time Equivalents)	Sickness Absence (days per employee)	Staff Numbers (Full-time Equivalents)	Sickness Absence (days per employee)
Belfast ELB	3,130	9.0	3,117	8.7	3,188	9.1
Western ELB	3,892	8.96	3,856	8.8	3,834	8.11
North Eastern ELB	4,714	7.65	4,554	8.04	4,433	8.17
South Eastern ELB	3,251	9.24	3,222	10.06	3,250	12.2
Southern ELB	4,102	10.45	4,136	10.52	4,078	10.05
CCMS ^{1,2}	91	8.6	86	10.9	84	13.64

Source: Employing authorities' annual reports and accounts

- Notes:
1. CCMS staff includes Headquarters staff only; non-teaching staff in Catholic Maintained schools are employed by the other ELBs
 2. Sickness absence levels at CCMS, given relatively low overall staff numbers, have been adversely affected by several long-term absences in recent years

3.12 Teacher sickness absence figures appear to compare well with those in the NICS, where the average number of days lost per staff year was 10.7 in 2010-11 and 10.1 in 2011-12. While there is no overall non-teacher absence level for comparison with other sectors, the rates across employing authorities appear to be similar to that in the NICS.

3.13 There is a difference between the two sectors in terms of the number of days attended in any given year. In the NICS, the staff year is approximately 221 days while teachers typically attend for only 195 days per year²⁷. When adjusted to take account of this difference, teacher absence levels move closer to those in the NICS (**Figure 27**).

Figure 27: Comparison of adjusted teacher sickness absence rate with NICS 2011-12

Teacher Absence Levels	Adjusted Teacher Absence Levels	NICS Absence Levels
7.22 days	8.2 days	10.1 days

Source: NIAO

3.14 The comparison of the teacher sickness absence figure to that in the NICS is also affected by the fact that it is calculated on the basis of a headcount of permanent teachers in post, rather than a full-time equivalent measure. The use of headcount would tend to reduce the calculated average sickness level, although to what degree is unclear.

The cost of sickness absence in the education sector is substantial

3.15 Data provided by DE indicates that the total pay bill for permanent teachers in post during 2010-11 was in the region of £606 million²⁸. DE has also stated that the cost of sickness absence in 2010-11 was £16 million, with associated teacher substitution costs of a further £11.9 million²⁹. These costs remain broadly unchanged since 2008-09 (£15.8 million sickness absence pay bill and £11 million substitution costs).

3.16 Neither DE nor the employing authorities were able to provide information on the cost of non-teacher sickness absence. Non-teaching staff costs recorded in annual accounts are around £414 million. On the basis of an average non-teaching staff year of 221 days and absence levels as identified at **Figure 26**, we estimate the cost of non-teacher sickness absence in 2010-11 at some £17.8 million³⁰ (**Appendix 4**).

²⁷ Details of staff years confirmed by DE and NISRA

²⁸ Total pay bill figures reflect gross salary costs (i.e. excluding employer costs for national insurance and superannuation) for Controlled and Maintained and Grant Maintained Integrated schools (i.e. excluding Voluntary Grammar schools)

²⁹ Sick pay costs cover Controlled, Maintained and Grant Maintained Integrated schools

³⁰ Non-teacher costs contained in annual accounts include both gross salary and employer costs, but cover only Controlled and Maintained schools (i.e. exclude Grant Maintained Integrated and Voluntary Grammar schools)

Part Three: Sickness Absence in the Education Sector

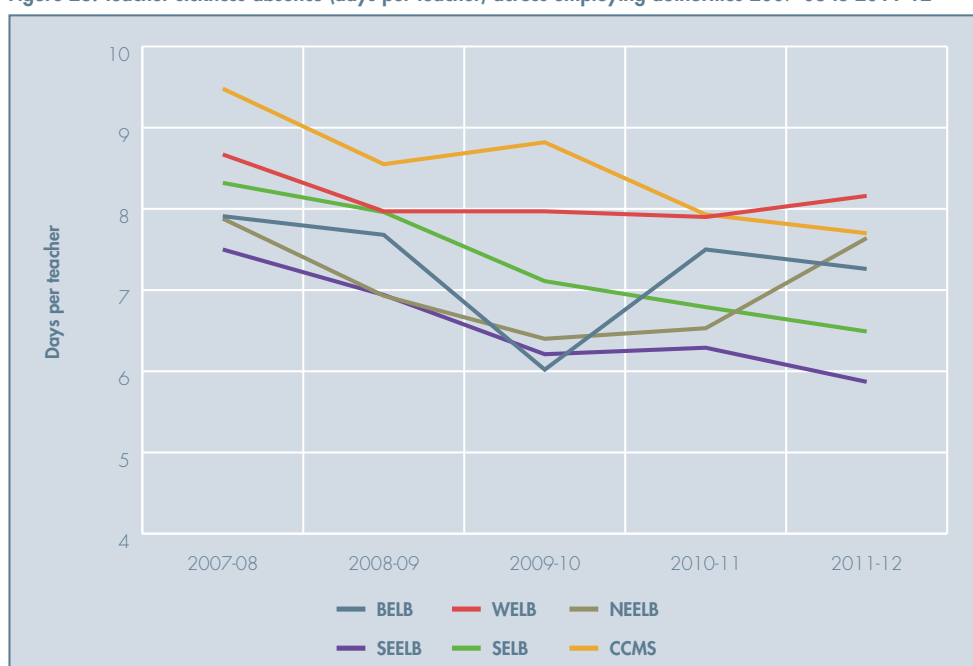
There are variances in the levels of sickness absence across employing authorities and school sectors

- 3.17 Analysis of data from DE and the six employing authorities identifies a number of issues that impact on the overall teacher and non-teacher sickness absence levels:
- variability in sickness absence rates across employing authorities, for both teachers and non-teachers; and
 - differing levels of teacher sickness absence associated with the various school sectors.
- 3.18 DE and the employing authorities suggest that long-term sickness absence is a material factor in sickness absence levels. Data for 2011-12 indicates that, while teacher sickness absences lasting more than 20 days represented only 7 per cent of all incidences, long-term sickness absence represented around 60 per cent of total days lost. In England, only 2 per cent of sickness absences lasted for more than 20 days. Employing authorities also identified the increasing importance of stress as a key cause of sickness absence. However, these views are anecdotal as no specific supporting data was available.

There is variability in sickness rates across employing authorities

- 3.19 There is variation in performance across employing authorities (**Figure 28**). In 2011-12, teacher sickness absence levels ranged from a low of 5.87 days per teacher at the South Eastern Education and Library Board (SEELB) to a high of 8.16 days per teacher at the Western Education and Library Board (WELB).
- 3.20 CCMS has traditionally experienced higher levels of teacher sickness absence compared with other employing authorities. This may reflect the fact that until 2010, it was not linked into the teacher data systems. Nonetheless, sickness absence levels at CCMS have improved by around 19 per cent since 2007-08.
- 3.21 The Belfast Education and Library Board (BELB), North Eastern Education and Library Board (NEELB) and the Western Education and Library Board (WELB) have not improved as much as other authorities over the period since 2007-08. BELB told us that it suffered a particular spike in sickness levels in 2010-11 as a result of an upsurge in the number of cases of serious illnesses. Two other employing authorities, SEELB and NEELB, also experienced increases in teacher sickness levels in 2010-11, with NEELB seeing a further increase in 2011-12. DE has indicated that the planned introduction of a regional strategy for the management and promotion of teacher attendance should assist in addressing variances in teacher sickness absence.

Figure 28: Teacher sickness absence (days per teacher) across employing authorities 2007-08 to 2011-12



Source: Department of Education

Note: the details above reflect only Controlled and Maintained schools

3.22 In terms of non-teaching absence, over the three years to 2010-11 there has been little consistency in trends across the six employing authorities (Figure 29):

- two authorities (SEELB and CCMS) have experienced significant increases in absence rates (totalling 3 and 5 days respectively);
- one authority (NEELB) has experienced a small year-on-year increase in absence levels (of around 0.5 days overall);
- one authority (WELB) has seen continuous improvement, of around 10 per cent (or nearly 1 day), in its absence rate; and
- two authorities have experienced changeable rates, with one (SELB) experiencing a small decrease overall (0.4 days) and one (BELB) showing a slight increase (0.1 days).

Part Three: Sickness Absence in the Education Sector

Figure 29: Non-teaching staff sickness absence across employing authorities 2008-09 to 2010-11



Source: Employing authorities' annual reports

Teacher sickness absence varies across the different school sectors

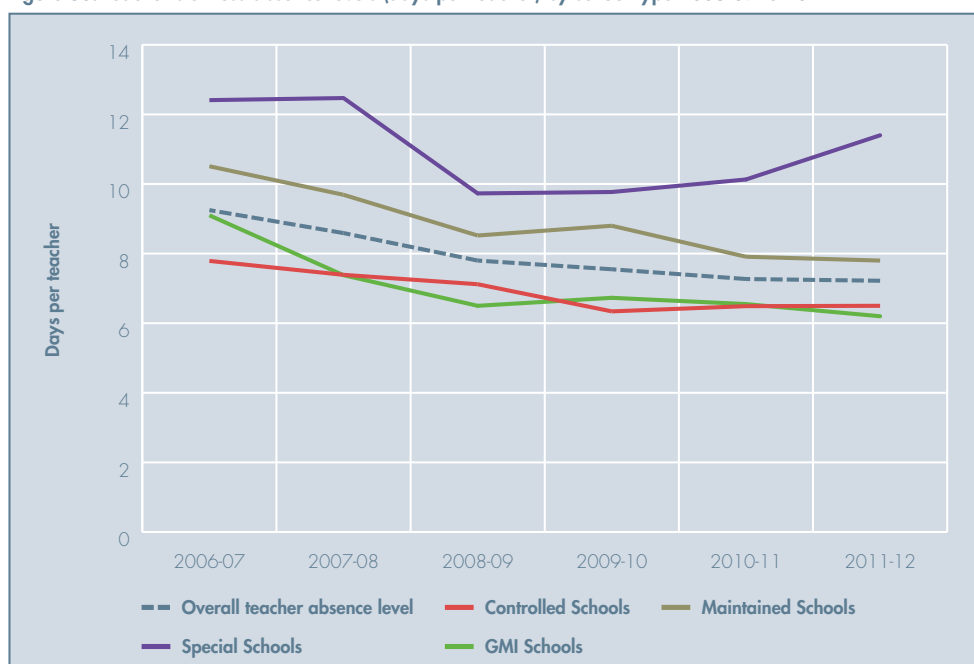
3.23 Data also highlights variations in absence levels associated with different school types and sectors, although in all sectors the broad trend over time is downwards. This data does not cover the Voluntary Grammar schools. DE does not collect sickness absence data from these schools, each of which runs its own teachers' payroll.

3.24 Controlled and Grant Maintained Integrated (GMI) schools experience the lowest levels of teacher sickness absence, with an average of 6.5 and 6.2 days sickness absence per permanent teacher respectively at 2011-12. Special schools and Maintained schools, particularly those under CCMS control, experience the highest levels of sickness at 11.4 and 7.8 days per permanent teacher respectively at 2011-12. Over the period from 2006-07, the Special and Maintained school sectors have improved sickness levels by 8 and 26 per cent respectively (Figure 30).

3.25 DE and employing authorities suggest that higher teacher sickness absence levels at Special schools reflect the demanding nature of the work, including a need to avoid the transmission of illnesses to vulnerable children. DE also

suggests that the planned introduction of a regional strategy for the management and promotion of teacher attendance should help address variability in sickness absence levels between sectors.

Figure 30: Teacher sickness absence levels (days per teacher) by school type 2006-07 to 2011-12



Source: Department of Education

Teacher sickness absence levels in Northern Ireland are higher than those in England

3.26 Our 2010 report on the Management of Substitution Cover for Teachers (paragraph 3.2) identified that teacher sickness absence levels in Northern

Ireland, at 8.6 days in 2007-08, were broadly similar to those experienced in Scottish (8.3 days) and Welsh (9 days) schools. The Northern Ireland level was significantly higher than that in English schools (5.4 days).

Part Three: Sickness Absence in the Education Sector

3.27 More recent data suggests that this remains the case (**Figure 31**). While there may be differences in the methodology for calculation of sickness absence rates, including measurement over different time periods, the Northern Ireland teacher sickness absence level is slightly lower than that for Welsh schools but significantly higher than that for English schools. However, the data suggests that the gap with England is decreasing. DE and employing authorities do not routinely benchmark teacher sickness levels against levels outside Northern Ireland, although employing authorities are aware of their relative performance against other authorities within Northern Ireland. DE told us that regional teacher sickness absence figures for England are no longer readily available to enable comparison as the Department for Education in England no longer publishes this information.

Figure 31: Teacher sickness absence comparison with England and Wales (days per teacher)

	Sickness Absence (days per teacher)
Northern Ireland (financial year 2010-11)	7.27
Wales (calendar year 2010) ³¹	8
England (academic year September 2010 to August 2011) ³²	4.6

Source: Department of Education, Welsh Assembly Government and Department for Education (England)

3.28 Monitoring of non-teacher absence is limited to levels within the individual employing authorities because separate non-teacher information systems are operated by each employing authority. No information on non-teaching staff absence is shared between employing authorities or with DE.

Targets for teacher sickness absence have been set by DE but not for non-teacher sickness absence

3.29 DE has set targets in relation to teacher sickness absence. These apply equally to overall sickness absence levels and to the levels at individual employing authorities. Performance against targets forms part of the regular governance and accountability meetings held between DE and the employing authorities. However, no targets have been set for non-teacher sickness levels.

3.30 DE re-instated its target that teacher sickness absence levels should reduce to 6 days per teacher by 2010-11 (**paragraph 3.2**). With overall teacher sickness absence levels at 7.27 days per teacher in 2010-11, this target was not achieved. None of the employing authorities achieved the target rate of 6 days, although three did reduce their sickness levels below 7 days, with SEELB closest to the target rate at 6.29 days per teacher. Similarly, the target for 2011-12 was not achieved although four authorities had lower sickness absence rates than in 2010-11 (**Figure 32**).

31 Welsh Assembly Government Statistical Release (June 2011)

32 Department for Education, School workforce in England Statistical First Release (April 2012)

Figure 32: Performance against teacher sickness absence targets 2010-11 and 2011-12

	2010-11			2011-12		
	Target (days per teacher)	Actual (days per teacher)	Target achieved	Target (days per teacher)	Actual (days per teacher)	Target achieved
Overall absence level	6.0	7.27	No	5.75	7.22	No
BELB	6.0	7.50	No	5.75	7.26	No
WELB	6.0	7.90	No	5.75	8.16	No
NEELB	6.0	6.53	No	5.75	7.64	No
SEELB	6.0	6.29	No	5.75	5.87	No
SELB	6.0	6.79	No	5.75	6.49	No
CCMS	6.0	7.93	No	5.75	7.7	No

Source: Department of Education

- 3.31 Following on from the 2010-11 target of 6 days, progressive teacher sickness absence targets have been set by DE at 5.75 days for 2011-12, 5.5 days by 2012-13, 5.25 days by 2013-14 and 5 days by 2014-15. However, DE told us that in its view the achievability of a target to reduce teacher absence to the same levels as England is questionable.

Recommendations

The setting of further teacher sickness absence targets should assist in the overall management of sickness absence. However, targets should also be set for levels of sickness absence for non-teaching staff. There has been an apparent increase in sickness absence amongst these staff and targets should help to bring about reductions in absence levels.

We recommend that DE and the employing authorities make use of statisticians and other relevant specialists to obtain advice and guidance on the specification of targets, the fitness for purpose of data systems and to ensure the use of appropriate methodology and quality control procedures for sickness absence management information.

Appendices:

60 Sickness Absence in the Northern Ireland Public Sector

Appendix 1: (paragraph 1.34)

NICS Sickness Absence Targets (2010-11 to 2014-15)

Overall Targets

	2010-11	2011-12	2012-13	2013-14	2014-15
Overall Target – Average days lost per staff year	10.5	10.0	9.5	9.0	8.5
Long-term – Frequency rate (percentage)	10.7	10.4	10.1	9.8	9.5
Long-term – Average duration (working days)	59.5	56.5	53.7	51.0	48.5

Departmental Targets

Days lost (per staff year)

	2010-11	2011-12	2012-13	2013-14	2014-15
DSD	13.6	12.8	12.1	11.4	10.7
DEL	10.1	9.5	8.9	8.4	7.9
DFP	9.7	9.1	8.6	8.1	7.6
DOE	9.5	9.0	8.5	8.0	7.5
DRD	8.0	7.9	7.8	7.6	7.5
DARD	8.9	8.5	8.2	7.8	7.5
DHSSPS	9.0	8.6	8.2	7.8	7.5
DE	9.9	9.4	8.8	8.3	7.8
DETI	8.1	7.9	7.8	7.6	7.5
DCAL	6.5	6.5	6.5	6.5	6.5
OFMDFM	8.2	8.0	7.8	7.7	7.5
PPS	8.7	8.4	8.1	7.8	7.5
DOJ	11.6	11.0	10.3	9.7	9.2

Long-term frequency (percentage of employees with one or more spell of long-term sickness absence)

	2010-11	2011-12	2012-13	2013-14	2014-15
DSD	13.9	13.5	13.1	12.7	12.3
DEL	10.0	9.7	9.4	9.1	8.9
DFP	9.7	9.4	9.1	8.8	8.6
DOE	9.0	8.7	8.5	8.2	8.0
DRD	8.2	7.9	7.7	7.4	7.2
DARD	9.0	8.8	8.5	8.2	8.0
DHSSPS	9.1	8.9	8.6	8.3	8.1
DE	10.4	10.0	9.7	9.4	9.2
DETI	8.6	8.3	8.1	7.8	7.6
DCAL	6.8	6.6	6.4	6.2	6.0
OFMDFM	7.4	7.2	7.0	6.8	6.6
PPS	8.6	8.3	8.1	7.8	7.6
DOJ	13.9	13.5	13.1	12.7	12.3

Long-term duration (days)

	2010-11	2011-12	2012-13	2013-14	2014-15
DSD	58.5	55.6	52.8	50.1	47.6
DEL	59.6	56.6	53.8	51.1	48.5
DFP	58.8	55.8	53.0	50.4	47.9
DOE	69.4	65.9	62.6	59.5	56.5
DRD	60.7	57.7	54.8	52.1	49.5
DARD	65.1	61.8	58.7	55.8	53.0
DHSSPS	59.8	56.8	54.0	51.3	48.7
DE	61.5	58.4	55.5	52.7	50.1
DETI	54.3	51.6	49.0	46.6	44.2
DCAL	45.1	42.8	40.7	38.7	36.7
OFMDFM	68.9	65.5	62.2	59.1	56.1
PPS	56.5	53.7	51.0	48.4	46.0
DOJ	54.3	51.6	49.0	46.6	44.2

Appendix 2: (paragraph 2.10)

Calculation of the cost of sickness absence in Health and Social Care Trusts (2010-11)

The McKinsey report (September 2010), using data at March 2010, estimated that a reduction in sickness absence levels across the Trusts, towards those in Great Britain would generate savings of £32.1 million.

At March 2010 the respective absence levels in Northern Ireland and Great Britain were 6.0 per cent and 4.5 per cent of working days lost i.e. a 1.5 per cent reduction in sickness levels represents a cost of £32.1 million.

Based on this data, with regional absence levels in 2010-11 of 5.47 per cent of working days lost, the cost of overall sickness absence is estimated as:

$$£32.1 \text{ million} \times 5.47/1.5 = £117.1 \text{ million.}$$

The Department has stated that the savings identified by the McKinsey report are overstated and that the savings, based on data for 2009-10, would be of the order of £20 million.

Based on this data, the cost of sickness absence is estimated as:

$$£20 \text{ million} \times 5.47/1.5 = £73 \text{ million.}$$

Appendix 3: (paragraph 3.3)

PAC recommendations – Teacher sickness absence

In November 2010, the Public Accounts Committee (PAC) of the Northern Ireland Assembly published a follow-up report on the management of substitution cover for teachers, an area previously covered by the Public Accounts Committee in Westminster in 2003.

In its report, PAC included recommendations relating to sickness absence among teachers. These are outlined below.

No.	Recommendation
1	Drawing on good practice examples from other sectors, it is imperative that the system for coding teacher absence is streamlined. The Committee recommends that the Department should develop and implement, by April 2011, a standard, easy-to-use system for recording the reasons for teacher absence and substitution cover.
2	Given the greater confidence expressed by the Department about the new management information system, the Committee recommends that the Department should ensure that the system starts to produce regular benchmarking reports for employing authorities and schools showing, as a minimum, the headline rates of absence, associated substitution cover costs and the predominant reasons for absence.
3	The Committee also recommends that, to keep these issues in the spotlight, the Department should report annually to the Assembly on the trends and patterns of substitution cover and the level of teacher absence.
6	The Committee recommends that the Department and teacher employing authorities need to explore variations in sickness absence and benchmark the levels against each individual employing authority and local authorities in England to test whether there is any best practice, either locally or further afield, that can be drawn on to drive forward further improvements and consistency of approach.
7	The Department and employing authorities need to hold schools to account for compliance with the new sickness absence procedures. Towards this end, the Committee recommends that the internal audit functions in employing authorities should provide assurance, on an annual basis, that sickness absence policies and procedures are in place and operating effectively in schools.

64 Sickness Absence in the Northern Ireland Public Sector

Appendix 4: (paragraph 3.16)

Calculation of the Cost of Non-teacher sickness absences (2010-11)

Employing Authority	Non-Teaching Staff Costs ¹	Average Sick Days	Estimated Cost
BELB	70,621,000	9.1	2,907,923
WELB	88,846,000	8.11	3,260,367
NEELB	82,906,000	8.17	3,064,896
SEELB	74,472,000	12.2	4,111,124
SELB	95,346,000	10.05	4,335,870
CCMS	1,538,005	13.64	94,925
Total	413,729,005		17,775,105

Note: 1. Figures sourced from employing authorities' annual report and accounts

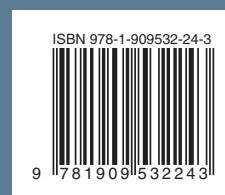
NIAO Reports 2012-13

Title	Date	Published
2012		
Continuous Improvement Arrangements in the Northern Ireland Policing Board		20 March 2012
Invest NI: A Performance Review		27 March 2012
The National Fraud Initiative: Northern Ireland		26 June 2012
NIHE Management of Reponse Maintenance Contracts		4 September 2012
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The Safety of Services Provided by Health and Social Care Trusts		23 October 2012
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2013		
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General Report on the Health and Social Care Sector by the Comptroller and Auditor General for Northern Ireland		5 March 2013
Northern Ireland Water's Response to a Suspected Fraud		12 March 2013
Department for Culture, Arts and Leisure: Management of Major Capital Projects		22 March 2013



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NISRA Report - Sickness Absence in the NICS 12-13



Sickness Absence in the Northern Ireland Civil Service

2012/2013

Government



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Executive Summary

- This annual report provides a comprehensive analysis of sickness absence in the Northern Ireland Civil Service over the 2012/2013 financial year. It contains analyses of trends over the last five years and details the progress being made towards absence targets.
- The headline absence figure for 2012/2013 was 10.6 days (average days lost per staff year), up from 10.1 days in the previous year and short of the annual target of 9.5 days.
- The headline absence level represents 4.9% of the available working days in 2012/2013 and in salary terms can be equated to approximately £30.8 million of lost production.
- Staff who are retired early on medical grounds, or dismissed on the grounds of inefficiency due to sickness absence, are entitled to receive up to 13 weeks' notice. In 2012/2013 it is estimated that absences in this category contributed 0.2 of a day to the overall level of absence in the NICS.
- While more than half of staff (52.3%) had no recorded absence, over one in ten (10.4%) were absent on average for around three months (60.0 working days). These long-term absences accounted for 70.7% of the total working days lost.
- All Departments experienced increased levels of absence this year, apart from DOE and OFMDFM. The level of absence ranged from 7.8 days in OFMDFM to 12.9 days in DOJ. The biggest contribution to DOJ's absence level was made by Prison Grade staff who were absent for an average of 16.1 days, down from 17.0 days in 2011/2012. A large part of the variation between Departments was attributable to differences in terms of their grade, gender and age profiles.
- As in previous years, the main reason for absence was *Anxiety/Stress/Depression/Other Psychiatric Illnesses*. The proportion of working days lost due to illnesses of this type was 29.8%, almost one third of which were due to work related stress.
- The level of absence was lowest (7.7 days) for staff aged 16-24 and highest for staff aged 55+ (12.0 days). Older staff tended to have fewer absences, but when they were sick the illnesses tended to be of longer duration.
- The absence level of females (12.6 days) was substantially higher than that for males (8.8 days). It remained higher (11.2 days) even when *Pregnancy Related Disorders* were taken into account.
- Staff who had been in post for under two years had less than half the level of sickness absence (4.6 days) of staff who had been employed for two years or more (10.8 days).

SICKNESS ABSENCE IN THE NICS 2012/2013

Key Facts

	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013
Proportion of Staff with No Recorded Spells of Absence	43.1%	49.8%	50.1%	51.8%	53.7%	52.3%
Working Days Lost per Staff Year	12.9	11.0	11.0	10.7	10.1	10.6
Percentage of Available Working Days Lost	5.8%	4.9%	4.9%	4.9%	4.6%	4.9%
Total Number of Working Days Lost	284,833	246,806	245,590	287,131 ³	263,545	275,170
Estimated Lost Production² (£ Million)	24.5	21.0	22.9	30.0 ³	28.6	30.8
Average Number of Spells per Staff Year	1.1	0.9	0.9	0.8	0.8	0.8
Proportion of Working Days Lost by Certification⁴						
Certified	83.1%	79.4%	76.7%	77.1%	79.1%	79.2%
Self-Certified	16.9%	17.1%	14.4%	13.2%	13.5%	13.6%
Uncertified/Missing	0.0%	3.5%	9.0%	9.7%	7.5%	7.2%
Long-term Absence						
Proportion of Working Days Lost due to Long-term Absence	69.4%	70.6%	70.0%	72.0%	71.3%	70.7%
Frequency Rate ⁵	12.5%	10.9%	10.9%	11.3%	11.0%	11.1%
Average Duration (Working Days)	62.0	61.7	62.8	61.2	58.6	60.0
Short-term Absence						
Average Number of Spells per Staff Year	0.95	0.76	0.75	0.67	0.65	0.67

¹ Data from 2010/2011 onwards includes Department of Justice, Public Prosecution Service and industrial staff.

² Any information provided in this report that relates to lost production is calculated, where possible, on the basis of each individual's actual salary and the associated employer's National Insurance and Superannuation contributions.

³ The increase in total working days lost and the estimated lost production in 2010/2011 is due, in large part, to the inclusion of industrial staff and staff in the Department of Justice and the Public Prosecution Service.

⁴ The figures for 2009/2010, 2010/2011 and 2011/2012 have been revised following the updating of information from HRConnect.

⁵ Frequency Rate is the average number of long-term spells per employee, expressed as a percentage.
(No of spells of long-term absence in the period/No. of employees) x 100

Chapter 1
Working Days Lost through Sickness Absence

1. Working Days Lost through Sickness Absence

1.1 Introduction

In 2012/13, staff in the NICS lost an average of 10.6 days as a result of sickness absence. This was an increase on the level of 10.1 days recorded in the previous year. This reflects an increase in both short-term and long-term absences, particularly among females. The overall level of absence represented 4.9% of the available working days and equated to approximately £30.8 million in terms of lost production¹.

Staff who are retired early on medical grounds, or dismissed on the grounds of inefficiency due to sickness absence, are entitled to receive up to 13 weeks' notice. In keeping with Cabinet Office guidelines, sick absences which occurred during this notice period are included in the NICS sickness absence statistics. In 2012/13 it is estimated that absences in this category contributed 0.2 of a day to the overall level of absence in the NICS. Excluding these absences would reduce the headline figure from 10.6 to 10.4 days.

The following pages in this chapter look at the variation in the levels of absence over time by Department, grade level, gender, age group and length of service. Further analyses are presented in Appendix 3.

¹ Any information provided in this report that relates to lost production is calculated, where possible, on the basis of each individual's actual salary and the associated employer's National Insurance and Superannuation contributions.

1.2 Department

Within the 10.6 days lost on average by NICS staff in 2012/2013 the level of absence varied by Department from 7.8 days in OFMDFM to 12.9 days in DOJ.

Only DOE and OFMDFM reduced their average number of days lost compared with the previous year. The remaining 11 Departments all increased with, proportionately, DHSSPS (23.4%) and DE (20.6%) having the greatest increase.

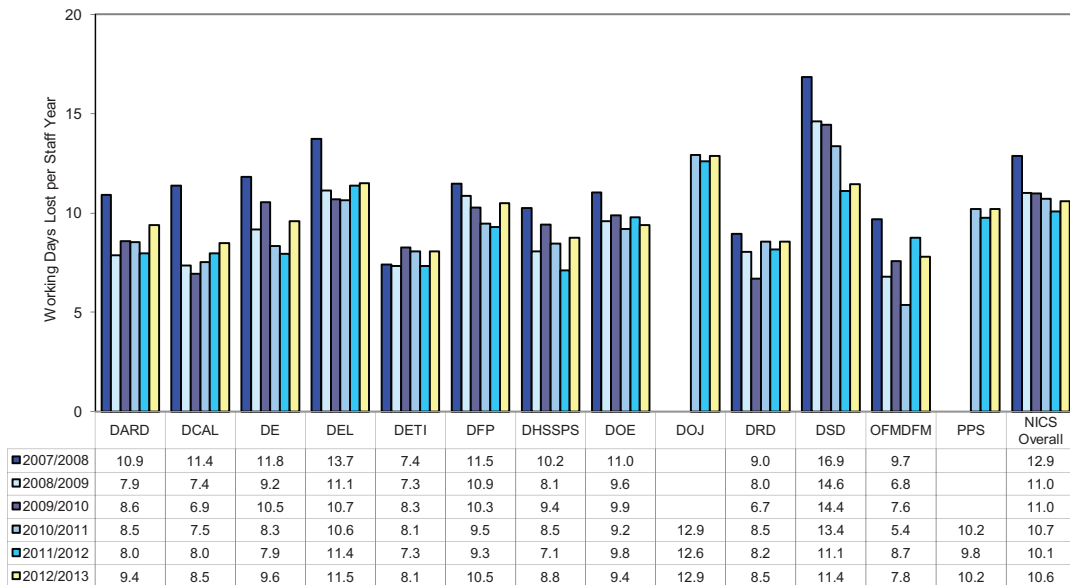
DSD accounts for approximately one quarter of NICS staff and since 2007/2008 had reduced its absence level by approximately one third, from 16.9 days to 11.4 days. This drop has resulted in a substantial reduction in the overall NICS absence level. The contribution of each Department to the overall NICS absence level, and how this has changed over time, is shown in Table 9.1, Appendix 9.

When making comparisons between Departments it is important to consider that absence levels differ by grade level, gender and age. Consequently, the staffing profile of a Department can have a major bearing on its overall level of sickness absence.

An illustration of the extent to which a Department's staffing profile can influence its overall absence rate is presented in Appendix 5. This analysis adjusts each Department to have the same staffing profile as the NICS overall, thus enabling more of a like for like comparison between Departments. For example, if the staffing profile in DOJ had been the same as that for the NICS overall, DOJ would have lost 10.7 days per staff year instead of 12.9 days. Similarly, the days lost in DEL would have decreased from 11.5 to 9.4 days.

Figure 1¹

Average Number of Working Days Lost per Staff Year by Department (2007/2008 to 2012/2013)



¹ Staff in AOCC, HSENI, NIAUR and OAGNI are included in the NICS Overall figure.

SICKNESS ABSENCE IN THE NICS 2012/2013

1.3 Grade Level

The level of sickness absence varied markedly by grade level across the NICS, ranging from 4.2 days for staff at G5+ to 16.1 days for Prison Grade staff. However, it should be noted that Prison Grade staff were one of only two grade levels that showed a reduction when compared to the previous year (the other was EOII). The remaining nine grade levels all had a higher level of absence compared with the previous year. The largest increase was at Grade 6 level (from 3.4 days to 6.0 days).

As was the case in previous years, the level of absence generally increased as grade level decreased, with AO (13.1 days) and AA (12.6 days) the highest of the administrative grades. The level of absence of Industrial staff increased by almost one day to 12.9 days in 2012/13.

Staff at EOII level have shown the greatest improvement over the previous five years presented. The average number of days lost for this group has reduced by approximately 30%. Staff at AA and AO have also shown a large reduction over this period.

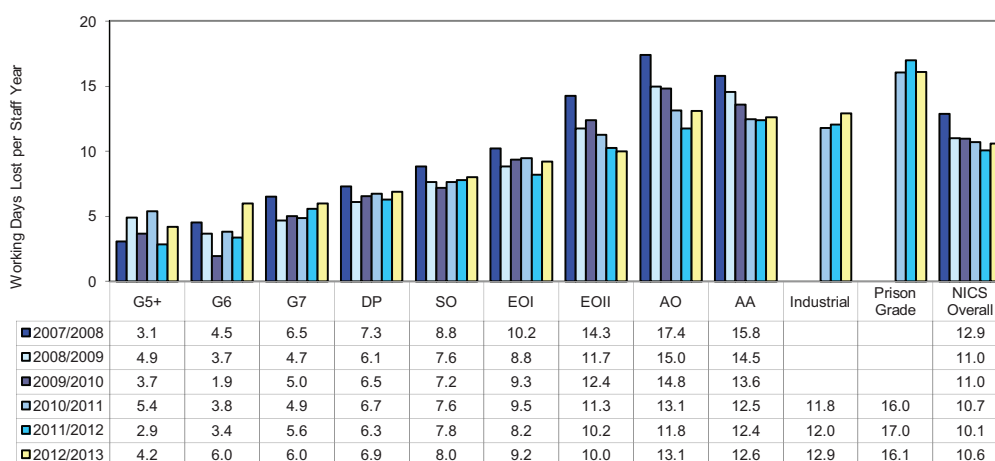
It is interesting to note that, despite having similar overall levels of absence, the average duration of absence for staff at AA and AO (11.6 working days and 12.2 working days) was noticeably lower than for Industrial staff (21.0 working days). Prison Grade staff had the longest average duration at 25.3 working days (Table 6.2, Appendix 6).

The contribution of each grade level to the overall NICS absence level, and how this has changed over time, is shown in Table 9.2, Appendix 9.

Staff at the AO grade level accounted for the largest proportion (3.59 days, or 33.9%) of the 10.6 days lost per staff year in the NICS overall. They also had the biggest impact on the overall level of absence this year, adding an extra 0.31 of a day per staff year. Staff at the EOI grade level added 0.20 of a day whilst Prison Grade staff had the most beneficial impact on the overall level in 2012/2013, contributing a 0.08 of a day reduction compared with 2011/2012.

Figure 2¹

Average Number of Working Days Lost per Staff Year by Analogous Grade Level (2007/2008 to 2012/2013)



¹ For the purpose of this analysis all former Northern Ireland Office staff at the Band C grade level have been classified as analogous to the EOII grade level.

1.4 Gender

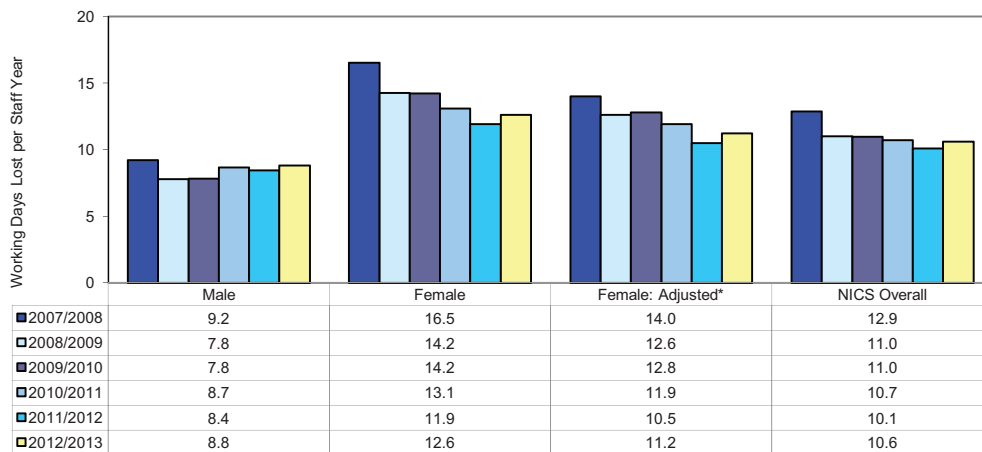
The level of absence for females was 12.6 days, up from 11.9 days in 2011/2012. This was the first time the level of absence of female staff had increased since 2007/2008. Despite this increase, female absence had reduced by almost one quarter since the level recorded in 2007/08.

When absences due to *Pregnancy Related Disorders* were removed from the calculations the level of absence for females reduced to 11.2 days. This was still substantially higher than the male absence level of 8.8 days – up from 8.4 days in the previous year.

The contribution of each gender to the overall NICS absence level and how this has changed over time, is shown in Table 9.3, Appendix 9.

Figure 3

Average Number of Working Days Lost per Staff Year by Gender (2007/2008 to 2012/2013)



* Excludes absences due to *Pregnancy Related Disorders*. Prior to 2008/2009, excludes *Pregnancy Related/Postnatal* absences.

SICKNESS ABSENCE IN THE NICS 2012/2013

1.5 Length of Service

Analysis by length of service shows that for the first two years after joining the NICS, the level of absence of staff (4.6 days in 2012/2013) is less than half that of staff who have been in post for 2 years or more (10.8 days). When considering this finding, it should be noted that new entrants to the NICS are placed on a one year period of probation. During this time, staff are subject to more stringent conditions with regards to sickness absence management, whereby each spell of sickness absence leads to a review and the consideration of potential inefficiency action.

Table 1

Average Number of Working Days Lost per Staff Year by Length of Service (2010/2011 to 2012/2013)

Length of Service	Working Days Lost per Staff Year		
	2010/2011	2011/2012	2012/2013
Less than 1 year	5.8	4.3	3.9
1 to less than 2 years	8.8	5.9	6.3
Less than 2 years	7.7	4.9	4.6
2 to less than 3 years	11.3	10.7	7.7
3 to less than 4 years	10.4	10.2	10.4
4 to less than 5 years	11.1	11.5	10.3
5 years or more	10.9	10.1	10.9
2 years or more	10.9	10.2	10.8
NICS Overall	10.7	10.1	10.6

1.6 Age Group

The level of absence ranged from 7.7 days for staff aged 16-24, down from 9.4 days in 2011/2012, to 12.0 days for staff aged 55+, up from 11.4 days on 2011/2012. The other three age groups also showed an increase this year to a level of around 10.4 days lost.

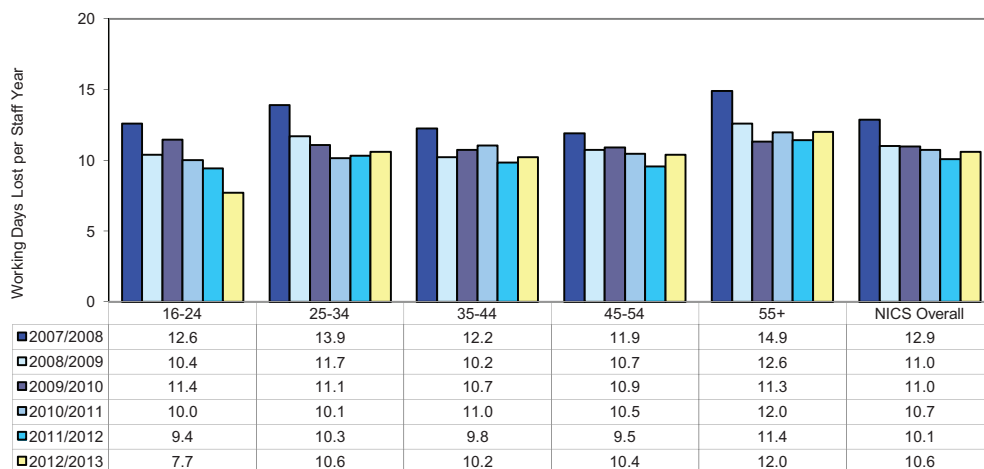
The relationship between age and sickness absence is complex. At the risk of oversimplification, one could say that older people tended to have fewer absences, but when they were sick, the illnesses tended to be of longer duration (Table 6.4, Appendix 6). The average duration for those aged 55+ was 17.9 days compared with 7.0 days for those aged 16-24.

The contribution of each age group to the overall NICS absence level, and how this has changed over time, is shown in Table 9.4, Appendix 9.

Certified absence levels increased with age group from 4.8 days for staff in the youngest age category to 10.2 days for staff aged 55+ (Table 3.6, Appendix 3).

Figure 4

Average Number of Working Days Lost per Staff Year by Age Group (2007/2008 to 2012/2013)



Chapter 2
Spells of Sickness Absence

2. Spells of Sickness Absence

This chapter looks at the number and duration of sickness absence spells, as well as the certification of spells. Supporting information can be found in Appendix 6.

2.1 Number of Absence Spells

The proportion of staff with no sickness absence in 2012/2013 was 52.3%, compared with 53.7% in 2011/2012. Nearly one third of staff (32.0%) had one recorded absence, with 11.4% absent on two separate occasions during the year. The remaining 4.4% of staff were absent from work through illness on three or more occasions.

The proportion of staff with no absence varied markedly between Departments. Less than half of staff in DSD (46.0%) and PPS (49.0%) had no absence compared with over 60% of staff in OFMDFM, DRD and DARD (Table 6.10, Appendix 6). The proportion of staff with three or more absences was highest in DSD (5.8%) and DFP (5.4%).

Staff in the NICS had an average of under one spell of sickness absence per staff year (0.8).

Figure 5

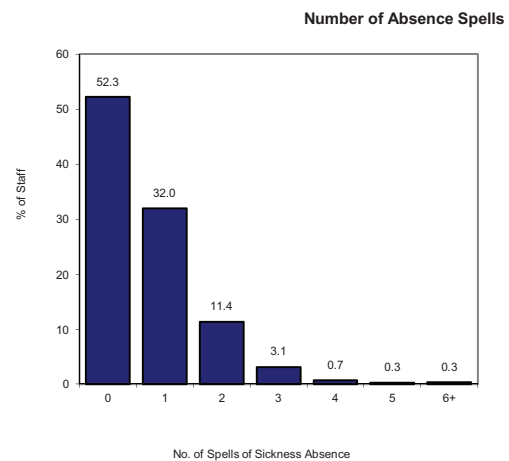


Figure 6

Figure 6 shows that while 52.3% of staff lost no working days to sickness absence, almost one quarter (23.0%) were absent for between one and five days. Just over one in ten staff (11.6%) were absent for more than 20 days in total, a similar proportion to 2011/2012 (Table 6.8, Appendix 6).

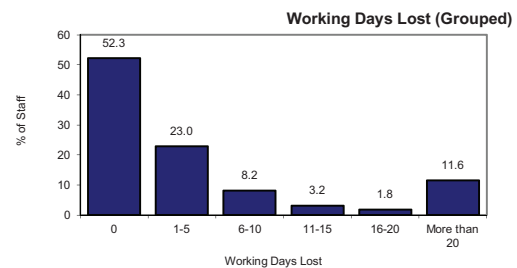


Figure 7

2.2 Duration of Absence Spells

Figure 7 shows that the majority of absence spells were short-term in nature. Around two thirds (67.4%) lasted for five working days or less. These absences accounted for 14.5% of the total working days lost.

Long-term spells of absence (i.e. those lasting for more than 20 consecutive working days) accounted for only 15.7% of all spells of absence but more than two thirds (70.7%) of the total working days lost.

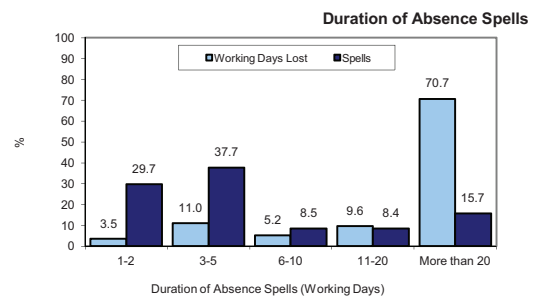
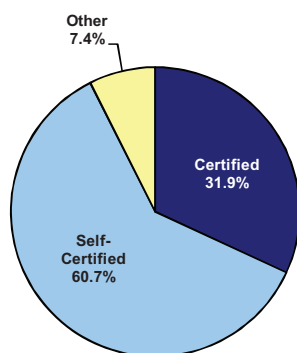


Figure 8

Absence Spells by Certification



2.3 Absence Certification¹

More than 20,000 spells of sickness absence were recorded for NICS staff during 2012/2013, with self-certified absences making up 60.7% of these. Absence spells that were covered by a medical certificate accounted for just under one third (31.9%) of spells.

Absences that were uncertified, or where the certification was missing ('Other'), accounted for the remaining 7.4% of spells.

Figure 9

Working Days Lost by Certification

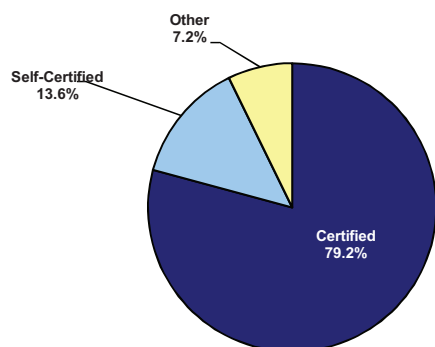


Figure 9 shows that nearly four out of every five (79.2%) working days lost were certified by a medical certificate, a similar figure to the previous year. This gave rise to 8.4 days lost per staff year or 3.8% of available working days (Table 3.3, Appendix 3).

Shorter term absences covered by self-certification accounted for 13.6% of the working days that were lost, resulting in 1.4 days lost per staff year (0.7% of available working days).

Absences that were uncertified, or where the certification was missing, accounted for 7.2% of the working days lost.

On average, self-certified absences lasted for 3.0 working days, whereas certified absences lasted 33.0 working days (Table 6.1, Appendix 6).

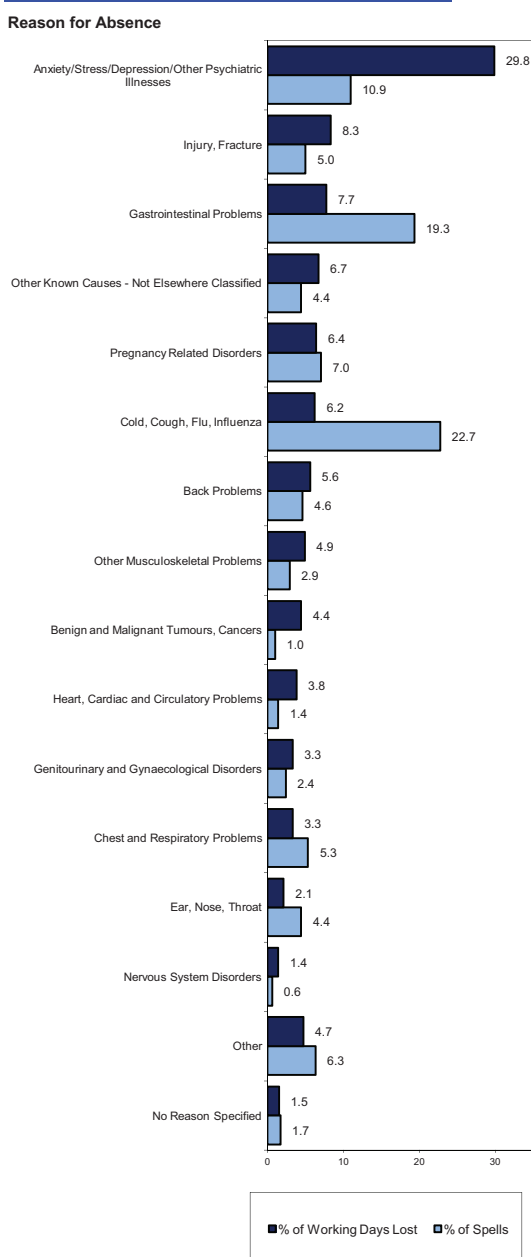
¹ The figures for 2009/2010, 2010/2011 and 2011/2012 have been revised following the updating of information from HRConnect.

Chapter 3
Reason for Sickness Absence

3. Reason for Sickness Absence

This chapter looks at the reason for sickness absence. More analyses are presented in Appendix 7.

Figure 10^{1,2}



3.1 NICS Overall

As in previous years, the reason for the highest proportion of working days lost was *Anxiety/Stress/Depression/Other Psychiatric Illnesses* (29.8%). Absences in this category tended to be long-term, lasting an average of 36.3 working days, up from an average of 35.7 days in 2011/2012 (Table 7.5, Appendix 7).

Almost one third of the working days lost in this illness category (30.8%) were recorded as *Stress - Work Related* (Table 7.4, Appendix 7).

The contribution each reason for absence has made to the overall NICS sickness absence level is shown in Table 9.5, Appendix 9.

Nearly one quarter of absence spells (22.7%) were accounted for by *Cold, Cough, Flu, Influenza*. These spells lasted for an average of 3.6 working days.

Table 2²

Reason for Absence	Average Duration (Working Days)
Benign and Malignant Tumours, Cancers	60.2
Heart, Cardiac and Circulatory Problems	36.6
Anxiety/Stress/Depression/Other Psychiatric Illnesses	36.3
Nervous System Disorders	29.8
Substance Abuse	25.7
Other Musculoskeletal Problems	22.4
Endocrine/Glandular Problems	22.3
Injury, Fracture	22.0
Other Known Causes - Not Elsewhere Classified	20.1
Blood Disorders	19.3
Genitourinary and Gynaecological Disorders	17.8
Back Problems	16.2
Skin Disorders	15.0
Eye Problems	14.6
Pregnancy Related Disorders	12.2
Infectious Diseases	10.6
Chest and Respiratory Problems	8.1
Asthma	8.0
Ear, Nose, Throat	6.5
Gastrointestinal Problems	5.3
Headache/Migraine	5.3
Burns, Poisoning, Frostbite, Hypothermia	4.8
Dental and Oral Problems	3.7
Cold, Cough, Flu, Influenza	3.6
No Reason Specified	11.4

¹ The category 'Other' contains any absence with a reason that accounted for less than 1% of working days lost.

² The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

SICKNESS ABSENCE IN THE NICS 2012/2013

The following three tables show the percentage of the total working days lost attributable to each reason for absence, broken down by grade level, gender and age group. Shading has been used in each table to highlight the illness category which accounted for the largest proportion of the working days lost.

3.2 Grade Level

With the exception of Industrial staff, the main cause of absence at every other grade level was *Anxiety/Stress/Depression/Other Psychiatric Illnesses*, with at least one quarter of absences being classified as such. For Industrial staff, *Injury, Fracture* (22.6%) was the predominant reason for absence. In fact, *Back Problems, Other Musculoskeletal Problems* and *Injury, Fracture* accounted for just under half (48.6%) of their total working days lost. The higher level of absence due to *Benign and Malignant Tumours, Cancers* at Grade 7 and above is likely to be a consequence of the older age profile of that group of staff.

Table 3¹

Reason for Absence by Grade Level

Reason for Absence	% of Working Days Lost									
	G7+	DP	SO	EOI	EOII	AO	AA	Industrial	Prison Grade	
Anxiety/Stress/Depression/Other Psychiatric Illnesses	25.8	36.2	25.4	31.3	31.5	31.9	28.3	14.0	29.3	
Asthma	-	-	-	0.1	0.1	0.2	0.3	n/a	-	
Back Problems	5.8	5.2	5.4	4.3	4.1	4.4	5.3	14.9	10.1	
Benign and Malignant Tumours, Cancers	14.9	3.6	4.5	4.4	6.1	3.3	3.7	2.6	3.2	
Blood Disorders	1.3	0.9	0.4	0.1	0.1	0.3	1.3	0.9	-	
Burns, Poisoning, Frostbite, Hypothermia	-	-	-	-	0.1	0.1	-	-	n/a	
Chest and Respiratory Problems	2.7	2.7	3.1	4.6	3.3	3.0	4.0	1.5	3.8	
Cold, Cough, Flu, Influenza	5.9	6.5	7.3	6.7	7.0	6.4	6.8	3.9	2.6	
Dental and Oral Problems	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.1	0.2	
Ear, Nose, Throat	1.2	3.0	1.9	1.5	2.8	2.6	2.0	0.9	0.7	
Endocrine/Glandular Problems	n/a	0.3	1.0	1.5	0.5	0.5	0.3	1.2	0.2	
Eye Problems	2.0	0.5	1.8	0.8	0.5	1.1	0.6	1.0	0.6	
Gastrointestinal Problems	6.6	6.0	6.2	8.1	8.9	7.9	8.9	6.8	6.7	
Genitourinary and Gynaecological Disorders	2.1	4.1	4.5	3.4	3.2	3.7	4.1	1.1	0.8	
Headache/Migraine	0.7	0.3	1.2	1.0	1.5	1.1	0.8	0.1	0.3	
Heart, Cardiac and Circulatory Problems	4.5	3.3	7.5	4.6	3.0	2.6	2.0	6.6	5.1	
Infectious Diseases	1.1	0.2	0.4	0.4	0.7	0.4	0.2	-	0.4	
Injury, Fracture	6.4	6.0	8.8	8.5	5.7	6.1	9.4	22.6	13.7	
Nervous System Disorders	n/a	1.5	1.3	1.3	1.5	2.0	0.9	n/a	-	
Other Known Causes - Not Elsewhere Classified	9.9	6.9	6.9	6.7	5.2	5.4	5.5	8.5	12.4	
Other Musculoskeletal Problems	3.1	5.5	4.8	5.5	4.3	4.8	4.5	9.3	4.1	
Pregnancy Related Disorders	2.2	3.1	6.0	3.6	6.7	9.4	9.5	-	2.9	
Skin Disorders	0.4	0.5	0.2	0.2	0.7	0.8	0.7	1.4	0.9	
Substance Abuse	n/a	n/a	n/a	-	0.6	0.2	-	-	-	
No Reason Specified	2.6	3.2	1.2	1.0	1.6	1.6	0.2	1.6	0.8	
NICS Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

Note: Cells with small numbers of occurrences have been suppressed (-)

n/a: No cases recorded

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

SICKNESS ABSENCE IN THE NICS 2012/2013

3.3 Gender

Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the largest proportion of the total working days lost among both males and females (28.9% and 30.5% respectively). For males, *Injury, Fracture* accounted for the second highest proportion (10.7%) whilst for females it was *Pregnancy Related Disorders* (11.4%).

Table 4¹

Reason for Absence by Gender

Reason for Absence	% of Working Days Lost	
	Male	Female
Anxiety/Stress/Depression/Other Psychiatric Illnesses	28.9	30.5
Asthma	0.1	0.2
Back Problems	7.1	4.5
Benign and Malignant Tumours, Cancers	4.0	4.7
Blood Disorders	0.5	0.4
Burns, Poisoning, Frostbite, Hypothermia	0.1	0.0
Chest and Respiratory Problems	3.7	2.9
Cold, Cough, Flu, Influenza	7.3	5.2
Dental and Oral Problems	0.2	0.2
Ear, Nose, Throat	1.8	2.4
Endocrine/Glandular Problems	0.5	0.7
Eye Problems	1.1	0.8
Gastrointestinal Problems	8.9	6.7
Genitourinary and Gynaecological Disorders	1.4	4.7
Headache/Migraine	0.6	1.2
Heart, Cardiac and Circulatory Problems	6.2	1.9
Infectious Diseases	0.5	0.3
Injury, Fracture	10.7	6.3
Nervous System Disorders	0.9	1.7
Other Known Causes - Not Elsewhere Classified	7.3	6.2
Other Musculoskeletal Problems	5.1	4.7
Pregnancy Related Disorders	n/a	11.4
Skin Disorders	0.9	0.5
Substance Abuse	0.1	0.2
No Reason Specified	1.6	1.4
NICS Overall	100.0	100.0

n/a: No cases recorded

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

3.4 Age Group

Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the largest proportion of working days lost in all age groups in 2012/2013. As might be expected, the impact of a number of illnesses varied with age. For example, *Benign and Malignant Tumours, Cancers and Heart, Cardiac and Circulatory Problems* accounted for a total of 16.9% of the days lost in the 55+ age group but only 0.4% in the 16-24 age group.

Table 5¹

Reason for Absence by Age Group

Reason for Absence	% of Working Days Lost				
	16-24	25-34	35-44	45-54	55+
Anxiety/Stress/Depression/Other Psychiatric Illnesses	32.2	29.0	30.1	32.2	26.0
Asthma	-	0.2	0.1	0.2	0.3
Back Problems	4.5	4.8	6.2	6.2	4.9
Benign and Malignant Tumours, Cancers	-	1.2	3.5	5.6	7.6
Blood Disorders	-	0.3	0.4	0.6	0.5
Burns, Poisoning, Frostbite, Hypothermia	-	0.1	0.0	0.0	-
Chest and Respiratory Problems	1.7	2.7	2.7	3.3	4.7
Cold, Cough, Flu, Influenza	11.0	7.2	6.8	5.4	5.1
Dental and Oral Problems	1.6	0.3	0.2	0.1	0.2
Ear, Nose, Throat	2.2	2.8	2.3	2.1	1.1
Endocrine/Glandular Problems	0.5	0.4	1.0	0.6	0.6
Eye Problems	-	0.4	1.1	0.6	1.6
Gastrointestinal Problems	11.2	8.6	8.5	6.5	7.4
Genitourinary and Gynaecological Disorders	2.2	2.5	2.7	4.6	2.6
Headache/Migraine	1.4	1.3	0.8	0.7	1.2
Heart, Cardiac and Circulatory Problems	0.2	0.7	1.7	4.5	9.3
Infectious Diseases	0.7	0.4	0.4	0.6	0.1
Injury, Fracture	10.6	6.6	7.7	9.4	8.8
Nervous System Disorders	0.3	1.1	2.3	1.3	0.4
Other Known Causes - Not Elsewhere Classified	1.7	5.0	7.0	6.9	8.2
Other Musculoskeletal Problems	-	2.7	4.7	5.6	6.8
Pregnancy Related Disorders	10.6	19.5	8.0	0.1	-
Skin Disorders	0.7	1.1	0.2	0.8	0.5
Substance Abuse	n/a	0.1	0.2	0.4	n/a
No Reason Specified	0.5	1.0	1.4	1.7	1.8
NICS Overall	100.0	100.0	100.0	100.0	100.0

Note: Cells with small numbers of occurrences have been suppressed (-)

n/a: No cases recorded

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Chapter 4
Long-term Sickness Absence

4. Long-term Sickness Absence

A long-term absence is defined as any spell of absence that lasted more than 20 consecutive working days during the financial year. Supporting information can be found in Appendix 8.

4.1 Prevalence of Long-term Absence

A total of 3,060 staff (10.4%) in the NICS had one or more spell of long-term absence during 2012/2013, the same proportion as in the previous year.

The 3,240 long-term absence spells recorded in 2012/2013 equated to a long-term Frequency Rate¹ of 11.1%.

Long-term absences accounted for 70.7% of the total working days lost which, for illustrative purposes, could be equated to losing the work of approximately 890 full-time staff for the entire year.

Approximately one in ten staff (10.4%) were off on long-term sick for an average of around three months (60.0 working days).

Table 6

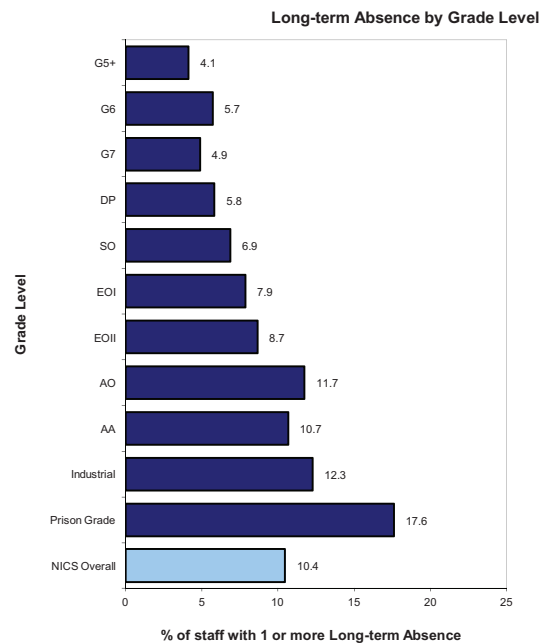
Number of Long-term Absence Spells	Number of Staff	Percentage of Staff
0	26,224	89.6
1	2,895	9.9
2	153	0.5
3+	12	0.0
NICS Overall	29,284	100.0

4.2 Grade Level

Prison Grade staff had the highest incidence of long-term absence, with 17.6% having had one or more spell. While high, this figure is down from 20.6% in 2011/2012. Industrial staff had the second highest incidence of long-term absence (12.3%).

In the administrative grades the incidence of long-term absence tended to decrease as grade level increased. A particularly high level was found at AO and AA level, where more than one in ten staff had one or more spell of long-term absence.

Figure 11²

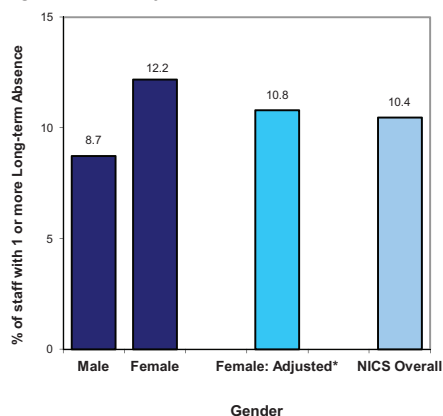


¹ Frequency Rate is the average number of long-term absences per employee, expressed as a percentage. (No of spells of long-term absence in the period/No. of employees) x 100

² Updated figures for 2010/2011 and 2011/2012 can be found in Table 8.9, Appendix 8.

Figure 12¹

Long-term Absence by Gender



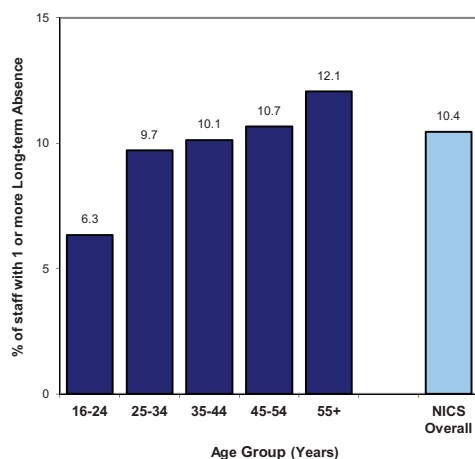
* Excludes absences due to *Pregnancy Related Disorders*

4.3 Gender

The incidence of long-term absence among women (12.2%) was higher than that among men (8.7%). These figures were unchanged from 2011/2012. The higher incidence of long-term absence among females remained (10.8%) after long-term absence due to *Pregnancy Related Disorders* were excluded. This was up from 10.6% in the previous year.

Figure 13¹

Long-term Absence by Age Group



4.4 Age Group

The incidence of long-term absence was lowest for those aged 16-24, with 6.3% having had one or more long-term absence spell. The incidence increased with each successive age group, to 12.1% for those aged 55+. This reflects in part the greater prevalence of *Benign and Malignant Tumours and Cancers* and *Heart, Cardiac and Circulatory Problems* in the oldest age group.

¹ Updated figures for 2010/2011 and 2011/2012 can be found in Tables 8.10 and 8.11, Appendix 8.

4.5 Reason for Long-term Absence

Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for over one in three (37.1%) working days lost to long-term absence. Just under one in ten long-term working days lost (9.2%) were due to *Injury, Fracture* - the second largest contributor.

Table 7¹

Reason for Long-term Absence
(% of Long-term Working Days Lost)

Reason for Absence	% of Long-term Working Days Lost
Anxiety/Stress/Depression/Other Psychiatric Illnesses	37.1
Injury, Fracture	9.2
Other Known Causes - Not Elsewhere Classified	7.2
Back Problems	5.8
Benign and Malignant Tumours, Cancers	5.8
Pregnancy Related Disorders	5.6
Other Musculoskeletal Problems	5.5
Gastrointestinal Problems	4.9
Heart, Cardiac and Circulatory Problems	4.8
Genitourinary and Gynaecological Disorders	3.4
Chest and Respiratory Problems	1.8
Nervous System Disorders	1.7
Ear, Nose, Throat	1.1
Eye Problems	1.0
Other	3.5
No Reason Specified	1.4
NICS Overall	100.0

¹The category 'Other' contains any absence with a reason that accounted for less than 1% of Long-term Working Days Lost. The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

**Chapter 5
Absence Targets**

5. Targets

5.1 Introduction

In 2010, a Ministerial target was agreed for an overall reduction in sickness absence within the NICS to 8.5 days lost per staff year by the end of the 2014/2015 financial year; this reflected a 24% reduction from the 2009/2010 base year¹ figure of 11.2 days. A commitment to achieve this target, and associated milestones, is contained in the Executive's Programme for Government.

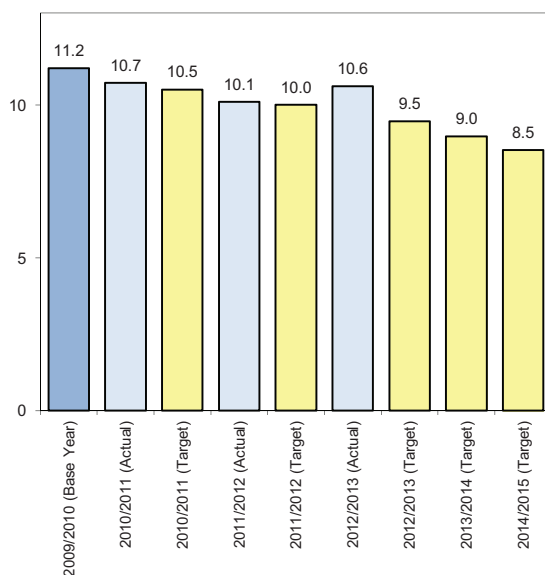
To help maintain a focus on the key determinants of the high level of absence in the NICS, strategic targets were also set in relation to a reduction in both the frequency and duration of long-term absences. It was agreed that Departmental targets, while differing in absolute terms, should be equally challenging and achievable. This chapter charts how individual Departments, and the NICS overall, have progressed towards their targets.

¹ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the Public Prosecution Service.

SICKNESS ABSENCE IN THE NICS 2012/2013

Figure 14¹

Average Number of Working Days Lost per Staff Year



5.2 Absence Targets - NICS Overall

The progress being made towards the Ministerial target has faltered, with increases rather than decreases being recorded against all key target measures. The increase in the overall level of absence from 10.1 to 10.6 days resulted in the target of 9.5 days being missed.

The Frequency Rate of long-term absences (11.1%) fell short of its target of 10.1%.

The average duration of long-term absences (60.0 days) fell well short of the target of 53.7 days.

Table 8

Frequency and Duration of Absence

Absence Target		2009/2010 ¹	2010/2011	2011/2012	2012/2013		2013/2014	2014/2015
		(Base Year)	Actual	Actual	Actual	Target	Target	Target
Overall	Average days lost per staff year	11.2	10.7	10.1	10.6	9.5	9.0	8.5
	Frequency Rate ³ (%)	11.4	11.3	11.0	11.1	10.1	9.8	9.5
Long-term ²	Average Duration ⁴ (working days)	62.5	61.2	58.6	60.0	53.7	51.0	48.5

Green text denotes target met

Red text denotes target not met

¹ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the

² For the purpose of target-setting, absences are split into long-term and short-term, with long-term being defined as greater than 20 consecutive working days.

³ Frequency Rate is the average number of long-term spells per employee, expressed as a percentage.

⁴ Throughout this report, the duration of absence relates only to days lost in the corresponding financial year.

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5.3 Days Lost per Staff Year by Department

The table below shows the NICS performance against its overall target, broken down by Department. Two Departments (DSD and OFMDFM) achieved their individual target, while the remaining eleven Departments fell short.

Table 9

Days Lost per Staff Year

Department	2009/2010 ¹	2010/2011	2011/2012	2012/2013		2013/2014	2014/2015
	(Base Year)	Actual	Actual	Actual	Target	Target	Target
DARD	9.3	8.5	8.0	9.4	8.2	7.8	7.5
DCAL	6.5	7.5	8.0	8.5	6.5	6.5	6.5
DE	10.5	8.3	7.9	9.6	8.8	8.3	7.8
DEL	10.7	10.6	11.4	11.5	8.9	8.4	7.9
DETI	8.3	8.1	7.3	8.1	7.8	7.6	7.5
DFP	10.3	9.5	9.3	10.5	8.6	8.1	7.6
DHSSPS	9.4	8.5	7.1	8.8	8.2	7.8	7.5
DOE	10.1	9.2	9.8	9.4	8.5	8.0	7.5
DOJ	12.3 ²	12.9	12.6	12.9	10.3	9.7	9.2
DRD	8.2	8.5	8.2	8.5	7.8	7.6	7.5
DSD	14.4	13.4	11.1	11.4	12.1	11.4	10.7
OFMDFM	8.4	5.4	8.7	7.8	7.8	7.7	7.5
PPS	9.0 ²	10.2	9.8	10.2	8.1	7.8	7.5
NICS Overall	11.2	10.7	10.1	10.6	9.5	9.0	8.5

Green text denotes target met

Red text denotes target not met

¹ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the Public Prosecution Service.

² The 2009/2010 absence information, for staff in areas that became part of the Department when it was established as an NICS Department on the 12th April 2010, was used to calculate the Base Year figure.

SICKNESS ABSENCE IN THE NICS 2012/2013

5.4 Long-term¹ Frequency²

The NICS fell short of its overall target for long-term Frequency Rate (11.1% compared with a target of 10.1%). DETI, DHSSPS and DSD achieved their individual target. Indeed, both DSD and DETI have already achieved their targets for 2014/2015. DEL and OFMDFM, despite not achieving their targets, recorded notable reductions from the previous year.

Table 10

Long-term Frequency

Department	2009/2010 ³	2010/2011	2011/2012	2012/2013		2013/2014	2014/2015
	(Base Year)	Actual	Actual	Actual	Target	Target	Target
DARD	9.3	9.2	8.3	9.8	8.5	8.2	8.0
DCAL	7.0	8.7	6.8	6.9	6.4	6.2	6.0
DE	10.7	8.7	9.4	10.0	9.7	9.4	9.2
DEL	10.3	11.2	13.3	11.7	9.4	9.1	8.9
DETI	8.8	8.4	6.7	6.9	8.1	7.8	7.6
DFP	10.0	9.9	9.3	10.5	9.1	8.8	8.6
DHSSPS	9.4	7.9	7.1	8.4	8.6	8.3	8.1
DOE	9.3	9.5	10.2	9.9	8.5	8.2	8.0
DOJ	14.4 ⁴	15.2	15.3	13.2	13.1	12.7	12.3
DRD	8.4	8.6	8.9	9.3	7.7	7.4	7.2
DSD	14.3	13.5	12.1	11.5	13.1	12.7	12.3
OFMDFM	7.7	5.6	8.5	7.2	7.0	6.8	6.6
PPS	8.9 ⁴	10.2	9.5	9.4	8.1	7.8	7.6
NICS Overall	11.4	11.3	11.0	11.1	10.1	9.8	9.5

Green text denotes target met

Red text denotes target not met

¹ For the purpose of target-setting, absences are split into long-term and short-term, with long-term being defined as greater than 20 consecutive working days.

² Frequency Rate is the average number of Long-term spells per employee, expressed as a percentage.

³ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the Public Prosecution Service.

⁴ The 2009/2010 absence information, for staff in areas that became part of the Department when it was established as an NICS Department on the 12th April 2010, was used to calculate the Base Year figure.

5.5 Long-term¹ Duration²

The overall NICS target of 53.7 days for the average duration of a long-term sickness absence was not achieved, with the average duration of 60.0 days being a slight increase on the previous year. While five of the 13 Departments improved on the previous year, just one (DOE) met its individual target in 2012/2013.

Table 11

Long-term Duration

Department	2009/2010 ³	2010/2011	2011/2012	2012/2013		2013/2014	2014/2015
	(Base Year)	Actual	Actual	Actual	Target	Target	Target
DARD	68.5	64.5	64.4	63.4	58.7	55.8	53.0
DCAL	47.5	52.7	68.8	65.7	40.7	38.7	36.7
DE	64.7	54.0	52.5	55.6	55.5	52.7	50.1
DEL	62.7	59.5	53.9	60.2	53.8	51.1	48.5
DETI	57.2	59.0	57.6	64.3	49.0	46.6	44.2
DFP	61.9	58.9	58.2	58.5	53.0	50.4	47.9
DHSSPS	62.9	65.2	57.5	63.8	54.0	51.3	48.7
DOE	73.0	64.6	64.5	59.8	62.6	59.5	56.5
DOJ	57.2 ⁴	57.8	57.4	57.7	49.0	46.6	44.2
DRD	63.9	67.8	66.5	65.1	54.8	52.1	49.5
DSD	61.6	62.0	55.5	58.9	52.8	50.1	47.6
OFMDFM	72.5	61.1	72.1	65.5	62.2	59.1	56.1
PPS	59.4 ⁴	55.9	58.8	65.4	51.0	48.4	46.0
NICS Overall	62.5	61.2	58.6	60.0	53.7	51.0	48.5

Green text denotes target met

Red text denotes target not met

¹ For the purpose of target-setting, absences are split into long-term and short-term, with long-term being defined as greater than 20 consecutive working days.

² Throughout this report, the duration of absence relates only to days lost in the corresponding financial year.

³ Targets were set based on the number and composition of staff in each of the NI Departments during 2009/2010 as, at the time of setting, this was the most recent information available. The base year figures for 2009/2010 were reworked to include industrial staff and to take account of the creation of the Department of Justice and the Public Prosecution Service.

⁴ The 2009/2010 absence information, for staff in areas that became part of the Department when it was established as an NICS Department on the 12th April 2010, was used to calculate the Base Year figure.

**Appendix 1
Data Quality**

Data Quality

Relevance

This report covers sickness absences during the 2012/2013 financial year that were recorded on HRConnect (the HR system used by the NICS) for industrial and non-industrial staff in the Northern Ireland Civil Service. The report also includes sickness absence information for the parts of the Department of Justice that are not held on HRConnect, namely: Northern Ireland Courts and Tribunals Service (data taken from their CYBORG-HRMS system); Youth Justice Agency (data taken from their Simply Personnel system); and Northern Ireland Prison Service (data taken from their COMPASS system).

Absence information is presented by Department, grade level, gender, age group, length of service and reason for absence. Some comparisons with figures for the last five years are also included along with progress against relevant sickness absence targets.

Accuracy

Sickness absence records for all staff held on HRConnect and COMPASS were extracted six weeks after the end of the financial year reporting period; this allowed for the updating of absence records and personnel moves. Absence records from the CYBORG-HRMS and Simply Personnel systems were extracted on a monthly basis a week after the end of each month of the 2012/2013 financial year.

Any information provided in this report relating to lost production is calculated, where possible, on the basis of each individual's actual salary and the associated employer's National Insurance and Superannuation contributions.

Users should note that some figures may not add to the totals due to rounding.

Timeliness and Punctuality

The report relates to the 2012/2013 financial year and was published on 30th October 2013.

Accessibility and Clarity

No issues relating to accessibility or clarity were received during a stakeholder consultation process in November 2009. The report contains contact details for further information and is available to download through the NISRA and DFP websites.

Coherence and Comparability

Prior to 2010/2011 industrial staff were not included in the analyses, nor were staff in the Department of Justice or the Public Prosecution Service. Historic figures are therefore not directly comparable with analyses for 2011/2012 onwards.

Prison Grade staff have been incorporated into the sickness absence targets. This increased the 2009/2010 base year figure for DOJ from 11.3 days to 12.3 days and, applying the same methodology as for the original targets, the DOJ 2014/2015 target was increased from 8.4 days to 9.2 days. The DOJ targets relating to long-term frequency and duration were revised on the same basis. The inclusion of Prison Grade staff only increased the NICS 2009/2010 base year figure from 11.1 days to 11.2 days and as a consequence the NICS targets remained unchanged.

Analyses prior to 2008/2009 were based on data extracted from HRMS (the previous HR system used by the NICS). Sickness absence information was entered onto this system by Departmental HR staff based on manually completed weekly sick returns. Under the new system it is the responsibility of line managers to record sickness absence information on HRConnect.

This change in recording practices coincided with a substantial increase in the proportion of staff with no absences and should be taken into consideration when analysing historical trends.

The recording of the reason for absence changed in 2008/2009 from using the International Classification of Diseases (ICD) codes to the Sickness Absence Recording Tool (SART) codes. These were developed by the Institute of Occupational Medicine (IOM) for the UK Health and Safety Executive (HSE). Trend data relating to the reason for absence is therefore not available prior to 2008/2009.

Appendix 1**Trade-offs between Output Quality and Components**

No trade-offs applied.

Assessment of User Needs and Perceptions

A user consultation undertaken in November 2009 received positive feedback on the annual publication. A request for the report to include analyses by disability was not able to be met at this time.

Performance, Cost and Respondent Burden

There is no respondent burden since the data are held on an administrative system and extracted using an automated process.

Confidentiality, Transparency and Security

Suppression is applied where the number of cases in a cell is less than three. Suppression is also applied, where necessary, to the next lowest valued cell in order that identification by subtraction is not possible.

Data are held on a network that is only accessible to the few statisticians who need access. Printouts containing individual records or small cell sizes are locked away and shredded as soon as possible.

**Appendix 2
Calculations**

Appendix 2

Calculations

Absence levels are presented in a number of ways throughout the report and are defined as follows:

$$\text{\% of Available Working Days Lost} = \frac{\text{Number of Working Days Lost}}{\text{Number of Available Working Days}} \times 100$$

$$\text{Working Days Lost per Staff Year} = \frac{\text{Number of Working Days Lost}}{\text{Number of Staff Years}}$$

$$\text{Spells per Staff Year} = \frac{\text{Number of Absence Spells}}{\text{Number of Staff Years}}$$

The "Working days lost per staff year" approach was recommended by the Cabinet Office in the review *"Managing Attendance in the Public Sector (1999)"*. This approach replaced 'working days lost per person' which does not always permit valid comparisons to be made between or within organisations that differ in their proportions of part-time staff and/or their levels of staff turnover. In particular, it can misrepresent the absence rate in organisations that have a high proportion of part-time staff and/or high levels of staff turnover. For the majority of people, a staff year is approximately 219 working days, but clearly this depends on date of entry and/or date of leaving, and annual leave entitlement which varies by grade, length of service, and work pattern. For each individual a 'staff year' was therefore calculated taking all of these factors into account. The following simple example highlights the rationale for the methodology used by the Cabinet Office.

Example

There are 2 members of staff **A** and **B**.

A. Worked Full-time all year (hence 1 staff year), and

B. Worked Full-time for ½ year (hence ½ staff year)

If **A** was absent for 20 working days and **B** was absent for 10 working days, then the number of working days lost per staff year are calculated as follows:

$$\begin{aligned} \text{Total Number of working days lost} &= 30 \\ \text{Total Number of Staff Years} &= 1 + 0.5 = 1.5 \end{aligned}$$

$$\text{Working Days Lost per Staff Year} = \frac{30}{1.5} = 20$$

According to the other approach, the number of days lost per person would be:

$$\begin{aligned} \text{Total Number of working days lost} &= 30 \\ \text{Total Number of People} &= 2 \end{aligned}$$

$$\text{Working Days Lost per Person} = \frac{30}{2} = 15$$

which overlooks the fact that one of the staff was only employed for six months.

Appendix 3
(Tables Relating to Chapter 1)

Appendix 3

Tables Relating to Chapter 1

Table 3.1: Department by Grade Level

When assessing the variation in days lost per staff year in the table below it should be noted that the number of staff involved can be relatively small. Even a small number of long-term absences can therefore strongly influence the overall level of absence in these groupings.

Department	No. of Days Lost per Staff Year								
	G7+	DP	SO	EOI	EOII	AO	AA	Industrial	Prison Grade
DARD	5.5	3.3	9.3	7.5	8.0	14.8	13.8	11.9	n/a
DCAL	2.3	5.7	6.9	14.6	6.7	11.3	17.6	5.1	n/a
DE	6.5	7.6	8.3	11.0	9.1	12.6	15.1	n/a	n/a
DEL	6.9	9.2	8.8	11.8	11.8	13.1	9.6	n/a	n/a
DETI	8.7	2.1	8.3	10.2	6.9	12.6	8.2	n/a	n/a
DFP	6.8	8.2	7.6	9.7	10.6	14.0	16.0	23.3	n/a
DHSSPS	7.2	10.3	6.6	16.7	3.7	10.0	10.4	n/a	n/a
DOE	5.4	7.0	6.8	9.0	10.4	11.5	13.3	13.7	n/a
DOJ	3.2	6.0	9.4	11.6	12.9	12.5	11.6	17.5	16.1
DRD	2.7	4.9	8.2	6.8	8.1	7.8	9.1	13.5	n/a
DSD	3.1	8.5	7.4	8.2	9.7	14.2	12.4	n/a	n/a
OFMDFM	6.7	4.4	8.5	16.2	8.7	6.4	13.3	n/a	n/a
PPS	6.7	11.2	4.2	5.2	13.1	11.5	11.7	n/a	n/a
NICS Overall	5.7	6.9	8.0	9.2	10.0	13.1	12.6	12.9	16.1

n/a: No cases recorded

Table 3.2: Absence Levels by Occupational Grouping

Occupational Groupings (with more than 200 staff)

Occupational Grouping	Days Lost per Staff Year		
	2010/2011	2011/2012	2012/2013
Prison Grade	16.0	17.0	16.1
Industrial	11.8	11.7	12.9
General Service	11.6	10.5	11.2
Driving Examiner	9.0	8.9	10.8
Support Grade Staff	9.6	10.4	10.4
Secretarial/Typing	11.3	9.4	10.1
Statistician	6.6	9.0	9.5
Planning	6.2	8.1	7.3
Other	8.1	7.4	7.3
Drawing Officer	8.0	8.5	7.2
Scientific Officer	7.9	5.7	6.9
Civil Eng (inc assistants)	4.6	5.0	6.5
Agricultural Inspector	6.0	5.8	6.3
Computing	5.8	5.7	5.1

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

Appendix 3

Table 3.3: Certification by Department

Department	No. of Days Lost per Staff Year			% of Available Working Days Lost		
	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
DARD	1.0	7.7	9.4	0.4	3.5	4.3
DCAL	1.3	6.6	8.5	0.6	3.0	3.9
DE	1.3	7.7	9.6	0.6	3.5	4.4
DEL	1.4	9.0	11.5	0.6	4.1	5.3
DETI	1.5	5.9	8.1	0.7	2.7	3.7
DFP	1.7	8.4	10.5	0.8	3.9	4.8
DHSSPS	1.4	7.2	8.8	0.6	3.3	4.0
DOE	1.3	7.7	9.4	0.6	3.5	4.3
DOJ	1.3	10.2	12.9	0.6	4.7	5.9
DRD	1.0	7.5	8.5	0.4	3.4	3.9
DSD	1.8	8.6	11.4	0.8	3.9	5.2
OFMDFM	1.1	6.6	7.8	0.5	3.0	3.6
PPS	1.5	8.5	10.2	0.7	3.9	4.7
NICS Overall	1.4	8.4	10.6	0.7	3.8	4.9

Table 3.4: Certification by Grade Level

Grade Level	No. of Days Lost per Staff Year			% of Available Working Days Lost		
	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
G5+	0.6	3.5	4.2	0.3	1.6	1.9
G6	0.5	5.5	6.0	0.2	2.5	2.7
G7	0.7	4.8	6.0	0.3	2.2	2.8
DP	0.9	5.8	6.9	0.4	2.6	3.2
SO	1.1	6.5	8.0	0.5	3.0	3.6
EOI	1.3	7.4	9.2	0.6	3.4	4.2
EOII	1.5	7.6	10.0	0.7	3.5	4.6
AO	2.0	10.2	13.1	0.9	4.7	6.0
AA	1.9	9.7	12.6	0.8	4.4	5.7
Industrials	1.1	11.5	12.9	0.5	5.3	5.9
Prison Grade	1.1	12.6	16.1	0.5	5.9	7.5
NICS Overall	1.4	8.4	10.6	0.7	3.8	4.9

Table 3.5: Certification by Gender

Gender	No. of Days Lost per Staff Year			% of Available Working Days Lost		
	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
Male	1.3	6.9	8.8	0.6	3.1	4.0
Female	1.6	10.1	12.6	0.7	4.6	5.8
NICS Overall	1.4	8.4	10.6	0.7	3.8	4.9

Table 3.6: Certification by Age Group

Age Group	No. of Days Lost per Staff Year			% of Available Working Days Lost		
	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
16-24	2.2	4.8	7.7	1.0	2.1	3.4
25-34	2.0	7.9	10.6	0.9	3.6	4.8
35-44	1.5	8.0	10.2	0.7	3.7	4.7
45-54	1.1	8.3	10.4	0.5	3.8	4.8
55+	1.1	10.2	12.0	0.5	4.7	5.5
NICS Overall	1.4	8.4	10.6	0.7	3.8	4.9

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Appendix 3

Table 3.7: % of Available Working Days Lost by Department

Department	% of Available Working Days Lost					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
DARD	5.0	3.5	3.9	3.9	3.6	4.3
DCAL	5.2	3.3	3.1	3.4	3.6	3.9
DE	5.4	4.1	4.7	3.8	3.6	4.4
DEL	6.2	5.0	4.8	4.8	5.2	5.3
DETI	3.4	3.3	3.7	3.7	3.3	3.7
DFP	5.2	4.9	4.6	4.3	4.2	4.8
DHSSPS	4.7	3.6	4.2	3.8	3.2	4.0
DOE	5.0	4.3	4.4	4.2	4.5	4.3
DOJ	n/a	n/a	n/a	5.8	5.7	5.9
DRD	4.1	3.6	3.0	3.9	3.7	3.9
DSD	7.6	6.5	6.5	6.1	5.1	5.2
OFMDFM	4.4	3.1	3.4	2.4	4.0	3.6
PPS	n/a	n/a	n/a	4.6	4.4	4.7
NICS Overall	5.8	4.9	4.9	4.9	4.6	4.9

Table 3.8: % of Available Working Days Lost by Grade Level

Grade Level	% of Available Working Days Lost					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
G5+	1.4	2.2	1.6	2.4	1.3	1.9
G6	2.1	1.6	0.9	1.7	1.5	2.7
G7	3.0	2.1	2.2	2.2	2.5	2.8
DP	3.4	2.8	3.0	3.0	2.9	3.2
SO	4.0	3.4	3.2	3.5	3.5	3.6
EOI	4.7	4.0	4.2	4.3	3.7	4.2
EOII	6.5	5.3	5.6	5.1	4.7	4.6
AO	7.9	6.7	6.7	5.9	5.3	6.0
AA	7.1	6.5	6.1	5.6	5.6	5.7
Industrial	n/a	n/a	n/a	5.3	5.5	5.9
Prison Grade	n/a	n/a	n/a	7.5	8.0	7.5
NICS Overall	5.8	4.9	4.9	4.9	4.6	4.9

Table 3.9: % of Available Working Days Lost by Gender

Gender	% of Available Working Days Lost					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Male	4.2	3.5	3.5	3.9	3.8	4.0
Female	7.5	6.4	6.4	5.9	5.4	5.8
NICS Overall	5.8	4.9	4.9	4.9	4.6	4.9

Table 3.10: % of Available Working Days Lost by Age Group

Age Group	% of Available Working Days Lost					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
16-24	5.7	4.6	5.1	4.4	4.2	3.4
25-34	6.2	5.2	5.0	4.6	4.7	4.8
35-44	5.6	4.6	4.8	5.0	4.5	4.7
45-54	5.4	4.8	4.9	4.8	4.4	4.8
55+	6.8	5.7	5.1	5.4	5.2	5.5
NICS Overall	5.8	4.9	4.9	4.9	4.6	4.9

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

Appendix 4
Seasonal Effects on the Onset of Absence

Appendix 4

Seasonal Effects on the Onset of Absence

The following tables examine seasonal effects on the onset of sickness absence.

Table 4.1: Onset of Absence by Month

Month	% of Spells Starting in Month		
	Self-Certified	Certified	Overall
April	6.8	7.6	7.0
May	7.9	8.2	8.1
June	6.2	7.4	6.5
July	5.6	7.7	6.3
August	5.7	8.0	6.4
September	6.7	8.7	7.3
October	10.5	9.9	10.2
November	10.6	9.3	10.1
December	9.1	7.2	8.5
January	12.1	10.9	11.7
February	9.6	7.6	9.0
March	9.3	7.5	8.8

Table 4.2: Onset of Anxiety/Stress/Depression/Other Psychiatric Illnesses by Month

Month	% of Spells Starting in Month
April	7.6
May	9.3
June	8.5
July	8.3
August	8.5
September	8.2
October	9.8
November	9.5
December	7.8
January	9.0
February	6.7
March	6.8

Table 4.3: Onset of Absence by Weekday

Weekday	% of Spells Starting on Weekday		
	Self-Certified	Certified	Overall
Sunday	0.4	1.5	0.7
Monday ¹	32.8	32.9	32.9
Tuesday	22.3	19.6	21.5
Wednesday	19.7	17.8	19.0
Thursday	15.7	15.7	15.8
Friday	8.4	10.8	9.1
Saturday	0.6	1.7	0.9

¹ It should be noted that absences that actually started on a Saturday or Sunday, and then continued into the working week, may have been recorded as if they had started on a Monday.

Appendix 5
Standardised Departmental Absence Levels

Appendix 5

Standardised Departmental Absence Levels

The following figures show the extent to which a Department's staffing profile can influence its overall absence level. In Figures 5.1 and 5.2 below, the staffing profile of each Department has been standardised by grade level, gender and age group to that of the NICS as a whole.

It should be noted that in reports prior to 2011/2012, DFP was used as the staffing profile against which all other Departments were standardised. However, this is no longer a suitable staffing profile to use as there are no Prison Grade staff in DFP. A similar approach to that used by the GB Civil Service has therefore been adopted for this illustration, and the staffing profile of the NICS as a whole is being used.

Figure 5.1: Working Days Lost Per Staff Year

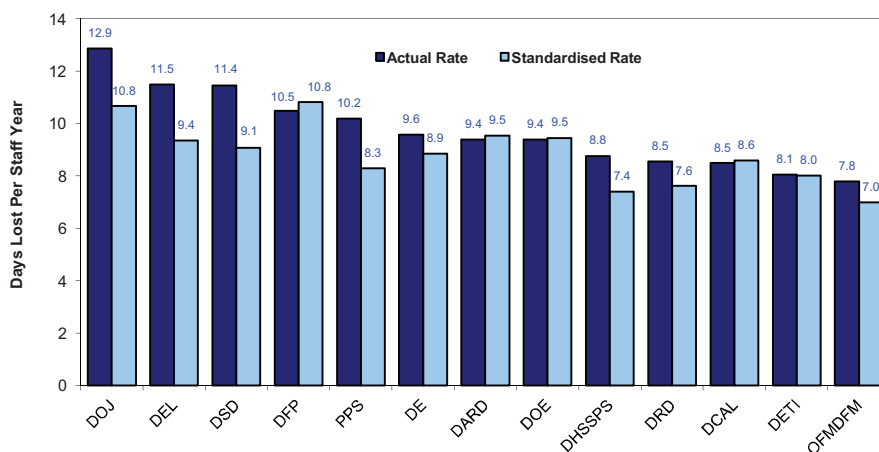
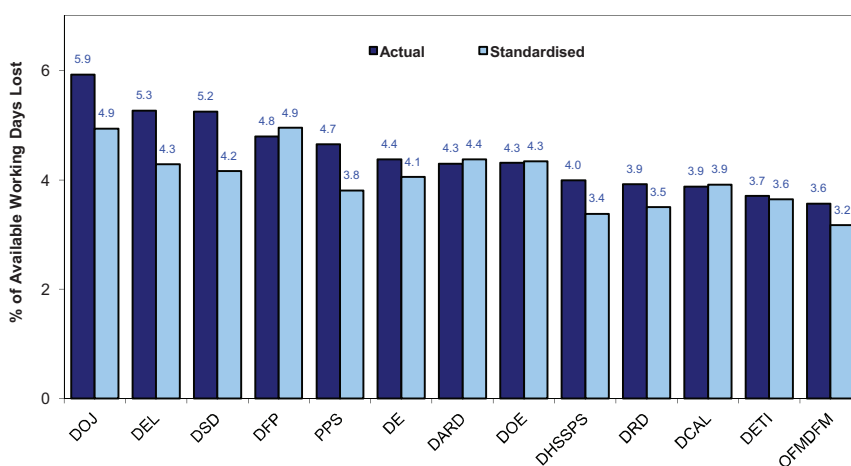


Figure 5.2: % of Available Working Days Lost



Appendix 6
(Tables Relating to Chapter 2)

Appendix 6

Tables Relating to Chapter 2

Table 6.1: Average Duration and Number of Spells by Certification and Department

Department	Self-Certified Absences		Certified Absences		Overall	
	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)
DARD	0.3	2.9	0.2	35.3	0.6	15.6
DCAL	0.5	2.8	0.2	29.0	0.8	11.3
DE	0.5	2.7	0.2	31.0	0.8	11.9
DEL	0.5	3.0	0.3	34.0	0.8	14.1
DETI	0.5	2.7	0.2	32.4	0.8	10.2
DFP	0.6	2.8	0.3	32.6	0.9	11.6
DHSSPS	0.5	2.9	0.2	36.0	0.7	11.9
DOE	0.4	3.0	0.2	33.6	0.7	13.6
DOJ	0.4	3.2	0.3	29.7	0.8	16.0
DRD	0.3	3.1	0.2	37.2	0.5	16.1
DSD	0.6	3.0	0.3	33.1	1.0	11.9
OFMDFM	0.4	2.6	0.2	37.6	0.6	12.4
PPS	0.5	2.9	0.2	35.3	0.8	12.7
NICS Overall	0.5	3.0	0.3	33.0	0.8	13.3

Table 6.2: Average Duration and Number of Spells by Certification and Grade Level

Grade Level	Self-Certified Absences		Certified Absences		Overall	
	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)
G5+	0.2	3.1	0.1	41.3	0.3	13.7
G6	0.2	2.6	0.1	44.2	0.3	18.8
G7	0.3	2.4	0.1	33.1	0.5	13.0
DP	0.3	2.6	0.2	35.7	0.5	13.1
SO	0.4	2.8	0.2	33.0	0.6	12.6
EOI	0.4	2.9	0.2	30.7	0.7	13.0
EOII	0.5	3.0	0.2	32.3	0.8	12.1
AO	0.7	3.0	0.3	30.5	1.1	12.2
AA	0.7	2.8	0.3	31.4	1.1	11.6
Industrial	0.3	3.5	0.3	41.8	0.6	21.0
Prison Grade	0.3	4.1	0.3	41.1	0.6	25.3
NICS Overall	0.5	3.0	0.3	33.0	0.8	13.3

Appendix 6

Table 6.3: Average Duration and Number of Spells by Certification and Gender

Gender	Self-Certified Absences		Certified Absences		Overall	
	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)
Male	0.4	3.1	0.2	35.3	0.7	13.2
Female	0.5	2.9	0.3	31.5	0.9	13.4
NICS Overall	0.5	3.0	0.3	33.0	0.8	13.3

Table 6.4: Average Duration and Number of Spells by Certification and Age Group

Age Group	Self-Certified Absences		Certified Absences		Overall	
	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)	No. of Spells per Staff Year	Average Duration (Working Days)
16-24	0.8	2.7	0.2	23.4	1.1	7.0
25-34	0.7	2.9	0.3	28.2	1.1	9.9
35-44	0.5	3.0	0.2	33.1	0.8	12.7
45-54	0.4	3.1	0.2	35.1	0.7	15.7
55+	0.3	3.2	0.3	36.4	0.7	17.9
NICS Overall	0.5	3.0	0.3	33.0	0.8	13.3

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Table 6.5: Number of Absence Spells - % of Staff

Number of Absence Spells	% of Staff					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
0	43.1	49.8	50.1	51.8	53.7	52.3
1	32.8	31.9	31.6	31.9	30.7	32.0
2	15.7	12.9	12.6	11.8	11.2	11.4
3	5.4	3.7	4.0	3.2	3.1	3.1
4	1.6	1.0	1.0	0.8	0.7	0.7
5	0.7	0.4	0.4	0.3	0.3	0.3
6+	0.6	0.3	0.4	0.3	0.3	0.3

Table 6.6: Duration of Absence Spells - % of Spells

Duration of Absence Spells (Working Days)	% of Spells					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
1-2	37.2	34.5	33.0	31.3	31.6	29.7
3-5	35.7	36.5	37.5	36.9	36.3	37.7
6-10	7.1	7.7	8.5	8.3	8.3	8.5
11-20	6.9	7.1	6.9	7.7	7.8	8.4
More than 20	13.1	14.2	14.1	15.8	15.9	15.7

Table 6.7: Average Duration of Short-term Absence Spells - Working Days

Department	Average Duration (Working Days)					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
DARD	4.3	4.3	4.6	4.5	4.5	4.7
DCAL	3.8	4.0	4.1	4.1	4.0	4.6
DE	3.8	3.8	4.3	4.4	4.2	4.4
DEL	4.4	4.5	4.5	4.5	4.8	4.6
DETI	4.0	3.8	4.2	4.1	4.5	4.0
DFP	3.9	4.2	4.4	4.2	4.3	4.2
DHSSPS	3.6	4.0	4.2	4.3	4.2	4.2
DOE	3.8	3.9	4.4	4.5	4.7	4.7
DOJ	n/a	n/a	n/a	5.0	5.0	6.0
DRD	4.3	4.2	4.5	4.6	4.7	4.6
DSD	4.3	4.5	4.4	4.4	4.2	4.3
OFMDFM	4.0	4.2	4.1	4.0	4.7	3.8
PPS	n/a	n/a	n/a	5.2	4.5	4.5
NICS Overall	4.1	4.3	4.4	4.5	4.5	4.6

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

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Table 6.8: Distribution of Working Days Lost

Cumulative Number of Working Days Lost	% of Staff		
	2010/2011	2011/2012	2012/2013
0	51.8	53.7	52.3
1-5	23.1	22.2	23.0
6-10	8.1	7.7	8.2
11-15	3.1	2.8	3.2
16-20	2.1	1.9	1.8
More than 20	11.8	11.7	11.6

Table 6.9: Duration of Absence in Working Days Lost

Duration of Absence (Working Days)	% of Working Days Lost		
	2010/2011	2011/2012	2012/2013
1-2	3.6	3.7	3.5
3-5	10.7	10.7	11.0
6-10	5.0	5.2	5.2
11-20	8.7	9.1	9.6
More than 20	72.0	71.3	70.7

Table 6.10: Number of Absence Spells by Department - % of Staff

Number of Absence Spells	% of Staff													
	DARD	DCAL	DE	DEL	DETI	DFP	DHSSPS	DOE	DOJ	DRD	DSD	OFMDFM	PPS	NICS Overall
0	61.6	56.0	54.7	51.7	53.8	50.2	55.5	55.4	55.4	63.2	46.0	63.7	49.0	52.3
1	27.4	30.1	28.2	34.4	31.4	31.4	29.6	32.0	30.1	27.5	34.6	25.5	36.5	32.0
2	8.6	9.3	13.0	9.9	10.9	13.0	11.0	9.3	9.8	7.4	13.7	8.1	12.0	11.4
3	1.9	3.6	2.7	2.9	2.8	3.6	2.9	2.4	2.6	1.4	4.4	1.9	1.5	3.1
4	0.4	0.6	0.6	0.7	0.8	1.1	0.5	0.4	1.1	0.4	0.6	0.2	0.5	0.7
5	0.1	0.3	0.6	0.3	0.4	0.4	0.3	0.2	0.5	0.0	0.3	0.2	0.3	0.3
6+	0.1	0.0	0.2	0.2	0.0	0.3	0.2	0.2	0.6	0.1	0.4	0.2	0.2	0.3

Appendix 7
(Tables Relating to Chapter 3)

Tables Relating to Chapter 3

Table 7.1: Certification by Reason for Absence¹

Reason for Absence	% of Available Working Days Lost		
	Self-Certified	Certified	Overall
Anxiety/Stress/Depression/Other Psychiatric Illnesses	0.0	1.3	1.4
Asthma	0.0	0.0	0.0
Back Problems	0.0	0.2	0.3
Benign and Malignant Tumours, Cancers	0.0	0.2	0.2
Blood Disorders	0.0	0.0	0.0
Burns, Poisoning, Frostbite, Hypothermia	0.0	0.0	0.0
Chest and Respiratory Problems	0.0	0.1	0.2
Cold, Cough, Flu, Influenza	0.2	0.1	0.3
Dental and Oral Problems	0.0	0.0	0.0
Ear, Nose, Throat	0.0	0.1	0.1
Endocrine/Glandular Problems	0.0	0.0	0.0
Eye Problems	0.0	0.0	0.0
Gastrointestinal Problems	0.1	0.2	0.4
Genitourinary and Gynaecological Disorders	0.0	0.1	0.2
Headache/Migraine	0.0	0.0	0.0
Heart, Cardiac and Circulatory Problems	0.0	0.2	0.2
Infectious Diseases	0.0	0.0	0.0
Injury, Fracture	0.0	0.3	0.4
Nervous System Disorders	0.0	0.1	0.1
Other Known Causes - Not Elsewhere Classified	0.0	0.3	0.3
Other Musculoskeletal Problems	0.0	0.2	0.2
Pregnancy Related Disorders	0.0	0.3	0.3
Skin Disorders	0.0	0.0	0.0
Substance Abuse	0.0	0.0	0.0
No Reason Specified	0.0	0.0	0.1
NICS Overall	0.7	3.8	4.9

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

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Table 7.2: % of Absence Spells by Reason for Absence¹

Reason for Absence	% of Spells				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Anxiety/Stress/Depression/Other Psychiatric Illnesses	8.0	9.3	10.4	10.7	10.9
Asthma	0.4	0.3	0.3	0.3	0.3
Back Problems	3.6	3.9	5.0	5.2	4.6
Benign and Malignant Tumours, Cancers	0.5	0.6	0.8	0.9	1.0
Blood Disorders	0.4	0.5	0.4	0.4	0.3
Burns, Poisoning, Frostbite, Hypothermia	0.2	0.2	0.2	0.1	0.1
Chest and Respiratory Problems	5.1	4.4	5.3	5.1	5.3
Cold, Cough, Flu, Influenza	24.2	27.4	23.0	19.8	22.7
Dental and Oral Problems	0.8	0.8	0.9	0.9	0.7
Ear, Nose, Throat	3.4	4.7	4.5	5.2	4.4
Endocrine/Glandular Problems	0.4	0.5	0.4	0.4	0.4
Eye Problems	0.7	0.8	0.9	1.0	0.9
Gastrointestinal Problems	16.4	17.9	18.0	19.3	19.3
Genitourinary and Gynaecological Disorders	1.5	2.0	2.2	2.6	2.4
Headache/Migraine	2.6	3.2	2.7	2.9	2.4
Heart, Cardiac and Circulatory Problems	1.1	1.1	1.5	1.4	1.4
Infectious Diseases	2.9	0.6	0.5	0.6	0.5
Injury, Fracture	4.6	4.1	5.7	5.3	5.0
Nervous System Disorders	0.6	0.7	0.7	0.6	0.6
Other Known Causes - Not Elsewhere Classified	n/a	n/a	1.2	3.6	4.4
Other Musculoskeletal Problems	1.7	2.5	2.9	3.3	2.9
Pregnancy Related Disorders	6.1	7.1	6.1	7.9	7.0
Skin Disorders	0.5	0.6	0.6	0.6	0.6
Substance Abuse	0.1	0.1	0.2	0.1	0.1
No Reason Specified	14.4	6.7	5.6	2.0	1.7
NICS Overall	100.0	100.0	100.0	100.0	100.0

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Appendix 7

Table 7.3: % of Working Days Lost by Reason for Absence¹

Reason for Absence	% of Working Days Lost				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Anxiety/Stress/Depression/Other Psychiatric Illnesses	26.7	30.5	29.8	29.0	29.8
Asthma	0.4	0.3	0.2	0.2	0.2
Back Problems	4.1	4.7	6.3	6.5	5.6
Benign and Malignant Tumours, Cancers	2.6	3.7	3.5	4.0	4.4
Blood Disorders	1.0	1.2	0.7	0.6	0.5
Burns, Poisoning, Frostbite, Hypothermia	0.1	0.1	0.1	0.1	0.0
Chest and Respiratory Problems	2.8	3.2	3.1	3.4	3.3
Cold, Cough, Flu, Influenza	7.1	9.3	6.3	5.3	6.2
Dental and Oral Problems	0.2	0.2	0.2	0.2	0.2
Ear, Nose, Throat	1.7	2.4	2.1	2.5	2.1
Endocrine/Glandular Problems	0.8	0.5	0.6	0.5	0.6
Eye Problems	0.6	0.9	0.8	0.9	0.9
Gastrointestinal Problems	6.1	7.5	6.6	7.7	7.7
Genitourinary and Gynaecological Disorders	1.6	2.8	2.9	3.0	3.3
Headache/Migraine	0.9	1.1	1.1	1.1	1.0
Heart, Cardiac and Circulatory Problems	3.0	3.0	4.0	3.5	3.8
Infectious Diseases	1.5	0.4	0.4	0.4	0.4
Injury, Fracture	6.4	6.0	9.8	9.1	8.3
Nervous System Disorders	1.1	1.7	1.9	1.3	1.4
Other Known Causes - Not Elsewhere Classified	n/a	n/a	1.7	5.0	6.7
Other Musculoskeletal Problems	2.8	4.4	4.8	5.8	4.9
Pregnancy Related Disorders	7.9	6.8	5.6	6.9	6.4
Skin Disorders	0.5	0.7	0.6	0.6	0.7
Substance Abuse	0.3	0.3	0.5	0.3	0.2
No Reason Specified	20.0	8.3	6.2	2.1	1.5
NICS Overall	100.0	100.0	100.0	100.0	100.0

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Appendix 7

Table 7.4: Breakdown of Anxiety/Stress/Depression/Other Psychiatric Illnesses

Sub-reason for Absence	% of Working Days Lost		% of Spells	
	2011/2012	2012/2013	2011/2012	2012/2013
Anxiety	14.7	15.8	16.6	16.6
Depression - Not Pregnancy Related	15.9	14.8	13.1	11.4
Stress - Not Work Related	25.3	26.3	29.6	31.6
Stress - Work Related	26.0	30.8	22.6	24.0
Other ¹	4.2	3.4	4.3	3.6
No Reason Specified	13.8	8.9	13.7	12.7
Anxiety/Stress/Depression/Other Psychiatric Illnesses	100.0	100.0	100.0	100.0

¹ The category 'Other' contains any absence with a sub-reason that is not shown elsewhere in the analysis.

Appendix 7

Table 7.5: Average Duration by Reason for Absence

Reason for Absence	Average Duration (Working Days)		
	2010/2011	2011/2012	2012/2013
Anxiety/Stress/Depression/Other Psychiatric	38.8	35.7	36.3
Asthma	8.2	5.8	8.0
Back Problems	17.0	16.5	16.2
Benign and Malignant Tumours, Cancers	58.9	61.0	60.2
Blood Disorders	22.7	20.6	19.3
Burns, Poisoning, Frostbite, Hypothermia	5.8	7.7	4.8
Chest and Respiratory Problems	8.0	8.9	8.1
Cold, Cough, Flu, Influenza	3.7	3.5	3.6
Dental and Oral Problems	3.4	3.7	3.7
Ear, Nose, Throat	6.2	6.4	6.5
Endocrine/Glandular Problems	20.6	15.8	22.3
Eye Problems	12.9	11.9	14.6
Gastrointestinal Problems	5.0	5.2	5.3
Genitourinary and Gynaecological Disorders	17.6	15.0	17.8
Headache/Migraine	5.7	4.7	5.3
Heart, Cardiac and Circulatory Problems	35.8	32.4	36.6
Infectious Diseases	9.6	9.5	10.6
Injury, Fracture	23.2	22.5	22.0
Nervous System Disorders	35.5	26.0	29.8
Other Known Causes - Not Elsewhere Classified	18.8	18.5	20.1
Other Musculoskeletal Problems	22.8	23.4	22.4
Pregnancy Related Disorders	12.3	11.5	12.2
Skin Disorders	14.7	14.0	15.0
Substance Abuse	40.7	27.0	25.7
No Reason Specified	14.9	13.6	11.4

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

Appendix 8
(Tables Relating to Chapter 4)

Tables Relating to Chapter 4

Table 8.1: Long-term Absence by Grade Level

Grade Level	Long-term Absence		
	No. of Spells per 100 Staff Years	Average Duration (Working Days)	% of Days Lost due to Long-term Absence
G5+	5.0	62.6	75.2
G6	7.0	68.2	79.2
G7	6.6	67.7	73.4
DP	8.0	62.8	72.5
SO	9.1	61.3	70.2
EOI	10.6	58.9	67.5
EOII	11.7	58.6	68.5
AO	15.4	57.0	67.4
AA	15.8	55.1	69.1
Industrial	13.7	74.9	79.5
Prison Grade	21.0	63.8	83.3
NICS Overall	12.5	60.0	70.7

Table 8.2: Long-term Absence by Gender

Gender	Long-term Absence		
	No. of Spells per 100 Staff Years	Average Duration (Working Days)	% of Days Lost due to Long-term Absence
Male	10.0	62.6	71.0
Female	15.2	58.2	70.4
NICS Overall	12.5	60.0	70.7

Table 8.3: Long-term Absence by Age Group

Age Group	Long-term Absence		
	No. of Spells per 100 Staff Years	Average Duration (Working Days)	% of Days Lost due to Long-term Absence
16-24	9.3	45.1	54.2
25-34	12.4	52.7	61.7
35-44	12.1	58.8	70.0
45-54	11.9	64.3	74.2
55+	14.6	63.4	76.9
NICS Overall	12.5	60.0	70.7

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Table 8.4: Long-term Absence by Grade Level

Grade Level	% of Days Lost due to Long-term Absence					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
G5+	51.7	78.2	77.1	77.2	76.4	75.2
G6	70.3	74.3	61.9	84.2	75.9	79.2
G7	66.6	63.3	72.3	70.1	76.2	73.4
DP	64.7	66.7	71.4	71.7	68.9	72.5
SO	65.1	68.0	68.0	72.1	72.6	70.2
EOI	67.2	70.4	71.3	73.7	71.3	67.5
EOII	72.0	69.3	70.4	71.6	68.6	68.5
AO	71.2	71.9	69.8	68.3	67.5	67.4
AA	67.9	73.1	68.5	70.5	70.0	69.1
Industrial	n/a	n/a	n/a	n/a	80.9	79.5
Prison Grade	n/a	n/a	n/a	n/a	82.8	83.3
NICS Overall	69.4	70.6	70.0	72.0	71.3	70.7

Table 8.5: Long-term Absence by Gender

Gender	% of Days Lost due to Long-term Absence					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Male	65.7	66.4	65.4	71.5	72.0	71.0
Female	71.6	72.9	72.6	72.4	70.7	70.4
NICS Overall	69.4	70.6	70.0	72.0	71.3	70.7

Table 8.6: Long-term Absence by Age Group

Age Group	% of Days Lost due to Long-term Absence					
	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
16 - 24	60.7	55.2	56.0	54.1	53.7	54.2
25 - 34	66.0	65.9	61.5	61.0	62.4	61.7
35 - 44	69.8	69.4	70.2	72.9	69.9	70.0
45 - 54	71.6	75.6	76.3	76.6	75.2	74.2
55+	78.0	81.4	78.5	80.5	80.2	76.9
NICS Overall	69.4	70.6	70.0	72.0	71.3	70.7

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

Appendix 8

Table 8.7: Long-term Absence by Reason for Absence¹

Reason for Absence	% of Long-term Working Days Lost				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Anxiety/Stress/Depression/Other Psychiatric Illnesses	34.2	39.5	37.0	35.8	37.1
Asthma	0.3	0.4	-	-	0.1
Back Problems	4.1	4.6	6.5	6.6	5.8
Benign and Malignant Tumours, Cancers	3.5	5.1	4.7	5.4	5.8
Blood Disorders	1.2	1.4	0.8	0.6	0.5
Burns, Poisoning, Frostbite, Hypothermia	-	-	-	0.0	-
Chest and Respiratory Problems	1.3	2.3	1.7	2.3	1.8
Cold, Cough, Flu, Influenza	0.9	1.5	0.6	0.6	0.4
Dental and Oral Problems	-	-	n/a	-	-
Ear, Nose, Throat	0.8	1.2	0.9	1.3	1.1
Endocrine/Glandular Problems	1.0	0.5	0.7	0.5	0.7
Eye Problems	0.5	1.0	0.8	0.7	1.0
Gastrointestinal Problems	3.6	5.0	4.1	4.9	4.9
Genitourinary and Gynaecological Disorders	1.6	3.0	3.1	3.0	3.4
Headache/Migraine	0.7	0.7	0.9	0.7	0.7
Heart, Cardiac and Circulatory Problems	3.8	3.8	4.9	4.4	4.8
Infectious Diseases	0.9	0.2	0.2	0.2	0.2
Injury, Fracture	6.8	6.6	10.8	10.3	9.2
Nervous System Disorders	1.4	2.2	2.4	1.6	1.7
Other Known Causes - Not Elsewhere Classified	n/a	n/a	1.8	5.3	7.2
Other Musculoskeletal Problems	3.1	5.1	5.5	6.7	5.5
Pregnancy Related Disorders	8.2	6.3	5.0	5.8	5.6
Skin Disorders	0.4	0.6	0.6	0.5	0.7
Substance Abuse	0.3	0.3	0.6	0.3	0.2
No Reason Specified	21.3	8.7	6.3	2.1	1.4
NICS Overall	100.0	100.0	100.0	100.0	100.0

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

Cells with small numbers of occurrences have been suppressed (-)

n/a: No cases recorded

¹ The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

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Table 8.8: % of Staff with one or more Long-term Absence by Department

Department	% of Staff with 1 or more Long-term Absence		
	2010/2011	2011/2012	2012/2013
DARD	8.6	8.0	9.4
DCAL	7.7	6.2	6.6
DE	8.1	8.8	9.2
DEL	10.5	12.4	11.2
DETI	7.8	5.9	6.9
DFP	9.3	8.6	10.0
DHSSPS	7.3	6.7	8.1
DOE	8.7	9.5	9.7
DOJ	14.2	14.4	12.1
DRD	8.3	8.3	9.0
DSD	12.7	11.2	10.8
OFMDFM	5.2	7.7	7.2
PPS	9.4	8.9	8.9
NICS Overall	10.8	10.4	10.4

Table 8.9: % of Staff with one or more Long-term Absence by Grade Level

Grade Level	% of Staff with 1 or more Long-term Absence		
	2010/2011	2011/2012	2012/2013
G5+	4.6	2.2	4.1
G6	4.3	3.0	5.7
G7	4.3	5.0	4.9
DP	6.3	6.0	5.8
SO	7.8	7.6	6.9
EOI	8.4	7.9	7.9
EOII	10.7	9.9	8.7
AO	11.9	11.2	11.7
AA	10.0	10.6	10.7
Industrial	12.1	11.0	12.3
Prison Grade	18.6	20.6	17.6
NICS Overall	10.8	10.4	10.4

Table 8.10: % of Staff with one or more Long-term Absence by Gender

Gender	% of Staff with 1 or more Long-term Absence		
	2010/2011	2011/2012	2012/2013
Male	8.9	8.7	8.7
Female	12.7	12.2	12.2
Female Adjusted*	11.3	10.6	10.8
NICS Overall	10.8	10.4	10.4

Table 8.11: % of Staff with one or more Long-term Absence by Age Group

Age Group	% of Staff with 1 or more Long-term Absence		
	2010/2011	2011/2012	2012/2013
16-24	8.8	8.2	6.3
25-34	9.7	9.8	9.7
35-44	11.1	10.1	10.1
45-54	10.9	10.7	10.7
55+	11.9	11.7	12.1
NICS Overall	10.8	10.4	10.4

Green text denotes a reduction from the previous financial year

Red text denotes an increase from the previous financial year

* Excludes absences due to Pregnancy Related Disorders.

Appendix 9
Contribution to overall Working Days Lost

SICKNESS ABSENCE IN THE NICS 2012/2013

Appendix 9

Contribution to overall Working Days Lost

The tables presented in this Appendix show the main components of absence (Department, grade level, gender, age group, reason and duration) and how these components have contributed to the overall level of absence in the NICS (10.6 days lost per staff year). It also shows how the contribution of these components has changed when compared with the previous year.

This analysis takes account of the absence level of each component and also its size in relation to the NICS. For example, a high absence level for a large group of staff such as AO makes for a larger contribution to the overall NICS absence level than a small group of staff with a higher absence level, such as Prison Grade staff.

Table 9.1: Contribution of each Department to the overall Working Days Lost per Staff Year¹

Department	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change
DARD	0.85	1.02	0.17
DCAL	0.08	0.09	0.01
DE	0.17	0.21	0.04
DEL	0.82	0.84	0.02
DETI	0.12	0.13	0.01
DFP	1.15	1.29	0.14
DHSSPS	0.16	0.19	0.03
DOE	0.93	0.91	-0.02
DOJ	1.85	1.86	0.01
DRD	0.71	0.73	0.02
DSD	2.87	2.96	0.09
OFMDFM	0.11	0.10	-0.01
PPS	0.20	0.20	0.00
NICS Overall	10.1	10.6	0.52

Table 9.2: Contribution of each Grade Level to the overall Working Days Lost per Staff Year¹

Grade Level	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change
G5+	0.03	0.04	0.01
G6	0.04	0.06	0.02
G7	0.24	0.27	0.03
DP	0.54	0.61	0.07
SO	0.94	0.96	0.02
EOI	0.96	1.16	0.20
EOII	1.72	1.65	-0.07
AO	3.28	3.59	0.31
AA	0.80	0.75	-0.05
Industrials	0.49	0.51	0.02
Prison Grade	1.05	0.97	-0.08
NICS Overall	10.1	10.6	0.52

¹The Change figures in this table are calculated from unrounded figures.

Appendix 9

Table 9.3: Contribution of each Gender to the overall Working Days Lost per Staff Year¹

Gender	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change
Male	4.48	4.65	0.17
Female	5.59	5.93	0.34
NICS Overall	10.1	10.6	0.52

Table 9.4: Contribution of each Age Group to the overall Working Days Lost per Staff Year¹

Age Group	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change
16-24	0.22	0.13	-0.09
25-34	2.34	2.33	-0.01
35-44	2.52	2.58	0.06
45-54	3.30	3.63	0.33
55+	1.69	1.92	0.23
NICS Overall	10.1	10.6	0.52

Table 9.5: Contribution of each Reason for Absence to the overall Working Days Lost per Staff Year^{1,2}

Reason for Absence	No. of Days Lost per Staff Year		
	2011/2012	2012/2013	Change
Anxiety/Stress/Depression/Other Psychiatric Illnesses	2.92	3.16	0.24
Asthma	0.02	0.02	0.00
Back Problems	0.65	0.60	-0.05
Benign and Malignant Tumours, Cancers	0.41	0.47	0.06
Blood Disorders	0.06	0.05	-0.01
Burns, Poisoning, Frostbite, Hypothermia	0.01	0.00	-0.01
Chest and Respiratory Problems	0.35	0.35	0.00
Cold, Cough, Flu, Influenza	0.53	0.65	0.12
Dental and Oral Problems	0.02	0.02	0.00
Ear, Nose, Throat	0.25	0.22	-0.03
Endocrine/Glandular Problems	0.05	0.07	0.02
Eye Problems	0.09	0.10	0.01
Gastrointestinal Problems	0.78	0.81	0.03
Genitourinary and Gynaecological Disorders	0.30	0.35	0.05
Headache/Migraine	0.11	0.10	-0.01
Heart, Cardiac and Circulatory Problems	0.36	0.40	0.04
Infectious Diseases	0.04	0.04	0.00
Injury, Fracture	0.92	0.88	-0.04
Nervous System Disorders	0.13	0.14	0.01
Other Known Causes - Not Elsewhere Classified	0.51	0.71	0.20
Other Musculoskeletal Problems	0.58	0.52	-0.06
Pregnancy Related Disorders	0.69	0.68	-0.01
Skin Disorders	0.06	0.07	0.01
Substance Abuse	0.03	0.02	-0.01
No Reason Specified	0.21	0.16	-0.05
NICS Overall	10.1	10.6	0.52

¹ The *Change* figures in this table are calculated from unrounded figures.

² The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

SICKNESS ABSENCE IN THE NICS 2012/2013

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Table 9.6: Contribution of each Grade Level, within Department, to the overall Working Days Lost per Staff Year¹

Department / Grade Level		Days Lost per Staff Year			Department / Grade Level		Days Lost per Staff Year		
		2011/2012	2012/2013	Change			2011/2012	2012/2013	Change
DARD	G7+	0.05	0.05	0.00	DFP	G7+	0.07	0.09	0.02
	DP	0.05	0.03	-0.02		DP	0.11	0.14	0.03
	SO	0.12	0.17	0.05		SO	0.13	0.15	0.02
	EOI	0.13	0.13	0.00		EOI	0.16	0.17	0.01
	EOII	0.12	0.12	0.00		EOII	0.16	0.17	0.01
	AO	0.12	0.21	0.09		AO	0.39	0.44	0.05
	AA	0.10	0.11	0.01		AA	0.11	0.12	0.01
	Industrial	0.16	0.19	0.03		Industrial	0.02	0.01	-0.01
	Prison Grade	n/a	n/a	n/a		Prison Grade	n/a	n/a	n/a
	DARD Overall	0.85	1.02	0.17		DFP Overall	1.15	1.29	0.14
DCAL	G7+	0.00	0.00	0.00	DHSSPS	G7+	0.02	0.03	0.01
	DP	0.01	0.01	0.00		DP	0.04	0.05	0.01
	SO	0.03	0.02	-0.01		SO	0.03	0.03	0.00
	EOI	0.01	0.02	0.01		EOI	0.03	0.03	0.00
	EOII	0.01	0.01	0.00		EOII	0.01	0.01	0.00
	AO	0.01	0.02	0.01		AO	0.01	0.02	0.01
	AA	0.00	0.01	0.01		AA	0.02	0.02	0.00
	Industrial	0.01	0.00	-0.01		Industrial	n/a	n/a	n/a
	Prison Grade	n/a	n/a	n/a		Prison Grade	n/a	n/a	n/a
	DCAL Overall	0.08	0.09	0.01		DHSSPS Overall	0.16	0.19	0.03
DE	G7+	0.02	0.03	0.01	DOE	G7+	0.02	0.03	0.01
	DP	0.02	0.02	0.00		DP	0.07	0.09	0.02
	SO	0.02	0.02	0.00		SO	0.16	0.12	-0.04
	EOI	0.01	0.02	0.01		EOI	0.10	0.13	0.03
	EOII	0.03	0.03	0.00		EOII	0.09	0.09	0.00
	AO	0.06	0.06	0.00		AO	0.38	0.36	-0.02
	AA	0.01	0.02	0.01		AA	0.08	0.07	-0.01
	Industrial	n/a	n/a	n/a		Industrial	0.03	0.03	0.00
	Prison Grade	n/a	n/a	n/a		Prison Grade	n/a	n/a	n/a
	DE Overall	0.17	0.21	0.04		DOE Overall	0.93	0.91	-0.02
DEL	G7+	0.00	0.02	0.02	DOJ	G7+	0.03	0.02	-0.01
	DP	0.02	0.04	0.02		DP	0.07	0.05	-0.02
	SO	0.07	0.06	-0.01		SO	0.13	0.13	0.00
	EOI	0.12	0.14	0.02		EOI	0.03	0.15	0.12
	EOII	0.31	0.27	-0.04		EOII	0.18	0.14	-0.04
	AO	0.28	0.29	0.01		AO	0.29	0.33	0.04
	AA	0.02	0.02	0.00		AA	0.05	0.05	0.00
	Industrial	n/a	n/a	n/a		Industrial	0.02	0.02	0.00
	Prison Grade	n/a	n/a	n/a		Prison Grade	1.05	0.97	-0.08
	DEL Overall	0.82	0.84	0.02		DOJ Overall	1.85	1.86	0.01
DETI	G7+	0.01	0.01	0.00	DRD	G7+	0.01	0.01	0.00
	DP	0.01	0.01	0.00		DP	0.02	0.04	0.02
	SO	0.02	0.02	0.00		SO	0.06	0.10	0.04
	EOI	0.02	0.02	0.00		EOI	0.12	0.12	0.00
	EOII	0.03	0.02	-0.01		EOII	0.06	0.04	-0.02
	AO	0.02	0.04	0.02		AO	0.17	0.13	-0.04
	AA	0.01	0.01	0.00		AA	0.03	0.03	0.00
	Industrial	n/a	n/a	n/a		Industrial	0.25	0.26	0.01
	Prison Grade	n/a	n/a	n/a		Prison Grade	n/a	n/a	n/a
	DETI Overall	0.12	0.13	0.01		DRD Overall	0.71	0.73	0.02

n/a: No cases recorded

continued over

¹ The Change figures in this table are calculated from unrounded figures.

Appendix 9

Table 9.6 (cont): Contribution of each Grade Level, within Department, to the overall Working Days Lost per Staff Year¹

Department / Grade Level	Days Lost per Staff Year		
	2011/ 2012	2012/ 2013	Change
DSD G7+	0.02	0.02	0.00
DP	0.04	0.07	0.03
SO	0.13	0.12	-0.01
EOI	0.20	0.19	-0.01
EOII	0.69	0.69	0.00
AO	1.46	1.62	0.16
AA	0.32	0.25	-0.07
Industrial	n/a	n/a	n/a
Prison Grade	n/a	n/a	n/a
DSD Overall	2.87	2.96	0.09
OFMDFM G7+	0.02	0.02	0.00
DP	0.03	0.01	-0.02
SO	0.02	0.02	0.00
EOI	0.01	0.02	0.01
EOII	0.01	0.01	0.00
AO	0.02	0.01	-0.01
AA	0.01	0.01	0.00
Industrial	n/a	n/a	n/a
Prison Grade	n/a	n/a	n/a
OFMDFM Overall	0.11	0.10	-0.01
PPS G7+	0.01	0.02	0.01
DP	0.03	0.04	0.01
SO	0.00	0.00	0.00
EOI	0.00	0.01	0.01
EOII	0.03	0.04	0.01
AO	0.07	0.06	-0.01
AA	0.05	0.03	-0.02
Industrial	n/a	n/a	n/a
Prison Grade	n/a	n/a	n/a
PPS Overall	0.20	0.20	0.00
NICS Overall	10.1	10.6	0.52

Table 9.7: Contribution of Long-term and Short-term absence to the overall Working Days Lost per Staff Year¹

Duration	Days Lost per Staff Year		
	2011/ 2012	2012/ 2013	Change
Short-term absence	2.89	3.10	0.21
Long-term absence	7.18	7.48	0.30
NICS Overall	10.1	10.6	0.52

n/a: No cases recorded

¹The Change figures in this table are calculated from unrounded figures.

Appendix 10
Departmental analysis:
Industrial, Non-Industrial and Prison Grade

Appendix 10

Departmental analysis: Industrial, Non-Industrial and Prison Grade

Table 10.1: Departmental analysis

Department	No. of Days Lost per Staff Year	
	2011/2012	2012/2013
DARD	8.0	9.4
DARD Industrial	9.8	11.9
DARD Non-Industrial	7.6	9.0
DCAL	8.0	8.5
DCAL Industrial	10.1	5.1
DCAL Non-Industrial	7.8	8.8
DE	7.9	9.6
DEL	11.4	11.5
DETI	7.3	8.1
DFP	9.3	10.5
DFP Industrial	21.9	23.3
DFP Non-Industrial	9.2	10.4
DHSSPS	7.1	8.8
DOE	9.8	9.4
DOE Industrial	15.7	13.7
DOE Non-Industrial	9.7	9.3
DOJ	12.6	12.9
DOJ Industrial	24.7	17.5
DOJ Non-Industrial	9.2	10.5
DOJ Prison Grade	17.0	16.1
DRD	8.2	8.5
DRD Industrial	12.5	13.5
DRD Non-Industrial	6.9	7.1
DSD	11.1	11.4
OFMDFM	8.7	7.8
PPS	9.8	10.2
NICS Overall	10.1	10.6
Industrial Overall	12.0	12.9
Non-Industrial Overall	9.5	10.1
Prison Grade Overall	17.0	16.1

¹ Staff in AOCC, HSENI and OAGNI are included in the NICS Overall figures.

Appendix 11
List of Abbreviations

List of Abbreviations

AA	Administrative Assistant
AO	Administrative Officer
AOCC	Assembly Ombudsman Commissioner for Complaints
DARD	Department of Agriculture and Rural Development
DCAL	Department of Culture, Arts and Leisure
DE	Department of Education
DEL	Department for Employment and Learning
DETI	Department of Enterprise, Trade and Investment
DFP	Department of Finance and Personnel
DHSSPS	Department of Health, Social Services and Public Safety
DOE	Department of the Environment
DOJ	Department of Justice
DP	Deputy Principal
DRD	Department for Regional Development
DSD	Department for Social Development
EOI	Executive Officer I
EOII	Executive Officer II
G5+	Grade 5 and above
G6	Grade 6
G7	Grade 7
G7+	Grade 7 and above
GB	Great Britain
HR	Human Resources
HSENI	Health and Safety Executive for Northern Ireland
NI	Northern Ireland
NIAUR	Northern Ireland Authority for Utilities Regulation
NICS	Northern Ireland Civil Service
NICTS	Northern Ireland Courts and Tribunals Service
NIPS	Northern Ireland Prison Service
NISRA	Northern Ireland Statistics and Research Agency
OAGNI	Office of the Attorney General Northern Ireland
OFMDFM	Office of the First Minister and Deputy First Minister
PPS	Public Prosecution Service
SO	Staff Officer
YJA	Youth Justice Agency



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