



Northern Ireland  
Assembly

Committee for Finance and Personnel

# OFFICIAL REPORT (Hansard)

Sickness Absence in the Northern Ireland  
Public Sector: DFP Briefing

30 April 2014

# NORTHERN IRELAND ASSEMBLY

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### Sickness Absence in the Northern Ireland Public Sector: DFP Briefing

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**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	Department of Finance and Personnel
Mr Colin Lewis	Department of Finance and Personnel

**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?

**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.

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.

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.

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.

**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?

**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.

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.

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.

**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.

**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.

**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.

**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?

**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.

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.

**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.

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.

**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.

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.

**The Chairperson:** What further detail can you give us on the recovery strategy? Can the Committee get a copy of that?

**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.

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.

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.

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.

**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.

**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?

**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.

**Mr Cree:** How do you know that?

**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.

**Mr Cree:** Is there any information on the outcome of that type of work?

**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.

**Mr Cree:** So, we have not got the information yet sufficient to change any of the procedures for work.

**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.

**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.

**Mr Lewis:** The working environment is also important.

**Mr Cree:** That is part of it.

**Mr Lewis:** Absolutely. You would be amazed about some people.

**The Chairperson:** Gentlemen, we are stuck for time. I have a number of other questions. Are you OK if we send those in writing?

**Mr Lewis:** Absolutely. Not a problem at all.

**The Chairperson:** OK. Thank you.