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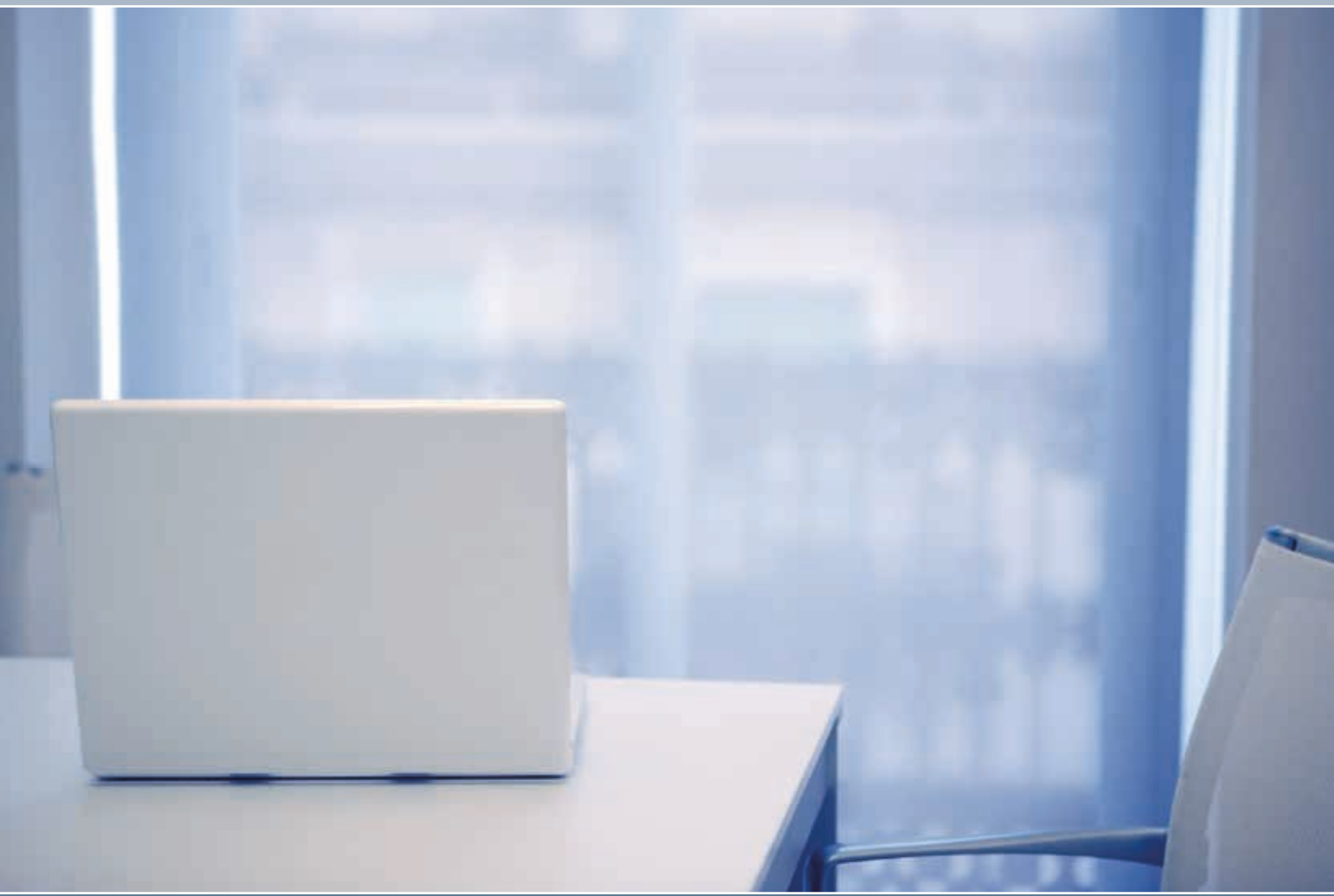
Northern Ireland Audit Office

# Sickness Absence in the Northern Ireland Public Sector



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
23 April 2013

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# Sickness Absence in the Northern Ireland Public Sector

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Comptroller and Auditor General

Northern Ireland Audit Office

23 April 2013

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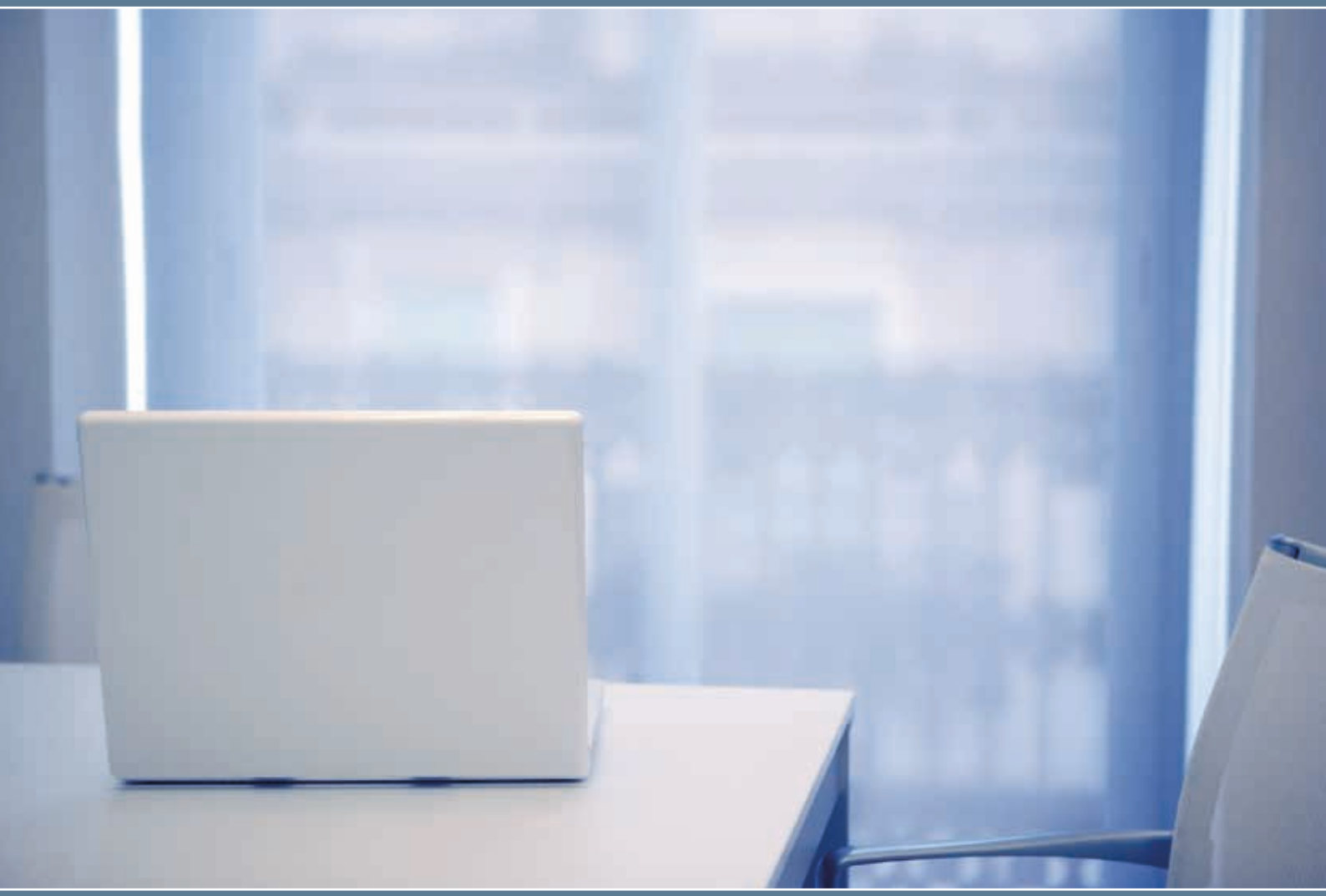
# Abbreviations

| | |
|---|---|
| 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 |
| DFP | 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.

## NIAO and PAC have reported previously on absence management

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 teachers[2] 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.

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 2009-10[3].

## 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**).

**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 |
|---|---|---|---|---|---|
| | | | Teachers | Non-teachers | |
| | £m | £m | £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**);

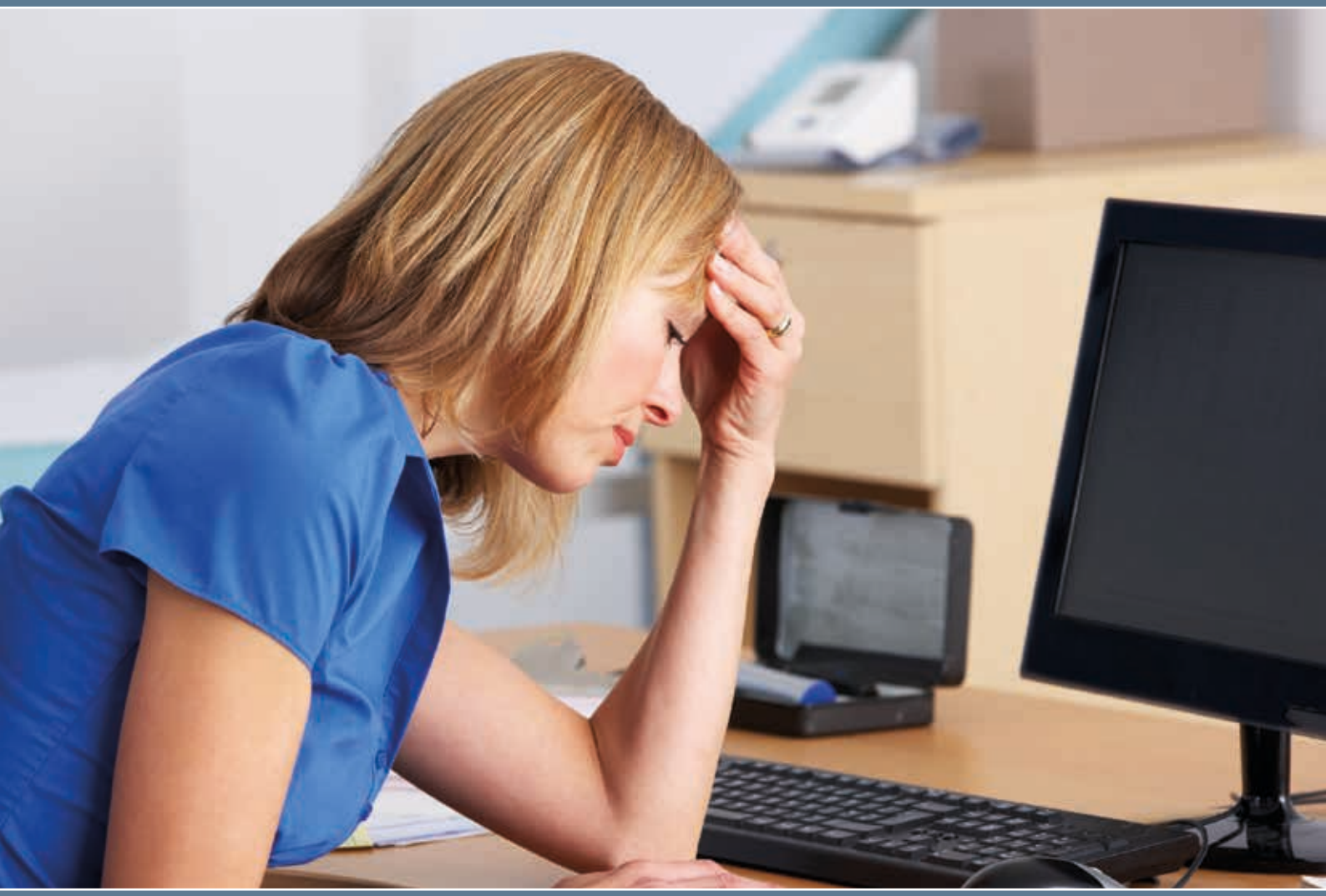
- Targets for sickness absence should be reintroduced in Trusts, and include specific targets for long-term sickness absence levels (**paragraph 2.32**);

- 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 NICS[4], 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 absence[5] 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:

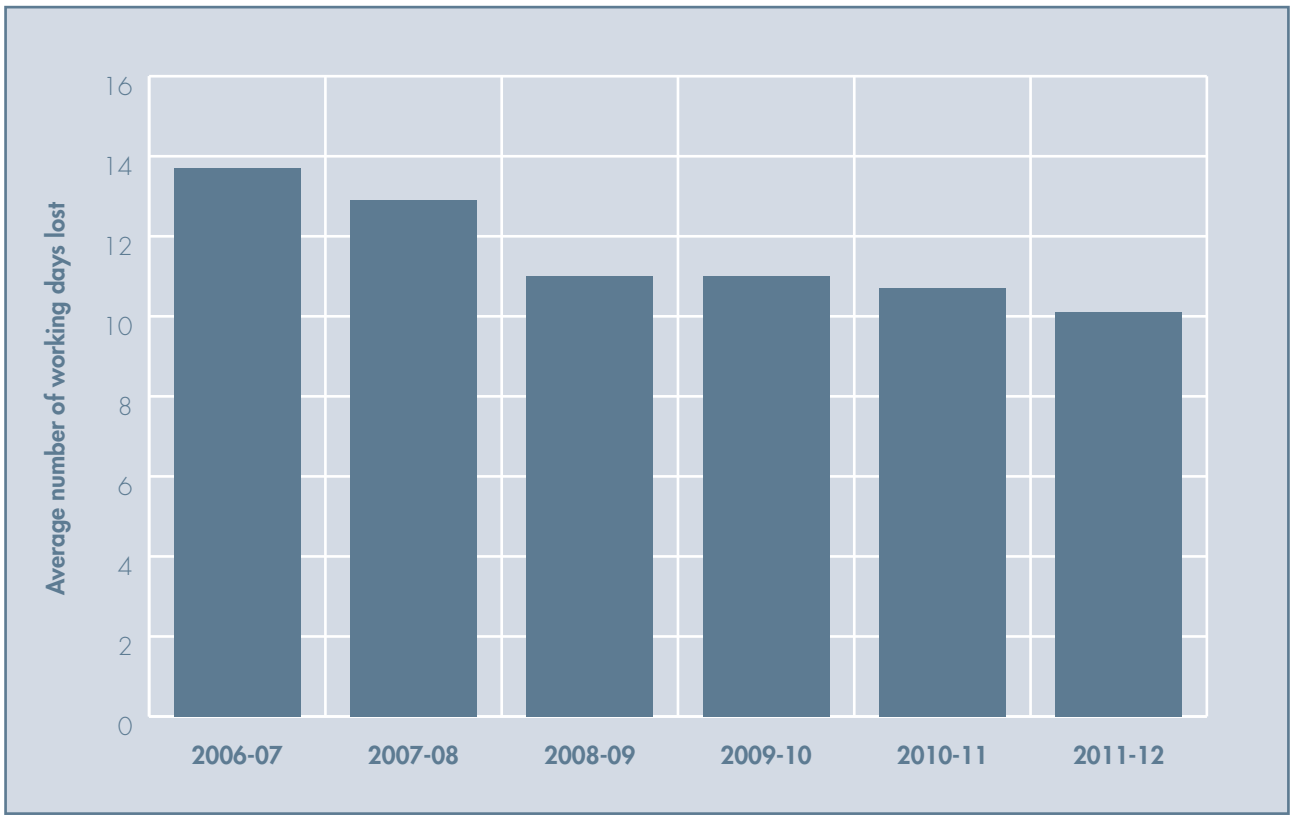
- it was not sufficient to achieve the 5-year target to reduce overall average absence to 9.5 days by 2009-10 (**paragraph 1.26**); and
- the NICS average absence level of 10.1 days in 2011-12 remains higher than the Great Britain civil service level of 7.6 days [6], which represented the lowest level 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.

# 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 absence[7],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 2010-11[7]. 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 Office[9] 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

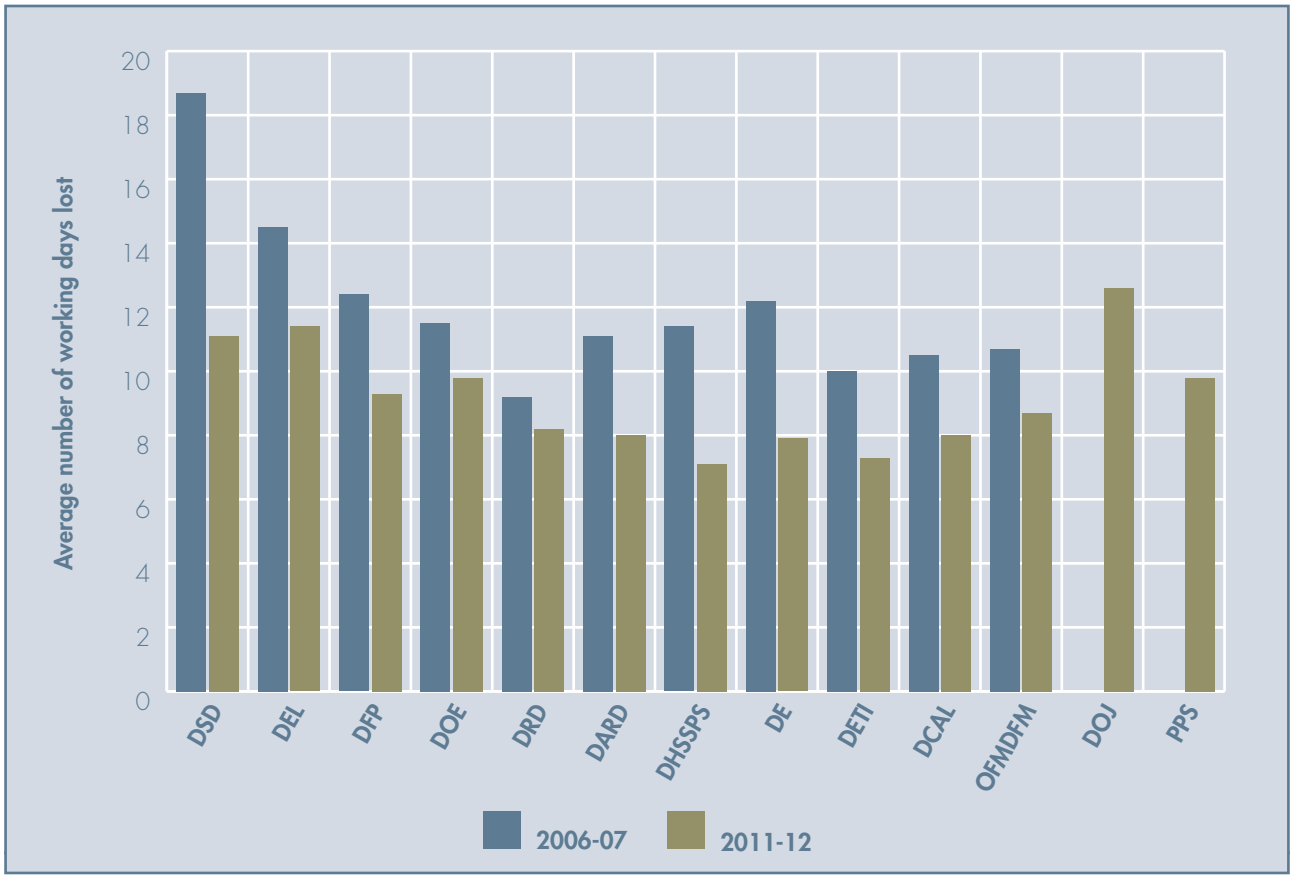
# Part One:
# Sickness Absence in the Northern Ireland Civil Service

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*

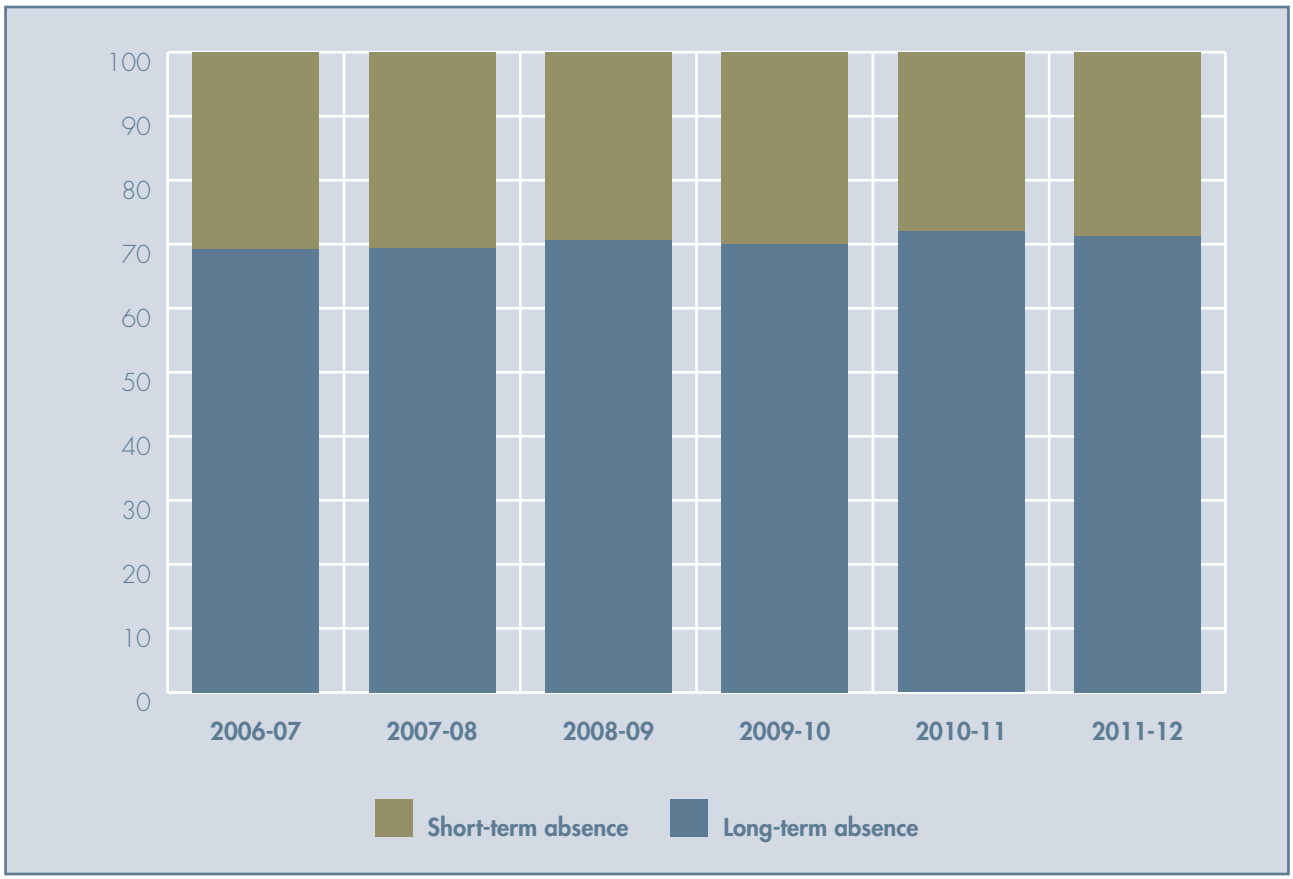
# Part One:
# Sickness Absence in the Northern Ireland Civil Service

**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**

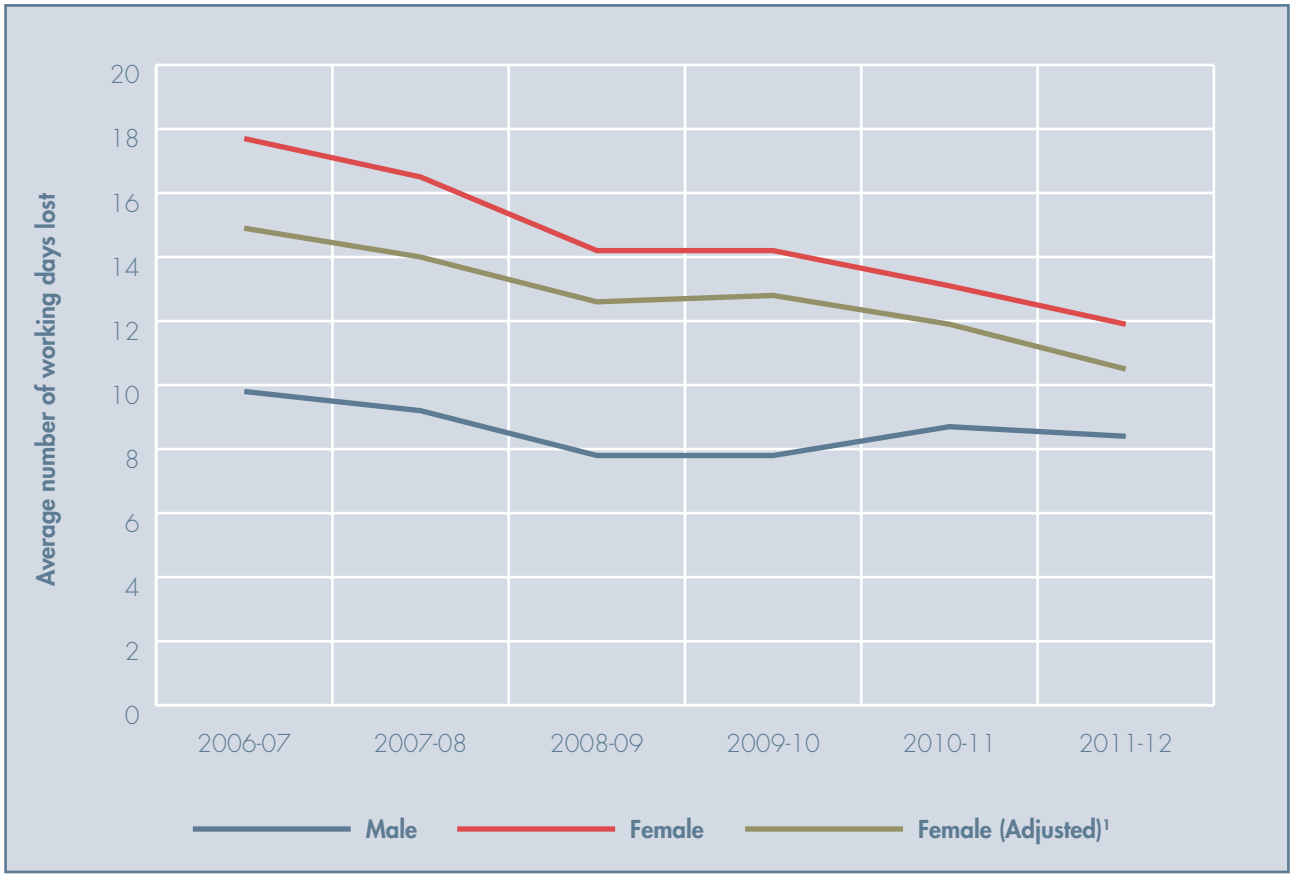
1.20 Studies of sickness absence in the UK[10] have found that grade, gender and age are strongly associated with absence. Possible reasons suggested for women taking more absence than men have included their implicit societal role as carers and their lower average grade profile. In 2006-07, average 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

# Part One:
# Sickness Absence in the Northern Ireland Civil Service

**Figure 8: Gender analysis of NICS sickness absence 2006-07 to 2011-12**

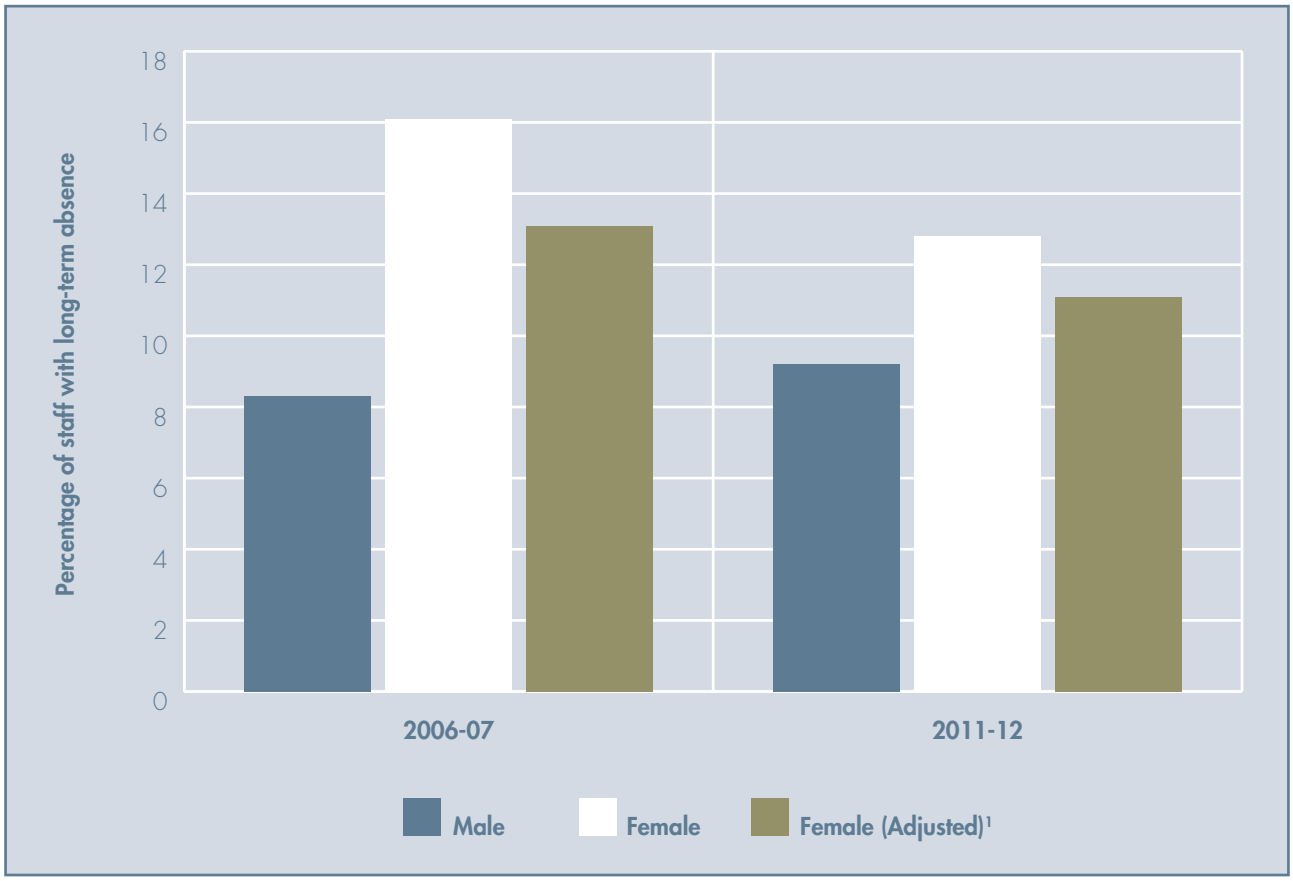



*Source: NISRA*

**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*

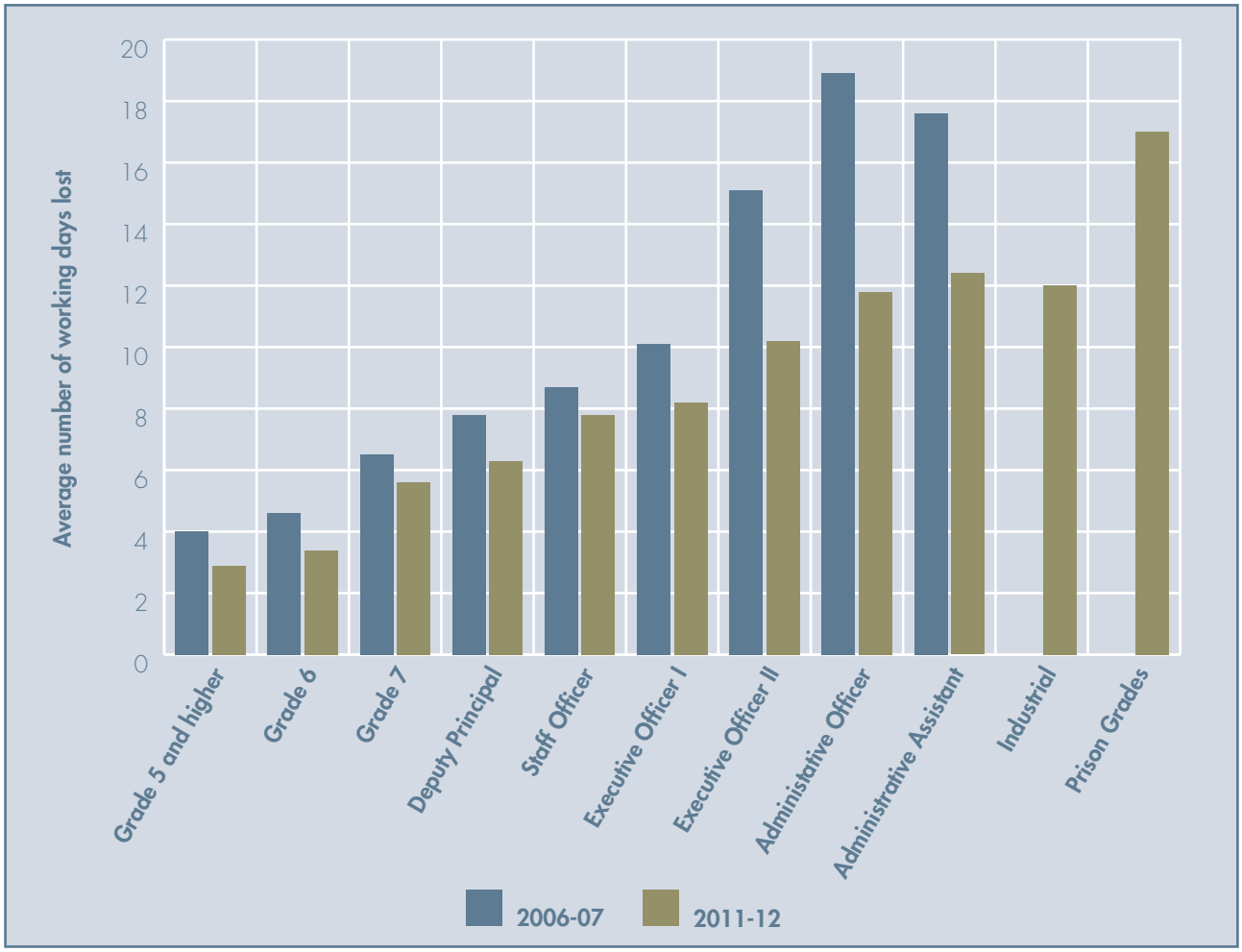
**Note:** 1. Figure adjusted for pregnancy-related illnesses

### 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**



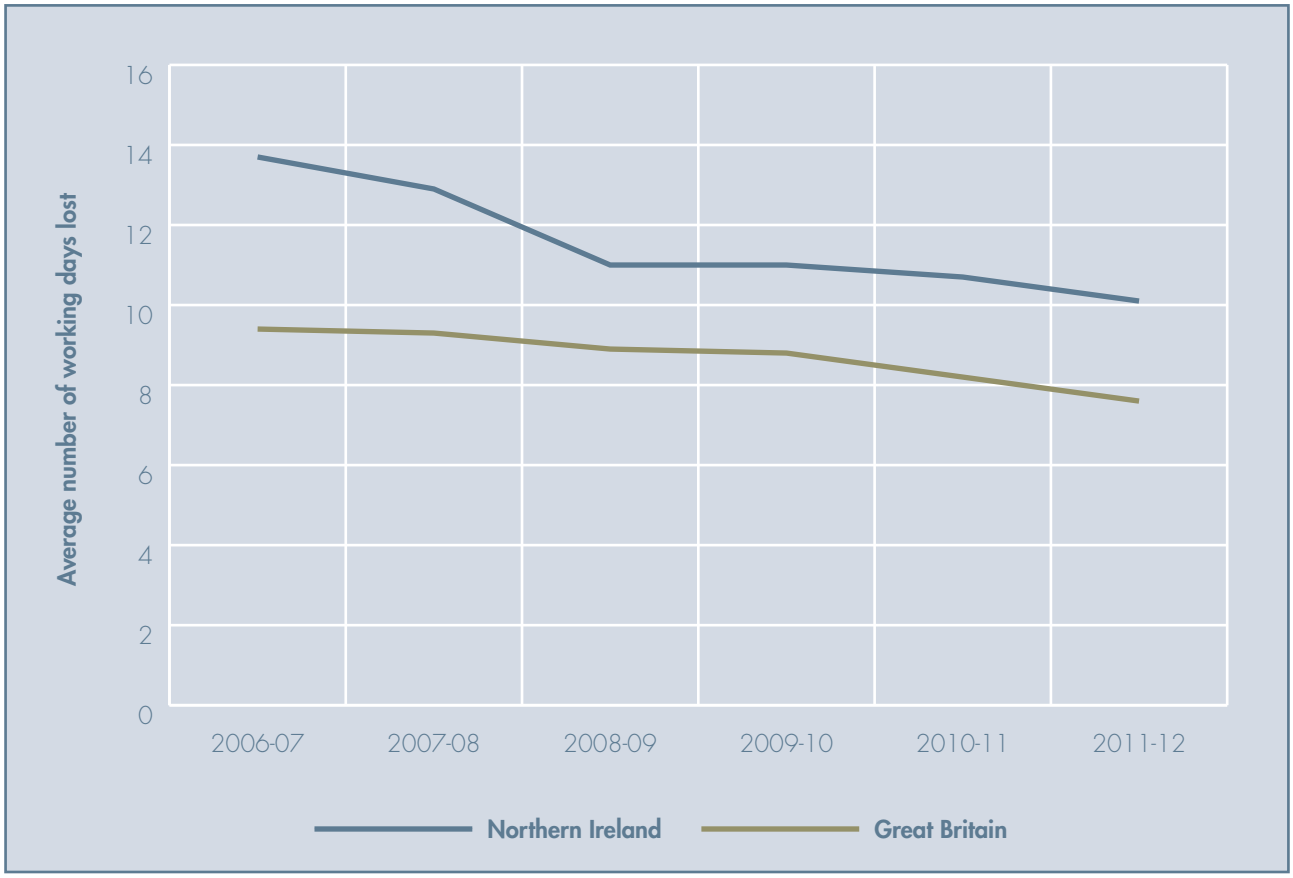

*Source: NISRA*

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.

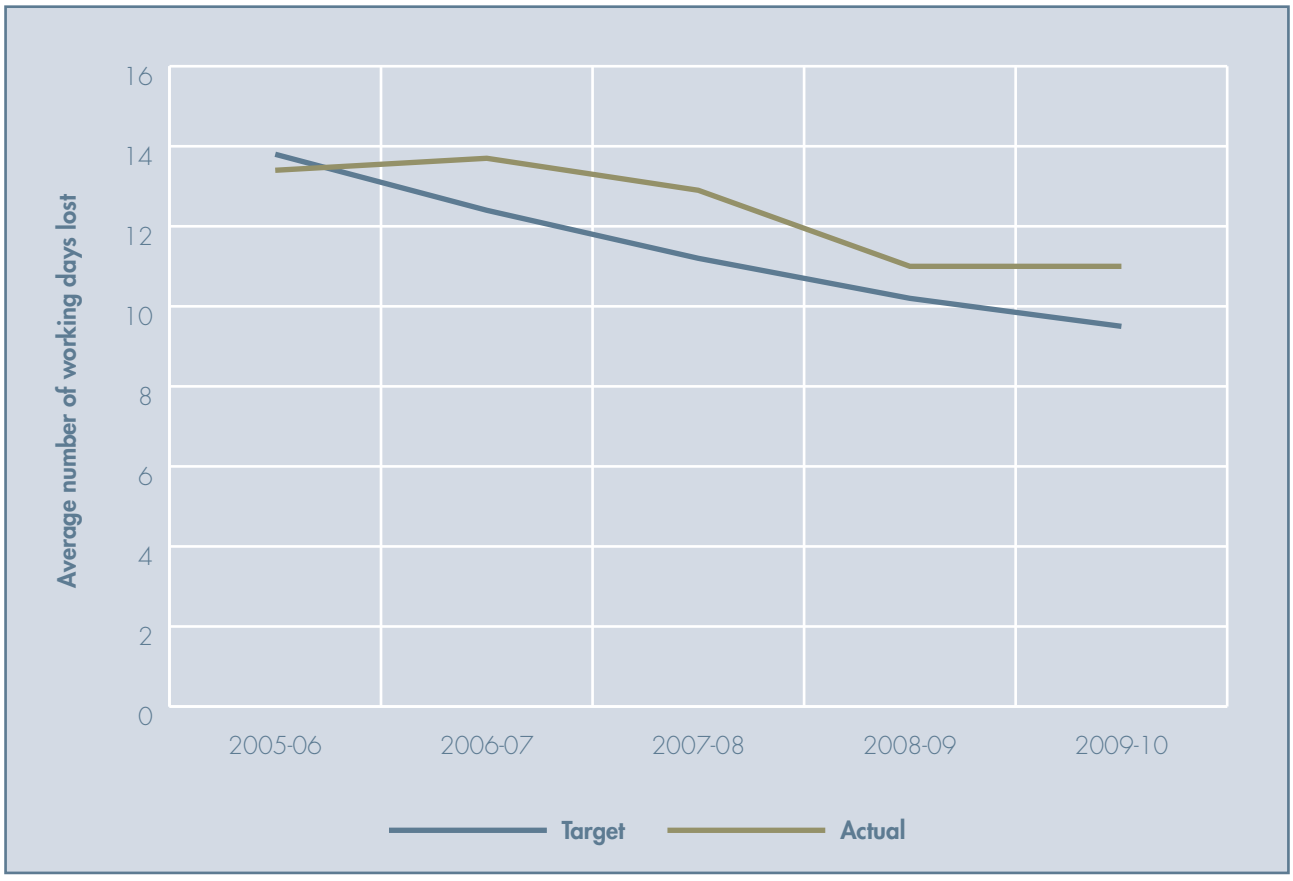
Achieving the main target would have resulted in an additional 144,000 days being worked each year, equivalent to £10 million in annual productivity or 640 additional full-time staff being available for work.

# 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*

# 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 Committee[11], 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 baseline[12] 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*

# 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:

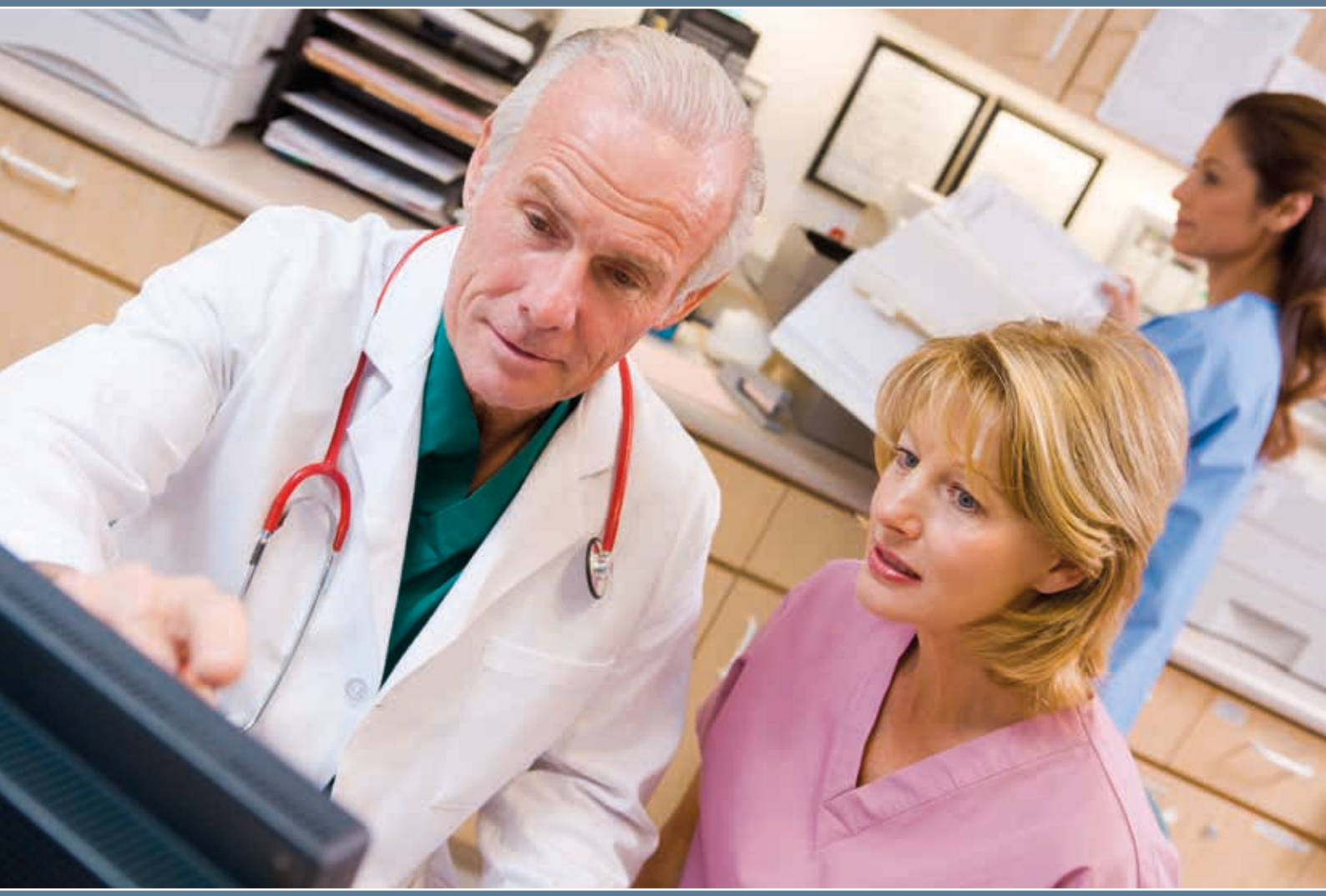
- the proportion of long-term sickness absence has remained broadly unchanged since 2006-07. The lack of progress in this area constitutes a major factor in the failure to achieve overall targets for 2009-10 and represents a significant risk to the achievement of current objectives; and

- 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 publication[13]. 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 Review[14] 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 DHSSPS[15]. 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 report[16] 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 £32.1million, 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.

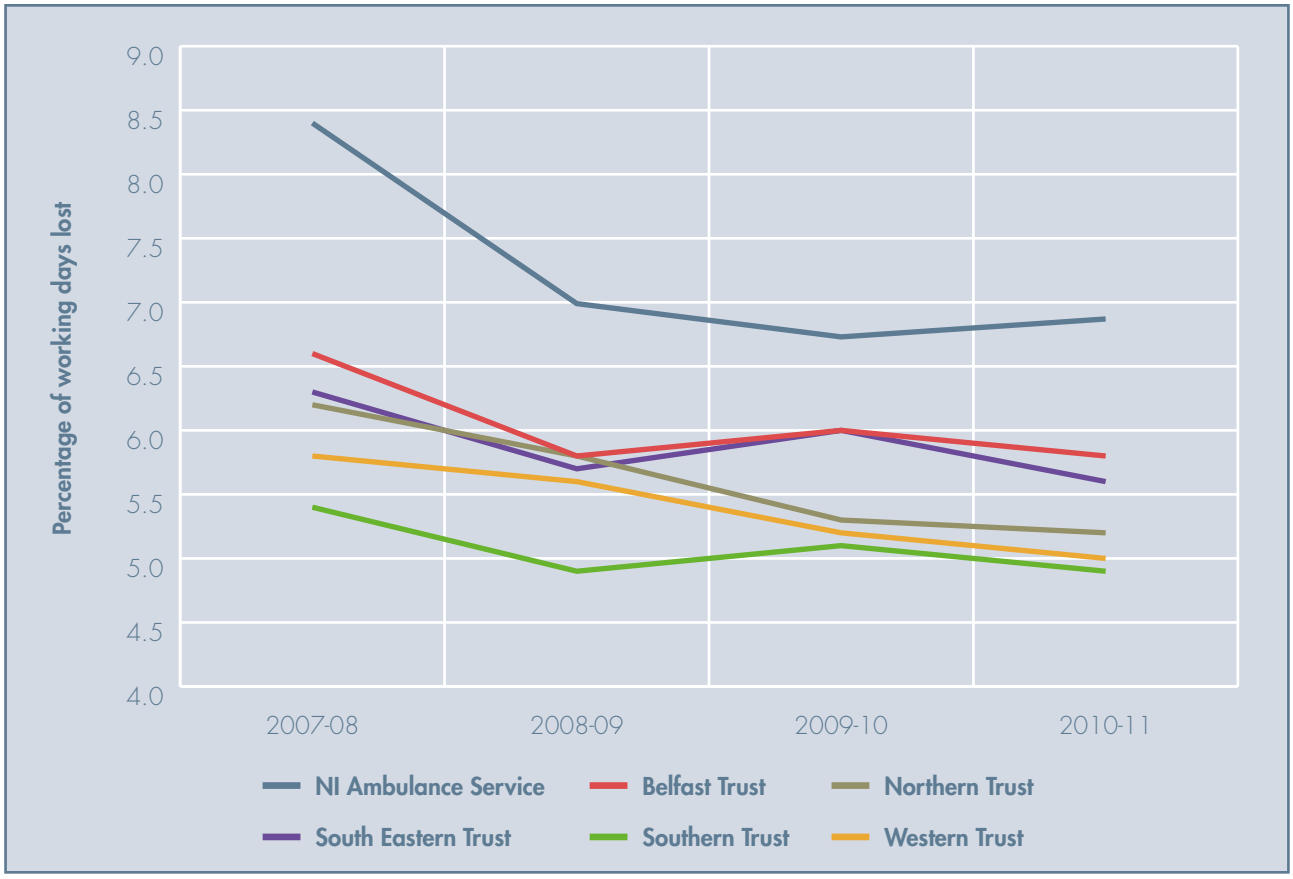
### Sickness absence levels vary across the Trusts

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:

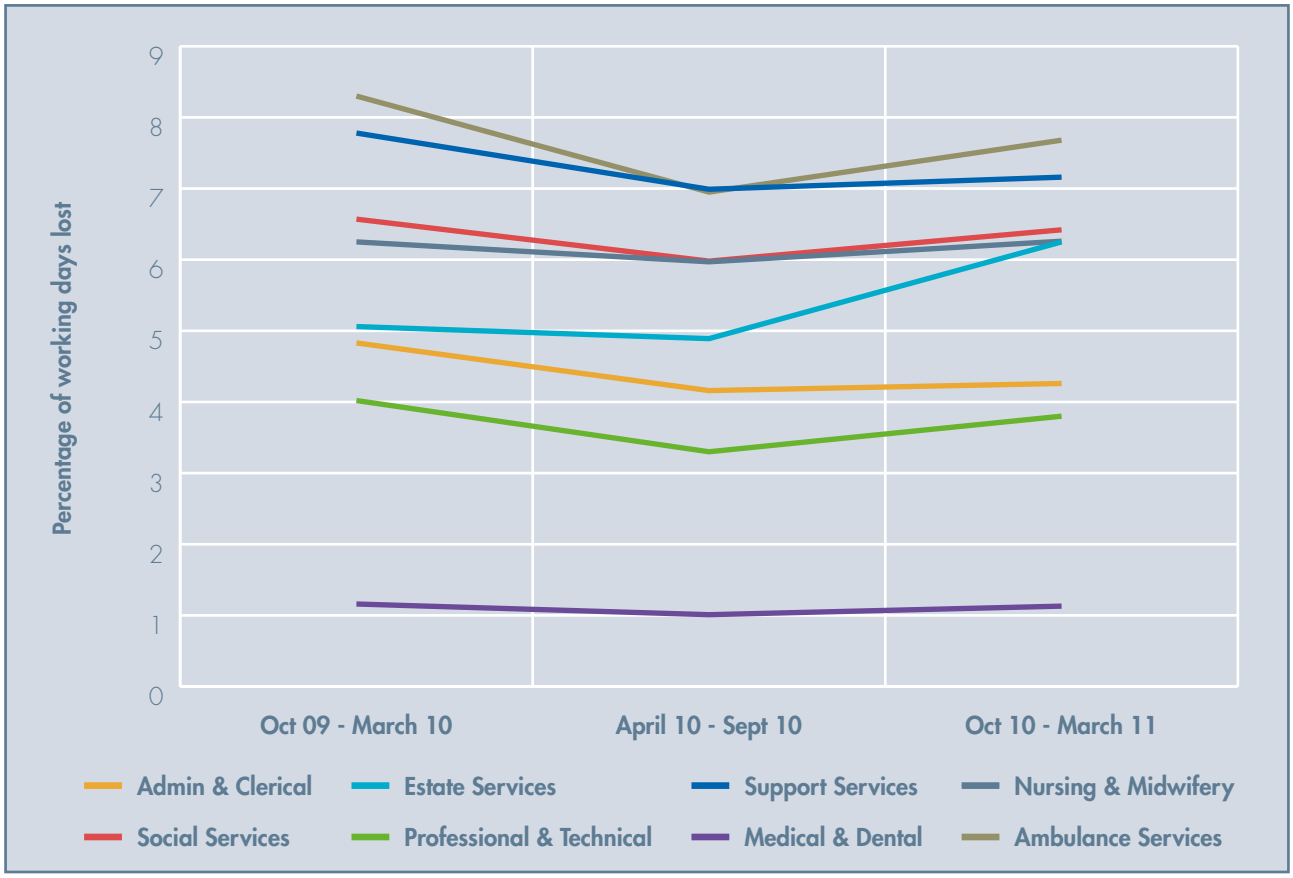
- professional and technical staff and administrative and clerical staff – between 3 and 5 per cent;
- estates staff – between 5 and 6 per cent; and
- nursing and widwifery and social services staff – between 6 and 7 per cent.

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

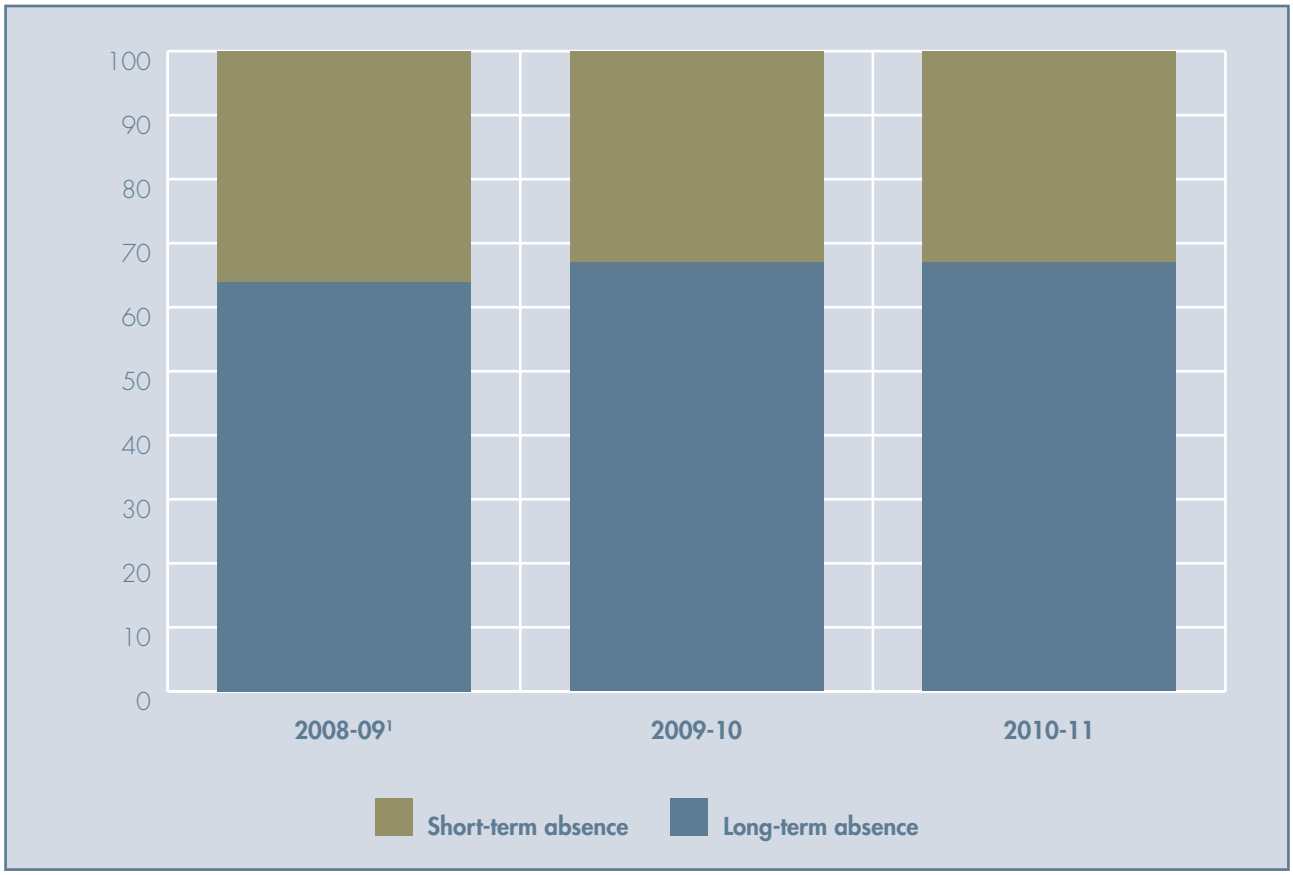
2.20 Although higher levels of absence in particular occupational groups may to some extent explain the variations in overall rates across Trusts, it remains unclear to what degree they impact on overall rates.

**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*

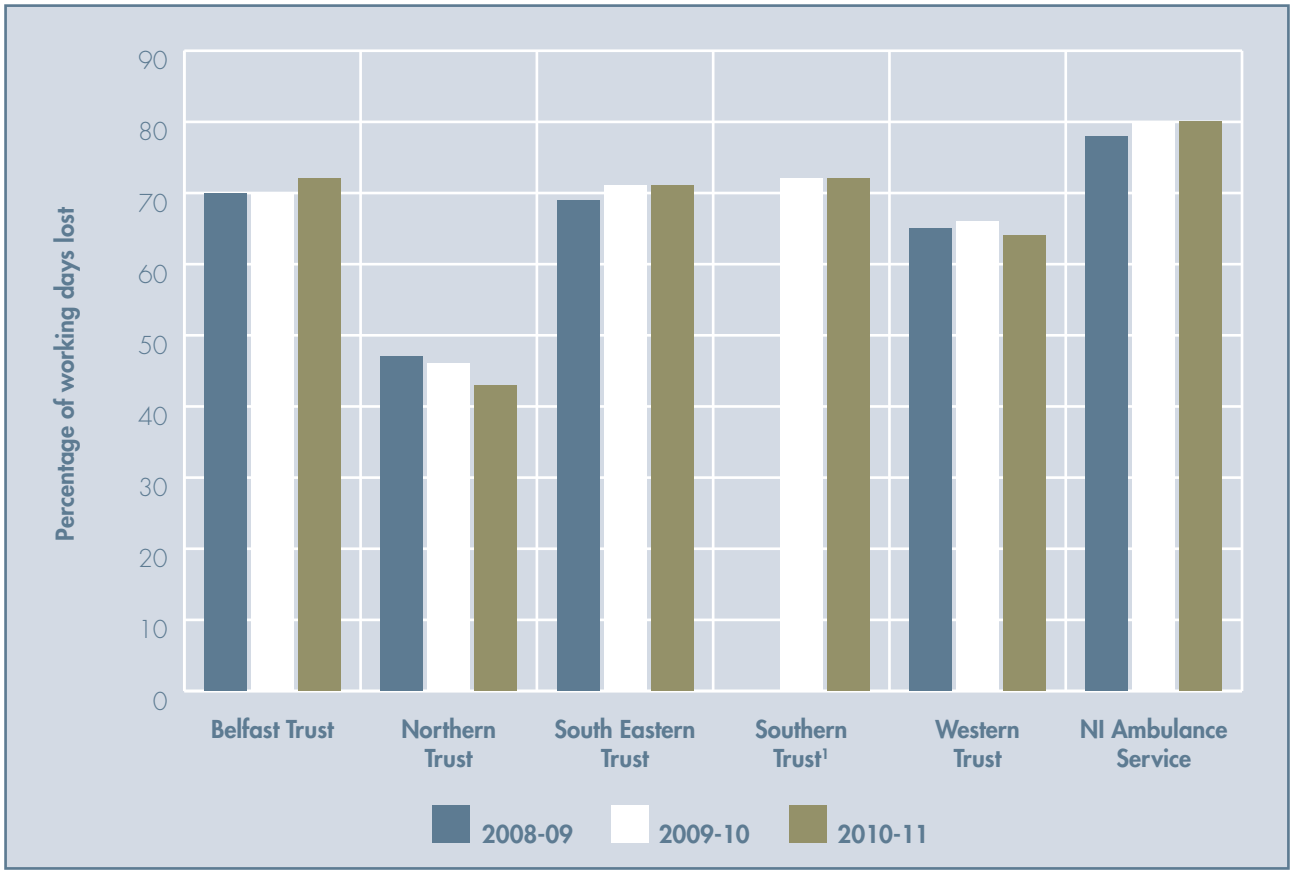
**Note:** 1. 2008-09 data covers five Trusts only as no analysis was available for the Southern Trust

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

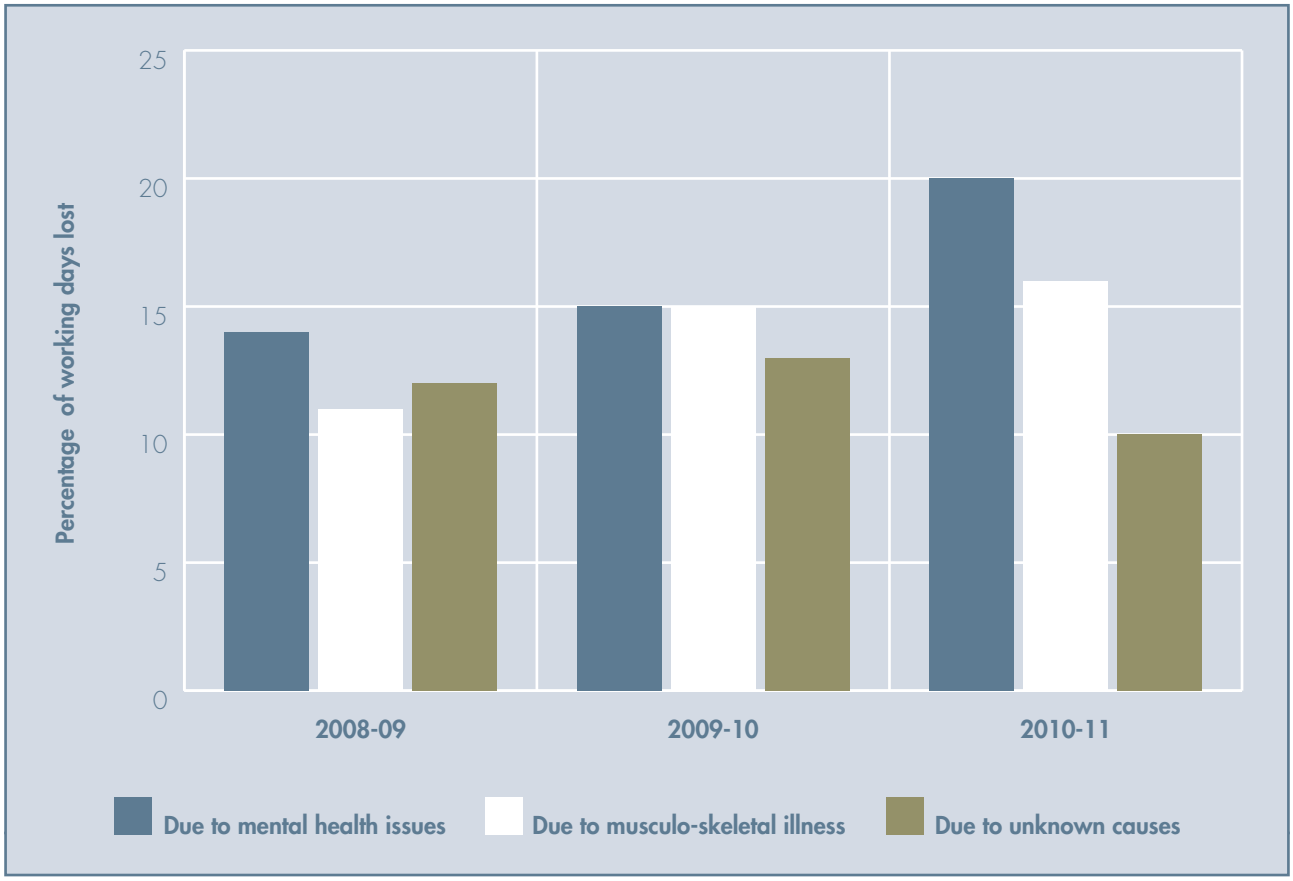
cent in 2010-11 (**Figure 21**). While there may be a number of reasons for the cause of illness not being recorded, Trusts have highlighted that typically this may relate to short-term absences of one to three days where, under absence protocols, individuals are not required to self-certify or produce 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 to 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**

| | Percentage of working days lost | |
|---|---|---|
| **Occupational group** | **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**

| | Percentage of working days lost | | | |
|---|---|---|---|---|
| **Trust** | **2007-08 (Baseline)** | **2010-11 Target** | **2010-11 Actual** | **Target achieved** |
| 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** |

*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 Committee[21], 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 Committee[23] 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 ELBs[24]. 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 statistics[25]. 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

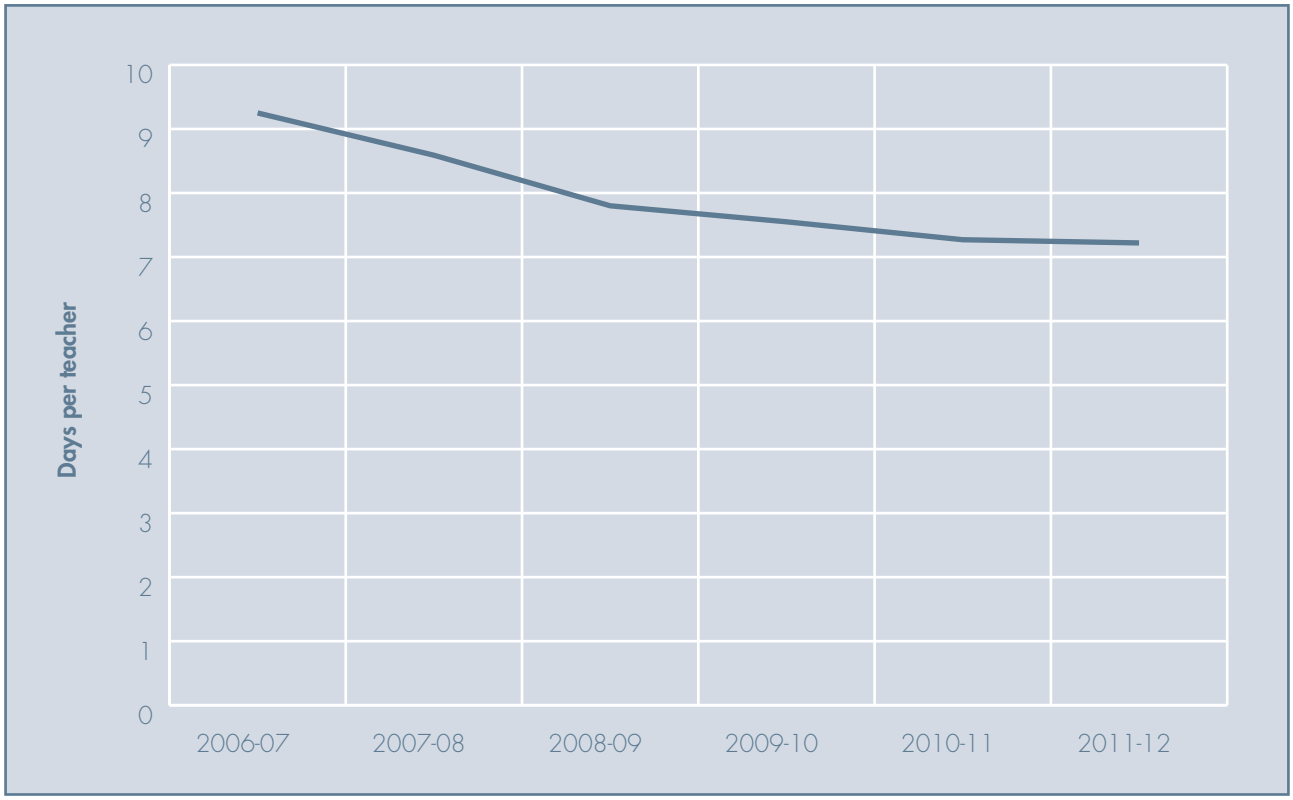
3.10 The trend in overall teachers' sickness absence levels is downward, having decreased by over 20 per cent since 2006-07. Improvements have slowed since 2008-09 and current sickness absence levels, at 7.27 and 7.22 days per teacher per year for 2010-11 and 2011-12[26] respectively, reflect a small 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**

| | 2008-09 | | 2009-10 | | 2010-11 | |
|---|---|---|---|---|---|---|
| **Employing Authority** | **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 year[27]. 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 million[28]. 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 million[29]. 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 million[30] (**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.

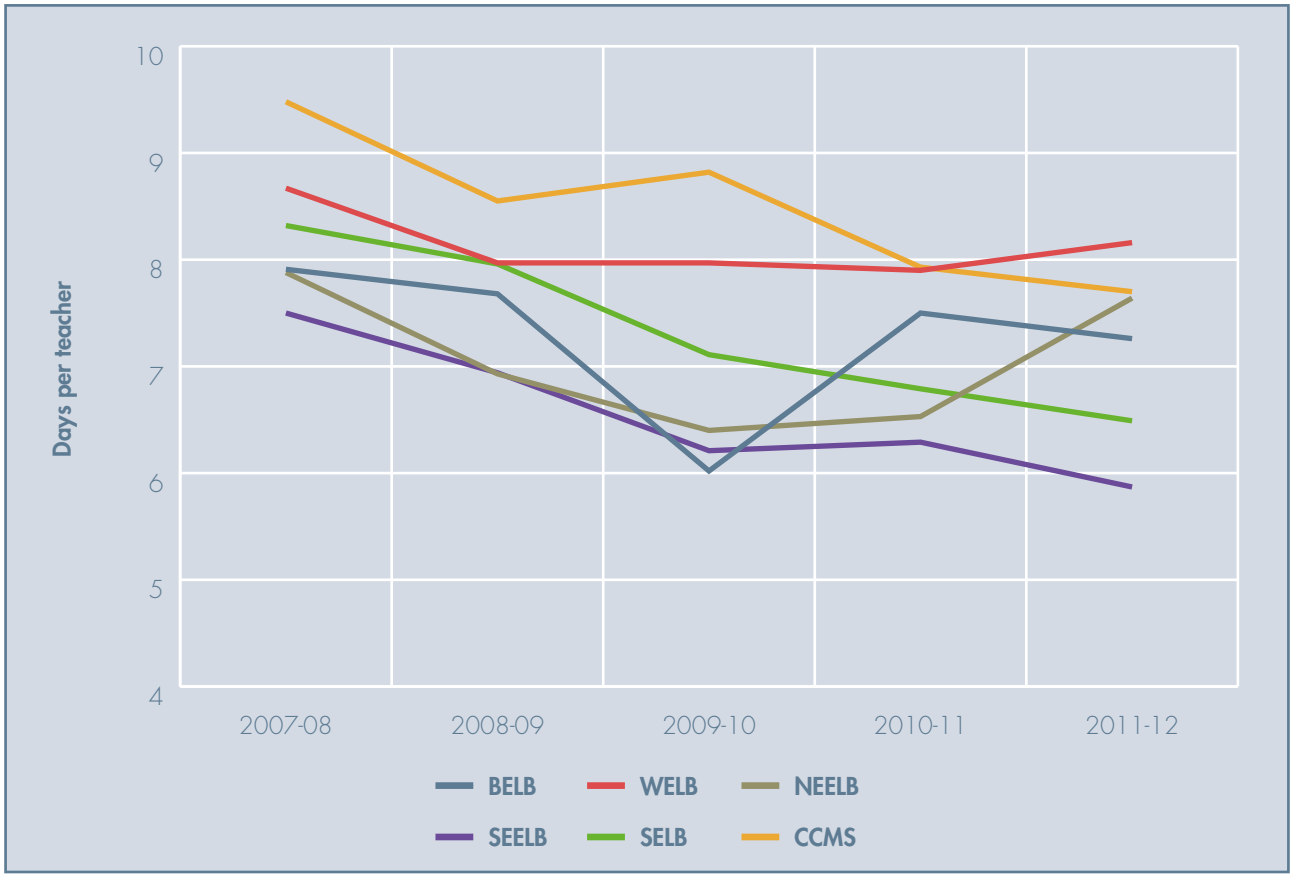
### There is variability in sickness rates across employing authorities

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*

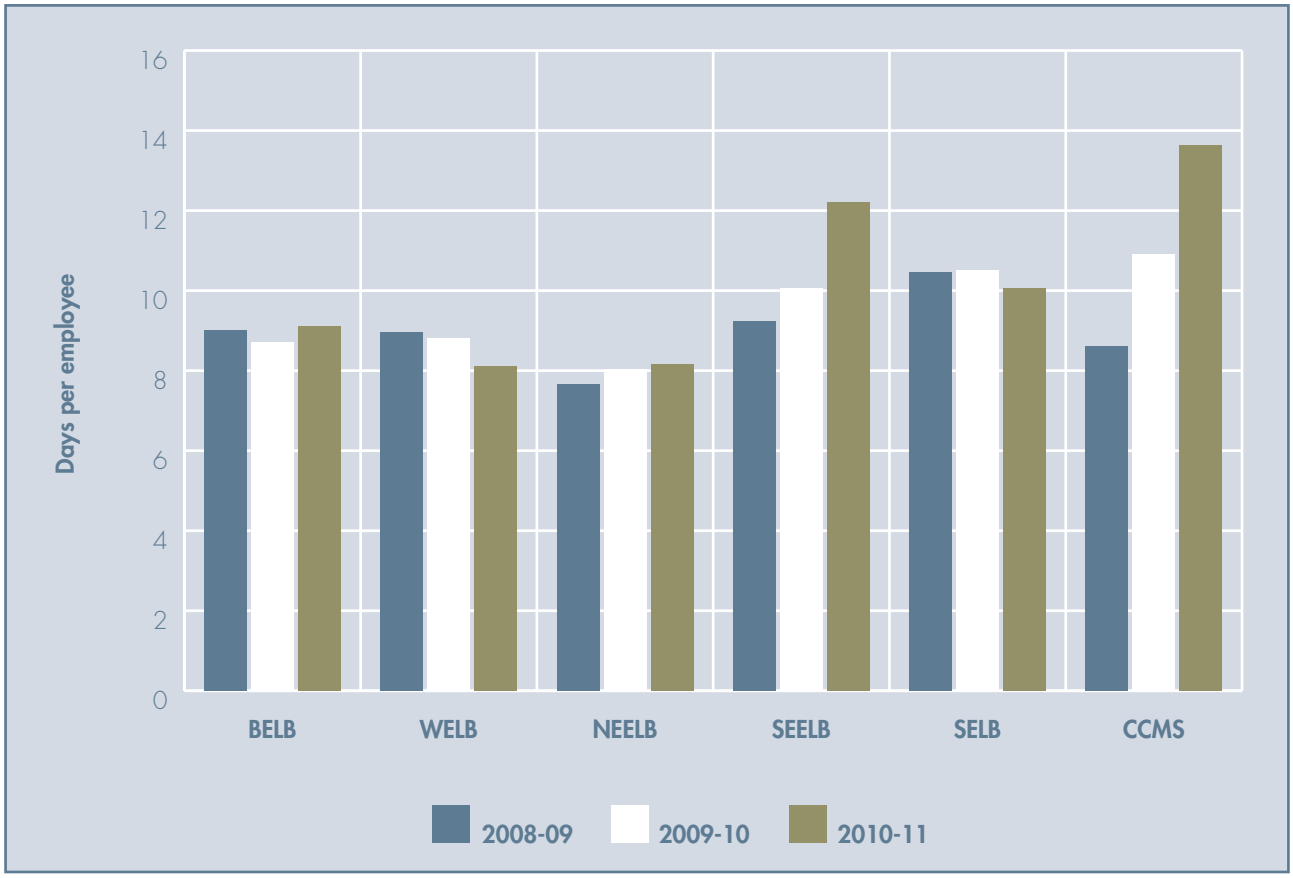
**Note:** the details above reflect only Controlled and Maintained schools

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*

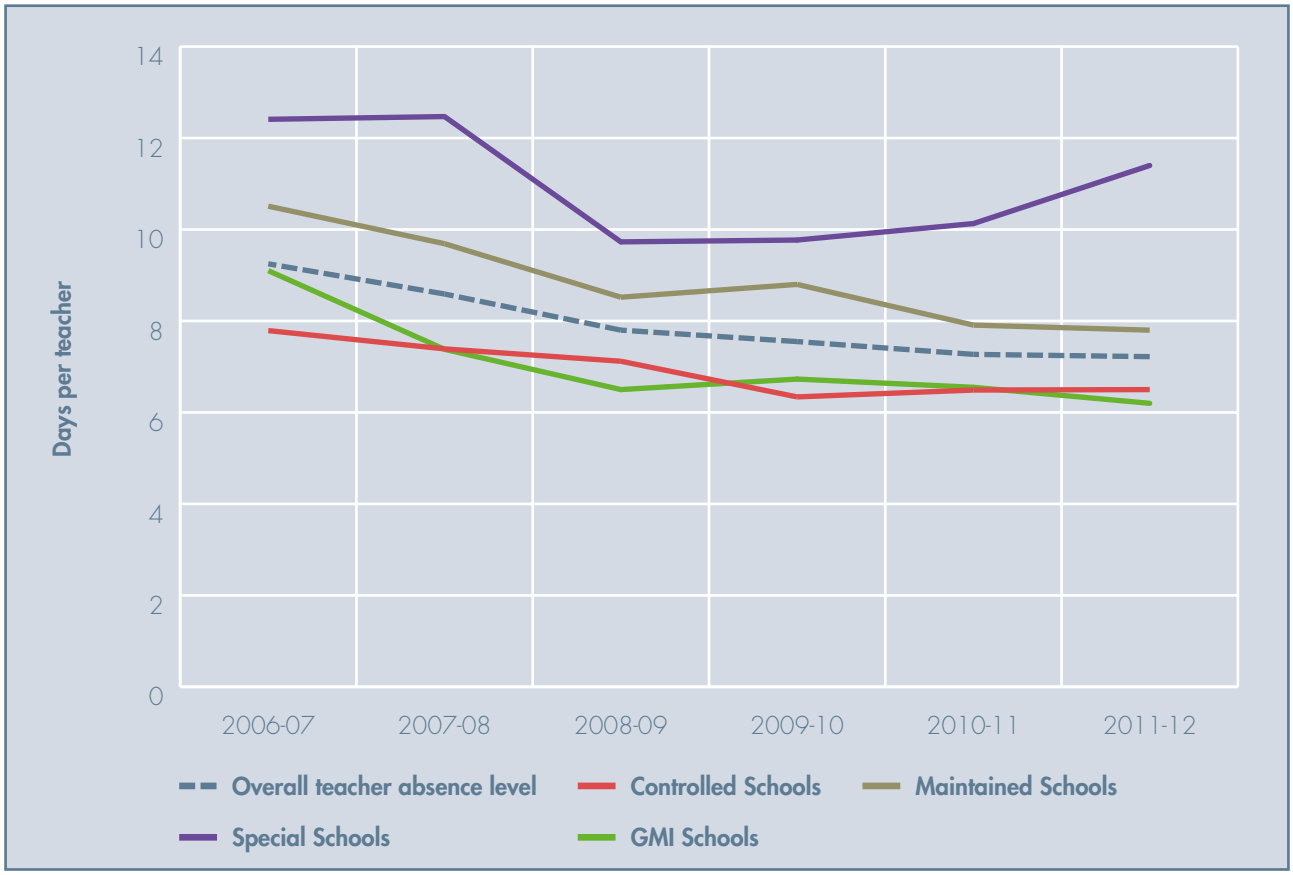
**Teacher sickness absence varies across the different school sectors**

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 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:

# 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 million x 5.47/1.5 = £117.1 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 million x 5.47/1.5 = £73 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. |

# 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

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|---|---|
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