



## Sickness Absence in the Northern Ireland Civil Service

2018/2019





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## **EXECUTIVE SUMMARY**

This annual report provides a comprehensive analysis of sickness absence in the Northern Ireland Civil Service in the 2018/2019 financial year and contains analyses of trends over the last five years as well as headline figures since 1999/2000.

12.6
working days lost per
staff year



5.8%

of available

working days lost



£32.9
million in lost
production

The headline absence figure for 2018/2019 was 12.6 days (average days lost per staff year), a decrease from 13.0 days in the previous year. This is the first reduction in the NICS absence level since 2013/2014 and is mainly due to the spike in Flu absences that occurred in the winter of 2017/2018 not being repeated this year. As a result the absence level was similar to that experienced 2 years ago in 2016/2017 (12.5 days).

The 12.6 days lost per staff year represented 5.8% of the available working days in 2018/2019, an improvement on the 6.0% days lost in 2017/2018. In salary terms, this equated to an estimated £32.9 million of lost production - equivalent to 3.8% of the total NICS pay bill in 2018/2019. This is a reduction of £0.9 million on the cost of lost production in the previous year (2017/2018).

Just over half of staff (51.3%) had no recorded sick absence in 2018/2019 - the highest rate for the last four years.

The level of absence within Departments varied from 8.4 days for the Department of Health (DoH) to 14.9 days for the Department for Communities (DfC), with most of the Departments recording lower absence levels compared to 2017/2018.

The absence level for females (14.4 days) remained higher than that for males (10.9 days) with over half of this difference being due to gender-specific conditions<sup>1</sup>.

Staff who had been in post for under two years had a much lower level of sickness absence (7.4 days) than staff who had been employed for two years or more (12.8 days). Around half of the staff employed for under two years would have been on probationary terms and conditions, which would include the more stringent management of sickness absence.

Over one in eight staff (13.1%) had at least one spell of long-term absence these spells lasted around three months on average. This accounted for over three quarters (77.6%) of all working days lost.

Anxiety/Stress/Depression/Other Psychiatric Illnesses was the absence reason that accounted for the greatest proportion of working days lost (38.7%) during 2018/2019. Within this category, work-related stress accounted for approximately a third of the days lost.

<sup>&</sup>lt;sup>1</sup> Absences due to Pregnancy Related Disorders, gender-specific Genitourinary and Gynaecological Disorders and gender-specific Benign and Malignant Tumours, Cancers.

## **KEY FACTS**

	2014/ 2015	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019
Proportion of Staff with No Recorded Spells of Absence (%)	52.1	50.0	49.5	46.6	51.3
Working Days Lost per Staff Year	10.8	11.7	12.5	13.0	12.6
Percentage of Available Working Days Lost (%)	4.9	5.3	5.6	6.0	5.8
Total Number of Working Days Lost	277,176	277,855	270,458	279,996	268,334
Estimated Lost Production <sup>1</sup> (£ Million)	31.9	32.7	32.6	33.8	32.9
Average Number of Spells per Staff Year	0.8	0.8	0.8	0.9	0.8
Proportion of Working Days Lost by Certification <sup>2</sup>					
Certified (%)	86.1	85.6	86.9	86.5	88.1
Self-Certified (%)	12.7	13.1	11.5	11.6	10.2
Uncertified/Missing (%)	1.2	1.4	1.6	1.9	1.7
Long-term Absence					
Proportion of Working Days Lost due to Long- term Absence (%)	73.6	73.8	76.1	74.7	77.6
Frequency Rate <sup>3</sup> (%)	11.8	12.5	13.5	14.0	13.9
Average Duration (Working Days)	60.2	60.2	62.5	62.0	63.1
Short-term Absence					
Average Number of Spells per Staff Year	0.64	0.69	0.68	0.72	0.63

<sup>&</sup>lt;sup>1</sup> Any information provided in this report that relates to lost production is calculated, where possible, on the basis of each individual's actual salary and the associated employer's National Insurance and Superannuation contributions.

 $<sup>^{2}</sup>$ Certification data for 2014/2015 onwards have been revised – see Appendix 1 for further information.

 $<sup>^3</sup>$  Frequency Rate is the average number of long-term spells per employee, expressed as a percentage. (No. of spells of long-term absence in the period/No. of employees) x 100

## **CHAPTER 1**

# Working Days Lost through Sickness Absence

12.6 working days lost on average due to sickness absence

**5.8%** of available working days lost due to sickness absence

£32.9 million lost production

## 1. WORKING DAYS LOST THROUGH SICKNESS ABSENCE

Absence levels vary by Department, grade level, gender, age group, and the length of service of staff. This chapter contains a look at trends across these variables over the last five years as well as comparative information from other public and private sector bodies. Supporting information can be found in Appendix 3.

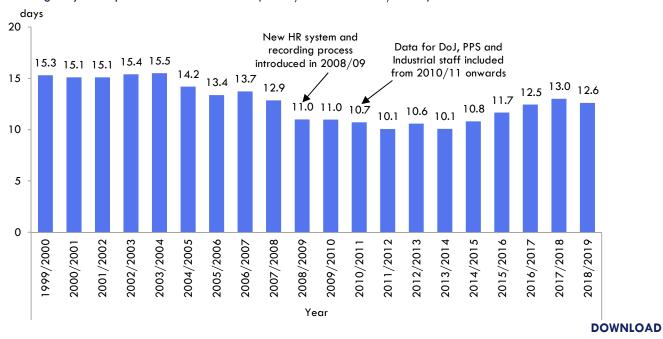
#### 1.1 Introduction

Staff in the NICS lost an average of 12.6 days to sickness absence in 2018/2019 - a decrease from the previous year when staff lost 13.0 days (Some further analyses into the underlying factors of this increase can be found in Chapter 5 - Absence Insight).

In total, 5.8% of all available working days were lost due to sickness absence, equating to around £32.9 million in lost production<sup>1</sup>, equivalent to around 3.8% of the total NICS pay bill. This is a decrease on the previous year when 6.0% of available working days were lost at a cost of £33.8 million.

All three main measures of sickness absence - working days lost per staff year, the percentage of available working days lost and estimated production - were lower than last year - the first time there has been a decrease in the working days lost and absence rate since 2013/2014. Looking at longer trends Figure 1 below shows that during the early 2000s around 15.0-15.5 days were lost on average per staff year. This then dropped over subsequent years until 2011/2012 when it reached its lowest level of 10.1 days. In the seven years since then the absence level has risen to a high of 13.0 days in 2017/2018, still some 2.5 days lower than its peak of 15.5 days in 2003/2004. It should be noted, however, that there was an increase in the proportion of staff with no absences following the introduction of a new HR system and recording process in 2008/2009. This should be taken into consideration when analysing the historical trends.

Figure 1
Working Days Lost per Staff Year<sup>2</sup> in NICS (1999/2000 to 2018/2019)



Staff who either retire early on medical grounds or are dismissed because of inefficiency due to excessive sickness absence are entitled to receive up to 13 weeks' notice. In line with Cabinet Office guidelines, any sickness absences during this notice period are included in the overall statistics. It is estimated that these absences added around 0.1 of a day to the overall absence level. If they were excluded, the headline figure of 12.6 days would reduce to 12.5 days.

Estimated lost production is calculated using direct costs alone and does not consider any associated costs such as for overtime and replacement staff. Any information provided in this report that relates to lost production is calculated, where possible, on the basis of each individual's actual salary and the associated employer's National Insurance and Superannuation contributions.

<sup>&</sup>lt;sup>2</sup> One staff year is the equivalent of one full-time member of staff being in work for a full year. It takes account of staff leaving / joining as well as part-time working patterns.

### 1.2 Department

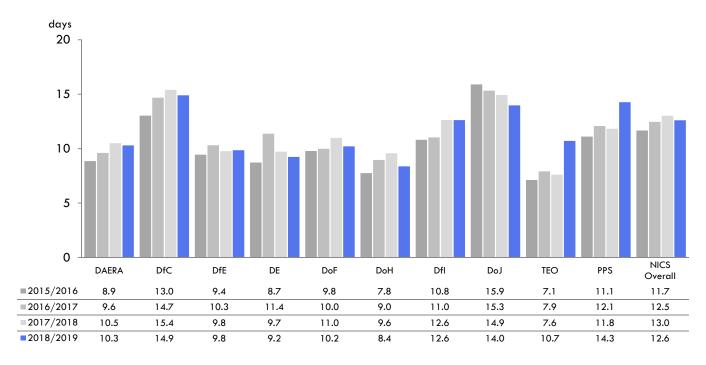
The average number of working days lost due to sickness absence in 2018/2019 ranged from 8.4 days for the Department of Health (DoH) to 14.9 days for the Department for Communities (DfC).

Six Departments improved on their absence levels from last year - DAERA, DfC, DE, DoF, DoH and DoJ, with the Department of Health (DoH) experiencing the greatest reduction. In terms of the other Departments, the Executive Office (TEO) and Public Prosecution Service (PPS) saw notable increases.

DfC while containing around 31.8% of NICS staff, had the biggest impact on the overall decrease in absence level. Within DfC most grade levels experienced a decrease with AA and AO staff having the biggest impact on this reduction. To view each Department's contribution to the overall absence level, see Table 9.1 in Appendix 9.

Departmental staffing profiles can have a major influence on relative absence levels. This needs to be considered when making Departmental comparisons. More appropriate like-for-like comparisons can be obtained in Appendix 5 which provides standardised Departmental absence figures which seek to eliminate the impact of staffing factors. In the majority of Departments, standardised absence levels are lower than their unadjusted figure. DoJ's figures showed the greatest reduction, falling from 14.0 to 10.1 days lost through sickness absence.

Figure 2



<sup>&</sup>lt;sup>1</sup> The NICS Departments were restructured from 9th May 2016. All Departmental figures for 2015/2016 represent a best estimate of those year's figures, had the new NICS structure been in place. No comparable figures are available for years prior to 2015/2016. For more information on the restructuring, see Appendix 1 and Appendix 12.

<sup>&</sup>lt;sup>2</sup> Staff in HSENI and OAGNI are included in the NICS Overall figure only.

#### 1.3 Grade Level

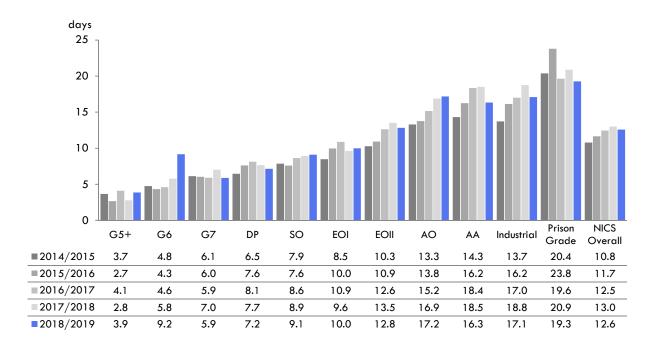
Within this report, non-industrial staff are separated into analogous grade levels, while Industrial and Prison Grade staff are reported separately.

There is notable variation in absence levels across grade levels, although a general trend of decreasing levels of absence as grade level increases can be observed. The average number of working days lost in 2018/2019 ranged from 3.9 days for staff at Grade 5+ level to 19.3 days for Prison Grade staff.

Six of the eleven grade levels reported an improvement compared with 2017/2018 (G7, DP, EOII, AA, Industrial and Prison Grade). Within the other grade levels, the Grade 6 staff had the largest increase.

The AO level encompassed the largest number of staff, representing just over one-quarter of the NICS, however AA level had the biggest impact on the decrease in the overall NICS absence level in 2018/2019, contributing 0.25 days to the 0.42 decrease in working days lost. For detailed information on each grade level's contribution to the overall NICS absence level, see Table 9.2 in Appendix 9.

Figure 3
Working Days Lost per Staff Year by Analogous Grade Level (2014/2015 to 2018/2019)<sup>1</sup>



<sup>&</sup>lt;sup>1</sup> For the purpose of this analysis all former Northern Ireland Office staff at the Band C grade level have been classified as analogous to the EOII grade level.

## 1.4 Gender

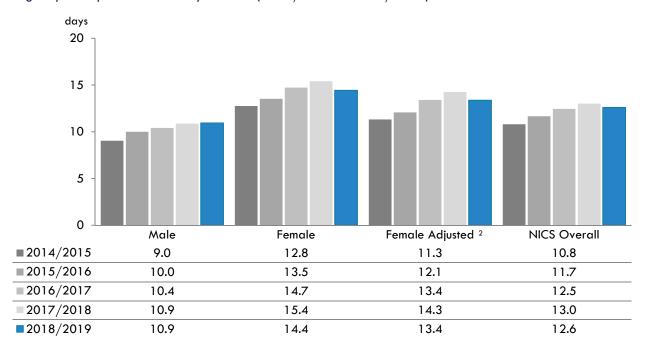
The absence level decreased for females in 2018/2019, while the absence level for males remained the same as 2017/2018.

Female staff have historically had a higher level of absence than males, with a difference of around 4 days observed in recent years. In 2018/2019 this difference was 3.5 days, the size of the gap having decreased 1.0 day from 2017/2018. However there are other factors to take into account when comparing the difference between genders.

The largest cause of the difference was *Pregnancy Related Disorders*. If this cause was excluded, the adjusted absence level for females fell from 14.4 days to 13.4 days. If all gender-specific absences<sup>1</sup> were excluded from the absence figures the difference between male and female absence would fall to 1.4 days (12.2 days for females and 10.8 days for males).

To view the contribution of each gender to the overall NICS absence level, see Table 9.3 in Appendix 9.

Figure 4
Working Days Lost per Staff Year by Gender (2014/2015 to 2018/2019)



<sup>&</sup>lt;sup>1</sup> Absences due to Pregnancy Related Disorders, gender-specific Genitourinary and Gynaecological Disorders and gender-specific Benign and Malignant Tumours, Cancers.

<sup>&</sup>lt;sup>2</sup> Excludes absences due to Pregnancy Related Disorders.

## 1.5 Length of Service

Staff with less than two years' service in NICS lost an average of 7.4 days through sickness absence in 2018/2019. This was over five days less than the average number of days lost (12.8 days) by staff with more than two years of service.

The lower level of sickness absence among new staff was a likely consequence of the one year probationary period each staff member undergoes immediately after joining NICS. The probation regime includes more stringent conditions concerning the management of sickness absence compared to those not in probation. For probationary staff, each absence spell leads to a review and the consideration of potential inefficiency action.

**Table 1**Working Days Lost per Staff Year by Length of Service (2014/2015 to 2018/2019)

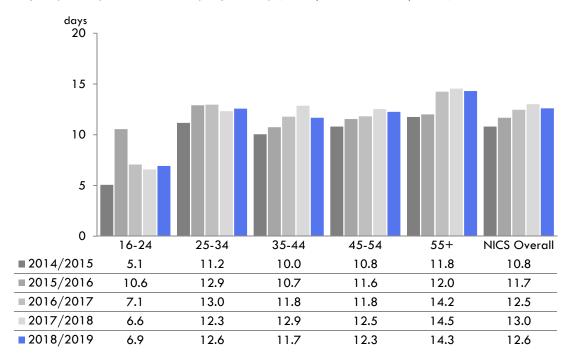
		Working Days Lost per Staff Year					
Length of Service	_	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	
Less than 1 year		3.4	3.1	2.1	4.4	5.0	
1 to less than 2 years		6.3	5.1	5.7	<i>7</i> .1	8.9	
	Less than 2 years	5.3	4.3	3.0	5.8	7.4	
2 to less than 3 years		11.6	9.2	6.8	7.9	12.3	
3 to less than 4 years		10.6	12.2	12.4	10.1	14.4	
4 to less than 5 years		9.7	8.6	11.4	11.6	13.0	
5 years or more		11.1	11.9	12. <i>7</i>	13.4	12.8	
	2 years or more	11.1	11.8	12.6	13.2	12.8	
NICS Overall	·	10.8	11. <i>7</i>	12.5	13.0	12.6	

## 1.6 Age Group

The average number of working days lost ranged from 6.9 days for staff aged 16-24 to 14.3 days for staff aged 55+. It should be noted, however, that the youngest age group (16-24) accounted for less than 0.5% of NICS staff.

Staff aged 16-24 and 25-34 experienced an increase in absence levels, while all other age groups experienced a decrease. To see the age comparisons in greater detail, see Table 6.4 in Appendix 6.

Figure 5
Working Days Lost per Staff Year by Age Group (2014/2015 to 2018/2019)



## 1.7 Comparison with other Organisations

Care should be taken when making comparisons with sickness absence figures produced by other organisations. Methods of data collection/reporting is likely to vary among organisations and some may not be as robust as others.

For instance, some organisations report on a "per person/employee" method while the NICS reports on a "per staff year<sup>1</sup>" basis, as per Cabinet Office guidelines, which methodologically tends to return a higher figure.

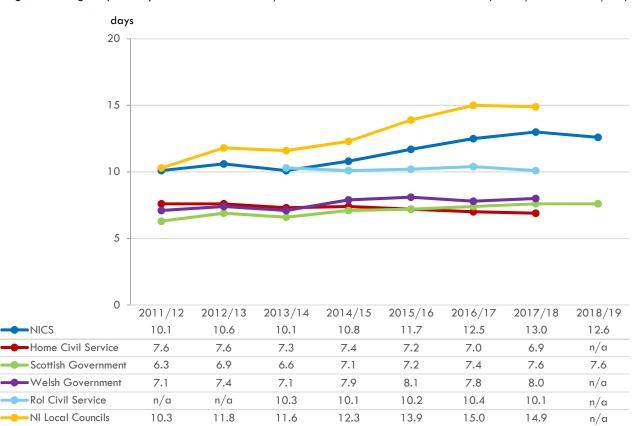
Typically the number of staff years will be less than the headcount of staff as it takes part-time staff into account. An organisation's Working Days Lost per Staff Year figure will therefore tend to be higher than their Working Days Lost per Person figure. The magnitude of this difference will depend on the proportion of part-time staff and the level of staff turnover in the organisation.

#### Comparison with other Civil Service Sickness Absence Statistics/Local Councils (2011/2012 to 2018/2019)

Each public sector organisation listed below varies in how they report sickness absence statistics and are therefore not directly comparable to the NICS.

For more detailed information and links to each organisations sickness absence statistics, see Appendix 11.

Figure 6
Average Working Days Lost per Staff Year¹ in UK/Rol Civil Service and Local Councils (2011/12 to 2018/19)\*



Rol Civil Service figures are for calendar years from 2013 to 2017, and are reported on a "per full-time equivalent" basis. NI Local Councils figures are on a "per employee" basis. The information presented here is the most recent available.

<sup>&</sup>lt;sup>1</sup> One staff year is the equivalent of one full-time member of staff being in work for a full year. It takes account of staff leaving / joining as well as part-time working patterns.

<sup>&</sup>lt;sup>2</sup> n/a: No figures published/available.

#### Comparison with the Private Sector

The Chartered Institute of Personnel and Development (CIPD) commission a survey each year that reports on levels of sickness absence across the various UK labour market sectors. Make UK<sup>1</sup> carry out a similar survey for UK manufacturers.

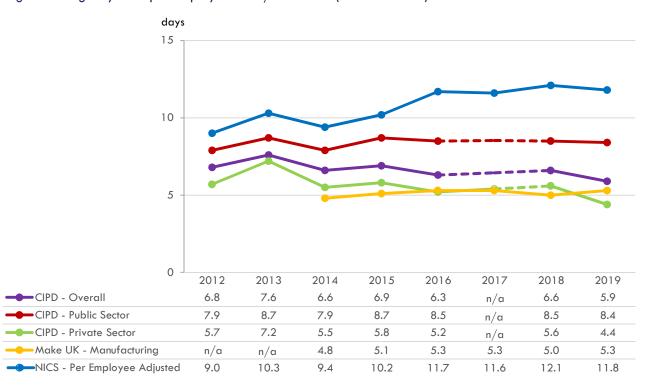
As their figures are based on survey returns they can be affected by response bias. For example, firms with solid methods of data collection and more robust/acceptable figures to report may be the ones most likely to send in their figures.

The NICS Working Days Lost per Employee figure (as opposed to per Staff Year) has been included below to provide a more direct comparison with the private sector. However it is again worth noting care should be taken when comparing these figures due to differing methods of data collection/reporting.

For more detailed information and links to each organisations sickness absence statistics, see Appendix 11.

Figure 7

Average Working Days Lost per Employee CIPD/Make UK\* (2012 to 2019)



 $<sup>^{*}</sup>$  CIPD figures are based on an annual survey with between 342 (2014) and over 1,000 (2019) responses. The figures also exclude the top and bottom 5% of responses and are reported on a "per employee" basis – a methodology that tends to report a lower level of absence than a "per Staff Year<sup>2</sup>" approach. The figures reported by CIPD for 2019 relate to their survey undertaken in November 2018. The Make UK figures are presented in a similar manner above while the NICS per Employee Adjusted figures for 2019 relate to the 2018/2019 financial year for comparison purposes.

 $<sup>^{\</sup>mathrm{1}}$  Make UK is the National Manufacturers Association in the UK (formerly known as EEF).

<sup>&</sup>lt;sup>2</sup> One staff year is the equivalent of one full-time member of staff being in work for a full year. It takes account of staff leaving / joining as well as part-time working patterns.

<sup>&</sup>lt;sup>3</sup> n/a: No figures published/available.

## **CHAPTER 2**

## Spells of Sickness Absence

51.3% of staff had 10 sickness absence

65.3% of absence spells lasted five working days or less

88.1% of working days lost were covered by a medical certificate

## 2. SPELLS OF SICKNESS ABSENCE

This chapter looks at the number and duration of sickness absence spells and how they were certified. Supporting information can be found in Appendix 6.

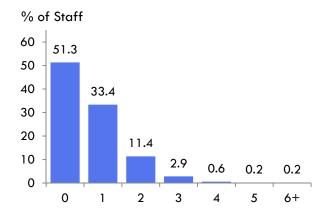
## 2.1 Number of Absence Spells

Figure 8 shows that in 2018/2019, over half of all staff (51.3%) had no spells of sickness absence - the highest level in the last four years and an improvement from the previous year when 46.6% of staff had none. One spell of absence was recorded for 33.4% of staff, 11.4% had two spells, while the remaining 3.9% of staff were absent on three or more occasions.

The proportion of staff with no absence varied markedly between Departments from 43.8% in DfC to 64.1% in TEO (see Table 6.10 in Appendix 6).

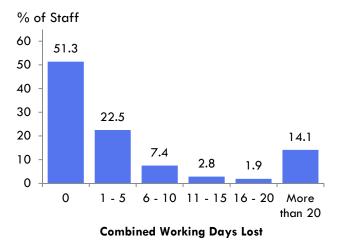
Figure 9 shows that over a fifth (22.5%) of staff were absent for between one and five days in total during 2018/2019. Meanwhile, the percentage of staff who were absent for a total of more than 20 days during the year fell to 14.1% - a slight improvement on last year's figure of 14.4% (see Table 6.8 in Appendix 6).

Figure 8 Number of Absence Spells



**Number of Spells of Sickness Absence** 

Figure 9 Combined Working Days Lost<sup>1</sup>



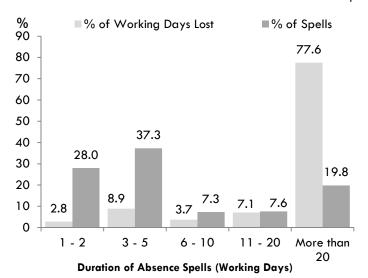
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<sup>&</sup>lt;sup>1</sup> The total number of working days lost for an individual, counted across all their absence spells, during the financial year.

## 2.2 Duration of Absence Spells

Around 16,600 sickness absence spells were recorded in 2018/2019, nearly 2,300 less than in the previous year. The majority of this decrease was due to a lower number of Cold, Cough, Flu, Influenza absences in 2018/2019, which rose considerably in the previous year. The majority of spells were relatively short -65.3% of all absence spells lasted five working days or less. Such absences, however, only accounted for 11.7% of the total working days lost to sickness absence (see Figure 10). In total, short-term absences (those lasting 20 working days or less) accounted for 80.2% of all spells.

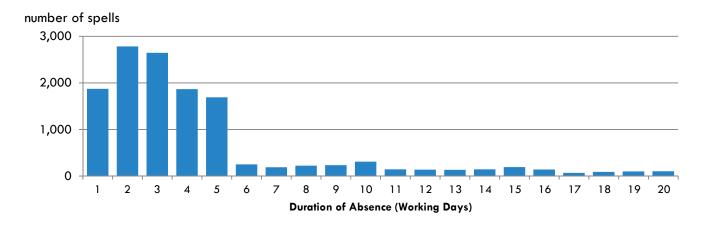
Figure 10
Duration of Absence Spells



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Long-term absences (those lasting more than 20 days) made up the vast majority of all working days lost. Although they represented just 19.8% of spells, they accounted for 77.6% of all the working days lost. These figures were an increase on those for 2017/2018, likely due to the decrease in short-term spells due to Cold, Cough, Flu, Influenza.

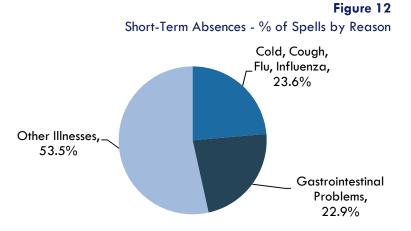
Figure 11



Just under 2,800 spells of absences lasted for two working days - the most frequent duration of all absences (see Figure 11).

Short-term absence spells were predominately due to Cold, Cough, Flu, Influenza (23.6%) or Gastrointestinal Problems (22.9%).

An analysis of long-term absences can be found in Chapter 4.



#### 2.3 Absence Certification

All NICS staff are required to have their spells of sickness absence certified. For absences of seven calendar days or less staff are able to self-certify whereas, for longer absences, a Medical Certificate from a medical practitioner or hospital is required. Given the short duration of many absences, it is not surprising that the majority (56.5%) of spells were self-certified with medically certified absences making up a further 36.0% of the total.

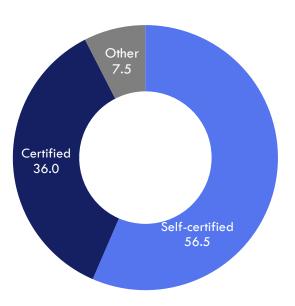
Absences which were uncertified or missing a certification have been classified here as 'other' and accounted for 7.5% of absence spells. A proportion of this figure would relate to absences where the certification had yet to be processed at the end of 2018/2019.

As would be expected, self-certified absences did not last as long as certified absences. On average, self-certified absences lasted 2.9 days while certified absences lasted 39.5 days (see Table 6.1 in Appendix 6).

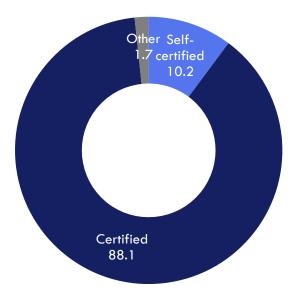
The majority of working days lost were certified by a doctor or hospital. Absences certified in this manner accounted for 88.1% of the total working days lost, equating to 11.1 days lost per staff year or 5.1% of the available working days (see Table 3.3 in Appendix 3). Self-certified absences accounted for a further 10.2% of the working days lost while 'other' absences made up the remaining 1.7%.

Further information about absence certification (including a Departmental breakdown) is available in Tables 6.1 to 6.4 in Appendix 6.

Figure 13 % of Absence Spells by Certification







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## **CHAPTER 3**

## Reason for Sickness Absence

The main reason for absence was

## Anxiety/Stress/Depression/ Other Psychiatric Illnesses

accounting for over 1 in 3 working days lost

## 3. REASON FOR SICKNESS ABSENCE

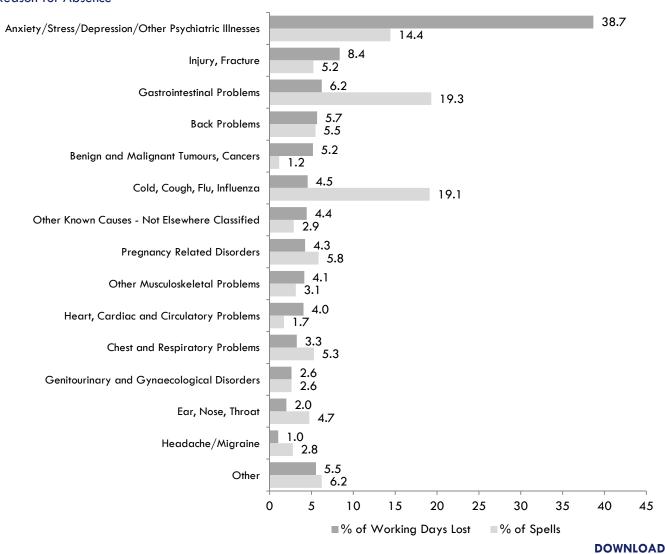
This chapter looks at the reasons for sickness absence. More analyses are presented in Appendix 7.

#### 3.1 NICS Overall

Absences recorded as Gastrointestinal Problems or Cold, Cough, Flu, Influenza accounted for 38.4% of all absence spells in 2018/2019. However as such illnesses tend to be short-term in nature they did not account for the highest proportion of working days lost.

As in previous years, Anxiety/Stress/Depression/Other Psychiatric Illnesses remained the reason behind the highest proportion of working days lost. This reason accounted for 38.7% of the total working days lost. Nearly one third of the working days lost in this illness category were recorded as work-related stress (see Table 7.4 in Appendix 7). To view each absence type's contribution to the overall NICS absence level, see Table 9.5 in Appendix 9.

Figure 15<sup>1,2</sup>
Reason for Absence



<sup>&</sup>lt;sup>1</sup> The category 'Other' contains any absence with a reason that accounted for less than 1% of the working days lost.

<sup>&</sup>lt;sup>2</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

The average duration of an absence is linked to the nature and severity of the illness involved.

Absences caused by Benign and Malignant Tumours, Cancers had the longest average duration at 72.3 working days. These absences, however, were quite rare and only accounted for 1.2% of absence spells. By contrast, absences due to Anxiety/Stress/Depression/Other Psychiatric Illnesses not only had the second highest average duration (43.2 working days) but also accounted for 14.4% of spells.

At the other end of the scale, absences due to Cold, Cough, Flu, Influenza had the shortest average duration at 3.8 days. For a detailed breakdown of absence reason by spells, see Table 7.2 in Appendix 7.

**Table 2<sup>1,2</sup>**Average Duration of Absence by Reason

	Working Days
Benign and Malignant Tumours, Cancers	72.3
Anxiety/Stress/Depression/Other Psychiatric Illnesse	es 43.2
Heart, Cardiac and Circulatory Problems	38.0
Blood Disorders	29.6
Nervous System Disorders	25.9
Injury, Fracture	25.8
Other Known Causes - Not Elsewhere Classified	24.7
Endocrine/Glandular Problems	21.8
Other Musculoskeletal Problems	21.4
Substance Abuse	19.2
Back Problems	16.7
Genitourinary and Gynaecological Disorders	16.1
Skin Disorders	14.2
Eye Problems	13.3
Infectious Diseases	12.7
Pregnancy Related Disorders	11. <i>7</i>
Chest and Respiratory Problems	9.9
Asthma	9.6
Burns, Poisoning, Frostbite, Hypothermia	7.4
Ear, Nose, Throat	6.8
Headache/Migraine	6.0
Gastrointestinal Problems	5.2
Dental and Oral Problems	5.0
Cold, Cough, Flu, Influenza	3.8
No Reason Specified	11.0

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

<sup>&</sup>lt;sup>2</sup> The analysis only takes account of the working days lost by each absence during the specific financial year.

The following three tables show the percentage of total working days lost by grade level, gender and age group. Shading denotes the reason for the largest proportion of working days lost for each subgroup.

#### 3.2 Grade Level

With the exception of Industrial staff, Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the highest percentage of working days lost at all grade levels. Only staff at the Industrial and Prison Grade Levels experienced a decrease in the proportion of working days lost to this reason compared with 2017/2018. Industrial staff experienced the most notable change, which saw the proportion fall from 27.6% to 18.7%.

Prison Grade and Industrial staff had a noticeably higher proportion of working days lost to Injury, Fracture than staff in other grade levels, while Industrial staff also experienced higher levels of Back Problems. This situation is likely to reflect the type of work undertaken by these grades.

**Table 3**<sup>1,2,3</sup> Reason for Absence by Grade Level

Ashthma         -         n/a         0.0         0.8         -         0.2         -         0.1         -           Back Problems         1.9         3.9         3.4         5.2         7.0         5.3         2.4         15.2         5.7           Benign and Malignant Tumours, Cancers         6.4         10.5         4.4         10.3         4.5         3.4         5.5         7.1         2.7           Blood Disorders         0.3         1.2         1.1         1.2         0.7         0.7         -         -         -         -           Burns, Poisoning, Frostbite, Hypothermia         n/a         -         n/a         -         0.2         0.0         n/a         -         n/a           Lest and Respiratory Problems         3.8         4.6         3.3         3.0         3.1         3.3         1.7         6.7         1.4           Cold, Cough, Flu, Influenza         5.1         5.8         5.9         4.6         5.1         4.8         3.0         2.9         1.5           Dental and Oral Problems         -         0.3         0.1         0.2         0.1         0.2         0.1         0.9           Ear, Nose, Throat         1.7	,	% of Working Days Lost								
Anxiety/Stress/Depression/Other Psychiatric Illnesses   36.7   34.3   36.4   32.9   39.4   43.7   44.8   18.7   39.8     Asthma										Prison
Ashthma         -         n/a         0.0         0.8         -         0.2         -         0.1         -           Back Problems         1.9         3.9         3.4         5.2         7.0         5.3         2.4         15.2         5.7           Benign and Malignant Tumours, Cancers         6.4         10.5         4.4         10.3         4.5         3.4         5.5         7.1         2.7           Blood Disorders         0.3         1.2         1.1         1.2         0.7         0.7         -         -         -         -           Burns, Poisoning, Frostbite, Hypothermia         n/a         -         n/a         -         0.2         0.0         n/a         -         n/a           Chest and Respiratory Problems         3.8         4.6         3.3         3.0         3.1         3.3         1.7         6.7         1.4           Chelst and Respiratory Problems         5.1         5.8         5.9         4.6         5.1         4.8         3.0         2.9         1.5           Dental and Oral Problems         -         0.3         0.1         0.2         0.1         0.2         0.1         0.9           Ear, Nose, Throat         1.7<		G7+	DP	\$0	EOI	EOII	AO	AA	Industrial	Grade
Back Problems         1.9         3.9         3.4         5.2         7.0         5.3         2.4         15.2         5.7           Benign and Malignant Tumours, Cancers         6.4         10.5         4.4         10.3         4.5         3.4         5.5         7.1         2.7           Blood Disorders         0.3         1.2         1.1         1.2         0.7         0.7         -         -         -           Burns, Poisoning, Frostbite, Hypothermia         n/a         -         n/a         -         0.2         0.0         n/a         -         n/a           Chest and Respiratory Problems         3.8         4.6         3.3         3.0         3.1         3.3         1.7         6.7         1.4           Cold, Cough, Flu, Influenza         5.1         5.8         5.9         4.6         5.1         4.8         3.0         2.9         1.5           Dental and Oral Problems         -         0.3         0.1         0.2         0.2         0.1         0.2         0.1         0.2         1.2         1.2           Endostrine/Glandular Problems         1.7         3.2         2.2         1.1         0.0         0.6         1.2         2.8         0.1	Anxiety/Stress/Depression/Other Psychiatric Illnesses	36.7	34.3	36.4	32.9	39.4	43.7	44.8	18.7	39.8
Benign and Malignant Tumours, Cancers   6.4   10.5   4.4   10.3   4.5   3.4   5.5   7.1   2.7	Asthma	-	n/a	0.0	0.8	-	0.2	-	0.1	-
Blood Disorders   0.3   1.2   1.1   1.2   0.7   0.7   -   -   -	Back Problems	1.9	3.9	3.4	5.2	7.0	5.3	2.4	15.2	5.7
Burns, Poisoning, Frostbite, Hypothermia   n/a   - n/a   - 0.2   0.0   n/a   - 0.4	Benign and Malignant Tumours, Cancers	6.4	10.5	4.4	10.3	4.5	3.4	5.5	<i>7</i> .1	2.7
Chest and Respiratory Problems         3.8         4.6         3.3         3.0         3.1         3.3         1.7         6.7         1.4           Cold, Cough, Flu, Influenza         5.1         5.8         5.9         4.6         5.1         4.8         3.0         2.9         1.5           Dental and Oral Problems         -         0.3         0.1         0.2         0.2         0.1         0.2         0.1         0.9           Ear, Nose, Throat         1.7         3.2         2.2         1.1         2.0         2.1         3.7         2.1         1.2           Endocrine/Glandular Problems         -         0.4         0.6         0.1         1.0         0.6         -         -         -           Eye Problems         1.3         0.3         0.4         1.1         0.9         0.6         1.2         2.8         0.1           Gastrointestinal Problems         4.5         6.4         7.0         7.6         7.7         6.2         5.3         4.2         3.1           Genitourinary and Gynaecological Disorders         3.5         2.4         4.8         2.0         2.5         2.0         4.9         3.0         2.5           Headache/Migraine <td>Blood Disorders</td> <td>0.3</td> <td>1.2</td> <td>1.1</td> <td>1.2</td> <td>0.7</td> <td>0.7</td> <td>-</td> <td>-</td> <td>-</td>	Blood Disorders	0.3	1.2	1.1	1.2	0.7	0.7	-	-	-
Cold, Cough, Flu, Influenza         5.1         5.8         5.9         4.6         5.1         4.8         3.0         2.9         1.5           Dental and Oral Problems         -         0.3         0.1         0.2         0.2         0.1         0.2         0.1         0.9           Ear, Nose, Throat         1.7         3.2         2.2         1.1         2.0         2.1         3.7         2.1         1.2           Endocrine/Glandular Problems         -         0.4         0.6         0.1         1.0         0.6         -         -         -         -           Eye Problems         1.3         0.3         0.4         1.1         0.9         0.6         1.2         2.8         0.1           Gastrointestinal Problems         4.5         6.4         7.0         7.6         7.7         6.2         5.3         4.2         3.1           Genitourinary and Gynaecological Disorders         3.5         2.4         4.8         2.0         2.5         2.0         4.9         3.0         2.5           Headache/Migraine         0.9         1.3         0.6         1.2         0.9         1.3         0.3         0.1         1.2           Heart, Cardiac	Burns, Poisoning, Frostbite, Hypothermia	n/a	-	n/a	-	0.2	0.0	n/a	-	n/a
Dental and Oral Problems         -         0.3         0.1         0.2         0.2         0.1         0.2         0.1         0.9           Ear, Nose, Throat         1.7         3.2         2.2         1.1         2.0         2.1         3.7         2.1         1.2           Endocrine/Glandular Problems         -         0.4         0.6         0.1         1.0         0.6         -         -         -         -           Eye Problems         1.3         0.3         0.4         1.1         0.9         0.6         1.2         2.8         0.1           Gastrointestinal Problems         4.5         6.4         7.0         7.6         7.7         6.2         5.3         4.2         3.1           Genitourinary and Gynaecological Disorders         3.5         2.4         4.8         2.0         2.5         2.0         4.9         3.0         2.5           Headache/Migraine         0.9         1.3         0.6         1.2         0.9         1.3         0.3         0.1         1.2           Heart, Cardiac and Circulatory Problems         7.9         6.0         6.2         5.8         3.4         2.3         3.0         5.3         4.6           In	Chest and Respiratory Problems	3.8	4.6	3.3	3.0	3.1	3.3	1.7	6.7	1.4
Eur, Nose, Throat  I.7 3.2 2.2 1.1 2.0 2.1 3.7 2.1 1.2  Endocrine/Glandular Problems  - 0.4 0.6 0.1 1.0 0.6  Eye Problems  I.3 0.3 0.4 1.1 0.9 0.6 1.2 2.8 0.1  Gastrointestinal Problems  4.5 6.4 7.0 7.6 7.7 6.2 5.3 4.2 3.1  Genitourinary and Gynaecological Disorders  3.5 2.4 4.8 2.0 2.5 2.0 4.9 3.0 2.5  Headache/Migraine  0.9 1.3 0.6 1.2 0.9 1.3 0.3 0.1 1.2  Heart, Cardiac and Circulatory Problems  7.9 6.0 6.2 5.8 3.4 2.3 3.0 5.3 4.6  Infectious Diseases  0.3 1.2 0.4 0.8 0.6 0.5 0.8 0.4 0.4  Injury, Fracture  7.1 3.1 6.3 7.3 6.8 6.1 5.8 21.2 21.1  Nervous System Disorders  - 0.6 0.5 1.7 1.0 1.0 1.5  Other Known Causes - Not Elsewhere Classified  7.6 5.3 6.4 5.0 3.3 3.6 5.2 3.3 5.7  Other Musculoskeletal Problems  5.6 4.4 4.5 3.3 3.9 4.6 3.3 5.0 2.7  Pregnancy Related Disorders  3.7 2.8 4.6 3.2 3.7 6.0 6.1 n/a 2.5  Skin Disorders  0.1 0.5 0.3 0.7 0.9 0.5 0.4 0.3 -  Substance Abuse  n/a - n/a 0.2 - n/a n/a  No Reason Specifed  0.7 1.2 0.5 0.6 0.9 0.8 0.9 0.3 2.0	Cold, Cough, Flu, Influenza	5.1	5.8	5.9	4.6	5.1	4.8	3.0	2.9	1.5
Endocrine/Glandular Problems   - 0.4	Dental and Oral Problems	-	0.3	0.1	0.2	0.2	0.1	0.2	0.1	0.9
Eye Problems	Ear, Nose, Throat	1. <i>7</i>	3.2	2.2	1.1	2.0	2.1	3.7	2.1	1.2
Gastrointestinal Problems       4.5       6.4       7.0       7.6       7.7       6.2       5.3       4.2       3.1         Genitourinary and Gynaecological Disorders       3.5       2.4       4.8       2.0       2.5       2.0       4.9       3.0       2.5         Headache/Migraine       0.9       1.3       0.6       1.2       0.9       1.3       0.3       0.1       1.2         Heart, Cardiac and Circulatory Problems       7.9       6.0       6.2       5.8       3.4       2.3       3.0       5.3       4.6         Infectious Diseases       0.3       1.2       0.4       0.8       0.6       0.5       0.8       0.4       0.4         Injury, Fracture       7.1       3.1       6.3       7.3       6.8       6.1       5.8       21.2       21.1         Nervous System Disorders       -       0.6       0.5       1.7       1.0       1.0       1.5       -       -         Other Known Causes - Not Elsewhere Classified       7.6       5.3       6.4       5.0       3.3       3.6       5.2       3.3       5.7         Other Musculoskeletal Problems       5.6       4.4       4.5       3.3       3.9       4.6	Endocrine/Glandular Problems	-	0.4	0.6	0.1	1.0	0.6	-	-	-
Senitourinary and Gynaecological Disorders   3.5   2.4   4.8   2.0   2.5   2.0   4.9   3.0   2.5	Eye Problems	1.3	0.3	0.4	1.1	0.9	0.6	1.2	2.8	0.1
Headache/Migraine   0.9   1.3   0.6   1.2   0.9   1.3   0.3   0.1   1.2     Heart, Cardiac and Circulatory Problems   7.9   6.0   6.2   5.8   3.4   2.3   3.0   5.3   4.6     Infectious Diseases   0.3   1.2   0.4   0.8   0.6   0.5   0.8   0.4   0.4     Injury, Fracture   7.1   3.1   6.3   7.3   6.8   6.1   5.8   21.2   21.1     Nervous System Disorders   - 0.6   0.5   1.7   1.0   1.0   1.5       Other Known Causes - Not Elsewhere Classified   7.6   5.3   6.4   5.0   3.3   3.6   5.2   3.3   5.7     Other Musculoskeletal Problems   5.6   4.4   4.5   3.3   3.9   4.6   3.3   5.0   2.7     Pregnancy Related Disorders   3.7   2.8   4.6   3.2   3.7   6.0   6.1   n/a   2.5     Skin Disorders   0.1   0.5   0.3   0.7   0.9   0.5   0.4   0.3   -     Substance Abuse   n/a   - n/a     0.2   -   n/a   n/a     No Reason Specifed   0.7   1.2   0.5   0.6   0.9   0.8   0.9   0.3   2.0	Gastrointestinal Problems	4.5	6.4	7.0	7.6	7.7	6.2	5.3	4.2	3.1
Heart, Cardiac and Circulatory Problems   7.9   6.0   6.2   5.8   3.4   2.3   3.0   5.3   4.6	Genitourinary and Gynaecological Disorders	3.5	2.4	4.8	2.0	2.5	2.0	4.9	3.0	2.5
Infectious Diseases   0.3   1.2   0.4   0.8   0.6   0.5   0.8   0.4   0.4	Headache/Migraine	0.9	1.3	0.6	1.2	0.9	1.3	0.3	0.1	1.2
Injury, Fracture	Heart, Cardiac and Circulatory Problems	7.9	6.0	6.2	5.8	3.4	2.3	3.0	5.3	4.6
Nervous System Disorders   - 0.6   0.5   1.7   1.0   1.0   1.5   - 0.5	Infectious Diseases	0.3	1.2	0.4	0.8	0.6	0.5	0.8	0.4	0.4
Other Known Causes - Not Elsewhere Classified         7.6         5.3         6.4         5.0         3.3         3.6         5.2         3.3         5.7           Other Musculoskeletal Problems         5.6         4.4         4.5         3.3         3.9         4.6         3.3         5.0         2.7           Pregnancy Related Disorders         3.7         2.8         4.6         3.2         3.7         6.0         6.1         n/a         2.5           Skin Disorders         0.1         0.5         0.3         0.7         0.9         0.5         0.4         0.3         -           Substance Abuse         n/a         -         n/a         -         -         0.2         -         n/a         n/a           No Reason Specifed         0.7         1.2         0.5         0.6         0.9         0.8         0.9         0.3         2.0	Injury, Fracture	<i>7</i> .1	3.1	6.3	7.3	6.8	6.1	5.8	21.2	21.1
Other Musculoskeletal Problems       5.6       4.4       4.5       3.3       3.9       4.6       3.3       5.0       2.7         Pregnancy Related Disorders       3.7       2.8       4.6       3.2       3.7       6.0       6.1       n/a       2.5         Skin Disorders       0.1       0.5       0.3       0.7       0.9       0.5       0.4       0.3       -         Substance Abuse       n/a       -       n/a       -       -       0.2       -       n/a       n/a         No Reason Specifed       0.7       1.2       0.5       0.6       0.9       0.8       0.9       0.3       2.0	Nervous System Disorders	-	0.6	0.5	1. <i>7</i>	1.0	1.0	1.5	-	-
Pregnancy Related Disorders       3.7       2.8       4.6       3.2       3.7       6.0       6.1       n/a       2.5         Skin Disorders       0.1       0.5       0.3       0.7       0.9       0.5       0.4       0.3       -         Substance Abuse       n/a       -       n/a       -       -       0.2       -       n/a       n/a         No Reason Specifed       0.7       1.2       0.5       0.6       0.9       0.8       0.9       0.3       2.0	Other Known Causes - Not Elsewhere Classified	7.6	5.3	6.4	5.0	3.3	3.6	5.2	3.3	5.7
Skin Disorders       0.1       0.5       0.3       0.7       0.9       0.5       0.4       0.3       -         Substance Abuse       n/a       -       n/a       -       -       0.2       -       n/a       n/a         No Reason Specifed       0.7       1.2       0.5       0.6       0.9       0.8       0.9       0.3       2.0	Other Musculoskeletal Problems	5.6	4.4	4.5	3.3	3.9	4.6	3.3	5.0	2.7
Substance Abuse       n/a       -       n/a       -       -       0.2       -       n/a       n/a         No Reason Specifed       0.7       1.2       0.5       0.6       0.9       0.8       0.9       0.3       2.0	Pregnancy Related Disorders	3.7	2.8	4.6	3.2	3.7	6.0	6.1	n/a	2.5
No Reason Specifed 0.7 1.2 0.5 0.6 0.9 0.8 0.9 0.3 2.0	Skin Disorders	0.1	0.5	0.3	0.7	0.9	0.5	0.4	0.3	_
	Substance Abuse	n/a	-	n/a	-	-	0.2	-	n/a	n/a
NICS Overall 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	No Reason Specifed	0.7	1.2	0.5	0.6	0.9	0.8	0.9	0.3	2.0
	NICS Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

<sup>&</sup>lt;sup>2</sup> n/a: No cases recorded.

<sup>&</sup>lt;sup>3</sup> Cells with small numbers of occurrences have been suppressed (-).

#### 3.3 Gender

As has been the case for over 10 years Anxiety/Stress/Depression/Other Psychiatric Illnesses was the reason behind the highest percentage of working days lost for both males and females.

The second highest reason for males was *Injury*, *Fracture*, accounting for 11.4% of their working days lost. *Pregnancy Related Disorders* was the second highest reason for females, accounting for 7.8% of their working days lost.

**Table 4**<sup>1,2,3</sup> Reason for Absence by Gender

	% of Working		
	Days Lost		
	Male	Female	
Anxiety/Stress/Depression/Other Psychiatric Illnesses	38.3	39.0	
Asthma	0.1	0.3	
Back Problems	7.8	3.9	
Benign and Malignant Tumours, Cancers	3.9	6.2	
Blood Disorders	0.4	0.9	
Burns, Poisoning, Frostbite, Hypothermia	0.1	0.0	
Chest and Respiratory Problems	3.4	3.1	
Cold, Cough, Flu, Influenza	5.1	4.1	
Dental and Oral Problems	0.1	0.3	
Ear, Nose, Throat	1. <i>7</i>	2.3	
Endocrine/Glandular Problems	0.5	0.6	
Eye Problems	0.8	0.7	
Gastrointestinal Problems	6.9	5.7	
Genitourinary and Gynaecological Disorders	1.5	3.6	
Headache/Migraine	0.9	1.1	
Heart, Cardiac and Circulatory Problems	6.2	2.3	
Infectious Diseases	0.6	0.6	
Injury, Fracture	11.4	5.8	
Nervous System Disorders	0.9	0.9	
Other Known Causes - Not Elsewhere Classified	3.6	5.1	
Other Musculoskeletal Problems	3.9	4.4	
Pregnancy Related Disorders	n/a	7.8	
Skin Disorders	0.7	0.4	
Substance Abuse	0.1	0.2	
No Reason Specifed	1.0	0.8	
NICS Overall	100.0	100.0	

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

<sup>&</sup>lt;sup>2</sup> n/a: No cases recorded.

<sup>&</sup>lt;sup>3</sup> Cells with small numbers of occurrences have been suppressed (-).

## 3.4 Age Group

Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the highest percentage of working days lost for all age groups.

The only other absence reason to exceed 15% of working days lost in any age group was Injury, Fracture among the 16-24 age group, which accounted for 17.7% of their working days lost.

**Table 5**<sup>1,2,3</sup> Reason for Absence by Age Group

Reason for Absence by Age Group					
	% of Working Days Lost				
	16-24	25-34	35-44	45-54	55+
Anxiety/Stress/Depression/Other Psychiatric Illnesses	34.1	38.5	41.8	37.9	36.6
Asthma	-	0.3	0.1	0.3	0.1
Back Problems	n/a	4.4	6.4	6.4	4.8
Benign and Malignant Tumours, Cancers	n/a	2.4	1 <i>.7</i>	7.0	7.8
Blood Disorders	n/a	0.6	1.2	0.5	0.4
Burns, Poisoning, Frostbite, Hypothermia	n/a	-	0.1	0.1	-
Chest and Respiratory Problems	6.8	1.2	2.2	3.4	5.0
Cold, Cough, Flu, Influenza	4.7	4.9	5.4	4.3	3.8
Dental and Oral Problems	n/a	0.3	0.2	0.1	0.4
Ear, Nose, Throat	n/a	2.7	2.5	1. <i>7</i>	1.6
Endocrine/Glandular Problems	n/a	0.5	0.7	0.7	0.2
Eye Problems	-	0.4	0.6	1.0	0.9
Gastrointestinal Problems	8.4	7.7	7.3	5.8	5.0
Genitourinary and Gynaecological Disorders	-	1 <i>.7</i>	2.3	3.0	3.0
Headache/Migraine	1.3	1.0	1.6	0.9	0.7
Heart, Cardiac and Circulatory Problems	n/a	0.7	1.8	4.2	7.7
Infectious Diseases	n/a	0.7	0.6	0.4	0.7
Injury, Fracture	1 <i>7.7</i>	9.8	6.4	8.7	9.2
Nervous System Disorders	n/a	1.2	0.7	1.4	0.5
Other Known Causes - Not Elsewhere Classified	-	3.6	3.1	5.9	4.5
Other Musculoskeletal Problems	n/a	2.2	2.8	4.9	5.4
Pregnancy Related Disorders	-	14.2	8.9	-	n/a
Skin Disorders	n/a	0.4	0.3	0.4	0.8
Substance Abuse	n/a	-	0.4	-	-
No Reason Specifed		0.4	0.9	1.0	0.9
NICS Overall	100.0	100.0	100.0	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

<sup>&</sup>lt;sup>2</sup> n/a: No cases recorded.

<sup>&</sup>lt;sup>3</sup> Cells with small numbers of occurrences have been suppressed (-).

## **CHAPTER 4**

## Long-term Sickness Absence

13.1% of staff had at least one longterm absence

Long-term absences accounted for 77.6% of the total working days lost

A long-term average duration of 63.1 working days

22.40/0 of Prison Grade staff had a long-term absence

## 4. LONG-TERM SICKNESS ABSENCE

A long-term absence is defined as any spell of absence that lasted more than 20 consecutive working days during the financial year. Additional information can be found in Appendix 8.

## 4.1 Prevalence of Long-term Absence

In 2018/2019, over one in every eight staff (13.1%) had a long-term absence; a slight decrease from the 13.3% of staff in the previous year.

These 3,126 staff each had at least one absence spell that lasted anywhere from more than one month to the full year (see Figure 16). The average length of these 3,300 spells was around three calendar months (63.1 working days<sup>1</sup>).

Long-term absences accounted for 77.6% of all working days lost, which was an increase on the proportion recorded in 2017/2018. This level of long-term absence would, by way of illustration, be equivalent to the loss of around 950 full-time staff for an entire year.

Table 6 Number of Long-term Absence Spells

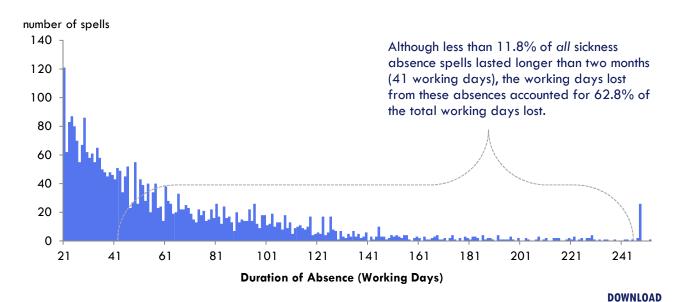
Number of Long- term Absence Spells	Number of Staff	% of Staff
0	20,693	86.9
1	2,956	12.4
2	166	0.7
3+	4	0.0
NICS Overall	23,819	100.0

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It should be noted, however, that while there were less working days lost due to long-term absences in 2018/2019 than in 2017/2018, the large decrease from last year in short-term absences due to Cold, Cough, Flu, Influenza absences actually led to the proportion of working days lost due to long-term absences increasing.

Meanwhile, the Frequency Rate<sup>2</sup> - the number of long-term spells per employee - decreased slightly from 14.0% to 13.9%.

Figure 16 Number of Spells by Duration - Long-term Absences (more than 20 working days)



<sup>&</sup>lt;sup>1</sup> The figure of 63.1 working days is the mean duration. The median (the middle value of all the long-term absence durations) is 49.0 working days, which equates to nearly 21/2 months. These figures only take account of the days lost during the specific financial year. For context, long-term absences that ended during 2018/2019 lasted for an average of 69.1 working days (approximately 3½ months).

<sup>&</sup>lt;sup>2</sup> Frequency Rate is the average number of long-term absences per employee, expressed as a percentage. (No of spells of long-term absence in the period/No. of employees) x 100

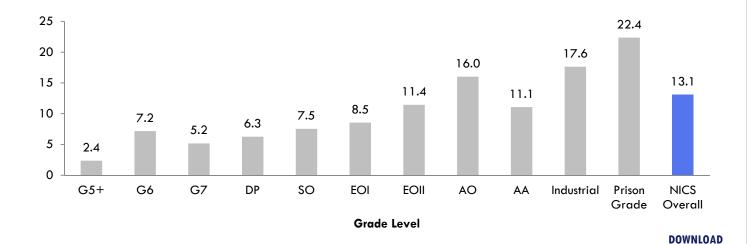
#### 4.2 Grade Level

Prison Grade staff had the highest incidence of long-term sickness absence - with over one in five (22.4%) staff having a long-term absence spell in 2018/2019. This was a decrease on the 2017/2018 figure of 23.5%. The only grade levels to show an increase in long-term sickness absence spells were G6, EOI and AO.

The average duration of Prison Grade absences was 66.1 working days, which was higher than the overall NICS average (63.1 working days). In total, 86.7% of all working days lost by Prison Grade staff were due to long-term absences – the second highest percentage of any grade level (see Table 8.2 in Appendix 8).

In the non-industrial grades, the incidence of long-term absence tended to decrease as grade level increased. For example, 16.0% of the AO grade staff had a long-term absence compared with 2.4% of G5+ staff.

**Figure 17**One or More Long-term Absence by Grade Level % of staff



#### 4.3 Gender

Females had a higher incidence of longterm absence than males, even after absences due to *Pregnancy Related Disorders* were excluded.

On the other hand, the average duration of their long-term absences (59.6 days) was shorter than those of males (67.7 days).

For further information, see Table 8.3 in Appendix 8.

Figure 18 One or More Long-term Absence by % of staff Gender 20 14.9 13.8 13.1 15 11.3 10 5 0 Male **Female Female** NICS Overall Adjusted1 Gender

<sup>&</sup>lt;sup>1</sup> Excludes absences due to Pregnancy Related Disorders.

## 4.4 Age Group

Aside from a considerably lower incidence of long-term absence among staff aged 16-24 (7.0%) and a higher incidence among staff aged 55+ there was no obvious absence trend by age group. However, the average duration of the long-term absences did increase with age group (see Table 8.4 in Appendix 8).

Figure 19 One or More Long-term Absence by Age Group % of staff 20 14.1 15 13.1 13.1 13.1 12.4 10 7.0 5 0 16-24 25-34 35-44 45-54 55+ **NICS** Overall Age Group (Years)

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## 4.5 Reason for Long-term Absence

Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for the largest proportion of long-term absences in terms of both the spells (43.7%) and the working days lost (45.8%).

The second most significant reason was *Injury*, *Fracture*, which accounted for 9.0% of the long-term working days lost and 10.1% of the long-term absence spells.

**Table 7**Reason for Long-term Absence<sup>1,2</sup> (% of Long-term Working Days Lost and Long-term Spells)

(70 G. 25119 101111 71351165 (70 G. 25119 101111 71	% of Long-term	
	Working Days Lost	Spells
Anxiety/Stress/Depression/Other Psychiatric Illnesses	45.8	43.7
Injury, Fracture	9.0	10.1
Benign and Malignant Tumours, Cancers	6.5	4.1
Back Problems	5.5	5.7
Heart, Cardiac and Circulatory Problems	4.7	3.9
Other Known Causes - Not Elsewhere Classified	4.6	5.0
Other Musculoskeletal Problems	4.4	4.8
Gastrointestinal Problems	3.7	4.7
Pregnancy Related Disorders	3.6	4.5
Genitourinary and Gynaecological Disorders	2.6	2.8
Chest and Respiratory Problems	2.2	2.5
Nervous System Disorders	1.1	1.3
Ear, Nose, Throat	1.1	1.0
Other	5.3	5.8
NICS Overall	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'Other' contains any absence with a reason that accounted for less than 1% of the long-term working days lost.

<sup>&</sup>lt;sup>2</sup> The category 'No Reason Specified' contains any long-term absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

## 4.6 Long-term Frequency

DoJ had the highest frequency of long-term absences in 2018/2019 at 16.5%, which was a slight reduction on the previous year's figure of 16.6%. DoH had the lowest frequency at 8.9%.

While five Departments reported a reduction in their long-term frequency rate - the Public Prosecution Service (PPS) experienced the greatest rise - a frequency rate increase from 12.3% to 15.6%.

**Table 8**Long-term Frequency by Department (2014/2015 to 2018/2019)<sup>2,3</sup>

		Long-term Frequency Rate (%)						
Department	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019			
DAERA		9.9	10.5	11.2	11.2			
DfC		13.8	15.2	15.8	15.8			
DfE		9.1	10.5	9.5	9.7			
DE		9.4	11.2	10.1	9.6			
DoF		9.8	10.4	10.3	10.0			
DoH		7.4	8.0	10.0	8.9			
DfI		11.3	12.0	14.1	13.3			
DoJ		18.1	1 <i>7</i> .2	16.6	16.5			
TEO		7.5	7.7	6.6	9.3			
PPS		11.5	13.6	12.3	15.6			
NICS Overall	11.8	12.5	13.5	14.0	13.9			

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## 4.7 Long-term Duration<sup>4</sup>

In 2018/2019, The Executive Office (TEO) had the longest average duration of long-term absence spells at 73.5 working days while the shortest average was 53.4 working days in the Department of Health (DoH). Six Departments showed an increase in average duration compared with 2017/2018; with DE, DoF, DoH and DoJ reporting a decrease.

The most notable increase was in The Executive Office (TEO), where the average duration rose by 11.9 days to 73.5 days. Overall the long-term duration of absence spells in the NICS increased by over a day.

Long-term Duration (working days)

**Table 9**Long-term Duration by Department (2014/2015 to 2018/2019)<sup>2,3</sup>

			•	•	•
Department	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
DAERA		57.2	62.4	61.2	64.3
DfC		57.0	62.0	61.4	62.1
DfE		62.5	61.2	57.4	59.9
DE		54.8	64.4	58.4	58.2
DoF		58.1	55.2	61.6	60.6
DoH		54.6	63.4	57.3	53.4
DfI		66.4	66.5	64.6	71.1
DoJ		65.7	66.3	63.3	61.9
TEO		50.4	56.0	61.6	73.5
PPS		57.9	56.4	58.6	60.7
NICS Overall	60.2	60.2	62.5	62.0	63.1

<sup>&</sup>lt;sup>1</sup> Frequency Rate is the average number of long-term spells per employee, expressed as a percentage.

 $<sup>^{2}</sup>$  The figures shown for 2015/2016 represent a best estimate of what the figures would have been, had the new NICS structures been implemented for the entire year. No figures are available for prior years due to the impact of NICS restructuring. For more information on the restructuring, see Appendix 1 and Appendix 12.

<sup>&</sup>lt;sup>3</sup> Green text denotes a reduction from the previous financial year.

 $<sup>\</sup>ensuremath{\mathsf{Red}}$  text denotes an increase from the previous financial year.

<sup>&</sup>lt;sup>4</sup> Throughout this report, the duration of absence relates only to days lost in the specific financial year.

# CHAPTER 5 Absence Insight

#### 5. ABSENCE INSIGHT

This chapter aims to provide an insight into some of the issues behind the headline figures.

#### 5.1 Revisiting the 2017/2018 Flu<sup>1</sup> spike

Last year (2017/2018) there was a marked spike in sickness absence due to Flu, particularly in the months December 2017 to February 2018. This resulted in approximately one in five staff (18.1%) having an absence due to Flu.

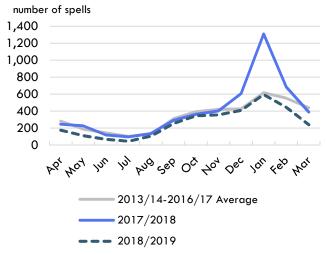
In 2018/2019, around one in eight staff (12.3%) were absent due to Flu, a reduction of 5.8 percentage points on the previous year.

Figure 20 shows that the spike in spells of absence due to Flu in December 2017 to February 2018 was not repeated in 2018/2019 but instead reverted to the levels usually experienced. There were 596 spells of absence due to Flu in January 2019, less than half the number recorded the year before in January 2018 (1,310).

It is estimated that last year's flu spike contributed 0.3 days to the overall total of the 13.0 average working days lost that year.

Figure 20

Spells of Cold, Cough, Flu, Influenza starting in each month (2013/14-2016/17 average, 2017/2018 and 2018/2019)

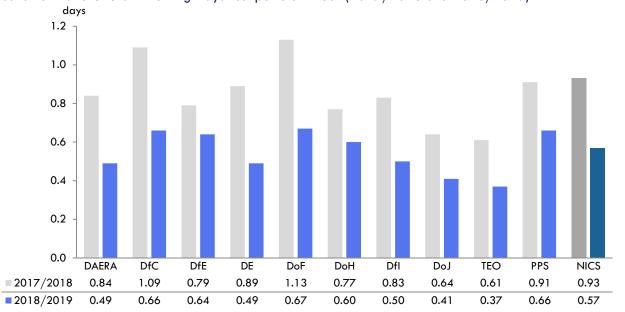


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#### Departmental Focus - Flu

Whilst generally affecting all genders and grade levels equally, some Departments had their absence levels impacted more than others by the 2017/2018 Flu season. Figure 21 shows the impact the reduction in Flu related absences in 2018/2019 had on each Department's absence level. All departments show a reduction in Flu related absences in 2018/2019 compared with the previous year. The decreases were most marked in DoF (a reduction of 0.46 of a day), DfC (0.43 of a day) and DE (0.40 of a day).

Figure 21 Contribution of Flu to Overall Working Days Lost per Staff Year (2017/2018 and 2018/2019)



<sup>&</sup>lt;sup>1</sup> "Flu" refers to the sickness absence category Cold, Cough, Flu, Influenza.

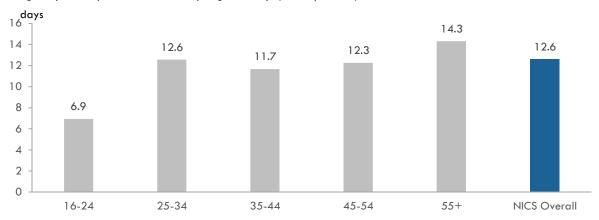
#### 5.2 Sickness Absence and an Ageing Workforce

The NICS has an older age profile than the economically active working age population in Northern Ireland <sup>1</sup> At January 2018, the proportion of NICS staff aged 50 and over (39.5%) was more than double that of the economically active population (17.8%). The median age of staff has increased from 39 years old in 2000 to 46 years old in 2018.

#### **Average Working Days Lost**

In 2018/2019 the average working days lost per staff year in the NICS was highest for the oldest age group (aged 55+) but was relatively similar across the other age groups (Figure 22). The 16-24 age group had the lowest level of working days lost but this is most likely because this group is relatively small in number and will include quite a few probationers whose absence is closely monitored during the start of their career. The trend over previous years has been similar with the oldest age group (aged 55+) having the highest level of days lost compared to the other age groups in four of the last six financial years (the exceptions being 2015/2016 and 2013/2014).

Figure 22
Working Days Lost per Staff Year by Age Group (2018/2019)

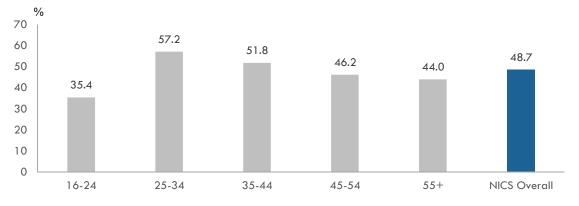


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#### Proportion of staff with one or more recorded spells of absence

Whilst the average working days lost per staff year was generally highest for those aged 55+, the proportion of staff with recorded spells of absence does not follow the same trend. During 2018/2019 the highest incidence of absence (Figure 23) was amongst staff aged 25-34 (57.2% were absent during 2018/2019) followed by those aged 35-44 (51.8%). Those aged 16-24 had the lowest incidence of absence (35.4%) followed by those aged 55+ who had the second lowest incidence of absence (44.0%).

Figure 23
Percentage of Staff with one or more absence by Age Group (2018/2019)



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<sup>&</sup>lt;sup>1</sup> 'Equality Statistics for the Northern Ireland Civil Service 2018', Annual Report published by HRCS/NISRA on 12th September 2018. https://www.nisra.gov.uk/publications/equality-statistics-northern-ireland-civil-service-2018

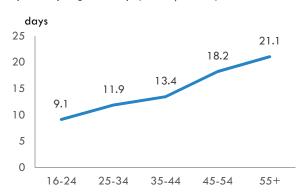
#### Frequency and Average Duration of Absence Spells

The number of spells of absence taken per staff year is relatively consistent across all age groups with staff aged 16-24 having 0.8 spells of absence per staff year in 2018/2019 compared with those aged 55+ having 0.7 spells (Figure 24). In terms of the average duration of absence (Figure 25), this does appear to increase with age from an average of 9.1 days amongst those aged 16-24 to 21.1 days amongst those aged 55+. This same trend is reflected in the absence data for each of the last 5 years. Therefore, whilst the number of occasions that older staff are sick is similar to or even lower than that of younger staff, when they are sick it tends to be for longer periods of time.

Figure 24 Number of Spells of Absence per Staff Year by Age Group (2018/2019)

spells 1.5 1.1 0.9 1.0 0.8 0.7 0.7 0.5 0.0 16-24 25-34 35-44 45-54 55 +

Figure 25 Average Duration in Working Days of Absence Spells by Age Group (2018/2019)

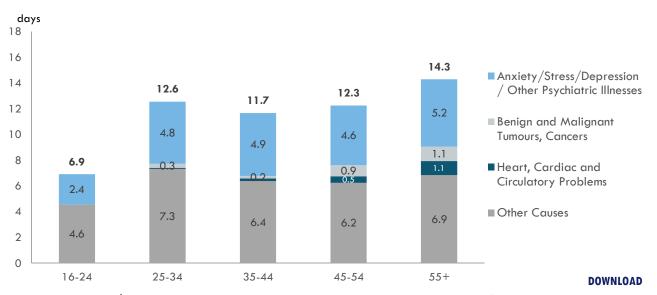


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#### Reasons for Absence and contribution to average working days lost

Figure 26 shows the contribution of each reason for absence to the average working days lost by age group for NICS staff in 2018/2019. As previously highlighted, the average days lost per year is generally highest for the oldest age group (aged 55+). Some key absence reasons have been highlighted for presentational purposes with the remaining categories combined into 'Other Causes'.

Figure 26 Contribution of Reasons to Working Days Lost per Staff Year by Age Group (2018/2019)



Whilst 'Anxiety, Stress/Depression & Other Psychiatric illnesses' is a major cause of absence across all age groups, other illnesses become more of a factor with increasing age. For example, 'Benign and Malignant Tumours, Cancers' along with 'Heart, Cardiac and Circulatory Problems' can be seen to make a greater contribution to the average working days lost amongst the older age groups than amongst those in the younger age groups.

# APPENDICES

## **Appendix 1: Data Quality**

Relevance: The degree to which the statistical product meets user needs for both coverage and content.

This report covers sickness absences that were recorded on HRConnect (the main HR system used by the NICS) for industrial and non-industrial staff in the Northern Ireland Civil Service. The report also includes sickness absence information for staff in the Department of Justice that were not held on HRConnect, namely: the Northern Ireland Prison Service (data taken from their COMPASS system). Data prior to 2016/2017 for Youth Justice Agency staff were taken from their Simply Personnel system.

Absence information is presented by Department, grade level, gender, age group, length of service and reason for absence. Some comparisons with figures for the previous four financial years were also included.

Accuracy and Reliability: The proximity between an estimated result and the unknown true value.

Absences that were entered, or closed, on the HR systems retrospectively may be missed if the data were downloaded before this happened. To minimise the impact of this the data for all staff held on HRConnect and COMPASS were extracted five weeks after the end of the financial year reporting period; this allowed for the updating of absence records and personnel moves. Absence records from the Simply Personnel system were extracted on a monthly basis a week after the end of each month of the financial year.

Any information provided in this report relating to lost production is calculated, where possible, on the basis of each individual's actual salary and the associated employer's National Insurance and Superannuation contributions.

There is no means of verifying if line managers have entered absences incorrectly, or not at all. Misdiagnosis of symptoms may lead to some self-certified absences being recorded under the wrong reasons. However, Departments regularly remind line managers and staff concerning their roles and responsibilities which are also detailed in Personal Performance Agreements. HRConnect also contains guidance in this regard.

Users should note that some figures may not add to the totals due to rounding.

**Timeliness and Punctuality:** Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

The annual datasets cover the financial year from 1st April to 31st March. The processes used in producing this report are continually being streamlined while at the same time maintaining or improving the accuracy of the data.

Report Year	Date Published	Report Year	Date Published	Report Year	Date Published
2018/2019	20/06/2019	2015/2016	22/09/2016	2012/2013	30/10/2013
2017/2018	26/09/2018	2014/2015	10/09/2015	2011/2012	29/11/2012
2016/2017	20/09/2017	2013/2014	16/10/2014	2010/2011	02/12/2011

The reports for 2010/2011 and 2011/2012 were both delayed beyond October for reasons as detailed in their respective Data Quality sections.

Accessibility and Clarity: Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

No issues relating to accessibility or clarity were received during internal user consultations held in June and August 2018, nor in a wider customer survey in March 2018, the results of which can be found at https://www.nisra.gov.uk/statistics/official-statistics/hrcs-customer-survey-report. The report contains contact details for further information and is available to download through the NISRA, DoF and gov.uk websites along with the reports from previous years. In 2013 the report was scrutinised as part of an internal NISRA peer review process, with generally very positive feedback. The data presented in the report are also available in OpenDocument Spreadsheet (ODS) format through links below each table or chart.

#### Appendix 1: Data Quality

**Coherence and Comparability:** Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.

Analyses prior to 2008/2009 were based on data extracted from HRMS (the previous HR system used by the NICS). Sickness absence information was entered onto this system by Departmental HR staff based on manually completed weekly sick returns. Under the new system it is the responsibility of line managers to record sickness absence information on HRConnect. This change in recording practices coincided with an increase in the proportion of staff with no absences and should be taken into consideration when analysing historical trends.

In December 2016, HR information, including historic sickness absence information, relating to staff in the Youth Justice Agency was moved from their Simply Personnel system onto HRConnect (the main HR system used by the NICS). This should improve the data's comparability further, from 2016/2017 onwards. Similarly, Non-Prison Grade staff in the Northern Ireland Prison Service have moved their HR information from the COMPASS system onto HRConnect from 1st April 2017.

The HRConnect, Simply Personnel and COMPASS databases use similar definitions and methodology to record sickness absence. As part of the data verification process the variables in the datasets are checked to ensure that they are comparable prior to the datasets being merged into one overall financial year file.

On the 9th May 2016 new Departmental structures came into effect within the NICS, with the number of Ministerial Departments being reduced from twelve to nine [Note: The Public Prosecution Service (PPS) is a Non-Ministerial Department], and various functional areas being transferred to accommodate this (see Appendix 12 for an overview of the changes).

For the comparative 2016/2017 Departmental analyses in this report, data for the period 1st April 2016 to 8th May 2016 have been recoded to best reflect the Departmental structures that came into effect on the 9th May 2016. In addition, any Departmental analyses presented for 2015/2016 have also been reworked to represent a best estimate of the position as if the restructuring had actually taken effect from 1st April 2015. Given staff moves/transfers and the normal ongoing restructuring that occurs within Departments it has not, however, been practical to attempt to estimate historical Departmental figures, based on the new NICS structure, prior to 2015/2016.

Between September 2015 and May 2016 almost 3,000 full-time and part-time staff left the NICS on a Voluntary Exit Scheme leading to some 2,100 less staff years of work being available in 2016/2017 than in 2015/2016.

HRCS became aware that certification data was being incorrectly recorded on HRConnect by a relatively small number of NICS line managers or staff. This meant that the certification data for around 2% of all sickness absence spells were mistakenly being reported as uncertified or missing. Through the use of related medical certificate data, also held on HRConnect, it has been possible for 2017/2018 to improve the quality of the reported data and correctly identify these spells as being certified. This process has been retrospectively applied to NICS sickness absence data for 2013/2014 onwards and headline figures are presented in the Key Facts section of this report.

The recording of the reason for absence uses the Sickness Absence Recording Tool (SART) - details of which can be found at http://www.iom-world.org/sicknessabsence/index.htm. These were developed by the Institute of Occupational Medicine (IOM) for the UK Health and Safety Executive (HSE).

Where practical, the Cabinet Office guidelines on the calculation of sickness absence are followed. The headline sickness absence figures can be compared to the GB Civil Service (https://www.gov.uk/government/publications/civil-service-sickness-absence). However, in-depth comparisons cannot be made as they do not publish figures beyond their headline rate. The headline figures would achieve a grade D on the 4 Nations Comparability Scale (Comparing Official Statistics Across the UK) given that they are produced from separate sources of data but the methods and standards are broadly comparable.

In Scotland the sickness absence statistics for the Scottish Government workforce are reported quarterly (on a rolling 12-month basis) at https://beta.gov.scot/publications/workforce-information/, along with explanatory notes. They are produced on a "per staff year" basis. The Welsh Government includes headline sickness absence figures in their annual Consolidated Accounts, available at https://gov.wales/about/civilservice/how-we-work/facts-figures/ourfinance/welsh-government-consolidated-accounts/?lang=en. They are produced on a "per staff year" basis also. In the Republic of Ireland (Rol), sick leave statistics for the Public Service are published annually at https://hr.per.gov.ie/sick-leave/. These are on a "per full-time equivalent" basis.

#### **Appendix 1: Data Quality**

Care should also be taken when making comparisons with the sickness absence reports produced by CIPD or CBI, which are often quoted in the press. These are based on survey returns which can be affected by response bias. For example, firms with solid methods of data collection and that have 'good' figures to report may be the ones most likely to send in their figures. These organisations also report on a "per person" method while the NICS reports on a 'per Staff Year' basis, as per Cabinet Office guidelines, which methodologically tends to return a higher figure. In particular, using the 'per person' method can markedly underreport the absence levels of organisations with a high proportion of part-time staff and/or high levels of staff turnover.

The "per Staff Year" method takes account of the hours a member of staff actually works whereas the "per person" method uses the number of staff employed but disregards their working patterns. The Staff Year value is a better reflection of the real working time available because it takes into consideration both the contracted hours worked and the proportion of the year for which staff were employed. This enables more meaningful comparisons to be made with external organisations and between/within Departments.

Typically the number of Staff Years is less than the headcount of staff and therefore an organisation's Working Days Lost per Staff Year figure will tend to be higher than their Working Days Lost per Person figure. The magnitude of this difference will depend on the proportion of part-time staff and the level of staff turnover in the organisation. For example, in the GB Civil Service the difference has been estimated to be about one day.

Output Quality Trade-offs: Trade-offs are the extent to which different aspects of quality are balanced against each other.

No trade-offs applied.

**Assessment of User Needs and Perceptions:** The processes for finding out about users and uses and their views on the statistical products.

Internal user consultations were undertaken in June and August 2018, and a wider customer survey carried out in March 2018, the results of which can be found at https://www.nisra.gov.uk/statistics/official-statistics/hrcs-customer-survey-report. An internal peer review in 2013 also provided positive feedback on the annual publication.

Performance, Costs and Respondent Burden: The effectiveness, efficiency and economy of the statistical product.

There is no respondent burden since the data are held on administrative systems and extracted using an automated process. The annual operational cost (staff time) of producing the report is approximately £24,000.

**Confidentiality, Transparency and Security:** The procedures and policy used to ensure sound confidentiality, security and transparent practice.

All staff involved are trained on the protocols for protecting and maintaining the confidentiality of the data. NISRA follows the 'National Statistician's Guidance: Confidentiality of Official Statistics' in the collection and dissemination of this report. The guidance can be found at: https://gss.civilservice.gov.uk/policy-store/national-statisticians-guidance-confidentiality-of-official-statistics/

Data are held on a network that is only accessible to the few statisticians who need access. Printouts containing individual records or small cell sizes are locked away and shredded as soon as possible.

Standard disclosure control methodology is applied to the data. This ensures that information attributable to an individual is not identifiable in any published outputs and that the outputs are only seen by authorised staff prior to their publication. Suppression is applied where the number of individuals in a cell is less than three. Suppression is also applied, where necessary, to the next lowest valued cell in order that identification by subtraction is not possible.

The pre-release access list for the report is reviewed on an annual basis. The named individuals are checked to ensure that they are the correct contact and that they are available on the day before the release of the report (if they are not then they can nominate a deputy). A guidance document is also sent to those on the revised list explaining to them their obligations about data disclosure prior to the publication of the report.

## Appendix 2: Calculations

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

% of Available Working Days Lost = Number of Working Days Lost | x 100 |

Working Days Lost per Staff Year = Number of Working Days Lost |

Number of Staff Years | Number of Staff Years |

Number of Staff Years | Number of Staff Years |

Number of Staff Years | Number of Staff Years |

The "Working days lost per staff year" approach was recommended by the Cabinet Office in the review "Managing Attendance in the Public Sector (1999)". This approach replaced 'working days lost per person' which does not always permit valid comparisons to be made between or within organisations that differ in their proportions of part-time staff and/or their levels of staff turnover. In particular, it can misrepresent the absence rate in organisations that have a high proportion of part-time staff and/or high levels of staff turnover. For the majority of people, a staff year is approximately 220 working days, but clearly this depends on date of entry and/or date of leaving, and annual leave entitlement which varies by grade, length of service, and work pattern. For each individual a 'staff year' was therefore calculated taking all of these factors into account. The following simple example highlights the rationale for the methodology used by the Cabinet Office.

#### Example

- A. Worked Full-time all year (hence 1 staff year), and
- **B.** Worked Full-time for  $\frac{1}{2}$  year (hence  $\frac{1}{2}$  staff year)

If **A** was absent for 20 working days and **B** was absent for 10 working days, then the number of working days lost per staff year are calculated as follows:

Total Number of working days lost = 30Total Number of Staff Years = 1 + 0.5 = 1.5

Working Days Lost per Staff Year = 30 = 20

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

Total Number of working days lost = 30
Total Number of People = 2

Working Days Lost per Person =  $\frac{30}{2}$  = 15

which overlooks the fact that one of the staff was only employed for six months.

# Working Days Lost through Sickness Absence

**Download Appendix 3 data** 

Table 3.1: Department by Grade Level

When assessing the variation in days lost per staff year in the table below it should be noted that the number of staff involved can be relatively small. Even a small number of long-term absences can therefore strongly influence the overall level of absence in these groupings.

_						Worki	ing Days	Lost per	Staff Year
Department	<b>G7</b> +	DP	SO	EOI	EOII	AO	AA	Industrial	Prison Grade
DAERA	5.2	6.9	10.5	10.7	10.6	15.3	16.3	11.2	n/a
DfC	5.4	6.5	8.5	11.0	14.1	19.6	19.3	8.9	n/a
DfE	5.5	8.4	12.5	8.6	11.9	12.3	11.1	n/a	n/a
DE	5.7	3.4	7.8	11.0	13.1	12.5	21.7	n/a	n/a
DoF	7.9	7.3	9.1	7.4	10.6	15.5	17.8	6.0	n/a
DoH	2.4	7.9	8.7	7.9	16.3	10.9	18.0	n/a	n/a
DfI	5.1	5.2	7.5	10.9	7.6	15.9	11.6	20.0	n/a
DoJ	3.7	7.2	8.7	9.5	11.1	13.2	14.4	3.7	19.3
TEO	6.3	10.1	5.5	8.0	15.8	26.6	0.6	n/a	n/a
PPS	15.6	10.4	4.6	8.6	15.2	18.8	14.2	n/a	n/a
NICS Overall	6.1	7.2	9.1	10.0	12.8	17.2	16.3	17.1	19.3

Table 3.2: Absence Levels by Occupational Grouping<sup>2</sup>
Occupational Groupings (with more than 200 staff)

	Working Days Lost per Staff Ye					
Occupational Grouping	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	
Casual	5.6	4.1	2.6	7.2	21.6	
Prison Grade	20.4	23.8	19.6	20.9	19.3	
Industrial	13.7	16.2	17.0	18.8	17.1	
Driving Examiner	11.0	11.8	11.4	12.6	16.9	
Secretarial/Typing	10.2	12.2	13.3	16.0	14.9	
Support Grade Staff	14.0	11.9	13.2	10.5	13.1	
General Service	11.3	11.9	13.0	13.6	13.0	
Drawing Officer	7.0	7.8	8.3	17.4	12.4	
Agricultural Inspector	6.5	6.6	8.7	7.2	10.1	
Planning	8.2	6.9	4.7	7.7	9.2	
Other	6.9	7.4	9.2	8.7	8.9	
Statistician	4.5	5.8	7.3	5.6	7.3	
Computing	5.4	5.0	6.4	7.7	6.7	
Scientific Officer	6.9	7.4	8.1	9.3	6.7	
Civil Eng (inc assistants)	4.6	5.2	6.1	5.0	6.2	

<sup>&</sup>lt;sup>1</sup> n/a: No cases recorded.

<sup>&</sup>lt;sup>2</sup> Green text denotes a reduction from the previous financial year. Red text denotes an increase from the previous financial year.

Table 3.3: Certification by Department<sup>1</sup>

	Working	Days Lost per	Staff Year	% of Avai	lable Working	Days Lost
Department	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
DAERA	0.9	9.4	10.3	0.4	4.3	4.7
DfC	1.6	12.9	14.9	0.7	5.9	6.8
DfE	1.3	8.5	9.8	0.6	3.9	4.5
DE	1.3	7.8	9.2	0.6	3.5	4.2
DoF	1.5	8.6	10.2	0.7	3.9	4.7
DoH	1.3	<i>7</i> .0	8.4	0.6	3.2	3.8
DfI	1.0	11.5	12.6	0.5	5.3	5.8
DoJ	0.9	12.6	14.0	0.4	5.8	6.4
TEO	1.0	9.7	10.7	0.4	4.4	4.9
PPS	1.3	12.9	14.3	0.6	5.9	6.5
NICS Overall	1.3	11.1	12.6	0.6	5.1	5.8

Table 3.4: Certification by Grade Level

	Working	Days Lost per	Staff Year	% of Avai	lable Working	Days Lost
Grade Level	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
SCS	0.4	3.4	3.9	0.2	1.6	1.8
G6	0.7	8.5	9.2	0.3	3.9	4.2
G7	0.7	5.1	5.9	0.3	2.3	2.7
DP	0.9	6.2	7.2	0.4	2.8	3.3
50	1.1	<i>7</i> .9	9.1	0.5	3.6	4.2
EOI	1.2	8.7	10.0	0.5	4.0	4.6
EOII	1.6	11.0	12.8	0.7	5.0	5.9
AO	1.8	15.1	17.2	0.8	6.9	7.9
AA	1.6	14.5	16.3	0.7	6.7	7.5
Industrial	0.9	16.2	1 <i>7</i> .1	0.4	7.4	<i>7</i> .8
Prison Grade	0.6	1 <i>7.</i> 8	19.3	0.3	8.3	9.0
NICS Overall	1.3	11.1	12.6	0.6	5.1	5.8

Table 3.5: Certification by Gender

_	Working	Days Lost per	Staff Year _	% of Avai	lable Working	Days Lost
Gender	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall
Male	1.2	9.6	10.9	0.5	4.4	5.0
Female	1.4	12.8	14.4	0.6	5.9	6.6
NICS Overall	1.3	11.1	12.6	0.6	5.1	5.8

Table 3.6: Certification by Age Group 1

	Working	Working Days Lost per Staff Year			% of Available Working Days		
Age Group	Self-Certified	Certified	Overall	Self-Certified	Certified	Overall	
16-24	1.0	5.5	6.9	0.4	2.5	3.1	
25-34	1.9	10.3	12.6	0.9	4.7	5.7	
35-44	1.5	9.9	11. <i>7</i>	0.7	4.5	5.4	
45-54	1.1	11.0	12.3	0.5	5.0	5.6	
55+	1.0	13.2	14.3	0.4	6.0	6.5	
NICS Overall	1.3	11.1	12.6	0.6	5.1	5.8	

Table 3.7: % of Available Working Days Lost by Department 1,2

% of Available Working Days Lost 2014/2015 2016/2017 2017/2018 2015/2016 2018/2019 Department DAERA 4.1 4.3 4.7 DfC 6.0 6.6 7.0 6.8 DfE 4.3 4.6 4.5 4.5 DE 4.0 5.1 4.5 4.2 4.5 5.0 4.7 DoF 4.5 3.5 4.0 4.4 3.8 DoH 4.9 5.0 5.8 Dfl 5.8 7.3 6.9 6.9 6.4 DoJ 4.9 TE0 3.3 3.6 3.5 **PPS** 5.1 5.4 5.4 6.5 **NICS Overall** 4.9 5.3 5.6 6.0 5.8

Table 3.8: % of Available Working Days Lost by Grade Level<sup>2</sup>

% of Available Working Days Lost 2014/2015 2015/2016 2016/2017 2017/2018 2018/2019 Grade Level G5+1.7 1.2 1.8 1.3 1.8 G6 2.2 2.0 2.1 2.6 4.2 2.8 2.7 G7 2.8 3.2 2.7 DP 2.9 3.5 3.7 3.5 3.3 SO 3.5 3.6 3.9 4.1 4.2 3.9 4.9 EOI 4.6 4.4 4.6 EOII 4.7 5.0 5.7 6.2 5.9 A0 6.0 6.3 6.8 7.7 7.9 AA 6.5 7.4 8.2 8.5 7.5 Industrial 6.2 7.4 7.6 8.6 7.8 9.4 8.9 9.6 **Prison Grade** 11.0 9.0 **NICS Overall** 4.9 5.3 5.6 6.0 5.8

Table 3.9: % of Available Working Days Lost by Gender<sup>2</sup>

% of Available Working Days Lost 2014/2015 2015/2016 2016/2017 2017/2018 2018/2019 Gender 4.1 4.7 Male 4.6 5.0 5.0 **Female** 5.8 6.2 6.6 7.1 6.6 4.9 **NICS Overall** 5.3 5.6 6.0 5.8

Table 3.10: % of Available Working Days Lost by Age Group<sup>2</sup>

% Available of Working Days Lost 2014/2015 2015/2016 2016/2017 2017/2018 2018/2019 Age Group 16-24 2.2 2.9 4.6 3.0 3.1 25-34 5.1 5.9 5.8 5.6 5.7 35-44 4.6 4.9 5.3 5.9 5.4 45-54 4.9 5.3 5.3 5.7 5.6 55+ 5.3 5.5 6.4 6.6 6.5 **NICS Overall** 4.9 5.3 6.0 5.6 5.8

<sup>&</sup>lt;sup>1</sup> The NICS Departments were restructured from 9th May 2016. All Departmental figures for 2015/2016 represent a best estimate of those year's figures, had the new NICS structure been in place. No comparable figures are available for years prior to 2015/2016. For more information on the restructuring, see Appendix 1 and Appendix 12.

<sup>&</sup>lt;sup>2</sup> Green text denotes a reduction from the previous financial year.

Red text denotes an increase from the previous financial year.

# Appendix 4: Seasonal Effects on the Onset of Absence

**Download Appendix 4 data** 

The following tables examine seasonal effects on the onset of sickness absence.

Table 4.1: Onset of Absence by Month

		% of Spells Sta	rting in Month
Month	Self-Certified	Certified	Overall
April	6.9	<i>7</i> .1	6.9
May	6.5	6.5	6.5
June	6.4	7.2	6.7
July	5.5	6.5	5.8
August	6.7	6.8	6.8
September	7.8	<b>7.</b> 1	7.6
October	10.7	9.3	10.2
November	10.8	9.4	10.2
December	9.1	6.7	8.3
January	12.3	11.8	12.0
February	9.5	10.3	9.9
March	7.8	11.3	9.1

Table 4.2: Onset of Anxiety/Stress/Depression/Other Psychiatric Illnesses by Month

Month	% of Spells Starting in Month
April	7.0
May	6.3
June	7.0
July	7.2
August	6.9
September	8.2
October	9.5
November	10.3
December	6.5
January	10.7
February	9.7
March	10.7

Table 4.3: Onset of Absence by Weekday

		% of Spells Startin	g on Weekday
Weekday	Self-Certified	Certified	Overall
Sunday	0.3	0.6	0.5
$Monday^1$	33.2	32.7	32.8
Tuesday	23.4	19.6	21.9
Wednesday	18.3	1 <i>7</i> .9	18.2
Thursday	16.3	16.6	16.5
Friday	8.1	11.5	9.4
Saturday	0.4	1.1	0.8

<sup>1</sup> It sould be noted that absences that actually started on a Saturday or Sunday, and then continued into the working week, may have been recorded as if they had started on a Monday.

## Appendix 5: Standardised Departmental Absence Levels

#### **Download Appendix 5 data**

The following figures show the extent to which a Department's staffing profile can influence its overall absence level. In Figures 5.1 and 5.2 below, the staffing profile of each Department has been standardised by grade level, gender and age group to that of the NICS as a whole.

It should be noted that in reports prior to 2011/2012, DFP (DoF) was used as the staffing profile against which all other Departments were standardised. However, this is no longer a suitable staffing profile to use as there are no Prison Grade staff in DFP (DoF). A similar approach to that used by the GB Civil Service has therefore been adopted for this illustration, and the staffing profile of the NICS as a whole is being used.

Figure 5.1: Working Days Lost per Staff Year - Observed and Standardised

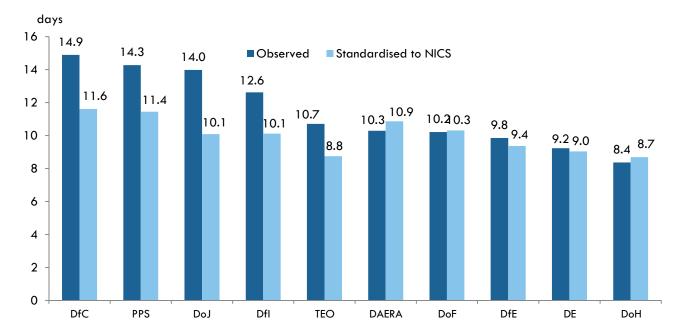
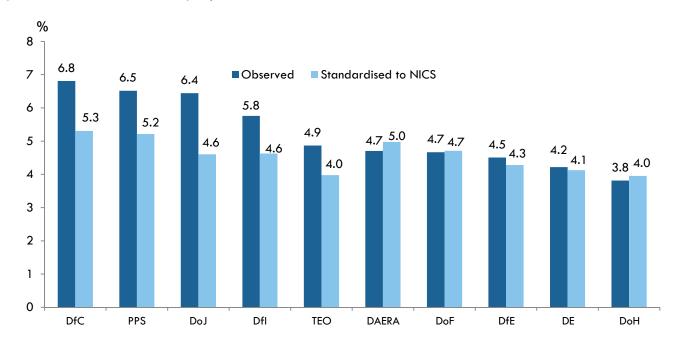


Figure 5.2: % of Available Working Days Lost - Observed and Standardised



# Spells of Sickness Absence

Download Appendix 6 data

Table 6.1: Average Duration and Number of Spells by Certification and Department

	Self-Certi	fied Absences	Certi	ified Absences		Overall
Donartment	No. of Spells per	Average Duration	No. of Spells per	Average Duration	No. of Spells per	Average
Department	Staff Year	(Working Days)	Staff Year	(Working Days)	Staff Year	Duration
DAERA	0.3	2.8	0.2	38.9	0.6	18.0
DfC	0.6	2.9	0.3	39.6	1.0	15.1
DfE	0.5	2.8	0.2	35.8	0.7	13.4
DE	0.5	2.8	0.2	36.1	0.7	12.5
DoF	0.5	2.8	0.2	34.9	0.8	12.4
DoH	0.4	2.9	0.2	34.5	0.7	12.3
DfI	0.3	3.3	0.3	44.6	0.6	21.6
DoJ	0.3	2.9	0.3	41.4	0.7	19.8
TEO	0.4	2.5	0.2	44.1	0.6	17.4
PPS	0.5	2.8	0.3	38.1	0.8	17.0
NICS Overall	0.4	2.9	0.3	39.5	0.8	16.1

Table 6.2: Average Duration and Number of Spells by Certification and Grade Level

	Self-Certi	fied Absences	Certi	fied Absences		Overall
Grade Level	No. of Spells per	Average Duration	No. of Spells per	Average Duration	No. of Spells per	Average
Grade Level	Staff Year	(Working Days)	Staff Year	(Working Days)	Staff Year	Duration
SCS	0.2	2.5	0.1	37.5	0.3	14.4
G6	0.3	2.6	0.2	47.9	0.5	20.3
G7	0.3	2.6	0.1	35.1	0.4	13.6
DP	0.3	2.7	0.2	33.7	0.5	13.1
02	0.4	2.8	0.2	38.6	0.6	14.3
EOI	0.4	2.9	0.2	38.3	0.7	14.8
EOII	0.5	2.9	0.3	38.2	0.9	14.1
AO	0.6	3.0	0.4	38.1	1.1	16.1
AA	0.6	2.8	0.4	3 <b>7.</b> 1	1.0	15.9
Industrial	0.3	3.4	0.3	48.8	0.6	28.5
Prison Grade	0.2	4.0	0.4	48.5	0.7	28.0
NICS Overall	0.4	2.9	0.3	39.5	0.8	16.1

Table 6.3: Average Duration and Number of Spells by Certification and Gender

	Self-Certified Absences Certified Absences		s Certified Absences		Overall	
Canalar	No. of Spells per	Average Duration	No. of Spells per	Average Duration	No. of Spells per	Average
Gender	Staff Year	(Working Days)	Staff Year	(Working Days)	Staff Year	Duration
Male	0.4	3.1	0.2	43.4	0.7	16.7
Female	0.5	2.8	0.3	36.8	0.9	1 <i>5.7</i>
NICS Overall	0.4	2.9	0.3	39.5	0.8	16.1

Table 6.4: Average Duration and Number of Spells by Certification and Age Group

	Self-Certi	fied Absences	Certi	fied Absences	Overall		
A C	No. of Spells per	Average Duration	No. of Spells per	Average Duration	No. of Spells per	Average Duration	
Age Group	Staff Year	(Working Days)	Staff Year	(Working Days)	Staff Year	(Working Days)	
16-24	0.4	2.3	0.2	26.7	0.8	9.1	
25-34	0.7	2.8	0.3	35.4	1.1	11.9	
35-44	0.5	2.9	0.3	36.2	0.9	13.4	
45-54	0.4	3.0	0.3	41.3	0.7	18.2	
55+	0.3	2.9	0.3	43.3	0.7	21.1	
NICS Overall	0.4	2.9	0.3	39.5	0.8	16.1	

Table 6.5: Number of Absence Spells - % of Staff

Number of					% of Staff
Absence Spells	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
0	52.1	50.0	49.5	46.6	51.3
1	32.7	33.3	33.9	35.4	33.4
2	11.4	12.4	12.2	13.4	11.4
3	2.9	3.2	3.2	3.5	2.9
4	0.5	0.6	0.7	0.7	0.6
5	0.2	0.2	0.3	0.2	0.2
6+	0.3	0.3	0.2	0.3	0.2

Table 6.6: Duration of Absence Spells - % of Spells

Duration of Absence					% of Spells
(Working Days)	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
1-2	30.2	29.8	29.5	27.7	28.0
3-5	37.3	38.3	37.6	38.9	37.3
6-10	7.9	7.8	7.5	8.0	7.3
11-20	7.5	<i>7</i> .1	<i>7</i> .1	<b>7.</b> 5	7.6
More than 20	1 <i>7</i> .1	1 <i>7</i> .1	18.2	1 <i>7</i> .9	19.8

Table 6.7: Average Duration of Short-term Absence Spells - Working Days 1,2

			Averaç	ge Duration (Wo	orking Days)
Department	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
DAERA		4.5	4.6	5.2	4.8
DfC		4.3	4.1	4.3	4.3
DfE		4.2	4.2	4.5	4.3
DE		3.9	4.2	4.3	4.3
DoF		4.1	4.3	4.4	4.3
DoH		4.0	4.1	3.8	4.2
DfI		5.1	5.2	5.3	5.1
DoJ		4.9	4.7	4.9	5.0
TEO		4.2	4.0	4.6	4.2
PPS		4.4	4.6	4.6	4.9
NICS Overall	4.5	4.4	4.4	4.6	4.5

 $<sup>^{1}</sup>$  The NICS Departments were restructured from 9th May 2016. All Departmental figures for 2015/2016 represent a best estimate of those year's figures, had the new NICS structure been in place. No comparable figures are available for years prior to 2015/2016. For more information on the restructuring, see Appendix 1 and Appendix 12.

<sup>&</sup>lt;sup>2</sup> Green text denotes a reduction from the previous financial year. Red text denotes an increase from the previous financial year.

Table 6.8: Distribution of Working Days Lost

Cumulative Number of					% of Staff
Working Days Lost	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
0	52.1	50.0	49.5	46.6	51.3
1-5	23.2	24.0	23.7	24.6	22.5
6-10	7.8	8.1	8.3	8.9	7.4
11-15	2.7	2.9	2.8	3.4	2.8
16-20	1.9	2.0	2.0	2.1	1.9
More than 20	12.3	12.9	13. <i>7</i>	14.4	14.1

Table 6.9: Duration of Absence in Working Days Lost

Duration of Absence			C	% of Working	Days Lost
(Working Days)	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
1-2	3.4	3.4	3.1	3.0	2.8
3-5	10.3	10.6	9.7	10.2	8.9
6-10	4.6	4.5	4.0	4.5	3.7
11-20	8.0	7.7	<i>7</i> .1	7.6	<i>7</i> .1
More than 20	73.6	73.8	76.1	74.7	77.6

Table 6.10: Number of Absence Spells by Department 1,2

						%	of Staff
Department	0	1	2	3	4	5	6+
DAERA	61.8	29.1	7.3	1.2	0.4	0.1	0.1
DfC	43.8	36.4	14.6	4.0	0.7	0.3	0.3
DfE	57.4	30.2	9.3	2.8	-	n/a	-
DE	55.1	32.4	8.6	2.6	-	-	n/a
DoF	53.0	30.9	11. <i>7</i>	3.1	0.8	0.2	0.2
DoH	57.4	32.1	9.5	1.1	n/a	n/a	n/a
DfI	59.4	30.9	7.5	1.8	0.3	-	-
DoJ	54.3	32.6	10.1	2.3	0.5	0.1	0.1
TEO	64.1	25.5	8.7	-	-	n/a	n/a
PPS	51.4	33.2	10.6	3.0	-	n/a	-
NICS Overall	51.3	33.4	11.4	2.9	0.6	0.2	0.2

<sup>&</sup>lt;sup>1</sup> Cells with small numbers of occurrences have been suppressed (-).

<sup>&</sup>lt;sup>2</sup> n/a: No cases recorded.

#### Reason for Sickness Absence

Download Appendix 7 data

Table 7.1: Certification by Reason for Absence

**NICS Overall** 

% of Available Working Days Lost Reason for Absence Self-Certified Certified **Overall** 2.2 Anxiety/Stress/Depression/Other Psychiatric Illnesses 0.0 2.2 0.0 0.0 0.0 Asthma 0.0 0.3 **Back Problems** 0.3 0.0 0.3 Benign and Malignant Tumours, Cancers 0.3 **Blood Disorders** 0.0 0.0 0.0 0.0 0.0 0.0 Burns, Poisoning, Frostbite, Hypothermia 0.0 0.1 0.2 **Chest and Respiratory Problems** Cold, Cough, Flu, Influenza 0.2 0.1 0.3 0.0 **Dental and Oral Problems** 0.0 0.0 0.0 Ear, Nose, Throat 0.1 0.1 **Endocrine/Glandular Problems** 0.0 0.0 0.0 **Eye Problems** 0.0 0.0 0.0 **Gastrointestinal Problems** 0.1 0.2 0.4 Genitourinary and Gynaecological Disorders 0.0 0.1 0.2 Headache/Migraine 0.0 0.0 0.1 0.0 0.2 0.2 Heart, Cardiac and Circulatory Problems 0.0 0.0 0.0 Infectious Diseases Injury, Fracture 0.0 0.5 0.5 **Nervous System Disorders** 0.0 0.1 0.1 Other Known Causes - Not Elsewhere Classified 0.0 0.2 0.3 Other Musculoskeletal Problems 0.0 0.2 0.2 0.0 0.2 **Pregnancy Related Disorders** 0.2 **Skin Disorders** 0.0 0.0 0.0 Substance Abuse 0.0 0.0 0.0 No Reason Specified 0.0 0.0 0.1

0.6

5.1

5.8

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Table 7.2: % of Absence Spells by Reason for Absence

				9	6 of Spells
Reason for Absence	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Anxiety/Stress/Depression/Other Psychiatric Illnesses	11.2	11.5	12.5	12.5	14.4
Asthma	0.3	0.4	0.3	0.3	0.3
Back Problems	5.2	5.4	5.1	4.7	5.5
Benign and Malignant Tumours, Cancers	0.9	0.8	0.9	0.9	1.2
Blood Disorders	0.4	0.3	0.3	0.4	0.4
Burns, Poisoning, Frostbite, Hypothermia	0.1	0.1	0.1	0.1	0.1
Chest and Respiratory Problems	5.3	5.3	5.2	5.5	5.3
Cold, Cough, Flu, Influenza	21.6	22.0	20.3	25.7	19.1
Dental and Oral Problems	0.7	0.7	0.8	0.7	0.8
Ear, Nose, Throat	4.8	5.1	4.6	4.1	4.7
Endocrine/Glandular Problems	0.4	0.4	0.4	0.3	0.4
Eye Problems	1.0	0.9	0.9	0.8	0.9
Gastrointestinal Problems	18. <i>7</i>	18.5	20.8	18.3	19.3
Genitourinary and Gynaecological Disorders	2.6	2.7	2.4	2.4	2.6
Headache/Migraine	2.5	2.9	2.6	2.5	2.8
Heart, Cardiac and Circulatory Problems	1.4	1.5	1.5	1.4	1. <i>7</i>
Infectious Diseases	0.6	0.6	0.5	0.6	0.7
Injury, Fracture	5.4	5.2	5.0	4.9	5.2
Nervous System Disorders	0.5	0.5	0.5	0.5	0.6
Other Known Causes - Not Elsewhere Classified	3.2	2.4	2.7	2.5	2.9
Other Musculoskeletal Problems	3.0	3.2	3.2	2.9	3.1
Pregnancy Related Disorders	<i>7</i> .8	7.5	7.0	5.8	5.8
Skin Disorders	0.6	0.7	0.6	0.5	0.6
Substance Abuse	0.1	0.1	0.1	0.0	0.1
No Reason Specified	1. <i>7</i>	1.2	1.4	1 <i>.7</i>	1.3
NICS Overall	100.0	100.0	100.0	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Table 7.3: % of Working Days Lost by Reason for Absence  $^{\rm l}$ 

	% of Working Days Los				
Reason for Absence	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Anxiety/Stress/Depression/Other Psychiatric Illnesses	31.9	33.9	35.2	36.4	38.7
Asthma	0.2	0.2	0.2	0.2	0.2
Back Problems	5.8	5.4	5.5	5.5	5.7
Benign and Malignant Tumours, Cancers	4.5	4.0	4.3	3.5	5.2
Blood Disorders	0.6	0.4	0.6	0.8	0.7
Burns, Poisoning, Frostbite, Hypothermia	0.1	0.0	0.1	0.0	0.1
Chest and Respiratory Problems	3.4	3.7	3.5	4.0	3.3
Cold, Cough, Flu, Influenza	5.4	5.8	5.1	<i>7</i> .1	4.5
Dental and Oral Problems	0.2	0.2	0.3	0.2	0.2
Ear, Nose, Throat	2.1	2.6	2.2	1. <i>7</i>	2.0
Endocrine/Glandular Problems	0.6	0.6	0.6	0.4	0.5
Eye Problems	0.8	0.8	1.0	0.9	0.8
Gastrointestinal Problems	6.4	7.0	<i>7</i> .1	6.7	6.2
Genitourinary and Gynaecological Disorders	2.9	2.7	2.7	2.9	2.6
Headache/Migraine	0.8	0.9	0.7	0.7	1.0
Heart, Cardiac and Circulatory Problems	3.8	4.2	4.2	3.7	4.0
Infectious Diseases	0.5	0.4	0.4	0.5	0.6
Injury, Fracture	9.8	9.5	8.7	8.1	8.4
Nervous System Disorders	1.2	1.0	0.9	1.1	0.9
Other Known Causes - Not Elsewhere Classified	5.1	3.5	3.7	3.8	4.4
Other Musculoskeletal Problems	5.0	4.7	5.5	4.9	4.1
Pregnancy Related Disorders	6.6	6.2	5.3	4.5	4.3
Skin Disorders	0.5	0.6	0.6	0.4	0.5
Substance Abuse	0.2	0.3	0.2	0.1	0.1
No Reason Specified	1.5	1.2	1.2	1.8	0.9
NICS Overall	100.0	100.0	100.0	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Table 7.4: Breakdown of Anxiety/Stress/Depression/Other Psychiatric Illnesses

#### % of Anxiety/Stress/Depression/Other Psychiatric Illnesses Working Days Lost

Sub-reason for Absence	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Anxiety	14.1	16.1	14.1	15.2	14.0
Depression - Not Pregnancy Related	13.5	16.9	13.8	12.1	9.6
Stress - Not Work Related	28.9	28.0	30.7	31.8	36.5
Stress - Work Related	35.3	32.2	33.3	34.2	31.9
Other <sup>1</sup>	3.0	2.4	2.4	2.5	3.5
No Reason Specified <sup>2</sup>	5.2	4.5	5.6	4.3	4.5
Anxiety/Stress/Depression/Other Psychiatric Illnesses	100.0	100.0	100.0	100.0	100.0

Table 7.5: Breakdown of Anxiety/Stress/Depression/Other Psychiatric Illnesses

#### % of Anxiety/Stress/Depression/Other Psychiatric Illnesses Spells

Sub-reason for Absence	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Anxiety	16.2	1 <i>7</i> .1	16.5	1 <i>7</i> .1	16.4
Depression - Not Pregnancy Related	11.5	13.2	11 <i>.</i> 7	10.1	9.4
Stress - Not Work Related	34.9	36.1	36.4	38.8	40.5
Stress - Work Related	27.6	25.3	26.1	26.0	25.1
Other <sup>1</sup>	3.7	3.0	3.0	3.0	3.5
No Reason Specified <sup>2</sup>	6.1	5.3	6.3	5.0	5.2
Anxiety/Stress/Depression/Other Psychiatric Illnesses	100.0	100.0	100.0	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'Other' contains any absence with a sub-reason that is not shown elsewhere in the analysis.

<sup>&</sup>lt;sup>2</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

Table 7.6: Average Duration by Reason for Absence 1,2

Average Duration (Working Days) 2014/2015 2015/2016 2016/2017 2017/2018 2018/2019 Reason for Absence Anxiety/Stress/Depression/Other Psychiatric Illnesses 39.9 41.0 42.3 43.1 43.2 Asthma 9.2 6.1 7.8 9.5 9.6 **Back Problems** 15.5 13.9 16.4 17.3 16.7 72.3 Benign and Malignant Tumours, Cancers 67.3 68.9 72.0 58.7 21.8 18.3 26.5 31.6 29.6 **Blood Disorders** 9.1 9.2 Burns, Poisoning, Frostbite, Hypothermia 7.8 8.2 7.4 **Chest and Respiratory Problems** 8.9 9.6 10.1 9.9 10.8 Cold, Cough, Flu, Influenza 3.5 3.7 3.7 4.1 3.8 **Dental and Oral Problems** 4.9 4.4 4.5 4.8 5.0 Ear, Nose, Throat 6.2 7.2 7.0 6.2 6.8 19.9 **Endocrine/Glandular Problems** 20.5 21.2 21.2 21.8 Eye Problems 11.3 12.6 15.9 16.7 13.3 **Gastrointestinal Problems** 4.8 5.1 5.3 5.4 5.2 Genitourinary and Gynaecological Disorders 15.8 14.1 17.0 17.8 16.1 Headache/Migraine 4.4 4.5 4.2 4.2 6.0 Heart, Cardiac and Circulatory Problems 36.9 39.5 41.2 38.4 38.0 Infectious Diseases 12.2 9.4 11.1 12.6 12.7 25.6 24.2 Injury, Fracture 25.7 26.1 25.8 **Nervous System Disorders** 32.5 25.9 32.2 29.7 30.3 Other Known Causes - Not Elsewhere Classified 22.5 20.7 20.8 22.4 24.7 23.3 20.4 25.8 21.4 Other Musculoskeletal Problems 25.1 **Pregnancy Related Disorders** 11.9 11.5 11.4 11.5 11.7 Skin Disorders 10.6 12.9 13.9 12.5 14.2 Substance Abuse 26.2 46.9 28.1 21.5 19.2 No Reason Specified 12.8 13.3 16.0 12.6 11.0

<sup>&</sup>lt;sup>1</sup> Green text denotes a reduction from the previous financial year.

Red text denotes an increase from the previous financial year.

<sup>&</sup>lt;sup>2</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

# Long-term Sickness Absence

**Download Appendix 8 data** 

Table 8.1: Long-term Absence by Department

			Long-term Absence
Danautmant	No. of Spells per 100	Average Duration	% of Working Days Lost
Department	Staff Years	(Working Days)	due to Long-term Absence
DAERA	12.7	64.3	79.2
DfC	18.4	62.1	76.9
DfE	12.0	59.9	73.1
DE	11.2	58.2	70.9
DoF	11.9	60.6	70.6
DoH	11.2	53.4	71.2
DfI	14.6	<i>7</i> 1.1	82.2
DoJ	18.4	61.9	81.5
TEO	11. <i>7</i>	73.5	80.5
PPS	18.2	60.7	77.4
NICS Overall	15.5	63.1	77.6

Table 8.2: Long-term Absence by Grade Level

			Long-term Absence
Grade Level	No. of Spells per 100 Staff Years	Average Duration (Working Days)	% of Working Days Lost due to Long-term Absence
G5+	2.9	94.1	70.5
G6	10.5	73.9	84.3
G7	7.4	58.9	74.3
DP	8.7	59.0	72.1
\$0	10. <i>7</i>	64.2	75.3
EOI	11.6	64.5	74.7
EOII	16.3	59.6	75.6
AO	21.6	61.3	77.0
AA	19.6	64.3	<i>77</i> .1
Industrial	20.1	73.8	86.8
Prison Grade	25.3	66.1	86.7
NICS Overall	15.5	63.1	77.6

Table 8.3: Long-term Absence by Gender

			Long-term Absence
- -	No. of Spells per 100	Average Duration	% of Working Days Lost
Gender	Staff Years	(Working Days)	due to Long-term Absence
Male	12.6	67.7	78.1
Female	18.7	59.6	<i>77</i> .1
NICS Overall	15.5	63.1	77.6

Table 8.4: Long-term Absence by Age Group

			Long-term Absence
A C	No. of Spells per 100	Average Duration	% of Working Days Lost
Age Group	Staff Years	(Working Days)	due to Long-term Absence
16-24	10.8	39.9	62.4
25-34	15.9	55.8	70.6
35-44	14.9	57.9	73.6
45-54	14.8	65.6	79.4
55+	17.0	69.3	82.6
NICS Overall	15.5	63.1	77.6

Table 8.5: Long-term Absence by Grade Level

		% of W	orking Days Los	st due to Long-te	rm Absence
Grade Level	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
G5+	73.8	51.6	69.9	54.0	70.5
G6	63.6	62.4	68.2	66.4	84.3
<b>G7</b>	<i>7</i> 1.1	71.2	<b>73.</b> 1	69.3	74.3
DP	68.5	72.1	74.3	67.5	72.1
SO	71.0	68.4	<i>71.7</i>	69.2	75.3
EOI	<i>7</i> 1.3	<b>73.</b> 1	77.2	69.1	74.7
EOII	70.4	69.9	<b>73.</b> 1	73.4	75.6
Α0	71.5	70.7	74.1	74.5	77.0
AA	73.9	71.8	77.8	78.7	<i>77</i> .1
Industrial	81.6	84.8	85.1	83.7	86.8
Prison Grade	87.6	89.0	86.1	86.9	86.7
NICS Overall	73.6	73.8	76.1	74.7	77.6

Table 8.6: Long-term Absence by Gender<sup>1</sup>

- Gender		% of W	orking Days Los	st due to Long-te	rm Absence
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Male	73.8	74.7	76.1	73.8	78.1
Female	73.4	73.0	76.0	75.4	<i>77</i> .1
NICS Overall	73.6	73.8	76.1	74.7	77.6

Table 8.7: Long-term Absence by Age Group 1

Age Group		% of W	orking Days Los	st due to Long-te	rm Absence
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
16 - 24	54.2	70.1	59.2	52.5	62.4
25 - 34	65.7	66.9	68.4	67.6	70.6
35 - 44	69.9	69.6	73.0	72.3	73.6
45 - 54	<i>77.</i> 9	77.9	78.7	76.9	79.4
55+	79.3	78.7	81 <i>.7</i>	78.6	82.6
NICS Overall	73.6	73.8	76.1	74.7	77.6

 $<sup>^{\</sup>rm 1}\,\text{Green}$  text denotes a reduction from the previous financial year. Red text denotes an increase from the previous financial year.

Table 8.8: Long-term Absence by Reason for Absence  $^{1,2,3}$ 

			% of Long-te	erm Working	Days Lost
Reason for Absence	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Anxiety/Stress/Depression/Other Psychiatric Illnesses	39.1	41.8	42.5	44.8	45.8
Asthma	0.1	-	0.1	0.2	-
Back Problems	5.7	5.0	5.4	5.6	5.5
Benign and Malignant Tumours, Cancers	5.8	5.2	5.5	4.5	6.5
Blood Disorders	0.7	0.4	0.7	0.9	0.8
Burns, Poisoning, Frostbite, Hypothermia	0.1	-	0.1	-	-
Chest and Respiratory Problems	2.0	2.5	2.4	2.9	2.2
Cold, Cough, Flu, Influenza	0.4	0.7	0.8	0.9	0.7
Dental and Oral Problems	0.1	-	0.1	0.1	-
Ear, Nose, Throat	1.0	1.6	1.2	0.7	1.1
Endocrine/Glandular Problems	0.7	0.6	0.6	0.4	0.6
Eye Problems	0.7	0.7	1.0	0.9	0.7
Gastrointestinal Problems	3.6	4.4	4.1	4.1	3.7
Genitourinary and Gynaecological Disorders	2.9	2.6	2.8	3.0	2.6
Headache/Migraine	0.4	0.6	0.5	0.4	0.8
Heart, Cardiac and Circulatory Problems	4.7	5.2	5.1	4.5	4.7
Infectious Diseases	0.4	0.2	0.3	0.3	0.4
Injury, Fracture	11.1	10.8	9.5	8.9	9.0
Nervous System Disorders	1.5	1.2	1.1	1.3	1.1
Other Known Causes - Not Elsewhere Classified	5.5	3.7	3.8	4.1	4.6
Other Musculoskeletal Problems	5.6	5.0	6.1	5.5	4.4
Pregnancy Related Disorders	5.8	5.6	4.5	3.8	3.6
Skin Disorders	0.4	0.5	0.5	0.3	0.4
Substance Abuse	0.3	0.4	0.3	-	0.1
No Reason Specified	1.4	1.1	1.1	1.8	0.7
NICS Overall	100.0	100.0	100.0	100.0	100.0

<sup>&</sup>lt;sup>1</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

<sup>&</sup>lt;sup>2</sup> Cells with small numbers of occurrences have been suppressed (-).

<sup>&</sup>lt;sup>3</sup> Green text denotes a reduction from the previous financial year. Red text denotes an increase from the previous financial year.

Table 8.9: % of Staff with one or more Long-term Absence by Department<sup>1,2</sup>

% of Staff with 1 or more Long-term Absence 2014/2015 2015/2016 2016/2017 2017/2018 2018/2019 Department DAERA 9.6 10.2 10.8 10.4 DfC 13.1 14.3 14.9 15.0 DfE 8.7 9.9 9.4 9.5 DE 9.1 10.7 10.1 8.9 9.2 10.0 9.5 DoF 9.8 7.4 8.0 9.6 DoH 8.4 10.9 13.3 Dfl 11.5 12.8 DoJ 17.0 16.3 15.6 15.5 TE0 7.4 7.5 8.7 6.6 PPS 10.7 12.4 11.5 14.6 **NICS Overall** 11.2 11.9 12.8 13.3 13.1

Table 8.10: % of Staff with one or more Long-term Absence by Grade Level<sup>2</sup>

% of Staff with 1 or more Long-term Absence 2014/2015 2015/2016 2016/2017 2017/2018 2018/2019 Grade Level **G5+** 3.3 2.5 3.7 3.8 2.4 4.9 3.3 5.2 7.2 G6 4.1 5.8 5.3 5.1 G7 6.6 5.2 DP 6.1 6.7 6.9 6.6 6.3 SO 7.1 7.2 7.9 7.9 7.5 EOI 8.0 9.0 10.4 7.9 8.5 E011 9.5 9.9 11.0 11.7 11.4 Α0 12.9 13.5 14.4 15.4 16.0 AA 13.4 14.8 16.6 15.6 11.1 Industrial 12.8 15.2 17.0 18.0 17.6 **Prison Grade** 23.5 22.9 22.4 28.2 23.5 **NICS Overall** 11.2 11.9 12.8 13.3 13.1

<sup>&</sup>lt;sup>1</sup> The NICS Departments were restructured from 9th May 2016. All Departmental figures for 2015/2016 represent a best estimate of those year's figures, had the new NICS structure been in place. No comparable figures are available for years prior to 2015/2016. For more information on the restructuring, see Appendix 1 and Appendix 12.

<sup>&</sup>lt;sup>2</sup> Green text denotes a reduction from the previous financial year.

Red text denotes an increase from the previous financial year.

Table 8.11: % of Staff with one or more Long-term Absence by Gender  $^{\rm l}$ 

			% of Staff with	l or more Long-te	erm Absence
Gender	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Male	9.2	10.1	10.8	11.0	11.3
Female	13.2	13.7	14.8	15.5	14.9
Female Adjusted*	11.6	12.0	13.4	14.2	13.8
NICS Overall	11.2	11.9	12.8	13.3	13.1

Table 8.12: % of Staff with one or more Long-term Absence by Age Group 1

			% of Staff with 1 or more Long-term Absen		
Age Group	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
16-24	4.4	7.7	4.5	3.9	7.0
25-34	11.2	13.0	12.9	12.4	13.1
35-44	10.8	11.4	12.5	13.0	12.4
45-54	11.4	12.2	12.8	13.4	13.1
55+	11. <i>7</i>	11.3	13.4	14.2	14.1
NICS Overall	11.2	11.9	12.8	13.3	13.1

<sup>&</sup>lt;sup>1</sup> Green text denotes a reduction from the previous financial year. Red text denotes an increase from the previous financial year.

<sup>\*</sup> Excludes absences due to Pregnancy Related Disorders.

## Appendix 9: Contribution to overall Working Days Lost

**Download Appendix 9 data** 

The tables presented in this Appendix show the main components of absence (Department, grade level, gender, age group, reason and duration) and how these components have contributed to the overall level of absence in the NICS. It also shows how the contribution of these components has changed when compared with the previous year.

This analysis takes account of the absence level of each component and also its size in relation to the NICS. For example, a high absence level for a large group of staff, such as the AO grade level, makes for a larger contribution to the overall NICS absence level than a small group of staff with a higher absence level, such as Prison Grade staff.

Table 9.1: Contribution of each Department to the overall Working Days Lost per Staff Year<sup>1</sup>

		<b>Working Days Lost</b>	per Staff Year
Department	2017/2018	2018/2019	Change
DAERA	1.32	1.31	-0.01
DfC	5.02	4.74	-0.28
DfE	0.43	0.45	0.02
DE	0.23	0.22	-0.01
DoF	1.60	1.54	-0.06
DoH	0.17	0.15	-0.02
DfI	1. <i>75</i>	1.73	-0.03
DoJ	2.10	2.00	-0.10
TEO	0.10	0.14	0.04
PPS	0.24	0.29	0.05
NICS Overall	13.0	12.6	-0.42

Table 9.2: Contribution of each Grade Level to the overall Working Days Lost per Staff Year<sup>1</sup>

		<b>Working Days Lost</b>	per Staff Year
Grade Level	2017/2018	2018/2019	Change
G5+	0.03	0.04	0.01
G6	0.08	0.12	0.04
G7	0.35	0.32	-0.04
DP	0.76	0.76	-0.01
02	1.12	1.16	0.03
EOI	1.25	1.33	0.09
EOII	2.34	2.28	-0.07
AO	4.44	4.33	-0.11
AA	0.70	0.45	-0.25
Industrials	0.71	0.65	-0.06
Prison Grade	1.23	1.17	-0.06
NICS Overall	13.0	12.6	-0.42

<sup>&</sup>lt;sup>1</sup> The Change figures in this table are calculated from unrounded figures.

# Appendix 9

Table 9.3: Contribution of each Gender to the overall Working Days Lost per Staff Year 1

		Working Days Lost per Staff Year	
Gender	2017/2018	2018/2019	Change
Male	5.73	5.76	0.03
Female	7.29	6.84	-0.45
NICS Overall	13.0	12.6	-0.42

Table 9.4: Contribution of each Age Group to the overall Working Days Lost per Staff Year<sup>1</sup>

Age Group	Working Days Lost per Staff Y				
	2017/2018	2018/2019	Change		
16-24	0.02	0.03	0.01		
25-34	1.76	1.61	-0.16		
35-44	3.71	3.40	-0.32		
45-54	4.30	4.10	-0.20		
55+	3.22	3.46	0.24		
NICS Overall	13.0	12.6	-0.42		

Table 9.5: Contribution of each Reason to the overall Working Days Lost per Staff Year 1,2

	Working Days Lost per Staff Year			
Reason for Absence	2017/2018	2018/2019	Change	
Anxiety/Stress/Depression/Other Psychiatric Illnesses	4.73	4.87	0.14	
Asthma	0.02	0.02	0.00	
Back Problems	0.72	0.71	-0.01	
Benign and Malignant Tumours, Cancers	0.46	0.65	0.19	
Blood Disorders	0.10	0.09	-0.01	
Burns, Poisoning, Frostbite, Hypothermia	0.01	0.01	0.00	
Chest and Respiratory Problems	0.52	0.41	-0.11	
Cold, Cough, Flu, Influenza	0.93	0.57	-0.36	
Dental and Oral Problems	0.03	0.03	0.00	
Ear, Nose, Throat	0.22	0.25	0.03	
Endocrine/Glandular Problems	0.05	0.07	0.02	
Eye Problems	0.12	0.10	-0.02	
Gastrointestinal Problems	0.87	0.79	-0.09	
Genitourinary and Gynaecological Disorders	0.37	0.33	-0.04	
Headache/Migraine	0.09	0.13	0.04	
Heart, Cardiac and Circulatory Problems	0.49	0.51	0.02	
Infectious Diseases	0.06	0.07	0.01	
Injury, Fracture	1.05	1.06	0.01	
Nervous System Disorders	0.14	0.12	-0.03	
Other Known Causes - Not Elsewhere Classified	0.50	0.56	0.06	
Other Musculoskeletal Problems	0.64	0.52	-0.12	
Pregnancy Related Disorders	0.58	0.54	-0.05	
Skin Disorders	0.06	0.06	0.01	
Substance Abuse	0.01	0.02	0.01	
No Reason Specified	0.24	0.11	-0.13	
NICS Overall	13.0	12.6	-0.42	

<sup>&</sup>lt;sup>1</sup> The Change figures in this table are calculated from unrounded figures.

<sup>&</sup>lt;sup>2</sup> The category 'No Reason Specified' contains any absence for which the reason was 'Not Specified', 'Awaiting Reason' or missing.

# Appendix 9

Table 9.6: Contribution of each Grade Level, within Department, to the overall Working Days Lost per Staff Year 1,2

partment	Working Day	ys Lost per S	Staff Year	Department	Working Day	ys Lost per S	taff Year
Grade Level	2017/2018	2018/2019	Change	Grade Level	2017/2018	2018/2019	Change
AERA G7+	0.07	0.08	0.00	DoH G7+	0.02	0.01	-0.01
DP	0.15	0.11	-0.03	DP	0.03	0.03	0.00
SO	0.26	0.29	0.04	<b>SO</b>	0.03	0.03	0.01
EOI	0.22	0.24	0.02	EOI	0.02	0.01	-0.01
EOII	0.16	0.17	0.01	EOII	0.04	0.03	-0.01
AO	0.24	0.26	0.02	AO	0.02	0.02	0.00
AA	0.11	0.05	-0.06	AA	0.01	0.01	0.00
Industrial	0.10	0.09	-0.01	Industrial	n/a	n/a	n/a
Prison Grade	n/a	n/a	n/a	Prison Grade	n/a	n/a	n/a
DAERA Overal		1.31	<b>-0.01</b>	DoH Overall	0.17	0.15	<b>-0.02</b>
DfC G7+	0.04	0.05	0.00	Dfl 67+	0.03	0.03	0.00
DP	0.10	0.03	0.00	DP	0.03	0.03	0.00
SO SI				SO			
EOI	0.27	0.22	-0.06	EOI	0.13	0.12	0.00
	0.33	0.38	0.05		0.16	0.23	0.07
EOII	1.54	1.51	-0.03	EOII	0.14	0.08	-0.06
AO	2.43	2.31	-0.12	ΑΟ	0.62	0.61	0.00
AA	0.31	0.17	-0.13	AA	0.03	0.04	0.01
Industrial	0.01	0.01	0.00	Industrial	0.58	0.54	-0.05
Prison Grade	n/a	n/a	n/a	Prison Grade	n/a	n/a	n/a
DfC Overall	5.02	4.74	-0.28	<u>Dfl Overall</u>	1.75	1.73	-0.03
G7+	0.03	0.03	0.00	DoJ G7+	0.03	0.02	-0.01
DP	0.07	0.07	0.01	DP	0.08	0.07	-0.01
SO	0.06	0.10	0.03	50	0.09	0.09	0.00
EOI	0.09	0.08	-0.01	EOI	0.20	0.17	-0.03
EOII	0.08	0.07	-0.01	EOII	0.10	0.10	0.01
AO	0.08	0.08	0.00	AO	0.29	0.32	0.03
AA	0.02	0.01	0.00	AA	0.07	0.04	-0.03
Industrial	n/a	n/a	n/a	Industrial	0.01	0.00	0.00
Prison Grade	n/a	n/a	n/a	Prison Grade	1.23	1.1 <i>7</i>	-0.06
DfE Overall	0.43	0.45	0.02	DoJ Overall	2.10	2.00	-0.10
<b>DE</b> 67+	0.05	0.03	-0.02	TEO G7+	0.02	0.02	0.00
DP	0.02	0.01	-0.01	DP	0.01	0.03	0.02
50	0.03	0.03	0.00	50	0.01	0.01	0.00
EOI	0.03	0.02	-0.01	EOI	0.01	0.01	-0.01
EOII	0.04	0.05	0.01	EOII	0.01	0.03	0.01
AO	0.05	0.06	0.01	AO	0.03	0.04	0.01
AA	0.02	0.02	0.00	AA	0.00	0.00	0.00
Industrial	n/a	n/a	n/a	Industrial	n/a	n/a	n/a
Prison Grade	•	•	-	Prison Grade	•	•	-
	n/a	n/a	n/a		n/a	n/a	n/a
DE Overall	0.23	0.22	-0.01	TEO Overall	0.10	0.14	0.04
DoF G7+	0.13	0.15	0.02	PPS G7+	0.03	0.06	0.03
DP	0.19	0.19	0.00	DP	0.04	0.04	0.00
50	0.23	0.25	0.02	50	0.01	0.00	0.00
EOI	0.16	0.16	0.00	E01	0.02	0.01	-0.01
EOII	0.20	0.21	0.00	EOII	0.03	0.03	0.01
АО	0.58	0.51	-0.07	АО	0.09	0.11	0.02
AA	0.10	0.07	-0.03	AA	0.03	0.03	0.00
Industrial	0.00	0.00	0.00	Industrial	n/a	n/a	n/a
Prison Grade	n/a	n/a	n/a	Prison Grade	n/a	n/a	n/a
<b>DoF Overall</b>	1.60	1.54	-0.06	PPS Overall	0.24	0.29	0.05
				NICS Overall	13.0	12.6	-0.42

 $<sup>^1</sup>$  The Change figures in this table are calculated from unrounded figures.  $^2\,\text{n/a}\text{:}$  No cases recorded.

# Appendix 9

Table 9.7: Contribution of Long-term and Short-term absence to the overall Working Days Lost per Staff Year <sup>1</sup>

		Working Days Lost per Staff Year		
 Duration	2017/2018	2018/2019	Change	
Short-term absence	3.29	2.83	-0.47	
Long-term absence	9.72	9.77	0.05	
NICS Overall	13.0	12.6	-0.42	

 $<sup>^{\</sup>rm l}$  The Change figures in this table are calculated from unrounded figures.

## Appendix 10: Departmental Analysis: Industrial, Non-Industrial and Prison Grade

Download Appendix 10 data

Table 10.1: Departmental Analysis 1,2

Working Days Lost per Staff Year 2014/2015 2016/2017 2015/2016 2017/2018 2018/2019 Department 8.9 9.6 10.5 10.3 DAERA 12.2 DAERA Industrial 15.4 12.6 11.2 DAERA Non-Industrial 8.4 9.4 10.4 10.2 DfC 13.0 15.4 14.9 14.7 DfC Industrial 8.1 7.7 8.6 8.9 13.1 14.7 15.4 14.9 DfC Non-Industrial DfF 9.4 10.3 9.8 9.8 DE 8.7 11.4 9.7 9.2 DoF 9.8 10.0 11.0 10.2 **DoF** Industrial 1.9 5.2 6.0 5.6 **DoF Non-Industrial** 9.8 10.0 11.0 10.2 7.8 9.0 9.6 8.4 Dfl 10.8 11.0 12.6 12.6 Dfl Industrial 17.2 19.3 21.9 20.0 **Dfl Non-Industrial** 9.2 9.1 10.4 10.8 15.9 DoJ 15.3 14.9 14.0 **DoJ Industrial** 12.0 9.8 8.0 3.7 **DoJ Non-Industrial** 10.6 12.3 10.6 10.1 **DoJ Prison Grade** 23.8 19.6 20.9 19.3 TE<sub>0</sub> 7.1 7.9 7.6 10.7 PPS 11.1 12.1 11.8 14.3 **NICS Overall** 10.8 11.7 12.5 13.0 12.6 Industrial Overall 13.7 16.2 17.0 18.8 1*7*.1 10.1 Non-Industrial Overall 10.7 11.8 12.3 12.0 **Prison Grade Overall** 20.4 23.8 19.6 20.9 19.3

 $<sup>^{1}</sup>$  The NICS Departments were restructured from 9th May 2016. All Departmental figures for 2015/2016 represent a best estimate of those year's figures, had the new NICS structure been in place. No comparable figures are available for years prior to 2015/2016. For more information on the restructuring, see Appendix 1 and Appendix 12.

<sup>&</sup>lt;sup>2</sup> Staff in HSENI and OAGNI are included in the NICS Overall figures only.

## Appendix 11: Links to other Organisations Sickness Absence Statistics

#### Comparisons with other Civil Service Sickness Absence Statistics/Local Councils

The Cabinet Office publish quarterly headline sickness absence statistics (on a rolling 12-month basis) in the form of a tabular report with no accompanying text or explanation (https://www.gov.uk/government/publications/cabinet-office-absence-data). These quarterly reports provide headline absence figures broken down by geographical area, gender, age group and grade level.

Headline figures since 1999 for the Home Civil Service overall are also published quarterly (on a rolling 12-month basis) at https://www.gov.uk/government/publications/civil-service-sickness-absence along with some limited commentary. However, indepth comparisons cannot be made as they do not publish figures beyond the headline rate. The headline figures would achieve a grade D on the 4 Nations Comparability Scale (Comparing Official Statistics Across the UK) given that they are produced from separate sources of data but the methods and standards are broadly comparable.

In Scotland the sickness absence statistics for the Scottish Government workforce are reported quarterly (on a rolling 12-month basis) at https://beta.gov.scot/publications/workforce-information/, along with explanatory notes. They are produced on a "per staff year" basis.

The Welsh Government includes headline sickness absence figures in their annual Consolidated Accounts, available at https://beta.gov.wales/welsh-government-consolidated-annual-accounts. They are produced on a "per staff year" basis also.

In the Republic of Ireland (RoI), sick leave statistics for the Public Service are published annually (on a calendar year basis) at https://hr.per.gov.ie/sick-leave/. These are on a "per full-time equivalent" basis.

The NI Audit Office publish a Local Government Auditor's Report (https://www.niauditoffice.gov.uk/publications/local-government-auditors-report-2019) each year that includes information on sickness absence levels in the local councils. These are presented on a "per employee" basis.

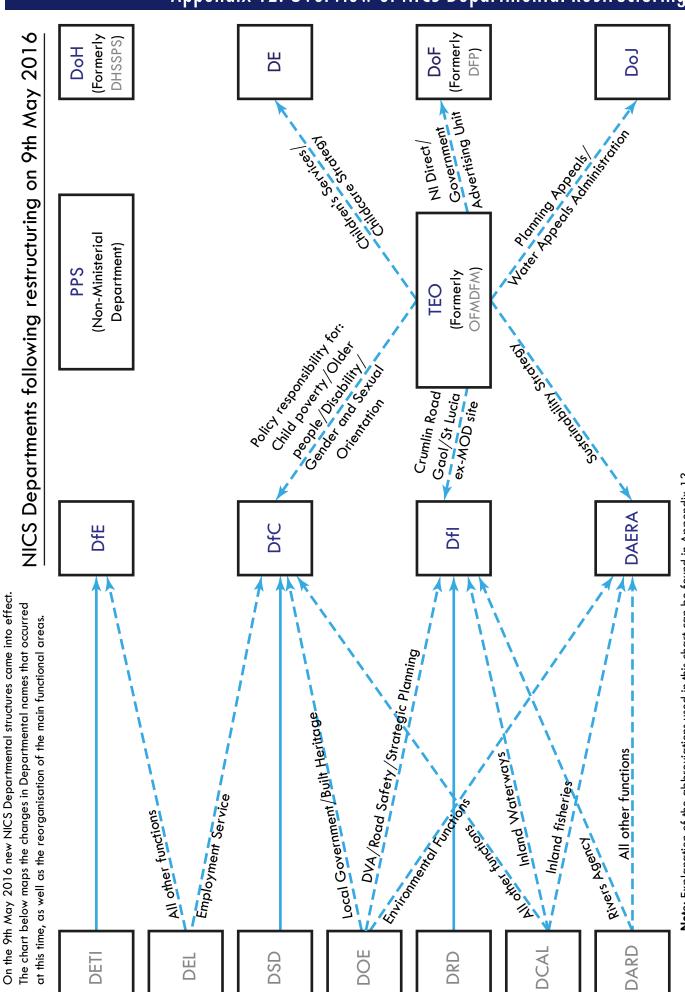
#### Comparisons with the private sector

Across the wider labour market the Office for National Statistics undertakes a quarterly Labour Force survey that contains information on sickness absence

(https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket). This survey is also replicated in Northern Ireland, with a sickness absence table appearing in their Quarterly Supplement (https://www.nisra.gov.uk/statistics/labour-market-and-social-welfare/labour-force-survey).

The CIPD also commission a survey (https://www.cipd.co.uk/knowledge/culture/well-being/health-well-being-work) each year that then reports on levels of sickness absence across the various UK labour market sectors. Make UK (formerly EEF) carry out a similar survey for UK manufacturers (https://www.makeuk.org/Insights/Reports/2019/04/24/UK-Absence-Benchmark-Report-2019).

# Appendix 12: Overview of NICS Departmental Restructuring



Note: Explanation of the abbreviations used in this chart can be found in Appendix 13

# Appendix 13: List of Abbreviations

AA Administrative Assistant
AO Administrative Officer

CBI Confederation of British Industry

CIPD Chartered Institute of Personnel and Development

DAERA Department of Agriculture, Environment and Rural Affairs

DARD Department of Agriculture and Rural Development

**DCAL** Department of Culture, Arts and Leisure

**DE** Department of Education

DEL Department for Employment and Learning
Department of Enterprise, Trade and Investment

DFC Department for Communities
DFE Department for the Economy
DFI Department for Infrastructure

**DFP** Department of Finance and Personnel

**DHSSPS** Department of Health, Social Services and Public Safety

**DOE** Department of the Environment

DoF Department of Finance
DoH Department of Health
DoJ Department of Justice
DP Deputy Principal

DRD Department for Regional Development
DSD Department for Social Development

**DVA** Driver and Vehicle Agency

EOI Executive Officer I
EOII Executive Officer II
G5+ Grade 5 and above

**G6** Grade 6 **G7** Grade 7

**G7+** Grade 7 and above

GB Great Britain
HR Human Resources

**HSENI** Health and Safety Executive for Northern Ireland

MOD Ministry of Defence
NI Northern Ireland

NICS Northern Ireland Civil Service

NICTS Northern Ireland Courts and Tribunals Service

NIPS Northern Ireland Prison Service

NISRA
Northern Ireland Statistics and Research Agency
OAGNI
Office of the Attorney General Northern Ireland

ODS OpenDocument Spreadsheet

**OFMDFM** Office of the First Minister and Deputy First Minister

PPS Public Prosecution Service
ROI Republic of Ireland
SO Staff Officer

TEO The Executive Office
YJA Youth Justice Agency