

# WEST DUNBARTONSHIRE COUNCIL

## Report by Head of Personnel Services

### Joint Consultative Forum –1 March 2007

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**Subject:     Sickness Absence Statistics**  
**Quarter 3 (October - December) 2006/2007**

#### 1.     **Purpose:**

1.1    To advise the Joint Consultative Forum on the levels of employee absence during the 3 month period 1<sup>st</sup> October 2006 to 31<sup>st</sup> December 2006.

#### 2.     **Background**

2.1    The Council reports on absence to Audit Scotland on an annual basis as this is one of the Statutory Performance Indicators (SPI's)

2.2    Absence has a significant ability to impact upon front line service delivery and as a result is also monitored on a quarterly basis via the Corporate Management Team, Joint Consultative Forum and Audit and Performance Review Committee.

2.3    In addition, departments monitor absence on a regular basis via quarterly Performance Review Meetings and monthly management meetings.

#### 3.     **Main Issues**

##### Absence Rates - Overall

3.1    Table 1 details the absence % for each quarter within the current year and also identifies the absence% reported to Audit Scotland in 2005/2006 as the SPI and our average absence % to date.

Table 1: Absence Rates Quarter 3 (Oct-Dec) - Comparison with Previous Quarters and Trend

| Group                      | Q1<br>06/07 | Q2<br>06/07 | Q3<br>06/07 | SPI<br>05/06 | Avg<br>% to<br>date | Trend        |
|----------------------------|-------------|-------------|-------------|--------------|---------------------|--------------|
| Local Government Employees | 5.6%        | 5.7%        | 6.0%        | 6.0%         | 5.8%                | -0.2%        |
| Craft                      | 5.7%        | 6.2%        | 7.8%        | 5.2%         | 6.6%                | +1.4%        |
| Teachers                   | 2.9%        | 2.9%        | 5.2%        | 3.9%         | 3.8%                | -0.1%        |
| <b>OVERALL</b>             | <b>5.2%</b> | <b>5.4%</b> | <b>5.9%</b> | <b>5.6%</b>  | <b>5.5%</b>         | <b>-0.1%</b> |

3.2    In comparison with the SPI figures for 2005/2006 there is a slight downward trend overall. Although West Dunbartonshire Council remains one of the poorest performing councils in terms of absence, it was hoped that interventions would help reduce absence and a target rate of 5.4% overall

was set for 2006/2007. The trends for the first 3 quarters show a significant rise in the craft employees absence, and quarter 3 also shows a significant rise in teachers absence. If these trends continue the target rate of 5.4% may not be achieved.

### Absence Rates – Quarter 3

- 3.3** Absence statistics for Quarter 3 are summarised in Appendix 1. The appendix details the absence % for each department, and the overall absence % for the Council. It should be noted that unauthorised absence is reported for management information but is not included in the calculation for number of days lost due to sickness absence.
- 3.4** Table 2 provides a summary of absence % for Quarter 3. The overall absence rate for the quarter remains the same as the previous year (2005/2006), however, both craft and teaching absence levels have increased. The increase in absence within the craft section is due to a number of long term absences (11 employees more than 20 day absences). As there is a small number of craft employees this impacts significantly on the absence rate.

Table 2: Absence Rates Quarter 3 (Oct-Dec) - Comparison with Previous Year

| <b>Group</b>               | <b>2005/2006</b> | <b>2006/2007</b> | <b>Trend</b> |
|----------------------------|------------------|------------------|--------------|
| Local Government Employees | 6.2%             | 6.0%             | -0.2%        |
| Craft                      | 4.4%             | 7.8%             | +3.4%        |
| Teachers                   | 4.4%             | 5.2%             | +0.8%        |
| <b>OVERALL</b>             | <b>5.9%</b>      | <b>5.9%</b>      | <b>same</b>  |

### Illness Codes

- 3.5** Table 3 below outlines the underlying reasons for absence during Quarter 3 in the current year (2006/2007) and shows that psychological and musculoskeletal absences are a significant contributor to absence, accounting for 47.5% of days lost, which is slightly lower than the 49% lost in the same period last year. Table 2 also provides details for Q1 and Q2 in the current year.

Table 3 – Underlying Absence

| Illness Categories and Reasons      | <b>Q1<br/>2006/2007<br/>%</b> | <b>Q2<br/>2006/2007<br/>%</b> | <b>Q3<br/>2006/2007<br/>%</b> | <b>Total No.<br/>Days<br/>Lost</b> |
|-------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| C1 Stomach/Bowel/Blood/Metabolic    | 15.5                          | 11.2                          | 11.7                          | 2462                               |
| C2 Cardiovascular                   | 1.8                           | 2.8                           | 3.9                           | 823                                |
| C3 Psychological                    | 25.4                          | 23.8                          | 22.8                          | 4774                               |
| C4 Musculoskeletal/ Joint Disorders | 25.8                          | 29.4                          | 24.7                          | 5196                               |
| C5 Respiratory                      | 6.0                           | 5.9                           | 5.0                           | 1042                               |
| C6 Cancer                           | 4.0                           | 3.                            | 4.1                           | 871                                |
| C7 Neurological & Endocrine         | 2.8                           | 2.6                           | 2.9                           | 611                                |
| C8 Gynaecological/Urological        | 6.0                           | 8.1                           | 5.6                           | 1172                               |
| C9 Skin                             | 0.9                           | 2.0                           | 1.6                           | 343                                |

|                               |       |       |       |      |
|-------------------------------|-------|-------|-------|------|
| C10 Ear/Nose/Throat/Mouth/Eye | 5.5   | 5.8   | 6.9   | 1444 |
| C11 Infectious Diseases       | 6.2   | 5.0   | 10.7  | 2238 |
| <b>TOTAL =</b>                | 100.0 | 100.0 | 100.0 | 2097 |

### Long and Short-Term Absence

- 3.6** Attached to Appendix 1 are tables showing a) departmental detail on the absence codes, and b) the number of occasions of absence associated with each duration category.
- 3.7** The overall absence figures in Quarter 3 demonstrates medically certificated absence remains the most significant contributor to the Council's absence statistics with 71.5% of days lost being medically certificated.

### Industrial Injury

- 3.8** In total 21 days were lost due to absence through Industrial Injury. The number of employees absent from work due to an industrial injury during this period is recorded in Table 4.

Table 4: Industrial Injury

| <b>DEPARTMENT</b>             | <b>Days Lost</b> | <b>No. of Employees</b> |
|-------------------------------|------------------|-------------------------|
| Chief Executives              | 0                | 0                       |
| Education & Cultural Services | 0                | 0                       |
| Social Work Services          | 15               | 2                       |
| H.R.E.S.                      | 6                | 1                       |

## **4. Personnel Issues**

- 4.1** The effective management of absence is critical as those still at work often find themselves absorbing workloads for their absent colleagues. Personnel continues to monitor absence and identify interventions which can assist in reducing absence, and support employees in their return to work.

## **5. Financial Implications**

- 5.1** Absence has a significant impact upon the cost of service delivery, particularly where overtime and/or replacement costs are incurred to deliver essential services.

## **6. Risk Analysis**

- 6.1** This quarter's absence report continues to indicate that the 2 main areas for absence are due to Musculoskeletal/Joint Disorders and Psychological therefore no further risk analysis is necessary as the statistics show a continued downward trend. However, if there is no significant improvement in

the absence rates there is a significant risk that the Council will continue to be one of the poorest performing Councils in relation to absence.

## **7. Conclusions**

- 7.1** Significant intervention has been put in place for long term sickness e.g. Occupational Health Service. The Head of Personnel will work in partnership with services to develop strategies for improving short term sickness statistics.
- 7.2** Table 3 shows a decrease of 4.7% in absence due to Musculoskeletal/Joint Disorders compared to the previous quarter, and 1% reduction in absence due to Psychological reasons. This downward trend may have a direct relationship to Occupational Health/Physiotherapy Services now being /available. This is a trend that will be kept under review to ensure effective targeting of Occupation Health Services.

## **8. Recommendations**

- 8.1** The Joint Consultative Forum is asked to note the contents of this report.

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Tricia O'Neill  
Head of Personnel

- Person to Contact:** Linda McAlister, Personnel Officer, Chief Executives - Personnel Services, Garshake Road, Dumbarton.  
Tel No. (01389) 737523  
[Email: Linda.mcalister@west-dunbarton.gov.uk](mailto:Linda.mcalister@west-dunbarton.gov.uk)
- Appendices:** Appendix 1 – Absence Statistics – (Oct – Dec 2006) (3 pages)
- Background Papers:** Nil
- Wards Affected:** All wards are indirectly affected as employee absence does have a direct impact upon all service delivery.