

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Executive

Audit & Performance Review Committee – 20th September 2006

Subject: Sickness Absence Statistics – Quarter 1

1. Purpose:

1.1 To update the Audit and Performance Review Committee on the levels of employee absence during the 3 month period 1st April to 30th June 2006.

2. Background

2.1 The Council has to report on absence to Audit Scotland on an annual basis as it is a Statutory Performance Indicator.

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

Quarter 1 Report

3.1 Departmental absence statistics for Quarter 1 are outlined in Appendix 1.

3.2 It should be noted that unauthorised absence is reported for management information only. It is not included in the statutory performance indicator return to Audit Scotland.

3.3 The overall absence level for the Council is showing a marginal decrease in comparison to the same quarter in the previous year. However absence levels for Craft Employees have now increased by 0.3 %. Table 1 provides an overall summary of this.

Table 1: Quarter 1 Summary

Group	2006/2007	2005/2006
Local Government Employees	5.6%	5.7%
Craft	5.7%	5.4%
Teachers	2.9%	3.1%
OVERALL	5.2%	5.3%

3.4 The Scottish Average Absence Figures in 2004/2005 for sickness absence was 5.0%. The UK national average for Public Service organisations is 4.5% (CIPD Report 2005).

3.5 Table 2 outlines the underlying reasons for absence during Quarter 1 (2006/2007) and shows that psychological and musculoskeletal absences account for 51% of days lost. The following table also shows a comparison with the previous 3 quarters in 2005/06.

Table 2: Illness Codes

	Previous Quarters				Total Days Lost (Q1)
	Q2 %	Q3 %	Q4 %	Q1 %	
C1 Stomach/Bowel/Blood/Metabolic	13.9	13.3	15.5	15.5	2733
C2 Cardiovascular	5.1	2.8	2.4	1.8	324.5
C3 Psychological	28.3	25.6	24.8	25.4	4471
C4 Musculoskeletal/ Joint Disorders	26.8	23.0	19.6	25.8	4526
C5 Respiratory	3.1	4.8	7.3	6.0	1046
C6 Cancer	2.6	2.2	2.9	4.0	700
C7 Neurological & Endocrine	4.7	4.9	3.5	2.8	484
C8 Gynaecological/Urological	4.7	6.6	5.0	6.0	1059.5
C9 Skin	0.6	0.7	0.5	0.9	164
C10 Ear/Nose/Throat/Mouth/Eye	5.0	7.0	8.2	5.5	975
C11 Infectious Diseases	5.2	9.2	10.3	6.2	1093
TOTAL =	100.0	100.0	100.0	100.0	17576

3.6 Table 3 records the number of absences which are long and short term during the 3 monthly period and shows that short-term absences (0-3 days) are the most frequently occurring.

Table 3: Number of Occasions in Each Category

DEPARTMENT	0-3 days	4 to 7 days	8 days up to 1 month	Over 1 up to 6 mths	over 6 up to 12 months	over 12 up to 18 months	over 18 months	TOTAL
CHIEF EXECUTIVES	54	19	15	6	2	0	0	96
EDUCATION (NON-TEACHING)	280	82	62	24	2	1	0	451
EDUCATION (TEACHING)	229	40	47	10	1	2	0	329
SOCIAL WORK	258	117	117	76	30	13	7	618
H.R.E.S.	489	192	122	81	2	6	0	892
TOTAL OCCASIONS	1310	450	363	197	37	22	7	2386

3.7 The overall absence figures demonstrate medically certificated absence remain the most significant contributor to the Council's absence statistics with 72% of days lost being medically certificated.

4. Personnel Issues

- 4.1 The effective management of absence is critical within the council as it may impact on departmental service delivery.

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.
- 5.2 Table 2 shows an improvement in Musculoskeletal/Joint Disorders and this may have a direct relationship to Occupational Health/Physiotherapy Services now being available.

6. Conclusions

- 6.1 Significant intervention has been put in place for tackling long term sickness absence, e.g. occupational health provision. This service is currently under review to ensure effective targeting of occupational health interventions.
- 6.2 Short-term sickness absence levels continues to be the most frequently occurring, and a project team has been established to improve strategies for tackling short term absence within the authority.

7. Recommendations

- 7.1 The Committee is asked to note the contents of this report.

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Background Papers: Nil

Wards Affected: All wards are indirectly affected as employee absence does have a direct impact upon all service delivery.