

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Executive

Audit & Performance Review Committee : 20 December 2006

Subject: Sickness Absence Statistics - Quarter 2

1. Purpose:

1.1 To update the Audit & Performance Review Committee on the levels of employee absence during the 3 month period 1 July 2006 to 30 September 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 with reports being submitted to 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 2

3.1 Departmental absence statistics for Quarter 2 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 increase of 0.2% in comparison to the same quarter in the previous year. However absence levels for Craft Employees have now increased by 2% compared to the same period last year. (HRES are currently reviewing this figure). Table 2 provides an overall summary of this.

Table 1: Comparison with Previous Quarter

Group	2006/2007			2005/2006
	Q1 (Apr-Jun)	Q2 (Jul-Sept)	Diff	Q2 (Jul-Sept)
Local Government Employees	5.6%	5.7%	+0.1	5.6%
Craft	5.7%	6.2%	+0.5	4.2%
Teachers	2.9%	2.9%	-	2.7%
OVERALL	5.2%	5.4%	+0.2	5.2%

3.4 The Scottish Average Absence Figures in 2005/2006 for sickness absence was 3.9%. The UK national average for Public Service organisations has fallen by 0.2% from the previous year to 4.3% (CIPD Report 2006).

3.5 Table 2 outlines the underlying reasons for absence during Quarter 2 (2006/2007) and shows that psychological and musculoskeletal absences account for 53% of days lost, which is an increase of 2% from the previous quarter.

3.6 The following table also shows a comparison with the previous 3 quarters. Although Occupational Health/Physiotherapy Services have been introduced absence due to musculoskeletal/joint disorders still remains a significant factor and has increased by 3.6% compared to the previous quarter.

Table 2: Illness Codes

Illness Codes	Previous Quarters			Current Quarter	
	Q3 %	Q4 %	Q1 %	Q2 %	Total Lost Days
C1 Stomach/Bowel/Blood/Metabolic	13.3	15.5	15.5	11.2	1811
C2 Cardiovascular	2.8	2.4	1.8	2.8	448
C3 Psychological	25.6	24.8	25.4	23.8	3845
C4 Musculoskeletal/ Joint Disorders	23.0	19.6	25.8	29.4	4754
C5 Respiratory	4.8	7.3	6.0	5.9	962
C6 Cancer	2.2	2.9	4.0	3.5	572
C7 Neurological & Endocrine	4.9	3.5	2.8	2.6	418
C8 Gynaecological/Urological	6.6	5.0	6.0	8.1	1312
C9 Skin	0.7	0.5	0.9	2.0	319
C10 Ear/Nose/Throat/Mouth/Eye	7.0	8.2	5.5	5.8	938
C11 Infectious Diseases	9.2	10.3	6.2	5.0	808
Total	100.0	100.0	100.0	100.0	16187

3.7 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	4-7 Days	8 Days up to 1 mth	Over 1 up to 6 mths	Over 6 up to 12 mths	Over 12 up to 18 mths	Over 18 mths	TOTAL
CHIEF EXECUTIVES	64	17	14	13	0	1	0	109
EDUCATION (NON-TEACHING)	181	62	71	11	3	0	0	328
EDUCATION (TEACHING)	109	22	28	5	0	0	0	164
SOCIAL WORK	267	73	134	128	29	11	22	664
H.R.E.S.	403	177	102	75	0	2	0	759
TOTAL OCCASIONS	1024	351	349	232	32	14	22	2024

3.8 The overall absence figures demonstrate medically certificated absence remain the most significant contributor to the Council’s absence statistics with 75% 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.

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 invited to note the contents of this report.

David McMillan
Chief Executive
Date: 13 December 2006

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

Appendix: Departmental Absence Statistics for Quarter 2

Background Papers: Nil

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