Sickness Absence Monitoring 1st April 2006 to 31st March 2007

The total number of days sickness during 2006/07 was 4585.72 compared to 3161.26 days in 2005/06 and 2686.55 in 2004/05.

The table below provides a breakdown of the average number of days lost per employee by business area each year.

Business Area	Average No. of days lost 2004-05	Average No. of days lost 2005-06	Average No. of days lost 2006-07
Chief Executive	3.84	.75	9.71
Community & Environment	6.73	8.66	12.02
Corporate Services	7.05	7.88	12.74
Customer Services	5.95	4.54	7.54
Cleansing & Amenities	11.06	12.75	16.51
Planning Services	5.9	6.41	14.31

BVPI 12 – The number of average working days/shifts lost to sickness absence is 13.27, this is an increase on 2006/07, which was 9.44 days.

The Local Government Research and Analysis data of sickness in 2004/05, showed that the sickness absence rate amongst Shire Districts from the BVPI data was 4.2%, equating to an average of 9.6 days a year.

During both 2006/07 and 2005/06 there were a total of 35 employees within a number of business areas who were classed as having long term sickness (20 days or more). A number of these employees have now left the authority. During 2006/07 two employees were dismissed as a result of their poor attendance levels due to sickness and one employee was retired on permanent ill-health grounds.

Graph A

This chart breaks down the sickness absence by reason during 1 April 2006 to 31st March 2007. The three largest areas of sickness absence by reason were:-

Stress/depression & mental health - 18%, Viral Infection - 14% Other Musculo-skeletal problems - 12%

The three largest areas of sickness absence by reason for the previous two years were:-

2005/06	2004/05
Stress/depression & mental health – 21%	Viral Infection – 19%
Other Musculo-skeletal problems – 18%	Stress/depression & mental health at 14%
Viral Infection – 16%	Musculo-skeletal problems at 12%

A new report from the Chartered Institute of Personnel & Development (CIPD) and Active Health Partners reported that mental ill health is the second largest cause of time lost due to sickness absence in UK organisations with stress, depression and anxiety accounting for over 50% of these mental health problems. They report that

the number one cause of time lost due to sickness absence is musculo-skeletal conditions.

The LG Research & Analysis data 2004/05 showed that stress remained the single most important cause of sickness absence, accounting for just over a fifth of total absence days. Stress accounted for 31% of long-term absence spells, followed by "other musculo-skeletal problems" and back problems, which accounted for 18% and 10% respectively. Infections and stomach ailments were the major causes of short-term absence.

Surveys of the wider economy produce differing estimates of absence. The latest CBI survey (2005) put average absence at 3.0% or 6.8 days per employee, whereas the 2005 CIPD survey gave a 3.7% average or 8.4 days. Both figures have seen a decrease from what was recorded in the previous year, and they are also clearly below the local government average.

It is reported that larger government departments and agencies have higher absence levels. The Inland Revenue had the highest absence level at 12.0 days (5.3%), followed by HM Prison Service with 10.8 days (4.7%).

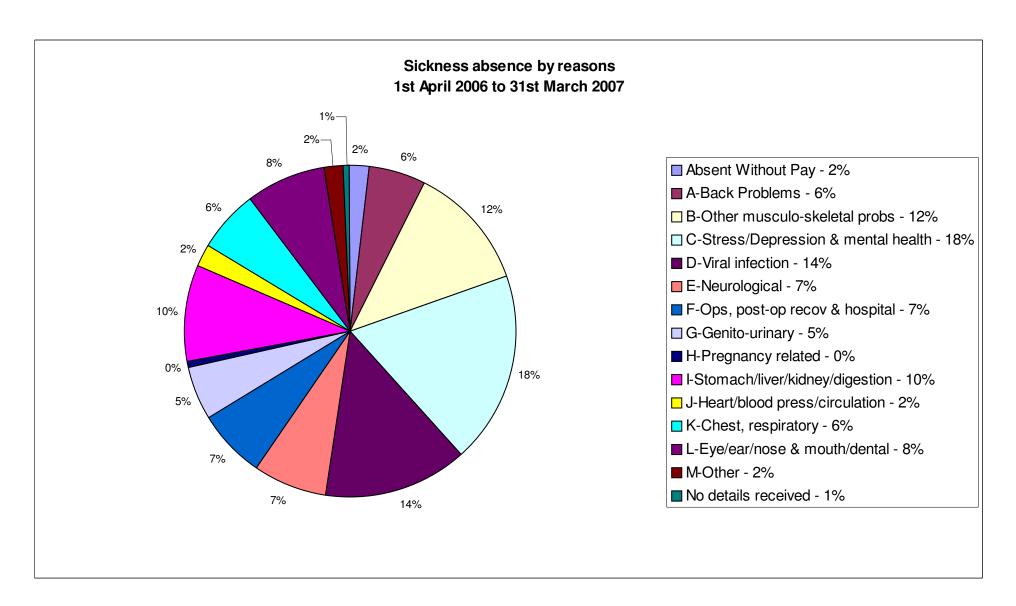
Graph B

This graph provides a comparison of sickness absence by reason over the past 2 years. The top three reasons for sickness absence have remained the same, although the 'viral infection' positioning is slightly different.

Stress/depression and mental health remains the largest reason for absence during 2006/07 (18%) however this is a decrease on 2005/06 figure of (21%). Customer Services reporting the highest number of absences for this particular reason.

Increases/decreases:

- 2006/07 has seen a marked increase in the number of absences related to neurological, genito-urinary and chest & respiratory problems compared to the previous year.
- Whilst the same three main reasons for absence remains the same during the past two years, there has been a decrease overall e.g.:-
 - other musculo/skeletal problems reduced from 18% (2005/06) to 12% (2006/07);
 - viral infections reduced from 16% (2005/06) to 14% (2006/07)
 - stress/depression and mental health reduced from 21% (2005/06) to 18% (2006/07)
- 2006/07 has seen a decrease in the number of absences related to back problems.



Graph B

