

Staffing Committee

Dorset County Council



Date of Meeting	9 July 2018
Officer	Service Director for Organisational Development
Subject of Report	Management of Attendance 2017/18 – Quarter 4 (January to March 2018)
Executive Summary	<p>During the Q4 winter period, DCC reported an increase in seasonal-related absence, i.e. sickness absence cases caused by respiratory and ear, nose and throat conditions. As a result, sickness absence increased from 7.95 days FTE p.a. (Q3) to 8.25 days (Q4). Sickness absence is slightly lower than one year ago and is significantly lower than the average of 10.5 sickness absence days per annum for local government workers (CIPD).</p> <p>At members' request, a summary of the SWAP sickness audit report with actions is also included in the report. During this committee meeting, Matthew Piles, Service Director Economy and Environment, will report on the improvements to sickness absence recording in Dorset Travel.</p> <p>Finally, members are asked to review the continued use of the existing sickness targets (see recommendations).</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>No separate EqIA has been conducted / is required, although the Council's policy on the management of attendance is itself subject to EqIA considerations.</p> <hr/> <p>Use of Evidence:</p> <p>The report is wholly evidence-based. Sickness targets have been established on a common basis applicable to all categories and groups of staff.</p>

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	<p>Budget:</p> <p>There are no direct cost implications arising from this report.</p>
	<p>Risk Assessment:</p> <p>No specific decision is requested in the relation to this report. The associated risk is low.</p>
	<p>Other Implications:</p> <p>Not applicable.</p>
Recommendation	<ol style="list-style-type: none"> 1. Staffing Committee is asked to consider removing the sickness targets as the measure. In its place, managers will be held to account for their interventions, e.g. return-to-work interviews, wellbeing and occupational health referrals and appropriate use of formal procedures. 2. Staffing Committee is asked to note the reasonable assurance status of the SWAP sickness audit and the resulting actions.
Reason for Recommendation	To provide a focus for the effective management of attendance within the Council.
Appendices	Appendix: DCC Management Dashboard as 1.4.18
Background Papers	None
Officer Contact	<p>Name: Paul Loach, HR Business Partner</p> <p>Tel: 01305 225189</p> <p>Email: paul.loach@dorsetcc.gov.uk</p>

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1. Introduction

- 1.1 This report considers Quarter 4 sickness data (January to March 2018), and refers to the Council's quarterly and annual sickness data trends.

2. DCC sickness absence: a yearly perspective

Table 1: Sickness absence in DCC for the last 12 months.

Date	DCC (excluding schools) Average days lost per full time equivalent (FTE)
March 2017	8.35
June 2017	8.44
September 2017	8.53
December 2017	7.95
March 2018	8.25

3. Long-term v Short-term sickness absence within DCC

Table 2: Long- v Short-term Sickness: Q4 2017/18

Directorate	Pro Rata Days Lost Short Term	Pro Rata Days Lost Long Term
Dorset County Council	4,345	3,228
Adult & Community Services	870	384
Children's Services	934	941
Dorset Waste Partnership	707	679
Environment & Economy	1,335	1,004
Finance & Procurement	232	76
Organisational Development	204	86
Public Health	62	58

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- 3.1 Short-term absence has increased by 28% during the quarter, whilst long-term absence has remained at a similar level. This increase affects all Directorates and is due to respiratory and ear, nose and throat related absences, typical of the winter period (see 5.1).
- 3.2 Environment and Economy reports a high number of short-term absence in Q4; over half of the days lost are due to seasonal-related causes. The majority of these roles are not office-based, namely Passenger Assistants, Minor Works Chargehand and Engineers.

4. Ill-health retirements and dismissals

- 4.1 For the twelve month period ending Q4 2017/18, the Council dismissed 13 employees due to medical incapability plus 4 ill health retirements. This compares with 19 medical incapability dismissals and 5 ill health retirements for the previous twelve month period ending Q2 2017/18. For each individual directorate:
- Adult and Community Services dismissed 2 employees due to medical incapability, 2 ill-health retirements.
 - Children's Services dismissed 3 employees due to medical incapability, no ill-health retirements.
 - Economy and Environment dismissed 1 employees due to medical incapability, 1 ill-health retirement.
 - Chief Executives dismissed 2 employees due to medical incapability, 0 ill-health retirement.
 - Dorset Waste Partnership (DWP) dismissed 5 employees due to medical incapability, 1 ill-health retirement.

5. **Table 3: Reasons for sickness absence: (Q4: January 2018 to March 2018). All DCC (excl. Tricuro and Schools).**

This report is used to track sickness absence trends and instigate preventative interventions.

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Sickness Reason	Sickness Cost £	Working Days	% of Days lost Q4 by absence type
ANXIETY/DEPRESSION	111,180	1,145	14.5%
CANCERS/TUMOURS	40,643	478	6.1%
CARDIOVASCULAR	8,790	122	1.6%
CARPAL TUNNEL SYNDRO	3,920	57	0.7%
DIGESTIVE SYSTEM	60,500	750	9.5%
EAR,NOSE, THROAT AND	109,139	1,122	14.3%
ENDOCRINE/GLANDULAR	6,035	66	0.8%
FROZEN SHOULDER	2,222	16	0.2%
INFECTIOUS DISEASES	6,662	70	0.9%
MISCELLANEOUS	4,404	43	0.5%
NECK/BACK PROBLEMS	34,190	419	5.3%
NERVOUS SYSTEM	17,618	195	2.5%
OTHER MENTAL HEALTH	2,246	20	0.3%
OTHER MUSCLOSKELETAL	74,085	959	12.2%
REPRODUCTIVE AND URI	20,085	229	2.9%
RESPIRATORY	110,201	1,301	16.5%
RHEUMATISM/ARTHRITIS	2,804	37	0.5%
RSI/UPPER LIMB DISOR	1,346	26	0.3%
SKIN RELATED	2,367	28	0.4%
STRAINS/SPRAINS	6,224	109	1.4%
STRESS	72,133	680	8.6%
SUBSTANCE ABUSE	0	0	0.0%
Grand Total	696,794	7,875	100.0%

5.1 Comparison of reasons for sickness absence, Q3 to Q4

There are seasonal variations between the Autumn (Q3) and Winter (Q4) sickness periods. For the Winter (Q4) period, DCC reports:

- 86% increase in Respiratory absences (701 days Q3 v 1,301 days Q4)
- 44% increase in Ear, Nose and Throat-related absences (772 days Q3 v 1,122 days Q4)
- 7% increase in mental health absences (anxiety, other mental illness, depression), which is perhaps less than expected for the winter period.

Figures from Public Health England show that Winter 2017/18 had the worst flu outbreak since 2010/11. DCC has historically reported seasonal variations in sickness reasons, and last winter was no exception. Flu jabs have been made available to targeted key workers in DCC, and other employees have taken received a flu jab through their GP or Pharmacist.

6. Mental Health-related sickness

Table 4: Q4 Mental Health-related sickness by Directorate / Service

Directorate / Service	Sickness Cost £	Working Days Lost
Adult & Community Services		
Adult Care	16,558	163
Commissioning, Partnership & Quality	341	5
Early Help & Community Services	2,047	43
Learning Disability/Mental Health	3,325	29
Adult & Community Services Total	22,270	240
Children's Services		
Care and Protection	39,107	446
Commissioning & Partnerships	26,903	284
Schools & Learning Service	14,885	167
Children's Services Total	80,895	897
Dorset Waste Partnership		
Not assigned	7,313	108
Dorset Waste Partnership Total	7,313	108
Environment & Economy		
Dorset Highways	35,527	310
Economy&Environment	14,153	305
Environment	1,416	22
ICT and Customer Services	12,477	120
Environment & Economy Total	63,572	757
Finance & Procurement		
Financial Services	524	8
Not assigned	18	1
Pensions Benefits	759	12
Finance & Procurement Total	1,301	21
Organisational Development		
Democratic Services	1,299	11
HR Operations	125	2
Legal Services	5,751	56
Organisational Development Total	7,174	69
Public Health		
Not assigned	3,033	33
Public Health Total	3,033	33
Grand Total	185,558	2,123

- 6.1 Comparing mental health-related absence from Q3 to Q4, the overall numbers of days lost are similar (Q3 2,002 v Q4 2,123). There are quarterly variations between Directorates, but none that are so significant to indicate a continuing trend.
- 6.2 There is a wealth of information and support available to employees to assist with mental health issues. Examples of these include wellbeing services, occupational health advice, mental health champions, stress risk assessments, supervision and return-to-work interviews.

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- 6.3 DCC also staged an awareness-raising campaign recently during "Mental Health Awareness Week" to encourage our employees to note the variety of kinds of support that can be accessed if and when needed.

7. Musculoskeletal absence

Table 7: Musculoskeletal sickness by Directorate Q4

Directorate / Service	Working Days Lost	Sickness Cost
Adult & Community Services		
Adult Care	161	12,907
Commissioning, Partnership & Quality	51	0
Early Help & Community Services	55	3,156
Adult & Community Services Total	267	16,063
Children's Services		
Care and Protection	226	24,333
Commissioning & Partnerships	164	9,157
Schools & Learning Service	37	2,383
Children's Services Total	426	35,873
Dorset Waste Partnership	658	42,729
Environment & Economy		
Dorset Highways	88	7,167
Economy&Environment	386	8,755
Environment	1	64
ICT and Customer Services	43	3,512
Environment & Economy Total	518	19,498
Finance & Procurement		
Financial Services	21	1,228
Not assigned	2	217
Pensions Benefits	20	885
Finance & Procurement Total	43	2,330
Organisational Development		
Democratic Services	1	118
HR Operations	1	38
Legal Services	2	153
Organisational Development Total	4	309
Public Health	52	7,990
Grand Total	1,966	124,791

- 7.1 The costs and days number of lost during Q4 are almost identical to Q3.
- 7.2 Musculoskeletal absence is higher in physically demanding jobs. The highest number of days lost Q4 due to musculoskeletal reasons are DWP Loaders (217 days), EE Passenger Assistants (117 days) and DWP Drivers (70 days).
- 7.3 Many preventative actions are in place to reduce musculoskeletal absence in DCC. Examples of which include moving and handling training, induction assessments, task-related selection tests and Occupational Health support.

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8. Sickness Targets

- 8.1 Every year, directorates are asked to review and set sickness targets for their directorate and services. Setting challenging yet achievable targets is a subjective process, and as a result the sickness targets for similar roles varies considerably. For example, DWP Finance and Commercial has an absence target of 9.74 days, DCC Finance has 7 days, whereas ICT has 4.25 days. All these are office-based jobs, and there is no logical reason for such a difference in targets.
- 8.2 Managers are required to make certain interventions to reduce sickness absence in their team. Examples of which may include return-to-work interviews, occupational health referrals, disciplinary, capability or ill health retirements. Managers are, however, unable to control when sickness occurs in their team, but only their own interventions.
- 8.3 The proposal for Staffing Committee's consideration is to remove the sickness targets as a measure. In its place, managers will be held to account for the matters they can control: i.e. the interventions they make to reduce sickness absence (e.g. return-to-work interviews, accessing wellbeing support, occupational health referrals and instigation of formal procedures where required).

9. Sickness Audit Report (SWAP) - April 2018

- 9.1 Staffing Committee members requested a summary of the recent sickness audit findings. A summary of the auditor's comments is reported below:
- 9.2 *"I am able to offer reasonable assurance as most of the areas reviewed were found to be adequately controlled. Generally, risks are well managed, but some systems require the introduction or improvement of internal controls to ensure the achievement of objectives.*
- 9.3 *Our review has identified that there is extensive and accessible guidance, mechanisms and support across a range of sickness absence issues, covering long term and short-term absence, occupational health referrals, absence notification, recording absence, conducting RTW interviews and maintaining contact with employees on long term absence. In the majority of instances there are mechanisms to capture sickness absence data. Data is reported at manager, team, Directorate and Committee level.*
- 9.4 *Generally, managers were aware of their responsibilities and had a good understanding of the requirements in respect of absence notification, undertaking RTW interviews and maintaining contact with staff on long terms absence. However, instances were identified where employees whose sickness is managed through mediated access were found not to have had periods of sickness recorded in DES or RTW interviews conducted and recorded. In addition, some managers were found to be recording long term absence as multiple short-term absences as and when sick/fit notes are received. This has resulted in inaccurate RTW data being reported to managers and Staffing Committee."*
- 9.5 In an illustrative example, an employee is absent for a period of one continuous month. The manager inputs the absence on DES on a weekly basis, so the absence is recorded as 4 x 1-week absence. At the end of the absence, a return-to-work interview is carried out and input into DES.
- 9.6 The DES system expects one return-to-work for every sickness period, in this example 4 sickness periods. DES therefore records the RTW % as 25% only (i.e. 1 RTW interview

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for 4 sickness periods). The correct way of recording a one month absence is 1 x months absence period followed by 1 x RTW interview, which equates to a 100% RTW rate.

9.7 A summarised version of the audit recommendations is as follows:

9.7.1 Produce a quick reference guide on sickness, linking up the comprehensive guidance available.

9.7.2 A mechanism for the timely notification of Passenger Assistants and Landscape staff absence is put in place (Matthew Piles, EE Service Director, will be presenting on this issue).

9.7.3 Re-communicate the benefits of utilising the DES sickness suite to managers.

9.7.4 Regularly review RTW interview completions, identify areas of low completion and carry out intervention activities.

9.7.5 Review mediated access teams to ensure similar issues around absence notification and RTW interviews are not occurring.

9.7.6 The Service Manager (Care and Support), in conjunction with HR, to ensure RTW interviews are captured for the residential care home staff in the Permanency Team.

9.7.7 HR to issue guidance on entering continuous absence so that long-term / continuous absence is not entered as multiple absences.

9.7.8 Ensure managers employed on a non-permanent basis are aware of sickness management recording and RTW interview requirements

9.8 All the audit actions are being monitored by the HR Leadership team for completion.

10. Comment / Observation

DCC absence remains significantly below the Local Authority average, despite the seasonal rise in sickness absence. The sickness audit has highlighted areas where further improvements can be realised, and these recommendations are being actioned.

It is important that managers focus on interventions which reduce sickness absence rather than rely on targets as a measure of effective management. Wellbeing continues to be a priority in the preceding months of Local Government Review and part of every Directorate's implementation plan.

Jonathan Mair
Service Director for Organisational Development

July 2018

High Level DCC Dashboard as of 1.4.18

Organisation	Manager	RTW Interviews	RTW Interviews %	Sickness Days Lost	Headcount FTE	Sickness Days Lost Per FTE 1.4.18	Sickness Days Lost per FTE 1.1.18	Direction of Travel	Sickness Days Lost Target
Dorset County Council	Mrs Deborah Ward	4890	78%	26,238	3,182.2	8.25	7.95	↑	7.63
Adult & Community Services	<Vacant Position>	1037	85%	4,135	604.3	6.84	6.58	↑	8
Adult Care	<Vacant Position>	606	82%	2,954	388.9	7.60	7.16	↑	8
Early Help & Community Services	Mr Paul Leivers	394	91%	1,085	182.2	5.95	6.06	↓	8
Safeguarding and Quality	Mrs Sally Wernick	37	86%	97	33.3	2.90	3.22	↓	8
Children's Services	<Vacant>	1289	81%	6,800	814.6	8.35	8.57	↓	7.38
Care and Protection	Mrs Vanessa Glenn	592	79%	3,511	362.1	9.70	10.33	↓	7.5
Commissioning & Partnerships	<Vacant Position>	411	82%	1,870	250.4	7.47	7.13	↑	8
Schools & Learning Service	Mr Jay Mercer	286	81%	1,419	201.5	7.04	7.29	↓	6.5
Dorset Waste Partnership	Ms Karyn Punchard	626	91%	4,395	392.3	11.20	10.25	↑	9.74
DWP Finance and Commercial	Mr Paul Ackrill	15	94%	43	10.8	3.99	8.78	↓	9.74
DWP Operations	Mr Michael Moon	542	90%	4,150	345.1	12.02	10.84	↑	9.74
DWP Strategy	Mrs Gemma Clinton	69	97%	202	34.4	5.89	5.52	↑	9.74
Environment & Economy	Mr Michael Harries	1202	63%	8,330	943.8	8.83	8.51	↑	7.8
Corporate Development	Mrs Karen Andrews	39	95%	79	33.5	2.37	2.47	↓	7.8
Dorset Highways	Mr Andrew Martin	379	66%	2,618	269.2	9.73	9.01	↑	7
Economy&Environment	Mr Matthew Piles	466	51%	4,425	434.8	10.18	13.1	↓	7
ICT and Customer Services	Mr Richard Pascoe	318	90%	1,208	204.4	5.91	5.53	↑	4.25
Finance & Procurement	Mr Richard Bates	340	83%	1,270	198.0	6.41	5.35	↑	7
Estate & Assets	Mr Peter Scarlett	45	78%	127	33.6	3.79	3.61	↑	7
Financial Services	Mr William Mcmanus	206	78%	955	121.6	7.85	6.55	↑	7
Organisational Development	Mr Jonathan Mair	314	90%	981	156.2	6.28	5.95	↑	5
Democratic Services	Mr Lee Gallagher	14	88%	38	10.5	3.66	5.91	↓	5
Governance & Assurance Services	Mr Mark Taylor	23	100%	69	10.0	6.92	4.57	↑	4.5
HR Operations	Mr Christopher Matthews	162	95%	336	64.8	5.18	5.98	↓	5
HR Specialist Services	Mr Carl Wilcox	50	78%	246	35.4	6.96	6.1	↑	5.75
Legal Services	Miss Grace Evans	65	86%	291	32.7	8.91	6.44	↑	5
Public Health	Doctor David Phillips	39	78%	237	51.6	4.59	4.93	↓	4.5