

Staffing Committee

Dorset County Council



Date of Meeting	13 September 2017
Officer	Head of Organisational Development
Subject of Report	Management of Attendance 2017/18 – Quarter 1
Executive Summary	<p>Sickness rates across DCC have remained relatively unchanged over the last quarter, with a slight increase from 8.35 to 8.44 days absence per fte.</p> <p>The most significant falls in sickness this quarter have been in Adult Care, from 9.51 to 8.54 days. Adult Care were highlighted as an area of focus at the last Staffing Committee. Finance and Procurement have also achieved a significant fall in their sickness absence rates of around 4 days per fte over 12 months. This was due to an additional focus on one team who had very high sickness levels.</p> <p>Dorset Waste Partnership sickness has reduced from 12.9 to 12.18 days absence this quarter. Public Health sickness remains relatively unchanged at 8.07 days and over its target of 4.5 days per fte.</p> <p>Children's Services reports a rise in sickness in all services, with the exception of Prevention and Partnerships. Similarly, Economy and Environment reports rises in sickness in all services, with the exception of Environment, but remain within their sickness target.</p> <p>The new manager's sickness reports have been rolled out throughout DCC and will be demonstrated to members at today's meeting.</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>

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	<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> <p>Budget:</p> <p>There are no direct cost implications arising from this report. The rolling 12 month sickness absence figures show an annual cost of £2.449 million for DCC (excluding schools) based on current reporting. This amount does not include the cost of additional temporary staff to provide cover where necessary.</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	<p>It is recommended that Staffing Committee:</p> <ul style="list-style-type: none"> i) Note the new sickness report which uses active (intelligent) data ii) Request a review of the preventative measures DCC adopts to minimise musculoskeletal related absence.
Reason for Recommendation	<p>To provide a focus for the effective management of attendance within the Council</p>
Appendices	<p>Appendix: DCC Management Dashboard as 1.7.17</p>
Background Papers	<p>None</p>
Officer Contact	<p>Name: Paul Loach, HR Business Partner Tel: 01305 225189 Email: paul.loach@dorsettcc.gov.uk</p>

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1. Introduction

- 1.1 This report considers quarter 1 sickness data (April 2017 to Jun 2017) and makes reference 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 year.

Date	DCC Non Schools (incl. Dorset Waste Partnership (DWP) and Public Health (PH)) average days lost per full time equivalent (FTE)
June 2016	9.35 *
September 2016	9.53 *
December 2016	9.55 *
March 2017	8.35
June 2017	8.44

Note: where indicated *, the data report parameters included sickness data from leavers. The new sickness reports excluded leaver's sickness absence from March 2017.

3. Long Term v Short Term sickness absence within DCC

Table 2: Long v Short Term Sickness – Q1 2017/18

Directorate	Pro Rata Days Lost Short Term	Pro Rata Days Lost Long Term
DCC	2,618	3,232
CEX Programme Office	13	0
Environment & Economy	752	832
Finance & Procurement	78	37
Organisational Development	161	140
Public Health	30	32
Children's Services	643	723
Adult & Community Services	583	513
Dorset Waste Partnership	360	954
Grand Total	5,236	6,463

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- 3.1 Levels of long term sickness continue to exceed short term sickness in most parts of the Council. This differential is more pronounced for the Loaders and Drivers roles in Dorset Waste Partnership
- 3.2 The highest ratios of long term sickness (as compared to short term) are in Dorset Waste Partnership, Children's Services and Environment and Economy
- 3.3 The highest ratios of short term sickness absence (as compared to long term) are in Finance and Procurement.

4. Ill health retirements and dismissals

- 4.1 For the twelve month period ending Q1 2017/18, the Council dismissed 18 staff due to medical incapability plus 5 ill health retirements. This compares with 24 medical incapability dismissals and 4 ill health retirements for the previous twelve month period ending Q4 2016/17. For each individual directorate:-

- Adult and Community Services dismissed 1 due to medical incapability, 3 ill health retirement.
- Children's Services dismissed 6 due to medical incapability, 1 ill health retirement.
- Economy and Environment dismissed 8 due to medical incapability, 1 ill health retirement.
- Chief Executives dismissed 1 due to medical incapability but no ill health retirements.
- Dorset Waste Partnership (DWP) dismissed 2 due to medical incapacity but no ill health retirements.

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5. Table 2: Reasons for sickness absence: (Q1: April 2017 to June 2017). All DCC (excl. Tricuro and Schools).

Sickness Reason	Sickness Cost £ (salary only)	Pro-Rata Days lost per FTE
ANXIETY/DEPRESSION	55,266	648
CANCERS/TUMOURS	17,102	224
CARDIOVASCULAR	17,957	171
CARPAL TUNNEL SYNDROME	3,316	61
DIGESTIVE SYSTEM	64,022	770
EAR,NOSE, THROAT	31,688	385
ENDOCRINE/GLANDULAR	1,171	18
FROZEN SHOULDER	474	5
INFECTIOUS DISEASES	4,204	52
MISCELLANEOUS	3,763	50
NECK/BACK PROBLEMS	41,844	459
NERVOUS SYSTEM	20,786	287
OTHER MENTAL HEALTH	6,569	94
OTHER MUSCLOSKELETAL	74,717	955
REPRODUCTIVE AND URINARY	23,219	275
RESPIRATORY	30,140	344
RHEUMATISM/ARTHRITIS	1,759	26
RSI/UPPER LIMB DISORDERS	1,183	17
SKIN RELATED	1,863	29
STRAINS/SPRAINS	12,216	158
STRESS	83,397	825
Grand Total	496,658	5,850

The costs of absence depends on the salary levels of absent employees during the quarter.

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6. Area of Focus: Musculoskeletal related sickness

Table 3: Musculoskeletal sickness absence by Directorate: July 2016 – June 2017 (excluding Tricuro)

Directorate	Sum Pro Rata days lost pa	Sum Pro rata days lost pa (short term only)	Sum of Pro Rata days lost pa (long term only)	Sum of Sickness Cost pa
Adult & Community Services	452	109	343	39,780
Chief Executive	12	12	0	771
Chief Executive 1	6	6	0	336
Children's Services	1,206	269	937	117,535
Dorset Waste Partnership	1,328	306	1,021	90,531
Environment & Economy	978	325	654	64,853
Finance & Procurement	41	15	26	2,856
Organisational Development	149	66	82	12,833
Public Health	1	0	1	75
Grand Total	4,173	1,109	3,064	329,569

Table 4: "Other Musculoskeletal" sickness absence ranked highest by role: July 2016 – June 2017 (excluding Tricuro)

Role	Pro-rata days lost
DWP Loader	603
DWP Driver	293
Social Worker	172
Childcare Supervisor	170
Locality Worker	134
Passenger Assistant	132

- 6.2 Musculoskeletal related absence continues to be the second highest single reason for absence, other than mental health related absence. Predictably, this absence type is more prevalent in roles which involve lifting, moving and handling; for example DWP and the caring professions.
- 6.3 DCC runs an extensive programme of lifting and handling training. In addition, lifting and handling is promoted in induction and regular health and safety briefings.
- 6.4 Musculoskeletal related absence is one of the top three reasons for absence in nearly all other local authorities. It's timely however to review the data with Occupational Health and local managers with a view to making changes where needed. Further details will follow in a future report.

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7. Update on previous area of focus: Pensions

- 7.1 In the Staffing Committee Report of May 2017, Pensions were highlighted as a service with high sickness levels throughout the structure, with an average of 14.27 days sickness per annum. This is almost three times higher than the average for office based roles.

Since that time, there have been changes in staffing and sickness has dropped by 30% in three months. Further monitoring is required to ensure sickness continues to fall and employees are making use of the range of wellbeing services that are available.

8. Organisational initiatives to reduce sickness absence

- 8.1 The active data reporting software was reported in the previous Staffing Committee paper and will be demonstrated at this Staffing Committee meeting. These new reports have been designed by ICT after extensive consultation with managers and Human Resources and Organisational Development (HR+OD).

- 8.2 A brief resume of the active data reporting software is reported below:-

The newly designed reports move away from “passive data”, i.e. reports which require managers to choose to run, to “active data”. Active data is data which presents itself to managers when they first access their dashboard, without needing to run any reports. This data is tailored to their team, and the actions that managers need to take today or in coming days. For example:-

- John Smith, Admin Assistant, needs to supply a doctors fit note from next Monday.
- Mary Williams return to work interview is overdue.
- A manager has three employees who have hit sickness trigger points.

- 8.3 In addition, a new range of reports have been designed including:-

- Analysis of sickness by day of the week (to recognise patterns in absence, such as Monday / Friday absences)
- Senior Managers can also view each team’s sickness by reason, team, triggers and cost at a touch of a button.

9. Comment / Observation

- 9.1 There has been considerable investment in data reports to enable managers to run intelligent sickness reports at a touch of the button. In addition, HR policies have been simplified and a comprehensive management training programme has been implemented.

- 9.2 The culture of the organisation has changed with positive results. When a manager contacts HR+OD for advice on managing a sickness situation, each decision option is explored together with their pros and cons. The manager then makes a decision on the employment situation which they consider to be right in the circumstances, but remains compliant with legislation. This coaching approach has been in place for the

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last few years and is a marked shift from a stereotypical council risk averse culture. As a result, managers have grown in confidence in managing sickness.

- 9.3 It remains the case that some managers are less pro-active in managing sickness absence than others. The reasons for this variation is varied. Managers of smaller teams may rarely need to formally manage sickness, whereas absence management is a regular occurrence for other managers. Some managers feel uncomfortable and are initially reticent to have difficult conversations with their team member. There is a learning curve to go through, where confidence is gained as they manage more and more absence cases.
- 9.4 A key to reducing absence is the early and considered intervention by managers, coupled with the promotion of our Occupational Health and Wellbeing offer. HR+OD will continue to promote early intervention and wellbeing, but the manager's role remains first and central to absence reduction.

Jonathan Mair
Head of Organisational Development

September 2017

HIGH LEVEL - DCC Management Dashboard as of 1.7.17

Organisation	Manager	RTW Interviews	RTW Interviews %	Sickness Days Lost	Headcount FTE	Sickness Days Lost Per FTE 1.7.17	Sickness Days Lost Per FTE 1.4.17	Direction of Travel	Sickness Days Lost Target
DCC	Mrs Deborah Ward	4220	70%	26235.16	3108.16	8.44	8.35	↑	7.16
Adult & Community Services	<Vacant Position> / Ms Helen Coombes	1050	80%	5349.13	648.36	8.25	8.47	↓	7.11
Adult Care	Mr Harry Capron	614	80%	3039.01	355.84	8.54	9.51	↓	7.75
Business Development and Performance	Mrs Sally Longman	48	81%	287.12	30.29	9.48	7.09	↑	7.11
Commissioning - Adult Care and Carers	Mr Nigel Harvey-Whitten	28	90%	77	19.81	3.89	4.95	↓	7.11
Commissioning-LD, MH, Housing & Prevent	<Vacant Position>	2	50%	9	5.43	1.66	1	↑	7.11
Early Help & Community Services	Mr Paul Leivers	311	78%	1599.45	201.13	7.95	7.16	↑	5.5
Safeguarding and Quality	Mrs Sally Wernick	43	88%	318.98	33.53	9.51	10.31	↓	7.11
Children's Services	Ms Sara Tough	1133	72%	7555.8	840.13	8.99	8.76	↑	6.75
Care and Protection	Mrs Vanessa Glenn	479	65%	4124.63	374.25	11.02	10.12	↑	7.5
Design & Development	Mr Patrick Myers	337	73%	2068.48	244.93	8.45	6.71	↑	6
Prevention & Partnerships	<Vacant Position> / Mr Jay Mercer	317	84%	1311.69	218.72	6.00	7.99	↓	6.5
Dorset Waste Partnership	Ms Karyn Punchard	499	71%	4496.33	369.05	12.18	12.9	↓	9.74
Finance and Commercial	Mr Paul Ackrill	21	100%	76.26	9.81	7.77	8.33	↓	9.74
Operations	Mr Michael Moon / Mr Tegwyn Jones	423	68%	4216.13	324.09	13.01	13.7	↓	9.74
Strategy	Mrs Gemma Clinton	54	95%	200.94	33.15	6.06	5.93	↑	9.74
Environment & Economy	Mr Michael Harries	1056	57%	7107.95	958	7.42	7.04	↑	7.65
Business Improvement Team	Mr Derek Hansford / Mrs Zoe Schofield	7	88%	50	3.62	13.81	11.5	↑	4.5
Dorset Highways	Mr Andrew Martin	291	60%	1948.39	276.05	7.06	5.96	↑	7
Economy	Mr Matthew Piles	263	38%	3332.9	277.71	12.00	11.45	↑	7
Environment	Mr Peter Moore	180	59%	750.33	208.26	3.60	4.02	↓	7
ICT and Customer Services	Mr Richard Pascoe	315	88%	1026.33	190.36	5.39	5.16	↑	4.25
Finance & Procurement	Mr Richard Bates	76	68%	342.28	65.48	5.23	6.82	↓	7
Financial Services	Mr William Mcmanus	76	68%	342.28	63.85	5.36	6.89	↓	7
Organisational Development	Mr Jonathan Mair	313	95%	968.58	148.17	6.54	5.32	↑	5
Democratic Services	Mr Lee Gallagher	31	97%	82.13	10.47	7.84	8.14	↓	5
Governance & Assurance Services	Mr Mark Taylor	10	77%	130.68	7.95	16.44	8.57	↑	4.5
HR Operations	Mr Christopher Matthews	168	98%	350.05	63.49	5.51	n/a *	n/a *	5
HR Specialist Services	Mrs Sheralyn Huntingford	51	91%	190.04	33.94	5.60	n/a *	n/a *	5.75
Legal Services	Miss Grace Evans	52	91%	213.68	30.37	7.04	5.47	↑	5
Programme	Mr Darran Gunter	50	89%	132.08	41.52	3.18	n/a *	n/a *	7.16
Corporate Development	Mrs Karen Andrews	50	89%	132.08	40.98	3.22	3.98	↓	7.16
Public Health	Doctor David Phillips	43	70%	280.01	34.69	8.07	8.11	↓	4.5
Healthcare Public Health & Bournemouth	Mr Sam Crowe	6	67%	17.78	12.06	1.47	1.75	↓	4.5
Office Management Team	Doctor Nicola Cleave	29	81%	113.56	13.79	8.23	10.53	↓	4.5
Sexual Health and Poole	Miss Sophia Callaghan	8	89%	40.67	5.09	7.99	8.8	↓	4.5

NOTE: where n/a* is stated, the service has new reporting arrangements. As such, there is no data history for comparison purposes

Data extracted from DES on 01/07/2017