

Staffing Committee

Dorset County Council



Date of Meeting	27 November 2017
Officer	Head of Organisational Development
Subject of Report	Management of Attendance 2017/18 – Quarter 2
Executive Summary	<p>Overall absence levels within DCC remains relatively unchanged, albeit 0.09 pro rata days per FTE higher this quarter. Public Health’s absence levels fell by 1.41 days from last quarter’s higher levels. Adult and Community Services report a 0.34 days reduction and Dorset Waste Partnership a 0.31 day reduction. Children’s Services absence is relatively unchanged with 0.02 day reduction, whilst Finance and Procurement report a 0.15 day increase.</p> <p>Directorates with increases in sickness absence include Organisational Development at 1.14 days and Environment and Economy at 0.47 days. Longer term sickness continues to be high in Dorset Waste Partnership and Environment and Economy. Mental health and musculoskeletal are the top two reasons for absence this quarter and therefore provide the areas of focus of this report.</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. The rolling 12 month sickness absence figures show an annual cost of £2.39 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> <p>i) Requests a short feasibility report into the extension of the wellbeing offer to employees' mobile phones, tablets and devices.</p>
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 1.10.17</p>
Background Papers	<p>None</p>
Officer Contact	<p>Name: Paul Loach, HR Business Partner Tel: 01305 225189 Email: paul.loach@dorsetcc.gov.uk</p>

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1. Introduction

- 1.1 This report considers Quarter 2 sickness data (July to September 2017) and makes reference to the Council's quarterly and annual sickness data trends. The management dashboard table in the appendix shows the overall detail and trends in sickness absence levels at service level across DCC for Quarter 2.

2. DCC sickness absence: a yearly perspective

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

Date	DCC Non Schools (incl. Dorset Waste Partnership (DWP) and Public Health (PH) average days lost per full time equivalent (FTE)
September 2016	9.53 *
December 2016	9.55 *
March 2017	8.35
June 2017	8.44
September 2017	8.53

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 – Q2 2017/18

Directorate	Pro Rata Days Lost per FTE:	
	Short term	Long Term
Adult & Community Services	570	637
Children's Services	861	743
Dorset Waste Partnership	444	1,175
Environment & Economy	690	1,139
Finance & Procurement	158	90
Organisational Development	174	186
CEX Programme Office	11	0
Grand Total	2,909	3,971

- 3.1 Short term absence and long term absence impacts the service in different ways. Short term absence is disruptive on service levels, whereas long term is very costly but more predictable for arranging staffing cover.

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- 3.2 Long term sickness is particularly high in Dorset Waste Partnership and Economy and Environment.
- 3.3 Dorset Waste Partnership: Musculoskeletal related absences are concentrated in the Loaders, Drivers and the Recycling Collection Operative roles.
- 3.4 Environment and Economy have several employees on long term sick due to mental health related absences, across different roles.
- 3.5 Paragraph 6 of the report provides further analysis and outlines the approach DCC is taking to promote wellbeing and reduce mental health and musculoskeletal absence.

4. Ill health retirements and dismissals

- 4.1 For the twelve-month period ending Q2 2017/18, the Council dismissed 15 employees due to medical incapability plus 4 ill health retirements. This compares with 18 medical incapability dismissals and 5 ill health retirements for the previous twelve month period ending Q1 2017/18. For each individual directorate:-
 - Adult and Community Services dismissed 2 employees due to medical incapability, 2 ill health retirement.
 - Children's Services dismissed 7 employees due to medical incapability, but no ill health retirements.
 - Economy and Environment dismissed 4 employees due to medical incapability, 1 ill health retirement.
 - Chief Executives dismissed no-one due to medical incapability but 1 ill health retirement.
 - Dorset Waste Partnership (DWP) dismissed 2 employees due to medical incapacity but no ill health retirements.

5. Table 3: Reasons for sickness absence: (Q2: June 2017 to September 2017). All DCC (excl. Tricuro and Schools).

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

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Row Labels	Sum of Sickness	Pro Rata Days Lost
ANXIETY/DEPRESSION	64,292	769
CANCERS/TUMOURS	29,844	335
CARDIOVASCULAR	31,370	296
CARPAL TUNNEL SYNDROME	0	0
DIGESTIVE SYSTEM	81,888	999
EAR, NOSE, THROAT	38,414	452
ENDOCRINE/GLANDULAR	5,691	43
INFECTIOUS DISEASES	3,031	37
MISCELLANEOUS	4,804	40
NECK/BACK PROBLEMS	30,003	421
NERVOUS SYSTEM	18,866	197
OTHER MENTAL HEALTH	10,401	145
OTHER MUSCLOSKELETAL	96,096	1,321
REPRODUCTIVE AND URINARY	32,539	247
RESPIRATORY	23,706	289
RHEUMATISM/ARTHRITIS	1,777	14
RSI/UPPER LIMB DISORDER	3,934	61
SKIN RELATED	6,219	65
STRAINS/SPRAINS	15,215	207
STRESS	104,715	1,058
SUBSTANCE ABUSE	63	1
Grand Total	602,866	6,996

6. Areas of Focus

6.1 DCC's top two reasons for sickness are mental health and musculoskeletal. These two reasons for absence provide the areas of more detailed focus:-

6.2 Mental Health related sickness

**Table 5: Mental Health related sickness absence by Directorate:
Oct 2016 – Sept 2017 (excluding Tricuro)**

6.2.1 These reports are used to highlight hotspots for stress, anxiety and depression and are used by managers, Wellbeing and Occupational Health to plan targeted interventions.

Directorate	Sum of Pro Rata Days Lost	Sum of Sickness Cost
Adult & Community Services	489	42,149
ANXIETY/DEPRESSION	251	21,222
OTHER MENTAL HEALTH	63	4,897
STRESS	175	16,030
Children's Services	514	53,664
ANXIETY/DEPRESSION	145	14,079
OTHER MENTAL HEALTH	29	1,685
STRESS	340	37,900
Dorset Waste Partnership	320	21,568
ANXIETY/DEPRESSION	125	8,349
OTHER MENTAL HEALTH	39	2,604
STRESS	157	10,615
Environment & Economy	479	38,767
ANXIETY/DEPRESSION	159	7,459
OTHER MENTAL HEALTH	11	796
STRESS	309	30,511
Finance & Procurement	5	590
STRESS	5	590
Organisational Development	91	10,642
ANXIETY/DEPRESSION	21	1,622
STRESS	70	9,019
Grand Total	1,899	167,381

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Table 6: Mental Health related sickness absence ranked highest by role: Oct 2016 – Sept 2017 (excluding Tricuro)

Role	Directorate	Days Lost per annum
Social Worker	Children's	704
Loader	Dorset Waste Partnership	372
Assessment Coordinator	Adults	358
Driver	Dorset Waste Partnership	184
Passenger Assistant	Environment and Economy	171
Social Worker	Adults	171

- 6.2.2 Mental Health related absence can be caused by home or work related reasons or a combination of both.
- 6.2.3 In aiming to prevent/reduce mental health related absence a number of actions have been taken.
- 6.2.4 There is a long term campaign within DCC to raise awareness of mental health and reduce its stigma. The material on DCCs Wellbeing website is extensive, practical and has been well received by both managers and employees. Our Wellbeing lead has attended many briefing sessions with employees and managers, and is actively involved in some sensitive cases.
- 6.2.5 Both Highways and Economy services have highlighted Wellbeing as a priority in their Service plans. In the last month, Workshops have been held with employees on wellbeing and stress reduction, to raise awareness of mental health and make changes to practice as needed.
- 6.2.6 Dorset Waste Partnership are due to meet with the Wellbeing lead to review mental health absences in DWP and take any actions that are required.
- 6.2.7 Moving forward the focus will be on enabling employees to access DCC's extensive wellbeing information on their own mobile phone, tablet or other devices. Some employees do not use computers as part of their work and so do not have easy access to this information. Others would not want to access the information at work, but may prefer to read it at home. A mental health crisis can happen at any time of the day or night, so having the information on mobile phones / tablets will provide 24/7 access to information and sources of support.
- 6.3 **Musculoskeletal related absences**

Table 7 – Musculoskeletal related absence Q2 17/18

This table provides more detail on the types of musculoskeletal injury and is used by managers, Health and Safety and Occupational Health to design appropriate interventions.

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Reason / Directorate	Pro Rata days Lost	Sickness Cost
NECK/BACK PROBLEMS	417	29,934
Adult & Community Services	91	6,322
Children's Services	117	9,703
Dorset Waste Partnership	95	6,019
Environment & Economy	72	4,816
Finance & Procurement	11	725
Not assigned	17	1,156
Organisational Development Programme	12	1,087
	1	105
OTHER MUSCLOSKELETAL	1,333	97,202
Adult & Community Services	125	10,080
Children's Services	194	17,212
Dorset Waste Partnership	588	39,854
Environment & Economy	385	26,892
Finance & Procurement	39	3,033
Organisational Development	2	131
RHEUMATISM/ARTHRITIS	14	1,777
Adult & Community Services	10	1,391
Children's Services	4	368
Environment & Economy	1	18
RSI/UPPER LIMB DISOR	57	3,692
Children's Services	3	117
Dorset Waste Partnership	6	409
Environment & Economy	43	2,635
Finance & Procurement	5	531
STRAINS/SPRAINS	209	15,280
Adult & Community Services	17	699
Children's Services	57	6,506
Dorset Waste Partnership	101	6,298
Environment & Economy	16	842
Finance & Procurement	1	19
Organisational Development	17	915
Grand Total	2,030	147,883

Table 8: Highest number of days lost by role (musculoskeletal only) Q2 17/18

Role	Directorate	Pro-Rata Days Lost
Loader	DWP	224
Driver	DWP	95
Recycling Collection Operative	DWP	86
Maintenance Chargehand	EE	64
Cleansing Operative LGV	DWP	44
Business Support	EE	41
Civil Enforcement	EE	31

6.3.1 The risk factors for musculoskeletal absences include exposure to temperature variations / weather and moving and lifting. It is one of the few absences which has a direct correlation to age, i.e. in increases in older workers. The highest levels of absences are in DWP and Environment and Economy which have a higher proportion of roles with these combination of risk factors.

6.3.2 In the Waste Industry, most injury occurs late in the shift as physical tolerance diminishes over the shift. For DWP, Loaders are instructed to only pull one wheelie bin at a time for safety reasons. The Supervisors conduct spot checks on lifting and handling practice whilst on the rounds, and offers advice and correct when needed. DWP does not operate a "task and finish" system where the employees leave work early if their shift finishes early, so

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there is no incentive not to follow Health and Safety practice. DWP has a nominated H&S Advisor who works closely with managers on a day to day basis.

- 6.3.3 DWP Loaders, Drivers and Supervisors all participate in an induction and training programme, which includes handling and lifting. This training programme has been approved by the Health and Safety Executive. DWP holds regular short practical training sessions on health and safety, called “tool box talks”. The next session will focus on musculoskeletal injuries and how to prevent them.
- 6.3.4 In exactly the same way, Highways has an extensive health and safety training programme, toolbox talks. It has two dedicated H&S specialists, and a well established programme of health and safety committee, reporting and review at leadership team and joint consultative committee.
- 6.3.5 Occupational health are reviewing the number of referrals made by managers for musculoskeletal related absence to encourage early interventions. This data will be reviewed by leadership teams with appropriate instructions made to local supervisors and managers.

7. Other Organisational initiatives to reduce sickness absence

7.1 Free health checks for aged 40 plus

- 7.1.1 DCC is working with a partner organisation, commissioned by Public Health, to provide free health checks to Dorset based employees aged over 40. The service will be offered to Dorset Waste Partnership and Highways first, and then wider within DCC subject to resource. This is because the focus is initially on males who are statistically less inclined to regularly visit their G.P. The senior managers in both services will promote and support the health check programme to their staff groups.
- 7.1.2 The Health Checks to be carried out consist of: Blood Pressure, Cholesterol Checks, Family History and a risk score for Diabetes and Cardio vascular disease over the next 10 years. By pro-actively managing health risk factors, employees will reduce the likelihood / timing of developing health conditions in the future.

7.2 Healthy Living

- 7.2.1 DCC are running an awareness campaign on drink & drug driving as part of our health and safety remit. Our aim is that individuals become more aware of the number of units are contained in alcoholic drinks and the time it takes for alcohol to leave the body. Should any individual want assistance, or should they have a dependency on drugs, alcohol or medication, they are signposted to internal and external organisations who can provide support.

8. Comment / Observation

- 8.1 The existing emphasis on mental health awareness will continue and needs to reach all areas of the organisation. It is clear that good progress is being made due to feedback from managers and employees and the involvement of wellbeing in managing very sensitive cases. We need to continue to break the stigma of mental health absences, and for employees to understand how they can become more resilient, and also their path to recovery. This will take time, and will likely remain a focus for many years to come.

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- 8.2 Musculoskeletal related absences continue to be significant for DCC, in common with other organisations. Further publicity and education is planned to prevent injuries and promote good practice.

Jonathan Mair
Head of Organisational Development

November 2017

HIGH LEVEL - DCC Management Dashboard as of 1.10.17

Organisation	Manager	RTW Interviews	RTW Interviews %	Sickness Days Lost	Headcount FTE	Sickness Days Lost Per FTE 29.9.17	Sickness Days Lost Per FTE 1.7.17	Direction of Travel	Sickness Days Lost Target
Chief Executive	Mrs Deborah Ward	4556	75%	27,034	3,184.21	8.53	8.44	↑	7.16
Adult & Community Services	<Vacant Position> / Ms Helen Coombes	1059	84%	5,136	649.32	7.91	8.25	↓	7.11
Adult Care	Mr Harry Capron	613	83%	3,264	386.35	8.46	8.54	↓	7.75
Early Help & Community Services	Mr Paul Leivers	393	85%	1,638	228.85	7.15	7.95	↓	5.5
Safeguarding and Quality	Mrs Sally Wernick	53	85%	234	34.13	6.87	9.51	↓	7.11
Children's Services	Mr Nicholas Jarman / Ms Sara Tough	1165	73%	7,542	847.77	8.97	8.99	↓	6.75
Care and Protection	Mrs Vanessa Glenn	468	65%	4,140	377.37	11.13	11.02	↑	7.5
Design & Development	Mr Patrick Myers	364	77%	1,903	251.42	7.61	8.45	↓	6
Prevention & Partnerships	<Vacant Position> / Mr Jay Mercer	333	83%	1,447	216.75	6.69	6	↑	6.5
Dorset Waste Partnership	Ms Karyn Punchard	563	86%	4,356	382.55	11.47	12.18	↓	9.74
Finance and Commercial	Mr Paul Ackrill	20	100%	103	9.81	10.45	7.77	↑	9.74
Operations	Mr Michael Moon / Mr Tegwyn Jones	483	84%	4,039	336.09	12.11	13.01	↓	9.74
Strategy	Mrs Gemma Clinton	59	95%	212	34.65	6.13	6.06	↑	9.74
Environment & Economy	Mr Michael Harries	1085	63%	7,534	912.69	8.29	7.42	↑	7.65
Business Improvement Team	Mr Derek Hansford	9	90%	53	2.76	19.20	13.81	↑	4.5
Dorset Highways	Mr Andrew Martin	355	73%	2,333	283.30	8.32	7.06	↑	7
Economy	Mr Matthew Piles	278	43%	3,451	258.28	13.36	12	↑	7
Environment	Mr Peter Moore	135	54%	745	176.85	4.21	3.6	↑	7
ICT and Customer Services	Mr Richard Pascoe	308	92%	953	189.50	5.00	5.39	↓	4.25
Finance & Procurement	Mr Richard Bates	251	80%	852	159.18	5.38	5.23	↑	7
Accountancy-EnviroEconChiefExePensInsDWP	Mr Andrew Smith	109	87%	285	43.86	6.65	n/a*	↑	7
Estate & Assets	Mr Peter Scarlett	45	92%	124	33.70	3.67	n/a*	↑	7
Financial Services	<Vacant Position> / Mr William Mcmanus	95	70%	441	75.98	5.80	5.36	↑	7
Organisational Development	Mr Jonathan Mair	347	91%	1,272	154.65	8.08	6.54	↑	5
Democratic Services	Mr Lee Gallagher	29	97%	75	10.47	7.18	7.84	↓	5
Governance & Assurance Services	Mr Mark Taylor	17	71%	221	9.76	22.62	16.44	↑	4.5
HR Operations	Mr Christopher Matthews	192	96%	417	64.96	6.42	5.51	↑	5
HR Specialist Services	Mrs Alison Crockett / Mrs Sheralyn Towner	58	84%	284	34.16	7.62	5.6	↑	5.75
Legal Services	Miss Grace Evans	50	83%	273	33.35	8.18	7.04	↑	5
Programme	Mr Darran Gunter	49	96%	108	40.76	2.65	3.18	↓	7.16
Corporate Development	Mrs Karen Andrews	49	96%	108	40.22	2.69	3.22	↓	7.16
Public Health	Doctor David Phillips	35	67%	230	34.53	6.66	8.07	↓	4.5

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

Data extracted from DES on 30/09/2017