

# Staffing Committee

**Dorset County Council**



Date of Meeting	22 November 2016
Officer	Head of Human Resources and Organisational Development
<b>Subject of Report</b>	<b>Management of Attendance 2016/17 – Quarter 2</b>
Executive Summary	<p>A mixed performance this quarter with some Directorates achieving sickness absence reductions whilst others report rises. Overall, the sickness rates have increased by 0.07 days to 8.83 days this quarter.</p> <p>Support Services has seen sickness rates decrease for the fifth consecutive quarter. Environment and Economy have reduced sickness by 0.6 days this quarter due to reductions in long term sickness in Highways. Public Health sickness has fallen to 3.88 days.</p> <p>Dorset Waste Partnership sickness has increased by 1.22 days this quarter with a high number of employees absent long term. Both Children's and Adult and Community services sickness absence has increased by 0.61 and 0.27 days respectively. Corporate Development has seen a rise in sickness as a result of a few short term absences.</p> <p>Current sickness rates stands is 2% higher than last year's levels (September 2016 compared with a September 2015). Historically sickness levels rise and fall, but a sustained reduction has not been achieved in most (but not all) Directorates. Whilst quarters 2 and 3 2015 saw successive sickness reductions across DCC, the last three quarters has seen increases.</p> <p>Staffing Committee will be asked for their data reporting preferences for sickness absence reports. The current sickness reports includes data for employees who have left the organisation in the last twelve months. As an alternative, we could report on current employee's sickness data only (excluding</p>

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	leavers). This will be an item of discussion at the committee meeting.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>No separate EQIA has been conducted / required although the County Council's policy on the management of attendance is itself subject to EQIA considerations.</p>
	<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 costs implications arising from this report. The rolling 12 month sickness absence show an annual cost of £2 million for DCC (excluding schools) based on current reporting. This amount does not cover the cost of additional temporary staff 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) consider the organisational and directorate commentary</p> <p>(ii) consider the organisational initiatives to reduce sickness absence</p>
Reason for Recommendation	To ensure the effective management of attendance within the authority
Appendices	<p>Appendix 1: Quarterly Directorate Sickness Report</p> <p>Appendix 2: Quarterly Sickness report – target v actual</p>
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 2 sickness data (July to September 2016) and makes reference to DCC's quarterly and annual sickness data trends.

### 2. Quarterly Changes in sickness absence (Q1 16/17 to Q2 16/17): Headlines

The headline quarterly changes are stated in the Executive Summary.

### 3. DCC sickness absence: a yearly perspective

**Table 1: Sickness absence in DCC for the last year**

Date	DCC Non Schools (excl. DWP + PH)	DCC Non Schools (incl. DWP + PH)
September 2015	8.64	9.00
December 2015	8.46	8.74
March 2016	8.52	8.84
June 2016	8.76	9.35
<b>September 2016</b>	<b>8.83</b>	<b>9.53</b>

### 4. Long Term v Short Term sickness absence within DCC

- 4.1 DCC continues to have higher levels of long term sickness than short term sickness. Long term absence stands at 5.18 days per fte and short term at 4.35 days per fte.
- 4.2 The highest ratios of long term sickness (as compared to short term) are in Dorset Waste Partnership and Children's Services.
- 4.3 The highest ratios of short term sickness absence (as compared to long term) are in the Chief Executives Department and Public Health.

### 5. Ill health retirements and dismissals

- 5.1 For the twelve month period (Q3 2015 to Q2 2016) DCC actioned 26 dismissals due to medical incapability plus 4 ill health retirements. This compares with 23 dismissals and 2 ill health retirements for (Q2 2015 to Q1 2016). For each individual directorate:-

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- Adult and Community Services actioned 2 dismissals due to medical incapability and 1 ill health retirement.
- Children’s Services actioned 7 dismissals due to medical incapability and 1 ill health retirement.
- Economy and Environment actioned 9 dismissals due to medical incapability and 1 ill health retirement.
- Chief Executives actioned 4 dismissals due to medical incapability and 1 ill health retirement.
- Dorset Waste Partnership (DWP) actioned 4 dismissals due to medical incapacity but no ill health retirements.

### 6. Table 2: Reasons for sickness absence across DCC: (Q2: June 2016 to Sept 2016)

Sickness Category	% of Absence this quarter (Q2 July 16 - September 16: Summer)	Cost this quarter (salary costs only)
Mental Health	27%	£165,158
Musculoskeletal	27%	£133,719
Digestive	10%	£54,154
Ear Nose Throat	8%	£38,941
Cancer Tumours	6%	£37,161
Nervous system	6%	£33,333
Reproduction / Urinary	6%	£28,402
Respiratory	5%	£22,943
Cardiovascular	3%	£12,799
Other reasons	2%	£12,313
<b>Total</b>	<b>100%</b>	<b>£538, 923</b>

Note:

- i) Mental Health: includes stress, anxiety, depression, other mental health
- ii) Musculoskeletal: includes neck, back, strains, sprains, carpal tunnel, RSI, frozen shoulder, arthritis and rheumatism

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### 7. Directorate Management Team Commentary

Directorate Management Teams have provided commentary through their HR Business Partners on their Q1 performance for managing sickness absence:-

#### 7.1 Adult and Community Services Directorate Management Team Commentary

**Actual: 8.94**

**Target: 7.11**

- 7.1.1 Sickness figures have risen in Quarter 2 when compared with Quarter 1. There has been a rise in average days lost per FTE over a 12 month period to 8.67 days lost per FTE in Quarter 1. This sickness level exceeds the current target for 2016/17 of 7.11 days lost per FTE.
- 7.1.2 Following the departure of the Head of Service for Partnerships and Performance there has been a transfer of functions between service areas and a broadening and realigning of the Directorate Management Team. This has led to changes in the reporting of sickness data and a need to review sickness targets within the Directorate. New targets have been agreed. There are areas of the Directorate where sickness absence is lower, for example in the Hospital Teams, Brokerage, Commissioning, and Library and Registration Services.
- 7.1.3 Work continues to further analyse and understand the reasons for sickness and patterns in teams where sickness is higher. The leadership team is also looking at what interventions could promote and improve staff engagement and wellbeing alongside ensuring that sickness management policies are consistently applied. Currently the highest areas of sickness are within the finance team and frontline adult care teams including staff working within safeguarding triage and with the mental capacity act and deprivation of liberty cases.
- 7.1.4 Sickness management remains a priority in managing Directorate performance and features prominently as part of the Directorate's performance management framework going forward.

#### 7.2 Children's Services Directorate Management Team Commentary

**Actual: 10.12**

**Target: 6.75**

##### 7.2.1 Care and Protection

On the 1st September, the Family Support service was replaced by Care and Protection in the Children's Directorate. This has led to staff transferring both within Care and Protection and out into Prevention and Partnerships. New staff groups including Business support and the Safeguarding and Standards service have come together in Care and Protection for the first time. It is important to understand the context within which the current attendance figure of 13.5% sits, primarily the current figure does not represent the current Care and Protection figure. Instead it reflects the past sickness history of staff in previous structures over the last year and the current staff who have recently joined in the past eight weeks.

- 7.2.2 Action is currently being carried out to ensure that all sickness records are located where the individual member of staff is located. All managers are currently involved in cleansing the data and where there are sickness issues that these matters are addressed in the current round of PDRs. There are a number of individuals within the

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old family support structure who have high sickness levels whose sickness is being actively monitored and performance managed through HR processes. This includes three staff members where their children are seriously ill as a result of chronic sickness and one individual who was involved in a serious car crash while on duty for the county council.

7.2.3 This month, HR will deliver training to the entire management team on how to manage attendance. This will be followed up by a whole management day on the new capability procedures. In addition, at the monthly budget slots for all team managers with the Assistant Director and Lead accountant, each Team manager must bring a full update on all staff sickness, competency issues, vacancies and agency. This means that a holistic overview of context of the budget spend can be understood. It is envisaged that a full analysis of the overall attendance performance data will be provided for the next reporting cycle.

### 7.2.4 **Prevention and Partnerships**

On the 1st September, the Learning & Inclusion service was replaced by Prevention and Partnership in the Children's Directorate. The creation of this wider service with a new arm, Early Action, has led to significant movement of staff. New staff groups including business support and the Special Educational Needs and Disability (0-25) service have come to be managed together for the first time. It is therefore important to note the context for the current attendance figure, which reflects different approaches to the management of sickness across diverse groups of staff, some within the old Learning & Inclusion service and some recently joined.

7.2.5 The Prevention and Partnership management team has had its first discussion on necessary actions, including tightening up on the recording of sickness and implementation of appropriate procedures on return to work. As in all parts of the Council, there are a number of long-term sicknesses which need to be managed sympathetically but robustly. Further development work is planned with key managers to ensure a planned and managed approach. This will include sickness reports being a regular subject of all monthly 1/1 sessions.

### 7.2.6 **Change Management & Planning**

Change Management & Planning monitor sickness using the Sickness Absence Management Policy. This includes return to work interviews and applying the different stages of the process for prolonged and persistent sickness. Long term sickness for a small number of staff has impacted upon the sickness levels. This is being monitored by managers and supported through OH and HR.

### 7.2.7 **Strategy, Service Planning and Commissioning**

Overall the team sickness levels have been good, and the team have been well supported and committed. We have one member of the team who is on long term sick currently, and the sickness policy is being followed. There are regular catch up meetings, and they are due to return to work on a phased return soon.

## 7.3 **Chief Executives Department - Corporate Development Commentary**

**Actual: 5.97**

**Target: 4.50**

7.3.1 Sickness has increased this quarter and is now above target. There have been a few short term absences due to ear, nose and throat viruses last quarter, which are now resolved. The completion rate for return to work interviews within the team remains very good.

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### 7.4 Chief Executives Department - Support Services Management Team

#### Commentary

**Actual: 6.27**

**Target: 5.94**

- 7.4.1 Support services absence has reduced absence levels for the fifth consecutive quarter.
- 7.4.2 Financial Services sickness has reduced by 0.34 days this quarter due to reductions in the Treasury and Pensions absence. The majority of Financial Services has lower absence levels but the average is adversely affected by this one area. HR and OD have reduced absence levels by 0.97 days in six months to 5.41 days and absence is now below target level. Dorset Direct sickness has reduced sickness by 4.9 days in six months to 14.33 days this quarter. An action plan is in place for every employee who reaches a sickness trigger. Further reductions in sickness are anticipated in Dorset Direct as the historic data begins to reflect recent leavers.
- 7.4.3 ICT and Customer services (excluding Dorset Direct) have achieved an absence rate of 4.33 days per fte with few long term absences. Legal and Democratic Services has an absence rate of 3.41 days per FTE, well below the 5.00 day target.

### 7.5 Environment and Economy Commentary

**Actual: 9.13**

**Target: 7.65 days**

- 7.5.1. There has been a significant sickness absence reduction of 0.60 days this quarter to 9.13 days within the Directorate. Highways in particular shows a large quarterly reduction from 10.22 to 8.65 days, due to a reduction in long term sickness. Environment sickness has reduced to 6.45 and remains well within the 7.00 days target.
- 7.5.2 In both Economy and Crew and Compliance sickness has marginally risen this quarter, and long term sickness is the area of concern for both areas.
- 7.5.3 Dorset Travel Team Passenger Assistants, who accompany children with special needs to and from school, have high levels of sickness. An insight into reasons for sickness absence is provided below.
- 7.5.4 **Table 3: Passenger Assistant: Sickness Reasons and Costs (Oct 2015 – Sept 2016)**

A number of actions have or are being taken to reduce Passenger Assistant's sickness absence.

An extensive programme of manual handling training is already in place, but Health and Safety and Wellbeing are reviewing other measures which could help. Public Health are running training courses on resilience and stress management which are being offered to Passenger Assistants. Anti-bacterial hand wash is already provided, as is guidance on reducing infection from coughs and sneezes.

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Role	Sum of Pro Rata Days Lost Q2	Sum of Sickness Cost Q2	Sum of Pro Rata Days Lost Short Term Q2	Sum of Pro Rata Days Lost Long Term Q2
<b>Passenger Assistant</b>	<b>1,147.99</b>	<b>29,603.23</b>	<b>425.07</b>	<b>722.92</b>
OTHER MUSCLOSKELETAL	241.93	5,738.75	59.92	182.02
STRESS	204.23	6,207.43	21.75	182.48
RESPIRATORY	151.92	3,491.07	93.51	58.42
NECK/BACK PROBLEMS	128.59	4,057.69	50.01	78.58
ANXIETY/DEPRESSION	103.33	2,807.38	6.28	97.04
DIGESTIVE SYSTEM	84.49	2,217.74	84.49	0.00
MISCELLANEOUS	76.03	860.65	8.43	67.60
CANCERS/TUMOURS	56.60	1,720.77	30.73	25.87
EAR,NOSE, THROAT AND	32.23	930.71	32.23	0.00
RSI/UPPER LIMB DISOR	24.44	569.78	3.87	20.57
OTHER MENTAL HEALTH	12.94	186.15	3.04	9.89
NERVOUS SYSTEM	11.19	278.39	11.19	0.00
SKIN RELATED	4.30	100.59	4.30	0.00
REPRODUCTIVE AND URI	3.74	97.55	3.74	0.00
RHEUMATISM/ARTHRITIS	3.35	90.02	3.35	0.00
STRAINS/SPRAINS	2.63	76.15	2.63	0.00
ENDOCRINE/GLANDULAR	2.38	64.38	2.38	0.00
INFECTIOUS DISEASES	2.14	64.72	2.14	0.00
CARDIOVASCULAR	1.05	32.30	1.05	0.00
CARPAL TUNNEL SYNDROME	0.45	11.01	0.00	0.45

### 7.6 Dorset Waste Partnership Commentary

**Actual: 15.66**

**Target 9.74**

- 7.6.1 Sickness within DWP is dominated by sickness within operations who make up the majority of the DWP workforce. This is a manual depot based workforce consisting of drivers, loaders and street cleansers who work outdoors in all weather conditions. Reasons for sickness are typical for a manual based workforce with high levels of ENT and muscular skeletal related sicknesses, and other serious medical conditions, heart attacks, etc... DWP has introduced stringent absence management procedures that have been successful in bringing down short term sickness. Depot supervisors and managers have all been trained and briefed and are dealing with all sickness cases through the sickness meetings and monitoring when triggers are hit. A savings target of £100K was achieved last year as a result of bringing short term sickness down.
- 7.6.2 However the number of long term sickness cases is increasing – not because cases are not being dealt with – but as cases are closed or staff leave – new cases present themselves. Most of the long term cases involve Occupational Health referrals and



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this can take some time – so prolonging the sickness absence. There have been cases of long term sickness outside operations including a broken leg and infection though both have now returned to work. Some long term sickness cases are due to stress and this can be home or work based. Where this is work based these are investigated. Stress related absence can also be caused where staff are going through the disciplinary process. Some staff also have poor literacy skills or low educational attainment and find the disciplinary and absence management processes complicated and intimidating. In some depots there is a culture of poor behaviours, language and conduct, and we have been working hard on addressing poor behaviours using examples of good behaviours and a staff survey to raise awareness. The DCC well-being team will be visiting depots to talk about general health, diet etc.

7.6.3 This quarter (but all in August) there have been 8 absence management cases in total: 2 with 1<sup>st</sup> written warning and 1 having a final written warning and the rest are not recorded as they are still active.

### 7.7 Public Health Commentary

**Actual: 3.88**

**Target: 4.50**

7.7.1 Sickness levels in Public Health have dropped since Quarter 4 and Quarter 1. Sickness levels remain under target for 2016/17. Public Health continues to have one of the lowest rates of both short term and long term sickness in the organisation. The Director of Public Health and the management team are continuing to monitor and review the detail of all sickness to ensure that trends are identified and that individual issues are effectively managed.

## 8. Organisational initiatives to reduce sickness absence

8.1 Public Health courses are being specifically targeted at roles and services with higher levels of absence due to stress or mental health conditions:-

**Table 4: Targeted Mental Health and Wellbeing Interventions**

Course Title	Learning Objectives
Mental Health Awareness (1hr 30mins)	Spot the early signs of a mental health problem Understand the basic issues about mental health and how they affect us all. Feel confident helping someone experiencing a mental health problem Provide help on a first aid basis Help prevent someone from hurting themselves or others Help stop a mental illness from getting worse Help someone recover faster Guide someone towards the right support Reduce the stigma of mental health problems.
Managing Stress (1hr 30mins)	Linking to personal and team resilience and coping with change Change Cycle Understand the basic issues about mental health and how they affect us all.
Mindfulness (1hr 30mins)	Understand the beliefs of practising Mindfulness Understand the different techniques

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	Understand the basic issues about mental health and how they affect us all.
5 Ways to Wellbeing (1hr 30mins)	Understand what each of the 5 Ways are and identify their potential in improving wellbeing. Understand the basic issues about mental health and how they affect us all. Reflect on your own wellbeing and the wellbeing of your team. Identify how you can use the 5 ways to build your resilience and the resilience of your team members.

### 9. Choice of data parameters for future Staffing Committee reports

- 9.1 There is one data source for sickness absence data which is DES. The data parameters used to inform the data reports have been in place for a number of years. The table below provides an overview of the current and proposed data parameters:-

Table 5: Sickness Absence Reports: Data Parameters

Question / Comment	Current DES report	Proposed DES report
Includes sickness data from current employees	Yes	Yes
Includes sickness data from employees who have left DCC	Yes	No
Officer time to formulate the data reports	1-2 <u>days</u>	1-2 <u>hours</u>
Report type	Historic 12 month record which <u>includes</u> the sickness of leavers.	Historic 12 month record which <u>excludes</u> the sickness of leavers
Can trend analysis be shown	Yes	Yes

### 10. Comment / Observation

- 10.1 Previous quarters sickness absence reductions have not been consolidated and sickness levels are therefore comparable with last year. There remains trend volatility; for example Highways sickness levels which have been high for a while are now reducing. There have been similar reductions over time in Dorset Direct and Chief Executives Support Services. In contrast, other services including Dorset Waste Partnership are continuing to report absence rises.

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10.2 The recent initiative to invite Directors to personally present to staffing committee has been very positive. It has highlighted the importance attached to effectively managing sickness absence. We would like to extend this further by requesting additional one page written updates from teams with high sickness for inclusion in future committee reports.

### **11. Recommendations**

- a) To change the data parameters as proposed in table 5 of the report.
- b) To retain the arrangements where a Director or nominated deputy, presents a report in person on managing sickness in their service. In addition, to request a one page summary from any team who continues to experience high sickness as required. This written report will be included as a report appendix.
- c) To review the data trends at future staffing committee meetings, at which time further interventions can be agreed.

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November 2016

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### Staffing Committee Quarterly Directorate Sickness Report - September 2016

The figures quoted below are calculated on a quarterly, rolling-year basis.

#### Annual Sickness Performance

FTE working days lost per FTE employee

Year	Target	Actual
2005 / 2006	8.00	8.16
2006 / 2007	7.50	8.48
2007 / 2008	7.75	8.27
2008 / 2009	6.85	8.74
2009 / 2010	8.20	7.98
2010 / 2011	8.20	8.26
2011 / 2012	8.09	8.33
2012 / 2013	7.69	8.38
2013 / 2014	7.81	7.36
2014 / 2015	7.20	8.24
2015 / 2016	7.15	7.30

#### Sickness Performance Targets 2015/16

FTE working days lost per FTE employee

Directorate	Target
Adult & Community Services	7.11
Children's Services	6.75
Environment & The Economy	7.65
Chief Executive's Department – PPC and Business Development	4.50
Chief Executive's Department – Support Services	5.94
Dorset Waste Partnership	9.74
Public Health	4.50
<b>DCC (Non-Schools) (excl. DWP &amp; PH)</b>	<b>6.87</b>
<b>DCC (Non-Schools) (incl. DWP &amp; PH)</b>	<b>7.16</b>

#### Actual Performance against Sickness Targets

FTE working days lost per FTE employee

Directorate	2014/15			2015/16			2016/17	
	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16
Adult & Community Services	9.80	9.92	9.77	8.40	7.68	8.09	8.67	8.94
Children's Services	10.09	9.84	9.87	9.71	9.42	9.23	9.51	10.12
Environment & The Economy	8.90	8.91	9.18	8.55	9.04	9.49	9.73	9.13
Chief Executive's Department - CD*	5.47	5.37	5.01	3.98	3.65	3.83	4.65	5.97
Chief Executive's Department - Support Services**	6.25	7.30	7.82	8.00	7.74	6.96	6.54	6.27
Dorset Waste Partnership	13.87	13.47	13.02	12.54	11.56	11.82	14.44	15.66
Public Health	3.36	3.51	4.70	5.37	4.28	4.42	4.10	3.88
DCC (Non-Schools) (excl. DWP & PH)	9.11	9.25	9.30	8.64	8.46	8.52	8.76	8.83
<b>DCC (Non-Schools) (incl. DWP &amp; PH)</b>	<b>9.48</b>	<b>9.56</b>	<b>9.57</b>	<b>9.00</b>	<b>8.74</b>	<b>8.84</b>	<b>9.35</b>	<b>9.53</b>
Schools	6.13	6.61	6.99	6.73	6.56	5.96	5.96	5.58
<b>Whole Authority</b>	<b>7.92</b>	<b>8.24</b>	<b>8.32</b>	<b>7.79</b>	<b>7.58</b>	<b>7.30</b>	<b>7.55</b>	<b>7.41</b>

#### DCC Staffing Figures

Full-Time Equivalent (FTE) figures by Directorate

Directorate	2014/15			2015/16			2016/17	
	Dec 14	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16
Adult & Community Services	1,515.85	1,510.55	1,466.07	724.44	705.68	688.93	666.85	665.85
Children's Services	917.78	934.19	939.08	911.23	902.47	893.62	885.24	821.61
Chief Executive's Department***	605.57	591.30	593.40	578.63	566.37	544.11	544.10	530.31
Environment & The Economy	817.13	796.01	800.19	774.17	769.06	784.87	775.63	786.10
Dorset Waste Partnership	371.45	358.45	340.01	340.64	358.09	361.09	366.09	353.19
Public Health	34.18	35.42	35.02	36.03	37.03	34.03	35.44	35.57
DCC (Non-Schools) (excl. DWP & PH)	3,856.33	3,832.05	3,798.75	2,988.47	2,943.58	2,911.53	2,871.82	2,803.87
<b>DCC (Non-Schools) (incl. DWP &amp; PH)</b>	<b>4,261.95</b>	<b>4,225.91</b>	<b>4,173.79</b>	<b>3,365.14</b>	<b>3,338.7</b>	<b>3,306.65</b>	<b>3,273.35</b>	<b>3,192.63</b>

\*This Directorate includes the following services; Corporate Development and the management team

\*\*This Directorate includes the following services; Financial Services, Human Resources, ICT and Customer Services and Legal & Democratic Services

\*\*\*This figure shows FTE Figures for the new Chief Executive's Department including Corporate Development, Policy, Partnerships & Communication, Financial Services, Human Resources, ICT and Customer Services and Legal & Democratic Services

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### Quarterly Directorate and Service Sickness Report – Target vs. Actual

The below figures have been taken from DES as at 06 October 2016 for the period 1 October 2015 to 30 September 2016

Directorate	Directorate Target 2016/17 (Pro Rata days lost per FTE)	Directorate Actual (Pro Rata days lost per FTE)		Increased/decreased by	Pro Rata Days Lost per FTE (Long Term)	Pro Rata Days Lost per FTE (Short Term)	Service	Service Target 2016/17 (Pro Rata days lost per FTE)	Service Actual (Pro Rata days lost per FTE)	Pro Rata Days Lost per FTE (Long Term)	Pro Rata Days Lost per FTE (Short Term)
Adult & Community Services	7.11	8.94	↑	0.27	4.61	4.33	Adult Care	7.75	10.89	5.81	5.08
							Business Development and Performance	5.00	4.80	1.20	3.61
							Change Programme	5.00	4.90	0.00	4.90
							Commissioning - Adult Care and Carers	4.50	2.39	0.00	2.39
							Commissioning - LD, MH, Housing & Prevent	4.50	4.03	0.00	4.03
							Early Help & Community Services	5.50	6.18	2.71	3.47
							Safeguarding and Quality	7.75	13.29	10.49	2.79
Children's Services	6.75	10.12	↑	0.61	6.02	4.11	Care and Protection	tbc	13.53	8.23	5.30
							Design & Development	tbc	2.60	1.27	1.34
							Partnership & Prevention	tbc	10.13	5.96	4.18
Chief Executive's Department – Corporate Development	4.50	5.97	↑	1.32	2.88	3.09	Corporate Development	4.50	6.16	2.99	3.17
Chief Executive's Department – Support Services (formerly Corporate Resources)	5.94	6.27	↓	0.27	1.97	4.30	Emergency Planning	N/A	0.00	0.00	0.00
							Financial Services	7.00	8.04	2.92	5.11
							Human Resources	5.75	5.41	1.55	3.85
							Dorset Direct	10.00	14.33	6.80	7.53
							ICT & Customer Services (excluding DD)	4.25	4.33	0.84	3.50
							Legal and Democratic Services	5.00	3.41	0.00	3.41
Environment & the Economy	7.65	9.13	↓	0.60	5.23	3.90	Business Improvement Team	N/A	2.06	0.00	2.06
							Crew & Compliance	10.00	12.75	7.88	4.87
							Economy (excluding C&C)	7.00	11.17	7.06	4.12
							Environment	7.00	6.45	3.17	3.29
							Highways	7.00	8.65	4.73	3.91
Dorset Waste Partnership	9.74	15.66	↑	1.22	9.22	6.44					
Public Health	4.50	3.88	↓	0.22	0.98	2.90					
<b>DCC Total (excl. DWP&amp; PH)</b>	<b>6.87</b>	<b>8.83</b>	<b>↑</b>	<b>0.07</b>	<b>4.72</b>	<b>4.11</b>					
<b>DCC Total (incl. DWP&amp; PH)</b>	<b>7.16</b>	<b>9.53</b>	<b>↑</b>	<b>0.18</b>	<b>5.18</b>	<b>4.35</b>					