Name of Committee:	**Cabinet**
Date of Meeting:	**09/06/2022**
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	**Q4 Sickness Absence Report 2021/2022**
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 12-month period from 1 April 2021 to 31 March 2022
Report Owner:	Report of the Executive Leader and Cabinet Member for Performance and Resources
Responsible Officer:	Rob Thomas - Chief Executive
Elected Member and Officer Consultation:	The overall sickness absence figures are reported quarterly through the Corporate Performance Indicators
Policy Framework:	This is a matter for Executive decision by the Cabinet

Executive Summary:
- The report sets out the sickness absence figures for the 12-month period 1st April, 2021 to 31st March, 2022 as part of the agreed performance management arrangements.

- Absence levels have returned to levels similar to 2019/2020 (prior to COVID-19). The previous year (2020/2021) saw low levels of absence. Absence has increased in 2021/2022 in comparison to 2020/2021.

- The absence rates are set out in paragraph 4.1 and show an increase from 8.59 days lost per FTE (April 2020 to March 2021) to 11.35 days lost per FTE (April 2021 to March 2022). The annual target figure (April 2021 to March 2022) was set as 9.20 days lost per FTE.

1. Recommendations

1.1 That the report and the twelve-month (April 2021 to March 2022) sickness absence figures provided in Appendix A be noted.

1.2 That the report be referred to Corporate Performance and Resources Scrutiny Committee for consideration, with any comments referred back to Cabinet for further consideration.

2. Reasons for Recommendations

2.1 To bring matters to the attention of Members of the Cabinet in line with corporate objectives.

2.2 To enable the Scrutiny Committee to maintain a continued focus on the management of sickness absence throughout all services of the Council and to make recommendations to Cabinet, as appropriate.

3. Background

3.1 The levels of sickness absence within the Council are reported to Cabinet every six months.

3.2 This report sets out the sickness absence information for the period 1st April, 2021 to 31st March, 2022, including corporate and school employees. It also includes details of sickness absence figures for previous years for comparison.

3.3 This report acknowledges the work and commitment of all managers, employees and trade union colleagues in relation to the continual management of sickness absence.

4. Key Issues for Consideration

4.1 The overall sickness absence rates [i.e., working time lost per Full Time Equivalent (FTE)] for 1st April, 2021 to 31st March, 2022 are set out in the table below with comparative data for the same period in 2019/2020 and 2020/2021.

Total days / shifts lost per FTE (total days lost)	April to March			Target 2021 Q4
	2019/2020	2020/2021	2021/2022	
Environment & Housing	13.83 (9088)	11.93 (7873)	13.83 (9279)	11.18
Learning and Skills	12.17 (3015)	8.16 (1696)	9.73 (2007)	9.47
MD and Resources	6.99 (2846)	6.29 (2603)	8.30 (3434)	5.90
Social Services	15.36 (8580)	13.66 (7980)	15.55 (9475)	13.29

Corporate Total - excluding Schools	12.58 (23529)	10.80 (20151)	12.73 (24195)	10.36
Schools	8.22 (13801)	6.13 (10286)	9.85 (17105)	8.00
Total Absence	10.51 (37330)	8.59 (30437)	11.35 (41300)	9.20

4.2 A more detailed breakdown of absence in each Service area is included within Appendix A.

4.3 The total days/shifts lost per FTE for the period April 2021 to March 2022 indicate an increase in absence levels compared to same period in 2020. In addition, this is higher than performance in 2019.

4.4 It should be noted that this was expected due to the removal of restrictions within Wales in relation to COVID-19.

4.5 All directorates are above their target figures in relation to days lost per FTE.

4.6 The following table shows a breakdown of each month for 2020 / 2021 / 2022. This shows the return to pre COVID-19 pandemic levels with the number of days lost for 2022 similar to number of days lost for 2020. The figures for October to March show higher days lost in 2022 compared to 2020 & 2021

	2019/2020		2020/2021		2021/2022	
Month	Number of Absences	Days Lost	Number of Absences	Days Lost	Number of Absences	Days Lost
April	466	3046	198	2063	432	2982
May	502	3081	182	1944	470	3232
June	597	3490	207	1933	466	3118
July	403	2842	199	1940	392	2965
August	249	2204	187	1787	230	2579
September	415	2337	442	2517	583	3176
October	663	3232	446	2959	669	3908
November	664	3260	445	2863	702	3907
December	688	3585	402	3448	607	3925
January	674	3625	313	3247	499	3714

February	586	3411	305	2750	488	3566
March	391	3220	404	3268	551	4228

Number of Absences = Number of Absent Employees in each individual month (i.e. an absence 15th April to 2nd June will be reported in April / May / June respectively)

Days Lost = this is the total days lost in each individual month

4.7 The reasons for sickness absence across the authority (including in Schools) over the period April 2021 to March 2022 are listed in the below table compared to 2019 and 2020. The figures include both the total FTE days lost and percentages.

4.8 Stress (non-work related) continues to be the most common reason for sickness absence at 24.34%. This is followed by Other Musculoskeletal (14.15%) and Stress (work related) (13.01%). For 2020 and 2021, Stress (non-work related) was also the most common reason for sickness absence but at a lower percentage of all absences. Viral infection is the highest reason for short term absence (37.36%). Stress (non-work related) continues to be the most common long term reason for sickness absence (29.04%).

4.9 In reference to the length of absence, members will note from the below table that 75.23% of all absence are categorised as long term (i.e. over 4 weeks in duration), compared with 24.77% short term absence.

4.10 Note that the percentages are added up separately for the short-term, long term and total absences. Due to the fact that short-term absence is 24.77% of absence, the total of short-term and long term won't add up to the total percentage figure. This is also the case for the Directorate tables on the following pages.

Days Lost (%)	Short Term			Long Term			Total Absence		
Absence Reason	2019 /20	2020 /21	2021 /22	2019 /20	2020/ 21	2021 /22	2019 /20	2020 /21	2021 /22
Stress Non Work	*1089* *10%*	*598* *10%*	*1030* *10%*	*7290* *28%*	*7409* *30%*	*9023* *29%*	*8378* *22%*	*8007* *26%*	*10053* *24%*
Musculo-skeletal	*996* *9%*	*622* *11%*	*811* *8%*	*5305* *20%*	*4143* *17%*	*5034* *16%*	*6302* *17%*	*4766* *16%*	*5845* *14%*
Stress Work	*325* *3%*	*208* *4%*	*211* *2%*	*3017* *12%*	*3588* *15%*	*5163* *17%*	*3342* *9%*	*3795* *13%*	*5373* *13%*

Days Lost (%)	Short Term			Long Term			Total Absence		
Absence Reason	2019 /20	2020 /21	2021 /22	2019 /20	2020/ 21	2021 /22	2019 /20	2020 /21	2021 /22
Operations / Recovery	722 6%	249 4%	521 5%	4262 16%	2266 9%	3569 11%	4984 13%	2515 8%	4090 10%
Viral Infection	4731 42%	1634 28%	3822 37%	2047 8%	1165 5%	1461 5%	6779 18%	2799 9%	5283 13%
Back Problems	483 4%	282 5%	420 4%	861 3%	860 4%	1356 4%	1344 4%	1142 4%	1776 4%
Stomach Ailments	1435 13%	564 10%	985 10%	980 4%	721 3%	583 2%	2415 7%	1285 4%	1568 4%
Pandemic	0 0%	622 11%	857 8%	0 0%	1294 5%	1435 5%	0 0%	1916 6%	2293 6%
Headache / Migraine	541 5%	366 6%	539 5%	460 2%	940 4%	878 3%	1001 3%	1306 4%	1417 3%
Heart Problems	51 0.5%	33 0.6%	72 0.7%	519 2%	549 2%	866 3%	571 2%	583 2%	938 2%
Pregnancy Related	208 2%	176 3%	194 2%	302 1%	387 2%	351 1%	511 1%	563 2%	545 1%
Undisclosed	95 0.8%	185 3%	41 0.4%	340 1%	742 3%	353 1%	435 1%	927 3%	294 1%
Chest Problems	425 4%	201 3%	464 5%	366 1%	200 0.8%	307 1%	791 2%	401 1%	771 2%
Genito-Urinary	170 1%	73 1%	212 2%	199 0.8%	247 1%	387 1%	369 1%	320 1%	598 1%
RTA / Whiplash	95 0.8%	38 0.6%	34 0.3%	10 0%	55 0.2%	273 0.8%	105 0.3%	93 0.3%	307 0.7%
% of overall absence (Total Days)	11372 30.5%	5870 19%	10230 24.8%	25958 69.5%	24567 81%	31070 75.2%	37329	30437	41300

4.11 Tables with the five most common absence reasons for each Directorate are set out below for the period April 2021 to March 2022. Data includes the FTE days lost and percentage of absence in each of the reasons.

Environment and Housing - Top 5 Reasons - April 2021 to March 2022

4.12 The Top 5 reasons for Environment and Housing show that 'Other Musculoskeletal' absences has become the highest reported reason for absence in 2022 (22%). It can be noted that this is based on an increase in long term sickness related to this absence type. A decrease has been seen in Stress Non Work Related absences since 2020 from 25% down to 16% of absences. Stress Work Related has also shown an increase since 2020 from 9% to 20%.

Days Lost (%)	Short Term			Long Term			Total Absence		
EHS - Top 5 Absence	2019 / 2020	2020 / 2021	2021 / 2022	2019/ 2020	2020/ 2021	2021/ 2022	2019/ 2020	2020/ 2021	2021/ 2022
Musculo-skeletal	343 15%	226 17%	249 14%	1315 20%	1105 17%	1781 24%	1658 18%	1331 17%	2030 22%
Stress Work Related	87 4%	58 4%	61 3%	750 11%	1109 17%	1812 24%	837 9%	1167 15%	1872 20%
Stress Non Work Related	185 8%	57 4%	127 7%	2074 31%	1926 30%	1367 18%	2259 25%	1983 25%	1494 16%
Operations and Recovery	101 4%	69 5%	34 2%	929 14%	490 8%	772 10%	1030 11%	559 7%	806 9%
Viral Infection	903 39%	342 25%	650 37%	625 9%	288 4%	124 2%	1528 17%	630 8%	774 8%

Learning and Skills - Top 5 Reasons - April 2021 to March 2022

4.13 The Top 5 reasons for Learning and Skills show an increase in absence for Stress Non Work related absences over the last 3 years. Operations and recovery has shown a decline in relation to long term sickness and overall figures. Stress Work related absences has significantly declined since 2020, with no cases reported during 2021.

Days Lost (%)	Short Term			Long Term			Total Absence		
LS - Top 5 Absence	2019 / 2020	2020 / 2021	2021 / 2022	2019/ 2020	2020/ 2021	2021/ 2022	2019/ 2020	2020/ 2021	2021/ 2022

	Short Term			Long Term			Total Absence		
Stress Non Work Related	37 6%	41 24%	21 6%	815 33%	382 25%	610 37%	852 28%	423 25%	632 31%
Musculo-skeletal	35 6%	15 9%	20 6%	238 10%	347 23%	314 19%	273 9%	363 22%	334 17%
Stress Work Related	1 0%	0 0%	5 1%	527 22%	0 0%	304 18%	528 18%	0 0%	309 15%
Viral Infection	244 42%	69 40%	125 36%	129 5%	22 1%	55 3%	373 12%	91 5%	180 9%
Operations and Recovery	97 17%	0 0%	43 12%	426 17%	153 10%	75 5%	522 17%	153 9%	118 6%

MD and Resources - Top 5 Reasons - April 2021 to March 2022

4.14   The Top 5 reasons for Resources shows Stress Non-Work Related as the highest contributor to absence. Stress Work Related has seen a marked increase year on year since 2020. Operations and Recovery has also risen since 2020. Viral Infections has also seen significant reductions from (22%) in 2020 to (9%) in 2022. Headache / Migraine has significantly risen since 2020 (1%) to 2022 (6%) but this may be related to individual cases.

Days Lost (%)	Short Term			Long Term			Total Absence		
RES - Top 5 Absence	2019 / 2020	2020 / 2021	2021 / 2022	2019/ 2020	2020/ 2021	2021/ 2022	2019/ 2020	2020/ 2021	2021/ 2022
Stress Non Work Related	113 10%	106 18%	103 16%	493 29%	827 41%	665 24%	606 21%	932 36%	768 22%
Operations and Recovery	56 5%	12 2%	49 7%	517 31%	353 18%	653 24%	573 20%	365 14%	703 20%
Stress Work Related	14 1%	29 5%	36 5%	323 19%	406 20%	495 18%	337 12%	435 17%	531 15%
Viral Infection	535 46%	149 25%	227 34%	102 6%	4 0%	82 3%	637 22%	153 6%	309 9%
Headache, Migraine	37 3%	73 12%	46 7%	0 0%	22 1%	163 6%	37 1%	95 4%	209 6%

Social Services - Top 5 Reasons - April 2021 to March 2022

4.15   The Top 5 reasons for Social Services shows Stress Non Work Related as the highest contributor to absence and has seen a significant increase since 2020 (16%) to (33%) in 2022. Musculoskeletal has seen a reduction in absences since 2020 (25%) to (16%) in 2022, while Operations and Recovery has shown a small increase since 2021. Stress Work Related has remained low which is encouraging as this service has been affected greatly by the COVID-19 pandemic.

Days Lost (%)	Short Term			Long Term			Total Absence		
SS - Top 5 Absence	2019 / 2020	2020 / 2021	2021 / 2022	2019/ 2020	2020/ 2021	2021/ 2022	2019/ 2020	2020/ 2021	2021/ 2022
Stress Non Work Related	274 12%	186 14%	258 12%	1110 18%	2043 31%	2822 38%	1384 16%	2228 28%	3080 33%
Musculo-skeletal	196 9%	198 15%	186 9%	1928 30%	1432 22%	1347 18%	2125 25%	1630 20%	1533 16%
Viral Infection	849 38%	258 19%	702 33%	227 4%	214 3%	323 4%	1076 13%	472 6%	1025 11%
Stress Work Related	113 5%	63 5%	20 1%	591 9%	1031 16%	926 13%	704 8%	1094 14%	946 10%
Operations and Recovery	169 8%	54 4%	92 4%	1156 18%	640 10%	799 11%	1325 15%	694 8%	891 9%

Schools - Top 5 Reasons - April 2021 to March 2022

4.16   The Top 5 reasons for Schools shows Stress Non Work Related as the highest contributor to absence and increased since 2020 (following a reduction in 2021). Musculoskeletal has seen a slight increase in comparison to 2021 levels while Viral Infection has returned to similar levels in 2020. Stress Work Related has increased in 2022 in comparison to previous years.

Days Lost (%)	Short Term			Long Term			Total Absence		
SCH - Top 5 Absence	2019 / 2020	2020 / 2021	2021 / 2022	2019/ 2020	2020/ 2021	2021/ 2022	2019/ 2020	2020/ 2021	2021/ 2022
Stress Non Work	480 10%	209 9%	521 10%	2798 31%	2231 28%	3558 30%	3277 24%	2440 24%	4079 24%

Viral Infection	2201 44%	816 34%	2118 40%	965 11%	638 8%	878 7%	3166 23%	1453 14%	2996 18%
Musculo-skeletal	369 7%	132 5%	337 6%	1678 19%	1118 14%	1419 12%	2047 15%	1250 12%	1756 10%
Stress Work Related	111 2%	57 2%	89 2%	826 9%	1042 13%	1625 14%	937 7%	1099 11%	1715 10%
Operations and Recovery	300 6%	113 5%	303 6%	1234 14%	631 8%	1270 11%	1534 11%	744 7%	1573 9%

4.17 It is also noted that sickness rates increase with age. The following showing a comparison related to age groups across the Council and Schools.

Age Group	FTE number	FTE Sickness Days Lost	Days lost per person (FTE days lost / FTE)
16-24	118.44	694.03	5.86
25-34	656.73	4761.47	7.25
35-49	1382.39	14551.11	10.53
50-64	1386.87	19500.72	14.06
65 and over	93.14	1792.66	19.25

Impact of COVID-19 Pandemic

4.18 Although COVID-19 restriction had started to be lifted, the overall absence rates compared to the previous had started to rise.

4.19 A number of initiatives have been introduced by the Council to manage the key drivers in tackling presenteeism, such as – improving digital applications/access, lifestyle and wellbeing programmes and managing the use of annual leave. Line managers are always instrumental in looking after employee health and wellbeing. New ways of working may make presenteeism and its underlying conditions harder to spot and deal with. The lower rates of short-term absence could also be related to the increase in staff working from home.

4.20 The Council aims to undertake a further wellbeing survey, with specific questions on presenteeism, which will be shared in future reports.

4.21 The Council considers it very important that staff are given the support during these difficult times and we are working with colleagues within Health & Safety, Occupational Health and Organisational Development & Learning to support our staff who are working from home.   Support is also provided to staff that have continued to work in the front line, especially in Waste, Social Care and Schools.

4.22   The Human Resources Business Partnership team continues to work closely with Occupational Health and Managers on an individual case management basis and the prompt action of Managers is prioritised to keep absences within target.

4.23   Members will be aware that in all cases of stress or anxiety, employees are automatically referred to occupational health for advice, offered counselling support and managers are offered training and support in completing stress risk assessments. A revised Mental Health & Wellbeing Policy incorporates detailed advice and guidance as well as the responsibilities of managers, Occupational Health and staff in recognising and dealing with stress. The policy also provides clear expectations in responding to issues of stress and associated mental health issues. The policy was launched in January 2019 and since then 75 employees have received training to become Wellbeing Champions, with 58 Champions still active. The role of the Wellbeing Champion is to promote health campaigns, encourage colleagues to participate in the Council's wellbeing initiatives, involvement in events and collaborate work and sign posting colleagues to relevant services.

Employee Assistance Programme

4.24   The use of the Counselling service has seen an increase in usage compared to previous years. Although staff themselves may not have been affected from a work perspective, the pandemic has had an impact across all areas of an individual's life, where members of their family have been unwell or have lost jobs or been furloughed. Therefore, the impact has become much wider.

4.25   The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace. The Human Resources Service is continuing to review the Care First Employee Assistance Programme and are looking at other providers to ensure the Council is getting a valued service for its staff.

4.26   The service continues to be promoted through staff circulars on Staffnet, via Occupational Health and as part of the promotion of the Staff Charter. This service is also promoted as part of the 'Welcome to the Vale' induction programme which has continued to take place remotely.

Positive Health Promotion

4.27   Work is continuing to develop positive health support as follows:

- During October and November 2021, 1950 Flu vaccinations were given to our   most vulnerable staff groups.

- A new Occupational Health booking system is currently being procured, and the contract should be signed during Q1 of 2022, which will enable administration time of the nurses and doctors to be reduced, and thereby increasing the number of appointments. Implementation for the new system will take place from June 2022.

- The Occupational Health service offers health screening to all employees every Thursday (subject to other work commitments). This includes height, weight, BMI,

Blood Pressure, Cholesterol and Blood Sugar Tests. Appointments can be made via iDev and if employees do not have access to iDev their manager can book one on their behalf or they can contact OH direct to make the appointment for them. This has temporarily been suspended since the start of the pandemic, but it will resume in the near future.

- An extended Wellbeing package was rolled out to all employees across the Council from November 2020 focusing on physical, mental and financial wellbeing. This includes online virtual fitness sessions, yoga and stretching in addition to sessions on mindfulness, resilience and coping at times of change. This has continued during the last 6 months with activities promoted to staff. The Occupational Health Team have continued with some of the health surveillance programmes during the pandemic and intend to build on these moving forwards.

- It is important that these activities continue for the foreseeable future and become part of the general wellbeing support for employees across the Council

- Promoting the completion of ergonomic risk assessments for all those moved to working from home. Ensuring the provision of appropriate resources to work safely and minimise musculoskeletal issues.   These continue to be reviewed as working from home is still recommended guidance from the Welsh Government.

- A new Volunteering Policy is also being considered which will allow staff to have one day off per year to support volunteering activities within the Vale of Glamorgan Council area.

- The Occupational Health Team have recognised the need to support staff who are going through the menopause. Menopause presentations will be rolled out to employees across the council, as well as developing a menopause café event. These events will take place during Q1 of 2022.

4.28 As mentioned above in para. 4.21 the Council now has 58 trained (via Time to Change Wales) wellbeing champions whose primary role involves:

- Promoting health campaigns e.g. World Mental Health Day.

- Encouraging colleagues to participate in the Council's wellbeing initiatives / challenges.

- Involvement in events and collaborative working with other Champions across the Council and other organisations.

- Role modelling and promoting a healthy culture within the workplace.

- Organising activities which will now take place online, such as online Yoga classes.

- Signposting colleagues to relevant services.

Performance Management

4.29 The main performance management elements of the management of sickness absence is set out below:

- A full report containing the breakdown of sickness absence levels per FTE across all Directorates and services continues to be reviewed by the Council's Strategic Leadership Team each quarter and any required action is taken.

- All Directorates continue to review absence levels within Directorate Management Teams on a monthly basis and in accordance with a service-based action plan.

- The focus on absence has been based on the scrutiny of priority absence reports within each directorate and service area. This has been helpful in focusing attention and support on particular absence cases.

- Long-term absence cases continue to be dealt with on an individual case management basis. Human Resource Business Partners work closely with managers to maintain communication with employees, along with Occupational Health, to support employees' wellbeing and their return to work.

Summary

5. The management of sickness absence continues to be a high priority for the Council and an important 'Corporate Health' indicator. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

5.1 Long Term
Sickness reporting is reportable as part of the Public Accountability Measures (PAM's) which has been developed by the WLGA led task and finish group. It demonstrates how authorities are contributing to the well-being goals. Sickness has been identified as contributing to a Prosperous Wales and Healthier Wales. Reporting accurate data will help the Council account for future trends and the need to undertake regular reviews of the policies that impact on sickness rates

5.2 Prevention
The management of sickness absence together with wellbeing initiatives will help support service delivery including the meeting of corporate / service objectives

5.3 Integration
The management of absence identifies a range of issues that affect all areas of the Council's workforce. The objectives aim to identify what can be achieved when absence is managed effectively.

5.4 Collaboration
A key factor in managing sickness absence is the support from Corporate Management Team, Managers, HR, Occupational Health and Trade Unions.

5.5 Involvement
Regular reporting and management of absence ensures that we are open and transparent in relation to our approach to sickness absence. Any changes to the Attendance and Wellbeing Policy will be subject to the usual consultation process with Cabinet, Scrutiny, Managers and Trade Unions.

6. Resources and Legal Considerations

Financial

6.1   The need to continue to maintain reasonable levels of absence will be important as the Council responds to ongoing financial pressures, especially during the current pandemic.

Employment

6.2   The incidence of high levels of absence has significant resource implications and places constraints on the continued delivery of high-quality service provision.

Legal (Including Equalities)

6.3   All legal implications including the Equality Act, Human Rights Act and General Data Protection Regulations have been considered within the implementation of policy provisions.

7. Background Papers

None.

Appendix A - Sickness Absence Breakdown by Service Area (2021/22)

Period 01-APRIL-2021 to 31-March-2022

Directorate	Service	Average FTE	Short Term Days Lost per FTE	Long Term Days Lost per FTE	21/22 Days Lost per FTE	21/22 Annual Target	20/21 Days Lost Per FTE	19/20 Days Lost Per FTE
Environment & Housing Services	Building Services	151.38	2.72	11.19	13.91	12.50	14.13	16.10
	Director's Office - **EHS**	33.28	1.09	5.33	6.41	5.90	6.48	6.88
	Housing Services	67.20	2.02	6.67	8.69	9.00	17.91	13.68
	Neighbourhood Services and Transport	253.13	3.41	15.15	18.56	14.50	13.62	15.93
	Shared Regulatory Services	165.73	1.95	8.16	10.11	7.50	6.32	10.23
Environment & Housing Services Totals		**670.72**	**2.64**	**11.19**	**13.83**	**11.18**	**11.93**	**13.83**
Learning & Skills	Additional Learning Needs and Wellbeing	49.10	1.87	6.24	8.11	9.00	7.31	9.58
	Director's Office - **L&S**	11.18	1.76	2.06	3.82	5.90	3.08	10.04
	Standards and Provision	62.82	1.59	15.81	17.40	11.50	11.85	13.91
	Strategy, Community Learning and Resources	83.27	1.59	4.09	5.68	9.00	6.41	12.29
Learning & Skills Totals		**206.37**	**1.67**	**8.06**	**9.73**	**9.47**	**8.16**	**12.17**
Resources	Director's Office - **RES**	21.50	0.37	6.60	6.98	5.90	7.48	0.24
	Financial Services	110.82	2.12	10.29	12.40	5.90	10.94	7.84
	Human Resources Service	42.95	1.47	8.51	9.98	5.90	3.33	5.98
	ICT Services	44.99	1.36	1.76	3.11	5.90	1.25	5.76
	Legal and Democratic Services	48.51	0.81	5.30	6.11	5.90	3.65	9.94
	Policy and Business Transformation	57.99	2.87	12.00	14.87	5.90	12.03	12.59
	Regeneration and Planning	86.80	1.08	1.02	2.10	5.90	1.65	3.83
Resources Totals		**413.56**	**1.61**	**6.69**	**8.30**	**5.90**	**6.29**	**6.99**
Social Services	Adult Services	226.32	4.66	14.74	19.39	15.00	17.57	18.08
	Children and Young People Services	199.78	2.67	9.49	12.17	12.00	8.43	11.41
	Director's Office - **SS**	11.50	1.22	5.30	6.52	5.90	9.73	5.55
	Resource Management and Safeguarding	171.87	2.92	12.09	15.01	13.00	14.79	17.27
Social Services Totals		**609.47**	**3.45**	**12.09**	**15.55**	**13.29**	**13.66**	**15.36**
Corporate Total - Excluding Schools		**1900.12**	**2.57**	**10.16**	**12.73**	**10.36**	**10.80**	**12.58**
Schools		**1737.42**	**3.08**	**6.77**	**9.85**	**8.00**	**6.13**	**8.22**
Total Including Schools		**3637.54**	**2.81**	**8.54**	**11.35**	**9.20**	**8.59**	**10.51**

COMPARISON