

THE VALE OF GLAMORGAN COUNCIL

CORPORATE PERFORMANCE AND RESOURCES SCRUTINY COMMITTEE:  
20<sup>TH</sup> JANUARY, 2022

REFERENCE FROM CABINET: 22<sup>ND</sup> NOVEMBER, 2021

**“C743 Q2 SICKNESS ABSENCE REPORT 2021/2022 (EL/PR) (SCRUTINY – CORPORATE PERFORMANCE AND RESOURCES) -**

The purpose of the report was to update Members on the sickness absence statistics for the 6-month period from 1<sup>st</sup> April 2021 to 30<sup>th</sup> September 2021.

The report set out the sickness absence figures for the 6-month period 1<sup>st</sup> April 2021 to 30<sup>th</sup> September 2021 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 set out in the report showed an increase from 3.40 days lost per FTE (April 2020 to September 2020) to 4.95 days lost per FTE (April 2021 to September 2021). The annual target figure (April 2021 to September 2021) was set as 4.15 days lost per FTE.

The Leader stated that the report was a clear, ‘warts and all’ update which showed that most areas (other than Learning and Skills) were up in terms of level of absences; however, this was expected due to, for example, the working from home measure in the previous year which may have masked levels of sickness due to people carrying on working at home even when sick. Short term and longer-term absences broke down 20% and 80% of overall sickness levels respectively.

The top reasons for lost workdays included Stress Non-Work related and Musculo-skeletal, which the Leader felt could be accounted for by the pressures placed on people due to the pandemic and lockdown and the work undertaken by certain front-line staff respectively.

There were in place measures to help deal with the above, such as the Employment Assistance Programme, employee training, health promotion, the new Occupational Health booking system, the extended wellbeing package and 40 trained mental health ‘champions’ for staff to turn to for help and guidance.

The Cabinet Member for Neighbourhood Services and Transport stated that staff within his portfolio and indeed within the wider Council, often had stressful, either mentally or physically, work with little time to recuperate and whilst juggling non-work pressures, which could impact their health. Working from home could also lead to less social interaction and isolation, thereby affecting staff wellbeing.

The Cabinet Member for Legal, Regulatory and Planning Services added that the measures to help combat sickness and absences would take time to take effect. Staff continued to produce and perform well despite the pressures on them due to the pandemic.

The Leader again stressed the pressures that staff faced with the pandemic directly or indirectly, and they needed to be looked after, which the above measures implemented by the Council sought to do.

This was a matter for Executive decision.

Cabinet, having considered the report and all the issues and implications contained therein

RESOLVED -

(1) T H A T the report and the six-month (April 2021 to September 2021) sickness absence figures provided in Appendix A be noted.

(2) T H A T the report be referred to the Corporate Performance and Resources Scrutiny Committee for consideration, with any comments referred back to Cabinet for further consideration.

Reasons for decisions

(1) To bring matters to the attention of Members in line with corporate objectives.

(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.”

Attached as Appendix – Report to Cabinet: 22<sup>nd</sup> November, 2021

Name of Committee:	<b>Cabinet</b>
Date of Meeting:	<b>22/11/2021</b>
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	<b>Q2 Sickness Absence Report 2021/2022</b>
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 6-month period from 1 April 2021 to 30 September 2021
Report Owner:	Report of the Executive Leader and Cabinet Member for Performance and Resources
Responsible Officer:	Rob Thomas - Manging Director
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
<p>Executive Summary:</p> <ul style="list-style-type: none"> <li>The report sets out the sickness absence figures for the 6-month period 1st April 2021 to 30th September 2021 as part of the agreed performance management arrangements.</li> <li>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.</li> <li>The absence rates are set out in paragraph 4.1 and show an increase from 3.40 days lost per FTE (April 2020 to September 2020) to 4.95 days lost per FTE (April 2021 to September 2021). The annual target figure (April 2021 to September 2021) was set as 4.15 days lost per FTE.</li> </ul>	

## 1. Recommendations

- 1.1 That the report and the six-month (April 2021 to September 2021) sickness absence figures provided in Appendix A be noted.
- 1.2 That the report be referred to Scrutiny Committee (Corporate Performance & Resources) 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 30th September 2021, 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 30th September 2021 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 September			Target 2021 Q2
	2019	2020	2021	
Environment & Housing	6.54 (4329)	6.08 (4031)	6.05 (4041)	5.29
Learning and Skills	5.21 (1503)	2.55 (518)	4.05 (818)	4.05
MD and Resources	2.64 (1073)	3.02 (1243)	4.66 (1947)	2.23
Social Services	7.81 (4255)	5.67 (3287)	8.47 (5074)	6.76

Corporate Total - excluding Schools	5.87 (11161)	4.89 (9078)	6.30 (11879)	4.83
Schools	3.46 (5789)	1.74 (2909)	3.48 (6059)	3.37
Total Absence	4.74 (16950)	3.40 (11987)	4.95 (17939)	4.15

- 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 September 2021 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 is expected due to the removal of restrictions within Wales in relation to Covid-19.
- 4.5** All directorates are above their target figures except for Learning and Skills in relation to days lost per FTE.
- 4.6** The following table shows a breakdown of each month in Quarter 2 for 2019 / 2020 / 2021. This shows the return to pre Covid-19 pandemic levels with the number of days lost for 2021 similar to number of days lost for 2019. The figures for July / August / September show higher days lost in 2021 compared to 2019 and 2020. This is a trend that will need to be reduced for the remaining year.

Month	2019 *		2020 *		2021	
	Number of Absences	Days Lost	Number of Absences	Days Lost	Number of Absences	Days Lost
April	484	3045	197	2063	432	2983
May	503	3081	182	1947	470	3241
June	596	3485	205	1942	465	3146
July	402	2839	197	1933	388	3006
August	243	2208	184	1791	233	2703
September	399	2292	368	2311	390	2860
* Reported at Q2						

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 September 2021 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 29%. This is followed by Other Musculoskeletal (17%) and Stress (work related) (12%). For 2019 and 2020, 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 (31%). Stress (non-work related) continues to be the most common long term reason for sickness absence (33%).
- 4.9** In reference to the length of absence, members will note from the below table that 80% of all absence are categorised as long term (i.e. over 4 weeks in duration), compared with 20% 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 20% 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		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Absence Reason									
Stress Non Work	495 11%	289 15%	447 13%	3506 28%	2926 29%	<b>4777</b> <b>33%</b>	4001 24%	3216 27%	<b>5224</b> <b>29%</b>
Musculo-skeletal	505 11%	287 15%	377 11%	2588 21%	1863 19%	2677 19%	3093 18%	2150 18%	<b>3054</b> <b>17%</b>
Stress Work	126 3%	120 6%	107 3%	1221 10%	1751 18%	2047 14%	1347 8%	1872 16%	<b>2155</b> <b>12%</b>
Operations / Recovery	379 9%	86 4%	145 4%	2155 17%	916 9%	1531 11%	2534 15%	1003 8%	1676 9%

Viral Infection	1440 32%	507 25%	<b>1086</b> <b>31%</b>	880 7%	554 6%	263 2%	2320 14%	1062 9%	1349 8%
Back Problems	190 4%	99 5%	183 5%	345 3%	262 3%	621 4%	535 3%	361 3%	804 4%
Stomach Ailments	626 14%	225 11%	407 12%	554 4%	425 4%	324 2%	1180 7%	650 5%	731 4%
Pandemic	0 0%	1 0%	259 7%	0 0%	192 2%	454 3%	0 0%	193 2%	713 4%
Headache / Migraine	241 5%	126 6%	231 7%	188 2%	514 5%	387 3%	429 3%	640 5%	618 3%
Heart Problems	26 1%	7 1%	44 1%	362 3%	198 2%	499 3%	388 2%	205 2%	544 3%
Pregnancy Related	99 2%	51 3%	61 2%	166 1%	48 0%	254 2%	265 2%	99 1%	315 2%
Undisclosed	69 2%	26 1%	34 1%	167 1%	120 1%	253 2%	236 1%	146 1%	287 2%
Chest Problems	144 3%	124 6%	75 2%	154 1%	99 1%	128 1%	299 2%	223 2%	203 1%
Genito-Urinary	69 2%	24 1%	45 1%	170 1%	93 1%	116 1%	239 1%	117 1%	160 1%
RTA / Whiplash	42 1%	25 1%	32 0%	43 1%	25 0%	74 0%	85 0%	50 0%	106 1%
% of overall absence (Total Days)	4450 26%	1999 17%	3534 20%	12499 74%	9988 83%	14405 80%	16949	11987	17939

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

### Environment and Housing - Top 5 Reasons - April 2021 to September 2021

**4.12** The Top 5 reasons for Environment and Housing show that Stress - Non Work Related has become the highest reported reason for absence in Q2 for 2021 (25%). 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 Musculoskeletal absences since 2019 from 27% down to 18% of absences. Stress Work Related has shown an increase since 2019 similar to Stress Non Work Related.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
EHS - Top 5 Absence									
Stress Non Work Related	199 19%	145 22%	122 15%	552 17%	495 15%	873 27%	751 17%	640 16%	995 25%
Musculo-skeletal	111 11%	31 5%	51 6%	1075 33%	1029 30%	678 21%	1186 27%	1060 26%	730 18%
Stress Work Related	15 1%	77 12%	40 5%	444 14%	603 18%	601 19%	460 11%	680 17%	641 16%
Operations and Recovery	66 6%	33 5%	83 10%	215 7%	168 5%	265 8%	281 6%	201 5%	348 9%
Viral Infection	69 7%	47 7%	34 4%	346 11%	302 9%	314 10%	415 10%	349 9%	348 9%



## Learning and Skills - Top 5 Reasons - April 2021 to September 2021

**4.13** The Top 5 reasons for Learning and Skills show an increase in absence for Musculo-skeletal over the last 3 years. Stress Non-Work related has shown a decrease over the last 3 years which is an encouraging trend in comparison to Council wide figures. Operations and recovery has shown a decline in relation to long term sickness. Sickness within Learning and Skills has continually declined since 2019 which may be linked to the implementation of Big Fresh Catering Company Ltd.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
LS - Top 5 Absence									
Musculo-skeletal	17 8%	0 0%	6 6%	160 12%	115 25%	197 27%	177 12%	115 22%	202 25%
Stress Non Work Related	21 10%	15 26%	11 12%	520 40%	122 27%	160 22%	540 36%	137 27%	172 21%
Stress Work Related	1 0%	0 0%	0 0%	181 14%	0 0%	120 17%	182 12%	0 0%	120 15%
Operations and Recovery	38 18%	0 0%	19 19%	238 18%	88 19%	52 7%	276 18%	88 17%	71 9%
Pandemic	0 0%	0 0%	6 6%	0 0%	0 0%	61 9%	0 0%	0 0%	68 8%

## MD and Resources - Top 5 Reasons - April 2021 to September 2021

**4.14** The Top 5 reasons for Resources shows Stress Non-Work Related as the highest contributor to absence. Operations and Recovery has returned to previous levels in comparison to 2020 where this was reduced. Stress Work Related has shown a marked increase since 2019 (6%) to 2021 (18%) with long term absence increasing over that time. Headache / Migraine and Heart Problems have increased since 2019 but this may be related to individual cases.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
RES - Top 5 Absence									
Stress Non Work Related	55 11%	61 17%	47 20%	250 43%	324 36%	557 33%	305 28%	384 31%	604 31%
Operations and Recovery	7 2%	15 4%	16 7%	256 44%	110 12%	412 24%	264 25%	124 10%	428 22%
Stress Work Related	0 0%	32 9%	31 7%	65 11%	247 28%	327 19%	65 6%	279 22%	358 18%
Headache / Migraine	16 3%	35 10%	19 8%	0 0%	0 0%	120 7%	16 1%	35 3%	139 7%
Heart Problems	4 1%	0 0%	5 2%	0 0%	0 0%	131 8%	4 0%	0 0%	136 7%

## Social Services - Top 5 Reasons - April 2021 to September 2021

**4.15** The Top 5 reasons for Social Services shows Stress Non Work Related as the highest contributor to absence and has seen a marked increase since 2019. Musculoskeletal has seen a return to 2019 levels while Operations and Recovery has shown a small increase since 2020. 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		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
SS - Top 5 Absence									
Stress Non Work Related	96 11%	98 19%	100 13%	378 11%	916 33%	1597 37%	474 11%	1015 31%	1697 33%
Musculo-skeletal	90 10%	89 17%	109 14%	1082 32%	664 24%	944 22%	1172 28%	753 23%	1053 21%
Operations and Recovery	113 13%	14 3%	21 3%	675 20%	236 9%	450 10%	788 19%	250 8%	471 9%
Stress Work Related	54 6%	3 1%	10 1%	219 6%	404 15%	382 9%	273 6%	407 12%	392 8%
Viral Infection	254 30%	80 15%	233 30%	140 4%	60 2%	79 2%	394 9%	140 4%	312 6%

## Schools - Top 5 Reasons - April 2021 to September 2021

**4.16** The Top 5 reasons for Schools shows Stress Non Work Related as the highest contributor to absence and increased since 2019 (following a reduction in 2020). Musculoskeletal has seen a slight increase in comparison to 2020 levels while Viral Infection has returned to similar levels in 2019. Stress Work Related has increased in 2021 in comparison to previous years.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
SCH - Top 5 Absence									
Stress Non Work	212 12%	84 20%	237 14%	1283 33%	535 21%	1785 40%	1495 26%	619 21%	2022 33%
Musculo-skeletal	181 10%	25 6%	135 8%	779 20%	479 19%	598 14%	960 17%	504 17%	733 12%
Viral Infection	604 33%	161 39%	557 34%	465 12%	282 11%	122 3%	1069 18%	443 15%	680 11%
Stress Work Related	56 3%	8 2%	27 2%	312 8%	498 20%	617 14%	368 6%	505 17%	644 11%
Stomach Ailments	259 14%	33 8%	194 12%	78 2%	78 3%	210 5%	337 6%	111 4%	403 7%

**4.17** It is also noted that sickness rates generally 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	134	508	3.79
25-34	671	2039	3.04
35-49	1394	6381	4.58
50-64	1348	8195	6.08
65 and over	81	816	10.07

### Impact of Covid-19 Pandemic

**4.18** Although covid-19 restriction had started to be lifted during the first 6 months of the year, 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 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 our Waste, Social Care and Schools.
- 4.21** 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.
- 4.22** 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 nearly 40 employees have received training to become Mental Health Champions. The role of the Mental Health 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.
- 4.23 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

Work is continuing to develop positive health support as follows:

- Flu vaccinations will be offered across our most vulnerable staff groups during October and November 2021.
- A new Occupational Health booking system is currently being procured, and the contract should be signed during Q3, 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 April 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.
- 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.

**4.27** The Council now has nearly 40 trained (via Time to Change Wales) mental health 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**

**4.28** 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

**4.29** The management of sickness absence continues to be a high priority for the Council and an important 'Corporate Health' indicator.

## **5. 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**

Appendix A - Breakdown of Absence by Service Areas - April 2021 to September 2021



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

Period 01-APRIL-2021 to 30-SEP-2021

Period 01-APRIL-2021 to 30-SEP-2021							COMPARISON	
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	152.34	1.06	5.65	6.72	12.50	6.78	8.34
	Director's Office - EHS	32.99	0.38	0.82	1.20	5.90	4.26	1.49
	Housing Services	66.52	1.18	2.92	4.11	9.00	9.56	6.76
	Neighbourhood Services and Transport	249.51	1.77	6.56	8.33	14.50	7.08	8.27
	Shared Regulatory Services	166.88	0.61	3.15	3.76	7.50	3.03	3.33
<b>Environment &amp; Housing Services Totals</b>		<b>668.24</b>	<b>1.19</b>	<b>4.86</b>	<b>6.05</b>	<b>11.18</b>	<b>6.08</b>	<b>6.54</b>
Learning & Skills	Additional Learning Needs and Wellbeing	48.65	0.18	3.90	4.08	9.00	2.41	3.42
	Director's Office - L&S	11.68	0.26	0.00	0.26	5.90	1.81	2.99
	Standards and Provision	60.84	0.81	6.85	7.66	11.50	3.14	5.22
	Strategy, Community Learning and Resources	80.83	0.47	1.40	1.87	9.00	2.27	5.77
<b>Learning &amp; Skills Totals</b>		<b>202.00</b>	<b>0.49</b>	<b>3.56</b>	<b>4.05</b>	<b>9.47</b>	<b>2.55</b>	<b>5.21</b>
Resources	Director's Office - RES	21.84	0.18	6.00	6.18	5.90	3.29	0.00
	Financial Services	111.18	0.67	5.88	6.55	5.90	4.89	2.01
	Human Resources Service	41.79	0.72	7.04	7.77	5.90	2.91	2.33
	ICT Services	45.85	0.24	0.00	0.24	5.90	1.03	2.71
	Legal and Democratic Services	48.92	0.43	4.31	4.74	5.90	1.25	4.39
	Policy and Business Transformation	57.52	1.44	6.72	8.15	5.90	5.16	5.96
	Regeneration and Planning	90.56	0.17	0.36	0.53	5.90	1.13	1.48
<b>Resources Totals</b>		<b>417.66</b>	<b>0.57</b>	<b>4.09</b>	<b>4.66</b>	<b>5.90</b>	<b>3.02</b>	<b>2.64</b>
Social Services	Adult Services	225.98	1.63	8.62	10.25	15.00	7.39	9.24
	Children and Young People Services	193.68	0.95	4.29	5.25	12.00	2.61	5.89
	Director's Office - SS	11.50	0.00	0.00	0.00	5.90	0.00	0.18
	Resource Management and Safeguarding	167.69	1.25	9.13	10.39	13.00	7.46	8.83
<b>Social Services Totals</b>		<b>598.85</b>	<b>1.28</b>	<b>7.20</b>	<b>8.47</b>	<b>13.29</b>	<b>5.67</b>	<b>7.81</b>
<b>Corporate Total - Excluding Schools</b>		<b>1886.75</b>	<b>1.01</b>	<b>5.29</b>	<b>6.30</b>	<b>10.36</b>	<b>4.89</b>	<b>5.87</b>
<b>Schools</b>		<b>1739.53</b>	<b>0.94</b>	<b>2.54</b>	<b>3.48</b>	<b>8.00</b>	<b>1.74</b>	<b>3.46</b>
<b>Total Including Schools</b>		<b>3626.29</b>	<b>0.97</b>	<b>3.97</b>	<b>4.95</b>	<b>9.20</b>	<b>3.40</b>	<b>4.74</b>