

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	April to March			Target					
per FTE (total days lost)	2010/2020								
	2019/2020	2020/2021	2021/2022	Q4					
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	Days	Number of	Days	Number of	Days
	Absences	Lost	Absences	Lost	Absences	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 Te	Long Term			Total Absence		
Absence Reason	2019 /20	2020 /21	2021 /22	2019 /20	2020/	2021 /22	2019 /20	2020 /21	2021 /22	
Stress Non	1089	598	1030	7290	7409	9023	8378	8007	10053	
Work	10%	10%	10%	28%	30%	29%	22%	26%	24%	
Musculo-	996	622	811	5305	4143	5034	6302	4766	5845	
skeletal	9%	11%	8%	20%	17%	16%	17%	16%	14%	
Stress Work	325	208	211	3017	3588	5163	3342	3795	5373	
	3%	4%	2%	12%	15%	17%	9%	13%	13%	

Days Lost (%)	Short Term			Long Te	erm		Total Al	osence	
Absence	2019	2020	2021	2019	2020/	2021	2019	2020	2021
Reason	/20	/21	/22	/20		/22	/20	/21	/22
Operations /	722	249	521	4262	2266	3569	4984	2515	4090
Recovery	6%	4%	5%	16%	9%	11%	13%	8%	10%
Viral	4731	1634	3822	2047	1165	1461	6779	2799	5283
Infection	42%	28%	37%	8%	5%	5%	18%	9%	13%
Back	483	282	420	861	860	1356	1344	1142	1776
Problems	4%	5%	4%	3%	4%	4%	4%	4%	4%
Stomach	1435	564	985	980	721	583	2415	1285	1568
Ailments	13%	10%	10%	4%	3%	2%	7%	4%	4%
Pandemic	0	622	857	0	1294	1435	0	1916	2293
	0%	11%	8%	0%	5%	5%	0%	6%	6%
Headache /	541	366	539	460	940	878	1001	1306	1417
Migraine	5%	6%	5%	2%	4%	3%	3%	4%	3%
Heart	51	33	72	519	549	866	571	583	938
Problems	0.5%	0.6%	0.7%	2%	2%	3%	2%	2%	2%
Pregnancy	208	176	194	302	387	351	511	563	545
Related	2%	3%	2%	1%	2%	1%	1%	2%	1%
Undisclosed	95	185	41	340	742	353	435	927	294
	0.8%	3%	0.4%	1%	3%	1%	1%	3%	1%
Chest	425	201	464	366	200	307	791	401	771
Problems	4%	3%	5%	1%	0.8%	1%	2%	1%	2%
Genito-	170	73	212	199	247	387	369	320	598
Urinary	1%	1%	2%	0.8%	1%	1%	1%	1%	1%
RTA /	95	38	34	10	55	273	105	93	307
Whiplash	0.8%	0.6%	0.3%	0%	0.2%	0.8%	0.3%	0.3%	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 Te	Long Term			Total Absence		
EHS - Top 5	2019/	2020 /	2021/	2019/	2020/	2021/	2019/	2020/	2021/	
Absence	2020	2021	2022	2020	2021	2022	2020	2021	2022	
Musculo-	343	226	249	1315	1105	1781	1658	1331	2030	
skeletal	15%	17%	14%	20%	17%	24%	18%	17%	22%	
Stress Work	87	58	61	750	1109	1812	837	1167	1872	
Related	4%	4%	3%	11%	17%	24%	9%	15%	20%	
Stress Non	185	57	127	2074	1926	1367	2259	1983	1494	
Work Related	8%	4%	7%	31%	30%	18%	25%	25%	16%	
Operations	101	69	34	929	490	772	1030	559	806	
and Recovery	4%	5%	2%	14%	8%	10%	11%	7%	9%	
Viral	903	342	650	625	288	124	1528	630	774	
Infection	39%	25%	37%	9%	4%	2%	17%	8%	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 (%)				Long Term			Total Absence		
LS - Top 5	2019 /	2020 /	2021/	2019/	2020/	2021/	2019/	2020/	2021/
Absence	2020	2021	2022				2020	2021	2022

Stress Non	37	41	21	815	382	610	852	423	632
Work Related	6%	24%	6%	33%	25%	37%	28%	25%	31%
Musculo-	35	15	20	238	347	314	273	363	334
skeletal	6%	9%	6%	10%	23%	19%	9%	22%	17%
Stress Work	1	0	5	527	0	304	528	0	309
Related	0%	0%	1%	22%	0%	18%	18%	0%	15%
Viral	244	69	125	129	22	55	373	91	180
Infection	42%	40%	36%	5%	1%	3%	12%	5%	9%
Operations	97	0	43	426	153	75	522	153	118
and Recovery	17%	0%	12%	17%	10%	5%	17%	9%	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 Te	Long Term			Total Absence		
RES - Top 5	2019/	2020 /	2021/	2019/	2020/	2021/	2019/	2020/	2021/	
Absence	2020	2021	2022	2020	2021	2022	2020	2021	2022	
Stress Non	113	106	103	493	827	665	606	932	768	
Work Related	10%	18%	16%	29%	41%	24%	21%	36%	22%	
Operations	56	12	49	517	353	653	573	365	703	
and Recovery	5%	2%	7%	31%	18%	24%	20%	14%	20%	
Stress Work	14	29	36	323	406	495	337	435	531	
Related	1%	5%	5%	19%	20%	18%	12%	17%	15%	
Viral	535	149	227	102	4	82	637	153	309	
Infection	46%	25%	34%	6%	0%	3%	22%	6%	9%	
Headache,	37	73	46	0	22	163	37	95	209	
Migraine	3%	12%	7%	0%	1%	6%	1%	4%	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 Te	Long Term			Total Absence		
SS - Top 5	2019/	2020 /	2021/	2019/	2020/	2021/	2019/	2020/	2021/	
Absence	2020	2021	2022	2020	2021	2022	2020	2021	2022	
Stress Non	274	186	258	1110	2043	2822	1384	2228	3080	
Work Related	12%	14%	12%	18%	31%	38%	16%	28%	33%	
Musculo-	196	198	186	1928	1432	1347	2125	1630	1533	
skeletal	9%	15%	9%	30%	22%	18%	25%	20%	16%	
Viral	849	258	702	227	214	323	1076	472	1025	
Infection	38%	19%	33%	4%	3%	4%	13%	6%	11%	
Stress Work	113	63	20	591	1031	926	704	1094	946	
Related	5%	5%	1%	9%	16%	13%	8%	14%	10%	
Operations	169	54	92	1156	640	799	1325	694	891	
and Recovery	8%	4%	4%	18%	10%	11%	15%	8%	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	2019/	2020 /	2021/	2019/	2020/	2021/	2019/	2020/	2021/
Absence	2020	2021	2022	2020	2021	2022	2020	2021	2022
Stress Non	480	209	521	2798	2231	3558	3277	2440	4079
Work	10%	9%	10%	31%	28%	30%	24%	24%	24%

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

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

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	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 & F	Environment & Housing Services Totals		2.64	11.19	13.83	11.18	11.93	13.83
	Additional Learning Needs and Wellbeing	49.10	1.87	6.24	8.11	9.00	7.31	9.58
Learning & Skills	Director's Office - L&S	11.18	1.76	2.06	3.82	5.90	3.08	10.04
Learning & Skills	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
	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
Resources	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