

# Resources and Fire & Rescue Overview and Scrutiny Committee

5 March 2025

## Review of Absence Levels

### Recommendation

That the Resources and Fire & Rescue Overview and Scrutiny Committee notes the content of the report regarding our approach to managing sickness cases and comments on the next steps outlined in section 4.3.

### 1. Executive Summary

#### 1.1. Headlines

- a) Warwickshire County Council has taken a range of actions to tackle a recent increase in sickness absence trends which at 10.63 days per FTE are well above organisational targets of 8 days +/- 1day.
- b) The three highest levels of reasons for long-term absence are Stress & Mental Health (46%), Musculo-skeletal (16%) and cancer (6%). The long-term absence of a relatively small number of people suffering from complex conditions drives the headline number and that is where attention is currently focused.
- c) Workforce Services are proactively engaging with Managers to ensure current absences are managed effectively, focusing initially on management of long-term cases to create more capacity to focus on the crucial early stages of absence. As a result of this, there has been a 43% reduction in long-term absences over 9 months since October 2024.
- d) Removing those who have already left the organisation reduces the headline figure to an average of 8.78 days per fte. 45% of the workforce had had zero absence with a further 37% having less than 10 days absence in the last 12 months.
- e) Managing Sickness Absence will remain a core focus throughout 2025 to assist Managers to progress towards the corporate target.

1.2 Keeping colleagues well and in work is a key workforce priority. As a result of increasing absence over the last year, Workforce Services have been supporting Managers to stabilise and reduce sickness absence across the Council through a focused action plan.

1.3 At the Committee's request, this report provides a detailed analysis of sickness absence across Council Directorates, referencing the national position. It seeks to provide members with assurance in respect of actions being taken to bring absence levels in line with performance targets.

- 1.4 The Council takes the increasing absence trend very seriously. This report therefore provides details of the actions taken to target reductions in sickness absence levels and the initial evidence of impact, as well as future planned activity to further reduce our absence levels. While the nature of the measure means it will take time to see reductions in the headline absence rate, early measures such as reductions in the number of the longest-running cases suggest that the actions taken are beginning to have an impact.

## **2. Financial Implications**

- 2.1 Staff sickness absence can have significant financial implications. Absence can require cover for absent staff, and opportunity costs of work that is delayed as a result of sickness absence. Any financial implications identified relating to proposals outlined in Section 4.3 will be investigated and approval sought for any associated investment costs, where required, through the appropriate governance route.

## **3. Environmental Implications**

- 3.1 None

## **4. Supporting Information**

### **4.1 Analysis of Data**

#### **4.1.1. National Trends**

The Chartered Institute of Personnel & Development (CIPD) in its Health & Wellbeing Report 2023 noted the marked increase in sickness absence levels compared with pre-pandemic figures. The report suggests that this must be considered within the wider global context. Issues including the medium-term impact of the Covid pandemic along with domestic economic uncertainties such as cost of living pressures, and significant increases in the volume and complexity of demand for public services, all impact levels of absence.

The report highlights that absence levels in public services generally remain higher than other sectors at 10.6 days in 2023. It should be noted that Warwickshire County Council's absence stood at 9 days at that time.

The Government has identified long-term sickness absence as the most common reason for economic inactivity. Stress and musculoskeletal issues appear to be the main reasons for such sickness and the Government has committed 'to supporting disabled people and those with physical and mental health conditions, to stay and succeed in work.' In line with this approach and the Council's commitment to tackling health inequalities our recent focus has also been on addressing such absences. The CIPD report also highlights the responsibility of HR professionals in gaining the commitment of senior leaders to provide active support in integrating health and wellbeing priorities into their day-to-day operations. Workforce Services have been working proactively with managers and senior leaders to deliver on actions relating to high absence levels.

#### 4.1.2. Regional Benchmarking

Benchmarking of our performance is undertaken against other Shire Counties due to similar workforce composition. The comparative 2023/2024 position, as reported to Staff & Pensions Committee in September 2024, was 9.92 Days Per FTE, which was in line with the Council position of 9.86 for the same period.

Nationally, Adult and Children's social care workforce returns shows that in 2023 (2024 figures are not yet available) the Council's Children and Families Service absence levels were in line with national levels (3.3% compared to 3.2% for England). In September 2024 the average sickness levels of adult social care employees in local authorities was 10.8 days. However, those in direct care jobs had an average of 13.3 days sickness which is in line with figures for the Social Care and Health Directorate.

#### 4.1.3 Warwickshire County Council Analysis

Appendix 1 provides a detailed breakdown of absence data, including our longer and shorter-term trends. A summary of which is as follows:

(a) *Days per Full-Time Equivalent (FTE) (Figure 1 and 2)*

The Council experienced high levels of absence between 2014 and 2020 when it peaked at around 11 days. In line with the national picture there was then a sharp reduction to around 7.5 days per FTE during the pandemic. Since 2022, levels have increased beyond the Council's target level of 8 days per FTE.

The monthly data shows that although there has been an increase of 0.8 days per FTE between January 2024 and January 2025, since July 2024 there has been the start of a stabilisation in levels of absence between 10.6 and 10.7 days per FTE per annum.

(b) *Data excluding Leavers\* (all leaving reasons) (Figure 3)*

Our headline data, currently at 10.63 days per FTE, includes details of all the absence in the preceding 12 months and as such includes data for those who have left the Organisation, including those who have left as a result of an absence management process. Removing data relating to leavers, brings average absence figures for our current workforce to 8.78 days per FTE, which is more in line with target performance targets (8 days +/- 1 day). This is due in part to active management of those for whom a return to work was not possible.

(c) *Seasonal Variations (Figure 4)*

The quarterly change in absence across the last 2 years from January 2023 to December 2024 shows quarterly variations in trend such as higher absence in winter months compared to the summer period. From July 2024, rates reduced compared to the same period in 2023, where absence levels were more stable. From October to December 2024 the seasonal increase is at a slower rate than compared to October to December 2023. Levels between the end of 2024 and January 2025, show absence is starting to decrease in comparison to the same period last year where absence levels continued to rise.

(d) *Days per FTE by Directorate (Figure 5)*

Historic trends in absence across each Directorate and their teams (excluding those with under 10 employees) is tracked and shows that each of the four Directorates are operating at levels above the Council's target of 8 days (+/-1).

As reported to members in September 2024 a deep dive analysis of the data has enabled targeted work on individual cases and focused briefings and training in line with our refreshed Council Policy. It has also informed discussions with the Council's Occupational Health provider's Clinical Director to support improved practice amongst the Workforce Relations team and the actions to be taken by managers.

As a result of detailed consideration by Corporate Board and Directorate Leadership Team (DLT) discussions, relevant cases are now being escalated to Director level to ensure early intervention for mitigation.

### **Communities Directorate**

The Communities Directorate has traditionally had lower levels of absence than other directorates and were within tolerance levels in the first half of 2024/2025. However, they have seen the sharpest increase in absence from 8.23 in Q1 to 9.16 in January 2025. All areas of the Directorate have seen increased absence levels since Q1 with the exception of County Highways and Warwickshire Fire & Rescue's Prevention and Protection services.

Workforce Services attended Communities DLT to raise the profile of attendance issues and is doing further analysis on this data to understand the causes of these increases. This is in part due to additional services being brought into the Directorate but that is not the whole picture. Training is also being undertaken with teams in Waste Services. Warwickshire Fire & Rescue operate their own Occupational Health and Employee Assistance Programme (EAP) services focused on the specific needs of an emergency service. A quarterly case review is undertaken in conjunction with members of the Fire Leadership Team and the Workforce Relations Team.

### **Children & Young People Directorate**

The Directorate has seen a marginal decrease in sickness absence levels since Q1, from 10.70 to 10.67. The Workforce Relations Team have provided high levels of support on individual casework in both Education and Children & Families and have also undertaken training. Education Services have seen reduced absence in all areas, whilst Children & Families teams have all increased with the exception of the Family Help team which has seen a 1.18 day per FTE reduction.

However, it should be noted that Children and Families have recently restructured, which may impact on the figures and trend information. Children and Young People have commissioned additional EAP sessions for employees. These allow individuals and teams the opportunity to discuss how they are responding to the difficult situations they deal with on a day-to-day basis. This helps to support employees to remain in work. The Service has also commissioned specific training around resilience and dealing with complex mental health issues from the Coventry and Warwickshire Partnership Trust. An evaluation of these interventions will be undertaken later in the year.

## Resources Directorate

Absence levels within the Resources Directorate have increased from 9.94 to 10.51 days per FTE with marked increases across all service areas with the exception of Business Support and Business Intelligence which have reduced levels by 0.2 and 1.57 days per FTE since Q1. Workforce Services have also seen a reduction in absence by 0.36 days per FTE. A proactive approach has been taken within the Service through training sessions and coaching with managers within Business Support and Libraries to improve the management of sickness cases in line with the policy. Sickness absence is a standing item on the Directorate Leadership Team and further work is being undertaken with individual service areas to ensure there is a continued focus on this issue.

## Social Care & Health Directorate

Whilst the Social Care and Health Directorate is experiencing the highest levels of absence (13.18 days/ FTE in January 2025) this has reduced from 13.64 since Q1. Many areas of the Directorate have seen a reduction in levels from Q1; for example Reablement, which has traditionally high levels of absence, reduced by 1.76 days per FTE. Social Care & Commissioning are actively managing teams through the Attendance at Work Policy in collaboration with Workforce Relations. They are reviewing their Team Principles to include a requirement for all formal supervision meetings to be undertaken face-to-face, enabling detailed conversations around wellbeing and workload..

(e) *Employees with no sickness absence (Figure 6 and 7)*

The numbers of employees with no absence has been relatively stable since 2022, at between 40-45%. Following a peak (47%) in March 2024 figures did subsequently reduce but are now rising again.

(f) *Absence Indicators and long-term vs short-term absence (Figures 8, 9 10 and 11)*

Figure 8 shows that 70% of our absence relates to long-term sickness (over 4 weeks absence), which has increased from 58% over the last 2 years. Resolving and preventing long-term cases is therefore the priority.

Figure 9 shows the percentage of our workforce who are hitting one of the 4 absence trigger indicators. This demonstrates that 82% of our workforce have less than 10 days' absence each year and approximately 100 people (2%) are currently on long-term absence of 4 weeks or more. In line with the national picture, Stress & Mental Health and Musculoskeletal issues are the main causes of such absence.

Figure 10 highlights the number of employees absent from work due to long-term absence in each directorate. Each individual employee has specific reasons for their absence, and we are finding that these are increasing in complexity, with cases which range from self-harm and post-traumatic stress to anxiety due to terminal diagnoses of family members and bereavement, as well as a range of other health conditions.

Figure 11 shows the number of employees currently on long-term absence by length of absence. Workforce Services are proactively engaging with managers to ensure that current absences are being managed effectively through the process. The main focus has been on prolonged long-term absences (over 9 months), and as a result there has been a 43% reduction in such cases since October 2024, from 28 cases to 16.

(g) *Reasons for Absence*

As at January 2025 the three highest levels of reasons for long-term absence are Stress & Mental Health (46%), Musculo-skeletal (16%) and cancer (6%). The remaining 38% include conditions such as chest and respiratory, digestive system, eye / ear / nose / mouth, heart and circulation, menopause, neurological and viral / bacteria.

Absence due to Stress & Mental Health conditions remains above target at 3.68 days per FTE, this is a slight increase from 3.45 days in January 2024. In order to gain a greater understanding of the root causes of work-related stress and mental health absence, the Workforce Health and Safety Team is currently undertaking the first Stress Inspection in the Children and Families service. Insights will be taken from this exercise to apply across the Organisation.

Musculoskeletal absence stands at 1.59 days per FTE an increase from 1.28 days per FTE last year. This coincides with a high level of Slips, Trips and Falls reported in 2023/2024 and the early part of 2024/2025 and we have undertaken an awareness raising campaign including e-learning. This is now showing an increase in our near miss reporting which is valuable in preventing accidents. A recent internal audit of the reasonable adjustment process has provided substantial assurance that this is well managed within the Council. There has been a focus in reviewing Musculoskeletal absences to ensure issues preventing return to work (such as implementation of reasonable adjustments) are identified and addressed with service areas.

(h) *Demographic data (Figure 12)*

As requested by the Committee, demographic data has been analysed to consider the potential impact of particular protected characteristics within specific groups of the workforce on absence levels. At this stage, the data does not reveal any specific patterns, albeit there are significant levels of data not declared in some categories which makes meaningful interpretation very difficult. However, we will continue to monitor and review this data moving forward and continue to encourage higher disclosure levels.

## **4.2 Review of Impact of Attendance at Work action plan our priorities for 2024/2025**

In addition to the actions outlined above the following actions have also been taken in the current financial year.

(a) *Refresh the Attendance at Work policy to better support long-term and short-term absence and better enable people to return to work as soon as possible.*

The refreshed policy and associated guidance were launched in September 2024. Training to support this policy is being rolled out, with approximately 100 managers from targeted teams including Business Support, Libraries, Older People, Disabilities and Waste Management having either received their training or planned to do so by 31 March 2025.

*(b) Increasing leadership access to data and support to enable greater focus on sickness absence*

The launch of management workforce dashboards in 2024 has provided greater visibility and detailed information on a range of workforce metrics, which includes Headcount, Establishment, Retention, Appraisals and Demographics. In May 2024 we launched the absence dashboard data to provide managers with immediate access to absence issues and trends within their service area.

A facilitated session with Corporate Board in September 2024 discussed sickness absence in depth, which followed a session with the Senior Leadership Forum (Heads of Service and Directors) which focused on absence management and supporting disabled employees in work. Workforce Services are now regularly attending Directorate Leadership Teams to facilitate in-depth discussions of sickness absence using the dashboards, building confidence in proactively managing cases with early intervention.

A manager survey was undertaken in September 2024 and identified that managers generally feel confident dealing with attendance and value the advice and support from Workforce Services.

*(c) Increasing return to work completion on YourHR*

We continue to work with managers on the importance of return-to-work interviews and are beginning to see an increase in recording of return-to-work interviews.

*(d) Refresh our mental health support for individuals and leaders. Developing absence notifications to ensuring managers have access to this support in a timely manner.*

Our Mental Health & Wellbeing support has been reviewed and simplified so managers can identify information to support them in dealing with these issues. E-learning has also been made available to provide further support. We continue to develop the use of our YourHR system to support managers.

*(e) Ongoing discussions with our Occupational Health and Employee Assistance Programme providers to maximise the support they can provide.*

Bi-monthly discussions are being held with the Clinical Director of our Occupational Health Provider focusing on specific groups of cases. As noted above this is supporting improved practice and decision-making. We undertake quarterly contract meetings with Occupational Health to review data and additional support that can be provided, including webinars and targeted information, which is being cascaded out to managers and Workforce Services teams to improve practice.

*(f) Achieve Silver Thrive at Work accreditation.*

Thrive at Work is a workplace accreditation programme coordinated through the West Midlands Combined Authority. Employers commit to creating a workplace that promotes employee health and wellbeing. Silver Thrive accreditation was received in November 2024 and recognises the work that has been undertaken by Warwickshire County Council in keeping people well and in work. The development of an organisational risk assessment was a specific requirement of the Silver Thrive at Work accreditation and this and a series of recommended actions are being prioritised for 2025/26 further to the award.

- (g) *Launching and embedding a series of 'Our Approach' documents.*  
*Our Approach documents, detail our commitment, expectations and support to a variety of topics.*

*Our Approach to Suicide Prevention* was launched in Q2, which was designed in collaboration with colleagues from Public Health and has a dedicated intranet site to support our people. *Our approach to Domestic Abuse* was launched in Q3 and with additional information and training provided via our intranet.

- (h) *Continue to monitor our wellbeing offer, through our Your Say Activity and attendance at work metrics.*

Some early triangulation of data identified teams with lower engagement and wellbeing scores and high absence levels. We undertook some targeted work with these teams and further activity will be developed following the next Your Say survey due in March 2025.

- (i) *Continue to work with colleagues in public health to maximise wellbeing across the wider community.*

We supported Public Health colleagues with work on suicide prevention and in conjunction with them and as part of our Thrive at Work assessment we have reviewed our Smoking Policy and improved signposting to the support available to cease smoking.

#### **4.3 Further issues to be investigated and next steps.**

An assessment of Warwickshire County Council's approach to managing absence against best practice (identified by the CIPD in their Health & Wellbeing report, 2023) indicates that our approach generally compares well with other organisations. However, there are some areas where further investigation is required to ensure we are maximising the opportunity to support employees to remain well and in work.

- a) Long-term absence is identified as the main cause of economic inactivity according to the Government, with Stress & Mental Health and Musculoskeletal issues being the main reasons for such absence. The Council's Employment and Sustainability team are developing the 'WorkWell' initiative in conjunction with Coventry City Council. This aims to support citizens with health-related barriers to find or stay in employment. Discussions are being held to consider how this initiative can be implemented to support our own workforce.
- b) Further training and support will be developed to address absence relating to disability and stress and mental health conditions.
- c) Time to refer to Occupational Health from the first day of absence, is a key measure in supporting employees back to work. Data from our Occupational Health provider indicates that this can vary across Directorates from 1.5 to 3 months. We are working with services to ensure these times are reduced and encouraging day 1 referrals for individuals suffering with stress or mental health conditions.
- d) Utilisation of our EAP programme stands at around 4.31% of our workforce which is above our provider's average customer base of 2.16%. The Council considers the Employee Assistance Programme as a useful preventative tool enabling employees to manage stress and anxiety and remain in work and will continue to highlight this offer to our people.



- e) A thematic lead for Attendance & Wellbeing has been identified within the Workforce Relations team. Work is being undertaken to ensure clear and consistent advice is provided by the team in line with the policy. Training relating to specific areas such as disability related absence and Ill-Health Retirement is being developed for the team in conjunction with Occupational Health.
- f) We plan to provide further guidance on managing performance-related ill-health to enable earlier intervention and proactive action on cases, where absence indicators may not have been met, but performance is being affected.
- g) A review of 'family-friendly' leave is being undertaken, aligned to the Employment Rights Bill, which may support more transparent reporting of absences in relation to issues such as Bereavement and time off to support dependents.
- h) The Council's documented *Approach to Wellbeing* outlines roles and responsibilities including for the Leading Organisational Wellbeing Group. The membership and terms of reference for this group will be reviewed to provide a mechanism for evaluation of any proposed activity and to allow organisational challenge to foster good absence management practices across all service areas.
- i) Guidance on reasonable adjustments will be published in the near future, and we are seeking to develop a partnership with "Access to Work", a publicly funded employment support programme that aims to help more disabled people start or stay in work providing practical and financial support for those with a disability or physical or mental health condition. We are also working collaboratively with our neurodiversity and disability staff networks to support this work. Further work scoping the feasibility of potential centralisation of the processing and funding of such reasonable adjustments is also to be undertaken.
- j) We will work more closely with regional colleagues and our HR Directors network, facilitated by West Midlands Employers, who are a partner not-for-profit organisation who offer employment services across Public Sector Organisations, to identify best practice in the management of absence and improving employee wellbeing.

## **5 Timescales associated with the decision and next steps**

- 5.1 Proposed areas identified in Section 4.3 will be included in an Attendance at Work Delivery Plan for 2025/6 and absence will continue to be monitored and reported on a quarterly basis.

## Appendices

### Appendix 1 - Warwickshire County Council Trend Analysis Data and Charts

#### Background Papers

1. CIPD Health & Wellbeing Report 2023 - [Health and wellbeing at work](#)
2. <https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work>

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The report was circulated to the following members prior to publication:

Local Member(s):

Other members:

## Appendix 1: Warwickshire County Council Trend Analysis Data and Charts

Figure 1: Trend showing Absence Days per FTE over last ten years.

(A dotted line is included for the data between December 2024 and January 2025 as this does not represent a full quarter.)

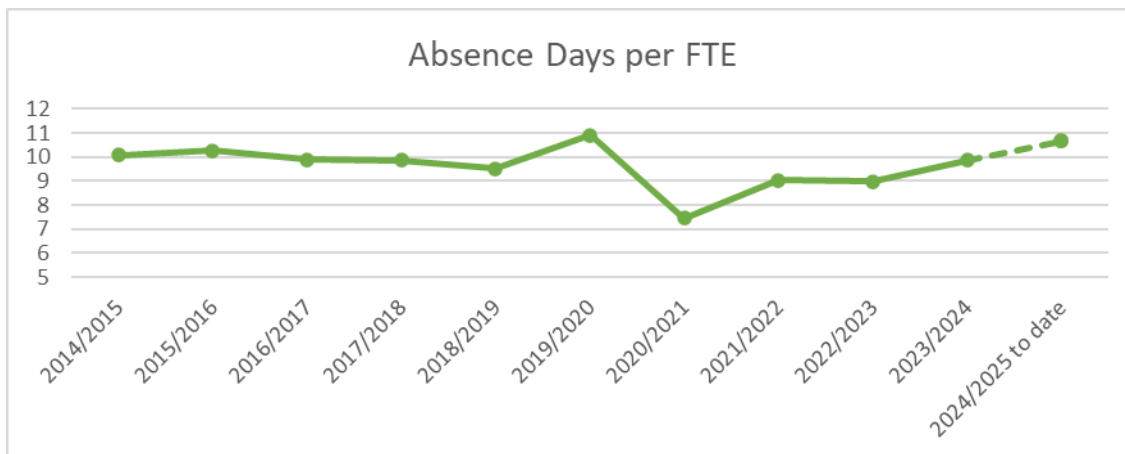


Figure 2: Monthly Trend Average days lost per FTE

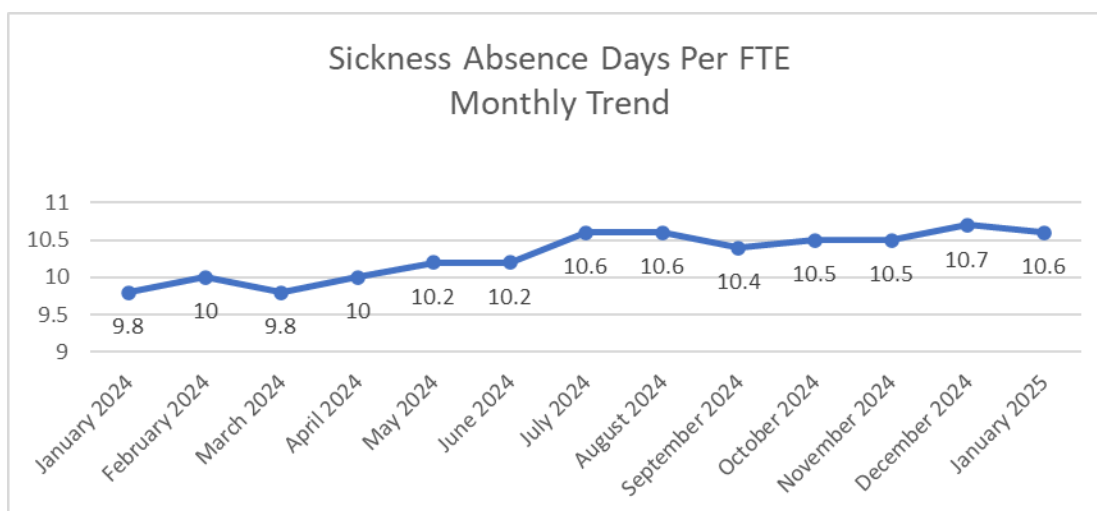


Figure 3: Average Days Lost Per FTE (with and without leavers)

	31 Dec 2023	31 Jan 2024	31 Dec 2024	31 Jan 2025
Average Days Per FTE including leavers	9.55	9.81	10.73	10.62
Average Days Per FTE of current workforce	7.87	8.04	8.94	8.78

Figure 4: Comparison of seasonal variations January 2023 to January 2025

A dotted line is included for the data between December 2024 and January 2025 as this does not represent a full quarter.

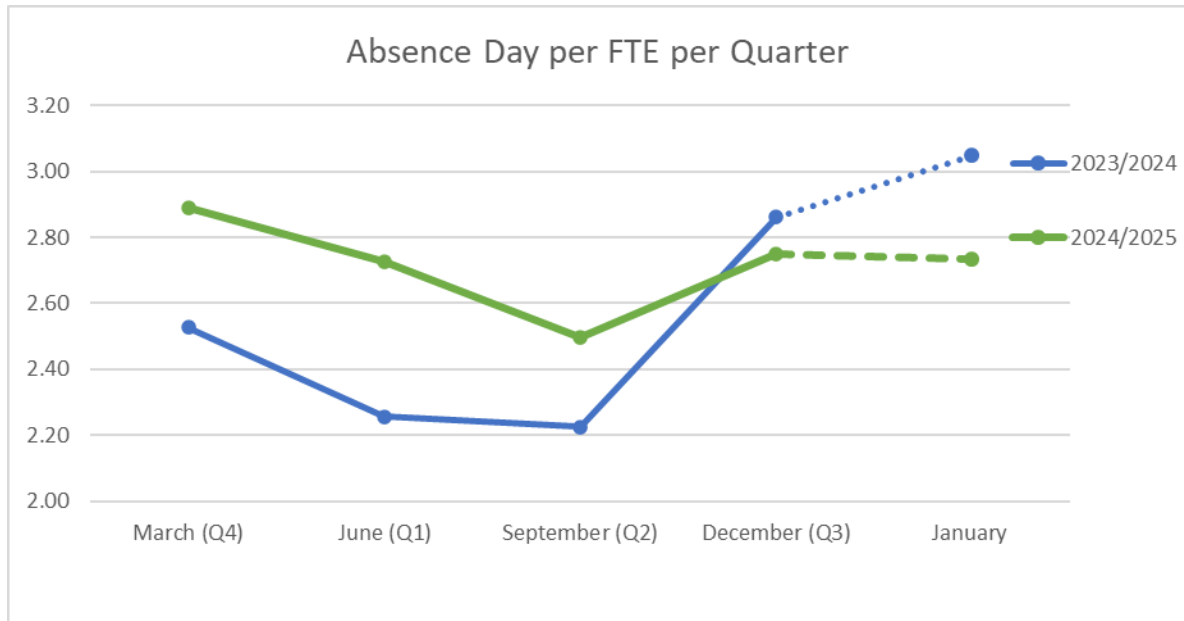


Figure 5: Comparison of Year-on-Year trends to date across Directorates and Service Areas.  
(Excluding those with 10 employees or less)

Days Per FTE	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025 Q1	2024/2025 Q2	2024/2025 Q3	2024/2025 January	Performance between Q1 & Jan 2025
<b>WCC (excluding schools)</b>	7.45	9.04	8.99	9.86	10.23	10.38	10.73	10.62	Increased
<b>Communities Directorate</b>	5.64	5.90	6.87	7.83	8.23	8.59	9.74	9.16	Increased
<b>Economy and Place</b>	9.27	6.66	8.52	7.44	7.68	8.87	9.74	9.63	Increased
County Highways	4.74	8.65	5.19	5.00	5.80	5.86	6.13	5.75	Minimal
<b>Economy and Skills</b>	5.13	4.22	4.19	7.71	11.12	14.11	13.88	13.38	Increased
Trading Standards and Community Safety	2.50	7.97	6.34	5.47	6.88	8.67	10.69	11.22	Increased
Transport and Highways	4.96	16.12	16.12	7.46	5.32	4.59	6.49	6.25	Increased
Transport Delivery	11.59	11.90	10.28	12.64	12.62	13.32	13.61	14.00	Increased
Waste and Environment	14.80	8.46	6.64	7.66	7.59	8.17	9.68	9.51	Increased
Environment Planning & Transport	4.45	8.26	6.40	7.60	7.92	8.69			
<b>Fire &amp; Rescue</b>	4.73	4.48	6.61	8.19	8.96	9.64	10.52	10.37	Increased
Prevention		4.25	4.69	6.81	10.31	10.82	10.01	8.56	Reduced
Protection		5.43	8.23	7.08	8.25	3.67	3.40	3.60	Reduced
Response		7.66	7.60	7.85	9.19	9.88	11.07	11.04	Increased
<b>People Directorate</b>	10.51	11.48	10.64						
<b>Children &amp; Young People Directorate</b>				10.39	10.70	10.59	10.90	10.67	Minimal
<b>Children &amp; Families</b>	10.80	10.48	10.92	11.82	12.09	11.95	12.46	12.40	Increased
ACE	11.43	8.30	10.97	6.31	6.98	5.82	6.82	8.94	Increased
Corporate Parenting and Migration	10.85	12.92	9.70	12.13	12.23	11.68	11.41	12.39	Increased
Early Support and Children with Disabilities	11.79	12.37	9.50	10.98	10.18	9.08	8.70	11.64	Increased

Family Help	11.79	11.88	9.50	11.91	11.00	9.75	9.30	9.82	Reduced
Homes for Children								8.82	
Quality and Impact			11.24	9.01	10.98	9.63	11.31	12.74	Increased
Safeguarding Communities	11.16	11.38	14.62	12.26	15.73	18.56	19.87	20.74	Increased
Education Services	5.18	5.19	5.32	6.63	6.92	6.88	6.58	6.23	Reduced
Access to Education				4.96	7.07	8.38	10.65	10.14	Increased
Early Years and School Effectiveness		2.45	10.03	3.17	3.73	4.30	3.48	3.00	Reduced
School Services and Post 16				7.40	8.06	7.57	7.15	7.25	Reduced
SEND and Inclusion		5.02	5.64	5.13	6.85	6.77	5.95	5.43	Reduced
<b>Social Care &amp; Health</b>				<b>13.64</b>	<b>13.34</b>	<b>12.49</b>	<b>13.35</b>	<b>13.18</b>	<b>Reduced</b>
Social Care & Support	11.54	14.57	14.64	14.80	14.76	13.63	14.46	14.21	Reduced
Disabilities	13.73	14.84	8.98	15.48	14.93	16.71	14.92	14.15	Reduced
Mental Health	9.92	18.09	17.72	14.85	14.60	12.92	15.58	14.96	Increased
Older People Services	4.52	8.98	7.31	9.44	9.57	8.65	9.77	9.71	Reduced
Reablement and Integration	14.95	16.92	18.78	18.89	18.87	17.17	17.21	17.11	Reduced
Service Development and Assurance	5.73	4.25	7.07	7.11	11.67	12.40	11.82	11.98	Reduced
Social Care & Health Commissioning	2.28	4.13	3.03	9.38	8.54	8.64	9.60	9.62	Increased
Children and All Age Disability				3.87	2.05	2.37	2.53	1.87	Reduced
Older People Commissioning				8.84	8.99	12.25	13.97	13.84	Increased
Quality Assurance and Market Management				10.10	13.63	10.14	11.11	12.04	Reduced
Public Health	1.90	5.11	6.52	3.48	2.09	4.23	5.14	6.69	Increased
<b>Resources Directorate</b>	<b>6.52</b>	<b>8.94</b>	<b>8.65</b>	<b>9.55</b>	<b>9.94</b>	<b>10.61</b>	<b>10.54</b>	<b>10.51</b>	<b>Increased</b>
Enabling Services	6.35	9.16	8.14	10.32	11.64	12.74	12.88	12.76	Increased
Business Intelligence	2.46	3.36	3.36	6.16	8.60	8.25	7.68	7.03	Reduced
Customer	12.03	17.97	17.31	14.59		17.09	16.95	16.70	Increased

Contact					15.29				
ICT Services		5.03	4.54	6.95	9.16	9.89	10.98	11.05	Increased
Property Services	12.31	17.83	16.22	11.49	13.50	15.95	15.41	15.36	Increased
Finance	5.83	6.74	4.37	10.13	10.32	11.53	11.46	10.98	Increased
Business Support	8.57	11.57	10.74	12.45	14.81	16.10	15.66	14.60	Reduced
Commercial and Contacts					2.73	6.09	6.88	8.13	Increased
Finance Delivery	5.47	4.79	2.23	5.88	7.02	7.30	7.74	8.01	Increased
Finance Transformation	7.18	7.54	6.23	2.93	3.03	4.39	5.12	4.80	Increased
Investments, Treasury and Audit	4.01	12.85	7.53	6.88	5.40	7.33	6.75	7.76	Increased
Strategic Finance	1.64	5.80	0.38	0.74	0.36	1.04	1.05	1.00	Increased
Strategy, Planning & Governance	4.03	6.75	5.90	4.97	5.73	6.11	6.12	6.18	Increased
Change Programmes				4.99	8.03	9.66	9.40	9.58	Increased
Legal and Governance	4.83	7.22	6.26	4.99	5.67	5.71	5.47	5.59	Minimal
Marketing and Communications	1.54	7.51	3.15	3.48	4.39	3.45	4.45	3.97	Increased
Workforce & Local Services				11.57	10.89	10.44	10.12	11.01	Increased
Libraries, Heritage and Registration		8.78	12.52	10.41	11.40	11.26	10.56	10.46	Minimal
Workforce Services - HR Delivery	7.21	7.68	7.53	9.68	10.12	9.14	9.46	9.76	Decreased
The 2023/2024 restructures have seen a change in terms within the services and therefore the trend will be affected.									

Figure 6: Percentage of Employees with no sickness absence (Historic trend)

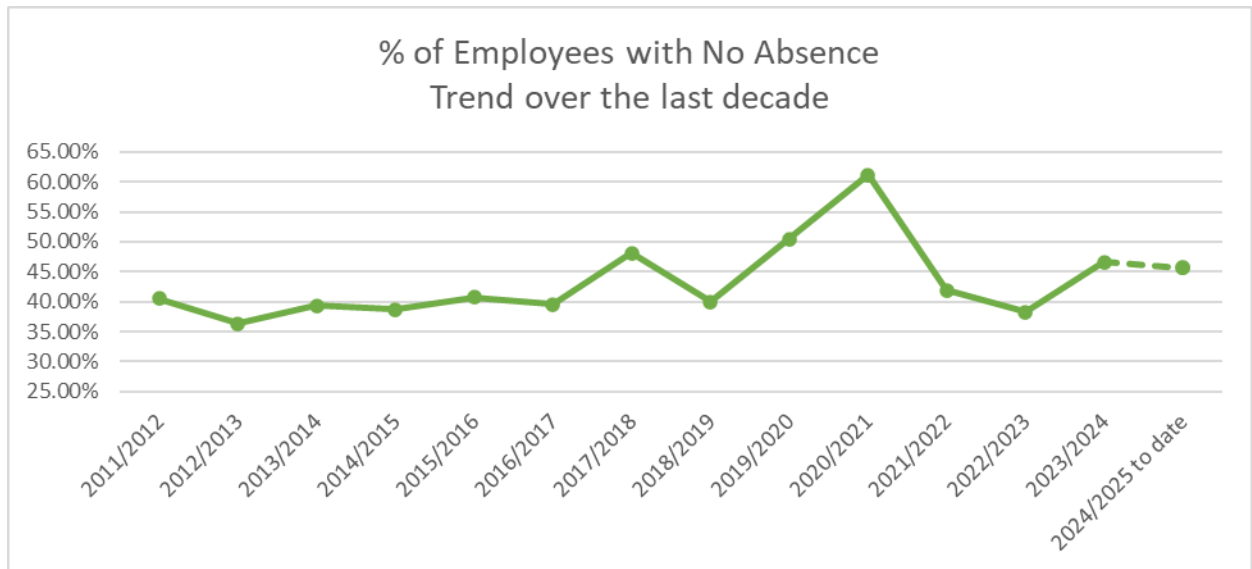


Figure 7 Percentage Employees with no sickness absence by month

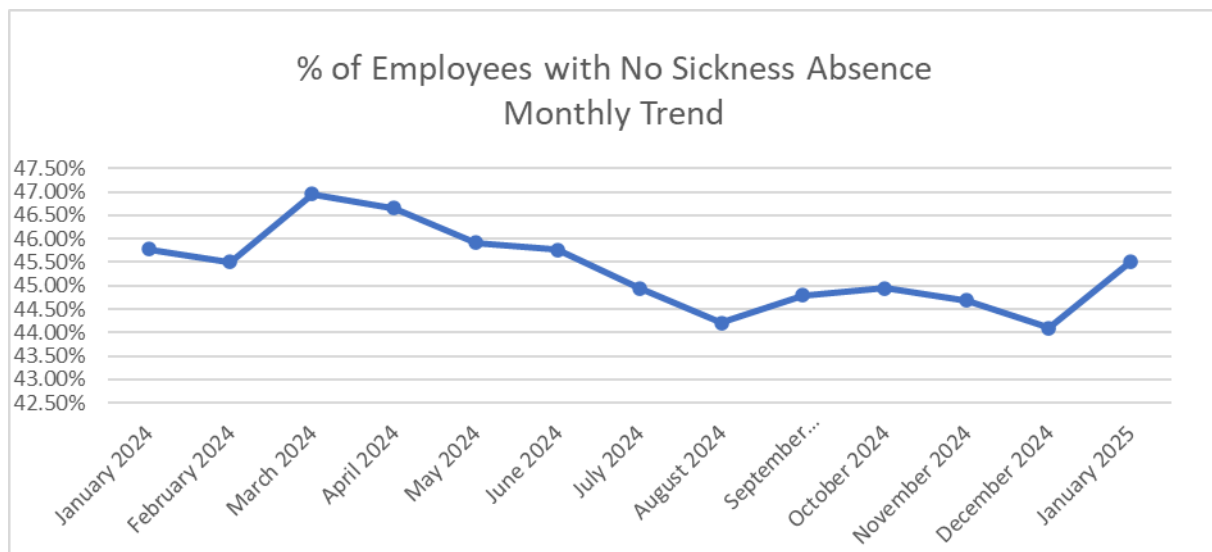


Figure 8 – Long-Term v Short-term absence proportions

	<b>March 2023</b>	<b>March 2024</b>	<b>January 2025</b>
<b>Long Term</b>	<b>58.78%</b>	<b>67.20%</b>	<b>69.74%</b>
<b>Short Term</b>	<b>41.22%</b>	<b>32.80%</b>	<b>30.26%</b>

Figure 9 - Percentage of workforce hitting sickness indicators

<b>Indicator</b>	<b>January 2025</b>
<b>Absent over 10 days per annum</b>	<b>17.4%</b>
Absent 3 or more episodes in 6 months	2.92%
Absent 5 or more episodes in 12 months	2.41%
On open ended long-term absence	2.04%



Figure 10: Number of long-term absence employees by Directorate

	@ 30 Sept 2024	@31 Dec 2024	@ 31 Jan 2025
Long-term Absence (4 weeks plus) included in above	100	143	111
Children & Young People	25	43	33
Communities	26	34	30
Resources	32	37	29
Social Care & Health	17	29	19

Figure 11: Analysis of employees on current long-term absence by length including extended long-term absences resolved

	@ 30 Sept 2024	@31 Dec 2024	@ 31 Jan 2025
1-3 months	45	87	62
4-6 months	19	28	26
7-9 months	8	10	7
<b>Cases @ period end over 10-12 months</b>	<b>15</b>	<b>6</b>	<b>5</b>
Brought forward from previous quarter)			3
(New in quarter period)		6	2
(Closed in period)		8	1
<b>Cases over 12 months</b>	<b>13</b>	<b>12</b>	<b>11</b>
(Brought forward from previous quarter )		5	8
(New in quarter)		7	3
(Closed)		5	4

Figure 12: Absence compared to WCC workforce demographic.

<b>Gender</b>	<b>Male</b>	<b>Female</b>
<b>Absence levels (%)</b>	<b>28</b>	<b>72</b>
<b>WCC Workforce Demographic Data (%)</b>	<b>29.8</b>	<b>70.2</b>

<b>Ethnicity</b>	<b>Asian/ Asian British</b>	<b>Black/ British</b>	<b>Mixed</b>	<b>White</b>	<b>Other incl. Arab</b>	<b>Not stated/ prefer not to say</b>
<b>Absence Levels (%)</b>	<b>8</b>	<b>2.75</b>	<b>1.4</b>	<b>73.3</b>	<b>0.6</b>	<b>14</b>
<b>WCC Workforce Demographic Data (%)</b>	<b>6.95</b>	<b>2.45</b>	<b>1.4</b>	<b>71.6</b>	<b>0.2</b>	<b>12.71</b>

<b>Disability</b>	<b>Disabled</b>	<b>Not Disabled</b>	<b>Not Stated or Known</b>
<b>Absence Levels (%)</b>	<b>11</b>	<b>67.4</b>	<b>21.6</b>
<b>WCC Workforce Demographic Data (%)</b>	<b>6.8</b>	<b>73.1</b>	<b>20.1</b>

<b>Age</b>	<b>18-24</b>	<b>25-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-64</b>	<b>65+</b>
<b>Absence levels (%)</b>	<b>2</b>	<b>24.6</b>	<b>24.6</b>	<b>28.6</b>	<b>14.8</b>	<b>5.3</b>
<b>WCC Workforce Demographic Data (%)</b>	<b>4</b>	<b>30</b>	<b>25</b>	<b>27</b>	<b>9</b>	<b>4</b>