# **Staff and Pensions Committee**

# 11 September 2023

# Leading Organisational Wellbeing Annual Review 2022/23

## Recommendations

That the Committee:

- 1. Endorses the Leading Organisational and Wellbeing Review 2022/23 as set out at Appendix 1.
- 2. Considers the performance information in relation to the management of employee sickness absence during 2022/23 set out in Section 3 and endorses maintaining an overall target of 8 days per FTE (with a +/- 1 day tolerance) for 2023/24.
- 3. Considers the work in our approach to leading organisational wellbeing and supports the priority actions for 2023/2024 as set out Section 2.11.

## 1.0 Introduction

- 1.1 The Annual Review attached as Appendix 1 details the work that has taken place over the last 12 months with regards to leading organisational wellbeing and outlines:
  - a) The achievements in 2022/23.
  - b) The priorities and action plan for 2023/2024 to take forward to support our approach to wellbeing.
  - c) Workforce performance data for 2022/23, with trend and benchmarking information.
- 1.2 This report pulls out the main themes from the Annual Review for consideration by the Committee.

## 2.0 Leading Organisational Wellbeing; overview:

- 2.1 Absence has stabilised throughout the year, with a slight decrease from 9.05 days per FTE at the end of 2021/2022 to 8.99 days per FTE at the end of 2022/23. This is positive, given the increase in the previous year and places us within our target of 8 days per FTE (+/- 1 day).
- 2.2 Our wellbeing delivery plan was established and continues to evolve, based on evidence from the YourSay surveys, colleague network feedback, and the Thrive accreditation activity.
- 2.3 In our revised approach to engagement, we now record an overall wellbeing score, based on 3 wellbeing questions. We established a baseline score in 2022/23, showing 78% agreement for 'positive overall wellbeing in the workplace'.
- 2.4 The Leading Organisational Wellbeing Group, relaunched this year, with wider, more inclusive and representative membership. In addition to managers and leaders, the group now includes interested individuals in the topic of wellbeing and is 40 members strong. The group is steered and guided by the commitments in 'Our Approach to Wellbeing', with an overall purpose to ensure the Council is proactive in supporting the wellbeing of our colleagues, meeting quarterly, communicating via a Teams channel, and regularly reviewing data and campaigns, sharing best practice and enabling the wellbeing delivery plan.
- 2.5 While the launch of the managers' absence dashboard has been delayed due to issues beyond our control, we plan to launch it next year. This enables us to better review the success of 'Our Approach to Wellbeing', with richer, data-orientated insights and decisions.
- 2.6 Absence related to Stress and Mental Health illness, increased over the last 12 months from 2.54 to 2.72 days per FTE. This is higher than our target of 2.5 days per FTE, therefore understanding how we can help reduce Stress and Mental Health absence whilst ensuring supportive initiatives and mechanisms are in place remains as one of our key focus for 2023/2024.
- 2.7 Musculo-skeletal (MSK) remains the second highest reason for absence, although the percentage of time taken off work has reduced from 15.1% in 2021/22 to 12.1% in 2022/23. The Health and Safety team can provide advice and training in relation to manual handling and the new Occupational Health tender will provide opportunities to focus on MSK.

- 2.8 Absence relating to COVID-19 is the third highest reason for absence (11.4%), peaking in December 2022, and reducing considerably over quarter one. A small number of related long-term sickness cases are still live, and are being proactively managed. At the end of March 2023, these absences had not exceeded three months.
- 2.9 Overall long-term absence has decreased over the year, from 5.74 days per FTE in 2021/22 to 5.28 days per FTE in 2022/23. Concluding cases in a timely way remains a key focus.
- 2.10 To support the ongoing work to stabilise absence rates, the proposal for the 23/24 absence target is to remain at 8 days per FTE (+/- 1 day).
- 2.11 Priorities for 2023/24 along with the focus on stabilising absence levels, our priorities are:
  - Wellbeing check ins and refining the wellbeing delivery plan, guided by the real needs of our people.
  - Launch the managers' absence dashboard, providing real time and up to date information.
  - Tailored proactive support for teams with high or increasing absence levels.
  - Focus on long-term absence, to ensure we are supporting people in returning to work as soon as possible.
  - Focus on stress and mental health absence, to ensure that early support is provided.
  - Continue to gain evidence for the Silver Thrive at Work accreditation.

# 3.0 Performance Data and Benchmarking

3.1 The following section provides the information contained within the annual review in table format.

### 3.2 Days per FTE

Sickness absence has remained stable in the last 12 months and has come in under the target of 8 days per FTE (+/- 1 day).

| Year Ending             | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 | 22/23 |
|-------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Days Lost per           | 9.60  | 10.08 | 10.26 | 9.90  | 9.87  | 9.51  | 10.90 | 7.45  | 9.04  | 8.99  |
| Employee FTE            |       |       |       |       |       |       |       |       |       |       |
| Public Sector           |       |       |       | 5.3   | 5.6   | 5.8   | 5.3   | 6.4   | 7.7   |       |
| Average                 |       |       |       |       |       |       |       |       |       |       |
| Shire County<br>Average |       | 9.92  | 9.78  | 9.36  | 9.62  | 9.48  | 9.19  | 7.60  | 9.62  | 8.83  |

Note there has been a change in the way we report, which has increased the figures for 21/22 and 22/23.

Note the Public sector average, CIPD no longer provide this statistic, and therefore we are now using the ONS data, there is a lag in reporting with 2021/22 being the most up to date data available.

### 3.3 By Service Area

The majority of the service areas remained within the target of 8 days (+/- 1 day) per FTE, our priority areas for focus are Adult Social Care, Children and Families and Business and Customer.

|                            | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 | 22/23 |
|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| WCC (excluding schools)    | 10.08 | 10.26 | 9.9   | 9.87  | 9.51  | 10.9  | 7.45  | 9.04  | 8.99  |
| Communities Directorate    | 9.99  | 9.28  | 9.21  | 9.05  | 8.44  | 9.65  | 5.64  | 5.9   | 6.87  |
| Communities                | 9.26  | 10.19 | 11.12 | 8.31  | 7.12  | 7.93  | 9.27  | 6.66  | 8.52  |
| Environmental Services*    |       |       |       |       |       | 7.02  | 4.45  | 8.26  | 6.4   |
| Fire & Rescue **           | 6.5   | 8.42  | 7.91  | 10.22 | 10.09 | 14.34 | 4.73  | 4.48  | 6.61  |
| People Directorate         | 12.28 | 13.16 | 13.12 | 12.12 | 12.12 | 14.11 | 10.51 | 11.48 | 10.64 |
| Adult Social Care          | 11.9  | 16    | 15.37 | 13.35 | 13.38 | 16.22 | 11.54 | 14.57 | 14.64 |
| Children & Families        | 11.8  | 12.86 | 11.45 | 12.4  | 11.66 | 13.12 | 10.8  | 10.48 | 10.92 |
| Education Services         | 11.72 | 8.54  | 9.62  | 9.09  | 7.07  | 7.83  | 5.18  | 5.19  | 5.32  |
| People Commissioning       | 15.89 | 13    | 11.24 | 4.03  | 7.98  | 7.98  | 2.28  | 4.13  | 3.03  |
| Public Health              | 3.16  | 6.56  | 7.49  | 7.95  | 15.15 | 6.22  | 1.9   | 5.11  | 6.52  |
| Resources Directorate      | 8.2   | 8.87  | 8.36  | 7.05  | 8.25  | 9.94  | 6.52  | 8.94  | 8.65  |
| Business and Customer      | 11.21 | 11.55 | 10.15 | 9.95  | 9.43  | 13.5  | 8.51  | 11.24 | 11.97 |
| Commissioning Support Unit | 9     | 4.98  | 4.82  | 3.7   | 2.66  | 5.73  | 2.8   | 5.21  | 6.25  |
| Enabling (was HR and OD)   | 7.84  | 9.46  | 7.77  | 5.03  | 8.04  |       |       |       |       |
| Enabling (was ICT)         | 4.64  | 6.89  | 5.27  | 5.55  | 7.71  | 7.98  | 6.35  | 9.16  | 8.14  |
| Enabling (was Property)    | 8.7   | 9.07  | 10.07 | 6.37  | 12.26 |       |       |       |       |
| Finance                    | 6.83  | 7.35  | 7.18  | 8.81  | 7.3   | 7.18  | 5.83  | 6.74  | 4.37  |
| Governance and Policy      | 7.29  | 7.95  | 5.92  | 6.77  | 5.49  | 6.08  | 4.03  | 6.75  | 5.9   |

\*\* Fire and Rescue service, from 2020/21 onwards a different method of calculating days per FTE, based on the shift patterns has been adopted.

#### 3.4 Percentage No Absence

| No Absence | 12/13  | 13/14  | 14/15  | 15/16  | 16/17  | 17/18  | 18/19  | 19/20  | 20/21  | 21/22  | 22/23  |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| WCC        | 36.30% | 39.30% | 38.70% | 40.70% | 39.60% | 48.10% | 39.95% | 50.45% | 61.18% | 41.86% | 38.25% |

#### 3.5 Benchmarking Information

Benchmark data on average days absence obtained from the Shire Counties Network to provide comparative data has been obtained, however, this is not yet a complete picture. Datasets should be considered as illustrative as the precise method for calculation, together with absence strategies, may differ.

The public service sector average for 2022 was 8.17 days per employee per year, compared to 7.7 days reported in 2021. A new benchmark from LG Inform Workforce report, reports that Single Tier and Shire Counties average is 11.20 days per FTE for 2022. The figures for 2023 are not available until the towards the end of the year.

Our absence rate continues to be within the mid-range of our benchmarking information.

| Local Authority | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|-----------------|---------|---------|---------|---------|---------|---------|---------|
| Warwickshire    | 9.9     | 9.87    | 9.51    | 10.90   | 7.45    | 8.61    | 8.99    |
| LA a            | 8.4     | 9.1     | 9.4     | 9.80    | 6.47    | 9.27    | 9.01    |
| LA b            |         |         |         | 9.00    | 7.70    |         |         |
| LA c            | 13.2    | 11.9    | 12.4    | 13.63   | 12.90   | 15.43   |         |
| LA d            |         |         |         | 10.18   | 8.30    | 7.00    |         |
| LA e            |         |         |         | 11.03   | 8.23    |         |         |
| LA f            | 7.8     | 9.1     | 8.1     | 8.59    | 5.64    | 8.93    | 8.62    |
| LA g            | 6.9     | 7.3     | 7.5     | 8.02    | 5.99    | 7.17    | 8.18    |
| LA h            |         |         |         | 10.08   | 7.51    |         | 9.45    |
| LAi             |         |         |         |         | 5.91    | 8.47    | 7.77    |
| LA j            |         |         |         | 8.39    | 6.46    | 8.25    | 9.31    |
| LA k            |         |         |         | 11.2    | 10.53   | 10.38   |         |
| LAI             |         |         |         | 7.42    | 6.42    | 9.95    | 7.9     |
| LA m            | 7.5     | 8.3     | 6.7     | 7.42    | 6.42    | 8.03    |         |
| LA n            | 12.9    | 13.6    | 13      | 11.91   | 8.79    |         |         |
| LA o            |         | 10.6    | 10.7    | 6.65    | 9.48    | 12.14   | 11.9    |
| LA p            |         |         |         | 6.39    | 4.81    |         |         |
| LA q            |         |         |         | 6.74    | 9.48    |         |         |
| LA r            |         |         |         | 8.1     | 6.00    | 7.95    | 8.09    |

| LA s                  | 7.3  | 7.3  | 7.3  |      |      |      | 8.3   |
|-----------------------|------|------|------|------|------|------|-------|
| LA t                  | 10.4 | 11.4 | 11.3 |      |      | 10   | 11.39 |
| LA u                  | 9.1  | 8.8  | 9.7  |      |      |      |       |
| Mean Average          | 9.36 | 9.62 | 9.48 | 9.19 | 7.60 | 9.62 | 8.83  |
| CIPD Public<br>Sector | 8.7  | 8.5  | 8.5  | 8.4  | 8.0  |      |       |
| ONS Public<br>Sector  | 5.3  | 5.6  | 5.8  | 5.3  | 6.4  | 7.7  |       |

The CIPD no longer published annual data, therefore the ONS figures have been added. Please note these benchmarks lag behind by a year and therefore 2022/2023 data is not yet available.

#### 3.6 **Percentage of time lost due to short-term / long-term sickness**

During the last 12 months we have seen a further reduction in our long term absence, as we reach a more balanced position between long term and short term absence.

|         | WCC           |              | Commu         | nities       | Peopl         | e            | Res           | ources       |
|---------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|
|         | Short<br>Term | Long<br>Term | Short<br>Term | Long<br>Term | Short<br>Term | Long<br>Term | Short<br>Term | Long<br>Term |
| 2015/16 | 37.3%         | 62.7%        | 41.1%         | 58.9%        | 33.8%         | 66.2%        | 40.0%         | 60.0%        |
| 2016/17 | 39.7%         | 60.3%        | 38.9%         | 61.1%        | 37.3%         | 62.7%        | 45.6%         | 54.4%        |
| 2017/18 | 36.6%         | 63.4%        | 39.8%         | 60.2%        | 33.6%         | 64.4%        | 44.7%         | 55.3%        |
| 2018/19 | 37.4%         | 62.6%        | 39.0%         | 61.0%        | 32.4%         | 67.6%        | 44.2%         | 55.8%        |
| 2019/20 | 33.5%         | 66.5%        | 33.1%         | 66.9%        | 30.2%         | 69.8%        | 39.0%         | 61.0%        |
| 2020/21 | 28.6%         | 71.5%        | 27.0%         | 73.0%        | 27.4%         | 72.6%        | 31.8%         | 68.2%        |
| 2021/22 | 36.4%         | 63.6%        | 39.9%         | 60/1%        | 33.7%         | 62.3%        | 37.3%         | 62.7%        |
| 2022/23 | 41.2%         | 58.8%        | 45.2%         | 65.8%        | 39.7%         | 60.3%        | 43.4%         | 56.6%        |

Short-term absence = below 20 working days. Long term absence four weeks plus

#### 3.7 Sickness Absence Management

With the support of the HR Service, managers across all Directorates are working to proactively manage sickness absence in accordance with the Council's refreshed Attendance at Work Procedure. Please note due to the sensitive nature of the details, some of these figures are not recorded in the annual report.

| Year    | Indicators (e- | episodes, d-da | ays)       |            | III Health  | Dismissals | Re-       |
|---------|----------------|----------------|------------|------------|-------------|------------|-----------|
|         | 3e / 6mths     | 5e / 12mths    | 10d/12mnth | LTS at 31/ | Retirements | deployees  |           |
| 2015/16 | No Record      |                |            |            | 9           | 7          | No record |
| 2016/17 |                |                |            |            | 16          | 7          | No record |
| 2017/18 |                |                |            |            | 9           | 5          | No record |
| 2018/19 |                |                |            |            | 6           | 7          | 1         |
| 2019/20 | 160            | 117            | 783        | 153        | 9           | 1          | 3         |
| 2020/21 | 78             | 55             | 568        | 59         | 1           | 2          | 3         |
| 2021/22 | 195            | 103            | 810        | 88         | 12          | 3          | 2         |
| 2022/23 | 227            | 98             | 915        | 81         | 14          | 1          | 0         |

#### 3.8 Reasons for Sickness Absence

The top reasons for sickness absence by percentage has remained consistent with last year, although we have seen an increase in stress and mental health absence and a reduction in musculoskeletal absence. Stress and mental health remains the highest, and we have also seen an increase at 2.72 days per FTE, and above our target of 2.5. Addressing this will be a priority for the next year. Covid-19 related absence has stabilised and has started to reduce but remains our third highest reason.

We have recently introduced a new category of menopause related absence, to support our menopause campaign and allow us to track the data and look forward to reporting on this next year.

| Reason                  | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22  | 22/23 |
|-------------------------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Mental Health           | 19.9% | 25.4% | 25.3% | 24.6% | 25.7% | 29.1% | 33.1% | 28.10% | 30.2% |
| Musculoskeletal         | 17.7% | 18.6% | 16.0% | 18.1% | 19.6% | 17.0% | 15.7% | 15.10% | 12.1% |
| Covid                   |       |       |       |       |       |       | 4.5%  | 12%    | 11.4% |
| Chest or<br>Respiratory | 5.9%  | 4.6%  | 5.1%  | 9.9%  | 9.6%  | 7.9%  | 3.8%  | 4.2%   | 8.0%  |
| Digestive System        | 6.9%  | 6.7%  | 7.0%  | 4.5%  | 6.4%  | 6.8%  | 4.0%  | 6.0%   | 5.8%  |
| Reason Withheld         | 6.6%  | 3.9%  | 5.5%  | 0.9%  | 5.9%  | 6.1%  | 5.9%  | 4.3%   | 4.4%  |
| Neurological            | 4.0%  | 4.2%  | 3.4%  | 3.7%  | 4.1%  | 5.0%  | 4.3%  | 3.0%   | 3.3%  |
| Viral                   | 13.9% | 13.2% | 12.3% | 4.8%  | 3.5%  | 3.5%  | 2.0%  | 1.8%   | 2.9%  |
| Cancer                  | n/a   | n/a   | n/a   | n/a   | na    | n/a   | 6.5%  | 4.5%   | 2.3%  |

### 3.9 Occupational Health Referrals and Reasons

Management referrals have reduced over the last 12 months, and even through absence relating to stress and mental health reasons has increased our referral have also reduced. We will therefore be working with managers to ensure timely referrals to occupational health for individuals who are suffering with stress and mental health.

| Directorate | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 | 22/23 |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Communities | 77    | 73    | 99    | 103   | 78    | 111   | 73    | 84    | 47    |
| People      | 256   | 211   | 168   | 181   | 181   | 222   | 210   | 260   | 291   |
| Resources   | 127   | 128   | 110   | 97    | 79    | 78    | 94    | 132   | 127   |
| Total       | 460   | 412   | 377   | 381   | 338   | 411   | 377   | 476   | 465   |

| Referral Reasons | 18/19 | 19/20 | 20/21 | 21/22 | 23/23 |
|------------------|-------|-------|-------|-------|-------|
| Mental Health    | 40%   | 47%   | 50%   | 51%   | 42%   |
| Musculo-Skeletal | 21%   | 20%   | 15%   | 9%    | 19%   |
| Other Reasons    | 39%   | 33%   | 35%   | 40%   | 39%   |

#### 3.10 Employee Assist Programme

The Employee Assistance Programme provision is available to all WCC colleagues (excluding WFRS who have their own in-house provision) and has continued to be extensively communicated and promoted to colleagues. The amount of referrals has stablilised. We are currently in the process of retendering both the Occupational Health and Employee Assist Programme contracts and look forward to maximising the opportunities for support going forward.

|                       | 20/21 | 21/22 | 22/23 |
|-----------------------|-------|-------|-------|
| Emotional Support     | 128   | 163   | 162   |
| Legal and Information | 35    | 29    | 5     |
| Management Support    | 2     |       | 0     |
|                       |       | 400   | 4.07  |
| Total                 | 165   | 192   | 167   |

### 4.0 Financial Implications

4.1 The estimated opportunity cost of days lost due to sickness absence has increased by £0.3 million, this can be attributed to an increase in in our overall FTE during 2021. Please note that this figure does not include any cover costs where cover arrangements may have been put into place.

|                | 2018/19       | 2019/20      | 2020/21      | 2021/22      | 2022/23      |
|----------------|---------------|--------------|--------------|--------------|--------------|
| Estimated Cost | £3.13 million | £3.5 million | £2.8 million | £4.2 million | £4.5 million |

### 5.0 Environmental Implications

None for this report.

### 6.0 Conclusions

- 6.1 Through 2022/2023 we have continued to demonstrate our commitment to wellbeing and keeping our people well and in work. Absence rates have stabilised and remain under target.
- 6.2 We have relaunched the Leading Organisational Wellbeing Group, bringing together colleagues with an interest in wellbeing, to help inform our offer.
- 6.3 We have developed a Wellbeing Delivery Plan, aligned to the needs of our people, our organisation and have already delivered several wellbeing initiatives as part of this.
- 6.4 We have continued to collect evidence to apply for Silver Thrive at Work and launched the associated wellbeing check-in in June 23.
- 6.5 Our new wellbeing Your Say engagement score has set a positive baseline for future years. Our people believe that their manager cares about their wellbeing and how to access support. Further work needs to be done on enabling people to prioritise their wellbeing.
- 6.6 We look forward to bringing together the outputs from the Wellbeing check in and working with our newly procured occupational health and employee assistance programme providers, in developing a wellbeing offer aligned to the needs of our people.

#### Appendices

Appendix 1 – Annual Review focus in Leading Organisational Wellbeing 2022/2023

#### **Background Papers**

None

|                      | Name                   | Contact details                   |
|----------------------|------------------------|-----------------------------------|
| Report Author        | Kate Sullivan,         | katesullivan@warwickshire.gov.uk  |
|                      | Strategy &             |                                   |
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| Transformation       |                        |                                   |