Finance and Resources Committee

Thursday 8th September 2022

Workforce Dashboard with Wellbeing and Absence Deep dive

Item number	
Executive/routine	Routine
Wards	All
Council Commitments	

1.   Recommendations

1.1   To review and note the information contained in the

- Workforce Dashboard (April to June 2022)

- Wellbeing and absence deep dive (July 2021 to June 2022).

1.2   To note the progress which has been made in delivering the commitments in the Councils Wellbeing Strategy.

Richard Carr

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Workforce Dashboard with wellbeing & absence deep dive

2.   Executive Summary

2.1   This report provides the Council's Workforce Data (April to June 2022) and 'deep dive' data and analysis relating to the wellbeing and absence trends of our workforce (July 2021 to June 2022).

2.2   A number of service areas are experiencing service capacity issues generally, but these are compounded by increasing employee absence, turnover & an inability to recruit to an increasing number of 'hard to fill' roles due to challenging employment. In turn this affects utilisation of agency workers and overtime.

2.3   It is paramount that there is clear and firm prioritisation of service delivery as part of the current review of the Council Business Plan. This in turn will frame the prioritisation and approach to developing and delivering the Council's Medium Term Financial Plan and year on year council savings.

2.4   The Council, along with many organisations, have seen an increase in employee absence particularly related to stress, depression, anxiety and/or psychological conditions. The lasting impacts of the pandemic on our workforce will mean it is likely that there will be a continued elevated absence for the foreseeable future and our absence rate may well go up before we experience a reduction.

2.5   We continue to adapt how we can support our employees and leaders and focus on prevention.

2.6   To note that whilst there is always more to be done to support our workforce, the Council won the Chartered Institute of Personnel & Development (CIPD) award for 'Best Health and Wellbeing Initiative, Public Sector' in 2021 which is a reflection of the hard work and commitment across our organisation to support colleagues' wellbeing.

3.   Background

3.1   **Workforce dashboard data**
The Workforce Dashboard provides data and insight for the period April to June 2022 including:
- the number of Full Time Equivalent (FTE) staff employed and breakdown of role grading by directorate
- the cost of the quarters' pay bill, including our flexible workforce (agency, overtime and casual)

- recruitment and selection information for the quarter
- trends on absence rates
- organisational leaver information
- Insight from Directorates on the last quarter and workforce context for the next quarter.

3.2 **Absence and wellbeing deep dive**

The UK as a whole has seen increases in absence related to 'stress, depression, anxiety and/or psychological conditions' during 2019/20[1] and according to recently released Office for Nation Statistics (ONS) data, sickness absence in the UK in 2021 was at the highest it's been since 2010 (149.3 million days lost)[2].

These trends are currently reflected within the Council's workforce and we anticipate that this will continue to be the case for some time to come. Our intention is to adapt and tailor our employee wellbeing support within the resource (people and budget) constraints we operate within.
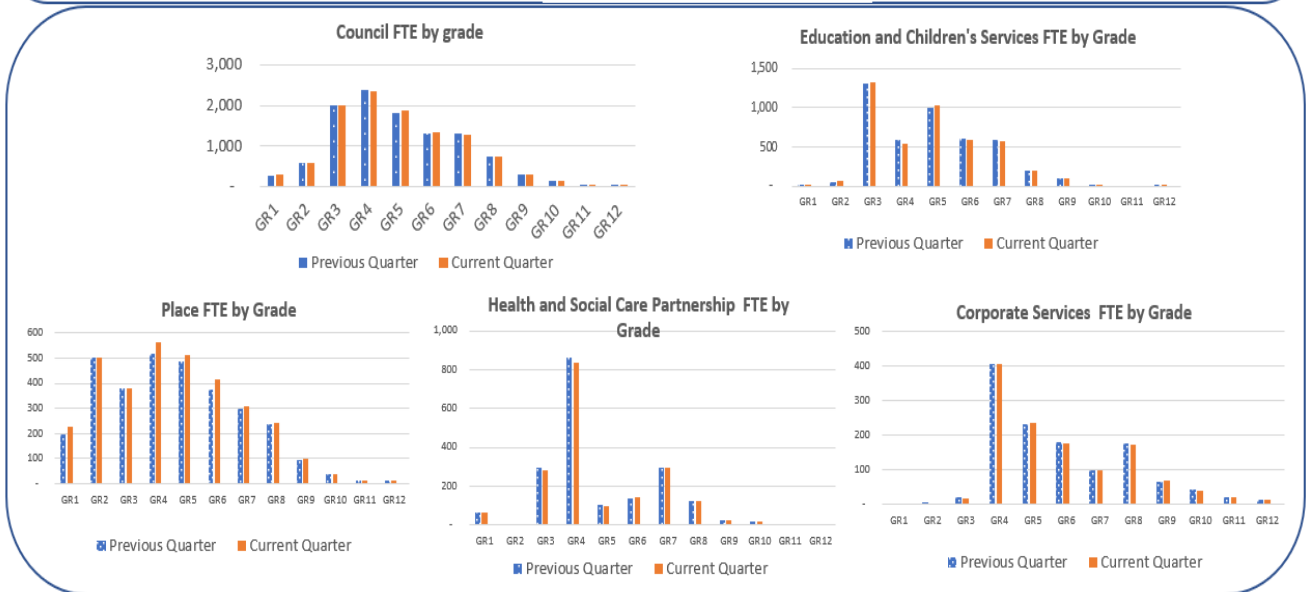
4. Main report

4.1 **Workforce Dashboard -** Key workforce data:

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[1] Coronavirus (COVID-19): Mental health support for employees, CIPD (December 2021)
[2] Sickness absence in the UK labour market: 2021, Office for National Statistics (April 2022)
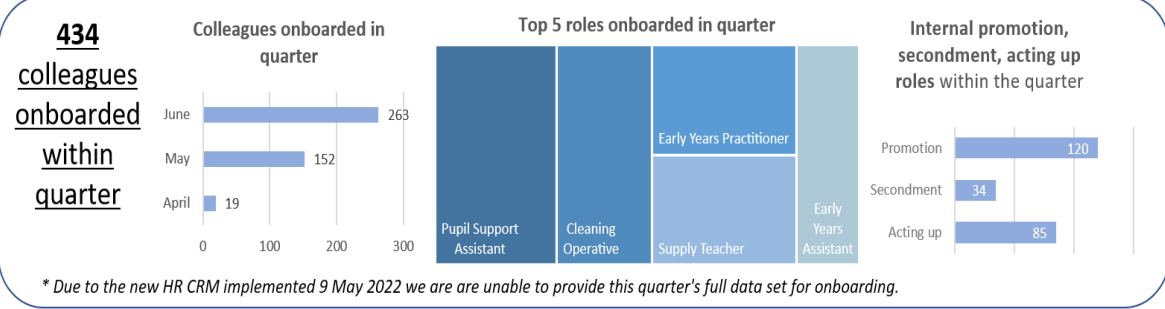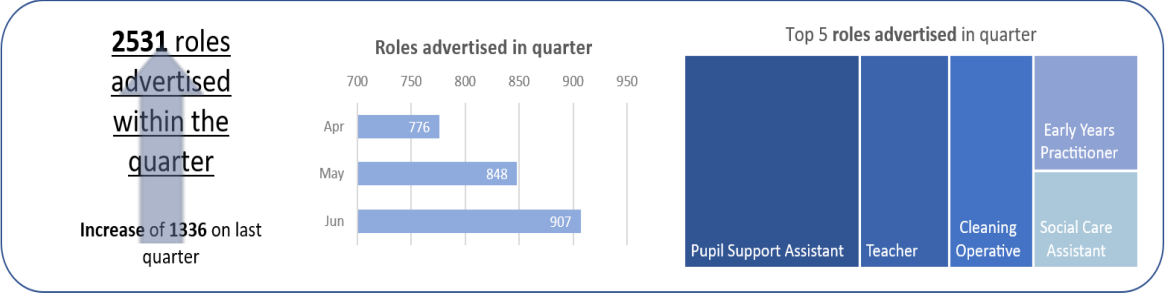
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Quarterly workforce dashboard (April 2022 - June 2022)

15,063 FTE Council employees average

Increase of **69** from last quarter's average

*excludes agency staff

Average **monthly pay bill** for quarter **£40.4 million**

Increase of **£661K** from last quarter's average

*excluding flexible workforce

Average **monthly flexible workforce** spend

Agency	£1.7M ⬆
Overtime	£1.6M ⬆
Casual	£869.3K ⬆

Agency has **increased** by **£109K** on last quarter

Overtime has **increased** by **£752K** on last quarter

Casual has **increased** by **£134K** on last quarter

Council FTE by grade

Previous Quarter / Current Quarter

Education and Children's Services FTE by Grade

Previous Quarter / Current Quarter

Place FTE by Grade

Previous Quarter / Current Quarter

Health and Social Care Partnership FTE by Grade

Previous Quarter / Current Quarter

Corporate Services FTE by Grade

Previous Quarter / Current Quarter
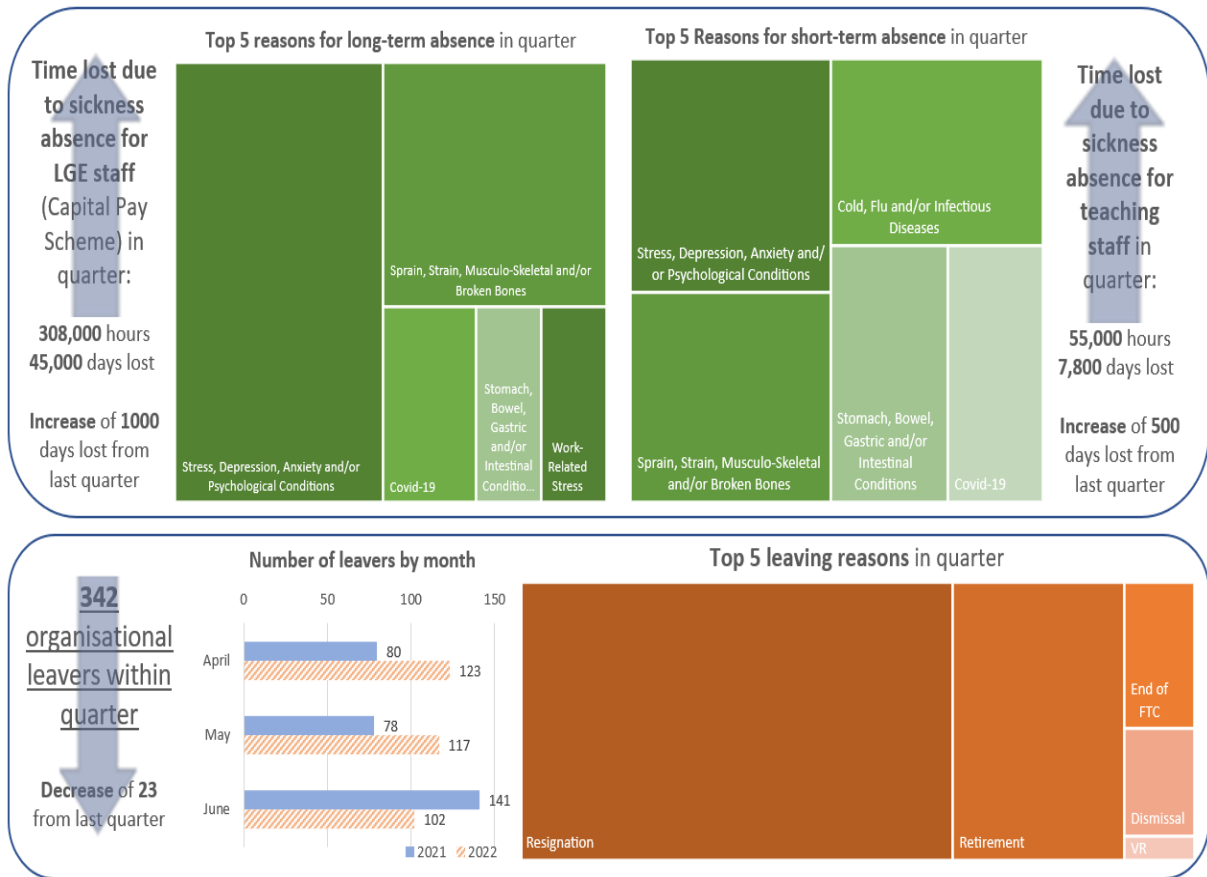
The impact of increased absence and inability to recruit to some vacancies has led to an increased expenditure on agency, overtime and supply.

As at mid-July the Council had a salary overpayments balance of £1.04m (893 employees affected). The majority of the balance is in Education and Children's Services (£0.64m with 531 colleagues affected).

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2531 roles advertised within the quarter

Increase of 1336 on last quarter

Roles advertised in quarter

Month	Value
Apr	776
May	848
Jun	907

Top 5 roles advertised in quarter

Pupil Support Assistant | Teacher | Cleaning Operative | Social Care Assistant | Early Years Practitioner

434 colleagues onboarded within quarter

Colleagues onboarded in quarter

Month	Value
June	263
May	152
April	19

Top 5 roles onboarded in quarter

Pupil Support Assistant | Cleaning Operative | Supply Teacher | Early Years Practitioner | Early Years Assistant

Internal promotion, secondment, acting up roles within the quarter

Role	Value
Promotion	120
Secondment	34
Acting up	85

* Due to the new HR CRM implemented 9 May 2022 we are are unable to provide this quarter's full data set for onboarding.

The level of vacancies advertised over the period is the highest which has been experienced by the Council for some time – 1,336 increase on the last quarter. The majority of these vacancies are in Education and many are of a fixed term nature.

Over the contract year 1 April 2021 to 31 March 2022, we supported a total of 177 apprentices. There has been significant recruitment taking place over the last month with a view to new apprentices commencing their employment and training at the beginning of the new college year.

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Time lost due to sickness absence for LGE staff (Capital Pay Scheme) in quarter:

308,000 hours
45,000 days lost

Increase of 1000 days lost from last quarter

Top 5 reasons for long-term absence in quarter

- Sprain, Strain, Musculo-Skeletal and/or Broken Bones
- Stress, Depression, Anxiety and/or Psychological Conditions
- Covid-19
- Stomach, Bowel, Gastric and/or Intestinal Conditio...
- Work-Related Stress

Top 5 Reasons for short-term absence in quarter

- Cold, Flu and/or Infectious Diseases
- Stress, Depression, Anxiety and/or Psychological Conditions
- Sprain, Strain, Musculo-Skeletal and/or Broken Bones
- Stomach, Bowel, Gastric and/or Intestinal Conditions
- Covid-19

Time lost due to sickness absence for teaching staff in quarter:

55,000 hours
7,800 days lost

Increase of 500 days lost from last quarter

342 organisational leavers within quarter

Decrease of 23 from last quarter

Number of leavers by month

Month	2021	2022
April	80	123
May	78	117
June	141	102

Top 5 leaving reasons in quarter

- Resignation
- Retirement
- End of FTC
- Dismissal
- VR

The current Council's sickness absence trends stands at 4.4%, and for the period April to June 2022 we lost 52,800 days to sickness absence which represents an increase of 1,500 days lost from the last quarter.

From 1st July 2021 to 30 June 2022, we lost 197,656 days to sickness absence which is equivalent to 718 FTE. This is an increase on the same period in 2019/20 which was 166,725 days.

4.2 Narrative from Directorates for the last quarter (April to June 2022)

4.2.1 **Corporate Services**
- Limited movement in overall FTE
- Organisational reviews across the Directorate over the last 12 months have resulted in some movements within our colleague demographic e.g. Facilities Mangement and Cleaning employees transferring to Place Directorate.
- There have been ongoing challenges with recruitment to critical vacancies, particularly within our Finance, Human Resources, Customer Contact, Transactions and Business Support teams where the external market is strong.
- Workforce planning is underway (or is already completed) to understand and address workforce opportunities and challenges e.g. age demographic, future skills/capabilities
- Workforce capacity continues to be a challenge across a number of teams.

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- Work continues to support projects such as delivering additional Grants, cost of living payments, Ukraine response and work to address the outcomes of the Independent Inquiry and Whistleblowing Culture Review.

4.2.2 Edinburgh Health and Social Care Partnership

- The past 12 months, throughout the covid pandemic has been incredibly challenging for the workforce as a whole, but as is nationally recognised, particularly within Health and Social Care. A lack of capacity within the system, staff leaving care as salaries increased in other industries and reopened once covid restrictions were lifted has created a further gap between levels of need and capacity to meet increased levels of complex care. Increased leavers across the system has put increased pressure on the remaining workforce.
- Feedback from the workforce is that the Covid pandemic has had a detrimental impact on employees' wellbeing – mentally and physically. Many colleagues are often exhausted due to increased overtime or working more hours than normal given the higher levels of staff absences and staffing shortages.
- Comparison between May and June 2021 with the same months in 2022 show a similar picture, with higher levels of sickness absence in both years being predominantly within Homecare and Care Homes. This reflects those services under most pressure, where there are higher levels of vacancy and use of overtime.
- Several actions have been taken to address the wellbeing of staff within these sectors. As a priority, we are looking to recruit more staff that will reduce the capacity pressures. Since November 2021 we have only been successful in recruiting 6.75 WTE staff to our internal Homecare Service despite a recruitment campaign. We have recently advertised again offering a range of shift patterns to see if this flexible approach will be more attractive to a wider group pf people. The initial response rate has been significantly more positive with interviews currently taking place.
- With regard to care homes, we have targeted adverts at individual care homes as this results in more successful recruitment. In the past year we have had 42 adverts for posts and successfully appointed 21 people. We currently have several vacancies live and further interviews in train.
- There is already use of agency staffing, particularly within care homes to help relieve pressure.
- To help manage the high sickness levels in Homecare, we have recently appointed an additional post to support Homecare Managers with actively managing sickness absence. This is in early stages but appears to be having a positive impact. We will continue to monitor the impact of this role and look to extend the remit if adding value.
- With regards to support for staff and staff wellbeing, managers continue to promote and ensure regular supervision, 'looking back/forward conversations and informal support. We have also enacted a 'Teams Together' grants initiative as part of our staff wellbeing programme and funded 75 proposals for teams to undertake team-building activities that they enjoy. The impact of these grant awards is currently being reviewed.

4.2.3 Education and Children's Services

- There were 60.8 FTE new Fixed Term appointments for the period April to June 2022 and 121.5 Permanent FTE Appointments. The challenge remains to move to a more permanent model of recruitment – to improve employee's experience, to support recruitment and to reduce the work involved in managing the high percentage of fixed term contracts.
- There were 152.8 FTE Leavers in April 2022 down from 171.7 in April 2021. Although the leaver number is lower from 2021, the largest section for those leaving is via resignation.
- Human Resources are currently reviewing Exit Interviews (as part of the Inquiry and Review actions) which will help to provide further insight.
- Absence increased from just over 6.69% in Quarter 1 2021-22 to 8.26% in Quarter 1 2022-23 with the top reason for absence being Stress, followed by Musculo Skeletal and thirdly Covid-19.
- Recruitment markets remain challenging particularly in respect of Pupil Support Assistants and Pupil Support Officers in our Special Schools.
- Focus on supporting colleagues through what has been a challenging time with the additional impact of the Inquiry and Review.

4.2.4 **Place**
- Services have continued to be impacted by COVID-19, particularly in respect of absence and service delivery changes. This will continue to be monitored and there has been on-going engagement with Trade Union colleagues on the impacts and possible mitigations of this. The current trend is that of a gradual reduction in COVID-19 caused absence.
- However, general sickness absence has seen a slight increase during the quarter from 6.07% in April to 7.04% in June and will continue to be monitored.
- A number of services were transferred into Place from other parts of the Council in 2021/22 including Homelessness and Housing Support, Facilities Management (FM), Estates, Strategic Asset Planning, Construction Delivery and Family and Household Support and a review of the Extended Senior Leadership team for Place was completed in December 2021. The implementation of the agreed changes is progressing and will continue through the next quarter.
- Recruitment remains a challenge, with services struggling to attract suitable candidates in an increasingly competitive external market. A targeted approach with additional promotional methods has been successful in filling Facilities Management cleaning vacancies thus reducing dependency on agency and overtime spend. A similar approach is being explored to target pressures in Waste & Cleansing.
- Place Senior Management Team (SMT) members receive regular exception reports on overtime where pressures have been exacerbated by recruitment challenges and the requirement to reduce backlogs caused by COVID-19 service delivery changes.
- Place has an annual programme of essential learning which has been delivered virtually through 2021/22. However, towards the end of that financial year it was possible to reinstate in-person training (e.g. for activities such as manual handling training).
- The Directorate worked with Internal Audit in the period to ensure that the Employee Wellbeing audit was able to reach non-desk-based employees. A

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sample of frontline staff from the Place directorate attended focus groups and their views will be reflected in the audit report once published.

4.3 Looking forward over the next 12 months – Directorate's narrative

4.3.1 Corporate Services
- Continuing to review our organisational structures to ensure that we are 'right sized' to deliver the ongoing challenges facing us as an organisation.
- We expect to see our use of agency staff remaining steady but may see an increase if we continue to experience difficulties in recruiting to roles or absence rises but this is being kept under review.
- There are also continued risks on those teams where additional work is being delivered with a note of caution raised on the capacity of these teams should there be any further additional delivery requests made.
- Work has started to recruit to some senior roles within the Directorate including Head of Internal Audit and Executive Director Corporate Services.

4.3.2 Edinburgh Health and Social Care Partnership (EHSCP)
- Over the next 12 months, the EHSCP will focus on stability within the workforce, recruitment to critical posts and staff retention. A proposal is currently being considered to build upon the Local Employability Partnership model by bringing together services and offers under a collective and coordinated single point of contact, putting together a continuous programme to significantly increase the volume of applications and successful candidates, and increase job retention.
- A specific example of what this will include is the Neighbourhood Recruitment Programme has been created to encourage people to apply and achieve employment with Edinburgh Health and Social Care Partnership and will initially comprise of 6 recruitment drives across the city. The recruitment drives will be held in local trusted places with food and creche facilities. There will be a wide range of input from EHSCP staff side and HR colleagues, occupational therapists, and frontline managers to talk with people about the job opportunities available and hear from people about what would make some of the jobs more attractive to people. This might be different shift patterns being able to work to work in a place closer to home rather than having expense of travel. The first event led by Whale Arts at Broomhouse Space took place on 6 May 2022.
- Over the summer months, we can see increased pressures due to summer annual leave, therefore we would expect to see continued higher levels of agency during this period. We will continue to review the impacts of staff recruitment for Homecare and the increased activity to support those people experiencing sickness absence through the increased support for managers from HR. We have also appointed a HR specialist on a temporary basis to help us with our absence levels.
- In addition to the above, a Staff Engagement and Experience Delivery has been developed and is being submitted to the EHSCP Partnership Forum

for approval. The plan outlines the key priorities for the coming year to support staff and their wellbeing. Sickness and absence will be one of several key factors for measuring success of the plan.

4.3.3 Education and Children's services
- The Directorate still remains under significant pressure due to high levels of demand but also vacancies in key posts. There is ongoing work on how we tackle this over the next 12 months.
- Tighter management of overtime has demonstrated a significant number of anomalies – this has brought the monthly spend down. This will produce budget savings this year.
- The recruitment campaign for Pupil Support Assistants in Special Schools is on track with positive results anticipated.
- There is an actual and further anticipated demand upon the children and families social work service due to the need to (i) support traumatised children and young people from Ukraine and (ii) to assess hosts in respect of unaccompanied children and young people from Ukraine travelling through the unaccompanied UK route.
- In addition support to the Dnipro children is drawing on existing staff within both the residential estate and the Head of Service for the Locality Practice teams.

4.3.4 Place
- A reduction in overtime and agency spend will be targeted using various measures, including the ongoing implementation of organisational reviews and associated new ways of working. Additional recruitment approaches, such as those already used successfully to help fill FM cleaning positions, will also be utilised where pressures exist.
- An easing of COVID-19 related restrictions allows for backlogs to be tackled where these have accumulated. In some cases, short-term overtime spend may be necessary to help to achieve this and ensure efficient future working and balanced workloads for employees.
- With support from SMT, line-managers will continue to be encouraged to complete looking back/forward conversations incorporating a focus on employee wellbeing.
- Looking beyond the current quarter, working with colleagues across the Council, Place will be prioritising development of plans to meet the Council's budget challenge. The Extended Place Senior Leadership team will engage with service teams on the development of proposals and on the proposed plans for implementation at the appropriate time.

4.4 Wellbeing and absence deep dive (July 2021 to June 2022)

4.4.1 Sickness absence in the UK in 2021 was at the highest it's been since 2010 (149.3 million days lost)[3]. It's acknowledged that the pandemic has affected sickness absence in many ways: absence directly related to contracting the virus, the mental and physical impacts of the pandemic and imposed

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[3] Sickness absence in the UK labour market: 2021, Office for National Statistics (April 2022)

lockdowns on people and the backlog of treatments in hospitals etc. While some of these mental and physical health issues will be resolved in the short-term post-pandemic, a significant amount are expected to persist and continue to impact the lives of people.[4]

4.4.2   Additionally, an enduring theme of feedback from Council colleagues effecting wellbeing and absence is the effects of a reducing workforce but with no corresponding reduction in service demand. Further, feedback from a number of services is that there has even been an increase in service demand against this reduced workforce.

4.4.3   The current Council's sickness absence trends (Appendices 1 and 2) stands at 4.4%, and for the period 1st July 2021 to 30 June 2022, we lost 197,656 days to sickness absence. This is equivalent to 718 FTE. This is an increase on the same period in 2019/20 which was 166,725 days. . Almost two-thirds of our absence is long-term absence and the top reason for this continues to be 'Stress, Depression, Anxiety and/or Psychological Conditions'.

4.4.4   The only colleague age group in the organisation where 'Stress, Depression, Anxiety and/or Psychological Conditions' is not the top reason for absence is age 61+ where 'Sprain, Strain, Musculoskeletal and/or Broken Bones' is the top absence reason; but with 'Stress, Depression, Anxiety and/or Psychological Conditions' second.

4.4.5   Musculoskeletal problems are the second top reason for sickness absence in all employee age groups between age 22 and 60. This is reflected in the UK statistics as a whole (looking at both long and short-term absence together) and has been for a significant period of time.[5] For our over 60 age group it is the top reason for absence.

4.4.6   Sickness absence is by far the highest in the Edinburgh Health and Social Care Partnership with days lost per FTE at 13.22 days due to long term absence and 5.77 days per short term absence (totalling 18.99 days lost per FTE overall). Place has the second highest rate with the long-term absence rate of 10.54 days lost per FTE pushing up their figure. With the pressure these areas have been under during the pandemic – particularly the Edinburgh Health and Social Care Partnership – it is perhaps unsurprising that there is higher absence.

4.4.7   The top two causes of stress at work in the UK are heavy workloads and management style[6], both of which have been highlighted repeatedly as issues by our people.

4.4.8   The spans of control in these areas are also higher, coupled with 'remote' working, means that there is less opportunity for one-to-one management support for team members. Typically the nature of these roles tend to be structured around fixed rotas therefore making it more challenging for colleagues to attend colleague sessions e.g. Wellbeing roadshow events. Additionally, circa 5,000 of our colleagues continue to have no access to our digital learning platform (with wellbeing support) or Orb information (relating to Employee Assistance, employee benefits platform, employment policies etc).

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[4] Unequal pandemic, fairer recovery, The Health Foundation (July 2021) and Public mental health and wellbeing and COVID-19, Local Government Association (2022)

[5] Sickness absence in the UK labour market: 2021, Office for National Statistics (April 2022)

[6] Coronavirus (COVID-19): Mental health support for employees, CIPD (December 2021)

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4.4.9 There is a clear pattern in the data that shows the hours lost per FTE (particularly in relation to long term absence) are higher among colleagues at lower grades (standard Local Government Employees grades G1-5).

4.4.10 The data shows that the absence rate of part-time colleagues (excluding part-time sessional workers) is about 67% higher than that of full-time colleagues: 17.7 days lost per part time FTE compared to 10.5 days lost per full time FTE. Many of our part-time workers have more than one contract or regularly work additional paid hours. There is some anecdotal evidence from engagement sessions to suggest that part time colleagues are being asked to do more than their full-time colleagues within their contracted hours. Additionally, some of these colleagues will make up the workforce who have no HR systems access, nor access to the Orb content or perhaps the awareness of wellbeing support available.

4.4.11 **Wellbeing Activity and Insight to date**

Wellbeing resources and support provided to colleagues across the Council can be viewed in Appendices 3 and 4.

The impact of the pandemic called for adjustment and reprioritisation of aspects of the Council's Wellbeing workplan and additionally impacted on the do ability of delivering certain aspects. Critical was keeping our workforce safe and adhering to ongoing changes to UK and Scottish Government guidance and legislation.

We considered the range of challenges faced by our colleagues and developed tools and resources to be easily available and accessed to:-
• Remove stigma associated with emotional and mental health issues. We're all affected and we need to talk about it
• Encourage ongoing dialogue at all levels through team check-ins, one to one check-ins and our Let's Talk helpline
• Raise awareness of all the resources available, initially through Wellbeing Focus on our managers.

We recognised that individual managers have the most influence and play a key role for their team members and more than ever during COVID where other support mechanisms have changed or are missing.

4.4.12 Previous employee opinion survey data suggests that our people generally trust their line managers. Our managers were telling us they were struggling – juggling additional demands to deliver services to citizens and providing greater support to their people. In response we established a people manager forum and invited all managers to a 'Leading through Change' workshop. Senior Leader led, an opportunity for managers to learn new skills, discuss and share experiences and support each other. We developed the 'Be Well to Lead Well' workshop which continues to be offered and allows participants to explore how they're feeling and provides practical ways to support them. We developed a range of resources and practical tools including the 'Energy

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MOT' which focuses on managing your energy at work rather than managing your time.

4.4.13 Additionally, we recognised there was an opportunity to encourage greater employee involvement and to start to include everyone in conversations around wellbeing through:-

- Wellbeing roadshows, including some workshops delivered by our employees
- Lunchtime events e.g. men's health
- Wellbeing hub and newsletter – people sign up
- Wellbeing Wednesday – articles on wellbeing, resources and how to access them
- Senior Leader stories about how they were coping in the pandemic
- Greater focus on wellbeing in performance conversations so that the main focus of discussions was on how people were more than achievement of goals.

Additionally, we developed a tailored approach to specific wellbeing needs in response to requests from service areas.

4.4.14 The wellbeing resources we've provided have been well received where our colleagues have been able to access them. However, through engagement we've learned that there are a number of barriers to access and that there are some fundamental issues which need to be addressed. Some examples of the feedback we've received can be found in Appendix 5. Key themes that have emerged include:-

- We rely on our people managers to provide information about wellbeing and to support individuals on a daily basis. In many frontline service areas our current organisation design means that some managers have very large spans of control which makes this challenging.
- We also recognise from engagement with colleagues that there are issues relating to some management / leadership in the organisation (which are a mix of behavioural and a lack of time to manage/lead properly due to workload pressures).
- Feedback from colleagues and managers has highlighted the additional pressures and workload created by the pandemic. Our engagement with our employees has repeatedly highlighted serious and unsustainable workload concerns. Dedication to ensuring our services have continued to be delivered has resulted in exhaustion for many of our people.

4.4.15 Anecdotal feedback and insight we've received through surveys, workshops and event feedback (which is supported by a recent Wellbeing Audit) highlights the following:-

- Employees who do not have a Council email address are far less likely to know what health and wellbeing support is available. This includes access to physiotherapy, counselling and other resources aimed at preventing ill health and absence. There's a gap in cascaded information between senior managers and front-line employees.

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- There's inconsistency in wellbeing approaches across Directorates and in general employees working from home felt better supported than our front-line workers.
- There was consistent feedback regarding capacity and workload and for many people on the front line it felt that the demands of the service meant that wellbeing was neglected.

5.   Next Steps

5.1   The UK data and our internal insight points to the potential for continued elevated absence for the foreseeable future and our absence rate may well go up before we experience a reduction.

5.2   There's a need to take a wellbeing centric and supportive approach to managing absence and wellbeing. This includes seeing through culture change work already in progress as well as creating an improved working environment for our people.

5.3   With the predicted post pandemic health outcomes coming to the fore, the answer to our absence issues lies in putting our focus on making things better at work. We must also avoid the mistake of assuming that things can just 'get back to normal' because the pandemic is over and should not look at absence statistics in isolation, as there are many complex factors at play.

5.4   Our actions to improve our sickness absence therefore need to be centred around addressing the causes of workplace stress, continuing to provide supportive wellbeing resources and focusing on long term cultural change. Areas for specific attention include:-

- Organisational design – as services are re-designed, we review the job design of our frontline people manager roles to ensure that they focus less on the technical aspects and enable effective leadership and management. We need to recognise that colleagues who have less contact with their manager are more likely to have higher absence. Spans of control are too high in some areas but to reduce them will have budget consequences.

- Workload – we identify services where workload pressures are excessive and address these with short and long-term solutions. Key is clear direction on prioritisation of service delivery and ensuring we continue to modernise as an employer.

- Musculoskeletal health concerns – we introduce additional targeted support for colleagues in manual roles and in our older age group.

- Leadership – a renewed our approach to appointing and developing new leaders to be effective in their leadership role is underway.

- Our Future Work – giving colleagues the support to help shape what the world of work could look like post pandemic, where we move to a stronger culture of empowerment, better work life balance and inclusivity.

Towards the end of the year, we will be introducing our new organisational behaviours of 'Respect', 'Integrity' and 'Flexibility' and engagement with colleagues in agreeing these behaviours has strongly signalled the importance of them to support cultural transformation. We will begin embedding them through all touch points of employee experience e.g. recruitment, leadership, employment policies, training, performance management etc. They're also in alignment with the principles of Trauma Informed Practice and the essence of these principles will be included within our behavioural descriptors.

6.   Financial impact

6.1   To note the budgetary implications of workforce costs (both direct and indirect).

6.2   Direct and indirect costs related to absence (salary, overtime and agency).

7. Stakeholder/Community Impact

7.1   Stakeholder consultation and engagement, including senior management teams, Trade Unions and Elected Members is ongoing.

8. Background reading/external references

Sickness absence in the UK labour market: 2021, Office for National Statistics (April 2022)
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2021

Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response, OECD (May 2022) https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/

The State of Health and Care 2022, Institute for Public Policy Research, Chris Thomas, Victoria Poku-Amanfo and Parth Patel (March 2022)
https://www.ippr.org/files/2022-02/state-of-health-and-care-march22.pdf

Health and Wellbeing at Work 2022, CIPD in partnership with Simply Health (April 2022) https://www.cipd.co.uk/Images/health-wellbeing-work-report-2022_tcm18-108440.pdf

Public mental health and wellbeing and COVID-19, Local Government Association (2022) https://www.local.gov.uk/public-mental-health-and-wellbeing-and-covid-19

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Coronavirus (COVID-19): Mental health support for employees, CIPD (December 2021) https://www.cipd.co.uk/knowledge/culture/well-being/supporting-mental-health-workplace-return

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9. Appendices

Appendix One - Sickness Absence for the period June 2021 to June 2022

22/22 absence data compared to same period in previous years (excluding COVID)

By Directorate
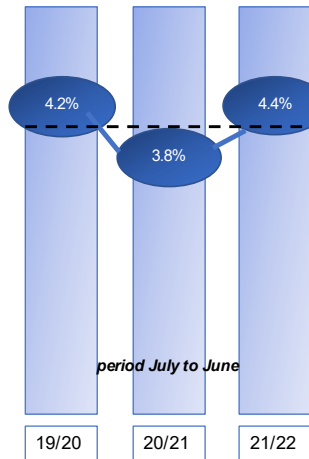
HOT SPOT Health and Social Care Localities service has had the highest absence % for the past 3 years

period July to June

19/20   20/21   21/22

■ 19/20   ■ 20/21   ■ 21/22

By Grade
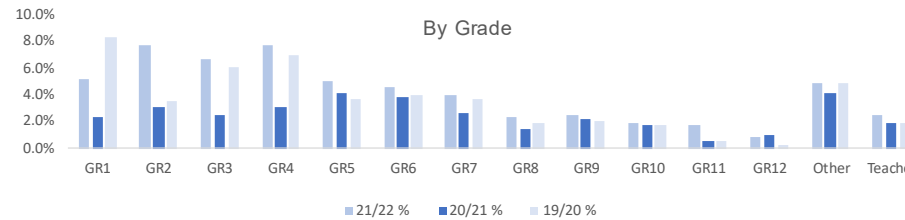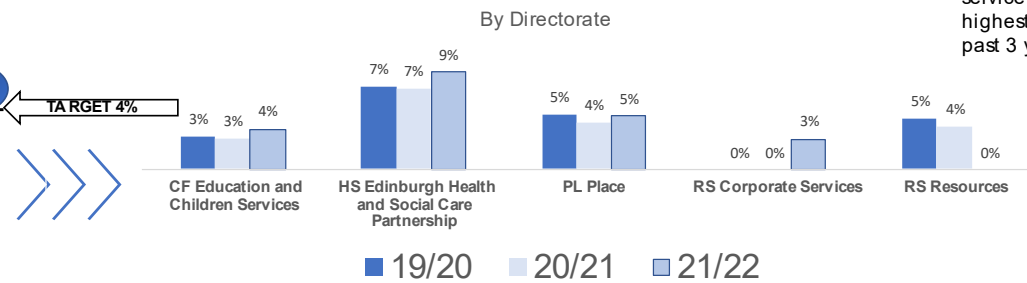
HOT SPOT posts with the highest number of hours lost to absence;

Social Care Worker (Home Care)
Pupil Support Assistant
Teacher

■ 21/22 %   ■ 20/21 %   ■ 19/20 %

TOTAL HOURS LOST
19/20 >1,152,197
20/21 >1,058,732
21/22 >1,348,795

Equivalent in FTE
19/20 >614
20/21 >564
21/22 >718

period July to June

| 65% | 70% | 65% | Long Term |
| 35% | 30% | 35% | Short Term |

| 41% | 44% | 45% | Full Time |
| 59% | 56% | 55% | Part Time |

Vs

Vs

19/20   20/21   21/22

19/20   20/21   21/22
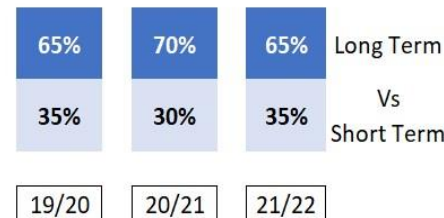
Absence

The most common top 5 causes

	Stress, Depression, Anxiety and/or Psychological Conditions	Sprain, Strain, Musculo-skeletal and/or Broken Bones	Cold, Flu and/or Infectious Diseases	Stomach, Bowel, Gastric and/or Intestinal Conditions	Cancer and/or Malignancy
2021/2022	29%	19%	9%	8%	4%
2020/2021	36%	21%	7%	5%	4%
2019/2020	31%	20%	10%	9%	4%
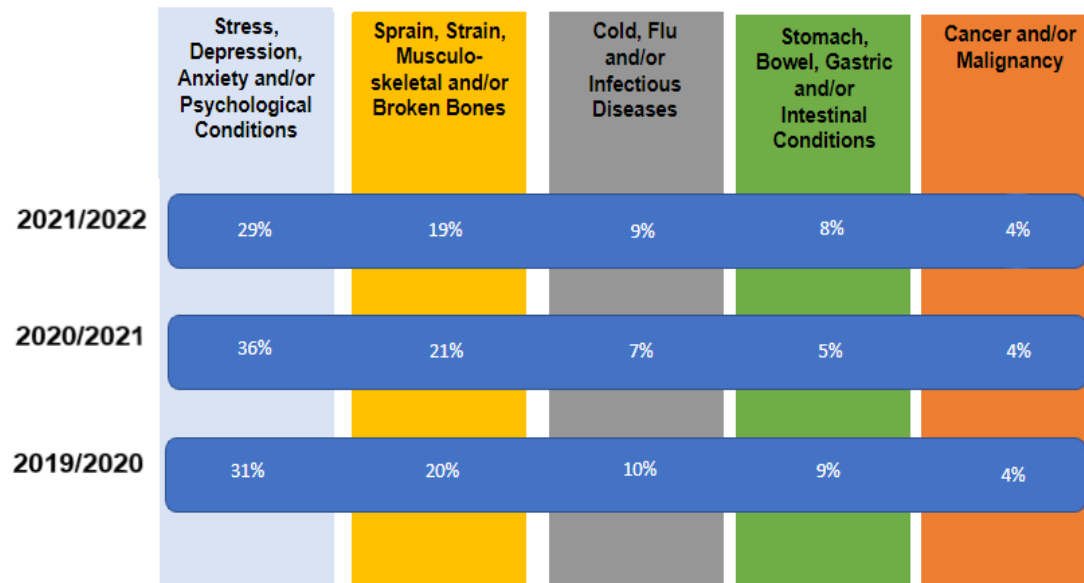
Causes by age group
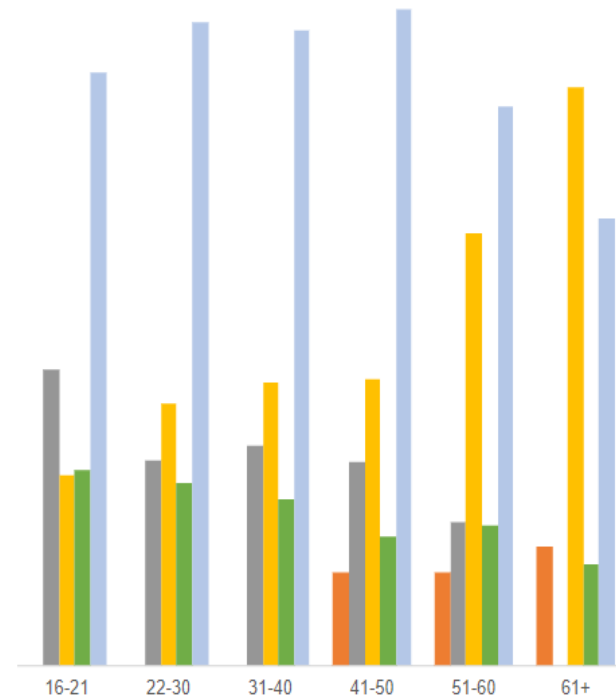
Appendix Three - Access to wellbeing resources and support

Focus on wellbeing

Wellbeing

PAM ASSIST
- Self management online resources
- Occupational Health referrals
- Specialist advice 24/7
- Counselling services

The most common topics searched online were 'my mind', 'CBT' and 'Stress & Anxiety'

The most common health referral reasons are; management concern, musculoskeletal and long term absence

The most common reason for calling is mental health issues

myLearning Hub online Resources
- Supporting your mental health
- Financial and debt management
- Keeping Well Through Change
- Manager resources
- Improving your physical health

All our resources can be accessed via the myLearning mobile APP

The top 3 resources accessed on Wellbeing are all related to mental health and managing stress

Employee wellbeing resources
wellbeing benefits provided to all our employees

Appendix Four - Examples of wellbeing resources

Tools and resources to support personal wellbeing

Tools and resources to support our leaders
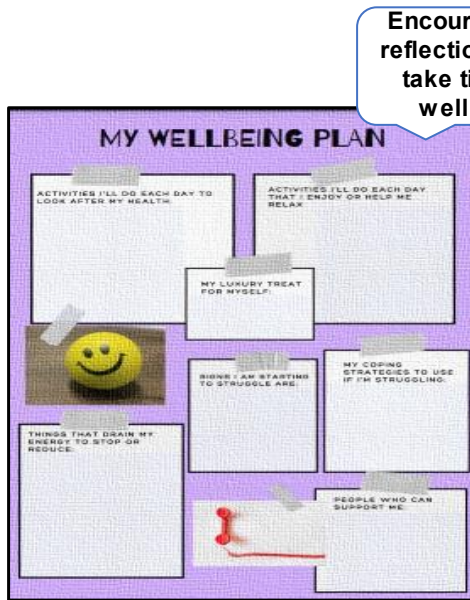
Encourage self reflection and to take time for wellbeing
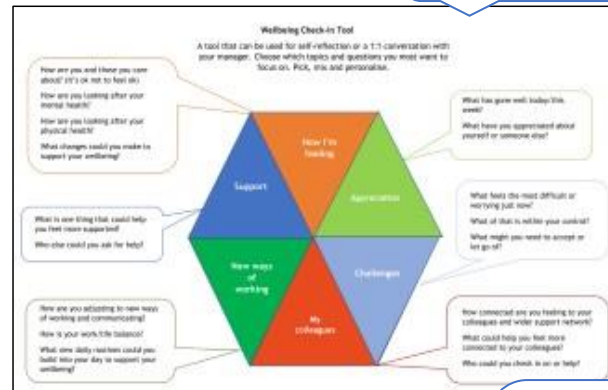
Check in with each other - lets keep talking

Be Well to Lead Well sessions

Support for Leaders

Wellbeing roadshows – 7 virtual roadshows have taken place since 2020

Wellbeing roadshows – have tackled topics including; mental health, the menopause, financial planning and relaxation techniques

Appendix Five - Feedback from colleagues

Wellbeing

what our colleagues are telling us about our Wellbeing Resources

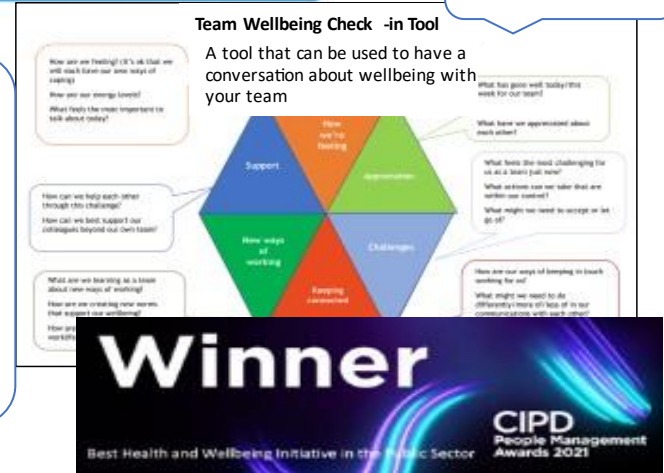Fabulous choice of events on offer with something on offer for everyone. Brilliant content, professionally run.

Really dynamic, relevant, engaging and practical and reflective.

Presented a fresh way of thinking. Found the workshop sessions restorative and energizing.

Really impressed that CEC arranged this candid, supportive, informative discussion about the menopause.

A chance to acknowledge health, wellbeing and stress and need to do something about it. Great to have ways to tackle this and learn more about myself.

Felt safe environment. Some 'me' time great to get thinking and allows actions.

Just everyone was so helpful and positive.

what our colleagues are telling us about Wellbeing and Absence

unhealthy working practices around back to back meetings

should be more recognition and support of wellbeing

need for support where employees are dealing with difficult and distressing situations in their role

"unacceptable levels of work stress, work is out of control"

need to see managers/leaders role modelling good wellbeing practices

unprepared and untrained to deal with colleagues dealing with extreme mental health issues

"lack of resource, leads to a lot of stress"

desire for flexible work options for an improved work/life balance

nature of the work and older machines, some colleagues have work related issues like "White Finger"

Finance and Resources Committee

Finance and Resources Committee