

**23 January 2024****WELLBEING DASHBOARD****Purpose**

1. To update the Executive Board on progress in the area of staff wellbeing and to accompany the slides which will be presented at the meeting.

**Background**

2. The wellbeing dashboard aims to highlight some of the activities carried out by the Diversity and Wellbeing team during the last year with a focus on Q2 and Q3 and present some insights with regards to the usage of the occupational health service and employee assistance programme (EAP), and sickness absence.

**Wellbeing activity highlights in Q2 and Q3**

3. Some of the activities carried out to promote staff wellbeing include:
  - **Regular wellbeing comms and webinars**
  - **470 flu vouchers issued**
  - **Free period products** – provided across many sites and offices
  - **Suicide first aid training** – 12 Mental Health first Aiders (MHFA) took part in the training to add to their skillset.
  - **Menopause Awareness Month (October)** – We held webinars (with Health Assured) offering sensitive, empathetic training in the issues around menopause.
  - **Anti-bullying week (13-17 November)** - We ran a campaign which included: a Poster, an Anti-Bullying Week News Story, a blog on Psychological Safety and a webinar on Vampires and bullying culture: the neuroscience of great teams.
  - **Winter wellbeing campaign** - we ran our winter wellbeing campaign again in December which included a toolkit and a series of webinars.
  - **The FC won the Inaugural Includability Committed Employer of the Year D+I Award.**

**Occupational Health 2022/23**

4. Management referrals to Occupational Health are shown by division for each month and we can see that the overall peak is in July.
5. The next slide breaks down the management referrals by disease code and the work-related outcome for the last 2 quarters. We can see that 55% of the referrals were primarily work related, work attributed or work aggravated, while 45% were not work related at all.

We can then see the top 5 disease outcomes from management referrals to occupational health. We can see that back pain has taken over as the top reason with the other categories being equal.

The top 5 disease code outcomes – management referrals:

1. Back pain has taken over as the top outcome. An internal campaign was launched by FE for Back Care Awareness Week last year and a subsequent blog on taking care of your back that included videos of simple exercises. We will continue to focus on this in our internal comms.
2. The below codes are joint 2<sup>nd</sup> in the list:
  - Lower limb disorder has replaced upper limb disorder in the top 5 list.
  - Depression continues to be in the top 5.

- Other mental health which includes anxiety, continues to be in the top 5 list. This emphasises the impact of the wellbeing work on this topic such as blogs, regular EAP webinars, signposting at every opportunity to support available, utilisation of Mental Health First Aiders and Wellbeing Champions.
- Neurological remains in the top 5 and includes referrals for migraine, multiple sclerosis, Parkinson's disease and dementia.

### **Employee Assistance Programme (EAP)**

6. EAP utilisation is still high and this can be attributed to its promotion, including on all wellbeing comms, which include how to get support. In addition, there are quarterly webinars with Defra on various topics which are well publicised and attended.
7. Anxiety remains the most common counselling call reason. Anxiety remains a focus for comms and this is benefitting staff.
8. Advice call themes are more varied across the divisions but childcare, employment and wills and probate are among the most common.
9. Staff continue to be educated on the range of support available through the EAP such as through the regular webinars. Within FC there are a variety of advice call themes, including employment, wills and probate, childcare, and divorce and separation.

### **Sickness absence and working days lost**

10. The first slide looks at the total working days lost across the organisation by absence duration, ie long term or short term. The data relates to instances of sickness absence, which may be for 1 day or more than one day at a time for the last calendar year on a monthly basis. Short term is defined by absences of less than 28 calendar days and long term equates to absences of 28 calendar days or more in a single absence period.

Overall absences are highest in October to January – which was similar for the previous year. Due to this pattern, we continue to offer the flu vaccine in this period and we also ran our winter wellbeing campaign in December.

11. Next, the total working days lost are broken down by absence type overall for the FC. This shows the total number of days lost and also the % attributed to poor mental health. We see that mental health becomes a greater cause of working days being lost over spring/summer and not as much in the winter months which sees a higher number of short term absences, which may be attributed to cold and flu viruses. In preparation and in anticipation of this trend re-emerging we are planning to publish our Mind action plan and an article for Roots and FR intranet by early spring.
12. The next graph shows the payroll cost of lost working days per full time equivalent post by each division.

The final slide shows the total payroll cost for the whole organisation by absence type (short term and long term). This shows that short term absences have a greater impact on payroll costs and highlights the importance of mitigating short term absences and managing them better.

### **Conclusion**

13. The Executive Board are invited to ask any questions related to the presentation or the accompanying paper. Any further information relating to a specific division may be requested from the Diversity and Wellbeing team who will endeavour to provide it.