

## Workforce Information – Q4 2022/23

Leadership & Management		Indicator 2022/23	Q4 2022/23	Q3 2022/23
Leadership Stability	Percentage of Senior Management positions filled by permanent WSCC employees (Excluding Vacancies)	95%	G <b>100%</b>	G 100%
	Rolling 12-month turnover percentage for permanent positions at HAY Grade (or equivalent) and above	11%	G <b>10%</b>	G 11.4%
Resourcing & Talent		Indicator 2022/23	Q4 2022/23	Q3 2022/23
Employed workforce <i>(Includes all staff directly employed by WSCC. Excludes casuals, agency, outside bodies, pensioners &amp; partners)</i>	Total Employed Headcount <i>(total number of people employed over reporting period)</i>	Not Applicable	<b>6,158</b>	6,019
	Employed Headcount <i>(at the end of the reporting period)</i>	Not Applicable	<b>6,031</b>	5,875
	Employed FTE <i>(at the end of the reporting period)</i>	Not Applicable	<b>5,414</b>	5,250
	Number of new Apprentice starters since the start of the financial year (excluding Schools)	113	R <b>85</b>	A 74
Agency (Matrix)	Total contract spend with Matrix	Not Applicable	<b>£5,989,848</b>	£6,117,539
	Agency (Matrix) % of Employed workforce	Not Applicable	<b>9%</b>	8%
Staff Turnover	Rolling 12-month turnover rate	Between 9% & 13%	G <b>11.6%</b>	G 12.9%
Performance & Development		Indicator 2022/23	Q4 2022/23	Q3 2022/23
Performance	Percentage positive response to the Pulse Survey question: "I have regular meaningful conversations with my manager about my performance, wellbeing and support needs"	78%	G <b>79% (May 2022 Survey)</b>	G 79% (May 2022 Survey)
Learning & development	Percentage positive response to the question: "I have good opportunities to develop my skills and knowledge in line with my role and my aspirations"	70%	G <b>71% (May 2022 Survey)</b>	G 71% (May 2022 Survey)

	Staff induction completion rates	90%	Unavailable	G 92%
<b>Wellbeing, Values &amp; Ways of Working</b>		<b>Indicator 2022/23</b>	<b>Q4 2022/23</b>	<b>Q3 2022/23</b>
<b>Behaviours &amp; Values</b>	Percentage positive response to the Pulse Survey question: "I am treated with dignity and respect by my work colleagues"	87%	G <b>91% (May 2022 Survey)</b>	G 91% (May 2022 Survey)
	Percentage positive response to the Pulse Survey question: "I am part of a supportive team where we regularly reflect on our successes and challenges enabling us to continuously improve"	78%	G <b>81% (May 2022 Survey)</b>	G 81% (May 2022 Survey)
<b>Ways of Working</b>	Percentage positive response to the Pulse Survey question: "My ideas and opinions are valued and are used to help shape the way we work and our future planning"	73%	G <b>74% (May 2022 Survey)</b>	G 74% (May 2022 Survey)
	Rolling 12-month average number of calendar days lost due to sickness absence per FTE	15 Calendar Days p.a.	A <b>15.9</b>	A 16.0
<b>Level of sickness absence</b> <i>(May retrospectively change due to late reporting of sickness)</i>	Number of calendar days lost due to short term sickness absence (less than 21 calendar days)	Not Applicable	<b>7,262</b>	8,224
	Top reason for short term absence (less than 21 calendar days)	Not Applicable	<b>Respiratory, Cough, Cold, Flu</b>	Respiratory, Cough, Cold, Flu
	Number of calendar days lost due to long term sickness absence (21 or more calendar days)	Not Applicable	<b>12,980</b>	13,932
	Top reason for long term absence (21 or more calendar days)	Not Applicable	Anxiety, Stress, Depression, Mental Health	Anxiety, Stress, Depression, Mental Health
<b>Diversity &amp; Inclusion</b>		<b>Indicator 2022/23</b>	<b>Q4 2022/23</b>	<b>Q3 2022/23</b>
<b>Employee Disclosure Rate</b>	Disclosure rate for self-declaration of an employee's: disability; sexual orientation; race/ethnicity; religion		G	R
		40%	<b>50.5%</b>	30.2%

RAG Rating Key:

**R** Significant Risk    **A** At Risk    **G** On Track

## Workforce Summary Narrative

1. Of the 12 KPIs with a RAG status indicator, nine are reported as Green, one is Amber, one is Red and one KPI is unavailable this quarter. This compares to last quarter where nine were reported as Green (one of which is the unavailable KPI for Q4), two Amber and one Red last quarter.
2. The KPI which is reporting as Red in Q4 is the '**Number of new Apprentice starters since the start of the financial year (excluding Schools)**'. Last quarter, this KPI was rated as Amber because the number of new Apprentice starters in Q3 was 73 with one quarter remaining to reach the annual indicator level of 113. The number of Apprentices at the end of Q4 was 85. Individual Directorate targets were met by Children Young People and Learning, HR and Organisational Development, Public Health, and Chief Executive's Office.
3. Targets in other Directorates were missed due to a variety of reasons including restructures; training service providers ceasing trading; capacity challenges within the service; and a focus on ensuring existing apprentices complete their apprenticeship. In the Fire and Rescue Service, the preference for some roles has been to pursue alternative management qualification/training via the National Council of Fire Chiefs which contributed to a lower-than-expected number of new apprenticeship starters. We do however currently have 346 apprentices within the Council.
4. In 2023/23, the Apprenticeship Team will continue to explore more efficient ways of managing apprenticeships and maximising the opportunities for promoting management apprenticeships. The latter has already been effective in Adults and Health directorate where there has been a marked increase in managers applying for the Level 5 Operations Manager apprenticeship which started in April 2023.
5. The KPI rated as Amber this quarter is '**Rolling 12-month average number of calendar days lost due to sickness absence per FTE**'. The Q4 figure is 15.9 calendar days which is 0.1 days lower than the previous quarter, but still almost one day above the indicator level of 15 calendar days. Coronavirus accounts for 1,097 absence days of the total sickness absence for Q4 which is 5.4% (1,866 and 8.4% in Q3 respectively). If Coronavirus is excluded from the sickness absence data, then the rolling 12-month average number of calendar days sickness per FTE drops from 15.9 to 14.5 calendar days (14.2 in Q3). This would be below the indicator range and would result in this KPI being rated as Green.
6. The '**Employee declaration rate for diversity data**'\* has changed from a rating of Red last quarter to Green. The Q4 figure is 50.5% compared to 30.2% last quarter and is now over 10 percentage points higher than the indicator of 40%. The declaration rate for the four individual Protected Characteristics is: 74% for Ethnic Origin; 62% for Disability; 60% for Sexual Orientation; and 52% for Religion/Belief (last quarter 60%, 45%, 42% and 32% respectively). This increase is due to the communication campaign previously reported, and a change in data processing.

\* This KPI combines four Protected Characteristics (Disability; Ethnicity; Sexual Orientation; and Religion) and provides the percentage of the workforce who have provided their data across all four Protected Characteristics

7. For the communications campaign, we have continued to promote and encourage employees to complete/update their diversity data, and this has been done in collaboration with Unison and our staff led networks. A targeted communication approach is being prepared which will involve emails being sent to employees who have 'unknown' diversity data. In addition, we are exploring ways to enable staff that do not have access to County Council IT to provide their diversity data, likely to be via a dedicated hardcopy form.
8. The process issue of having separate systems for recruitment and employee personnel records has been partly addressed by extracting diversity data for successful applicants from 2019 to current day and integrating that data with the data held in our centralised Enterprise Resource Planning system (SAP). For future new starters, we are investigating a fix to include the starter's diversity data is uploaded to SAP at the same time as other personnel data such as their address. We are also looking at enhancing our diversity data collection methods at recruitment, for example we do not currently capture diversity data for people recruited via an agency (e.g., overseas social workers).
9. The KPI which is unavailable this quarter is '**Staff induction completion rates**'. This KPI was 92% last quarter, against an indicator of 90% so was rated as Green. Due to the recent and unexpected change to a new learning management system it is not feasible to provide figures for this quarter. It is anticipated that reporting on this KPI will resume next quarter.
10. The five KPIs based on the **Pulse Survey** remain the same as last quarter as there has been no re-run of the Pulse Survey during this quarter. The Pulse Survey is currently being reviewed and this is likely to result in changes to the survey questions and/or the frequency the survey is conducted. Any changes affecting the current KPIs sourced from the Pulse Survey will be included in future reports to the committee.
11. In Q2 the '**Rolling 12-month turnover rate**' was rated as Amber due to it being 1 percentage point higher than the indicator range of 9-13%. Last quarter the turnover rate reduced to 12.9% so it returned to being within the indicator range and it reverted to Green status. This reduction has continued in Q4 with the rolling 12-month turnover rate now being 11.6%. The fall last quarter was primarily due to the large increase in headcount following the insourcing from Capita (336 employees). This is because the calculation for this KPI is total leavers over the period divided by average number of employees, so the increase in the number of employees increases the average and therefore lowers the overall %. This quarter there has been a further, albeit less significant, increase in Employed Headcount with a net increase of 156 employees with 237 new starters. A large part of this increase are 109 new starters in Children, Young People and Learning including 25 new social workers in Children's Social Care who have joined following the international recruitment initiative. The rolling 12-month turnover for Children, Young People and Learning was 12.9% and for Adult Services and Health it was 11.1% (15.8% and 11.5% respectively for Q3)
12. **Total sickness absence** has decreased from 22,156 calendar days in Q3 to 20,242, a reduction of 1,914 calendar days. The decrease has been in both short-term sickness absence (less than 21 days absence) which has decreased from 8,224 to 7,226 calendar days (-998) and long-term sickness which has decreased from 13,932 to 12,980 calendar days (-952). In comparison with the

same quarter in 2022, the number of absence due to sickness is almost identical with 20,698 calendar days in 2021, compared to 20,242 this quarter.

13. The reduction in sickness absence this quarter and its similarity to the same quarter last year reflects the seasonality of sickness absence. The top reason for short-term sickness absence (less than 21 calendar days) remains 'Respiratory, Cough, Cold, Flu' (2,067 days) the same as last quarter. For long-term sickness absence (21 or more calendar days) the top reason for sickness was 'Anxiety, Stress, Depression, Mental Health' (4,368 days) which is also the same as the previous quarter.
14. During the discussion of the Q2 workforce information, Members asked for a breakdown of sickness by Directorate. The table below provides this breakdown for Directorates, plus the main Service in our two biggest Directorates (Adults and Health and Children, Young People and Learning). The overall organisation figure from the main KPI table is provided for context. The KPI reported in Table 1 is the '**Rolling 12-month average number of calendar days lost due to sickness absence per FTE**'. This KPI has been selected because it provides an average per FTE which enables a direct comparison between organisational units which have considerably different headcounts/FTEs.

**Table 1 - Rolling 12-month average number of calendar days lost due to sickness absence per FTE by Directorate**

Organisation Level	Rolling 12-month average number of calendar days lost due to sickness absence per FTE	
	Q4 2022/23	Q3 2022/23
WSCC	15.9	16.0
Adult Services & Health	22.3	21.9
↳ Adult Services	22.1	21.3
Children, Young People & Learning	15.6	16.9
↳ Children & Family Services	18.5	20.1
Chief Executive's Office	3.5	4.4
Finance & Support Services	12.0	9.0
Fire & Rescue Service	11.8	10.7
HR & Organisational Development	6.1	6.5
Law & Assurance	9.1	8.2
Place Services	16.9	16.2

15. Table 2 shows a further breakdown of the sickness absence figures, along with the reason for sickness for Adult Services and Children and Family Services:

**Table 2 – Q4 Service breakdown of Rolling 12-month average number of calendar days lost due to sickness absence per FTE by Directorate and reason for absence**

Service / Team	Average Total Sickness Absence per FTE*	Top Category Reason for Sickness Absence	Top Category Average Sickness Absence per FTE*	Second Category Reason for Sickness Absence	Second Category Average Sickness Absence per FTE*
Adult Services	22.1	Anxiety, Stress, Depression, Mental Health	6.7	Musculoskeletal, Fractures, Injury, Surgery	5.3
Adults Commissioning	28.2	Musculoskeletal, Fractures, Injury, Surgery	7.5	Anxiety, Stress, Depression, Mental Health	7.0
Adults Safeguarding	16.8	Anxiety, Stress, Depression, Mental Health	5.1	Musculoskeletal, Fractures, Injury, Surgery	4.2
Area Operations	18.5	Anxiety, Stress, Depression, Mental Health	5.6	Musculoskeletal, Fractures, Injury, Surgery	3.3
Children & Family Services	18.5	Anxiety, Stress, Depression, Mental Health	6.8	Musculoskeletal, Fractures, Injury, Surgery	2.9
Children Social Care	15.5	Anxiety, Stress, Depression, Mental Health	6.5	Musculoskeletal, Fractures, Injury, Surgery	2.3
Children Social Care - Placements	24.7	Anxiety, Stress, Depression, Mental Health	7.7	Respiratory, Cough, Cold, Flu	4.0

\* Rolling 12-month average number of calendar days lost due to sickness absence per FTE

16. The Director of HR and Organisational Development presented the Recruitment and Retention report to the committee in January 2023. Progress has been achieved in the following areas contained in the report:
- a. International recruitment of social workers: Children, Young People and Learning has welcomed 29 social workers as part of our overseas recruitment project and are working to bring our next cohort of 19 social workers to West Sussex soon. In addition, three Occupational Therapists have joined Adults Services with a further five set to join over the coming months. 19 offers were extended to international Adults Social Workers at the end of the end of March / beginning of April 2023.
  - b. Increasing capacity and skills in the Recruitment Team: An external specialist project team has been commissioned to provide additional short-term capacity working alongside the current resourcing team. This team has started and have prioritised the recruitment to the most challenging vacancies in Children’s, Adults and Place Services.
  - c. Engaging with candidates in a different way: A Children’s Services recruitment event was held at Field Place in Worthing. 72 people attended the

event to find out about a wide range of roles including social care, education, and residential care. Local Headteachers attended the event and talked about school jobs they are currently recruiting for, and the skills required for those roles. Additionally, the council hosted stands in Worthing and Horsham town centres to promote the range of jobs available in our children's homes.

A new social media approach has been trialled for our Libraries vacancies including creation of new content and placing additional social media posts including paid for posts. This has resulted in a significant increase in the number of applications across a range of vacant positions, and in some of our more challenging geographical locations.

- d. Ensuring staff health and wellbeing: The Wellbeing Hub was launched in October 2022. It is a single online resource where all staff can find information, learning, support, and empowerment in relation to their personal Wellbeing. Since its launch there have been 2,658 clicks on the homepage (these are not necessarily individual visitors). The top three most viewed pages are Stress (213 clicks), Support for Managers (185 clicks) and Menopause (171 clicks)

The workplace Health and Wellbeing Needs Assessment was undertaken in September 2022. It is designed to gather insight into the health and wellbeing needs of employees and to help to identify areas needing action. This latest survey has been particularly important given the impact the Covid-19 pandemic has had in the workplace and on mental health since the last survey was undertaken in 2019. The overall response rate was 27% with 1,679 employees completing the survey. This compares to 24% when the survey was undertaken in 2019 (1427 employees completed). Headline findings include:

- Overall employees felt they were in good health generally with 68% saying their health was at least 'good'
- 24% of respondents find their job to be a source of stress, saying that it is either 'very' or 'extremely stressful' (21% in 2019). The proportion rating their job as 'not at all stressful' has however remained very similar (7% in 2022 compared to 6% in 2019).
- 41% said 'workload', is a cause of high stress (37% in 2019). Other causes of stress for employees are the 'type of work you have had to do' at 25%; and 'level of control over your work', also at 25%
- Employees saying that 'your place of work' is a cause of high stress has decreased to 10%, from 16% in 2019.
- 56% of respondents agreed that 'when changes are made at work, I am clear how they will work out in practice'. Whilst this is still the lowest ranking statement, it still represents a significant increase from 2019 (46%) which suggests that efforts to improve this measure are making a difference.

The next steps include joint working with Public Health to undertake a full analysis of the data and findings and undertake some benchmarking. Actions and interventions will be assessed against the People Framework and co-ordinated with the HR and Organisation Development Business Plan. Services

will discuss the findings at their respective Joint Consultative Committee (JCC) meetings, with Unison keen to be involved in discussions.

17. Members asked officers to investigate the feasibility of identifying the cost incurred due to sickness absence. As previously reported, this is complex due to different employee's terms and conditions, length of service and overtime for example, plus not all absence has a monetary cost but rather one of lower productivity through reduced capacity. To progress this work, we are researching whether other local authorities produce a cost of sickness and if so, how it is calculated. The feedback from this research will be reported at the Performance and Finance Scrutiny Committee.