

Wellbeing Annual Report 2024/25

1 Summary

1.1 This report presents our Wellbeing Annual Report for 2024/25.

Recommendation **a** **Members note the Wellbeing Annual Report for 2024/25, as shown in Annex 1.**
that:

2 Background

2.1 We are committed to ensuring high standards of care for our staff and ensure that staff wellbeing is a key priority.

2.2 Our People Team work with Line Managers to ensure that all staff have fair and consistent management of sickness absence and communicate to the whole workforce the benefits package available to them as part of their employment. Our Health, Safety and Wellbeing Forum meets quarterly and maintains an overview of health and safety activity and review wellbeing dashboards. It acts as a forum for consultation and a place to raise and discuss issues and share best practice. The Forum is chaired by the Head of People and Organisational Development and is attended by our Health and Safety Advisers (EDP) and employee representatives from across the Authority.

2.3 Every year we will be producing an annual report which highlights Wellbeing data, sets out progress against our new Wellbeing Action Plan, and looks at the key priorities for the following year. The Wellbeing Annual Report for 2024/25 is attached at Annex 1. A separate annual report focussing on Health and Safety is also being brought to this meeting (these reports were previously combined).

2.4 Given the context of this report (unlike the Health and Safety Annual Report), once approved, will not be published on our website.

3 Policy Context

3.1 We recognise that we have a legal and moral duty to provide wellbeing provision for our employees, members and volunteers.

3.2 Health and safety and the wellbeing of our people are our highest priorities and complementary to everything that we do. Effective management of this is recognised as contributing to overall performance by helping to reduce injury, ill health, lost working days, losses and liability. We are committed to continuous improvement in this respect and ensure sufficient resources are made available to achieve this.

4 Options

4.1 You can:

- a) note the content of the report, or
- b) ask for further information to be included in the report.

5 Proposals

- 5.1 It is recommended that you note the content of the report.

6 Stakeholder Consultation

- 6.1 The Health, Safety and Wellbeing Forum met quarterly during 2024/25 to consider health, safety and wellbeing matters. The Strategic Leadership Team reviewed details of accidents, incidents and near misses at their monthly meetings.

7 Demonstrating Best Value

- 7.1 The production of an annual wellbeing report is above and beyond best practice for large organisations and public sector bodies. The report can be used for benchmarking and demonstrating good practice.

8 Finance Considerations

- 8.1 There are no financial implications in respect of this annual report. We ensure that sufficient resources are made available to provide for a safe working environment.

9 Risk

- 9.1 The report highlights how we manage the health and wellbeing risks within the Authority, including carrying out risk assessments, return to works and occupational health referrals.

10 Legal Considerations

- 10.1 It is best practice for organisations to have a people function and competent line managers with the skills, knowledge and experience to be able to recognise and manage issues in the workplace and help put sensible controls in place to protect workers and others from harm.

11 Human Resources

- 11.1 The Head of People and Organisational Development has overall responsibility for wellbeing in the workplace, with the line managers responsible for the day-to-day management of their people. Expert medical advice is currently provided by occupational health provider; ChooseOH, an external supplier, to complement the work of the Head of People and Organisational Development, managers and staff in managing this critical aspect.

12 Diversity Implications

- 12.1 There is a continuing need to ensure a high level of line management capability in health and wellbeing matters for all our employees and to maintain high standards of care in the workplace especially those who may be affected by underlying conditions or protected characteristics.

13 Sustainability

13.1 There are no significant environmental, economic or social effects.

Background Papers	None
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Responsible Director	Gavin Capstick / CEO
Date Written	15 August 2025

Annex 1: Wellbeing Annual Report 2024/25



**Lake District
National Park**

Lake District National Park Authority

**Wellbeing
Annual Report
2024/25**

Introduction

The Authority has a commitment to fostering a healthy and productive work environment.

As part of our health and safety processes, we publish an annual Health and Safety Report which includes information relating to sickness absence resulting from work related accidents. To build upon this reporting, the annual Wellbeing Report accompanies which informs on overall sickness absence themes, trends and concerns whilst also confirming wellbeing provision and services. By analysing these factors, we aim to identify areas of improvement, celebrate our successes, and implement strategic initiatives that support the physical and mental health of our workforce. Our goal is to create a workplace where every employee feels valued, supported, and empowered to perform at their best.

This report highlights 2024/25 sickness absence data and looks ahead at the key priorities for 2025/26. The data for this report relates to the period 1 April 2024 to 31 March 2025.

Executive Summary

The Lake District National Park Authority (LDNPA) continues to prioritise staff wellbeing through a structured and proactive approach to absence management, underpinned by clear policy, oversight by senior leadership, and quarterly data reviews via the Health, Safety and Wellbeing Forum.

Wellbeing is an ambiguous term. For the context of this report, wellbeing has been categorised as the management of staff members' physical and mental health; and how we support our people to prevent periods of absence and through periods of absence. This report is in conjunction with the Health and Safety Annual Report.

The 2024/25 end-of-year sickness absence rate was 1.5 per cent, significantly below the internal target (3.0 per cent), the national public sector average (2.9 per cent), and the 2023 national average (2.0 per cent). Our 1.5 per cent absence rate equates to 195 absence episodes and 732 working days lost, a notable reduction from 1,118 days in the previous year.

Whilst the primary reasons for sickness absence remain similar to previous years there has been a significant reduction in Mental Health Absence. Mental health-related absences reduced by over 50 per cent (from 23 episodes to 11), reflecting the success of open conversation and the Mental Health First Aid (MHFA) provision. However, while the MHFA provision is currently strong at Murley Moss, the remote sites have no MHFA-trained staff.

Data accuracy within our reporting also improved with "Not specified" absence reasons being eliminated (from 19.3 per cent to 0 per cent), demonstrating improved reporting quality and return-to-work (RTW) procedures. It also allows more accurate reporting which did present a gap in knowledge in last year's report. The RTW compliance completion rates (69.5 per cent–74.5 per cent quarterly) continue to fall short of the 90 per cent internal target, although a cultural shift towards more consistency is underway.

Work-related injury or illness remained similar to previous years at 5 per cent of total absence episodes and 10 per cent of working days lost, and this year noted a continued decline in work-related stress incidents.

Absence trends closely mirrored workforce demographics, with no disproportionate impact by any specific group. The 30–39 age bracket did however show a higher level of working days lost (34 per cent) compared to its workforce share (22 per cent), requiring further

monitoring. Regarding absence trend by location, most locations showed proportional absence; however, Brockhole stood out, contributing 29 per cent of total absence but representing just 5 per cent of the workforce.

The Authority has a well-established programme of first aiders and first aid training, and the Authority exceeds the expectation from the Health and Safety Executive (HSE) in all our locations.

Occupational Health and Employee Assistance Programmes are embedded in the staff package available and can be used to provide all staff with completely free confidential advice and counselling (24/7 365 days), legal information, bereavement assistance, medical information and Cognitive Behavioural Therapy online. Occupational Health provide the People team with personal medical support to ensure staff receive the right reasonable adjustments in the workplace.

Progress and key priorities with delivery of the Wellbeing Action Plan is detailed in Annex 2.

2024/25 Wellbeing Data

Our policy is for all absence to be reported regardless of length of time.

The reporting is reviewed by the responsible manager, the Head of People and Organisational Development, and our People team. This absence management oversight enables us to take any immediate action required and to identify and action any learning points to minimise the risk of future absence.

Commencing from April 2024, the Health, Safety and Wellbeing Forum review a summary dashboard of wellbeing data on a quarterly basis. Key points to note for 2024/25 are detailed below.

Sickness Absence

Sickness absence is reported as a percentage of all working days which are lost due to sickness absence. This is reported monthly through the Performance Indicator system with an overall target of 3.0 per cent. Sickness absence includes all absence from work due to illness, which may include any work-related injury or illness. The percentage is a calculation of hours lost against total available hours that could be worked.

Our 2024/25 end of year sickness absence figure is 1.5 per cent, which is 1.5 per cent under our internal target. It is 1.4 per cent below the national public sector average and 0.5 per cent under the 2023 national average. There were 195 episodes of sickness absence in the reported year, and 732 working days lost. A significant reduction from 1,118 working days lost in the last reporting year.

Long term sickness (LTS) is absence that has exceeded four weeks. LTS is monitored and documented in the same way as any other absence; however, it is important to monitor the impact LTS has on sickness absence percentages.

The end of year figure for LTS equates to 1 per cent of sickness absence with the remaining averaged 0.5 per cent being short spells of absence.

Sickness Absence Reasons

Figure 1 provides a full breakdown of sickness absence episodes by reason between 1 April 2024 and 31 March 2025. Sickness absence is recorded on the HR management system during a return-to-work meeting after each episode. The data highlights that cough / cold / flu, Headache/Migraine and Gastrointestinal issues are the most common and primary issues for sickness absence. It is important to note that Mental Health Issues presented as 23 episodes of sickness absence in the last reporting year, reducing to 11 this year. 'Not specified' equated to 19.3 per cent of the total sickness absence last year and it is encouraging to see there have been none in this reporting year, highlighting progress against two core issues: quality and accuracy of reporting; and quality of return-to-work meetings taking place.

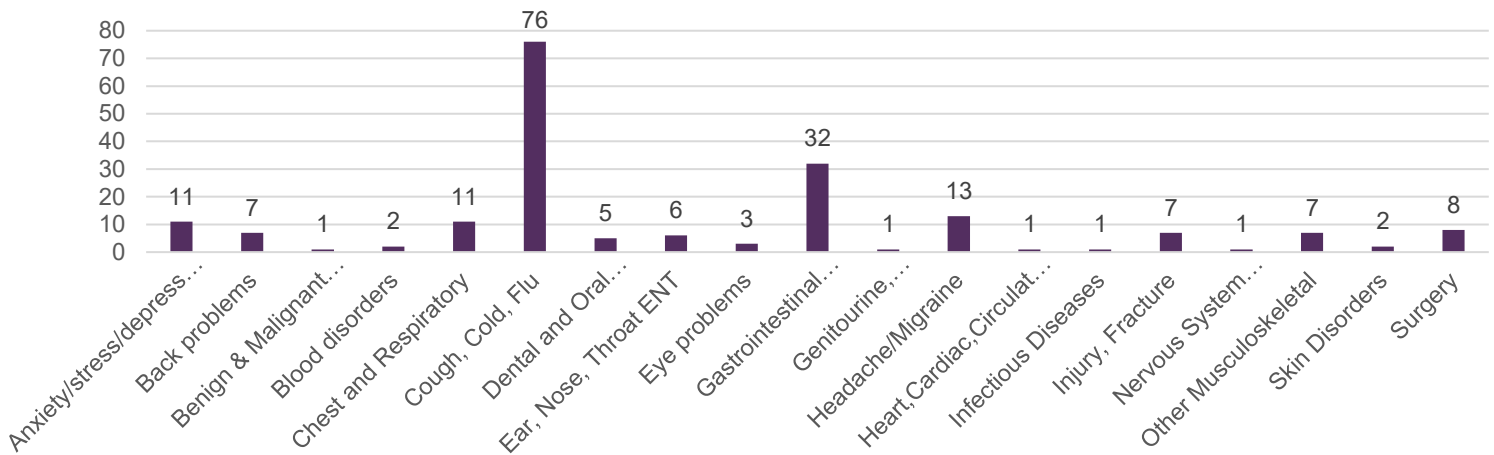


Figure 1: Sickness absence episodes separated into absence reason

The Office for National Statistics (ONS) separates reasons of sickness absence into five main categories which are listed in the table below. When the Authority's data is separated into the same sickness absence reasons, it highlights that the Authority has variances against national averages. ONS categorise their data by the number of episodes rather than working days lost, therefore Table 1 and Figure 3 are also shown by episode to directly compare.

Absence Reason	ONS National Average	LDNPA 2023	LDNPA 2024
Minor illness	30 per cent	42.9 per cent	59.6 per cent
'other' which includes coronavirus (COVID-19), accidents, poisonings, infectious diseases, skin disorders and diabetes	15.1 per cent	13.2 per cent	8.7 per cent
Musculoskeletal problems	15.5 per cent	13.7 per cent	14.9 per cent
Respiratory issues	7.3 per cent	3 per cent	5.6 per cent
Mental health conditions	9.8 per cent	8 per cent	5.6 per cent
Remaining absence types	22.3 per cent	-	5.6 per cent
Not specified	-	19.22	0 per cent

Table 1: ONS national average absence episodes by reason compared to LDNPA data

It's encouraging to see Musculoskeletal problems, Respiratory issues, 'Other' and Mental Health conditions are all under the national average. Managing mental health conditions has been a primary focus in sickness absence management over the 2023/24/25 period and seeing the absence related to mental health conditions reduce from 8 per cent to 5.6 per cent shows that we are moving in the right direction. In previous years, there were issues surrounding 'not specified' absences recorded, equating to 19.3 per cent of our total sickness absence in 2023; however, this has reduced to 0 per cent in this reporting year. This has however impacted our Minor Illness reason (59.6 per cent) which is considerably higher than the national average of 30 per cent. Coughs, cold and flu are the primary reason within this section, and we need to establish if this is either being used as a catch all for various other conditions or symptoms or if something like hand hygiene which causes the spread of colds etc. is an underlying problem.

Work Related Absence and the Cause of Sickness Absence

Some workplace accidents, issues or grievances can result in lost time or lost working days due to subsequent sickness absence from those situations. All absences have a recorded 'cause of sickness absence' and this can fall into five specific categories:

- Disability related sick
- Other ill health
- Other injury
- Work related ill health
- Work related injury

Of the total 195 episodes of absence, 8 episodes (5 per cent) and 10 per cent of working time lost was due to work related ill health or injury. Figure 2 below shows the total split between sickness causes, separated into episode percentage and working days lost percentage.

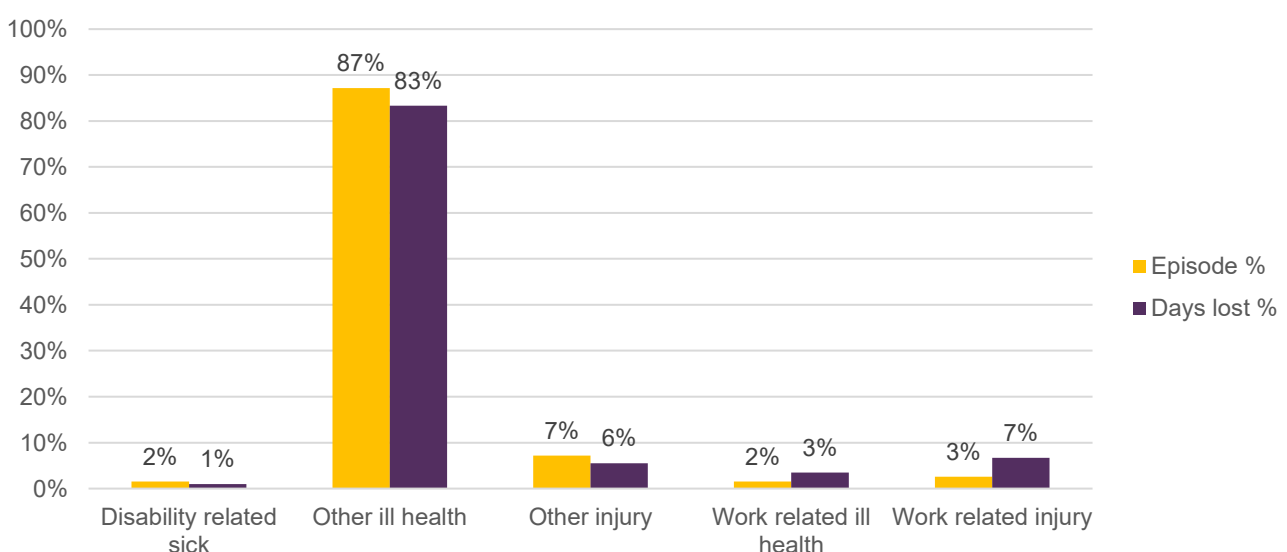


Figure 2: 'Cause of absence' breakdown of all 195 episodes of sickness absence

There were five instances (3 per cent of episodes and 7 per cent of working days lost) of work-related injury which affected four separate members of staff.

- A member of staff was hurt after a dog jumped up at them and its paw landed on scar tissue.
- A staff member slipped in the kitchen at Brockhole and bruised their back.
- A member of staff's finger was fractured by a sledgehammer as they assisted a colleague to knock stakes into the ground.
- Another member of staff strained their back while loading heavy items into a trailer. They had to rest their back and lost six days of working time.

There were three instances (2 per cent of episodes and 3 per cent of working days lost) of work-related ill health which affected three members of staff.

- A staff member slipped in the kitchen at Brockhole and bruised their back.
- One member of staff at Brockhole was affected by stress of work during and after the consultation process in 2024.
- A staff member inhaled dust in a workshop environment resulting in sinus issues.

It's encouraging to see work-related stress reduce to affecting one person this reporting year compared to five of the six work-related absences last year. Whilst all stress at work cannot be eliminated, too much stress can lead to work-related stress. There are six main areas that can lead to work-related stress if they are not managed properly. These are: demands, control, support, relationships, role and change. Stress affects people differently and what increases stress in one person may not affect another. Factors like skills and experience, age or disability may all affect whether a worker can cope. In this instance of work-related stress this year, the instance was related to the extensive changes made at Brockhole.

The Authority has suitable measures in place to minimise work-related stress which include regular one to ones and appraisals with line managers; an Employee Assistance Programme which includes counselling and free advice; whilst also having multiple trained Mental Health First Aiders (proactive approach). The Authority also has absence management tools including return to work interviews, stress risk assessments and Occupational Health referrals (reactive approach). Staff also have multiple opportunities to ensure they raise issues and concerns through various HR policies and the People team.

Profile of Staff who have been absent

To better understand if there are any trends with the staff having episodes of sickness, we have analysed the profile of our staff in two key areas which have a tangible effect on health: age and location of work.

Age

Reviewing the age at which staff have episodes of absence, there is no specific age group that are affected more than any other. Whilst for example 34 per cent of the absence episodes are within the 50-59 age category, this is consistent with 35 per cent of the workforce also being within the 50-59 age bracket. When reviewing the data by adding polynomial* trendlines on both the absences episodes, absence working days lost and the age profile of the organisation, there is a close correlation as shown in Figure 3 which highlights no cause for concern.

An area of note is when reviewing this data by age against amount of working time lost and episodes, the age bracket 30-39 is higher absence rate than the other groups which accounts for 34 per cent of all working days lost but only 22 per cent of the workforce.

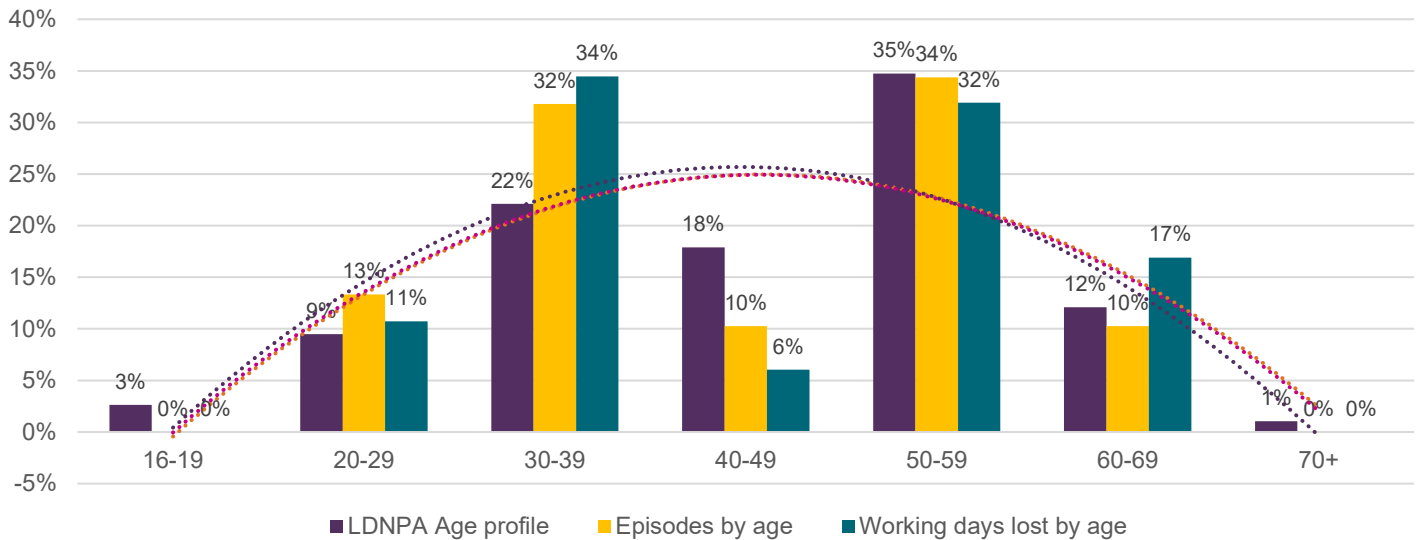


Figure 3: The number of staff in each age group as a percentage of all staff is compared with the number of absences reported by each age group as a percentage of all absences

This age bracket had 26 episodes in the reporting period but with sickness absence reasons that do not present any trends in why people were absent, the absence type (i.e. work-related injury etc) or any underlying trend by team or location. Whilst the Authority will continue to monitor trends or underlying reasons to cause this, this does not form any immediate actions.

Location

The Authority has a diverse range of staff working in various locations, with different customer types and performing very different duties.

Approximately half of our staff undertake physical or practical activities as a significant part of their role. Within the Health and Safety report we monitor for physical accidents, incidents and near misses that may provide trend insight per location. For example, in 2024/25, 11 staff accidents of the 15 reported were to staff whose work involves a significant amount of physical or practical activity. This reflects the greater inherent risk of having an accident when doing this type of job. However, it is important to ensure that no one location has a higher rate of absence due to similar reasons therefore highlighting organisational issues that could be managed.

*Polynomial trending describes a pattern in data that is curved or breaks from a straight linear trend. It often occurs in a large set of data that contains many fluctuations. As more data becomes available, the trends often become less linear, and a polynomial trend takes its place.

In the same way as presented in Figure 3, we would expect a proportional amount of sickness absence compared to team size. For example, it is expected the largest team would contribute the largest percentage of sickness absence.

When reviewing Figure 4 it highlights positive and negative extremes of the amount of overall absence percentage in proportion to the percentage of staff that team has within the Authority.

The Commercial Property team (Coniston Boating Centre, car parks and Visitor Management officers) and the Information Centres are positive examples of having low absence against their workforce size. For example, the Information Centre staff represent 17 per cent of the total workforce for the Authority but only present 4 per cent of the total absence in 2024/25.

Brockhole presents as a significantly higher proportion, with 29 per cent of the total sickness absence but only 5 per cent of the workforce.

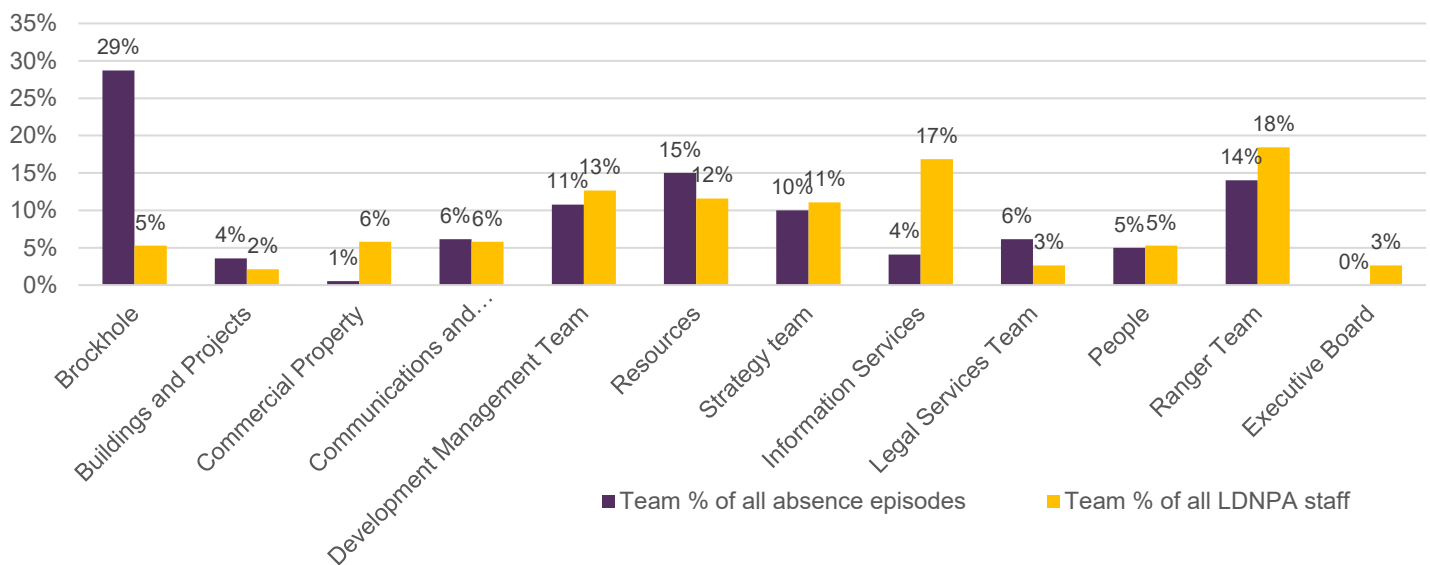


Figure 4: Sickness absence episode contribution as a percentage against the team size also presented as a percentage.

When reviewing the sickness absence reasons for Brockhole in Figure 5 below, the reasons fall in line with the general common absences of cough / cold / flu and gastrointestinal problems, but mental health absence at Brockhole was higher compared to the organisational average. Mental health issues - both personal and work related - are a cause for concern and the amount of working days lost at Brockhole, which was 43 per cent of all working days lost, continue to highlight an urgent need for further Mental Health First Aid (MHFA) provision on site at Brockhole.

A large proportion of that time was due to one member of staff's long-term episode of absence during and following the restructure in 2024. Focused support was provided to the individual; however, the member of staff did not return to the Authority. Whilst the other two individuals who suffered mental health issues stated that work was not an impact, these were both during the consultation period which will have had an underlying contribution.

In a shift of culture seen throughout the 2024 season, it was expected for this data to improve in the 2025/26 report; however, with a subsequent redundancy consultation in 2025 at Brockhole, followed by uncertainty of the site's future, this will and is having an impact on

the current staff at Brockhole which will be reflected in next year's report. The management team at Brockhole and the People team are supporting all staff through the support available.

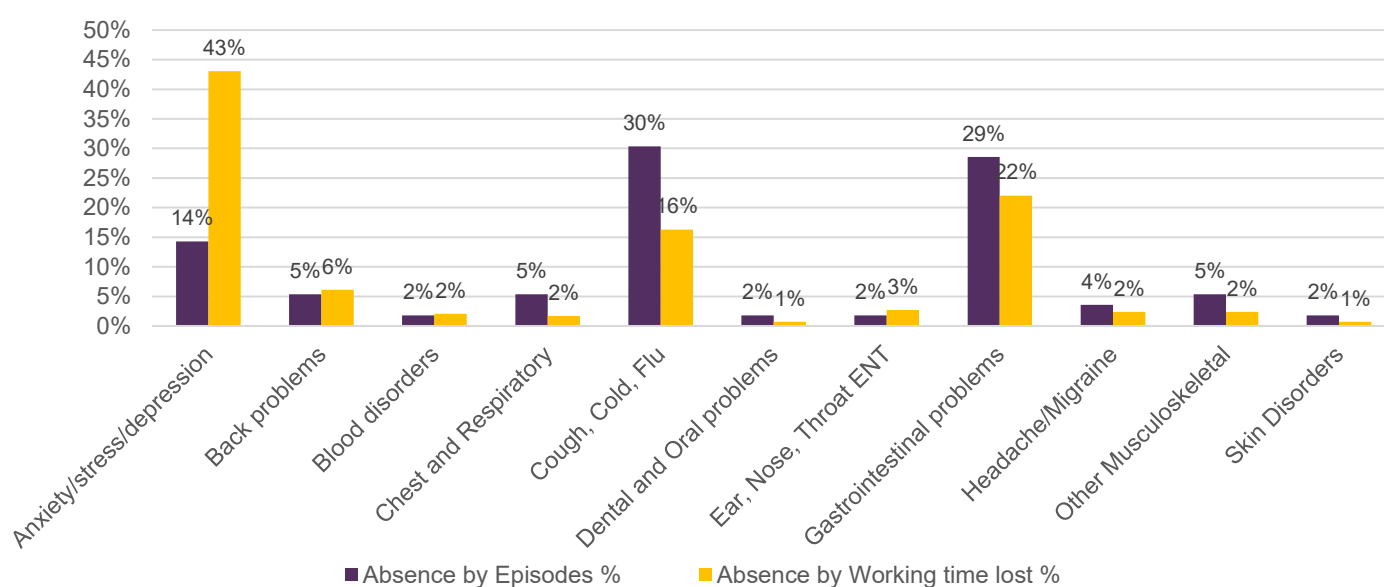


Figure 5: Sickness absence episodes and working time lost separated into absence reason (Brockhole only)

First Aid and Mental Health First Aid

There is a well-established programme of first aiders and first aid training within the Authority and Table 2 below shows how we exceed the expectation from the Health and Safety Executive* in all our locations.

We have a regular programme of first aid renewals to ensure we meet our required training requirements. We also hold informal quarterly confidence building updates with an external provider to ensure first aiders are both confident and competent should first aid be required.

First Aiders by location	Number of First Aid trained staff	Number of staff primarily based in that location
Brockhole	11	13
Coniston Boating Centre	7	11
Information Centres	2	31
Lake Rangers	3	4
Murley Moss & Central Rangers	15	100
Northern Office	8	17
Southern Office	10	13

Table 2: Quantity and location of trained first aid staff

*HSE guidance states that low-risk workplaces should have one first aider for every 50 workers and high-risk workplaces should have one first aider for every 25 workers

Mental Health First Aid (MHFA) provision is relatively new in most workplaces and requires expansion throughout our remote sites. The Authority has adequately trained staff within Murley Moss and a planned training roll out in both the Northern and Southern Offices will see those trained expand significantly; however, the cohort of Mental Health First Aiders is still growing to ensure we train staff members in our other remote offices.

There is no statutory obligation to have Mental Health First Aiders on site; however, the ambition is to train all staff who have line management responsibility to be Mental Health First Aiders. MHFA is all about recognising changes in behaviour and symptoms to then signpost to the correct services. A line manager is best placed to identify changes in staff and therefore the training course would be beneficial to our line managers.

Mental Health First Aiders by location	Number of Mental Health First Aid trained staff	Planned Mental Health First Aid Training	Number of staff primarily based in that location
Brockhole	0	-	13
Coniston Boating Centre	0	-	11
Tourist Information Centres	0	-	31
Lake Rangers	0	-	4
Murley Moss & Central Rangers	13	1	100
Northern Office	0	5	17
Southern office	0	5	13

Table 3: Quantity and location of trained mental health first aid staff

Occupational Health Support

External occupational health support is crucial as it focuses on the physical and mental well-being of employees in the workplace, and how we as employers can make the adjustments necessary in ensuring staff can perform their duties safely and effectively.

The Authority utilise the Occupational Health service when a staff member has an underlying condition that requires reasonable adjustment, but the People team need expertise in identifying the adjustments and how to implement them. The Authority also utilises the Occupational Health service as the first stage in managing long term sickness absence.

	2024									2025		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
OH Referrals	0	0	0	2	0	0	0	0	2	0	0	0

Table 4: Occupational health referrals made in the reporting year

Employee Assistance provision (EAP)

As part of our Employee Value Proposition (EVP), we offer an Employee Assistance Programme (EAP) to all staff. The EAP package consists of the following:

- Confidential advice and counselling (24/7 365 days) - Counselling and advice is completely free and is designed to help staff deal with any personal or professional problems. The EAP is provided by Health Assured, an external organisation who work to a robust, professional code of conduct. Dependent on the nature of the issue, counselling or advice can be provided by fully qualified professionals. All calls are treated in the strictest of confidence and in line with The British Association of Counselling and Psychotherapy (BACP) code of ethics.
- Legal information - For any issues that cause anxiety or distress including debt management, accountancy, lawsuits, consumer disputes, property or neighbour legalities.
- Bereavement Assistance - Health Assured offers qualified and experienced counsellors who can help with grief and related stress, plus a team of legal advisors to help with legal issues.
- Medical information - Qualified nurses are on hand to offer advice on a range of medical or health related issues. They cannot diagnose but can offer a sympathetic ear and practical information and advice.
- Cognitive Behavioural Therapy Online – The Authority recognise the value of self-help tools in dealing with a range of issues, which is why we have a range of Cognitive Behavioural Therapy self-help modules, informative factsheets and invaluable advice videos from leading qualified counsellors.

We also endorse and recommend Able Futures (run by the Department for Work and Pensions) which is an Access to Work Mental Health Support Service. Staff can meet a dedicated Vocational Rehabilitation Consultant who will spend time with them to understand any mental health issues that are affecting their time at work.

They will help create a support plan that is tailored to specific needs and, with regular meetings and telephone catch-ups scheduled over the nine month support programme, together staff will work through advice and guidance towards a more enjoyable future at work.

Both the EAP and Able Futures are completely confidential, and the Authority does not have access to who or what is accessed via these services.

Return to Work

Return to work sickness absence meetings play a vital role in managing employee health and maintaining workplace productivity. These meetings provide a structured opportunity for employers and employees to discuss the reasons for absence, assess the individual's fitness for work, and identify any necessary adjustments or support needed for a smooth transition back to their role. By addressing underlying health issues and potential workplace hazards, these meetings help prevent recurrent absences, enhance employee well-being, and ensure compliance with legal obligations under health and safety and disability discrimination laws.

Previously, Return to Work (RTW) interviews have not been enforced and practices have varied dependent on the service area. An immediate action that has been ongoing

throughout this reporting year is ensuring consistency in that they take place, are meaningful and ask the right questions to provide the support needed.

RTW meetings taking place are now included in our internal performance indicators and can be seen on a quarterly basis below in Table 5.

	April – June 24	July – Sept 24	Oct – Dec 24	Jan – Mar 25
Completed Return to Work Interviews	74.5 per cent	72.3 per cent	69.5 per cent	73.4 per cent

Table 5: Quarterly percentage of all absences that have a documented return to work completed against reported absence.

This quarterly reporting is set against an ambitious internal target of 90 per cent. Whilst we are not succeeding in achieving our target and performance indicator scores continue to be sporadic, we are seeing a change in culture so that more people are aware of the need and expectation to carry out RTW meetings. This does take time to embed into teams and we will continue to progress into 2025/26.

Key Priorities for 2025/26

The key areas of focus for the management of staff wellbeing next year will be:

- Continue to expand Mental Health First Aiders in each remote location
- All episodes of sickness absence to have a return to work (RTW) interview
 - All sickness absence reasons to be reported in RTW interviews
 - Days lost will be accurately recorded in RTW interviews
- Ensure consistency of utilising formal sickness absence management policies

The Wellbeing Action Plan is included in Annex 2 and shows the key actions planned for 2025/26.

Annex 2: 2025/26 Wellbeing Action Plan

Key actions	Progress to date	Further work for 2025/26
Policies		
<p>Sickness Absence Management Policy Ensure policies are up to date.</p>	<p>The Authority has a Sickness Absence Management Policy which was last updated in 2020 and was reviewed in 2024. No changes were required.</p>	<p>Complete</p>
Information and Training		
<p>Mental Health First Aid Training Ensure proficient cover of Mental Health First Aiders</p>	<p>The Authority currently has 13 Mental Health First Aid trained members of staff and is expanding that to another 8 within the Ranger Services in Sept 2025 and further additions to be made in our Tourist Information Centres.</p>	<p>Complete MHFA training for Rangers services as planned with more MHFA in other remote locations.</p>
<p>Management Training Line manager training for all new and existing accidental managers</p>	<p>Review who has received line manager training focussing on new managers and previous 'accidental managers'. First Line Manager training sessions completed for new managers with positive feedback. Second session planned for Sept 2025.</p>	<p>Complete</p>

Key actions	Progress to date	Further work for 2025/26
Return to Work (RTW) Reporting		
Sickness absence reasons Ensure line managers are consistent in reporting the reason for sickness absence within the RTW	Work with Line Managers to ensure all sickness absence is reported on HR Pro.	