

ANNEXE 1

Workforce Data Summary – Quarter 2 Update 2022/23

1. The Council's workforce is key to the success of our organisation and service delivery, and therefore consideration of our employee workforce data is essential to help guide future workforce planning and organisational strategy.
2. In addition to employee demographics, we also capture and analyse additional data to help us measure the success of our people management strategies, policies and procedures.
3. We use various methods to resource the work of the Council – permanent and fixed term employees (with full time and part time hours worked), workers (including casual workers), agency staff, contractors and ad hoc consultants. For the latter three groups of worker, we do not hold direct/personal data about them as they are not directly employed by the Council. The information contained within this report therefore relates to directly employed staff.
4. At the Employment Committee meeting on 29th July 2019, it was agreed that employee demographic and organisation workforce measures data would be reported to the Committee annually, at the first Employment Committee meeting of the municipal year, with the exception of sickness absence and turnover data. These two measures would be reported to the Committee twice a year - at the start of the municipal year and again after six months (i.e. Q2 and Q4 reporting). The information below is therefore the six-month update to the Employment Committee on sickness absence and turnover data as the end of quarter 2 2023/24.
5. The Deputy Leader and Portfolio Holder for Finance, Governance and Organisation/Chair of the Employment Committee will also be consulted in the case of unusual or unexpected issues (raising of exceptional circumstances) occurring within the organisation, including risks associated with sickness absence levels.

Organisation workforce measures

6. On a regular basis, we collate data on a number of indicators to help us assess the organisation's health of workforce stability, performance and effectiveness of people management policy & procedures. These are reported internally to the officer Corporate Pay Group and the Corporate Governance Group.

Employee sickness absence

7. The sickness absence 'days lost' information contained within this report is a rolling cumulative 12-month period.
8. The average total number of days lost to short term sickness absence has decreased overall and is at 3.7days for the rolling year at the end of quarter 2, a decrease of 1 day when compared to this period last year (4.7 days lost). The number of days lost remain under our target of 4.0 days. It is worth noting that the

sickness absence data includes all COVID-related absences, short term and long term (since April 2022).

9. The Chartered Institute of Personnel & Development's (CIPD's) 'Health and Wellbeing at Work Report' released each year is usually the most up to date report available to compare our averages against other public sector and private sector organisations. The pandemic and the Government's response in terms of interventions made, has had a deep impact on the UK labour market. Temporary absences from work increased nationally during the pandemic as many businesses had to close temporarily or operate at reduced capacity, with considerable numbers of employees furloughed, shielding or isolating. The disruption to many businesses in terms of working time has been incalculable in many ways and still continues to have impact.
10. The survey data reported in September 2023 shows that three years on, the coronavirus pandemic continues to heavily influence employee health and wellbeing. The virus continues to cause disruption due to short term absence as well as absence and wellbeing issues for employees with long COVID.
11. The CIPD report also highlights that as well as COVID, economic turmoil, the UK's cost of living crisis and war have also had far reaching impacts on people's wellbeing. The reports outlines the importance of embedding a 'wellbeing culture' and organisations' Senior Leadership teams having a key role in demonstrating the commitment to good practice when it comes to wellbeing. Evidence in the report suggests that activity in this area nationally within organisations across all sectors has unfortunately continued to wane since the pandemic. Lack of line manager skills and confidence is the top challenge in supporting wellbeing.
12. For Reigate & Banstead Borough Council, staff wellbeing (and ultimately staff engagement) remains an organisational development priority. A number of support measures exist for staff in terms of mental, physical and financial wellbeing. Managers are expected to discuss wellbeing with their staff at their regular 121s so individual circumstances can be understood, early warning signs of poor health can be spotted and interventions made accordingly (with the support of HR advice as appropriate, as well as signposting for other methods of specialist help).
13. The upcoming staff survey (to be run in quarter 4 2024) will include a focus on wellbeing, encouraging (anonymous) feedback on how the Council is performing in terms support for staff with regards to wellbeing matters. Detailed data analysis post survey will be carried out in order to understand the overall "organisational health" and priority areas where human resource and organisational development interventions may be needed, with action plans put in place.

Key findings of the CIPD report

14. An average of 7.8 days per employee, per year (across all sectors) has been lost due to sickness absence. This is the highest level in a decade and two days more than the CIPD reported in 2019 (5.8 days). The report highlights that the record number of people off sick has placed "workplace health and wellbeing services into a vital role supporting UK businesses and therefore the economy". The use of

these services by UK organisations are likely to ease the burden on the NHS by helping to prevent ill health where possible Overall there is less management focus on health and wellbeing compared with the first year of the pandemic.

15. The CIPD report findings show that there is a workplace wellbeing paradox where, despite an increasing number of workplace health and wellbeing services being put in place, employees have an increasing number of mental health issues. 76% of organisations reported some stress-related absence, with heavy workloads being the most common cause. Nationally, mental ill health is the top cause of long-term absence, with musculoskeletal issues the second top cause.
16. Mental health remains the most common focus of organisations' wellbeing activity, with more than half of the survey respondents reporting their activity is focused on this area 'to a large extent'. Most also make some effort to promote values/principles, collective/social relationships, good work (for example, job design, work-life balance), physical health and personal growth.
17. More than two-fifths of respondents (43%) report their organisation is continuing to take measures to support employee health and wellbeing in response to COVID-19. Just over half (52%) report they did take measures but no longer do so, while a small minority report they never took measures or 'don't know'.
18. Half of respondents (50%) report employees who have experienced, or are experiencing, 'long COVID' (i.e. symptoms lasting 12 weeks or more) in the last 12 months, up slightly from 46% last year. Moreover, these figures may underestimate the issue as not all employees with the condition report their symptoms and a fifth of respondents didn't know whether any employees had long COVID symptoms.
19. Most organisations that have identified employees with long COVID are taking steps to support them.
20. The CIPD report also reviewed 'presenteeism' (people coming to work when unwell) and 'leaveism' (employees using allocated time off, such as annual leave, to work or if they are unwell, or working outside contracted hours) are also critical indicators of employee stress, morale and organisational culture.
21. Presenteeism remains prevalent, with most respondents across all sectors reporting they are aware of people working when ill – in the workplace and/or at home – over the last year. Nearly two-thirds (63%) of respondents report some sort of leaveism in their organisation, in similar findings to last year. HR respondents to the survey are taking steps to address this trend and investigate potential causes.

What this means for the Council

22. The Council takes the health and wellbeing of our people very seriously and has measures in place to track, monitor and where possible prevent re-occurring illness.

23. The emerging Organisational Development (OD) priorities feature a focus on staff health wellbeing, priorities which will be further informed in quarter 4 and into the early part of the new financial year from the results of the staff survey..
24. Benchmarking of our sickness absence data remains a challenge more broadly. This is due to how data is recorded, measured and calculated by other organisations – so there's a risk we could be comparing apples with pears. This remains the case even for Local Authority organisations – no standard definition is applied to determine what constitutes short-term absence or long-term absence.
25. As well as short term absence figures, the data provided in the charts at the end of this Annexe includes long term sickness absence (which the Council defines as spells of absence of 20 days or more) and the total days lost due to both short term and long term sickness combined.
26. There has been a slight increase in long term absence cases year on year - 7.15 days lost at the end of quarter 2 2023/24 vs 6.49 days at the same period last year. Long term absences have had more of an impact on the overall figure of the total days lost due to sickness absence compared to this time last year (10.82 days lost at the end of quarter 2 vs 11.23 days in quarter 2 in 2022/23). A large proportion of long term absence cases have come to a conclusion during this current financial year – be that a return to work for the individual (in some cases with adjustments made following occupational health advice or dismissal from the organisation due to capability (ill health)).

Reasons for absence

27. The top ten reasons for sickness absence at the Council are shown on the final page of this report.
28. The CIPD report findings show that stress continues to be one of the main causes of short- and long-term absence nationally across all sectors. Overall, 76% of respondents report some stress-related absence in their organisation over the last year (6% don't know), although this rises to 92% of organisations with more than 250 employees.
29. As referenced earlier, heavy workloads remain by far the most common cause of stress-related absence according to the CIPD, followed by management style. Non-work factors, such as health issues and relationships/family, are also among the most common causes of stress-related absence.
30. Stress related absence (both non-work related and work related) continues to be a featuring trend within the Council (although not the main cause of sickness).
31. In addition to offering employees access to the Employee Assistance Programme (a free and confidential service to staff provided by the Council, which grants online and face to face Counselling and support), we equip managers and employees with the skills to manage and reduce the negative effects of these conditions, through personal resilience training and mental health first aid, including the introduction of trained mental first aiders within the staff body this year. As well as

continuing to work with managers on the individual cases to support employees and manage these absences, HR are reviewing the data in a broader sense to consider and recommend corporate interventions needed in this area and further actions will be confirmed following the data analysis of the staff survey feedback.

32. Back related sickness absence issues continue to be the main cause of sickness absence for the organisation. The HR team continue to work closely with line managers, Heads of Service and Health & Safety colleagues on this matter to better mitigate this cause of sickness.

Employee turnover (attrition)

33. Last year saw exceptional spikes in turnover across all sectors post Covid and this was reflected in the Council's turnover rates too. This reflected a pent up demand for movement in job roles, a brief period of economic optimism and impact of remote/hybrid working. The turnover figures for quarter 2 2023/24 have returned to a more 'healthy' rate, back below the target of 12% (11.5% at the end of quarter 2 2023/24 from a rate of 15.4% at the same period the previous year).

34. Reviewing the exit process and data (the exit interview data and method of capture) is in the OD & HR workplan and is scheduled to follow on from the staff survey. This will allow us to ensure our exit questions are consistent with those used in wider benchmarking and allow us to target areas of concern. This engagement should give us a clear picture of employee's views on working for the council.

35. Again, similar to the sickness benchmarking challenge, our neighbouring local authority colleagues approach the recording and reporting of turnover figures in different ways.

Conclusion

36. In summary, we are seeing there has been a downward trend in our short-term sickness absence overall and in terms of staff turnover, we are currently below our threshold target and expect this trend to continue, however both turnover and sickness absence are issues that HR and managers continue to closely monitor.

Q2 2023/24 Key Performance Indicators

KPI	Status	Portfolio Holder
<u>KPI 3 – Staff Turnover</u>	GREEN	Cllr Lewanski
<u>KPI 4 – Staff Sickness</u>	GREEN	Cllr Lewanski

Headcount and Absence

KPIs

Area

All

KPI for voluntary Turnover = 12%

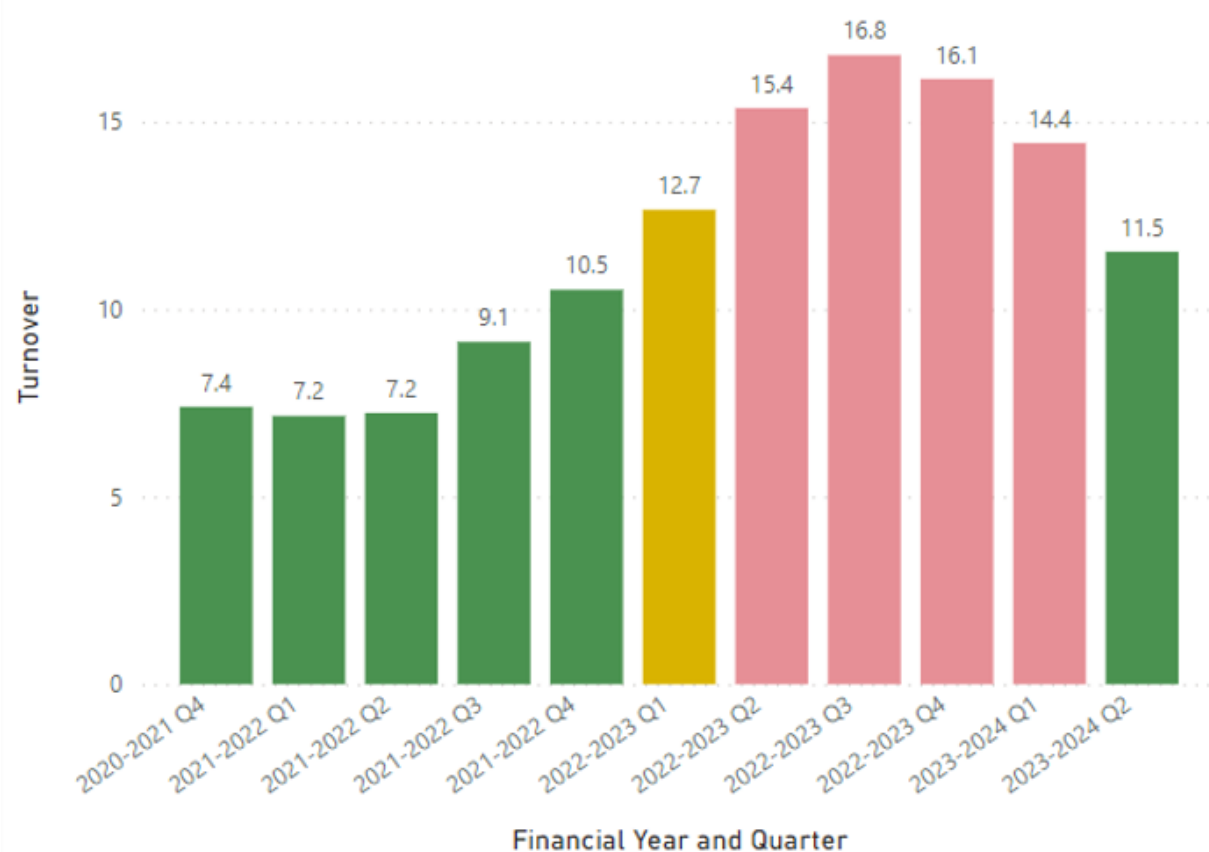
KPI for Short Term Absence = 4 days per employee

Green - quarters below KPI

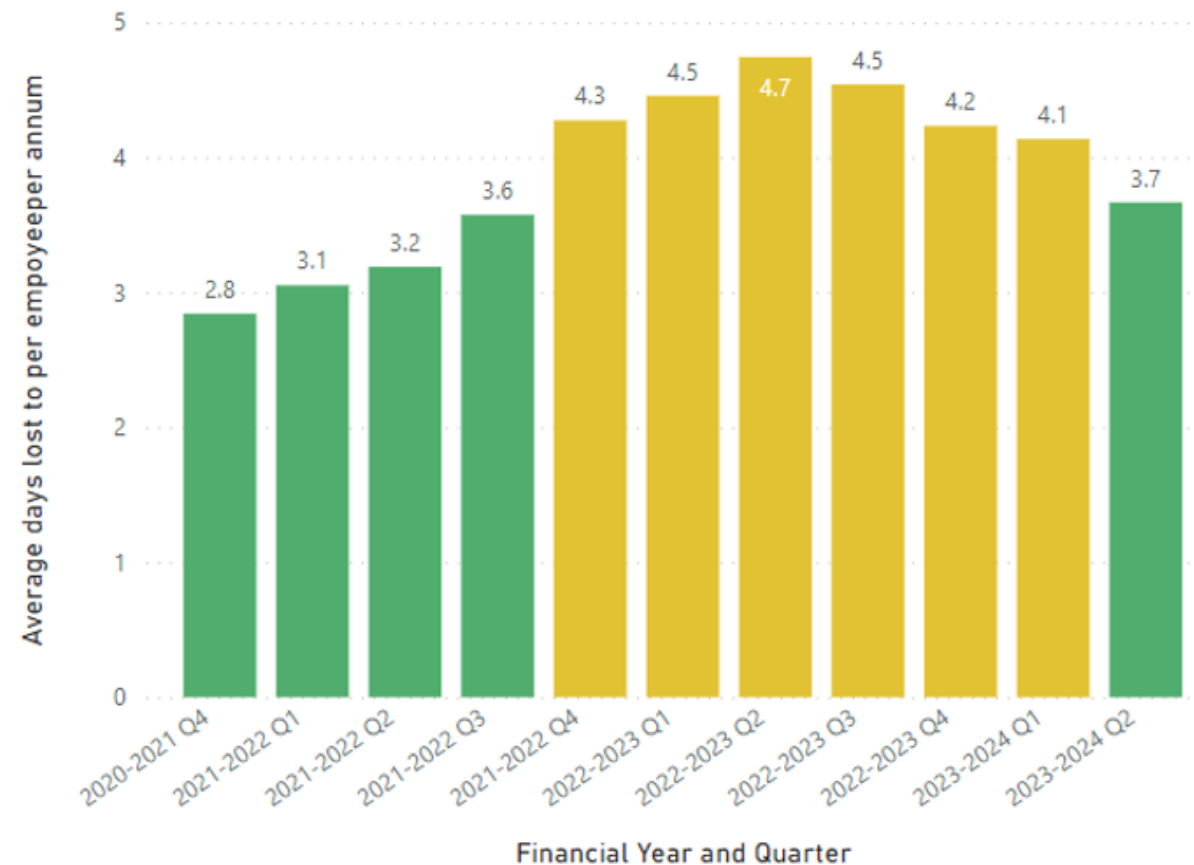
Amber - quarters above KPI but within tolerance (1

Red - quarters above KPI and over tolerance

Voluntary Turnover by Financial Year and Quarter



Average days lost to short term absence



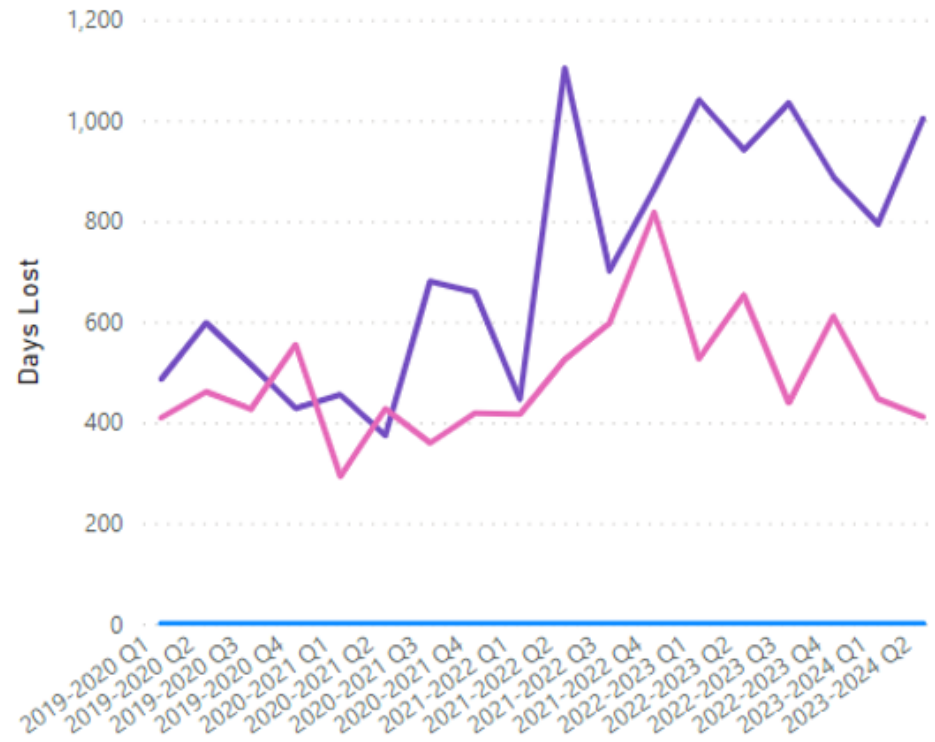
Headcount and Absence

Absence Length Trends (Data for Employee Committee)

Area

Days Lost by Financial Year and Quarter and Absence length

Absence length ● Exclude ● Long Term ● Short Term



Financial Year and Quarter

Absence length Financial Year and Quarter	Long Term Average days lost to sickness per - Rolling 12 Month	Days lost adjusted for split costing	Short Term Average days lost to sickness per - Rolling 12 Month	Days lost adjusted for split costing	Total Average days lost to sickness per - Rolling 12 Month	Days lost adjusted for split costing
2023-2024 Q2	7.15	1,003.50	3.67	411.00	10.82	1,414.50
2023-2024 Q1	7.04	794.00	4.14	446.50	11.17	1,240.50
2022-2023 Q4	7.41	887.50	4.23	610.50	11.65	1,498.00
2022-2023 Q3	7.23	1,034.50	4.54	439.00	11.77	1,473.50
2022-2023 Q2	6.49	941.00	4.74	652.50	11.23	1,593.50
2022-2023 Q1	6.70	1,040.00	4.46	526.50	11.16	1,566.50
2021-2022 Q4	5.65	863.50	4.27	817.50	9.92	1,681.00
2021-2022 Q3	5.31	701.00	3.57	596.50	8.89	1,297.50
2021-2022 Q2	5.36	1,103.50	3.19	525.00	8.55	1,628.50
2021-2022 Q1	4.06	446.50	3.05	416.50	7.12	863.00
2020-2021 Q4	4.11	658.50	2.84	418.50	6.95	1,077.00
2020-2021 Q3	3.75	680.00	3.16	359.00	6.91	1,039.00
2020-2021 Q2	3.48	374.00	3.34	427.00	6.83	801.00
2020-2021 Q1	3.98	455.00	3.46	293.00	7.45	748.00
2019-2020 Q4	4.10	428.00	3.74	554.10	7.84	982.10
2019-2020 Q3	4.26	514.50	3.82	426.50	8.09	941.00
2019-2020 Q2	4.09	598.00	4.00	461.00	8.09	1,059.00
2019-2020 Q1	3.81	486.00	3.94	409.50	7.74	895.50

Headcount and Absence

Days Lost to Sickness Absences - Top 10 (Data for Employee Committee)

Total Days Lost (Previous 12 months)

