

Annex 1

Workforce Data Summary – 2021/22 6 month update

RBBC's workforce is key to the success of our organisation and service delivery, and therefore consideration of our employee demographics is essential to help guide future workforce planning and organisational strategy.

In addition to employee demographics, we also capture and analyse data to help us measure the success of our people management strategies, policies and procedures.

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.

The Portfolio Holder for Corporate Policy and Resources/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 sickness absence concerns.

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. The information below is therefore the six-month update to the Employment Committee on sickness absence and turnover data.

Organisation workforce measures

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.

Employee sickness absence

The most recently available sickness absence data information shown below in 2020-21 Q2, is the cumulative total figure spanning the rolling year period 1 October 2020 to 30 September 2021.

Previous years' information (broken down by the quarter in which they were reported), is provided for reference.

Average number of sick days per employee				
Calculated: the total number of days absence for the Council, divided by the average Full-Time-Equivalent employed within the same period				
Year	Quarter (rolling year)	Short-term sickness days (up to and including 20 days)	Long-term (21 days and over)	Total (Short-term and Long-term)
2021-22	Q1 (01.07.20 - 30.06.21)	3.21	5.07	8.28
	Q2 (01.10.20 - 30.09.21)	3.36	6.23	9.59
2020-21	Q1 (01.07.19 - 30.06.20)	4.27	4.35	8.61
	Q2 (01.10.19 - 30.09.20)	4.01	3.53	8.13
	Q3 (01.01.20 - 31.12.20)	3.36	4.03	7.39
	Q4 (01.04.20 - 31.03.21)	2.86	5.06	7.92
2019-20	Q1 (01.07.18 - 30.06.19)	4.73	4.34	9.06
	Q2 (01.10.18 - 30.09.19)	4.95	4.78	9.72
	Q3 (01.01.19 - 31.12.19)	5.09	4.66	9.75
	Q4 (01.04.19 - 31.03.20)	4.78	4.4	9.18
2018-19	Q1 (01.07.17 - 30.06.18)	4.46	4.33	8.78
	Q2 (01.10.17 - 30.09.18)	4.16	4.13	8.29
	Q3 (01.01.18 - 31.12.18)	4.27	4.12	8.34
	Q4 (01.04.18 - 31.03.19)	4.81	4.05	8.87
2017-18	Q1 (01.07.16 - 30.06.17)	4.89	5.17	10.06
	Q2 (01.10.16 - 30.09.17)	4.82	4.86	9.68
	Q3 (01.01.17 - 31.12.17)	4.81	4.77	9.58
	Q4 (01.04.17 - 31.03.18)	4.79	5.28	10.08

The data above is displayed per quarter but is based on a rolling year, working backwards from that quarter – as the dates displayed in the second column above show.

The average total number of days lost to sickness absence has decreased overall when compared to pre-pandemic data in 2019. It should however be noted that the data reported above does not currently include COVID related absences (an Incident Management Team decision was taken at the start of the pandemic response to report on this type of staff absence separately). As the pandemic response is transitioning to more 'business as usual', senior management and HR are considering the policy and procedural options and timeframe for COVID related absences in future being included in our standard sickness absence reporting and policy approaches. See below in this report for COVID specific absence information.

The Chartered Institute of Personnel & Development's (CIPD) 'Health and Wellbeing at Work Report' released in April 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 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.

These changes, coupled with differences between organisations in which aspects of COVID-19-related absence, if any, they include in their absence rate (such as suspected or confirmed cases, self-isolation, quarantine, shielding), meant that the CIPD were unable to provide valid average sickness absence rate from the survey data for April 2021.

It is worth noting that according to the [Office for National Statistics \(ONS\)](#), in April 2020 almost half (47%) of all employees did at least some of their work from home. Data suggests that these employees were less likely to take sickness absence when suffering from a minor illness. While there is no official data on whether those who were asked to shield were placed on furlough or worked from home, those who were deemed clinically extremely vulnerable - and would generally account for higher rates of sickness absence - were less likely to contract common illnesses as a result of shielding.

Putting to one side the issues this year in terms of benchmarking our rates due to COVID issues, benchmarking of our sickness absence data remains a challenge more broadly. This is due to how data is recorded, measured and calculated varies by organisation – 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. Any data we do present in terms of comparators does need to be considered with this constraint in mind.

Pre-pandemic, the HR team started working with the Projects and Performance team to consider how we could report in more detail on how we compare with other district and borough councils, particularly our neighbouring authorities. A cross authority piece of work had started examining the data to determine whether we were recording, measuring and calculating our sickness absence data in the same way. The Head of OD & HR is ensuring this piece of work is picked up again and progressed in the workplan for 2022.

Reasons for absence

An average of 2.65 days of the 9.59 days lost per employee, have been attributed to stress, anxiety or depression (non-work and work related reasons combined). In Q2, there were 15 cases of long-term sickness absence for these reasons, compared with 30 short-term absence cases. Although the reasons have not been directly attributed to Covid when these absences were recorded, this is perhaps an indirect consequence of COVID-19 and the world that we are currently living in. [ONS figures](#) show that in the year ending March 2021, average ratings of well-being deteriorated – a continuation of a trend that was seen in the previous year, but even more sharply. One in six adults experienced some form of depression in summer 2021 (21 July to 15 August, Great Britain), compared with one in ten before the pandemic (July 2019 to March 2020). ONS data from May 2021 also revealed that depression rates in the UK had doubled since the COVID-19 pandemic began.

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, though personal resilience training and mental health first aid. The figures are though showing an upward trend in absences related to stress, anxiety or depression. 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.

As work restarts in 2022 to review and implement the Council's Great People Plan, which includes the aim to strengthen engagement methods with our employees, we should be in a better position to initiate and interrogate specific survey(s) around health and wellbeing. This will help us find out what the issues are for our employees and then provide interventions to support our staff further, with the aim to keep people at work – happy, healthy and productive.

The next highest reasons by number of average days lost are related to back pain at an average of 1.42 days lost per employee, heart/chest conditions at an average of 0.97 days lost, and diarrhoea/vomiting at an average of 0.59 days lost.

Operationally, HR continue to monitor and support managers in the application of the sickness policy and procedure, as well as flagging any unusual or unexpected trends to the Management Team for relevant action to be taken.

Covid Specific Absence Information

In addition to the above sickness absence, we have a been recording separately any absences relating to Covid. Please see additional COVID specific absence information below:

COVID absences (suspected & confirmed)	No. of Days absence	Periods of absence	Average days absent
Rolling Year 1.7.20 to 30.6.21	319	60	5.32
Rolling Year 1.10.20 to 30.9.21	494	84	5.88

Included with this report is a copy of the Council's Sickness Absence Policy & Procedure, outlining our approaches to managing both short-term and long-term absence at the Council. This may be of particular benefit as background information for new Members on the Employment Committee. We have a number of interventions currently used to manage short-term absences which include return to work interviews with managers, line managers taking responsibility for managing absences within their team but supported by regular reporting from HR and professional advice and trigger mechanisms to review absences including the issuing of absence warnings under our policy. Interventions to manage long-term absences include again return to work interviews/managers (with HR support) being in regular liaison with staff off sick, trigger points to review the absence period, specialist occupational health advice sought for information on a likely return to work/what adjustments the Council can make, phased returns/short or long-term adjustments to work or patter to enable a return to work and capability procedures being followed if a return to work is not possible. The aims of our sickness policy are set out clearly on page 2 of the policy. The framework is in place to monitor and manage absence and to help facilitate a sustained improvement in attendance. If this is not possible, for both short and long-term cases, dismissal (for reasons of capability) is a potential outcome.

The HR team has a rolling programme in place for the review of the Council's HR related policies and procedures. This programme of work was paused during the Covid response whilst resources were focused on responding to the pandemic priorities. The sickness absence policy and procedure is one that is in the refreshed workplan for review in the new year.

Employee turnover (attrition)

RBBC's voluntary (resignation) employee turnover rate has decreased to 7% of the workforce over the past year, and Q2 rolling year indicates 2%.

It is felt that RBBC continues to have a comfortable and healthy turnover rate right now. However, the so called 'Great Resignation' is certainly something that we are mindful of avoiding and data will continue to be analysed in this area.

The reasons individuals choose to voluntarily leave may be many and varied. The spike in people leaving their roles nationally (and indeed globally) is showing that the pandemic has been a period of reflection for some individuals. There is a view that this is about individuals rethinking the role that work plays in their lives and the type of organisation they want to work for suiting their values and lifestyle preferences (including preferences around patterns and location of work).

Restarting the Great People Plan of work will include reviewing our organisation vision and culture, and the engaging with our workforce to co-design the priority areas of work in terms of the enablers to an engaged, healthy and happy workforce.

The 2020 Xpert HR 'Labour Turnover Rates Survey' gave the 2019 average turnover rate for the Public Sector of 9.5%. The Private Sector was shown to be 19.5%. It should be noted that this is total turnover and not split down to just voluntary turnover figures. In this survey, it was noted that for both public and private sector employers, the data suggested a drop at that time total labour turnover.

The 2021 Xpert HR Labour Turnover Rates Survey is due for publication later this month (in December 2021) which will cover the data for 2020 and from the data analysed we may expect to see the impact of the 'Great Resignation' starting to show.

Again, similar to the sickness benchmarking challenge, our neighbouring local authority colleagues approach the recording and reporting of turnover figures in different ways. The HR team were also working pre-pandemic with our Projects and Performance colleagues on this area of data and how best to compare our data with other public sector organisations in more detail, with the intention of being able to compare the difference and reasons of our voluntary, non-voluntary and combined resignation rates. Again, this was to ensure we calculate our turnover rates using the same voluntary/non-voluntary definitions and are therefore comparing the right data. The Head of OD & HR is ensuring this piece of work is picked up again and progressed in the 2022 workplan.

Conclusion

In summary, we are seeing there has been a downward trend in our short-term sickness absence overall but in contrast there has been an increase in our long-term (20+ days) absence spells.

In terms of staff turnover, we are below the national average in this area but given the 'great resignation' issues highlighted, it is an issue that HR and managers are closely monitoring.