

Can the levels of sickness be broken down into staff groups e.g. frontline staff and back room staff, departments, including the number of staff in each group?

The position is compiled to Service level on a monthly basis to track trends [See appendix B]. This gives the average full time equivalent of staff in each service, as well as the days lost and average days lost.

Differences can certainly be seen in absence rates for different activity types, with higher rates generally occurring in services with a high concentration of 'manual' occupations or with providing direct services such as Children's Social Care.

Please note in interpreting these figures that in smaller Services figures are more volatile. There are areas where there happen to have been one or two long term absences that produce high averages, even where the majority of staff may not have had an absence, or just one or two.

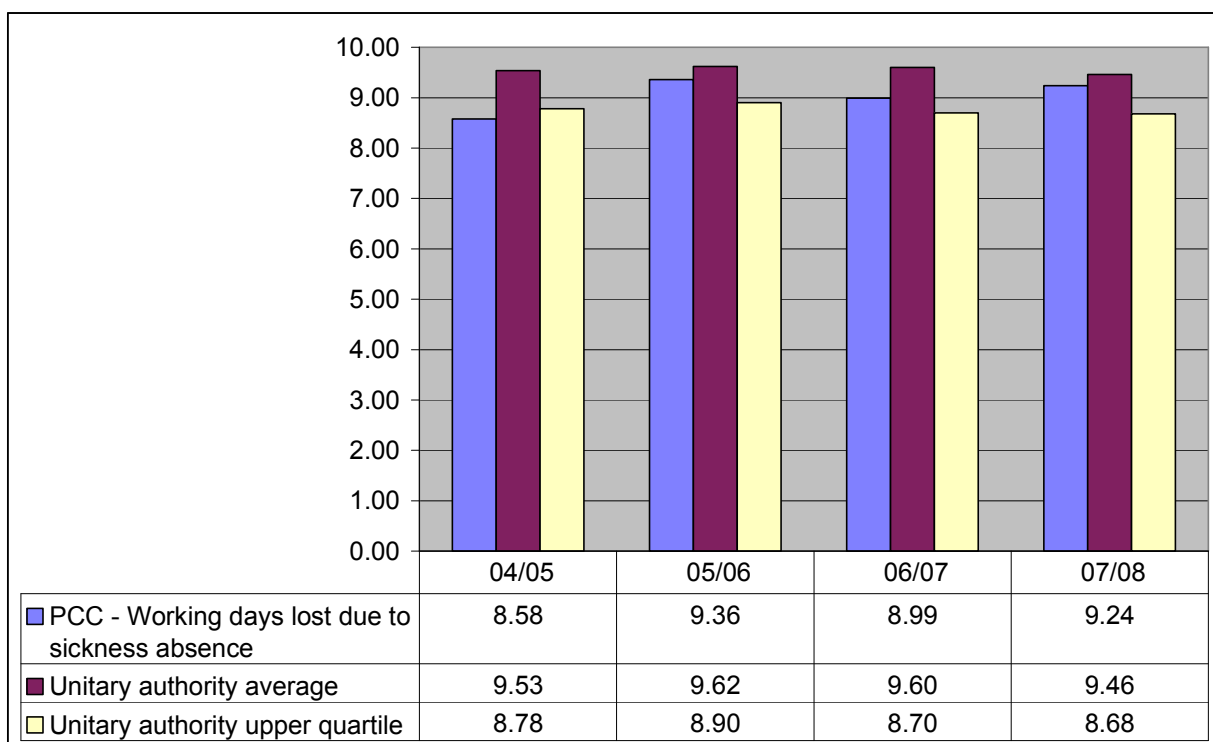
We do not currently operate a job classification system of classing posts as 'frontline' or 'back room' and many jobs would be difficult to classify in such a way. Since implementation of single status employment it cannot be analysed by staff on differing terms and conditions. Common attendance policies and procedures apply to all staff.

A graph showing the trend over the last three years.

Days per employee is the primary measure of sickness levels used in local authorities. The formulas used for this are the same as those defined by the Government in its Best Value Performance Indicators [Measure 12]. The last year these were recorded was for 07/08. The measure does not feature in the new National Indicator set but continues as a voluntary measure recommended for benchmarking by the Audit Commission in its 'Value for Money in Corporate Services' scheme [indicator PI5].

Peterborough's performance was within the top quartile of performance in 04/05 and between the average and the top quartile for the last three years [i.e. sickness rates were lower than average]

It should be noted that all schools are included in these figures. These gives a reduced number of days overall in comparison of the tracking done for directorates mainly because there are less working days in the school year than for other employees.



Trends for specific Departments and Services can be plotted, but these are affected by re-organisations and restructuring so that one is not necessarily fully comparing like with like. Also, smaller units such as Adult Social Care will tend to be more volatile in sickness levels depending on when long term absences occur, and are less significant in the overall result. Variations between years tend to reflect where the occurrences of long term absences have fallen.

Here is a chart showing the trends over time for Directorates, using nearest previous equivalents where necessary. The 08/09 figures are projected on the first eleven months. It is possible actual outturns will differ from this indication.

Service	08/09				Trend in days per employee					Trend Mini Chart	Direction of travel 08/09
	Ave FTE	FTE days lost	Average Days Lost YTD	Projected Out-turn	0405	0506	0607	0708	Projected 0809		
Adult Social Services	11	116	10.38	11.15	9.57	14.53	7.84	26.72	11.15		▼
Childrens Services	775	8,993	11.60	12.46	12.14	11.29	15.72	13.45	12.46		▼
City Services	528	6,101	11.55	12.40	15.62	14.75	12.69	12.04	12.40		▲
Deputy Chief Exec	197	1,236	6.26	6.73	5.05	5.93	13.03	7.79	6.73		▼
Legal & Democratic	73	911	12.47	13.40	5.27	8.85	9.60	8.58	13.40		▲
Operations	416	3,855	9.28	9.96	8.42	7.55	8.28	9.02	9.96		▲
Strategic Resources	283	2,288	8.07	8.67	8.18	10.25	8.33	9.71	8.67		▼
All Directorates	2,289	23,513	10.27	11.04	10.76	10.90	11.98	11.23	11.04		▼

Direction of travel ▲ ▲ ▼ ▼

What is the split between long term and short term sickness?

This fluctuates over time, but is generally around 50% [52% for the period April 2008 to February 2009]. According to the HR Benchmarker study 2008 the average for authorities [excluding districts] was 49% of sickness being long term. Over recent months progress has been made in reducing the number of long term sickness cases in most areas.

What are the council doing to address the issues?

Sickness Management

According to the CIPD annual absence survey 2008, Return-to-work interviews are rated as the most effective approach to managing short-term absence, followed by trigger mechanisms for reviewing attendance and the use of disciplinary procedures. The top three most highly rated approaches to managing long-term absence are occupational health support, the provision of rehabilitation programmes and flexible working. These processes are all used within Peterborough City Council and are being rigorously applied.

In the current year to-date sickness has been reduced to 10.27 days per employee from 10.46 the previous year. Times of reorganisation and uncertainty have in the past lead to increased rates of sickness - however through the VR programme this appears to have been contained, with no real

additional reporting of issues to Occupational Health. We are monitoring the situation as we move into identifying those at risk of compulsory redundancy.

Since the adoption of the Business Partner model in the last HR restructure considerable effort has gone into developing a closer working relationship with line managers, coaching them to take more ownership of OH issues, and supporting them in the management of agreed action plans working towards satisfactory case conclusion. Some areas report sickness figures started to increase initially when this approach was introduced, but closer working is now resulting in greater ownership and more effective management of sickness.

HR Business Partners are reporting to Departmental Management Teams on sickness progress raising the profile of health management issues. Business Partners discuss with managers every long term absence to ensure the appropriate action \ referrals are in hand. They have identified managers with high levels of sickness in their team and provided coaching sessions on sickness management. There are regular monthly reviews between Business Partners and Occupational Health on progress.

Occupational Health have also been involved in targeted clinics in City Services for staff with high numbers of short term absences. On average ten employees will be seen on the day, finishing with a case conference with the relevant managers at the end of the day. The purpose of the case conference is to train managers how to tackle the issues that have been brought up. The first clinic took place on 12th January for Street Cleansing and was viewed to be a success by the foreman and officers involved. Line Managers are appreciating the value of these so much so that they are being conducted every fortnight in order to ensure all issues are addressed and reviewed at sufficient frequencies. It is planned to offer similar clinics in other Directorates.

A more robust referral process has been introduced. Increased services to schools have also been provided in recent months.

Children's Services Business Partners have been actively reviewing long term cases with Occupational Health and are now receiving details of all Occupational Health referrals. This is leading to developing closer working relationships with line Managers, providing informal coaching and ensuring action plans are in place working towards satisfactory case conclusion. Weekly tracking has been set up for long term sickness cases and cases of frequent short term absence.

Work in City Services has also been conducted by the Business Partners, raising line manager's general awareness of the problem of frequent absences and long-term absences. There is a focus on how problem cases can be tackled more effectively to improve attendance and looking at patterns and reasons for absence. Also, there is learning being provided around the link between sickness and cases of poor performance \ capability and appropriate use of these procedures supported. From this further action has resulted, such as refreshers in manual handling in cases of muscular-skeletal problems and back injuries. Another result has been closer links between Health and Safety, Occupational Health and HR in tackling attendance issues. Finally work is being piloted with a Team administrator to look at making sickness recording data more meaningful and accessible to managers.

In the Operations Directorate weekly review of absences is occurring and a 'Bradford factor' report produced to increase management awareness of the issues. 'Bradford' factors are an additional method of assessing the impact of sickness absence and highlights staff with high sickness. Staff are nevertheless being reviewed in accordance with corporate procedures and triggers. In January the Director of Operations opened a workshop for all tier 3 and 4 managers in the Directorate aimed to provide a clearer understanding of the absence procedure including triggers and line manager's responsibility within this.

It will be useful to assess the results from Operations over a period of time to review any lessons learnt \ good practice ideas. In particular it would be useful to explore whether weekly reporting \ review contributes to better sickness management. Data is currently only input corporately monthly for the payroll cycle. While this is more efficient within payroll, this potentially means managers having to track issues locally to act on cases before receiving corporate management information. If benefits can be shown a business case for more frequent payroll input may emerge. In the longer term the aim would be to have almost real time data via direct input from managers to the HR system via self service.

Health Referral

During the year the council has been using the services of AXA to obtain more specialist advice in long term sickness cases replacing its previous use of a general practitioner. The aim has been to improve timely, professional advice on long term sickness cases. This is currently being evaluated by the OH Nurse Manager. One concern is ensuring the best possible turn around time on advice.

Wellbeing and Health promotion

Peterborough City Council has been conducting wellbeing activities, including via its BOOST week campaigns. These have provided employees with advice and support from stopping smoking, to health walking and eyesight testing.

Benefits made available to employees during BOOST week, Jan 12 – 16, included:

- Free use of Werrington and Bushfield Sports Centres and Regional Pool
- BOOST Bus, taking fitness instructor, health improvement advisors and information resources to work sites around the city. 10 locations were covered over 3 days of the 5 day campaign.
- A range of wellbeing therapies and beauty treatment available at discount rates
- Health walks
- Free eye and hearing tests at Specsavers
- Green Days, allowing employees to volunteer for a days work in a local school, digging, pruning, painting etc.
- Meditation session
- Adult cycle training
- Free personalised travel planning
- Providing educational materials, e.g. on managing stress.

Health talks and stress awareness sessions planned for the campaign were, unfortunately, cancelled due to insufficient numbers booking places. A further week is planned for June 09. Feedback is being collected via Internal Comms and an evaluation of the campaign will be undertaken by the Boost Group. At present these activities have no direct funding.

Consideration of future Occupational Health provision

There has been significant investment of officers' time over the last 12 months in investigating attendance management and preparing a range of responses in order to maximise business efficiency and reduce sickness absence. The work has involved a comprehensive review of the existing Occupational Health provision as well as setting out proposals for formally incorporating wellbeing as part of the strategy to attract and retain the best candidates to deliver our services.

The provision of occupational health and wellbeing services and strategies are increasingly recognised as important factors in achieving business effectiveness and supporting an environment where employees feel valued and respected.

The completed business case currently awaits consideration, though as we have outlined in this report officers had continued to implement improvement initiatives as far as possible within existing resources.

In addition the attendance policy has been under review and proposals for amendments drawn up but again this is awaiting consideration \ consultation.

HR are looking at options for relocating Occupational Health to make it more accessible to our employees with disabilities.