

Date: 25 June 2019

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Dear Chris,

### **Policy Review & Performance Scrutiny Committee: 12 June 2019**

As Chair of the Policy Review and Performance Scrutiny Committee, thank you for attending Committee and providing the opportunity for Members to consider the Council's progress in tackling Sickness Absence, and the actions taken to date. We know that you value the Committee's focus and feedback on this important challenge for the Council. Members have asked me to pass on our appreciation to Philip Lenz, Anita Batten and Gaynor Collins for supporting this scrutiny. We offer the following comments and observations for you to reflect on as you continue to review and refine the Cabinet's approach.

#### **Outturn 2018/19 - Current position**

The Committee notes that the sickness absence outturn for 2018/19 is 11.53 FTE days lost per person against a target of 9.5 FTE. It was highlighted that the previous administration had been successful in achieving an outturn below 10 FTE in 2015/16 and the cabinet member reported it was a result of close and challenging focus on service areas and senior managers, who were then held to account for high absence and sickness levels. We believe such focus and challenge is needed on a continual basis to avoid levels increasing in the future. We are disappointed at this outturn and the lack of impact of the Council's actions, particularly since you had engaged the services of APSE in offering advice on tackling sickness this year. The Members' observations that follow are offered in a constructive vein.

We heard that over the past five years actions have impacted on short term sickness absence, which has decreased by 10%, whilst in the same period long term sickness has increased by 10%. We also heard that the impact of this increase in long term

sickness has resulted in a significant upturn in Occupational Health referrals as well as in the Council's overall sickness level outcome.

### **Actions taken in 2018/19**

The Committee notes there have been revisions to the Council's policy in 2018/19. There appears to have been two specific adjustments made to the Council's Employee Attendance and Wellbeing policy, as of 1<sup>st</sup> April 2019. Case conferences will now take place at 12 and 24 weeks and line managers will carry out the informal support stages of the policy whilst the formal stages will now be carried out by the next level of management.

Members consider that the policy leaflet issued to all staff advising them of these changes could concern some of them. We feel it should include reassurance that it may not always be necessary to refer them to Occupational Health or arrange contact visits, as well as clarifying the stages of the policy.

Further, we wish to point out that it is not always within an absent employee's control to secure prompt appointments with GP's and hospital clinics and managers should therefore understand this difficulty. Please note comments below on private health cover in this context.

### **Individual Service Areas**

There remain widely differing levels of sickness across service areas and we heard that bespoke action plans have been put in place for each area where there are concerns. We note that you consider there has been an improvement in sickness absence at Lamby Way although its level remains a concern. We will therefore consider the option of inviting some service areas to Committee to enable a deeper dive into the effectiveness of their action plans and the challenges they are facing.

### **Analysis of data**

At the meeting it became clear that you have undertaken considerable analysis of Q3 and Q4 data, which should provide insight into the reasons for the final 2018/19 outturn compared with that projected at quarters 1 and 2. You offered to share this analysis with us and we look forward to sight of the breakdown.

We are interested in the sickness absence levels recorded for 45-64 year old employees, an age range that often has multiple caring responsibilities.

We note initiatives to date such as the review of the Carers Policy, the active Carers Network and the option for carers to indicate on the HR system that they are a carer. In our view, although it may be difficult to separate stress into *work-related* and *non-work related* stress, such analysis would be useful so that attention can be directed to the work related causes.

### **Preventative Action**

The Committee feels strongly that there is a need for greater proactivity in tackling sickness absence. We wish to see more preventative approaches to tackling the increasing trend. As mental health and muscular-skeletal sickness continues to increase, along with occupational health referrals, we consider it is important to proactively examine the underlying causes as to *why* injuries and stress related illnesses are occurring. Those who have leadership responsibilities should also be closely involved in this analysis and what preventative actions they could be taking. We therefore urge that you consider how best to use the results of your analysis to be more proactive in developing preventative approaches.

We note also that you have not yet factored the rise in pensionable age to sixty seven into projections of sickness absence and we consider this would be wise.

### **Further data**

Thank you for offering future sight of the complete all Wales and Core City data sets when they become available, we look forward to receiving them. We are pleased to hear you will be exchanging best practice in tackling sickness absence with other authorities across Wales and again refer you to those authorities with outcomes below 10 days including Merthyr Tydfil and the Vale where we understand that a number of successful measures they employed are yet to be considered for Cardiff.

### **Private healthcare benefits**

One Member reminded us of a former Council policy to offer private healthcare to certain key staff as it enabled faster diagnosis, treatment and return to work at a relatively low cost. We encourage you to explore this, not only from a business, from

a staff recruitment and retention angle. We note that the Council already offers some services in-house that are available under private healthcare.

Our conclusion is that measures undertaken in 2018/19 failed to deliver the Council's sickness target and your analysis of what happened from quarter 3 onwards needs to assist the organisation in adopting a more preventative approach in the future.

Whatever actions were taken clearly did not work. The Committee is concerned that the analysis and data systems you have put in place are not yet informing a more preventative and proactive approach to tackling sickness absence in the Council. When we next monitor sickness we will follow up this line of inquiry.

There are a number of requests for further data and action points for you to follow up in this letter, and the Committee therefore looks forward to a response on all matters we have raised.

On behalf of the Committee, my sincere thanks for attending the PRAP Scrutiny Committee to update us on Sickness Absence. I would be grateful if you would consider our feedback on this important matter and I confirm we will maintain an interest in this key challenge. I look forward to your response.

Yours sincerely,

A handwritten signature in black ink that reads "David Walker". The signature is written in a cursive, flowing style.

**COUNCILLOR DAVID WALKER**  
**CHAIR, POLICY REVIEW AND PERFORMANCE SCRUTINY COMMITTEE**

cc Members of the Policy Review & Performance Scrutiny Committee  
Philip Lenz, Chief Human Resources Officer  
Anita Batten, HR People Partner  
Gaynor Collins, Occupational Health Manager  
Alison Taylor, Cabinet Support Officer  
Joanne Watkins, Cabinet Office Manager