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ABERDEEN
CITY COUNCIL

<u>To</u>:   Councillor Allan, <u>Convener</u>; Councillor Houghton, <u>Vice Convener</u>; and Councillors Allard, Cameron, Copland, Delaney, Graham, Macdonald and Reynolds.

<u>Trade Union Advisers</u>: Carole Thorpe and Ron Constable (EIS); Mike Middleton and Brenda Murdoch (GMB); Sid Sandison and Thomas Whyte (SSTA); Kenny Luke and Alison Robertson (UNISON); Joe Craig and Mishelle Gray (UNITE); and Rob Stephen and 1 vacancy (VOICE).

Town House,
ABERDEEN, 21 June 2018

STAFF GOVERNANCE COMMITTEE

The Members of the **STAFF GOVERNANCE COMMITTEE** are requested to meet in **Committee Room 2 - Town House** on <u>**FRIDAY, 29 JUNE 2018 at 2.00pm**</u>.

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

DETERMINATION OF URGENT BUSINESS

1.1   <u>There are no items at this time</u>

DETERMINATION OF EXEMPT BUSINESS

2.1   <u>There are no items of exempt business</u>

DECLARATIONS OF INTEREST

3.1   <u>Members are requested to declare any interests</u>

REQUESTS FOR DEPUTATION

4.1   None at this time

MINUTE OF PREVIOUS MEETING

5.1   Minute of Previous Meeting of 4 May 2018 (Pages 5 - 10)

COMMITTEE PLANNER

6.1   Committee Business Planner (Pages 11 - 14)

NOTICES OF MOTION

7.1   None at this time

REFERRALS FROM COUNCIL, COMMITTEES AND SUB COMMITTEES

8.1   None at this time

PARTNERSHIP APPROACH ARRANGEMENTS

9.1   Transgender Employment Provision and Proposed Mental Health Action Plan - RES/18/054 (Pages 15 - 20)

STAFF GOVERNANCE STANDARDS

10.1   There are no items under this heading

WORKFORCE STRATEGY

11.1   There are no reports under this heading

COUNCIL POLICIES AFFECTING STAFF

12.1   Review of the Managing Substance Misuse Policy - RES/18/049 (Pages 21 - 42)

HEALTH, SAFETY & WELLBEING OF STAFF

13.1   Corporate Health & Safety Quarterly Report - January to March 2018 - GOV/18/031 (Pages 43 - 64)

13.2   Corporate Health and Safety Annual Report - 1 April 2017 to 31 March 2018 - GOV/18/030 (Pages 65 - 78)

13.3   Occupational Health Quarterly Report - January to March 2018 - GOV/18/033 (Pages 79 - 88)

13.4   Occupational Health Annual Report - 1 April 2017 to 31 March 2018 - GOV/18/035 (Pages 89 - 98)

ESTABLISHING AND PROMOTING VALUES FOR THE ORGANISATION

14.1   There are no reports under this heading

EMPLOYEE APPEALS AND DISPUTES

15.1   There are no reports under this heading

EXEMPT / CONFIDENTIAL BUSINESS

16.1   There are no items under this heading

EHRIA's related to reports on this agenda can be viewed at
Equality and Human Rights Impact Assessments

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STAFF GOVERNANCE COMMITTEE

ABERDEEN, 4 May 2018.   Minute of Meeting of the STAFF GOVERNANCE COMMITTEE. Present:- Councillor Allan, Convener; Councillor Houghton, Vice-Convener;   and Councillors Allard, Cameron, Copland, Graham, Grant (as a substitute for Councillor Reynolds), Macdonald and Yuill (as a substitute for Councillor Delaney).

Trade Unions Advisors present: Mr Mike Middleton and Ms Brenda Murdoch (GMB), Mr Kenny Luke (for articles 1 to 4 and 7 to 9), Ms Alison Robertson and Mr Alexander Ryland (as a substitute for Mr Luke for articles 5, 6 and 10) (UNISON), Mr Sid Sandison and Mr Edwin Philpott (SSTA), Mr Ron Constable and Ms Carole Thorpe (EIS).

The agenda and reports associated with this minute can be found here

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

CONVENER'S OPENING REMARKS

1.　　The Convener opened the meeting and welcomed members and Trade Union advisors to the first meeting of the Staff Governance Committee. She highlighted the importance of members, advisors and officers working together for the benefit of staff.

DECLARATIONS OF INTEREST

2.　　Members were requested to intimate any declarations of interest in respect of the items on today's agenda, thereafter, the following declarations of interest were intimated at this stage in the meeting:-:
(i)　　The Convener and Councillor Macdonald declared an interest in all items on the agenda by virtue of their membership of Unite the Union but neither felt it necessary to leave during consideration of any items of business; and
(ii)　　Councillor Yuill declared an interest in all items on the agenda by virtue of his membership of Unison but did not consider it necessary to leave during consideration of any items of business.

COMMITTEE BUSINESS PLANNER

3.　　The Committee had before it the committee business planner as prepared by the Chief Officer – Governance. Members asked a number of questions in respect of items on the planner.

STAFF GOVERNANCE COMMITTEE
4 May 2018

The Committee resolved:-
(i) to note that the Occupational Health Annual report had been deferred to the Committee's meeting on 29 June 2018;
(ii) to agree that the Occupational Health Contract report be removed from the planner as this would now be reported as part of the workplan to the Strategic Commissioning Committee; and
(iii) to note that the committee business planner would continue to be populated throughout the year to reflect the business of the committee and to otherwise note the content of the business planner.

TRADE UNION CONSULTATION PROTOCOL - RES/18/009

4.   With reference to article 2 of the minute of the meeting of the Local Government Employees Joint Consultative Committee on 20 February 2018, the Committee had before it a report by the Director of Resources which presented the existing Trade Union Consultation Protocol following a consultation issue raised by the Trades Unions.

The report recommended:-
that the Committee instruct the interim Head of HR to re-communicate the existing Trade Union Consultation Protocol to Council managers (and the recognised Trades Unions) and request that this is applied in respect of consultations with the Unions going forward, (which would include attaching Trade Union consultation responses to Committee reports at the request of the unions).

The Committee resolved:-
to instruct the interim Chief Officer – People and Organisation to re-communicate the existing Trade Union Consultation Protocol to Council managers (and the recognised Trades Unions) and request that this was applied in respect of consultations with the unions going forward, (which would include attaching Trade Union consultation responses to Committee reports at the request of the Unions).

REVISED EQUAL PAY POLICY - RES/18/013

5.   The Committee had before it a report by the Director of Resources which sought approval of a revised Equal Pay policy.

The report recommended:-
that the Committee approve the attached revised Equal Pay policy.

The Committee resolved:-
(i) to approve the recommendations; and

STAFF GOVERNANCE COMMITTEE
4 May 2018

(ii)   to request that following the equal pay audit report having been considered by the Audit, Risk and Scrutiny Committee a copy of the report be submitted to a meeting of this Committee for information.

REVIEW OF THE MANAGING SUBSTANCE MISUSE POLICY - RES/18/012

6.   The Committee had before it a report by the Director of Resources which sought approval of a revised Managing Substance Misuse policy.

The report recommended:-
that the Committee approve the attached revised Managing Substance Misuse policy.

The Committee resolved:-
to defer consideration of the revised Managing Substance Misuse policy to the next meeting of the Committee on 29 June 2018 to enable further consultation with the Trades Unions on the policy to be held.

SICKNESS ABSENCE UPDATE - RES/18/014

7.   The Committee had before it a report by the Director of Resources which outlined the current sickness rates across the Council and the range of measures used to get the figures moving on a downward trend.

The report recommended:-
that the Committee –
(a)   note the sickness rates over the past 6 months; and
(b)   endorse the approaches for reducing sickness absence across the Council.

The Committee resolved:-
(i)   to approve the recommendations; and
(ii)   to note that the content of the report would develop to reflect the Council's new operating model with sickness absence figures to be presented by Chief Officer and also that relevant benchmarking figures would be included in the report.

EMPLOYEE ASSISTANCE SCHEME QUARTERLY REPORT - GOV/18/013

8.   The Committee had before it a report by the Director of Resources which provided an update on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the 3 month period January – March 2018.

The report recommended:-
that the Committee –

STAFF GOVERNANCE COMMITTEE
4 May 2018

(a) consider the content of the report;
(b) instruct the Director of Resources to request evidence from Functions on the actions taken to support individuals and address trends (usage and root causes) as detailed in the report; and
(c) recommend that the frequency of the report submission be changed from quarterly to annually.

The Committee resolved:-
(i) to note the contents of the report;
(ii) to approve recommendation (b); and
(ii) to instruct the Chief Officer – Governance to notify all Councillors of the Time for Talking Service which was available for all Councillors.

EMPLOYEE ASSISTANCE SCHEME ANNUAL REPORT - GOV/18/008

9. The Committee had before it a report by the Director of Resources which provided an update on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the last 12 month period April 2017 – March 2018.

The report recommended:-
that the Committee –
(a) consider the content of the report; and
(b) instruct the Director of Resources to request evidence from Functions on the actions taken to support individuals and address trends (usage and root causes) as detailed in the report.

The Committee resolved:-
to approve the recommendations.

APPEALS SUB COMMITTEE PROCEDURE - GOV/18/006

10. The Committee had before it a report by the Chief Officer - Governance which sought approval of a procedure for the operation of the Appeals Sub Committee in respect of appeals by staff against dismissal or final written warning where the right of appeal exists and to determine disputes notified by Trade Unions in accordance with the Council's disputes resolution procedures.

The report recommended:-
that the Committee –
(a) approves the Appeals Sub Committee procedure appended to this report as Appendix 1;

STAFF GOVERNANCE COMMITTEE
4 May 2018

(b)   agree that all appeals to the Appeals Sub Committee intimated after 4 May 2018 would be processed in accordance with this Appeals Sub Committee procedure; and

(c)   instruct the interim Chief Officer – People and Organisation to notify management and the Trade Unions of the procedure.

The Committee resolved:-
(i)   to approve the Appeals Sub Committee procedure appended to this Report as Appendix 1, subject to the addition of wording to explain the appellant's statutory right to be accompanied;
(ii)   to approve recommendations (b) and (c).

- **COUNCILLOR ALLAN, Convener**

STAFF GOVERNANCE COMMITTEE
4 May 2018

	A	B	C	D	E	F	G	H	I
1	STAFF GOVERNANCE COMMITTEE BUSINESS PLANNER The Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year.								
2	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
3			29 June 2018						
4	Review of the Managing Substance Misuse Policy	This policy is concerned with further refining the processes involved when dealing with substance misuse cases. It also has the aim of updating the policy to reflect recent changes in legislation and support.	On agenda	Keith Tennant	People and Organisation	Resources	4.1 and Purpose 6	D	Deferred from meeting of 4 May for further discussion with Trade Unions
5	Directorate Health and Safety Improvement Plan Annual Report	CHSC 25 Aug, article 24 Directorate Health and Safety Improvement Plans (i) That the Directorate Health and Safety Improvement Plans Annual Report would be reported to its meeting in June.		Mary Agnew	Governance	Governance	Purpose 8	D	Detail to be incorporated into Corporate Health and Safety Improvement proposals report proposed for September 2018 meeting
6	Corporate Health and Safety Annual Report 1 April 2017 to 31 March 2018	To present the annual Corporate Health and Safety report.	On agenda	Colin Leaver	Governance	Governance	5.2		
7	Health and Safety Quarterly Report - January to March 2018	To present the quarterly health and safety report (Jan to March 2018) - will include Record of Health & Wellbeing Events as appendix	On agenda	Colin Leaver	Governance	Governance	5.2		
8	Transgender Employment Provision and Proposed Mental Health Action Plan	To make Committee aware of two matters raised by Unison who requested through the Director of Resources for these items to be put on the agenda of the Staff Governance Committee	On agenda	Keith Tennant	People and Organisation	Resources	1.3 and Purpose 1		
9	Corporate Health and Safety Improvement Plan Annual Report	CHSC 25 Aug, article 23 Corporate Health and Safety Improvement Plan (i) That the Corporate Health and Safety Improvement Plan Annual Report would be reported to its meeting in June		Mary Agnew	Governance	Governance	Purpose 8	D	Improvement proposals in line with Target Operating Model proposed for September 2018 meeting
10	Professional Standards for Staff Governance across Integrated Children and Family Services	To note the professional standards required for staff working in the integrated children and families service and the professional development framework that underpins it.		Eleanor Sheppard	Integrated Children's and Family Services	Operations	2.2	R	There are no decisions required of Committee in respect of this report and therefore it will be circulated as a Service Update to Members and Trade Union Advisers
11	Occupational Health Quarterly Report	To present the quarterly occupational health report for January to March 2018	On agenda	Mary Agnew	Governance	Governance	5.2		

	A	B	C	D	E	F	G	H	I
2	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
12	Occupational Health Annual Report	To present the annual Occupational Health Report for 1 April 2017 to 31 March 2018	On agenda	Mary Agnew	Governance	Governance	5.2	D	Originally delayed from meeting of 4 May as information was not available at that time.
13			3 September 2019						
14	Annual Function Health and Safety Reports	To provide oversight of the specific functions health and safety - single function H&S report to be submitted each quarter.			Relevant Director	Relevant Function	5.2	D	Due to ongoing work to realign health and safety arrangementsto the new structure
15	Supporting Attendance and Wellbeing policy	To seek approval of new Policy to replace the Maximising Attendance policy.		Vikki Lawrie	People and Organisation	Resources	4.1	D	To allow the new Chief Officer - People and Organisation to provide input to the revised policy
16	Corporate Health and Safety Policy	To present the revised Corporate Health and Safety Policy		Mary Agnew	Governance	Governance	5.3		
17	Health and Safety Quarterly Report	To present the quarterly health and safety report - will include Record of Health & Wellbeing Events as appendix		Mary Agnew	Governance	Governance	5.2		
18	Employee Assistance Scheme Quarterly Report	To present the quarterly employee assistance programme report.		Mary Agnew	Governance	Governance	5.2		
19	Occupational Health Quarterly Report	To present the quarterly occupational health report.		Mary Agnew	Governance	Governance	5.2		
20	Revised Absence Management Policy	The report seeks approval of the revised Absence Management Policy.		TBC	People and Organisation	Governance	GD 7.1		

	A	B	C	D	E	F	G	H	I
2	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
21	Development of Models for Civic Leadership and Engagement	To consider models for Civic Leadership and Engagement		Derek McGowan	Early Intervention and Community Empowerment	Customer		R	Following the decision at Full Council on 5 March to 'endorse the values and principles of civic leadership and engagement as set out in Appendix L' there was not a further requirement to report to Committee. It is therefore recommended that this be removed from the planner. Any future proposals regarding civic leadership and engagement will be presented to the appropriate committee for consideration.
22			**01 November 2018**						
23	Health and Safety Quarterly Report	To present the quarterly health and safety report - will include Record of Health & Wellbeing Events as appendix		Mary Agnew	Governance	Governance	5.2		
24	Revised Behavioural Framework	The report will either report progress towards a revised behavioural framework for the organisation or will present the framework itself		Dorothy Morrison/ Martin Wyllie	People and Organisation	Governance	6.1	D	Delayed from September meeting to allow the new Chief Officer - People and Organisation to provide input to the revised framework
25	Employee Assistance Programme Quarterly Report	To present the quarterly employee assistance programme report.		Mary Agnew	Governance	Governance	5.2		
26	Occupational Health Quarterly Report	To present the quarterly occupational health report.		Mary Agnew	Governance	Governance	5.2		
27	Recruitment and Retention of Lorry Drivers	ODC 29/05/18 - To request that a report be brought to the Staff Governance Committee, to investigate what initiatives could be used to recruit and retain lorry drivers		TBC	Operations and Protective Services	Operations	Purpose 5		
28	Annual Function Health and Safety Reports	To provide oversight of the specific functions health and safety - single function H&S report to be submitted each quarter.		TBC	Relevant Director	Relevant Function	5.2		
29			**31 January 2019**						
30									
31									
32			**18 March 2019**						

	A	B	C	D	E	F	G	H	I
2	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
33	Health and Safety Quarterly Report	To present the quarterly health and safety report - will include Record of Health & Wellbeing Events as appendix		Mary Agnew	Governance	Governance	5.2		
34	Employee Assistance Scheme Quarterly Report	To present the quarterly employee assistance programme report.		Mary Agnew	Governance	Governance	5.2		
35	Occupational Health Quarterly Report	To present the quarterly occupational health report.		Mary Agnew	Governance	Governance	5.2		
36	Annual Function Health and Safety Reports	To provide oversight of the specific functions health and safety - single function H&S report to be submitted each quarter.		Relevant Director	Relevant Function	5.2		
37			April 2019 Onwards						
38	Annual Committee Effectiveness Report	To present the annual effectiveness report for the Committee.	To be reported May 2019	Stephanie Dunsmuir	Governance	Governance	GD 7.4		
39	Employee Assistance Scheme Annual Report	To present the annual Employee Assistance Programme Annual report	To be reported May 2019	Mary Agnew	Governance	Governance	5.2		
40	Travel Policy	To present the revised Travel Policy for approval	To be reported September 2019	TBC	Finance	Resources	4.1		

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	29 June 2018
REPORT TITLE	Transgender Employment Provisions and Proposed Mental Health Action Plan
REPORT NUMBER	RES/18/054
DIRECTOR	Steven Whyte
CHIEF OFFICER	Morven Spalding
REPORT AUTHOR	Keith Tennant
TERMS OF REFERENCE	Purpose of Committee 1 Remit of Committee 1.3

1.   PURPOSE OF REPORT

1.1   The purpose of this report is to make Committee aware of two matters raised by Unison who requested through the Director of Resources for these items to be put on the agenda of the Staff Governance Committee.

2.   RECOMMENDATIONS

That the Committee:-

2.1   notes the employment provisions in place in the Council relating to Transgender employees; and

2.2   notes the request to produce a mental health action plan based on robust evidence-based data and instructs the Interim Chief Officer, People and Organisation to gather relevant data and present this to the meeting of the Staff Governance Committee on 1 November 2018 together with any necessary action plan.

3.   BACKGROUND

3.1   Unison recently requested that the Director of Resources bring a report to the Staff Governance Committee on two specific matters.

Transgender employment provisions

3.2   The first concerns an enquiry about what employment provisions the Council has in place in respect of Transgender employees, which are as follows.

3.21   The Council has had employment guidance in relation to Transgender employees for several years. The guidance was recently re-written, and this updated version was implemented in February 2017 and is available to employees and managers on the Zone.

3.22   The Guidance aims to engage and educate the workforce in understanding transgender equality; raise awareness and understanding of issues facing transgender people at work; assist line managers in supporting transgender employees and transitioning employees; and provides details to support transitioning employees and guidance on what they need to know and do.

3.23   In addition to the guidance document, there is a set of frequently asked questions with answers (both a general set and a set from a transitioning employee's perspective). There is also a definitions document confirming the meaning of terminology related to Transgender and Transitioning, as well as a sheet detailing useful contacts for employees. A link to the guidance document and the other materials is under http://thezone/AskHR/YourEmployment/equal_opportunity/EqualitiesAberdeen CityCouncil/EMP_transgender.asp

3.24   In advance of the revised guidance being implemented in February 2017 the draft document was given to the trades unions, and the Scottish Transgender Alliance, for comment.

Proposed Mental Health Action Plan

3.3   The second issue raised by Unison concerned a request for the Council to compile an action plan in relation to mental health and employment, based on robust evidence-based data.

3.31   In respect of this request, it will be necessary to first identify relevant data to inform on the extent of any employee mental health issue and whether it is work related. This will likely comprise gathering data on levels of sickness absence related to psychological illness, data on referrals to the occupational health service for mental health issues and levels of usage of the Council's employee assistance/counselling service.

3.32   Once relevant data is collected, this will help identify whether an action plan is required to address mental health issues in the workplace and if so what its content should be.

3.33   It should be noted that the Council already has in place a range of support measures to assist employees experiencing mental health problems at work including: -

• An employee assistance service, which provides counselling to employees for those experiencing personal or emotional difficulties.
• Access to support through the Council's chaplaincy service.

- An occupational health service which can provide advice to managers and employees in relation to mental health issues.
- A Mental Health and Wellbeing in the Workplace policy, which aims to ensure that steps are taken to provide and maintain a work environment that supports and promotes the mental health and wellbeing of all employees.
- A Management of Stress procedure which provides practical guidance on the effective management of the health and safety risks to employees from stress in the workplace.
- Various training courses for employees including mental health awareness, personal wellbeing, developing personal resilience, stress management and mindfulness/relaxation.

4. FINANCIAL IMPLICATIONS

4.1   There are no financial implications arising from the recommendation in this report.

5. LEGAL IMPLICATIONS

5.1   There are no legal implications arising from the recommendation in this report.

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	There is no financial risk.	N/A	N/A
Legal	There is no legal risk.	N/A	N/A
Employee	There is no risk to employees.	N/A	N/A
Customer	There is no risk to customers.	N/A	N/A
Environment	There is no environmental risk.	N/A	N/A
Technology	There is no technological risk.	N/A	N/A
Reputational	There is no reputational risk to the Council.	N/A	N/A

7.   OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	N/A
Prosperous People	N/A
Prosperous Place	N/A
Enabling Technology	N/A

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	N/A
Organisational Design	N/A
Governance	N/A
Workforce	N/A
Process Design	N/A
Technology	N/A
Partnerships and Alliances	N/A

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not required
Privacy Impact Assessment	Not required
Duty of Due Regard / Fairer Scotland Duty	Not applicable

9.   **BACKGROUND PAPERS**

None

10.   **APPENDICES**

None

11.   **REPORT AUTHOR CONTACT DETAILS**

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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	29 June 2018
REPORT TITLE	Managing Substance Misuse policy
REPORT NUMBER	RES/18/049
DIRECTOR	Steve Whyte
CHIEF OFFICER	Morven Spalding
REPORT AUTHOR	David Forman and Keith Tennant
TERMS OF REFERENCE	Purpose of Committee 6 Remit of Committee 4 (4.1)

1. **PURPOSE OF REPORT**

1.1 The purpose of the report is to seek approval for a revised Managing Substance Misuse policy. At the Committee of 4 May 2018, it had been requested that consideration of this report be deferred until the Committee of 29 June 2018 to enable further consultation with the trades unions to take place. The further consultation has since been undertaken with certain changes (detailed under 3 below) made to the policy document to take account of the views of the trades unions.

2. **RECOMMENDATION(S)**

2.1 That the Committee:-

(a) Approves the attached revised Managing Substance Misuse policy.

3. **BACKGROUND**

3.1 The Managing Substance Misuse Policy and Procedure was reviewed under the rolling programme of HR policy reviews in order to bring it up-to-date with best employment practice.

3.2 As part of the review, engagement was undertaken with various parties in the organisation, including the HR policy focus group, in order to elicit views on the operation of the current policy and on what changes might be required to it. A legislative review was also undertaken to identify any changes in law that might impact on the policy. In addition, benchmarking was carried out with other relevant organisations to identify any best practice in relation to the management of substance misuse issues.

3.3   The review also took account of the criteria under the 'Healthy Working Lives' accreditation in relation to what should be contained in a substance misuse employment policy, to help ensure maintenance of the Council's silver award.

3.4   It was identified from the review that a number of changes were required to the policy. The main changes to the policy document are shown under paragraphs 3.41 to 3.60 below. It should be noted that three additional changes were made to the document following the further trade union consultation and these are detailed under paragraphs 3.58 to 3.60.

3.41   Where there was mention in the policy of 'alcohol/substance abuse' this has been replaced with 'substance misuse', being an inclusive and up-to-date term.

3.42   A section on 'Other Considerations' has been added (on page 4) containing two bullet points that were previously under 'core principles', including what should occur where an employee is identified as being in possession of an illegal substance in the workplace, and stating that it is unacceptable for employees to consume alcohol or illegal substances during working time.

3.43   In the 'Definition' section (on pages 4-5) reference is now made to the Psychoactive Substances Act 2016 and there has been an extension of the list of substances covered by the policy to incorporate all intoxicants, legal or otherwise.

3.44   There has been an addition to the Prescribed Medication section (on page 5) stating that, where employees have declared the use of a medication that may affect their ability to work, management must ensure that measures are put in place to allow the employee to work safely. It also includes details of the potential consequence for an employee (where an incident occurs) of not informing their management of prescribed medication use that may affect their ability to carry out their day to day duties.

3.45   A section has been added under 'Supporting Provisions' (on pages 9-10) in relation to those employees who voluntarily identify themselves as possibly having a substance misuse problem. It indicates that these employees may not be subject to any Council procedure (discipline, attendance or performance) at the time but will receive similar support to those who are referred through the management or disciplinary routes. The details of supporting provisions are shown.

3.46   One of the supporting provisions under the management and disciplinary referral routes (on pages 8-9) has been amended, to make it clear that where an employee is unable to continue in their substantive post reasonable efforts will be made to identify an alternative post.

3.47   In the 'Managers' sub section in the 'Organisational Responsibilities' section (on page 6), the responsibility for managers to maintain employee confidentiality in relation to substance misuse is now explicit in the policy.

3.48   In the 'Employees' sub section in the 'Organisational Responsibilities' section (on pages 6-7), the responsibility for employees to be free of the detrimental effects of substances has been clarified and extended to both employee performance and behaviour.

3.49   Also in the 'Employees' sub section in the 'Organisational Responsibilities' section, the information relating to intoxicating substances and their capacity to remain in the system has been removed, this detail not being required in the policy.

3.50   In Section 2: Managing Substance Misuse procedure, the sections on Management and Disciplinary referral (on pages 7-8) have been expanded on, to detail the consequences of not accepting the support provided or where no underlying problem has been found.

3.51   Where an employee is considered under the policy through a disciplinary referral (on page 8), the process has been amended stating that disciplinary cases should be dealt with following receipt of the occupational health assessment report, where a substance misuse issue has been identified which has contributed to the conduct issue, rather than being adjourned until after the employee has undergone a treatment/support programme. The section on Disciplinary Action (on page 11) has also been updated to reflect this.

3.52   A section on Relapse and how it should be dealt with has been added (on pages 10-11). Employees should only be permitted one instance of relapse and if a further instance arises they will normally be managed under the appropriate Council policy/procedure.

3.53   Also under Relapse (on pages10-11), a bullet point has been included covering cases where an employee has been relapse free for a period of 12 months or more from initial occupational health assessment, with the substance misuse problem being regarded as resolved after this time for the purposes of the policy.

3.54   In the Section on Capability (on page 12) details of the process for undertaking a capability hearing have been moved to the guidance notes.

3.55   The list of drugs tested for has been updated to reflect current practice (on page 12).

3.56   The appendices to the current policy, including the flow chart of the processes, the template support agreement and the general information on identifying alcohol and substance misuse etc., have been removed from the policy and will now only be part of the guidance accompanying the policy.

3.57   Where there was mention of a recovery programme, this has been amended to support programme.

3.58   A sentence has been added to the Prescribed Medication section (on page 5) stating that a manager will not ask an employee what the actual medication is

that they are taking, with it only being the effect of the medication that requires to be known about (so that appropriate measures can then be put in place to ensure health and safety).

3.59   A line has been added under the 'with cause' testing on page 12 referring managers to the accompanying guidance notes for details on recognising potential substance misuse, so that managers understand what signs to be aware of that indicate a possible employee substance misuse problem.

3.60   A change has been made to the section on testing as part of a 'support programme' on page 12, with the words 'up to two' added in in respect of the number of further random tests within a 12-month period, rather than there being no specified number indicated. This will ensure that employees and managers are both clear on the testing arrangements in respect of a support programme.

4.   FINANCIAL IMPLICATIONS

4.1   There are no direct financial implications arising from the recommendations of this report.

5.   LEGAL IMPLICATIONS

5.1   There was one legislative change taken account of in the review of this policy, namely the introduction of the Psychoactive Substances Act 2016 which had the effect of making the production and supply of so called former 'legal highs' illegal. The list of substances covered by the policy was extended to incorporate all intoxicants, legal or otherwise.

6.   MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	None	N/A	N/A
Legal	If the revised policy were not approved then account would not be taken of the legislative change relating to substances; namely the introduction of the Psychoactive Substances Act 2016 (with the list of	Low	The approval of the revised policy will mitigate this risk.

	substances covered by the policy extended to incorporate all intoxicants, legal or otherwise).		
Employee	If the revised policy which reflects current best practice and is legislatively up-to-date were not approved, it may mean that the management of future employee substance misuse issues may be undertaken less effectively which could affect employee wellbeing and morale.	Low	The approval of the revised policy should help to mitigate this risk.
Customer	If the revised policy were not approved, this may mean that the management of future employee substance misuse issues may be undertaken less effectively and could affect employee wellbeing and morale. This could have a knock on effect in relation to the service some employees provide to customers of the Council.	Low	The approval of the revised policy should help to mitigate this risk.
Environment	There is no identified environmental risk.	N/A	N/A
Technology	There is no identified technological risk.	N/A	N/A
Reputational	There is no identified reputational risk.	N/A	N/A

7.   **OUTCOMES**

Local Outcome Improvement Plan Themes

	Impact of Report
Prosperous Economy	Applying good employment practices are important in maintaining employee morale and engagement. With levels of employee engagement linked to productivity and resource efficiency, having an up-to-date Managing Substance Misuse policy should assist the Council in delivering services as cost effectively as it can. Given the role that the Council plays in fostering an environment where the local economy can thrive, having an engaged workforce delivering efficient cost effective services is a key element of achieving this.
Prosperous People	N/A
Prosperous Place	N/A
Enabling Technology	N/A

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	N/A
Organisational Design	N/A
Governance	Links to the 'Governance' design principle in that the revised policy helps ensure the organisation is legislatively up-to-date.
Workforce	Links to the 'Workforce' design principle in that the policy, which incorporates up-to-date best practice in addressing substance misuse issues, contributes to the culture the Council is aiming to provide.
Process Design	N/A
Technology	N/A
Partnerships and Alliances	N/A

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Full EHRIA required

Privacy Impact Assessment	Not required
Duty of Due Regard / Fairer Scotland Duty	Not applicable

9.   BACKGROUND PAPERS

CIPD Survey Report – Managing Drug and Alcohol Misuse at Work

HSE Drug Misuse at Work - a guide for employers

ACAS Health, Work and Wellbeing booklet

Healthy Working Lives Alcohol & Drugs Policy Assessment Tool

10.   APPENDICES

Appendix 1 – Draft Managing Substance Misuse Policy

11.   REPORT AUTHOR CONTACT DETAILS

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ABERDEEN CITY COUNCIL

MANAGING SUBSTANCE MISUSE

POLICY AND PROCEDURE

Approved by the Staff Governance Committee (tbc)

CONTENTS

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SECTION 1:   POLICY STATEMENT

Introduction

The Council recognises the need to manage the effects of substance misuse problems in the workplace and will make every effort to ensure that such problems do not adversely affect service delivery and/or the health, safety and welfare of employees and/or the public. Employees must ensure that, whilst at work, they are free of the effects of substances. It is recognised that substance misuse problems may arise which have an effect on an employee's behaviour and/or ability to perform their duties. The Council will make every reasonable effort to help and support employees in such circumstances with encouragement given to seek appropriate treatment that will allow them to return to an acceptable standard of performance and/or behaviour. Likewise, the Council is committed to assisting managers to recognise and effectively deal with substance misuse problems in the workplace. An employee who refuses advice or assistance or discontinues an identified treatment/support programme before its conclusion will normally be subject to the appropriate Council procedure for managing conduct, attendance or work performance where their conduct, attendance or work performance continues to be unacceptable.

Scope

This policy is concerned with the effects of substance misuse in the workplace and applies to all employees. Others undertaking work for or on behalf of the Council, but not employed by the Council, e.g. agency/casual/relief workers and contractors are required to adhere to the policy guidelines even though not covered by procedural details.

Core Principles

- The Council will meet its legal obligations under the Health & Safety at Work Act 1974 to ensure the health and safety of its employees and others at work by providing a work environment in which the safety and optimum performance of employees is not adversely affected by the misuse of substances.

- Every reasonable effort will be made to minimise problems arising from the impact of substance misuse on work.

- It is unacceptable to attend for work whilst unfit through substance misuse, and such behaviour will be addressed through the Discipline policy/procedure and may constitute gross misconduct.

- A supportive and constructive approach to managing substance misuse issues will be adopted by the Council while at the same time recognising the need to maintain high service delivery standards.

- All reasonable efforts will be made to support and assist an employee to overcome a substance misuse problem, where the employee acknowledges the problem and demonstrates a willingness to address it.

- Every reasonable effort will be made to address known substance misuse issues promptly, consistently and effectively.

- The confidential nature of any employee's information related to a substance misuse problem will be maintained and will only be disclosed where necessary in the context of any performance, disciplinary or attendance process which may be required.

- Throughout the procedure, special allowance should be made for those employees whose first language is not English or who have difficulty expressing themselves.

Other Considerations

- It is unacceptable for employees to consume alcohol or illegal substances during working time.

- If an employee is identified as being in possession of an illegal substance in the workplace they will be subject to the Discipline policy/procedure and may be reported to the Police. Any person suspected of supplying illegal substances in the workplace will be reported to the Police and will be subject to the Discipline policy/procedure.

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Definition

Substance misuse is defined for the purposes of this policy as the intermittent or continual use of substances, legal or otherwise, which causes detriment to the employee's health, social functioning or work performance, and which affects efficiency, productivity, safety, attendance, timekeeping or conduct in the workplace.

For the purpose of this policy, the term 'substance' includes:

- Any illegal substances (as defined in the Misuse of Drugs Act 1971 or the Psychoactive Substances Act 2016);
- Alcohol;
- Prescribed medication;
- Over the counter medication;
- Solvents, i.e. lighter gas refills, aerosols, glues, paint thinners, etc.
- Any plants, chemicals or other substances that have **not** been defined as illegal, and which are used for the purpose of seeking intoxication.

Prescribed Medication

Regardless of whether an employee has a substance misuse problem, where drugs are prescribed by a qualified medical practitioner, employees are expected to seek advice from the medical practitioner or pharmacist as to whether these drugs might affect their ability to fully undertake their work duties. If this is the case the employee must notify their manager immediately that they are taking medicine which may cause side effects that impairs their ability to undertake their duties safely and effectively. The manager will not ask the employee what the actual medication is, it is only the effect of the medication that requires to be known about.

Where an employee informs management of any medication prescribed that may affect their ability to carry out their work duties, managers should ensure that measures are put in place so that the employee can continue to work in a safe and effective manner.

Where an incident occurs due to the effects of prescribed medication and the employee has failed to notify their manager of the use of this medication, the employee may be subject to the Discipline policy and procedure.

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Organisational Responsibilities

As a responsible employer, the Council is aware of its responsibility for the health, safety and welfare of employees and recognises that their wellbeing is important to performance. In view of this it is important that the responsibilities for the management of substance misuse within the workplace are explicit and clearly defined as follows:-

Managers

Line managers and supervisors are responsible, so far as is reasonably practicable, for ensuring the health, safety and welfare at work of all directly reporting employees in their respective service. These responsibilities are detailed in the corporate health and safety policy. In relation to substance misuse these responsibilities also include:

- Actively seeking to maintain a good level of communication with all employees;
- Dealing with those who may have a problem with substance misuse empathetically;
- Ensuring that information relating to an employee's substance misuse and in relation to the application of this policy is treated confidentially;
- Encouraging employees to seek counselling and supporting employees in attending counselling by granting appropriate time off;
- Being aware of the signs of substance misuse (see the accompanying guidance notes to this policy) and the facilities available for employees who may have a problem;
- Taking an objective and non-judgmental approach when meeting with employees;
- Informing the appropriate authorities of suspected illegal drug use or any activity or behaviour over which there are concerns as to its legality.

Employees

All employees have a duty to:

- Co-operate with managers and other employees in dealing with substance misuse issues;

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- Declare at an early stage any substance misuse problem when being managed under any of the Council's procedures for managing work performance, conduct or attendance;
- Co-operate with any support and assistance provided by the organisation to address substance misuse;
- Be responsible for their own behaviour and ensure that, whilst at work, their performance and/or behaviour is not detrimentally affected due to the effects of substances;
- Inform a manager/supervisor, in confidence, if they have been prescribed medication or are taking 'over the counter' drugs which may affect their ability to carry out their work in a safe manner;
- Be aware of the symptoms of substance misuse and raise any concerns for an individual with their line manager;
- Attend the occupational health service when required to do so by the Council;
- Not possess, store, buy or sell controlled drugs on the premises or bring the organisation into disrepute by engaging in such activities outside work;
- Familarise themselves with this policy and comply with its provisions.

SECTION 2: MANAGING SUBSTANCE MISUSE PROCEDURE

A substance misuse problem can come to light in various ways, either by line manager identification, as a result of a formal disciplinary, capability or attendance process, or through the employee raising the matter themselves. A substance misuse problem will be addressed as either a 'management referral', a 'disciplinary referral' or as a 'voluntary referral', depending on how it is identified, with full details of the referral processes and how matters are dealt with contained in the accompanying guidance notes.

1. Management Referral

Where an employee's work performance, attendance or behaviour is regarded as unsatisfactory by their manager and the manager's belief is that substance misuse may be the cause or a contributing factor, the manager will raise their concerns with the individual and, if deemed appropriate, refer the employee to the occupational health service for assessment. On receipt of an occupational health report, the

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manager will meet with the employee to discuss the report and then decide on how the matter will be addressed.

If no underlying problem is identified through a management referral, or if a problem is identified and the employee does not comply with or accept identified treatment/support, the appropriate Council procedure will be instigated i.e. Performance or Attendance.

2. Disciplinary Referral

If, during the course of a discipline case, the employee indicates that the underlying cause of their conduct/behaviour is related to substance misuse, the manager undertaking the discipline case will adjourn the disciplinary proceedings (except in the case of alleged gross misconduct or where it is not reasonable to accept that the employee's unacceptable conduct was directly caused by their substance misuse) to allow for referral of the employee to the occupational health service for assessment. The disciplinary process should recommence following receipt of the occupational health report.

If no underlying problem is identified through a disciplinary referral, or if a problem is identified and the employee does not accept support, then substance misuse will not be considered as a mitigating factor in a discipline case. Otherwise, it will be considered as mitigation if relevant to the case and where the employee agrees to accept identified treatment/support for their substance misuse problem.

3. Voluntary Referral

An employee with a substance misuse problem which has not been identified by their manager and which has not yet had an adverse effect on their performance or behaviour at work is encouraged to voluntarily seek help and assistance in overcoming their problem. The employee can either contact the Council's confidential employee counselling service or can approach their line manager, a more senior manager or their trade union representative, who will be able to offer assistance and guidance with regard to their problem. Where brought to management attention, a referral to the Council's Occupational Health service may be considered where appropriate.

Supporting Provisions

Management or Disciplinary Referral

If a problem is identified through the management or disciplinary route the employee will be offered the following support and will be required to sign an agreement outlining the commitment expected of them and the consequences of failing to adhere to the treatment or support programme.

- Access to the confidential counselling service provided by the Council.

- Where treatment involves a full-time absence from work, the employee will be regarded as being on sick leave and will be subject to the normal conditions governing such leave.

- Where the employee requires time off to attend treatment or a support programme during working hours, reasonable paid time off will be granted provided there is full co-operation from the employee in respect of attendance and responsiveness to the programme.

- The employee will, where possible, remain in their post during their period of support/rehabilitation. However, if they are unfit to fulfil their duties, there is an issue relating to health and safety or if their duties conflict with the long-term resolution of their substance misuse problem, efforts will be made to identify suitable alternative duties in the interim.

  Following treatment, reasonable efforts will be made to ensure that the employee is able to continue in their substantive post.

- Where the employee is unable to continue in their substantive post, but could be considered for suitable alternative work, reasonable efforts should be made to identify an alternative post. If a suitable alternative post is not available and all reasonable efforts to rehabilitate the employee have proved unsuccessful with their standard of work performance, attendance or behaviour remaining a concern the matter may move to a Capability Hearing.

Voluntary Referral

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If a problem is voluntarily identified by the employee to their line management out with any performance, disciplinary or attendance process they may be offered the following support:-

- Referral to the Occupational Health service for assessment.

- Access to the confidential counselling service provided by the Council

- Where treatment involves a full-time absence from work, the employee will be regarded as being on sick leave and will be subject to the normal conditions governing such leave.

- Where the employee requires time off to attend a treatment/support programme during working hours, reasonable paid time off may be granted.

- The employee will, where possible, remain in their post during their period of support/rehabilitation. However, if they are temporarily unfit to fulfil their duties or there is an issue relating to health and safety, efforts will be made to identify suitable alternative duties in the interim until they are able to return to their substantive duties.

- During and following treatment, all reasonable efforts will be made to help ensure that the employee is able to continue in their substantive post.

Sources of information for support and help out with the workplace are contained within the guidance notes accompanying this policy. It should be noted that these services can be accessed by any employee and not just those who are being monitored under this policy, with referral to the Occupational Health service being a management decision.

Relapse

- Individuals who have problems with substance misuse may relapse. Where this occurs, in the first instance, consideration should be given to a further referral to Occupational Health for assessment and advice, with the intention to then continue with support under this policy. However, where there is a further

instance(s) of relapse, employees should be managed under the relevant policy or through the capability process, if and where appropriate.

- With relapse most likely to occur in the initial months of a period of rehabilitation, where an employee has been relapse free for a period of 12 months or more from their initial assessment by Occupational Health, the substance misuse issue should be regarded as resolved. If after this 12-month period an employee relapses into substance misuse, for the purposes of their employment this should be regarded as an entirely new episode with the same supporting provisions applying as an entirely new referral.

Disciplinary Action

- In cases of one off incidents where there is no evidence of underlying substance misuse problems the normal disciplinary process will be followed.

- If a substance misuse problem is identified following a disciplinary referral, this will be considered as a possible mitigating factor in a discipline case, where it is relevant to the case and where the employee agrees to accept identified treatment/support for their substance misuse problem.

- Any disciplinary issues should be dealt with following receipt of the occupational health report through applying the Discipline policy/procedure.

- If no underlying problem is identified following a disciplinary referral and/or the employee does not agree to accept identified treatment/support for their substance misuse problem, then substance misuse will not be considered as a mitigating factor in a discipline case.

In cases of alleged gross misconduct, the disciplinary process will continue regardless of whether the employee's apparent actions may be attributed to substance misuse. Also, the disciplinary process will continue as normal if it is not reasonable to accept that the employee's conduct was directly caused by their substance misuse. In each of these situations the employee's misuse problem needs to be dealt with as a separate matter with the offer of assistance and support still made.

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Action Other than Disciplinary

If the employee's performance continues to cause concern or if the employee fails to achieve acceptable levels of attendance following the conclusion of a treatment or support programme the Performance or Attendance policy/procedure will be instigated.

Capability

Where the employee is unable to return to their substantive post and a suitable alternative post is not available, a Capability Hearing will be arranged.

Management guidance notes detail the process that should be followed at the hearing.

The employee has the right of appeal against a dismissal decision within 10 days of receipt of written notification.

Testing

The Council may test an employee for substance misuse in the following circumstances:-

- 'With cause', where there is a reasonable suspicion by a manager concerning an employee's possible inappropriate use of substances which is having an adverse effect on their work or has the potential to put themselves, work colleagues, service users or others at risk in terms of health and safety. See accompanying guidance for details on recognising potential substance misuse.

- 'Post incident', if it is suspected that substance misuse was a contributory factor to an accident or an incident.

- As part of a support programme. After the initial test the employee may be subject to up to two further random tests within a twelve-month period. If these tests show no evidence of use/misuse then the employee will continue to be managed as appropriate. If there is evidence of continued use/misuse, then the employee will be managed under the appropriate Council procedure.

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Drugs tested for are as follows;

Alcohol, Amphetamines (including Ecstasy), Barbiturates, Benzodiazepines, Buprenorphine, Cannabis, Cocaine, LSD, Methadone, Methaqualone, Opiates, Phencyclidine and Propoxyphene.

The sample is also checked for creatinine levels which indicate if a sample is too dilute to give an accurate result.

Testing will be carried out only by the Council's occupational health provider. Employees are expected to co-operate if they are requested to undergo a test.

SECTION 3:   REVIEW OF THE POLICY

People and Organisation will review this policy every 3 years. It will, nevertheless, be subject to continual review and amendment in light of experience of its operation, employment best practice and statutory requirements. Changes will only be made following normal consultation arrangements.

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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	29 June 2018
REPORT TITLE	Corporate Health and Safety Jan-Mar 2018
REPORT NUMBER	GOV/18/031
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Colin Leaver
TERMS OF REFERENCE	5.2; 5.3

1.   PURPOSE OF REPORT

1.1   The report summarises statistical health and safety performance information for the three-month reporting period January – March 2018 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2.   RECOMMENDATION

It is recommended that the Committee:

2.1   review, discuss and comment on the issues raised within this report;

2.2   scrutinise and review health, safety and wellbeing policy, performance, trends and improvements.

3.   BACKGROUND

3.1   This report contains statistical information on the three-month reporting period (January – March 2018) and a review of health and safety activities for the same period. The reporting period was for the previous Directorate structure; future reports will follow the new interim functional structure approved by Full Council in December 2017.

3.2   Incidents (January – March 2018)

3.3   An Incident is an unplanned, uncontrolled and unintentional event, which causes death, ill health, injury, or other harm.

3.4   The incident reporting and near miss reporting systems are set up to comply with Health and Safety and Employment Laws. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) puts duties on employers, to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive (HSE). There is also a requirement to report an injury if an employee is incapacitated for more than seven days. There is no longer a requirement to report occupational injuries that result in more than three days of incapacitation, but a record must still be kept of such injuries.

3.5   Incident information:

The following table gives a breakdown of incidents across all Directorates in Aberdeen City Council. The figures in brackets are for the corresponding period last year.

	1. RIDDOR Reportable employee (including absences over 7 days)	2. Non-RIDDOR reportable employee (absences of 4 to 7 days)	3. Non-RIDDOR reportable employee (absences of 0 to 3 days)	4. RIDDOR Reportable 3rd party	5. Non-RIDDOR reportable 3rd party
AHSCP	1 (0)	0 (0)	3 (5)	0 (0)	1 (1)
CH & I	6 (3)	3 (0)	27 (20)	1 (0)	2 (6)
E & CS	1 (0)	1 (0)	122 (170)	3 (4)	43 (62)
CG	0 (0)	0 (0)	0 (1)	0 (0)	0 (0)
Total	8 (3)	4 (0)	152 (196)	4 (4)	46 (69)

3.6   113 of the total of 164 incidents in the three relevant categories (total of columns 1,2 and 3 in table) were as a result of physical assault of an employee by a service user. The organisation offers training for employees on this but it is not mandatory. One Directorate has recently rolled out a person centred risk assessment process to try to identify triggers and controls required; there is no record of how many assessments have been carried out to date. 19 incidents were attributed to slips and trips.

3.7   To help to prevent incidents at work there are certain steps required before work commences and if there is an accident then they also need to be reviewed:

- Plan: employees identifying potential problem areas and setting goals for improvement. This is risk assessment and the line managers should be checking that these have been completed for all tasks and that risk assessment registers show this;
- Train: providing staff with the knowledge to identify and take action over potential risks. Skills and training matrices should be completed to identify training needs for roles;
- Organise: giving employees health and safety responsibilities for specific areas and make sure they are aware of these and complete them;

- Control: ensure working practices and processes are being carried out properly. This is ensuring appropriate supervision is in place and supervisors check on these elements;
- Monitor and review: gaining feedback on how measures are working;

3.8 The Council's health and safety policy will be reviewed over the course of the next 12 months with a view to ensuring that the Council's policy remains fit for purpose and to help ensure that the number of incidents reported are managed appropriately.

3.9 Reportable employee incidents (January – March 2018)

3.10 During the last three months 8 employees were injured in incidents, which require to be reported to HSE either because of the seriousness of the injury or that it prevented the employee from working for 7 or more days. 5 of these incidents were attributed to slips and trips and 3 as an employee being struck by a vehicle. In the same period in 2017 there was one reportable incident.

3.11 Incident (reportable employee) frequency rates

Period – Quarterly	Reportable Incident rate	Reporting period
January – March 2018	0.87	2017/18
January – March 2017	0.10	2016/17

The above figures are calculated using the formula:

Incidence rate = $\dfrac{\text{RIDDOR injuries per year}}{\text{Employment}}$ X 1000

3.12 This figure is increased from 0.10 from the same quarter last year when there was 1 RIDDOR reportable incident with 8 from this corresponding period. The figure varies every quarter depending on number of RIDDOR incidents (those which require to be reported to the HSE). The reasons for incidents tend to be similar quarter on quarter, e.g. slips and trips.

3.13 Reportable Diseases (January – March 2018)

3.14 There were no diseases reportable under RIDDOR; as was the case in the corresponding reporting period last year.

3.15 Dangerous Occurrence and Dangerous Gas Fittings (January – March 2018)

3.16 There were no dangerous occurrences or reports of dangerous gas fittings in the period Jan – March 2018. In the corresponding period in 2017 there were 2 dangerous gas fittings.

3.17 Near Miss information (January – March 2018)

3.18 A near miss is an event that, while not causing harm, has the potential to cause injury or ill health.

3.19 Near-miss systems are a proven method of reducing incident rates and improving employee engagement with safety management systems.

3.20 Reporting near-misses is only the start of the process. Near-misses must also be addressed to remove the risk identified, as they identify potential gaps in a safety management system.

3.21 The table below shows relevant near miss information for January to March 2018 and also for the corresponding period in 2017. HSE report that many near misses can become events with more serious consequences. All the events (not just those causing injuries) can represent failures in control, so are potential learning opportunities. HSE's theory is that for every 189 near misses there will be 7 minor incidents and 1 major incident so identifying the remedial actions at the near miss stage can have a direct effect on the number of incidents a company has.

3.22 Within the information input by the reporting managers 31 near misses reported by line managers have no identified root cause recorded and 17 were recorded as having no investigation carried out. The reporting line managers reported that there was no risk assessments in place on 110 of the 145 occasions where there was a near miss. 121 showed that the level of risk of reoccurrence was unknown; the risk assessment process will identify the likelihood of reoccurrence. These identify potential reasons why these types of incidents occur. Overall the number of near misses reduced on the same period last year.

3.23 A solution to reducing the number of near misses is the same as with incidents: plan; train; organise and control.

3.24 Near Miss information:

	Near Misses Jan-Mar 2018	Near Misses Jan-Mar 2017	Employee at risk Jan-Mar 2018	Employee at risk Jan-Mar 2017	No risk assessment Jan-Mar 2018	No risk assessment Jan-Mar 2017
Total Number of Near Misses	145	171	101	137	110	116
AHSCP	9	19	4	18	6	16
CH & I	34	42	31	33	28	35
E & CS	93	106	62	83	68	61
CG	9	4	4	3	8	4

3.25   Occupational health and wellbeing

3.26   Occupational Health Provider – A report is provided separately for the relevant reporting period. During this period a Wellbeing kiosk has been provided in different locations to enable employees to have their health statics assessed. Findings have provided to each individual employee along with additional health and wellbeing information. Summarised Infographics are attached as Appendix 2 to this report.

3.27   Employee Assistance Provider – A report for this period was provided for review at the last Staff Governance Committee on 4 May 2018.

3.28   Enforcement interventions (HSE / SF&R)

3.29   There are occasions where HSE and Scottish Fire and Rescue Services (SFRS) contact Aberdeen City Council to request further information or ask for action to be taken. HSE intervention are usually to request further information on work tasks following a complaint or to investigate a serious incident which has been reported. SFRS interventions are following an audit visit they have carried out of Aberdeen City Council properties where they have found fire safety issues.

During this reporting period there was 1 HSE intervention and 2 SFRS interventions. The HSE intervention is still an ongoing intervention and the actions identified in the SFRS intervention are still ongoing. This compares to the corresponding period last year where there 3 HSE and 1 SFRS interventions.

3.30   Health and safety training

3.31   A selection of training has been delivered over this quarter through the health and safety development programme.

Course – face to face	Number of courses	Number attended
First aid	N/A	167
Evac chair	2	8
Defibrillator	N/A	20
Personal resilience	1	11
Manual Handling	6	72

The annotation 'N/A' in the number of courses is because the training is provided within suppliers' courses which are open to and attended by other companies.

Course – eLearning	Number of completions
An introduction to H & S	79

Asbestos awareness	75
Fire safety awareness	160
Fire warden responsibilities	20
Food hygiene	38
DSE	36
Moving and handling	44

3.32 At this time the organisation is unable to provide a report on the percentage of training completed against the number of employees who have been identified as needing training to be able to do their jobs safely. This involves identifying the compulsory skills and training required for each job role. This has been included as an action in the Directorate health and safety improvement plans.

3.33 Fire risk assessment

3.34 Fire risk assessments are completed on a rolling 5-year programme. A total of 26 fire risk assessments were completed during this reporting period. The overall compliance score was 78% with the main areas where improvements are needed being housekeeping and limiting spread of fire. This is the same overall compliance figure for the same period last year.

3.35 Health and Safety Audits

3.36 The new audit plan and question template started from 1 April 2017. The overall average audit score for this reporting period was 66% with a focus required on improving risk assessment completion (including Control of Substances Hazardous to Health (COSHH) and work with asbestos.

3.37 The average figure has remained constant over the last four reporting quarters at between 60% and 66%. There is a need for the remedial actions identified in each audit to be implemented by the auditee. However, it is equally important that the message is shared with other managers within the Cluster to ensure that they are also compliant. This should allow the safety management performance to improve and therefore the average figure to increase as the same issues would not reoccur.

3.38 Compliance Monitoring

3.39 A process of compliance visits has been carried out over the period looking at risk topics such as work at height, asbestos etc. The average score is 68% over all topics covered. Again, the lessons need to be implemented and shared to ensure that employees and members of the public's safety is not being endangered. The average score for the same period last year was 86%.

3.40 Health and safety policies and guidance

3.41   There were no policies or procedures reviewed this reporting quarter.

3.42   **Work-related absence**

3.43   The sections below detail the absence levels for both work-related injury and stress. These figures have not changed in the period.

3.44   **Mental health**

3.45   The percentage of employees by headcount who were absent for this period reported as being for mental health issues is 0.01%; however, each absence tends to be for longer periods than other absence reasons and this accounts for 0.06 days per employee by headcount. The completion of Quality of Working Life risk assessments by all line managers who have teams or employees who are likely to be pressured in their jobs would be the starting level. This should especially be the case where employees are absent for this reason to potentially prevent others from being similarly affected.

3.46   **Physical Injury**

3.47   The percentage of employees who are absent following a work-related injury is very small at slightly over 7/1000ths of the headcount workforce and slightly over 0.02 days per employee.

3.48   The number of absences is mainly related to musculoskeletal injuries. Directorates should investigate if there are areas of the jobs where the work involves tasks where musculoskeletal injuries are a risk to identify where changes in work method could reduce the risk; such as removing manual handling tasks. This learning could be shared across areas with similar issues.

4.   **FINANCIAL IMPLICATIONS**

4.1   There are no direct Financial implications arising from the recommendations of this report. Analysis of the causes of the incidents, near misses and work-related absences and resultant improvements to prevent, where possible, reoccurrences, can reduce the financial exposure to the Council.

4.2   An effective health and safety management system in which risks are identified and either eliminated or reduced will result in a reduction of costs to the organisation.

5.   **LEGAL IMPLICATIONS**

5.1   The Health and Safety at Work etc Act 1974 requires an employer to ensure the health and safety of their employees and those who may be affected by their undertaking. To comply with its duties, the Council must ensure that its safety management system is robust and reliable. Where an incident is of sufficient seriousness there is the potential that the Health and Safety Executive (HSE) will become involved and carry out their own investigation into the circumstances of the incident.   Any HSE investigation could result in prosecution of the organisation. There is also the risk that prosecution could be raised against the senior managers; line managers and in some cases the employees where it is found that there has been negligence by the individual, (for example, knowingly allowing an unsafe act to continue).

5.2   Statistical evidence shows that HSE secure a successful prosecution in 94% of the cases they take to court. These cases also therefore incur the other costs involved, which could include fines, legal costs and damages in the civil court. Experience shows that civil claims are usually delayed until the criminal HSE investigation and court case are concluded.

6.   **MANAGEMENT OF RISK**

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	The risk is that any incident has the potential to bring a reduction in the overall budget in place to provide service delivery.	M	All tasks are risk assessed and the controls implemented and supervised by line managers. All employees are trained to a level where they are competent to carry out the work
Legal	There is the risk that any injury or serious health and safety incident could result in focus from the Health and Safety Executive which could result in enforcement action in the form of notices or prosecution.	M	As above.
Employee	The risk is that any health and safety incident can lead to an	M	As above. If the task has been risk assessed; employees are trained,

	injury to an employee which could have the potential to temporarily or permanently affect either or both their employment or their life.		competent and supervised then there should be less likelihood of incidents.
Customer	The risk to our citizens is that we are unable to provide the same level of service delivery due to staff absences from illness and injury sustained during their work. Also there is the possibility of a reduced budget due to the associated financial costs.	M	Reducing the number of incidents will reduce the number of absences and the subsequent costs to the Council.
Reputational	Local and National press coverage of any incident can present reputational damage to the organisation.	M	Should be provided by each Function having a robust safety management system in place. There are many facets to this which are important starting from ensuring employees are trained and competent, every hazard is risk assessed and up to carrying out investigation of near misses to ensure controls are reviewed to consider whether remedial actions are required.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	Local Authorities play a key role in local economic growth, e.g. investment in local infrastructure. Any detriment to this investment would have a detrimental effect on this investment. Therefore any financial burden placed on the organisation in the form of legal costs and punishment; staff

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	absence which affects service provision can lead to a lesser level of funding for investment. The aim should be to be an organisation who considers the health and safety of its workforce to be paramount and a key element in service delivery. This focus is one key in having an engaged workforce and all the additional benefits associated with this; it will also reduce the likelihood of legal challenges and their associated costs.
Prosperous People	The workplace is an environment in which most adults spend a substantial fraction of their time. It has the potential to have both positive and negative influences on their health and well-being. Where there are continuing trends of incidents there is the risk that employees become disengaged with the organisation as they feel that there is no concern for their safety. There are many additional strands from disengaged employees: poor customer service, increased absence rates and reduced productivity.
Prosperous Place	An engaged workforce is best-placed to provide good service delivery to the residents of the City. Any financial penalties imposed by poor health and safety practices impacts on the provision of public services, especially in an environment of reducing budgets. The provision of good service to the residents would result in good public opinion, which would benefit the City, which can extend outwardly to visitors and businesses seeking to inwardly invest.
Enabling Technology	Each directorate conducting an exercise where they conduct a skills and training analysis of their workforce with the results populating a skills and training matrix would benefit the organisation and give assurance that they have a workforce who have the competence levels to continue to provide Services in a safe manner.

The current electronic reporting system can be utilised to assess where trends are apparent and |

	resource placed there to improve safety management systems.

Design Principles of Target Operating Model

	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	This report gives the committee the opportunity to gain assurance that the Directorates are managing health and safety effectively. This can be done by scrutinising the level of incidents as a trend and being allowed the opportunity to question relevant managers. Figures on audits, compliance monitoring and training which will allow the committee to gauge the effectiveness and suitability of the safety management system.
Workforce	The report gives the committee the opportunity to improve the health and safety management system, which would in turn reduce the risks to employees of being involved in an incident.
Process Design	This can allow the committee to identify where processes are failing to address safety risks.
Technology	No impact
Partnerships and Alliances	The report to committee allows Trade Unions, elected members and officers to collaborate on potential improvements to the Council's health and safety arrangements.

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	EHRIA not required
Privacy Impact Assessment	Not required

Children's Rights Impact Assessment/Duty of Due Regard	Not applicable

9. BACKGROUND PAPERS

N/A

10. APPENDICES

Appendix 1: Employee wellbeing events
Appendix 2: Marischal College wellbeing kiosk infographic.

11. REPORT AUTHOR CONTACT DETAILS

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Wellbeing Events

Month	Date	Activity	Location	Number of Participants
Ongoing	Everyday	Alternative Therapies	Marischal College Frederick Street Rosemount	- 26 x 30 minute appointments available each week
	Every Tuesday	Yoga Classes £6 (1200-1230)	Rosemount CC	- Between 6-8 participants weekly
	Every Tuesday	Pilates Classes £5 (1630-1730)	3W01 Marischal College	- Between 10-15 participants weekly
	Every Thursday	Yoga Classes £5 (1630-1730)	3W01 Marischal College	- Between 6-8 participants weekly
	Every Thursday	Tai Chi Classes £5 (1230-1310)	3W01 Marischal College	- Between 6-8 participants weekly
	Once a Month	Mindfulness (2x 30min sessions)	4W02 Marischal College	- Between 6-8 participants per session
	Once a Month	Onsite Chiropractor Clinic	First Aid Room Marischal College	- Between 4 and 6 appointments per session
January	Various (Jan – May)	Wellpoint Kiosk	Marischal College West Tullos Althens East Kittybrewster	- Very Popular at each site
	10th 17th 24th	Chair Based Yoga	3W01 Marischal College	- Between 3-5 participants per session
	18th (6wks)	Scottish Slimmers	3W02 Marischal College	- Between 20 – 25 participants signed up
February	9th	Pitstop: Spinal Care	4W01 Marischal College	- 20 Spaces - 20 Attendees
	9th	Personal Spinal Screenings	4W01 Marischal College	- 12 Spaces - 12 Attendees
March	Various	Metafit	City Moves	- Between 8-10 participants weekly -
	27th	CFINE Stall	LG Floor Marischal College	- Very Popular for 2 hours

Please Note: We also have Healthpoints filled with various wellbeing literature at the follow locations:

- Marischal College
- Kittybrewster
- Frederick Street
- Fleet
- West Tullos
- Spring Gardens

The latest Your Health Matters Newsletter link:

http://thezone/nmsruntime/saveasdialog.asp?lID=42825&sID=8041

Why these events were chosen and how their success was monitor:

Discounted Alternative Therapy Sessions

- Alternative Therapy sessions were identified as an opportunity for employees to unwind physically and mentally during their working day as well as experience a service which they may not otherwise consider outside of work. The discounted therapy sessions and have been extended to meet employee demand. There are currently three therapists offering sessions on every day of the week Monday at Marischal College and one therapist offering weekly sessions at Rosemount Community Centre and Fredrick Street.

- Survey feedback from attendees shows that the sessions were of value to employee wellbeing. Comments include "It is great to get these sessions during the working day" and "It was good to be offered 'safe' taster sessions for treatments which staff might not otherwise be familiar with. It would be good to keep extending the repertoire."

Pilates, Yoga, Tai Chi

- It was identified from the ideas hub that employees were looking for more opportunities to be active at work. The exercise classes are self-funded by participants and have been running successful for 12 months. The classes work on improving posture, mobility and flexibility of the spine which helps to reduce musculoskeletal aches and pain.

- The classes have been very well supported and have received lots of positive feedback including: 'These classes have been absolutely fabulous and definitely have improved my well-being. They've also been good for networking as well'.

Mindfulness

- Mindfulness session have been run over lunchtime throughout January and March to encourage staff to take a break from their desk or the stresses of the day to relax the mind and body and to improve their health and wellbeing.

- 2x 30minutes session have been have been led once a month and have bee well attended. Feedback includes: 'I have enjoyed that these sessions help you to switch off in the middle of a busy day. They give useful tips on how to reduce stress'.

Onsite Chiropractic Clinic

- Following the successful Spinal Care workshop delivered back in October, an onsite clinic once a month was planned so that employees could take advantage of the discount on offer.

- So far, the update of this initiative has been steady with both new and returning clients visiting the clinic each month.

Wellpoint Kiosk

- The wellpoink Kiosk was introduced to employees as part of Januarys new year new you campaign. The kiosk measures your weight, BMI, body fat, blood pressure and heart rate. It also provides touch-screen health questionnaires and signposting to health and lifestyle support services and web-based information sites, such as NHS Choices and Change4Life.

- The kiosk was extremely popular with lots of people visiting the kiosk on numerous occasions. The leaflets that were supplied beside the kiosk were also really poplar with many of the leaflets having to be restocked up numerous times.

Chair Based Yoga

- These sessions were chosen so that less able-bodied employees could join in with workplace exercise. The sessions are great for anyone who suffers for with musculoskeletal pain and for employees that spend all day at their desk. The classes giving employees exercises they can do at their desks so keep then active at work.

- Unfortunately, the uptake of these sessions hasn't been as high as we had hoped but those that did attend found the sessions extremely beneficial. Feedback includes 'These sessions have been great. I've really enjoyed doing them – nice to get some relaxation techniques that can be done at the desk and good to get some gentle exercise as well for those less able bodied who can't do normal yoga/pilates etc.'

Scottish Slimmers

- It was identified from the ideas hub that employees were looking for a weight loss class to take place over lunchtime. Scottish Slimmers provide a workplace weight loss programme, which is based on positive healthy eating plans, encouraging members to make healthy food choices to help them achieve their target weight. The class will run initially for 6 weeks as a trial and has now run for five 6-week blocks throughout the year.

- The uptake of this has been extremely popular with over 80 different employees signed up to take part in the programme. Feedback from the session include: 'Thanks to the organisation for arranging this and supporting employees access an affordable and enjoyable weight loss program. The group leader is fantastic, and to add to that, the support you get from other members even while waiting for weigh-in is amazing, folk are sharing their recipes, chatting about their diet week, was is good, was it bad, cheering others on. It's fab.'

Spinal Care Workshop

- The spinal care workshop was delivered by Aberdeen Chiropractor Clinic and provided an overview of the spine, how to care for your spine and good postural practices. Following the success of the sessions the clinic has offered ACC employees discount on the services they provide.

- The uptake of this pitstop was exceptional with 100% of the available spaces booked up. Due to the high demand of this session we may arrange for more places to take place later in the year.

Spinal Screenings

- Following the spinal care workshop free 1-2-1 spinal screenings were offered to employees who attending the course. During this time the employee could discuss any spinal related issues they have while the chiropractor evaluated any general imbalances of the spine and muscles that need to be addressed.

- The screenings were very popular with 100% the appointments taken up with requests for more appointments to be made available.

Metafit

- Following the success of the ongoing exercise classes metafit was offered to employees as part of the new year new you campaign. The classes are higher intensity than what is currently on offer which added something different to the current programme and aloud staff to try something new.

- The uptake of these session has been great with sessions being extended until the summer holidays.

CFine

- As part of the healthy eating campaign in March Community Food Initiatives North East (CFINE) hosted their first community food pop-up stall at Marischal College. Employees were encouraged to support a local charity and get your high quality fresh fruit and veg at affordable prices. Staff were also able to pre order and just turn up and collect their box.

- The stall was very poplar was CFINE raising £120 which will be put back into the community to support those in food poverty. CFINE will host the stall on the last Tuesday of every month until June.

How accessible were the events to all employees?

- **Discounted Alternative Therapy Sessions** - Four therapists currently offer therapy sessions in order to meet employee demand as well as provide a range of therapies from reflexology to shiatsu massage. We have expanded this service to include a mobile therapist and sessions at Rosemount Community Centre and Frederick Street. Employee discount was offered to give as many employees as possible an opportunity to access the alternative therapy sessions without time and/or money being a barrier to participation.

- **Exercise Classes, Scottish Slimmers, Mindfulness, CFINE and Chiropractic sessions** – Were run from Marischal College but open to all employees. Marischal College was chosen as a venue as there a larger number of staff who work in this offices building than any other building and often minimum numbers need to be achieved for external organisations to agree to run sessions. Where there is demand for any of these sessions to be run in a different building every effort will be arranged so that no group of employees are missing out.

- **Wellpoint Kiosk** – The kiosk has been / will visit numerous council buildings so that as many employees are possible can take advantage of the kiosk. The sites include, Mariscal College, West Tullos, Althens Eats, Kittybrewster and schools for a duration for 2 or 4 week periods between January and June.

How was the information regarding these events communicated?

- Information for all the events and campaigns was communicated on the Zone, via the Health, Safety and Wellbeing pages and also through the "Your Health Matters" Employee Good Health Group Blog. Emails were sent to the Health and Safety Co-ordinators who were asked to disseminate information about the events or campaigns to employees. Announcements were posted on the Internal News area of the Zone homepage and information was shared with newsletters/information bulletins. Where required, advertising posters were displayed in the EGHG notice board and at the event location.

How do you know that employees are aware of these wellbeing events?

- The good take up of the provision on a number of these events show that the communicated message was getting out to employees across Aberdeen City Council. Employee feedback shows that these events are considered to be of value to employees as part of their health and wellbeing at work.
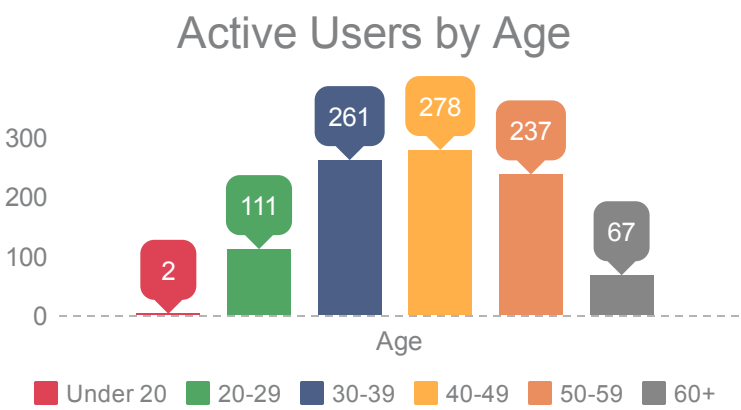
WELLPOINT HEALTH KIOSK
FEEDBACK
Marischal College 8 Jan - 6 Feb 2018

Kiosk Usage

648 Active Users **956** Tests Taken

229 ▶ 👤   👤 ◀ **419**

Active Users by Age

2	111	261	278	237	67

300
200
100
0

Age

■ Under 20 ■ 20-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60+

Of the tests taken in Marischal College **482** would likely modify their lifestyle as a result

LifeStyle

90% of users don't smoke currently
(63% of these users have never smoked)

465 consume low levels of alcohol per week (0-14 units)

just below half of users eat 4 or more portions of fruit & veg per day

247 users exercise 3 to 4 times a week

Top 2 Current Conditions

Joint **43**   Psychological **38**

Health & Wellbeing

Body Fat

32% of users have normal body fat

Weight/BMI

34.6% users with an ideal body weight

84.2% of users have an ideal heart rate

47.1% users have a heart rate age lower or the same as their actual age

users with high blood pressure **22.5%**

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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	4 May 2018
REPORT TITLE	Corporate Health and Safety Annual report 1 April 2017 – 31 Mar 2018
REPORT NUMBER	GOV/18/030
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Colin Leaver
TERMS OF REFERENCE	5.2; 5.3

1.   **PURPOSE OF REPORT**

1.1   The report summarises statistical health and safety performance information for the twelve-month period 1st April 2017 – 31st March 2018 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2.   **RECOMMENDATION**

2.1   It is recommended that the Committee review, discuss and comment on the issues raised within this report.

3.   **BACKGROUND**

3.1   The report contains summarised statistical health and safety performance information for the twelve-month period.

3.2   **Incidents (April 2017 – March 2018)**

3.3   The incident reporting and near miss reporting systems are set up to comply with Health and Safety and Employment Laws. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) puts duties on employers, to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive (HSE). There is also a requirement to report an injury if an employee is incapacitated for more than seven days. There is no longer a requirement to report occupational injuries that result in more than three days of incapacitation, but a record must still be kept of such injuries.

3.4 Aberdeen City Council (ACC) reporting system requires all incidents and near misses to be reported which will include the data required for statutory reporting. This allows data to be scrutinised to identify trends which can assist in preventing reoccurrence.

3.5 The following table shows the figures for the year 1 April 2017 to 31 March 2018 with the previous reporting year's figures detailed in brackets to allow comparison.

3.6 A total of 671 incidents were reported, up 49% from the 450 of the previous year. 498 of these incidents involved injury to an employee in comparison to 332 in the previous year which was 50% up on the previous year. The incidents involving injury to a 3rd party were also up 47% from 118 to 173. The number of reportable incidents also increased across both categories. The number of reportable incidents involving employees increased from 21 to 29 (+38%) and those involving 3rd parties increased from 3 to 9 (+300%).

3.7 Of the incidents reported, 131 (19.5%) had no identified remedial actions within the investigation report. This may be because there were none; the manager had not written these in or that none were considered.

3.8 To help to prevent incidents at work there are certain steps required before work commences and if there is an accident then they also need to be reviewed:

- Plan: employees identifying potential problem areas and setting goals for improvement. This is risk assessment and the line managers should be checking that these have been completed for all tasks and that risk assessment registers show this;
- Train: providing staff with the knowledge to identify and take action over potential risks. Skills and training matrices should be completed to identify training needs for roles;
- Organise: giving employees health and safety responsibilities for specific areas and make sure they are aware of these and complete them;
- Control: ensure working practices and processes are being carried out properly. This is ensuring appropriate supervision is in place and supervisors check on these elements;
- Monitor and review: gaining feedback on how measures are working;

3.9 The Council's health and safety policy will be reviewed over the course of the next 12 months with a view to ensuring that the Council's policy remains fit for purpose and to help ensure that the number of incidents reported are managed appropriately.

3.10   Incident information:

	RIDDOR-Reportable employee (absence serious injury or over 7 days)	Non RIDDOR reportable employee (absence 4 to 7 days)	Non RIDDOR reportable employee (absence 0 to 3 days)	RIDDOR Reportable 3rd party	Non RIDDOR reportable 3rd party
Another kind of incident	4 (3)	5 (3)	82 (80)	1 (0)	39 (28)
Contact with Electricity	0 (0)	0 (0)	2 (2)	0 (0)	0 (0)
Contact with moving machinery	1 (1)	1 (0)	2 (1)	0 (0)	1 (1)
Drowned or asphyxiated	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Exposed to explosion	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Exposed to fire	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Exposed to Harmful Substance	0 (0)	0 (0)	1 (0)	0(0)	0 (0)
Fall from height	2 (2)	2 (2)	3 (2)	4 (2)	5 (5)
Injured by animal	0 (0)	0 (0)	3 (2)	0 (0)	0 (0)
Lifting & handling	7 (5)	2 (1)	17 (11)	0 (0)	1 (1)
Physical assault	2 (0)	0 (0)	237 (128)	0 (0)	14 (13)
Slip, trip, fall same level	10 (7)	2 (2)	46 (30)	1 (0)	75 (47)
Struck against	1 (1)	0 (0)	11 (7)	1 (1)	13 (6)
Struck by object	2 (2)	2 (2)	32 (21)	1 (0)	15 (11)
Struck by moving vehicle	0 (0)	0 (0)	18 (13)	0 (0)	1 (0)
Trapped by something collapsing	0 (0)	0 (0)	1 (1)	1 (0)	0 (0)
Total	29 (21)	14 (10)	455 (301)	9 (3)	164 15)

3.11   Reportable employee incidents

There were 29 employee incidents that were RIDDOR reportable to the HSE which was an increase of 8 (+38%) from the previous twelve months. There are many reasons why reporting figures increase. The Functions and Clusters within the new interim functional structure should examine and discuss the reasons for these incidents occurring to establish if the task being undertaken when the incident happened was being carried out safely; whether it was preventable and if it was what remedial action is required to prevent reoccurrence.

3.12 Incident (reportable employee) incidence rates

Period	Reportable Incidence rate (rates per 1000 employees)
April 2017 - March 2018	3.15
April 2016 - March 2017	2.00
April 2015 - March 2016	3.29
April 2014 - March 2015	2.70
April 2013 - March 2014	3.41

The above figures are calculated using the formula:

Incidence rate = $\dfrac{\text{RIDDOR injuries per year}}{\text{Employment}}$ X 1000

3.13 The following table illustrates the annual incidence rates for other Local Authorities to permit an element of benchmarking.

Local Authority	Reportable Incidence rate (rates per 1000 employees)
Authority A	3.04
Authority B	1.84
Authority C	0.88
Authority D	2.81
Authority E	1.81

3.14 Reportable diseases

A reportable disease is one of a prescribed list of occupational diseases, which requires to be reported to HSE under RIDDOR, e.g. hand arm vibration syndrome; occupational asthma. In the past twelve months there have been 0 cases of reportable diseases.

3.15 Dangerous occurrence

3.16 A dangerous occurrence is an unplanned and undesired occurrence (incident) which has the potential to cause injury and which may or may not cause damage to property, equipment or the environment. There was 1 non gas dangerous occurrence, which required to be RIDDOR reported this year.

3.17 A gas fitting is a type of dangerous occurrence, which requires to be reported to HSE under RIDDOR when the fittings if operated or left connected to a gas supply, would present an immediate danger to life or property. There were 2 reports of dangerous gas fittings which were reported to HSE through the RIDDOR reporting system for this reporting period. In the previous year there were no dangerous occurrences and 3 dangerous gas fittings.

3.18 Near Miss Incident information

3.19   The figures in the table below are for the period 1 April 2017 to 31 March 2018. The figures in brackets are for the previous reporting year to allow year on year comparison. There were 541 incidents reported by the Directorates involving employees during this period.

Near Miss Category	Employees
Number of Near Misses	541 (386)
Inappropriate communication	135 (95)
Other	126 (82)
Security	34 (25)
Substance Misuse	17 (11)
Vandalism	24 (20)
Violence	85 (62)
Violence to School Staff	120 (91)

3.20   There was an increase of 40% of reported near misses year on year from 2016/2017. The trend is a year on year increase across every category. Directorates should have a process in place where all near misses are investigated and remedial actions taken to prevent any reoccurrence. This could involve discussions by line managers during 1-2-1s to ensure that the investigation has been undertaken and that the correct remedial actions have been identified.

3.21   The reporting line managers had stated that in 395 of the 541 near misses that there was no risk assessment in place for the tasks being undertaken. There were also 53 where there was no online investigation report input on the system. In 50 of the cases it had been identified that the person was lone working and in these cases 43 of these reported there was no readily available support; these near misses were amongst those which had not been risk assessed for the tasks which were being undertaken. The completion of a risk assessment, and the implementing of the identified controls, is the cornerstone of health and safety. If these are not being completed, or the controls identified are either not being implemented or not identified, then this could be a reason for these near misses occurring.

3.22 Occupational health and wellbeing

3.23   Quarterly Occupational Health reports have been provided for review by the committee members of the previous Corporate Health and Safety Committee for every quarterly reporting period. A separate report will be provided to Committee for the period April 2017- Mar 2018 when information is provided by the supplier.

3.24   Quarterly Employee Assistance reports (Therapeutic Counselling Services Ltd – Time for Talking) have been provided for review by committee members of the previous Corporate Health and Safety Committee for every quarterly

reporting period. A report for this period was provided for review at the last Staff Governance Committee on 4 May 2018.

3.25   Healthy Working Lives (HWL) – The Bronze and Silver Awards have been maintained during 2017/2018.

3.26   The HWL team has organised a series of events over the last 12 months with the total number of places and attendance levels are listed in the table below:

Total Attendances	3565
Total Spaces Available	4726
Percentage of Engagement in Wellbeing Initiatives	75%

3.27   **Enforcement interventions (HSE / SF&R)**

There are occasions where HSE and Scottish Fire and Rescue Services (SFRS) contact Aberdeen City Council to request further information or ask for action to be taken. HSE intervention are usually to request further information on work tasks following a complaint or to investigate a serious incident which has been reported. SFRS interventions are following an audit visit they have carried out of Aberdeen City Council properties where they have found fire safety issues.

3.28   HSE inspectors have been in contact with the health and safety team in relation to 7 issues of varying severity surrounding service delivery. Most of these interventions and enquiries are conducted by telephone initially; however 2 issues have resulted in HSE attending site. These interventions look at what the incident was, and where required an explanation of the implementation of remedial actions. There were 4 HSE interventions in the last reporting period.

3.29   There have also been 3 interventions with Scottish Fire and Rescue Services which have been reported to the Health Safety and Wellbeing team (HSW).

3.30   **Health and safety training**

3.31   A total of 564 attendees received face to face health and safety training from April 2017 – March 2018. Additionally, 1843 eLearning online training modules were undertaken.

3.32   **Fire risk assessment**

3.33   Health and Safety Advisers carried out 87 fire risk assessments as identified by the Fire Risk Assessment programme. Each Fire Risk assessment

together with an action plan of required remedial actions is provided to the Directorate.

3.34   Some further 40 fire risk assessments were carried out in multi-storey tower blocks where there are no Aberdeen City Council employees. These were carried out after the Grenfell Tower fire to assess the level of risk which existed. These fire risk assessments identified areas requiring remedial action which are currently being remedied.

3.35 Audit and compliance

3.36 Audit

3.37   30 Audits were carried out across all Directorates reviewing their safety management system using an assessment template available through the Health and Safety Executive which looks at 8 categories. There have been a series of remedial actions identified as a result of these audits which have been forwarded to each line manager and Business Support Manager within the Services and Directorates to allow any identified areas for improvement to be implemented.

3.38   Compliance

3.39   The average score was 68% over all topics covered which is a reduction on the 76% from the last reporting period. As with the audit process a series of compliance checks have been carried out with front-line staff to ensure that the policies and procedures are being followed. These compliance visits covered the topics of fuel storage, security, work at height, manual handling, safe use of work equipment, workplace inspections, safe use of personal protective equipment and radioactive sources. The compliance sheets including actions required to be legally compliant were forwarded to the Directorates to implement. The reports are also forwarded to the line managers and at the time to the Directorate Business Support Managers to allow them to check that changes have been implemented.

3.40   Health and safety policies and guidance

3.41   A number of corporate policies and procedures have been reviewed over the reporting year.

3.42   Work-related absence

3.43   The sections below detail the absence levels for both work-related injury and stress. These figures have not changed in the period.

3.44   Mental health

3.45 The percentage of employees by headcount who were absent for this period reported as being for mental health issues is under 0.05%; however, each absence tends to be for longer periods than other absence reasons and this accounts for 0.67 days per employee by headcount. The completion of Quality of Working Life risk assessments by all line managers who have teams or employees who are likely to be pressured in their jobs would be the starting level. This should especially be the case where employees are absent for this reason to potentially prevent others from being similarly affected.

3.46 There are a number of interventions which line managers can consider and utilise to potentially reduce the levels of stress affecting employees. Relevant managers are encouraged to attend training courses on how to complete the Quality of Working Lives (QWL) risk assessments. Employees are encouraged to complete the organisation's mental health e-learning course or be referred to the occupational health provider for assistance. To allow the organisation to proactively reduce the number of employee absences due to mental health related illnesses, it is important that ACC learns from the current causes of staff absence and to train managers to be able to identify and deal with issues. The strategy should be for the newly formed Functions and Clusters to focus on the root causes of these absences and using the HSE management standards to work through the issues to ascertain and implement any remedial actions required. This should also look at the HSE line manager competency indicators.

3.47 The corporate management team are currently developing a mandatory training programme to cover a range of topics. This includes but is not limited to data protection, IT security, health and safety.

3.48 Physical Injury

3.49 The percentage of employees who are absent following a work-related injury is very small at slightly over 0.007 of the headcount workforce and slightly over 0.07 days per employee.

3.50 The majority of these absences are due to musculoskeletal injuries. Directorates should review the work practices within the departments where the injuries occur to ascertain whether the root causes are evident. They should also be considering whether the Occupational Health Provider services and free physiotherapy sessions can be utilized to help with the employees' musculoskeletal condition. Where trends of these types of injuries are identified then the HSW team can collaborate with Services to find root cause and remedial actions and give advice on risk assessment and controls to assist in prevention.

3.51 RoSPA Award

3.52 ACC were awarded the Royal Society for the Prevention of Accidents (RoSPA) Silver Medal Award in recognition of the efforts, achievements and

commitment to raising the standards of health and safety management within the organisation.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct Financial implications arising from the recommendations of this report. Analysis of the causes of the incidents, near misses and work-related absences and resultant improvements to prevent, where possible, reoccurrences, can reduce the financial exposure to the Council.

4.2 An effective health and safety management system in which risks are identified and either eliminated or reduced will result in a reduction of costs to the organisation.

5. LEGAL IMPLICATIONS

5.1 The Health and Safety at Work etc Act 1974 requires an employer to ensure the health and safety of their employees and those who may be affected by their undertaking. To comply with its duties, the Council must ensure that its safety management system is robust and reliable. Where an incident is of sufficient seriousness there is the potential that the Health and Safety Executive (HSE) will become involved and carry out their own investigation into the circumstances of the incident. Any HSE investigation could result in prosecution of the organisation. There is also the risk that prosecution could be raised against the senior managers; line managers and in some cases the employees where it is found that there has been negligence by the individual, (for example, knowingly allowing an unsafe act to continue).

5.2 Statistical evidence shows that HSE secure a successful prosecution in 94% of the cases they take to court. These cases also therefore incur the other costs involved, which could include fines, legal costs and damages in the civil court. Experience shows that civil claims are usually delayed until the criminal HSE investigation and court case are concluded.

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	The risk is that any incident has the potential to bring a reduction in the overall budget in place to provide service delivery.	M	All tasks are risk assessed and the controls implemented and supervised by line managers. All employees are trained to a level where they are

			competent to carry out the work
Legal	There is the risk that any injury or serious health and safety incident could result in focus from the Health and Safety Executive which could result in enforcement action in the form of notices or prosecution.	M	As above. There is potentially less likelihood that HSE will enforce if we have all controls and supervision in place.
Employee	The risk is that any health and safety incident can lead to an injury to an employee which could have the potential to temporarily or permanently affect either or both their employment or their life.	M	As above. If the task has been risk assessed; employees are trained, competent and supervised then there should be less likelihood of incidents.
Customer	The risk to our citizens is that we are unable to provide the same level of service delivery due to staff absences from illness and injury sustained during their work. Also there is the possibility of a reduced budget due to the associated financial costs.	M	Reducing the number of incidents will reduce the number of absences and the subsequent costs to the Council.
Reputational	Local and National press coverage of any incident can present reputational damage to the organisation.	M	Should be provided by each Directorate having a robust safety management system in place. There are many facets to this which are important starting from ensuring employees are trained and competent, every hazard is risk assessed and up to carrying out investigation of near misses to ensure controls are reviewed to consider whether

			remedial actions are required.

7.   OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	Local Authorities play a key role in local economic growth, e.g. investment in local infrastructure. Any detriment to this investment would have a detrimental effect on this investment. Therefore any financial burden placed on the organisation in the form of legal costs and punishment; staff absence which affects service provision can lead to a lesser level of funding for investment. The aim should be to be an organisation who considers the health and safety of its workforce to be paramount and a key element in service delivery. This focus is one key in having an engaged workforce and all of the additional benefits associated with this; it will also reduce the likelihood of legal challenges and their associated costs
Prosperous People	The workplace is an environment in which most adults spend a substantial fraction of their time. It has the potential to have both positive and negative influences on their health and well-being. Where there are continuing trends of incidents there is the risk that employees become disengaged with the organisation as they feel that there is no concern for their safety. There are many additional strands from disengaged employees: poor customer service, increased absence rates and reduced productivity.
Prosperous Place	An engaged workforce is best-placed to provide good service delivery to the residents of the City. Any financial penalties imposed by poor health and safety practices impacts on the provision of public services, especially in an environment of reducing budgets. The provision of good service to the residents would result in good public opinion, which would benefit the City, which can extend outwardly to visitors and businesses seeking to inwardly invest.

| Enabling Technology | Each directorate conducting an exercise where they conduct a skills and training analysis of their workforce with the results populating a skills and training matrix would benefit the organisation and give assurance that they have a workforce who have the competence levels to continue to provide Services in a safe manner. This has more benefit in an organisation going through a process of reorganisation and budget reduction.

The development of an electronic safety management system where improvements are identified and allocated to specific employees would provide the organisation with a greater level of reassurance. |
|---|---|

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	This report should provide the committee with the opportunity to gain assurance that the Directorates are managing health and safety effectively. This can be done by scrutinising the level of incidents as a trend and being allowed the opportunity to question those managers responsible.
Workforce	The report gives the committee the opportunity to improve the health and safety management system, which would in turn reduce the risks to employees of being involved in an incident.
Process Design	This can allow the committee to identify where processes are failing to address safety risks.
Technology	No impact
Partnerships and Alliances	This allows Trade Unions, elected members and officers to collaborate

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	EHRIA not required
Privacy Impact Assessment	Not required
Children's Rights Impact Assessment/Duty of Due Regard	Not applicable

9. BACKGROUND PAPERS

N/A

10. APPENDICES (if applicable)

N/A

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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	29 June 2018
REPORT TITLE	OHP Quarterly report: January 2018 – March 2018
REPORT NUMBER	GOV/18/033
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Mary Agnew
TERMS OF REFERENCE	5.2

1. **PURPOSE OF REPORT**

1.1   This report updates the Committee on utilisation of the Occupation Health Service contract provided by OH Assist during the 3 month period January 2018 – March 2018.

2. **RECOMMENDATIONS**

That Committee:

2.1   considers the contents of the report; and

2.2   instructs the Chief Officer – Governance to share the information with Functions, request that actions are taken to support individuals and address trends (usage and root causes) as detailed in the report.

3. **BACKGROUND**

3.1   Following a joint tender evaluation process with Aberdeenshire, OH Assist were awarded the Occupational Health Service contract. The contract commenced on 3 August 2015 and has since been novated to OH Assist Limited. The original contract was for 18 months with an option to extend for up to a further 24 months. A 12 month extension followed by a further 6 month extension has been agreed. A European Union (EU) compliant tender exercise is currently being undertaken for the Provision of Occupational Health Services.

3.2   Since the transfer of the occupational health service onto a new IT platform in July 2017 the service delivery to the organisation has been impacted. Owing to the lack of automated workflow the provision of Management Information (MI's)

and Key Performance Indicators (KPI's) has been limited. This has been challenging in terms of providing valid utilisation management information. Improvements have been seen over this reporting period although the service has not fully met the required KPI's which has been reflected in the application of service credits (financial penalties for poor performance).

3.2   This report contains limited utilisation information on the 3 month reporting period (January 2018 – March 2018). The reporting period was for the previous Directorate Structure; future reports will follow the new structure approved by Full Council in December 2017.

3.3   Utilisation (January 2018 – March 2018)

3.4   A total of 411 employee referrals were made in the period January – March 2018; there were 212 referrals in November to December. A breakdown of utilisation has been issued to Services. The usage of the services provided by occupational health is reflective of the related size of the work areas with Communities Housing and Infrastructure accounting for the majority of the referrals. The programme of health surveillance continues for manual employees.

3.5   During this period OH Assist received a high volume of calls to the Administration helpdesk. Calls are logged, answered and passed to the OH Assist Medical helpdesk as appropriate.

3.6   The table below provides a summary of occupational health services delivered during this reporting period.

Directorate	OH referral	Pre-employment	Ill-health retirement	Health Surveillance	Health Assessment	Specialist services
AH&SC	11 (8%)	20 (23%)	-	-	-	-
CH&I	64 (45%)	63 (73%)	-	163 (100%)	-	9 (45%)
OCE	-	3 (3%)	-	-	-	-
CG	7 (5%)	-	-	-	-	3 (15%)
E&CS	59 (42%)	1 (1%)	-	-	-	8 (40%)

3.7   The top 3 Services with the highest volume of employee occupational health management referrals were:

- E&CS – Education Service - 42 (30% of referrals)
- CHI - Public Infrastructure and Environment - 22 (16% of referrals)
- CHI – Communities and Housing - 22 (16% of referrals)

3.8   The top 3 reasons for clinical outcomes of the occupational health referrals were:

- Stress/Anxiety/ Depression – 28% (39 cases) of referrals
- Musculo-Skeletal Disorders – 28% (39 cases) of referrals
- Circulatory System – 4% (5 cases) of referrals

3.9   The clinical outcomes of the occupational health referrals made during this period included Stress/ Anxiety / Depression (Mental and Behavioural disorders) (28%), musculo-skeletal disorders (21%) and circulatory system (4%). For comparison the top 3 reasons for absence in the previous reporting period were mental health and behavioural disorders (39%), low back pain (9%) and factors influencing health status (9%). The combined musculoskeletal absence accounted for 24% of absence in the previous reporting period.

3.10   It is critical that line management focus on the root causes of ill health so that appropriate measures can be implemented to support and prevent absence. In line with corporate policy and procedures for psychological issues Quality of Working Lives (QWL's) risk assessments must be completed, line management behaviours reviewed against the HSE Management Standards and attendance and completion of appropriate available training. Equally manual handling risk assessments require to be completed and work practices reviewed to minimise such activities alongside suitable information, instruction, training and supervision.

3.11   There were 163 Health Surveillance appointments undertaken for CH&I colleagues.

3.12   During this reporting period there have been 12 physiotherapy assessments delivered to individual employees compared to 4 in the last reporting period.

3.13   There were 55 short notice cancelled appointments over this period. There was no data for the previous reporting period.

4.   **FINANCIAL IMPLICATIONS**

4.1   There are no direct financial consequences resulting from this report. The total current contract sum over 5 years is £739,132.15. The award price has been calculated on the expected usage. Through improved management of work related root causes the level of support required would be less resulting in reduced future tender costs.

4.2   The contract core cost is covered in monthly utilisation figures. Any service delivery over and above these volumes incur additional expenditure, these are kept to a minimum.

4.3   Sickness absence is a key business issue, in terms of direct and indirect costs. Examples of tangible elements include reduced absence costs, less disruption as a result of employees being absent, reduced overtime/agency staff costs, early return to work by employees, increased productivity, reduced insurance costs, reduced industrial tribunals / claims, reduced staff turnover and thus recruitment costs. Uninsured costs can be greater than insured costs, this can have a significant impact on Service budgets. Examples of less tangible benefits include improved quality of workplace experience, improved wellbeing, employees feel more valued, increased employee morale and engagement.

4.4 There are saving to be realised in early intervention to support employees in the workplace. The involvement of independent specialist's increases legal compliance of statutory requirements such as health surveillance and can reduce costs in the event of legal challenge for example, enforcement action from the Health and Safety Executive (HSE) and industrial tribunals.

4.5 The longer an employee is off work the more challenging it becomes to manage their health problems and less likely that they will return to work. Long-term absence is costly. There is mutual benefit if we can proactively support employees in the workplace through reasonable adjustments.

5. LEGAL IMPLICATIONS

5.1 Under the Health & Safety at Work Act 1974 etc and Equality Act 2010 there is a legal requirement to ensure the health safety and welfare at work of our employees and consider any health issues that might affect an employee's ability to safely fulfil their job. There is a requirement to ensure that an organisation has access to competent advice such as occupational health. This provides line management with independent advice to enable them to make an informed decision on any recommended employee adjustments or adaptations.

5.2 The provision of or access to an occupational health service is in line with guidance produced by the HSE as one of the measures to control that risk and ensure legal compliance with health surveillance.

5.3 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the HSE. This includes fines, imprisonment and remedial orders. There is also the possibility of employee claims (civil) these are more likely to succeed following a successful HSE prosecution. Access to competent occupational health service can be used as mitigation against prosecution and potential claims from employees for unfair dismissal or exposure to work related ill health.

6. MANAGEMENT OF RISK

6.1 The risks with the potential to impact the decision being sought from the Committee are categorised as:

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If no action is taken to support individuals and address trends then the organisation will incur both direct and indirect costs.	M	Implementation of corporate health and safety policy and related procedures to ensure a safe and mentally healthy workplace. Identification of and

			address of root causes and trends. Review and identification of Service use, trends and related absence to act on lessons learned to prevent reoccurrence.
Legal	Non-compliance with legal requirements if specialist occupational health recommendations and referral trends are not acted upon. No mitigation of potential challenge and subsequent claims. Poor management of the work related risks has the potential to attract enforcement action (Criminal and Civil) fines and claims.	M	As above. Provision of specialist clinical support / advice via competent occupational health service providing clinical based recommendations to enable informed decisions on workplace employee support. Undertaking of employee occupational referrals in relation to work related issues and acting on clinical recommendations. Implementation and completion of health surveillance programme.
Employee	If the right support is not provided it can lead to ill health and further employee absence incurring direct and indirect costs. The longer an employee is absent the more likely it will impact on an employee's health and wellbeing and the less likely that they will return to the workplace.	M	As above. Proactive approach to managing workplace risk and supporting employees with adjustments to comply with legislation. Provision of information, instruction and training as identified in Job Profiles, skills and training matrices and in risk assessment. Open and clear two way communication at all levels within the organisation.

Customer	Reduced quality of service delivery owing to the lack of resource. No assurance of a safe and healthy employee workplace.	M	As above.
Environment	No risk or impact was identified.	-	-
Technology	No risk or impact was identified.	-	-
Reputational	Without ensuring suitable employee support there is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues.	L	As above.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	An occupational health provider will assist in having a workforce which is healthier, happier and better motivated, which is essential to the sustainability of high quality services. This in turn has a corporate social responsibility ripple effect impacting on the health of the wider community. Occupational health is a fundamental part of the process in managing absence. An occupational health service supports keeping people well at work – physically and mentally. They provide critical support to the process of effective absence management and increase the numbers of employees returning to work earlier. This keeps our employees healthy and safe whilst in work while managing any risks in the workplace that are likely to give rise to work-related ill health. This in turn ensures the way that they contribute to the local economy is not affected, both in their ACC role and in their personal lives. Research shows that good health is good for business and better workplaces have better financial results. Early intervention can help prevent staff being absent for health-related reasons and improve opportunities for people to recover from illness while at work. Research shows that the longer people are off sick, the less likely they are to make a

	successful return to work. After six months absence from work, there is only a 50 per cent chance of someone making a successful return. By taking a proactive approach to health, safety and wellbeing the "public pound" will be used effectively reducing lost resource through direct and indirect costs.
Prosperous People	As an organisation ACC considers the health of its workforce to be paramount and a key element in service delivery. This focus is one key in having an engaged workforce and all the additional benefits associated with this.
	An effective occupational health service will assist in providing clinical based timely support reducing long term sickness and related absence. It will provide advice about how work affects a person's health and how someone's health affects their work. Their independent advice will enable line management to make informed decisions on how to prevent work-related illness and make sure someone is fit to work; being in 'good', stable work is beneficial to health and well-being, and for those on long-term sick leave, getting back to work is a very important part of the recovery process. By reducing the impact of work related issues and ill health we can substantially reduce the negative impact of such issues on employee productivity, efficiency and overall behaviour at work resulting in better service delivery.
Prosperous Place	ACC require to keep employees healthy and safe whilst in work and manage any risks in the workplace that are likely to give rise to work-related ill health. An occupational health provider fulfils this and the statutory requirement to have access to 'competent' occupational health advice as part of the organisational arrangements. ACC in conjunction with an occupational health service can protect and promote the health and well-being of employees, creating a healthier workplace and a healthier workforce, which will also protect and enhance our image and reputation as a good employer. Any detrimental effects caused through poor health of employees impacts on the provision of public services. An engaged workforce is best-placed to provide good service delivery to the residents of the City. This would result in good public opinion, which would benefit the City, which can extend outwardly to visitors and businesses seeking to inwardly invest. Through early intervention absence the impact on the local economy and drain on other public sector services can be reduced.

Enabling Technology	The use of a digital solutions has assisted in delivery of the service. The use of a portal providing an electronic booking system and access to reports improves the speed of accessibility. The majority of appointments are conducted by telephone to remove the need for employees and the medical professionals to travel thus saving the time and additional effort for both parties. Through prompt access to support, early address is provided in reducing absence, work related ill health and employee stress.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	No impact.
Workforce	Approval of the recommendation would assist in reducing the risk of lost resource through for example absence, enforcement action and potential claims. Early address of issues has the potential to reduce impact on employees and the wider community reducing demands on other public-sector organisations.
Process Design	This can allow the committee to identify where processes are failing to address health and safety risks and improve wellbeing.
Technology	No impact
Partnerships and Alliances	This allows Trade Unions, elected members and officers to collaborate.

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not required
Privacy Impact Assessment	Not required
Children's Rights Impact Assessment/Duty of Due Regard	Not Applicable

9. BACKGROUND PAPERS

ACC Quarterly Executive Summary – OH Assist: Jan 2018 – March 2018.

10. APPENDICES

N/A

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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	29 June 2018
REPORT TITLE	OHP Annual report: April 2017 – March 2018
REPORT NUMBER	GOV/18/035
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Mary Agnew
TERMS OF REFERENCE	5.2

1. **PURPOSE OF REPORT**

1.1 This report updates the Committee on utilisation of the Occupation Health Service contract provided by OH Assist during the last 12 month period April 2017 – March 2018.

2. **RECOMMENDATIONS**

That Committee:

2.1 considers the contents of the report; and

2.2 instructs the Chief Officer - Governance to share the information with Functions, request that actions are taken to support individuals and address trends (usage and root causes) as detailed in the report.

3. **BACKGROUND**

3.1 Following a joint tender evaluation process with Aberdeenshire, OH Assist were awarded the Occupational Health Service contract. The contract commenced on 3 August 2015 and has since been novated to OH Assist Limited. The original contract was for 18 months with an option to extend for up to a further 24 months. A 12 month extension followed by a further 6 month extension has been agreed. A European Union (EU) compliant tender exercise is currently being undertaken for the Provision of Occupational Health Services.

3.2 Since the transfer of the occupational health service onto a new IT platform in July 2017 the service delivery to the organisation has been impacted. Owing to the lack of automated workflow the provision of Management Information (MI's) and Key Performance Indicators (KPI's) has been limited. This has been challenging in terms of providing valid utilisation management information.

Improvements have been seen over this reporting period although the service has not fully met the required KPI's which has been reflected in the application of service credits (financial penalties for poor performance).

3.2   This report contains limited utilisation information on the 12 month reporting period (April 2017 – March 2018). The reporting period was for previous Directorate structure; future reports will follow the new structure approved by Full Council in December 2017.

3.3   Utilisation (April 2017 – March 2018)

3.4   A total of 1620 employee referrals were made in the period April 2017 – March 2018; there were 1867 referrals in the previous reporting period. A breakdown of utilisation has been issued to Services. The usage of the services provided by occupational health is reflective of the related size of the work areas with Communities Housing and Infrastructure accounting for the majority of the referrals.

3.5   During this period OH Assist received a high volume of calls to the Administration helpdesk. Calls are logged, answered and passed to the OH Assist Medical helpdesk as appropriate.

3.6   The table below provides a summary of occupational health services delivered during this reporting period.

Directorate	OH referral	Pre-employment	Ill-health retirement	Health Surveillance	Health Assessment	Specialist services
AH&SC	56 (10%)	64 (21%)	-	-	-	2 (2%)
CH&I	248 (42%)	184 (62%)	-	644 (100%)	2 (100%)	49 (54%)
OCE	-	7 (2%)	-	-	-	-
CG	41 (7%)	-	-	-	-	6 (7%)
E&CS	240 (41%)	44 (15%)	1	-	-	34 (37%)

3.7   The top 3 Services with the highest volume of employee occupational health management referrals were:

- ED&CS – Education Service – 167 (29% of referrals)
- CHI - Communities and Housing – 83 (14% of referrals)
- CHI -Public Infrastructure and Environment – 81 (14% of referrals)

3.8   The top 3 reasons for clinical outcomes of the occupational health referrals were:

- Musculoskeletal Disorders – 19% (109 cases) of referrals
- Stress/Anxiety/ Depression (Mental and Behavioural disorder) – 23% (135 cases) of referrals
- Circulatory – 3% (16 cases) of referrals

3.9   The clinical outcomes of the occupational health referrals made during this period continue to highlight musculoskeletal disorders (19% compared to 31%

in the last reporting period) and mental health and behavioural disorders (23% compared to 28% in the last reporting period) as two of the top reasons for absence for the last reporting period.

3.10   It is critical that line management focus on the root causes of ill health so that appropriate measures can be implemented to support and prevent absence. In line with corporate policy and procedures for psychological issues Quality of Working Lives (QWL's) risk assessments must be completed, line management behaviours reviewed against the HSE Management Standards and attendance and completion of appropriate available training. Equally manual handling risk assessments require to be completed and work practices reviewed to minimise such activities alongside suitable information, instruction, training and supervision.

3.11   There were 644 Health Surveillance appointments undertaken for CH&I colleagues.

3.12   During this reporting period there have been 32 physiotherapy assessments delivered to individual employees compared to 223 in the last reporting period.

3.13   There were 143 short notice cancelled appointments over this period compared to 298 in the last reporting period.

4.   **FINANCIAL IMPLICATIONS**

4.1   There are no direct financial consequences resulting from this report. The total current contract sum over 5 years is £739,132.15.. The award price has been calculated on the expected usage. Through improved management of work related root causes the level of support required would be less resulting in reduced future tender costs.

4.2   The contract core cost is covered in monthly utilisation figures. Any service delivery over and above these volumes incur additional expenditure, these are kept to a minimum.

4.3   Sickness absence is a key business issue, in terms of direct and indirect costs. Examples of tangible elements include reduced absence costs, less disruption as a result of employees being absent, reduced overtime/agency staff costs, early return to work by employees, increased productivity, reduced insurance costs, reduced industrial tribunals / claims, reduced staff turnover and thus recruitment costs. Uninsured costs can be greater than insured costs, this can have a significant impact on Service budgets. Examples of less tangible benefits include improved quality of workplace experience, improved wellbeing, employees feel more valued, increased employee morale and engagement.

4.4   There are saving to be realised in early intervention to support employees in the workplace. The involvement of independent specialist's increases legal compliance of statutory requirements such as health surveillance and can reduce costs in the event of legal challenge, for example, enforcement action from the Health and Safety Executive (HSE) and industrial tribunals.

4.5   The longer an employee is off work the more challenging it becomes to manage their health problems and less likely that they will return to work. Long-term absence is costly. There is mutual benefit if we can proactively support employees in the workplace through reasonable adjustments.

5.   **LEGAL IMPLICATIONS**

5.1   Under the Health & Safety at Work Act 1974 etc. and Equality Act 2010 there is a legal requirement to ensure the health safety and welfare at work of our employees and consider any health issues that might affect an employee's ability to safely fulfil their job. There is a requirement to ensure that an organisation has access to competent advice such as occupational health. This provides line management with independent advice to enable them to make an informed decision on any recommended employee adjustments or adaptations.

5.2   The provision of or access to an occupational health service is in line with guidance produced by the HSE as one of the measures to control that risk and ensure legal compliance with health surveillance.

5.3   Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the HSE. This includes fines, imprisonment and remedial orders. There is also the possibility of employee claims (civil) these are more likely to succeed following a successful HSE prosecution. Access to competent occupational health service can be used as mitigation against prosecution and potential claims from employees for unfair dismissal or exposure to work related ill health.

6.   **MANAGEMENT OF RISK**

6.1   The risks with the potential to impact the decision being sought from the Committee are categorised as:

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If no action is taken to support individuals and address trends then the organisation will incur both direct and indirect costs.	M	Implementation of corporate health and safety policy and related procedures to ensure a safe and mentally healthy workplace. Identification of and address of root causes and trends. Review and identification of Service use, trends and related absence to act on

			lessons learned to prevent reoccurrence.
Legal	Non-compliance with legal requirements if specialist occupational health recommendations and referral trends are not acted upon. No mitigation of potential challenge and subsequent claims. Poor management of the work related risks has the potential to attract enforcement action (Criminal and Civil) fines and claims.	M	As above. Provision of specialist clinical support / advice via competent occupational health service providing clinical based recommendations to enable informed decisions on workplace employee support. Undertaking of employee occupational referrals in relation to work related issues and acting on clinical recommendations. Implementation and completion of health surveillance programme.
Employee	If the right support is not provided it can lead to ill health and further employee absence incurring direct and indirect costs. The longer an employee is absent the more likely it will impact on an employee's health and wellbeing and the less likely that they will return to the workplace.	M	As above. Proactive approach to managing workplace risk and supporting employees with adjustments to comply with legislation. Provision of information, instruction and training as identified in Job Profiles, skills and training matrices and in risk assessment. Open and clear two way communication at all levels within the organisation.

Customer	Reduced quality of service delivery owing to the lack of resource. No assurance of a safe and healthy employee workplace.	M	As above.
Environment	No risk or impact was identified.	-	-
Technology	No risk or impact was identified.	-	-
Reputational	Without ensuring suitable employee support there is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues.	L	As above.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	An occupational health provider will assist in having a workforce which is healthier, happier and better motivated, which is essential to the sustainability of high quality services. This in turn has a corporate social responsibility ripple effect impacting on the health of the wider community. Occupational health is a fundamental part of the process in managing absence. An occupational health service supports keeping people well at work – physically and mentally. They provide critical support to the process of effective absence management and increase the numbers of employees returning to work earlier. This keeps our employees healthy and safe whilst in work while managing any risks in the workplace that are likely to give rise to work-related ill health. This in turn ensures the way that they contribute to the local economy is not affected, both in their ACC role and in their personal lives. Research shows that good health is good for business and better workplaces have better financial results. Early intervention can help prevent staff being absent for health-related reasons and improve opportunities for people to recover from illness while at work. Research shows that the longer people are off sick, the less likely they are to make a

	successful return to work. After six months absence from work, there is only a 50 per cent chance of someone making a successful return. By taking a proactive approach to health, safety and wellbeing the "public pound" will be used effectively reducing lost resource through direct and indirect costs.
Prosperous People	As an organisation ACC considers the health of its workforce to be paramount and a key element in service delivery. This focus is one key in having an engaged workforce and all the additional benefits associated with this. An effective occupational health service will assist in providing clinical based timely support reducing long term sickness and related absence. It will provide advice about how work affects a person's health and how someone's health affects their work. Their independent advice will enable line management to make informed decisions on how to prevent work-related illness and make sure someone is fit to work; being in 'good', stable work is beneficial to health and well-being, and for those on long-term sick leave, getting back to work is a very important part of the recovery process. By reducing the impact of work related issues and ill health we can substantially reduce the negative impact of such issues on employee productivity, efficiency and overall behaviour at work resulting in better service delivery.
Prosperous Place	ACC require to keep employees healthy and safe whilst in work and manage any risks in the workplace that are likely to give rise to work-related ill health. An occupational health provider fulfils this and the statutory requirement to have access to 'competent' occupational health advice as part of the organisational arrangements. ACC in conjunction with an occupational health service can protect and promote the health and well-being of employees, creating a healthier workplace and a healthier workforce, which will also protect and enhance our image and reputation as a good employer. Any detrimental effects caused through poor health of employees impacts on the provision of public services. An engaged workforce is best-placed to provide good service delivery to the residents of the City. This would result in good public opinion, which would benefit the City, which can extend outwardly to visitors and businesses seeking to inwardly invest.

	Through early intervention absence the impact on the local economy and drain on other publicsector services can be reduced.
Enabling Technology	The use of a digital solutions has assisted in delivery of the service. The use of a portal providing an electronic booking system and access to reports improves the speed of accessibility. The majority of appointments are conducted by telephone to remove the need for employees and the medical professionals to travel thus saving the time and additional effort for both parties. Through prompt access to support, early address is provided in reducing absence, work related ill health and employee stress.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	No impact.
Workforce	Approval of the recommendation would assist in reducing the risk of lost resource through for example absence, enforcement action and potential claims. Early address of issues has the potential to reduce impact on employees and the wider community reducing demands on other public-sector organisations.
Process Design	This can allow the committee to identify where processes are failing to address health and safety risks and improve wellbeing.
Technology	No impact
Partnerships and Alliances	This allows Trade Unions, elected members and officers to collaborate.

8.   IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not required

Privacy Impact Assessment	Not required
Children's Rights Impact Assessment/Duty of Due Regard	Not Applicable

9. BACKGROUND PAPERS

ACC Annual Executive Summary – OH Assist: April 2017 – March 2018.

10. APPENDICES

N/A

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