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ABERDEEN
CITY COUNCIL

To: Councillor Allan, <u>Convener</u>; Councillor Houghton, <u>Vice-Convener</u>; and Councillors Al-Samarai, Cameron, Copland, Delaney, Duncan, Macdonald and Reynolds.

<u>Trade Union Advisers</u>: Ron Constable and Carole Thorpe (EIS); Kevin Masson and David Willis (GMB); Jason Currie and 1 vacancy (SSTA); Mark Musk and 1 vacancy (UNISON); Joe Craig and Mishelle Gray (UNITE); and Rob Stephen and 1 vacancy (VOICE).

Town House,
ABERDEEN, 14 February 2022

STAFF GOVERNANCE COMMITTEE

The Members of the **STAFF GOVERNANCE COMMITTEE** are requested to meet in **Council Chamber - Town House on <u>MONDAY, 21 FEBRUARY 2022 at 2.00pm</u>. This is a hybrid meeting and Members may also attend remotely.**

Members of the press and public are not permitted to enter the Town House at this time. The meeting will be webcast and a live stream can be viewed on the Council's website. https://aberdeen.public-i.tv/core/portal/home

FRASER BELL
CHIEF OFFICER - GOVERNANCE

B U S I N E S S

NOTIFICATION OF URGENT BUSINESS

1.1.   There are no items at this time

DETERMINATION OF EXEMPT BUSINESS

2.1.   There are no items of exempt business

DECLARATIONS OF INTEREST

3.1.   Members are requested to declare any interests

DEPUTATIONS

MINUTE OF PREVIOUS MEETING

COMMITTEE PLANNER

NOTICES OF MOTION

REFERRALS FROM COUNCIL, COMMITTEES AND SUB COMMITTEES

HEALTH, SAFETY & WELLBEING OF STAFF

IIAs related to reports on this agenda can be viewed here

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Website Address: aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Stephanie Dunsmuir, email sdunsmuir@aberdeencity.gov.uk

STAFF GOVERNANCE COMMITTEE

ABERDEEN, 23 November 2021. Minute of Meeting of the STAFF GOVERNANCE COMMITTEE. <u>Present</u>:- Councillor Allan, <u>Convener</u>; Councillor Houghton, <u>Vice-Convener</u>; and Councillors Cameron, Copland, Delaney, Duncan, Henrickson (as substitute for Councillor Al-Samarai), Macdonald and Reynolds.

<u>Trade Union Advisers present</u>:- Ron Constable and Carole Thorpe (EIS); Kevin Masson and David Willis (GMB); Mark Musk (UNISON); Jason Currie (SSTA); and Joe Craig (UNITE).

The agenda and reports associated with this minute can be viewed 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.

ANNOUNCEMENT

1.   The Convener advised Members that Les Tarr had stepped down from his Trade Union role and would therefore no longer be participating in meetings of the Committee. She thanked Mr Tarr for his participation and advised that Mark Musk had taken up the adviser vacancy for UNISON. She further advised that Jason Currie would now be one of the SSTA Trade Union advisers and welcomed Mr Currie to the meeting.

DECLARATIONS OF INTEREST

2.   There were no declarations of interest.

MINUTE OF PREVIOUS MEETING OF 28 SEPTEMBER 2021

3.   The Committee had before it the minute of its previous meeting of 28 September 2021 for approval.

<u>The Committee resolved</u>:-
(i)   to note that the information requested at the last meeting in relation to re.cru.it had been circulated to Members and Trade Union advisers outwith the meeting; and
(ii)   to approve the minute as a correct record.

STAFF GOVERNANCE COMMITTEE
23 November 2021

COMMITTEE BUSINESS PLANNER

4.   The Committee had before it the committee business planner as prepared by the Chief Officer – Governance.

It was noted that item 8 (Risk Register) would now be presented to the meeting of the Committee in June 2022, rather than February 2022 and Members asked whether this was in line with the reporting arrangements for other risk registers to Committee.

The Committee resolved:-
(i)   to note that the risk register would now be presented in June 2022 and that the Chief Officer – People and Organisational Development had undertaken to confirm that this was in line with the reporting to other committees; and
(ii)   to otherwise note the planner.

STAFF GOVERNANCE COMMITTEE ANNUAL EFFECTIVENESS REPORT 2020/21 - COM/21/270

5.   The Committee had before it the annual committee effectiveness report by the Director of Commissioning for consideration.   The annual effectiveness reports were introduced in 2018/19 following a recommendation from the Chartered Institute of Public Finance and Accountancy (CIPFA) as part of the Council's work towards securing that organisation's accreditation in governance excellence.

Members asked a number of questions on the report, firstly in relation to the Trade Union adviser vacancies and whether officers were being given time off to attend meetings; and then in respect of the SGC Terms of Reference and whether the committee was currently operating as a safety committee in terms of legislation. Members also highlighted that the committee composition table was displaying half numbers and suggested this could be reviewed for future reports.

The report recommended:-
that Committee –
(a)   provide comments and observations on the data contained within the annual report; and
(b)   note the annual report of the Staff Governance Committee.

The Committee resolved:-
(i)   to thank the Trade Unions for their contributions to the Committee during the reporting period;
(ii)   to note that the Clerk had advised that she would follow up with Trade Unions in relation to the current vacancies to the substantive and substitute adviser roles to try to ensure a full complement of Trade Union representation;

STAFF GOVERNANCE COMMITTEE
23 November 2021

(iii)   to note that the Clerk would review the formatting of the committee composition table for the next report;

(iv)   to note the query in relation to whether the Committee was fully acting as a safety committee within s2(7) of the Health and Safety at Work Act etc 1974 (as referred to in the Terms of Reference) and that the Chief Officer – People and Organisational Development would discuss this outwith the meeting with the Chief Officer – Governance and the Corporate Health and Safety Lead to ascertain whether any amendments were required to either the reports presented to Committee or to its Terms of Reference; and

(v)   to note the report.

CORPORATE HEALTH AND SAFETY – JULY – SEPTEMBER 2021 - COM/21/264

6.   The Committee had before it a report by the Chief Officer – Governance which provided a summary of statistical health and safety performance information for the three month reporting period July to September 2021 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

Members asked a number of questions on the report, with particular reference to the figures around incidents occurring in the Education service, and there was discussion of the survey previously issued to staff by the EIS as well as a new survey which had recently been circulated with results to be made available later in the year.

The report recommended:-
that Committee note the report and provide comment on the health, safety and wellbeing policy, performance, trends and improvements.

The Committee resolved:-
(i)   to request that future reports include comparison where available with data from before the pandemic as could be difficult to evaluate the data against a time when it may have been affected by COVID-19;

(ii)   to note that the EIS had issued a further survey to school staff and that Mr Constable had offered to present the findings once the data was available to Elected Members who might be interested;

(iii)   to note (a) the comments made in relation to the wellbeing of staff and learners and whether a report on this could be presented to the Education Operational Delivery Committee (EODC), and (b) that the Chief Officer – People and Organisational Development had undertaken to discuss this outwith the meeting with the Convener and relevant officers, taking into account the remit of both committees and noting also that EODC received regular updates on Supporting Learners which might already address this matter;

(iv)   to note that the Corporate Health and Safety Lead would liaise with colleagues in Data and Insights to try to resolve the formatting issues in future reports for those using digital agendas;

STAFF GOVERNANCE COMMITTEE
23 November 2021

(v)   to request that the Corporate Health and Safety Lead liaise with colleagues in Data and Insights in relation to the presentation of the figures in the appendix, as different figures were currently presented as the same size in the charts; and

(vi)   to note the report.

- COUNCILLOR YVONNE ALLAN, <u>Convener</u>

	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
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.							
3		**21 February 2022**							
4	Mental Health Action Plan - Annual Update	To provide an update in relation to the employee mental health action plan which was approved by Staff Governance Committee on 3 February 2020		Kirsten Foley	People & Organisational Development	Resources	3.3		
5	EAS Annual Progress Update Occupational Health and Absence Annual Update January 2021 – December 2021	To present an annual report for the EAS/OH & Sickness Absence figures		Kirsten Foley	People & Organisational Development	Resources	2.7		
6	Corporate Health & Safety Quarterly Update	To present the quarterly update for October to December 2021		Colin Leaver	Governance	Commissioning	3.3		
7	Workforce Plan Update	To prrovide an update on progress against the workforce plan which was approved by committee in 2019.		Isla Newcombe	People & Organisational Development	Resources	2.2	R	No decisions were required at this stage therefore a service update will be circulated instead to detail progress ahead of the Workforce Strategy being presented in June
8	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5	R	There are no policies for review this cycle
9		**27 June 2022**							
10	Corporate Health & Safety Quarterly Update	To present the quarterly update for January to March 2022		Colin Leaver	Governance	Commissioning	3.3		
11	Risk Register - People and Organisation	To report annually on the cluster risk register		Isla Newcombe	People & Organisational Development	Resources	GD 8.4		
12	Workforce Strategy	To present the five year strategy		Isla Newcombe	People & Organisational Development	Resources	2.2		
13	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5		
14		**03 October 2022**							
15	Corporate Health & Safety Quarterly Update	To present the quarterly update for April to June 2022		Colin Leaver	Governance	Commissioning	3.3		
16	EAS/OH/Sickness Absence Six Monthly Report	To present the six monthly report for the EAS/OH & Sickness Absence figures		Kirsten Foley	People & Organisational Development	Resources	2.7		

	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**
17	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5		
18			**21 November 2022**						
19	Corporate Health & Safety Quarterly Update	To present the quarterly update		Colin Leaver	Governance	Commissioning	3.3		
20	Policy Review	A standing item to enable presentation of any policies that require to be reviewed and approved by Committee, as a result of the review of policies to ensure that they meet the Guiding Principles	Standing item	Isla Newcombe	People & Organisational Development	Resources	2.5		
21			**DATE FOR REPORT BACK TO BE CONFIRMED**						
22	Increase the Distribution of Naloxone - Test of Change	SGC 12/04/21 - (a) to instruct the Chief Officer, People and Organisational Development, to report back to Staff Governance Committee, following the test of change, to indicate the lessons learned and any plans for further work and/or roll out; and (b) to request that the Chief Officer – People and Organisational Development provide information in the report back to Committee on the number of occasions where Naloxone had been administered		Isla Newcombe	People & Organisational Development	Resources	TBC		
23	Annual Committee Effectiveness Report	To present the annual SGC effectiveness report		Isla Newcombe	People & Organisational Development	Resources	TBC		

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance Committee
DATE	21 February 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Corporate Health and Safety – October – December 2021
REPORT NUMBER	COM/22/032
DIRECTOR	Gale Beattie
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Colin Leaver
TERMS OF REFERENCE	3.3

1. PURPOSE OF REPORT

1.1 The report summarises statistical health and safety performance information for the 3-month reporting period October - December 2021 to provide the Committee with the opportunity to monitor compliance with health and safety legislation.

2. RECOMMENDATIONS

That the Committee: -

2.1 Note the report and provide comment on the health, safety and wellbeing policy, performance, trends and improvements.

3. BACKGROUND

3.1 This report contains a review of health and safety activities for the three-month reporting period October-December 2021 and the appendix to the report contains statistical information of the same period. The statistical information is now provided as a series of charts in the appendix, which also contains an analysis of these figures at the foot of each page.

The Reporting of Injuries, Diseases and Dangerous Occurrences 2013 (RIDDOR) puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) to the Health and Safety Executive (HSE). This reporting duty includes incidents which result in an employee being absent from work for 7 days or longer, which have historically been the main reason for Aberdeen City Council's reports to HSE.

This report addresses the following matters:

1. Process for making Aberdeen City Council Covid-secure

2. All incidents involving employees and members of the public (serious and minor)
3. HSE Reportable Incidents
4. Reportable Diseases
5. Near Miss Information
6. Enforcement Interventions
7. Fire Risk Assessment
8. Health and Safety Audits
9. Compliance Monitoring
10. Health and Safety Policies and Guidance

3.2 **Covid-Secure**

In this reporting period Aberdeen City Council has continued to follow Scottish Government guidance to prevent the risk of coronavirus outbreaks in the workplace. During this period staff who could work from home have been encouraged to continue doing so. The Government vaccination programme has continued to be rolled out, which will provide an additional control within the process we already have developed. Compliance checks have continued to ensure that those controls required are still in place in our offices and other buildings. Risk assessments remain in place for staff who cannot work from home to ensure their safety; and these are reviewed regularly as any guidance is updated by Scottish Government. The need for social distancing between staff in Council buildings has been reintroduced by SG in their last update.

3.3 **Incidents (Oct-Dec 2021)**

All incident and near miss information in this report has been provided to Cluster level in the appendix. However, within the Operations Function these have also been reported to Service area level.

Incident information:

3.4 The figures are reported to Cluster level for both employee and third-party incidents. Causation figures are also included within the report in the appendix. There is also now comparison for each of the two years prior to this reporting period.

3.5 The figures are slowly starting to return to pre-pandemic levels as work processes start to return more to normal. This understanding is reached as pre- pandemic the figures in 2019 were similar to previous years. However, since early 2020 the figures reduced at a time when most Services were stood down and working from home and working remotely from service users was more prevalent. These figures have gradually increased as Services have started to return to work with service users, with correct covid controls in place.

3.6 Page five of the report details the breakdown of incidents within the Operations function which shows that the largest number of incidents within Operations occur within the Education Service. Frequent reports on the Supporting Learners Workstream, which contain updates on the work being undertaken to reduce the

number of incidents, have been presented and approved at Education Operational Delivery Committee.

These incidents often involve children/young people where a social, emotional, mental health need (SEMHN) has been identified. The Connected and Compassionate Communities (CCC) is a training programme for staff, which focuses on embedding trauma-skilled practice and relational approaches across a school, their wider community, and associated schools' group.

Schools follow the staged intervention procedure, whereby support is accessed using school-based, community, and city-wide supports.

The Health & Safety sub-group, which was formed, with a membership of Education staff, Trade Unions and Corporate health and safety, to undertake analysis of health and safety data generated by schools informed the direction of the overall workstream. This also ensures that appropriate support is made available to schools if required.

3.7 When an incident is reported the corporate system generates an investigation report which the reporting officer is required to complete. This report highlights categories of criteria which require to be considered including root cause, actions identified and completion dates. Figures on the completion of these investigation reports are provided to the Functional Health and Safety groups with actions raised there against chief officers and service managers to ensure any issues are closed out effectively. Any outstanding issues are also escalated to the Performance Board for their assistance in achieving compliance.

HSE Reportable incidents (Jul-Sep 2021)

3.8 The table in the Appendix also shows the number of RIDDOR reportable incidents. During this reporting period four incidents involving an employee required to be reported to the Health and Safety Executive, all incidents occurred between Oct-Dec 2021. The four reports were required as the employee was absent from work for a period of more than 7 days due to a work-related incident.

3.9 All RIDDOR incidents are followed up by the Corporate Health and Safety Team to get assurance that the correct causation and remedial actions have been identified; also, that any remedial actions have been implemented.

Incident (reportable employee) frequency rates

Period – Quarterly	Reportable Incidence rate	Reporting period
Oct - Dec 2021	0.5	2021/22

3.10 The above figures are calculated using the formula:

$$\text{Incidence rate} = \frac{\text{RIDDOR injuries per period} \times 1000}{\text{Number of employees}}$$

3.11 The figure for the corresponding period last year (Oct -Dec 2020) were two RIDDOR reportable incidents and a reportable incident rate of 0.25.

Reportable Diseases

3.12 There were no reportable diseases reported under RIDDOR; which was also the case in the corresponding reporting period last year.

Near Miss Information

3.13 Many safety activities are reactive, that is, they occur after an injury incident. By reporting near-miss incidents this promotes proactive safety, thereby raising awareness of potential hazards and mitigation strategies before an injury occurs. Recognising and reporting near-miss incidents can significantly improve employee safety and enhance the safety culture by allowing processes and systems to be altered before an incident occurs.

3.14 The appendix shows information on the number of near miss figures for this reporting period and again a comparison with the two previous reporting years. Again, as with incidents in most areas the figures are starting to increase due to the return to normal work processes as the restrictions during the pandemic are relaxed.

3.15 Page eight of the report gives a breakdown of near misses within the Operations function. As with incident the majority are within the Education services. Similar to incident figures these are mainly as a result of distressed behaviours evident in some children with additional support needs. Risk assessments are reviewed after every near miss to consider any actions which can be taken to prevent or reduce the risk of reoccurrence.

Three-year comparison

3.16 The annual comparative figures still show a decrease in reporting in comparison with 2019/2020 but there is an increase with 2020/21 as Services start to return to more normal working practices and the face-to-face interactions with service users return.

Regulator interventions (HSE / SFRS)

3.17 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 with regard to the way Aberdeen City Council undertake their legal duties.

3.18 There were no interventions with HSE in this reporting period. 3 site visits from SFRS were made as part of their annual audit of social care properties. Any issues identified have since been remedied and closed out in the audit compliance process.

Fire risk assessments

3.19 Fire risk assessments have been recommenced and are completed on a rolling 5-year programme. A total of 25 fire risk assessments, including 15 Bon Accord Care sites, were completed during this reporting period. The overall average compliance score was 86%.

3.20 An identified Officer within Corporate Landlord manages a database of required actions to close out. It is their role to monitor progress of actions and report compliance issues. The Corporate Health and Safety Team also audit this process to ensure actions are closed out on time.

Health and Safety Audits

3.21 Covid 19 Compliance - 44 visits have been undertaken at various premises within the ACC estate with an overall compliance score of 95%. All action points raised are included in an action log, which is reviewed weekly and reported to both relevant Chief Officers and the Workforce Planning and Protection Group when actions go beyond the agreed compliance date. Managers are given access to the action log to record the action taken by them and the date completed. Follow up visits are also carried out to ensure actions have been completed and that controls continue to be suitable and sufficient and are being followed.

3.22 Where actions in any audit or compliance process are not closed out on time these are initially raised with the relevant Chief Officer and reported through the relevant Function Health and Safety Group and the Risk and Performance Boards.

Health and safety policies and guidance

3.23 There were no policies or procedures reviewed or revised this quarter.

4. FINANCIAL IMPLICATIONS

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

5. LEGAL IMPLICATIONS

5.1 Health and safety legislation requires that an organisation has a suitably robust safety management system to ensure the health, safety and welfare of their employees. Where any incident is of sufficient seriousness there is the potential that the Enforcing Authorities will become involved and carry out their own investigation into the circumstances of the incident. Any investigation could result in prosecution of the organisation and in some cases prosecution of managers and/or employees.

6. MANAGEMENT OF RISK

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
Strategic Risk	N/A	N/A	N/A
Compliance	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	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. 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. 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. If the Enforcing Authorities take a case to court against Aberdeen City Council for breaches of legislation then it could leave the Council liable to pay any fine or damages imposed and also for the expenses of any subsequent civil claim, which follows where an individual has suffered personal injury.
Operational	The risk is that any health and safety incident can lead to an injury to an employee which could have the potential to	M	If the task has been risk assessed; employees are trained, competent and supervised then there should be less likelihood of incidents.

	temporarily or permanently affect either or both their employment or their life.		
	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.
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	As per Compliance above
Reputational	Local and National press coverage of any incident can present reputational damage to the organisation.	M	Each Function should have 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 employees are up to carrying out investigation of near misses to ensure controls are reviewed to consider whether remedial actions are required.
Environment / Climate	N/A	N/A	N/A

7. OUTCOMES

COUNCIL DELIVERY PLAN	
	Impact of Report
Aberdeen City Local Outcome Improvement Plan	
Prosperous Economy Stretch Outcomes	A healthy and safe workplace assists the overarching principles of the stretch outcomes within the LOIP by ensuring that resource is directed at the services required by the city. Removing the level of lost resource to the financial penalties incurred through the Civil and Law Courts and from the Regulators will allow the available resource to be best used to ensure funding of the growth sectors of the local economy.
Prosperous People Stretch Outcomes	The areas reported on within this report allow Clusters a further opportunity to recognise areas which when acted upon can assist with engagement of staff and service users to support the meaningful educational progress of children and young people.
UK and Scottish Legislative and Policy Programmes	The Health and Safety at Work etc Act 1974

8. IMPACT ASSESSMENTS

Assessment	Outcome
Impact Assessment	Full impact assessment not required
Data Protection Impact Assessment	Not required

9. BACKGROUND PAPERS

N/A

10. APPENDICES

Quarterly staff governance Health and safety report October to December 2021
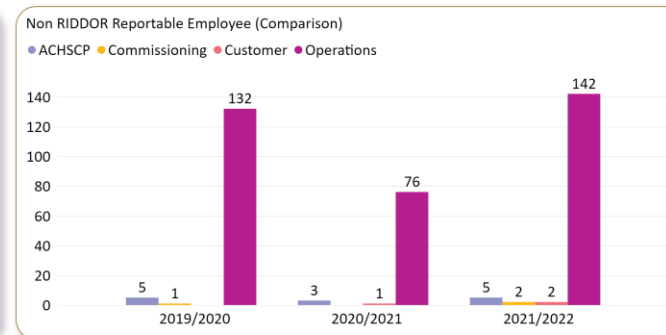
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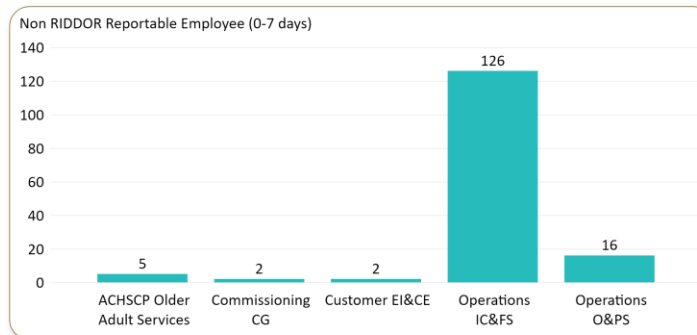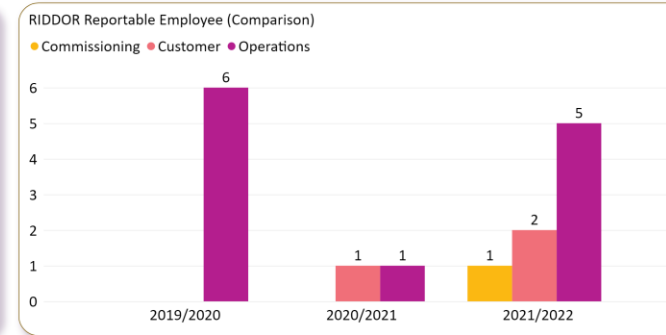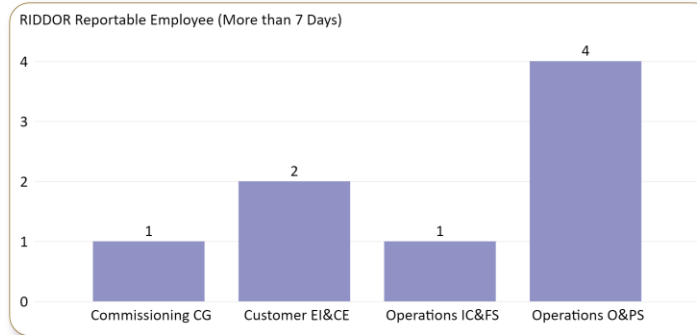
Colin Leaver
Corporate Health and Safety Lead
Email: Cleaver@aberdeencity.gov.uk
Tel: 01224 523092

Date Last
Refreshed:

03 February 2022

Staff Governance Health & Safety Report
Quarter 3 2021/2022 (Oct 21 to Dec 21)

Reported H&S Incidents (Employee)
Between Oct to Dec 2021

The following tables give breakdown of all employee incidents across all Functions and Clusters in Aberdeen City Council. The tables on the left initially show the number of incidents for each Cluster this reporting period with those on the right giving a quarter 3 comparison for each Function from 2019/20 to 2021/22.

RIDDOR Reportable Employee (More than 7 Days)

Commissioning CG	Customer EI&CE	Operations IC&FS	Operations O&PS
1	2	1	4

RIDDOR Reportable Employee (Comparison)
● Commissioning ● Customer ● Operations

	2019/2020	2020/2021	2021/2022
Commissioning			1
Customer		1	2
Operations	6	1	5

Non RIDDOR Reportable Employee (0-7 days)

ACHSCP Older Adult Services	Commissioning CG	Customer EI&CE	Operations IC&FS	Operations O&PS
5	2	2	126	16

Non RIDDOR Reportable Employee (Comparison)
● ACHSCP ● Commissioning ● Customer ● Operations

	2019/2020	2020/2021	2021/2022
ACHSCP	5	3	5
Commissioning	1		2
Customer		1	2
Operations	132	76	142

Employee Incident Information

Operations and Protective Services

2 services account for 65% of all reported incidents, with Manual Handling the main causation, all incidents where manual handling was a cause of injury had the risk assessment reviewed.
Where risk assessments have not been reviewed Managers have been informed to ensure risk assessments are reviewed as part of the investigation process. This element is followed up to closure at Function health and safety groups.

Early Interventions and Community Empowerment.
3 employees slipped over while carrying out their duties. Staff briefed about the precautions when working in icy conditions. An employee sustained a back injury assisting a member of the public who had fallen over.
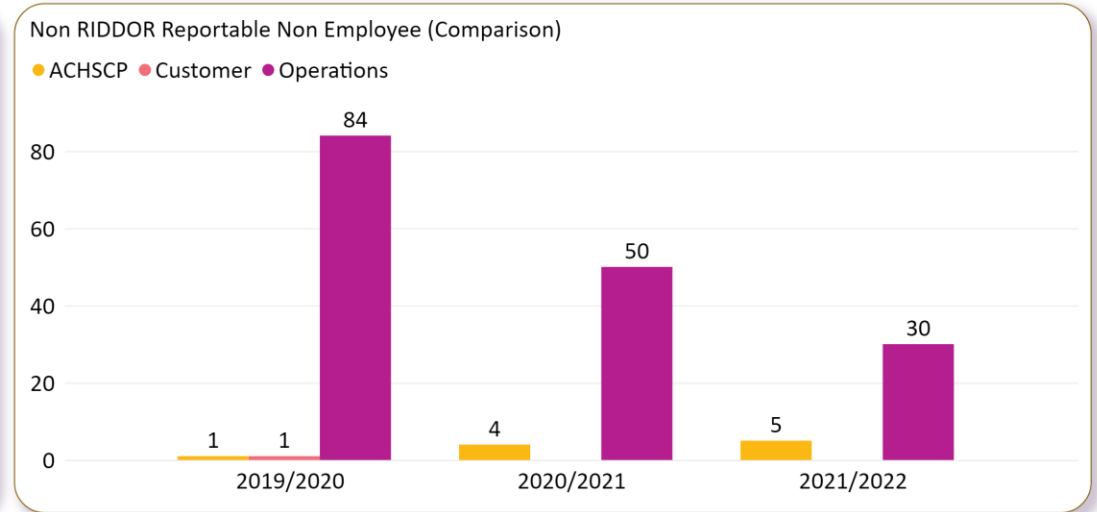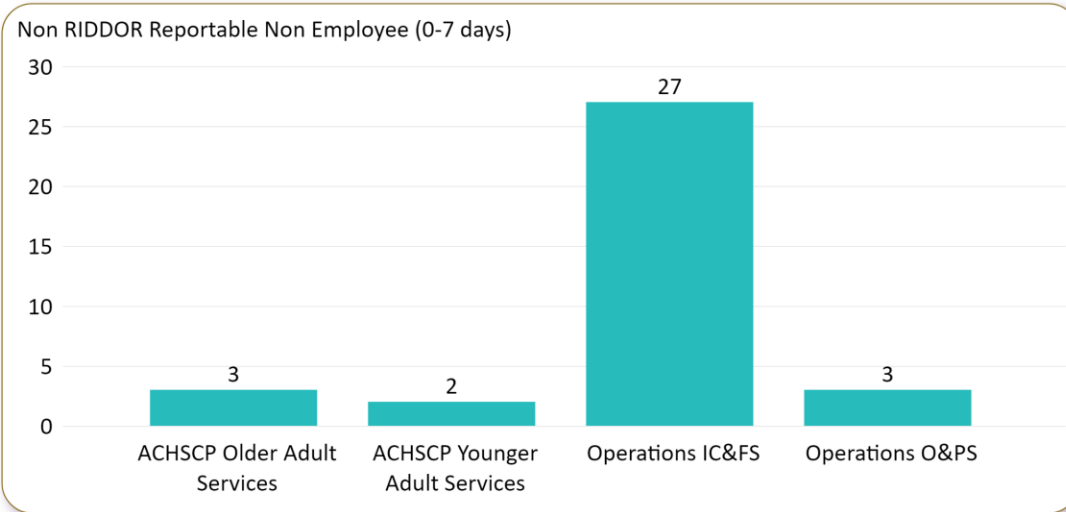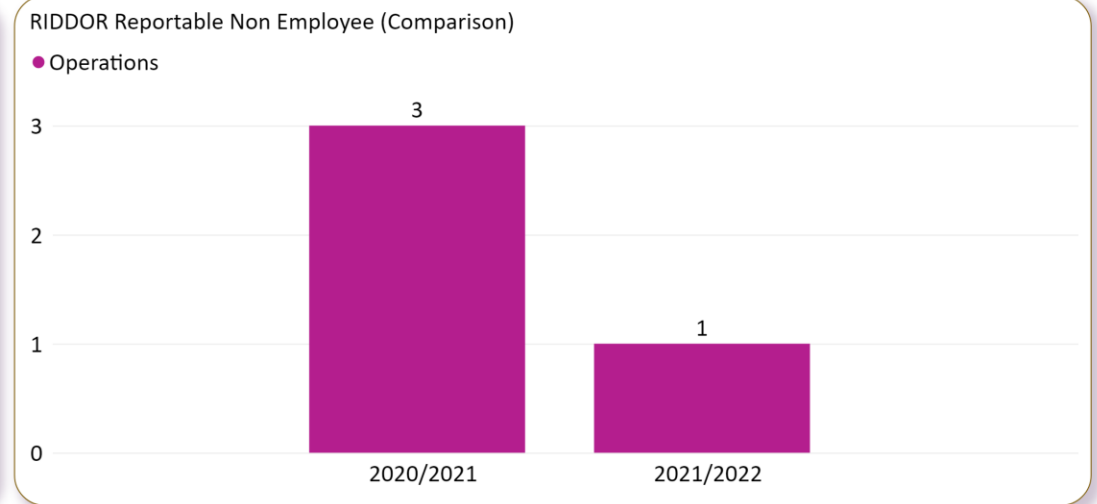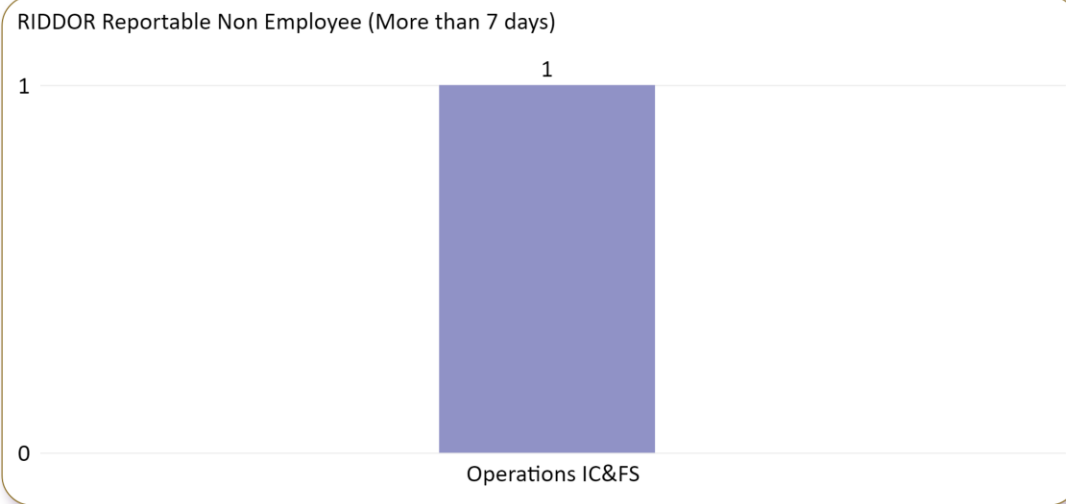
City Growth
Employee was injured while carrying a hoover down a staircase. The service has reminded employees to use the lifts; or at venues where there is no lift, extra hoovers have been purchased so there is one on each floor.

AHSCP - Of the 10 injury reports to staff, 5 were physical assaults by a client with support needs, there are risk assessments in place. 4 injuries were minor injuries caused by food preparation.

IC&FS - Top 3 causes of injuries to members of staff are behavioural issues (86%), Another Kind of Accident (9%), and Struck by Object (1 was RIDDOR (staff struck by stone during a school fire drill) 2%.
78% of the behavioural issues were in Primary Schools. Of those, 12 injured Early Years Practitioners, 17 injured teachers and 69 Pupil Support Assistants were injured.
Of the behavioural issues in Primary Schools, 84% were from pupils with either an Identified Learning Need (ILN) or Social Emotional Need (SEN).

Reported H&S Incidents (Third Party)
Between Oct to Dec 2021

The tables below give information on those non-employee incidents which happened across all Functions and Clusters. Again the tables on the left show the current period for each Cluster with a Function quarter 3 comparison from 2019/20 to 2021/22.

RIDDOR Reportable Non Employee (More than 7 days)

Operations IC&FS: 1

RIDDOR Reportable Non Employee (Comparison)

● Operations

2020/2021: 3
2021/2022: 1

Non RIDDOR Reportable Non Employee (0-7 days)

- ACHSCP Older Adult Services: 3
- ACHSCP Younger Adult Services: 2
- Operations IC&FS: 27
- Operations O&PS: 3

Non RIDDOR Reportable Non Employee (Comparison)

● ACHSCP ● Customer ● Operations

2019/2020: 1, 1, 84
2020/2021: 4, 50
2021/2022: 5, 30

H&S Incident Causation
Reported between Oct to Dec 2021

The top table shows incident causation for each Cluster colour-coded against the key for this reporting period, and bottom table a quarter 3 comparison of the types of incidents from 2019/20 to 2021/22.

Injury Cause

Key:
- Another kind of accident
- Contact with machinery
- Fall from height
- Lifting and handling injuries
- Slip, trip, fall same level
- Struck against
- Struck by object
- Unacceptable Behaviour

Injury Cause (Comparison)

- 2019/2020
- 2020/2021
- 2021/2022
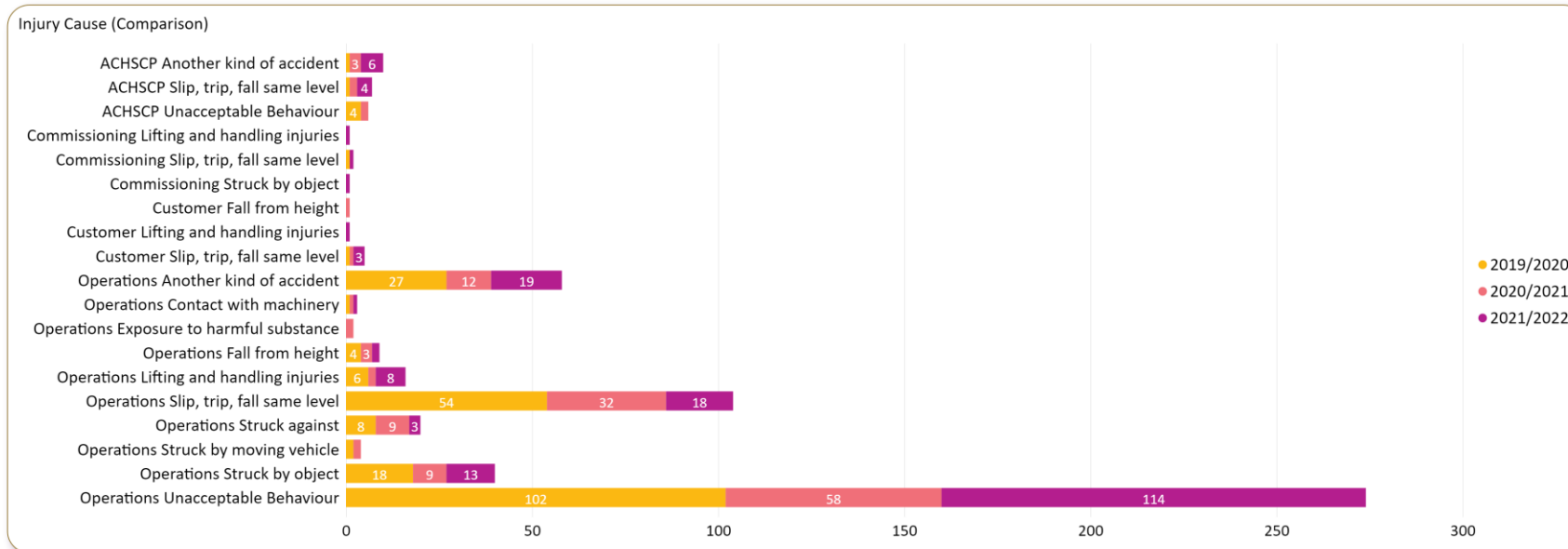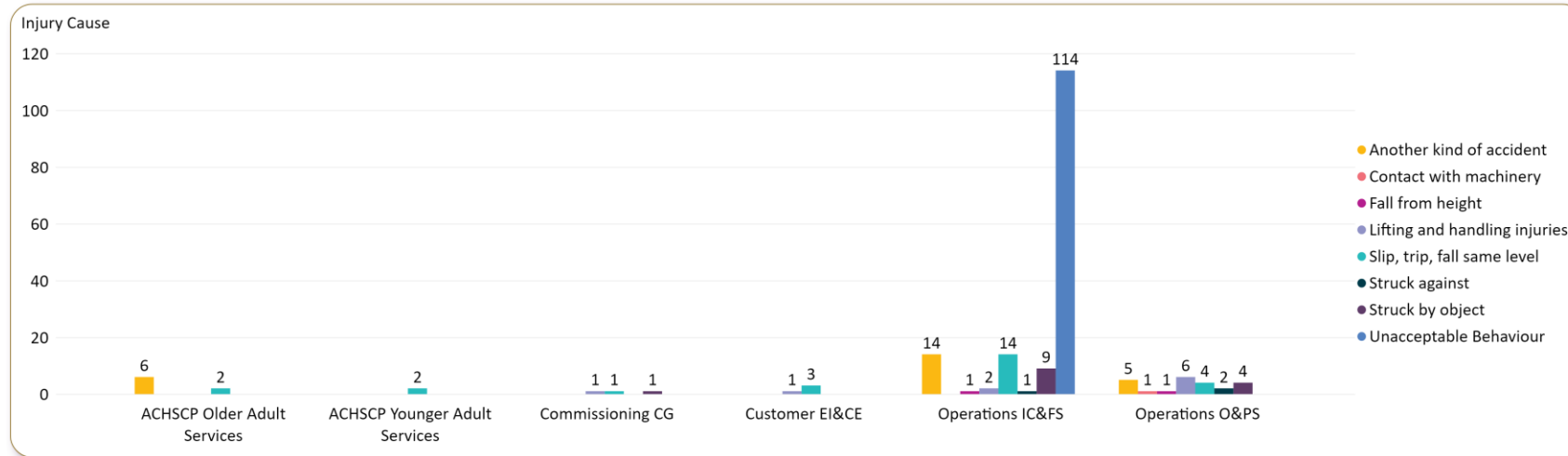
The following tables give a breakdown of **Operations** incidents (Employee and Third Party) down to service level, and in terms of injury cause a quarter 3 comparison from 2019/20 to 2021/22.

Operations RIDDOR Reportable Employee (More than 7 Days)

Operations Non RIDDOR Reportable Employee (0-7 days)
● 2019/2020 ● 2020/2021 ● 2021/2022

Operations Third Party RIDDOR Reportable (More than 7 days)

Operations Third Party Non RIDDOR Reportable (0-7 days)
● 2019/2020 ● 2020/2021 ● 2021/2022

Injury Cause (Integrated Children's & Family Services)

● Another kind of accident
● Exposure to harmful substance
● Fall from height
● Lifting and handling injuries
● Slip, trip, fall same level
● Struck against
● Struck by moving vehicle
● Struck by object
● Unacceptable Behaviour

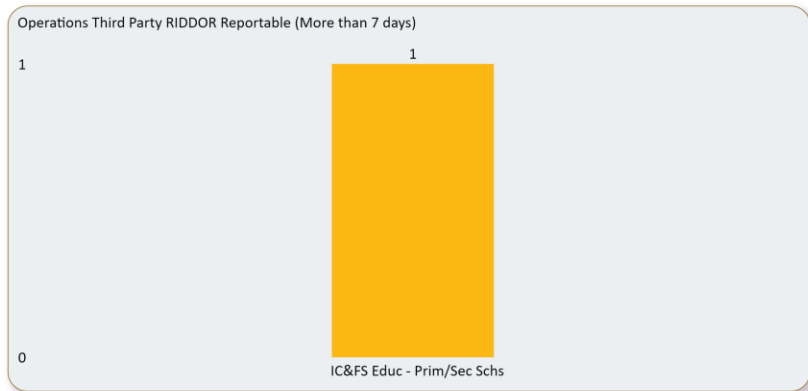Injury Cause (Operations & Protective Services)

● Another kind of accident
● Contact with machinery
● Fall from height
● Lifting and handling injuries
● Slip, trip, fall same level
● Struck against
● Struck by object

Reported H&S Near Miss
Between Oct to Dec 2021

The tables below show information to a Function and Cluster level for employee and non-employee near misses.
Top table: Total near misses for this reporting period for each Cluster. Bottom table: quarter 3 comparison of near misses for each Function from 2019/20 to 2021/22.

No. of Near Miss

Cluster	No. of Near Miss
ACHSCP Unspecified	13
Customer Cust Exp	1
Customer EI&CE	9
Operations IC&FS	265
Operations O&PS	10

No. of Near Miss (Comparison)

● ACHSCP ● Commissioning ● Customer ● Operations ● Resources

Function	2019/2020	2020/2021	2021/2022
ACHSCP	11	6	13
Commissioning	1		
Customer	20	15	10
Operations	211	137	275
Resources		1	
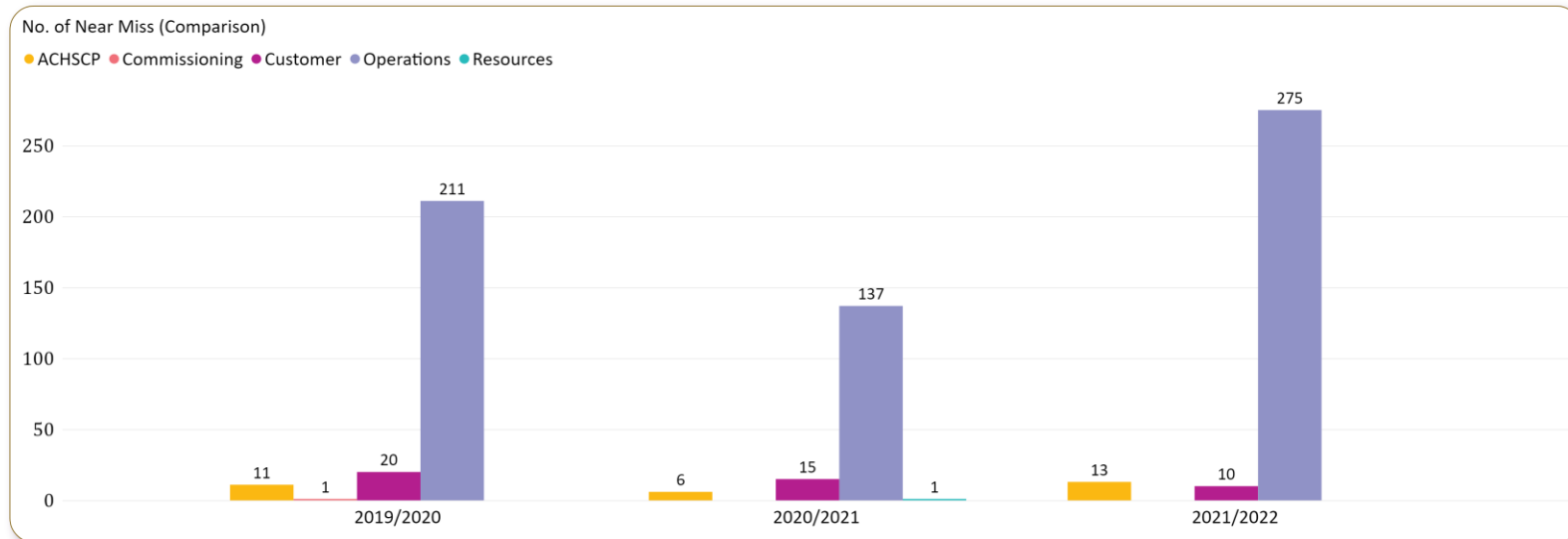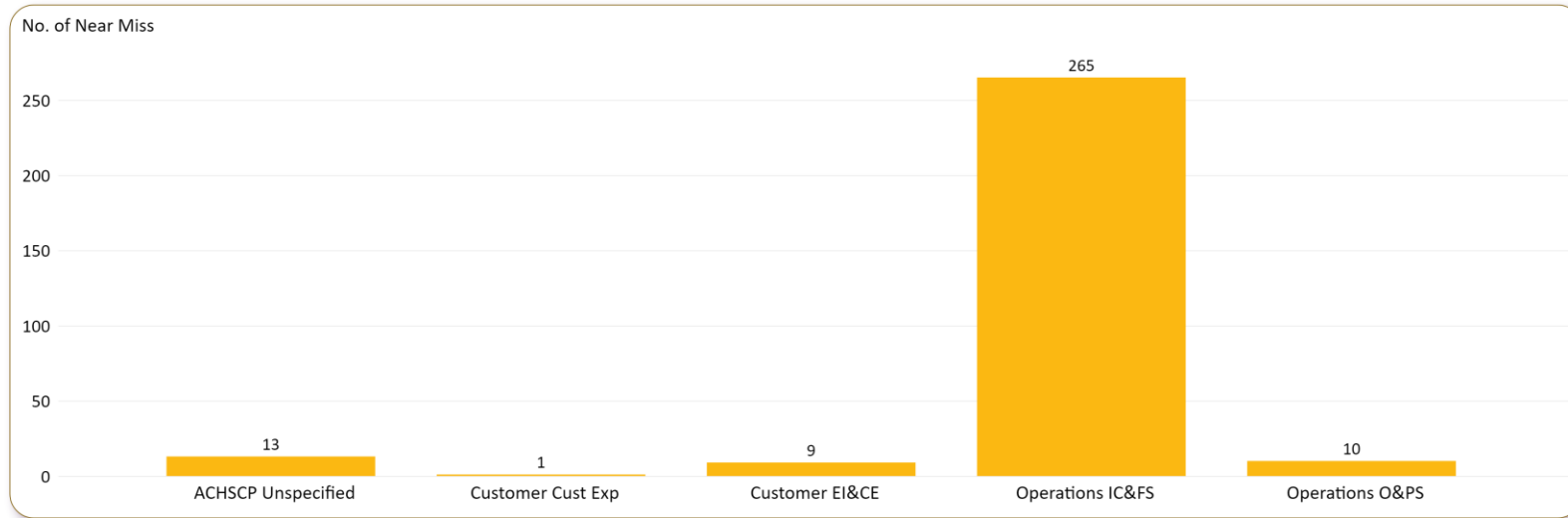
Reported H&S Near Miss (Causation)
Between Oct to Dec 2021

The tables below show information to a Function and Cluster level for employee and non-employee near misses.   Top table: Near miss causation for reporting period for each Cluster.
Bottom table: Near miss causation quarter 3 comparison for each Cluster from 2019/20 to 2021/22.

Near Miss Causation

● OTHER ● SECURITY ● UNACCEPTABLE BEHAVIOUR ● VANDALISM

Cluster	Values
ACHSCP Unspecified	8
Customer Cust Exp	
Customer EI&CE	8
Operations IC&FS	20 / 13 / 227
Operations O&PS	

Near Miss Causation (Comparison)

● 2019/2020 ● 2020/2021 ● 2021/2022

Category	2019/2020	2020/2021	2021/2022
Operations UNACCEP... BEHAVIOUR	156	110	229
Operations OTHER	30	21	25
Operations SECURITY	17	6	14
Customer UNACCEP... BEHAVIOUR	12	12	9
ACHSCP OTHER	9	4	8
Operations VANDALIS...	8		7
ACHSCP UNACCEP... BEHAVIOUR	2	1	5
Customer OTHER	6		1
Customer VANDALIS...	2	1	1
ACHSCP SECURITY			1
Commissi... OTHER			1
Customer SECURITY		1	
Resources OTHER			1

Near Miss

Operations and Protective Services
Three of the incidents involved security and vandalism issues in car parks, the malicious activation of fire alarms and subsequent intimidation of engineers resetting the system by groups of youths using car parks as skateboard parks. Following consultation an increased presence of City Wardens and Police Scotland to monitor these areas has been taking place.
Facilities Management reported 70% of the near misses, ongoing training with all Services to ensure all reports, investigations and risk assessments are completed and reviewed.
The number of near misses that have not had their risk assessment reviewed has increased and this will be raised at the next Operations Health and Safety Group meeting.

Customer
90% of the near misses reported involved inappropriate communication (verbal abuse) and violent, threatening behaviours towards staff during face-to-face communication with the customers / service users and during telephone calls. Services have taken a number of actions following these incidents. These included written warning letters issued to individuals; reviews of risk assessments resulting in 2 person visits to the identified properties; withdrawing telephone contact with service users and only permitting communication by email or letter with them. Following an incident that resulted in a police intervention, there has been a review with a multi-skilled group of professionals regarding the service user's care/support and implementation of a safety plan regarding their accommodation provision.

AHSCP
61% of near misses reported were for medication errors. Staff have been strongly encouraged to report near misses within the service which is partly why there is an increase in reports. There is a rigorous training process for staff who deliver medication and in the event of medication errors, there is a process of reflection, re-training, and supervision.
Of the near misses reported for staff, they relate to the behavioural issues of the clients, and risk assessments were reviewed in each case.
IC&FS
Top causes of near misses reported by staff are behavioural issues towards a member of staff - 62%; Inappropriate communication - 20%.
In relation to the above: 71% of near misses did not have a risk assessment; 53% of the top causes took place in Primary schools, and 46% happened in Secondary schools. 28% were reported by PSA's, 61% were reported by teachers. 47% related to a pupil with an Identified Learning Need or Social Emotional Need.

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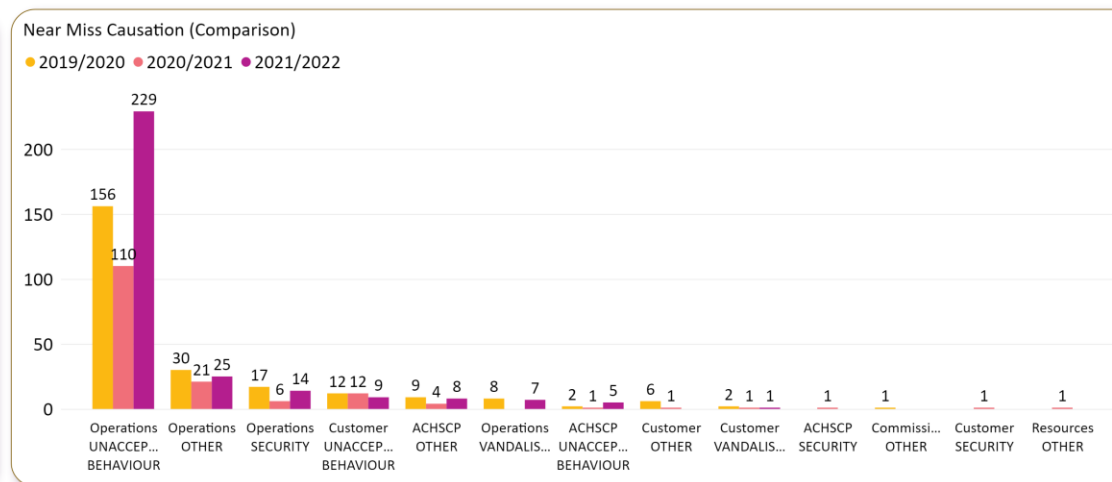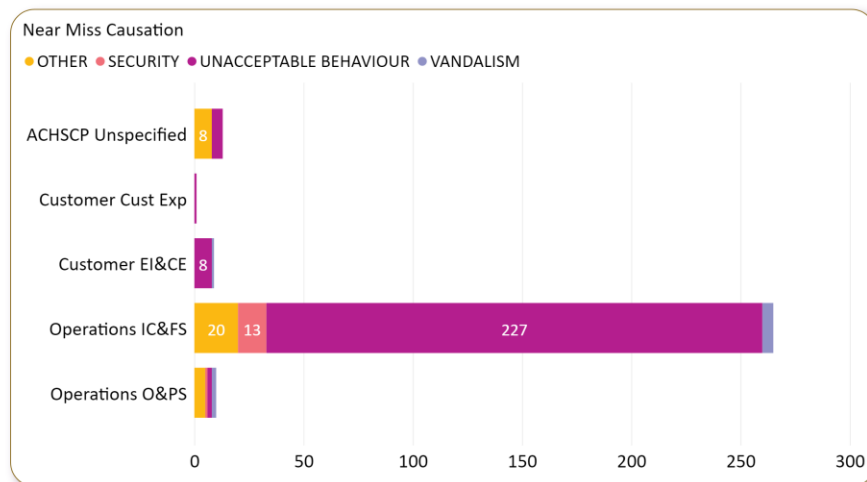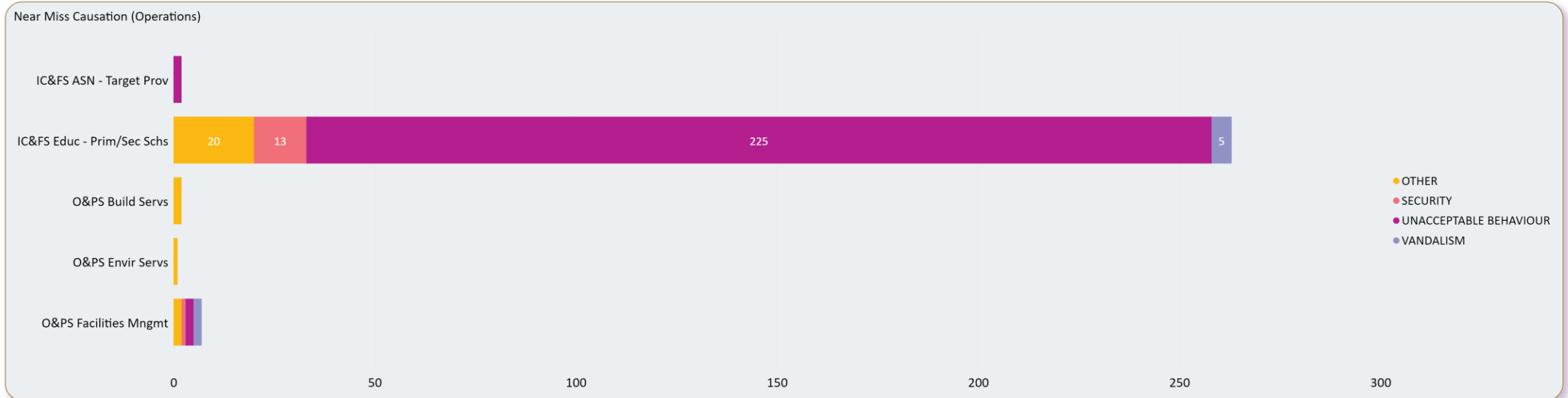
The following tables give a breakdown of **Operations** Near Miss down to service level.

No. of Near Miss (Operations)

Category	Value
IC&FS ASN - Target Prov	2
IC&FS Educ - Prim/Sec Schs	263
O&PS Build Servs	2
O&PS Envir Servs	1
O&PS Facilities Mngmt	7

Near Miss Causation (Operations)

IC&FS Educ - Prim/Sec Schs: 20, 13, 225, 5

- OTHER
- SECURITY
- UNACCEPTABLE BEHAVIOUR
- VANDALISM
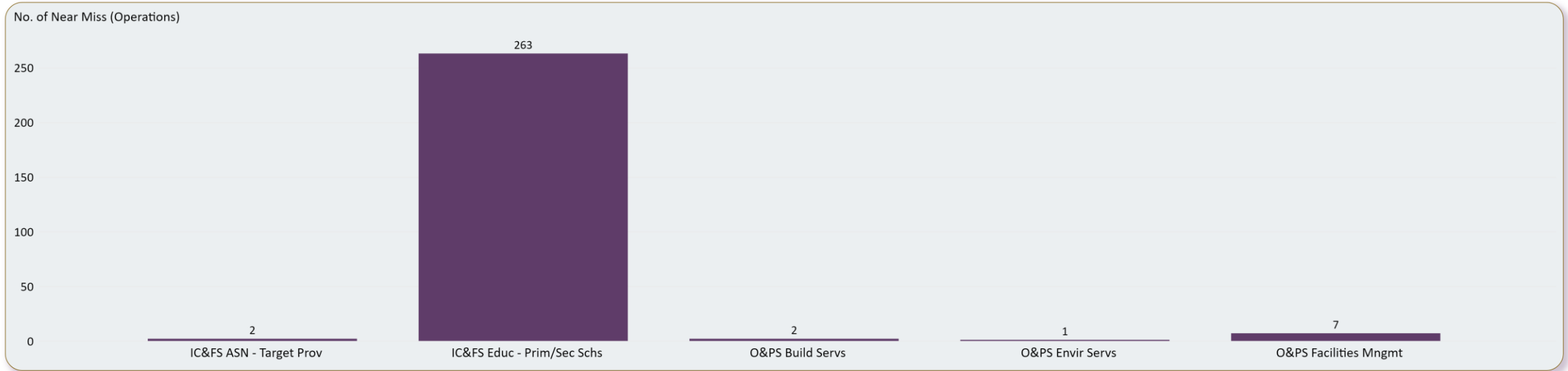
Reported Incidents
From 2019/20 to 2021/22 (Quarter 3)

The table provides information on the total number of incidents for the last three reporting years to Function level.

No. of Reported Incidents
● ACHSCP ● Commissioning ● Customer ● Operations

The table provides information on the total number of near misses for the last three reporting years to Function level.
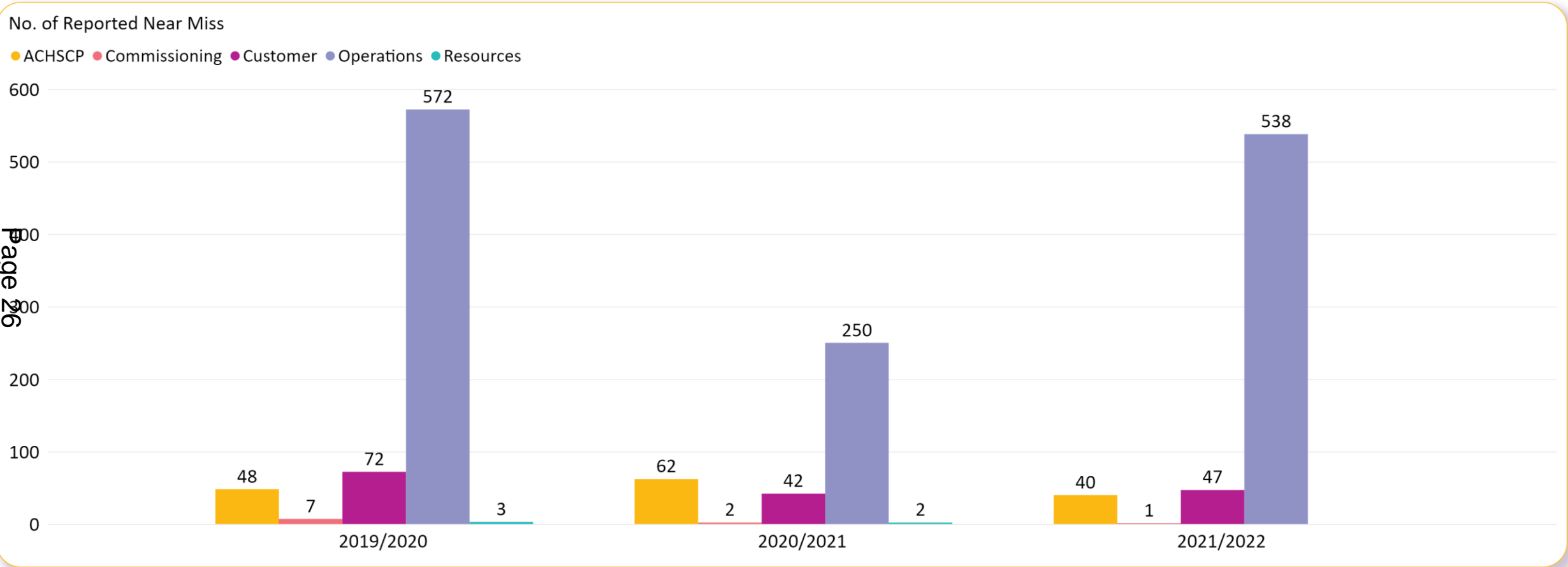
No. of Reported Near Miss

● ACHSCP ● Commissioning ● Customer ● Operations ● Resources

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	2019/2020	2020/2021	2021/2022
ACHSCP	48	62	40
Commissioning	7	2	1
Customer	72	42	47
Operations	572	250	538
Resources	3	2	

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	21 February 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Employee Assistance Service Annual Progress Update Occupational Health and Absence Annual Update January 2021 – December 2021
REPORT NUMBER	RES/22/029
DIRECTOR	Steven Whyte
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Kirsten Foley
TERMS OF REFERENCE	2.7

1. **PURPOSE OF REPORT**

1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the last 12 month period 1st January 2021 – 31st December 2021 and provides a 12 monthly update on the Occupational Health and Absence period 1st January 2021 – 31st December 2021.

2. **RECOMMENDATION**

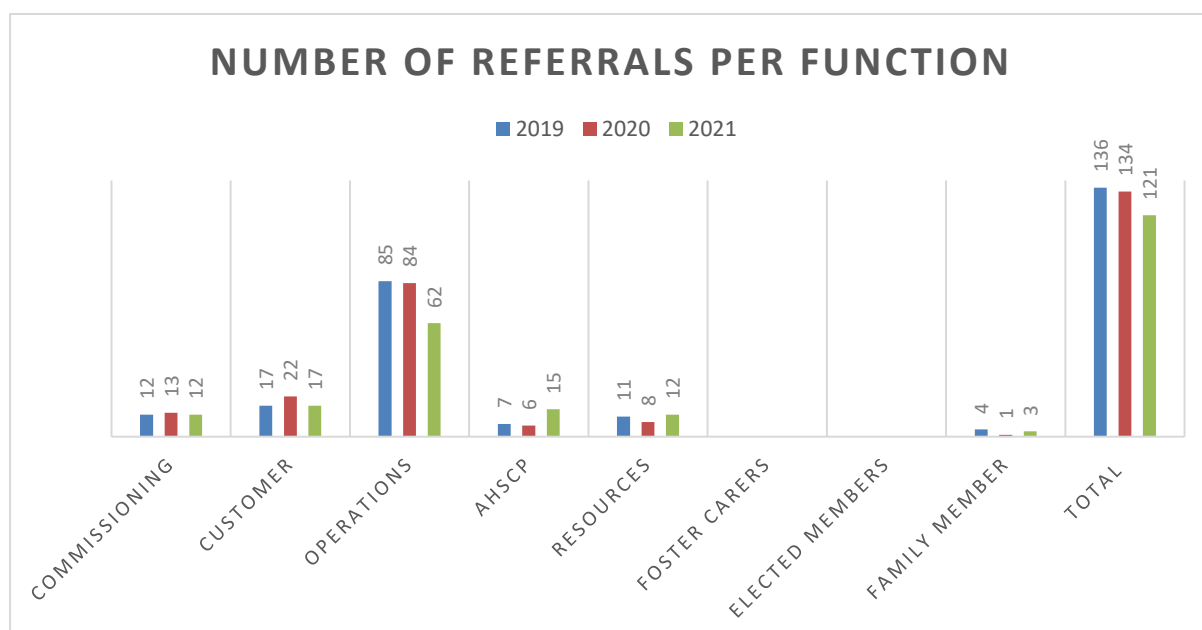2.1 That the Committee considers the contents of the report.

3. **BACKGROUND**

3.1 Following a joint tender evaluation process with Aberdeenshire Council, Therapeutic Counselling Services Ltd. (Time for Talking) were awarded the Employee Assistance Service (EAS) contract. The contract commenced on 01 January 2017 and is for the duration of 3 years and with the option of a one-year extension which was taken up in January 2020. A report was taken to Strategic Commissioning Committee in November 2020 and approval was given to renew the contract until June 2024, with a further option to extend for two years at the end of this period.

3.2 Iqarus were awarded the Occupational Health Contract which commenced in August 2018 for a period of 3 years with the option of a further two years. Following discussion with Aberdeenshire Council, who are part of the joint contact, the option to extend the contract for a period of 2 years was taken up in August 2021, with the contract being extended until July 2023.

This report contains Employee Assistance Service utilisation information on the 12-month reporting period (January 2021 – December 2021) and information relating to the EAS, Absence and Occupational Health (January 2021 – December 2021). This brings both the reporting cycles in line with each other.
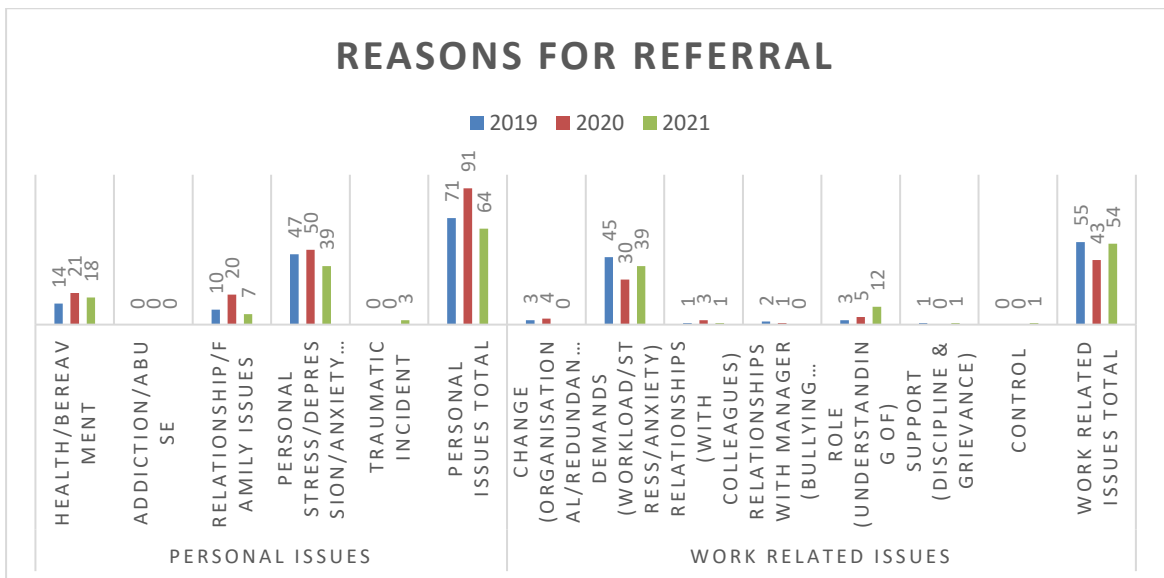
3.3   An effective EAS service supports individuals with difficulties in their lives; sometimes these problems can affect an individual's ability to function fully at work or at home. This in turn may impact on their mental health and wellbeing, which may also impact on their productivity, attendance and associated costs. Both direct and indirect costs require to be considered.

3.4   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 and help employees avoid long waiting times for, e.g. counselling or psychological therapy.

Employee Assistance Service Utilisation 12 Monthly Reporting Period January 2021 – December 2021)

3.5   A total of 121 referrals were made during the 12-month period (1 January 2021 to 31 December 2021) comprising employees (118) and family members (3). The overall figure is lower than the same period (January 2020 – December 2020) which was 134 and compared with 136 referrals to the service in the period (1 January 2019 to 31 December 2019) shows a downward trend in staff accessing the service over the last 3 years.

NUMBER OF REFERRALS PER FUNCTION

■ 2019 ■ 2020 ■ 2021

Function	2019	2020	2021
COMMISSIONING	12	13	12
CUSTOMER	17	22	17
OPERATIONS	85	84	62
AHSCP	7	6	15
RESOURCES	11	8	12
FOSTER CARERS			
ELECTED MEMBERS			
FAMILY MEMBER	4	1	3
TOTAL	136	134	121

3.5.1 There were a higher number of referrals relating to Personal Issues (64) compared to Work-Related Issues (54) which represents a similar trend as the last reporting period (1 January 2020 to 31 December 2020) and accounts for 55% of the use of the Employee Assistance Service. 45% of users accessing the service do so for work-related issues.

REASONS FOR REFERRAL

Legend: 2019, 2020, 2021

PERSONAL ISSUES:
- HEALTH/BEREAVEMENT: 14, 21, 18
- ADDICTION/ABUSE: 0, 0, 0
- RELATIONSHIP/FAMILY ISSUES: 10, 20, 7
- PERSONAL STRESS/DEPRESSION/ANXIETY…: 47, 50, 39
- TRAUMATIC INCIDENT: 0, 0, 3
- PERSONAL ISSUES TOTAL: 71, 91, 64

WORK RELATED ISSUES:
- CHANGE (ORGANISATIONAL/REDUNDAN…): 3, 4, 0
- DEMANDS (WORKLOAD/STRESS/ANXIETY): 45, 30, 39
- RELATIONSHIPS (WITH COLLEAGUES): 1, 3, 1
- RELATIONSHIPS WITH MANAGER (BULLYING…): 2, 1, 0
- ROLE (UNDERSTANDING OF): 3, 5, 12
- SUPPORT (DISCIPLINE & GRIEVANCE): 1, 0, 1
- CONTROL: 0, 0, 1
- WORK RELATED ISSUES TOTAL: 55, 43, 54

3.5.2 The two main reasons for non-work-related use of the EAS are personal stress (32% of referrals) and health/bereavement (15% of referrals). The greatest number of referrals came from the Operations function (51%), this includes Integrated Children's and Family Services and Protective Services and accounts for 75% of all employees in the workplace. The greatest percentage of staff usage within a function came from Resources at 4.65%.

3.5.3 Overall the 2021 data for staff using the employee assistance service has decreased compared to the previous year, 1 January 2020 to 31 December 2020. Work related issues have increased since the last period, and of those work-related issues, demands (workload/ stress/anxiety), remained consistently the most common reason for using the employee assistance service with 39 out of 121, 32%, although down slightly as a percentage of overall service usage in this reporting period. These figures show a similar trend compared to the last 2 reporting periods (2020 and 2019) where previously, of work-related issues demands accounted for 40% and 61% respectively. Of the Personal Issues, 39 out of 64, 60% relates to personal stress/depression/anxiety/anger which again shows a decrease from the last reporting period, 50 out of 91, 55%.

1 January 2021 - 31 December 2021 Functions	Number of Staff within Service	% of Staff usage	Number of referrals	Personal Issues	Health/Bereavment	Addiction/Abuse	Relationship/Family Issues	Personal Stress/Depression/Anxiety/Anger	Traumatic Incident	Work Related Issues	Change (Organisational/redundancy)	Demands (Workload/Stress/Anxiety)	Relationships (with colleagues)	Relationships with manager (Bullying Harassment)	Role (Understanding of)	Support (discipline & grievance)	Control
Commissioning	416	2.88	12		<5	0	<5	<5	0		0	<5	0	0	0	<5	0
Customer	941	1.81	17		<5	0	0	7	0		0	<5	0	0	<5	0	<5
Operations	6231	1.00	62		6	0	<5	22	<5		0	19	0	0	11	0	0
AHSCP	464	3.23	15		<5	0	<5	<5	0		0	7	0	0	0	0	0
Resources	258	4.65	12		<5	0	<5	<5	0		0	5	<5	0	0	0	0
Foster Carers	0	0	0		0	0	0	0	0		0	0	0	0	0	0	0
Elected Members	0	0	0		0	0	0	0	0		0	0	0	0	0	0	0
Family Member	0	0	<5		0	0	0	<5	<5		0	0	0	0	0	0	0
Total Number of Referrals/C'ling	8310	1.46	121		18	0	7	39	<5		0	39	<5	0	12	<5	<5

3.5.4 The breakdown of figures for access to the service by function for the period January 2021 to December 2021 is shown in the table below: -

	Ccommercial and Procurement	ALEO's	Governance	Strategic Place Planning	City Growth	Customer Experience	Early Interven and Comm Emp	Digital and technology	Data & Insights	External Communications	Integrated Childrens and Fam Serv	Operations and Protective Services	Health & Social Care Partnership	Finance	Capital	People and Organisational Development	Corporate Landlord	Foster Carers	Elected Members	Family Member
Commissioning	<5	<5	<5	<5	<5	0	0	0	<5	0	0	0	0	0	0	0	0	0	0	0
Customer	0	0	0	0	0	5	11	0	0	<5	0	0	0	0	0	0	0	0	0	0
Operations	0	0	0	0	0	0	0	0	0	0	46	16	0	0	0	0	0	0	0	0
AHSCP	0	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	0	0	0	0
Resources	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	11	0	0	0	0
Foster Carers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elected Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Member	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
	1	1	<5	<5	<5	5	11	0	<5	<5	46	16	15	<5	0	11	0	0	0	<5

3.5.5 The steady decrease in employees accessing the service could be attributed to a significant increase in the number of proactive workplace support initiatives available to employees, including the increased coverage of the Mental Health First Aid network which gives staff a supportive listening ear to talk through any issues they might be facing in the workplace.
Further work will be undertaken to ensure that staff are aware of the service, and to seek to understand the reasons behind this downward trend in more detail.

3.5.6 A further breakdown of figures by cluster for the period January 2021 to December 2021 is shown in the table below: -

Clusters	Commercial and Procurement	Governance	Strategic Place Planning	City Growth	ALEO's	Customer Experience	Data and Insights	Early Interven and Comm Emp	Digital and technology	External Communications	Childrens and Fam Serv	Education	Operations and Protective Services	Operations AHSCP	Finance	Capital	People and Organisation	Corporate Landlord	Foster Carers	Elected Members	Family Member
Commissioning	0	<5	<5	<5	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Customer	0	0	0	0	0	<5	<5	14	5	0	0	0	0	0	0	0	0	0	0	0	0
Operations	0	0	0	0	0	0	0	0	0	0	65	0	19	0	0	0	0	0	0	0	0
AHSCP	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0
Resources	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	5	0	0	0	0
Foster Carers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Elected Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Member	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5
	0	<5	<5	<5	<5	<5	<5	14	5	0	65	0	19	6	<5	0	5	0	0	0	<5

3.6 As shown below, the number of referrals for the same reporting period for the last 3 years (January to December) shows a slight decrease in numbers accessing the employee assistance service. This is in line with the trend we have seen over the last few years which can be seen in the table below.

Period		Numbers Accessing Service
From	To	
1 January 2021	31 December 2021	121
1 January 2020	31 December 2020	134
1 January 2019	31 December 2019	136

3.7 The Future of Work Survey contained the question "What steps have you taken to protect/improve your wellbeing while working from home." Out of the 1085 responses received, 18 made reference to the supports offered around mental health and wellbeing. Out of the 18 responses, 3 referred to the Employee Assistance Service:

- *I appreciate there are mechanisms in place to support employees with mental wellbeing (mental health 1st Aid / Time to Talk)*
- *I used the people anytime health info and made use of the free counselling sessions.*
- *I have accessed counselling including Time to Talk*

3.8 The remaining 15 responses made reference to the other support resources and services; some examples of the comments made are detailed below:

- *I feel the council has provided excellent resources in our time WFH, in the PeopleAnytime mental health webinars and The Blether magazine - which provides a resource for networking, more informal chat and a sense of community to internal staff.*
- *the mental health and wellbeing sessions run recently provided some great tools on recognising your own mental wellbeing, along with how to support your teams and wider colleagues.*
- *I attended the SAMH Wellbeing training and this was excellent.*

- *Visited the Mental Health pages on the new intranet and used some of the suggestions/tips provided there.*
- *Joined webinars/training courses about mental health and wellbeing*

3.9   Additionally, there has been a huge amount of work undertaken in the run up to and during the pandemic to increase awareness of the Employee Assistance Service.   For example, posters have been displayed in all workplaces, new information leaflets have been produced and distributed to all our front-line employees, regular wellbeing blogs have been circulated via the intranet and more information has been made available on our People Anytime pages, promoting the different ways to contact Time for Talking.

3.10   The percentage of the Council's workforce that used the service is detailed below, along with similar sized local authorities' industry averages for comparison for the annual reporting period:

Comparison of Service Usage Against Other Councils	
Aberdeen City Council	**1.49%**
Council B	1.09%
Council C	1.41%
Council D	2.61%

3.11   Both full-time (111) and part-time (10) employees are using the service (23% male; 77% females). There has been a decrease in full-time (120) and decrease in part-time (14) using the service from the previous same period last year. The majority of employees have been at work (78) compared to those absent from work (43) when receiving support.

This represents a decrease in employees from the same period last year, accessing the service whilst currently at work and an increase of those who were absent from work while accessing the service on the last same 12 month period in 2020 (35). Three family members 6 have also used the service which is an increase on the last same 12 month period (1).

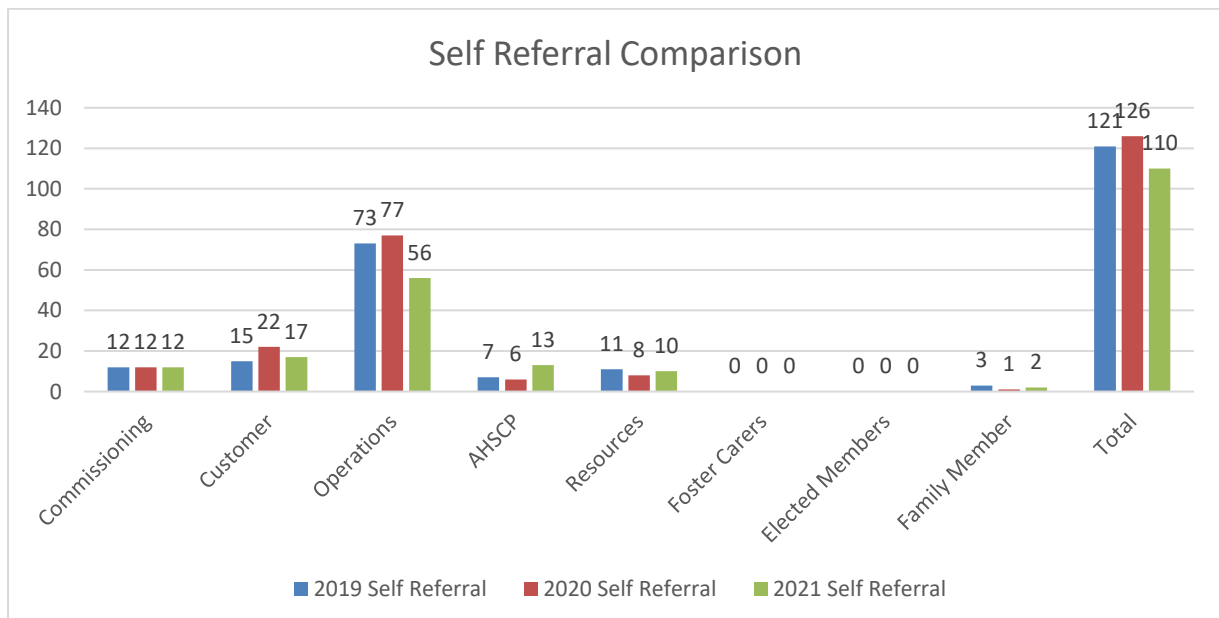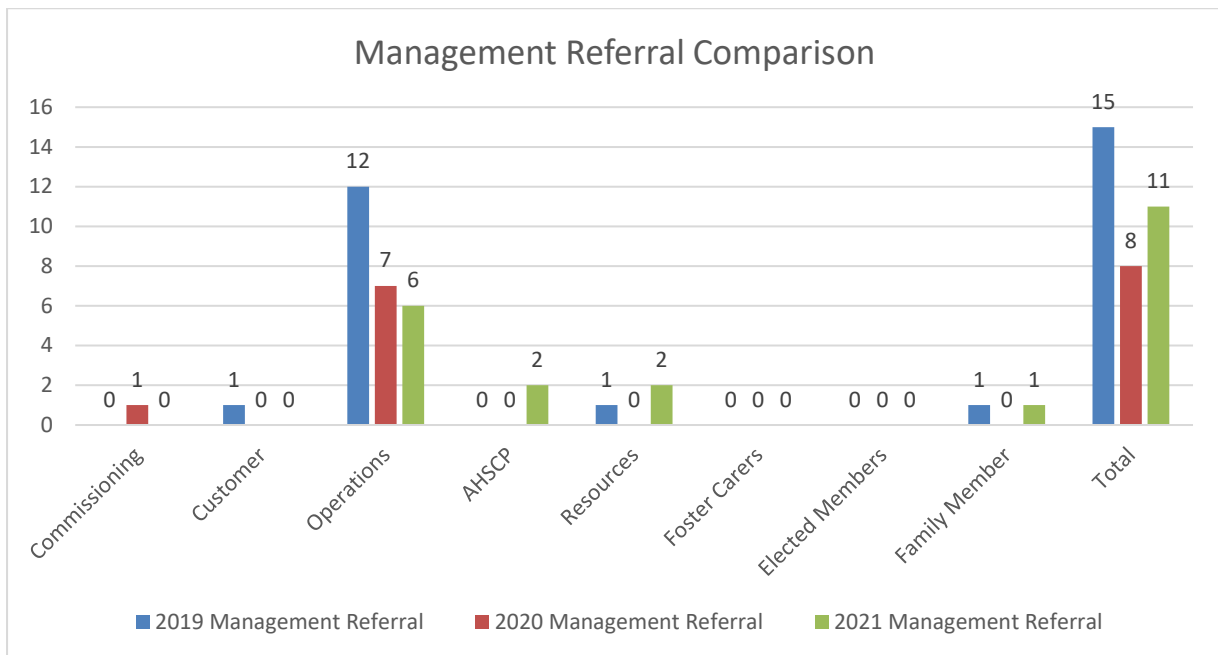Full details are shown in the table below:

1 January 2021 - 31 December 2021	Demographics	Male	Female	Full Time	Part Time	Currently at work	Absent from work
Commissioning		4	8	11	<5	11	<5
Customer		<5	15	15	<5	12	5
Operations		15	47	57	5	35	27
AHSCP		<5	13	14	<5	11	<5
Resources		<5	8	11	<5	6	6
Foster Carers		0	0	0	0	0	0
Elected Members		0	0	0	0	0	0
Family Member		<5	<5	<5	0	<5	0
		28	93	111	10	78	43

A project to promote the Employee Assistance Service among other support available is being undertaken jointly with Trade Union colleagues to ensure frontline employees have access to information about accessing these vital service. This will include our predominantly male workforce in our Operations Service.

3.12 In the reporting period there were both self-referrals (110) and management referrals (511). Self-referrals (2020 – 126 / 2019 -121) have decreased slightly from the same reporting period in 2020 and management-referrals (8) have increased slightly since the last reporting period in 2020.

Self Referral Comparison

Management Referral Comparison

Chart (2019, 2020, 2021 Management Referral):

Category	2019	2020	2021
Commissioning	0	1	0
Customer	1	0	0
Operations	12	7	6
AHSCP	0	0	2
Resources	1	0	2
Foster Carers	0	0	0
Elected Members	0	0	0
Family Member	1	0	1
Total	15	8	11

3.13 The assistance provided was mainly via telephone counselling (78) along with along with face-to-face counselling (10), helpline advice and support (28), CBT Counselling Sessions (3) and Online Counselling Sessions (1) which allows face to face counselling to be done through a video call.

1 January 2021 - 31 December 2021	Assistance Provided	Helpline/Advice Only	No contact from client	Telephone Counselling	Face to face counselling	CBT Counselling Sessions	Online Counseling sessions	Type of Referral	Management Referral	Self Referral	How Employees heard about Service	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards
Commissioning		<5	0	9	0	0	0		0	12		16	52	19	29	5
Customer		5	0	12	0	0	0		0	17						
Operations		14	0	42	5	<5	0		6	56						
AHSCP		<5	<5	6	<5	0	<5		<5	13						
Resources		<5	0	8	<5	<5	0		<5	10						
Foster Carers		0	0	0	0	0	0		0	0						
Elected Members		0	0	0	0	0	0		0	0						
Family Member		<5	0	<5	0	0	0		<5	<5						
		28	<5	78	10	<5	<5		11	110						

3.14 Face to face counselling has significantly decreased (10 in 2021 compared to 24 in 2020 and further significantly decreased from 90 in 2019) and telephone counselling has remained significantly higher (78 in 2021 compared to 87 in 2020 and remains a significant increase on pre-pandemic figures in 2019 of 17).

This may be due to the following reasons:
1. There has been a shift in how people interact with each other since 2019 and many feel more comfortable with telephone counselling to prevent against the spread of Covid-19.

2. Human behaviour has shifted due to the previous restrictions on meeting face to face and this has resulted in people preference and confidence in using online and over the phone methods of communication to increase and become the preferred option.

3. The convenience of having a telephone session and not having to commute for appointments making it easier to schedule and fit these into the employees working day.

3.15 Service users are offered an opportunity to provide feedback on the service via a short questionnaire. Feedback on the service delivered by the provider was positive, a sample of which can be seen below:

Client Feedback

"Being listened to. Having a space to talk without judgement"
"She really listened and gave good advice"
"Talking to someone outside of family and friends"
"Having someone I could trust to speak to straight away.
"Knowing I would not be judged"
"Being able to speak to someone outwith my friends and family"

Occupational Health and Absence

3.16 The chart below shows the % of staff absent for the period August 2019 – December 2021 (prior to August 2019, absence was recorded and reported in a different format, and thus it is not possible to provide a true comparison for data prior to this date). The data shows that following an initial dramatic decrease in absence rates at the start of the pandemic, over the past 12 months rates have gradually begun to return to pre-pandemic levels.

3.17 The figures for 2021 replicate the more normal annual pattern, whereby absence levels tend to decline in July and December, because a large percentage of staff are on annual leave during these periods.

The rates of absence for 2021 also suggest that, whilst COVID 19 was still an issue throughout the year, it did not significantly inflate absence rates across the Council.

% staff absent
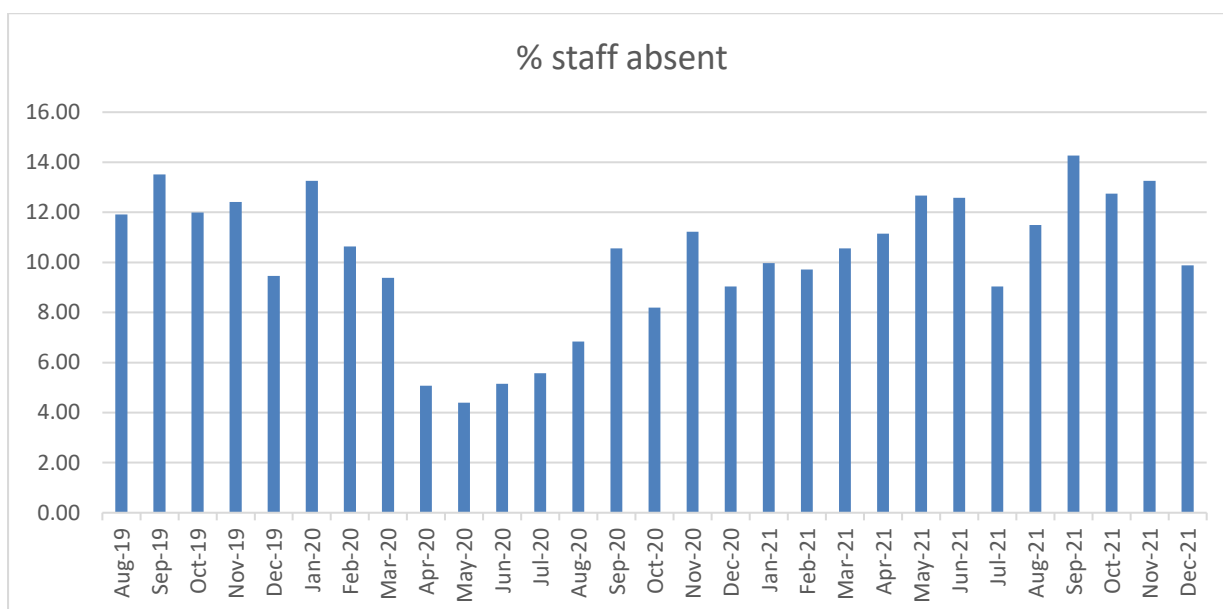
3.18 The breakdown of the reasons for sickness absence over the past 3 years are shown in the table below. *(please note the figures for 2019, 2020 and 2021 are provided to allow a comparison of pre-pandemic data with the data from the 2 years of the pandemic)* :

Absence Reason	% total absence 2019	% total absence 2020	% total absence 2021
Psychological	24.63	26.24	24.89
Musculoskeletal	21.64	16.81	18.54
Other	6.76	10.87	13.68
Respiratory	7.89	7.77	7.67
Gastro-intestinal	9.72	6.87	6.41
Hospitalisation	6.91	8.06	6.40
Neurological	5.34	4.67	6.29
Covid-19 Related	0	4.26	6
Malignancy	5.67	5.72	3.21
Gynaecological	2.49	1.54	1.43
Cardiovascular	1.45	2.03	1.37
Dermatological	0.96	0.89	0.85
Viral	1.71	1.02	0.79
Unauthorised Absence	0.18	0.38	0.67
Urological	1.70	1.25	0.66
Bacterial	0.13	0.12	0.48
Ophthalmic	0.57	0.37	0.34
Endocrine	0.17	0.07	0.03

3.19 As can be seen above, the most common reason for absence remains psychological. This is reflected nationally also; the 2021 CIPD survey 'Health and Wellbeing at Work' identified that 33% of respondents identified stress as being one of the top 3 causes of short term absence and 26% identified mental health as being one of the top 3 reasons for short term absence; in relation to long term absence, 58% of respondents identified mental health being one of the top 3 reasons for absence, with stress being one of the top 3 reasons for long term absence for 48% of respondents. (source: Health and wellbeing at work 2021: survey report (cipd.co.uk))

3.20 Since the initial approval of the Mental Health Action Plan in January 2019, there has been a strong focus on providing support and tools for employees around improving and maintaining their mental health and wellbeing. Our focus on mental health and wellbeing reflects the national trend; the 2021 CIPD survey on Health and Wellbeing at Work found that 57% of organisations surveyed had mental health as their primary area of focus in their health and wellbeing agenda – an increase from 41% in 2020.

3.21 The table below shows the percentage of total absences recorded as psychological for the period April 2019 to December 2021. The data shows an increase in psychological absences during the pandemic, in particular, at times where infection rates were rising, and/or there were changes to guidance and restrictions. Despite the increase in COVID infection rates and the associated additional restrictions being put in place towards the end of 2022, psychological absences dropped significantly between June 2021 and September 2021, and despite a small increase over the Omicron period October to December 2021, levels of psychological absence over these months remained lower than at any time since January 2020 prior to the start of the pandemic. Current rates of psychological absence are also lower than at any point during the pre-pandemic period between April 2019 and December 2019.
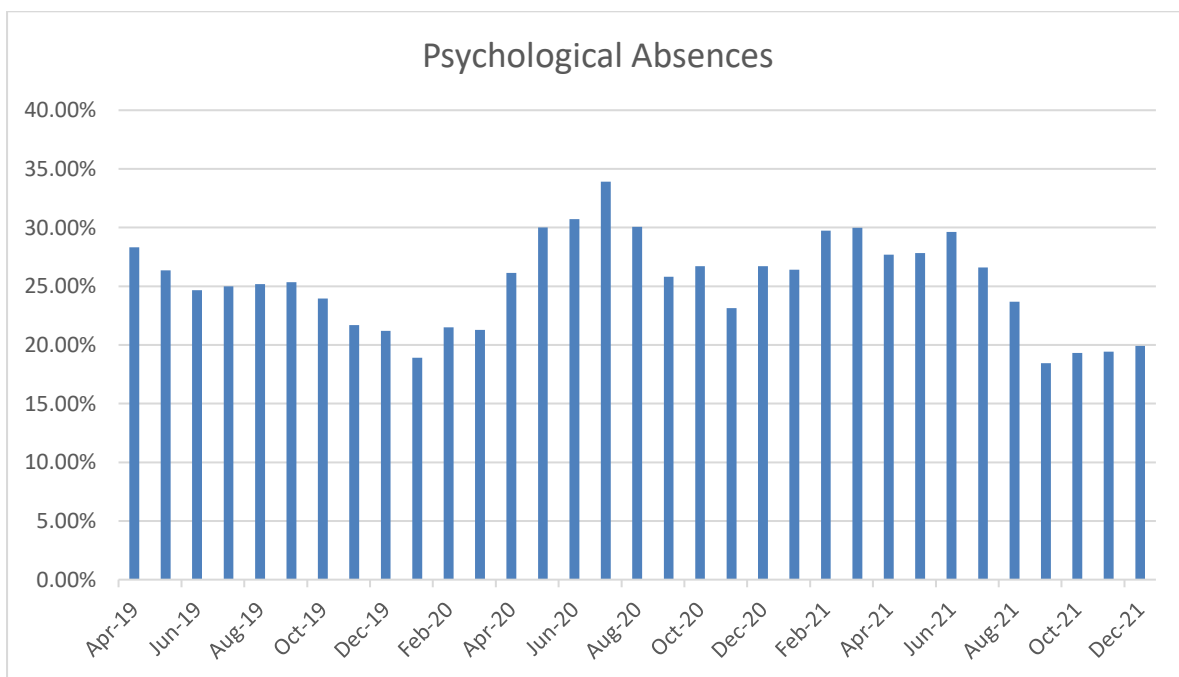
3.22 Given that the figures in the table show the number of psychological absences as a percentage of total absence for the month, the decrease in Aug – Dec must mean that there was a corresponding increase in other reasons for absence. The table below shows the reasons for absence for 2021.

Sickness Category Breakdown, Monthly

SICKNESS_CATEGORY	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021
Psychological	26.42%	29.74%	29.98%	27.70%	27.82%	29.64%	26.60%	23.69%	18.45%	19.32%	19.42%	19.91%
Musculoskeletal	19.00%	18.32%	17.60%	20.33%	18.83%	18.93%	21.92%	20.88%	18.17%	18.74%	14.74%	15.07%
Other	11.07%	12.58%	11.69%	13.55%	14.99%	14.78%	14.35%	15.26%	15.73%	14.11%	12.13%	13.96%
Respiratory	6.36%	5.62%	5.09%	5.05%	5.98%	5.20%	5.21%	4.75%	9.61%	11.92%	14.51%	12.69%
Covid-19 Related	8.82%	2.97%	1.83%	0.24%	0.62%	1.88%	2.97%	4.69%	11.03%	7.79%	14.99%	14.18%
Gastro-intestinal	6.03%	6.63%	7.51%	8.11%	7.50%	6.52%	4.78%	6.35%	5.71%	6.17%	6.75%	4.88%
Hospitalisation	6.32%	7.07%	7.59%	7.03%	6.63%	7.08%	6.46%	6.33%	5.83%	6.48%	4.38%	5.63%
Neurological	4.96%	6.10%	6.38%	6.03%	6.60%	6.70%	8.16%	7.90%	6.05%	6.42%	5.06%	5.17%
Malignancy	3.17%	3.64%	4.88%	5.07%	4.44%	2.77%	3.12%	2.64%	2.05%	2.13%	1.82%	2.80%
Gynaecological	1.42%	1.58%	1.58%	1.84%	1.61%	1.36%	1.64%	1.68%	1.70%	0.97%	0.99%	0.84%
Cardiovascular	2.13%	1.90%	1.75%	1.38%	1.03%	0.96%	0.92%	1.59%	1.47%	0.98%	1.18%	1.21%
Dermatalogical	0.82%	0.67%	1.31%	0.93%	0.88%	0.58%	1.01%	0.92%	0.68%	0.99%	0.65%	0.71%
Viral	0.66%	0.60%	0.53%	0.75%	0.87%	1.24%	0.44%	0.34%	0.77%	1.04%	1.22%	0.99%
Unauthorised Absence	0.54%	0.30%	0.09%	0.08%	0.37%	0.67%	0.64%	1.02%	1.14%	1.42%	0.86%	0.90%
Urological	1.03%	1.15%	0.72%	0.81%	0.88%	0.53%	0.55%	0.60%	0.44%	0.35%	0.70%	0.20%
Bacterial	0.54%	0.15%	0.31%	0.31%	0.50%	0.63%	0.73%	0.90%	0.42%	0.55%	0.32%	0.36%
Opthalmic	0.40%	0.66%	0.82%	0.47%	0.16%	0.21%	0.14%	0.14%	0.44%	0.27%	0.06%	0.27%
	0.31%	0.31%	0.31%	0.31%	0.26%	0.26%	0.34%	0.30%	0.21%	0.24%	0.19%	0.22%
Endocrine			0.04%		0.05%	0.05%		0.03%	0.11%	0.10%	0.03%	0.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

3.23 The table shows that whilst psychological absences decreased in the last 4 months of the year, there was an increase in respiratory absences and COVID related absences. This was the period during which the Omicron variant was at its most virulent, so the rise in COVID absences is consistent with this; the Autumn/Winter months tend to have higher levels of respiratory absences as this is the traditional cold and flu season; in addition, the "super cold" was prevalent at the end of 2021.

3.24 Musculoskeletal conditions continue to be the second highest cause of sickness absence; recent improvements in absence data reporting will allow more in-depth analysis of these absences (i.e. a further breakdown in reasons related to limb injuries, back pain or muscular/joint pain), which will allow more targeted support and training to be offered to both individuals and service areas at a local level. This analysis will form part of ongoing absence improvement work.

3.25 This work will also focus on a review of the absence reasons captured within CoreHR in order that those absences currently recorded as "other" can be more accurately reported.

COVID related absence

3.26 The table below compares the number of employees absent during each month due to COVID-19 compared to the number of staff absent for other reasons.

Number of Staff Absent by Month, last 1 year

Absence Reason ●SICK LEAVE ●SICK LEAVE - COVID
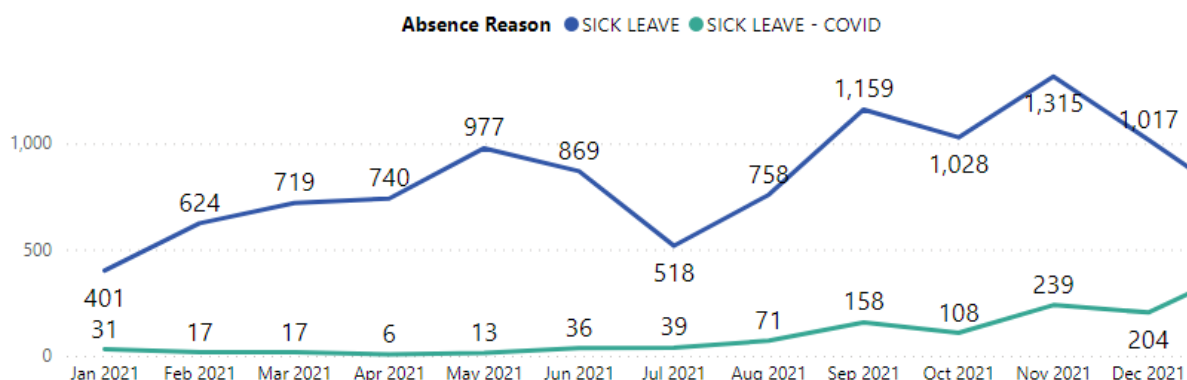
3.28 The CIPD Health and Wellbeing Survey reported that 44% of respondents identified that 1-10% of sickness absence was due to COVID-19, with 15% stating that 11-25% was COVID-19 related absence. Only 5% of respondents reported >26% of absences being due to COVID-19.ACC COVID-19 absence levels are broadly in line with the median figures reported in the CIPD survey, with absence levels due to COVID-19 ranging between a low of 0.24% of absences in April 2021 and a high of 14.99% of absences in November 2021.

Areas of Focus

3.29 The areas of focus for supporting absence improvement for 2020 were reported to Committee in June 2021 (Public Pack)Agenda Document for Staff Governance Committee, 12/04/2021 14:00 (aberdeencity.gov.uk)

330 In 2021, the focus has been on improving the data available and trialling a number of bespoke approaches to supporting managers within the Operations and protective Services Cluster. The table below details work undertaken:

Focus Area	Action taken
Ensure accurate data available to managers, to include rolling absence rates, trend analysis, long term absence data, trigger data	Absence report on absences of all direct reports available to managers and supervisors in CoreHR Managers' Portal New ACC Absence report developed in PowerBI including rolling absence rates, absence trends, absence category breakdown, COVID-19 data – **next steps** – roll out to all SMTs.

Explore wider options for keeping employees in work	Process drafted using Microsoft Forms to allow managers to highlight employees who cannot immediately return to substantive post but who may be able to undertake alternative duties on a temporary basis. Process to be administered in the same way as Temporary movement of Staff **next steps** – report to ECMT prior to roll out across services
Ensure that all managers/supervisors have appropriate training and support to allow them to manage attendance effectively	Absence drop in sessions in place for target services, whereby managers and supervisors can request an individual appointment to discuss specific cases with a P&OD Advisor. Feedback has been that these sessions have been helpful, particularly in complex cases. **Next steps –** roll out across organisation
Targeted, partnership approach to management of long term absence cases between manager and P&OD team	Absence drop in sessions have allowed greater consistency in approach to management of long term absence cases. Issues identified with Occupational Health provider ill health retirement process; raised with OH, who have provided a dedicated resource to liaise re IHR cases. **Next steps –** ongoing monitoring of ill health retirement cases by Service Managers/ People and Organisational Development Advisors

3.31 The key areas of focus that have been identified for 2022 are shown in the table below

Focus Area	Action to be taken
Ensure accurate data available to managers, to include rolling absence rates, trend analysis, long term absence data, trigger data	ACC absence report to be published on People Performance Dashboard so all managers have access to live data for their teams.; ER&W Manager and Analytics and Insight Manager to brief SMTs on the new dashboard February 2022 Target completion date April 2022
Scrutiny of absence data to be standing item on all SMT agendas	Absence data to be added to all SMT agendas once dashboard is published Target completion date April 2022
Explore early intervention options by seeking potential root cause problems in areas of higher absence and addressing these	Further development to be undertaken to allow further drilling down into sub categories of absence to identify possible areas for intervention, training and support Target completion date – September 2022
Explore wider options for keeping employees in work	Report to ECMT; roll out process across the organisation Target completion date – April 2022
Ensure that all managers/supervisors have appropriate training and support to allow them to manage attendance effectively	Review and update training modules where required Expand absence drop in sessions across the organisation. Target completion date – June 2022
Consider use of Disability Passports	Undertake research Consult with managers, employees and Trade Unions Report to ECMT Target completion date – September 2022

Occupational Health Service

3.32 The table below shows the volume of appointments for the period January – December 2021

	Jan 21	Feb 21	Mr 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
No of Appts	112	128	145	85	85	108	95	108	93	113	128	105
Attended	102	113	121	71	73	95	77	98	86	96	108	94
Cancelled	4	13	11	8	17	4	7	5	5	8	11	5
Did not attend	6	2	13	6	6	9	11	5	2	9	9	6

3.33 Whilst some face to face surveillance appointments were not going ahead at some points during 2021 due to the pandemic, levels of appointments were closer to the expected levels than had been the case during 2020. The high level of appointments in the first quarter of the year reflects a backlog of some health surveillance appointments which had been delayed due to restrictions during the pandemic. This accounts for the spike in appointments in March

3.34 Appointments recorded as cancelled were, in the main, cancelled due to the employee returning to work and the appointment no longer being required. Appointments recorded as Did Not Attend (DNA) were due to the employee not answering the call when contacted by Occupational Health for the appointment. All DNA appointments are flagged up to line managers for follow up.

3.35 The graph below shows the outcomes of management referrals made to the occupational health service during 2021

Management Referrals

■ Repeat Visit ■ Phased Return/Adjustments ■ Temporarily unfit ■ Permanent Redeployment ■ Permanently unfit/IHR ■ Fit/Return to Work ■ Not reported
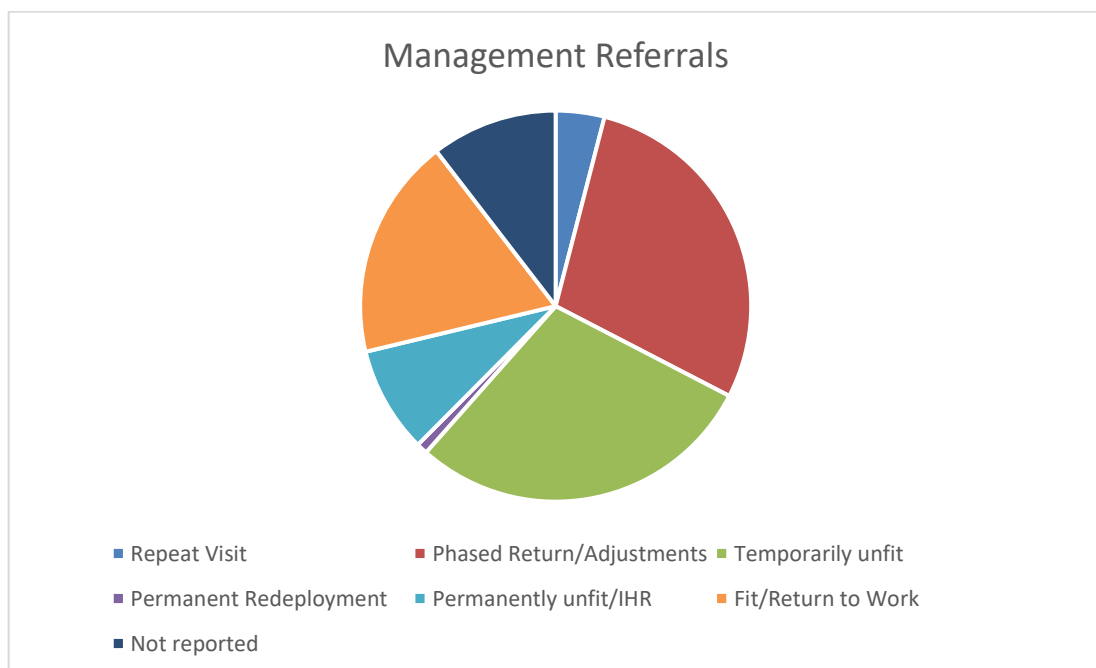
3.36 A total of 256 management referrals resulted in the employee returning to work, either fully (in 100 cases) or on a phased return or with reasonable adjustments (156 cases).

3.37 In 158 cases the employee was reported as being temporarily unfit for work, however only 22 cases required a follow up appointment with Occupational Health.

3.38 A total of 53 management referrals resulted in an Occupational Health determination that the employee was permanently unable to continue in their role, with 5 individuals being recommended for redeployment into an alternative role and 48 being identified as permanently unfit or suitable for ill heath retirement.

3.39 In 57 cases of management referrals no report was issued. As the Occupational Health report is classed as the employee's medical information, the employee can request that the report is withheld. In such circumstances, management continues to manage the employee's absence on the basis of the information that is available (for example the information contained on fit notes from the GP.)

4. FINANCIAL IMPLICATIONS

4.1 The direct financial costs associated with sickness absence relate to the payment of occupational sick pay and cover of essential services. The indirect costs relate to impact on service delivery.

4.2 There is also the potential for employment tribunal associated costs if an employee was to make an employment related claim against the Council.

5. LEGAL IMPLICATIONS

5.1 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the Health and Safety Executive (HSE). Such intervention can result in potential prosecution (criminal) equally, employees (civil claims) are more likely to succeed following as successful HSE prosecution. Changes in the Sentencing and Fines Guidance for health and safety non-compliances are resulting in increased financial penalties. Fine starting points are based on an organisation's turnover. As Local Authorities do not have turnover; Annual Revenue Budget is deemed to be the equivalent. This amount is then altered depending on the culpability of the organisation and harm factors to employees and members of the public.

5.2 Under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 there is a legal requirement to ensure the health safety and welfare at work of our employees. This includes minimising the risk of stress-related illness or injury to employees.

5.3 The provision of an EAS is in line with guidance produced by the HSE as one of the measures to control that risk. One person in four in the UK will experience a mental health problem in their lives.

5.4 HSE potential prosecution (criminal) can attract fines, imprisonment and remedial orders. There is also the possibility of employee claims (civil). Provision of an EAS can be used as mitigation against potential claims from employees exposed to work related stress.

6. MANAGEMENT OF RISK

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

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
Compliance	Compliance with legal requirements ensures the health and safety of employees. Poor management of the risks and lack of support has the potential to attract enforcement action (criminal and civil).	M	Assessment of risk via stress and QWL's risk assessments with identification and implementation of safe working arrangements. Functions acting on utilisation, trend and root cause information to develop and implement controls to prevent a reoccurrence. Completion of Line Manager Competency Indicator Tool (HSE) by line managers acting on feedback. Provision of specialist support / advice.
Operational		M	As above. 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. Non-judgmental and proactive support provided to employees who experience mental health problems. Good self-management of personal wellbeing and resilience.

| 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 the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. Effective management and maintenance of a mentally healthy workplace and provision of appropriate support. Review and identification of EAS use and related absence to act on lessons learned. Corporate and individual awareness of mental health in the workplace. Active monitoring of workloads. |
| 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

COUNCIL DELIVERY PLAN	
Aberdeen City Local Outcome Improvement Plan	
Prosperous People Stretch Outcomes	The Prosperous People theme in the LOIP indicates that all people in the City are entitled to feel safe, protected from harm and supported where necessary, which would include employees of the Council. Adopting the approach outlined int the report will support the workforce.
Council Deliver Plan	The Council Delivery Plan identifies areas of action to support the capacity of the organisation to deliver its purpose, including mental health and wellbeing of the workforce.
Workforce Plan	As set out in the Workforce Plan, the emphasis on developing internal capacity and the need for flexibility and efficiency in our reducing workforce, there is a need to focus on supporting employee health and wellbeing.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Impact Assessment	Not required
Data Protection Impact Assessment	Not required

9. BACKGROUND PAPERS

None

10. APPENDICES

None

11. REPORT AUTHOR CONTACT DETAILS

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ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	21 February 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Employee Mental Health Action Plan Review
REPORT NUMBER	RES/22/030
DIRECTOR	Steven Whyte
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Kirsten Foley
TERMS OF REFERENCE	3.3

1.   **PURPOSE OF REPORT**

1.1   The purpose of this report is to present the revised Employee Mental Health Action Plan, which has been developed following a review of the actions to date under the original Plan which was approved by Staff Governance Committee in January 2019, an analysis of the psychological absence data and feedback from the mental health action plan focus groups. The report also contains an update on the action taken to support employee mental health over the past 12 months.

2.   **RECOMMENDATION**

2.1   That the Committee approve the new Mental Health Action Plan and the continuing work outlined to address and continue to improve and support employee mental health and wellbeing.

3.   **BACKGROUND**

3.1   The Mental Health Action plan was approved by Staff Governance Committee in January 2019.

3.2   Reports to the Staff Governance Committee in February 2020 and June 2021 gave updates on the progress against the plan.

3.3   In June 2021, Committee noted that a revised Employee Mental Health Action Plan would be reported to Committee in due course. Accordingly, work was undertaken, as detailed in the paragraphs below, to revise the Mental Health Action plan.

3.4   A review of the mental health action plan was launched and took place during October to December 2021 to review the impact of the support already provided and identify, based on data and feedback, the most appropriate areas of focus for the year ahead.

3.5   Focus Groups were set up to gather feedback. The focus groups included employees from our frontline services (Education, Trades, Environmental, Waste, Communities) as well as including our Trade Union Representatives to ensure we had a broad understanding of the organisation's needs and wants.

3.6   A range of data, research and strategic drivers were reviewed and analysed to identify the most appropriate areas of focus and to target support where it is most needed and will be most effective.

3.6.1   Current Strategic Context

- The Scottish Government Programme for Government identifies improving national wellbeing, increasing investment in mental health support, and tackling and improving support for drug addiction as key drivers for 2021/22.
- The links between mental health illness/disorders and substance misuse is recognised, with recent research estimating that up to 75% of people with serious mental health illnesses or disorders having a dual diagnosis of both mental health and substance misuse issues, and up to 70% of those accessing support for drug addiction and 86% of those accessing alcohol support having a dual diagnosis of mental health issues. *(Dr Lesley Ann Black – Mental Ill Health and Substance Misuse Dual Diagnosis March 2021* Black Report   In May 2021 the Organisation for Economic Co-operation and Development (OECD) published a paper entitled Tackling the Mental Health Impact of the COVID-19 Crisis: An Integrated Whole-of Society Response (OECD Research Paper). This paper identified that across all OECD countries, the prevalence of both anxiety and depression had significantly increased during the pandemic, with rates of both conditions doubling in the UK.

3.6.2 ACC ContextThe ACC absence data for the period Aug 2019 to Dec 2021 identifies the following trends:

1. As shown in the below table, absences due to **anxiety** remained largely steady at around 2-3% of total absence from the period August 2019 until the start of the pandemic in February/March 2020 at which point anxiety absence rates rose to around 4% of total absence. There was a decrease in anxiety related absences during the initial lockdown period (to around 2% of total absences) – during this period many staff were working from home and some services were stood down. As restrictions were lifted, anxiety related absences increased to between 4 and 5% of total absences, with the highest level reached being 5.72% of total absence in February 2021 – the period at which the Christmas/New Year restrictions began to be lifted. Anxiety absence rates then began to steadily decrease and in December 2021 anxiety accounted for 2.59% of total absence. Today, we are therefore at a slightly

higher rate of anxiety related absence than we were prior to the pandemic.
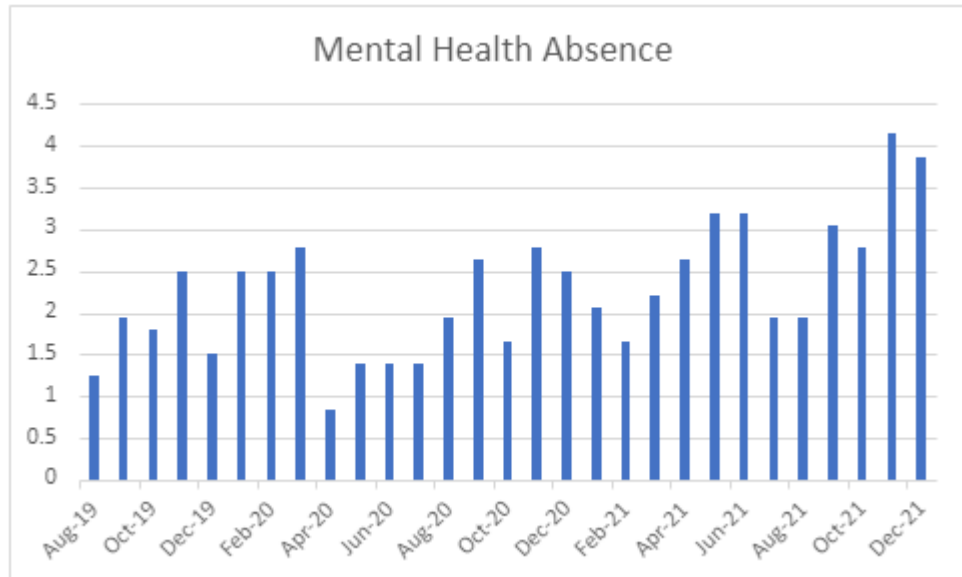
Anxiety Related Absence
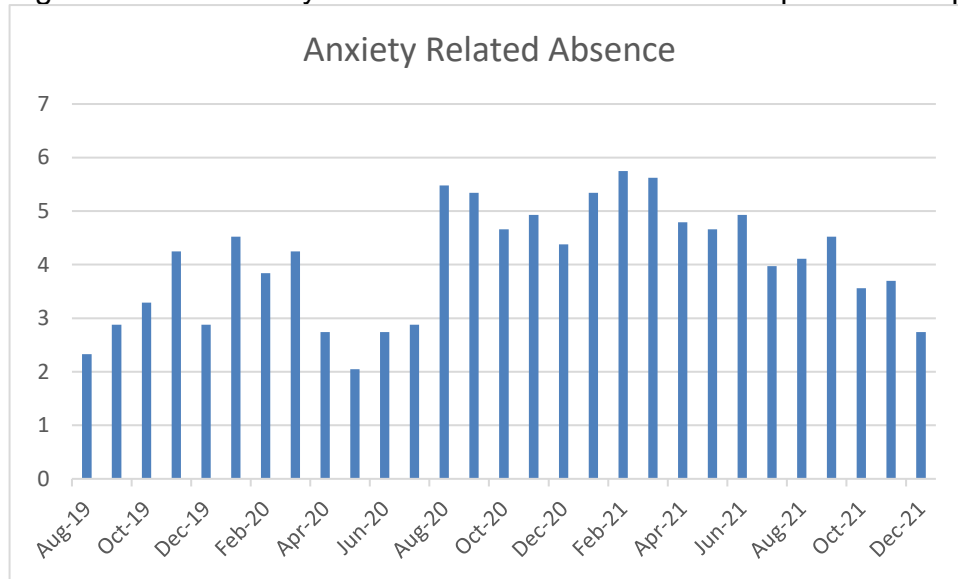
2. **Depression** related absences did not fluctuate as much as anxiety related absence over the same period. Prior to the pandemic, depression related absences accounted for around 3% of total absences. There was a slight increase to 3.5% of total absence at the start of the pandemic, and thereafter rates remained between 2.5 and 3.5% until a small spike in May and June 2021 to around 4% of total absence. Rates then gradually declined again until a second spike during November and December 2021 when they rose to around 4.9%; this was the period of some additional restrictions being reintroduced due to the Omicron variant. Depression as a % of total absences is therefore slightly higher today, than it was prior to the pandemic,

Depression Absence
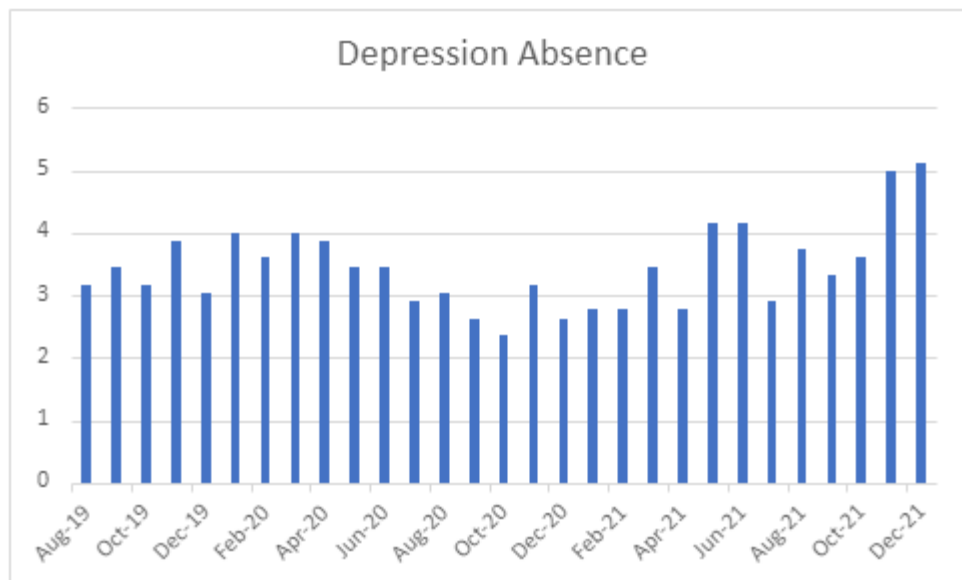
3. Absence due to **Mental Health** decreased from around 2-2.75% of total absence prior to the pandemic to 0.82% of total absence in April 2020 – the period of the initial lockdown, in line with anecdotal feedback obtained through the Future of Work Survey that suggests that employees with ongoing mental health conditions benefitted from the mitigations put in place during the lockdown period, and were able to manage their ongoing health conditions

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more effectively. As restrictions were lifted rates rose to between 2 and 3% of total absences, with the highest level reached being 4.09% of total absence in November 2021. The mental health sub category of psychological illness captures absences due to long lasting, ongoing illnesses and whilst external factors may impact on the management of these ongoing conditions, the data trend tends to fluctuate more than the other sub categories of psychological absence.

Mental Health Absence

4   Prior to the pandemic, **stress** related absences accounted for between 7 and 9% of total absences. During the initial lockdown period in March- June 2020, stress related absence levels decreased to around 4-5% of total absences. Rates then quickly returned to pre-pandemic levels of 7-9% of total absences, with slightly lower levels (around 5.5-7% of total absences) in the main holiday periods of December/January and July/August in both 2020 and 2021, which would be the norm.

Stress Absence
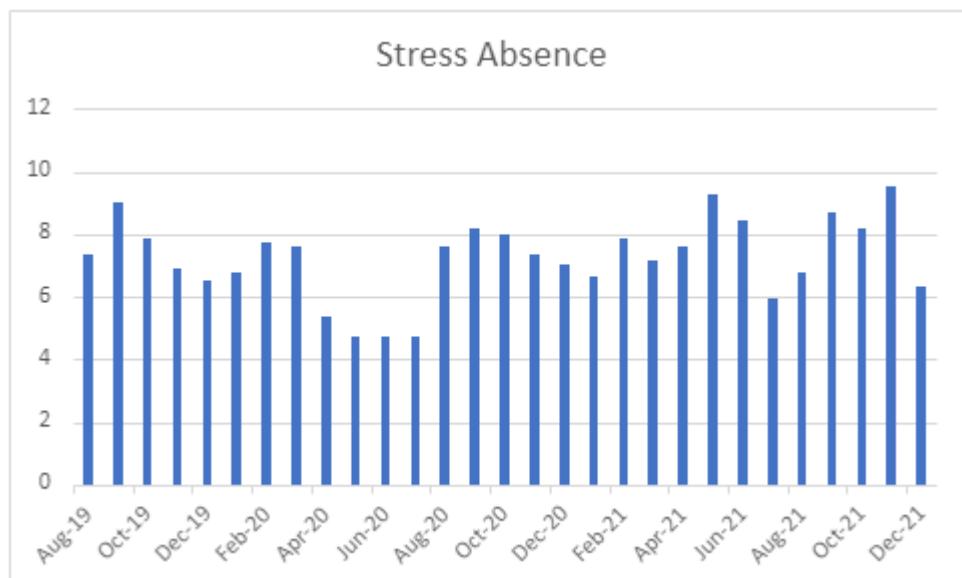
- Overall, **Psychological** absence rates showed a slight decrease from 26.24% of total absences in 2020 to 24.89% in 2021. This differs from the

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trend identified in the HSE Annual Statistics published in March 2021, which identified a slight increase in the 2020/2021 figures for psychological absences, however it should be noted that the HSE figures report on financial years, whilst the ACC figures are reported by calendar years. *(source:* [Work-related stress, anxiety or depression statistics in Great Britain, 2021 (hse.gov.uk)](#)

- The analysis of the data identifies **stress** related illness as the most prevalent subcategory of psychological absence, followed by **anxiety**. These were also the two areas identified by the focus groups as being areas that employees, managers and trade unions would like to see as areas of focus for support.

  Whilst depression and mental health illness are areas that are likely to require more in depth and ongoing intervention from medical specialists and from the data appear less likely to be influenced by external factors, stress and anxiety related absences fluctuate far more in line with external events (for example the progress of the pandemic) and work/leave patterns (evidenced by rates decreasing during periods when more staff are likely to have some annual leave, for example in the summer and over the Christmas period.) This suggests that interventions could improve levels of anxiety and stress across the organisation if targeted appropriately. At the same time, employees who are off sick with depression or mental health illness may be more appropriately supported by early referral to Occupational Health to identify any supports and reasonable adjustments to their work or working arrangements that may be helpful.

3.6.3 Research and benchmarking

- The 2019 Mental Health Action plan drew on the research undertaken by Stevenson and Farmer *Thriving at Work* [Thriving at Work: the Stevenson/Farmer review on mental health and employers (publishing.service.gov.uk)](#)In January 2020 Deloitte published *Mental Health and Employers – Refreshing the Case for Investment,* [deloitte-uk-mental-health-and-employers](#) which provided a further analysis and update of the Stevenson/Farmer research.

- The Deloitte report identifies 6 core mental health standards for employers. These are:
    1. Prioritise mental health in the workplace by developing and delivering a systematic programme of delivery
    2. Proactively ensure work design and organisation culture drive positive mental health outcomes
    3. Promote an open culture around mental health
    4. Increase organisational confidence and capability
    5. Provide mental health tools and support
    6. Increase transparency and accountability through internal and external reporting

- We continue to work closely with the Scottish Association for Mental Health (SAMH) and take their advice on priority areas and interventions.

3.6.4 Outcome areas

Based on this context and research our outcome areas are proposed as:

1. Reduce the total overall absences that are due to psychological reasons
2. Targeting interventions proactively, using data reporting and interrogation
3. A programme of support and tools which are easily accessible by all staff
4. A culture within which mental health and substance misuse issues are proactively supported and destigmatised
5. Management training, support and development which empowers managers to support their teams confidently and appropriately

4.   Focus Areas Identified

The engagement and feedback from employees and from Trade Unions, coupled with a review of our psychological absence trends identified 4 key areas that will be built into our plans going forward, in a way which enables the achievement of the above outcomes. These were

4.1   Continuing to build upon and develop the Mental Health First Aider (MHFA) network (core standards 1-5; outcomes areas 1-3) ;

4.1.1   Research undertaken by the Institution of Occupational Safety and Health (IOSH) into the effectiveness of mental health first aiders in the workplace demonstrates the value of mental health first aiders as both a means of reducing the stigma of talking about mental health and as an important mechanism for employees to seek the help and support they need. Details of the findings from the IOSH research is detailed below:

- 91% of organisations surveyed indicated that having MHFA in the workplace had increased understanding of mental health issues across the workforce
- 88% reported increased confidence across the workforce in addressing mental health issues
- 87% reported that trained MHFA had led to increased conversations around mental health
- 64% reported that the stigma around mental health had reduced across the organisation
- 65% planned to continue to roll out MHFA training across the organisation. *Source* mhfa-at-work-full-report.pdf (iosh.com)

4.1.2   With a current total of 90 mental health first aiders successfully trained across the organisation, feedback on their impact has been positive. The area with the lowest level of coverage is Operations; further analysis identifies that the services with the most significant gaps in coverage are:
- Education 12
- Children's Social Work 11
- Operations and Protective Services 28

Further work will be undertaken with these services to increase the number of trained mental health first aiders.

4.1.3   In order to ensure the MHFA network is properly supported and sustainable, work will be undertaken to deliver:

- Awareness raising training for managers
- Accessible contact information available for frontline workers
- A clear programme of peer support, training and supervision for Mental Health First Aiders

4.2 **Ensuring that communications and engagement on issues of mental health are aimed directly and effectively at front line colleagues (**core standards 1-5; outcome areas 1-3)

Work continues to ensure that all of our colleagues have access to the information that they need in terms of mental health support. Trade Union colleagues have raised that the information needs to be proactively shared with these colleagues. A number of initiatives have, therefore, been built into the revised Mental Health Action Plan to support these groups of staff. A leaflet detailing all the support services available to employees was created in 2020 and delivered out to all our frontline employees. This was received very positively and worked well to address the issue that some groups of staff were unable to access the information where it was only available digitally. A further campaign to ensure that the Mental Health support is made more visual will be undertaken in 2022/23 to bring the service in line with the physical First Aid service and will see contact details added to the Health and Safety Contacts Lists which are situated across every venue.

4.3 **Using the insight from data which shows trends in absence to target interventions appropriately** (core standard 6; outcome areas 4 and 5)

See paragraph 3.6.2 for an analysis of the psychological absence trends. Our commitment is to ensure access to support is available to all, and to target every intervention at those groups or individuals that the evidence suggests may benefit the most from them.

4.4 **Using the differing trends within functions and services to target the actions and activities where they are needed most.** (core standard 6; outcome areas 4 and 5)

The areas with the highest levels are Customer, at 22.52% of total absences and Resources, with 19.69%. Due to small size of the Resources Function, a single absence can result in a significant percentage increase in the data, and this should be taken into consideration when planning interventions.

More in depth analysis of this data, undertaken in conjunction with the SMTs of the different areas, will be used to identify areas for targeted intervention.

5. **FINANCIAL IMPLICATIONS**

5.1 Mental health and wellbeing is increasingly becoming a core component of service delivery, linked to both staff retention and customer satisfaction. There is the potential to reduce direct and indirect costs in relation to sickness absence, low morale/engagement and increased turnover by supporting and promoting positive mental health. This can have a significant impact on Function / Cluster budgets.

5.2 There is a financial cost resulting from some of the areas highlighted in the appendix to the report. These costs have been funded through the Council's Flexible Working Development Fund application and through the corporate training budget, in line with our priorities set out in the Workforce Plan approved at Staff Governance Committee in 2019.

5.3 A very welcome £6000 was awarded from reserves available to support our delivery of the Mental Health and Wellbeing Action plan

6. LEGAL IMPLICATIONS

6.1 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the Health and Safety Executive (HSE). Such intervention can result in potential prosecution (criminal) and employees (civil claims) are more likely to succeed following a successful HSE prosecution. Changes in the Sentencing and Fines Guidance for health and safety non-compliances are resulting in increased financial penalties. Fine starting points are based on an organisation's turnover. As Local Authorities do not have turnover; their Annual Revenue Budget is deemed to be the equivalent. This amount is then altered depending on the culpability of the organisation and harm factors to employees and members of the public.

6.2 Under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999, there is a legal requirement to ensure the health, safety and welfare at work of our employees. This includes minimising the risk of stress-related illness or injury to employees.

7. MANAGEMENT OF RISK

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

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
Strategic Risk	N/A	N/A	N/A
Compliance	Compliance with legal requirements ensures the health and safety of employees).	M	Actions outlined in the appendix provide additional support for employees.
Operational	N/A	N/A	N/A
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 the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. Effective management and maintenance of a mentally healthy workplace and provision of appropriate support.

Reputational	Without ensuring suitable employee support there is a risk of the organisation not becoming an employer of choice and having recruitment and retention issues.	L	As above.
Environment / Climate	N/A	N/A	N/A

8. OUTCOMES

COUNCIL DELIVERY PLAN	
Aberdeen City Local Outcome Improvement Plan	
Prosperous People Stretch Outcomes	The Prosperous People theme in the LOIP indicates that all people in the City are entitled to feel safe, protected from harm and supported where necessary, which would include employees of the Council. Adopting the approach outlined in the report will support the workforce.

9. IMPACT ASSESSMENTS

Assessment	**Outcome**
Impact Assessment	Not required
Data Protection Impact Assessment	Not required

10.   BACKGROUND PAPERS

ACAS Framework for positive mental health
http://www.acas.org.uk/index.aspx?articleid=1900&gclid=EAIaIQobChMIuNDth6-m3wIVzrvtCh2E7QZyEAAYASAAEgLEHPD_BwE

Health and Safety Executive (HSE) page
http://www.hse.gov.uk/stress/mental-health.htm

'Thriving at Work' - Stevenson/Farmer independent review of mental health and employers
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

ACAS framework for positive mental health
http://www.acas.org.uk/media/pdf/r/i/Acas-framework-for-positive-mental-health-at-work.pdf

ACAS research paper
http://www.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf

ACAS guidance
http://www.acas.org.uk/media/pdf/s/j/Promoting_Mental_Health_Nov.pdf

Equalities Act 2010 Equality Act 2010 (legislation.gov.uk)

Mental Health First Aid in the Workplace (MENTOR) – a Feasibility Study mhfa-at-work-full-report.pdf (iosh.com)

Mental Health and Employers – Refreshing the Case for Investment, deloitte-uk-mental-health-and-employers

11. APPENDICES

Appendix 1 – Mental Health Improvement Action Plan 2021 Update

12. REPORT AUTHOR CONTACT DETAILS

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Appendix 3 – **NEW Updated 2021 Mental Health Action Plan**

Focus Areas

Reduce the total overall absences that are due to psychological reasons

Targeting interventions proactively, using data reporting and interrogation

A programme of support and tools which are easily accessible by all staff

A culture within which mental health and substance misuse issues are proactively supported and destigmatised

Management training, support and development which empowers managers to support their teams confidently and appropriately

Outcome	Activity Area	Activity
Reduce the total overall absences that are due to psychological reasons *the activity areas against the other outcomes will feed into this*	Wellness Action Plans	Review and circulation of WAP templates and focused communications to all staff on the benefits of WAPS and awareness raising of training for managers – April 22 training from Able Futures on use of Wellness Action Plans (WAPS) - Completion rates for managers to be reviewed and areas of low uptake encouraged to participate – Oct 22 Evaluation and feedback of WAP use effectiveness and any action to target and improve usage – June 2023
	Absence Improvement	Implementation of broader absence improvement activity for 2022/23 as a supportive measure for the mental health action plan Implementation of SMT discussion meetings twice yearly on absence data and absence improvement – first meetings completed by June 2022 Absence surgeries in place for managers across the organisation – June 2022
	Occupational Health Use	Early access to supportive measures through Occupational Health on an individual level through targeted training and awareness raising for managers including how to make an effective occupational referral – in place by Oct 2022
	Substance Misuse Action Plan	Through the Substance Misuse Action Plan Working Group, roll out the actions identified within the plan – agreed by ECMT by April, delivery 2022/23

		Naloxone project moved to business as usual within services from improvement project – May 2022
Targeting interventions proactively, using data reporting and interrogation	Analysis of absence data to identify trends and hot spots across the organisation	Analyse and interrogate absence data and use this information to target areas with various initiatives depending on what the data reveals – April 2022 (to tie in with SMT visits) No intervention or support mechanism is used without first identifying where it should be targeted within the organisation for the greatest impact – April 2022 Bi-annual absence meetings with SMTs support senior managers to tackle underlying causes of data trends – as above
	Identify other sources of information to inform the targeting of interventions	MHFA Recording Tool – use information from recording of interactions to show the demand on the network and help build data trends on where staff are contacting from – May 2022
	Tackling the causes of workplace stress and anxiety	Pilot 'stress and wellbeing' survey within Education and roll out across the organisation to identify the causes and possible adjustments to tackle stress at work, stress risk assessments to be undertaken based on results – Pilot completed by May 2022, roll out/introduce pulse checks in other areas by December 2022 Absence management training for managers to be reviewed and refreshed to include communication from day 1 and reducing the stressful impact of the supporting attendance process – Sep 2022

		Joint guidance review to be conducted of the Supporting Attendance guidance with Trade Unions and colleagues, to ensure all approaches seek to reduce stress – April 2023 Training for managers to undertake stress risk assessments – in place by August 2022
	Domestic Violence	New Domestic Violence training available for staff to undertake through our online pages – complete, awareness raising to be undertaken by July 2022 Build managers confidence and skills in providing support to team members who may be suffering from Domestic Violence – included in people management skills training – Sep 2022
	Understand the link between Equality, Diversity and Inclusion and Mental Health and Wellbeing, and take action where needed	Understand linkages between absence and equalities data and identify specific actions as a result – analysis by May 2022, actions in place by October and feeding into the delivery of the ED&I action plan Undertake a review of the availability and accessibility of resources with the Equalities Network and undertake improvement actions where required – review by May, Actions by September 2022
	Employees are self-aware and ask for help when needed	Look to deliver face to face session for frontline employees who are not confident in the use of technology – Delivery plan in place by July 2022 Continue to deliver personal development courses through SAMH with additional new content from Thrive (online learning materials). Ongoing 2022/23 Short, sharp messaging to support supervisors and front-line team leaders to deliver short sessions to workforce through tool box talks. First one in place by July 2022

		Trial feedback on wellbeing embedded through frontline CR&D – July 2022
	Supporting Financial Wellbeing	Launch Salary Finance support on VIVUP Employee Benefits site – Launched by Sep 2022 Promote internal and external sources of budgeting and financial wellbeing information via a range of media to ensure easy accessibility for all staff – ongoing 2022/23
A culture within which mental health and substance misuse issues are proactively supported and destigmatised	Mental Health First Aider (MHFA) support available for all employees	The list of MHFA - Update communications surrounding the MHFA network in line with language used by colleagues across the organisation Seek additional MHFAs in areas with traditionally low coverage – campaign by July 2022, training throughout 2022/2023 Physical poster campaigns to raise the profile of the MHFA in outlying workplaces and details on how to contact these – complete, review coverage April 2022
	Visible commitment to positive mental health (ongoing)	Continue communication of initiatives in line with national programmes and deliver training and information campaigns as appropriate Continue to deliver Mental Health Awareness events to encourage open conversations and make talking about mental health the norm. Continue to write regular blogs on hot topics and raise awareness, piggybacking on national wellbeing campaigns Deliver our 3rd Mental Health Awareness event in Conjunction with NHS, AHSCP

		Continue to promote wellbeing initiatives with the use of the new "Mental Health and Wellbeing" Yammer channel in particular to reach frontline employees through the new F1 licenses Continue to communicate support services by creating one place to find them all and link to this in regular communications. Increase information about new Able Futures partnership – Mental Health Support through "Access to Work (DWP)" with particular emphasis on Frontline employees
Management training, support and development which empowers managers to support their teams confidently and appropriately	Management Support	As reflected above: Implementation of SMT discussion meetings twice yearly on absence data and absence improvement – first meetings completed by June 2022 Absence surgeries in place for managers across the organisation – June 2022 Attendance at Health and Safety Committee Groups and SMTs to discuss data and identify potential supports to be implements in targeted areas. Build in an Employee Wellbeing section on templates for 1-2-1's and Continuous Review & Development – June 2022
	Management Training	As reflected above: Absence management training for managers to be reviewed and refreshed to include communication from day 1 and reducing the stressful impact of the supporting attendance process – Sep 2022 Training for managers to undertake (Quality of Working Lives) stress risk assessments – in place by August 2022

| | | Build managers confidence and skills in providing support to team members who may be suffering from Domestic Violence – included in people management skills training – Sep 2022

Training from Able Futures on use of Wellness Action Plans (WAPS) - Completion rates for managers to be reviewed and areas of low uptake encouraged to participate – Oct 22

Also:

Deliver Mental Health Awareness for Managers and Supervisors through NESCol so managers can have the full knowledge to support staff without the ongoing commitment of becoming MHFA |
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