ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	10th December 2019
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Absence and Employee Assistance Update
REPORT NUMBER	RES/19/463
DIRECTOR	Steve Whyte
REPORT AUTHOR	David Forman/Neil Yacamini
TERMS OF REFERENCE	4.3

1.   PURPOSE OF REPORT

This report updates the Committee on absence days lost from May 2019 to October 2019, utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the period April– September 2019 and gives an overview of actions being undertaken to support employees who are absent from work.

2.   RECOMMENDATION(S)

That the Committee :-

2.1   Note the sickness absence figures.

2.2   Note the further development of the absence information

2.3   Note the utilisation of the Employee Assistance Programme over the period; and

2.4   Endorse the approaches supporting employees who are absent from work.

3.   BACKGROUND

3.1   This report outlines the absence information for Aberdeen City Council from May 2019 to October 2019 as per the 6 month timeline utilisation of the Employee Assistance Service for the period April 2019 to September 2019 and

outlines approaches to support employees. It proposes actions to more closely manage absence with the aim of supporting employees.

3.2   Sickness Absence Information

The table below shows the number of days lost due to sickness absence between May 2019 and October 2019 and compares it against the same period for 2018.

|	May-18	May-19	Jun-18	Jun-19	Jul-18	Jul-19	Aug-18	Aug-19	Sep-18	Sep-19	Oct-18	Oct-19
ACC Days	7700.0	8143.2	7109.0	7793.4	6784.0	5915.1	7028.0	5984.8	7345.0	7299.3	7834.0	5835.6
Absence Type												
Bacterial	0.0%	0.1%	0.0%	0.0%	0.0	0.0%	0.00%	0.30%	0.00%	0.27%	0.00%	0.03%
Cardiovascular	4.7%	2.6%	4.7%	2.3%	4.5%	1.9%	5.12%	1.11%	3.2%	0.27%	3.5%	0.79%
Dermatalogical	0.6%	0.4%	0.5%	0.9%	0.4%	1.1%	0.37%	0.54%	0.4%	0.43%	0.8%	0.59%
Endocrine	1.0%	0.1%	0.8%	0.3%	0.8%	0.6%	0.91%	0.29%	0.6%	0.14%	0.7%	0.00%
Gastrointestinal	12.7%	12.4%	12.8%	12.7%	10.1%	11.6%	11.55%	11.32%	13.3%	11.17%	14.1%	11.71%
Gynaecological	2.1%	4.2%	2.5%	2.6%	3.6%	3.4%	2.42%	2.64%	1.9%	2.83%	2.1%	1.77%
Industrial injury	0.5%	0.0%	1.1%	0.0%	1.1%	0.0%	0.64%	0.00%	0.5%	0.00%	0.8%	0.00%
Malignancy	3.1%	3.2%	3.3%	4.2%	3.2%	5.3%	3.07%	3.86%	3.2%	2.40%	3.6%	2.79%
Musculoskeletal	27.3%	23.5%	26.3%	24.0%	29.4%	26.0%	28.06%	27.00%	26.8%	18.26%	25.8%	17.13%
Neurological	6.8%	5.6%	6.8%	6.1%	5.8%	5.3%	7.70%	3.72%	6.1%	2.96%	5.5%	4.30%
Opthalmic	0.8%	0.5%	0.6%	1.0%	1.0%	1.2%	0.61%	0.93%	0.4%	1.81%	0.4%	0.27%
Other	0.8%	7.8%	1.5%	8.5%	1.4%	9.6%	1.14%	13.10%	1.4%	16.16%	1.0%	15.74%
Psychological	29.2%	25.2%	29.1%	24.0%	28.9%	23.7%	30.49%	23.05%	27.8%	23.80%	32.2%	17.90%
Respiratory	9.4%	10.4%	8.2%	9.4%	7.5%	7.4%	5.75%	6.84%	11.4%	11.76%	10.1%	17.01%
Urological	0.5%	0.9%	0.9%	0.7%	1.7%	0.6%	1.49%	0.58%	2.2%	0.84%	2.2%	0.69%
Viral	0.5%	2.5%	0.70	2.6%	0.7%	1.5%	0.67%	2.67%	0.9%	1.89%	0.9%	2.20%
#N/A	0.0%	0.6%	0.1%	0.6%	0.0	0.8%	0.00%	2.06%	0.00%	5.00%	0.00%	7.06%
Total Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

A comparison of the data shows that the two main reasons for absence with Aberdeen City Council are musculoskeletal and psychological although there has been a decrease in both types of absence in recent months.

Top absence reasons May to Oct 2018

Absence Category	% of Total days Absent
Psychological	29.5%
Musculoskeletal	27.0%
Gastrointestinal	12.4%
Respiratory	8.8%
Neurological	6.4%
Cardiovascular	4.2%
Malignancy	3.2%
Gynaecological	2.4%
Urological	1.5%
Other (No Longer Used)	1.2%
Endocrine	0.8%
Industrial Injury/Accident	0.7%
Viral	0.7%
Opthalmic	0.6%
Dermatalogical	0.5%
Currently Unknown	0.0%
Grand Total (43800 days)	100.0%

Top absence reasons May to Oct 2019

Absence Category	% of Total days Absent
Psychological	27.5%
Musculoskeletal	26.1%
Gastrointestinal	12.1%
Respiratory	9.7%
Neurological	6.3%
Cardiovascular	3.9%
Other	3.3%
Malignancy	3.1%
Gynaecological	2.4%
Urological	1.2%
#N/A	1.0%
Viral	0.9%
Endocrine	0.7%
Industrial injury	0.6%
Opthalmic	0.6%
Dermatalogical	0.5%
Bacterial	0.005%
Grand Total (40971 days)	100.0%

Gastrointestinal Total Days Absent 2018 v 2019
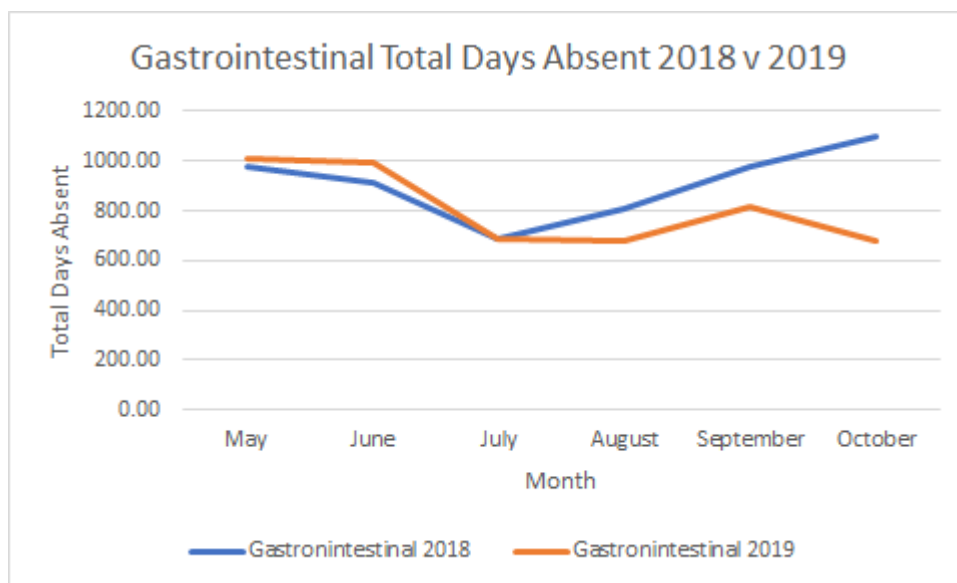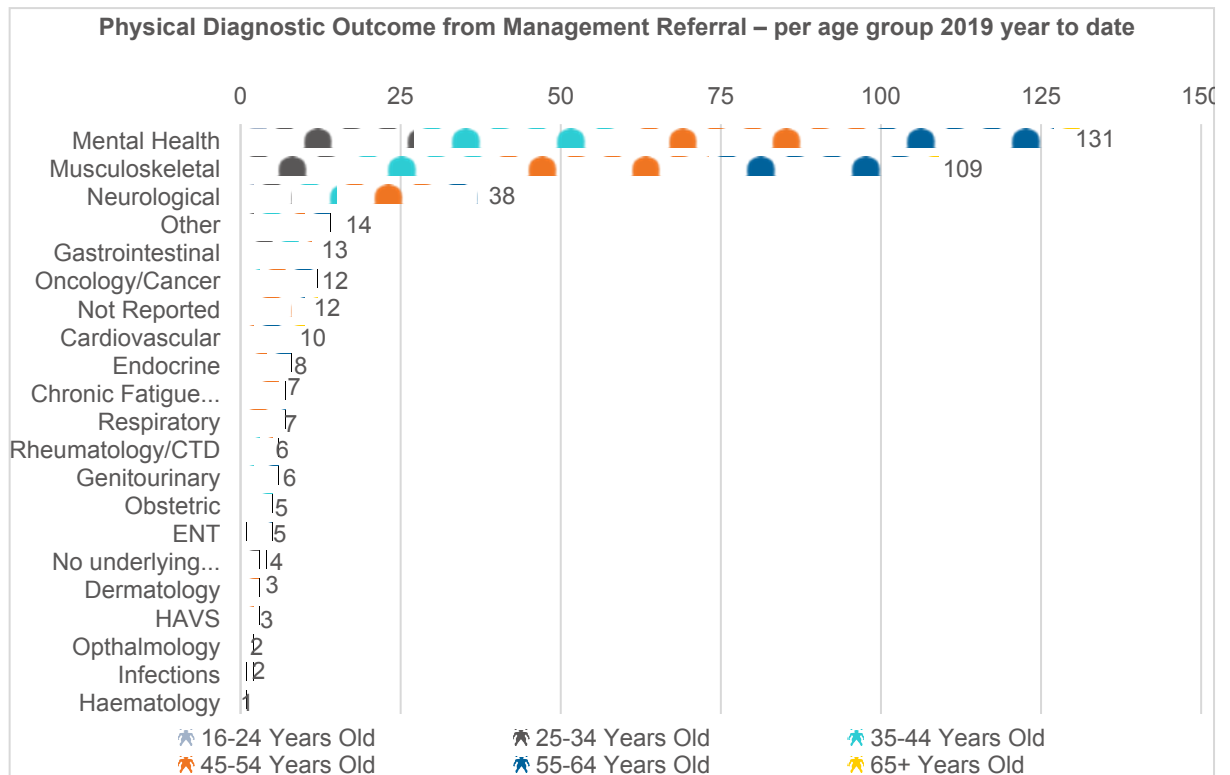
Musculoskeletal Total Days Absent 2018 v 2019
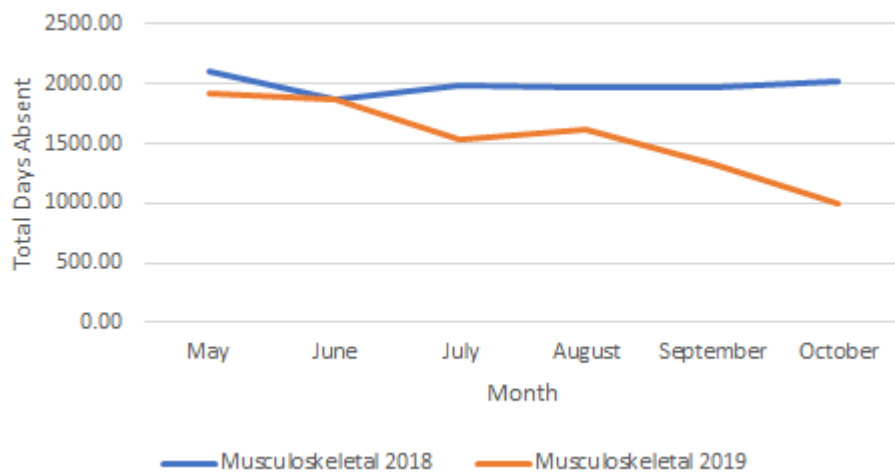
Psychological Total Days Absent 2018 v 2019
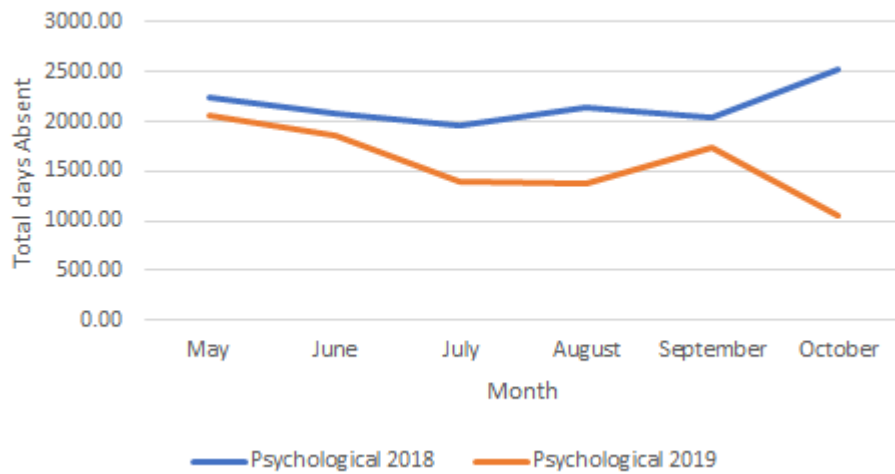
3.3   Occupational Health Referrals

The Council has an Occupational Health Provider and Management information in relation to the number of referrals, and reasons for the referrals is shown below :-

Physical Diagnostic Outcome from Management Referral – per age group 2019 year to date

Category	Value
Mental Health	131
Musculoskeletal	109
Neurological	38
Other	14
Gastrointestinal	13
Oncology/Cancer	12
Not Reported	12
Cardiovascular	10
Endocrine	8
Chronic Fatigue...	7
Respiratory	7
Rheumatology/CTD	6
Genitourinary	6
Obstetric	5
ENT	5
No underlying...	4
Dermatology	3
HAVS	3
Opthalmology	2
Infections	2
Haematology	1

Legend: 16-24 Years Old, 25-34 Years Old, 35-44 Years Old, 45-54 Years Old, 55-64 Years Old, 65+ Years Old

The Management information provided by Occupational Health shows that Psychological and musculoskeletal also account for the highest numbers of referrals to the Council's Occupational Health provider.

3.4   Managers must also apply the Supporting Attendance and Wellbeing policy. As ever, they are supported to do so by colleagues in People & Organisation. The following actions continue in line with absence policy and guidance –

Issue	Action	Owner	Measure	Supporting Actions
Psychological Absence	Promote and use Quality of Working Lives stress risk assessments to reduce stress in the workplace	Health and Safety/People and Organisation	Number of risk assessments	Work with Corporate Health and Safety team to support Managers.

Psychological Absence	Continue to increase awareness of the Employee Assistance Service	People and Organisation	Monitoring of the number of self-referrals to Employee Assistance Service due to Psychological conditions	All employees have been issued with information such as a wallet card highlighting the availability of the Employee Assistance Service.
Psychological Absence	To continue the roll out of the use of Mental Health First Aiders throughout the Organisation	People and Organisation	Monitoring the interactions of the Mental Health First Aiders	Two Mental Health training courses have been completed. Three further courses are scheduled for the first quarter of 2020. Using Management information gathered through the interaction of Mental Health First Aiders to work with Managers to provide support to employees within that area.
Psychological absence	Continue to deliver the mental health action plan.	Health and Wellbeing Adviser	Measures of psychological absence	Health and Wellbeing Adviser to utilise communications channels to promote mental health awareness. Roll out of the mental health first aiders programme and other mental health initiatives such as suicide prevention training. Review of the Mental Health Action Plan to be reported to Staff

				Governance in early 2020.
Musculoskeletal absence	Provide support to Managers in relation to musculoskeletal absence	People and Organisation	Supporting Managers	Working with Managers in areas with historically high musculoskeletal absence to identify available support to assist employees ie physiotherapy.
Musculoskeletal absence	Promote and use manual handling risk assessments to help reduce absence related to musculoskeletal issues	Health and Safety	Number of risk assessments	Provide the Corporate Health and Safety team with relevant data to enable targeted interventions.

3.5   Mental Health Awareness Week

3.5.1   Aberdeen City Council's first ever Mental Health Awareness Week took place from 7th – 11th October 2019. The events were another important step in the implementation of our Mental Health Action Plan with many positive steps already taken to tackle the stigma of mental health. Since the introduction of the plan earlier this year we have recruited our first cohort of mental health first aiders, who are currently undergoing training, and have introduced mentally healthy workplace training through Online Interactive Learning.

3.5.2   Developed in partnership with the NHS, Aberdeen City Health and Social Care Partnership, Trade Unions and the third sector, the purpose of the week was to raise awareness of mental health in the workplace and to begin breaking down some of the taboos and stigma associated with poor mental health.

3.5.3   A programme of 28 events were developed which highlighted the importance of tackling the issue of mental health head on ranging from traditional talks and training opportunities to mindfulness and wellbeing sessions.

3.5.6   The introduction of monthly events has begun and is being developed further, with partnership working also expanded to harness the support of the Aberdeen City Health and Social Care Partnership and the Samaritans.

3.5.7   An update on progress on the Mental Health Action plan will be reported to Committee in early 2020.

4.   Employee Assistant Service Utilisation (April 19 - September 2019)

4.1   A total of 74 referrals were made during the 6 month period comprising of employees (73) and family members (1). The greatest number of referrals was from Operations (59%), this includes Integrated Children's and Family Services and Protective Services and accounts for 68% of all employees in the workplace. The overall staff usage from Operations was 0.39%. The greatest percentage of usage per function came from Place (1.28%).

4.2   While the number of referrals is similar to the equivalent period, Work Related Issues have increased with Demands (Workload/ Stress/Anxiety) being the most common reason for utilisation (26 out of 32, 81%), compared to 19 out of 20 (95%) in the equivalent period in the previous year. Of the Personal Issues 24 out of 43 (56%) relates to Personal Stress/Depression/Anxiety/Anger in comparison to the equivalent period in the previous year which was 37 out of 56 (66%). Employees who are suffering from work related stress are also encouraged to complete the Quality of Working Lives Risk Assessments to find out the cause of their stress at work to identify what controls can be put in place to counteract the identified stressors.

4.3   A person can experience excessive pressure and demands outside work just as much as they can at work. Stress tends to build up over time because of a combination of factors that may not all be work related. Conflicting demands of work and home can cause excessive stress. Stressors at home can affect those at work and vice versa. The "adverse reaction people have to excessive pressures or other types of demand placed on them" (HSE, 2018) can seriously undermine the quality of people's working lives and, in turn, the effectiveness of the workplace.

4.4   The breakdown of figures by Function and issue for the period April 2019 to September 2019 is shown in the tables below: -

Total Apr - Sep 19
EAS Utilisation

Functions	Number of Staff within function	% of Staff usage	Number of referrals	Personal Issues	Health/Bereavement	Addiction/Abuse	Relationship/Family Issues	Personal Stress/Depression/Anxiety/Anger	Traumatic Incident
Commissioning	101	0	0		0	0	0	0	0
Customer	1189	0.34	8		<5	0	<5	<5	0
Operations	5151	0.39	43		5	0	8	14	0
AHSCP	607	0.49	6		0	0	<5	<5	0
Resources	327	0.92	7		<5	0	0	<5	0
Governance	81	3.7	<5		0	0	0	<5	0
Place	156	1.28	5		0	0	0	<5	0
Other Foster Carers	0		0		0	0	0	0	0
Other Elected Members	0		0		0	0	0	0	0
Other Family Member	0		<5		0	0	<5	0	0
Total Number of Referrals	7612	0.97	74		7	0	12	24	0

Functions	Number of Staff within Service	% of Staff usage	Number of referrals	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	101	0	0		0	0	0	0	0	0	0
Customer	1189	0.34	8		<5	<5	0	0	0	<5	0
Operations	5151	0.39	43		0	13	0	<5	<5	0	0
AHSCP	607	0.49	6		0	<5	0	0	0	0	0
Resources	327	0.92	7		0	<5	0	<5	0	0	0
Governance	81	3.7	<5		0	<5	0	0	0	0	0
Place	156	1.28	5		0	<5	0	0	<5	0	0
Other Foster Carers	0		0		0	0	0	0	0	0	0
Other Elected Members	0		0		0	0	0	0	0	0	0
Other Family Member	0		<5		0	0	0	0	0	0	0
Total Number of Referrals	7612	0.97	74		<5	25	0	<5	<5	<5	0

Clusters	Commercial and Procurement	Bus Intelligence & Perf Manage	ALEO's	Customer Experience	Early Interven and Comm Emp	Digital and technology	External Communications	Integrated Children's and Fam Serv	Operations and Protective Services
Commissioning	0	0	0	0	0	0	0	0	0
Customer	0	0	0	<5	6	0	0	0	0
Operations	0	0	0	0	0	0	0	29	14
AHSCP	0	0	0	0	0	0	0	0	0
Resources	0	0	0	0	0	0	0	0	0
Governance	0	0	0	0	0	0	0	0	0
Place	0	0	0	0	0	0	0	0	0
Foster Carers	0	0	0	0	0	0	0	0	0
Elected Members	0	0	0	0	0	0	0	0	0
Family Member	0	0	0	0	0	0	0	0	0
	0	**0**	**0**	**<5**	**6**	**0**	**0**	**29**	**14**

Clusters	AHSCP	Finance	Capital	People and Organisation	Corporate Landlord	Governance	Strategic Place Planning	City Growth	Foster Carers	Elected Members	Family Member
Commissioning	0	0	0	0	0	0	0	0	0	0	0
Customer	0	0	0	0	0	0	0	0	0	0	0
Operations	0	0	0	0	0	0	0	0	0	0	0
AHSCP	6	0	0	0	0	0	0	0	0	0	0
Resources	0	<5	<5	<5	<5	0	0	0	0	0	0
Governance	0	0	0	<5	0	<5	0	0	0	0	0
Place	0	0	0	0	0	<5	<5	<5	0	0	0
Foster Carers	0	0	0	0	0	0	0	0	0	0	0
Elected Members	0	0	0	0	0	0	0	0	0	0	0
Family Member	0	0	0	0	0	0	0	0	0	0	<5
	6	**<5**	**<5**	**<5**	**<5**	**<5**	**<5**	**<5**	**0**	**0**	**<5**

4.5   The number of referrals for the same reporting period (April – September) are in line with the last 3 years aside from 2017.

- April 2016 – Sept 2016   71

- April 2017 – Sept 2017   59
- April 2018 – Sept 2018   76
- **April 2019 – Sept 2019   74**

4.6   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 6 month reporting period:

Council A – Aberdeen City Council   **0.51%**
Council B   0.21%
Council C   0.30%
Council D   0.77%

4.7   Both full-time (69) and part-time (4) employees are using the service (34% male; 66% females). There has been an increase in part-time (3) with a decrease of full time (4) using the service from the equivalent period last year. The majority of employees have been at work (47) compared to those absent from work (26) when receiving support.   One family member has used the service. Full details are shown in the table below:

Demographics
Apr - Sep 19

Functions	Male	Female	Full Time	Part Time		Currently at Work	Absent from Work
Commissioning	0	0	0	0		0	0
Customer	<5	5	7	0		<5	<5
Operations	13	30	41	<5		26	17
AHSCP	<5	<5	6	0		<5	<5
Resources	<5	5	7	<5		6	<5
Governance	<5	<5	<5	<5		<5	0
Place	<5	<5	5	0		<5	<5
Foster Carers	0	0	0	0		0	0
Elected Members	0	0	0	0		0	0
Family Member	0	<5	<5	0		0	<5

***Family member not included in Full / Part Time or at Work / Absent at work categories

4.8   In the reporting period there were both self-referrals (70) and management referrals (4). This is broadly similar to the equivalent period last year. The assistance provided was mainly via face to face counselling (49) along with telephone counselling (16). Face to face counselling has decreased (49 compared to 50) and telephone counselling has increased (16 compared to 14) from the equivalent period last year. Employees were made aware of the service via a range of means as detailed in the table below:

	Assistance Provided	Helpline/Advice Only	No contact from client	Telephone Counselling	Face to face counselling	CBT Counselling Sessions	Live Zilla Counselling sessions	Type of Referral	Management Referral	Self-Referral
Commissioning		0	0	0	0	0	0		0	0
Customer		0	<5	<5	9	0	0		0	14
Operations		<5	<5	10	26	0	0		<5	37
AHSCP		0	0	<5	<5	0	0		0	7
Resources		<5	0	<5	<5	0	0		<5	5
Governance		0	<5	0	<5	0	0		0	<5
Place		0	0	0	<5	0	0		0	<5
Foster Carers		0	0	0	0	0	0		0	0
Elected Members		0	0	0	0	0	0		0	0
Family Member		0	0	0	<5	0	0		0	<5
		<5	7	16	49	0	0		<5	70

How Employees heard about Service	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards
	10	34	11	19	0

Actions

4.9   It is critical that Function leads, and responsible line management ensure that suitable and sufficient action is being taken to support individuals. This includes the application of the Supporting Attendance and Wellbeing Policy and delivery of the Mental Health Action Plan. Other improvement actions suggested include:

- Continued communication and advocacy of the service provided by Time for Talking (leaflets and wallet cards will be provided to every employee over the next month as well as new posters being displayed throughout all corporate buildings);

- Completion of risk assessments to assist in identifying, understanding and addressing factors that affect employees' mental health and wellbeing. Functions should be proactively completing Quality of Working Lives (QWL's) risk assessments for teams (and in some cases individuals) to identify improvement areas as detailed in the Health and Safety Executive (HSE) Management Standards;

- Completion of Line Manager Competency Indicator Tool (HSE) for managers to assess whether they currently have the behaviours identified as effective for preventing and reducing stress at work. This will assist managers reflect on their behaviour and management style and adapt as necessary;

4.10   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 health and wellbeing, which may also impact on their productivity, attendance and associated costs. Both direct and indirect costs require to be considered.

5.   FINANCIAL IMPLICATIONS

5.1   There are no financial implications arising directly from this report. The main implications arising from absence are when alternative resources are required for cover purposes, and any corresponding impact on Council budgets will be reported within the quarterly Council Financial Performance report.

6.   LEGAL IMPLICATIONS

6.1   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.

6.2   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.

6.3   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.

7.   MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If no action is taken to support individuals there is a risk that EAS referrals may increase. This may result in increased costs to the council .	M	Actions as outlined above. 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 information to act on lessons learned. Corporate and individual awareness of mental health in the workplace.
Legal	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).	L	As above. Corporate Health and Safety team to continue to advise the Council compliance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 Reporting requirements Assessment of risk via stress and QWL's risk assessments with identification and implementation of safe working arrangements.
Employee	Risk of stress related illness as a result of employees covering absent colleagues' workloads	M	Health Contract to minimise absence levels The provision of, and signposting to, online stress reducing advice as well as face to face sessions

			concerned with stress reduction. 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.
	Ineffective support during challenging times impacting on an employee's personal health and wellbeing..		
Customer	Service Delivery may be affected if absence is high in customer facing roles.	M	Use of peripheral staffing such as agency or overtime if there is a Service delivery risk
Environment	N/A		
Technology	N/A		
Reputational	Risk to Organisations reputation if absence levels are high.	M	Management of absence levels to ensure that they are kept to as low a level as possible.

8.   OUTCOMES

Design Principles of Target Operating Model	
	Impact of Report
Workforce	The approaches identified within this report will help to provide support to employees.

9. IMPACT ASSESSMENTS

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

9. BACKGROUND PAPERS

N/A

10. APPENDICES (if applicable)

11. REPORT AUTHOR CONTACT DETAILS

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