

## ABERDEEN CITY COUNCIL

---

<b>COMMITTEE</b>	Staff Governance
<b>DATE</b>	29 September 2020
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	EAS Annual Report April 2019 – March 2020, EAS, Occupational Health and Absence update Jan 20 – June 20
<b>REPORT NUMBER</b>	RES/20/128
<b>DIRECTOR</b>	Steven Whyte, Director of Resources
<b>CHIEF OFFICER</b>	Isla Newcombe, Organisational Development
<b>REPORT AUTHOR</b>	Neil Yacamini, Team Lead, Employee Transition
<b>TERMS OF REFERENCE</b>	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 April 2019 – March 2020 and provides a 6 monthly update (January 2020 – June 2020) on the EAS, Occupational Health and Absence

### 2. RECOMMENDATIONS

That the Committee:-

- 2.1 considers the contents of the report; and
- 2.2 agrees to 6 monthly reports to cover Occupational Health, Absence and the Employee Assistance Service which cover the periods January to June and July to December, always with reference and comparison to the previous reporting period, reported to appropriate committee dates thereafter.

### 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 this year. 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.
- 3.2 This report contains Employee Assistance Service utilisation information on the 12-month reporting period (April 2019 – March 2020) and information relating to the EAS, Absence and Occupational Health from January 20 to July 20. This is in order to account for interruptions in the reporting cycles of committee this year.

- 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 (Annual Reporting Period April 2019 – March 2020)**

- 3.5 A total of 144 referrals were made during the 12-month period comprising of employees (141) and family members (3). The overall figure is higher than the last annual reporting period (April 2018 – March 2019) of 140 referrals (employees 137; family members 3).

There were a higher number of referrals relating to Personal Issues (83) compared to Work Related Issues (61) a similar trend as the last reporting period and account for 42% of the use of the Service. 58% of the Service use is for non-work related issues.

The two main reasons for non-work related use of the EAS are personal stress (32% of referrals) and family reasons (15% of referrals) The greatest number of referrals was from Operations (62.5%), this includes Integrated Children's and Family Services and Protective Services and accounts for 68% of all employees in the workplace. The greatest percentage of staff usage came from Governance.

- 3.5.1 Overall the provided utilisation information has increased compared to last annual reporting period. Work Related Issues as a % of the usage have reduced since the last period, and of those work related issues Demands (Workload/ Stress/Anxiety) remained the most common reason for utilisation (48 out of 61, 79%). These figures show a reduction compared to last reporting period (where previously work related issues demands accounted for 43 out of 46, 93%). Of the Personal Issues 46 out of 83, 55% relates to Personal stress/Depression/Anxiety/Anger which again shows a reduction from the last reporting period (62 out of 94) 66%.
- 3.5.2 The breakdown of figures by Function and issue for the period April 2019 to March 2020 is shown in the table below: -

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	101	1.98	5		0	0	5	5	0		0	0	0	0	0	0	0
Customer	1189	1.43	17		5	0	5	5	0		5	8	0	0	0	5	0
Operations	5151	1.75	90		13	0	16	24	0		5	28	5	5	5	0	0
AHSCP	607	1.15	7		0	0	5	5	0		0	5	0	0	0	0	0
Resources	327	3.36	11		5	0	0	5	0		0	5	0	5	0	0	0
Governance	81	8.64	7		0	0	0	5	0		0	5	0	0	0	0	0
Place	156	4.49	7		0	0	0	5	0		0	5	0	0	5	0	0
Foster Carers	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
Family Member	0		5		5	0	5	5	0		0	0	0	0	0	0	0
<b>Total Number of Referrals/C'ling</b>	<b>7612</b>	<b>1.89</b>	<b>144</b>		<b>16</b>	<b>0</b>	<b>21</b>	<b>46</b>	<b>0</b>		<b>5</b>	<b>48</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>0</b>

3.5.3 A further breakdown of figures by cluster for the period April 2019 to March 2020 is shown in the table below: -

	Commercial and Procurement	Bus Intelligence & Perf Manage	ALEO's	Customer Experience	Early Interven and Comm Emp	Digital and technology	External Communications	Integrated Childrens and Fam Serv	Operations and Protective Services	AHSCP	Finance	Capital	People and Organisation	Corporate Landlord	Governance	Strategic Place Planning	City Growth	Foster Carers	Elected Members	Family Member	
Commissioning	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Customer	0	0	0	5	12	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operations	0	0	0	0	0	0	0	67	23	0	0	0	0	0	0	0	0	0	0	0	0
AHSCP	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0
Resources	0	0	0	0	0	0	0	0	0	0	5	5	5	5	0	0	0	0	0	0	0
Governance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0
Place	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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
	5	5	0	5	12	5	0	67	23	7	5	5	5	5	7	5	5	0	0	0	5

3.6 As shown below, the number of referrals for the same reporting period (April 2019 to March 2020) are slightly higher than the last 3 years. However more has been done to increase awareness of the service for example posters have been displayed in all workplaces, new information leaflets have been produced and more information has been made available on People Anytime with the different

ways to contact Time for Talking. The increase in the number of people accessing this service should be seen positively as we seek to reduce the stigma around mental health and encourage staff to access all available support mechanisms.

Period		Numbers Accessing Service
From	To	
April 2016	March 2017	136
April 2017	March 2018	125
April 2018	March 2019	140
April 2019	March 2020	144

- 3.7 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	<b>1.49%</b>
Council B	1.09%
Council C	1.41%
Council D	2.61%

- 3.8 Both full-time (136) and part-time (8) employees are using the service (31% male; 69% females). There has been an increase in full-time (135) and an increase in part-time (2) using the service from the last annual reporting period. The majority of employees have been at work (97) compared to those absent from work (47) when receiving support.

This is a decrease in employees from the last reporting period of those who were absent from work (55). Three family members have used the service.

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

Full details are shown in the table below:

	Demographics	Male	Female	Full Time	Part Time		Currently at work	Absent from work
Commissioning		0	<5	<5	0		<5	0
Customer		7	10	17	0		11	6
Operations		23	67	84	6		60	30
AHSCP		<5	<5	7	0		<5	<5
Resources		<5	7	10	<5		8	<5
Governance		<5	5	6	<5		6	<5
Place		5	<5	7	0		6	<5
Foster Carers		0	0	0	0		0	0
Elected Members		0	0	0	0		0	0
Family Member		<5	<5	<5	0		0	<5
		45	99	136	8		97	47

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

3.9 In the reporting period there were both self-referrals (133) and management referrals (11). Self-referrals (126) have increased from the last annual reporting period and management-referrals (14) have decreased. The assistance provided was mainly via face to face counselling (94) along with telephone counselling (37), helpline advice and support (11), CBT Counselling Sessions (1) and Live Zilla Counselling Sessions (1) which allows face to face counselling to be done through a video call.

Face to face counselling has decreased (94 compared to 96) and telephone counselling has increased (37 compared to 22) on the last annual reporting period. Employees were made aware of the service via a range of means as detailed in the table below.

	Assistance Provided	Helpline/Advice Support	Telephone Counselling	Face to face counselling	CBT Counselling Sessions	Live Zilla Counselling sessions	Type of Referral	Management Referral	Self Referral		How Employees heard about Service	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards
Commissioning		0	5	5	0	0		0	5							
Customer		5	5	13	0	0		0	17							
Operations		8	24	58	0	0		9	81							
AHSCP		0	5	5	0	0		0	7							
Resources		5	5	6	5	5		5	10							
Governance		0	5	5	0	0		0	7							
Place		0	0	7	0	0		0	7							
Foster Carers		0	0	0	0	0		0	0							
Elected Members		0	0	0	0	0		0	0							
Family Member		5	5	0	0	0		5	5							
		11	37	94	5	5		11	133							
												24	60	18	40	5

3.10 Service users are offered the opportunity to provide feedback on the service via a short questionnaire. A total of 17 anonymous questionnaires have been completed by service users in the last reporting period. Feedback on the service delivered by the provider was positive.

### Employee Assistance Service Utilisation (covering the period January 2020 – June 2020)

3.11 A total of 58 referrals were made during the 6-month period comprising of employees only. The greatest number of referrals was from Operations (63.7%), this includes Integrated Children’s and Family Services and Protective Services and accounts for 68% of all employees in the workplace. The greatest percentage of staff usage came from Governance. This is comparable to the Annual Report figures from 1 April 2019 to 31 March 2020.

3.11.1 The breakdown of figures by Function and issue for the period January 2020 to June 2020 is shown in the table below: -

Functions	Number of Staff within Service	% of Staff usage	Number of referrals	Personal Issues	Health/Bereavement	Addiction/Abuse	Relationship/Family Issues	Personal Stress/Depression/Anxiety/Abuse	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	101	0.99	<5		0	0	0	0	0		0	0	0	0	0	0	0
Customer	1189	0.84	10		0	0	0	6	0		0	0	0	0	0	0	0
Operations	5151	0.72	37		6	0	6	8	0		0	11	0	0	0	0	0
AHSCP	607	0.16	<5		0	0	0	0	0		0	0	0	0	0	0	0
Resources	327	1.22	<5		0	0	0	0	0		0	0	0	0	0	0	0
Governance	81	3.70	<5		0	0	0	0	0		0	0	0	0	0	0	0
Place	156	1.28	<5		0	0	0	0	0		0	0	0	0	0	0	0
Foster Carers	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
Family Member	0		0		0	0	0	0	0		0	0	0	0	0	0	0
<b>Total Number of Referrals/C'ling</b>	<b>7612</b>	<b>0.76</b>	<b>58</b>		<b>7</b>	<b>0</b>	<b>8</b>	<b>20</b>	<b>&lt;5</b>		<b>&lt;5</b>	<b>17</b>	<b>&lt;5</b>	<b>0</b>	<b>&lt;5</b>	<b>0</b>	<b>0</b>

3.11.2 A further breakdown of figures by cluster for the period January 2020 to June 2020 is shown in the table below: -

	Commercial and Procurement	Bus Intelligence & Perf Manage	ALEO's	Customer Experience	Early Intervent and Comm Emp	Digital and technology	External Communications	Integrated Childrens and Fam Serv	Operations and Protective Services	Aberdeen Health & Social Care Partnership	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	0	0	0	0	0	0	0	0	0
Customer	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operations	0	0	0	0	0	0	0	29	8	0	0	0	0	0	0	0	0	0	0	0
AHSCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Resources	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Governance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Place	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0
	0	45	0	45	5	45	0	29	8	45	45	0	45	0	45	45	45	0	0	0

3.11.3 Both full-time (51) and part-time (7) employees are using the service (32% male; 68% females). This is comparable with the annual report's figures. The majority of employees have been at work (40) compared to those absent from work (18) when receiving support. Full details are shown in the table on the next page:

	Demographics	Male	Female	Full Time	Part Time		Currently at work	Absent from work
Commissioning		0	<5	<5	0		<5	0
Customer		5	5	8	<5		6	<5
Operations		6	31	33	<5		24	13
AHSCP		0	<5	0	<5		<5	0
Resources		<5	<5	<5	0		<5	<5
Governance		0	<5	<5	0		<5	0
Place		<5	<5	<5	0		<5	0
Foster Carers		0	0	0	0		0	0
Elected Members		0	0	0	0		0	0
Family Member		0	0	0	0		0	0
		14	44	51	7		40	18

3.11.4 In the six-month reporting period January 2020 to June 2020 there were both self-referrals (54) and management referrals (<5). The assistance provided was mainly via telephone counselling (36) along with face to face counselling (21), helpline advice and support (10) and Lilve Zilla Counselling Sessions (<5).

Face to face counselling has decreased and telephone counselling has increased significantly on the annual reporting period. This is mainly due to the restrictions around Covid-19. Employees were made aware of the service via a range of means as detailed in the table below. During the period March – August this year particular focus in communications with staff and managers has been on this support service available to them.



	Assistance Provided							Type of Referral		How Employees heard about Service				
	Helpline/Advice Only	No contact from client	Telephone Counselling	Face to face counselling	CBT Counselling Sessions	Live Zilla Counselling sessions	Management Referral	Self Referral	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards	
Commissioning	0	0	5	0	0	0	0	5	15	26	6	11	0	
Customer	5	0	23	14	0	0	5	33						
Operations	5	0	5	0	0	0	0	5						
AHSCP	5	0	5	5	0	0	0	5						
Resources	0	0	5	0	0	5	0	5						
Governance	0	0	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	5	0	0	0	0	0	0	0						
	10	0	36	21	0	5	5	54						

## Occupational Health and Absence

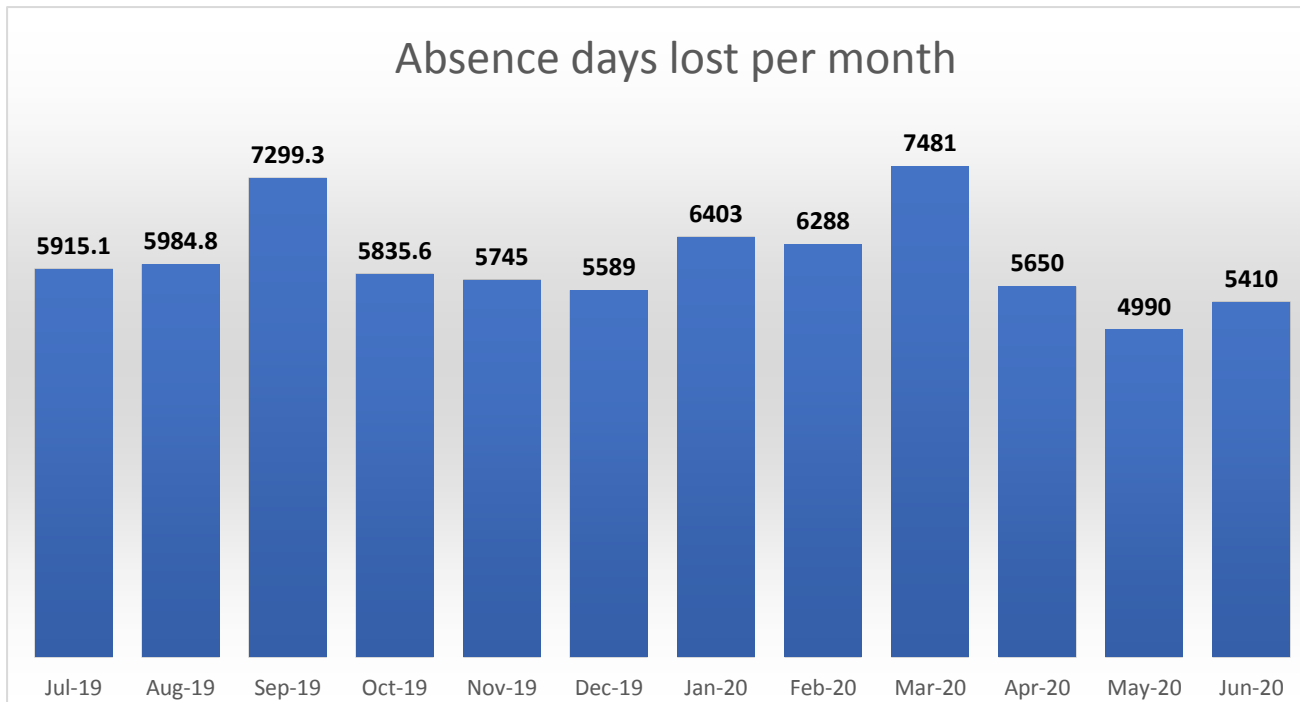
### 3.12 Absence

3.12.1 The number of days lost to absence over the period of January 20 – June 20 is shown below: -

Month	Jan 20	Feb 20	Mar 20	April 20	May 20	June 20
Days lost	6403	6288	7481	5650	4990	5410
Days lost due to Covid-19	0	0	123	183	80	50

3.12.2 The number of days lost show an increase in absence at the start of the Covid-19 pandemic. Absence levels in March are at their highest and the table below shows a marked increase in respiratory absences between February and March. Respiratory illness drops in April however, at this point more information was available on Covid-19 and a separate absence category was introduced to capture Covid-19 absences.

3.12.3 The chart below shows absence days lost per month over the last 12 months.



3.12.4 The Aberdeen City Council rolling rate for the period June 2019 to June 2020 is 10.8 absence days lost per employee which is above the target rolling rate over the 12 month period of 10 absence days lost per employee but is favourable compared to rolling rate from June 2018 to June 2019 of 11.19 absence days lost per employee in June 2019. While there has been a decline in absence it is important that all Managers continue to be pro-active in trying to reduce absence levels. It is important that all absences are closed off timeously by Managers. Figures continue to be scrutinised on a regular basis to identify patterns for targeted support and intervention and any inconsistencies in the information.

3.12.5 The table below shows the main sickness absence categories over the last 6-month period. Psychological and musculoskeletal absence remain the most common reasons for absence as compared with the last reporting period. Mitigating actions for both of these absence reasons have been a high priority throughout the period. These actions are outlined in report RES/20/154 which is also being presented to this Committee.

SICKNESS_CATEGORY	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020
Psychological	24.16%	23.11%	23.78%	23.85%	25.71%	26.03%
Musculoskeletal	23.80%	25.73%	24.00%	23.87%	24.64%	24.03%
Hospitalisation	8.11%	7.81%	7.22%	8.00%	7.43%	7.98%
Malignancy	7.68%	7.61%	7.34%	9.17%	8.25%	7.72%
Other	7.61%	9.28%	8.19%	7.97%	8.34%	8.44%
Gastro-intestinal	7.25%	8.37%	7.60%	6.45%	6.59%	6.74%
Respiratory	7.12%	6.05%	7.38%	5.44%	5.16%	5.48%
Neurological	4.88%	4.49%	5.79%	4.83%	4.93%	4.53%
Urological	3.07%	2.51%	2.46%	2.38%	2.40%	3.33%
Gynaecological	3.00%	1.07%	1.13%	1.16%	1.08%	1.20%
Cardiovascular	1.80%	1.58%	1.64%	2.11%	2.04%	1.93%
Dermatological	0.85%	1.08%	0.80%	0.81%	0.91%	0.88%
Viral	0.47%	0.89%	0.66%	0.32%	0.24%	0.34%
Ophthalmic	0.14%	0.15%	0.23%	0.29%	0.27%	0.29%
Unauthorised Absence	0.04%	0.08%	0.03%	0.01%	0.04%	0.07%
Bacterial	0.02%	0.17%	0.02%	0.05%	0.35%	0.07%
Covid-19 Related			1.65%	3.24%	1.61%	0.93%
Endocrine		0.01%	0.09%	0.05%		
<b>Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

3.12.6 The two main reasons for absence over the first six months of 2020 were psychological and musculoskeletal.

The table below shows the gender and age pattern of musculoskeletal and psychological absences:

	Musculoskeletal	Psychological	Total
Female	13	284	297
16-24	0	8	8
25-34	1	71	72
25-44	3	69	72
45-54	7	74	81
55 – 64	2	56	58
65+	0	6	6
Male	10	93	103
16 -24	0	4	4
25-34	2	17	19
35 -44	1	23	24
45-54	5	24	29
55-64	2	20	22
65+	0	5	5
Total	23	377	400

3.12.7 Psychological absence initially reduced over the period but is beginning to show an increase towards at the end of the period. We recognised that it is a particularly anxious time for employees in the current circumstances and have sought to provide additional support to them which are identified in Committee Report RES/20/154.

- 3.12.8 These actions include over the telephone and online counselling sessions, online eLearning courses to raise awareness and provide tools for self-improvement, online webinars to upskill leaders to provide additional information on how to support and have effective conversations to support employees.
- 3.12.9 Musculoskeletal absence also remains one of the highest reasons for sickness absence although over the six month period there were a number of fluctuations but it is now at a similar level in June 2020 as it was at the start of the year. Comparisons with previous report show that there has been a decrease from 27% of absence being musculoskeletal in August 19 to its current rate of 24.3% of absence.
- 3.12.10 Support is provided to Managers in relation to musculoskeletal absence through utilisation of physiotherapy which is available with the Occupational Health contract, the promotion and use of manual handling risk assessments and information will be shared with the Corporate Health and Safety team to provide targeted interventions.
- 3.12.11 Information received from our OH provider showed the most common reasons for OH referrals for employees also related to Psychological and musculoskeletal absence. There were 197 referrals during the six-month period which is a decrease on the number of referrals which would normally be expected. There were 289 referrals between January 2019 and June 2019. The highest number of referrals in the period between Jan 2020 and June 2020 was for mental health reasons.
- 3.12.12 The numbers of referrals for psychological accounted for 40% of all OH referrals. It accounted for 34% of referrals in the previous reporting period. There have been a number of campaigns through our Employee Assistance programme and also internally which have raised the awareness of mental health in the workplace.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 There are no direct financial consequences resulting from this report. The award price for the current EAS contract has been calculated on the expected usage. If usage climbs above the expected level, there will be a cost implication and a sharp increase in usage should be investigated and considered.
- 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 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; 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
<b>Strategic Risk</b>	N/A	N/A	N/A
<b>Compliance</b>	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.
<b>Operational</b>		M	As above. Provision of information, instruction and training as

			<p>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.</p>
<b>Financial</b>	<p>If no action is taken to support individuals and address trends, then the organisation will incur both direct and indirect costs.</p>	M	<p>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.</p>
<b>Reputational</b>	<p>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.</p>	L	<p>As above.</p>
<b>Environmental / Climate</b>	N/A	N/A	N/A

## 7. OUTCOMES

<u>COUNCIL DELIVERY PLAN</u>	
<b>Aberdeen City Local Outcome Improvement Plan</b>	
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.

## 8. IMPACT ASSESSMENTS

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

## 9. BACKGROUND PAPERS

Employee Assistance Service – Time for Talking Annual review 01 April 2019 – 31 March 2020

## 10. APPENDICES

None

## 11. REPORT AUTHOR CONTACT DETAILS

<b>Name</b>	Neil Yacamini
<b>Title</b>	Team Lead – Employee Transition
<b>Email Address</b>	<a href="mailto:nyacamini@aberdeencity.gov.uk">nyacamini@aberdeencity.gov.uk</a>
<b>Tel</b>	01224 522913