ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	12 April 2021
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	EAS Update April 2020 – December 2020, Occupational Health and Absence update July 2020– December 2020
REPORT NUMBER	RES/21/062
DIRECTOR	Steven Whyte, Director of Resources
CHIEF OFFICER	Isla Newcombe, People and Organisational Development
REPORT AUTHOR	Kirsten Foley, Employee Relations and Wellbeing Manager
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 8 monthly period April 2020 – December 2020 and provides a 6 monthly update on the Occupational Health and Absence period July 2020 – December 2020.

2. RECOMMENDATION

2.1 That the Committee note the report and provide comment on the performance and trends.

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 was for the duration of 3 years with the option of a one year extension which was taken up in January 2020.

3.1.1 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.

3.1.2 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. The proposal is that this option should not be taken up and that the Council enter into a call off agreement from ESPO Framework 985 issue 8 to procure occupational health services. A business case seeking authorisation for this formed part of the papers submitted to Council for the Budget meeting in March, and this was approved.

3.2 This report contains Employee Assistance Service utilisation information on the 8 month reporting period (April 2020 – December 2020) and information relating to the EAS, Absence and Occupational Health from July 2020 – December 2020. This is in order to bring 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 (Six (8 on this occasion) Monthly Reporting Period April 2020 – December 2020)

3.5 A total of 92 referrals were made during the 8 month period comprising of employees (91) and family members (1). The overall figure is lower than the same period (April 2019 – December 2019) of 102 referrals (employees 99; family members 3).

There were a higher number of referrals relating to Personal Issues (68) compared to Work Related Issues (24) a similar trend as the last reporting period; thus 27% of appointments relate to work related issues compared to 73% use of the Service relating to non-work-related issues.

The two main reasons for non-work-related use of the EAS are personal stress (40% of referrals) and family reasons (15% of referrals)
60% of referrals were from the Operations Function (60%). This Function includes Integrated Children's and Family Services and Protective Services and accounts for 68% of all employees in the workplace.
When of the number of referrals is expressed as a percentage of Cluster staffing, the highest usage was within Governance, with 2.47% of staff accessing the Service.

3.5.1 Overall the provided utilisation information has decreased compared to the same period last year. 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 (16 out of 24, 67%). These figures show a reduction compared to the last reporting period where Demands accounted for 43 out of 46 of work related issues (93%).
Of the Personal Issues 46 out of 83, (40%) relate to Personal stress/Depression/Anxiety/Anger which again shows a reduction from the last reporting period for which the figures were 62 out of 94(66%).

3.5.2 The breakdown of figures by Function and issue for the period April 2020 to December 2020 is shown in the table below: -

Functions	Number of Staff within Service	% of Staff usage	Number of referrals for counselling	Helpline calls no-counselling	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	257	2.33	**6**	**0**		0	0	0	<5	0		<5	<5	0	0	0	0	0
Customer	1189	1.26	**15**	**<5**		<5	0	<5	5	0		0	<5	0	0	0	0	0
Operations	5151	0.97	**50**	**5**		9	0	7	24	0		<5	8	<5	<5	<5	0	0
AHSCP	607	0.82	**5**	**<5**		<5	0	<5	0	0		0	<5	0	0	0	0	0
Resources	327	1.22	**<5**	**<5**		<5	0	<5	<5	0		0	0	0	0	0	0	0
Governance	81	2.47	**<5**	**0**		<5	0	0	<5	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
Elected Members	0	0	**0**	**0**		0	0	0	0	0		0	0	0	0	0	0	0
Family Member	0	0	**<5**	**0**		0	0	0	<5	0		0	0	0	0	0	0	0
Total Number of helpline calls and referrals/C'ling	**7612**	1.209	**83**	**9**		**17**	**0**	**14**	**37**	**0**		**<5**	**16**	**<5**	**<5**	**<5**	**0**	**0**

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

	Clusters	Ccommercial 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	Operations AHSCP	Finance	Capital	People and Organisation	Corporate Landlord	Governance	Strategic Place Planning	City Growth	Foster Carers	Elected Members	Family Member
Commissioning		0	0	<5	0	0	0	0	0	0	0	0	0	0	0	0	<5	0	0	0	0
Customer		0	0	0	<5	11	<5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operations		0	0	0	0	0	0	0	41	14	0	0	0	0	0	0	0	0	0	0	0
AHSCP		0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0
Resources		0	0	0	0	0	0	0	0	0	0	<5	0	<5	0	0	0	0	0	0	0
Governance		0	0	0	0	0	0	0	0	0	0	0	0	0	0	<5	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	<5
		0	**0**	**<5**	**<5**	**11**	**<5**	**0**	**41**	**14**	**6**	**<5**	**0**	**<5**	**0**	**<5**	**<5**	**0**	**0**	**0**	**<5**

3.6 As shown below, the number of referrals for the same reporting period for the last 4 years (April to December) are showing a slight decrease in numbers. This was expected due to the Covid-19 pandemic where many services were stood down and other parts of the organisation were sent to work from home.

3.6.1 Additionally, there has been a volume of work undertaken on the run up to and during the pandemic to increase awareness of the 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 site detailing the different ways to contact Time

for Talking. Therefore, the stable 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. The detail of the support available across the organisation can be seen in the **Mental Health and Wellbeing** update report which was submitted to Staff Governance Committee in September 2020.

Period		Numbers Accessing Service
From	To	
April 2020	December 2020	92
April 2019	December 2019	103
April 2018	December 2018	107
April 2017	December 2017	87

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	**1.49%**
Council B	1.09%
Council C	1.41%
Council D	2.61%

3.8 Both full-time (80) and part-time (11) employees are using the service (36% male; 63% females). The majority of employees have accessed support whilst remaining at work (69) compared to those absent from work (22) when receiving support. For the same reporting period last year, 26 of those accessing the service were absent from work at the time of making the referral. One family member has used the service.

3.8.1 A project to promote the Employee Assistance Service and 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	6	6	0		<5	<5
Customer		7	10	15	<5		12	5
Operations		19	36	48	7		42	13
AHSCP		<5	<5	<5	<5		<5	<5
Resources		<5	<5	5	0		5	0
Governance		0	<5	<5	0		<5	0
Foster Carers		0	0	0	0		0	0
Elected Members		0	0	0	0		0	0
Family Member		0	<5	0	0		0	0
		30	**62**	**80**	**11**		**69**	**22**

***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 (87) and management referrals (5). Both Self-referrals (87) and management referrals (5) have decreased from the same reporting period last year. The assistance provided was mainly via telephone counselling (70) along with face-to-face counselling (6), helpline advice and support (9), CBT Counselling Sessions (2) and Live Zilla Counselling Sessions (2) which allows face to face counselling to be done through a video call.

3.9.1 Face to face counselling has significantly decreased (6 compared to 76) and telephone counselling has significantly increased (70 compared to 10) from the same reporting period last year. This is probably mainly due to the restrictions on meeting face to face during the pandemic. Employees were made aware of the service via a range of means as detailed in the table below.

	Assistance Provided	Helpline/Advice Only	Person did not continue with support	Telephone Counselling	Face to face counselling	CBT Counselling Sessions	Live Zilla Counseling sessions	Type of Referral	Management Referral	Self Referral
Commissioning		0	0	<5	<5	<5	0		<5	<5
Customer		<5	0	12	<5	0	<5		0	17
Operations		5	<5	43	<5	<5	0		<5	51
AHSCP		<5	0	5	0	0	0		0	6
Resources		<5	0	<5	0	0	0		0	5
Governance		0	0	<5	0	0	<5		0	<5
Place		0	0	<5	0	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	<5	0	0	0		0	<5
		9	**3**	**70**	**6**	**<5**	**<5**		**5**	**87**

How Employees heard about Service	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards
	20	**39**	**16**	**16**	**<5**

3.10 Service users are offered the opportunity to provide feedback on the service via a short questionnaire. A total of 31 anonymous questionnaires have been completed by service users in the last reporting period. Feedback on the service delivered by the provider was positive and responders valued the confidentiality and the space to speak and be listened to in a sensitive setting.

Occupational Health and Absence

3.11 Absence

The number of days lost to absence over the period of July 20 – December 20 is shown below:

Month	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Total Days lost	3918	3557	4015	4200	4535	4718
Days lost due to Covid-19	31	40	39	44	44	57

For reasons of comparison, the figures for the same period in 2019 are provided in the table below:

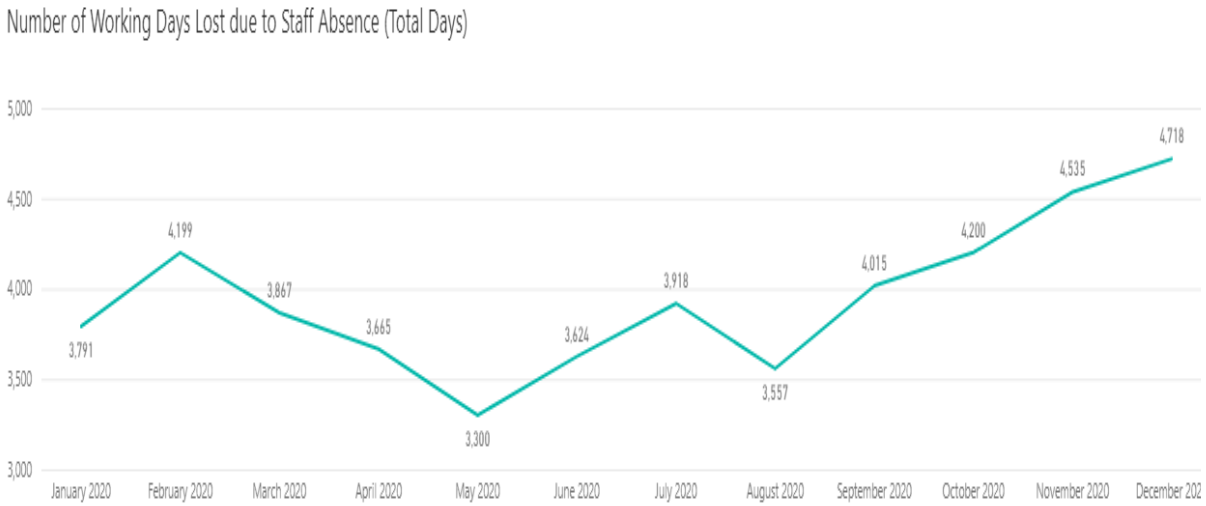
Month	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Total Days lost	4998	5178	4063	3760	3654	3915

Absence levels were lower than would normally be expected in July and August; due to the fact that there were still restrictions in place and a high percentage

of the workforce were working from home during this period. As services began to resume from September onwards, absence levels increased and are higher than the corresponding months in 2019. Whilst the additional absences are not directly COVID related (as in attributable to employees being off sick following a confirmed positive COVID test), levels of psychological and respiratory absence are higher than the same period last year, which is reflective of the pandemic and the requirement for staff to record themselves as absent if they were symptomatic whilst awaiting COVID test results.

The rise in absence figures compared to the same period in 2019 is not unexpected given the ongoing pandemic.

3.12 Absence Trend Data



3.12.1 The graph above shows the absence trend data for 2020. Following an initial spike in absence levels at the start of the pandemic, absences dropped significantly during the initial COVID-19 lockdown period (April – June 2020). This reflects the fact that some services were not operating during this period and that others were operating in a different way, with large numbers of staff working from home. In addition, services were operating in a far more flexible manner to allow employees to combine home working with caring responsibilities; this higher degree of flexibility could also have contributed to lower levels of sickness absence being recorded.

3.12.2 This would be consistent with the findings of The Flexible Working Taskforce study undertaken in 2018, which found that:

• *Flexible working can reduce absence rates as it allows employees to manage disability and long-term health conditions, and caring responsibilities, as well as supporting their mental health and stress.*

• *Parents and carers (especially those on low incomes) benefit the most – they tend to have increased wellbeing and are less troubled by stress when given access to flexible work* (flexible-working-business-case_tcm18-52768.pdf (cipd.co.uk))

3.13 Absence Categories

3.13.1 The table below shows the main sickness absence categories over the last 6-month period.

3.13.2 Psychological and musculoskeletal absence remain the most common reasons for absence. The level of psychological absences rose during the initial lockdown period, and it remained the highest reason for absence throughout the reporting period. As reported to Committee in September 2020, a significant number of resources have been made available to staff to support mental health and wellbeing and the impact of this support will continue to be monitored as we roll out the provisions of the Mental Health Action Plan, with a report on progress against the actions being provided to Committee in June 2021.

3.13.3 Musculoskeletal absences remain the second highest category of absence. Work is underway to draft and pilot an Absence Improvement Plan, with one of the elements of the plan being around ongoing support, training and preventative measures being put in place. Much of this support will be targeted around musculoskeletal issues given that this is an ongoing area of concern.

3.13.4 The increase in the number of absences categorised as "other" has been noted; further work will be undertaken through the Absence Improvement project to identify the reasons for this, and consideration will be given to whether further refining of the absence categories and/or support for managers is required to ensure that as many absences as possible are categorised accurately.

SICKNESS_CATEGORY	July 2020	August 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
Psychological	29.13%	30.86%	28.40%	29.07%	27.49%	28.77%
Musculoskeletal	16.64%	13.54%	14.85%	15.51%	16.14%	18.66%
Hospitalisation	13.51%	12.25%	12.20%	12.72%	12.95%	10.85%
Malignancy	11.74%	10.80%	8.55%	7.74%	6.75%	5.39%
Other	7.61%	8.98%	10.08%	10.39%	10.26%	11.40%
Respiratory	4.26%	5.14%	6.40%	4.55%	5.46%	5.14%
Cardiovascular	4.10%	4.60%	4.85%	4.99%	5.09%	5.34%
Gastro-intestinal	3.13%	3.69%	4.59%	4.10%	5.19%	5.18%
Neurological	1.95%	1.43%	1.53%	1.87%	2.57%	2.16%
Gynaecological	1.76%	1.88%	1.56%	1.79%	0.47%	0.47%
	1.65%	1.74%	1.65%	1.70%	1.69%	1.72%
Dermatalogical	1.62%	1.67%	1.75%	1.93%	2.01%	2.18%
Opthalmic	0.98%	0.71%	0.70%	0.72%	0.79%	0.84%
Urological	0.98%	1.35%	1.54%	1.50%	1.49%	0.45%
Covid-19 Related	0.78%	1.12%	0.96%	1.04%	0.96%	1.21%
Unauthorised Absence	0.12%	0.10%	0.11%	0.16%	0.23%	0.08%
Viral	0.04%	0.11%	0.28%	0.18%	0.37%	0.16%
Bacterial	0.00%	0.02%	0.00%	0.03%	0.04%	0.01%

Endocrine	0.02%	0.02%	0.04%

3.14 Occupational Health Service

Please note that these figures are reported for the full calendar year for 2020. This is due to the fact that the January – June data was not available for the September report to Committee.

The table below shows the volume of appointments for the period January – December 2020.

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
No of Appts	94	75	76	36	21	24	27	77	69	109	103	95
Attended	91	61	62	33	19	23	23	68	57	86	88	78
Cancelled	2	10	11	1	2	1	3	4	10	17	9	15
Did not attend	1	4	3	2	0	0	1	5	2	6	6	2

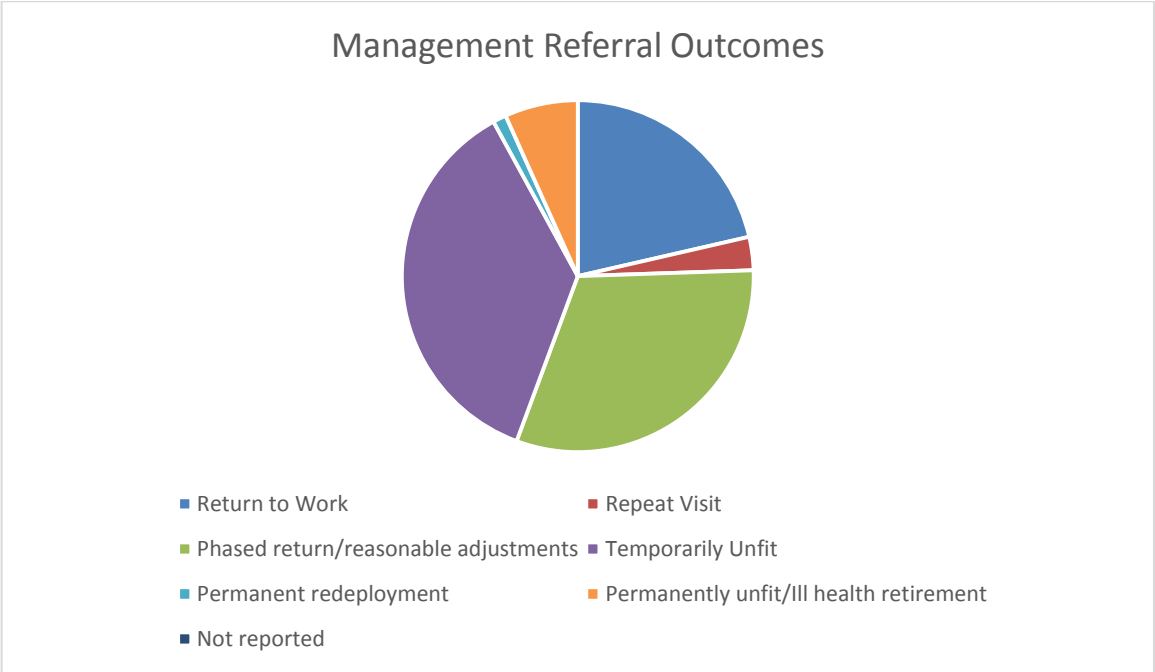
3.14.1 The number of appointments figure includes both management referrals (under the Supporting Attendance Procedure) and other appointments for health surveillance, physiotherapy and pre employment screening. The sharp drop in the number of appointments in April, May, June and July is largely due to a lack of health surveillance appointments being available during lockdown, resulting in only management referrals being possible during this period.

3.14.2 As restrictions began to lift in August and September some routine surveillance appointments began to take place again.

3.14.3 The increased volume of appointments in October, November and December reflects the backlog of health surveillance appointments being cleared.

3.14.4 The appointments recorded as “did not attend” were all phone appointments where the employee did not answer the phone call. Arrangements are now in place for call backs to be arranged in such circumstances.

3.15 The graph below shows the outcomes of management referrals made to the occupational health service during 2020.



3.16 A total of 172 management referrals resulted in the employee returning to work, either fully (in 70 cases) or on a phased return or with reasonable adjustments (102 cases).

3.17 In 119 cases the employee was reported as being temporarily unfit for work, however only 10 cases required a follow up appointment with Occupational Health.

3.18 A total of 26 management referrals resulted in an Occupational Health determination that the employee was permanently unable to continue in their role, with 4 individuals being recommended for redeployment into an alternative role and 22 being identified as permanently unfit or suitable for ill heath retirement.

3.19 In 60 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.) In addition to the small number of employees who would ask for the report to be withheld, there have been a number of instances of the OH practitioner failing to record the appointment or the report not being sent due to a systems error. These issues have been identified and are being addressed with our OH provider in regular meetings between the Employee Relations and Wellbeing Manager and the Iqarus Account Manager.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial consequences resulting from this report.

4.2 There is 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
Strategic RIsk	**N/A**		**N/A**
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 Quality of Working Lives 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	If no action is taken to support individuals there is a risk to service provision	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	L	As above.

	recruitment and retention issues.		
Environment / Climate	N/A		N/A

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 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

None

10. APPENDICES

None

11. REPORT AUTHOR CONTACT DETAILS

Name	Kirsten Foley
Title	Employee Relations and Wellbeing Manager
Email Address	KFoley@aberdeencity.gov.uk
Tel	07789 914445