

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	04 May 2018
REPORT TITLE	EAS January – March 2018
REPORT NUMBER	GOV/18/013
DIRECTOR	N/A
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Mary Agnew
TERMS OF REFERENCE	5.2

1. PURPOSE OF REPORT

- 1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking during the 3 month period January – March 2018.

2. RECOMMENDATION(S)

That Committee:

- 2.1 considers the contents of the report;
- 2.2 instructs the Director of Resources to request evidence from Functions on the actions taken to support individuals and address trends (usage and root causes) as detailed in the report; and
- 2.3 recommends that the frequency of the report submission be changed from quarterly to annually.

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 contract. The new contract commenced on 01 January 2017 and is for duration of 3 years with the option of extending for a further period of up to 24 months.
- 3.2 This report contains utilisation information on the 3 month reporting period (January – March 2018). A copy of this information has been provided to Directorates for reference and potential action.

Utilisation (January – March 2018)

3.3 A total of 38 referrals were made during October – December 2017, 37 from employees and 1 from a family member. The overall figure is significantly higher than the last reporting period of 28. There was a higher number of referrals relating to Personal Issues (22) compared to Work Related Issues (16). The greatest number of referrals was from Education and Children’s Services (19 compared to 12 in the previous reporting period). This was followed by Communities, Housing & Infrastructure (10 compared to 7 in the previous reporting period).

3.3.1 Of the personal issues 10 out of 22 relate to Personal Stress/Depression/Anxiety/Anger. This accounts for 45% of the personal issue referrals; this is lower than the last reporting period of 63%. Of the Work Related Issues 11 out of the 16 related to Demands (Workload/ Stress/Anxiety). The total figure of 16 is 4 times higher than the previous reporting period. The category Relationships (with colleagues) has increased on the last reporting period over Role (Understanding of).

3.3.2 Overall the provided utilisation information shows an increase on the last reporting period with the related services remaining the same as the last quarter. The Work Related Issues have significantly increased for Demands (Workload/ Stress/Anxiety).

3.4 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. Problems outside work can affect a person’s ability to perform effectively at work. 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” can seriously undermine the quality of people’s working lives and, in turn, the effectiveness of the workplace.

Directorate	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
Adult Health and Social Care Partnership	533	0.94	5		2	0	1	1	0		0	1	0	0	0	0	0
Communities, Housing & Infrastructure	2516	0.40	10		1	0	1	3	0		0	3	1	0	0	1	0
Corporate Governance	711	0.42	3		2	0	1	0	0		0	0	0	0	0	0	0
Education and Children's Services	4253	0.45	19		3	0	1	6	0		0	6	2	0	0	0	1
Office of Chief Executive	71	0.00	0		0	0	0	0	0		0	0	0	0	0	0	0
Foster Carers	0	0.00	0		0	0	0	0	0		0	0	0	0	0	0	0
Elected Members	0	0.00	0		0	0	0	0	0		0	0	0	0	0	0	0
Family Member	0	0.00	1		0	0	0	0	0		0	1	0	0	0	0	0
Total Number of Referrals/C'ling	8084	0.47	38		8	0	4	10	0		0	11	3	0	0	1	1

3.5 The numbers of referrals for the same reporting period (January - March) are similar to last year:

- January – March 2015 33
- January – March 2016 35
- January – March 2017 41
- January – March 2018 38

3.6 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 reporting period:

Council A – Aberdeen City Council	0.47%
Council B	0.56%
Council C	0.42%
Council D	0.46%

3.8 It is encouraging that both full-time (37) and part-time (1) employees are using the service. Female utilisation has increased (29 from 21) with male utilisation increased (9 from 7) in the last reporting period. The majority of employees are at work (28) compared to those absent from work (10) when receiving support.

	Demographics	Male	Female	Full Time	Part Time		Currently at work	Absent from work
Adult Health and Social Care Partnership		0	4	4	0		3	2
Communities, Housing & Infrastructure		6	4	9	1		7	3
Corporate Governance		0	3	3	0		3	0
Education and Children's Services		2	18	20	0		14	5
Office of Chief Executive		0	0	0	0		0	0
Foster Carers		0	0	0	0		0	0
Elected Members		0	0	0	0		0	0
Family Members		1	0	1	0		1	0
		9	29	37	1		28	10

3.9 All referrals made in this reporting period were self-referrals. The assistance provided was mainly via face to face counselling (23) with a small number of telephone counselling (7). It is noted that there has been an increase in the use of telephone counselling. During the reporting period 1 employee was given additional sessions. A total of 4 additional sessions were given. Employees were made aware of the service via a range of means as detailed in the table below.

3.10 Refreshed advertisement material has been circulated this included a wallet card for all potential users of the service. Posters and leaflets have been circulated for display and “posted” information to raise awareness and advertise the service.

	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 Counseling sessions	Management Referral	Self Referral	Website/Posters/Leaflets	Managers	Colleagues	HR	Wallet Cards		
Adult Health and Social Care Partnership	0	1	1	2	0	0	0	4	12	10	8	4	4		
Communities, Housing & Infrastructure	0	1	1	8	0	0	0	10							
Corporate Governance	0	1	1	1	0	0	0	3							
Education and Children's Services	0	4	4	11	1	0	0	20							
Office of Chief Executive	0	0	0	0	0	0	0	0							
Foster Carers	0	0	0	0	0	0	0	0							
Elected Members	0	0	0	0	0	0	0	0							
Family Members	0	0	0	1	0	0	0	1							
	0	7	7	23	1	0	0	38							

3.11 Service users are offered the opportunity to provide feedback on the service via a short questionnaire. One such anonymous questionnaire was completed by a service user in the last reporting period.

Actions

3.12 It is critical that Functions ensure that suitable and sufficient action is being taken to support individuals and address trends (usage and root causes). This includes the application of the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. This includes but is not limited to:

- Creation and maintenance of a mentally healthy workplace throughout an employee's lifecycle ensuring open and clear two way communication at all levels;
- 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;
- Analysis of current root causes of service usage, staff absence and implement action to prevent reoccurrence;
- Inclusion of related information, instruction and training requirements in Job Profiles and skills and training matrices. Delivery will improve corporate awareness to identify and promote the mental wellbeing of employees and develop colleagues/managers' skills on how to deal with the issues around mental health and stress effectively.; and
- Active monitoring of workloads through 1-2-1's and team meetings.

- 3.13 The organisation should continue to advertise the service but must not rely on the EAS to address the issues. If no action is taken to address the root causes of issues and related absence the referral utilisation figures will continue to remain the same. Employee absence from work related mental health is in many cases the forerunner of contacting the EAS. Through good management and a proactive approach the utilisation of the service from a work related perspective has the potential to be reduced and corresponding direct and indirect costs.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial consequences resulting from this report. The total contract sum over 5 years is £127,779.25. The award price has been calculated on the expected usage. Through improved management of root causes the level of support required would be less resulting in reduced future tender costs.
- 4.2 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.
- 4.3 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, eg counselling or psychological therapy.
- 4.4 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.
- 4.5 There is also the potential for industrial tribunal associated costs.

5. LEGAL IMPLICATIONS

- 5.1 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.

5.2 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.

5.3 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.

6. MANAGEMENT OF RISK

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

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If no action is taken to support individuals and address trends then the organisation will incur both direct and indirect costs.	M	Implementation of 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 work-loads.
Legal	Non-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) fines and claims.	M	As above. 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.
Employee	Not the right support during challenging times impacting on an employee's personal health and wellbeing. This has the potential to affect their resilience and ability to function at work and with general life events. This can result in employee ill health and related absence. The longer an employee is absent the more likely it will impact on an employee's health and wellbeing and the less likely that they will return to the workplace.	M	As above. 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.
Customer	Reduced quality of service delivery owing to the lack of resource. No identification of trends and root causes will not address or prevent reoccurrence and not ensure a safe and healthy employee workplace.	M	As above.
Environment	No risk or impact was identified.	-	-
Technology	No risk or impact was identified.	-	-
Reputational	Without ensuring suitable employee support there is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues.	L	As above.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	An EAS assists in having a workforce which is

	healthier, happier and better motivated, which is essential to the sustainability of high quality services. This in turn has a corporate social responsibility ripple effect impacting on the health of the wider community. By taking a proactive approach to health, safety the “public pound” will be used effectively reducing lost resource through direct and indirect costs.
Prosperous People	<p>By reducing the impact of personal issues that an employee may encounter such as stress, bereavement or debt we can substantially reduce the negative impact of such issues on their productivity, efficiency and overall behaviour at work. Through the provision of support, employees’ resilience improves enabling them to deal with life and work challenges more positively. As well as impacting on productivity it also assists in maximising attendance. It is difficult to control outside stressors, but there is a need to take a holistic approach to employee wellbeing. To manage work related stress effectively, we need to recognise the importance and interaction of work and home problems.</p> <p>Employees do not have to be experiencing problems to use the service, as there are many positive benefits of regular engagement for lifestyle guidance. As an engagement tool the provision of the service and associated resources can assist the organisation’s health and wellbeing strategies.</p>
Prosperous Place	With stronger resilience employees, elected members and foster carers would be able to provide better service delivery. There are only positive outcomes to be gained from support colleagues and seeking assurance from Functions that action is being taken to support individuals and address trends in the current changing environment.
Enabling Technology	The use of telephone counselling, instant messaging and website information increases the speed of accessing support.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No impact
Organisational Design	No impact
Governance	The provision of EAS utilisation figures and trends

	provides an opportunity for the committee to scrutinise the provided management information. It enables what action has been taken by Function responsible line management to support individuals and address trends to be questioned. From the evidence the committee can determine if the level of assurance provided is acceptable in effectively managing health and safety.
Workforce	The report provides the opportunity for the committee to ensure that trends are addressed and the health and safety management system improved. This would reduce the risk of lost resource through for example absence, enforcement action and potential claims. Early address of issues has the potential to reduce impact on employees and the wider community reducing demands on other public sector organisations.
Process Design	This can allow the committee to identify where processes are failing to address health and safety risks and improve wellbeing.
Technology	No impact
Partnerships and Alliances	This allows Trade Unions, elected members and officers to collaborate.

8. IMPACT ASSESSMENTS

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

9. BACKGROUND PAPERS

Employee Assistance Service – Time for Talking Quarterly review 01 January 2018 – 31 March 2018.

10. APPENDICES (if applicable)

There are no appendices.

11. REPORT AUTHOR CONTACT DETAILS

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