ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	13 March 2023
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	EAS Annual Progress Update Occupational Health and Absence Annual Update January 2022 – December 2022
REPORT NUMBER	CUS/23/080
DIRECTOR	Andy MacDonald
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Kirsten Foley
TERMS OF REFERENCE	2.7

1. PURPOSE OF REPORT

1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by Time for Talking and VIVUP during the last 12 month period January 2022 – December 2022 and provides a 12 monthly update on the Occupational Health and Absence period 1st January 2022 – 31st December 2022.

2. RECOMMENDATION

2.1 That Committee considers the contents of the report.

3. CURRENT SITUATION

3.1 Employee Assistance Programme

3.1.1 For the period January 2022 – September 2022 the Employee Assistance Programme was provided by Time for Talking. The contract then moved to VIVUP, who provide other Employee Benefits.

3.1.2 There was an overlap during the month of October 2022 to allow employees who had commenced counselling with Time for Talking to complete their counselling sessions with the same provider.

3.1.3 The table below provides a breakdown of the usage of the Time for Talking service during the period January – September 2022, showing the breakdown by function and reason for the referral.

3.1.4 In total, 112 employees contacted the service for counselling support and 4 dependents/family members of employees sought support over this period. In addition, over the period October – December 2022 a total of 35 employees sought counselling support from the new EAP provider, VIVUP, giving a total of **147** employees accessing counselling support during the calendar year. This

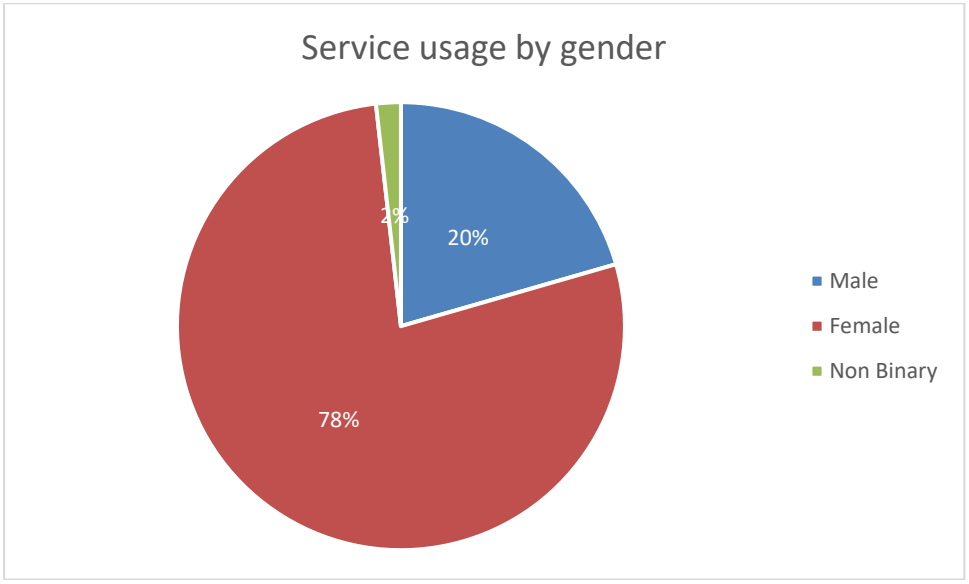
compares to 121 referrals made during the period January – December 2021. This reflects the national pattern reported in Personnel Today in January 2023, which reported a 0.6% increase in the usage of EAP services nationally. [What's driving the increase in EAP usage? (personneltoday.com)]

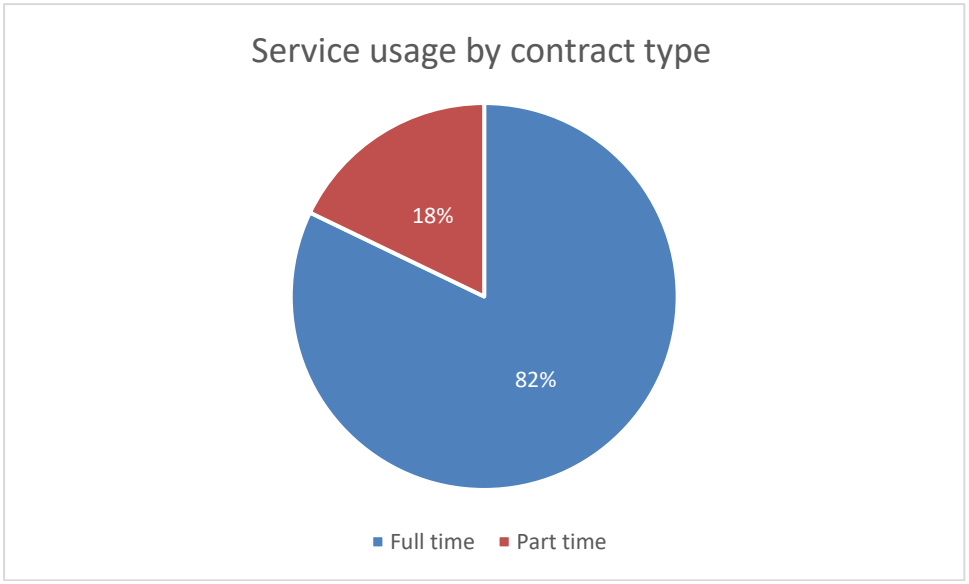
3.1.5 The majority of referrals during the period January 2022 – September 2022 were related to personal issues (78 referrals, 63% of the referrals made), with stress/depression and anxiety being the most common reason for referral, followed by bereavement and family illness.

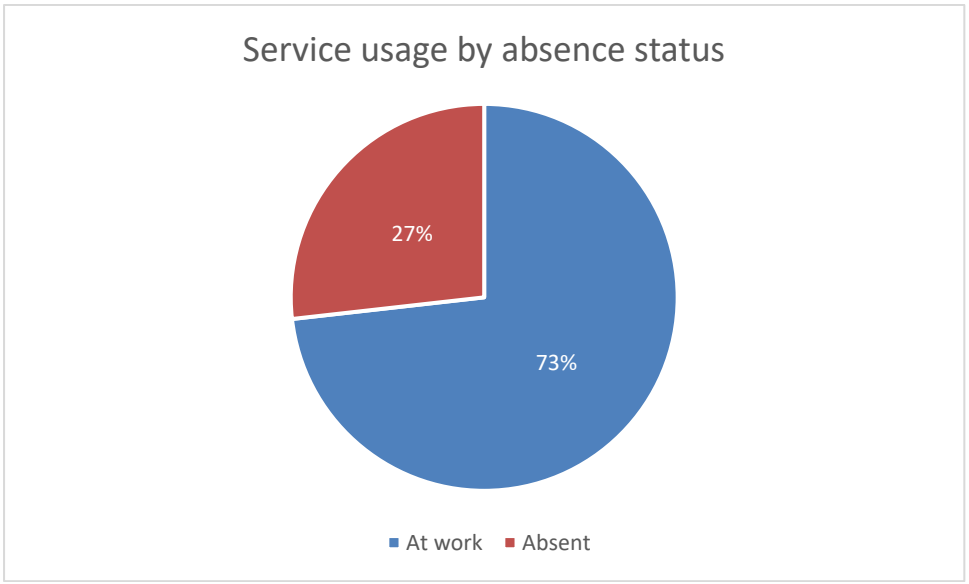
3.1.6 Work related issues accounted for 46 referrals over the period (27% of referrals), with the most prevalent reason being demands being placed on the employee.

Functions	Number of Staff within Service	% of Staff usage	Number of referrals	Helpline Calls	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	Personal Issues	Health/Bereavment	Addiction/Abuse	Relationship/Family Issues	Personal Stress/Depression/Anxiety/Anger	Traumatic Incident
Commissioning	338	2.96	10	0			2							2		2	4	
Customer	1189	1.09	13	0			5	1		1				1		2	3	
Operations	5151	1.18	61	4			12	1	2	9	2	1		9		6	21	3
Health & Social Care Partnership	607	3.46	21	2			8	1						2		2	11	1
Resources	327	2.14	7	0			1							1			3	1
Foster Carers	0	#DIV/0!	0	0														
Elected Members	0	#DIV/0!	0	0														
Family Member	0		4	0										1		1	2	
Total Number of Referrals/C'ling	**7612**	1.52	**116**	**6**	46	**0**	**28**	**3**	**2**	**10**	**2**	**1**	78	**16**	**0**	**13**	**44**	**5**

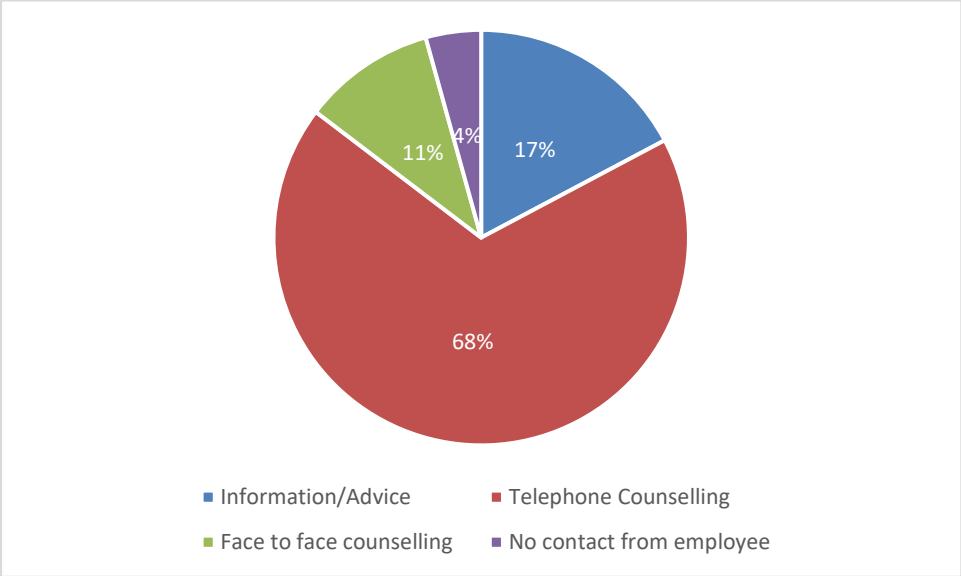
3.1.7 As can be seen from the charts below, the highest usage of the service between January and September was by female employees, full time employees and employees who were still attending work.


Service usage by gender
1%
20%
78%
Male
Female
Non Binary


Service usage by contract type
18%
82%
Full time
Part time

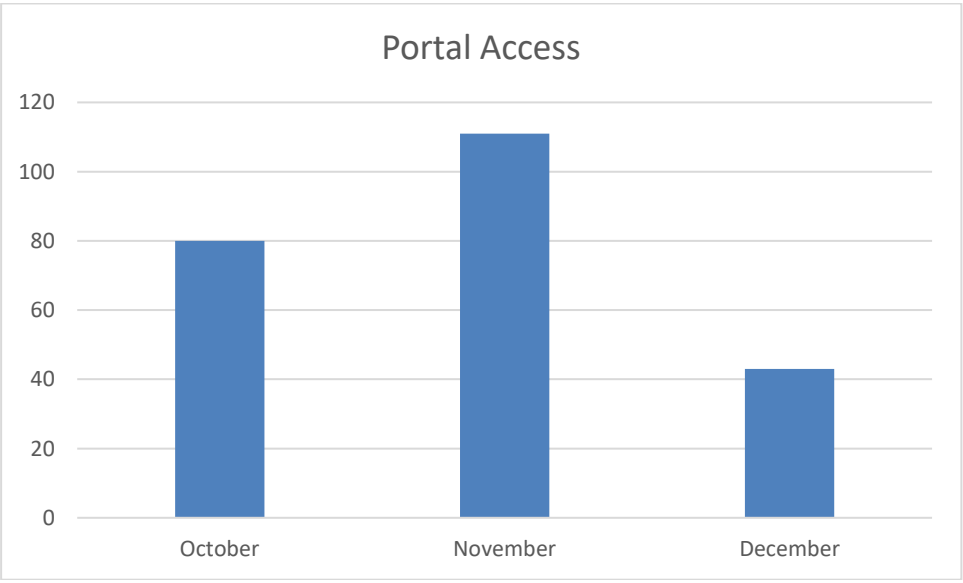

Service usage by absence status
27%
73%
At work
Absent

3.1.8 The graph below details the support that was provided. Most support was provided via telephone counselling (68%), which is consistent with the usage of the service since the pandemic.



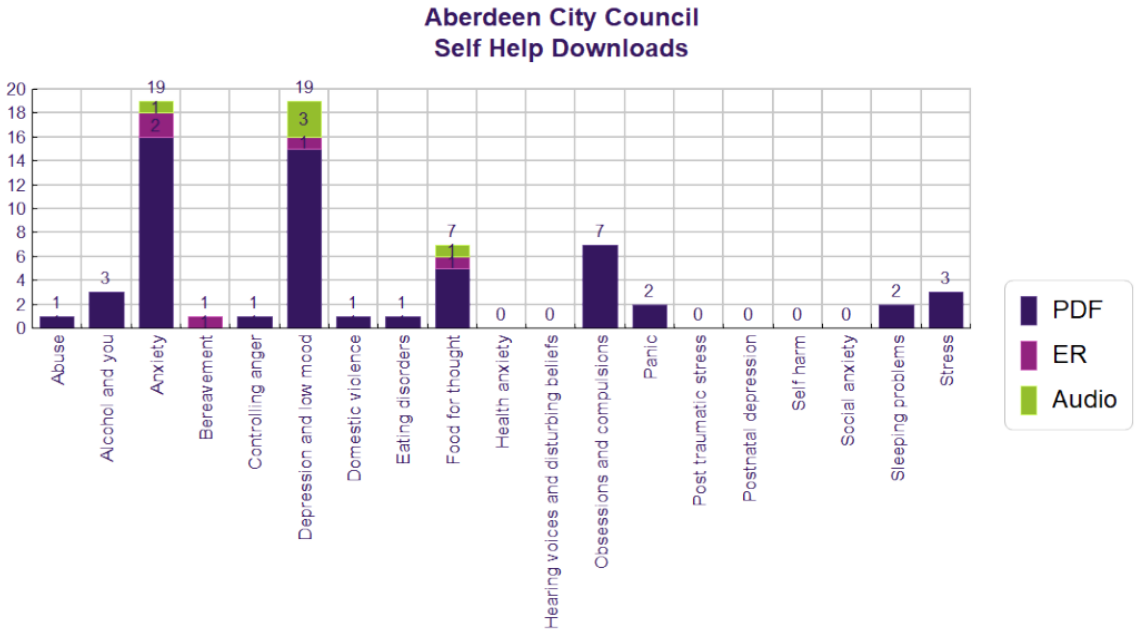
3.1.9 For the period October 2022 – December 2022, new referrals for employee assistance were made using the VIVUP Employee Assistance portal. This is a very different way of providing support to employees from that previously offered by Time for Talking. Time for Talking was predominantly a counselling service. Whilst VIVUP does offer counselling, the portal offers a far wider range of supports including self help guides, webinars, podcasts, workbooks and other resources.

3.1.10 The table below shows the number of times the VIVUP portal was accessed during the period October – December 2022

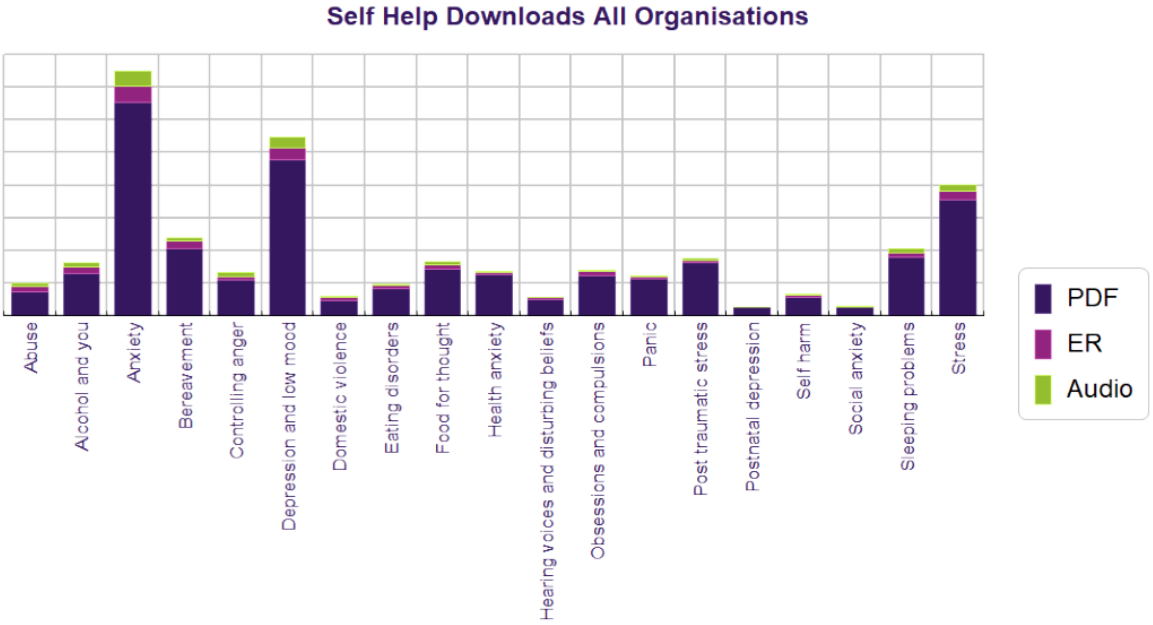


3.1.11 In total, 79 self help resources have been downloaded from the portal by ACC employees over the period October – December 2022, with the most commonly

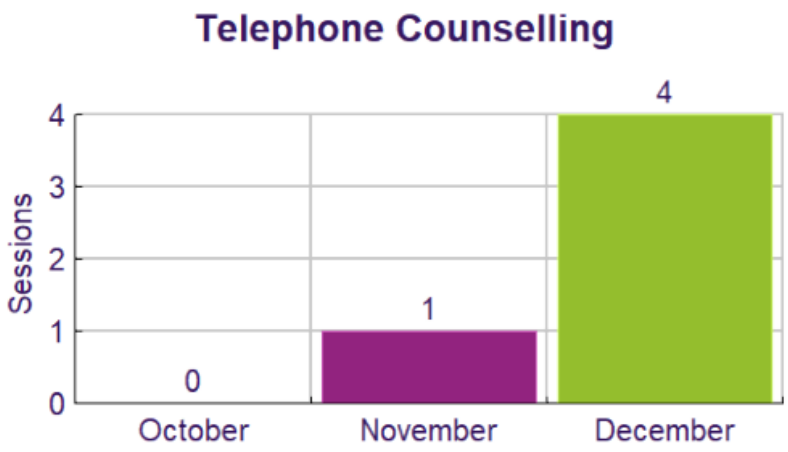
accessed resources being those relating to anxiety and depression. The table below sets out the detail of the resources accessed by ACC employees.

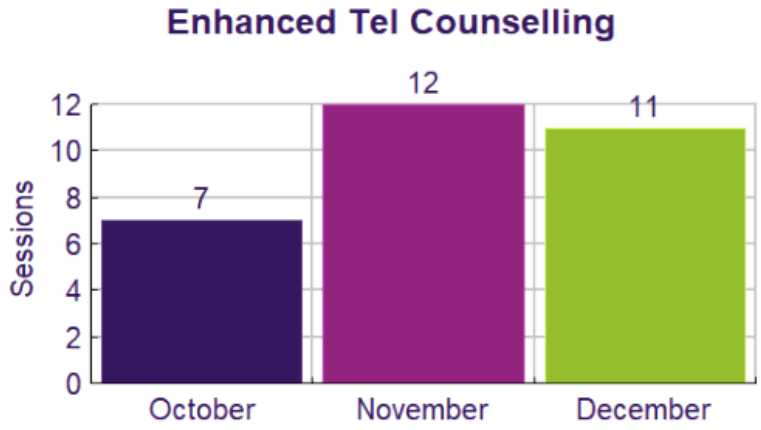


3.1.12 As can be seen from the table below, which details the downloads of self help resources across all employers using the VIVUP EAP, the pattern of access by ACC employees largely mirrors that across all organisations.

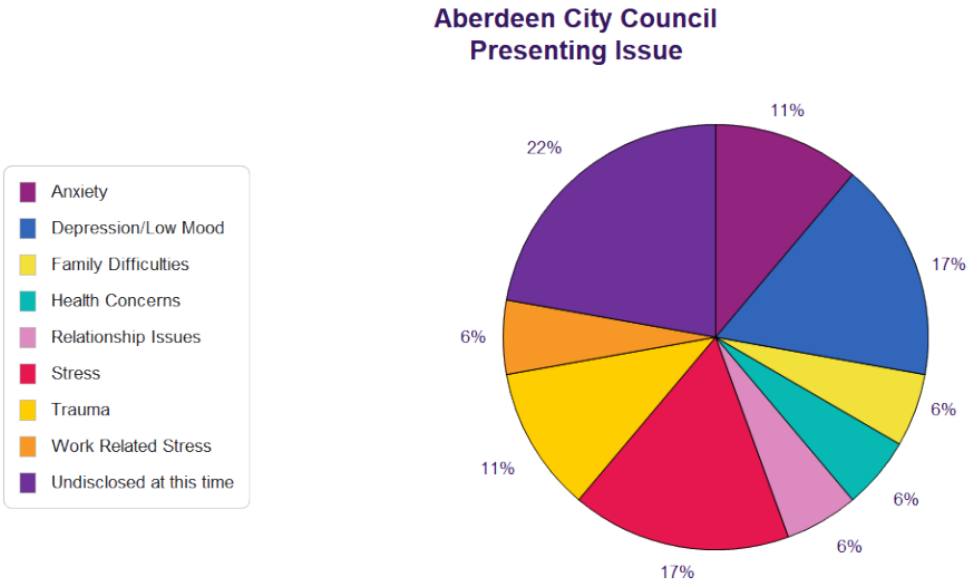


3.1.13 In total, 35 employees accessed telephone counselling support through the portal over the period October – December 2022, as detailed in the graphs below.

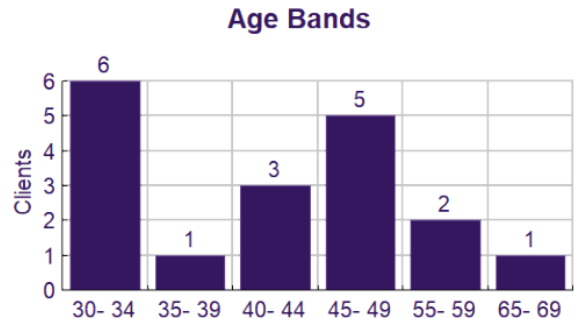


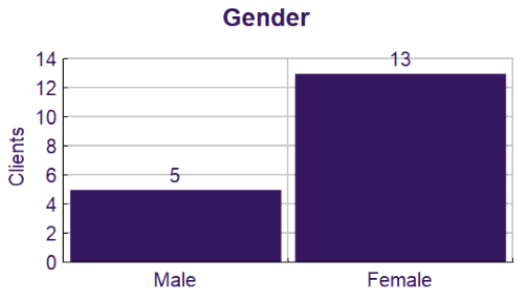


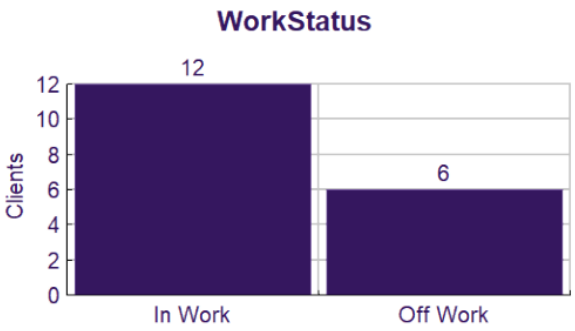
3.1.14 The chart below illustrates the issues raised by employees contacting the EAP. The most prevalent issues (where the issue was identified by the employee) were depression and stress, which mirrors the pattern of those accessing the self help resources.

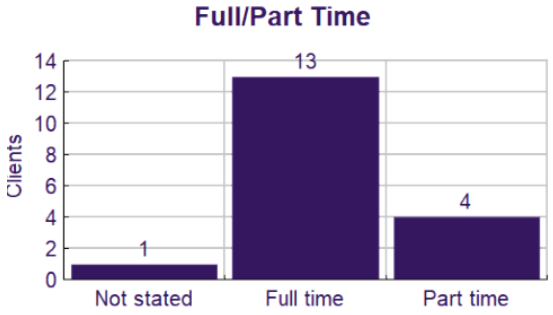


3.1.15 The demographics of those accessing the employee assistance programme are set out in the graphs below. These demographics concur with those accessing the Time for Talking service, with more female, full time and in work employees accessing the support.
We have requested that in future reports gender also identifies non binary.









3.1.16 Feedback received to date from employees who have accessed the VIVUP employee assistance programme includes the following statements:

3.2 Occupational Health Service

3.2.1 The Occupational Health contract sits with International SOS (formerly trading as Iqarus).

3.2.2 The current contract comes to an end in August 2023, and a tendering process will be undertaken to identify the provider who will provide the service that best meets the needs of the council within the budget.

3.2.3 The table below shows the volume of appointments for the period January – December 2022.

3.2.4 These figures include all appointments, including health surveillance assessments and pre employment screening as well as management referrals.

3.2.5 The cancelled appointments were either re-booked for a time that was more suitable for the employee or were cancelled as the employee had returned to work.

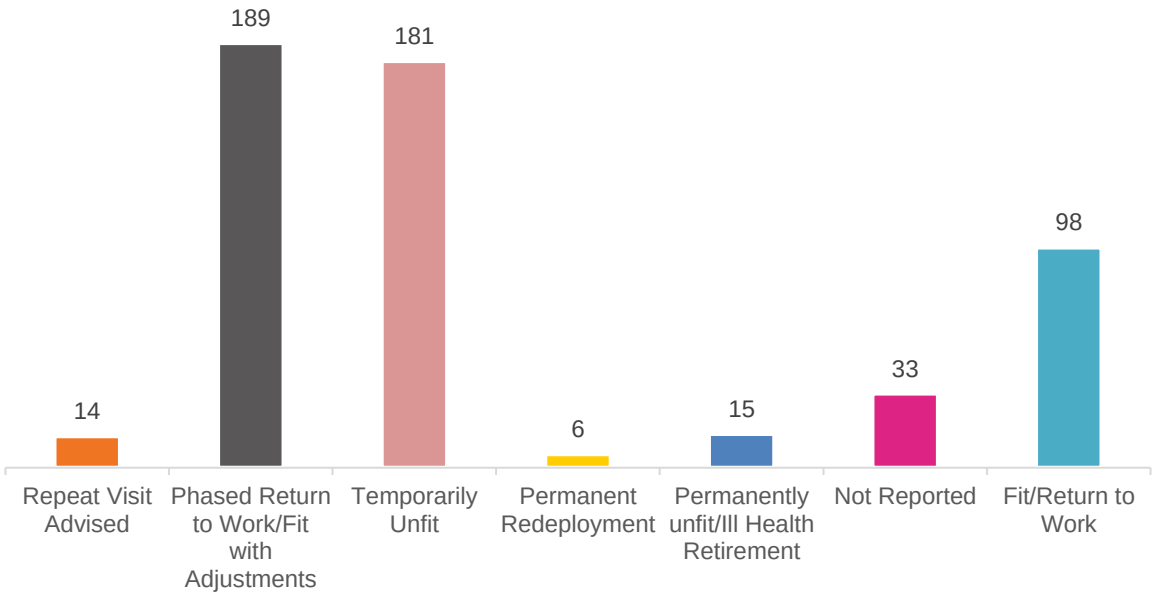
3.2.6 An appointment is recorded as did not attend if the employee fails to answer the initial telephone call from the OH provider; all dna appointments are identified and followed up with the service. In some cases, it became apparent that the phone calls were being made by the provider either before the notified time or later than advised, and the employee was no longer free to take the call. This issue was identified in October as the number of dna meetings had increased; this was raised with the OH provider who undertook to ensure that telephone

appointments were taking place at the pre-arranged times. The number of dna appointments has dropped since October and this continues to be monitored.

	Jan 22	Feb 22	Mr 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
No of Appts	83	87	142	92	90	95	89	104	126	119	107	125
Cancelled	13	13	19	13	9	10	15	4	28	16	8	10
Did not attend	4	11	10	5	7	13	7	13	8	18	11	6

Management Referral Outcomes

3.2.7 The graph below shows the outcomes from management referrals made during the period January – December 2022.



3.2.8 A total of 189 referrals for employees who were off sick resulted in employees being supported to return to work on a phased basis/with adjustments, with a further 98 referrals for employees who were off sick at the time identifying that the employee was fit to return to work with no adjustments. Together, these represent 53.5% of the management referrals made over the period.

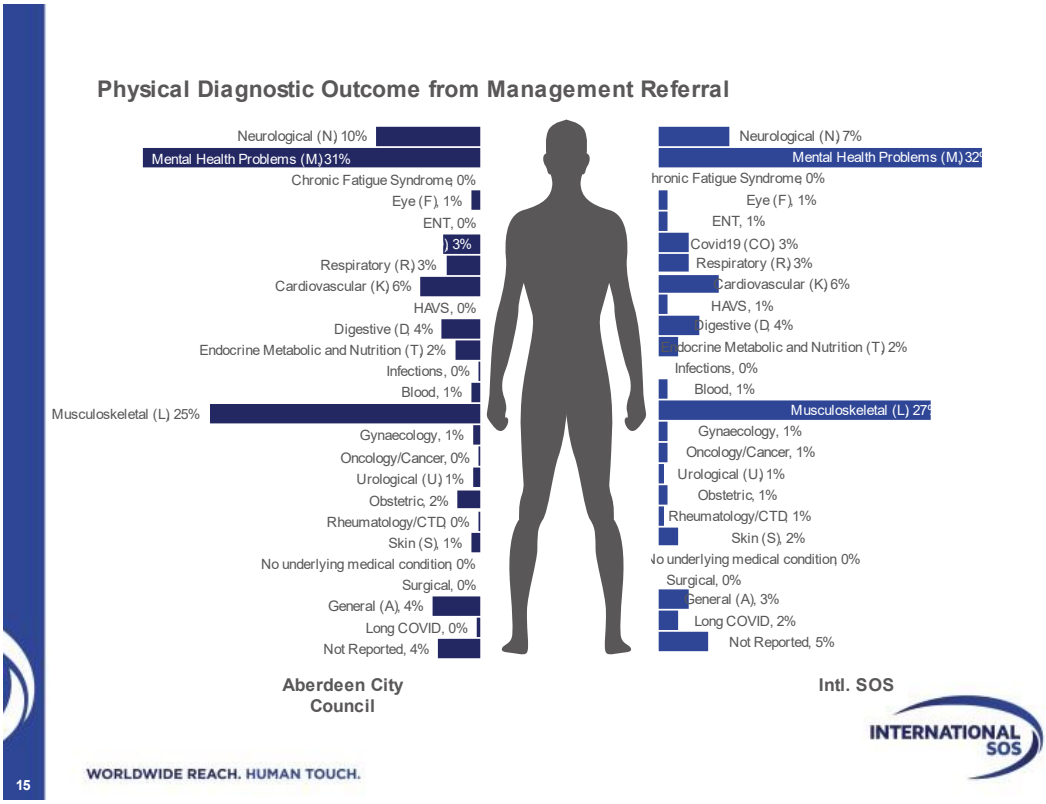
3.2.9 181 appointments confirmed that the employee remained unfit for work, however only 14 of these required a repeat appointment to be made.

3.2.10 15 employees were identified as meeting the criteria for ill health retirement, and 6 employees were placed on the redeployment register as the OH advice was that they would not be able to return to their substantive roles. Of these 6 individuals, only 3 wished to enter the redeployment process, with the other 3 choosing to resign from their post. Of the 3 who were placed on medical redeployment, 1 individual was successfully redeployed, 1 was dismissed on the grounds of ill health capability and 1 applied for, and was granted, ill health retirement.

3.2.11 In 33 cases no OH report was issued to the employer. 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.)

3.2.12 The pictogram below illustrates the medical reasons for the management referrals, and compares the ACC referral levels for each category (on the left of the diagram) with the overall number of referrals International SOS are receiving (on the right).
This demonstrates that the spread of absence reasons leading to referrals within the Council are very much in line with the reasons other organisations are making OH referrals.

3.2.13 The 2 most common reasons for referring to OH are mental health and musculoskeletal, which is consistent with the absence data.

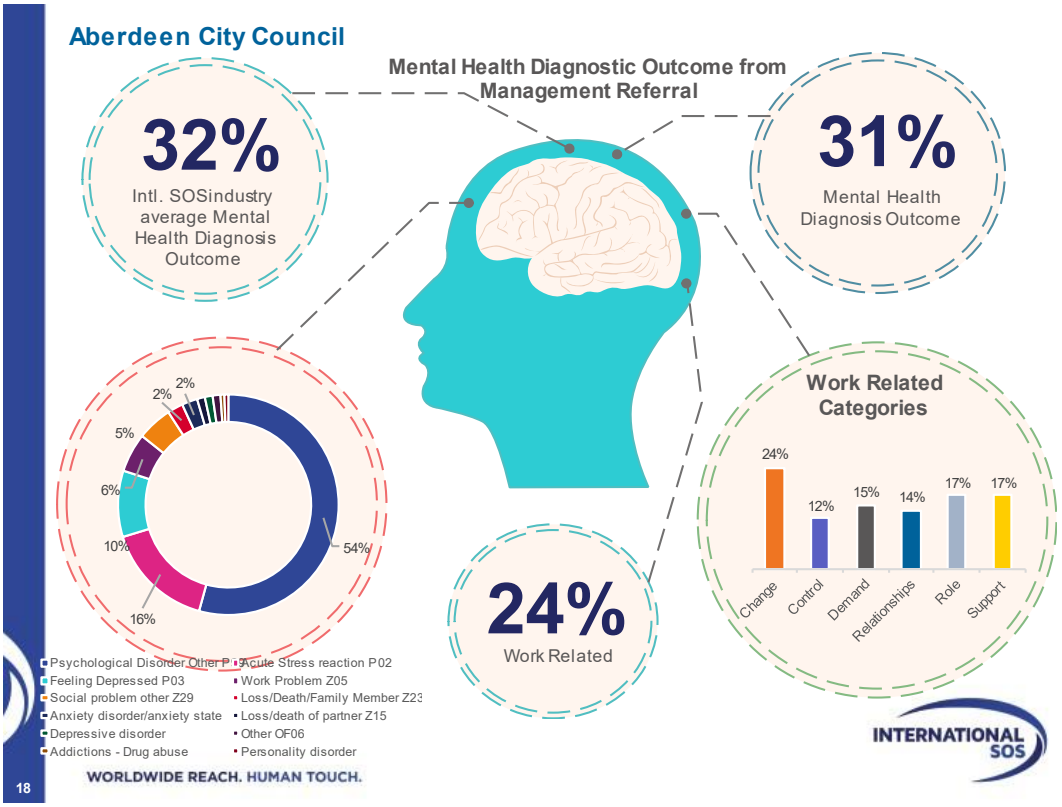


3.2.14 The breakdown of referral reasons by age of the employee referred shows that for employees under the age of 44, the most prevalent reason for referral was mental issues, with between 41% and 44% of referrals for each of these age groups being due to mental health issues.

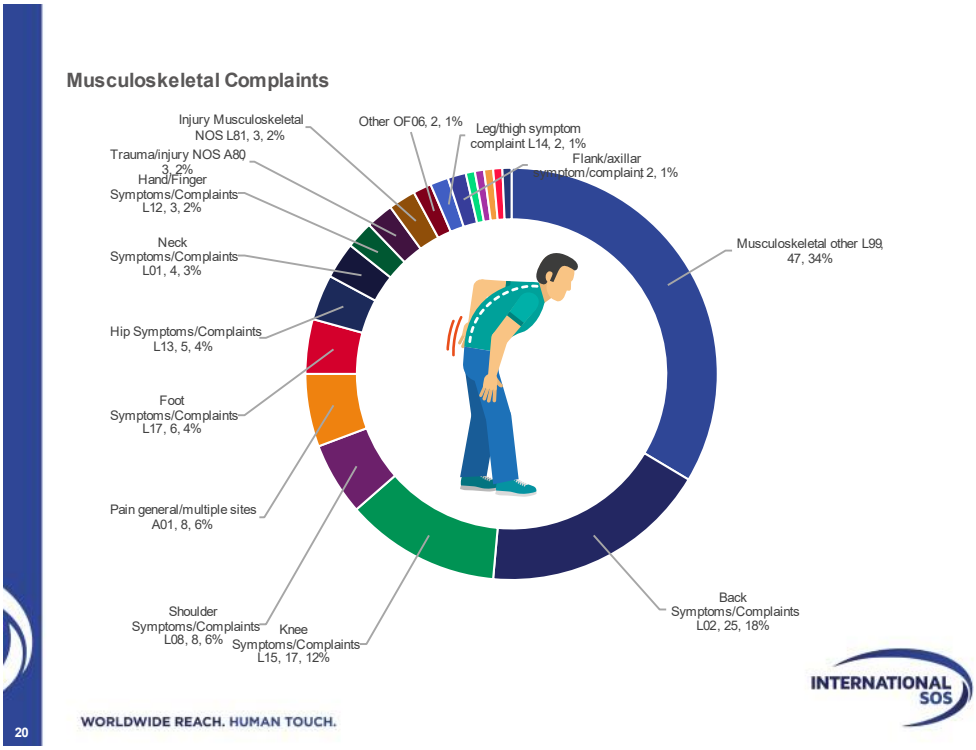
3.2.15 For employees between 45 and 54 years of age, mental health referrals and musculoskeletal referrals each account for 26% of the total referrals made, with these being the 2 most common reasons for referral.

3.2.16 The most common reason for referral for employees over the age of 55 is musculoskeletal issues, with 33% of the referrals for employees between 55 and 64 years of age and 36% of the referrals for employees aged over 65 relating to musculoskeletal conditions.

3.2.17 A further analysis of the referrals relating to mental health issues shows that 24% of these referrals are in relation to perceived work related issues, with the most prevalent identified stressor being Change.



3.2.18 34% of musculoskeletal referrals have been categorised as “other”. This includes conditions such as arthritis, fibromyalgia, muscular spasm and rheumatology; the largest single category is back issues (18%) followed by knee complaints (12%)

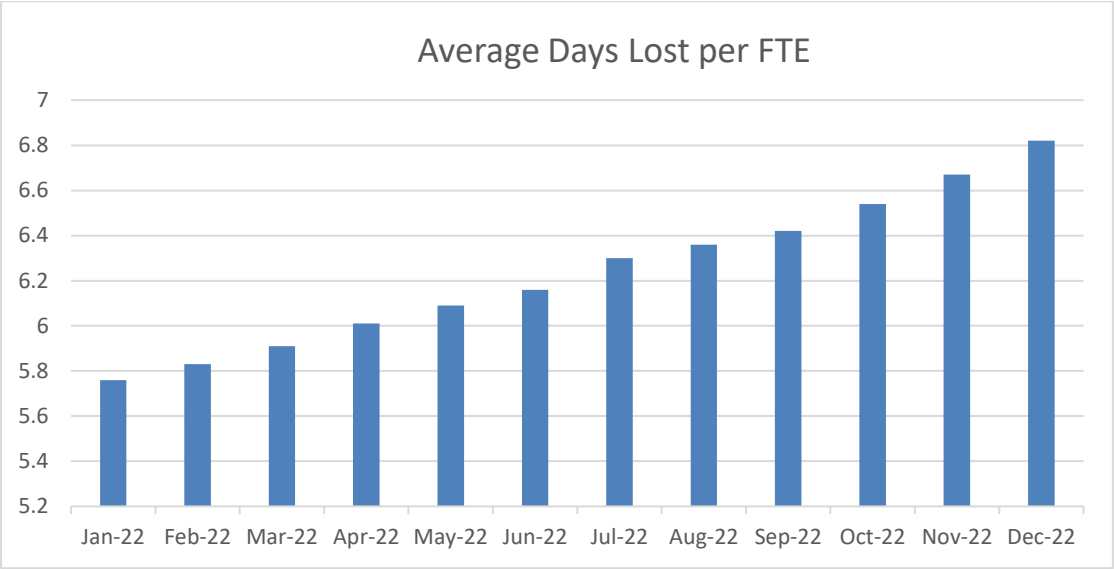


3.2.1 Sickness Absence

Data

3.3.1 The table below shows the average number of days lost per fte for the period January – December 2022 compared to the days lost in the period January – December 2021. As can be seen, the average number of days lost has continued to increase on a monthly basis throughout the year. This increase is illustrated in a bar graph below.

Month	Days Lost 2021	Days Lost 2022
January	4.79	5.76
February	4.73	5.83
March	4.76	5.91
April	4.85	6.01
May	5	6.09
June	5.15	6.16
July	5.25	6.3
August	5.32	6.36
September	5.38	6.42
October	5.49	6.54
November	5.59	6.67
December	5.69	6.82



3.3.2 The table below sets out the breakdown of absence reasons for each month. Psychological and musculoskeletal continue to be the most prevalent reasons for absence, and this is reflected in the data received from the Occupational Health service.

Sickness Category Breakdown, Monthly

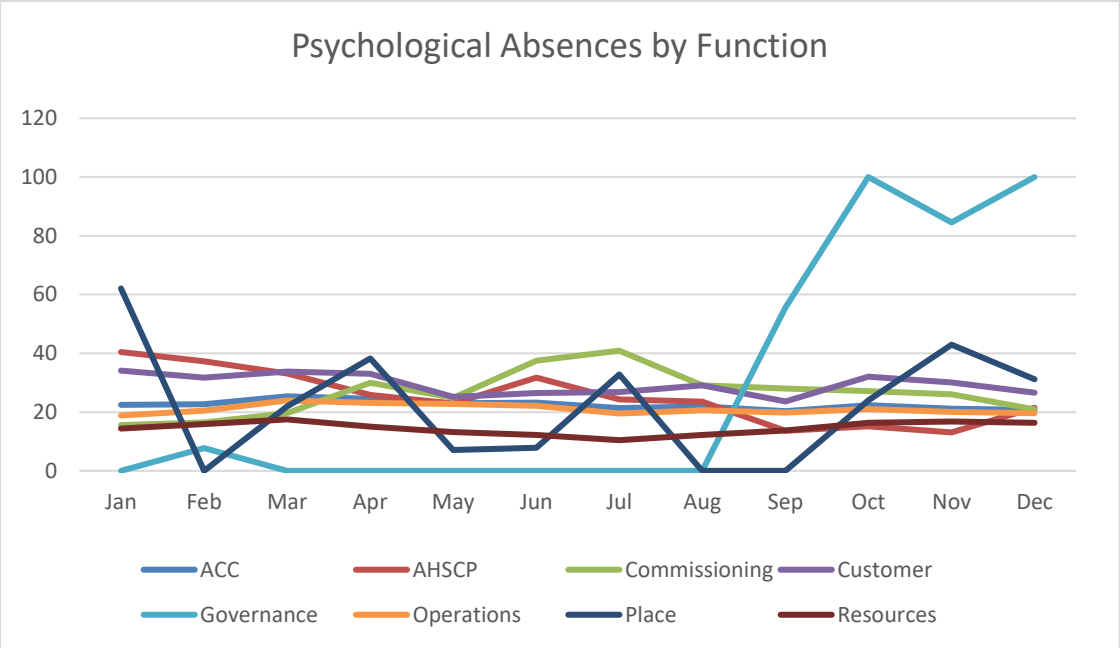
SICKNESS_CATEGORY	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022
	0.28%	0.25%	0.24%	0.27%	0.24%	0.26%	0.32%	0.29%	0.24%	0.23%	0.20%	0.20%
Bacterial	0.45%	0.56%	0.69%	0.87%	1.19%	1.36%	1.22%	1.29%	1.29%	0.86%	1.26%	1.24%
Cardiovascular	1.36%	1.48%	1.72%	2.38%	2.16%	2.44%	1.74%	2.47%	2.12%	1.98%	1.87%	1.80%
Covid-19 Related	1.19%	1.18%	1.53%	1.64%	1.86%	1.44%	5.50%	5.96%	6.56%	6.11%	5.61%	4.20%
Dermatalogical	1.30%	0.75%	0.94%	1.15%	0.69%	0.99%	0.72%	0.90%	0.64%	0.87%	0.95%	0.57%
Endocrine	0.03%	0.03%	0.06%	0.17%	0.23%	0.24%		0.07%	0.02%	0.03%	0.16%	0.14%
Gastro-intestinal	5.85%	7.45%	7.46%	6.48%	8.99%	8.40%	5.71%	7.49%	8.93%	6.83%	7.25%	5.40%
Gynaecological	1.18%	1.14%	1.82%	1.94%	2.10%	1.80%	0.98%	1.27%	1.36%	0.92%	1.31%	1.45%
Hospitalisation	7.45%	7.17%	8.33%	10.09%	8.89%	9.37%	8.58%	7.70%	6.93%	8.42%	9.15%	9.82%
Malignancy	3.26%	2.86%	2.56%	3.73%	3.32%	3.51%	4.05%	3.57%	3.64%	3.34%	2.90%	3.39%
Musculoskeletal	19.33%	21.14%	19.36%	21.59%	19.41%	20.84%	22.45%	22.42%	19.62%	20.83%	20.15%	19.17%
Neurological	5.63%	6.17%	5.69%	5.61%	6.17%	6.30%	7.78%	8.36%	8.88%	7.70%	6.44%	5.46%
Opthalmic	0.42%	0.51%	0.52%	0.30%	0.76%	1.10%	0.60%	0.09%	0.24%	0.78%	0.72%	0.41%
Other	17.49%	13.65%	7.94%	7.05%	6.27%	5.59%	6.11%	5.36%	4.61%	3.59%	2.58%	2.54%
Psychological	22.47%	22.65%	25.36%	24.52%	22.97%	23.19%	21.32%	21.93%	20.32%	22.37%	21.16%	20.74%
Respiratory	10.69%	10.63%	12.11%	9.24%	11.57%	9.84%	10.02%	7.67%	11.03%	12.27%	15.04%	20.36%
Urological	0.53%	0.89%	1.32%	0.99%	0.99%	1.20%	1.48%	1.32%	0.96%	0.79%	0.56%	0.39%
Viral	1.10%	1.51%	2.34%	2.01%	2.20%	2.13%	1.41%	1.86%	2.59%	2.08%	2.68%	2.71%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

3.3.3 As illustrated by the graph below, the Functions within which psychological absences were highest (as a percentage of total absence within the Function) were AHSCP, Commissioning and Customer.

3.3.4 The level of sickness absence attributable to psychological absence in Operations closely mirrored the level of psychological absence across ACC as a whole.

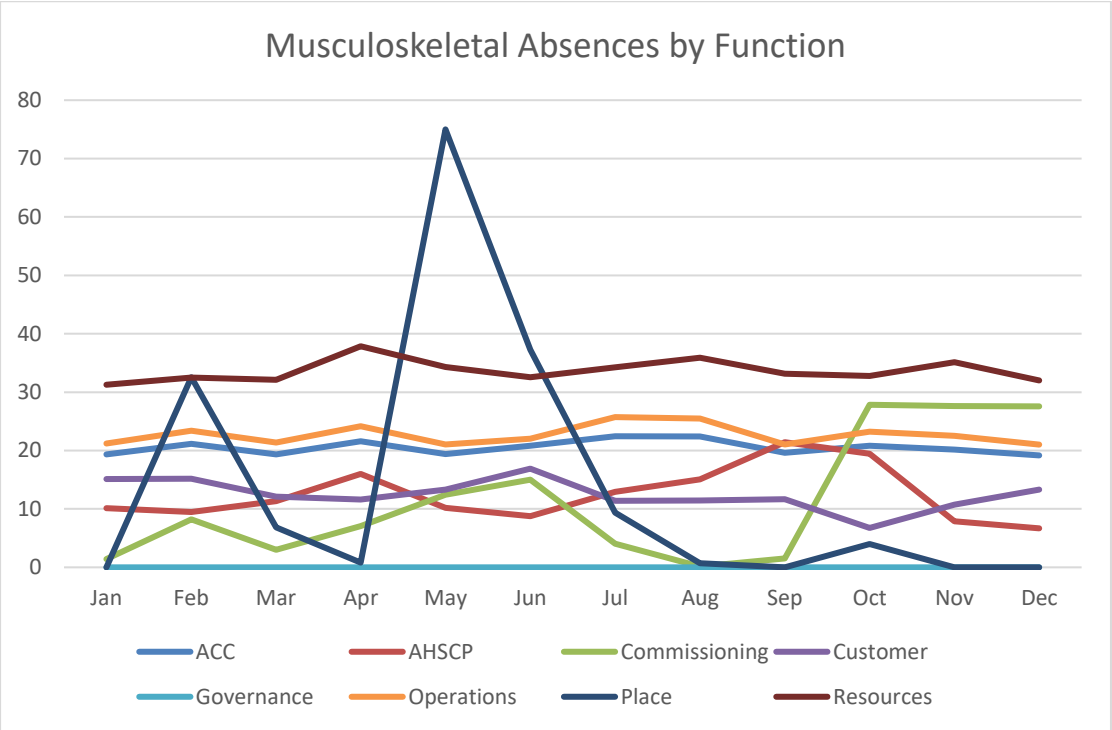
3.3.5 The Resources Function showed a lower level of psychological absence as a percentage of total absences than the ACC level.

3.3.6 Both Place and Governance show dramatic spikes in psychological absence, however due to the fact that these are smaller clusters and the overall level of absence is much lower, these can be explained by a single absence/small numbers of absences.

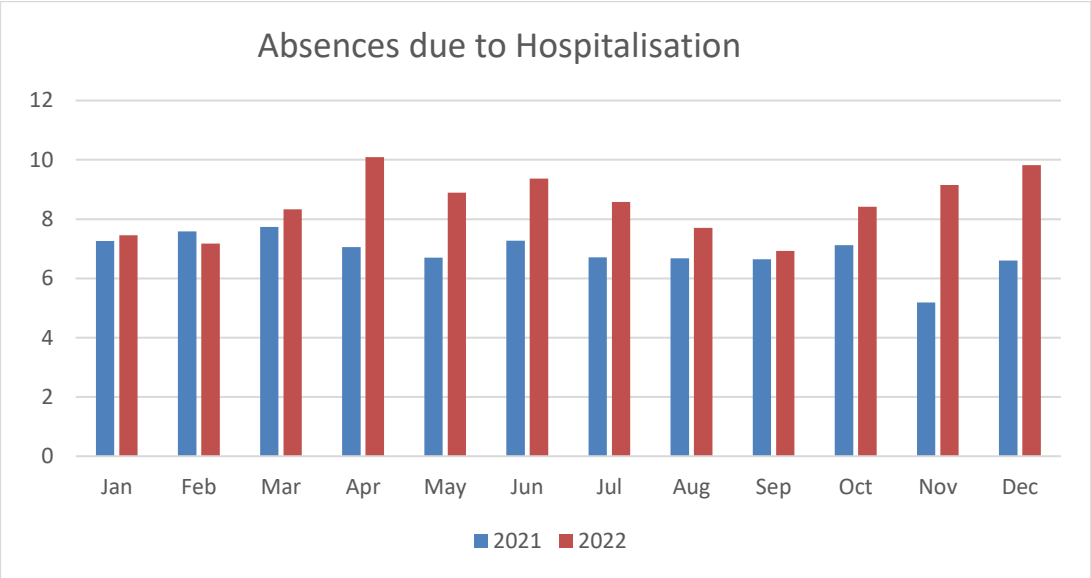


3.3.7 The graph below breaks down the musculoskeletal absences by Function. As with the breakdown of the psychological absences, the spikes and apparently high levels in the smaller functions (Commissioning, Governance and Place) are attributable to a small number of absences given the lower level of overall absences in these smaller Functions.

3.3.8 The highest levels of musculoskeletal absences are within the Resources Function, and these are in the main within the Operations and Protective Services Cluster, where the highest numbers of frontline manual workers are employed.



3.3.9 The period January - December 2022 also saw an increase in the number of absences due to hospitalisation. The graph below shows the comparison between the 2021 and 2022 figures. This is due to hospitals returning to a more normal operating schedule following the pandemic, and the backlog of operations that resulted from operations being cancelled.



3.3.10 Covid related absences are now recorded in line with normal absence procedures. Covid rates were low at the start of 2022, however in the summer rates began to rise again as the Omicron strain of the virus continued to mutate and new strains were identified.

Improvement Plan

3.3.11 The continued increase in absence levels across the organisation has resulted in a decision to refresh the Absence Improvement Project.

3.3.12 A refreshed Improvement Charter will be presented to the Performance Board on 11 April 2023 for approval. This charter will set out the aims and change ideas along with measures for each change to be trialled.

3.3.13 Key areas of focus for improvement will be data, management support (including the provision of toolkits for managers), process review and improvement and early intervention/prevention.

3.3.14 Progress against each measure will be reported to the Performance Board.

4. FINANCIAL IMPLICATIONS

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

4.2 There is also the potential for employment tribunal associated costs if an employee were 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. ENVIRONMENTAL IMPLICATIONS

6.1 There are no environmental implications associated with this report.

7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
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)	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.	M	Yes
Operational	Risk to service delivery if absence levels are high and employees are not supported back to work timeously	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	M	Yes

		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	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.	M	Yes
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	As above	L	Yes

8. OUTCOMES

COUNCIL DELIVERY PLAN 2022-2023	
	Impact of Report
Aberdeen City Council Policy Statement **Working in Partnership for Aberdeen**	The provisions within this report support the delivery of the Policy Statement through ensuring that sufficient resources are available to deliver the Council services which will achieve the policy priorities.
Aberdeen City Local Outcome Improvement Plan 2016-26	
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.
Workforce Plan	As set out in the Workforce Plan, the emphasis on developing internal capacity and the need for flexibility and efficiency in our reducing workforce, there is a need to focus on supporting employee health and wellbeing.

9. IMPACT ASSESSMENTS

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

10. BACKGROUND PAPERS

None

11. APPENDICES

None

12. REPORT AUTHOR CONTACT DETAILS

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