



**LEEDS
BECKETT
UNIVERSITY**

WELLBEING SUB-COMMITTEE

13 May 2021
at 14:00 Teams meeting

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AGENDA for the Wellbeing Sub-Committee Thursday 13 May 2021 meeting

The 5th meeting of the Wellbeing Sub-Committee will be held as an MS Teams meeting.

14:00	Part A: Preliminary Items	Paper	Led by
	A1 Welcome, Introductions and Apologies	Verbal	Chair
	A2 Committee Terms of Reference and Membership 2020/21	WSC-1920-025 OPEN	Chair
	A3 Chair approved Minutes of the last meeting held on 21 January 2021	WSC-1920-026 OPEN	Chair
	A4 Matters Arising – From the 21 January 2021 meeting	WSC-1920-027 OPEN	Chair & Secretary
14:15	Part B: Main Item of Business: COVID-19	Paper	Led by
	B1 A further COVID update (to become a substantive item for this meeting going forward whilst in the pandemic)	Verbal	Chair
14:25	Part C: Wellbeing Developments and Projects	Paper	Led by
	C1 Student wellbeing – update on issues and activity	WSC-1920-028 CONFIDENTIAL	Jo Jones
	Part D: Reporting	Paper	Led by
14:35	D1 Stress Risk Assessments; report on action from the joint HR and Trades Union group	Verbal	Paul Tyrer
14:55	D2 University Mental Health Charter	Presentation	Jo Jones
15:20	D3 ‘Occupational Health Update’ Report	WSC-1920-029 OPEN	Ann Coulson
15:35	D4 Draft Absence Report	WSC-1920-030 CONFIDENTIAL	Sarah Swales

15:50	Part E: Other Business	Paper	Led by
	E1 Any other business	Verbal	Chair
	E2 Schedule of Business 2020/21	WSC- 1920-031 OPEN	Chair & Secretary

Date of the next H&S Consultative Committee meeting: Thursday 10 June 2021 at 13.30 in G07, Old Broadcasting House, City Campus (room reserved)

Date of the next Wellbeing Sub-Committee meeting: Thursday 16 September 2021 at 13:30 and will be held as an MS Teams meeting. Room G06, Leighton Hall, Headingley Campus (room reserved).

	<i>Shaded items indicate that the Board / Committee is being asked to make a decision.</i>
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** Starred items will be taken without discussion unless a member notifies the Chair or Secretary in advance that she or he wishes the item to be open for debate*



Committee Terms of Reference and Membership 2020/21

Purpose

The principal purpose of the Wellbeing Sub-Committee is to support the development of a thriving community which promotes and sustains colleague and student wellbeing. Wellbeing is a multidimensional concept which is defined in the Oxford English Dictionary as a state of being comfortable, happy and healthy. Wellness for individuals is dependent upon a balance between the following elements: physical, emotional, social, spiritual, intellectual and economic.

As part of our continued commitment to the wellbeing of our community, the University has developed Wellbeing & Mental Health Action Plans for Students and Colleagues focused upon four interrelated dimensions of wellbeing: physical, mental, financial and community. Our approach encompasses all areas of the University, its people, culture, policies, practice and environment, so that all students and colleagues are able to experience an individual sense of wellness.

In taking a strategic overview of the range of activity across campus to improve colleague and student wellbeing aligned to the changing needs of colleague and student populations, the sub-committee will make recommendations for enhancements and act as a forum for co-ordination and co-operation between Human Resources, Student Services, the Students' Union, Trade Unions, key services and Schools with respect to the Colleague and Student Wellbeing Action Plans.

Specific Areas of Responsibility

- a) As a sub-committee of the Health & Safety Consultative Committee, oversee the strategic direction, progress and impact of the Wellbeing and Mental Health Colleague Action Plan and the Mental Health and Wellbeing Student Action Plan with respect to their impact upon Colleague and Student Wellbeing.
- b) To receive and review the effectiveness and suitability of the University's integrated programme of wellbeing development, information and activities (mainly delivered by Human Resources, Student Services, the Students' Union, Trade Unions, Sport & Active Lifestyles and CARES).
- c) To enhance the culture and conversation about wellbeing at work and study, covering both a proactive and preventative approach; to promote and make recommendations regarding wellbeing and mental health considerations with respect to our University's policy and practice, in order to improve levels of wellbeing.
- d) Consider and determine our key measures of wellbeing with respect to the changing needs of our colleague and student populations.

- e) To monitor and review the effectiveness of the University's Safety Health and Wellbeing Policy, in so far as work-related stress is concerned, recommending amendments to the Policy via the Health and Safety Consultative Committee. To monitor its compliance through supporting procedures including the review of audit results, reports and observations.
- f) To monitor and assess the impact of colleague wellbeing initiatives through the periodic review of relevant performance indicators which may from time to time include (i) colleague survey results (ii) absence statistics and trends, (iii) any other relevant reports and statistics;
- g) Identify and focus upon the wellbeing needs of specific groups of colleagues and students (e.g. carers, BAME, disabled) and make recommendations for enhancements and improvements as appropriate.
- h) Receive and consider reports from related groups including: The Equality & Diversity Committee and forums, Health & Safety Consultative Committee.
- i) Oversee wellbeing activity that is provided by non-University staff members on behalf of the University, for example the Employee Assistance Programme.
- j) To act as a forum for management to consult with colleagues and their recognised Trade Unions (Safety Representatives) on matters relating to their wellbeing, in accordance with the Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.
- k) To report upon the status of wellbeing matters to the Health and Safety Consultative Committee and the University Executive Team.
- l) Ensure that equal opportunities and diversity are promoted in relation to all of the above.

Reporting

The Sub-Committee will provide a report to each meeting of the Health and Safety Consultative Committee which reports directly to the University Executive Team.

Membership

The Sub-Committee will consist of members representing the management, colleagues and students of the University including:

- a. Co-Chairs (Sarah Swales and Jo Jones)
- b. Assistant Director Student Services; Jo Jones
- c. Deputy Director of Human Resources; Sarah Swales
- d. Director/Head of CARES; Kate Davis
- e. Head of Sport, Health and Wellbeing; Daniel Stanley
- f. Director / AD Estates; Andy Allison

- g. Head of Health and Safety; Wendy Huntriss
- h. 4 members of SMG comprising 2 Deans and 2 Directors, each from different Schools and Services; Dev Capps, Andrew Cooper, TBC, Chris Watts
- i. 4 Schools (not represented by Deans); Oliver Bray, Gareth Robertshaw, Bryony Walker, Andrew Manley
- j. 2 representatives of the Student Union; Mphango Simwaka and Katie Davies

Note: colleagues appointed under J and K will be for two years. Student representatives will be for term of office.

- k. 4 representatives from our recognised Trade Union (2 from UCU, 2 from Unison); Roland Cross, Mobina Begum, Annemarie Piso, Steve Mardy.
- l. Co-opted members: Associate Director of the Centre for Learning and Teaching; Susan Smith. Head of Creative; Dee Grismond.
The Subcommittee shall have powers to co-opt at any time suitable persons for specialist or specific advice.
- m. Advisers to the Sub-Committee: Advice, support and guidance will be provided to the Sub-Committee by the Wellbeing Manager, Occupational Health Manager, and Student Wellbeing Team.



Occupational Health Report

Purpose of Report

This report provides an overview of the Occupational Health Service provisions.

Action Requested

The report is **for discussion**

Key Issues

Review of the Occupational Health referrals during the reporting period and further information on Long Covid and its impact on health and work.

Author

Name: Ann Coulson

Date:12/04/2021

Approval Route

Name: Sarah Swales

Date:27/04/2021

OCCUPATIONAL HEALTH UPDATE

Occupational Health Statistics – 01/11/2020- 31/01/2021

1. During the reporting period there have been 56 management referrals. The main reason for colleagues to be referred to Occupational Health remains consistent with previous reports, that is Muscular Skeletal Disorders (MSD) and Mental Health. There was only 1 Coronavirus specific referral.

Reason for referral	Number of referrals
MSD including, remote working DSE issues	15
Mental Health	15
Medical	15
Surgical	3
Coronavirus specific	1

2. The table below indicates the two highest areas of Occupational Health referrals; most Service and Schools averaged between 1-3 referrals, with some areas not referring any colleagues at all.

Service /School	Number of referrals
Health and Community Studies	9
CARES	6

3. Overall, the percentage of Support colleagues referred remains slightly higher (32) than the number of Academic colleagues referred (24). The highest reasons for Academic colleagues to be seen in Occupational Health is consistent with the main reasons for referrals; MSD and Mental Health.
4. Colleagues do not need to be absent to be referred to Occupational Health. During the reporting period, there were 16 colleagues absent at their time of referral. Occupational Health remain proactive in reducing absences by encouraging early referral into the Service for long term absences, promoting the services offered through Health Assured to support colleague Mental Health and Wellbeing and supporting early referral to our Physiotherapy Service for MSD issues.
5. The Active Care service from Health Assured provides an effective intervention on the very first day a colleague reports a stress-related absence and can be accessed up to 14 days absence. Colleagues who are in work can contact Health Assured themselves, or with consent they can be referred by their Manager.
6. Occupational Health are further supporting the management of long-term absences through monthly meetings between the Occupational Health Manager, HR Business Partners and ER Team Management and attending Case Management meetings as and when required.

- 7 Though it had been noted that the number of Occupational Health referrals, had been less over the past year than previous years, there has been a noticeable increase in referrals from the 01/02/21 to date. This has been attributed to colleagues returning to Campus based work, the short- and long-term impact of Covid on both physical and psychological wellbeing and the longer-term effect of remote working. There has also been a noticeable increase in colleagues with Specific Learning Differences, who had been managing their role whilst working on Campus, being referred for advice on further support and adjustments required whilst working remotely.
- 8 A comparison of the annual referrals for the previous 2 years can be found at Appendix 1. This has been further subdivided to highlight referrals for Mental Health issues (including both non work related and work related) for both Academic/Support colleagues and between School/Service areas.
- 9 Occupational Health have recently produced a pre appointment information leaflet, that Managers can share with colleagues attending an Occupational Health appointment. Reference has also been made to Frequently Asked Questions about the Service provision. The leaflet can be found on the Occupational Health web page and the word version of the content can be found at Appendix 2.

Wellbeing

- 10 Occupational Health continue to work with colleagues in People and Organisational Development to promote Health Assured, our Employee Assistance Programme, including their new App, My Healthy Advantage. Further Webinars on Financial Wellbeing and the Menopause have been scheduled for the 8th June 2021, and all Managers are encouraged to attend the latter. Occupational Health have recently recorded a Podcast outlining their Service, which is now available to listen to via the website.

Occupational Health support during Coronavirus

- 11 Occupational Health continue to share relevant professional documents on Coronavirus with appropriate colleagues to ensure that information shared is current, and evidence based. Occupational Health are actively involved in developing the information on the microsite, assessing the Government guidance on vulnerable colleagues, supporting H&S Risk Assessments, researching practitioner implications, monitoring developments on the ALAMA COVID age and updating guidance as the health advice from Public Health England (PHE) and /or Government changes.

Long Covid overview

- 12 Increasing medical evidence and patient testimony is showing that a small but significant minority of people who contract Covid cannot shake off the effects of the virus months after initially falling ill – also known as ‘Long Covid’.

- 13 Long Covid is a multisystem disease. The most common symptoms people report are fatigue, ongoing shortness of breath, muscle pains, chest pains, palpitations, “brain fog” and anxiety. A wide range of other symptoms have also been reported. Long Covid is seen as a relapsing – remitting illness; typically, symptoms can fluctuate over weeks, so individuals can seem to be getting better, then get worse again. Most people get better slowly but may need lots of time and rest to get better.
- 14 Since many people were not tested for Covid-19, and false negative tests are a possibility, it has been suggested that a positive test for Covid-19 is not a prerequisite for diagnosis. Neither does non-hospitalisation equal a mild form of the disease.
- 15 It is important to note that there are currently no precise diagnostic criteria for Long Covid as the need to better understand the Covid-19 virus and ongoing symptoms continues. The National Institute of Clinical Evidence (NICE) published a medical ‘case definition’ of Long Covid in October 2021. Followed by evidence-based NICE clinical guidelines in November 2021, highlighting how to support people with ongoing symptoms. It is important to note that the NICE guidelines do not discriminate on whether a patient has had a positive test or not.
- 16 Some estimates suggest that 10% of Covid patients may still be experiencing symptoms more than three weeks after infection, and a smaller proportion suffering from Long Covid symptoms after more than three months. However, estimates vary, and it is still not exactly clear how common Long Covid is. Long Covid is highly likely to be present in the working age population.
- 17 It is not clear at the moment whether having a previous long-term condition makes it any more or less likely that you would get Long Covid if you were to catch the virus. Many people reporting Long Covid symptoms had no pre-existing health problems. We do know that Covid-19 has a disproportionate effect on certain parts of the population, including older people, care home residents, those living in deprived areas, and people from black and ethnic minority communities. Black and Asian communities have seen high death rates and there are concerns about other minority groups and the socially disadvantaged. Long Covid is likely to amplify existing inequalities as disadvantaged groups are more likely to experience the wider health, financial and social impacts of Long Covid. It is important that the particular needs and issues in relation to Long Covid within these groups is understood and that clinical and other sources of support are accessed.
- 18 People in Leeds who are struggling with ongoing symptoms should consult their GP. There is a Covid Rehabilitation pathway in Leeds that people can be referred into, if needed. A multi-disciplinary Team approach and early assessment are key to managing Long Covid.

Local information on recovering from Covid is available here:

<https://www.leedscg.nhs.uk/health/coronavirus/recovering-from-coronavirus/>

In addition, www.yourcovidrecovery.nhs.uk is a self-care resources that people can access to help support Covid-19 recovery and the management of ongoing symptoms.

- 19 The impact of Long Covid on work depends on the individual's occupation; for example those with cognitive impairment may struggle undertaking administrative/teaching tasks, whereas those experiencing shortness of breath, cardiac symptoms or 'brain fog' may not be able to return initially to manual or safety critical roles.
- 20 Colleagues may also have reduced levels of fitness and require time to 'get well' before they can return to work. There is no medical reason why many with Long Covid cannot make a full recovery in the long term, however, it needs to be recognised that some will be unable to do so. Discussion continues whether Long Covid will be covered under the Equality Act (2010).
- 21 Colleagues returning to work following a period of absence with Long Covid may require a longer supported phased return to hours and duties. Managers should engage support from both Occupational Health and HR. Employee Assistance Programmes can provide physiological and practical support and those employers who have access to Physiotherapy should consider a referral to support the management of physical symptoms (breathing control, exercise, fatigue, headaches, Musculoskeletal) In the long term consideration may need to be given to a prolonged reduction in hours (up to 12 months), redeployment or change in shift patterns. Those colleagues who are unable to work from home, may also require support with travel to and from work and self-referrals to Access to Work for support with commuting may also be advisable.
- 22 Covid vaccination can be administered from 4 weeks post a Covid infection. It has been noted that Covid vaccination can improve or make symptoms worse for patients experiencing Long Covid. It has been identified that further research into this subject is required.

References

1. Greenhalgh, T., Knight, M., A'Court, C., Buxton, M., and Husain, L. Management of post-acute covid-19 in primary care. *BMJ* 2020;370:m3026; Published 11 August 2020. Available from: <http://dx.doi.org/10.1136/bmj.m3026>
2. National Institute for Health Research (NIHR). *Living with Covid19*; Published 15 October 2020. Available from: <https://evidence.nihr.ac.uk/themedreview/living-with-covid19/>
3. NHS. *NHS to offer 'long covid' sufferers help at specialist centres*; Published 7th October 2020. Available from: <https://www.england.nhs.uk/2020/10/nhs-to-offer-long-covid-help/>

4. West Yorkshire and Harrogate Health and Care Partnership. Long Covid
A rapid review of symptoms, population need, treatment and support in West Yorkshire and Harrogate v3.0., 2020
5. SOM/ University of Glasgow/ VRA Long COVID event – webinar 29/03/21
6. COVID-19 return to work in the roadmap out of lockdown: guidelines for workers, employers and health practitioners. SOM. March 2021
7. COVID-19 return to work guide - For managers. SOM. March 2021

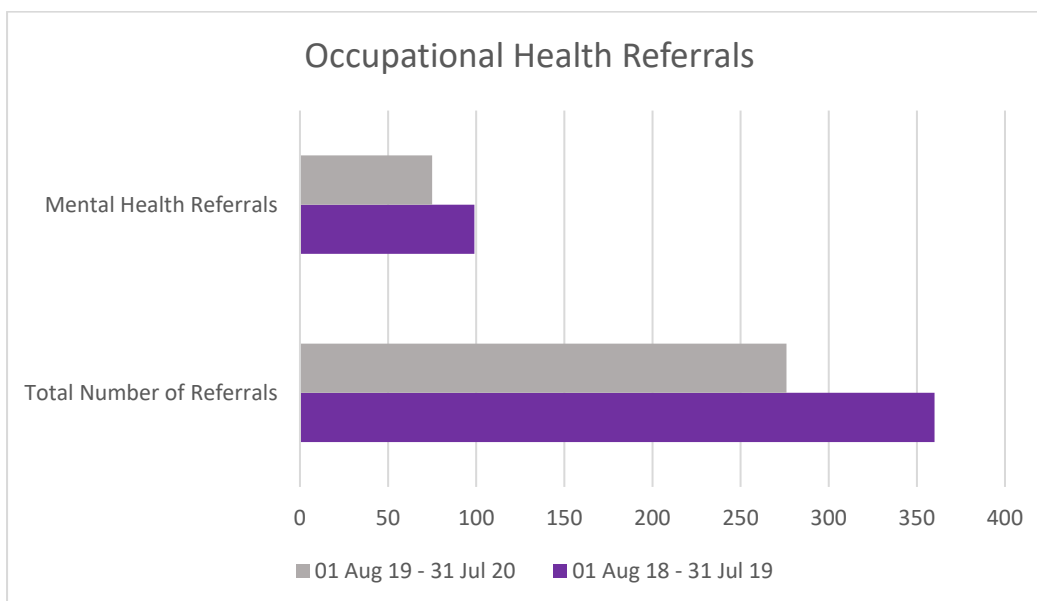
Appendix 1

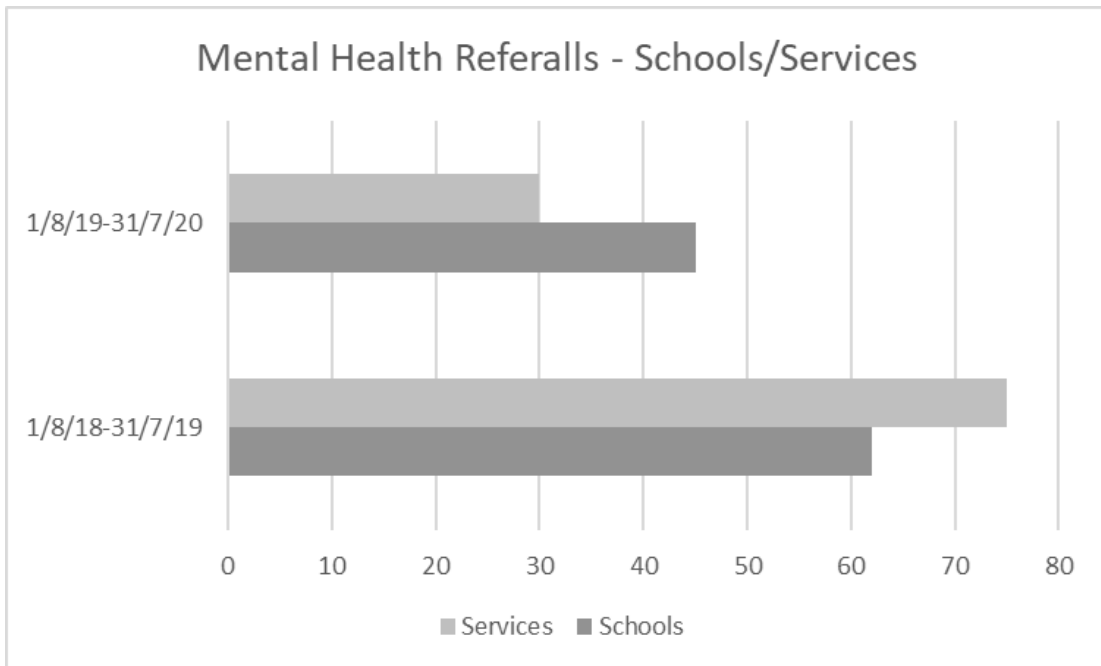
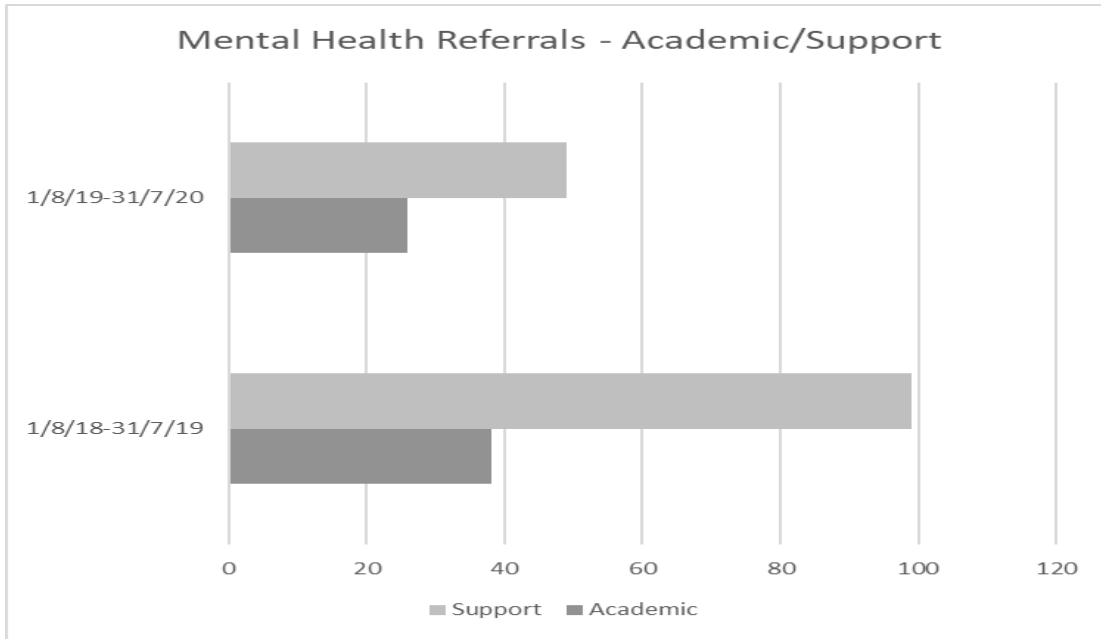
	01 Aug 18 - 31 Jul 19	01 Aug 19 - 31 Jul 20
Total Number of Referrals	360	276
Mental Health Referrals	99	75
Academic	38	26
Support	99	49
Schools	62	45
Services	75	30

	01 Aug 18 - 31 Jul 19	01 Aug 19 - 31 Jul 20
Total Number of Referrals	360	276
Mental Health Referrals	99	75

Academic	38	26
Support	99	49

Schools	62	45
Services	75	30





Appendix 2

Wellbeing and Occupational Health Occupational Health Service

occupationalhealth@leedsbeckett.ac.uk

Tel: 0113 8123185

What is Occupational Health?

The Occupational Health Service at Leeds Beckett University offers professional, confidential and objective advice to colleagues and managers about health, safety and well-being. In particular:

- Exploring the effects of work on health and health on work.
- Providing recommendations for improving physical and psychological wellbeing within the workplace.
- Identifying and preventing illness and injury that can arise from work activity.
- Providing advice on workplace adjustments, specialist equipment and disability.
- Providing advice on health issues affecting attendance, and rehabilitation following sickness absence.
- Signposting and referring to other agencies, including physiotherapy.

Who are we?

Ann Coulson Occupational Health Manager (RGN, SCPHN) Joanne Benson Occupational Health Advisor (RGN, SCPHN) Janet Norfolk HR Support Team Assistant Dr Asim Suleman Occupational Physician (sessional, 2-3 clinics a month) (MBChB MRCP MRCP MSc DOccMed)

All of our clinical staff hold up to date registration with their relevant professional bodies (Nursing and Midwifery Council and General Medical Council), have specialist qualifications in Occupational Health and significant post registration experience.

In addition to undertaking Occupational Health assessments, Dr Suleman holds responsibility for the clinical assessment of WYP Ill Health Retirement applications.

Confidentiality, and storage and handling of data

The Occupational Health Service maintains confidentiality and remains impartial in advice regarding health issues in the workplace. This creates an environment where colleagues feel they can raise sensitive matters, and managers can receive appropriate advice on issues related to fitness for work.

Personal data is processed in accordance with the General Data Protection Regulations (May 2018). Information obtained during the occupational health appointment is used for the purpose of occupational medicine and the assessment of working capacity. The personal information is confidential to the Occupational Health Service and will not be released to a third party without individual consent. All occupational health files are stored on a password protected secure database, or in the case of hard copy records including health surveillance, in locked filing cabinets in a locked room within Occupational Health. All records are stored for 7 years following termination of employment at the university, with the exception of health surveillance records as part of COSHH, which are stored for 40 years.

FAQs

How do I access the service?

Consultations with an Occupational Health Practitioner are offered on an appointment basis, via referral from your Line Manager. We are unable to accept self-referrals to the service.

What can I expect after I am referred?

In most circumstances you will be contacted within 48 hours of receipt of the referral and offered an appointment with an Occupational Health Practitioner. Once a convenient appointment has been arranged, your Line Manager and HR Contact will be informed. All Occupational Health colleagues are currently working remotely because of Covid-19 working restrictions; therefore, consultations will be conducted by Skype telephone or video, or by telephone.

The reason for your referral will be discussed during the appointment. The consultation offers you an opportunity to provide information in confidence about your health and circumstances, to ensure that you are accessing appropriate support. The appointment will take a maximum of 45 minutes.

What sort of advice will be given?

Following your appointment, the Occupational Health Practitioner will send a report to your Line Manager and HR contact, the proposed content of which will be discussed with you during the consultation and your consent sought. You may wish to review the contents of the report before it is sent, or you may consent for the report to be forwarded to those concerned (including yourself) all at the same time. The report is usually completed within 48 hours of the appointment, and on occasions where this is not possible, you will be advised of this in advance. Reports are usually sent via email, as a password protected PDF, to your Leeds Beckett University account.

Depending on the nature of the referral, advice on the following may be offered:

- Whether you have a health or wellbeing issue which may affect your attendance or performance at work.
- An estimate of the time you may need for appointments or for treatment.
- If you are absent, how long is it likely to be before you are ready to return to work.
- If you have been seriously unwell, recommendations to your manager on measures that might assist you to return to work while you are fully recovering and in rehabilitation.
- If you are not fit to return to your current job, recommendations on alternative duties or adjustments

What if I disagree with the contents of the report?

The advice given by the Occupational Health Practitioners is impartial and is their considered opinion. If you do not agree with the advice, contact the Occupational Health Practitioner with your concerns in the first instance.

You may withhold your consent for the report to be shared with your Line Manager and HR Contact at any time. In this situation, your Line Manager will assess and manage your case based on the information available to them and without that contained in the report.

Will my manager have to comply with the advice?

The role of Occupational Health is to offer advice and make recommendations regarding your individual situation. It is your Line Manager's responsibility to decide whether the recommendations are reasonable, taking into consideration the needs and resources of the individual department. Occupational Health do not provide, or order, any equipment that they may recommend. It your Line Manager's responsibility to authorise and order this.

Why can't my GP, another doctor or therapist carry out the assessment?

Occupational Health Practitioners are qualified to explore how health can affect work activity, and how work activity can impact upon health, and are more familiar with your work and workplace. On occasion, and with your consent, Occupational Health may seek supporting information from your GP or treating health professional to assist with their assessment.

What if I am unable to attend the appointment?

As there is a high demand for appointments, please make every effort to attend on the date and time given. If you are unwell or unable to attend for any reason, please contact Occupational Health as soon as possible to rearrange the appointment on (0113) 8123185 or occupationalhealth@leedsbeckett.ac.uk. Your Line Manager and HR Contact will be advised that you have been unable to attend.

Author

Ann Coulson
RGN, SCPHN (OH)
Occupational Health Manager
12 April 2021

Schedule of Business 2020/21

Date of Meeting 13 May 2021		Date of Meeting 16 September 2021
Welcome, Introductions and Apologies		Welcome, Introductions and Apologies
Terms of reference and membership		Terms of reference and membership
Minutes of the last meeting – held on 21 January 2021		Minutes of the last meeting – held on 13 May 2021
Matters Arising – From the 21 January 2021		Matters Arising – From the 13 May 2021
A further COVID update		A further COVID update
Student wellbeing – update on issues and activity		University Mental Health Charter
Stress Risk Assessments; report on action from the joint HR and Trades Union group		‘Occupational Health Update’ Report
University Mental Health Charter		Schedule of Business
‘Occupational Health Update’ Report		
Draft Absence Report		
Schedule of Business		
STANDING ITEMS	Apologies Membership & terms of reference Minutes of the last meeting Matters Arising A further COVID update University Mental Health Charter ‘Occupational Health Update’ Report Schedule of Business	

Other Matters

Student wellbeing – update on issues and activity
Stress Risk Assessments; report on action from the joint HR and Trades Union group
Draft Absence Report