WELLBEING SUB-COMMITTEE

15 September 2022
at 13:30 Teams meeting

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WELLBEING SUB-COMMITTEE

Agenda for the Wellbeing Sub-Committee Thursday 15 September 2022 meeting

The 9th meeting of the Wellbeing Sub-Committee will be held as an MS Teams meeting.

13:30	**Part A: Preliminary Items**		**Led by**
	A1	Welcome, Introductions and Apologies	**Verbal**	**Chair**
	A2	Committee Terms of Reference and Membership 2022/23*	WSC-2223-001 **OPEN**	**Chair**
	A3	Chair approved Minutes of the last meeting held on 12 May 2022	WSC-2223-002	**Chair**
	A4	Matters Arising – 12 May 2022 meeting	WSC-2223-003	**Chair & Secretary**
	Part B: Main Items of Business		
	B1	The University Mental Health Charter	**Verbal**	**Jo Jones**
	B2	Suicide Prevention Strategy	WSC-2223-004 **OPEN**	**Sarah Tomlinson**
	B3	Update on the SRA review/Wellbeing Assessment	WSC-2223-005 **OPEN**	**Sarah Moore**
	B4	'Occupational Health Update' Report	WSC-2223-006 **OPEN**	**Ann Coulson** (Ann unable to attend, so there won't be a verbal update on the paper. Sarah Swales will take any questions that people may have from reading the report.)
	B5	Financial Wellbeing	**Verbal**	**Sarah Swales/Sarah Moore**
	Part C: Other Business		
	C1	Any other business	**Verbal**	**Chair**
	C2	Schedule of Business 2022/23	WSC-2223-007 **OPEN**	**Chair & Secretary**

Date of the next H&S Consultative Committee meeting: Tuesday 4 October 2022 at 13.30.

Date of the next Wellbeing Sub-Committee meeting: Thursday 12 January 2023 at 13:30.

	Shaded items indicate that the Board / Committee is being asked to make a decision.

* 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 2022/23

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, Sarah Stone

i. 4 Schools (not represented by Deans); Oliver Bray, Gareth Robertshaw, Bryony Walker, Andrew Manley

j. 2 representatives of the Student Union; Ashleigh Pinnock 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.

Leeds Beckett University Suicide Prevention Strategy

Executive Summary

This paper describes our strategic approach to suicide prevention at Leeds Beckett University. It identifies three key areas of intervention which aim to reduce the risk of suicide amongst students, colleagues and our wider community.

Action Requested

This report is for discussion and approval.

Author

Name:	Sarah Tomlinson
Job title:	Head of Student Wellbeing
Date:	6th September 2022

WSC-2223-004
OPEN

Leeds Beckett Suicide Prevention Strategy

Introduction

The most recent Office for National Statistics data show that, during 2021, 5,583 people in England and Wales took their own lives and that suicide is the leading cause of death in people aged 20 to 34 years in the UK. Each suicide is a tragedy that has a profound effect, not only on family and friends, but on entire communities. Suicidal feelings and behaviour are usually the result of multiple difficulties in someone's life and can be related to many factors. There is, therefore, no simple formula for its prevention and it is important that all parts of society work together to prevent suicide. Suicide prevention is everyone's business.

This strategy is underpinned by a zero suicide philosophy where we view suicide as being preventable through working together. Our strategy forms part of an overall approach to student and colleague mental health and wellbeing, and it recognises that we have a role to play in reducing suicide across the wider community. It will be supported by an operational plan which will detail the specific actions required to reduce the risk of suicides occurring.

We are following Universities UK's Suicide-Safer guidance and the University Mental Health Charter framework in developing a specific strategy for suicide prevention, intervention and postvention, as a distinct component of an overarching institutional mental health strategy.

Oversight

Delivery of this strategy will be overseen by the Associate Director for Student Services, with an annual update provided to the Wellbeing Sub-committee by the Head of Student Wellbeing.

Aim

The overall aim of this strategy is to prevent the incidence of suicide within the university and the wider community through:

Prevention, where we understand the challenges that our students and colleagues may face and takes steps across the university to improve the wellbeing of everyone.
Intervention, where students and colleagues who may be at increased risk of suicide, know about and receive support.
Postvention, where we respond effectively to any death by suicide to ensure that those affected are supported through the aftermath, in the short and longer term.

Objectives

Our objectives are informed by the Department of Health's national suicide prevention strategy for England, the Leeds Suicide Prevention Action Plan, and the National Suicide Prevention Alliance. We want to prevent suicide by:

1. Encouraging and supporting high risk groups to seek help when they are experiencing emotional distress or when they disclose or demonstrate self-harming behaviour.
2. Tailor approaches to improve mental health support in specific groups.
3. Reducing access to the means of suicide.
4. Providing helpful information and support to those bereaved or affected by suicide.
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Supporting research, data collection and monitoring.
7. Providing all colleagues and students with access to suicide awareness and prevention training.
8. Increasing our collaboration with agencies who have an interest in suicide prevention to share good practice, learn lessons, and improve pathways to support.

Context

Suicide Across the Population in England and Wales

The most recent data from the Office for National Statistics (ONS) released on the 6th September 2022 show:

- In 2021, there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people. This is significantly higher than the 2020 rate of 10.0 deaths per 100,000 people but is consistent with pre-pandemic rates in 2019 and 2018.
- The latest figures include suicides that occurred in 2020 but were registered in 2021 due to disruption to coroners' inquests as a result of the Covid-19 pandemic. The ONS conclude that the suicide rate did not increase because of the pandemic.
- 74% of suicides were males (4,129 deaths), consistent with long-term trends, and equivalent to 16.0 deaths per 100,000, the rate for females was 5.5 deaths per 100,000.
- Among females, the highest rate was in those aged 45 to 49 years (7.8 deaths per 100,000), while among males it was highest in those aged 50 to 54 years (22.7 deaths per 100,000).
- Females aged 24 years or under have seen the largest increase in the suicide rate since the ONS time series began in 1981.
- London consistently has the lowest suicide rate of any region in England with the highest rate being in the North East.

Whilst surveillance data have not demonstrated a rise in suicide rates as a consequence of the Covid-19 pandemic, the longer-term impact of the pandemic on suicide rates is not yet understood. There are concerns that the wider impact of the pandemic, such as serious economic stress, may represent the greatest risk of a rise in rates in the future (Appleby et al., 2021).

The last audit of deaths by suicide in Leeds was published in September 2019 and it reviewed deaths that occurred between 2014 and 2016. The audit found that Leeds had a relatively stable suicide rate which was similar to England as a whole, although male deaths from suicide were relatively higher. Leeds' suicide rates remained slightly higher than those for the English Core Cities but most Core Cities have lower suicide rates than the England average, with the highest rates being outside the major cities. Leeds has a rate similar to the average in Yorkshire and Humber.

The Student Context

Student mental health and suicide have become areas of concern during the past five years. Mental health problems are common in the higher education student population and most universities, including Leeds Beckett, have experienced increased demand for student support services.

The ONS provided experimental statistics on suicide amongst higher education students in May 2022. The small numbers of student suicides per year make it difficult to identify statistically significant differences over time but the main findings from their data are summarised below:

- The rate of suicide in the academic year ending 2020 in England and Wales was 3 deaths per 100,000 students (64 deaths by suicide).
- Between the academic year ending 2017 and the academic year ending 2020, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages.
- Male higher education students had a significantly higher rate of suicide compared with female students, a trend seen in the general population.
- First year undergraduate males had a significantly higher suicide rate (7.8 deaths per 100,000 students) compared with those studying in other years (4.3 deaths per 100,000).

The Incidence of Student Suicides at Leeds Beckett

We cannot confidently report on the number of suicides from our student population because of the process for recording a cause of death. All suicides are confirmed by a coroner after a review of all available evidence. This can take months or even years, and the university may not receive notification of a coroner's final report.

Whilst any student suicide is one too many, the available data of suspected and confirmed suicides indicates that Leeds Beckett has a relatively low rate of deaths by suicide when compared to general population data.

Prevention

Our culture and practices are important in fostering self-care and in helping individuals and groups to adopt healthy behaviours. We will, therefore, adopt a whole-university approach to delivering proactive interventions which improve or protect wellbeing.

We understand that the culture of an organisation can create barriers for people in addressing their own mental wellbeing or in seeking support for their mental health. These may include stigma, concerns about confidentiality, or a belief that working or studying at university is inherently stressful. There are many misconceptions that are detrimental to suicide prevention such as concerns that talking to someone about suicide could encourage them to consider it, or the belief that suicides always happen without warning. An important part of our strategy is to work with colleagues and students to increase confidence in talking to others about their mental health and to challenge common misconceptions that lead to missed opportunities for suicide prevention.

Evidence demonstrates that some people are more likely to experience suicidal ideation and/or face challenges in seeking help, so our approach will include the identification and targeting of interventions for higher risk groups. We must also recognise the broader determinants of mental ill-health, such as isolation, loneliness, discrimination, and poverty, and work together with partners to tackle these.

Intervention

It is important that colleagues can recognise the signs that someone may be experiencing difficulties, and that they feel equipped to intervene appropriately. A key part of our strategic approach is to provide training and development, peer support, and de-briefing opportunities so that colleagues feel equipped to offer appropriate support to others.

There is a wide range of resources available at Leeds Beckett University and from external providers but the volume of information can be hard to navigate. We will ensure that our information, policies and procedures are continually reviewed and updated so that colleagues can signpost effectively to resources and support whilst maintaining compassionate boundaries.

Appropriate information sharing is an essential part of our strategic approach and an area where there has been significant misunderstanding and concern. Our practice in relation to information sharing will be in line with the Department of Health's Information Sharing and Suicide Prevention Consensus Statement (updated 2021). We recognise the benefits of working jointly with individuals who may be at risk of suicide, to share information with those involved in supporting them, and we will provide policies and procedures to support

us in doing this appropriately. We understand that, on rare occasions, information should be shared without consent and we will continue to ensure that our professional services are equipped to provide the clinical judgement and decision-making that is required in such cases.

Postvention

Universities with a suicide response plan in place are better equipped to respond effectively following a death by suicide. We understand the ripple effect following a suicide which impacts on many people and can affect entire communities. Some communities, including universities, may be more vulnerable to 'contagion' whereby a death by suicide influences the risk of others engaging in suicidal behaviour. Therefore, we must ensure that our response to a confirmed or suspected suicide provides measures to support those affected in the short and longer term.

An important part of our strategic approach is to ensure that there is a blame – free approach to learning from incidents. We are committed to developing an approach to reviewing suspected or confirmed suicides in a way that supports colleagues to reflect and to feel safe to discuss any learning which can then inform the updating of policies and procedures.

Finally, we will work closely with other higher education and accommodation providers in the city to ensure that all individuals affected, for example housemates, are offered support.

Conclusion

Our strategic approach to suicide prevention is informed by evidence, legislation, and expert guidance. We will keep abreast of developments in this area, including monitoring our own internal data, and will update our strategy so that it remains relevant and effective. Our strategy will inform a suicide prevention operational plan which will require commitment and action from all sections of our university.

References and further information

Appleby L et al., (2021), *Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance.* The Lancet Regional Health - Europe 4 (2021) 100110. Available at https://www.thelancet.com/pdfs/journals/lanepe/PIIS2666-7762(21)00087-9.pdf [accessed 7/9/2022]

Department of Health (2021), *Information sharing and suicide prevention: consensus statement.* Available at https://www.gov.uk/government/publications/consensus-statement-for-information-sharing-and-suicide-prevention/information-sharing-and-suicide-prevention-consensus-statement [accessed 7/9/2022]

Department of Health (2021), *Preventing suicide in England: Fifth progress report of the crossgovernment outcomes strategy to save lives.* Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf [accessed 7/9/2022]

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Leeds City Council (2019), *Executive Summary Audit of Suicides in Leeds 2014 – 2016.* Available at https://observatory.leeds.gov.uk/wp-content/uploads/2019/09/Leeds-Suicide-Audit-2014-2016-Executive-Summary.pdf [accessed 7/9/2022]

National Suicide Prevention Alliance (2019), *Strategic framework 2019-2021.* Available at https://nspa.org.uk/wp-content/uploads/2021/07/NSPA-Strategic-framework-2019-2021_WEB.pdf [accessed 7/9/2022]

Office for National Statistics (2022), *Suicides in England and Wales: 2021 registrations.* Available at https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest [accessed 7/9/2022]

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Public Health England (2019), *Identifying and responding to suicide clusters A practice resource.* Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf [accessed 7/9/2022]

Universities UK (2018), *Suicide-Safer Universities.* Available at https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/suicide-safer-universities [accessed 7/9/2022]

Sarah Tomlinson, Head of Student Wellbeing, 7th September 2022.

Stress Risk Assessment Review / Wellbeing Assessment

Purpose of Report
This Report provides an update on the Stress Risk Assessment Review since the last Sub-Committee in May.

Action Requested
The report is **for information and to note**

Update
As the proposed approach was approved at Wellbeing Sub-Committee and Health & Safety Consultative Committee work has progressed to test these changes with an 'early adopter' group of Schools and Services this Autumn.

The Stress Risk Assessment will become the Wellbeing Assessment, and documentation including an updated form and new leadership, management and all colleague guidance has been created. The solutions-based approach is intended to encourage open and honest conversations based on the following principles:

- What is happening that is helping to enhance or maintain our wellbeing? With a focus on good practice that could be continued and built upon.
- What is negatively affecting our wellbeing, causing stress or has the potential to do so? Focusing on improvements, mitigating actions and risk.
- Action planning – including accountability at both an individual, team and school/service wide level.
- Communication – of agreed actions planned and ongoing progress.

The Schools and Services agreeing to test the Wellbeing Assessment are Leeds School of Arts, Library and Student Services, Human Resources, Quality Assurance Services, and CARES. They will use and test the Wellbeing Assessment until the end of October when feedback will be gathered and amendments made if required. All other Schools and Services will remain on the Stress Risk Assessment until 1 January 2023 (proposed launch date for the Wellbeing Assessment).

The Stress Risk Assessment Policy has been updated to reflect these changes, and to become the Wellbeing Assessment Policy. It is currently being reviewed through the JCC HR Policy Group, next meeting is 25 October 2022.

Appendices
Appendix 1 – Draft Wellbeing Assessment Policy
Appendix 2 – New form

Author
Name: Sarah Moore, Wellbeing Manager, Human Resources
Date: 2 September 2022

Approval Route
Name: Sarah Swales, Deputy Director of Human Resources
Date: 2 September 2022

Wellbeing Assessment Policy

Purpose and Core Principles

The purpose of the Wellbeing Assessment is to support how we assess organisational wellbeing at LBU. It provides a framework for Schools and Services to check in on what's happening to maintain or enhance wellbeing, and what's happening that poses a risk to colleague wellbeing, including work-related stressors. The solutions-based approach encourages open and honest conversations based on the following principles:

- What is happening that is helping to enhance or maintain our wellbeing? With a focus on good practice that could be continued and built upon.
- What is negatively affecting our wellbeing, causing stress or has the potential to do so? Focusing on improvements, mitigating actions and risk.
- Action planning – including accountability at both an individual, team and school/service wide level.
- Communication – of agreed actions planned and ongoing progress.

Scope

'Wellbeing at Work' relates to all aspects of working life including the safety and quality of the physical environment, the work organisation and culture, the working environment and work-related stressors. It is 'creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation' (CIPD 2016).

The University has a duty to provide a healthy and safe place of work and in doing so acknowledges the importance of identifying and reducing risk through work-related stress. The Health and Safety Executive (HSE) defines work-related stress as 'the adverse reaction people have to excessive pressure or other types of demand placed on them'.

Responsibility

Every member of the University has a responsibility for health and safety; and improving wellbeing and reducing stress. In terms of the Wellbeing Assessment, every colleague should play an active part – providing and/or taking the opportunity to feed in, recognising success, identifying risks and developing improvement actions together.

It is the responsibility of each Dean or Director to ensure the School/Service Wellbeing Assessment takes place (at least every six months – please see 'When' section below).

- Essential - Wide participation from the School/Service.
- Recommended – Developing and agreeing improvement actions together. Open and timely feedback about actions to be taken.

This enables oversight of key potential issues within the School/Service and ensures that actions are prioritised, progressed and reviewed. Where topics or issues are raised which are not in the control of the School or Service to resolve, these need to be escalated to Human Resources and Health and Safety.

Human Resources has responsibility for monitoring the implementation of this Policy and its supporting procedures and will provide advice and guidance to managers and employees.

When

Wellbeing Assessments should be carried out and reviewed every six months (or more frequently where there are significant changes within the School or Service, significant changes to location or ways of working, or factors such as increased employee turnover, sickness absence or grievances). Deans and Directors should ensure that the most recent Wellbeing Assessment is available for reporting purposes and as evidence for any Health and Safety audit.

Where a Wellbeing Assessment has been undertaken for an individual subject group or team, it may be decided at the six-monthly review that it is no longer necessary to continue with this separate stress risk assessment. If this is the case, it should be noted on the summary action plan, and future comments/feedback should be fed into the overall Wellbeing Assessment.

Supporting the wellbeing of the University is an ongoing, year-round process. You could start by using One-to-Ones: Highlighting Wellbeing and PDR conversations with all staff. In large Schools and Services, team-based discussions offer an opportunity to assess which actions can be taken by a team and which need to be at School or Service level. All these conversations will provide a better understanding of the wellbeing and stressors of the School/Service and help with the ongoing completion of the Wellbeing Assessment.

Wellbeing Assessment Guidance

Further resources and information for managers and staff on wellbeing at work are available on our Wellbeing webpages.

Wellbeing Action Plans

Wellbeing Action Plans should be used on a team or an individual basis, where it is requested by the individual and/or where a manager wants to help improve wellbeing at work. They can be used both proactively to help maintain good levels of wellbeing across the team or individually, and also to support the team or an individual with declining levels of wellbeing. If there's an issue affecting an individual's wellbeing which is common to other colleagues' experience then this should be picked up through the Wellbeing Assessment e.g. a process change causing delays, inefficiencies etc.

Individual Stress Risk Assessments

On occasions where a manager becomes aware that an individual is suffering stress, the manager should attempt to engage with the individual and complete the Individual Stress Risk Assessment Checklist. The checklist is designed to help the manager in determining the exact nature of the issues, assess the individual's role and working environment, and identify any reasonable additional measures that may help. The process of completing the Individual Stress Risk

Assessment Checklist will vary on the individual circumstances, for example, whether the individual is at work or absent from work. Completion of the form may require support from Human Resources and in cases where there is an underlying or long-term condition, advice should be sought from Occupational Health.

Referrals to Occupational Health

The University's Occupational Health team provides professional support and advice to mangers on work related and work-relevant aspects of ill-health. Where managers need to refer an individual to Occupational Health, the manager should attempt to engage with the individual to complete the OH referral form before a referral to Occupational Health is made. Where this is not possible, the manager should contact a member of the Occupational Health team to discuss the case prior to completing the referral.

Referrals to Health Assured Employee Assistance Programme

Our employee assistance programme provided by Health Assured is available to colleagues across the University. Support includes self-help guides, 24/7 confidential helpline and specialist referrals. With the individual's consent, managers can refer members of their team directly to Health Assured so that they can get support when they need it. For details of how to do this please read the Health Assured Manager referral guidance and form.

The Active Care service from Health Assured provides an effective intervention on the very first day a 'fit note' is received from an employee for a stress-related absence. Managers can complete an Active Care referral form, and upon receipt of a completed form, Health Assured will arrange for an experienced Occupational Health Advisor to contact the colleague and complete a structured consultation. The focus of the consultation will be to understand the individual's needs, ascertain triggers, treatment prescribed and offer recommendations for treatment in a supportive and impartial manner. Subject to the colleague's consent, a written report will be sent to the referring manager summarising the consultations outcome and recommended steps.

Definitions
(using recognised definitions from University Mental Health Charter)

Wellbeing at Work - Wellbeing is good for students, colleagues, the University and our wider community. Promoting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of colleague engagement and organisational performance.

Mental health refers to a full spectrum of experience ranging from good mental health to mental illness.

Good mental health means more than the absence of illness. It will refer to a dynamic state of internal equilibrium in which an individual experiences regular enduring positive feelings, thoughts

and behaviours, can respond appropriately to normal negative emotions and situations and is able to make a positive contribution to their community.

Mental illness will be taken to mean a condition and experience, involving thoughts, feelings, symptoms and/or behaviours, that causes distress and reduces functioning, impacting negatively on an individual's day to day experience, and which may receive or be eligible to receive a clinical diagnosis.

Mental health problems or poor mental health will refer to a broader range of individuals experiencing levels of emotional and/ or psychological distress beyond normal experience and beyond their current ability to effectively manage. It will include those who are experiencing mental illness and those whose experiences fall below this threshold, but whose mental health is not good.

Review

This policy and procedure will be monitored and reviewed every three years and/or amended in light of legislative changes and organisational requirements as appropriate.

Wellbeing Assessment Form

The purpose of this activity is to identify and manage workplace stressors alongside activities that support positive wellbeing. To support your discussions, please refer to the Wellbeing Assessment guidance.

School/Service	
Group/Team (optional)	

Section 1 – Areas for discussion

1. What is happening that is helping to enhance or maintain our wellbeing? *Things that we may want to continue or build upon.*	
Notes	**Agreed action**
Team meetings happen across the school/service and all colleagues have 1:1s in place.	*Meetings to continue as scheduled.*
Regular cascades of information from management meetings to all colleagues are helpful and valued.	*Updates to all colleagues following monthly leadership meetings to continue.*

2. What is negatively affecting our wellbeing or has the potential to do so? *Things we may want to stop, change or mitigate.* For each theme, including a consideration of the control measures in place, what is the final risk rating? See guidance for risk rating definitions.		
Notes	**Agreed action**	**Risk Rating (High, Medium, Low)**
1. *Too many back-to-back meetings.*	*50 min meetings to be adopted.*	*L*
2. *New project being initiated that will impact BAU and team resource.*	*Team meetings/1:1s to include discussions around priorities and managing timescales/expectations.*	*M*

Section 2 - Action Plan Summary

Action	Who	By when	Progress
Commitment to regular team meetings and 1:1s to remain in place.	*Managers*	*n/a*	
Updates to all colleagues following monthly leadership meetings to continue.	*Managers*	*Monthly*	
50 min meetings to be adopted across the school/service	*All*	*Beginning of May*	*Review in 1 month*
Team meetings/1:1s to include discussions around priorities and managing timescales/expectations.	*Whole team*	*July onwards*	

Section 3 - Communication and next steps

A key principle of these discussions is that agreed actions are communicated to colleagues, along with any updates on progress. Some questions to consider are as follows:

- How do you plan to communicate your actions?
- How will you keep colleagues up to date with progress?
- How will you keep these conversations going between formal reviews (typically 6 monthly)?
- What is similar or different to your colleague survey results?

Section 4 – Authorisation and key dates

Completed by:				
Date completed:				
Review dates planned for:				

Once completed please send a copy to your HR Business Partner.

Wellbeing Assessment Form

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School/Service	
Group/Team (optional)	

Section 1 – Areas for discussion

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2. What is negatively affecting our wellbeing or has the potential to do so?
   Things we may want to stop, change or mitigate.
   For each theme, including a consideration of the control measures in place, what is the final risk rating? See guidance for risk rating definitions.

Notes	Agreed action	Risk Rating (High, Medium, Low)
1. *Too many back-to-back meetings.*	*50 min meetings to be adopted.*	*L*
2. *New project being initiated that will impact BAU and team resource.*	*Team meetings/1:1s to include discussions around priorities and managing timescales/expectations.*	*M*

Section 2 - Action Plan Summary

Action	Who	By when	Progress
Commitment to regular team meetings and 1:1s to remain in place.	*Managers*	*n/a*	
Updates to all colleagues following monthly leadership meetings to continue.	*Managers*	*Monthly*	
50 min meetings to be adopted across the school/service	*All*	*Beginning of May*	*Review in 1 month*
Team meetings/1:1s to include discussions around priorities and managing timescales/expectations.	*Whole team*	*July onwards*	

Section 3 - Communication and next steps

A key principle of these discussions is that agreed actions are communicated to colleagues, along with any updates on progress. Some questions to consider are as follows:

- How do you plan to communicate your actions?
- How will you keep colleagues up to date with progress?
- How will you keep these conversations going between formal reviews (typically 6 monthly)?
- What is similar or different to your colleague survey results?

Section 4 – Authorisation and key dates

Completed by:				
Date completed:				
Review dates planned for:				

Once completed please send a copy to your HR Business Partner.

Wellbeing Assessment

Leadership Briefing

Contents

- Background
- Stakeholder consultation and feedback
- Move from Stress Risk Assessment to Wellbeing Assessment
- Leadership accountabilities
- Comms, guidance and support
- Next steps

Background
Why review? Why now?

1. Our Workforce plan commits us to investing in the wellbeing and resilience of all colleagues. Conversations that are generated by the SRA process remain central to how we manage and mitigate concerns and work-based stressors for colleagues.

2. The current process was established in 2018 and although well-established we need to determine that it's still fit for purpose, and we also need to remind the organisation of the importance of assessing and mitigating stress risk.

3. We've had feedback that the form is onerous and doesn't support the conversation. We've also had feedback that the SRA is sometimes completed as a desk exercise without consultation.

4. Since 2018 and partly due to the pandemic, the conversation and emphasis on stress, mental health and wellbeing has changed to become more proactive. The process needs to better reflect that change.

5. We've committed to Wellbeing SubCommittee to review and it's a HR Priority for 2022.

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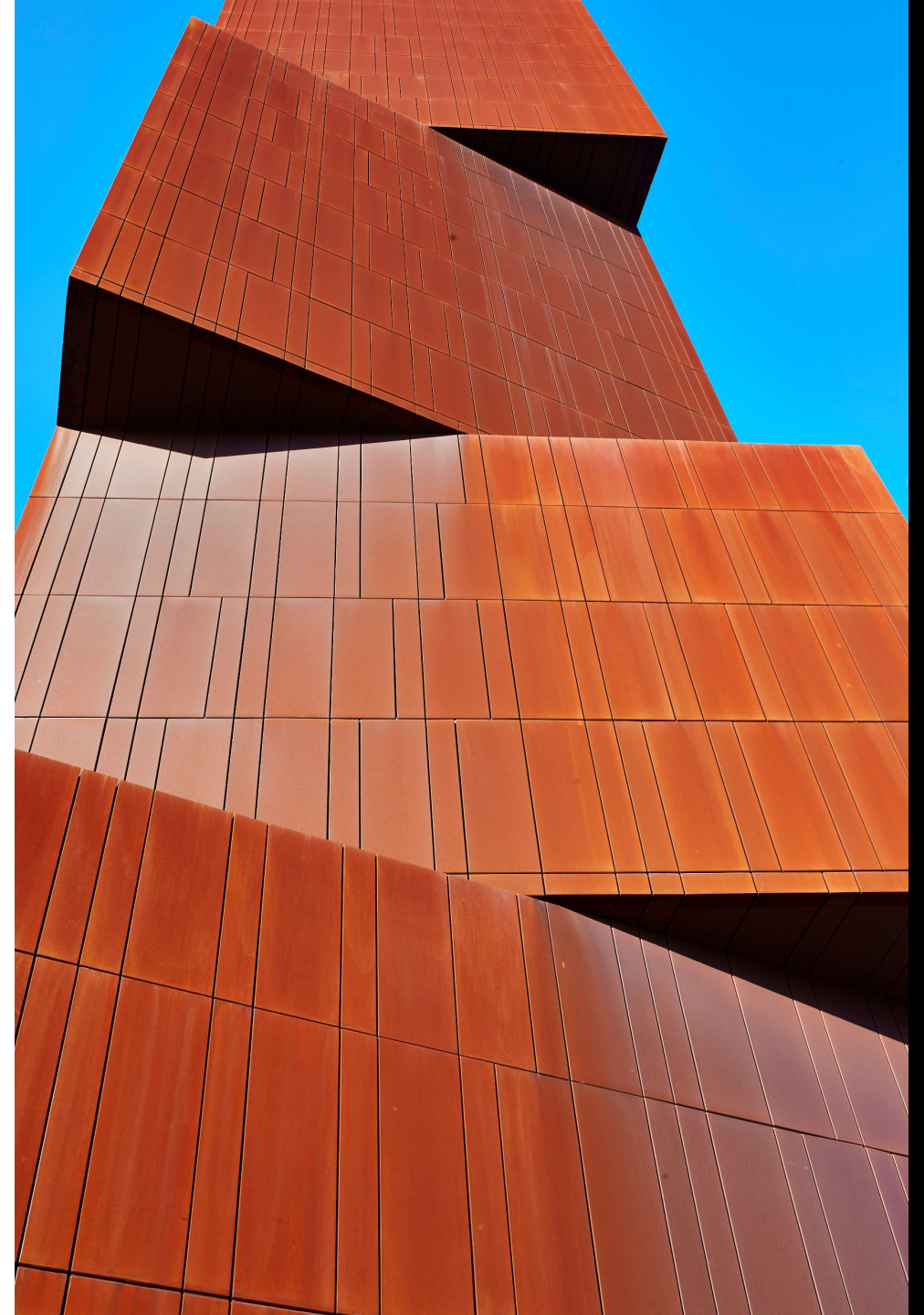
Actions to date

- 2022 SRA cycle unaffected. Collation report complete
- Feedback gathered from a range of stakeholders from across the University
- Key themes identified
- Presented impetus for change and project plans at Wellbeing Subcommittee Jan 2022
- Key themes confirmed
- Project team identified and agreed project scope
- Project team agreed high-level project milestones and timescales
- Developed proposals for revised purpose, form & name
- Proposals supported by May's Wellbeing Sub-Committee and Health & Safety Consultative Committee June 2022

Current
- Early adopters – briefing, trial and feedback

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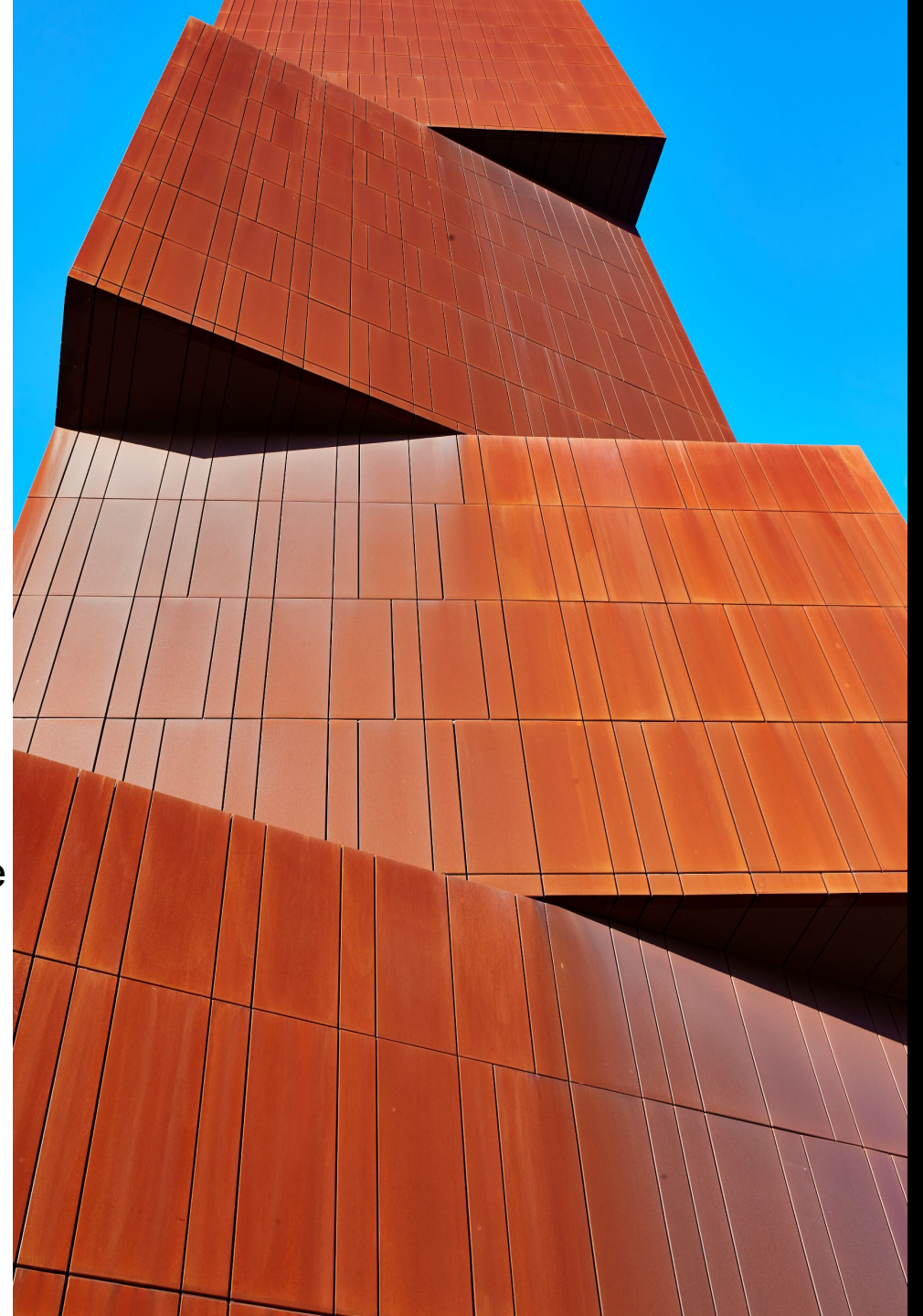
Stakeholder feedback: what currently works well?

Current process is well established, known about and is completed across the University

Some areas already focus on broader wellbeing in addition to the reduction of stress

Opportunity to have a different conversation about work

Examples of leaders and managers using multiple opportunities to have the conversation e.g. 121s, team meetings

Opportunity for team discussions in larger Schools or Services

Process is visible, responsibility and accountability is shared across the School / Service

Stakeholders consulted December 2021 – February 2022.18 colleagues and managers from across the University, Trade Unions and members of the Wellbeing Sub-Committee.

Stakeholder feedback: what doesn't work well?

Some feeling that it can be a 'tick-box' exercise by management, with little consultation

Not everyone realises they have a responsibility, both individually and collectively, to reducing stress and enhancing wellbeing

The view that 'management' or 'the University' needs to solve everything

Form contains lots of information that could be in a guidance document, it is repetitive and doesn't help organise the iterative nature of the process

Some teams' stressors feel to 'get lost', while others can 'dominate'

Some concern that stressors aren't addressed, due to a lack of feedback loop or visibility of actions

Stakeholder feedback: what would you change?

Simplify the form, avoid duplication and could include a 'status dial'

Stop using a deficiency model approach and instead use a strengths-based approach to better identify improvements as well as risks and issues

Change the name and positioning to reflect enhancing wellbeing

More guidance or training for managers to support teams' wellbeing and reduce stress

More support for leaders' and managers' wellbeing at work

Have more regular conversations about wellbeing, in 121s, in team meetings, as well as through this process

Move from 'Stress Risk' to 'Wellbeing' Assessment

- **Reposition the focus of SRA conversations** – to both 'enhance wellbeing' and 'reduce stress', and to change the name to reflect this.

- **Review the form** – to better support the conversation.

- **More support/guidance needed for managers.**

- **Local team *vs* school/service wide actions**.

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Main changes

1. **Updated policy and guidance -** re-positioning this process as focussing on both wellbeing and stress, underpinned by the following proposed principles:

   - What is happening that is helping to maintain our wellbeing?
   - What is negatively affecting our wellbeing or has the potential to do so?
   - Shared responsibility
   - Actions
   - Communication and next steps

2. **New form** - to better support more meaningful and better balanced conversations in line with this. Simpler and easier to complete.

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Main changes (cont…)

3. **Name change** - Wellbeing Assessment.

4. **Frequency the same** – and the process will remain the responsibility of the Dean/Director.

5. We will be **clearer on how risk is managed** and escalated as part of this process, whilst also sharing good practice.

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Leadership role

1. Ensure Wellbeing Assessment takes place (at least every 6 months)
2. Role model wellbeing conversations - in 121s, team discussions
3. Invite wide participation in discussions about wellbeing at work
4. Casade Wellbeing Assessment FAQs to all colleagues
5. Facilitate a Wellbeing Assessment discussion with the Senior Leadership Team
6. Share manager guidance and ensure completion by all line managers
7. Collate information from across School/Service
8. Escalate actions to Human Resources and Health & Safety where appropriate

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Comms, guidance and support

1. To support the changes HR have provided:
   - Draft Wellbeing Assessment Policy (for approval at JCC Policy Group)
   - Wellbeing Assessment form
   - Leadership briefing (this document)
   - Management guidance
   - All colleague FAQs

2. To further support Schools and Services we can offer (if required):
   - Discussions at Leadership Team meetings and answering questions ahead of starting the Assessment
   - Answering questions as they arise as part of the new approach

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Feedback

As Early Adopters of the new Wellbeing Assessment we'll be gathering feedback from leaders, managers and colleagues in your School/Service on how it's landing and what we might need to adjust ahead of launch to the wider University.

This is likely to be through surveys, emails and short interviews.

Ideally your experiences and feedback on the approach will be used to engage and cascade the Wellbeing Assessment to the wider University.

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Next steps

1. Review briefing and guidance documents; ask any clarifying questions

2. Confirm to HR team if requesting a Leadership discussion

3. Cascade/brief managers and colleagues

4. Have wellbeing at work conversations, agree collective actions, record successes and issues, report and escalate to HR project team

5. Feedback to HR project team – on process

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Contents

Introduction

Expectations

The Assessment

Having effective conversations

In Summary

Introduction

This guidance is aimed at leaders and managers with responsibility for completing the Wellbeing Assessment with their direct reports and teams.

We recommend you set aside between 20-30 minutes to go through this resource. There are 4 chapters, which can be completed independently or in one go.

It may help to have a pen and notepad handy, to capture your thoughts and start to plan your conversations.

You will find also links to resources such as the Policy, form and colleague FAQs**.**

We recommend viewing in Slide Show mode in the desktop version of Powerpoint.

What do we mean when we say wellbeing at work?

- 'Wellbeing at Work' relates to all aspects of working life including the safety and quality of the physical environment, the work organisation and culture, the working environment and work-related stressors.

- It is 'creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation' (CIPD 2016).

- The University has a duty to provide a healthy and safe place of work. We acknowledge the importance of identifying and reducing risk through work-related stress.

- The Health and Safety Executive (HSE) defines work-related stress as 'the adverse reaction people have to excessive pressure or other types or demand placed on them'.

The Stress Risk Assessment process is changing...

Much of what you are used to doing in connection with the current Stress Risk Assessment process is remaining the same, so you will recognise...

- The requirement to have conversations with your teams and receive feedback to be able to assess the risk of work related stressors.

- The need to feed the outputs of your team conversations into an overall action plan for your school or service.

- The frequency that these more formalised discussions need to happen, i.e. at least every 6 months.

The Stress Risk Assessment process is changing...

There are, however, some key changes as follows...

- A change in name, from 'Stress Risk' to 'Wellbeing Assessment', to reflect the broader focus of these conversations – to both **enhance wellbeing** and **reduce stress**

- A new, simpler form – to support a more balanced conversation.

- There is new guidance for managers and colleagues.

- There is greater emphasis on taking action and continuing the conversations.

- Greater clarity on shared responsibility and expectations at individual, team and school/service level.

In a nutshell…

"The Wellbeing Assessment enables every colleague at LBU to share their views and to improve wellbeing at work"

Expectations

What are Deans and Directors responsible for?

Ensuring a Wellbeing Assessment takes place (at least every 6 months) in line with the policy.

Inviting wide participation in discussions connected to the Wellbeing Assessment.

Sharing manager guidance and cascading Wellbeing Assessment FAQs to all colleagues.

Facilitating a Wellbeing Assessment discussion with the Senior Leadership Team.

Collating feedback to produce a School/Service wide action plan, linking to other actions as required e.g. Colleague Survey.

Communicating actions and progress.

Escalating issues to Human Resources and Health and Safety where appropriate.

Role modeling wellbeing conversations - in one to ones, team discussions, away days etc.

What's the role of a Manager?

Ensuring colleagues in the team understand what the purpose of the Wellbeing Assessment is.

Inviting feedback from the team, and providing an opportunity for a team based Wellbeing Assessment discussion if required.

Ensuring everyone in the team has an opportunity to feed in.

Facilitating open and honest conversations.

Support the team to identify activities that enhance wellbeing and also those that pose risks to work related stress.

Collating feedback to produce actions at an individual and team level as required, and to also inform the School/Service wide action plan.

Communicating actions and building in regular progress updates.

All colleagues are expected to...

- Play an active part in the conversations

- Respectfully listen to everyone's views

- Recognise successes and develop actions together

- Take actions forward that are agreed, either for themselves as individuals or as part of shared actions at a team or service/school level.

Every member of the University has a responsibility for health and safety, improving wellbeing and reducing stress.

The Assessment

The Assessment – a closer look

- Section 1 starts with a new approach to allow for a more balanced conversation:

  "What is happening that is helping to enhance or maintain our wellbeing? "

Helpful questions to facilitate this might be:

1. What's working well for us?

2. What are we finding helpful?

3. How do we know when we have good wellbeing?

4. What are we not willing to give up?

The Assessment continued…

- Section 2 focuses on things we want to **stop, change or reduce** :

  "What is negatively affecting our wellbeing or has the potential to do so?"

- If you're an existing manager, you might be more familiar with these conversations. If you're new to LBU this section is all about **action**, which should be pragmatic and focus on shared responsibility. Take care to ensure that actions relating to individuals are discussed separately; e.g. when it's connected to an individual's working hours or patterns of behaviour.

- Section 3 focuses on **communication**. i.e.

  "Do colleagues know what happens to discussions and actions after the meetings?"

- As the manager, you are responsible for keeping track of local actions and keeping your team up to date – more on this later.

Pause - key point:
When it's time to check in more formally in 6 months' time, what do you want to be able to say? What story to do you want to be able to tell about progress made, based on the feedback received?

A reminder: High, Medium or Low risk?

It helps to take a balanced view of the risk levels from issues raised, based on what may cause stress and the existing control measures which are already in place. Think about the significance of the issues and be reasonable about their potential to cause harm.

High (H) *Likely to cause harm. Current control measures are inadequate and should be improved within a fixed timescale.*

Medium (M) *Some risk to colleagues, additional control measures should be considered.*

Low (L) *No significant risk to colleagues, current control measures are adequate. The risk level is to help you to identify and prioritise any additional actions*

- Make a note of the existing measures which are already in place to help address the issues to create a healthy working environment (examples are provided on the form).

- Certain control measures, such as regular one-to-one meetings may appear several times if they help employees in different ways.

- Allocate a risk rating for each issue - a High, Medium or Low risk level.

Taking action together

You may have actions at individual, team or school/service level.

As with any action plan, the key to success is keeping things simple, allocating responsibility and building in timescales. Here are some further top tips based on the principles of shared responsibility and communicating successes...

- Ensure your action plan is simple, focused and aligned with the feedback you've received.

- Outline areas for improvement and assign owners and timescales for completion

- Prioritise ideas for action based on impact.

- Connect or build on existing action plans/work, such as previous stress risk assessments or colleague surveys plans.

- Communicate the action plan as soon as possible to encourage engagement and action.

- Continue the conversation (e.g. having your Wellbeing Assessment Action plan as a standing agenda item at team meetings) and encourage completed action to be communicated.

Taking action together

A key consideration connected to colleague voice…

It may be the case that team actions aren't common across the school/service and therefore don't appear in the school/service action plan.

Managers and teams have a responsibility to ensure these actions aren't 'lost', that colleagues are heard and responded to and progress is still made.

Introducing the new Wellbeing Assessment form

Wellbeing Assessment Form

The purpose of this activity is to identify and manage workplace stressors alongside activities that support positive wellbeing. To support your discussions, please refer to the Wellbeing Assessment guidance.

School/Service	
Group/Team (optional)	

Section 1 – Areas for discussion

1. What is happening that is helping to enhance or maintain our wellbeing?
   Things that we may want to continue or build upon.

Notes	Agreed action
Team meetings happen across the school/service and all colleagues have 1:1s in place.	Meetings to continue as scheduled.
Regular cascades of information from management meetings to all colleagues are helpful and valued.	Updates to all colleagues following monthly leadership meetings to continue.

2. What is negatively affecting our wellbeing or has the potential to do so?
   Things we may want to stop, change or mitigate.
   For each theme, including a consideration of the control measures in place, what is the final risk rating? See guidance for risk rating definitions.

Notes	Agreed action	Risk Rating (High, Medium, Low)
1. Too many back-to-back meetings.	50 min meetings to be adopted.	L
2. New project being initiated that will impact BAU and team resource.	Team meetings/1:1s to include discussions around priorities and managing timescales/expectations.	M

Suggested process for conducting the Wellbeing Assessment

1. Dean or Director invites participation in Wellbeing Assessment conversations across their school or service, at least every 6 months.	All colleagues are given the opportunity to feed into these discussions, including managers of teams. All managers to review the manager guidance before undertaking the process with their teams. This could also be an opportunity to provide an update on progress connected to previous actions.
2. Managers of teams facilitate team discussions and send a summary of outcomes through to their leadership team.	In addition to sending a summary of themes to feed into the overall School/Service Wellbeing Assessment Action Plan, there may also be actions to progress at an individual and/or team level. The Wellbeing Assessment Form can be used to facilitate this, but completion of this is optional at team level and can be decided locally**.**
3. Leadership team completes a Wellbeing Assessment form at a school/service level.	The Leadership team reviews all the feedback received and completes a Wellbeing Assessment Form that sets out the commonly occurring themes and agreed actions for their school/service. In producing an action plan, data from Wellbeing Assessment discussions can be considered alongside Colleague Survey actions and other people metrics (e.g. sickness, turnover).

Suggested process for conducting the Wellbeing Assessment (cont...)

4. The completed Wellbeing Assessment action plan is shared across the School or Service.	As part of this, consideration is given to how actions will be taken forward and how ongoing progress will be communicated.
5. Updates on progress against actions are provided with a view to formally reviewing the Wellbeing Assessment again in 6 month's time.	Actions may have been agreed at an individual, team or School/Service level. How can updates be built into regular and existing communications e.g. team conversations and 1-2-1s, as required?
6. The University Health & Safety Committee reviews key themes and issues from all School/Service Wellbeing Assessments annually.	Common organisational themes based on completed School/Service Wellbeing Assessments will be considered at an annual H&S Committee, typically at the end of each academic year. To feed into this, all Schools/Services will be required to submit their most recent Wellbeing Assessment form by 1 April each year via their HR Business Partner. The H&S Committee will update corresponding aspects of the University Risk Assessment accordingly.

Other helpful actions

If anyone is missing from the conversations, make sure they are bought up to date and given the opportunity to contribute.

Where individual concerns are identified, you can complete a Wellbeing Action Plan and/or an Individual Stress Risk Assessment with the individual to identify any additional reasonable measures that may help.

Occupational Health

The University's Occupational Health team provides professional support and advice to mangers on work related and work-relevant aspects of ill-health. Where managers need to refer an individual to Occupational Health, the manager should attempt to engage with the individual to complete the OH referral form before a referral to Occupational Health is made.

Employee Assistance Programme

- Our employee assistance programme provided by Health Assured helps you support your team.

- Support includes self-help guides, 24/7 confidential helpline and specialist referrals.

- With the individual's consent, you can refer members of your team directly to Health Assured so that they can get support when they need it.

- The Health Assured Manager referral guidance and form provides more details.

- The Active Care service from Health Assured provides an effective intervention on the very first day a 'fit note' is received for a stress-related absence.

- Managers can complete an Active Care referral form, and upon receipt of a completed form, Health Assured will arrange for an experienced Occupational Health Advisor to contact the employee and complete a structured consultation.

Continuing the wellbeing conversation

- Supporting the wellbeing of your team is an ongoing, year-round process.

- You could start by using One-to-Ones: Highlighting Wellbeing and PDR conversations with all your team members.

- In large Schools and Services, team-based discussions offer an opportunity to assess which actions can be taken by a team and which need to be at School or Service level.

- All these conversations will help you to gain a better understanding of the wellbeing and stressors of the School/Service and Team, and help with the ongoing completion of the School / Service Wellbeing Assessment.

- Make sure the team is aware what's feeding into the service/school-wide assessment, and what you all need to work on individually and as a team.

Having effective conversations

Preparing for the conversations

Take the time to review the themes and actions from the previous action plans. This will enable you to facilitate better conversations with colleagues and then work together to develop actions that will have an impact.

Think about your own wellbeing. Have you checked in with what's working well for you and what needs to change? What opportunities are there for you to feed into the conversation – either as part of the team, with a peer group or as part of the leadership team?

Take some time to familiarise yourself with this guidance and the new form. You might like to note down a few open questions as discussion starters.

Getting Together

Organise opportunities for conversations with colleagues, and start to identify actions.

Here are some suggestions for getting people together:

- Use a school or service wide meeting to check everyone understands the process, their role and key outcomes. The Wellbeing Assessment FAQs can be useful to help position colleagues' expectations.

- Arrange for discussions to be held as part of team meetings. This gives you the opportunity to explore what resonates at a team level, prior to feeding back to the leadership team. Set up further listening activities, such as facilitated focus groups or World Café sessions, to get to the heart of local areas' views on what's going well and any concerns.

- Create cross-school or service task and finish groups to explore key themes and actions.

Stop. Start. Continue.

A simple, effective model that lends itself very well to a wellbeing at work conversation is Start, Stop, Continue.

This is a popular reflective technique used to gather feedback and uncover insights while running a team conversations. In its simplest form, the technique is based on asking 3 basic questions:

- *What should we start doing?*

- *What should we stop doing?*

- *What should we continue?*

The answers can help teams to surface blockers, eliminate risks and identify opportunities.

One of the easiest ways to run a start, stop, continue discussion to use an online whiteboard which eliminates the need for everyone to be present in the room at the same time.

Examples of stop behaviours could be:
- Holding meetings over lunch hours
- Expecting others to respond to emails outside of normal working hours

Examples of start behaviours are:
- Celebrating when things go well
- Wellbeing check-ins to start all 121s

Examples of continue behaviours could be:
- Holding daily hybrid catch up meetings
- Sharing more information about the university's long term outlook

In Summary

Key principles

The refreshed approach is based on LBU's principles for the Wellbeing Assessment:

1. Understanding **both...**
   - What is happening to **enhance or maintain our wellbeing?**
   - What is **negatively affecting our wellbeing** or has the potential to do so?
2. Taking **Shared Responsibility**
3. Focusing on **actions**
4. **Communicating next steps** regularly

In a nutshell...

"The Wellbeing Assessment enables every colleague at LBU to share their views and to improve wellbeing at work"

Remember the key question:
When it's time to check in on this more formally, what do you want to be able to say about your wellbeing at work in six months' time?

Thank you

For more help and guidance, please ask your manager or contact POD@leedsbeckett.ac.uk

Colleague Guidance: Wellbeing Assessment

What is a Wellbeing Assessment?

The Wellbeing Assessment has been developed to update and expand the Stress Risk Assessment, to *enhance wellbeing* as well as to *reduce stress*. The purpose of the Wellbeing Assessment is to support open, and effective conversations across the School/Service about everyone's wellbeing at work. The Assessment also acts as a record of agreed actions, enabling teams to monitor and reflect on progress, and supports a sense of shared responsibility. Conversations should focus on four main themes:

- what is working well within the team, to enable wellbeing

- what could have the potential to negatively impact the team's wellbeing or to cause stress

- what actions can be taken together to prevent any negative impact

- what risks and issues need to be escalated (to School/Service and/or to Human Resources and Health & Safety)

Will we still do an Assessment at team level?

Yes, team discussions are important to form part of the overall Wellbeing Assessment of the School/Service. They enable success to be recognised and changes to be made at a team level. By taking part, you can share your views and agree as a team what changes you'd like to make together to improve wellbeing at work.

Unlike the School/Service Wellbeing Assessment which will be reported to Human Resources and Health & Safety, any team discussions don't need to be recorded in full. Instead, examples of good practice, plus issues and risks where they can't be resolved at a team level, should be collated, escalated and recorded in the School/Service Wellbeing Assessment.

How often will Wellbeing Assessments take place?

Whilst it is still expected that these conversations should take place at least every 6 months or during periods of significant change, the documentation can be also be used in a more regular way to discuss the team's progress against recorded actions. Points identified within Wellbeing Assessment can be checked in upon at more regular intervals, such as team meetings or one-to-ones; ensuring colleagues are supported and empowered to work in a way that maintains their wellbeing. It is important to remember that some actions will be able to be addressed at team level, whilst some that may be impacting upon other areas within the School or Service and may need to be taken forward by Senior Leadership Teams. It remains the

responsibility of the Dean or Director to ensure the Wellbeing Assessment is completed for the School or Service.

How can I get the most from these conversations?

- **Review the Wellbeing Assessment in advance.** By familiarising yourself with the structure of the conversation in advance, this can help you to think about any points you'd like to raise, so that the discussions are as purposeful as possible.

- **Respond in a way that suits your preferences.** It's important that the Wellbeing Assessment is inclusive and that all voices within the team are heard. If you're not comfortable talking about your concerns with the team, or you are unable to attend the discussions for any reason, share your points with your manager in advance of the meeting to ensure your views are included.

- **You might not be the only person thinking it.** If something at work is impacting on you, it could be impacting on other people too. Nothing will change unless someone mentions it, so don't be afraid to raise a point and offer suggestions for possible improvements.

- **Don't forget the positives!** The Wellbeing Assessment is designed to help you reflect on what is going well within the team and positive working practices that are supporting wellbeing. By sharing good practice this could help other teams across the university. Also, by sharing what works for your wellbeing, this can help increase openness within the team and encourage others to look after their own wellbeing.

- **Pragmatic and Solution focussed.** Sometimes when raising issues that are having a negative impact on our wellbeing at work, it can feel as though nothing can be done to change them. Whilst it important to be pragmatic about what can be achieved and changed, by coming together to have a discussion as a team it is a great opportunity to discuss options and possible solutions. It also enables issues with that cannot be solved within our teams to be escalated to the School/Service Wellbeing Assessment and if applicable, to Human Resources and Health & Safety.

- **Individual and shared responsibility.** If there are actions that need to be taken, it's important to remember that everyone in the team has a part to play in making changes happen. By taking shared responsibility for progressing and checking in on agreed actions, this can help create a healthier workplace culture. There may also be actions for you as an individual that you're accountable for that connect to your own wellbeing and that of others.

If there's an issue that's **specific or personal to you** rather than reflected across the team, you can access a Wellbeing Action Plan or an Individual Stress Risk Assessment using the links below. These can be really helpful in noting your thoughts before speaking to your manager, and it is good practice to discuss these. Additional support can be requested from Human Resources, Occupational Health or the Employee Assistance Programme.

Continuing the conversation

The Wellbeing Assessment is a working document; designed to recognise success, record risks, and enable improvements. Existing mechanisms such as team meetings, one-to-ones and PDR discussions can all be used to check in on points raised in the Wellbeing Assessment. As a team you may decide to add it as a regular agenda item at your team meetings or let your manager know if there is a particular topic you'd prefer to pick up in a one-to-one.

Further support

Wellbeing Assessment - the policy, guidance and form for you to review in advance of the discussions.

Wellbeing Action Plan - is a helpful resource to support you to reflect on your own wellbeing needs at work. It can also be used across a team to reflect on the team's wellbeing needs.

Individual Stress Risk Assessments – the checklist is designed to help managers and individuals in determining the exact nature of the issues, assess the individual's role and working environment, and identify any reasonable additional measure that may help.

If you have any further questions, please speak to your manager or get in touch with a member of the team at POD@leedsbeckett.ac.uk

Occupational Health Report

Purpose of Report

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

Action Requested

The report is **for information and to note**

Key Issues

Annual overview of Occupational Health referrals and current Occupational Health provision.

Author
Name: Ann Coulson
Date: 10/08/2022

Approval Route
Name: Sarah Swales
Date: 01/09/2022

OCCUPATIONAL HEALTH UPDATE

Occupational Health Statistics Annual Review - 01/08/21 – 31/07/22

1. In total there has been 267 colleagues referred to Occupational Health in the past year, which is noticeably less that the number of referrals for the previous year (353). A likely contributing factor for this decrease is that as more colleagues are working remotely, they have been able to self-manage any health issues more easily at home. Most colleagues referred to Occupational Health are in work, with only 88 colleagues this year being absent at the time of referral. Early referrals for both long- and short-term health issues enable colleagues to access the necessary support and advice including onward referrals to our physiotherapy service provider and Employee Assistance Programme. For those in work, such early interventions can support their continuance in work.

2. The table below shows the top 5 reasons for referral to Occupational Health.

Reason for referral	Number of referrals	Previous year comparison
MSD including DSE issues	71	81
Mental Health	76	71
Medical	75	71
Coronavirus	33	20
Surgical	6	9

The three main reasons for colleagues to be referred to Occupational Health this year are, mental health conditions (76) medical conditions (75), then muscular skeletal disorders (MSD) (71); medical and MSD can often be interlinked for example the condition fibromyalgia causes both generalised pain which would be treated through medication and muscle stiffness which may require physiotherapy support.

3. There have been 33 coronavirus specific referrals over the past year, for colleagues both returning post-acute covid infection and those experiencing the impact of long covid. As we move to living with covid and numbers of infections remain steady, there has been a 33% decrease in the number of referrals this year compared from when cases were significantly higher in the previous year. Since the introduction in August 2021, of our Long Covid Rehabilitation Programme provided by our physiotherapy service provider, 10 colleagues have engaged in the programme either in person or via virtual meetings. The feedback from colleagues who have participated in the programme has overall been positive in supporting them with the management of their symptoms.

4. Since 01/07/21 categorisation of mental health referrals has been recorded, the total number is recorded as per the table below. To maintain confidentiality where there has only been a single referral in a specific category, these have been grouped together under other. Throughout the year, anxiety has consistently remained the main reason for mental health referrals, which is also the highest colleague call reason to our EAP. Issues around role and demands remain the highest causes of perceived work-related stressors; it has

been noted that the impact of coronavirus and returning to work has also impacted on anxiety and work -related stress.

Reason for referral	Number of referrals
Anxiety	37
Work Stress	20
Depression	12
Personal	11
Other	6

5. The table below shows the 4 highest Service/School areas for Management referrals

Service /School	Number of referrals
Library/Student Services	42
Cares	32
School Of Health	31
Leeds Business School	20

6. The percentage of support colleagues (179) referred remains consistently double that of the number of academic colleagues (90). The number of CARES, Library and Student Services colleagues referred reflects that most continue to work on campus and are unable to undertake their role solely from home.

Occupational Health Service – ways of working

7. Since moving to a hybrid way of working, most Ocupational Health appointments continue to be conducted remotely either by phone or video calls; for colleagues who are currently absent it has been the preferred method of communication. Colleagues who require specific DSE equipment have been offered in person appointments to enable them to view equipment prior to purchase. For the time being, Dr Suleman's clinics remain remote.

8. Though colleagues requiring annual health surveillance screening have been unable to undertake a spirometry test (HSE/OH Physician guidance), they have been offered an in-person appointment to complete and discuss their respiratory and skin surveillance health questionnaires. The uptake for these appointments has been high, with positive feedback from colleagues attending. The health surveillance screening programme is now completed for 2022.

Contracts

9. The contract with our Employee Assistance Programme Health Assured, was renewed from the 05/08/22 for a further and final year. As the contract has been in place for 5 years (3+2), then the contract will be out to tender in Spring 2023.

10. The 3-year contract for an Occupational Health Physician ends in December 2022 and will be out to tender early Autumn 2022. The successful service provider should be a member of the Faculty of Occupational Medicine, have experience in a Higher Education setting and be registered with the West Yorkshire Pension Fund (WYPF) as an approved Independent Registered Medical Practitioner. They will provide 2-3 half day (3 hour) sessions per month to be delivered either remotely or where needed, in person from the Occupational Health department at Headingley Campus.

11. The annual service review with Leeds Physiotherapy Clinic took places on the 08/08/22, this contract is due for tender in September 2023. Alongside the Long Covid Rehabilitation Programme, other new initiatives to support colleagues with MSD are under discussion and once agreed, they will be promoted wider and utilised with appropriate colleagues.

Author
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Occupational Health Manager
10th August 2022

Schedule of Business 2022/23

Date of Meeting **15 September 2022**	Date of meeting **13 January 2023**
Terms of reference and membership	Terms of reference and membership
Minutes of the last meeting – held on 12 May 2022	Minutes of the last meeting – held on 15 September 2022
Matters Arising	Matters Arising
The University Mental Health Charter	The University Mental Health Charter
Suicide Prevention Strategy	'Occupational Health Update' Report
Update on the SRA review/Wellbeing Assessment	Absence Report
'Occupational Health Update' Report	Schedule of Business
Financial Wellbeing	
Schedule of Business	

STANDING ITEMS	Apologies Membership & terms of reference Minutes of the last meeting Matters Arising The University Mental Health Charter 'Occupational Health Update' Report Schedule of Business
Other Matters	Suicide Prevention Strategy Update on the SRA review/Wellbeing Assessment Financial Wellbeing