



LEEDS
BECKETT
UNIVERSITY

WELLBEING SUB-COMMITTEE

18 September 2024
at 10.15am POD Training Room, Headingley Campus

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Agenda for the Wellbeing Sub-Committee Wednesday 18 September 2024 meeting

The 16th meeting of the Wellbeing Sub-Committee will be held in the POD Training Room at Headingley Campus at 10.15am – 12.15pm

Part A: Preliminary Items			Led by
A1	Welcome, Introductions and Apologies	Verbal	Chair
A2	Committee Terms of Reference and Membership 2024/25	WSC-2425-001	
A3	Chair approved Minutes of the last meeting held on 18 July 2024	WSC-2425-002	Chair
A4	Matters Arising – 18 July 2024 meeting	WSC-2425-003	Chair & Secretary
Part B: Main Items of Business			
B1	Spectrum (EAP) Update	Verbal	Sarah Moore/Katie Hughes
B2	University Mental Health Charter Update	Verbal	Sarah Tomlinson
B3	Staff Wellbeing Priorities	Verbal	Sarah Moore
B4	Student Wellbeing Priorities	Verbal	Sarah Tomlinson/ Nick Hatton
B5	Disability Passports	Verbal	Sarah Moore
B6	Occupational Health Update Report	WSC-2425-004	Chair
B7	Organisational Change and Wellbeing		All
Part C: Other Business			
C1	Any other business	Verbal	Chair
C2	Schedule of Business 2024/25	WSC-2425-005 OPEN	Chair & Secretary

Date of the next H&S Consultative Committee meeting: Tuesday 7 October 2024 at 13.30

Date of the next Wellbeing Sub-Committee meeting: **TBC**

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 2024/25

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.

Our approach encompasses all areas of the University, its people, culture, policies, practice and environment, so that all students and colleagues can 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.

Specific Areas of Responsibility

- a) As a sub-committee of the Health & Safety Consultative Committee, oversee the strategic direction, progress and impact of wellbeing and mental health priorities 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.
- c) To support development and improvement activity in relation to the University Mental Health Charter.
- d) 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, to improve levels of wellbeing.
- e) Consider and determine our key measures of wellbeing with respect to the changing needs of our colleague and student populations.
- f) 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.

- g) 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.
- h) 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 third parties 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 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 management, colleagues and students at 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 of Facilities; Victoria Johnson
- e) Head of Sport (Health and Wellbeing); Daniel Stanley
- f) Head of Health and Safety; James Chester
- g) Wellbeing Manager; Sarah Moore/Katie Hughes

- h) Head of Student Wellbeing; Sarah Tomlinson
- i) 3 members of SMG; Dev Capps, Oliver Bray, Lee Jones
- j) Schools and Services representatives; Gareth Robertshaw, Bryony Walker, Andrew Manley, Sarah Stone
- k) 2 representatives of the Student Union; ?? and Katie Davies
- l) 3 representatives from our recognised Trade Unions:
 - i. 2 from UCU - Sareen Galbraith, Steve Mardy
 - ii. 1 from Unison - Mobina Begum
- m) Co-opted members:
 - i. Associate Director of the Centre for Learning and Teaching; Susan Smith
 - ii. Head of Creative; Dee Grismond

The Subcommittee shall have powers to co-opt at any time suitable persons for specialist or specific advice.
- n) Advice, support and guidance will be provided to the Sub-Committee by the Wellbeing Manager, Occupational Health Manager, and Student Wellbeing Team.

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



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: 09/08/2024

Approval Route

Name: Sarah Swales

Date:

OCCUPATIONAL HEALTH UPDATE

Occupational Health Statistics Annual Review - 01/08/23 – 31/07/24

1. In total there has been 315 colleagues referred to Occupational Health in the past year and 52 pre-employment health questionnaires have been assessed and any necessary adjustments advised. The number of referrals is similar to the previous year (303) but remains slightly lower than pre pandemic.
2. Most colleagues referred to Occupational Health are in work, with 59 colleagues this year been absent at the time of referral. There are no noted trends relating to absence around age, gender and role, however the monthly long term absence reports, indicate that mental health is still a prevalent cause of absence.
3. 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)	111 (35)	109 (54)
Medical	111	81
Mental Health	69	85
Surgical	17	10
Neurodiversity	14	8

4. The number of colleagues referred with a neurodiverse condition has continued to rise over the past year, both in colleagues been assessed pre-employment and those already in their role. Due to the demand for appointments post Covid, many colleagues presenting with neurodiverse traits are unable to access an assessment and formal diagnosis. Occupational Health continue to support both managers and colleagues with managing neurodiverse conditions, a diagnosis is not a requisite for a management referral and colleagues who raise concerns should be referred to Occupational Health for advice on any required adjustments.
5. The number of referrals for DSE support has reduced this year. Occupational Health are working with colleagues in Health and Safety and Wellbeing to explore more effective ways of managing requests for alternative equipment that do not need the input of Occupational Health.
6. In line with their service level agreement, Occupational Health continue to refer colleagues for physiotherapy assessments and appropriate treatments. Additional services provided are day 1 referrals for colleagues presenting with acute musculo skeletal conditions, access to a long Covid rehabilitation bespoke programme (where appropriate) and functional assessment for colleagues in manual roles. Overall colleagues remain satisfied with the physiotherapy service and any queries are addressed on an individual basis.

7. In partnership with colleagues from SAL, Occupational Health continue to refer colleagues to the onsite gym for a 3-month period at no cost to the individual. Such referrals can support both physical health and mental wellbeing.
8. The total number of mental health referrals for the year are recorded as per the table below.

Reason for referral	Number of referrals	Previous year comparison
Stress/work stress	35	24
Anxiety	10	27
Personal	10	10
Depression	5	15
Other	4	9

9. Stress and perceived work-related stress have been the main reason for mental health referrals; changes within the University, roles and relationships have been the main reasons cited for work stressors. Unless a colleague is absent from work and the completion of an Individual Stress Risk Assessment (ISRA) is not a viable option, then colleagues referred to Occupational Health will require an ISRA completing prior to been referred and the documentation submitted with the management referral.
10. The table below shows the 5 highest Service/School areas for Management referrals.

Service /School	Number of referrals
Library/Student Services	39
Cares	33
School Of Health	32
Leeds Business School	30
Leeds School Arts	25

11. The number of CARES, Library and Student Services referrals reflects that most of these colleagues continue to work on campus and are unable to undertake their role solely from home. Historically, the number of professional service colleagues referred is usually double the number of academic colleagues. This year there were 145 academic colleagues and 170 support colleagues referred, though 3 schools remain in the top referral category, there are no notable trends or 'hot spots' identified.

Occupational Health Service – ways of working

12. The Occupational Health clinical team is currently going through a process of change. Both Ann Coulson, Occupational Health manager and Deborah Caspi, Occupational Health adviser have left the University. The role of Occupational Health adviser is currently being advertised and in the interim Anne Wilson, is covering the role 3 days per week through an agency. Dr Suleman's provision remains unchanged.

13. Occupational Health will continue to work hybrid, with around 95% of consultations within the past year been either through a telephone or virtual meeting. Where clinically appropriate, Occupational Health can accommodate in person appointments, however, colleagues continue to value the flexibility of not having to attend in person, especially so, when absent from work. For the time being, Dr Suleman's clinics will remain remote.

Occupational Health software update

14. Though the timeline for transition was only 6 weeks, working alongside colleagues in ITS, Occupational Health have successfully completed the migration from their Occupational Health software Cohort to Cority which is cloud based. To meet Cority's deadline, the software is currently a like for like service, however, there is the scope to build on the system and introduce a management self – service portal. There is currently no longer the option to send SMS reminders for appointments.

Occupational Health reflections

15. The Occupational Health service has evolved over the years and remains a nurse led service. It continues to deliver a competent, confidential and impartial service to managers, enabling them to support colleagues who present to them with health-related matters. Occupational Health assists the University to comply with health and safety legislation, for example by completing any identified mandatory health surveillance.

16. Key achievements over the years have been the move to more remote consultations, the introduction of the Long Covid clinic and working in partnership with both external and internal agencies allowing the scope of Occupational Health practice to diversify. Examples of this are, the introduction of referrals to the onsite gym, the Covid risk assessment for vulnerable colleagues and a Service Level Agreement with Occupational Health at Leeds University for support with Research Passport clearance and any identified work-related vaccinations.

Author

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Occupational Health Manager

9th August 2024

Schedule of Business 2024/5

Item	Date of Meeting 18 September 2024	Date of meeting 22 January 2025	Date of meeting 21 May 2025	Date of meeting TBC July 2025 (additional meeting if required)
	PRELIMINARY ITEMS	PRELIMINARY ITEMS	PRELIMINARY ITEMS	PRELIMINARY ITEMS
A1	Terms of reference and membership	Terms of reference and membership	Terms of reference and membership	Terms of reference and membership
A2	Minutes of the last meeting – held on 18 July 2024	Minutes of the last meeting – held on 18 September 2025	Minutes of the last meeting – held on 22 January 2025	Minutes of the last meeting – held on 21 May 2025
A3	Matters Arising	Matters Arising	Matters Arising	Matters Arising
	STANDING ITEMS	STANDING ITEMS	STANDING ITEMS	STANDING ITEMS
B1	University Mental Health Charter	University Mental Health Charter	University Mental Health Charter	University Mental Health Charter
B2	Occupational Health Update Report	Occupational Health Update	Occupational Health Update	Occupational Health Update
B3	EAP Performance (Spectrum)	Employee Assistance (Spectrum)	Employee Assistance (Spectrum)	Employee Assistance (Spectrum)
B4	Organisational Change	Organisational Change	Organisational Change	Organisational Change
	MAIN ITEMS OF BUSINESS	MAIN ITEMS OF BUSINESS	MAIN ITEMS OF BUSINESS	MAIN ITEMS OF BUSINESS
C1	Reasonable Adjustment Passports	Annual Absence Report	Wellbeing Assessment Annual Report	
C2	Staff Wellbeing Priorities 2024/5			
C3	Student Wellbeing Priorities 2024/5			
	Other Matters			