



**LEEDS
BECKETT
UNIVERSITY**

WELLBEING SUB-COMMITTEE

16 September 2021
at 13:30 Teams meeting

Nicola Beaumont, Personal Assistant
Human Resources

Headingley Campus, Leeds LS6 3QS
Email: nicola.beaumont@leedsbeckett.ac.uk Tel: 0113 81 21794

AGENDA for the Wellbeing Sub-Committee Thursday 16 September 2021 meeting

The 6th meeting of the Wellbeing Sub-Committee will be held as an MS Teams meeting.

13:30	Part A: Preliminary Items		Paper	Led by
	A1	Welcome, Introductions and Apologies	Verbal	Chair
	A2	Committee Terms of Reference and Membership 2021/22	WSC-2122-001 OPEN	Chair
	A3	Chair approved Minutes of the last meeting held on 13 May 2021	WSC-2122-002 OPEN	Chair
	A4	Matters Arising – From the 13 May 2021 meeting	WSC-2122-003 OPEN	Chair & Secretary
	Part B: Items of Business:		Paper	Led by
13:45	B1	Colleague & Student COVID Update	Verbal	Sarah Swales & Jo Jones
14:05	B2	Our approach to supporting and enhancing colleague wellbeing	Verbal	Sarah Swales & Jo Jones and ALL
14:30	B3	The University Mental Health Charter	WSC-2122-004 CONFIDENTIAL	Jo Jones
	B4	Occupational Health Report	WSC-2122-005 OPEN Paper attached for information	Ann Coulson
	Part C: Other Business		Paper	Led by
14:50	C1	Any other business	Verbal	Chair
	C2	Schedule of Business 2021/22	WSC- 2122-006 OPEN	Chair & Secretary

Date of the next H&S Consultative Committee meeting: Thursday 14 October 2021 at 13.30.

Date of the next Wellbeing Sub-Committee meeting: Thursday 20 January 2022 at 13:30 and will be held as an MS Teams meeting.

 *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 2021/22

Purpose

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

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

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

Specific Areas of Responsibility

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

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

Reporting

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

Membership

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

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

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

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

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



Occupational Health Report

Purpose of Report

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

Action Requested

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

Key Issues

Annual review of the Occupational Health Management referrals and information on the new Long Covid Rehabilitation Programme initiative.

Author

Name: Ann Coulson

Date: 11/08/2021

Approval Route

Name: Sarah Swales

Date: 09/09/2021

OCCUPATIONAL HEALTH UPDATE

Occupational Health Statistics 01/08/2020 -31/07/2021

1. During the above annual reporting period, there have been 353 management referrals which is an increase on the previous annual statistics (276). In the last quarter (May-July 2021) there were 121 Management referrals. The main reason for colleagues to be referred to Occupational Health is Muscular Skeletal Disorders (MSD); with a high percentage of these continuing to be in relation to remote working, however, the overall number of MSD referrals remains consistent with the previous year. The second highest reasons for referrals were Mental Health and Medical conditions. It has been noted that the number of referrals for colleagues who would potentially be re referred with long term health conditions has been less than previously. This may be attributed to colleagues who have such issues and have been working remotely, been able to self-manage their health more effectively.
2. There have been 20 Coronavirus specific referrals, including colleagues returning post-acute Covid infection, adverse vaccination reactions and those experiencing the impact of Long Covid.

Reason for referral	Number of referrals
MSD including, remote working DSE issues	88
Mental Health	71
Medical	71
Coronavirus	20
Surgical	09
Specific Learning Difference	05

3. The table below shows the 6 highest Service/School areas for Management referrals. There has been a significant increase in referrals from Cares, this has been attributed to more colleagues in this area returning to Campus based work.

Service /School	Number of referrals
Cares	47
Estates	30
Student Services	34
Leeds Business School	17
Health and Community Studies	15
Libraries and Learning Innovation	14

4. The percentage of Support colleagues referred is slightly double that of than the number of Academic colleagues. The highest reasons for Academic colleagues to be

seen in Occupational Health is consistent with the main reasons for referrals; MSD and Mental Health. Many referrals are noticeably more complex with colleagues been referred through one referral with several issues including both physical and Mental Health, which may be interlinked or separate concerns.

5. As from July 2021, by further categorising Mental Health referrals (for example Anxiety, Depression, Stress), Occupational Health will be able to provide a more in-depth analysis of the underlying causes of colleagues referred with Mental Health conditions. This data will be presented in a table form in future reports, to prevent identification of individual colleagues, should there only be one referral in a category, then that specific data would be excluded from the report.

Health Assured

6. The contract with Health Assured was renewed on the 05/08/21 for one year, with the option then to extend after this for a final year, before re tendering. A Health Assured Awareness Session has been organised for HR colleagues on the 21/09/21 and information gained from this session, can then be shared with their contacts within the Schools and Service areas. Promotional materials for Health Assured are available through contacting the People and Operational Development Team (POD). Quarterly, tripartite meetings to discuss the Management Index report continue with representatives from Health Assured, POD and Occupational Health in attendance; the main findings of the report are then shared with appropriate HR colleagues to action as required.

Occupational Health support during Coronavirus

7. Occupational Health will continue to provide their services remotely, Dr Suleman's clinics will also remain remote. Occupational Health continue to share relevant professional documents on Coronavirus with appropriate colleagues ensuring that information shared is current, and evidence based. Occupational Health are involved in developing the information on the microsite, assessing the Government guidance on vulnerable colleagues, supporting H&S Risk Assessments, researching practitioner implications, monitoring developments on the ALAMA COVID age and updating guidance as the health advice from Public Health England (PHE) and /or Government changes.

Long Covid Rehabilitation Programme

8. Increasing medical evidence and patient testimony is showing that a small but significant minority of people who contract Covid cannot shake off the effects of the virus months after initially falling ill – also known as 'Long Covid'.
9. Long Covid is a multisystem disease. The most common symptoms people report are fatigue, ongoing shortness of breath, muscle pains, chest pains, palpitations,

“brain fog” and anxiety. A wide range of other symptoms have also been reported. Long Covid is seen as a relapsing – remitting illness; typically, symptoms can fluctuate over weeks, so individuals can seem to be getting better, then get worse again. Most people get better slowly but may need lots of time and rest to get better. Long Covid is highly likely to be present in the working age population.

10. There is a Covid Rehabilitation pathway in Leeds that people can be referred into, if needed. A multi-disciplinary Team approach and early assessment are key to managing Long Covid, however the waiting list for referral into the Service and once assessed for any follow up support is substantial.
11. Occupational Health have worked in partnership with our current Physiotherapy Providers to develop a 12 week long Covid Rehabilitation Programme to support colleagues who are experiencing symptoms associated with Long Covid. The programme will cover 4 main areas, Respiratory Welfare, Fatigue and Stamina, Muscular and/or Joint issues and Motivation and Approach. The programme will be centred on empowerment through practical bespoke guidance, education and coping strategies and will require those enrolled on the programme to fully engage.
12. Colleagues who have ongoing symptoms of Covid and wish to participate in the programme, will need to be referred to Occupational Health thorough a Management referral. Following the Occupational Health assessment, an onward referral to the programme will be made. The cost of the programme will be funded through Occupational Health; however, colleagues will be made aware that nonattendance at an appointment without good reason (Physiotherapists discretion) will result in the work area been charged for the missed appointment. Since the launch of the programme at the beginning of August 2021, Occupational Health have made several referrals.

Occupational Health Software

13. The current Occupational Health software system (Cohort) is being mandatorily updated, which is an opportunity for Occupational Health to review their current service needs. As yet, no firm decision has been made, however, any transition to an updated or new provider would not take place until early 2022.

Author

Ann Coulson
RGN, SCPHN (OH)
Occupational Health Manager
11th August 2021

Schedule of Business 2021/22

Date of Meeting 16 September 2021		Date of Meeting 20 January 2022
Terms of reference and membership		Terms of reference and membership
Minutes of the last meeting – held on 13 May 2021		Minutes of the last meeting – held on 16 September 2021
Matters Arising		Matters Arising
Colleague & Student COVID Update		Colleague & Student COVID Update
Our approach to supporting and enhancing colleague & student wellbeing		The University Mental Health Charter
The University Mental Health Charter		'Occupational Health Update' Report
'Occupational Health Update' Report - Paper attached for information		Absence Report
Schedule of Business		Schedule of Business
STANDING ITEMS	Apologies Membership & terms of reference Minutes of the last meeting Matters Arising Colleague & Student COVID Update The University Mental Health Charter 'Occupational Health Update' Report Schedule of Business	
Other Matters	Our approach to supporting and enhancing colleague & student wellbeing	

