



**LEEDS  
BECKETT  
UNIVERSITY**

# **WELLBEING SUB-COMMITTEE**

Meeting by correspondence – September 2020

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## AGENDA for the Wellbeing Sub-Committee September 2020


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The 3<sup>rd</sup> meeting of the Wellbeing Sub-Committee will take place by correspondence.

<b>Part A: Preliminary Items</b>		<b>Paper</b>	<b>Led by</b>
A1	Welcome, Introductions and Apologies	<b>Verbal</b>	Chair
A2	Committee Terms of Reference and Membership 2020/21 – Further proposed changes	WSC-1920-015	Chair
A3	Minutes of the last meeting held on 18 May 2020	WSC-1920-016	Chair
A4	Matters Arising	WSC-1920-017	Chair & Secretary
<b>Part B: Main Item of Business:</b>		<b>Paper</b>	<b>Led by</b>
B1	TEST TRACK & TRACE	<b>Verbal</b> WSC-1920-018	Priscilla Preston
B2	Mentally Healthy Universities Project	<b>Verbal</b> WSC-1920-019	Sarah Tomlinson/ Cate Querin
<b>Part c: Reporting</b>		<b>Paper</b>	<b>Led by</b>
D1	'Occupational Health Update' Report	WSC-1920-020 <b>OPEN</b>	Ann Coulson
<b>Part e: Other Business</b>		<b>Paper</b>	<b>Led by</b>
E1	Any other business	<b>Verbal</b>	Chair
E2	Schedule of Business 2020/21	WSC-1920-021	Chair & Secretary

**Date of the next H&S Consultative Committee meeting:** Thursday 08 October 2020 at 13.30 (the meeting is likely to be conducted virtually via Skype). G07, Old Broadcasting House, City Campus (room reserved)

**Date of the next Wellbeing Sub-Committee meeting:** Thursday 21 January 2021 at 14.00 (the meeting is likely to be conducted virtually via Skype). Room G06, Leighton Hall, Headingley Campus (room reserved)

 *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 2020/21 – Further proposed changes

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### 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 inter-related dimensions of wellbeing: physical, mental, financial and community. Our approach encompasses all areas of the University, its people, culture, policies, practice and environment, in order 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 and 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 (Priscilla Preston and TBC)
- b. Director of Human Resources; TBC
- c. Director of Student Services; Priscilla Preston
- d. AD Student Services; Jan Daley
- e. Deputy Director of Human Resources; TBC

- f. Director/Head of CARES; Kate Davis
- g. Director of Sport and Active Lifestyles; Sally Griffiths
- h. Director / AD Estates; Andy Allison
- i. 4 members of SMG comprising 2 Deans and 2 Directors, each from different Schools and Services; Dev Capps, Andrew Cooper, Barbara Colledge, Chris Watts
- j. 4 Schools (not represented by Deans); Oliver Bray, Gareth Robertshaw, Bryony Walker, Andrew Manley
- k. 2 representatives of the Student Union; Jess Carrier and Katie Davies

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

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



## Mentally Healthy Universities Project Update

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### *Executive Summary*

This paper outlines the aim, goals and scope of the Mentally Healthy Universities Project which will be jointly delivered by Leeds Beckett University and Mind during the 2020/21 academic year.

### *Action Requested*

This report is **for information**. The Committee is invited to note the report.

### *Author*

Catherine Querin  
Learning and Organisational Development Adviser  
14/09/2020

### *Approval Route*

Sarah Swales  
Deputy Director of Human Resources  
15/09/2020

## Introduction

1. We were successful in our bid to participate in a 2-year 'Mentally Healthy Universities' Mind project which is supporting 10 universities to improve staff and student mental health by piloting and developing a range of interventions. Six universities took part in Year 1 which ran during the 2019/20 academic year. Leeds Beckett University is participating in Year 2 which will run during the 2020/21 academic year. Mind is in partnership with *Goldmann Sachs Gives* which is funding the project to the cost of £1.5m.

## Aim

2. The aim is that the funded activity will lead to:
  - Students being better equipped to manage the potential impact of university life on their mental health, to build and maintain emotional resilience, and seek specialist help early if needed.
  - Students being better equipped to manage the transition into the workplace, seek support from future employers if needed, and stay well at work.
  - Staff being better supported to stay well at work, benefit from a reduction in stigma, and being more likely to seek specialist help early if needed.

## Goals

3. There are three student-focused goals which are being co-ordinated by Student Services. Two schools (Leeds School of Arts and Carnegie School of Sport) are participating.

Goal 1	Ensure students are equipped to manage their mental health and thrive at university.
Goal 2	Ensure students have the knowledge and tools to build their resilience.
Goal 3	Ensure students are prepared to manage their mental health in future employment.

Students will have access to support through interactive workshops, self-directed learning sessions and weekly taught sessions. The first course 'Wellbeing Essentials for Students' is designed to support students as they make the transition to university. 'Tools and Techniques for Student Mental Health' will provide further, early support. The final course 'Looking after your Mental Health at Work' will explore ways for new graduates to manage their mental health. A key aim is to reach as diverse a group of students as possible.

There are two staff-focused goals which are being co-ordinated by HR. Two schools (Leeds School of Arts and Carnegie School of Sport) and one service (Libraries and Learning Innovation) are participating in Goal 4.

Goal 4	Reduce stigma and improve peer support for university staff.
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Goal 5	Make positive changes to the way universities think and act about mental health.
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Fifteen colleagues will be trained by Mind to undertake the role of Mental Health Champions to deliver anti-stigma and awareness raising activities in their school or service. Fifteen colleagues with 'lived experience' will be trained by Mind to undertake the role of Peer Supporters. They will help colleagues share what they are experiencing, feel reassured that they're not alone, recognise their strengths and abilities and be empowered to seek specialist support where needed. Goal 5 takes the form of an action plan aligned to the Colleague Wellbeing Action Plan which will help us to meet the six Mental Health at Work (formerly Thriving at Work) standards:

- Prioritise mental health in the workplace by developing and delivering a systematic programme of activity.
- Pro-actively ensure work design and organisational culture drive positive mental health outcomes.
- Promote an open culture around mental health.
- Increase organisational confidence and capability.
- Provide mental health tools and support.
- Increase transparency and accountability through internal and external report.

#### Resources

4. As all training will be delivered virtually by Mind, resources are likely to be colleague and student time. Because internal communications and promotions will be electronic, this will incur no cost to Leeds Beckett University. National Mind is producing a range of resources and other materials for students and colleagues which will also be shared electronically.

#### Timescales

5. Work on Goal 5 began during Year 1 (academic year 2019/20) and will continue throughout 2020/21.

Training sessions for students will be delivered virtually by Mind during the Autumn term 2020 and Spring term 2021.

Training sessions for colleagues to undertake the role of Mental Health Champions will be delivered in November / December 2020. Training sessions for colleagues to undertake the role of Peer Supporters will be delivered in January – March 2021.

Mind's involvement in the project will end in August 2021. However, it is anticipated that many of the interventions, approaches and activities can be continued and shared with other schools and services.

#### Internal Project Team

6. Project sponsors – Sarah Swales, Associate HR Director and Priscilla Preston, Director of Student Services  
Project leads – Sarah Tomlinson, Head of Student Wellbeing and Catherine Querin, Learning and Organisational Development Adviser (taking over from Sarah Moore, Wellbeing and Engagement Manager, who is currently on maternity leave)  
Carnegie School of Sport lead – Nicola Queenan, Academic Services Manager  
Leeds School of Arts lead – Frazer Shelton, Academic Services Manager  
Libraries and Learning Innovation lead - Jo Horsfall, Lending Services Manager

### **External Project Support**

7. National Mind is working with us to help us meet the standards in Goal 5 and is also providing resources and support materials for Goals 1 – 4. Leeds Mind is providing interventions in the form of information, training and support.

### **Evaluation**

8. We have committed to sharing learning and insight about our involvement in this project with national Mind so they can evaluate the project across all participating universities and develop practical resources to assist the wider HE sector. We will also evaluate the project internally, through colleague and student feedback, and RAG rating progress against the six Mental Health at Work standards (Goal 5).

### **Conclusions and recommendations**

9. This committee is invited to note this report and progress on this project will be shared as part of future WSB meetings.

### **Author(s)**

Catherine Querin  
Learning and Organisational Development Adviser  
14<sup>th</sup> September 2020



## Occupational Health Update

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### *Executive Summary*

This paper provides an update of the University's Occupational Health activities.

### *Action Requested*

This report is for **discussion**. The Committee is invited to receive the report and note its contents.

### *Author*

Ann Coulson  
Occupational Health Manager  
08/09/2020

### *Approval Route*

Sarah Swales  
Deputy Director of Human Resources  
09/09/2020

## OCCUPATIONAL HEALTH UPDATE

### Introduction

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

### Occupational Health Statistics – 01/08/19 -31/07/20

1. During the annual reporting period 01/08/19-31/07/20 there have been 302 management referrals, with 47 in the last quarter (May-July 2020). The main reason for colleagues to be referred to Occupational Health is Muscular Skeletal Disorders (MSD); particularly in relation to remote workstation issues during the last quarter. The overall number of MSD referrals remains consistent with the previous year (128). The second highest reason for referrals is Mental Health, followed by Medical and Surgical conditions. This remains consistent with the previous year. Coronavirus specific referrals have been added.

Reason for referral	Number of referrals
MSD including, remote working DSE issues	125
Mental health	75
Medical condition	60
Post-Surgery	15
Coronavirus specific	4

2. The table below indicates the four highest areas of Occupational Health referrals and the number of referrals for CARES colleagues; CARES being the highest area for referrals in the previous year. It has been noted that significant number of CARES staff were unable to work on campus or at home during lockdown (domestics, food services in particular) and this may have contributed to the lower referral rate.

Overall, the percentage of Support colleagues referred is higher than the number of Academic colleagues referred. The highest reasons for Academic colleagues to be seen in Occupational Health is consistent with the main reasons for referrals; MSD and Mental Health.

Area of referral	Number of referrals
Student Services	25
Leeds School of Social Sciences	24
Leeds Business School	21
LLI and Carnegie School of Sport	17 per area
CARES	11

3. Occupational Health have reviewed and compared the sickness absence trends between 2019 and 2020, particularly in the months when all University colleagues were either remote working or unable to undertake their role on campus due to the Coronavirus Pandemic. It was noted that in March 2020 the sickness absence rate was higher than

March 2019; from April 2020, there was a downward trend in the number of reported sickness absences, particularly in June 2020, which was around 10% of the total in the previous year. July 2020 showed a slight increase but was still significantly less than the same month in 2019.

4. Further analysis of the data showed that for both years there were more Support absences than Academic absences and the lowest reported absence for both Academic and Support colleagues was during June 2020, with only 17 colleagues being absent from work this month. The reasoning behind the low level of absence is unknown, as yet there are no benchmarks to measure this against other similar institutions. Line Managers should continue to support their team's health and wellbeing and discuss any concerns with their HR Business Partner or Adviser.
5. During the reporting period March to July 2020, from the 100 Occupational Health referrals received, 10% of colleagues were reported to be absent from work at the time of referral. In the last quarter May-July 2020, only one colleague was reported to absent at time of referral. The proactive interventions advised by Occupational Health including early access to physiotherapy supported the management of the high number of MSD referrals during this time thus reducing the need for colleagues to be absent from work.
6. The Employee Relations Team and Occupational Health will continue to analyse trends in sickness absence rates over the coming months and will report their findings to key stakeholders.

#### **Review of re-referrals to Occupational Health**

7. For the period 01/09/18 - 01/12/19, out of 150 referrals, 60 University colleagues were re-referred to Occupational Health which was felt to be significantly high, thus instigating this review. The initial review of re-referrals identified three service areas as having the greatest number of colleagues who had been referred on more than one occasion, for the same or a similar health reason, the most referrals for one individual being 5. These services were; CARES (including Porters and Security colleagues), IT Services, and LLI.

The reasons for re-referrals to the service were categorised by Occupational Health as:

- A. A change in the ongoing medical condition.
  - B. Requiring an update regarding the case due to the timeframe from initial referral.
  - C. A review of workplace adjustments.
  - D. Line Manager's lack of understanding of the role and purpose of Occupational Health. This was based on the perception of Occupational Health from evidence including; no changes to the information provided on the Occupational Health Referral Form, previous advice and recommendations not having been implemented and unresolved management issues beyond the professional scope of Occupational Health.
8. Key stakeholders were contacted by email to ascertain their perspective regarding the reasons for re-referrals. The stakeholders contacted were: HR Advisors, Line Managers, Trade Unions Representatives, the Occupational Physician, and a sample of University colleagues who had been re-referred. A timescale of 2 weeks was given to respond to the

request for feedback and an email reminder was sent during that period. The response rates were: HR Advisors – 66%, Line Managers – 50%, and University colleagues – 50%. The Occupational Health Physician responded. No responses were received from the Trade Union Representatives.

The key stakeholders identified additional reasons for re-referrals to Occupational Health;

- E.** To obtain an update prior to commencing formal procedures, e.g., as part of the attendance procedure.
  - F.** To seek a referral to other support services, e.g. Physiotherapy.
  - G.** As requested by Occupational Health/ Human Resources.
  - H.** A change in work environment or duties requiring updated advice.
9. 100% of HR colleagues who responded considered **A & B** to be reasons for re-referrals to Occupational Health, with 25% identifying with **C**. Some of the feedback given also supported reason **D**. A re-referral to obtain an update as part of a formal procedure was identified as an additional reason for colleague re-referrals to Occupational Health and has been added to the initial findings as reason **E**.
  10. 100% of Line Managers who responded considered reasons **A, B** and **C** to be reasons for re-referrals to Occupational Health, and 50% of respondents believed reason **D** to be applicable in some cases. Line Managers identified several additional reasons for re-referring colleagues to Occupational Health which have been added to the initial findings. As part of a formal procedure - reason **E**; to access support services, e.g. Physiotherapy – reason **F**; at the recommendation of HR or Occupational Health, reasons for this include; changes in the medical condition and timeframe from initial referral, for further or additional advice, clinical review (Occupational Health request), or to ensure that all avenues for support have been explored - reason **G**; following a change to work area and/or duties - reason **H**.
  11. 75% of respondent colleagues reported **C** as the reason for their re-referral to the service, with 25% identifying with reasons **A** and **B**. Additional reasons of **E** and **F** were identified. Colleagues reported that the referral to Occupational Health and the input received was beneficial, appropriate and contributed to them feeling supported by the University; they also found the Occupational Health Practitioners to be empathetic.
  12. Having to wait 2 weeks for an appointment on one occasion was the only negative feedback received from colleagues. Following triage of an Occupational Health referral, on average an appointment is usually available within 5-7 days. Colleagues assessed as requiring an appointment with the Occupational Health Physician are offered an appointment at the next available clinic date, which are currently held twice monthly. In comparison to external providers, the window for access to an appointment is significantly less, with some providers unable to offer appointments for around 4 weeks.
  13. The Occupational Health Physician agreed that the reasons for re-referrals were **A, B, C** and **D**. Falling into category **D**, the Occupational Health Physician felt some re-referrals were because of lack of communication between the Line Manager and colleague, with

some Line Managers seeking solutions that were beyond the professional scope of Occupational Health.

14. The number of inappropriate re-referrals to Occupational Health has been found to be in the minority, with just 6 cases identified. It is considered that any such referrals can be managed on an individual basis. Moving forward re-referrals will be discussed with the Line Manager and HR Adviser and a decision made on the best way forward to manage the situation, which may include deferring an Occupational Health referral at that time.
15. The Occupational Health Referral Form has been updated to provide additional guidance and pre-referral advice for Line Managers. The content of the Occupational Health online training module for Line Managers has been reviewed and updated; Occupational Health will continue to work collaboratively with HR colleagues to promote and signpost the course to management. Since January 2019 only 6% of Line Managers accessed the module. Improved completion rates would increase understanding of the role of Occupational Health and encourage constructive engagement with the service.

### **Occupational Health Provision during Coronavirus**

This information forms part of the HR Managers guidance on the Coronavirus Microsite. Occupational Health have been actively involved in developing the information on the microsite, assessing the Government guidance on vulnerable staff, supporting H&S risk assessments, researching practitioner implications and new developments such as COVID age and updating guidance as the health advice from Public Health England (PHE) and /or Government changes.

16. All Occupational Health consultations are currently being carried out remotely (by video or audio telephone appointments) by our own Advisors and the Occupational Health Physician. Confidential and secure access to all relevant systems and email accounts has been maintained. Most colleagues have found the remote consultations to be suitable for their needs, though a few state they would they have preferred to meet face to face. From a practitioner point of view, telephone consultations are becoming more wideplace across Occupational Health Departments and wider health care settings. On return to campus it is likely that Occupational Health will offer a blended mix of face to face and telephone consultations.
17. The Occupational Health Physician will continue to hold clinics as scheduled (2-3 month). All documents sent prior to their clinic will be sent as a password protected file, with the password being sent separately. Reports will be sent back to Occupational Health and distributed in the usual manner.
18. Colleagues who have been identified as being clinically vulnerable or extremely clinically vulnerable; if having completed their Vulnerable Individual Covid-19 Return to Work Risk Assessment there are residual concerns, then following a discussion with the area's HR Adviser, an Occupational Health referral may be appropriate.
19. As a result of working remotely to reduce social contact, assessments for chairs or ergonomic equipment (mice, keyboards) will not be undertaken. Colleagues who are

referred with DSE related issues must complete the Homeworkers DSE assessment available on the H&S intranet page, under A-Z, H for homeworking. Though undertaking assessments for equipment remotely has been challenging Occupational Health have developed strategies to support their assessments, such as a new ergonomic chair brochure specifically for Occupational Health use. This may reduce the need for face to face assessments on return to campus.

20. The Foot Care Practitioner's clinics have been cancelled for the foreseeable future.
21. Our Physiotherapy Service provider remains open and they are following stringent guidelines to reduce the risk of Coronavirus transmission, however, colleagues who are referred to Physiotherapy will be advised that attending face to face appointments will be at their own discretion. Telephone appointments are also available. During lockdown 11 colleagues have accessed the service, with 7 being face to face appointments.
22. Health Assured have shared their Business Continuity Plan and will continue to provide further updates. Colleagues can access their 24-hour telephone line and resources through their website. Since lockdown started in March 2020, the number of counselling calls has remained steady, however there was a noticeable peak in calls in June 2020.
23. Whilst the onsite gym was closed Occupational Health were unable to refer onwards but can make the recommendation to colleagues who may benefit from this intervention. As the gym has now re-opened in a COVID secure way Occupational Health will consider whether onward referrals are appropriate.
24. Requests for external medical reports can only be undertaken by email correspondence with requested Medical Practitioners and then followed up on a regular basis. Due to Coronavirus Pandemic, there may be a delay in reports being released to Occupational Health.
25. Mandatory Health Surveillance for targeted colleagues will be initially through paper screening; face-to-face follow ups will be in line with professional bodies' guidelines but is not expected to take place for at least the next 6 months.

### **Menopause sessions**

26. In partnership with colleagues in the People and Organisational Development Team, Occupational Health organized an interactive Workshop on the Menopause delivered virtually by Health Assured, our Employee Assistance Programme Provider.
27. The session was well attended by colleagues, 28 out of 30 places were booked; attendance was particularly good from colleagues in LLI. Feedback on the session was high with most colleagues scoring 10 out of 10 for the likelihood of recommending the session to other colleagues. Occupational Health will now work with the People and Organisational Development Team to offer biannual sessions to colleagues and actively promote the course to all Managers across the University.
28. A 'Men and Mental Health' workshop was offered on the same date as the Menopause session and though the attending numbers were lower, feedback on the session was



again highly positive. Occupational Health will discuss with colleagues in the People and Development Team if such sessions would be an area for further focus and if so how to promote the sessions to target more colleagues.

## **Conclusion**

29. During the last 6 months Occupational Health have adapted to working remotely and managed the challenges that this has brought without impacting on service delivery. Through lockdown Occupational Health have proactively adapted to changing guidance from PHE and Government, using professional knowledge to support the development of the Vulnerable Persons COVID Risk Assessment and the Working Safely on Campus section within the University COVID Microsite, and collaborating with colleagues in HR and Health and Safety.
30. As the University moves to re-open the campus Occupational Health will continue to support colleagues who are both working on campus and remotely. The number and reasons for OH referrals will be monitored, flagging with key stakeholders any areas of concern, one being the number of remote DSE issues.
31. Occupational Health will work alongside HR to promote Government wellbeing initiatives such as the Obesity Strategy, and identify ways in which Health Assured can support our Occupational Health and wellbeing activities.

## **Author**

Ann Coulson  
Occupational Health Manager  
8<sup>th</sup> September 2020