



MINUTES of the 20 January 2022 meeting (held via Teams)

Present:

Sarah Swales* (Chair)

Mobina Begum

Roland Cross

Dee Grismond

Steve Mardy

Bryony Walker

Oliver Bray

Katie Davies

Wendy Huntriss

Gareth Robertshaw

Andrew Cooper

Kate Davis

Erika Laredo

Daniel Stanley

In attendance:

Nicola Beaumont (Secretary)

Jenny Malcolm

Leigh Beales

Sarah Moore

Ann Coulson

Paul Tyrer

Apologies:

Andy Allison

Andrew Manley

Susan Smith

Dev Capps

Stephen Murphy

Chris Watts

Lee Jones

Mphango Simwaka

*Chaired the meeting

Part A: Preliminary Items

Welcome, Introductions and Apologies

025.2122.WSC The Chair welcomed all members to the Wellbeing Sub-Committee and apologies were reported by the Secretary.

Committee Terms of Reference and Membership 2021/22

026.2122.WSC The Committee received a report (paper WSC-2122-007) on the Terms of Reference and membership.

027.2122.WSC It was **noted** that:

- a) Sarah Moore (Wellbeing Manager) has returned from maternity leave and resumed her role as the Wellbeing Manager in Human Resources.
- b) Erika Laredo and Sarah Kelsey will be representing UCU on the Committee on an alternating basis.
- c) There were no other changes to record.

COMMITTEE APPROVED

Chair approved Minutes of the last meeting held on 16 September 2021

028.2122.WSC The Committee received a report of the Chair approved Minutes of the last meeting held on 16 September 2021 (paper WSC-2122-008).

029.2122.WSC It was **noted** that:

- a) The 16 September 2021 Chair approved minutes were an accurate record and Committee approved.

Matters Arising – From the 16 September 2021 meeting

030.2122.WSC The Chair presented a report on the matters arising from the minutes of the last substantive meeting of the Committee held on 16 September 2021 (paper reference WSC-2122-009).

031.2122.WSC It was **noted** that:

- a) Some of the actions had been marked as complete and some had been added to the agenda for this meeting.
- b) The Committee accepted all remaining updates and completions on the matters arising as shown on the report.

Part B: Items of Business:

Colleague & Student COVID Update

032.2122.WSC The Committee received a verbal update from the Deputy Director of Human Resources and Associate Director of Student Services on the Colleague & Student COVID respectively.

033.2122.WSC *Minutes 033.2122.WSC and 034.2122.WSC are exempt from publication under section 43 (Commercial Interests) of the Freedom of Information Act 2000.*

034.2122.WSC

The University Mental Health Charter

035.2122.WSC The Committee received a report from the Associate Director of Student Services providing an update on The University Mental Health Charter (paper reference WSC-2122-010).

036.2122.WSC

It was **noted** that:

- a) The paper detailed the implementation plan and the roles and responsibilities of individuals that would take the project timeline and communication plan.
- b) The student advisory group had been created and four meetings planned from now until the spring. The group would mainly be utilised for the gap analysis work to gain an insight into lived experience.
- c) The role of the wellbeing subcommittee in respect of the University Mental Health Charter was to provide an element of assurance and governance within the formal university structures. The wellbeing subcommittee fed into the Health and Safety Consultative Committee; this was an important connection from a governance perspective as the charter award activity progressed.
- d) A lot of the Trade union work was around supporting members in relation to different issues that were affecting people in the workplace and mental health was a significant issue. The Trade Union representatives would like an opportunity to input into the mental health charter from their experiences with members.
- e) The colleague advisory group hadn't yet been set up but one of the important things was that it reflected the wider population across the university; people at different levels, grades, roles, and experiences within the university would be included wherever possible within the parameters of having a manageable group.
- f) The mental health charter framework detailed the principles of good practice; the university were currently benchmarking themselves against the principles and the eighteen themes. Within the action plan that stemmed from the gap analysis there would be a large focus on measuring the impact.
- g) The H&S Manager said that a new ISO standard was around mental health and psychosocial risks which would be a useful tool to look at and consider as it explained about how to manage the psychosocial risks in the workplace to support employees.

037.2122.WSC

It was **AGREED** that:

- a) The Deputy Director of Human Resources and Wellbeing Manager would ensure the composition of the colleague advisory group included people from different levels, grades, roles, and experiences.
- b) The Head of Health and Safety would pick up with the Associate Director of Student Services regarding the new ISO standard in a separate meeting to establish whether it could add any value to the University Mental Health Charter.
- c) A meeting to be set up between the Trade Union representatives and the HR to discuss the Charter.

Top level themes from most recent Stress Risk Assessment discussions

038.2122.WSC The Wellbeing Manager updated on work underway around Stress Risk Assessments.

039.2122.WSC It was **noted** that:

- a) If there were any Schools or Services who hadn't returned their Stress Risk Assessment reports, they were to return them to their Business Partner as soon as possible.
- b) Some of the feedback included the following common themes from a university wide and local level:
 - 1. uncertainty around ways of working
 - 2. uncertainty around job security
 - 3. pressures on work life balance
- c) Schools and Services were taking actions to mitigate risk and fears, predominantly around different ways of communicating.
- d) Other feedback coming from this round of stress risk assessments was around conflicting demands, staffing, workloads, and relationships with others. It was harder for people to know who their networks were in a virtual format.
- e) Human Resources will analyse the SRA and colleague survey data and report to the next Wellbeing Sub Committee meeting.
- f) UNISON queried whether there was any difference between those colleagues who were hybrid working and those predominantly working on campus in terms of the top issues being reported.

040.2122.WSC

It was **AGREED** that:

- a) Human Resources will explore whether there were different issues being reported from those who had been on campus throughout and those who had been working remotely throughout.

Update on review of Stress Risk Assessment process

041.2122.WSC The Wellbeing Manager provided the Committee with a synopsis of the Stress Risk Assessment Review Process and explained that it had been run in its current way since 2018; this meant that Schools and Services owned their own risk assessment and were supported by the HR Business Partners in terms of mitigating risks and action planning.

042.2122.WSC It was **noted** that:

- a) The review of the process will be based on feedback from people and colleagues across this committee, as well as the stakeholder group.
- b) The main considerations are as follows:
 - 1. Timing – was the process still effective now?
 - 2. The pandemic made people respond in a specific way to stress.
 - 3. The conversation around mental health and wellbeing at work in 2018 was not as it is now; this had been enhanced over the past few years which needed to be reflected in this process.

4. The colleague survey was ad hoc in 2018 whereas it is now annual; this created a different and robust data point around the issues relating to wellbeing, morale, and engagement.
- c) Feedback is being sought from the committee and stakeholders to identify the risks around stress and the actions needed to mitigate them.
- d) A diverse range of people had been contacted from various roles across the organisation and diversity in terms of characteristics and experience to gather more feedback around this. Four key common themes had been identified from the feedback provided as follows:
 - i. The need to reposition the Stress Risk Assessment conversations based on what they were intended to achieve.
 - ii. There was an appetite to review the forms.
 - iii. More support and guidance was needed for managers to empower and enable them to have effective discussions
 - iv. How the process supported (or was perceived not to support) both local team and school/service wide actions.

A document was shared with the committee that outlined the feedback and the four themes listed directly above; the committee broke off into four separate virtual breakout rooms to discuss these.

- e) Themes that emerged from each group included the following:
 - i. The process was undertaken in different ways in different areas. It would be beneficial to move the process away from a deficiency model and to more of a holistic approach, where it wasn't solely about the removal of stress but also focused on wellbeing.
 - ii. The form itself was a barrier to having the conversation. A check in at the start of a team meeting could be an improved approach and allow for people to raise any significant concerns. The forms prevent people from having individual conversations as people tended to use them as a tick box. People needed to be better supported to have these conversations.
 - iii. The sense of voice was often lost in the process. There had been some good examples shared where teams and departments had created their own spreadsheets or documents as a way of capturing more detail that people could look at.
 - iv. There was a bigger concern around the loss of voice where points had been raised and then not acted upon, this created a sense that there wasn't a tangible outcome which then became a barrier to the process, as there was no feedback loop acknowledging what had been put forward or action related to it.
- f) This feedback would be taken away and an action plan would be created to determine what is realistic and timely.
- g) Human Resources would like to trial new ways of working on the process in a couple of Schools and Services looking at the next

academic year. Quality Assurance Services volunteered to be a pilot from a smaller service perspective.

- h) The aim is not to change the stress policy but to improve the process around the policy to make it more meaningful and to get better outputs for all but if by doing so the policy needed changing the appropriate governance would be followed to get that signed off which would also involve the Trade Unions.
- i) This Stress Risk Assessment process is on the Schedule of Business for the Health and Safety Consultative Committee for the 9 June 2022 meeting.
- j) A survey had been drafted for UNISON members that was being shared on 20/01/2022 to allow people to talk about their experiences. The data would be anonymised to encourage participation.
- k) There was real benefit acknowledged from the breakout rooms as they created a new dynamic and enabled people to build relationships in smaller groups.

043.2122.WSC

It was **RECOMMENDED** that:

- a) For future meetings there be half an hour allocated for breakout rooms to allow for people to discuss a particular topic or issue
- b) The review of Stress Risk Assessment process become a standing item on the agenda as the committee work through this process.

044.2122.WSC

It was **AGREED** that:

- a) The Wellbeing Manager would send out a further project update (to include the collation of responses from the breakout rooms) before the next meeting on 12 May 2022.
- b) The committee would feed back to the Wellbeing Manager with any feedback and additional thoughts on ways to improve the Stress Risk Assessment process.

Absence Report

045.2122.WSC

The Committee received the Absence report from the Deputy Director of Human Resources. The report came to this committee for initial feedback prior to being amended and finalised before being presented to the Health and Safety Consultative Committee on the 10 February 2022 (paper reference WSC-2122-011).

046.2122.WSC

Minutes 046.2122.WSC and 047.2122.WSC are exempt from publication under section 43 (Commercial Interests) of the Freedom of Information Act 2000.

047.2122.WSC

Occupational Health Report

048.2122.WSC

The Committee received a report from the Occupational Health Manager for information and to note. The report provided an update on the University's

Occupational Health activities (paper reference WSC-2122-012).

049.2122.WSC It was **noted** that:

- a) An Occupational Health Advisor had been appointed on a temporary basis until the permanent post was filled. The closing date for the post is the 9 February 2022. The main remit of the Occupational Health Advisor role was management referrals and case management.
- b) Referrals for people with long COVID had plateaued. Long COVID happened a month or so after acute infection, so there may be additional referrals in the coming weeks.

Specific update regarding Active Care and Health Assured EAP

050.2122.WSC The Wellbeing Manager provided the Committee with an update on the Health Assured Employee Assistance Programme.

051.2122.WSC It was **noted** that:

- a) The Health Assured Employee Assistance Programme was a helpline that was open 24 hours a days 7 days a week; this was mostly used for counselling and in the moment support by colleagues.
- b) Colleagues could access structured counselling, but the Programme also covered legal matters, advice, relationships, and other things people may be having difficulties with.
- c) Over the reporting period of the 1 November 2020 to 31 October 2021, the annual utilisation across the colleague base was 22%, which was like previous years and pre-pandemic.
- d) The proportion of counselling calls had risen which accounted for approximately 80% of calls.
- e) Of the counselling calls anxiety was the most common reason for calls followed by service enquiries and low mood.
- f) The remainder of calls to Health Assured were advice calls, these included employment advice, divorce and separation and wills and probate.
- g) From a data protection and safeguarding point of view colleagues were asked by Health Assured who they worked for and their personal details in case of any risk to themselves, then Health Assured would be able to get in touch with the appropriate services to protect that colleague.
- h) Once colleagues were engaged in structured therapy (assessed by a clinical assessment based on GAD 7, the Generalised Anxiety Disorder Questionnaire and PHQ9 which covered depressive cause) the GAD 7 average score reduced from 1.9 to 0.8, and the PHQ9 score reduced from 1.3 to 0.6. Based on structured counselling intervention and engagement there was over 50% improvement in both anxiety and depression.
- i) The Employee Assistance Programme was visible to colleagues via several platforms including the Vice Chancellor's emails, all colleague

emails, the university webpages, discussions in PDR's, in team meetings, training and on colleague pay slips.

052.2122.WSC

It was **AGREED** that:

- a) The Wellbeing Manager would share the detail of the Health Assured Employee Assistance Programme with the committee.
- b) The committee would let the Wellbeing Manager know if they had any ideas to make communication more engaging to colleagues.

053.2122.WSC

The Occupational Health Manager provided the Committee with an overview on the practical aspects of Active Care.

054.2122.WSC

It was **noted** that:

- a) The Active Care service from Health Assured provided a proactive and effective intervention on the very first day a manager received a sick note from an employee for a stress related absence; this could be a work or personal stress or both. The Active Care service also covered absence from day one due to anxiety or depression.
- b) Referrals through Active Care could be made up to day 14 of an absence but the sooner the referral was made to Active Care the better it was to get the support in place.
- c) Active Care enabled managers to refer and engage members of their team (with the individual's consent) to the service. Once a referral was made, the individual would be contacted by the Active Care team by telephone and had a maximum 30-minute structured consultation with an Occupational Health Advisor (and qualified nurse).
- d) With the individuals consent a written report would be provided to their manager within four working days of the conversation taking place with Active Care.
- e) If a stress related absence was input into I-Trent, then this highlighted the Active Care provision.
- f) If the absence was over two weeks Active Care would not be suitable and it would be a matter of the individual self-referring to Health Assured or the manager referring them (with the individual's consent).
- g) In the last 12 months there had been 11 referrals to Active Care with 7 referrals in the previous year.
- h) If an individual did not return to work or issues remained, a follow up Occupational Health referral would be advised.
- i) It was important to carry on the conversations about how to raise access and improve the awareness of the service and the confidence in people to call. Further details on Active Care could be found on the manager guidance section on the university intranet.

055.2122.WSC

It was **AGREED** that:

- a) The Occupational Health Manager would share the information on Active Care with the committee, as UNISON would like to provide some feedback and look at the other ways people can be supported whether they are off sick short term or long term.

Part C: Other Business

Any other business

056.2122.WSC It was **noted** that:

- a) No further business was reported by the committee.

Date of next meeting

057.2122.WSC The date of the next Wellbeing Sub-Committee meeting is the 12 May 2022.

Confirmed by the Committee/Board as a correct record and signed by the Chair:

Signed: Jo Jones Date: 12-05-2022