



**LEEDS
BECKETT
UNIVERSITY**

WELLBEING SUB-COMMITTEE

15 May 2024
at 2pm Jubilee Room, Headingley Campus

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Human Resources

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Agenda for the Wellbeing Sub-Committee Wednesday 15 May 2024 meeting

The 14th meeting of the Wellbeing Sub-Committee will be held in the Jubilee Room at Headingley Campus at 2pm – 4pm.

Part A: Preliminary Items			Led by
A1	Welcome, Introductions and Apologies	Verbal	Chair
A2	Committee Terms of Reference and Membership 2023/24*	WSC-2324-014 OPEN	Chair
A3	Chair approved Minutes of the last meeting held on 11 TH January 2024	WSC-2324-015	Chair
A4	Matters Arising – 11 January 2024 meeting	WSC-2324-016	Chair & Secretary
Part B: Main Items of Business			
B1	'Occupational Health Update' Report	WSC-2324-017 OPEN	Ann Coulson
B2	Change & Wellbeing	Verbal	Sarah Moore/Sarah Swales
B3	Spectrum (EAP) Update	Verbal	Katie Hughes
B4	Wellbeing Assessment Annual Report	WSC-2324-018	Sarah Moore
B5	Colleague Declaration & Disclosure	Verbal	Sarah Swales
B6	Approval of the Updated Suicide Prevention Strategy	WSC-2324-019	Jo Jones/Sarah Moore
Part C: Other Business			
C1	Any other business	Verbal	Chair
C2	Schedule of Business 2023/24	WSC-2324-020 OPEN	Chair & Secretary

Date of the next H&S Consultative Committee meeting: Tuesday 4 June 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 2023/24

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 of Facilities; Victoria Johnson
- e. Head of Sport, Health and Wellbeing; Daniel Stanley
- f. Director/AD Estates; Andy Allison

- g. Head of Health and Safety; James Chester
- h. Director of Quality; Lee Jones
- i. Wellbeing Manager; Sarah Moore/Katie Hughes
- j. 3 members of SMG comprising 2 Deans and 2 Directors, each from different Schools and Services; Dev Capps, Stephen Murphy, Sarah Stone
- k. 4 Schools (not represented by Deans); Oliver Bray, Gareth Robertshaw, Bryony Walker, Andrew Manley
- l. 2 representatives of the Student Union; Odususi Blessing and Katie Davies

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

- m. 3 representatives from our recognised Trade Union (2 from UCU, 1 from Unison); Mobina Begum, Sareen Galbraith, Steve Mardy.
- n. 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.
- o. 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

Overview of Occupational Health referrals and current Occupational Health provision.

Author

Name: Ann Coulson

Date: 19/04/2024

Approval Route

Name: Sarah Swales

Date: 04/2024

OCCUPATIONAL HEALTH UPDATE

Occupational Health Statistics 01/11/2023 – 31/01/2024

1. In total there were 91 colleagues referred to Occupational Health in the reporting period, which remains higher than this quarter from previous years. Underlying medical conditions, mental health conditions and musculoskeletal disorders continue to be the main reasons for colleagues to be referred into the service. In addition, Occupational Health undertook 22 telephone pre-employment health assessments and subsequently advised on reasonable adjustments to enable candidates to undertake their proposed role.
2. *The table below shows the top 5 reasons for referral to Occupational Health. Some colleagues may be referred with more than one health issue.*

Reason for referral	Number of referrals	Previous year comparison
Medical	38	20
Mental Health	18	22
MSK including (DSE issues)	17 (8)	23 (14)
Surgical	9	1
Neurodiverse	7	3

3. The number of DSE related referrals has decreased, with most colleagues now having the required equipment for hybrid working. The university has recently changed their furniture supplier (EFG) and Occupational Health have now met with the representatives of the company to approve an ergonomic chair. The approved chair should meet the requirements of most colleagues referred to Occupational Health, who require alternative seating.
4. Most colleagues referred to Occupational Health continue to be in work, with 18 been absent at the time of referral. Further analysis of the referral data highlights that 70% of colleagues are absent with a physical issue as opposed to a mental health issue. There is almost a 50/50 gender split and 5% of colleagues absent are noted as being under 30 years old and 66% to be over 50 years old. 61% of colleagues hold academic roles.
5. Occupational Health continue to meet with the HR Advisers monthly to review the long-term absence report (colleagues who are absent for 4 weeks and over) and where necessary, discuss any required actions to facilitate a return to work.
6. Neurodiverse referrals continue to rise and the number of candidates who declare a neurodiverse condition pre-employment has also increased. Waiting lists for onward referrals for a diagnosis through the NHS remain high, Occupational Health can advise

WSC-2324-017
OPEN

on reasonable adjustments without a formal diagnosis. However, as the Occupational Health clinicians are not specialists in this area, it is advisable for colleagues we are unable to obtain an NHS referral, to have a full assessment through a recommended provider. The request for and cost of such assessments would be the responsibility of the school or service area.

7. Timely referrals into to Occupational Health can support colleagues to remain in work. This may include alternative equipment, onward referrals to physiotherapy or our EAP, or in the case of mental health issues the use of Wellbeing Action Plans or if indicated Individual Stress Risk Assessments.
8. *The table below shows the main reasons for mental health referrals, where there has only been one referral for a specific health issue, for confidentiality these have been grouped under other.*

Reason for referral	Number of referrals
Work Stress	7
Stress	7
Depression	2
Other	2

Though anxiety is the highest colleague call reason to our EAP, stress from external factors and work stress remain the highest reason for mental health referrals. The perceived reasons for colleagues referred with work-related stress are work demands which includes issues such as workload, work patterns and maintaining working relationships.

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

Service /School	Number of referrals
Leeds School of Arts	12
Library/Student Services	11
Leeds Business School	8
Cares	7
School of Health	5

10. In this quarter there has been 47 academic colleagues and 44 support colleagues referred, which in comparison to previous quarterly reports is a much higher number of academic colleagues.

Long Covid

11. Long-covid is considered to be a post-viral infection related phenomenon. It is being researched and as yet there is no definitive treatment. The mainstay of management

is self-care, pacing and building up physical and mental resilience with input and support from healthcare professionals.

12. Though the number of colleagues referred with long Covid has decreased, some colleagues continue to experience ongoing symptoms, which impacts on their everyday life. Occupational Health continue to support colleague referrals to the long Covid clinic through our physiotherapy service provider. Since 2020, 11 colleagues have been seen, assessed, and accessed support and treatment through the clinic.
13. The long Covid rehabilitation programme usually comprises 3 sessions over 12 weeks, but it can be individually tailored to suit specific individual needs. This is an advisory and education-based programme with a focus on coping strategies to support; respiratory welfare, fatigue and stamina, muscular and/or joint issues and motivation and approach to the condition.

Occupational Health software upgrade

14. The project to migrate the current Occupational Health software from Cohort to Cority is currently on hold and it is anticipated that the transition will start within the next 6 weeks with the intention of having a fully working system by the end of July/early August 2024.

Author

Ann Coulson
RGN, Specialist Community Public Health Nurse (OH)
NMC PIN: 82F1435E
Occupational Health Manager
19 April 2024



Wellbeing Assessment Annual Report 2024

Purpose of Report

This report provides an update on the transition to the Wellbeing Assessment and a university level view of findings based on the most recent School/Service reports (carried out in the last six months). It sets out common and emerging themes and highlights common actions being taken in response, at both a local and university wide level. In response to the themes, a new section of the report on recommendations is included.

This report does not include details from individual Stress Risk Assessments.

Action Requested

The report is for approval, prior to going forward to the next Health & Safety Committee in June 2024. Action is required to confirm the themes to be captured in the University Risk Register.

Appendices

N/A

Legal / Regulatory Implications

This report is connected to activity in support of our legal duty to protect employees from stress at work by undertaking risk assessments and taking action.

Associated legislation is the Health and Safety at Work Act 1974 and the Equality Act 2010.

Author

Name: Sarah Moore, Wellbeing Manager, Human Resources

Date: 23 April 2024

Approval Route

Name: Sarah Swales, Deputy Director of Human Resources

Date: 3 May 2024



Introduction

- Our workforce plan sets out our commitment to investing in and supporting colleague wellbeing. The Wellbeing Assessment process and framework, launched in June 2023, is one way leaders and managers at LBU are supported to take a proactive approach to supporting wellbeing and identify and manage potential causes of work-related stress. Throughout this academic year, Schools and Services have been transitioning to the Wellbeing Assessment. The Wellbeing Assessment builds on the good practice connected with Stress Risk Assessment discussions and reporting, whilst including a renewed focus on positive actions that support wellbeing. It also advocates for increased shared responsibility for actions needed to mitigate workplace stressors.
- 1) School/Service Wellbeing Assessments (WAs) are carried out under the University Wellbeing Assessment and Management of Stress Policy and Procedure. They are the responsibility of each Dean and Director and should be reviewed every six months (or more frequently where there are significant changes within the School or Service).
 - 2) This report provides a summary of findings based on the most recent Wellbeing Assessment reports of 7/8 Schools and 13/15 Services that have been submitted for review (carried out in the last six months). It sets out recurring and emerging themes, and highlights common actions being taken in response, both at a local and university wide level.
 - 3) Due to the change to the Wellbeing Assessment, there is a clear view of the positive and mitigating actions related to maintaining, protecting or improving wellbeing, in addition to the risks associated with stress. It also enables progress to be more easily captured; with some risks and actions now being reported as contributing to improve wellbeing (e.g. School/Service communication and cascade strategies).
 - 4) Early and emerging trends demonstrate that the Wellbeing Assessment progressing against its success criteria – increased colleague voice, a greater sense of shared responsibility, more wellbeing interventions by Schools and Services; and improved engagement scores.

Context

- 5) The Wellbeing Assessment was trialled by early adopters within the university (HR, Leeds School of Arts, QAS, LSS and Cares), and the results of their first Wellbeing Assessments were captured within last year's report. Since the roll-out from June 2023, 91% of Schools and Services have transitioned to the Wellbeing Assessment.
- 6) Anecdotal feedback on the Wellbeing Assessment has been positive. Leaders and managers report that it's enabled more open conversations; colleagues report feeling that their voice is heard more; and as a result, in many Schools and Services, there is an increased sense of shared responsibility to improve wellbeing and reduce stress.
- 7) Colleague Survey results (December 23) show that in Schools and Services which have adopted the Wellbeing Assessment, colleagues are more likely (than those in areas which are yet to transition) to:
 - Feel a strong sense of belonging to a School/Service (68% v 62%)
 - Agree that 'my voice feels like it counts' (47% v 41%)
 - Think that their 'manager cares about my wellbeing' (85% v 82%)
 - Feel that they are 'maintaining a healthy work-life balance' (70% v 59%)
- 8) The Wellbeing Assessment has been recognised as good practice externally and has been shortlisted for the Award for Wellbeing at the UHR Awards.



9) The reports submitted reflect conversations in the last quarter of 2023 and the first quarter of 2024.

Findings

10) In response to the findings, we've included a new section in this Report; recommendations. These are intended to be practical ideas to further support Schools and Services in their action plans.

11) These findings are based on the School and Service WAs submitted by the middle of April 2024.

12) The combined findings suggest some clear recurrent themes and also some differences to last year. There is more evidence and reporting of actions and better recognition of what can be put in place to support School/Service/team wellbeing. More Schools & Services have active colleague groups. In terms of risks, workload is a clear and persistent theme and uncertainty/change has increased, especially it's noted in response to the University's current financial situation. Concerns about resourcing have changed since last year; these are now related to the financial position rather than the length of time to fill vacancies. This will be in part due to the revised VRP process. The theme of 'ways of working' has changed as the post-COVID situation unfolds further, and the majority of colleagues are working in a hybrid way. The majority of WAs noted hybrid working as a positive and also a risk reflecting the nuance of this way of working for wellbeing; flexibility and better work/life balance on the positive, feelings of isolation and less collaboration on the negative.

a) **Workload** - This theme was reported last year and continues to be a common theme across most areas within this year's WA analysis. Common reported stressors include conflicting demands, excessive workload, rigid work patterns, 3rd party deadlines, and a lack of control over workflow. Additional factors for academic areas included growth in number of international students and expectations around research & knowledge exchange activity. Some areas noted the link between levels of vacancies and absence, and an associated increase in workload. Academic responses to this year's colleague survey are 20 points lower than for the University as a whole regarding workloads; suggesting that it's a) a bigger concern for academic staff and b) is impacting more on their wellbeing and engagement.

b) **Uncertainty** - Whilst this theme was present in last year's report, evidence from this year's WA collation exercise suggests that concerns have increased, especially with the news of the University's financial situation and launch of the Voluntary Severance scheme. As the majority of WA conversations took place ahead of this news and the VC's staff briefings, we expect this to continue to be a central theme in future reporting.

c) **Staffing/Resourcing** - This theme was reported last year and continues to impact within this year's SRA reporting cycle but to a lesser extent. The reported stressors are connected to uncertainty, tightened budgets and financial restraints rather than difficulties with the recruitment process (which has been revised since last year's report).

13) The findings also evidence an emerging theme:

a) **Hybrid working** – The majority of WAs noted hybrid working as a positive and also a risk reflecting the nuance of this for wellbeing; flexibility and better work/life balance on the positive, feelings of isolation and less collaboration on the negative. Furthermore, particular concerns around noisy office spaces with lack of privacy, some IT difficulties moving between campus and home working, and more back-to-back meetings have been noted. These are reported by Schools and Services. For academic staff, the change to year-long timetabling has been reported with a reduction in flexibility, especially for those colleagues with health conditions and/or caring responsibilities.



Positive and mitigating actions identified at a local level by Schools and Services:

14) Amongst the reports received, the following elements of good practice were reported:

- a) More Schools and services are developing and embedding local communication strategies** - Many areas reported communication as a key action in last year's report. Ensuring messages from UET/SLT are cascaded to colleagues as appropriate and that all colleagues are kept informed of strategic school/service activity, so that they can understand how their role connects to wider organisational priorities. For an increasing number of areas this is through a monthly all colleague newsletter or all staff meeting, for others it's through management cascade; for some it's a combination. Alongside this, some areas are promoting open and honest cultures, by encouraging colleagues to use 1-2-1's, drop-in sessions, and open-door policies as a mechanism for providing feedback, discussing workload concerns or issues relating to ways of working. These are assessed in this year's reports as beginning to demonstrate benefits, contributing to the School/Service sense of wellbeing.
- b) Local colleague engagement groups are being used to a greater extent to embed colleague voice in local action and communication plans** - A number of areas have reported setting up local colleague engagement groups to encourage cross team working, to find local solutions to some of the issues raised and to enable colleagues' voices to be heard. The number since last year has increased, so there are now more across the University. These groups now typically consider both the Colleague Survey and Wellbeing Assessment feedback so there is coordination of activity and interventions. A key role of these groups is to ensure communication of and signposting to key University resources such as [Colleague Wellbeing](#), [Student Wellbeing](#), [Colleague](#) and [Manager Essentials](#).
- c) Regular on-campus team meetings** – Many areas are reporting that whilst flexible, remote working opportunities bring benefits for individuals, opportunities for social connection and activities such as team planning work better on campus and meeting face-to-face can reduce feelings of isolation. Services are most likely to have regular all Service or team meetings on campus; with some teams having a set working day on campus a week where the team feels it benefits their collaboration and wellbeing. Schools are more likely to hold regular team meetings and 121s virtually, and all School 'away days' tend to be in person. Some Schools have noted the need for more ways for colleagues to connect, and the importance of networks such as the Early Career Researcher Network were mentioned multiple times.
- d) Ongoing change management support** - several areas have been involved in change activity over the past 12 months. In these areas, actions have been agreed that look to embed these changes, focussing on agreeing strategic priorities, providing clarity over roles and responsibilities, and building sense of team all with HR support and advice. We expect this to form a larger part of WAs in future reports.
- e) Regular review/monitoring of on campus workspace provisions** - many areas have reported that they are continuing to review/monitor their allocated-on campus space/resources to ensure they are fit for purpose. There are also reports of strengthened relationships between Schools, Services and central services such as Estates and IT. This has resulted in concerns decreasing since last year's report. The concerns are now more specific about busy office environments sometimes with a lack of private or meeting space, and the emergence of back-to-back meetings as a result of hybrid working.



- f) **Enhanced focus on wellbeing within local areas** – there has been an increase in reports of this since last year's report and with the transition to the Wellbeing Assessment. This support took a variety of forms; and included activity such as signposting to central support services, providing support & flexibility around ways of working to colleagues struggling with cost-of-living crisis, training for colleagues who support students in crisis, in person social/team building activities, dedicated break out space and local wellbeing events.

Recommendations:

- a) Maintain commitment to management structures and communication strategies including regular 121s, team meetings, away days, development and annual PDR, communication & cascade (newletters, Networks where relevant). Ask colleagues for feedback and involvement.
- b) Consider if a colleague group would be useful to the School/Service as a way of continuing the conversation and progressing the action plan. Review membership and effectiveness if a group is in place.
- c) Role model looking after own and others' wellbeing; including limiting out of hours email or scheduling for within working hours; taking lunch and/or brain breaks; acknowledging effort and celebrating success and making time for compassionate conversations. Find out more on the [Wellbeing for Managers pages](#).
- d) Use and share technology hacks to help you fit in [brain breaks](#):
 - [Shortening default meeting times](#)
 - [Auto scheduling focus time](#)
 - [Scheduling quiet time when notifications are blocked](#)
- e) **Change**
 1. Address concerns using the messages from the [VC and staff briefings](#); protect time and space for re-prioritising and creative thinking and share FAQs.
 2. Revisit the School/Service (team where appropriate) Wellbeing Assessment

Review the following key questions as a team:

- What are we already doing to maintain our wellbeing which will help us through this change?
- Have we completed/put in place the actions we identified [through our last Wellbeing Assessment]? If so, review effectiveness. If not, commit to timescales.
- What else might we need to do in light of this change?
- Who across the School/Service can support us with this? E.g. is there a Wellbeing Group, a Colleague Voice group, a Health, Safety & Wellbeing group?



3. Signpost change resources available at:

[Leading Change](#)

[Delivering Change](#)

[Experiencing Change](#)

- f) Ensure awareness and use of [colleague wellbeing webpages](#) & [Employee Assistance Programme](#) as appropriate.

Conclusions

- a) This report continues to be an established route for how the Wellbeing Sub Committee and the Health & Safety Committee are made aware of and subsequently respond to organisational themes in relation to people risk. This report is produced annually in connection with the established process for how we conduct [School and Service Wellbeing Assessments](#).
- b) The transition to the Wellbeing Assessment is providing key benefits including more shared responsibility for wellbeing across Schools & Services; increased opportunities for more regular feedback and to address concerns in a timely manner; detailed progress from risk to action to benefits; greater awareness of the interventions which are valued by leaders and colleagues.
- c) **Action Requested** - The report is for approval, prior to going forward to the next Health & Safety Committee in June 2024. Action is required to confirm the themes to be captured in the University Risk Register.



Leeds Beckett University Suicide Prevention Strategy 2024 - 2028

Executive Summary

Since Leeds Beckett's first suicide prevention strategy was approved in September 2022 there has been new national data about suicide released and an updated government suicide prevention strategy launched. As a result, our own suicide prevention strategy has been updated to ensure our approach remains aligned with government and sector guidance. This paper describes our key areas of focus – prevention, intervention, and postvention - which aims to reduce the risk of suicide amongst our community of students and colleagues. It includes a summary of our key developments in suicide prevention since the last strategy was written.

Our University Mental Health Charter Wellbeing Improvement Plans for current and future academic years provide the detail of our ongoing efforts in suicide prevention.

Authors

Sarah Tomlinson (Head of Student Wellbeing) and Sarah Moore (Colleague Wellbeing Manager)

Date

9th May 2024

Leeds Beckett Suicide Prevention Strategy 2024 - 2028

Introduction

The most recent Office for National Statistics (ONS) data published in December 2023 show that, during 2022, 5642 people in England and Wales took their own lives (consistent with 2021 data). Suicide remains the leading cause of death for males and females aged between five and thirty-four. Each suicide is a tragedy that has a profound effect, not only on family and friends, but on entire communities.

Most people who die by suicide have never seen a mental health professional or been diagnosed with a mental health problem. Suicidal feelings and behaviour are usually the result of multiple difficulties in someone's life and can relate 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.

This document describes our strategy for preventing deaths by suicide through a proactive approach to student and colleague mental health. It is underpinned by evidence, national guidance, and a commitment to preventing suicides through working together across our community. We are following Universities UK's Suicide-Safer guidance (UUK, 2018), the University Mental Health Charter framework (Hughes & Spanner, 2019), and CIPD's Responding to Suicide Risk in the Workplace (Reeves and Suff, 2021) in developing a specific strategy for suicide prevention, intervention and postvention, as a distinct component of an overarching institutional mental health strategy.

Since the first suicide prevention strategy was written in 2022, our university has continued to build on good practice (see Appendix A for an overview of key developments). Leeds Beckett received a University Mental Health Charter (UMHC) award in 2023 having demonstrated a whole university approach to supporting mental health and wellbeing, including mitigating suicide risk. There are UMHCB Wellbeing Improvement Plans in place for current and future academic years which describe our ongoing efforts to further improve the mental health and wellbeing of our community; these plans are the working documents that include the actions required to achieve the aims and objectives outlined below.

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, delivering on our [Wellbeing Commitment](#).

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 support those of the National Suicide Prevention in England: 5 – year Cross Sector Strategy (DoH, 2023) which highlights the need for continued action across statutory services, the voluntary, community and social enterprise sectors, employers, and individuals to:

- Reduce the suicide rate over the next 5 years
- Improve support for people who have self – harmed
- Improve support for people bereaved by suicide

Priority areas for actions are:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
2. Providing tailored, targeted approaches to priority groups including:
 - Children and young people
 - Middle-aged men
 - People who have self-harmed
 - People in contact with mental health services
 - People in contact with the justice system
 - People who are autistic
 - Pregnant women and new mothers
3. Address common risk factors linked to suicide at population level which have been assessed to be:
 - physical illness
 - financial difficulty and economic adversity
 - gambling
 - alcohol and drug misuse
 - social isolation and loneliness
 - domestic abuse
4. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
5. Provide effective crisis support across sectors
6. Reduce access to means and methods of suicide
7. Provide effective bereavement support to those affected by suicide
8. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicide

Local and national context

The most recent ONS data show:

- Around three-quarters (74%) of deaths by suicide were male, a trend seen since the mid – 1990s. The age-specific rate was highest in those aged 90 years or over, followed by those aged 45 – 49.
- Among females, the highest rate was in those aged 50 to 54 (in 2021 the highest rate was in 45 – 49 year olds).
- Rates among younger people have levelled off, except for females aged 20 to 24 years.
- The age group with the lowest suicide rate was 10 – 24 years for females and males.
- Apart from a decrease in 2020 (likely due to decreases in male suicides at the beginning of the COVID-19 pandemic and delays in death registrations as a result of the pandemic), overall suicide rates have remained consistent since 2018.
- The North East (highest rate), North West, Yorkshire and The Humber, and South West regions had higher rates compared with the overall England and Wales rate.

Suicide is a high priority public health issue for Leeds. The last audit of deaths by suicide in Leeds reviewed 195 deaths that occurred between 2019 and 2021, finding that Leeds' suicide rate is higher than both the England and the regional rates.

The Higher Education Context

During recent years, student mental health and suicide have become areas of concern, receiving much media attention. Mental health problems are becoming increasingly more common in the higher education student population and most universities have experienced increasing demand for student support. This trend has impacted negatively on the wellbeing of colleagues (Hughes et al., 2018) and as a result, in 2021, Leeds Beckett introduced School-based Wellbeing Practitioners to support colleagues in responding to student mental health concerns.

There are some risk factors that are more prevalent in university students, including the impact of moving away from home, academic and financial pressures, and the absence of familiar support networks. However, in May 2022, the ONS provided experimental data on suicide amongst higher education students which suggests that being a university student is protective against suicide. 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).

Reporting on deaths by suicide at institutional level is challenging because coroner's verdicts can take many months before delivery and universities may not receive notification of a coroner's final report. Student Wellbeing maintain records of student deaths by confirmed or suspected suicide of which there has been one since 2020.

The Workplace Context

The effects of work on suicide are complex. Work can be protective against suicide as a source of personal satisfaction and meaning, interpersonal contacts, and financial security. Conversely, an unhealthy, stressful or uncertain working environment can contribute to poor mental wellbeing and increase the risk of suicide. We recognise the important role we have in creating a supportive and healthy climate that acknowledges the risk of suicide. We also recognise the interdependency between colleague mental health and student mental health as detailed above.

Prevention

Our culture and practices are important in fostering self-care and in helping individuals and groups to adopt healthy behaviours. We, 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 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.

Strategy Oversight

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

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 annual Wellbeing Improvement Plans which will require commitment and action from all sections of our university.

Appendix A – Key Developments in Suicide Prevention at Leeds Beckett 2022 - 24

	Comments
Attainment of the University Mental Health Charter (UMHC) award	Leeds Beckett was the 7 th university to receive the UMHC Award in July 2023 in recognition of its commitment to continuous improvement in mental health and wellbeing.
Development of the Student Support Framework to improve access to support	<p>The role parameters of Academic Advisors were developed, providing them with new guidance, resources, and role-specific workshop training.</p> <p>Student Wellbeing’s service model was updated to improve access, information sharing and risk management, and to increase use of DSA-funded support.</p> <p>Targeted interventions for higher risk groups is being provided, including a new system to ensure that pregnant and new parents receive support; psychoeducation for PGR students; and school-based practitioner support appointments to facilitate access for international students.</p> <p>The Support Report Respect service broadened its remit to include support for any type of harassment, sexual misconduct or violence, including domestic abuse.</p> <p>There was a £2m increase in hardship funds to allow proactive financial support for students with no household income.</p> <p>Training in compassionate communication was provided to teams who are in contact with potentially vulnerable students, for example those experiencing debt or financial hardship. Routine provision of support information has been embedded in financial procedures.</p>
Further improvements in risk assessment and management in relation to student and colleague mental health	<p>Bespoke training has been delivered to teams who may encounter higher risk students such as Student Incomes, Accommodation, Security, and Student Advice, and to schools who have identified a training need. Training has been made widely available through POD and Academic Advisor training and includes suicide prevention.</p> <p>Security now use MyHub to report incidents relating to student mental health which are then followed up by Student Services.</p> <p>Student Wellbeing’s referral form was updated to improve detection of students at risk of suicide, and this has resulted in a significant increase in follow up contacts with students.</p> <p>The UMHC Outcomes Report noted that Student Services’ processes and policies that relate to risk were sector best practice and regularly reviewed.</p>
Improved use of information and research	Tableau dashboards have been developed which help review the effectiveness of Student Wellbeing and to identify under-reached groups.

A university-wide approach to reviewing incidents, including deaths by suicide, was developed to ensure that learning from serious incidents is shared and informs practice.

Research is being undertaken in the School of Sport to explore the application of the Advance HE toolkit on embedding mental health into the curriculum.

Working with partners & trusted contacts to prevent suicide

We continue to foster relationships with partners, such as Peer Talk, West Yorkshire Survivors, and MindWell, to provide access to a range of information and support.

We now have membership on the Leeds Suicide Prevention Strategy Group which is opportunity to influence local suicide prevention action plans and access real-time data.

Leeds Beckett collects trusted contact information from students. This is a person who can be contacted when there are serious concerns about a student's mental health.

We have a Student Suicide Prevention – Information Sharing statement which explains when, how and with whom information will be shared. Decisions to share information without consent are made by registered mental health professionals.

Our university – wide incident protocols have been updated to prompt colleagues to talk to students about involving trusted contacts.

Development of inclusive and proactive practice

School-based Wellbeing Practitioners have worked collaboratively with academic colleagues to co-design curricula and embed subject specific wellbeing sessions within courses. This was identified as sector-leading in the UMHC Outcomes Report.

The Inclusive Design Tool incorporates the needs of students with mental health problems and has been embedded across schools.

Disability Advice have established, Spectrum, a social group for autistic students.

A new Sense of Belonging Oversight Group, led by Student Life, has been developing interventions to support underreached groups, including new and improved support for student communities such as student parents, LGBTQI+, students on suspended studies, and late arrival students. This work aims to improve social integration and address barriers to a sense of belonging. Work is being undertaken with Course Directors to improve social integration in the classroom.

Colleague wellbeing and mental health approach

We continue to communicate about mental health, and the resources and support available. We do this through a number of means and channels, both across the University and School/Service specific. We maintain [colleague wellbeing](#) and [manager wellbeing](#) information pages and signposting.

The [Wellbeing Assessment](#) is a team-based approach for understanding wellbeing at work and addressing risk. It connects to the individual Stress Risk Assessment which 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.

[Development and training](#) on mental health is available online through My Development and in person through Tailored Development sessions.

Our [Occupational Health](#) service is a confidential and impartial service, that provides professional, objective advice on managing health issues in the workplace.

The [Employee Assistance Programme](#) provides in the moment support and short-term, solution focused counselling and referral services. It's available to all colleagues 24 hours a day, 7 days a week, 365 days a year.

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Schedule of Business 2023/24

Date of Meeting 11 January 2024		Date of meeting 15 May 2024
Learning from a Domestic Homicide Review		Change & Wellbeing
Colleague Wellbeing Programme of Work Update		Spectrum (EAP) Update
Suicide Prevention Strategy Implementation Plan		Wellbeing Assessment Annual Report
		Colleague Declaration & Disclosure
		Approval of the Updated Suicide Prevention Strategy
STANDING ITEMS	Apologies Membership & terms of reference Minutes of the last meeting Matters Arising The University Mental Health Charter 'Occupational Health Update' Report Absence Report Schedule of Business	
Other Matters		