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## Wellbeing Committee Meeting

Tuesday, 23 June 2020, 3 p.m.  
Meeting to be held remotely (via Teams Channel)

### Agenda

#### Committee Members:

Dr Andy Rice (Chair)  
Celia Burns (Secretary)  
Jo de Bono  
Caroline Stewart

#### 1. Apologies for Absence

#### 2. Minutes of the Last Meeting

To approve the minutes of the meeting held on 26 May 2020 for publication on the Committee website.

#### 3. Situation Update

#### 4. Update on Action Items

*i) Staff Review and Development (SRD) Process*

Quo Pham, HR Manager, has been invited to this meeting for a discussion about the SDR process (item 9i).

*ii) Wellbeing Advisory Lunch*

JD had requested the write-up of the lunch and would upload it to the Wellbeing Committee Teams channel.

*iii) ICE Wellbeing at Work course*

JD will try to do this the next time the course is offered.

*iv) Research Staff Forum—departmental announcements on wellbeing*

CB has asked the Chair of the RSF to make any departmental announcements on the subject of wellbeing at each RSF meeting (as is already the case in the Graduate Student Forum).

*v) Virtual Tea/Coffee Breaks*

To review.

vi) *Wellbeing Clinic*

To review.

vii) *Counsellor initiative*

JD to report on the list of wellbeing contacts in the West Cambridge departments and their amenability to having a meeting to discuss primarily the shared counsellor initiative but also for anything else that might come up.

**5. Graduate Student Forum (GSF) Wellbeing Report**

Nothing to report. The most recent GSF meeting took place on 20 May 2020 and we have not received the minutes.

**6. Research Staff Forum (RSF) Wellbeing Report**

To receive the following minute from the RSF meeting which took place on 22 May 2020:

***Wellbeing***

*MD noted that wellbeing was a very important issue at this time and noted the Big White Wall and Quell resources that the University had circulated, and invited Forum members to pass on any tips for helping people stay healthy and happy. MD noted the PostDoc Society social events held on Saturdays and Tuesdays, and meeting participants confirmed that they were meeting with their groups informally on a regular basis. No concerns or problems were raised.*

**7. Student Wellbeing Internal Audit—Executive Summary**

To discuss once circumstances are more normal.

**8. Discussion Items**

i) *Staff Review and Development*

To discuss with Quo Pham, HR Manager **(to be discussed at the beginning of the meeting)**.

ii) *Counsellor for the West Cambridge site*

To discuss.

**9. Next Discussion Item(s)**

To decide on the item(s) for discussion at the next meeting.

**10. Any Other Business**

**11. Date of Next Meeting**



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## Wellbeing Committee Meeting

Tuesday, 26 May 2020, 3 p.m.  
Meeting held remotely (via Teams Channel)

### Minutes

**Present:**

Dr Andy Rice (Chair)  
Celia Burns (Secretary)  
Jo de Bono  
Caroline Stewart

**1. Apologies for Absence**

None.

**2. Minutes of the Last Meeting**

The minutes of the meeting held on 4 May 2020 were approved for publication on the Committee website.

**3. Situation Update**

Committee members each gave an update on how they were doing with regard to working from home.

**4. Update on Action Items**

i) *Graduate Union Initiative on Departmental and Faculty Welfare*

CS reported that she had responded to the author of the paper, advising them that we already have a member of staff undertaking the welfare role and that we have signposted this on the website. Her email bounced back and it seems that the author is no longer the Vice-President of the Graduate Union. As this was the Vice-President's own initiative and the Committee has taken the requested action, it was decided that we would take no further action.

ii) *Other departments' wellbeing initiatives*

JD reported that she had reflected on the action to produce and circulate a summary of what she had learned from the other departments and she did not think this was appropriate, as she had gathered the information on a very informal basis. If she were to circulate the information, she felt that she would need to go back to the departments to ask for their consent; and that this is something that should be done in a more structured way by the people responsible for wellbeing at the University level. JD said that the only thing mentioned by other departments that we do not

currently do was passes for the Botanic Garden, which we have added to our list of future discussion topics.

*iii) West Cambridge counsellor*

Before the Committee presented the idea of a counsellor to the Head of Department Team, JD was going to gather some information around collaboration with other West Cambridge departments, the University Counselling Services, and Colleges. This item was discussed under 'Discussion Items,' item 9(iii), below.

*iv) List of future discussion items*

Botanic Garden passes and health and safety issues related to working remotely have now been added to the list of future discussion items.

*v) Staff Review and Development (SRD) Process*

JD reported that she had taken the online SRD training and had found it reasonably comprehensive, however, she felt that the training was aimed at Professional Services Staff (PSS), particularly those who have not had an appraisal before or not for a long time. The training recommends doing the process every two years but JD felt that annually would be better, and it would be good to make it more of an ongoing process and part of the department's culture. It was agreed that a link to the University's training should be included in any future correspondence about appraisals.

The Committee discussed the SRD process in general. It was felt that the concept of a regular appraisal should be promoted (currently there is a process for appraisals but they do not happen regularly) and the Committee agreed to review the process and training on the PSS side before addressing the academic staff side. ACR noted that the academic staff appraisals focus on support and career development rather than performance management, and suggested that the process with PSS should have the same emphasis. JD confirmed that the online training was about support, encouragement and building confidence.

The Committee also noted the potential for enriching staff's experience through secondments and job swaps, for example, and the current *ourcambridge* theme, 'Supporting our staff'. In addition, the Committee noted the lack of continuity between appraisals and how they could be 'joined up' in terms of reviewing what has happened since the last appraisal and having a mid-cycle review meeting.

The Committee acknowledged that reviewing and improving the SDR process was a huge task and beyond the scope of this Committee. It was agreed to invite the HR Manager, Quo Pham, to a discussion about the process at the next meeting, where we could feed in the Wellbeing Committee's point of view and stimulate the discussion.

**Action: CB**

*vi) Wellbeing Advisory Lunch*

JD reported that she had requested the write-up of the lunch and would upload it to the Wellbeing Committee Teams channel.

**Action: JD**

vii) *ICE Wellbeing at Work course*

JD will try to do this the next time the course is offered.

**Action: JD**

viii) *Private Teams Channel*

ACR has set up the private Teams channel for the Committee.

## **5. Future Discussion Items**

The list of future discussion items was not reviewed due to lack of time in the meeting.

## **6. Graduate Student Forum (GSF) Wellbeing Report**

The recent GSF meeting took place on 20 May so the minutes should be available in time for the next Wellbeing Committee meeting.

CS reported that she had attended the recent Postgraduate Education Forum meeting, where Lise Gough reported that her team had been offering wellbeing virtual chat slots for postgraduate students and the update has been very good.

## **7. Research Staff Forum (RSF) Wellbeing Report**

CB and CS reported that at the recent meeting on 21 May, the RSF Chair had noted the various resources that had been circulated by the University, including Big White Wall and Qwell; and the meeting participants had confirmed that they are meeting with their groups informally on a regular basis. No concerns or problems had been raised.

ACR noted that the Wellbeing Committee could use the GSF and RSF to both gather wellbeing information and reinforce any wellbeing messages we are sending out. It was agreed that the Chair of the RSF would be asked to make any departmental announcements on the subject of wellbeing (as is already the case in the GSF).

**Action: CB**

## **8. Student Wellbeing Internal Audit—Executive Summary**

The Committee agreed to carry this item over to a future meeting.

## **9. Discussion Items**

i) *Virtual Tea/Coffee Breaks*

CS reported that the tea/coffee breaks are still taking place, but now with only three or four regular participants. It was felt that staff are probably meeting in their own groups, but it is important that no one fall down the gaps. As there does not seem to be a need for a host, JD has enabled Zoom to allow the breaks to take place without a host.

It was agreed that the Zoom meeting would be kept open for now. CS would remind staff about the breaks and, at the same time, remind them about JD and CS being available to chat. The Committee would revisit the issue in a month's time, and in the meantime, CS agreed to drop in to the meetings occasionally.

ii) *Wellbeing Clinic*

CS and JD had still not received any requests for slots. It was agreed that CS would draft an email to staff to remind them of their availability. It was felt that the wellbeing aspect may have been putting people off so, in addition, it was agreed to ask the Head of Department to mention this initiative at a Wednesday meeting, and to emphasise that booking a slot is the equivalent of knocking on CS's or JD's door. We will review this at the next meeting.

**Action: JD**

iii) *Counsellor initiative*

JD reported that she has emailed Daniela Manca, Secretary of the West Cambridge Advisory Board, to raise the issue as the Board is currently considering facilities that will go into the Shared Facilities Hub. JD has also emailed the Head of the University Counselling Service to see what costs might be involved in having a counsellor for one day per week. She is waiting for a response.

The issue of how important it would be to have the counsellor in the CL building was briefly discussed. It was noted that feedback from events like Pilates and aerobics seemed to suggest that using a venue away from the building deterred people from showing up. On the other hand, having an appointment for counselling might make it more likely for a staff member to turn up for a session at a venue away from the building. It would be useful to know people's thoughts before presenting the counsellor initiative as a suggestion for a Hub facility.

JD will find out who the wellbeing contacts are in the West Cambridge departments. JD agreed to post the list on the Teams page once it is available, and contact them individually to check:

- that they are the correct person and whether there are other people that should be added to the list; and
- whether they are amenable to having a meeting, primarily about the shared counsellor initiative but also for anything else that might come up.

CB agreed to arrange the meeting.

**Action: JD and CB**

**10. Next Discussion Item**

It was agreed that the following items would be discussed at the next meeting:

- a) Staff Review and Development (discussion to include the HR Manager, 20 minutes)
- b) Counsellor for the West Cambridge site

**11. Any Other Business**

None.

**12. Date of Next Meeting**

The Committee agreed to hold the next meeting via Teams at 3 p.m. on Tuesday, 23 June 2020.



# Final Internal Audit Report

## Student Wellbeing

September 2019


Distribution List	
	Alice Benton, Head of Education Services
	Elle Bateman, Senior Audit and Regulatory Compliance Manager
	Clara East, Audit and Regulatory Compliance Officer
	Robin Uttin, Assistant Director of Finance
	David Hughes, Director of Finance
	Emma Rampton, Registry (Final report only)
	Audit Committee (Final report only)


Recommendations Summary	Priority	Number
	1	-
	2	6
	3	-
	4	-

This report has been prepared on the basis of the limitations set out in Appendix D. This report and the work connected therewith are subject to the contract and terms and conditions dated 27 March 2015, supporting Services Agreement dated 28 April 2015, and extension agreement dated 26 July 2019 between the University of Cambridge and Deloitte LLP. The report is produced solely for the use of the University of Cambridge for the purposes of completing the internal audit plan. Its contents should not be quoted or referred to in whole or in part without our prior written consent except as required by law. Deloitte LLP will accept no duty or responsibility to any third party, as the report has not been prepared, and is not intended for any other purpose.

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**The objective of this internal audit was to consider the processes in place for the identification, provision of support, and monitoring of student welfare across the Collegiate University, in order to input into the work of the Student Mental Health and Wellbeing Strategy, and development of central services.**

The scope of the internal audit covered policies and procedures, roles and responsibilities, communications, Departmental student monitoring and record keeping, and central monitoring and reporting.

Refer to further details in Appendix A.

<b>Timeline</b>	
Date of fieldwork:	10 June – 29 July 2019
Date of draft report:	19 August 2019
Management responses:	8 September 2019
Final report	9 September 2019



# Executive Summary

## Background

Student wellbeing, in particular mental health, has been a topic of increasing prominence in the media over recent years. In 2015, suicide rates amongst university students reached an all-time high, with 134<sup>1</sup> recorded suicides. In addition, students disclosing mental health concerns in the UK has increased five-fold in the past ten years<sup>2</sup>. The Equality Act 2010 gave increased prominence to mental health problems, defining them as a disability and granting greater protections to individuals suffering with such issues. Higher Education Institutions have had to respond to both an increased demand on services, and the increased risk of students in crisis.

At the University of Cambridge, responsibility for managing and overseeing student wellbeing has predominantly been taken on by the Colleges, with the University having a more active role in recent years. At a Collegiate level, the Senior Tutor has overall responsibility for student welfare provision within a College, working closely with the College's Tutorial Office, Tutors, Student Welfare Officers and, in some cases, the College Nurse, Counsellor and Chaplain / Dean.

It is noted by management in Education Services that the culture of high achievement and workload may put additional pressure on mental health and wellbeing, and there is an increasingly acknowledged risk that the devolved structure could also lead to gaps in provision or lack of consultation. The University is fully aware that it has a duty of care to provide support for students experiencing emotional and / or mental health difficulties.

There are a number of internal sources of welfare support for students at the University, in addition to the services provided by the Colleges. The University Student Counselling Service (UCS) and the Disability Resource Centre (DRC) are the two key services provided to support student mental health. The UCS provides support for students experiencing moderate to severe mental health difficulties and provides free, specialist mental health interventions. The DRC's remit includes provision of academic-related disability support, including those with mental health difficulties.

The University also launched a new student wellbeing website in January 2018 that includes proactive suggestions to promote wellbeing amongst students and general sources of support and resources for particular issues.

In the past four years, the UCS has experienced a 34% increase in the number of students applying for support<sup>3</sup>, while the DRC has seen an increase of 46% in students declaring a mental health condition over 31 months<sup>4</sup>. The University recognises the growing need for student wellbeing provision and has agreed to fund four additional posts within the UCS and DRC to support students with mental health difficulties. There are also a number of new initiatives being developed by the University to understand the increasing trends, to include:

- The University has developed a Student Mental Health and Wellbeing Strategy for 2018-2021, which seeks to address concerns across the Collegiate University and the sector about increasing levels of poor mental health and wellbeing within the student body.

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<sup>1</sup> The Institute for Public Policy Research think tank

<sup>2</sup> The Guardian 2018

<sup>3</sup> Student Mental Health and Wellbeing Strategy 2018-2021  
(from 1,565 in 2013-14 to 2,095 in 2016-17)

<sup>4</sup> Student Mental Health and Wellbeing Strategy 2018-2021  
(from 1,890 in July 2015 to 2,750 in February 2018)

- A Faculty and Department guide “When to Refer” has been introduced by the Education Quality and Policy team in September 2018 to support them with helping students access the right pastoral support at the right time.

This internal audit of Student Wellbeing is limited in scope to processes currently in place, recognising that the Student Mental Health and Wellbeing Strategy is in place to review and revise these (with management planning to develop initiatives and raise awareness of the support available). As a result, this audit did not consider some areas, such as training, where management already had plans to look at training needs in detail as part of the strategy. The audit was focussed on current Departmental controls, in order to support management centrally in delivering an improvement framework. The audit did not include an assessment of College arrangements in place relating to student wellbeing. While the audit considered elements of interaction between the University and Colleges from a University perspective, no review or testing of the mechanisms, processes or procedures in place in Colleges was conducted.

## Summary of Findings

The University structure places great reliance on College Tutors – whose roles are focused on supporting student wellbeing – to act as the first port of call when a member of staff identifies a student wellbeing concern. We understand Departmental staff are made aware, as part of the regular course of business, that such matters must be reported to the student’s Tutor, and that only the minimum amount of detail should be transmitted over email (most detail appears to be discussed over the phone). There also appears to be a widespread assumption in Departments that student wellbeing is the remit of Colleges rather than Departments, especially for undergraduate students. We understand

Departments also do not feel well equipped to actively manage student wellbeing concerns.

Overall, we have identified a lack of structured or defined approach at University level to managing student wellbeing concerns, including as it relates to communicating guidance to staff and keeping records of reported student wellbeing concerns. There is also reliance on wellbeing concerns being identified as a result of an academic performance concern. For instance, by relying on supervisor reports on CamCORS (the University system used for undergraduate student termly reports), or on academic staff noticing students are not attending lectures or Departmental supervisions.

There is no single location where relevant staff can record any wellbeing concerns against a student’s record, to allow the creation of a single timeline used by Departments and Colleges, and enable authorised individuals to view a student’s history of recorded wellbeing concerns. This prevents early detection of warning signs on either an individual or cohort scale, and prevents sufficiently complete and detailed reporting on the University’s current wellbeing position.

We have raised **six priority 2 recommendations**, as follows:

### **1. Distribution and maintenance of “When to Refer” guidance**

The “When to Refer” guidance is made available online, with limited copies also posted to each Department and College. This guidance covers a range of student wellbeing concerns, and includes links to resources both inside and outside the University. However, in three of the five Departments visited there was no awareness of this guidance, and in the other two the level of awareness of the guidance among Departmental staff more widely was unknown. Furthermore, some of the University links in the guidance contain content not recently reviewed and updated.

## **2. Student wellbeing framework**

There is currently no framework in place for the management and oversight of student wellbeing across the Collegiate University, defining roles and responsibilities, ways of working between Colleges, Departments and central support services, and processes with regards to student wellbeing. There is an understanding by Departmental staff that Colleges should act as first point of contact; however, this is part of "business as usual", rather than through knowledge of established channels and processes for handling wellbeing concerns.

## **3. Departmental mechanisms to identify concerns**

There are limited mechanisms in place in Departments to identify concerns. Of the five Departments sampled, two have no mechanisms in place to identify student wellbeing concerns, relying instead on Departmental staff's general knowledge and the academic staff's reports on academic performance to address individual instances. Only one Department has a senior academic staff nominated as Wellbeing Advocate (a voluntary role under the University's Wellbeing Initiative).

## **4. Departmental monitoring of concerns**

Enquiry with a sample of five Departments noted that there are very limited mechanisms in place for recording and monitoring student wellbeing concerns within the Departments. We identified only one instance where such a mechanism is in place, in the Department of Genetics; this is only for postgraduate students, with whom the Department has significant contact. There is no feedback loop or follow-up once Departments have passed on a wellbeing concern to a College Tutor.

Additionally, there is no University-wide guidance on storing recorded information pertaining to student wellbeing in a secure fashion. This has led to variations in the level of records maintained by Departments and processes implemented to secure information.

## **5. Signposting to students**

The UCS and DRC produce materials for students and make them available on their websites. However, at a Departmental level, there is variation in the level of written signposting or events aimed at raising awareness of support available for wellbeing concerns. Furthermore, the UCS does not undertake targeted activity to promote its services to students. Review of Departmental student induction materials noted that there is limited reference to University student wellbeing provisions. With respect to events or activities in the five Departments sampled, two organised their own Wellbeing Week, one offered a mindfulness course, and two Departments did not organise any events.

## **6. Reporting and trend identification**

Both the UCS and the DRC produce annual reports, including information on the number of students who made use of UCS and DRC resources (broken down by various categories).

However, there is no trend analysis of the data, enabling exploration and understanding of root causes and identification of actions that could be taken to further support any high risk groups. The reporting also does not include any benchmarking of figures against overall University profiling to identify where there is proportionately low or high attendance, or to compare to expected risk groups according to any student wellbeing or mental health research. Furthermore, this reporting does not currently include profiling by socio-economic background, Department or College, for example, to support trend analysis, identification of causal factors, and planning of interventions.

Further detail on these recommendations can be found on the following pages.