A Strategy to Develop a Healthy University Team within a Higher Education Setting

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Aim

The aim of this strategy is to develop a quality learning experience by improving the health and wellbeing of undergraduate students in higher education (HE). The rationale for improving health and wellbeing within HE will be explored along with the impact health and wellbeing has on students' learning and the future healthcare workforce.

To improve health and wellbeing, the strategy will recommend the development of a Healthy University Team (HUT) that focus' on a holistic approach (Healthy Universities, 2021) to student health and wellbeing as a single point of access for all health and wellbeing needs. Evidence has shown that whole university approaches are more effective than individual interventions, and that a multifaceted approach to supporting students with all aspects of life promotes and improves mental wellbeing (Hughes and Spanner, 2019).

The strategy will critically explore the impact of the policy environment on the health and wellbeing of students and will highlight the need for change to improve and develop a quality learning environment. Insight into the different professional responsibilities of the Practice Educator will be given and the impact this has on the students will be critically reviewed. The impact of different approaches to student health and wellbeing will be considered and barriers to developing a quality learning environment will be identified with solutions to facilitate change offered. The surrounding evidence base will be critically explored and the Practice Educator's role in leading education will be discussed whilst recognising and making suggestions to help manage competing demands. At the time of writing, the Practice Educator's job title is Programme Leader (PL), so they will be referred to using this term throughout the strategy.

Rationale for Improving Health and Wellbeing

Figures released by the Nursing Midwifery Council (NMC) show that a concerning number of nurses and midwives are leaving the profession every year: more than 25,000 professionals left the register in 2019 (NMC, 2020). Staff are expected to work under immense pressure, and as this appears unlikely to change in the immediate future, projections of staff shortages estimate 250,000 posts could be left unfilled within the NHS by 2030 (Kings Fund, 2019). This raises concerns, particularly at a time when demands on the health service have never been greater, due to an ageing population, reduced public funding and the impact of the COVID-19 virus (Thorlby et al., 2020).

Furthermore, a quarter of nurses and health visitors leave the profession just three years after qualifying (The Kings Fund, 2020), which indicates difficulties begin as undergraduate students. According to the NMC leavers survey (2020), other than retirement, the main reason for leaving the profession was too much pressure or poor mental health. However, despite more than 6000 people being invited to complete the survey, only 26% responded (NMC, 2020).

In a recent survey of undergraduate students in 2018, it was found that students' sense of wellbeing was lower than the general population and that student health and wellbeing was falling (Neeves and Hillman, 2018). Although poor mental health is identified as a key problem for both students and qualified nurses, it is likely that figures are not truly reflective of mental health within these populations, as those with mental health difficulties may be less likely to respond to surveys due to the nature of the problem itself.

Non-response is common in voluntary surveys and has a significant impact on the validity of data, particularly for controversial topics (Cheung et al., 2017). The topic of leaving the nursing profession may not be a typically controversial one, but leaving due to mental health problems could be perceived as a sensitive issue and may result in a lack of response for fear of stigma. For example, Cares et al. (2015) highlight that one of the main reasons that nurses give for not accessing support for mental illness is due to stigma and embarrassment. Stigma also poses an issue for the student population however, Yamaguchi et al. (2013) acknowledge that the prevalence of mental health related stigma is lower in students studying healthcare related courses. This suggests that the effect of stigma on the mental health of the future healthcare workforce may not be as significant as it is currently. Despite this, students are still identified as being at increased risk of suicide and require additional support for risk factors such as: alcohol or substance abuse, relationship issues, academic struggles or perfectionism (Healthy Universities, 2021).

Furthermore, mental health coping strategies would be more effective if introduced earlier into nurses' careers as it is widely accepted that early intervention in mental health is recommended (McGorry and Mei, 2018; Iorfino et al., 2019; Chanen et al., 2017). Therefore, caring for student mental wellbeing will be instrumental in improving the mental wellbeing of the future workforce.

To do this, education should be focused on the individual needs of the students (Mohanna et al., 2010). The educational environment and policies can have a positive impact on health and wellbeing (Mental Health Foundation, 2011; Kottke et al., 2016). However, research has shown that poor health and wellbeing is a barrier to quality

learning (Public Health England, 2014; Bradley and Greene, 2013; Suhrcke and De Paz Nieves, 2011). Mental health difficulties are also said to impact students' ability to learn and retain information (Murphy et al., 2015). Crisp et al. (2020) suggests that greater retention; improved academic outcomes; higher quality university experience and sense of belonging are all associated with improved support for student health and wellbeing. Therefore, supporting the health and wellbeing of students improves the quality of students' learning experiences and prioritising their wellbeing may improve their capability for learning.

Improving student health and wellbeing is an essential but achievable priority in HE both to improve student wellbeing in the present and to provide students with the tools and coping strategies they will need to manage the future stressors of employment. There are many strategies and approaches that could be initiated in HE institutions that effectively improve student wellbeing (Hughes and Spanner, 2019), these will be explored by the HUT once it is established.

An educational setting's ethos and standards of care have a positive correlation with the health and wellbeing of students and staff (Freud, 2021). Additionally, student wellbeing is not only affected from an organisational level, but staff wellbeing also has a direct impact on student wellbeing (Harding et al., 2018). This suggests that improving staff health and wellbeing would maintain current standards of education and improve the quality of students' learning experiences.

Interestingly, a study by Krause (2018) has shown that university staff experience greater rates of mental stress than medical professionals. Workload (Jones, 2019); poor work life balance (Bothwell, 2018); pressure to publish (Colquhoun, 2014),

managerialism (Deem and Beehomy, 2005); close supervision (Mather and Seifert, 2014); and unrealistic targets (Grove, 2019) have all been found to have a significant impact on staff health wellbeing in HE. This demonstrates that, once established, the HUT must not only focus on students' health and wellbeing, but staff health and wellbeing as well. However, as many of the factors affecting staff wellbeing will be out of the HUT's control, the author recommends further research in this area.

Assessment of Current Situation

Before strategies can be considered, existing barriers to health and wellbeing need to be identified. As shown within the PESTAL analysis (Appendix 2) of the PL's HE institute, there are multiple internal and external factors that may impact health and wellbeing in this environment. The policy environment within HE is complex and dynamic, meaning addressing issues and making changes to factors outside of the university's immediate control, such as student mental health, can be difficult (Hewitt, 2020).

The Department for Education (2018) has suggested that student experience should be improved through reviewing support for health and wellbeing. Additionally, the Quality Assurance Agency's (2018) Code for Higher Education states that students should have access to sufficient support services to facilitate a high-quality academic experience. However, this is vague and subjective and a more specific policy should be produced to provide a framework for the improvement of health and wellbeing in HE. Yet, Kottke et al. (2016) suggest that, by their very nature, HE institutions are obligated to improve the health and wellbeing of their students. Therefore, in the absence of national policies or legislation on this topic, the author recommends that Stage 1 of The University Mental Health Charter (Hughes and Spanner, 2019) should be considered by the HUT and the methodology of the charter should be considered thereafter.

Despite there being a lack of national policy and legislation on managing health and wellbeing in HE, cross sectoral collaboration between health and education is recommended widely within the literature (Bachop, 2010; Kolleck et al., 2019; Albright and Bundy, 2018). The Quality Assurance Agency (2018) also states that external expertise should be considered for quality improvement. Therefore, the PL's experience

of both healthcare and HE makes them uniquely qualified to facilitate and lead changes with the HUT. The PL is also in a unique position with external standards of behavior that must be upheld; registered nurses have a duty of care to maintain safety as well as a responsibility to provide quality education to students (Nursing Midwifery Council, 2018a, 2018b, 2018c, 2018d). The PL's compliance with these standards and code of conduct will ensure the students receive a high standard of education that also addresses future challenges (Nursing Midwifery Council, 2021).

The PL role is multifaceted as they have an academic role in HE but they also provide pastoral support to students. A SWOT analysis (Appendix 1) undertaken before writing the strategy to assess the PL's strengths, weaknesses, opportunities and threats highlighted that the PL is well placed to identify issues with students' health and wellbeing due to the relationship they have with students. An effective staff student relationship is incredibly important within HE for quality of education (Dicker et al., 2019; Morrison et al., 2019). Conversely, poor relationships between staff and students can negatively impact the learning experience, leading to disengagement, lack of motivation and withdrawal (Morrison et al., 2019). Additionally, Gunn and Pistole (2012) found that disclosures are more likely to occur when supervisor attachment provides a feeling of security to students. This suggests that rapport is essential to building a quality learning environment as it increases students' comfort in confiding in the PL. The PL has found this in their own teaching practice; students that have a strong rapport with the PL appear more likely to discuss personal difficulties.

However, this poses a potential problem, as the PL is one of the main points of contact for some students. If there is a lack of rapport between the PL and student or a lack of

understanding from the PL regarding mental health, this could present as a barrier to students accessing support (Hartrey, Denieffe and Wells, 2017). Therefore, the HUT could provide an alternative point of access for struggling students. Yet, fear of students with mental illness, discomfort addressing student wellbeing and staff attitudes to inclusion are also noted as barriers to health and wellbeing for students (Hartrey, Denieffe and Wells, 2017). Therefore, once the HUT is established, staff education on health and wellbeing will be instrumental in ensuring the improvement of student health and wellbeing and should be considered a priority for the HUT.

As well as the PL, the current systems in place to provide pastoral support are through Success Coaches and referrals to counselling. However, in the PL's experience, many students are unaware of these services or how to access them suggesting they are not communicated clearly to the students and not being used to their full potential. This is a common experience within HE settings, research shows 70% of students are unfamiliar with university services that support health and wellbeing and that this acts as a barrier for many students requiring support (Hartrey, Denieffe and Wells, 2017).

As a result, the PL has experienced difficulty working within the confines of their role as they have professional responsibilities as both a PL and a Registered Nurse. They have identified students with both physical and mental health problems through class discussions, one to one meeting and practicing clinical skills in class, yet there is no formal system in place for referral to a GP or other appropriate service. However, it is essential that the PL works within the boundaries of their role (Health and Care Professions Council, 2021). Discussion within the literature on this aspect of boundaries, specifically for the nurse faculty role, is limited. However, Peters (2008)

does acknowledge the challenge facing nurse faculty in ensuring safe and effective relationships. It can be difficult to manage the different selves such as the professional, the educator and the personal self, as the person one seeks to be may not be congruent with the self at that moment (Ergas and Ragoonaden, 2020). Therefore, it can be difficult for nurse educators to separate themself as a nurse from themself as an educator.

The PL has managed this by encouraging the students to access their GP for assessment or referring them to counselling if they preferred a less formal route. Yet, this could then act as an additional barrier to students accessing support (Ebert et al., 2019). That said, it would be unreasonable to expect universities to replace traditional NHS services, rather, they should work in collaboration with the NHS to provide safe and effective care to students (Office for Students, 2019).Collaboration between the NHS and other HE institutes has successfully taken place in a variety of ways such as involving NHS staff on committees, building partnerships with providers and offering NHS services on site to improve student access (Office for Students, 2019). Moreover, it has been identified that single systems and organisations are less likely to improve the quality of services when working in isolation (Keown and Darzi, 2015).

However, to establish an effective working culture and cooperation, traditional boundaries between healthcare services and other sectors such as education must be eradicated (Mohanna et al., 2010). Therefore, local NHS services should be invited to join the HUT to ensure collaboration when improving the health and wellbeing services. If the PLs, along with other staff, were able to refer directly to health and wellbeing services, there may be in increase in students accessing support.

Implementation

For the HUT to successfully improve the quality of the student experience they will need to consider Darzi's (2008) two key recommendations for implementing change, which are to lead and to enable. Conversely, Cameron and Green (2015) suggest change should be managed from three different perspectives: the individual, the team and the organisation. Nonetheless, when considering either theory, leadership styles must be effective to implement successful change (Boonstra, 2012). Boonstra (2012) suggests, cultural and organisational change is most successful through a combination of transformational and participative leadership as these leaders aim to involve others in change and aim to improve the community rather than increase their own power.

The seminal work of Bennis and Nanus (1985) concluded that effective leaders possess four essential competencies to manage: attention, meaning, trust and self. These qualities can be learnt or intrinsic, however, these leadership skills are fundamentally different from management (Goodman and Dingli, 2017). Therefore, it is important to recognise that whilst the senior management team should be included in the HUT, the leader of the HUT does not need to be a member of management. In the initial stages of the development of the HUT, the PL would be an ideal candidate to lead the development of the team due to the reasons identified previously and because they possess the recommended leadership competencies.

The PL also demonstrates qualities of a courageous leader; they are able to recognise the need for improvement, understand the principles required to respond and are prepared to take action and challenge current practices (Goodman and Dingli, 2017). Courageous leaders trust in team working and fully acknowledge the work of others in

achieving successful interventions (Goodman and Dingli, 2017). Therefore, this leadership style lends itself to the HUT. Additionally, fostering teams that have shared vision and goals is an integral part of innovation and improvement within an educational environment (Pieters, 2019). So, the courageous leader will need to ensure the members of the HUT are united and motivated to achieve the same goals.

A holistic approach is also essential for the implementation of the HUT; Cameron and Green (2015) suggest alignment is a key feature of successful change by ensuring all components of change are integrated and linked to the whole organisational system. Hence, for change to be successful and sustainable it must be made at an organisational level (Sterling et al., 2013). Benn et al. (2014) recommend this should be achieved by addressing cultural organisational issues such as values, beliefs, goals, principles, policies, employee empowerment and change management practices.

When implementing change, it is also important to recognise that HE institutions are historically dedicated to increasing knowledge, awareness, skills and values through education and research (Cortese, 2003). However, more recently with the increase in student fees, there has been a change in focus to customer satisfaction which has led to the total quality management model of leadership being commonly implemented in HE (Mark, 2013). Total quality management is strongly associated with quality assurance and enhancement (Filippakou, 2016) as well as increased customer satisfaction and organisational performance through stakeholder involvement, vision and leadership (Asif et al., 2013), which further supports the need for these values in the implementation of the HUT.

Keown and Darzi (2015) also identify the importance of ensuring the political landscape and regulation do not distract from transformative change to improve quality in both the NHS and further afield, such as higher education. Yet, Goodman and Dingli (2017) suggest that effective leadership implements a new vision for an organisation that does the right thing whilst also considering real world conditions. Therefore, it will be important that the political landscape and financial constraint does not dilute the vision of the HUT and that the HUT continues to focus on the health and wellbeing needs of the students.

To ensure information regarding interventions and change cascades from departments through teams to all individuals (Hodges, 2017) the HUT will require involvement of staff from a variety of departments. However, there are limitations of having a large team such as diversities in culture and behavior, different perceptions, stakeholder expectations and gaining consensus (Kappagomtula, 2017). However, these challenges can be overcome with effective leadership (Koeslag-Kreunen et al., 2018), and large teams can offer a wide range of perspectives, bring different expertise and adapt well to situational demands (Klein, 2006). Including staff that act as enablers of change will also ensure the success of the HUT. Enablers will demonstrate entrepreneur traits such as specialist knowledge, resources for innovation and relevant experience (Gupta and Barua, 2018). Therefore, despite the challenges large teams may pose, the author recommends staff for the HUT are recruited from a wide variety of departments within the university.

As well as staff, the student voice must also be represented on the HUT as engagement with students is a key aspect to ensure understanding of their particular needs (Office

for Students, 2019). Curran (2017) suggests viewing students as partners in education to improve student experience and engagement. Furthermore, positioning dialogue from key stakeholders at the heart of the change process is crucial to ensuring change is successful (Stacey, 2012; Isaacs, 1999). However, the term dialogue must be differentiated from the term communication, which can be ambiguous, as dialogue has two key components, listening and voicing (Lawrence, 2014). Therefore, to ensure the HUT is successful, students should not just be given the opportunity to provide an opinion but should be given an active role in the team to voice concerns, ideas and suggestions.

Potential Barriers for HUT Development

One of the largest barriers for the HUT will be the economic challenge (Appendix 2), due to the cost of resources. However, the use of expert power, first described by French and Raven (1959), where a person may have a specific knowledge or ability, could offset this issue. For example, including a member of the senior management team on the HUT to act in a position of expert power regarding budgeting and staffing costs could reduce the effect of economic barriers.

Literature suggests those in a position of power have a significant impact on the success or failure of change; a company leader can be one of the biggest potential blockers to change (Lawrence, 2014). Managerial input, choice and action is an integral aspect of organisational change (Odor, 2018). However, the seminal work of Cohen and Bradford (2005) suggests that organisational change can occur with leaders who influence without authority, suggesting that senior management should be involved in the HUT, but do not need to lead the team.

Conversely, even if the company leader is committed to the change, this does not guarantee success (Lawrence, 2014). A metanalysis of change studies over the last 40 years reported failure rates of between 60-90% for organisational change (Lawrence, 2014). A key reason for organisation change failure is due to perceived failures when expected outcomes of change have not been met (Heracleous and Bartunek, 2020). Therefore, it will be essential that the HUT sets realistic goals and achievable targets to avoid perceived failure.

Staff concern over workload has been recognised as a barrier for change (Hodges, 2017). To counteract this, Darzi (2015) recommends incentivising a culture of quality improvement. For that reason, it may be helpful to provide incentives to those who join the HUT team, such as reduced workload in other areas of their role such as their teaching benchmarks. However, a transformative and participatory leader will aim to create a team that have similar vision and choose to be involved (Boonstra, 2012), rather than staff that have been incentivised to be involved as, change culture can be argued to be more effective if motivation is intrinsic (Thokozani, 2017). Additionally, whilst rewarding involvement can encourage engagement in organisational change, this also leaves room for staff to fear that low performance or in this case, non-engagement will be monitored (Hodges, 2017), which could result in concern for repercussions. This could create dysfunctional team behaviours as a result of unfair reward processes (Hodges, 2017).

However, reducing staff workload for them to work in another area could be argued as fair and necessary as, even with internalised motivation, time constraints will remain an issue for staff with existing roles in the organisation. Potential team dysfunction could be offset by ensuring that lowering the teaching benchmark for staff involved in the project does not increase the teaching load for other staff. Instead, to recognise the increase in workload, the author recommends new staff members may need to be employed. This is also particularly important for the wellbeing of staff, as workloads for teaching staff have a direct correlation with health and wellbeing (McDonald, 2013). Therefore, it is essential that the establishment of the HUT does not increase existing staff workloads

which could result in reduced health and wellbeing of staff impacting student experience.

Reducing existing workloads may be adequate for the general members of the HUT, but it would be more suitable for the manager of the HUT to be a new full-time staff position to ensure they have the time and focus to make it a success. Therefore, whilst the PL is suited to the role of leadership within the HUT, due to their existing teaching commitments, it is recommended that this is temporary while the HUT is established, and staff are recruited to the role. Once the leader for the HUT is appointed, the PL can return to teaching commitments on a reduced benchmark which allows them to continue with involvement in the HUT. The successful applicant for the HUT leader will need to be authentic, require a clear vision for the strategy and have a powerful motive for change (Boonstra, 2012).

Al-Alawi et al. (2019) suggest other potential barriers to organisational change are lack of understanding of the need for change as well as the knowledge of how to change. Therefore, education on the rationale for the HUT will be essential in building the team and maintaining staff engagement. However, the education for the HUT must be persuasive, as according to Gladwell (2000), a new idea or change is only effective if it has a ‘high stickiness factor’, meaning the idea must be appealing and memorable.

Furthermore, resistance to change is often seen as a barrier inherent to change failure and intervention is required to overcome its effects (Rosenbaum, More and Steane, 2018). Although, resistance to change has been said to play a role in improving change outcomes (Bartunek, 2013) as it can provide improved understanding and alternative perspectives (Lewis, 2011). It could be suggested that where resistance to change is

experienced by the HUT, resistors should be invited to consult with the HUT to identify issues that need to be addressed to prevent failure.

Finally, when considering barriers to change, it can also be helpful to consider change drivers (Akins et al., 2019). Many of the factors highlighted in the PESTLE analysis (Appendix 2) of the PL's organisation will act as change drivers for the development of the HUT. Despite potential resistance to change, the rationale for change is strong and clear and should result in minimal resistance.

Vision Statement for Implementation

When the HUT launches, the team will need to work collaboratively (Towe et al., 2016) to identify short term and long-term goals that aim to improve the health and wellbeing of students. The author recommends that the short-term goal of the strategy is for the HUT be proposed in the summer of 2021 and developed through the academic year of 2021-2022. Following this timeline, the long-term goal of this strategy is for the HUT to be established and prepared to implement change from the next academic year starting in September 2022.

To ensure a whole university approach, staff from a variety of levels and departments within the university will be invited to join the HUT, along with students and local service providers.

Learning throughout an organisation is an essential element of successful implementation of change (Cameron and Green, 2015). For that reason, training on the purpose, role and functions of the HUT will be delivered on the mandatory staff development day in June 2022 ensuring widespread uptake. It is important that staff from all levels of the university are provided with this training as students with health and wellbeing needs could be identified by any member of staff.

Future Evaluation

An influencing factor for the success of change in a HE setting is quality assurance (Anakin et al., 2017). Once the HUT is established, it will require an audit to provide baseline data representing the health and wellbeing of students and a re-audit at a pre-defined later date to maintain the quality learning experience. As student health and wellbeing has been linked to attrition rates (Health Education England, 2020) and attainment rates (Public Health England, 2014), the author recommends that data on student attainment and attrition should be analysed to evidence the effectiveness of the HUT. Establishment of the HUT should result in decreased student attrition and increased student attainment.

The impact of the HUT on the quality of the learning experience can also be measured using a qualitative approach with staff and student surveys. Yet, the overuse of surveys can result in only those with strong opinions and the most outspoken students responding (Allessa et al., 2018) potentially skewing results. Therefore, survey questions could be incorporated into existing data collection, such as Module Evaluation Questionnaires to improve completion rates and prevent overwhelming students. Data could also be collected through the use of student staff focus groups; however, this could pose an ethical concern as confidentiality and anonymity would not be maintained using this approach (Adhabi and Anozie, 2017). The use of surveys alongside focus groups is ideal as Heath at al. (2018) recommend a variety of methods of data collection for sensitive subjects such as health and wellbeing.

However, quality assurance is said to be bureaucratic and a potential administrative burden for academic staff (Seyfried and Polenz, 2018). Consequently, the focus of

quality assurance must remain on health and wellbeing. Sundberg et al. (2015) note a phenomenon in healthcare education called vicarious legitimacy; this refers to leaders in education having to legitamise their work through areas other than creating a quality learning environment. Sundberg et al. (2015) expand on this by suggesting focus should remain on the legitimacy of the cause and that a clear vision statement for change can ensure this. Therefore, the primary focus of the HUT must always be student and staff health and wellbeing and the impact on attrition and attainment should remain a positive side effect, but not the primary focus of the team.

Conclusion

To conclude, this strategy has recommended the development of a HUT to improve the health and wellbeing of staff and students which will, in turn, improve the quality of the learning environment. The HUT will be a single point of access for all health and wellbeing needs, made up of a diverse team that will look at health and wellbeing from a whole university approach. The significance of the policy environment on health and wellbeing has been explored and the need for change and the development of the HUT has been identified. The impact of the different responsibilities of the PL has been critically appraised and the need for different approaches to student health and wellbeing have been identified as required which will be further explored by the HUT once it is established. Barriers to developing a quality learning environment have been explored and solutions to facilitate change and development have been offered. Requirements and strategies to ensure the maintenance of the quality learning experience have been recommended. Finally, the role of the PL in the development and leadership of the HUT has been contextualised and strategies for managing competing demands have been suggested.

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Appendix 1

SWOT Analysis of the PL	
Strengths	Weaknesses
The PL is uniquely placed to identify students with health and wellbeing problems due to their background as a nurse. The PL has built a good relationship with many of the students.	The PL frequently cares for student wellbeing, resulting in them working outside of their contracted hours to manage their workload.
Opportunities	Threats
The HE setting is comprised of a large team which will bring a variety of skill sets to the HUT. The large team provides opportunity for delegation.	The PL must work within the limitations of their role as the systems are not in place to support them working as a nurse.

Appendix 2

	PESTLE Analysis of Health and Wellbeing in a HE Organisation	
Political	Internal Factors	Consumer market- students now paying higher fees Budget allocation- the HUT team would need funding to implement their plans Resistance to change- need staff and students to engage
	External Factors	Public opinion and expectations Local employer opinion League tables and NSS data- support for student wellbeing could improve student experience Public Funding- at risk of losing public funding, will limit the funding available to the development of the HUT team Influence from unions and governing bodies- student health and wellbeing has been identified as a priority Policies such as HEQA and legislation from Department of Education QAA policies
Economic	Internal Factors	Student debt- student wellbeing is linked to income Intake numbers- must ensure the systems put in place have capacity to support increasing student numbers University 's financial performance will directly influence the budget allocated to the HUT Cost of the HUT will need to be justified with data to support effectiveness
	External Factors	Economic climate- potential loss of public funding Competitive job market- make students as employable as possible- use employability team within the HUT, could give mental health first aid training
Sociological	Internal Factors	Motivation to study- linked to wellbeing Staff and students will need to engage with the HUT Demographics- local catchment area has multiple risk factors for decreased health and wellbeing Staff turnaround- the HUT should also improve staff health and wellbeing
	External Factors	Building working relationships with local NHS service providers Support networks for students Accommodation- student environment has a direct impact on health and wellbeing of students Low student income- support with budgeting- someone from finance could be included on the team Build links with local community

Technological	Internal Factors	Media-marketing and media teams will need to be involved to launch the HUT Online learning leading to isolation of the students Less visual and verbal cues leading to tutors potentially missing warning signs
	External Factors	Increased social media has been indicated to impact health and wellbeing Technology can improve access to services through remote communication
Legal	Internal Factors	Staff knowledge and training Accountability Confidentiality
	External Factors	Duty of care to students Equality Act 2010- Must provide reasonable adjustments for health conditions Duty of care for Programme Leaders Ethical issues linking to mental health
Environmental	Internal Factors	Educational environment has direct impact on mental wellbeing Resource availability- paper resources vs electronic resources Students and staff may prefer physical access such as drop-in sessions and may need a specific room.
	External Factors	Student accommodation is linked to health and wellbeing