

## **NHS Staff Suicide: a national data collection**

### **Frequently asked questions**

#### **We don't record cause of death for our staff so how can we identify cases?**

Systems are likely to vary across Trust, and in some organisations a cause of death cannot be identified from 'death in service' records. We encourage you to explore other likely mechanisms of identification within other departments or with other staff members. For example, health and wellbeing leads may be aware of some potential cases or other administrative departments such as payroll may also keep some information in employee records.

#### **There is a limited amount of information. Should a questionnaire still be completed?**

We anticipate that a proportion of the information requested in the questionnaire is likely to be unavailable. We have included 'not known' response options in the questionnaire so that you can navigate through these sections swiftly. Please do still complete a questionnaire with any information that you may have. The information will be helpful to provide an estimate of the number of suicide deaths by healthcare staff per year.

#### **How long will it take me to complete a questionnaire?**

We estimate that the questionnaire should take approximately 20 minutes to complete.

#### **Who is the best person to complete this questionnaire?**

We have initially approached senior members of Human Resources departments to complete this questionnaire. However, staff with workforce health and wellbeing responsibilities may be able to assist in providing this information.

#### **Is this questionnaire mandatory?**

Completion of this questionnaire is entirely voluntary and is not mandated.

#### **What is the purpose of collecting this information?**

Information gathered from these tragic deaths will inform suicide prevention and may help prevent future deaths. Our aim is to identify factors associated with suicide that could be improved for the safety of NHS staff.

### **Is this data collection research?**

NHS England have specifically asked us to establish this data collection for the purpose of improving safety and support for all NHS staff. This data collection shares many features with audit and is not considered to be research. By setting up this data collection and making recommendations to improve staff support, we are delivering a service commissioned by NHS England.

### **How can we support employees after the loss of a colleague?**

There are a number of resources available on our website to assist in supporting staff after the loss of a colleague.

### **I need to collate this data from different sources. Will the questionnaire time out?**

The questionnaire will remain open until you submit a response or close your web browser. If you exit the questionnaire, you will not be able to resume the same response. You may wish to collate the information prior to opening the questionnaire link.

### **What information does the questionnaire request?**

We will ask you for the age, sex and ethnicity of the person and the method of suicide. We will ask for information on work-related factors such as their job role, any periods of absence, workplace stresses and if they were the subject of any investigations or complaints. We will also ask for information on their physical health, mental health and overall wellbeing. We appreciate that some information could be unavailable or unknown and have therefore included a 'not known' response option. We ask that you complete this questionnaire on the basis of information from HR employee records and informal knowledge that you may have of the individual that is not currently recorded.

### **Will this information be anonymous?**

We ask that you do not provide identifiable data. We will not ask for names, dates of birth or dates of death. We recognise that the unique combination of the information requested carries a risk for re-identification, and so we consider this data to be pseudonymised and manage it accordingly. Only members of the immediate project team will have access to the data which will be stored on a standalone server system with user access controls in place. No attempts will be made to re-identify people.

### **What are the governance arrangements and permissions for me to provide this information?**

This register has been approved by the University of Manchester Research Ethics Committee (REF: 2025-22448-40733). We have created a Data Sharing Agreement to facilitate the sharing of this data. Once this has been confirmed with your Trust, you are able to provide this data.

### **Should I submit a case for any member of staff?**

Initially we want to collate data on clinical staff; doctors, nurses, and allied health professionals. To avoid identifiability, we have used these general role descriptions. Doctors include roles such as consultants, staff grade doctors, junior doctors and surgeons. Nurses includes midwives, and any specialities of nursing. Allied health professional roles include: art therapists, dietitians, drama therapists, music therapists, occupational therapists, operating department practitioners, orthoptists, osteopaths, physiotherapists, podiatrists, prosthetists and orthotists, radiographers and speech and language therapists. This programme includes staff who have a full-time, part-time or temporary employment contract directly with your Trust and therefore does not include bank or agency staff unless they hold an employment contract directly with your Trust. The data collection will be expanded to include all roles in 2025.

### **What is the definition of suspected suicide?**

For the purpose of this data collection, we are using the term 'suspected suicide' as we are requesting data in real time and some deaths may not be confirmed by coroner inquest. The definition of 'suspected suicide' is a sudden and unexpected death where it appears from the circumstances that:

- a deliberate self-inflicted act resulted in death
- there are underlying indicators of intentional self-harm
- it was a fatal injury or poisoning of undetermined intent, there is no evidence of any third party involvement and there are substantial accompanying indicators of a probable 'suspected suicide'.