East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
25 JULY 2019

Title	**Suicide Prevention Update**
Author	Dr Paul Gilluley, Chief Medical Officer
Accountable Executive Director	Dr Paul Gilluley, Chief Medical Officer

Purpose of the Report:

- To inform the Trust Board on the national headlines on suicide prevention and reduction.
- To inform the Trust Board of the ELFT trust wide work on suicide prevention.
- To inform the Trust Board of local work with other stakeholders to address suicide prevention.

Summary of Key Issues:

The mental health taskforce, Five Year Forward View for Mental Health and its Implementation Plan set out a clear commitment to see a 10% reduction in suicide rates by 2020/21, from 2015 baseline, backed by £25m investment.

This is alongside two other recommendations for suicide prevention and reduction which are:

- All local areas to have multi-agency suicide prevention plans
- Identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from.

Across the Trust we have reviewed and refreshed our Suicide Prevention training. This is being launched at a Trust wide Suicide Prevention Convention on 9th July 2019.

Locally directorate have formed relationships with other stakeholders to build a local approach to Suicide Prevention. This has resulted in local Suicide Prevention Plans which are held within the local Health and Well Being Boards.

The Trust is active in the Suicide Prevention work taking place within STPs. The Trust covers two STP footprints and has developed Zero Suicide Ambition Plans for Mental Health Inpatient Units in both.

Strategic priorities this paper supports

Improved patient experience	☒	The paper sets out our approach to ensure the service we provide are safe. It details how we mitigate risk of suicide across our inpatient services.
Improved health of the communities we serve	☒	The paper sets out how localities work with other stakeholders to develop Suicide Prevention plans.
Improved staff experience	☒	The paper sets out a review and refresh of suicide prevention tools and how these will be lauched and shared with staff so they are well equipped to assess risk of suicide,
Improved value for money	☐	

Committees / Meetings where this item has been considered:

Date	Committee / Meeting
09.07.19	Quality Committee Part 3
01.07.19	Quality Assurance Committee

Implications:

Equality Analysis	This report will have no impact on equalities
Risk and Assurance	This report outlines action the Trust has taken locally and Trust wide to prevent suicide
Service User / Carer / Staff	This paper has implications for staff, service users and carers.
Financial	No direct financial implications.
Quality	This report outlines actions taken to ensure we provide safe services.

Supporting Documents and Research material

a.
b.

Glossary

Abbreviation	In full
STP	Sustainability and Transformation Partnership
SSRIs	Selective serotonin re-uptake inhibitors
SNRIs	Serotonin and noradrenaline re-uptake
LBH	London Borough of Hackney
eCPA	
CMHTs	Community Mental Health Teams
C&H	City & Hackney

1.0 Background

1.1 *The Five Year Forward View for Mental Health* set out a clear commitment to 10% reduction in suicide rates by 2020/21 (from the 2015 baseline). Two main recommendations have been:

- All local areas to have multi agency suicide prevention plans in place by June 2018. This work is to be led by Public Health England.
- Identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out of area placements, are learnt from.

1.2 In 2018 the Secretary of State for Health announced a zero suicide ambition for mental health inpatients. All STPs via the Mental Health Delivery Plan 18/19 were asked to ensure a local authority led multi agency plan for suicide prevention to form part of the STP mental health delivery, including specific plans on zero suicide ambition for all mental health inpatients. All mental health Trusts are required to produce a Zero Suicide plan by the end of March 2019.

2.0 ELFT Trust wide Suicide Prevention

Training

2.1 Prof Frank Rohricht, Medical Director for Research, Innovation and Medical Education, attended the launch of Suicide Prevention Strategy 2019 (chaired by Prof Appleby) in Manchester in January 2019. He is presently reviewing the literature regarding the current evidence base for prediction and prevention of suicide.

2.2 A multi-professional expert clinical reference group for ELFT to oversee staff training, using a train the trainer approach to identify and support local suicide prevention champions, is being set up. The first meeting taking place on 27.03.19.

2.3 Developing and rolling out across all clinical services a bespoke suicide prevention training. This will have a team based approach, using a combination of information sharing, best practice examples, and group work based on case vignettes from “real cases” of attempted or completed suicides.

2.4 An Information Toolkit for clinicians is on the Trust intranet. This is being updated and then will be re launched.

2.5 Suicide Prevention training tools are being developed for primary care staff and will be promoted through STPs

2.6 Wider work using QI tools in a population health approach is under development.

2.7 A Trust wide Suicide Prevention Convention took place in Luton on 9th July 2019. This showcased areas work across the catchment area of the trust in suicide

prevention. At this event the Trust's new Suicide Prevention training was launched.

Pharmacy

2.8 Most common self-poisoning medicines in patients with mental health conditions - 33% used opiates or opioids, 11% antipsychotic drugs, 9% tricyclic antidepressants, 9% selective serotonin re-uptake inhibitors (SSRIs) or serotonin and noradrenaline re-uptake inhibitors (SNRIs) and 7% paracetamol and opiate combinations. Non-opiate analgesics were reported to be used in 7% of deaths by self-poisoning; most of these involved paracetamol (6% of deaths)

2.9 ELFT have policies in place to manage high risk drugs and their access. This is regularly audited.

Child and Adolescent Mental Health Services.

2.10 There is a Population Health Project in all 5 boroughs with the aim of reducing self-harm in 14-16 year olds, starting in a single secondary school in each borough. The overall aim is to increase resilience in these children with a subsequent reduction in self harm, and longer term, a reduction in risk of suicide. The projects are multi agency with partners in schools, local authority and voluntary agencies as well as involving young people and parents.

3.0 Local Suicide Prevention work.

3.1 Tower Hamlets

In Tower Hamlets, there is regular representation on the Local Authority suicide prevention strategy steering group. Both the Clinical Director and the People Participation lead attend and actively participate. There has been shared learning, from the deep dive in to the mental health ELFT unexpected deaths. This group discusses ways stakeholders can support each other across Tower Hamlets to share learning.

Tower Hamlets operate the 7 day follow up process and have achieved good results across the borough making contact with 94% all patients discharged from hospital within 7 days. Work is ongoing on improving this with clear processes in place on the wards and CMHTs.

Tower Hamlets have recently initiated 24/7 Crisis Line offering advice, signposting and support to people in Crisis and onward liaison with relevant services where appropriate. Data is being collected around the use of this service and the numbers phoning with suicidal ideation/intent.

3.2 Newham

For inpatients the focus has been on improving 7 day follow up rates, which has improved. Ligature audits identified bedroom windows as the main risk - a capital

bid to have windows replaced has been approved. With the introduction of eCPA the use of the My Safety Care Plan is being rolled out. .

For the community there is present work to improve crisis care through the crisis and assessment pathway redesign. The aim of this is to provide more coherent and responsive crisis care. The enhanced crisis line which has been live since December has already had a positive impact in terms of converting crisis calls to face to face assessments.

3.3 Hackney

There is work with London Borough of Hackney (LBH) on the Borough Suicide Prevention plan. The Clinical Director is on the Board. The LBH plan involves local partners, both statutory and non-statutory as well as community groups including local football teams. The Borough did an advertising/awareness campaign on getting men to speak about their problems.

The Clinical Director also sit on the Corporation of London's Suicide Prevention Board. ELFT staff, together with the Samaritans, have provided suicide awareness/prevention training to businesses within the Square Mile. The City has also recently opened a Dragon Crisis Café for City Residents.

Following a local audit on suicides it was noted an unexpected high rate amongst the LGBT community. A focus group set up as a result and LGBT awareness training is being implemented. There is a training video on how to sensitively assess LGBT patients being developed.

The Crisis Services in C&H was relaunched in 2018. The number of calls to the Crisis Line continues to grow. There is Investment in more training for Crisis Line staff including Brief Solution Focussed interventions.

3.4 Bedfordshire

The services have met with Commissioners, Police and Public Health leads in the STP regarding the incidents of suicide in Bedfordshire. The services have offered to work in partnership with Public Health to hold a community event, but feel that we should not lead. We have asked Public Health to source 'See the Signs' courses for Bedfordshire and we will promote these through our Recovery College. We have also asked that the Bedfordshire and Luton Suicide Prevention Plan and group has a focussed discussion/action around suicide by hanging.

In our meeting with the Police, we have shared information and been able to identify incidents that happened before a number of deaths that we did not have knowledge of previously, including calls to police due to domestic issues. The police also identified domestic violence in a high number of cases in January, which we were not aware of. We have agreed to meet with the Police regularly to look at cases together to share learning.

4.0 Zero Suicide Plan for Mental Health Inpatient Units

The Trust has developed two action plans to address the ambition for zero suicide in mental health inpatient units. These plans have been shared within the local STP to help develop a Suicide Prevention plan for the STP.

See Appendix 1 and 2

5.0 Action being requested

The Board is asked to **RECEIVE** and **NOTE** the report for information.

Bedfordshire & Luton Zero Suicide Ambition Plan for all Mental Health Inpatients

Title	**ELFT's Bedfordshire and Luton Zero Suicide Ambition Plan for all Mental Health Inpatients**
Status	Draft version 1
Version Created	05/02/2019
Approved by	
Author/s	Daisy Mudoni Lead Nurse & Dr Kurt Buhagiar Lead Consultant

Vision

Our vision to suicide prevention in Bedfordshire and Luton is consistent with the Government's current strategy for England (2012), expanded in 2017. Additionally, it includes principles derived from the 'Zero Suicide Program' which originated in Detroit, USA. This is a health systems-wide approach aimed at eliminating all suicides, and has been adapted for implementation in some parts of the UK. We have adopted our focus instead on 'zero tolerance' of non-implementation of core patient safety activities across all our clinical services.

Zero suicide is:

A commitment to a culture that focuses on learning, improvement, personalisation and safety, rather than blame and 'defensive' practice;

A recognition that suicides in mental health inpatients are preventable; and

The parameter of 'inpatient' as the entire mental health sector including specialist units e.g. medium secure etc which has patients from more than the local area, complex needs etc.

Zero suicide is not:

A performance management target

An avoidance of positive risk taking; and

An opportunity to place blame

We will work with our partner agencies including Public Health England to promote our ambition for zero suicide and seek the support from Commissioners to address any shortfalls in our service provision. This Plan will be presented at the Bedfordshire, Luton and Milton Keynes ICS Mental Health Programme Board Meeting scheduled for the 19th of February 2019.

Strategic context

The mental health taskforce, Five Year Forward View for Mental Health and its Implementation Plan set out a clear commitment to see a 10% reduction in suicide rates by 2020/21, from 2015 baseline, backed by £25m investment.

This is alongside two other recommendations for suicide prevention and reduction which are:

- All local areas to have multi-agency suicide prevention plans
- Identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from.

The Bedfordshire and Luton Zero Inpatient Suicide Plan was tabled at the STP Bedfordshire, Luton and Milton Keynes Mental Health Programme Board Meeting held on the 19th of March 2019. Suicide prevention is one of the mental health priorities that the Board oversees.

Chair: Marie Gabriel

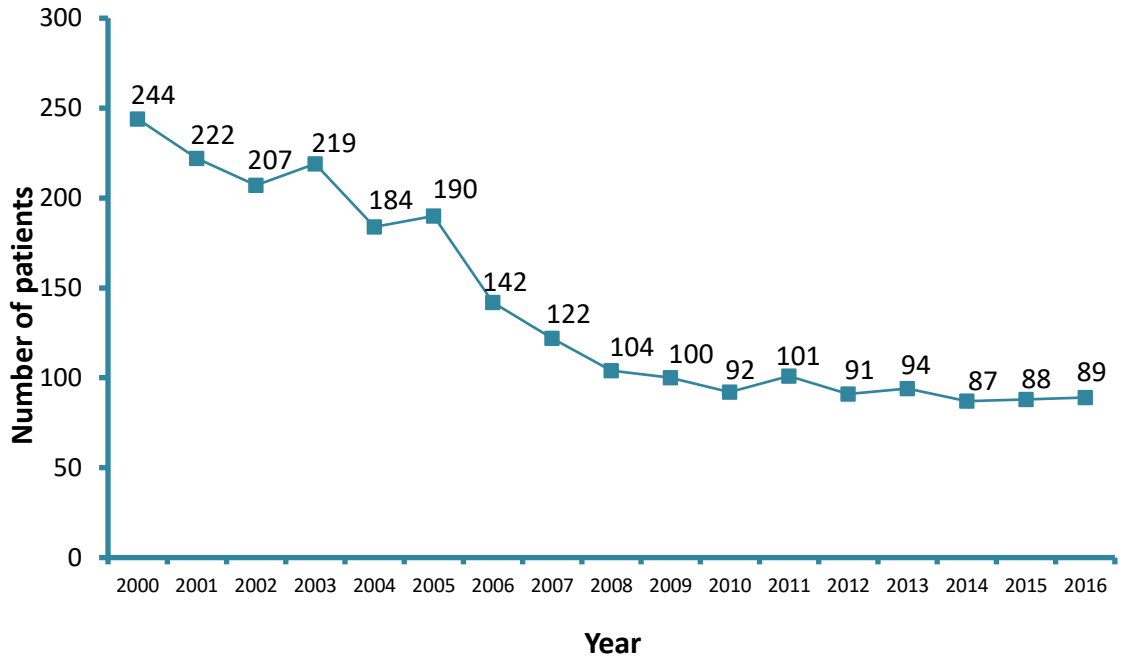
Chief Executive: Dr Navina Evans

In addition in 2018, the Secretary of State announced a zero ambition for mental health inpatients. These deaths by suicide are arguably the most preventable, as they are closest to proximity of care and will therefore contribute to our 10% reduction commitment.

The NHS Long Term Plan continues with a commitment of reducing suicides remaining an NHS priority over the next decade. The NHS Plan highlights that the existing suicide reduction programme will provide full coverage across the country. The plan describes an enhanced mental health crisis model, anyone experiencing a crisis will be able to call NHS 111 and have 24/7 access to mental health support. Specialist perinatal mental health services will be expanded so that more women who need it have access to the care they need from preconception to two years after the birth of their baby. Investment will be made in specialist community teams to help support children and young people with autism and their families, and integrated models of primary and community mental health care which will support adults with severe mental illnesses, and support for individuals who self-harm.

The Long Term Plan describes the design of a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients. This will build on the model used in Cambridge and Peterborough's crisis pathway and will put in place suicide bereavement support for families and staff working in mental health crisis services in every area of the country. Finally the Plan highlights the work of the Global Digital Exemplar (GDE) programme and the use of decision-support tools and machine learning to augment the delivery of personalised care and predict future behaviour such as risk of self-harm or suicide.

The latest evidence on the zero suicide ambition for inpatients is that the fall in in-patient suicide is slowing which is illustrated in the below graph:



Prevention isn't just one thing as 30% of these suicides occur on the ward, 20% of these are when the patient is on unplanned leave from the Ward and 50% of these occur when the patient is on planned leave off the ward.

What we know

Our zero suicide ambition plan for Bedfordshire and Luton inpatient services has a number of local drivers for implementation which include:

- Engagement with stakeholders and partners
- Safe and effective care and treatment
- Competent and skilled workforce
- Analysis of data, research and innovation

There are a number of areas for action which have informed our zero suicide ambition plan which are:

- The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) which has highlighted the importance of optimizing service user safety across care pathways. Specific aspects of the mental health care pathway where there is potential for suicide prevention
- The majority of inpatient suicides have a history of absconding from, or not returning to inpatient care;
- Half of all inpatient suicide deaths occur in people who are being observed by less experienced or skilled staff;
- On discharge from hospital, the highest number of suicides occurs in the first three days of leaving hospital; and the first three months remains a significantly high risk period;
- Deaths in the first two weeks after discharge are linked to admissions lasting less than seven days, lack of a care plan on discharge, and adverse life events;
- Eleven percent of suicides occur in people who are discharged from out-of-area units (ie: a unit that is not local to them);
- Three times as many suicides occur in people who are in contact with crisis teams than occur in inpatient settings;
- Nearly half of all suicides among people under the care of crisis teams live alone; 40 percent die within two weeks of leaving hospital, and 33 per cent of crisis team patients have been under the service for less than one week;
- For people classed as 'difficult to engage', assertive engagement and follow-up practices are associated with lower suicide rates;

Plan Details

The plan below evidences our current arrangements across inpatient services and also outlines further improvement opportunities for preventing suicide. It reflects the CQC domains of Safe, Effective, Caring, Responsive and Well-Led.

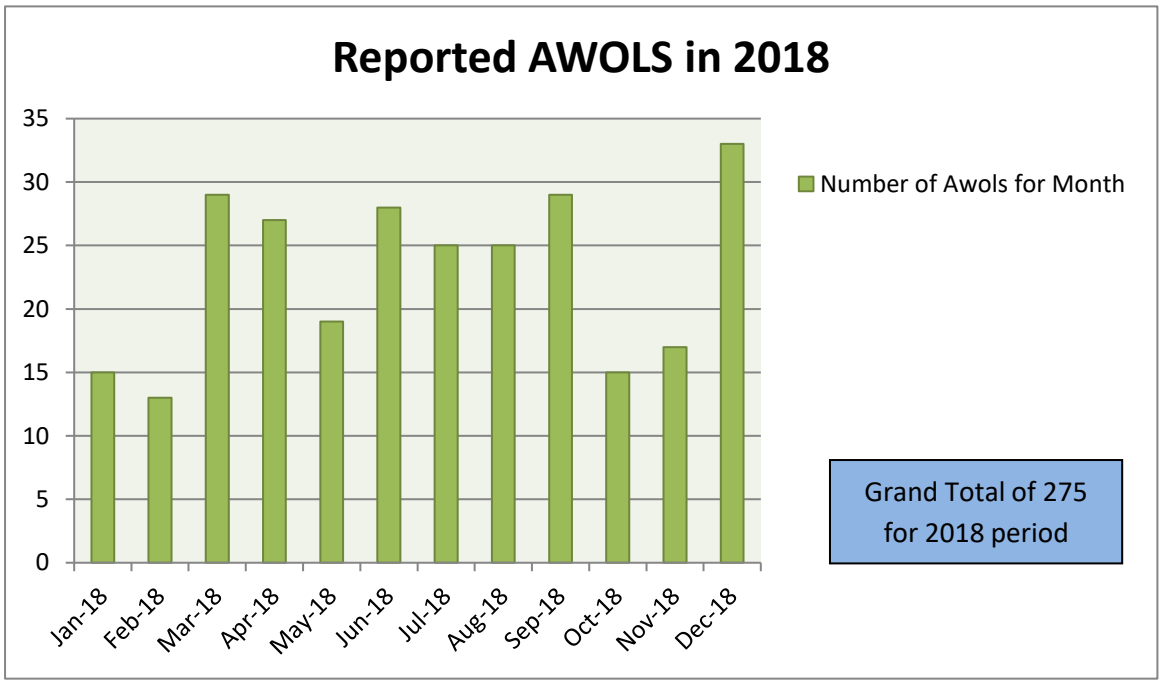
To support the work we are undertaking in Bedfordshire and Luton we have considered the 10 Ways to Improve Safety from the NCISH report. This framework underpins our work and from this we have identified our priority areas for improvement.

10 Ways to Improve Safety (National Confidential Inquiry into Suicide and Safety in Mental Health)

Our action plan addresses six key areas of suicide prevention activity:

1. Reducing the risk of suicide in high risk groups.
2. Tailoring approaches to improve mental health in specific groups.
3. Reducing access to means of suicide.
4. Learning from investigations and reviews into unexpected deaths.
5. Providing better information and support to those bereaved or affected by suicide.
6. Ongoing Quality improvements, data collection and monitoring.

Bedford and Luton AWOL Figures



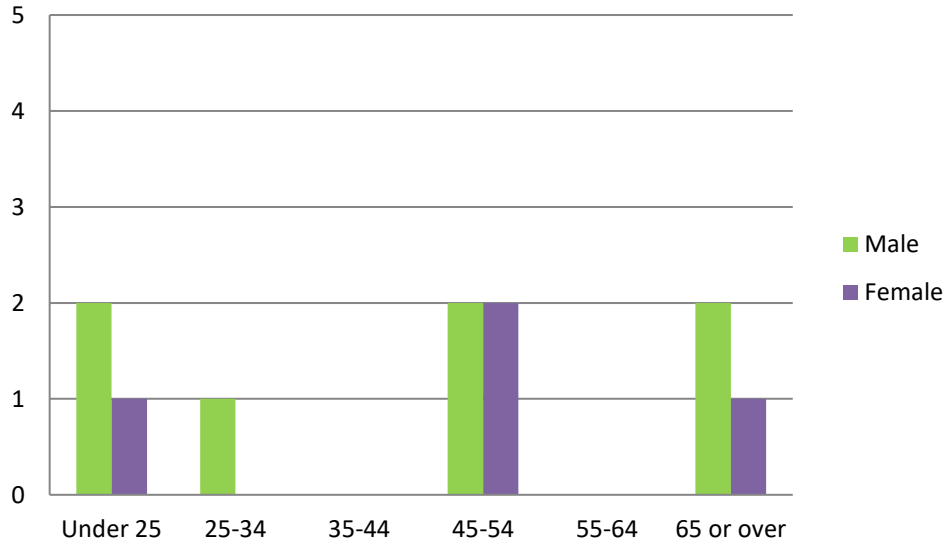
Directorate Serious incidents

The Trust has prepared an annual themed report of Serious Incidents since taking over responsibility for these services in 2015.

These reports have run from April to March for each year and have focused on cases where Serious Incident Reviews have been completed and where there is an indication that individuals have taken their own lives.

Period	Number of SIR completed	Number of apparent deaths by suicide
April 2015-March 2016		6
April 2016-March 2017	18	16
April 2017-March 2018		7
April 2018-November 2018	5	8

Unexpected Deaths



* Unexpected Deaths by Age and Gender (Apr18-Nov18)

Prevention Action Plan

Ligature audits	Actions taken	Led/Owned by Areas for development	Ligature audits	Date of Completion
All inpatient wards complete yearly ligature audits in line with Ligature policy.	Matrons and managers complete audit and Lead nurses complete a ligature audit paper which identifies risk for the service and present it to the DMT.	Lead Nurse Continuous environmental improvement work to eliminate Ligature anchors in line with best practice guidance.	All inpatient wards complete yearly ligature audits in line with Ligature policy.	Jan -2019
	Matrons lead on Ligature audits for their teams, highlighting all high risk areas and implementation of agreed risk mitigation plans.			
	en-suite doors have been replaced by curtains			30th May 2019
	Bath tubs have been removed in all adult working age wards and replaced with wet rooms			Completed 2018
	CCTV installation on all wards beginning February 2019 to improve observation in blind spots.			Completed Feb 2019
	All staff received training on observation policy and assessed for competency			Completed on induction
	All staff has received suicide prevention training, local suicide prevention trainers deliver training at away days and development programmes for all staff groups.			

Intensive services	Actions taken locally	Led/owned by	Areas for development	
Inpatient care pathway review	Ongoing review and development of crisis and inpatient care pathway	Service leads	Inpatient care pathway to be developed and signed off by DMT	December 2019
Supervision and appraisal	All staff receive managerial supervision once monthly and appraisals yearly		Aim for 90 % monthly supervision compliance for all inpatient wards. 100% compliance for all appraisals	To be completed September 2019
	All staff receive local and corporate induction.	Lead nurse		Standard Practice
Development programmes	All staff attend 6 month development programme (band 3-8)	Director of nursing		Standard Practice
Preceptorship programme	Newly qualified staff attend a 3 month preceptorship programme coordinated by the nurse development lead.	Director of nursing	Aim for 100% attendance to	Standard Practice
MDT approach to risk management in early discharge	Crisis teams attend ward rounds and management rounds to facilitate early discharge. The Discharge CPA meeting which should involve the care coordinator (if on CPA), family feedback and patient to develop a safety plan and discharge care plan (NODF) is crucial. If the patient requires CPA then it is essential that the care coordinator is involved early on in the admission re doing needs assessment and building engagement with the patient.	Lead nurse	Review current risk training and devise training toolkit tailored for inpatient wards to improve awareness In risk assessment and management in the seven key areas and also reflective of local population health and needs. Current/ongoing review of the crisis pathway.	December 2019
Improve risk assessment and management processes	**Actions taken locally**	**Led/ owned by**	**Areas for development**	
Person focused clinical risk assessment	All patients have an individual risk assessment and are involved in their risk management plans. All	MDT /matrons	Ongoing training on risk management and	Standard Practice

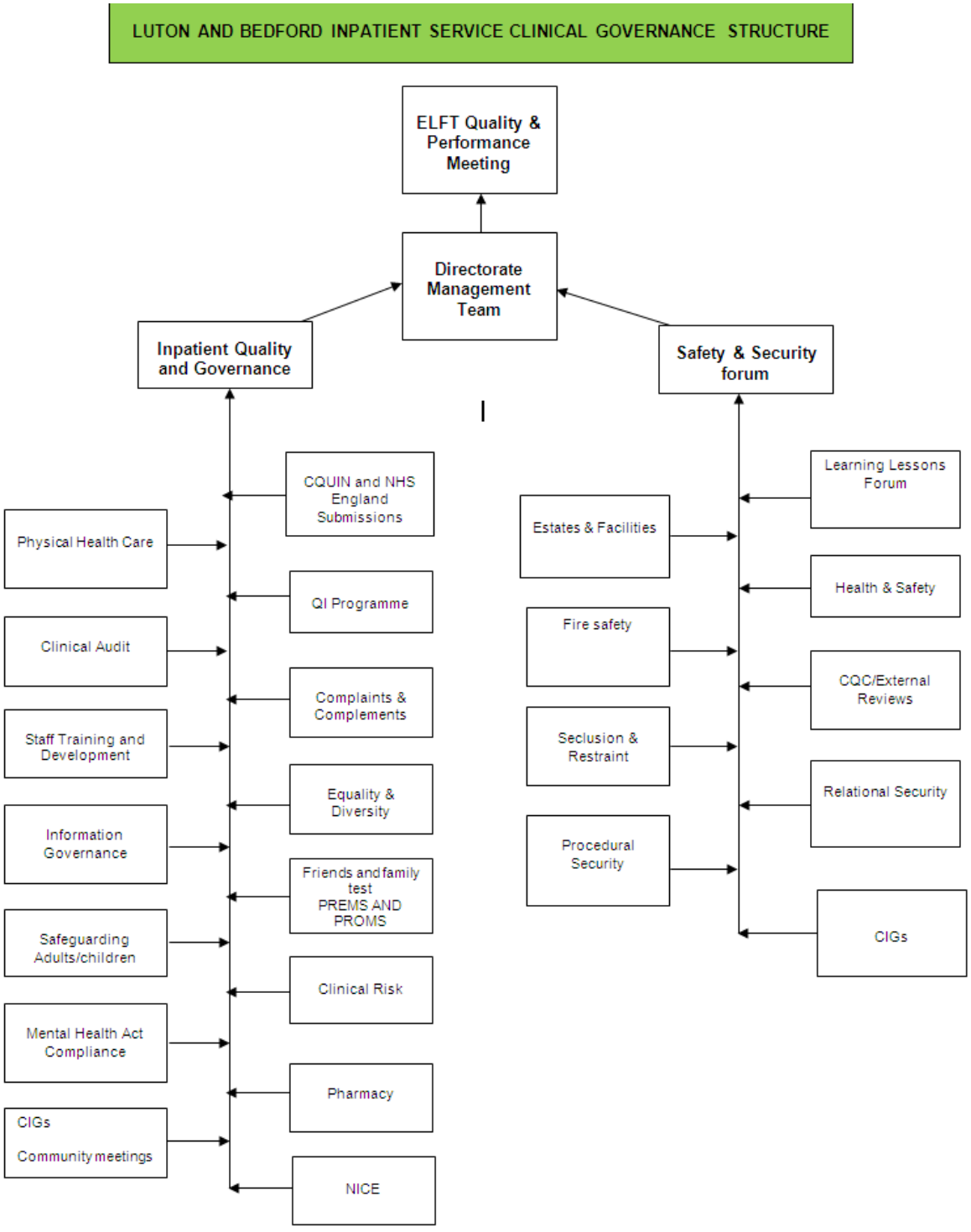
	patients are involved in completing their "my safety plan" identifies, triggers, what works for them and who to contact in crisis. Weekly case notes audits including risk assessments and care plans		informed by local and national evidence. Ongoing training, standing agenda item on monthly MDT away days. Lead nurse snapshot audits on care plans quality, risk assessments and adherence to observation policy.	
Person-focused clinical risk management	All patients are involved in care planning and risk management. Continued individual risk assessment throughout inpatient admission. RIO risk assessment		Develop a standard for all staff to be 100 compliant with their e-leaning risk assessment and management. AIM to achieve 100% for all staff in attending face to face suicide prevention training Recruitment drive underway for psychologists, Ongoing challenges in recruiting psychologists for the service.	August 2019
Reduce number of AWOLs for inpatient working collaboratively with partner agencies i.e police, community CMHTs, specialist teams and local authorities				
• Effective carer/family engagement in risk assessment, management and individual suicide prevention	All carers formal and informal are identified on admission. Carers are invited to ward rounds weekly. Each ward has a carers' lead that identifies needs of carers and makes referrals to appropriate agencies for support.	QI leads Coral ward and Onyx Ward	Development of carers' agenda for inpatient services through quality improvement. Undertake a review and revision of the clinical guidance on the assessment and management of risk Develop a Clinical Toolkit with carers and users of the service that involves and disseminate resources for practitioners that address:	January 2020

		Adequate assessment and treatment of underlying condition and presenting symptoms; Removal and/or reduction in access to means; Modification of risk factors; Continued and regular assessment of risk. Establish an operating standard of 100 percent compliance with completed risk assessment, risk formulation and risk management for all service users within 24 hours of admission.	
Dual Diagnosis	All inpatient staff attended substance misuse training including, substance awareness, brief interventions, motivation to change and care planning and risk management in patients with substance misuse. Work in partnership with local substance misuse services Care Grow Live (Luton) and P2R (Bedford) Service work closely with Local authority and primary care service on housing and health and well-being. Working in partnership with police in embedding zero tolerance to substance misuse on wards and safeguarding vulnerable adults. Prosecution for violence and property damage. Sniffer dogs come in to wards to detect substances. Wards conduct room searches in line with the Trust search policy and NICE guidance.	Quality improvement project with service users, carers and police on reporting and reducing violence on wards. AIM to achieve 100% training for all inpatient teams on substance misuse. Ongoing work in developing a joint dual diagnosis policy for Luton service which include an inpatient agenda, Bedford policy completed and in operation.	Ongoing QI Work by Crystal Ward October 2019 February 2020

Learning lessons	The service conducts learning lessons forums for all staff to learn from organisation, local and national SUI's. MDTs have learning lessons standing agenda for away days and CIG meetings. Inpatient HCG discuss Sui's monthly with senior leads for inpatient wards. Medical director completed a thematic review of local Suis and this was shared with all services.	Review current protocol for service learning lessons forum to address improvement in uptake by staff across the service.	December 2019
Support and training	Staff attended the following training; safety toolkit, root cause analysis, self-harm training, resilience training. The service has a protocol to meet all users or carers of service affected by SUI's to offer apologies (duty of candour) All carers are met by the investigating team to discuss questions they have and findings of SI investigations. All staff have access to safeguarding training (mandatory training)	Device training for staff that covers all high risk groups within the 9 protected characteristics Aim to achieve 100 % safeguarding training for all staff.	December 2019
Quality improvement	Frontline staff engage in ongoing quality improvement work; Current inpatient QI improvements on wards; violence collaborative work, improving monitoring for physical health, carer's involvement, bed	MDTs Train more local QI coaches,	April 2020

	management, medication discharge counselling, reporting of incidents of violence and aggression to the police Ongoing Friends and family test to inform organisation on areas for improvement. Service user led audits	Aim to achieve 50% QI training for Inpatient staff Frontline staff to drive ongoing local QI projects for their Service using QI improvement methodology. Areas for improvement informed by evidence and local Performance and quality data.

Governance Structures



ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients

Title	ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients
Status	Draft version 1
Version created	18 April 2019
Approved by	For further consideration, shaping and developing and sign off from the Quality Committee and the People Participation Committee
Authors	Paul McLaughlin (Borough Lead Nurse, Newham), Day Njovana (Head of Nursing and Associate Clinical Director for Safety, Forensic Directorate), Evri Anagnostara (Borough Lead Nurse, City & Hackney), Alex Obamwonyi (Borough Lead Nurse, Tower Hamlets), Jennifer Melville (Chief Pharmacist), Dr David Bridle (Medical Director for London Mental Health Services)

ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients

Vision

Our vision for suicide prevention in East London is consistent with the Government's current strategy for England (2012), expanded in 2017. Additionally, it includes principles derived from the 'Zero Suicide Program' which originated in Detroit, USA. This is a health systems-wide approach aimed at eliminating all suicides, and has been adapted for implementation in some parts of the UK. We have adopted our focus instead on 'zero tolerance' of non-implementation of core patient safety activities across all our clinical services.

Zero suicide is:

A commitment to a culture that focuses on learning, improvement, personalisation and safety, rather than blame and 'defensive' practice;

A recognition that suicides in mental health inpatients are preventable; and

The parameter of 'inpatient' as the entire mental health sector including specialist units e.g. medium secure etc which has patients from more than the local area, complex needs etc.

Zero suicide is not:

A performance management target

An avoidance of positive risk taking; or

An opportunity to place blame

We will work with our partner agencies including Public Health England to promote our ambition for zero suicide and seek the support from Commissioners to address any shortfalls in our service provision.

ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients

Strategic context

The mental health taskforce, Five Year Forward View for Mental Health and its Implementation Plan set out a clear commitment to see a 10% reduction in suicide rates by 2020/21, from 2015 baseline, backed by £25m investment. This is alongside two other recommendations for suicide prevention and reduction which are:

All local areas to have multi-agency suicide prevention plans

Identify what steps services should take to ensure that all deaths by suicide across NHS-funded mental health settings, including out-of-area placements, are learned from.

In addition in 2018, the Secretary of State announced a zero ambition for mental health inpatients. These deaths by suicide are arguably the most preventable, as they are closest to proximity of care and will therefore contribute to our 10% reduction commitment.

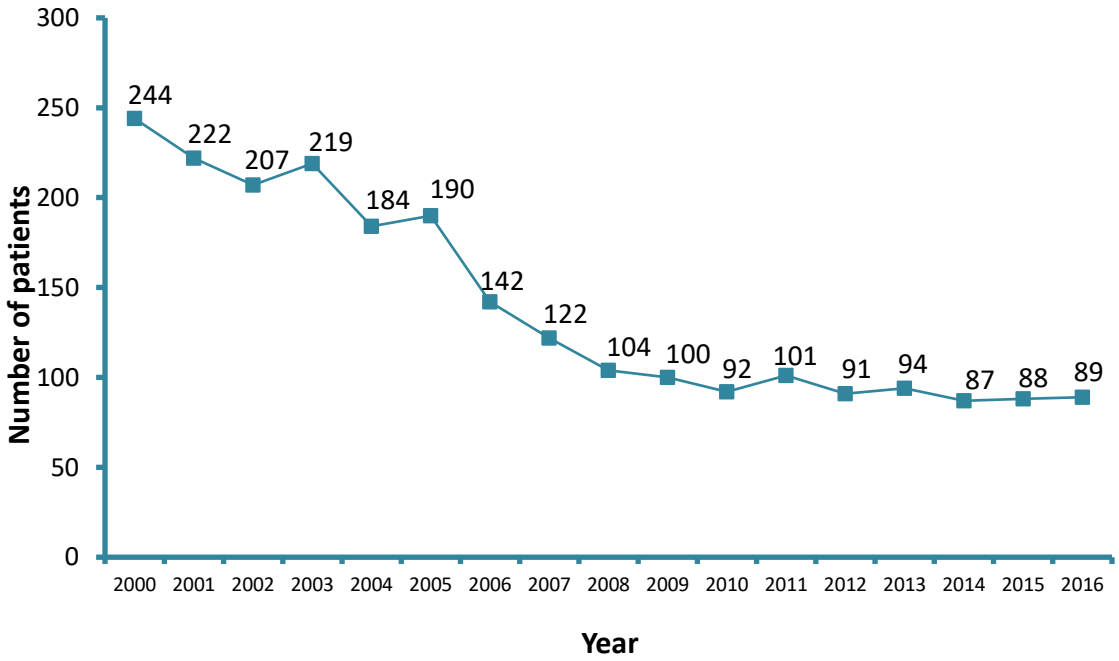
The NHS Long Term Plan continues with a commitment of reducing suicides remaining an NHS priority over the next decade. The NHS Plan highlights that the existing suicide reduction programme will provide full coverage across the country. The plan describes an enhanced mental health crisis model, anyone experiencing a crisis will be able to call NHS 111 and have 24/7 access to mental health support. Specialist perinatal mental health services will be expanded so that more women who need it have access to the care they need from preconception to two years after the birth of their baby. Investment will be made in specialist community teams to help support children and young people with autism and their families, and integrated models of primary and community mental health care which will support adults with severe mental illnesses, and support for individuals who self-harm.

The Long Term Plan describes the design of a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients. This will build on the model used in Cambridge and Peterborough's crisis pathway and will put in place suicide bereavement support for families and staff working in mental health crisis services in every area of the country. Finally the Plan highlights the work of the Global Digital Exemplar (GDE) programme and the use of decision-support tools and machine learning to

augment the delivery of personalised care and predict future behaviour such as risk of self-harm or suicide.

NICE recognises that medicines optimisation in preventing suicide is key, with self-poisoning being the second most common means of suicide. Opiates and opioids are the main type of drug taken in overdoses in the UK and in people over 65 the risk of self-poisoning through ingestion of drugs was the most common means of self-harm. Medicines optimisation plans must include reducing access to medicines as a means of suicide.

The latest evidence on the zero suicide ambition for inpatients is that the fall in in-patient suicide is slowing which is illustrated in the below graph:



Prevention isn't just one thing as 30% of these suicides occur on the ward, 20% of these are when the patient is on unplanned leave from the

ward and 50% of these occur when the patient is on planned leave off the ward.

The East London Health and Care Partnership (ELHCP STP) has a specific focus on Suicide prevention which fits within the Mental Health Prevention workstream. There is representation from ELFT as well as NELFT and other key stakeholders in that group, and this plan is aligned with the aims and work of that group.

What we know

Our zero suicide ambition plan for East London inpatient services has a number of local drivers for implementation which include:

Engagement with stakeholders and partners (including staff and service users)

Safe and effective care and treatment

Competent and skilled workforce

Analysis of data, research and innovation

There are a number of areas for action which have informed our zero suicide ambition plan which are:

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) has highlighted the importance of optimizing service user safety across care pathways. Specific aspects of the mental health care pathway where there is potential for suicide prevention includes:

The majority of inpatient suicides have a history of absconding from, or not returning to inpatient care;

- Half of all inpatient suicide deaths occur in people who are being observed by less experienced or skilled staff;
- On discharge from hospital, the highest number of suicides occurs in the first three days of leaving hospital; and the first three months remains a significantly high risk period;
- Deaths in the first two weeks after discharge are linked to admissions lasting less than seven days, lack of a care plan on discharge, and adverse life events;
- Eleven percent of suicides occur in people who are discharged from out-of-area units (ie: a unit that is not local to them);

ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients

• Three times as many suicides occur in people who are in contact with crisis teams than occur in inpatient settings;

• Nearly half of all suicides among people under the care of crisis teams live alone; 40 percent die within two weeks of leaving hospital, and 33 per cent of crisis team patients have been under the service for less than one week;

• For people classed as 'difficult to engage', assertive engagement and follow-up practices are associated with lower suicide rates;

- Self-poisoning is the second most common means of suicide, accounting for 18.2% of all suicides among males and 38.3% of all suicides among females
- Medicines used for suicide by self-poisoning in people in England in contact with mental health services included 33% used opiates or opioids, 11% antipsychotic drugs, 9% tricyclic antidepressants, 9% selective serotonin re-uptake inhibitors (SSRIs) or serotonin and noradrenaline re-uptake inhibitors (SNRIs) and 7% paracetamol and opiate combinations. Non-opiate analgesics were reported to be used in 7% of deaths by self-poisoning; most of these involved paracetamol (6% of deaths).
- For young people aged 10 to 24 years in England between 1998 and 2014. Out of 40,333 self-poisoning episodes identified, the most common substances involved were paracetamol (39.8%), alcohol (32.7%), non-steroidal anti-inflammatory drugs (NSAIDs; 11.6%), antidepressants (10.2%), and opioids (7.6%).

ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients

Plan Details

The plan below evidences our current arrangements across inpatient services and also outlines further improvement opportunities for preventing suicide. It reflects the CQC domains of Safe, Effective, Caring, Responsive and Well-Led.

To support the work we are undertaking in East London, we have considered the 10 Ways to Improve Safety from the NCISH report. This framework underpins our work and from this we have identified our priority areas for improvement.

The plan is wide-ranging and therefore different aspects of the plan have various different stakeholders and specific governance arrangements in place for those particular tasks in their own right. However, in addition we are putting in place an over-arching governance arrangement for the disparate strands and overall plan to be considered cohesively through the Quality Committee Meeting in the Trust, and with requirement for sign off from the Trust wide People Participation Committee too. The Quality Committee allows for review of the progress being made, and a space for addressing difficulties any directorates are having, with taking existing plans detailed below forward. Furthermore, the plan will remain dynamic and be enhanced through further specific actions and agreements made in the Quality Committee Meeting, including a specific emphasis on service user input to the over-arching ambition and plans (provided by the People Participation Committee) and feedback from clinicians in the directorates shaping the development and adjustment of this as a responsive, co-produced plan over time.

The significance of the 'Consensus Statement on Information Sharing and Suicide Prevention' is recognised by the Trust and is accordingly being embedded as an important aspect in the training programme.

ELFT's East London Directorates' Zero Suicide Ambition Plan for all Mental Health Inpatients

10 Ways to Improve Safety (National Confidential Inquiry into Suicide and Safety in Mental Health)

Our action plan addresses seven key areas of suicide prevention activity:

1 Reducing the risk of suicide in high risk groups.

2 Tailoring approaches to improve mental health in specific groups.

3 Reducing access to means of suicide, including medicines.

4 Learning from investigations and reviews into unexpected deaths.

5 Providing better information and support to those bereaved or affected by suicide.

7 Ongoing Quality improvements, data collection and monitoring.

Ligature audits	Actions taken	Led/Owned by	Areas for development
All inpatient wards complete yearly ligature audits in line with Ligature policy.	Matrons and managers complete audit and Lead nurses complete a ligature audit paper which identifies risk for the service and present it to the DMT.	Lead Nurses	Continuous environmental improvement work to eliminate ligature anchors in line with best practice guidance.
	Matrons lead on Ligature audits for their teams, highlighting all high risk areas and implementation of agreed risk mitigation plans.		
	en-suite doors have been replaced by curtains		
	Bath tubs have been removed in all adult working age wards and replaced with wet rooms		
	CCTV installation on wards to improve observation in blind spots.		
	All staff received training on observation policy and assessed for competency		

	Staff programme of suicide prevention training		
	All staff receive yearly localised ligature training delivered by the Matron		
	Specific Personality disorder training provided locally in support of suicide risk reduction		

Intensive services	Actions taken locally	Led/owned by	Areas for development
Inpatient care pathway review	Ongoing review and development of crisis and inpatient care pathway, with specific development plans for this year to achieve 24/7 community based crisis team availability in Newham and	Service leads	Crisis and inpatient pathway developments to be finalised and signed off by relevant DMTs and implemented.

	Tower Hamlets (already in place in City & Hackney)		
	Health Based Place of Safety developments planned with greater centralisation and more dedicated staffing resource through increased capacity in Hackney, re-direction of S136 from Tower Hamlets and incorporation of the staffing and management of the suite in Newham into the local crisis services developments.	Chief Operating Officer and Medical Director, with delegated responsibilities to relevant DMTs and aligned with plans developed in STP working group.	Plans in place and in the process of being implemented currently and in the near future. A review of the impact of these changes to take place in 2020
	Post-discharge follow up for suicide prevention: working group established with representation from every directorate to address issues with achieving the 72 hour CQUIN and to ensure that	Chief Operating Officer and Medical Director, with delegated responsibilities to relevant DMTs and aligned with plans developed	Group has recently been set up and will identify relevant solutions that need to be embedded in practice over the coming months to ensure this goal is achieved.

	the contact is meaningful and of high quality (through service user survey of experience of this)	in STP working group.	
Supervision and appraisal	All staff receive managerial supervision once monthly and appraisals yearly		Aim for 90 % monthly supervision compliance for all inpatient wards. 100% compliance for all appraisals
	All staff receive local and corporate induction.	Lead nurse	
Development programmes	All staff attend 6 month development programme (band 3-8)	Director of nursing	
Preceptorship programme	Newly qualified staff attend a 3 month preceptorship programme coordinated by the nurse development lead.	Director of nursing	Aim for 100% attendance to
MDT approach to risk management in early discharge	Crisis teams link effectively with inpatient teams to facilitate early discharge. The Discharge CPA process is clear and embedded	Lead nurse	Review current risk training and devise training toolkit tailored for inpatient wards to improve awareness In risk assessment and management in the seven key areas and also reflective of local population health and needs. Current/ongoing review of the crisis pathway (as detailed above).

	with an expectation that the meeting should involve the care coordinator (if on CPA), family feedback and service user input to develop a safety plan and discharge care plan (NODF). If the service user requires CPA then it is expected that the care coordinator is involved early on in the admission re doing needs assessment and building engagement with the person.		All patients will have a recovery-focused care plan review using a solution-focused approach such as Dialog
Addressing absconding and AWOLs		Borough Lead Nurse	Each borough will review physical environment and therapeutic milieu to ensure risk of absconding and AWOL is reduced
Ensuring high quality therapeutic environment on inpatient wards	Arrangements in place to ensure there is a clean and comfortable 'hotel service' for inpatients and that service users are involved meaningfully in how the ward is managed and run, including a forum	Borough Lead Nurse	Build further on 'peer support' as a means of increasing therapeutic engagement ELFT services have signed up to the 'Hello My Name Is Campaign' to ensure the promotion of inclusive and therapeutic engagement on wards

	that all patients can attend to voice concerns and complaints		
	All wards have a clear protocol on, and awareness of managing, bullying and patient on patient aggression		

Improve risk assessment and management processes	**Actions taken locally**	**Led/owned by**	**Areas for development**
Person focused clinical risk assessment and safety planning	All patients have an individual risk assessment and are involved in their safety planning. All patients are involved in completing their "my safety plan" identifies, triggers, what works for them and who to contact in crisis. Weekly case notes audits including risk assessments and care plans Medicines reconciliation and	MDT/matrons	Ongoing training on risk management and informed by local and national evidence. Ongoing training, standing agenda item on monthly MDT away days. Lead nurse snapshot audits on care plans quality, risk assessments and adherence to observation policy. Review is currently being undertaken of the use of observations to see if they can feel less a 'tick box' and 'passive' exercise and more a therapeutic intervention that both patients and staff can feel fully engaged in

	patient own drugs assessment to prevent stockpiling of medicines at home Self-administration of medicines on inpatient wards to undertake risk assessment and continuous review Structured medicines review that identifies medicines of potential self-harm	
Person-focused clinical risk management	All patients are involved in care planning and safety planning. Continued individual risk assessment throughout inpatient admission. RIO risk assessment All patient prescribed antidepressants are monitored	Develop a standard for all staff to be 100 compliant with their e-leaning risk assessment and management. AIM to achieve 100% for all staff in attending face to face suicide prevention training Recruitment drive underway for psychologists, Ongoing challenges in recruiting psychologists for the service.

	Managing and reviewing benzodiazepine use Limiting supply of medicines during leave and at discharge according to risk assessment		
• Effective carer/family engagement in risk assessment, management and individual suicide prevention	All carers formal and informal are identified on admission. Carers are invited to ward rounds weekly. Each ward has a carers' lead that identifies needs of carers and makes referrals to appropriate agencies for support.	Lead nurses	Development of carers' agenda for inpatient services through quality improvement. Undertake a review and revision of the clinical guidance on the assessment and management of risk Develop a Clinical Toolkit with carers and users of the service that involves and disseminate resources for practitioners that address: Adequate assessment and treatment of underlying condition and presenting symptoms; Removal and/or reduction in access to means; Modification of risk factors; Continued and regular assessment of risk. Establish an operating standard of 100 percent compliance with completed risk assessment, risk formulation and risk management for all service users within 24 hours of admission.
Dual diagnosis	All inpatient staff attended substance misuse training including, substance		Quality improvement project with service users, carers and police on reporting and reducing violence on wards.

	awareness, brief interventions, motivation to change and care planning and risk management in patients with substance misuse.	DMTs	AIM to achieve 100% training for all inpatient teams on substance misuse. Increasing awareness of illicit and controlled drugs/prescribed medicines and used for self-poisoning – benzodiazepines, pregabalin, gabapentin, opiates, codeine, tramadol, morphine, heroin and methadone
	Work in partnership with local substance misuse services.	Borough Lead Nurses	Operationalise the updated Dual Diagnosis policy.
	Service work closely with Local authority and primary care service on housing and health and well-being. Working in partnership with police in embedding zero tolerance to substance misuse on wards and safeguarding vulnerable adults. Prosecution for violence and property damage. Sniffer dogs come in to wards to detect substances.		All staff to receive training in how to search patients if clinically justified with regard to respect and dignity.
	Wards conduct room searches in line with the Trust		

	search policy and NICE guidance. Emergency access to naloxone and flumazenil on all inpatient wards and wider without a prescription		
Learning lessons	The service conducts learning lessons forums for all staff to learn from organisation, local and national SUI's. MDTs have learning lessons standing agenda for away days and CIG meetings. Inpatient governance meetings discuss Sui's monthly with senior leads for inpatient wards.	Clinical Directors	Review current protocol for service learning lessons forum to address improvement in uptake by staff across the service. Improving freedom to speak up, including awareness of the controlled drugs accountable officer role, promoting staff and SU to speak up about excessive or unusual doses of opiates

Support and training	Staff attended the following training; safety toolkit, root cause analysis, self-harm training, resilience training.		Devise training for staff that covers all high risk groups within the 9 protected characteristics To improve staff understanding and management of controlled drugs
	The service has a protocol to meet all users or carers of service affected by SUI's to offer apologies (duty of candour) All carers are met by the investigating team to discuss questions they have and findings of SI investigations.		
	All staff have access to safeguarding training (mandatory training)		Aim to achieve 100 % safeguarding training for all staff.
	Programme for suicide prevention training to be rolled out Trust-wide for all staff.	Medical Director for Research and Medical Education	To ensure that the training package includes relevant focus and reference to the 'Consensus Statement on Information Sharing and Suicide Prevention' and to the HEE suicide prevention competencies (https://www.ucl.ac.uk/pals/self-harm-and-suicide-prevention-competence-framework)

Quality improvement	Frontline staff engage in ongoing quality improvement work; Current inpatient QI improvements on wards; violence collaborative work, improving monitoring for physical health, carer's involvement, bed management, medication discharge counselling, reporting of incidents of violence and aggression to the police 'Time to Think' strategy with focus on reducing seclusion, forced medication and restraint on wards and increasing focus on humans rights and working in partnership with patients Ongoing Friends and family test to inform organisation on	DMTs	Continue to build capability for using QI methodology: Ensure sufficient QI coaches trained, Aim to achieve 50% QI training for Inpatient staff Meaningfully embed service user QI training and involvement in all projects to ensure co-production of the projects Frontline staff to drive ongoing local QI projects for their service using QI improvement methodology. Areas for improvement informed by evidence and local performance and quality data.

	areas for improvement. Service user led audits Quality improvement project on observations completed and imbedded into trust policy- Roadshows highlighting SUI completed in each inpatients area Quarterly review of Observation practice completed by lead nurses in boroughs and feedback to lead nurse meeting Yearly Quality board report on observation practice across the organisation inpatient wards		
Medicines Optimisation	Robust medicines policies and procedures on prescribing, administration and	Chief Pharmacist	Improve medicines discharge counselling

supply and storage of medicines

Controlled drug policies on safe handling, storage and effective use of controlled drugs

Dedicated inpatient clinical pharmacists and technicians for medicines optimisation activities – medicines information and structured medicines review

Regular audit – controlled drugs, safe and secure storage, clinical medicines use

Guidance on switching and stopping medicines of low clinical value and high levels of harm – dothiepin

Access to medicines resources to aid structured medicines review – eg TOXBASE

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