1. Executive Summary

Every person lost to suicide is a tragedy for their loved ones, their colleagues and society as a whole. Suicides are not inevitable and society has a role to play in its prevention through avoiding marginalisation of individuals and supporting people at times of personal crisis. The Government and statutory services have a significant role to play. Humber NHS Foundation Trust has developed this strategic plan and intends to work in partnership with other agencies to ensure that vulnerable individuals in their care, and those undergoing crisis are supported and kept safe from preventable harm.

This document has been developed based on the key policy documents, current research on suicide and suicide prevention and consultation with clinicians who are key to the delivery of this plan. The main aim is to reduce the risk of suicide in those individuals known to Humber NHS Foundation Trust services. There is however an acknowledgement that since suicide is a complex behaviour with a variety of causative factors any plans to prevent it must be wide-ranging. Keeping in mind the need to collaborate with other statutory organisations, third sector providers, service users/patients and their friends and families this strategic plan will ensure that Humber NHS Foundation Trust aligns with the wider Yorkshire Suicide Prevention Strategy. This strategic plan will support a robust Trustwide inter-agency approach and prevention structure.

Our action plan for delivery is attached at Appendix 1

2. Introduction

This is the Trust strategic plan for the prevention of suicides which has been developed following a review of learning from serious incidents, national suicide prevention strategy published by the Department of Health in 2012 and a review of the Trust’s approach to the prevention of suicides.

In the development of this strategic plan the Trust has engaged with key clinicians, service user and care representatives and reviewed related evidence, strategies, relevant research, and other organisations to identify the key themes for the plan.

3. National Context

Figures from the Office for National Statistics show that 4727 deaths in 2013 were due to suicide, an increase of 214 compared to 4513 in 2012. The latest statistics show that:

- The rate of deaths from suicide and undetermined intent was 8.8 per 100,000 population in 2011-13. After 1998-2000 the general trend was a decrease in the overall rate of suicide. However, this tailed off in recent years, with small rises in rates in the last five years. The figure for 2011-2013 is the same as for 2004-06.
• Suicide continues to be more than three times as common in males than in females (13.8 per 100,000 for males in 2011-13, compared to 4.0 for females).

• The numbers and rates of suicide and undetermined deaths vary between age groups, with rates among males highest for those aged 40-44 years and among females highest for those aged 45-49 years.

• Hanging, strangulation and suffocation accounts for the largest number of suicides in both males and females, 57% and 41% respectively. The second most common method is drug related poisoning, accounting for 19% and 37% of suicides for males and females respectively.

• While the number of suicides in patients has been higher in recent years, there is an overall downward trend in the suicide rate. From 2002-2011, there was a 50% fall in the number of in-patients dying by suicide. The number of suicides under crisis resolution home treatment has also fallen since 2009.

• Self-inflicted deaths in prisons in England and Wales increased to 84 in 2014 from 75 in 2013; the second calendar year there has been a year-on-year increase. Suicides in women prisoners remain very few. In the 12 months to September 2014 there were 24,748 reported incidents of self-harm, up by 1,508 incidents (6%) on the same period in 2013.

• Helium suicide remains a concern. ONS reported 59 deaths mentioning helium in 2013, over five times higher than the 11 deaths recorded in 2008 and an increase of 16% compared with 2012. Almost all of these deaths were suicide. Due to the sensitive nature of reporting of suicide methods, particularly unusual ones, journalists are advised to follow the Samaritans’ media guidelines on the reporting of suicide.

• Data from the Multicentre Study of Self-harm in England show that rates of self-harm declined in both genders from 2003 until 2008 and then started rising in males until 2012. The decline in rates in females levelled off after 2008. This pattern is similar to that seen for national suicide rates over the same period. The Multicentre Study data showed a rise in self-harm in girls (but not boys) under the age of 16 years in 2010-12 compared to 2007-9. This rise was seen for both the number of self-harm episodes involving girls under 16 years (increased by 16%) as well as the number of girls under 16 years presenting with self-harm (increased by 10%), but was much smaller than the increase reported based on Hospital Episode Statistics (HES). Data on self-harm trends using HES data may be somewhat misleading and the large rise they suggest probably reflects improved data collection.
4. Research Evidence

Research is essential to effective suicide prevention. There have been a number of recent findings that are of practical relevance to local agencies working to prevent suicide, as well as those working at the national level:

- A study found that suicide rates in different male age groups had different relationships to the recession. Men aged 35-44 years old experienced increased suicide rates which coincided with peaks in indicators of the economic recession. The halt in the downward trend in suicide rates amongst men aged 16-34 may have begun before the 2008 economic recession.

- Alcohol-related death was more frequent than expected among both males and females presenting at emergency departments with self-harm. Hospital-presenting patients should receive assessment following self-harm in line with NICE guidelines, to enable early identification and treatment of alcohol problems. Suicide risk is raised 49-fold in the year after self-harm, and the risk is higher with increasing age at initial self-harm.

- Crisis resolution home treatment services are a key setting for safety. There are now around 180 suicide deaths each year among patients under crisis resolution home treatment services, and around 80 among in-patients.

- Suicide among primary care patients is linked to frequent GP attendance, increasing attendance, and also non-attendance, the latter being associated with young and middle-aged men.

- Need to re-focus efforts to reduce post-discharge suicide deaths. The first 3 months post discharge remains a period of high risk - particularly in the first 2 weeks. This has been linked to short last admission of less than 7 days. Although there have been improvements over the last 15 years since this issue was first highlighted and the introduction of early follow-up recommended, progress has stalled in recent years.

- Self-harm in prisons is associated with subsequent suicide in this setting, suggesting that prevention and treatment of self-harm is an essential component of suicide prevention in prisons.

- The WHO report "Preventing suicide: a global imperative" highlights the worldwide burden of suicidal behaviour.

- The Chief Medical Officer's most recent annual report focused on public mental health. The report looks at the epidemiology of public mental health, the quality of evidence, possible future innovations in science and technology, and the economic case for good mental health. It includes a chapter dedicated to suicide and self-harm.
5. Regional Context

Preventing suicide is a priority area both nationally and regionally within the Humber region. Overall in the North Yorkshire and Humber region the National Confidential Inquiry into Suicides and Homicides Report (NCISH Report 2015) indicates that the suicide rate is 11.4 per 100,000 population, which is the second highest in England. A Suicide Prevention Strategy is being developed, led by Public Health and Local Authority. Key individuals from Humber NHS Foundation Trust have been involved in shaping this strategy.

6. Humber Context

Whilst previous local and national strategies may have focussed on reducing and preventing suicide they also carry a degree of inevitability about them. There is a growing feeling within the NHS and more broadly across mental health thinking within the United Kingdom, that cultural beliefs find a number of suicides permissible.

As evidence suggests that learning from serious incidents does not necessarily ensure learning is embedded and that future events are prevented partly due to this cultural belief that some suicides are inevitable we in Humber NHS Foundation Trust have considered, through the new strategic prevention plan, the aspirational notion that for patients with direct and sole care of the Trust a zero tolerance and acceptance of suicide culture should be developed.

To this effect, a working group was set up consisting of key clinicians, managers, service user and carer representatives.

A zero tolerance and acceptance of suicide culture does not promote blame or penalties, it is about changing the way that self-harm is viewed in the organisation. Though Humber NHS Foundation Trust will form part of the strategic group regionally, this strategic plan aims to ensure that there is leadership to this end from every level of the organisation.

Evidence is emerging of an impact of the current recession on suicides whose suicide risk may not be straight forward and for many people it is a combination of factors. There is a need to develop and support services which plug the gap for people in crisis who have suicidal ideation but do not meet thresholds for the services (particularly the Out of Hours). There is something about ensuring that those regular attenders to Accident & Emergency Departments and/or regular callers to the Police and Ambulance services have the earliest support so that their situation is less likely to escalate into a suicide attempt. It is also important to clarify and strengthen referral pathways and integration within community based services including third sector organisations, particularly for those potential referrals discharged because they have not reached thresholds for secondary or acute care.

7. Partnership and Engagement with patients, carers and other agencies

Humber NHS Foundation Trust aims to develop effective partnerships across all sectors including health, social care, education, housing, employment, criminal
justice system, probation, judiciary, police, transport and the voluntary sector in similar lines to the crisis care concordat. HFT will continue to be represented as an active member of the Yorkshire and Humber Suicide Prevention Partnership and participate in the development of the regional suicide prevention strategy as well as in activities for reducing suicide locally.

HFT continues to use the NICE Quality Standards which define high quality care relevant to both Local Authorities and CCGs in their commissioning role. The current quality standards relevant to suicide prevention include alcohol dependence, depression in adults, self-harm in adults and self-harm in vulnerable groups.

The National Suicide Prevention Strategy Advisory Group provides leadership and support for suicide prevention initiatives including advice and monitoring and analysing trends in suicide at a national level. Humber NHS Foundation Trust will monitor the intelligence it gathers from this source to update the strategic suicide prevention plan on a regular basis.

8. Implementation of the Strategic Plan

Humber NHS Foundation Trust’s strategic objectives will be aligned to those of the National Suicide Prevention Strategy and will aim to reduce the suicide rate in population of individuals that come into contact with our services and at the same time, to better support those bereaved or affected by suicide more generally. The six areas highlighted for action in the NSPS to deliver these objectives are:

(1) Reduce the risk of suicide in key high risk groups.
(2) Care approaches to improve mental health in specific groups.
(3) Reduce access to the means of suicide.
(4) Provide better information and support to those bereaved or affected by suicide.
(5) Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
(6) Support research data collection and monitoring.

These are described in detail below:

8.1 Reduce the risk of suicide in key high risk groups

The Context

Highlighted in the National Confidential Inquiry is the importance of optimising ward safety, particularly by removing ligature points on in-patient wards and reducing absconding. Evidence suggests that there are three specific measures which help prevent suicide, they are:

a) Access to crisis care
b) Dual diagnosis policies
c) Routine reviews after suicide deaths.
Themes:

- Over the last seven years there has been a rise in suicides in males, particularly young and middle aged (35-49 years). The other high risk groups include those who self-harm, those in contact with the Criminal Justice Service, those who use substances, those who have chronic physical health problems, those in specific occupations or those individuals bereaved by suicide themselves. Engaging with these individuals with a clear management plan and follow up support would make a significant contribution to prevent suicide in this high risk group.

- A review of the risk assessment processes and provision of mandatory training in deliberate self-harm and suicide to all clinical staff who come into contact with the high risk group. Within the Trust the strategic suicide prevention plan should become relevant to all staff, not just those working with people with identified mental illness. For instance, a district nurse visiting an isolated patient in chronic pain may be making a significant contribution to reducing that patient’s suicide risk.

- Ensure that NICE self-harm quality standards are followed in order to provide a comprehensive assessment and a care and personal safety management plan.

- Linking with local agencies, services and organisations. The services will be made more accessible to those especially at increased risk.

- Individuals in crisis or requiring urgent care will be responded to appropriately in a timely fashion.

- Staff culture and attitudes are important factors which determine the quality of care experience by the patient. Perceived negative attitudes towards them by staff can be associated with further self-harm in those patients prone to this. Reducing the complacency and desensitisation that staff can experience when working with high risk individuals on an extended basis will be achieved through regular supervision, support, training and rotation of staff in certain situations.

- Abscension from an in-patient setting is associated with an elevated risk of suicide and to decrease the risk emphasis would be placed on providing consistent and comprehensive pre and post leave assessments and care plans.

- Providing improved monitoring and support post-discharge to all patients at high risk of suicide during the transition period from in-patient services into the community through better communication between in-patient and community services.
8.2 Care approaches to improve mental health in specific groups

The Context

Improving the mental health of the population as a whole has been identified by the National Suicide Prevention Strategy as a means to reduce suicide. This is set out in both the Government initiatives “No Health without Mental Health” and “Healthy Lives Healthy People”. Targetting groups of people with specific mental health conditions, especially in view of the fact that some groups may have higher rates of mental health problems including self-harm. However it needs to be borne in mind that these are not discreet groups who can be clearly defined since, for example some black and minority ethnic (BME) groups may be more likely to have lower incomes or be unemployed. Adolescents and young adults are vulnerable to suicidal thoughts and the risk is increased when they identify with peers who have taken their own life or when acts of deliberate self-harm or suicide are highlighted on social media. Another high risk group is of older adults who have a higher association between lethality and suicidal acts. They warrant age appropriate treatment support and care.

Themes:

- Ensuring our Serious Untoward Incident investigations and serious event analyses are robust and that lessons learned are embedded in clinical practice through action plans developed from the recommendations will promote a culture of learning.

- Stigma and discrimination will be tackled through inspiring a culture where these are actively challenged. All patients identified with a risk of suicide or deliberate self-harm will have a personal safety plan. This plan will incorporate strategies that they can employ, information regarding support networks in order to minimise the risk at times of crisis, key contact numbers.

- Patients who deliberately self-harm are among the most important high risk groups. The NICE quality standards have highlighted the importance of high quality assessment and availability of psychological interventions to this group. The Trust will review the current pathways and work with individual services with support from Commissioners to ensure that these standards are met.

- Working collaboratively in partnership with a variety of agencies to identify the best approaches to promote health and wellbeing and challenge health inequalities where they exist within the specific characteristics of the population of Hull and East Riding will contribute to the implementation of the National and Regional Suicide Prevention Strategy.

- Support would be provided to service users to improve their physical health through smoking cessation, weight management and dealing with substance misuse in addition to integrating physical health to decisions about prescribing and monitoring of medication.
• A constant endeavour to provide age appropriate responsive and relevant treatment and care will be made across all service areas.

• Promotion of anti-bullying in schools through the school nursing teams and supporting specific training for safety champions in schools will ensure that this population is given the right support and the right time.

8.3 Reduce Access to the means of suicide

The Context

Evidence in the general population suggests that restricting access to lethal means of suicide is perhaps the most effective strategy for preventing suicide. Individuals who may attempt suicide on impulse may survive if the means are not easily available and the suicidal impulse may soon pass. Therefore reducing access to means of suicide which are potentially highly lethal will in effect prevent suicide. Evidence from the National Confidential Enquiry reports suggest that methods are most amenable to intervention are removal of ligature points in in-patient settings, reducing access to or withdrawal of certain analgesics and limitations in the size of medication packs that can be purchased, restrictions in the quantity of medication prescribed or dispensed and reducing or restricting the access to areas which may be a means of suicide such as multi-storey car parks, Humber Bridge and motorway bridges.

Themes:

• Minimise the risk of in-patient suicide by regularly auditing clinical areas for ligature risks, their identification and the removal.

• Ensure that staff follow the triangle of care guide and involve families and carers when appropriate in the patient’s personal safety plan so that they are aware of potential risks and to support them in engaging with patients so that access to potentially lethal means may be identified and reduced if not eliminated at times of crises.

• Limiting supplies of medication issued to patients, especially at times of high risk and routinely communicating to the General Practitioner regarding the potential for overdose, at the same time facilitating the removal of excessive medication.

• Working in a collaborative manner with General Practitioners and Pharmacists there is a need to ensure there is effective medication reconciliation and medicines management and at the same time employ strategies to highlight poor/non-compliance with medication.

• Where patients may have disclosed planning and means such as hoarding medication or purchase of a rope with apparent implications that an impending act is imminent, every effort should be made by staff to remove the means.

• Ensuring effective communication with professionals and agencies such as General Practitioners, Pharmacies, Criminal Justice system, Police, British
Transport Police, etc., when staff become aware of suicidal intent or plans their access to potential means can be moderated.

8.4 Provide better information and support to those bereaved or affected by suicide

The context

Carers, families and friends who have themselves been affected as a result of suicide committed by a patient are themselves at an increased risk of suffering from mental and emotional problems which may put them at a higher risk of suicide themselves. Suicide can also have a profound effect especially in close-knit communities and individuals close to the deceased are invariably affected. Evidence from studies also suggests that, not only friends and family but also neighbours, school friends, work colleagues and associates may also suffer from significant impact. Some professions such as emergency and rescue workers, healthcare professionals, teachers, police, faith leaders and witnesses to the incident do suffer from significant impact.

Themes:

- An information pack for relatives and carers who are bereaved due to a patient taking their own life should be made available to staff which can be used when providing support to them.
- All staff should be trained to communicate with and to support those family, friends or carers bereaved or other individuals affected by the suicide so that they use appropriately sensitive language, manner and approach.
- A clear pathway which facilitates access to services for these individuals and provides timely support for those who require mental health input should be available.
- Working with voluntary and third sector agencies such as the survivors of suicide by bereavement group, those affected can be sign-posted to the local support groups where appropriate.
- In partnership with local agencies sharing information and lessons learned about the impact and responses of those suffering bereavement due to suicide will help to provide the most appropriate and comprehensive support.
- Families should be kept informed of actions taken or lessons learned from their relative’s death, including any action plans suggesting changes as a result of the serious incident investigation/serious event analysis.

8.5 Support the media in delivering sensitive approaches to suicide and suicidal behaviour

The context
Increasingly the media have over the past decades developed a significant influence on behaviour and attitudes of the population. Some copy-cat suicidal behaviour, especially among young people and those at high risk can be traced to media reporting and portrayals of suicide. The misuse of internet both in provoking and promoting methods of suicide is growing. However, the internet also offers an avenue for reaching out to vulnerable individuals who may otherwise lack confidence to seek information, help or support from other agencies. The Trust should promote responsible reporting and the portrayal of suicide and suicidal behaviour in the media. Communication is crucial and sometimes terms such as ‘committed suicide’ may have annotations similar to crime, blame, shame and guilt which are not helpful.

Themes:

- Ensuring staff at all levels use appropriate language which is non-judgemental.
- Making staff aware of the influence that social media has on suicide risk.
- The Trust website should be developed as a source of support for staff and resource for the patients and public to access.
- The Humber NHS Foundation Trust Communications Department, in their engagement and liaison with the local press should take every opportunity to inform and develop their knowledge.
- The Humber NHS Foundation Trust through their engagement with public health promotion, health and wellbeing campaigns, voluntary organisations and self-help groups will promote and share information on suicide prevention.

8.6 Support research, data collection and monitoring

The context

There is no doubt that reliable, timely and accurate suicide, deliberate self-harm and suicide account statistics are crucial in order to develop a meaningful suicide prevention strategy for the population. Public Health England is establishing an evidence base and intelligence function. The information gathered will help to publish the data to support the public health outcomes framework. Research studies help to develop a better understanding of the statistical data provided by the Office for National Statistics in order to inform interventions and strategies. Studies are also crucial when highlighting trends and changes in patterns, identifying key factors in suicide risk and enhancing understanding of high risk groups. Research can also help evaluate and develop interventions to reflect the changing needs and priorities and develop evidence base for suitable interventions in suicide prevention.

Themes:

- Working closely with the National Confidential Enquiry in to Suicides and Homicides by people with mental illness information will be provided in a timely and appropriate manner.
• Individual clinicians requested by NCISH will complete and return questionnaires and requests for data within the time period.

• Learning and actions from all serious event analysis and serious incident report will be collated into an organisational learning report which will identify and highlight and themes or patterns which can be targeted and addressed in a comprehensive manner.

• Working with the local Coroners identifying early trends such as clusters or patterns of suicide so that appropriate services are planned.

• Supporting local and national research initiatives on suicide prevention and interventions will help to address gaps in current knowledge.

9. Monitoring and reporting on delivery

Reports on progress against the action plan will be submitted quarterly to the Trust Quality & Patient Safety Committee (QPAS). The strategic plan and associated actions will be reviewed annually against national guidance and local intelligence and updated accordingly.

This review will be presented each April to the Trust Board

Salli Midgley
Assistant Director of Safeguarding & Patient Safety

Jules Williams
Deputy Director Governance & Patient Experience

Dr Dasari Michael
Medical Director
## Appendix 1 - Action Plan

<table>
<thead>
<tr>
<th>Theme</th>
<th>Action required</th>
<th>Update &amp; evidence</th>
<th>Exec Lead</th>
<th>Implemented by</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Identify high risk groups and ensure appropriate assessment when in contact with services</td>
<td>identify training packages on identifying assessing and managing patients expressing a wish to severely self-harm or take their own lives for delivery to clinical teams</td>
<td>Meeting to be held 31/3/16 to review training packages available and agree budget and way forward.</td>
<td>DM</td>
<td>Salli Midgely</td>
<td>30/6/16</td>
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<tr>
<td>Review current assessment tools to ensure staff have access to evidence based suicide and severe self-harm risk assessment tools</td>
<td>Evidence based assessment tools will be part of training package.</td>
<td>Meeting to be held 31/3/16 to review training packages available and agree budget and way forward.</td>
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<td>Ensure training appropriate to clinical speciality and assessment tools is available to clinical staff working in Humber FT</td>
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<td>Provide training to all non-clinical staff who will come into contact with patients.</td>
<td>Continue to work with stakeholders on current delivery of Mental Health First Aid Training to non-clinical staff Review in-house</td>
<td>Review with Director of HR for inclusion in mandatory training programme</td>
<td>ET</td>
<td>Mel Barnard</td>
<td>To be continued</td>
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<td>Task Description</td>
<td>Action Plan</td>
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<td>Establish an appropriate clinical audit programme</td>
<td>To be included in the programme for clinical audit for 2016/17</td>
<td>HG</td>
<td>30/4/16</td>
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<td>Review current urgent care and crisis services to ensure that staff have the ability to respond effectively.</td>
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<td>Work with partner agencies to develop a multi-agency approach to supporting people who express a wish to take their own life or seriously self-harm.</td>
<td>To be led by the Assistant Care Group Director for Adult Mental Health in development as part of wider transformation of mental health services.</td>
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<td>Develop information and accessible interventions for people who express the wish to take their life or to be led by the Deputy Director of Governance &amp; Patient Experience as part of the Quality Accounts implementation in 2016/17</td>
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<td>HG</td>
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13
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Responsible Person(s)</th>
<th>Date</th>
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<tbody>
<tr>
<td>Seriously self-harm reducing stigma and discrimination</td>
<td>and internet to engage with our patients, carers and the public to ensure there is ready access to information and support on how to access services.</td>
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<tr>
<td>To improve media local media relationships, to support non stigmatising/triggering reporting</td>
<td>For the Communications Team to work with Patient &amp; carer experience to develop a media plan. Plan to be developed To be led by the Trust Communications manager.</td>
<td>AS Alison Maxwell</td>
<td>30/6/16</td>
</tr>
<tr>
<td>Ensure thematic reviews take place 6 monthly into all deaths where self-harm or suicide was a causative factor</td>
<td>To be included in the mortality review and reported through QPAS quarterly. Work continues as part of the implementation of the Trust response to the Southern Healthcare report.</td>
<td>HG Lynn Marshall</td>
<td>30/6/16</td>
</tr>
<tr>
<td>Utilise national reporting and evidence to strengthen the strategic suicide prevention plan</td>
<td>The trust will review the strategic plan on an annual basis to ensure it remains current and in line with national reporting and evidence.</td>
<td>DM Salli Midgley/Jules Williams</td>
<td>31/3/17</td>
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<td>Ensure that young peoples mental health is included across the workstreams to support a Public Health Prevention Approach</td>
<td>The Trust has included the development of a plan to ensure we develop the Trust use of social media, intranet and internet to engage with our young patients, carers and the public to ensure there is ready access to information. To be led by the Deputy Director of Governance &amp; Patient Experience as part of the Quality Accounts implementation in 2016/17</td>
<td>HG Jules Williams</td>
<td>30/9/16</td>
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</table>
and support on how to access services. The Trust has a CAMHS patient group in place that is supporting development of the above.

<table>
<thead>
<tr>
<th>Ensure that carers and families are involved (with patient consent) in the assessment and planning of care for people who are expressing a wish to take their own life or seriously self-harm using the triangle of care approach</th>
<th>To ensure that clinical staff have the skills and confidence to engage with carers and families when supporting patients where there is consent and what action to take when there isn’t.</th>
<th>To be led by the Deputy Director of Governance &amp; Patient Experience as part of the implementation of the patient &amp; carer experience strategy.</th>
<th>HG</th>
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<tr>
<td>Jules Williams</td>
<td>30/9/16</td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>All staff should be trained to communicate with and to support those family, friends or carers bereaved or other individuals affected by the suicide so that they use appropriately sensitive language, manner and approach.</th>
<th>The Trust should consider developing targeted training for supporting and involving families and carers following a bereavement or serious incident</th>
<th>To be led by the Deputy Director of Nursing working with the training department.</th>
<th>HG</th>
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</thead>
<tbody>
<tr>
<td>Tom Philips</td>
<td>30/6/16</td>
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<tr>
<th>Minimise the risk of inpatient suicide by ligature anchor point</th>
<th>To undertake annual ligature anchor point audits and remain vigilant to</th>
<th>Audits underway and report through to clinical environmental risk group</th>
<th>HG</th>
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</thead>
<tbody>
<tr>
<td>Salli Midgley</td>
<td>30/6/16</td>
<td></td>
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<td>environmental risks</td>
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<tr>
<td>To ensure medication management is part of the overall risk assessment and management plan for individual patients</td>
<td>That consideration is given by clinicians on dispensing frequency That Clinicians liaise closely with GPs and Pharmacists to manage medications appropriately</td>
<td>To ensure that the Medicines Management Group have in place a set of criteria and guidance which supports clinical decision making</td>
<td>DM</td>
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</tbody>
</table>