Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report by Dr John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2015**
Subject:	**Review of Suicides and Deliberate Self Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust (LPFT)**

Summary

An independent review of the investigative findings from 88 serious incident reports between January 2012 and June 2014 in Lincolnshire Partnership NHS Foundation Trust (LPFT) was presented at the Health Scrutiny Committee on 20 May 2015, along with the associated Service Improvement Action Plan. This report is to provide the Committee with a progress update and the updated Service Improvement Action Plan (Appendix A).

The following representatives are attending from LPFT:

- John Brewin, Chief Executive
- Susan Elcock, Medical Director

Actions Required

(1) To seek assurance from Lincolnshire Partnership NHS Foundation Trust on how the Trust is monitoring the implementation of the Service Improvement Plan in relation to the *Review of Suicides and Deliberate Self-Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust*.

(2) To determine whether the Committee would wish to seek further monitoring reports on the progress of the implementation of the recommendations in the *Review*.

1. Background

The Trust is actively monitoring the Service Improvement Plan via the Quality Committee and at the most recent meeting on 4 June 2015, the Value Added Assurance Review focussed on the Review and involved a clinical session examining lessons learnt. The Board of Directors are maintaining oversight with a monthly update to the meeting. Assurance of our ongoing progress was also provided at the recent NHS England Risk Summit on 25 June 2015.

Benchmarking data has recently been published: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Trust Safety Scorecard (Appendix B) which reports the suicide rate in LPFT as 3.8 (per 10,000 mental health contacts) between 2011 and 2013 and in the lowest quintile compared to other mental health providers in England.

We are committed to using our expertise in mental health to develop an LPFT Suicide Prevention Strategy. The project group is meeting regularly and is being led by Dr N Gopee (Consultant Psychiatrist) and M Halsall (Quality Lead) and includes key clinicians and stakeholders. The LPFT Suicide Prevention Strategy will be launched for consultation at the LPFT Annual Public Meeting on 10 September 2015. Our strategy will build on national work, such as that shared within the "Preventing Suicides in England: Two Years On". We at LPFT are keen to utilise our expertise to contribute to the wider Lincolnshire regional work on suicide prevention, including that undertaken by Public Health, recognising that 75% of suicides occur in people not in contact with mental health services.

We will be continuing to raise the profile of our ASIST [Applied Suicide Intervention Skills Training] programme and embed this within targeted LPFT training.

2. Conclusion

The Health Scrutiny Committee is invited to seek assurance from Lincolnshire Partnership NHS Foundation Trust on how the Trust is monitoring the implementation of the Service Improvement Plan in relation to the *Review of Suicides and Deliberate Self-Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust* and to determine whether the Committee would wish to seek further monitoring reports on the progress of the implementation of the recommendations in the *Review*.

3. Consultation - This is not a consultation item.

4. Appendices - These are listed below and attached at the back of the report

Appendix A	Service Implementation Action Plan
Appendix B	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) Trust Safety Scorecard

5. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via John.Brewin@lpft.nhs.uk

APPENDIX A

Lincolnshire Partnership NHS
NHS Foundation Trust

Suicide and DSH with Intent Prevention: Service Improvement Action Plan

Action Plan Owner : Medical Director

Implementation Monitored by: Quality Committee with reporting to the Board of Directors.

The following abbreviations have been used: LPFT (Lincolnshire Partnership NHS Foundation Trust), SR (Suicide Reports), DSH (Deliberate Self Harm with intent to die), DIC (Death In Custody).

Key to Progress RAG (Red, Amber, Green) Rating

Grey	Action to meet recommendation fully completed.
Green	Action to meet recommendation **on target** to be completed by identified planned completion date.
Red	Action to meet recommendation **off target** to be completed by identified planned completion date.

(Wording taken directly from the report)		**Action agreed to meet the recommendation (Further information where required).**	**Lead individual**	**Planned to complete:**	**Date completed:**	**Progress RAG Rating**
Findings	**Recommendation to minimise the risk of recurrence**					
Risk assessment Issues identified as a theme in reports reviewed: SR: 45%, DSH: 28% DIC: 0%	1. Consideration should be given at Board level to the culture of LPFT in light of this finding and consider the level of engagement of staff with the LPFT	• The Board to discuss and agree the independent reports findings in relation to staff engagement. • Continue to use metrics from the cultural barometer, staff survey and heat map to triangulate information about staff engagement. • Maintain leadership events within the organisation	Director of Nursing & Quality Associate Director of HR & Workforce	February 2015 January 2015 January 2015	Completed February 2015 Completed January 2015 Completed January 2015	

(Wording taken directly from the report)		Action agreed to meet the recommendation (Further information where required).	Lead individual	Planned to complete:	Date completed:	Progress RAG Rating
Findings	**Recommendation to minimise the risk of recurrence**					
	2. There is a mandatory requirement for all staff to undergo risk management training and a target date for 100% compliance should be agreed at the Trust Board with progress to target being monitored three monthly	• Develop training package for Clinical Risk Formulation and Management with bespoke elements to individual service areas.	Quality and Safety Team Leader	June 2015	Completed June 2015	
		• Clinical Risk Formulation Framework roll out across LPFT for all professionally qualified clinical staff achieving 95% compliance as agreed with SWLCCG and LWCCG Federated Team		March 2016		
		• Baseline audit for measurement of when a poor quality risk assessment or plan has been identified as part of a serious incident investigation during 2014/15.		April 2015	Completed May 2015	
		• Re-audit to measure any impact and implement any changes to the framework.		April 2016		
		• Monthly updates to Quality Committee and quarterly reports submitted to the LPFT Board and Quality Review Meeting for monitoring of achievement of agreed targets.		March 2016		
	3. On a three yearly basis there should be mandatory risk management training (updates) for all staff	• Three yearly training updates for all staff.	Learning and Development Manager	March 2016		
		• Nominated risk champions will receive support and updates from clinical risk project lead.		March 2016		

(Wording taken directly from the report)		**Action agreed to meet the recommendation (Further information where required).**	**Lead individual**	**Planned to complete:**	**Date completed:**	**Progress RAG Rating**
Findings	**Recommendation to minimise the risk of recurrence**					
	4. There should be consideration by the LPFT Board of the effectiveness of current clinical audit, clinical supervision and associated clinical governance systems and processes	• Development of appropriate audit tool. • Review of the LPFT supervision policy to include clinical risk element	Clinical Risk Project Facilitator. Consultant Nurse for Safeguarding and Mental Capacity Act	June 2015 July 2015	Completed May 2015 Completed June 2015	
Record keeping Issues identified as a theme in reports reviewed: SR: 37%, DSH: 28%, DIC: 0%	5. The Board should consider whether cultural values and clinical leadership behaviours are congruent with expectations of optimal clinical performance and make plans to address any gaps identified	The Board to discuss and agree the independent reports recommendations regarding cultural values and leadership. • Continue to use metrics from the cultural barometer, staff survey and heat map to triangulate information about staff engagement. • Maintain leadership events within the organisation • Internal 15 steps / mock CQC inspection model is supported by the Board. Model includes involvement of Service user, governor and commissioners. • Non-Executive Director and Executive Director visits to service areas. • Further embedding of Duty of Candour and transparency.	Director of Nursing and Quality	February 2015 March 2016 These actions will run throughout the period of this action plan and beyond.	Completed February 2015	

(Wording taken directly from the report)		**Action agreed to meet the recommendation (Further information where required).**	**Lead individual**	**Planned to complete:**	**Date completed:**	**Progress RAG Rating**
Findings	**Recommendation to minimise the risk of recurrence**					
	6. Clinical leaders should role model behaviours and actions required in relation to record keeping with clear expectations to all staff relating to record keeping standards	• Review of the supervision policy to ensure that there is clarity around supervision process and Trust expectations and standards. • Embedding staff supervision and appraisal . • Include a theme of quality of supervision within the Trust clinical leadership agenda.	Consultant Nurse for Safeguarding and Mental Capacity Act Head of Workforce and Development	April 2015	June 2015	
				March 2016		
				December 2015		
	7. Policies relating to record keeping should be reviewed and reissued to staff within the LPFT	• Review of record keeping policies. • Dissemination of information and expectations to staff groups.	Team Co-ordinator Records Management and Information Governance	July 2015		
				August 2015		
	8. A record keeping training audit should be carried out across the Trust, and appropriate training and education put in place to address gaps identified	• Record keeping training audit to be completed.	Learning and Development Manager	September 2015		
Communication Issues identified as a theme in reports reviewed: SR: 35%, DSH: 28%: DIC: 100%	9. Consideration should be given at Board level to the culture of the LPFT in light of these findings within this theme and steps to address cultural change considered corporately.	• LPFT to consult with stakeholders regarding initiatives to impact on suicide reduction including the zero tolerance for suicide initiative. • LPFT to launch full consultation on the proposed LPFT Suicide Prevention Strategy	Medical Director	December 2015		

(Wording taken directly from the report)		Action agreed to meet the recommendation (Further information where required).	Lead individual	Planned to complete:	Date completed:	Progress RAG Rating
Findings	**Recommendation to minimise the risk of recurrence**					
		at LPFTs Annual Public Meeting which coincides with World Suicide Prevention Day.		September 2015		
		• LPFT to develop a suicide strategy.		March 2016		
	10. Consideration of the effectiveness of a)clinical audit, b) clinical supervision, and c) clinical leadership development should be given at Board level	• a) See recommendation 1 actions • b) See recommendation 1 actions • c) See recommendations 1 and 6 actions.		January 2015 January 2015 January 2015	Completed January 2015 Completed January 2015 Completed January 2015	
	11. Consideration of communicating effectively as a two way process with a diverse and geographically challenging environment should be given: specialist advice should be sought	• Weekly Word staff bulletin distributed by e-mail to all employees and available on intranet • Executive Team Messages of the week available within Weekly Word and on intranet • Lessons Learnt Bulletin shared bi-monthly.	Communications Manager	January 2015	Completed January 2015	

(Wording taken directly from the report)		**Action agreed to meet the recommendation (Further information where required).**	**Lead individual**	**Planned to complete:**	**Date completed:**	**Progress RAG Rating**
Findings	**Recommendation to minimise the risk of recurrence**					
	12. LPFT Board consideration should be given to HR implications when there is a failure to act according to LPFT policy/ published procedures	Further Information All staff are required to adhere to Trust policy and procedure and where there is a failure HR implications already occur. As with any case HR and other implications will be dependent on the individual case.	Associate Director of HR and Leadership	January 2015	January 2015	
Information technology Issues identified as a theme in reports reviewed: SR: 9%, DSH: 0%, DIC: 0%	13. There is a critical appraisal of IT systems compatibility within LPFT which may affect clinical information sharing; actions are taken to address gaps identified.	• Identify an operational lead to review method of information checks for all new referrals against all clinical systems. Further Information This piece of work was undertaken in 2014 and the actions have now been completed which included the training of super users to access all systems.	Deputy Director of Informatics	February 2015	Completed February 2015	
Training Issues identified as a theme in reports reviewed: SR: 7%, DSH: 14%, DIC: 0%	14. An IT systems training needs assessment should be progressed within the LPFT and appropriate actions are taken to address gaps	• Implement an IT training needs analysis to identify support/development needed by clinical staff. Further Information There is a process of IT TNA completion for all new starters and this is checked as part of the clinical systems access process. Staff with poor IT skills are offered additional basic IT training • Current review of IT training taking place to	Head of Workforce and Development	June 2015		

(Wording taken directly from the report)		Action agreed to meet the recommendation (Further information where required).	Lead individual	Planned to complete:	Date completed:	Progress RAG Rating
Findings	**Recommendation to minimise the risk of recurrence**					
		offer a range of courses and different ways of training.		September 2015		
Medicines management Issues identified as a theme in reports reviewed: : SR: 7%, DSH: 0%, DIC: 0%	15. A multi-disciplinary approach should be used to review procedural matters of medicines management and associated clinical communication channels. Pharmacy professionals should be included at every point of this review.	• Medicines management will be monitored and reported for assurance to the Quality Committee and reported quarterly to the Quality Review Meeting. Further Information Medicines management is one of the priorities in the LPFT 'sign up to safety 3 year plan'	Matron Adult Acute In-patient and Medical Director	March 2016		
Safeguarding Issues identified as a theme in reports reviewed: SR: 7%, DSH: 0%, DIC: 0%	16. Safeguarding policy and procedures should become embedded within the LPFT: a structured methodical plan for training and development for staff should be agreed at Board level with ambitious timescales for its implementation and evaluation	Further Information Each year there is a structured and methodical plan for training and development of staff agreed and this is monitored via the safeguarding and mental capacity annual work plan at the safeguarding committee (bi-monthly) and Board level quality committee (3 times a year). 2015/16 training matrix includes expansion of e-learning, increased safeguarding adult training and implementation of bespoke workshops. Monitoring of safeguarding training and processes is included in the quarterly Quality reporting to the SWLCCG. In November 2013 the CQC inspected LPFT against Safeguarding Children framework and found evidence of good process and embedding across services	Consultant Nurse for Safeguarding and Mental Capacity Act	March 2016		

(Wording taken directly from the report)		**Action agreed to meet the recommendation (Further information where required).**	**Lead individual**	**Planned to complete:**	**Date completed:**	**Progress RAG Rating**
Findings	**Recommendation to minimise the risk of recurrence**					
		working with parents.				
	17. Safeguarding champions should be throughout the LPFT, trained as facilitators and educators for staff to contact for advice	Further Information The Trust has a robust Safeguarding and Mental Capacity Champions model in place since February 2014. The champions embed safeguarding process and practice in to their frontline teams and receive additional training and supervision form the Trust's safeguarding and mental capacity team.	Consultant Nurse for Safeguarding and Mental Capacity Act	February 2014	Completed February 2014	
	18. Success of the above should be evaluated within six months and improvements accommodated on evaluation findings.	• Safeguarding training and matrix's are reported through the Quality Schedule to Quality Review Meeting on a quarterly basis. SWLCCG are working with LPFTs Safeguarding Lead to develop dashboards. This will include champions and an NHS Safeguarding network led by SWLCCG's federated safeguarding service. Further Information There are currently 86 Champions and engagement is excellent In Dec 2014 LPFT gained S11 full compliance for work with children's safeguarding & self-assessment (awaiting approval) of safeguarding adults in April 2015 was full assurance or evidence of excellent processes against the Lincolnshire assurance Framework. LPFT are also fully compliant with the domestic abuse charter as approved by Lincolnshire's	Consultant Nurse for Safeguarding and Mental Capacity Act	April 2015		

(Wording taken directly from the report)		**Action agreed to meet the recommendation (Further information where required).**	**Lead individual**	**Planned to complete:**	**Date completed:**	**Progress RAG Rating**
Findings	**Recommendation to minimise the risk of recurrence**					
		domestic abuse strategic management board.				
Commissioning Issues identified as a theme in reports reviewed: SR: 2.7%, DSH: 0%, DIC: 0%	19. These finding should be considered by the "Choosing Life" commissioning work stream within the County.	• To share the report's findings and action plan with the 'Choosing Life' commissioning work stream.	Quality and Safety Team Leader	September 2016		
Benchmarking.	20. Further discussion and agreement is required between the LPFT and Commissioners regarding data being used for suicide benchmarking.	• Arrange meeting and achieve agreement with commissioners and Public Health regarding suicide data benchmarking.	Quality and Safety Team Leader	June 2015		
Changed Practice	21. Further consideration be given to evaluating the success of the "Learning Lessons" bulletin.	• Review effectiveness of embedding lessons learnt bulletin.	Head of Quality and Safety	September 2016		

the national confidential inquiry into suicide and homicide by people with mental illness

Professor Louis Appleby
PO Box 86, Manchester M20 2EF

Tel: 0161 275 0700/1 Fax: 0161 275 0712
www.manchester.ac.uk/nci

Dear Dr Nazir

Re: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)
Trust Safety Scorecard

Please find attached the Safety Scorecard for your trust, accompanied by an information sheet.

The *Safety Scorecard* is a recent NCISH development in response to the request from our commissioners, the Healthcare Quality Improvement Partnership (HQIP), to provide benchmarking data to support quality improvement in every trust. Also, trusts often ask us how the figures for their trust compare to other trusts around the country. We are therefore providing this information for you to use within your trust- we will not provide this information directly to any other organisation.

The information provided in the scorecard is based on data that we hold for your trust, provided by you. However, we are piloting the scorecard at this stage and the data are provisional. Your views on the usefulness of this tool and further comments and suggestions on improving its development will inform the final scorecard which will be sent in September 2015.

The scorecard consists of 6 indicators: suicide rate, homicide rate, rate of sudden unexplained death (SUD), patients under CPA, staff turnover and NCISH questionnaire response rate. The data used to calculate each of the six indicator scores are provided by your trust either directly to NCISH (for suicide, homicide, SUD and the trust response rate) or to the HSCIC (for CPA and staff turnover).

The trusts have been categorised into 5 equal groups (quintiles) and show the range of actual results across trusts in England in addition to your trust score - your trust data are represented by an 'X'. If you would like to see the actual score for your trust, place the cursor over the "X" and the data will appear. Please note that due to variation some of the quintiles have a wider distribution of results than others though each quintile consists of the same number of trusts. The exception to this is that all trusts with no homicide or SUD cases have been allocated to the lowest groups, which is then larger than a quintile.

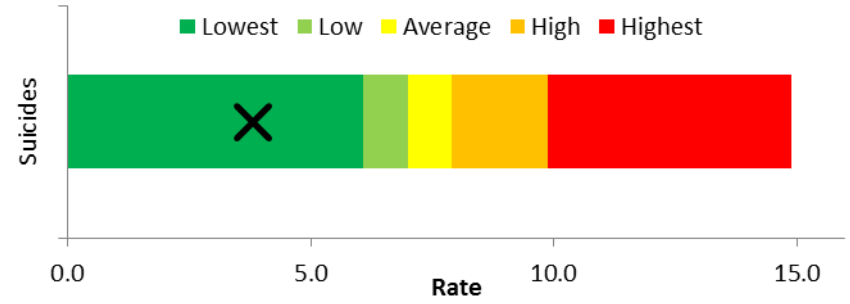
We would welcome any feedback and comments by June 30th to nci@manchester.ac.uk

Sincerely,

Professor Louis Appleby
Director

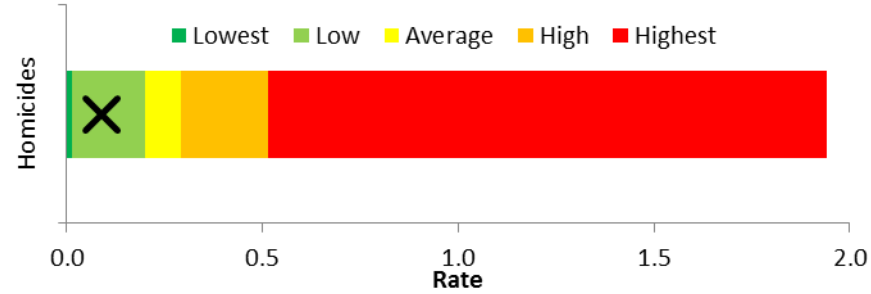
Trust Scorecard: Lincolnshire Partnership NHS Foundation Trust

The Figures give the range of results in mental health providers across England averaged between 2011-2013. The providers are grouped into quintiles with green indicating the 'safest' group and red the 'high risk' group. 'X' marks where your trust is located in the figures.



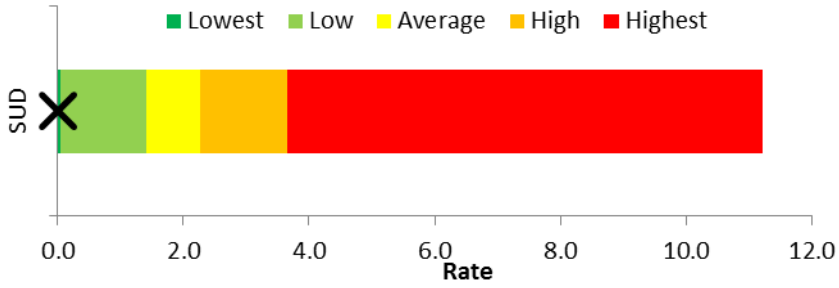
Suicide rate

The suicide rate in your Trust was 3.8 (per 10,000 mental health contacts*) between 2011-13 and in the **lowest** quintile compared to other mental health providers in England



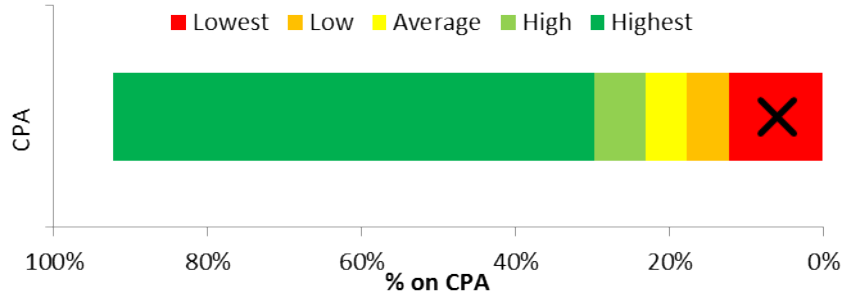
Homicide rate

The homicide rate was 0.1 (per 10,000 mental health contacts*) between 2011-13 and in the **low** quintile group compared to other mental health providers in England



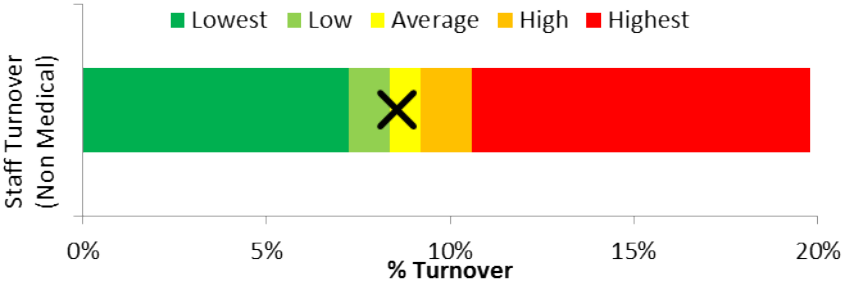
Sudden unexplained deaths (SUD)

You had no SUDs between 2011-13 and in are the **lowest** quintile group compared to other mental health providers in England.



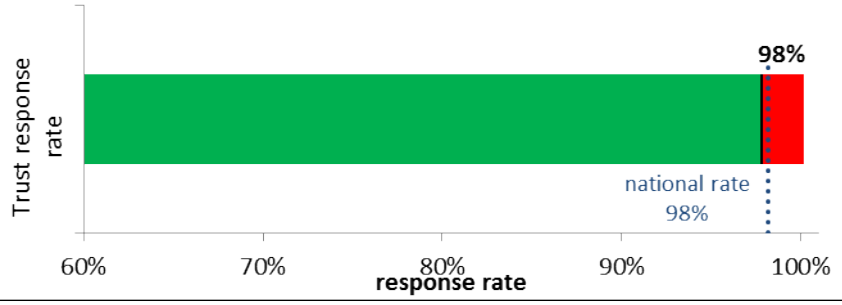
% on Care Programme Approach (CPA)

The % of people on CPA was 6% and in the **lowest** quintile compared to the other mental health providers in England.



Staff Turnover

Non-medical staff was 9% and in the **average** quintile in mental health providers across England.



Trust response rate

You have returned 98% of NCISH questionnaires in 2014. This is the same as the national return rate of 98%.

** denominator data used to calculate suicide and homicide rates was the number of people in contact with secondary mental health services, denominator data for SUD rates was the number of people who were admitted into hospital. Data was obtained from the HSCIC Mental Health and Learning Disabilities Statistics (MHLDS).*

NCISH Safety Scorecard: FAQs

Why have you sent us this information?

This information has been collected in response to the request from our commissioners, the Healthcare Quality Improvement Partnership (HQIP), to provide benchmarking data to support quality improvement in mental health trusts. We have also received requests directly from mental health service providers for similar information.

What will this scorecard be used for?

This tool has been prepared for your information only, to support quality improvement in your trust. We will not share the information directly with any other organisation.

Where do you get the data from?

Suicide, homicide and sudden unexplained death (SUD)

Suicide and homicide data are collected as part of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) for individuals aged 10 years and older who died by suicide or who were convicted of homicide (murder, manslaughter and infanticide) in England. These data are provided by the Office for National Statistics (ONS).

A proportion of these individuals had been in contact with mental health services in the 12 months prior to death or homicide (i.e. patient suicides, patient homicides). Based on the information provided by your trust, we identify the clinicians who had been caring for the patient and collect detailed clinical information about their care. Therefore, the data provided in the trust scorecard represents patients who had been in contact with your trust in the 12 months prior to death or homicide, notified to us by your trust.

Sudden Unexplained death (SUD)

All individuals who die on an in-patient mental health ward are identified from the Hospital Episode Statistics (HES) database. From these data, we identify the clinician who had been caring for each patient. Based on the information provided by the clinician from your trust, we determine whether the patient meets the criteria for inclusion in the study. Where the patient meets the criteria, detailed clinical information about their care is collected.

CPA and staff turnover
CPA data and staff turnover data are obtained from the Health & Social Care Information Centre (HSCIC). These data are provided to the HSCIC by your trust. HSCIC figures are reported by financial year, which we convert into calendar year for the purposes of this scorecard.

CPA and staff turnover data are in the public domain on the HSCIC website www.hscic.gov.uk/mhldds

Denominator data
Denominator data used to calculate patient suicide and homicide rates are obtained from the Mental Health and Learning Disabilities Data Set (MHLDDS formerly Mental Health Minimum Data Set [MHMDS]). These are the number of people in contact with adult and elderly secondary mental health services which are submitted to the HSCIC by the trust. Denominator data for SUD rates are the number of people who were admitted into hospital.

If you feel the data presented in the scorecard for your trust are incorrect please contact the person within your trust responsible for returning data. You can inform us that you are looking into data quality issues by emailing us at nci@manchester.ac.uk

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