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Health Board



<b>Meeting Date</b>	<b>29 March 2022</b>	<b>Agenda Item</b>	<b>3.4</b>
<b>Report Title</b>	<b>Quality Improvement – Suicide Prevention</b>		
<b>Report Author</b>	Jayne Whitney – Quality Improvement Lead Suicide Prevention		
<b>Report Sponsor</b>	Stephen Jones – Nurse Director Mental Health & Learning Disabilities – Lead for Suicide Prevention		
<b>Presented by</b>	Stephen Jones - Nurse Director Mental Health & Learning Disabilities - Lead for Suicide Prevention		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To update the committee on assurance and activity in relation to quality improvement work across the Swansea Bay Health Board on suicide prevention.		
<b>Key Issues</b>	<p>To note that the work programme is aligned to the Welsh Government, ‘Talk to Me 2: Suicide Prevention Strategy’ and underpins a quality improvement approach.</p> <p>The programme of work is reliant and based upon the organisational capability to build on approaches to reduce suicides; using person-centred approaches, clinical improvements and incorporating a recovery ideology is vital. Using a theory of change and elements of situational analysis, scoping and outcomes remains imperative.</p> <p>To note that there is a need for a social and humanistic learning theory that embraces the motivation to learn, change cultures and influence the behaviours of others. Compassionate leadership, kindness and empathy is fundamental when such a complex science such as suicide is taken as an abstract view and solidified as concrete learning and enhances improvement.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the contents of this report.</li> </ul>		

# QUALITY IMPROVEMENT – SUICIDE PREVENTION

## 1. INTRODUCTION

An agreement to invest in a quality improvement programme within the priority groups identified. Suicide Prevention - Quality Improvement Lead for Swansea Bay Health Board commenced in post in January 2022. The main function of the Suicide Prevention Lead is therefore to implement a quality improvement approach by using the Talk to Me 2 Strategy structures and framework along with appropriate NICE guidelines across Swansea Bay Health Board.

## 2. BACKGROUND

The fundamental aim of the Talk to Me 2 Strategy is to reduce stigma and improve awareness and understanding of suicidal behaviours amongst the public, professionals and people who are in contact with people at risk of suicide and self-harm. Stigma regarding suicide can be a barrier to those people in crisis seeking the appropriate help and to those bereaved accessing post suicidal bereavement support.

The important message underpinning the strategy is that suicide and self-harm are largely preventable if risk factors of individual groups or population levels are effectively addressed. Therefore, encouraging “self-seeking” behaviour and increasing the chances of earlier and timelier interventions are key within suicide prevention. We can all make a difference in suicide prevention by knowing the signs, asking the question and signposting to support and resources. Increasing the right opportunities can decrease a lost opportunity.

However, the approach that will be most effective in tackling suicide and self-harm is dependent on a 3c’s approach based on across governmental, cross-sectoral and collaborative design in its delivery. This includes Local Health Boards, Local Authorities working in partnership with the 3<sup>rd</sup> sector, service users with lived experience, clinicians and professionals.

On 15<sup>th</sup> March 2018 an update on epidemiology of suicide and self-harm in Wales a mid-view review of the Talk to Me 2 Strategy was conducted by Professor Ann John et al. This highlighted progress and analysis of current available local plans and recommendations. It noted there had been progress made in terms of regional FORA groups and local preventative groups stating that 28% of individuals completing suicide in Wales were known to Mental Health Services in the year before their death.

In terms of local contents and strategies, the Mid & West Wales Suicide Prevention Strategy falling under the Swansea Bay Health Board footprint, established a lack of data presented with local context and intelligence in order to determine progress.

The Talk to Me 2 Strategy notes that due to cultural, social and geographical landscapes there is a need to develop strategies according to local circumstances.

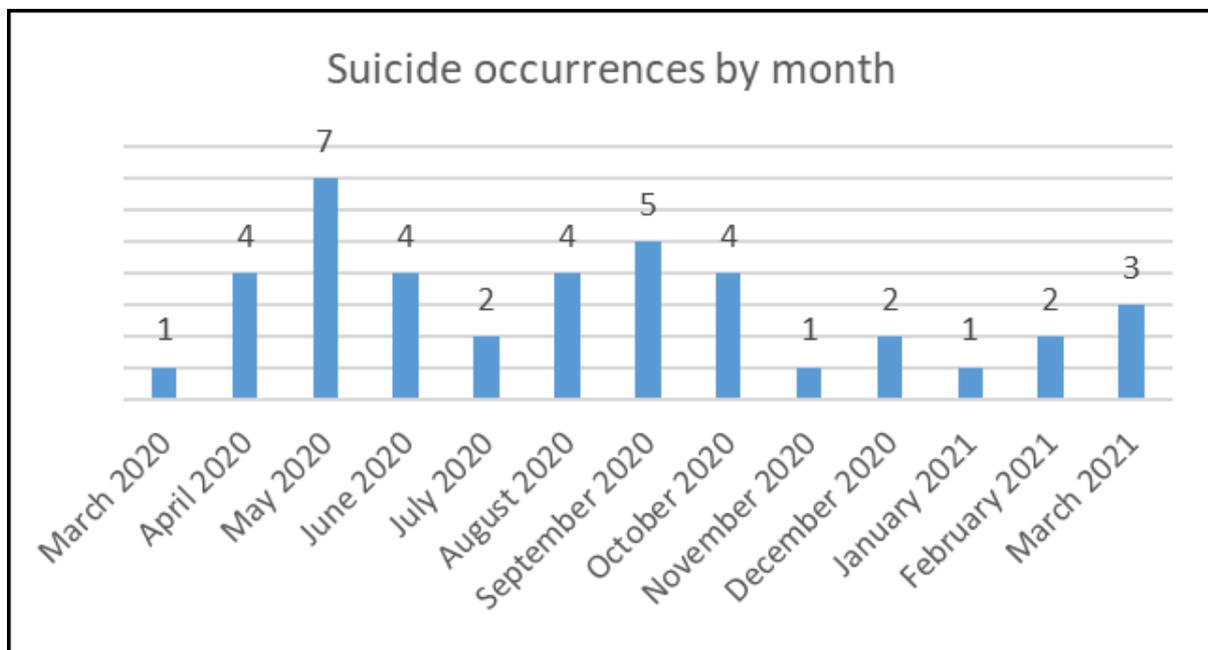
### Local Intelligence For Swansea Bay Health Board Footprint

Suicide rates for our Local Authority areas were not significantly different from the majority of areas for the period 2014–2018. This equates to 89 Neath Port Talbot and 119 Swansea completed suicides.

For the period 2014–2018 the overall rate of suicides across Swansea Bay UHB was in line with the Wales average, at 12.3 per 100,000 and 12.0 per 100,000 population head, respectively (European age-standardised rate EASR).

Data suggests, although with some caution, there were 155 suspected suicides within the reporting period below.

### Suicide Occurrences From March 2020 – March 2021



30 IN SWANSEA AND 10 IN NEATH PORT TALBOT AREA

### NHS Staff – Suicide and Risk of Mental Health Issues

There is emerging evidence regarding NHS staff identifying moral trauma and risk of suicide and mental health issues; such as increase of self-harm, anxiety, depression, burn out, stress and increased alcohol misuse.

A recent article on Wales Online recorded an account of a previous nursing employee of SBUHB and the moral trauma leading him to attempt taking his own life.

[Nurse tried to kill himself after stress of Covid and 'daily threats of violence' became too much - Wales Online](#)

Research continues to suggest the rise in risk of suicide amongst at risk groups, such as female nurses, critical care workers and ethnic minority groups

**The six main strategic aims and objectives defined in the strategy are:**

- Awareness, stigma, knowledge and understanding.
- Appropriate responses to personal crisis/early intervention and management of suicide.
- Information and support for those bereaved and affected by suicide and self-harm.
- Support the media in responsible reporting and portrayal of suicide and suicide bereavement.
- Reduce access to the means of suicide.
- Continue to support and promote training, information and monitoring of systems and research to improve our understanding of suicide and self-harm and guide action.

**Key Outcomes for SBUHB – Quality Improvement Work**

- Reduce the number of people who take their own lives, or attempt to do so, underpinned by a philosophy that suicide “**can be prevented**” with the right approaches and resources in situ.
- Develop a consistent and systematic approach to monitoring suicide incidents across SBUHB allowing for robust research and responses to manage and gain a wider understanding of suicide events and its associated impacts.
- Education and training underpinned by a standardised approach for SBUHB, its communities and staff groups about suicide prevention including destigmatising mental health and its impact within our workforce.
- Engage with individuals with lived experience and survivors of suicide, including those bereaved, through processes that will develop our services and practices allowing us to grow as an organisation and develop appropriate responses especially within high risk / priority groups.
- Provide effective and proven treatment of suicidal ideation.
- Continuous development of improvement, based on lessons learned.

A scoping exercise identified themes below, using a triangulation method of data analysis using multiple data sources and research. This approach offers validity and works well with understanding phenomenon, abstract concepts and solidifying concrete learning outcomes. Therefore, the Quality Improvement Framework / Action Plan embeds themes complimented by the 100-day plan / GMOs and Talk to Me 2 Strategy.

- Local Intelligence
- Engagement
- Cultures

### 3. UPDATES ON CURRENT ACTIVITY – QUALITY IMPROVEMENT

Targets set against 100-day plan / GMO's & Talk to Me 2 Strategy

#### LOCAL INTELLIGENCE

##### Identification of Baseline Data

- Discussions being undertaken to ascertain what data is being held and establishing systems to capture real time surveillance (exploring dashboard approach). QP Lead attended a meeting with the Digital Intelligence Team 14/2/22 with Craig Barker/Andrew Jones & Mary Moss. Jennifer Davies (PHW) has offered feedback via Public Health and capturing RTS (all Wales approach in progress with Police and Public Health Wales). To develop systems / measures that allow us to capture lessons learned, what can we do better via Serious Incident Groups and Coroners hearings.
- Parameters and Methodology – meeting held with Jason Davies and Kimberley Hampton Evans to capture research and themes.
- Rapid Response – QP Lead engaged with Local Authority Safeguarding and planned engagement with SBUHB Safeguarding Lead; also added as a member to the Task and Finish Group creating the TOR Rapid Response Service.

#### ENGAGEMENT

##### Communication/Campaign/ Intranet Article Raising Awareness

- QP leads introduction campaign in situ and sent to Comms (pen pictures of role).
- Development of a Blog being considered and a meeting to be arranged with Susan Bailey (Comms) on Suicide Awareness and QI role.
- Sharing HOPE (please see appendices) – trauma, staff suicide, Covid recovery – the Art Project's first steering group arena held on 17/2/22. It has been agreed that a digital story will be created to launch the project and this is in trail; QP Lead has engaged with other Health Board in using a staff story as a platform to de-stigmatise mental health / suicide amongst the workforce. Promotional video to be launched in May. Sites to be booked and set up virtual arenas though May going forward – as of 17/03/2022, 35 staff members across the Health Board have nominated themselves to be involved with the promotional video.
- Twitter Tweet on safe spaces to engage staff is in progress and key individuals are involved from safeguarding, social platform influencers and interested parties from SBUHB and neighbouring Health Boards. Awaiting input from Alys Cole King, Psychiatrist with 4 Mental Health.
- Exploring with Susan Baily (Comms) a 30-minute public awareness video on first level suicide prevention to enhance awareness for our community.

## **CULTURES**

### **Training suicide Prevention / Compassion and Destigmatising Mental Health**

- Scoping exercise completed to identify tier need of training for suicide prevention.
- Scoping experience in progress relating to self-help / wellbeing programmes already in place across the Health Board.
- REACT Training and Trim Awareness (type 1 & 2 trauma) analysis and outcome data available via Lesley Bevan. Out of 139 REACT sessions feedback, 80% reported a mental health issue. Staff surveys not favourable in terms of compassion and empathy towards staff wellbeing and mental health.
- Through March REACT Training and TRiM Awareness delivered to MH&LD Service Group.
- Time to Change Wales – last date completed pilot study 9/03/22 – excellent attendance with 79% of attendance by Swansea Bay Health Board staff (this is a collaborative initiative with Cwm Taff Morgannwg University Health Board).
- 1<sup>st</sup> Level Training – progress made in combining suicide prevention training / REACT and Trim with the support of Lesley Bevan and Nicola Derrick. Plan to complete by April and roll out by May 22. This will be a blended approach with online and face-to-face training being made available. 1<sup>st</sup> Level training continues to be offered as part of newly qualified nurse induction and 100 new staff being trained in May 2022.
- 2<sup>nd</sup> Level Training – pilot study and funding secured for 20 professionals across the SBUHB in safety planning and safety tools – commenced 14<sup>th</sup> and 15<sup>th</sup> March 2022. This provides the service with 20 staff advocates for suicide prevention across Health Board including ED, Neonatal, Psychology, Learning and Development, Physiotherapy and Health Visiting. Plans are in place for a sub-group to meet and discuss awareness campaigns.
- 3<sup>rd</sup> Level Training – meeting with Rhonwen Parry (Head of Psychology) to explore the high skilled training required for mental health professionals via Kate Davidson's training. Exploring momentum of progress and way forward with Richard Lingard in April 2022.
- QP Lead attending an all Wales digital platform workshop suicide prevention regarding training and development (10/2/22) and thereafter representing the Health Board in this group.

### **Partnership Working**

- Working with South Wales Police Mental Health Liaison; meeting scheduled for 11/03/22 to exploring working together in providing suicide prevention awareness.
- Engagement with Lynsey Hughes (Rapid Response) to expand on a collaborative directory of suicide prevention resources available to staff and public to access along with CVS (Nicholas Rees).
- Frequent arenas / sharing and participation in events via local area suicide area co-ordinators across Wales.

## Patient Experience Update

- Engaged with Time to Change champion with lived experience to collaborate with suicide prevention first level training.
- Engaged with LAC to start scoping on lived experience stories to enhance services and understanding aligned with Talk to Me 2 Strategy and priority groups and places.
- Engaged with CVS on lived experience groups.

### Research

Engaged with Professor Michael Coffey on 'SAFETY PLANNING and STAYING SAFE' – suicide prevention approach and also regarding a research study on 'SELF HARM in EMERGENCY DEPARTMENTS'.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<b>Suicide prevention quality improvement work, considers the underpinning values of the talk to me 2 strategy and collaborative engagement with people who come into contact with those at risk of suicide, individuals at risk of suicide and those bereaved from suicide.</b>		
<b>Financial Implications</b>		
None to note for this paper.		
<b>Legal Implications (including equality and diversity assessment)</b>		
None to note for this paper.		
<b>Staffing Implications</b>		
None to note for this paper.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Previous Quality & Safety Committee reports presented by MAG including public health implications on suicide prevention & self-harm.		
<b>Report History</b>	This is the first QP/QI report for suicide prevention.	
<b>Appendices</b>	Appendix 1	