Meeting of the Board of Directors - Public

July 2022

Paper title:	Annual Report: Suicide Prevention	Agenda item 25.0
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive, DIPC	
Prepared by:	Grainne Eloi, Deputy Director of Nursing and Professions	

Purpose of the report		
This paper provides a summary and update on the work continuing both regionally and locally to reduce suicide and increase awareness.	For approval	
	For discussion	
	For information	X

Executive summary
In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000). The decrease is likely to be driven by two factors; a decrease in male suicides at the start of the coronavirus (COVID 19) pandemic, and delays in death registrations because of the pandemic. Bradford has the lowest suicide rate in Yorkshire and the Humber and like every area men are much more likely to die by suicide than women: three quarters of people who take their own lives are men and in particular middle age men are at higher risk. The Trust continues to work alongside partners within the Integrated Care System and the Bradford Local Authority to embed the national and regional Suicide Prevention Strategies within the Trust. West Yorkshire Partnership and Bradford District Care Foundation Trust (BDCFT) has adopted a zero-suicide philosophy where each death by suicide is seen as preventable. Organisations at place and across the ICS continue to work together to reduce suicide. This includes NHS Mental Health Trusts, emergency services, local authorities, prison services, and voluntary/third sector services. The Trust has a suicide prevention group leading on the delivery of the strategies for the Trust. Th Trust also has representatives at the Bradford and District Suicide Prevention Place Steering Group.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	**State below 'Yes' or 'No'**	If yes please set out what action has been taken to address this in your paper
	No	

Recommendation
The Board of Directors is asked to: • Acknowledge the ongoing work and partnership working across the Trust, at place and region to reduce suicide

Strategic vision Please mark those that apply with an **X**				
Providing excellent quality services and seamless access	**Creating the best place to work**	**Supporting people to live to their fullest potential**	**Financial sustainability growth and innovation**	**Governance and well-led**
X		**X**		**X**

Care Quality Commission domains Please mark those that apply with an **X**				
Safe	**Effective**	**Responsive**	**Caring**	**Well Led**
X	**X**	**X**	**X**	**X**

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: • Strategic objective 1&5
Links to the Supporting Operational Risk Register	The work contained with this report links to the following corporate risk(s) as identified in the Supporting Operational Risk Register: • 2102
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Regulation 12

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Suicide Prevention Annual Update

1. Purpose & Background

In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000.

The decrease is likely to be driven by two factors; a decrease in male suicides at the start of the coronavirus (COVID 19) pandemic, and delays in death registrations because of the pandemic. Around three-quarters of registered suicide deaths in 2020 were for men (3,925 deaths; 75.1%), which follows a consistent trend back to the mid-1990s.

The England and Wales male suicide rate of 15.4 deaths per 100,000 is statistically significantly lower than in 2019 but consistent with rates in earlier years; for females, the rate was 4.9 deaths per 100,000, consistent with the past decade. Males and females aged 45 to 49 years had the highest age-specific suicide rate (24.1 male and 7.1 female deaths per 100,000).

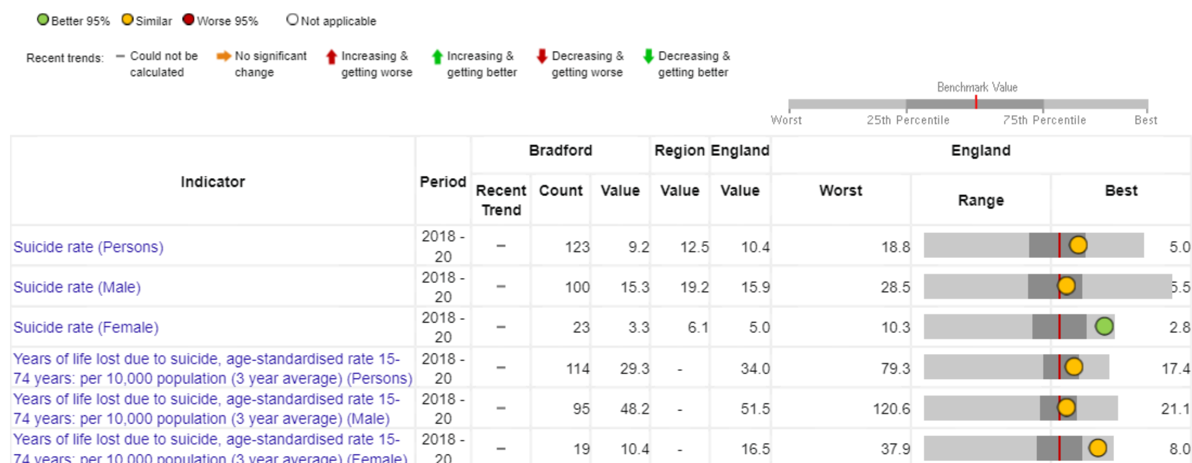
For the fifth consecutive year, London has had the lowest suicide rate of any region of England (7.0 deaths per 100,000), while the highest rate in 2020 was in the North East with 13.3 deaths per 100,000. The Yorkshire and Humber suicide rate in 2020 was 11.5 deaths per 100,000 compared to 13.8 deaths per 100,000 in 2019.

2. Bradford District Suicide Data

Overall, rates of suicide are higher in Yorkshire and the Humber than they are nationally.

Trends show that suicide rates in Bradford have fluctuated over the years but have recently been relatively stable since a peak between 2010 and 2015. Bradford's latest figures for suicide rates (2018-20) are 9.2 per 100,000 residents, which is are similar to the National average (10.4 per 100,000 population). This is equal to the rate of 9.2 per 100,000 for 2017-2019 and indicates that the number of suicides in Bradford did not rise in 2020 compared to the previous years. However, this still equates to around 42 deaths per year that are attributable to suicide in Bradford, and the Suicide Prevention Group continues to work hard to reduce this number.

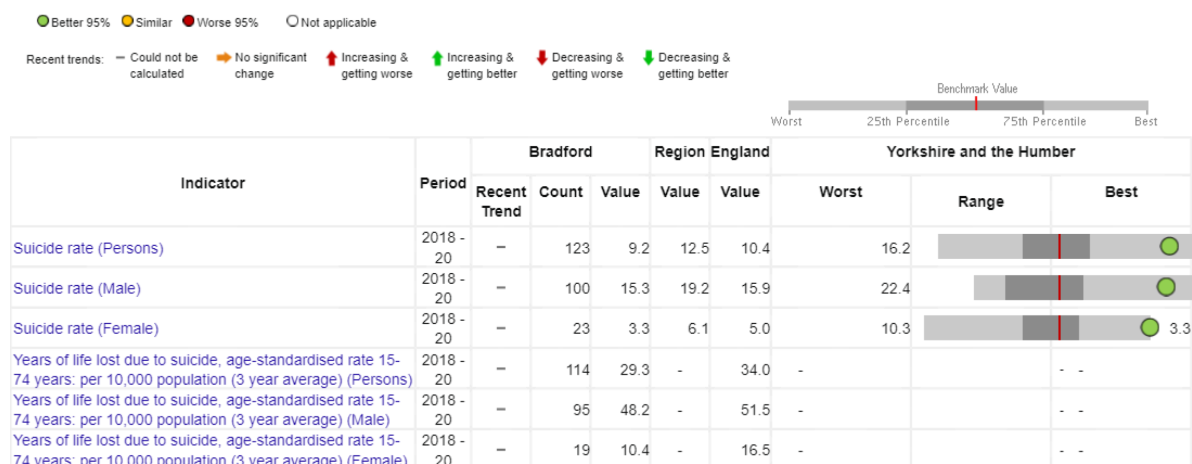
Figure 1: National Benchmarking



Indicator	Period	Bradford			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Suicide rate (Persons)	2018 - 20	–	123	9.2	12.5	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	–	100	15.3	19.2	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	–	23	3.3	6.1	5.0	10.3		2.8
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2018 - 20	–	114	29.3	-	34.0	79.3		17.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2018 - 20	–	95	48.2	-	51.5	120.6		21.1
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2018 - 20	–	19	10.4	-	16.5	37.9		8.0

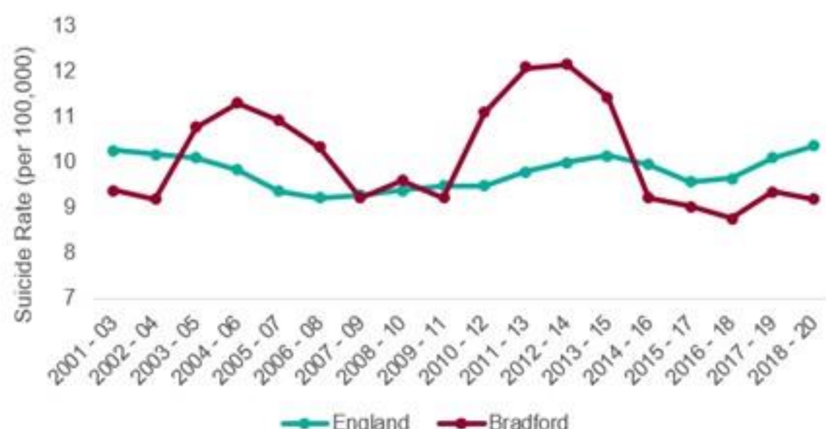
Bradford has the lowest suicide rate in Yorkshire and the Humber registering 9.2 deaths per 100,000 population. Within the ICS footprint the registered deaths per 100,000 population are Kirklees (11.8), Calderdale (15.6), Leeds (13.3), and Wakefield (16.2).

Figure 2: Regional Benchmarking



Indicator	Period	Bradford			Region	England	Yorkshire and the Humber		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Suicide rate (Persons)	2018 - 20	–	123	9.2	12.5	10.4	16.2		
Suicide rate (Male)	2018 - 20	–	100	15.3	19.2	15.9	22.4		
Suicide rate (Female)	2018 - 20	–	23	3.3	6.1	5.0	10.3		3.3
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2018 - 20	–	114	29.3	-	34.0	-		- -
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2018 - 20	–	95	48.2	-	51.5	-		- -
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2018 - 20	–	19	10.4	-	16.5	-		- -

Figure 2: Suicide rate trends, 2001-03 to 2018-20



Regional Suicide Statistics

The available data for the Bradford district identifies that men are much more likely to die by suicide than women: three quarters of people who take their own lives are men and in particular middle age men are at higher risk. The 2020 data identifies the largest age bands were in their 30's, 40's and 50's. In 2020 29.6% of suspected suicides were known to mental health services.

Not all people who die by suicide are considered to have mental illness although having a mental health illness does increase the risk of suicide. Other factors like relationship breakdown, prolonged physical ill health, debt, alcohol use and unemployment are all issues that can have a significant impact. Most people who die from suicide have been in recent contact (in the last three months) with health and care services. Most frequently, they access primary care (around half), with fewer (around a quarter) having contact with mental health services.

There are three sources of data about suicides for Bradford District:

West Yorkshire Suicide Prevention https://suicidepreventionwestyorkshire.co.uk/support

West Yorkshire 2022-2027 Suicide Prevention Strategy
https://suicidepreventionwestyorkshire.co.uk/useful-resources/suicide-prevention-strategy-plan-2022-2027

Suicides in England and Wales: 2020 registrations (ONS) Suicides in England and Wales - Office for National Statistics (ons.gov.uk)

3.Suicide Prevention in West Yorkshire and Harrogate

The Suicide Prevention Advisory Network (SPAN) continues to meet bimonthly. Previously presented to the Board, the overall aim of this five-year WY Suicide Prevention Strategy is to develop working relationships between partner agencies to provide an evidence-based but practical framework across the West Yorkshire region to help reduce the frequency of suicide. This was supported by a federation of NHS Trusts namely the three mental health trusts across the ICS. The group has multi agency membership, it includes representation from the three mental Health Trusts, local authority public health teams, West Yorkshire Police, West Yorkshire Fire and Rescue Service, HM Prison and Probation Services, Care UK and Yorkshire Ambulance Service and Public Health England.

In 2019/20 a Suicide Prevention Operational Group (SPOG) was formed to ensure the delivery of strategy and is accountable to the Mental Health Learning Disability Autism Program Board. Its membership includes Senior representation from West Yorkshire and Harrogate ICS and Health and Public Health partners. This group continues to meet bimonthly.

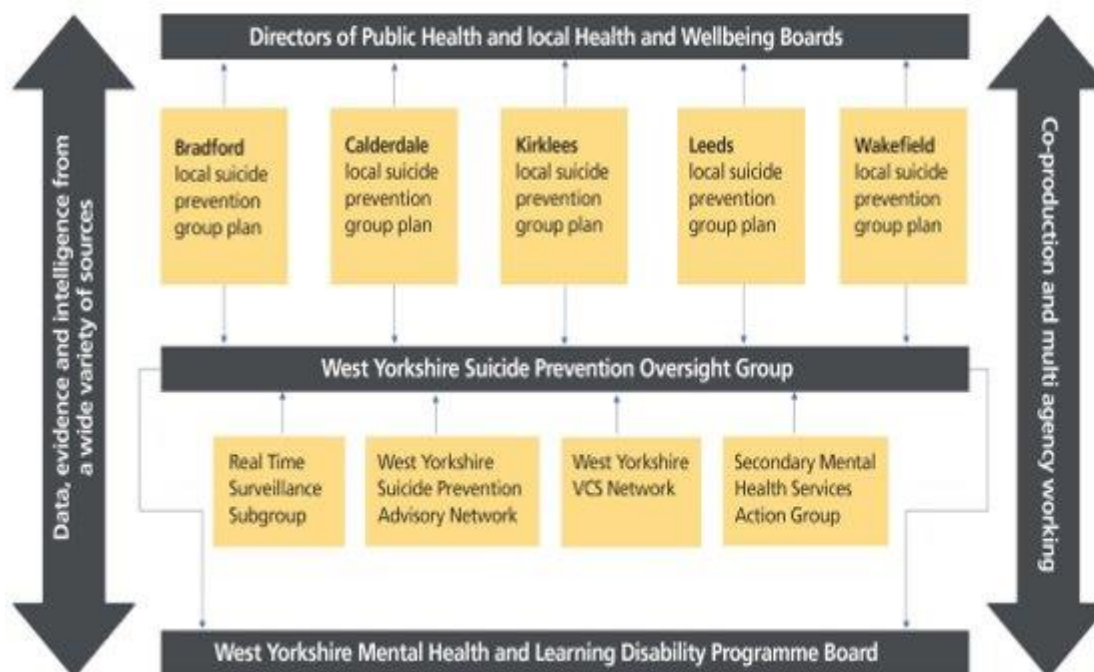
In January 2022 the West Yorkshire Health and Care Partnership Suicide Prevention strategy & Action Plan (2022-2027) was published. The overall objective of the strategy is for zero suicides in West Yorkshire, with a five-year target to achieve a minimum 10% reduction in the suicide rate.

The West Yorkshire Health and Care Partnership strategy outlines the five core principles to guide West Yorkshire-wide decision making as: co-production, evidence-based action, system-wide impact, a life course approach and combatting stigma.

4. Suicide Prevention in Bradford

Bradford District Care NHS Foundation Trust continues as a member of the Bradford District Suicide Prevention Steering Group. The Suicide Prevention Group continues to develop and is co-chaired with VCS organisations to ensure wider skill and insight. The Suicide Prevention Steering Group have led a number of campaigns to tackle issues that influence suicide in Bradford and District, these have included a media campaign, focusing on getting support to reduce or stop drinking, short film clips highlighting self-harm and how to get support, LGBT+ by digital outreach, Men living with poor mental health and isolation (men in sheds), a further investment with sharing voices re: BAME Mental Health, Bradford Sharing Voices, focusing on communication to South Asian women, BAME film clips highlighting links to networks, and support for those bereaved by suicide.

This group (consisting of BDCFT; City of Bradford Metropolitan District Council, West Yorkshire Police, Bradford CCGs, Samaritans, West Yorkshire Fire and Rescue, and Bradford MIND). GP With Special Interest (GPSI) is also part of the West Yorkshire and Harrogate SPAN.



In accordance with the West Yorkshire Health and Care Partnership Suicide Prevention Strategy & Action Plan (2022-2027) BDCFT have agreed our local strategy in accordance with the five core principles:

- **Co-production**

We will have service user and Carer representation on the suicide prevention (SP) steering group. Co production will be key to all transformation projects within BDCFT.

- **Evidence-based action**

We will share and use our data to influence and review our response to suicide monthly through the SP Steering group

We will share and use our data and the intelligence from WY SPAN, SPOG and Bradford Steering Group to inform change

- **System-wide impact**

We will engage and attend the strategic and operation WY groups SPAN and SPOG, Bradford steering Group and feed data and intelligence to inform evidence based outcomes

- **A life course approach**

We recognise the need for an all age community response and will engage with VCS, service users, carers and community services to inform decision making

- **Combatting stigma**

We will hold a Suicide Prevention Awareness event across the district and invite, staff, service users, carers, VCS, PCNs, Acute Hospitals, Emergency Services.

5. BDCFT Developments 2022/23

BDCFT Suicide Prevention steering group meets bimonthly and has representation from corporate, clinical and operational services within the Trust and service user and carer representation. The group leads on developments, sharing learning and ensuring that the Trust initiatives are in line with the national, regional and district strategies.

5.1 Patient Safety Translational Research Centre

Dr Helen Haylor, Prof. Gerrard Armitage and Dr Tony Sparks, along with Mr K Double (service user representative) have been successful in a bid to the PSTRC. The research will explore current BDCFT approaches to Serious Incident investigations in community suicides and how we assess the quality of the suicide risk assessment. The study was presented to the Ethics Committee in June 2021 and the recruitment of carers and staff who have experienced the SI process in the last two years commenced in July 2021. Initial findings from the study have been shared in BDCFT R&D Conference June 2022 and the final study will inform service implementation.

5.2 Acute Liaison Psychiatry Service (ALPS)

The crisis and acute liaison programme work has been successful in gaining funding to establish core 24 psychiatric liaison cover at Bradford Royal Infirmary and 24 hour cover at Airedale NHS Foundation Trust which will be fully operational by July 2022. The ALPS service will respond to mental health crises within one hour, and conduct a full biopsychosocial assessment, co-produce an urgent and emergency mental health care plan and refer for onward treatment, transfer or discharge within four hours.

5.3 Serious Incidents

An RPIW took place October 2020 which looked at embedding Human Factors approach to Serious Incident investigations. A significant amount of work has been undertaken throughout 2021 to create a learning environment with all teams involved. The progress involves, changes to the workforce and systems, the recruitment of a Head of Patient Safety, Compliance and Risk, a new manager of Serious Incidents.

Serious Incident team continue to utilise root cause analysis as recommended in the Serious Incident Framework. This Framework has been reviewed as part of the NHS Patient Strategy and will be replaced by the Patient Safety Incident Response Framework (PSIRF). PSIRF is currently being piloted in some early adopter sites with released interim guidance highlighting changes to the framework from Serious Incidents to PSIRF. Primarily the changes are around the approach to the investigation which will move away from a standard investigation process with a focus on investigation to a more tailored approach depending on the nature of each incident with a focus on identifying learning. The new framework will not be in place until Autumn 2022 however there is ongoing work taking place in preparation for the go live date and there is work ongoing across the Bradford and Airedale Place as well as the

West Yorkshire and Harrogate Integrated Care System to standardise our approach to the new framework.

Serious Incident Investigators have all completed Human Factors training and a continued review of SI process has resulted in changes to templates and processes which have helped to both clarify expectations and improve standards. Patient Safety Incident Response Team meetings take place within 72 hours of a serious incident with a focus on staff wellbeing and support as well as ensuring contact has been made with the family.

5.4 Critical Incident Stress Debrief

The Critical Incident Stress Debrief Team has doubled in size over the last 12 months, with 24 clinicians now trained in a model to offer support to staff within 24 hours following a serious incident.

Suicide rate among health professionals is 24% higher than the national average with 430 professionals taking their lives within a four-year period (ONS. 2017). These figures are largely explained by the elevated risk of suicide among female nurses which are four times the national average (ONS, 2017). It is estimated that over 200 nurses had attempted suicide during the COVID pandemic (Ford, 2021); however, the true extent of NHS staff distress and suicidality linked to COVID-19 is unknown. Research on suicidality in nurses has overlooked the gendered aspects of suicide rates in the nursing population and has largely adopted a psycho-centric approach which focuses on individual risk factors. This overlooks the wider systemic, occupational, organisational, historical, cultural, social, political, and economic contexts which may specifically impact women, such as gender-race based discrimination.

To this end, BDCFT has a robust Employee Health and Wellbeing (EHW) offer to the workforce. The Suicide Event will include EHW stall showcasing the offers available to the workforce. West Yorkshire partnership have trained BDCFT HR team on a suicide preparedness session, this will give our support team an increase awareness when discussing emotional and socio economic issues, including debt, housing, and suicidality.

5.5 Suicide Prevention Awareness events

BDCFT will facilitate a Suicide Prevention Awareness Event in Autumn 2022. The event will be jointly facilitated with Public Health and VCS organisations. The event will be open to the public and live streamed to capture a wider audience to outline the statutory and community organisations available to support those in crisis with an emphasis on recovery and lived experience speakers.

5.6 Crisis House & Crisis Alternatives (Safer Space)

The current CCG have commissioned a new crisis alternative service to help support and reduce the need for mainstream crisis services and in partnership with the Local Authority are currently in the process of jointly commissioning a safe space house for adults in crisis. BDCFT have been engaged in the development as a key partner to continue to support our voluntary care service colleagues in ensuring seamless access to the safer spaces via our first response service.

5.7 Ligature Update

All ligature risk assessments within inpatient services utilise the new LRA (Ligature Risk Assessment) App in line with the amended policy in relation to covid and continued implementation of the ligature risk training.

Monthly updates are provided by clinical managers for all wards within their portfolios to the LERS group highlighting any areas of exception relating to risk assessments or actions within them being out of date or unlikely to be completed within timescales. This forms part of the fully implemented new governance arrangements.

BDCFT have introduced Symphony Doorsets (Safehinge Primerra), in inpatient bedroom areas, a 'full weight' door alarm, activating an alarm when pressure is placed on the top and/or sides of the door.

Phase 1 and 2 has seen the introduction of the alarmed door installations in all adult acute inpatient wards and Thornton ward completed in October 2021. Phase 3 will introduce the alarmed bedroom doors to the remaining adult inpatient wards Step Forward, Ilkley Ward, and Baildon Ward with a planned completion date of September 22. As part of the assessment process all rooms will be reassessed, and risk assessments updated following completion of works.

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Date: 22 June 2022