Welcome

SPIRAL Somerset Partnership





Situation

Serious Incident Investigations into suicides in our community have identified 2 key areas of improvement:

- Recording of risk assessment as detailed in Trust policy
- 2) Liaison with family and carers (including information sharing and engagement in risk based decision making)





Background

NHS England – Implementing the Mental Health Forward View: Preventing Suicide

Objective: By 2020/21, the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. To support this, by 2017 all CCGs will fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners





Benefits to patient and staff

Safe and effective care for people under the care of Community Mental Health Services



Driver Diagram

Aim: To provide safe and effective care for people who are under the care of Community Mental Health Services

Measure: From quarter 3 onwards there will be zero completed suicides where standards of risk assessment and carer involvement have not been met

Risks/safety assessed and managed contingency planning

Carer/family involved in care, safety, and planning

- Complete initial risk screen and assessment to include demographics, background, psychological and psychosocial factors and current context
- Complete RiO risk information for any high or significant risk factors
- Review and update risk assessment following any transition between services
- For patients with high or significant risk factors develop a care plan that includes: risk of suicide, actions to mitigate identified risks and telephone number for urgent help and needs and actions in event of a crisis
- Complete review at least every 12 months review risk issues and new risks, progress towards agreed goals, views and needs of patient and carers and complete a detailed review of the care plan
- Care plan shared with GP and all relevant agencies and shared again following any reviews
- Follow-up patient within 48 hours of discharge
- CPA review within 28 days of discharge
- Review of risk/risk management after any self-harm episode
- MDT review of management within 24 hours of identified change in risk/safety factor
- Assessments for HTT takes into account individual circumstances and clinical need and recognises that HTT may not be suitable for some patients; especially patients who are at high risk or who lack other social supports (e.g., live alone)
- Carer/s and/or family involved in risk assessment and management plans, be prepared to do this without patient consent, subject to MDT agreement on the basis of risk - document rationale
- Carer/family involved in crisis planning including contingency actions and lines of support
- Carer/family support: needs assessment, provision of tools to manage suicidal thoughts/plans/symptoms
- Frequent meetings with carers to monitor their wellbeing and support their mental health





Project Description

Collaborative between Community Mental Health Teams

Change ideas generated by teams

Bespoke project management group to support CMHS with QI and promote SPIRAL

Overseen and supported by the Trust Suicide Prevention Group





Current position

Project group formed with representation from CMHS, Medical, RiO, Risk team

Request made for representation from service users and carers

Project has been presented to all CMHS teams who are engaged and are currently developing change ideas





Current position

Change idea - Series of posters to be shared with CMHS teams being developed

First poster to be introduction to SPIRAL

Second poster to focus on risk and risk management



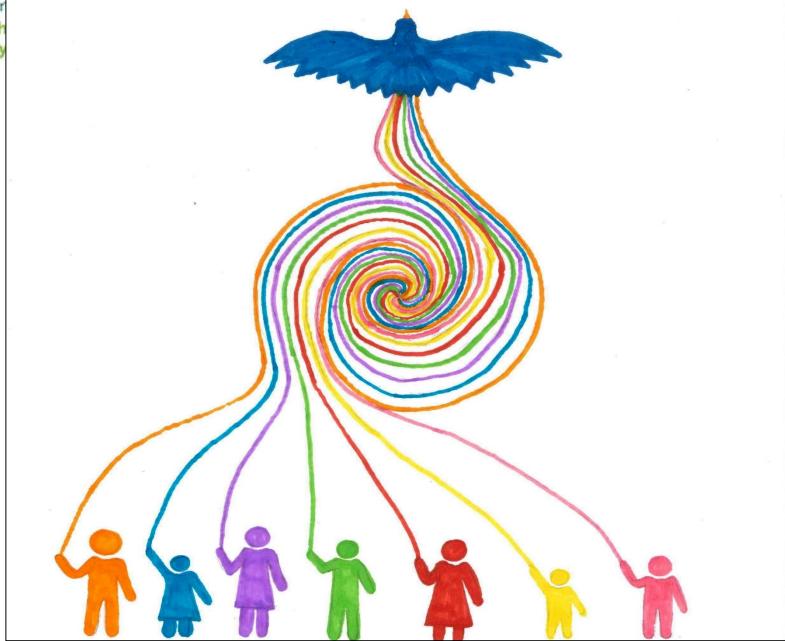


LOGO

SPIRAL Logo – developed by a service user who is currently an inpatient on one of our wards











Next steps

Continue to promote SPIRAL and encourage engagement with the project

Oversee change ideas and facilitate QI where necessary





Continuous improvement is better than delayed perfection. Mark Twain