7 DAY FOLLOW-UP POLICY

POLICY NUMBER: CLP49
VERSION NUMBER: 1.4

KEY CHANGES FROM PREVIOUS VERSION: Further 3 month extension applied (Apr 21 QC)

AUTHOR: [Name redacted]

CONSULTATION GROUPS: Clinicians, Associate Directors, SMB & SMT Members, MH Operations

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NEXT REVIEW DATE: April 2020 October 2020 April July 2021

APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE: 22nd November 2017
RATIFICATION BY QUALITY COMMITTEE: 14th December 2017

PROCEDURE SUMMARY

The Trust monitors the implementation of compliance with this policy in the following ways:

SCOPE

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The Director responsible for monitoring and reviewing this policy is The Executive Chief Operating Officer
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Assurance Statement

This policy is necessary to ensure that all service users from Essex Partnership University NHS Foundation Trust (EPUT) are given an allocated date for their 7 day follow-up at the point of discharge in line with the Department of Health and NHS Improvement and Trust Development Agency requirements.

This policy will also ensure that no service user slips through the net and a systematic process is in place to ensure compliance with the policy.

1.0 PURPOSE

1.1 The purpose of this policy is to ensure that all service users who have been discharged from a psychiatric inpatient admission are seen by a clinician face to face within 7 calendar days to in order to review the risks and subsequent post discharge care plans. This will apply to all service users discharged from all inpatient care settings.

1.2 Additionally, service users who have been discharged following a serious self-harm attempt or where there is a heightened risk of suicide must have this follow up visit completed within 48 hours of discharge from hospital.

1.3 This policy is necessary to support the requirements of the Preventing Suicide in England 2012 Government paper and the ongoing evidence shown in the National Confidential Inquiry Annual Report Oct 2016 ‘Latest Findings’.

2.0 INTRODUCTION

2.1 This policy and its associated Procedures will ensure there is a formal Trust process for the follow up, within 7 calendar days, of all service users, who are discharged from inpatient care (excluding those admitted to detoxification beds).

2.2 For patients discharged from the Trust and admitted into a general hospital for medical treatment at the point of discharge will be followed up by the respective Mental Health RAID Liaison Service.

2.3 One of the specific targets contained within “Saving Lives: - Our Healthier Nation” (DoH 1999) is to reduce the suicide rate by at least 10 by 20/21, no further targets have been set to date. Health and Social Services are expected to play their full part in helping to achieve this, which is reflected in Standard 7 of the National Service Framework for Mental Health. One of the particular requirements for preventing suicide among people suffering severe mental illness (SMI) is to ensure that follow up of those discharged from
inpatient care is treated as a priority and that care plans include such follow up within one week of discharge. This has been reinforced by more recent guidance in the ‘Preventing Suicide in England’ Feb 2015 which highlights the need to include suicide as an indicator within the Public Health Outcomes Framework will help to track National Progress against our overall objective to reduce the suicide rate.

2.4 MONITOR Compliance Framework:

The target measures the percentage of people under mental health specialities subject to CPA receiving follow-up (face-to-face or by telephone) within 7 days of discharge. Reductions in the overall rate of death by suicide will be supported by a range of measures; including action to follow-up quickly people on CPA who are discharged from inpatient care, preferably within 48 hours.

2.5 National Suicide Prevention Strategy for England:

Published by the Department of Health in September 2002, this document sets out government strategy for achieving the above target in a coherent and co-ordinated manner. Goal 1 of the strategy is to reduce risk amongst key high-risk groups and a specific action for those providing specialist mental health services is:

“Follow up within 7 days of discharge from hospital for everyone with mental illness”

Essex Partnership University NHS Foundation Trust (EPUT) supports this action as part of its commitment to implement the strategy.

2.6 LDP Target PSA05b- CPA 7 day follow up:

The target measures the percentage of people under mental health specialities subject to CPA receiving follow-up (face-to-face or by telephone) within 7 days of discharge. Reductions in the overall rate of death by suicide will be supported by a range of measures; including action to follow-up quickly people on CPA who are discharged from inpatient care.

2.7 National Patient Safety Agency: Preventing Suicide a toolkit for mental health services:

The toolkit introduces a number of standards for both inpatient and community follow up post discharge to target reduction in suicide, specifically standard 3 which highlights the requirement for post discharge follow up within 48 hours where there is a heightened risk of suicide. Further guidance can be found in the Trust’s Suicide Prevention Clinical Guideline (CG29)
2.8 Preventing suicide in England:

This paper was published in Feb 2015 by HM Government and continues to outline specific actions required to ensure suicide remains high on the agenda of the public services. The executive summary outlines the strategy in six key areas for action to support these areas:

1. Reduce the risk of suicide in key high risk groups
2. Tailor 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.
7. Reducing rates of self-harm as a key indicator of suicide

This paper also highlights the high risk groups: young middle age men, people in the care of mental health services including inpatient, people with a history of self-harm, people in contact with the criminal justice system, specific occupational groups such as doctors, nurses, vets, farmers and agricultural workers.

2.9 National Confidential Inquiry Annual Report Oct 2016 ‘Latest Findings’

This report is looking at data extrapolated between 2012 and 2013 for those clients known to secondary mental health services. It reports that 18% of suicides are post discharge, with 18% of those before follow up and 17% in the first week after discharge. Although the trend is showing a downward trajectory, the most significant time remains the first week after discharge from inpatient services. A third have been discharged from hospital in the previous two weeks.

This report identifies key risk factors as

1. Known self-harm or recent
2. Male
3. Aged over 40
4. Adverse life events
5. Comorbid psychiatric illness
6. Under CPA.
7. Isolation / living alone (43% live alone)
8. Economic adversity
9. Alcohol and drug misuse
10. Recent self-harm

Hanging/strangulation is the highest method chosen, followed by self-poisoning and jumping.
2.10 Application of Policy in Essex Partnership University NHS Foundation Trust:

This Policy applies to all Essex Partnership University NHS Foundation Trust’s inpatient units when someone is discharged to a community setting.

3.0 SCOPE

3.1 This policy and its associated procedures should be read by any member of staff involved in the discharge of service users from inpatient services and staff responsible for the 7 day follow up meeting.

4.0 AIMS AND OBJECTIVES

4.1 To provide staff with clear procedures to follow in all aspects of allocating 7 day follow-up appointments including:

- Ward Procedures
- Identified Responsible Community Team Procedures
- Bed Management Procedures
- Audit and monitoring

5.0 RESPONSIBILITY

5.1 The Directors of Mental Health in Essex will be responsible for monitoring the implementation of this policy.

5.2 All staff involved in the discharge and follow up of service users (inpatient care) will be accountable for ensuring that the correct 7 day follow-up procedures are followed.

- For patients who are unknown to a Community Team, the responsible CRHT will complete the 7 day follow-up.
- For patients who are known to a Community Team, the inpatient ward must inform the appropriate identified Responsible Community Team to complete the 7 day follow-up. The ward must contact the identified responsible community team responsible via admin to ensure that discharge details are circulated to the appropriate worker. A copy of the completed daily ward discharge list must be sent by admin to the community teams via email to the agreed email account. This list must be complete and not contain any ‘unknowns’.
- The ward MDT are responsible for identifying which patients require 48 hour follow up and highlighting these patients on the daily discharge list.
- No patient identified as requiring 48 hour follow up on discharge from a ward is to be discharged on a Friday unless the identified responsible Community Team is available to undertake the follow up.
- The responsible Community Team must also be identified and listed on the daily ward discharge list there must be no ‘unknowns’ on this list.
The ward discharge list will be circulated to all required Community Teams by ward/bed management admin to the community teams via email to the agreed email account. For good practice, a 7 day follow-up should be a face-to-face visit unless it is deemed not appropriate or suitable.

The acute inpatient ward will make telephone contact following discharge to review the patient post discharge risks within 24 hours of discharge.

The details of this telephone review must be recorded in the patient's clinical record.

### 6.0 REFERENCE TO OTHER TRUST POLICIES / DOCUMENTATION

6.1 This policy shall be read in conjunction with the following Trust policies:

- CLP30: CPA Policy
- CLP28: Clinical Risk Assessment and Management Clinical Guideline
- CG29: Suicide Prevention Clinical Guideline
- CG71: Self Harm Clinical Guideline
- CG77: Disengagement or Non-Concordance Clinical Guideline
- F & C1 System Flow and Capacity Inpatient and Community Care Policy (North)

END