

Self-harm is one of the top five causes of acute medical admission in the UK. The quality of care for those who self-harm depends on the quality of joint working between emergency departments and mental health service and this currently varies across the UK.

Your local team has signed up to this quality improvement programme to:

- Measure performance against the NICE guideline, the 'Better Services' quality standards and the Healthcare Commission's 'standards for better healthcare'
- Identify areas of achievement
- Identify aspects of care and treatment that can be improved
- Work with the central project team to ensure that improvement takes place

The partners and the wider collaboration

The Royal College of Psychiatrists' Centre for Quality Improvement (CQI) is working in collaboration with, and following advice from, the following stakeholders:

- The Faculty of Accident and Emergency Medicine
- The Royal College of Nursing
- The Royal College of Physicians
- Mind
- The NICE National Collaborating Centre for Mental Health
- The National Poisons Information Service
- Various national self-harm and service-user support groups.

What will the programme involve?

Local teams will be comprised of senior practitioners from emergency departments, their associated mental health services, local ambulance services and those that use emergency services following self-harm. Your local team has signed up to the second wave of the programme, which will have the following stages:

Regional Induction Events

Each local team will be invited to an introductory workshop to launch the programme

Clinical Audit Data Collection

Baseline data will be collected using a series of topic-based audit tools covering

- A case flow audit – looking at waiting times and patient outcomes
- Service User feedback and suggestions for improvement
- Staff training, support and supervision
- Staff attitudes and opinions
- A policy checklist

Reports

Each team will receive:

- A local report detailing compliance against the standards, areas of achievement and suggestions for improvement
- A national report allowing teams to benchmark themselves against national averages (teams will not be named unless to highlight good practice).

Peer-review visits

Members of teams will visit each other to explore aspects of the other team's service, share information and support local action planning.

Learning events

Each team will be invited to attend local and national feedback events to take part in quality improvement workshops and learn from innovative practice taking place elsewhere on the project.

Action planning

Local teams will be supported to use the 'Plan, Do Study, Act (PDSA)' model for service improvement to test ideas for improvement quickly and easily.

Ongoing support

The central project team will provide materials, support and information throughout, ensuring that local teams will not have to dedicate a disproportionate amount of time to the programme

Standards for the programme

The 'Better Services for People who Self-Harm' project team has taken the recommendations from the NICE guideline and other key policy documents and created a manual of standards. The standards are also cross referenced to the Healthcare Commission's 'standards for better healthcare'. These standards form the basis of the data collection tools that each local team will be working with. The table in appendix 1 outlines the main standards that membership of the 'Better Services for People who Self-Harm' project will most directly help your Trust to achieve.

Memorandum of understanding

The following represents the duties of the Central Project Team (CPT) and the Local Project Team (LPT):

The 'Better Services for People who Self-Harm' central project team will ensure that it offers an efficient and effective service by:

- Providing materials and support to allow your local team to set up the project in your locality
- Facilitating a series of workshops and events
- Supporting you locally to set up a project team, including help with recruiting service users
- Delivering a series of audits with associated instruments, guidance, data analysis, and reporting
- Providing relevant summaries of the audit findings for your locality, and supporting you to compare your findings with other teams
- Supporting networking and bench-marking between local teams
- Delivering newsletters and an email discussion group

Senior Managers for the organisations represented on the local project teams are expected to support participation by:

Senior Support

- Offering high-level, visible, senior support to the project e.g. attendance at the induction workshop
- Supporting a senior individual to work as 'project lead' for your team;

Providing resources for team members

- Ensuring enough staff are available to conduct the work
- Providing meeting rooms and IT equipment for local team work and meetings
- Providing some protected time for staff
- Paying for travel costs (and very rarely, accommodation) for staff to attend events

Better Services for People who Self-Harm

National Quality Improvement Programme

Providing resources for service users

- Paying for time, travel costs, and if necessary, accommodation for 2 service users to attend local workshops, peer-review visits, learning sets, training sessions etc (approximately 9-12 days over 18 months in total).

Ensuring that local teams fulfil their obligations to:

- Return data in a timely manner
- Arrange to receive a one-day peer-review visit, and attend one (these can be combined into one day if desired)
- Attend 1-3 workshops over 18 months
- Commit to returning action plans to the project team at the centre for quality improvement
- Identify a conduit between your project team and appropriate local committees (such as the trust board, clinical governance committees, practice improvement groups, etc)

Ethical Considerations

This project is one of many audit projects run by the Royal College of Psychiatrists' Centre for Quality Improvement. We have received full assurance from COREC that this project is classified as audit and does not need to undergo any further ethics approval process. For more details please refer to Appendix 2.

Declaration of understanding

Please complete the information on the following pages and return to the Central Project Team by 30th June 2006*

Team Details

Name of Team Lead for your Local Project Team

Name of Emergency Department you wish to involve

Please list below the full names of the all trusts who will be involved in your project team (e.g. Mental Health Trust, Acute Trust, Primary Care Trust, Ambulance Trust)

(Enter Name of Emergency Dept) **Local Project Team** wishes to participate in the second wave of the ‘**Better Services for People who Self-Harm**’ Programme

The following represents the expectations that the Central Project Team and (Enter name of Emergency Dept)..... **Local Project Team** will have of each other.

The ‘Better Services for People who Self-Harm’ central project team will ensure that it offers an efficient and effective service by:

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The signatures below should be obtained from the relevant CEO/Medical Director/Senior Manager from each relevant trust.

Note: You may find it easier to photocopy this page of the document and use a separate sheet for each signature.

ON BEHALF OF YOUR LOCAL PROJECT TEAM

Name of Acute Trust	
Signed	
Name	
Designation	
Date	

Name of Mental Health Trust	
Signed	
Name	
Designation	
Date	

Name of Ambulance Trust	
Signed	
Name	
Designation	
Date	

ON BEHALF OF THE BETTER SERVICES FOR PEOPLE WHO SELF-HARM CENTRAL PROJECT TEAM

THE CENTRAL PROJECT TEAM	
Signed	
Name	
Designation	
Date	

APPENDIX 1: Links to the Healthcare Commission's 'Standards for Better Health'

By taking part in the programme, you be able to measure compliance against the majority of the recommendations from the NICE guideline as well as the following HC standards:

Core and developmental standards
Core standard (CS) C3: Healthcare organisations protect patients by following the National Institute for Clinical Excellence (NICE) guidelines
C5: (a) Healthcare organisations...take into account nationally agreed guidance when planning and delivering treatment and care (b) Clinicians participate in regular clinical audit and reviews of clinical services
C7: Healthcare organisations apply the principles of sound clinical and corporate governance Developmental standard (D4): Healthcare organisations work together to implement a cycle of continuous quality improvement
C8 Health care organisations support their staff through a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and b) Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups
C9 Health care organisations have a systematic and planned approach to the management of records
C11 Health care organisations ensure that staff concerned with all aspects of the provision of health care
C13 Health care organisations have systems in place to ensure that a) Staff treat patients, their relatives and carers with dignity and respect; b) Appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and c) Staff treat patient information confidentially, except where authorised by legislation to the contrary
C14 (c): The healthcare organisation has systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery
C16 Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services
C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably
C19 Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services
C20 Health care services are provided in environments which promote effective care and optimise health outcomes by being a) A safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and b) Supportive of patient privacy and confidentiality

APPENDIX 2 – Ethical Audit

Research Ethics Governance

This project is classified as audit and not research, and therefore does not require approval from a research ethics committee. However, the CQI is committed to applying the highest ethical standards to its audit work.

In February 2006, the 'Better Services for People who Self-Harm' Project submitted a full description of the project to COREC, detailing the audit methods used at the CQI, including staff and patient surveys and consultations, the auditing of case notes and conducting peer-reviews. This included a list of the questions being put to service users and staff. The CQI also reiterated the safeguards it has put in place to protect the dignity, wellbeing and safety of participants throughout the audit process and gave examples of information sheets and guidance notes. The following reply was received from COREC:

"Thank you for your query. We have read the documents you attached and would deem your work to be audit. We agree entirely that audit should be conducted to accepted ethical standards and your document clearly outlines this".

(COREC February 2006)

For the full ethics paper – please contact the central project team or see <http://www.rcpsych.ac.uk/crtu/audit,qualityinitiatives/ethicalaudit.aspx>