

Self-harm is one of the top five causes of acute medical admission in the UK (68,716 admissions in 2001/2002). 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.

Many people who attend an emergency department as a result of self-harm find the experience unpleasant. This finding greatly influenced the recently published NICE guideline* which concluded that improving staff knowledge and attitudes is the key to better services and reduction in the substantial morbidity and mortality associated with self-harm.

Through taking part in this programme, you may be able to confirm commonly held assumptions about 'what is happening'. You may, however, be surprised by some of the things that are revealed. Some of the changes identified through the audit processes will relate to the behaviour of individual practitioners, others to the structure of the services within which they practice. You may be able to act on some of the findings immediately e.g. by introducing a new risk assessment tool. Others will require medium-term solutions e.g. increasing access to liaison psychiatry services during evenings and weekends. Others still may need long-term plans e.g. re-configuring your Emergency Department to provide more quiet space. Clearly, not all changes will be welcomed and some may be resisted. The Central Project Team will support you throughout the process.

The partners and the wider collaboration

The Royal College of Psychiatrists' Centre for Quality Improvement is working in collaboration with the following partners who represent key professionals in the care of people who self-harm.

The Faculty of Accident and Emergency Medicine
The Royal College of Nursing
Mind
The NICE National Collaborating Centre for Mental Health

The programme is also working closely with various national self-harm and service-user support groups.

*The NICE guideline for self-harm can be found at:
<http://www.nice.org.uk/pdf/CG016NICEguideline.pdf>

What will the programme involve?

Representatives from the your emergency department, mental health service, and your local ambulance service along with 2-3 service users will form a local project team to work through the 18-month programme. Wave 3 of the programme begins in the spring of 2006 and has the following stages:

Introductory Workshop

Each local team will be invited to an introductory workshop to bring their team together to brief them on the programme and begin forming local links and action planning

Clinical Audit Data Collection

Baseline data will be collected using a series of topic-based audit tools covering such areas as staff training, emergency department records, healthcare assessments, department facilities, information, and service user experiences.

Peer-review visits

Participating teams will arrange to conduct a visit to evaluate aspects of another team's service, validate key audit findings and support local action planning.

Local reports

Each team will receive a local report detailing compliance against the standards, as well as areas of achievement and suggestions for improvement.

Aggregated report

These will allow teams to compare their performance against other participating teams within wave 3 (note: services will not be named unless to highlight good practice).

Feedback and Action Planning Workshop

Teams will be invited to a workshop to hear and discuss the findings of the audit, share action plans and learn from good practice taking place in other services

Change Management

Local team members will be invited to a study day on peer-review training and change management

Change Interventions

Teams will be offered a range of change interventions to help support their action plans.

Standards for the programme

Healthcare Commission (HC) standards

The table in appendix 1 outlines some Core and Developmental HC standards that membership of the Better Services for People who Self-Harm project will most directly help your Trust to achieve (whilst also contributing to many others).

Manual of standards

All participants will receive a manual of standards for the programme. These will: be mapped against the HC standards; include all of the NICE guidelines, incorporate best practice recommendations from various other sources (e.g. the National Service Framework, the relevant Royal Colleges and other professional bodies) be cross-referenced clearly; allowing you to demonstrate compliance against a range of guidance and legislation via one comprehensive audit programme.

The audit will cover many of these standards.

Memorandum of understanding

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

- providing materials and support to allow your local team to set up the project in your locality;
- facilitating a series of workshops;
- delivering a series of topic-based audits with associated data collection 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 in your region and nationally;
- 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

Supporting a senior individual to work as 'team lead'.

Providing resources for team members

- Ensuring enough staff are available to conduct the work
- Providing meeting rooms for local team meetings
- Providing protected time for staff
- Access to IT equipment
- Paying for travel costs for staff to attend an introductory workshop, feedback workshop and a peer-review visit.

Providing resources for service users

Paying for time and travel costs for 2-3 service users to attend the introductory workshop, feedback workshop, and a peer-review visit.

Ensuring that local teams fulfil their obligations to:

- return data in a timely manner,
- arrange to receive a one-day peer-review visit
- attend a one-day peer-review visit locally,
- attend the workshops
- commit to returning action plans to the project team at the College Research Unit
- identify a conduit between your project team and appropriate local committees (such as the Trust Board, Clinical Governance Committees, Practice Improvement Groups, etc);
- monitoring performance measures of improvement in your organisations and documenting the outcomes;

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 classed 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 2007**

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:

- providing materials and support to allow your local team to set up the project in your locality;
- facilitating a series of workshops and events in your region;
- delivering a series of topic-based audits with associated data collection 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 in your region and nationally;
- 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 for local team meetings
- Providing protected time for staff
- Access to IT equipment
- Paying for travel costs and if necessary, accommodation*, for staff to attend workshops, peer-review visits, learning sets, training sessions etc.

Providing resources for service users

Paying for time, travel costs, and if necessary, accommodation* for 2-3 service users to attend local workshops, peer-review visits, learning sets, training sessions etc (approximately 6 days over 2 years).

Ensuring that local teams fulfil their obligations to:

- return data in a timely manner,
- arrange to receive a one-day peer-review visit
- attend a one-day peer-review visit locally,
- attend the workshops
- commit to returning action plans to the project team at the College Research Unit
- identify a conduit between your project team and appropriate local committees (such as the Trust Board, Clinical Governance Committees, Practice Improvement Groups, etc);
- monitoring performance measures of improvement in your organisations and documenting the outcomes

***Accommodation costs should be minimal, as many of the events will be local and should be reachable within one working day*

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'

Domain	Domain outcome	Core and developmental standards, & elements of the standards
Safety	Patient safety is enhanced by the use of health care processes, working practices and systematic activities that prevent or reduce risk of harm to patients	Core standard C3: Healthcare organisations protect patients by following the National Institute for Clinical Excellence (NICE) guidelines
Clinical and Cost Effectiveness	Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.	Core standard 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 Elements of the standard: Is compliance with nationally agreed best practice audited? Is there a mechanism for monitoring implementation? Are clinical professionals involved in planning and implementing actions resulting from clinical audit activities? Do senior members of the healthcare organisation meet regularly with partners to review joint approaches to care?
Governance	Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation	Core standard C7: Healthcare organisations apply the principles of sound clinical and corporate governance Element of the standard: Does the healthcare organisation undertake regular monitoring of the quality of services for patients, service users and carers? Developmental standard (D4): Healthcare organisations work together to implement a cycle of continuous quality improvement
Patient Focus	Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing	Core standard 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 Element of the standard: Does the healthcare organisation use feedback from patients, relatives and carers to improve service delivery?
Accessible	Patients receive services as	Core standard C19:

<p>and Responsive Care</p>	<p>promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway</p>	<p>Healthcare 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</p> <p>Element of the standard: Does the healthcare organisation monitor its compliance with national guidance, and take steps to improve performance?</p>
<p>Care Environment and Amenities</p>	<p>Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients</p>	<p>Core standard C20 (b) Healthcare services are provided in environments which are supportive of patient privacy and confidentiality</p>
<p>Public Health</p>	<p>Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different populations groups and areas.</p>	<p>Core standard C22 Healthcare organisations promote, protect, and demonstrably improve the health of the community being served by: (a) co-operating with each other and with local authorities and other organisations, and; (b) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships</p> <p>Developmental standard D13 Healthcare organisations implement effective programmes to improve health and reduce health inequalities</p>

APPENDIX 2: Ethical Audit

Ethical Audit at the Centre for Quality Improvement:

Ensuring that high ethical standards are applied to clinical audit

Summary

The Royal College of Psychiatrists' Centre for Quality Improvement (CQI) runs a series of national quality improvement programmes and networks. Participating trusts occasionally enquire about whether the subject and methods of data collection by these networks necessitates research ethics approval. The CQI collects data for the purpose of audit and occasionally, for the purpose of service evaluation with a view to service improvement; it does not undertake research. Neither clinical audit nor service evaluation, of the type undertaken by the CQI, require approval from a research ethics committee. However, the Centre is keen to underline its ongoing commitment to conducting its work in a responsible and ethical manner.

What is clinical audit?

"Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against each explicit criterion. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery".

Principles for Best Practice in Clinical Audit, National Institute of Clinical Excellence (2002)

Clinical Audit is directly related to improving services against a standard that has already been set by examining:

1. Whether or not what ought to be happening is happening
2. Whether current practice meets required standards
3. Whether current practice follows published guidelines
4. Whether clinical practice is applying the knowledge that has been gained through research
5. Whether current evidence is being applied in a given situation

Guidance on developing procedures within NHS organisations for appropriate authorisation and management of research and related projects, Research and Development Forum, 2005

Table 1 lists the features of research, audit and service evaluation. The table was devised by the Central Office for Research and Ethics Committees. COREC's position is that *"Audit and Service Evaluation, however defined, were recognised to have no, or less than minimal (risk), and there was broad agreement that such work need not come before an NHS REC, unless specifically requested"*

(COREC: ethics consultation e-group Audit, research or service evaluation, Oct 05)

Table 1: A table for researchers and reviewers to use and for the “queries line” to refer to.

RESEARCH	CLINICAL AUDIT	SERVICE EVALUATION
Designed and conducted to generate new knowledge	Designed and conducted to provide new knowledge to provide best care	Designed and conducted to define current care
Quantitative research – designed to test an hypothesis Qualitative research - explores themes following established methodology	Designed to answer the question: “Does this service reach a predetermined standard?”	Designed to answer the question: “What standard does this service achieve?”
	Measures current service against a standard	Measures current service without reference to a standard
May involve a new treatment	Doesn’t involve a new treatment	Doesn’t involve a new treatment
May involve additional therapies, samples or investigations	Involves no more than administration of questionnaire or record analysis	Involves no more than administration of simple interview, questionnaire or record analysis
May involve allocation to treatment groups NOT chosen by HCP or patient	Does not involve allocation to treatment groups: the HCP and patients choose treatment	Does not involve allocation to treatment groups: the HCP and patients choose treatment
May involve randomisation	Does NOT involve randomisation	Does NOT involve randomisation
Under current guidance, research REQUIRES R.E.C. REVIEW	Under current guidance, audit DOES NOT REQUIRE R.E.C. REVIEW	Under current guidance, service evaluation DOES NOT REQUIRE R.E.C. REVIEW

COREC ethics consultation e-group: Audit, research or service evaluation, Oct 05.

*“The **taxonomy** (Is this work “Research”, “Audit” or “Service Evaluation”?) was clearly of less concern....than the **consequences** for those involved in the project, particularly patients. It is evident therefore that this taxonomy is useful but as a surrogate marker for the **level of risk** in any project. Audit and Service Evaluation, however defined, were recognised to have no, or less than minimal, and there was broad agreement that such work need not come before an NHS REC, unless specifically requested.”*

COREC ethics consultation e-group: Audit, research or service evaluation, Oct 05.

Discussions between the CQI and COREC

On the occasions that the CQI has consulted ethics committees about its work, their response has confirmed our position. For example, in February 2006, the CQI submitted a full description of the ‘Better Services for People who Self-Harm’ 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. 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).

A similar response was received when the CQI contacted the Welsh MREC about the Electroconvulsive Therapy Accreditation Service (ECTAS) in 2003.

Neither clinical audit nor service evaluation require approval from a research ethics committee.

The Centre for Quality Improvement and ethical audit

The Centre has been running quality improvement programmes since 1999 and now has ten quality improvement programmes underway (see table 2). All of the projects managed by the CQI meet the criteria listed in the 'clinical audit' column above and are therefore defined as audit, not research.

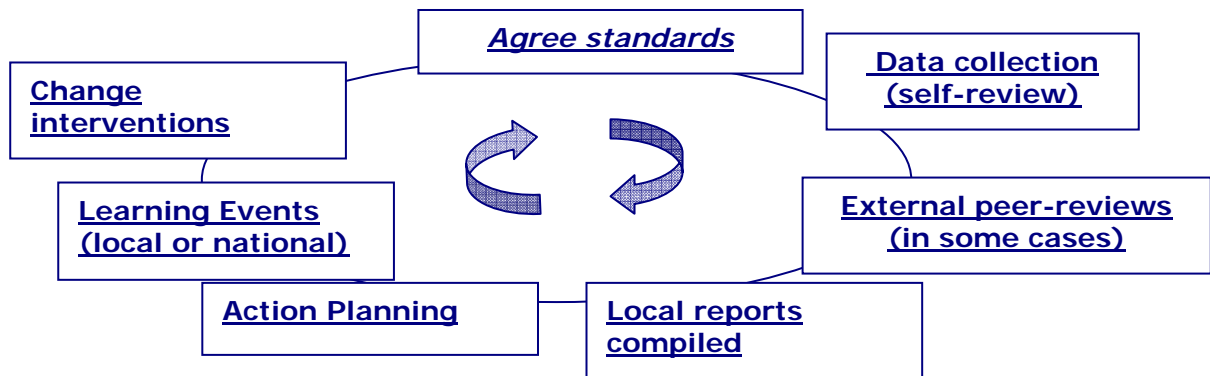
Table 2: Quality Improvement Clinical Audit Programmes managed by the Royal College of Psychiatrists Centre for Quality Improvement

Name of QI Audit	Duration
Clinical Governance Support Service (CGSS)	1999 – 2004
The National Audit of Violence (NAV)	1999 - present
The Quality Network for In-Patient Child and Adolescent Mental Health Services (QNIC)	2000 - present
The 'Community of Communities' – a series of quality network for Therapeutic Communities	2001 - present
The Electroconvulsive Therapy Accreditation Service (ECTAS)	2002 - present
The 'Better Services for People who Self-Harm' QI project	2005 - present
The Prescribing Observatory for Mental Health (POMH-UK)	2005 – present
The Quality Improvement Programme for Multi-Agency Child and Adolescent Mental Health Services (QINMAC)	2005 – present
Acute Psychiatric Wards Accreditation Service (APWAS)	2005 – present
Medium Secure Unit Review Network (MSU)	2006 - present

Key features of the CQI programmes

- They do not manipulate treatment plans, or experiment with new clinical techniques.
- They do explore the extent to which services are complying with nationally agreed standards.
- They all share the same long-term aim: to increase compliance with nationally recognised standards, resulting in an improved quality of care for the patient group in question.
- All of the CQI projects follow a typical clinical audit process described in figure 1 below.
- Each project has developed its own manual of quality service standards based on the best available evidence, and collects data to help services identify aspects of service provision that require improvement.
- The CQI supports local teams in action planning and re-audits services periodically, to examine which improvements have been made.
- Services are encouraged to network with each other on a national or international basis to share ideas for best practice, helping all services to improve patient care. This is facilitated by email discussion groups, newsletters, conferences and learning events delivered by the CQI.

Figure 1: The Clinical Audit Process



Conducting Audit to Accepted Ethical Standards

Although neither clinical audit nor service evaluation require approval from a research ethics committee, the CQI shares the view that "the dignity, rights, safety and well-being of participants must be the primary consideration".

Research Governance Framework for Health and Social Care, draft second edition, Autumn 2003

<http://www.dh.gov.uk/assetRoot/04/02/08/96/04020896.doc>

Below are some examples of the safeguards put in place by the CQI:

Protecting the safety, dignity and rights of participants (service users and clinicians)

- Clinical audit at the CQI complies with to the Caldicott principles (1997), the Data Protection Act (1998), the Freedom of Information Act (2000) and the NHS confidentiality code of practice (2003).
- Potential participants are made fully aware that it is entirely their choice whether or not they take part in the any consultation or survey and service users are reassured that choosing not to participate will not affect the care that they receive in any way. This is stated clearly in the information provided and again re-iterated at the beginning of each and every survey.
- Participants are reminded of their right to withdraw from the audit at any stage, without providing an explanation.
- The information sheets provided by the CQI are written to the same level of detail as those produced by the Healthcare Research Team at the College Research and Training Unit (who do have to seek ethical approval for such materials), so members and participants can be assured of similarly high quality.
- The audits do not ask for any personal identifiers (e.g. name, date of birth, address).
- The anonymity of service users and staff is protected throughout – views are collated along with those of other participants, meaning that local teams are unable to identify the comments or ratings of individual respondents.
- Confidentiality and its limits are made clear to all participants.
- Our service user advisors have opined that the level of distress associated with this work is no more than a satisfaction survey, and certainly no more than 'general clinical practice' – this is something that COREC have defined as an important factor.
- The staff questionnaires were edited by healthcare professionals.

Consulting with relevant experts

- All of the CQI audits have steering groups consisting of healthcare professionals and researchers and many also have extensive service user input. The steering groups play a key role in planning the work of the audit and ethical issues are discussed regularly. Where a question arises that appears to fall outside of the group's knowledge, specialist expert advice is carefully sought.

- Experienced members of the Healthcare Research Team, based at the Royal College of Psychiatrists Research and Training Unit are available to offer advice about methodology and ethics if required.
- Systematic mechanisms (evaluation forms, discussion groups, AGMs) are in place to ensure that network members can feed back their views on the methods being used and raise concerns at any stage of the process.
- All of the projects consult with service users (for example when writing the service standards) and some employ service users on the central project team to design service user questionnaires, and contribute to information sheets and guidance notes. This helps to ensure that data collection tools do not cause any distress to participants, and that information provided to service users is clear and jargon-free.

Conclusion

Although it is clear that the CQI audits do not fall under the remit of local or national research ethic committees, the CQI takes very seriously its responsibility towards conducting ethical audit. By putting into place the safeguards mentioned above, and continually reviewing its practice, the CQI is confident that its work would stand up to the scrutiny of any ethical committee.

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References

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