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COLLEGE CENTRE FOR QUALITY IMPROVEMENT

Evaluating the benefits and challenges of the 'Better Services for People who Self-Harm' Programme

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1. Executive Summary and Recommendations

Since 2005 the 'Better Services for People who Self-harm' central project team has been working with NHS trusts across the UK to help make positive changes to service provision. Each participating trust forms a local project team which includes service users and staff from emergency departments (EDs) and their local mental health and ambulance services. To date, over 50 emergency departments and their associated trusts have signed up. Each local project collects baseline data to measure how they are performing. After the baseline data has been collected, peer review visits, training sessions and learning events take place and change interventions are provided. Teams are then asked to implement their action plans before being re-audited a year later.

Between Jan 2006 and March 2006, 30 teams took part in the first audit cycle. Participants were asked to complete an evaluation survey on each aspect of the programme and reflect on what factors had helped or hindered quality improvement. Over two-thirds (22 teams) completed the survey. The following is a summary of their views on the programme:

Achievements

- Almost all teams (95%) felt that the programme had helped them improve services for people who self harm.
- Around three quarters of the teams that recruited service users found their input to be 'very helpful'.
- The majority of service user representatives felt that they were treated as an equal member of the team. Several commented that the experience had led to a sense of value and achievement and helped improve their skills and confidence.
- Almost three quarters of respondents described receiving a peer-review as 'very helpful'.
- Almost all teams (95%) felt that the interventions provided were 'very helpful' or 'helpful'.
- Over three quarters of teams rated the central project team's helpfulness, communication and guidance as either 'excellent' or 'good'.
- Almost all teams (95%) believed that joint working between ambulance, ED and mental health teams had improved as a result of taking part in this project and 90% felt that these improvements would continue.

Areas for Improvement

- Ten teams cited low response rates as a problem in interpreting the data.
- Almost half of respondents found it difficult to form a local project team with all the relevant groups represented.
- Almost half of the teams said that they need more financial support from senior trust management.
- Over a third said they needed more practical support from senior trust management.
- A number of teams commented that they had 'not got round' to using the interventions before the re-audit took place.

2. The 'Better Services for People who Self-harm Programme'

Each local project team collects baseline data to measure how well they are performing against the quality standards that underpin 'Better Services for People who Self-Harm'. These standards incorporate the 2004 guideline on self-harm produced by the National Institute of Health and Clinical Excellence (www.nice.org) and best practice recommendations from other professional bodies. The baseline data were collected via:

- A case flow audit, capturing time of arrival, waiting times and patient outcome.
- A service user survey, inviting respondents to reflect on each aspect of their journey through emergency services, from arrival by ambulance, receiving physical treatment, psychosocial assessment and discharge from the Emergency Department.
- A staff survey, inviting views on training, support and supervision relating to self-harm as well as staff attitudes towards people who self-harm.
- A policy checklist asking about which working arrangements each team has in place.

After the baseline data collection, each team receives a local report summarising data about their service, and an aggregated report to allow comparison between different teams. Peer-review visits take place where staff and service users visit another service to discuss the local findings, exchange information on best practice and help each other action plan. The national 'Better Services' team provides a change management training session and a series of regional learning events. During the learning events, each team is asked to give a short presentation or workshop on the changes they have made locally and to describe achievements and obstacles encountered. Change interventions are then provided, including:

- Educational material for staff, such as slide sets, information leaflets; online training exercises; a good practice checklist and assessment tools.
- Information for service users, such as a poster displaying helpline numbers, a booklet of local support groups/voluntary organisations and a list of 'distraction techniques'.

Teams are then asked to implement their action plans, before being re-audited a year later.

Please note: The 'Better Services' programme uses the same definition of self-harm as the NICE guideline, which deliberately does not distinguish between self-harm and attempted suicide:

'Self-poisoning or self-injury, irrespective of the apparent purpose of the act.'

3. Evaluating the 'Better Services' Programme

Between January 2006 and March 2006, 30 teams took part in the first audit cycle. In December of the same year, these teams were asked to complete an evaluation survey, to feed back their views on each aspect of the programme and reflect on what factors had helped or hindered quality improvement. Over two thirds (22/30) of the teams completed the survey. The following report is a summary of their views.

List of teams that completed the evaluation survey:

1. Countess of Chester Hospital, Cheshire, England
2. Craigavon Area Hospital, Co Armagh, N. Ireland
3. Derby Royal Infirmary, Derbyshire, England
4. Diana Princess of Wales, Lincolnshire, England
5. Furness General Hospital, Cumbria, England
6. Gloucestershire Royal Hospital, Gloucestershire, England
7. Great Western Hospital, Wiltshire, England
8. New Cross Hospital, Wolverhampton, West Midlands, England
9. North Middlesex Hospital, London, England
10. Northern General Hospital, Sheffield, South Yorkshire, England
11. Queen Alexandra Hospital, Portsmouth, Hampshire, England
12. Queen Elizabeth Hospital (Kings Lynn), Norfolk, England
13. Royal Sussex County Hospital, Brighton, East Sussex, England
14. Southampton General Hospital, Hampshire, England
15. Southern General Hospital, Glasgow, Scotland
16. St George's Hospital, London, England
17. St Thomas' Hospital, London, England
18. Staffordshire General Hospital, Staffordshire, England
19. University Hospital of North Durham, Durham, England
20. Walsgrave Hospital, Coventry, West Midlands, England
21. Worthing Hospital, West Sussex, England
22. Wrexham Maelor Hospital, Wrexham, Wales

3.1 Overview and aspects of the programme

1. Which of the following groups were represented when you completed this evaluation survey (including yourself)?	
Ambulance	41%
Emergency Department	77%
Mental Health	95%
Service Users	50%
Clinical Audit Personnel	23%

2. Overall, has this programme helped you and your colleagues improve services for people who self-harm?	
Yes	95%
No	5%

3. How instrumental have the following been in terms of helping your service make improvements?

	Very	Fairly	Don't know	Not very	Not at all
The NICE self-harm guideline	36%	50%	0%	14%	0%
The 'Better Services' quality standards	18%	68%	9%	5%	0%
The local report, summarising staff and service users' views	50%	45%	0%	5%	0%
The aggregated report, allowing you to compare your service with others	45%	41%	5%	5%	5%
The 'Plan-Do-Study-Act' and peer-review training session	5%	55%	23%	18%	0%
<u>Visiting</u> another service to conduct a peer-review	55%	32%	9%	0%	5%
<u>Receiving</u> a peer-review from another team	73%	18%	9%	0%	0%
Involving service users in your local project team	59%	23%	5%	5%	9%
Forming a multi-disciplinary local project team and meeting regularly	55%	36%	0%	9%	0%
The interventions provided by the central project team	50%	45%	0%	5%	0%
The learning events	32%	50%	9%	9%	0%
The email discussion group	5%	45%	18%	27%	5%
The newsletter	32%	32%	9%	27%	0%
Support from the central project team	50%	45%	5%	0%	0%
Other	33%	8%	17%	8%	33%

Chart 1: Summary of the aspects of the programme that members found to be the most instrumental

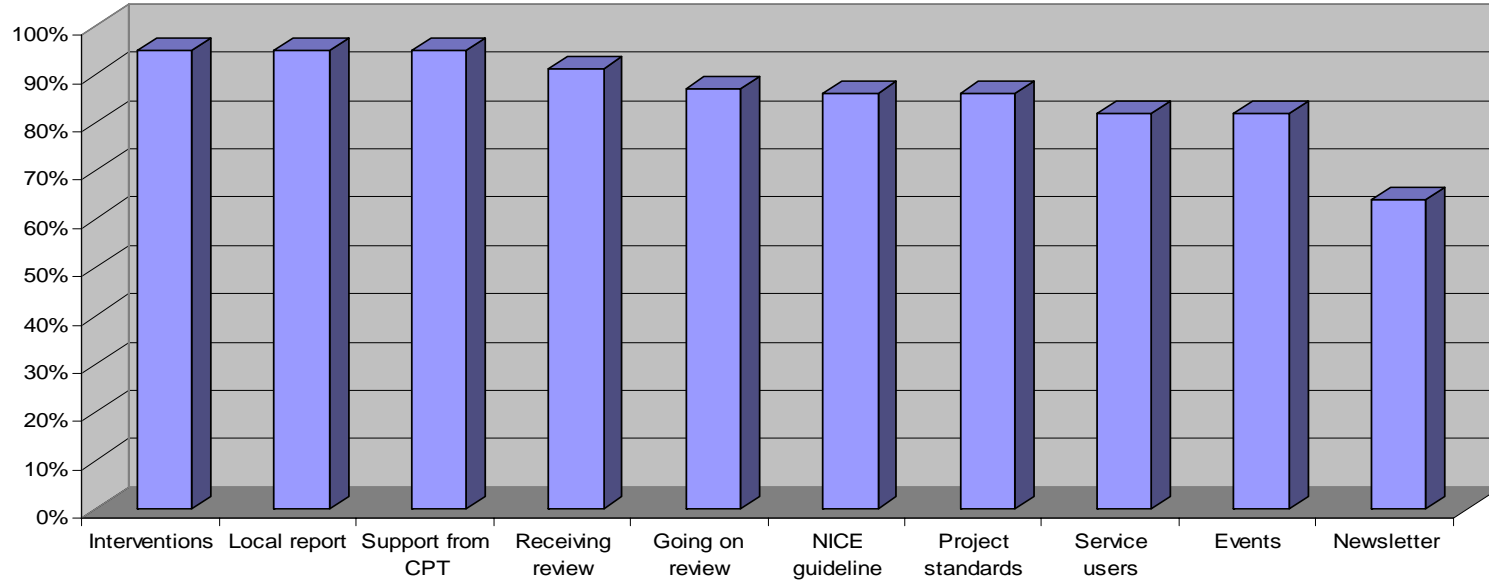


Chart 2: Breakdown of the 'very instrumental' and 'fairly instrumental' aspects of the programme

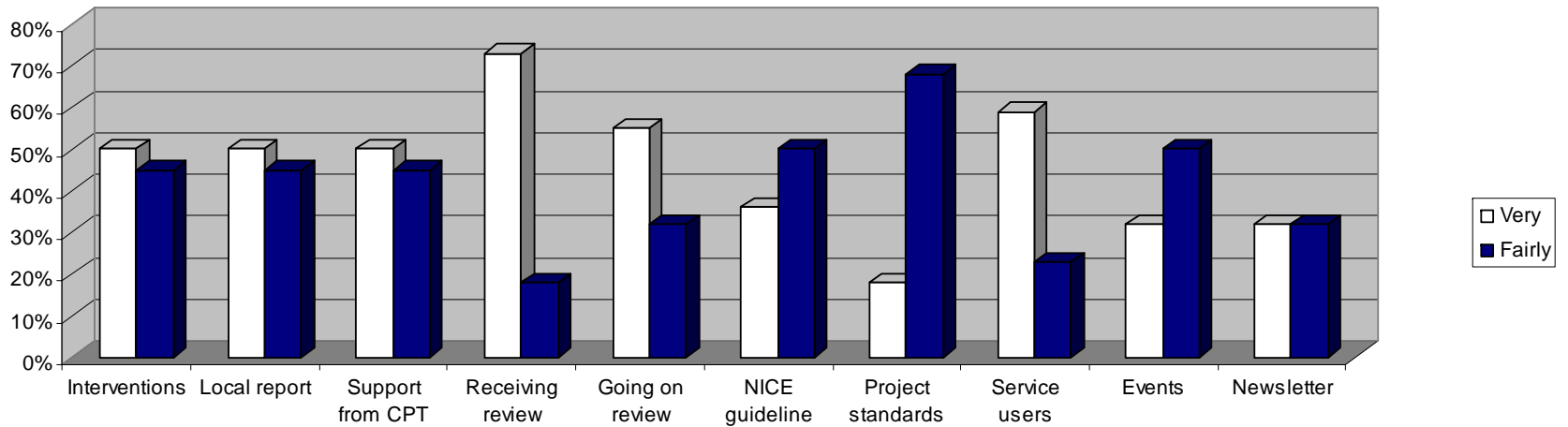


Chart 3: Summary of the aspects of the programme that members found to be the least instrumental

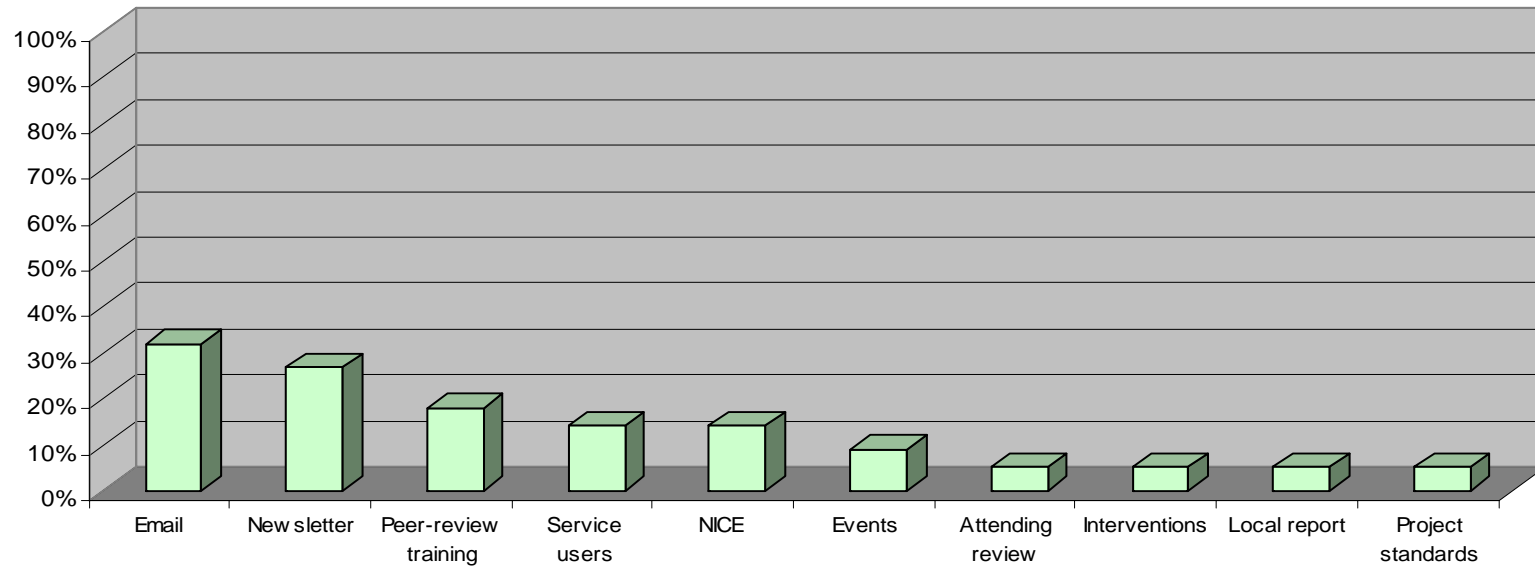
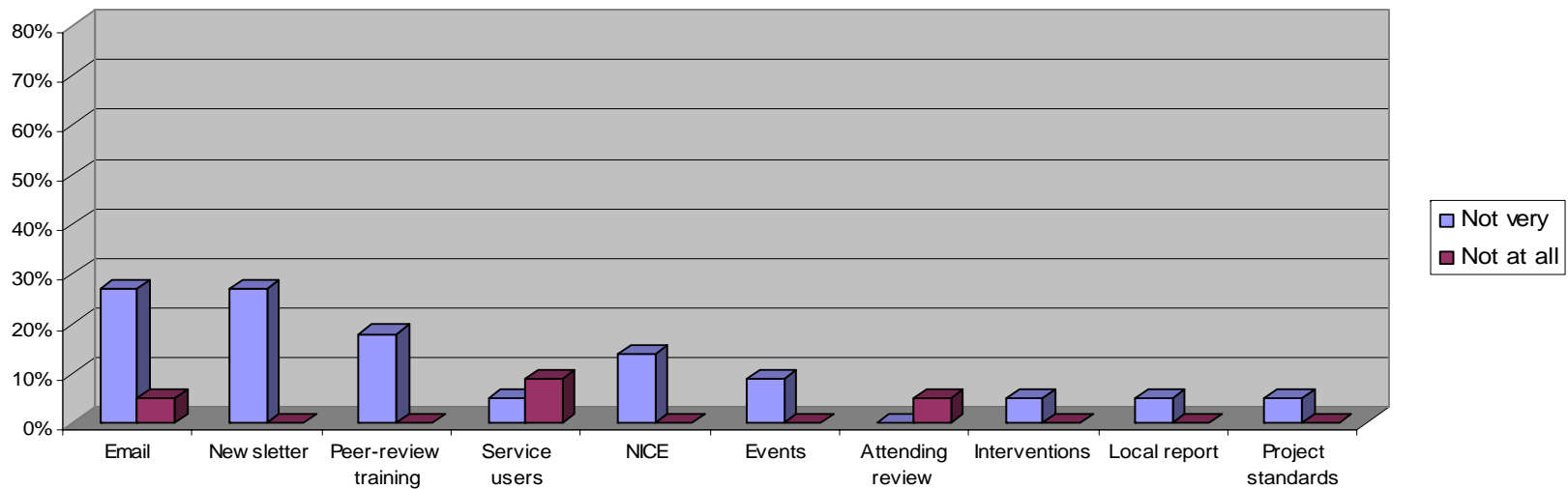


Chart 4: Breakdown of the 'not very instrumental' and 'not at all instrumental' aspects of the programme



Comments on other useful aspects of the programme:

- The national profile allowed us to justify the meetings occurring to the trust.
- We were the Care Trust (i.e. provider of mainstream mental health services). We are already engaged in very productive audit of the self-harm service.
- Networking with other project teams.
- Involvement in Primary Care has enabled us to look for actions broader than the original partnership agencies involved.
- Being involved in the whole process in itself is a significant agent of change. It also permits time, attention and authority to explore the area of need and provision.
- The service user training event in December was excellent; unfortunately the others were not of this standard. Disappointed that the majority are held in London.
- Service user involvement has mainly been represented by chair.
- Staff and service user's views were very varied. Few responses from service users were generalised and therefore not specifically helpful to use. Peer-review wasn't instrumental in change.

3.2 Team work

4. Has joint working (between ambulance, ED, and mental health teams) improved as a result of taking part in this project?	
Yes	95%
No	5%

Please state exactly *how* joint working has improved as a result of the 'Better Services' project (e.g. more meetings, better communication, new joint policies etc):

- Changes have been put into place.
- We are considering maintaining the local project team in its present form, reviewing membership as appropriate to maintain and improve on progress made.

5. If joint working has improved, do you expect the benefits of this to continue once you have stopped working with the programme, or not?	
Yes	90%
No	0%
Not sure	10%

Comments:

- Having established the links, it makes communication easier with all parties having gained a greater understanding of each other's roles, difficulties and strengths.
- Hopefully, unless we slip into old habits.

6. How easy did you find it to form a Local Project Team (LPT) with all the relevant groups represented - service users, ambulance staff, ED and mental health staff?	
Very easy	5%
Easy	27%
Neither easy nor difficult	18%
Difficult	45%
Very difficult	5%

Comments:

Difficulties bringing together separate staff groups (7 comments)

- Difficulties in getting representation/attendance from ambulance services
- Mainly because we come from across two Trusts/Hospitals, have different line management structures and very different ways of working. At the same time we have moved into Partnership Trust status, the ED has moved into a new 'super hospital' and ambulance service provision is also changing!
- Initially the team was quite large, but has now reduced to about 5. With hindsight, we have now found other agencies that we would have involved.
- Local project team reps. re: audit not represented. The project has only progressed due to support from core group and links with existing self harm network.
- The first hurdle was to identify within each organisation a champion who was both driven and in an appropriate position to represent their Trust. The second was then to find the right person with the authority and willingness to release monies. The third was to then use the champions to help influence their services to agree to participate. Once the support was given, individuals identified and things got easier.

Difficulties involving service users (4 comments)

- Difficult in keeping service user involvement going.
- Only one service user who at times felt poorly supported.
- It was our second attempt to find a mechanism for involving A&E mental health service users. As you know we required a lot of support from Helen Blackwell to achieve this.
- Finding 'self-harm' service users rather than a "representable service user" was a very difficult area, which there was much time and effort put into.

A lack of time and resources (3 comments)

- Time constraints, competing demands, and lack of resources have made it more difficult.

Positive comments

- Surprisingly easy to achieve involvement from all, except service users.

7. How satisfied were you with the following support from the CPT?	Very satisfied	Satisfied	Neither or N/A	Dissatisfied	Very dissatisfied
Information in the project management pack	36%	59%	5%	0%	0%
Telephone/email support	45%	41%	14%	0%	0%
Guidance at launch events	41%	41%	14%	5%	0%

Any comments on what worked well with the support, or what could have been improved?

Good support from the central project team (5 comments)

- The project team are approachable, easy to contact, prompt in responding to queries and provide good support.
- Excellent follow-up service.
- It was felt that a personal relationship developed with the Central Project Team, which made contacting, discussing and approaching easier. Their response was always one of a welcoming, friendly and helpful one, which again encouraged further contact.

Better timeliness required (2 comments)

- Dates for re-audit could have been better, had to change my project days at short notice, original dates January 07.
- Tools could have been sent earlier.

Better information/support at events (2 comments)

- Better support at the service user event in December.
- Did find some of the information at the first launch event about the scope of the project confusing.

Others

- Better knowledge of the hotels and accommodation in the area would have been appreciated as people who don't live in London and other areas may have found it intimidating.
- Duplication within the pack.

3.3 Involving service users

8. How satisfied were you with the following support, with regard to recruiting service user representatives to your team?	Very satisfied	Satisfied	Neither or N/A	Dissatisfied	Very dissatisfied
Written guidance in the project management pack	27%	50%	23%	0%	0%
Advice from our service user consultant (Helen Blackwell)	14%	36%	45%	5%	0%
Support and information provided at events (launch events, learning event etc)	14%	64%	18%	5%	0%
Service User Handbook	14%	59%	27%	0%	0%

9. Have you been able to find service user representation on your LPT?	
Yes, 2 or more members	45%
Yes, 1 member	27%
No	0%
Yes, but 1 or more were subsequently unable to participate	27%

10. How helpful has it been to have service users working with you on this project?	
Very helpful	68%
Helpful	14%
Neither helpful nor unhelpful	5%
Unhelpful	14%
Very unhelpful	0%

11. What obstacles prevented you from recruiting and involving service users?

- The infrastructure prevented prolonged periods of involvement.
- Due to fluctuating mental health, service users may not be able to attend meetings.

12. What did service users bring to the team?

A personal insight into self-harm and services (20 comments)

- An insight into what it's like to receive a service/service delivery
- An understanding from the service user's perspective and a sharing of their experiences
- Better understanding regarding self-harm and mental health issues in general
- Local knowledge and observations of service – helping to identify problems with services and pointing out areas in need of improvement, e.g. staff attitudes, being asked about pain relief, written information, poor discharge, waiting times.
- The facility to seek other service user opinions and not just their own personal view. It felt that a good relationship established, which allowed a freedom to share views even those of a potentially controversial nature. It felt that service users were extremely active and equal partners and played a significant role in the project. For this we thank them.
- Balanced approach to problem solving, not just practitioners, made the project very real and worthwhile with a strong sense of purpose. Would not have been as important without them.
- Experience from their previous service user rep work e.g. asking questions like "how do you handle deaf people who self-harm?"

Other

- Enthusiasm.
- In our trust, service users are on trust board and are very well embedded. Service users generally can give a much better perspective on the quality of services.
- Numerous suggestions for campaigning, consciousness raising, service user survey delivery, training.
- They now participate regularly in the training of psychiatry trainees working out-of-hours in A&E here.

Negative (3 comments).

- Added anxiety and extra work load for team.
- In all honesty nothing! That sounds very negative but when we were on a hiding to nothing, as it were, it was too late to reconsider the involvement of others. In hindsight we should have used the Service User alliance worker/team for input as it would probably have been consistent and more beneficial to service users as a whole.
- Initially service users were recruited, however both subsequently pulled out due to the pressure and stress they felt on them. We have a service user who is chair of service user network, and has been a very valuable asset to the team ensuring views and comments of service users are represented. He has been supported in this by Mind manager.

13. What were your arrangements for payments of service users and how did you overcome any barriers to payment?

Arranging payment was not difficult (7 comments)

- One service user is employed part time by the Trust to promote service user involvement so she used her work days. The other got paid from a service user fund.
- MH services Partnership Trust arranged.
- From the ambulance service.
- Paid out of my own local research budget. They invoiced at an agreed rate.
- These were agreed at the beginning of us joining the project by the CEO and according to trust's policy. There were no barriers to payment.
- We used allocated team funds. We encountered no problems.

Arranging payment was difficult but eventually achieved (4 comments)

- Painful, but now resolved. Tied up in bureaucracy.
- Eventually, we were able to identify a small budget obtained from one of our partner Trusts to help fund the service user component. The other Trusts provided some of the admin support and facilities towards the project, which in turn assisted in supporting the service user. The fund was not extensive but it did permit payment of £50 per day, per service user. Most of the travelling expenses were covered by the service user, accompanying the team to most of the activities.
- With funds that Liaison Team members had earned from doing various teaching sessions. We arranged for this payment to be banked in a special fund in order for us to make payment to service users. It was a complicated process and not without its difficulties. It delayed payment which causes some issues with service users.
- Trust policy already existed but was clunky & distressing. Took months to sort out. Included an intrusive occupational health form that service user reps were obliged to complete. Some confusion about who paid the service user within our organisation. Required Trust Directorial level intervention to sort out payment of a couple of hundred pounds.

Only expenses were paid (3 teams)

- Expenses were paid for meetings, travel etc.

Arranging payment was difficult and not resolved (1 comment)

- Ongoing difficulties - still awaiting expenses to be paid from 2005.

Others

- 1 joined hospital bank so paid that way, 2 were full time employed by Rethink.
- Arrangements were made to claim back expenses and also to look at payment being made in advance. Unfortunately our service users did not attend many of the events from an early stage and also one of them did not want payment. We had discussed this being paid into a fund but it was never put into operation.

14. Any comments on what did not work so well and how we could better support you regarding user involvement?

Better support and supervision is needed for service users (6 comments)

- There was a conflict in roles between clinician/project-member at times when service users were in care.
- External co-ordination of service users by CPT or more support from CPT would help.
- Peer support for them.
- Need to give them debriefing at first as they find it hard to keep up with jargon which we all fall into in meetings.
- More meaningful service user contribution was lacking. Service users could have formed their own group within the project to push it forward and to ensure sustainability.
- Learning event of the role of service user should have been at the start of the project and not twelve months after.

Not enough suitable service users were recruited (4 comments)

- Unsure how we could have changed this, much time and thought was put into supporting the service users. We also tried to recruit via the PCT's user involvement manager and their expert patient programme.
- We failed to engage local service user groups as a whole, including in the service user survey. We uncovered fact that local MIND group allegedly has reservations about welcoming people who recurrently self-harm. Rumour is that they had an experience of someone cutting during a meeting once.
- I think the initial 'selection' (for want of a better word) was poor on our part.

Funding issues (3 comments)

- Central funding.
- Childcare support for service user.
- I feel that linking the project directly with the funding for the service user potentially has a detrimental power relationship issue, in that the service user applies to the local project for reimbursement. I would see that if this was managed externally it would prevent a perception of the service user 'asking'.

Other (3 comments)

- For this project personally, there were some methodological issues.
- Service users were unreliable.
- For us funding was an issue (as above). The team believe that this should be addressed at trust level in order for all directorates to take responsibility for payments.

15. Had your Trust / service engaged service users in quality improvement work previously?	
Yes	77%
No	9%
Don't Know	14%

3.4 Communication between the 'Better Services' Central Project Team (CPT) and your Local Project Team (LPT)

16. How would you rate the following?	Excellent	Good	Average	Poor	Very Poor
Communication between the Central Project Team (CPT) and the Local Project Team (LPT)	41%	41%	18%	0%	0%
The helpfulness of the CPT with regard to answering queries, talking you through the process etc?	41%	45%	14%	0%	0%
Guidance notes on data collection	32%	55%	14%	0%	0%

Any comments on what did or did not work well?

Positive (5 comments)

- Central project team were always friendly, approachable and accessible.
- Very efficient in answering queries.
- Information disseminated was on the whole clear and concise.

Negative (5 comments)

- Form complicated since lots of details weren't in the clinical notes.
- Guidance could be ambiguous.
- Large volume of information, which made it difficult for LPT to find time to keep up with work.

17. Our rationale was to pass on information to team leads, and for this information to be 'cascaded' by them to the teams. Has this worked well in your Trust?	
Yes	64%
No	5%
Partly	32%

Any comments on what did or did not work well?

- Difficulties with access to technology, e.g. PowerPoint or electronic mail made cascading information difficult at times (2 teams).
- This worked well, could cascade things easily via email or with support of secretary
- It's been cascaded but not seen as important. It may be helpful to send a concluding letter to each Chief Executive saying that the study has been completed and a report has been provided, including comparison with other services.
- Yes, but some team members (as above) felt there was too much at times.
- Yes - but I couldn't guarantee they would read the e-mails etc.
- I have taken on team lead role and not had links directly to ED.
- I've been weak at cascading some information due to shortage of 'admin' time. The team lead needs about 3 hours per week devoted to this project to do it justice.

18. Have you come across anything on the email discussion group that has helped you to improve services?	
Yes	41%
No	41%
N/A	18%

If yes, what was this?

- Use of standardised risk assessment tools in A&E departments (2 teams).
- Discussing policies and protocols (2 teams).
- Sharing good practice and information about ideas, projects or overcoming problems from other teams (3 teams)
- Information on how to care for people who frequently attend A&E who self harm aimed at better meeting their needs.
- A discussion on the merits of mental health scales being used with in the emergency departments.
- The discussion related to ambulance staff and communication with mental health.
- Useful resource but not instrumental in change.

3.5 Implementation and interventions

19. Approximately how many staff in total have used the following interventions?	0	1-25	25 - 50	50 - 75	75 - 100	100-200	More than 200	Don't know
Information leaflet 'working with people who self-harm'	14%	36%	0%	9%	5%	0%	0%	36%
Slide sets 'working with people who self-harm'	9%	45%	9%	5%	0%	5%	0%	27%
Online training exercises	14%	32%	5%	0%	0%	0%	0%	50%
Laminated CHECKlist	27%	36%	0%	0%	5%	0%	0%	32%
Local services template	27%	23%	5%	0%	5%	0%	0%	41%

20. Which staff groups had access to the following interventions?	Info leaflet	Slide sets	Online training	Laminated CHECKlist	Local services template
Ambulance	83%	75%	50%	25%	25%
Emergency Department	83%	61%	50%	33%	44%
Mental Health Liaison	81%	75%	50%	38%	44%
Medical Ward Staff (CDU, MAU etc)	75%	50%	33%	25%	17%
Other	100%	100%	100%	100%	100%

21. How helpful were the following, in terms of improving <u>STAFF UNDERSTANDING of self-harm?</u>	Very helpful	Somewhat helpful	Not very helpful	Don't Know or N/A
Information leaflet 'working with people who self-harm'	23%	50%	9%	18%
Slide sets 'working with people who self-harm'	36%	41%	5%	18%
Online training exercises	14%	41%	9%	36%
Laminated CHECKlist	5%	41%	18%	36%
Laminated triage / assessment tools	9%	36%	9%	45%
Local services template	5%	45%	5%	45%

22. How helpful were the following, in terms of improving <u>THE PRACTICE OF STAFF in your Trust, when working with people who self-harm?</u>	Very helpful	Somewhat helpful	Not very helpful	Don't Know or N/A
Information leaflet 'working with people who self-harm'	18%	45%	9%	27%
Slide sets 'working with people who self-harm'	27%	41%	5%	27%
Online training exercises	9%	32%	5%	55%
Laminated CHECKlist	5%	32%	18%	45%
Laminated triage/assessment tools	9%	32%	9%	50%
Local services template	0%	32%	9%	59%

**If yes, how did the interventions help improve understanding and practice?
Please be specific**

- The online training exercise is excellent and we are exploring the possibility of placing it on the acute trust, mental health trust and ambulance intranets for all staff to access.
- At times part of the slide set have been used in other presentations in order to support the content.
- Slide sets were very helpful training tools.
- Self harm information leaflet and assessment tools including risk assessment were already being devised but the above tools were used to cross reference with.
- Very clear information, well-presented and easy to read.
- We are planning to look closer at the triage and assessment tools and adapt them to our needs.
- Useful in training and to provide information.
- Feedback - helped staff understand more regarding the reasons why people may self harm.
- Widespread knowledge improved understanding - improved attitude.

Any negative comments about these interventions? Please be specific

- Lack of time to organise the use of interventions (2 teams).
- Self harm leaflet would have been more user friendly in a folded leaflet rather than an A4 sheet.

Any other comments on the interventions?

- We are already using our own tools/resources or current practice meets NICE guidelines (4 teams).
- Most of the work was initiated prior to the dissemination of the above tools.
- We do not recollect receiving the latter three.
- As we have not re-audited this, we do not have a clear picture if the above have improved in practice.
- We are not sure how helpful they are because we do not know how many health care workers have accessed teaching methods.
- Have been used by in hours services but most not seen as important by out of hours mental health services.
- The mental health trusts out of hours service (NOT the day service) is wanting us to stop using the triage and assessment tools! Out of hours resents the emphasis on self-harm in acute hospitals which they see as mainly not SMI therefore not needing out of hours response.
- We are currently looking at the laminated checklist but have other priorities presently.

Seven teams answered the following question:

23. If, as a local project team, you decided <u>not</u> to use any of the interventions listed, was this because: (tick as many as apply)	Staff leaflet	Slide sets	Online training	CHECKlist	Laminated tools	Local services leaflet template
Not needed - we adhere to good practice	20%	40%	0%	60%	60%	20%
Too difficult to reproduce/photocopy	0%	50%	0%	0%	0%	50%
Not needed - we already have similar tools	29%	43%	0%	43%	71%	71%
We intend to use this but haven't got round to it yet	30%	60%	50%	30%	30%	40%
Staff did not agree with the content	50%	50%	0%	0%	0%	0%
The intervention was too complex	50%	50%	0%	0%	0%	0%
The intervention was too simplistic	0%	50%	0%	50%	0%	0%
Lack of time	14%	29%	57%	43%	29%	14%
Lack of interest from staff	0%	100%	0%	0%	0%	0%
Insufficient access to the internet	0%	20%	80%	0%	0%	0%
The intervention places unrealistic expectations on staff	0%	50%	50%	50%	0%	0%
Staff are fed up with improving services for people who self-harm	0%	33%	33%	0%	33%	0%
Lack of organisation	25%	50%	50%	25%	50%	50%
It arrived too late for us to use	75%	100%	25%	50%	50%	50%

24. Are there any other interventions / materials you would like us to produce in the future?

- Yes, a work module pack for raising awareness.
- I believe that some of the information leaflets and presentation material is complicated by combining the issue of self injury/ self cutting along side other forms of self harm, i.e. overdose. I think there are merits in looking at some more specific information and presentation materials on self-cutting in its own right. Furthermore a similar approach can be taken for overdose. Whilst it is acknowledged that there are times of similarities there are also at times differences. I believe this is also the case within the NICE guidelines and maybe future updates could reflect this. Noting that from a A&E perspective locally we find around 80% of presentations relate to overdose whilst self injury/ cutting represents 15%, this does not seem to be the same balance in this information.
- Templates for information cards and examples of what has worked well elsewhere.
- No, we will try and implement them shortly.

3.6 The local and aggregated baseline reports

25. How useful were the following sections of your <u>local baseline</u> report?	Very useful	Useful	Average	Not very useful
Case flow audit	50%	27%	18%	5%
Service user feedback	41%	32%	5%	23%
Staff feedback (training, support and supervision needs)	59%	32%	9%	0%
Staff feedback (attitudes towards self-harm, joint working)	55%	36%	9%	0%
Policy Checklist	14%	68%	14%	5%

26. If any sections were 'not very useful', was this because: (tick as many as apply)	
The reports were poorly written	0%
It was difficult to get meaningful data for the case flow audit	17%
Response rates were too low	83%
The views of service users were not informative	25%
The views of staff were not informative	33%
Other (2 comments) <ol style="list-style-type: none"> 1. I was only involved in a data analysis advisory capacity. The process of questionnaire administration to clients while in A&E generated a very minimal response. We advised a mail shot to clients who had attended A&E for a SH episode derived from our internal activity. 2. Very low response rate for our service - statistically irrelevant. Difficulty in obtaining service user feedback, comments that the questionnaire was too cumbersome to complete. Several service users gave up prior to completing the first page. Comments that it made them feel more stressed. 3. Some comments were useful, especially about lack of available information on self harm. 	

27. How useful were the following sections of your <u>aggregated</u> report?	Very useful	Useful	Average	Not very useful
Being able to benchmark against other participating teams	36%	45%	9%	9%
Looking at regional variations	32%	27%	32%	9%
Reading about other teams' action plans	32%	55%	9%	5%

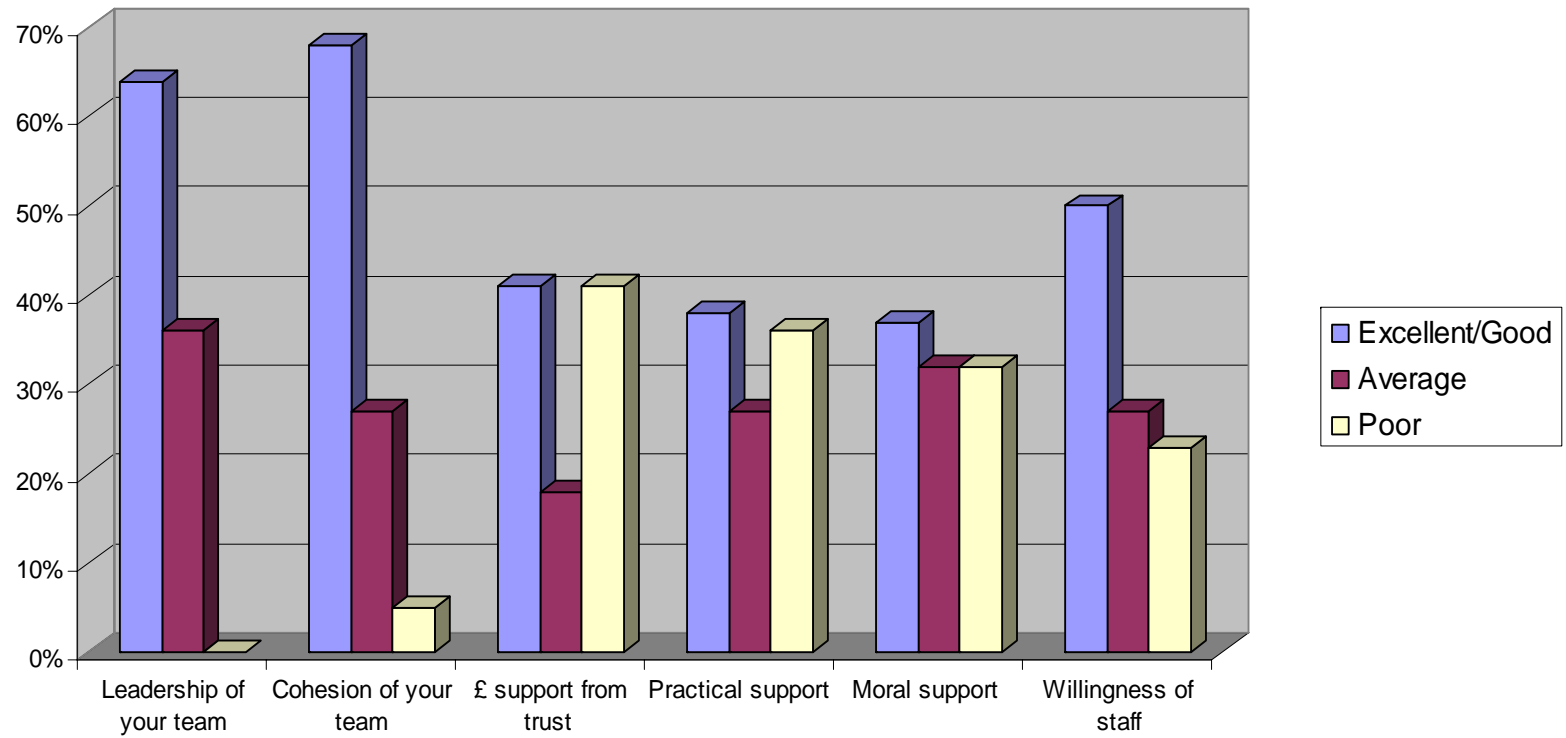
Any other comments on what was good or not good about the reports?

- Teams are very varied in size and service offered so comparison between teams have limited value (2 teams).
- I have not seen these.
- Need an easier summary of team size and corking process and study outcomes.
- The value was limited due to the small numbers involved.
- Found common themes and that others were struggling with similar issues.
- Gave a good benchmark to base action points on. Identified differences between peer review services and enabled reflection and opportunities to pick up on good practice points.
- Realised that we adopt good practice and up to national standards.
- Would have been of help if available in a format that would allow more easily to be copy and pasted in to other materials, i.e. as some of the data can be used in local presentations and reports. Being in PDF format made this more difficult.
- I was a bit disappointed at how few direct comparisons were available with other participants on the case flow audit variables. For example, I'm still not entirely clear whether our staff response times are quicker or slower than elsewhere, whether our aftercare plans are superior or inferior etc. Am I reading it badly?

3.7 Final thoughts

28. How would you rate the following in relation to your work with the programme?	Excellent	Good	Average or don't know	Poor
Leadership within the local project team	32%	32%	36%	0%
Cohesion of your local project team	27%	41%	27%	5%
Financial support from senior trust management (e.g. ease of securing funds for travelling to events and paying service users)	9%	32%	18%	41%
Practical support from senior trust management (e.g. enough time to complete tasks)	5%	32%	27%	36%
Moral support (interest and enthusiasm in the programme) from senior trust management	5%	32%	32%	32%
Willingness from other staff members outside the local project team to take part in the programme (e.g. to complete data collection surveys)	5%	45%	27%	23%

Chart 5: Teams' rating of the following external factors, in relation to their work with the programme



29. Which of the above factors, if any, have contributed to the success of your work on the programme? Please be specific

The efforts of local team members (7 comments)

- An individual member of staff who made contribution to ensuring the staff surveys were completed.
- Leadership and demonstrable commitment from project manager and A&E consultant.
- Excellent dedicated input of chair from service user group.
- Commitment from core members of local project team.
- Willingness of local project team members.
- Willingness from clinical staff and enthusiasm of team.
- Excellent service user rep and managerial support from two individuals.

Willingness of other staff and services (7 comments)

- Having active A&E liaison staff to promote links and cohesion, collect data, talk to service users and provide a normalising influence (3 teams).
- Having support of non mandatory partners e.g. the Primary Care Trust and police.
- Excellent support from mental health trust's audit department especially in the case flow audit. Progress made to date recognised in the mental health trust annual awards - highly commended in the extra mile award.
- Working relationships between clinicians.
- Leadership and support from other services.
- The staff who helped collect the data were fantastic.

Cohesion of team (6 comments)

- Commitment of members to the team and to improving self-harm and service user involvement.
- The team working together for a common goal. The energies and enthusiasm of all the project team. The development of a supportive relationship with our partner teams further help to motivate.
- The existence of a well-established A&E/liason psychiatry steering group.

Support from trust (2 comments)

- There was reasonable support from management in agreeing for us to join in the first place, allowing staff time to attend meetings and securing funds for travelling to events.
- Trust board signed up to project. Good working relationship with mental health trust, despite have to find saving in both budgets.

30. Which of the above factors, if any, have hindered the success of your work on the programme? Please be specific.

Lack of support from senior trust (9 comments)

- Lack of practical support, moral support, recognition and commitment from senior management team.
- Lack of protected time for seminars/training.
- A period of change and lack of 'how's it going' from above have been a pain. It feels like everything is still 'work in progress' but I think we have identified good and bad things about the services, started talking and do have intentions to make some changes.
- Moral support from other colleagues and nihilism about the outcome of clinical management.

Lack of time or money (9 comments)

- Lack of time available for project and pressure of work.
- Lack of financial support and resources.
- No admin support.
- Not adequate support financial or being given time to develop the work. We are providing a research assistant from another project to complete the task we have set ourselves to develop a fully agreed new protocol for management of people who self-harm.
- Our Trust is huge and I find 'managing across and upwards' quite challenging – this keeps me so busy I find it hard to exert organisational influence beyond this hospital.

Organisational pressures (6 comments)

- The Trust has been undergoing organisational change.
- The merging of ambulance services has meant there has been little management support at this time.
- Our trust is currently planning to lose our liaison service and have self harm assessed by crisis team despite our good work so morale very low at present - could not contemplate asking for further funding to extend project.
- Consistent changes in staff and their roles.
- High impact periods of change e.g. MH Trust merger, Police and ambulance reconfiguration.
- Our trust was in a transitional period to join another trust, this created a period of uncertainty for staff as it became difficult to establish the main objectives of the new organisation.

Paying service users (3 comments)

- Lack of funding and problems arranging payment for service users (3 teams).

31. Are there any other factors within your trust that have helped or hindered your involvement with the programme? Please be specific.

- Competing priorities.
- Some difficulties in staff accepting changes to their working practices as part of the actions.
- The team believe that the on line survey reduced response rate.
- Liaison psychiatry being on site in the acute hospital.
- All LPT members finding time to commit.

32. Do you have any other positive comments about any aspect of the 'Better Services' programme?

General usefulness of programme (9 comments)

- Brilliant support and idea!
- I've been very impressed with the efficiency of the CRU. It makes me feel amateurish, chaotic and disorganised as a 'change manager'.
- Very very pleased to have been involved - excellent to focus on what we do.
- Focuses the self-harm issues.
- The programme has made us more focused on basic needs for ALL patients.
- The whole involvement has been an energising and informative process. Contacts with both the essential project team and our local partner teams have been extremely influential in helping to inform, support and guide. It has been a pleasure working with you all.
- Establishing the project and tackling this clinically challenging area are merits for this project regardless of anything else. It did generate interest among staff and started a process of challenging misconceptions.
- Whole process valuable.
- Very important subject.

Specific aspects of the programme (9 comments)

- Peer review and hearing others' experiences.
- Good to meet other hospitals/trust to see what happen there especially as our liaison service was started just before the audit last year.
- Service user involvement.
- Sharing with other user representatives useful for service users.
- De-stigmatised self-harm - service user improvement.
- We have made a vast improvement to the room in ED in which service users are assessed in.
- National standards.
- Reinforced standards locally.

Improvements to joint working (4 comments)

- Being the catalyst for pulling together agencies, to allow partnership working. The programme has influenced some of the management processors needed to agree changes to practice e.g. Mental health team service user information leaflet and Self harm Information leaflet - ease of agreement through trust's governance processors.
- Input from primary care now means self harm leaflet is available in all GP practices in our area. Given time for staff to agree pathway and risk assessment tool.
- Enhanced Multi Directorate working.
- Better communication with ambulance and ED - identified training needs of which these have been acted upon.

Ease of taking part /support from the central team (2 comments)

- Data collection very easy. Useful self-critical analysis.
- Approachability of project team.

33. Do you have any other negative comments about the programme, or suggestions for improvement? Please be specific. (13 comments)

- The service user survey needs to be made more user-friendly to ensure participation.
- Disappointed regarding service user involvement.
- As identified before service user payment was difficult.
- Training days not a good use of staff time.
- Events also need to be held outside of London.
- As with most of these types of activities all of the workers involved undertake these as part of their 'day jobs' and I believe it is rare for any specific time to be allocated to the project and therefore 'juggling' is needed. It would be extremely helpful if an organisation could ring fence time for these types of activities. However, we are aware of the real work picture.
- Long time frame for project.
- Some of the feedback forms were overly complicated.
- No, but it would have helped if there was some financial support locally for some of the work.
- Time consuming to arrange peer group review - is there a way round this?
- Ambulance Service - frontline staff lack input - frustrating. Guidance for senior managers re: financial implications.
- In some cases access to on-line info for service users and staff.
- You assume a high degree of electronic working fluency on the part of the local leads. For example, I had to find someone here to show me how to create a 'group email' to allow distribution of materials to the local project team. I liked it when hard copy of materials & surveys came by post and was much more likely to act on those parcels. Hence the delay in my getting to completing this online survey for example. I am typing with one finger. I receive up to 50 emails every day at work and another 5 on my home computer but have no time to read any emails on certain clinically busy days. Your 'attachment heavy' emails were sometimes passed over for this reason.
- Just wish we could carry on!

4. Feedback from service user representatives

Although local project teams were encouraged to complete the evaluation survey with service user representatives, this was not always possible. The central team also wanted to ensure that service user representatives were able to feed back their views in confidence. For these reasons, each service user representative was given an additional survey to complete, asking them to reflect further on their involvement in the programme. Fifteen service users returned the survey – below are their responses, in full:

1. How many service users <u>do you think</u> should be involved in a local project team?	
None	0%
One	0%
Two	53%
Three or more	40%

2. Which of the following aspects of the project were you involved in? (Tick as many as apply)	
Local project team meetings	87%
Local team decision making	73%
Actions taken by the teams to improve local services	87%
Distribution of service user surveys (or the strategy for their distribution)	60%
Discussions of the team's local report	73%
Discussion of the report of the team you were visiting for a peer-review	73%
Peer-review visits	67%
Attending the project launch event or feedback event	47%
Other (please tell us what below)	27%
<ul style="list-style-type: none"> • The event in London for service users • Producing a leaflet and a poster to go up in A&E for service users so they are aware that the hospital is involved and they have the right to complain. • Implementing actions - am now delivering training as a service user to staff in the emergency department as well as mental health services. • Developing resources/posters/crisis cards. Checklists for injuries. • I was invited even if I didn't go. We meet up regularly in a small group to talk about developments. • Swap day on another hospital on how they worked (peer review visit). 	

3. Did you feel treated as an equal member of the team?	
Yes	73%
No	0%
To some extent	27%

Any comments about the above question?

No comments

4. Were you able to publicise the project to other service users in your area?	
Yes (Please tell us how below)	73%
No (Please tell us below what, if anything, hindered this)	20%

Comments:

Yes, through local groups, services and personal contact (9 comments)

- Through attendance, work and discussion at day services.
- Through existing service user groups and organisations.
- I also work for mental health charity Rethink so we distributed the surveys to users of our service.
- Writing for local newsletters. Highlighting the project in another group I'm involved in, in promoting therapy and suicide prevention.
- Through networks that already exist.
- I did a presentation about the project to the local Mental Health Independent Forum. Outlines what self-harm is, changing attitudes outlined some of the teaching. Gave examples of posters, crisis cards, various resources are developing, asked members' opinions.
- Helped the site design publicity material in trust buildings.
- Receiving feedback from communications with mental health professionals and also from discussions with friends/acquaintances who use services.
- Approached by some SUs/ word of mouth/my role/my interest.

No

- Don't know any other service users.
- Not a member of any service user groups.

5. What do you feel are the main achievements of the project work in your local team?

Challenging the existing perceptions of self-harm; increasing awareness and understanding (13 comments)

- Raising awareness and understanding about DSH and mental illness amongst A&E staff
- Being involved in it from a personal level – and getting user perspective heard.
- Developing and extending teaching and training for staff and getting SU input to this.
- Highlighting the problems I've encountered by talking to A&E staff who largely were responsive.
- Recognising service users have valid views/rights and need to feel empowered to making changes. Acknowledging that nobody is immune to mental health.

Joint work involving different staff and service users (3 comments)

- Joint working across organisations.
- Getting different departments, groups, individuals working towards a united cause.
- Getting all the parties together who are/should be involved in self-harm together - A&E, mental health liaison team, crisis teams, SU, ambulance service. So all parties talk and exchange perspectives.

Making contact with a wider group of service users (2 comments)

- Producing posters to reach out to SUs.
- Resources for service users.

Other (5 comments)

- Removing the word 'deliberate' from Trust documentation.
- A new crisis liaison team at our Hospital.
- They have managed to get a room in A&E that is comfortably decorated like a home setting. People raised funds for this.
- Was unable to see the outcome because ill before it was completed.
- Have not had enough feedback about any new initiatives in place.

6. Overall, do you think the 'Better Services' Programme is making a positive difference to services? If yes, how? if no, please say why not.

Yes (10 comments)

- Listening to service user views and seeking their opinions about local service (3 comments)
- Recognising and raising the complex and difficult issues around DSH (2 comments).
- A&E has a good matron dedicated to improving SUs experience in A&E. Responsive senior staff who in turn will take message to their staff teams. I'm included in their training as well to help them understand improve their reception to people who self-harm.
- Yes - by education for staff, challenging their attitudes, working /developing their skills in a positive way.
- Yes - people are more appreciate of overall picture and how closer working relationships can improve level of care.
- Yes - the facility that is now made valuable.
- Think that it might have happened anyway because there are some really good guys working locally! The project provided a catalyst and framework though so definitely a good thing.

Not sure (5 comments)

- As of now I have seen no improvement from my own view. But I am only one person. I hope this is not a general trend.
- Those who can be, are more aware, it is nice to challenge discrimination and false beliefs. Unfortunately, the managers at A&E are not freeing up staff to attend the training which means there is poor attendance.
- The mental health liaison team would say yes but I have not had chance to experience this for myself.
- Yes and No - some staff still have fixed negative ideas.
- Yes – ED staff are now realising that the self harm act is important but also the intent behind it. Unfortunately the same cannot be said of the inpatient psychiatric unit staff!

7. What support did you receive/use? (Tick as many as apply)	
Mentor within your local team	60%
Support person outside your local team	27%
Support from Central Project Team (i.e. Helen Blackwell, Lucy Palmer, Philippa Strevens)	20%
Access to resources (if needed) e.g. computer, internet access, photocopying, phone, stationery	27%
National service user workshop (1 December 2006)	40%
Sessions on user involvement at national events (e.g. introductory event, feedback event)	33%

8. If you found any of the above particularly useful, please tell us why?

National service user workshop (6 comments)

- The national service user network was excellent - it would have been good to have had an event for service users at the start of the project (2 comments).
- Having the knowledge/experience of a wider range of people helped back up local knowledge.
- National service user workshop - a brilliant day as it helped to share ideas and renew my waning enthusiasm for the project. I actually felt a part of a useful life changing project.
- National Service User Workshop was excellent. Meeting other service users, looking at our skills and how to further develop. Can we have more please?
- Helen Blackwell was great to talk to at the national event. Thanks!

Support and flexibility from local project team (4 comments)

- I don't specifically have support but they modify arrangements or plans for meetings etc. if I feel bad or need help i.e. not meeting at the hospital if it might be triggering.
- Mentoring from local lead and support encouragement and enthusiasm. Treated as equal.
- Having a mentor was a big help as I am still ill physically and mentally.
- Two members of the project team acted as mentors as they were doing most of the work while the project lead was on sick leave.

Other comments (5 comments)

- Guess due to my role that my support needs may have been less than other service user participants. Have been glad to see the efforts made to ensure service users can participate meaningfully and effectively with adequate support though.
- I felt I was kept informed and helped to make a valued contribution.
- (Could not attend the National Service User Workshop) Unfortunately, my involvement with project was only partial as I had full time work commitments. I would have sought/hopefully received further support if I had continued and feel I would have benefited.
- The session that the central project team ran at the Mind conference was a good way of widening the audience and understanding.
- Having Helen's support on the local project team.

9. If any of the above were not useful please say why and how this could have been improved (3 comments).

- Most discussions were about policies discussed in an official way which I did not feel translated well to actual service users.
- Some of the National events weren't that good. Lots of reading from PowerPoint, when could have read it ourselves. Would have been better to have more small group objectives to develop and feed back.
- I felt removed from local team.

10. What other support would have been useful?

- I would have liked a mentor within the project, because at times when I was on a downer and feeling like nothing was moving on, it would have been really helpful. Or just someone checking out that I was okay.

11. What, if anything, do you feel you personally have brought to project?	
Personal experience of using emergency services for self-harm	87%
Understanding issues around self-harm from a user perspective	93%
Ideas about improving services	93%
Team work skills	27%
Training skills	40%
Contact with service user networks	53%
Other (please tell us what below) <ul style="list-style-type: none"> As a qualified teacher team have found these skills good for developing teaching tool kits 	

12. What do you feel you have you gained personally from involvement?

Sense of value and achievement - making a difference (6 comments)

- A sense of achievement that I'm helping people and their experience of A&E departments.
- That all my own trouble with self-harm has finally been put to use and my experiences have been invaluable in helping improve things. I feel useful!
- Encouraged at how far the service has come and how open people are to fully incorporating the service user perspective.
- Thinking that your contribution might make a change to those who in the future will experience the treatment of self-harm in the first 48 hours.
- It's good to feel I helped to improve services for those who self-harm and use services.
- I have shown ED staff that not all people who self harm are intellectually impaired as well as emotionally distressed.

Increased skills and confidence (3 comments)

- At times self esteem and confidence have increased. Doesn't always stay increased - can go back down again.
- Learning new skills, e.g. PowerPoint. Doing a presentation for first time in years and surviving it! Also received very positive feedback.
- I have been able to develop my training skills which has led to me being invited to join the planning team for joint social work/mental health nursing student training at a local university. I have gained sufficient confidence in my own abilities to be able to return to work, albeit part time and in a junior position, for the first time in 6 years.

Feeling more accepted and respected regarding my self-harm (3 comments)

- Feeling accepted with this problem.
- Respect from professionals I had contact with during project. Reassurance that SU views are being sought and I was taken seriously.
- At present, the knowledge that there are others in the same boat.

Better knowledge of the NHS and staff perspective (3 comments)

- Better understanding of how bureaucratic and slow moving the NHS is.
- Insight to how the NHS works and the real thinking behind the staff and the red tape.
- A better understanding of the perspective from hospital staff viewpoint.

Greater understanding of self-harm and related issues (2 comments)

- A greater understanding of the issues involved and possible ways forward.
- How many people suffer this illness and how many different ways self-harm can happen. It is an awful way to have to survive.

Other comments (2 comments)

- I have set up and run an entire self-harm organisation so I am used to running and being involved with self-harm ideas/services so I don't really feel I gained anything extra from this service.
- Pleased initially that I would be able to address some of issues from service users' point of view but latterly because nothing has changed during my recent use of service, utter frustration.

13. Were you paid expenses (travel, subsistence etc)?	
Yes	47%
Yes, but it took an unreasonably long time for this to be paid	33%
I was offered expenses but did not accept	7%
No, expenses were not offered	0%
Not applicable (no expenses needed)	13%

14. Were you paid a fee for your time?	
Yes	7%
Yes, and I felt this was a satisfactory amount	7%
Yes, but I do not feel that this was a satisfactory amount	13%
Yes, within the limits imposed by benefit regulators	0%
Yes, but it took an unreasonably long time for this to be paid	20%
I was offered payment, but did not accept	13%
No, payment was not offered	40%

Any comments on the arrangements for payment of expenses or fees for your time?

No comments

15. What would you like to see happen next, either in terms of the quality improvement work around self-harm or your personal involvement in working as a service user?

Continue improving services on a long-term basis (8 comments)

- It should be kept on quality improvement agendas.
- Like to revisit the project in a year and see what lasting/ ongoing improvements have been made.
- That work on improvement continues once the project ends and that staff continually learn as part of their training on how to treat individuals who self-harm.
- I would like to continue talking to staff and carrying the message across.
- Not sure myself but awareness is always a good thing.
- The project should carry on.
- All recommendations carried out on an ongoing basis. I am no longer within service user involvement due to other commitments.

- I would just like our team to do well as everyone is frustrated with the uptake of the training. I love being involved in the project and we are all enthusiastic about getting the job done.

Extend the project to cover wider groups (5 comments)

- I think more needs to be done to change staff attitudes particularly on wards following admission from A&E (e.g. MAU).
- Like to see the project extended to prisons in the area.
- Like to see action points for quality improvement for self-harm right across the NHS and other agencies e.g. GP (PCT), police, prison service (2 comments).
- I would like the media to be more aware of self-harm in a positive manner that will help people and general society have a better understanding of self-harm.

More training and awareness raising (4 comments)

- Lots more training for staff. Make it a compulsory element of all branches of nurse and doctor education.
- Giving people correct information and training has got to be carried on.
- Getting DSH SU led training into all A&E/Ambulance and acute medical beds.
- Basic human principles of respect, privacy and dignity.

Further personal involvement in future work (2 comments)

- Would like to become more involved in future projects.
- I would like to be able to have frank discussions with A&E staff specifically doctors. I am still treated with disdain, contempt and lack of understanding. I am frustrated that I can do nothing to let people know this is still going on.

Other (7 comments)

- Continuation of feedback every now and then for latest news, views and reviews.
- More money put into helping people who self harm find alternatives if they wish to do so without having to go down the stigmatic psychiatric route as most of us are not mentally ill. We've just found a socially unacceptable way of dealing with our stress.
- Recognising less obvious DSH.
- Promoting the risk taking.
- Less diagnostic labels and improve understanding.
- Being honest with both staff and service users.
- More literature should be accessible for people visiting A&E.

16. Overall, are you glad that you got involved in the programme?	
Yes	93%
Not sure	0%
No	0%

Any comments on the above question? (7 comments)

- I'm glad I got involved as my A&E was in serious need of more understanding around self-harm. Like how to treat people equally and fairly. Being humanistic and compassionate. Trying to help staff have empathy.
- It's been challenging but fun!
- It's given me more confidence with my own healthcare. I feel I can ask in the project or talk over bad experiences. They also offer resolutions to my service problems (such as 'how do I access...').
- It is empowering. Sometimes professional decision makers are so far removed from the reality that it is important that they are made to appreciate what is 'actually happening'.
- It was good I could feel my experiences could be useful for other service users.
- As previously stated, I felt a sense of achievement I had been involved. My limited participation was only due to lack of fees. The project team were supportive and shared my concern regarding this.
- I am glad that I was asked to join the group but have been bitterly disappointed that in my last 6 visits I have yet to experience my improvement in the treatment.

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