The University of Manchester

HQIP
Healthcare Quality Improvement Partnership

Mental Health Clinical Outcome Review Programme

Quality Improvement Plan 2022

National Confidential Inquiry
into Suicide and Safety in Mental Health
2022

Mental Health Clinical Outcome Review Programme

Quality Improvement (QI) plan 2022

1. Introduction

The Mental Health Clinical Outcome Review Programme (MH-CORP) is delivered by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). The NCISH has collected in-depth information on all suicides in the UK since 1996 with the overall aim of improving safety for all mental health patients. We provide crucial evidence to support service and training improvements, and our recommendations have improved patient safety in mental health settings and reduced patient safety rates, contributing to an overall reduction in suicide in the UK. Our database allows us to:

- Examine the circumstances leading up to and surrounding the deaths by suicide of people under the recent care of, or recently discharged from, specialist mental health services;
- Identify factors in the management and care of patients which may be related to suicide;
- Recommend measures to reduce the number of suicides by people receiving specialist mental health care.

We also undertake studies into suicide prevention in the general population. We have previously examined suicide by children and young people, and by middle-aged men.

We have been collecting data for around 25 years. Based on our evidence from studies of mental health services, primary care and accident and emergency departments we have formulated a list of 10 clinical standards for safer care for patients (see below graphic). Our work has shown that adopting these recommendations can reduce suicide rates. These 10 safety elements are the basis of our quality improvement (QI) work. Other tools and resources, based on our evidence and recommendations, to allow QI to be undertaken locally are described below. We will review this QI plan on an annual basis.

2. Improvement goals

Our improvement goals are to:

- Decrease suicide rates, particularly in people under mental health care and in patient sub-groups;
- Support local areas using QI methodology to strengthen and improve their suicide prevention plans, and reduce the number of deaths by suicide in England, specifically in three of the main

priority areas addressed in the National Suicide Prevention strategy (i) reducing risk in men; (ii) prevention and response to self-harm, and (iii) improving acute mental health care;

- Improve community-based services and care for people who self-harm;
- Provide expert knowledge to benefit population mental health;
- Use our annual and topic-specific reports to disseminate recommendations that, if implemented, will reduce the number of suicides by people under specialist mental health care;
- Encourage implementation of NCISH recommendations in local practice;
- Assess local practice benchmarked against national data to help drive service improvements.

3. Improvement methods

A. National

Annual and topic-specific reports

NCISH undertakes annual, and topic-specific reports. Our annual report provides a comprehensive analysis of patient suicide and is an opportunity to identify emerging patient safety issues, particularly in our longitudinal analysis. This allows mental health providers to identify recommendations that are a priority for patient safety within their organisation. Our topic-specific reports expand our reach for making recommendations beyond mental health services and into the general population.

Working with local areas to reduce suicide

As part of a suicide reduction policy to reduce the national suicide rate, we are working with experts in QI at the National Collaborating Centre for Mental Health (NCCMH) to support local areas to strengthen their suicide prevention quality improvement plans, based on our evidence, including the "10 ways to improve safety". Our programme of support began with those areas in England with the highest level of need (including highest rates of suicide) but has now been expanded to include all Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICS) or Clinical Commissioning Groups (CCGs). Elements of this programme are available to all areas, including all UK countries, and not limited to only the areas in the national suicide prevention programme (please see further details below). This work is commissioned by NHS England and NHS Improvement (NHSE/I).

We provide:

- Expert knowledge of suicide prevention – helping local areas understand their data and the national evidence base;
- Advice on local data collection and suicide prevention plans;
- Bespoke NCISH data, benchmarked against the national picture, intended to be used to review services against established guidelines and recommendations, and improve the quality of care offered;
- Regular 'learning' events bringing local areas together to share ideas and seek advice with one another, building on a model of shared learning;
- Monthly interactive workshops open to anyone working on a suicide or self-harm prevention project.

In addition, any areas not currently in the programme, can:

- Evaluate their current suicide prevention efforts against recommendations in our toolkits (see below);
- Measure the impact of their own suicide prevention interventions using our data dictionary;
- Access our platform for open access resources including examples of good practice interventions in each of the three priority areas that they can adopt.

Support for improving community-based care for self-harm

We are working alongside experts from the Manchester Self-Harm Project (MaSH) and the Patient Safety Translational Research Centre (PSTRC) to provide support areas in England to improve community-based services and care for people who self-harm. This is part of a national programme of transformation funding by NHS England and NHS Improvement linked to establishing new and integrated models of primary and community mental health care. These new models will provide

improved care for adults and older adults who self-harm in the community, as laid out in the NHS Long Term Plan.

We provide:

- Expert knowledge of current self-harm data and research;
- Guidance on national guidelines and recommendations for the care of people who self-harm;
- Advice on methods of data collection to monitor and evaluate the impact of service changes for people who self-harm;
- An open access, online resource to gather useful information around the prevention of self-harm in an easily accessible format, including infographics that reflect the main themes of the community self-harm interventions developed;
- A data dictionary for any area implementing a self-harm support intervention to help them measure the impact of that intervention;
- Regular 'learning' events bringing local areas together to share ideas and seek advice with one another;
- Monthly virtual workshops providing an opportunity for local areas to seek advice from experts and one another on areas of concern.

Real-time surveillance (RTS) in response to the COVID-19 global pandemic

Between March 2020 and October 2021, NCISH QI priorities were extended to include directly supporting services working through the pandemic. This included responding to concerns and challenges specific to COVID-19-related suicide prevention, understanding the implications of COVID-19 on people's mental health and suicide risk, and providing focused evidence specific to COVID-19 and suicide prevention to all services in all UK countries, including via an online resource.

In addition, we established a real-time data collection of suspected suicide deaths under mental health care in England as a response to concerns about the effects of the COVID-19 pandemic on people with pre-existing mental illness. Brief findings from this real-time data collection are reported in our 2021 and 2022 annual reports. In 2022 we will be launching new real-time data collection for patients whose deaths occurred in closest proximity to services: in-patients and those recently discharged from in-patient care. RTS can provide early evidence for safety measures in these settings and is an opportunity for services to tell us about particular problems in care.

We also continue to work with several local areas in England to collate numbers of deaths from RTS of suspected suicides. These are deaths as they occur, unconfirmed by inquest.

B. Regional

- Our recommendations have fed into national strategies, guidance and policies across all UK countries. We have contributed evidence to English and Welsh government reviews of Suicide Prevention;
- We consult with stakeholders from all UK countries to establish how we can continue to support policy priorities and strategies at a regional level, including visiting (currently virtually) each UK nation annually;
- We are supporting the Towards Zero Suicide Programme in Northern Ireland in the development of their quality improvement project;
- We have worked with Mersey Care NHS Foundation Trust to evaluate their zero suicide initiative.

C. Local

Quality improvement tools to help stimulate change at a local level include:

- **Safer Services: a toolkit for specialist mental health services and primary care**

  NCISH research findings and recommendations have been formulated into 10 key elements of a safer service, available to specialist mental health services as a self-audit toolkit, which is updated annually. The recommendations within the toolkit have been central to informing suicide prevention policies and clinical guidance across the UK and are intended as an opportunity for services to self-assess and audit local changes over time. We recommend each element of the toolkit is reviewed annually using local audit data or equivalent evidence;

- **Self-audit self-harm toolkit**

  Out toolkit of high-quality care for self-harm is based on the NICE Quality Standard for Self-Harm (QS34). NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. In this toolkit we present the eight quality statements in QS34 in a format that is intended to be used as a basis for self-assessment by services. We recommend each element is reviewed annually;

- **Safety scorecards**

  These provide services (in England) with benchmarked data, this includes their Trust position on safer service measures compared to national medians and is an opportunity for services to self-assess and audit local changes over time;

- **Trust reviews**

  Analysis of serious patient incidents and evaluation of local suicide prevention policies/strategies;

- **NCISH 10 standards for investigating serious incidents**

  We have developed a set of 10 standards of good practice for investigations conducted by NHS and independent sector mental health provider organisations following serious incidents. These standards are based on our recommendations from previous Trust reviews;

- **Provision of local service-level data to assist audit activity**

  Individuals submitting data, audit teams and commissioners of services are able to access their local data through bespoke data requests. Summary data requests provide individual providers with benchmarked data for their service in the context of national data;

- **Slide sets**

  We provide UK-wide slide sets on mental health patient suicide and homicide, and on the findings from our topic-specific reports for use in local training sessions.

4. Patient and Public Involvement (PPI)

We are committed to including lived experience in our research. Expertise by experience helps inform our recommendations, develop new areas of work, and provide guidance on dissemination. The experience of service users, their families, friends or carers also helps us gain a more rounded and broader perspective of how our research can be developed and utilised to make care safer.

- **Mutual Support for Mental Health (MS4MH) PPI group**

  Our dedicated PPI group are regularly consulted for their advice and feedback on specific aspects of our work, including research design, data collection, and recruitment plans, reviewing and contributing to study, pro forma and survey design, and commenting on interpretation of findings, and overall tone. We pay an hourly rate for time, skills, opinions, and out of pocket expenses where this contributes to their work. We have produced a PPI involvement and engagement strategy outlining our PPI approach;

- **Topic-specific steering groups**

  For each topic-specific study, we convene a topic-specific steering group compromising 10-12 members. This group includes people who work with the group of interest, academics in the field, and experts by experience (including from our dedicated PPI Group). Members are invited to join by the NCISH research team, following discussion, on a study by study basis. These

focussed groups provide advice on aspects of study design, interpretation of key messages, including the language and tone of draft reports, and dissemination;

- **PPI in NCISH governance**

  We involve service users in our governance. Service user representatives on our Independent Advisory Group (IAG) and Project Board are involved in key decisions including topic selection, and advising on the direction of the NCISH programme, ensuring our work continues to address issues of importance to patients and their families;

- **Dissemination**

  All NCISH findings and recommendation are presented in a range of formats suitable for multiple audiences, and are regularly publicised through social media to reach as wide an audience as possible. All NCISH annual and topic-specific reports are written in plain English with all specialist vocabulary explained to ensure they can be read by professional and non-professional audiences. Jargon and acronyms are avoided or (where necessary) explained. We also produce an "easy read" version of our annual report.

  Alongside our reports we produce dedicated resources for patients, their families and carers, including infographics of key messages and videos of key findings and clinical messages, with transcripts.

  We also provide free places to service users at our annual NCISH conference, where we continue to invite a speaker with lived experience to provide essential context to our findings. To ensure this lived experience is valued meaningfully we offer to pay our speaker a fee commensurate with our NCISH senior clinical academic speaking fees, along with covering travel and expenses.

5. Communications

NCISH has a varied and wide-reaching communications strategy. We are committed to presenting findings in a range of formats suitable for different audiences, and regularly review our online resources for accessibility.

- Annual and topic-specific reports presenting findings and accessible messages (i.e. infographics, short "biteable" videos) via our website;
- Disseminating our findings directly to clinical staff through our annual conference;
- Undertaking senior speaking engagements and accepting speaking invitations, including lecture tours, NHS Trust invitations, service user groups, school liaison, public engagement, and in parliament;

- Regular meetings with stakeholders and potential collaborators;
- Dedicated resources for services users and carers, including infographics of key messages;
- Videos of key findings and clinical messages, with transcripts;
- "Easy read" version of our annual report;
- Interactive webinars with guest speakers (often with lived experience) to provide context to suicide research findings. Links to previous webinars are made available through our website;
- Attendance at international conferences, often on an annual basis, e.g. National Suicide Prevention Alliance, International Association for Suicide Prevention (IASP).

6. Monitoring and evaluation

- The impact of this QI plan will ultimately be evidenced by a reduction in the local suicide rate for those services who have adopted our recommendations;
- Our IAG provide high-level oversight of the NCISH work programme and quality assurance for our reports, with quarterly meetings;
- The impact of NCISH's work is regularly updated, in line with HQIP contract review meetings, and includes:
    - National impact, e.g. citation of NCISH evidence and recommendations in national policies and clinical guidance and regulation across all UK countries, including national suicide prevention strategies and plans, NICE guidelines, independent commissions, PHE local suicide prevention planning, and CQC guidance;
    - Evidence of falls in mental health suicide, fewer in-patient deaths, falls in patient homicide, and monitoring of changing patterns of risk;
    - Implementation of NCISH recommendations at service-level, e.g. Commissioning for Quality and Innovation (CQUINN) indicator;
    - NCISH website activity, e.g. report downloads;
    - Downloads of NCISH support tools and resources, e.g. toolkit downloads;
    - Twitter presence;
    - Number of senior speaking engagements;
    - Academic publications written (including journal papers, editorials etc.).
- We continue to monitor stakeholder opinion about our work quality and relevance via our stakeholder survey which is refreshed annually and to which we invite service user and public responses;
- We also monitor service user feedback and experience through our anonymous web portal.