11

Monitoring and Evaluation

11.1 Data collection and auditing

Ongoing audit will be pivotal in monitoring and implementation of the NCPSH. The NCPSH CNS, both in the ED and in SCAN, will have a lead role in coordinating data collection through which the programme outcomes can be monitored and evaluated. The NCPSH National Office will ensure regular training for CNS and their line managers on data collection. Line managers will have a lead role in data quality assurance.

11.2 National metrics

Since 2017 detailed data have been collected from presentations to the ED. The following metrics are being collected:

TABLE 11.1 NATIONAL DATA COLLECTED FROM EDS AND SCAN SERVICE

Time of presentation	Hour, day and month
Patient demographics	Age, ethnic background, gender, referred to ED by …, employment status
% of those presenting assessed	National metric: 95% of people presenting following self-harm or with suicidal ideation will receive a biopsychosocial assessment.
Past mental health history and past suicidal ideation and self-harming behaviour	
Type of presentations	Details on type of self-harm, or no self-harm and suicidal ideation only
Staff who provided mental health assessment	CNS, SCAN or trainee psychiatrist (NCHD)
Interventions received	National metrics: 95% of those assessed to receive a full biopsychosocial assessment 95% of those assessed to receive a written emergency safety plan. 85% have a collateral history from a family member or supportive adult. 100%: the GP is sent a letter within 24 hours.
Family member/ supportive care involvement	National metrics: 85% have a family member or supportive adult involvement in discharge planning.
Referral to next appropriate care	

Follow-up and bridging to next care	National metrics: 85% receive a follow-up phone call within 24 hours of discharge from the ED.
Time to next CMHT appointment	
Patients discharged from ED	National metrics: 95% of patients assessed within 2 hours of referral to the mental health service. 100% assessed within 6 hours of referral to mental health service. 95% of all patients are discharged from ED or admitted in <6 hrs. 100% of all patients are discharged from ED or admitted in <9hrs.

The NCPSH will work with the HSE Office of the Chief Information Officer (OoCIO) and the National Suicide Research Foundation (NSRF) in developing appropriate data collection platforms to optimise the use of data from the Self-Harm Registry and from the NCPSH in improving service delivery.

11.3 Monitoring and evaluation through clinical audit and research

The Commission on Patient Safety and Quality Assurance (2008) identified clinical audit as an essential component of clinical governance, stating that it 'constitutes the single most important method which any healthcare organisation can use to understand and assure the quality of the service that it provides' (DoHC 2008). The National Clinical Programme Office will further develop and maintain a standardised database system.

The NCPSH has established an Audit and Research Group for Assessment and Management of Self-Harm in the ED. This group includes representatives from academia and clinical practice. The purpose of the group is to support the development of local, regional and national audit practice within the NCPSH. It also supports the development of local, national and regional research within the NCPSH.

The NCPSH maintains a standardised database system. The recommended metrics outlined in the Model of Care will enable clinicians, teams and the NCPSH to track progress and inform the effectiveness, quality and efficiency of service provision. Key performance indicators will be collected nationally to assist oversight and governance at the national level. This will support audit and evaluation at local, regional and national levels, with prompt feedback to the services being provided. A key to data collection is the availability of IT systems and provision of administrative support and training to collate data in a timely manner at both CHO and national levels.

Each year the Research and Audit Committee facilitate the completion of an in-depth national audit. These audits use national data along with local audits to evaluate service delivery. To date, audits have been completed on Standards in ED Assessment Rooms, Standards of Emergency Care Plans, and Frequency of Follow-up Phone Calls (Appendix 3).

11.4 Monitoring and evaluation through research

The NCPSH supports practice-related research and is mindful of its obligations to ensure that any research conducted is both ethical and respectful of service users and providers. Research may inform and contribute to the improvement of the NCPSH. Research will include service evaluation. The NCPSH office works closely with universities, clinicians and the National Suicide Research Foundation in developing research projects relevant to the NCPSH.

The National Suicide Research Foundation (NSRF) has been collecting data on every episode of self-harm presenting to Irish EDs since 2005 (Perry et al 2013). Funding has been granted through the Health Research Board to fund a collaborative evaluation of the Clinical Programme through

PRISM ('Providing Improved Care for Self-Harm; A mixed method study of intervention, implementation and economic outcomes from a National Clinical Programme study'). Led by principal investigator Dr Eve Griffin, this study (Griffin et al 2021) will apply a mixed-methods approach using a sequential explanatory design, which will comprise two stages; quantitative data will inform qualitative data collection and data analysis, along with subsequent integration of both quantitative and qualitative data (Tashakkori and Teddlie 2010). Stage 1 will be a natural experiment (Craig et al 2017) which will use data from the National Self-Harm Registry (Joyce et al 2020) to examine the effectiveness and cost-effectiveness of the NCPSH in relation to hospital-presenting self-harm. Implementation fidelity in this study will be conceptualised as adherence: how far those responsible for delivering an intervention actually adhere to the core components of the programme (Carroll et al 2007). Measures of implementation fidelity will be included in the primary evaluation study, as a mediator between the intervention and observed intervention outcomes. Stage 2 will be primarily a qualitative study. It will begin by describing the implementation of the NCPSH and will identify implementation strategies adopted by hospitals. As fidelity is the primary facet of implementation to be examined, the determinants (barriers and facilitators) contributing to achieving fidelity across hospital sites will be examined, using the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al 2009).

11.5 Evaluation and monitoring from people who use the service

People with lived experience of self-harming and family members who have been bereaved by suicide provide regular feedback to the NCPSH through the Implementation Advisory Group and the Research and Audit Committee. Individual services have completed service user evaluation studies, the results of which have been presented at annual training days for clinical leads and CNSs.

A pilot project using Your Voice Matters was introduced to two services in 2020. Your Voice Matters is a nationally available patient experience framework tool that allows service users and/or their families to describe in their own words their story of a recent instance of engaging with health and social care service(s). These experiences are then considered further using a number of questions represented in triad (triangle), dyad (sliding scale) and multiple-choice question form, focusing on key elements of person-centred, co-ordinated care, including empathy and respect, shared decision-making, communication and values.
A working group from the Research and Audit Committee developed a tailored Your Voice Matters survey. Over a three-month period, a paper and online version of this was given to all patients assessed within the service in two pilot sites. Responses could be sent anonymously in a stamped addressed envelope or online. Despite the use of information flyers, putting the code for the online survey onto the emergency care plan and encouragement from the assessing staff, no replies were received over the three-month period. This poor response may have been linked to the timing of the survey, October 2020 to February 2021 during the Covid-19 pandemic. It is also possible that people who have been through an assessment following self-harm are not in a position to complete a detailed survey immediately following that assessment. Evaluation within a six-month or year period may be more appropriate.

The use of HSE Mental Health Engagement and Recovery Forums, which are located in each CHO, are a useful mechanism for people who use the service to provide feedback to the local management team. Members of the management team should ensure they obtain feedback on the implementation of the NCPSH from the local forum.

The NCPSH office and the Research and Audit Committee should continue to explore further means to obtain feedback from people who present to services following self-harm or with suicide-related ideation.

11.6 Summary and recommendations

- The CNS appointed through NCPSH is responsible for ensuring that data is collected and submitted to the NCP office on each person who presents to the ED or SCAN service. The supervising ADON has a role in ensuring the quality of the data submitted.
- The NCPSH will work with the HSE Office of the Chief Information Officer (OoCIO) and the National Suicide Research Foundation (NSRF) in developing appropriate

data collection platforms to optimise the use of data from the Self-Harm Registry and from the NCPSH in improving service delivery.

- The national NCPSH activities will be published annually.
- Data for each service will be available for that service, measuring standards against national metrics.
- The Research and Audit Committee will develop appropriate local, regional and national projects to facilitate the monitoring and improvement of services.
- The PRISM study, a collaboration with NSRF, is researching the cost and efficiency of the implementation of the NCPSH.
- Members of local management teams should ensure they obtain feedback on the implementation of the NCPSH from the local Mental Health Engagement and Recovery Forum.
- The development of appropriate mechanisms to provide feedback from people who use the service should continue.