Psychiatric Liaison Accreditation Network (PLAN) National Report 2012-2015

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Of interest to: Liaison psychiatry staff, patients and carers with experience of liaison psychiatry services, general hospital staff, acute and mental health managers, commissioners, policy makers and researchers.

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Front cover:
The picture on the front cover is named "Abstract" and was painted by a patient at Northgate Hospital, Northumberland, Tyne & Wear NHS Foundation Trust.

Contents

Foreword

Much has happened since the Psychiatric Liaison Accreditation Network (PLAN) published its first national report in 2010. Membership in PLAN has grown from 12 liaison psychiatry teams to over 50 and teams up and down the nation are working hard to meet as many PLAN standards as possible. Members have shared ideas and expertise through PLAN learning days and conferences, the peer-review visits and PLAN-CHAT, the email discussion group.

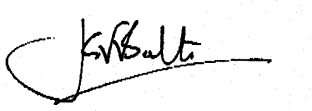
We have also seen changes to the national policy context. Advocates of liaison psychiatry have long been making the case for a liaison psychiatry team in every hospital but recent focus on the economic benefits of this have further raised the profile of liaison psychiatry. Alongside this, there is increasing recognition that mental and physical health issues need to be considered together and given equal prominence, a notion fundamental to liaison psychiatry. The apparent expansion of liaison psychiatry services is hugely encouraging but funding alone is not the answer; liaison services need to be carefully planned and supported to ensure they are of a consistently high standard. Liaison psychiatry teams work with a broader range of hospital patients and clinical problems than most other medical specialties and this requires specialist expertise.

What makes a good liaison psychiatry service? According to the PLAN data gathered through questionnaires and interviews with liaison and acute staff, patients and carers, the answer is not complex. A good liaison service is able to respond to each patient in a prompt, competent and compassionate manner. One which is well staffed by caring individuals who are knowledgeable, flexible, committed, supported and well led. A good liaison team is integrated into the hospital, where liaison staff can advise and influence acute colleagues, fostering good relations and helping to create a culture where mental health is everyone's business. Close proximity to the Emergency Department is helpful and liaison teams deserve adequate facilities to perform safely and effectively.

This report suggests that with time and support most teams are capable of meeting the PLAN standards but we should not be complacent. Challenges remain in some teams, especially in relation to staffing levels, training, response times, patient information and the availability of follow up and outpatient support. This report expands on these issues and we hope you will find it enlightening.

The PLAN team and Accreditation Committee congratulate all PLAN members on all they have accomplished so far and look forward to working with you in the future to help you achieve, maintain and even surpass the PLAN standards.

Yours sincerely



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Consultant Liaison Psychiatrist
Chair of the Accreditation Committee
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Notes about this report

Data are presented based on the self-review tools that liaison teams complete as part of PLAN, i.e.

- Anonymous questionnaires for patients, carers, liaison staff members and acute staff.
- An audit of case notes. Liaison teams were asked to audit the notes of at least 20 recent patients (per team) via a systematic random sampling method of choosing every third case.
- A liaison team checklist, completed by the liaison team.

Key Findings and Recommendations

Areas of achievement

1. Almost all acute colleagues agree that the involvement of the liaison team improves patient outcomes. Liaison teams were frequently described by colleagues in terms such as 'fantastic', 'responsive', 'helpful' and 'excellent'.

2. Almost all patients and carers said that the liaison staff treated them with dignity, respect and understanding.

3. Almost all patients said that seeing the liaison team helped them with their mental health problems and they would recommend the service to others with similar needs.

4. Most liaison staff were satisfied with the quality of supervision and support they receive.

5. Most liaison staff expressed extremely positive views about working in liaison psychiatry, citing team members as offering 'phenomenal support' and being highly committed, compassionate and keen to 'share knowledge and strive for high standards.'

6. Most liaison teams are now providing an induction for new staff based on an agreed list of core liaison psychiatry competencies.

7. Most liaison teams had undertaken some audit, research, service evaluation or quality improvement work in the past 12 months and there appears to be a strong culture of learning from feedback and complaints to continually improve the service.

8. Most liaison teams provide some mental health training and advice to acute colleagues wherever possible, even when there is little or no dedicated time or funding available for this.

9. Liaison teams have expertise in creating detailed, patient-centred psychosocial assessments that consider the strengths and needs of the patient as well as the risks. Patients generally felt listened to and cared for, with some patients describing the liaison team as 'the best mental health team I have experienced', and some commenting that seeing the liaison team had saved their life.

Recommendations for liaison teams, managers and commissioners

1. Staffing levels remain an issue in many liaison teams with a quarter of staff reporting in the self-review that teams struggle to perform their core functions at times. Some liaison teams also lack the multi-disciplinary team members recommended, for example many teams do not have a psychologist. Commissioners and managers should use the available national guidance to improve the make-up of liaison teams, including the Royal College of Psychiatrists Council Report CR183 and the Developing Models for Liaison Psychiatry Services document.

2. A recurring theme on the peer-review visits is that some patients might have better outcomes and a reduced risk of suicide if they were offered a small number of follow up sessions with the liaison team. Managers and commissioners should consider expanding liaison teams so that more are able to offer follow up to those patients who would most benefit from it.

3. All clinical staff offering psychological interventions to patients should be competent to do so and have access to ongoing training, education and guidance.

4. All clinical staff offering psychological interventions to patients should receive regular clinical supervision and support from a colleague with expertise in the area.

5. Liaison teams should consider implementing a joint system with acute colleagues alerting them to patients who attend hospital repeatedly, particularly those with medically unexplained symptoms. Prompt intervention by the liaison team can help the patient access the help they need and can result in a reduction in unnecessary hospital admissions.

6. Senior members of the liaison team and acute teams should discuss ways in which joint working could be further improved. For example, numerous acute colleagues felt that liaison teams could be more flexible, such as not insisting on waiting for blood test results to be clear before seeing a patient. In turn, a number of liaison staff felt that acute colleagues could be more mindful of the pressures on the liaison team. Joint discussions could help improve communication and collaborative working.

7. Liaison staff should systematically offer all patients the choice for themselves (and their carer, where appropriate) to receive a written summary explaining what has been discussed in the assessment and what will happen next.

8. Liaison staff should systematically offer patients the choice for themselves (and their carer, where appropriate) to be copied into letters to their GP or other healthcare professionals.

9. Many liaison teams could usefully streamline the way in which they record and share post-assessment information. Innovative practice noted on the peer-review visits included the use of digital pens, voice recorders, letters dictated in front of the patient and joint record-keeping forms that can be shared with multiple agencies.

10. An increasing number of liaison teams are now providing care to older people. This is a welcome development, but better training and expertise is urgently required to meet the specific needs of older patients. One in eight liaison staff said that the training they had received in dementia, delirium and depression in older people was insufficient. Of liaison staff who regularly work with older people, 12.6% said they had not received sufficient training in undertaking specialist assessments of a patient with cognitive impairment.

11. Other training areas that require further improvement include:

- Working with 16-18 year olds
- Detecting alcohol and drugs misuse (including patients using legal highs)
- Managing challenging behaviour
- Meeting the needs of people with learning disabilities
- Pain management
- Awareness of the team's role following major incidents
- Eating disorders and the role of nutrition and diet in liaison psychiatry patients

12. Liaison teams and acute colleagues should receive training delivered to them by patients and carers who have used liaison psychiatry services, to help understand the patient and carer perspective.

Most common improvements made by PLAN members during the accreditation process

PLAN members are encouraged to make improvements throughout the PLAN cycle. After each team has undertaken a self-review, they are sent a report detailing how they are performing against the PLAN standards and advised on which improvements are required in order for the team to be accredited. Many teams use the time between the self and peer-reviews to make improvements. Where standards remain unmet at the time of the peer-review visit, liaison teams have another opportunity to make changes before their results are considered by the Accreditation Committee. If too few standards are met at the time of the Accreditation Committee, teams have their accreditation deferred and are given an agreed period of time to make improvements. Below are the most common improvements made during the accreditation process:

Creating safer assessment rooms
At the point of self-review, almost a third of liaison teams lacked appropriate assessment facilities suitable for conducting high risk assessments. PLAN provided teams with advice on what changes to make, supportive letters to Chief Executives and Directors and a timescale for making improvements. The majority of teams achieved the changes required and were then able to become accredited. Examples of changes made to the assessment rooms include the removal of ligature points; changes to furniture; changes to doors and the addition of viewing panels.

Providing better training
The self-review data identified the unmet training needs of liaison staff and many teams promptly arranged in-house educational sessions to address this.

Creating clear policies and procedures
At the point of self-review, one in ten teams did not have a written policy on managing risk and only 89% had written working arrangements detailing who is responsible for assessing patients who may need to be detained under mental health legislation. Teams worked hard to put these in place helping them to improve practice and become accredited.

Providing patient information
At the point of self-review, almost a quarter of teams (especially those that had newly joined PLAN) did not typically offer patients the choice of receiving copies of letters between the liaison team and other services. Through PLAN, those teams began doing this systematically and were able to evidence this.

Key changes since the previous PLAN national report

Throughout this report you will see comparisons between PLAN data collected between 2012-2015 and the 2009-2010 data presented in the first national PLAN report. There are some limitations to comparing these data due to the changing nature of the liaison teams taking part in PLAN and minor changes to PLAN standards and methodology over time, but below are some highlights for consideration:

1. Compared to the first PLAN national report, more patients reported being offered written information about what was discussed in the assessment and what would happen next (53% compared to 42% previously).

2. More carers reported being involved in treatment decisions and being offered a written summary of the assessment and care plan (91.6% compared to 66% previously).

3. More liaison staff reported that they are receiving appraisals and there was an overall improvement in compliance with the training standards, for example: 90% of staff have received training in ageism and stigma compared to 72% previously; training in recognising and responding to special needs has increased from 62% to 80%.

4. Compared to the first national PLAN report findings, referrers are now less satisfied with liaison team response times, particularly with regard to emergency referrals; 17% of acute colleagues reported dissatisfaction, compared to 9% previously. Exploratory discussions at the time of the peer-review visits may suggest that in some cases, liaison teams are facing an increasing number of referrals but do not have sufficient staff to deal adequately with this demand.

Overall performance of PLAN member services

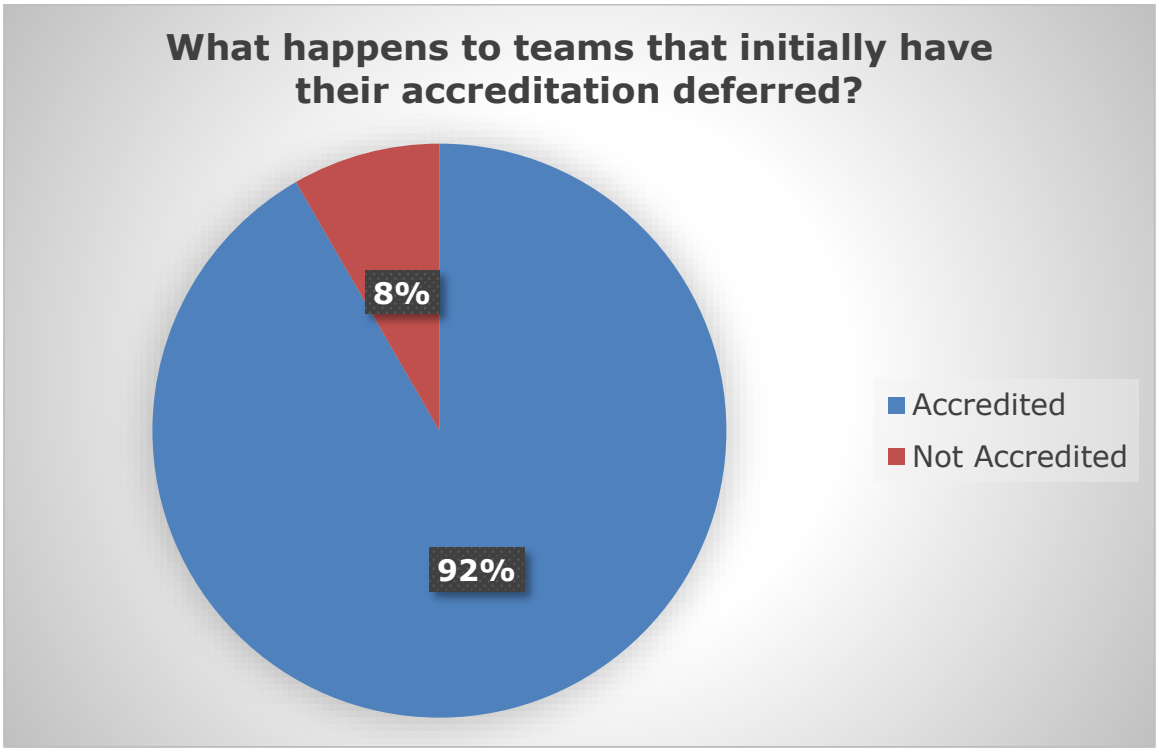
The journey to accreditation in PLAN members' first PLAN cycle

The following table describes how many PLAN members achieved accreditation at the first attempt and how many required additional support.

Table 1 PLAN Members' Accreditation Status

Number of teams accredited in their first cycle (11 of which were excellent)		52
Accredited	At the first attempt	28
	Following deferral/additional support from PLAN	22
Of those deferred, number which went on to become formally not accredited		2

Figure 1 Outcomes for teams whose accreditation was deferred



The vast majority of teams that initially have their accreditation deferred or delayed go on to achieve accreditation. The most common reason for deferral is not being able to meet the PLAN standard regarding having a room suitable for conducting high risk assessments. Most teams were able to meet this standard once it had been brought to the attention of managers.

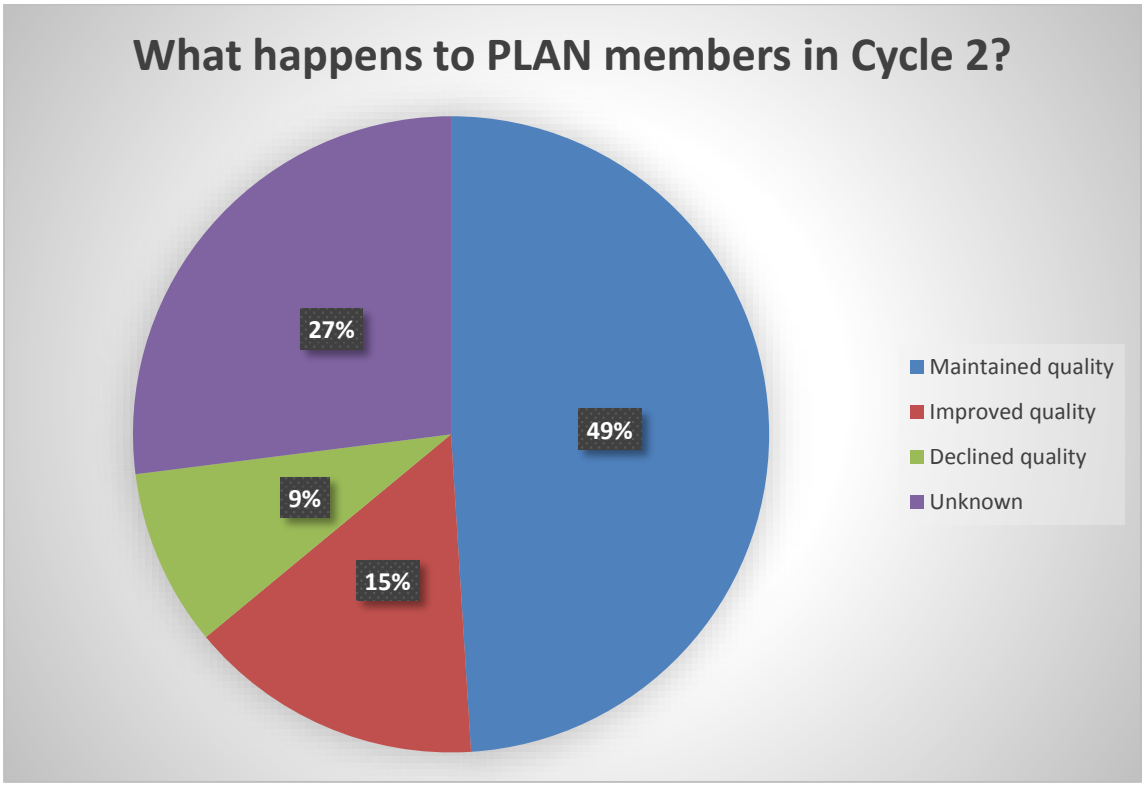
Maintaining quality: the status of accreditation over cycles

33 PLAN member services have undergone more than one cycle of review. Below are details of how they performed over subsequent review cycles.

Table 2 PLAN Members' change in accreditation status over time

Number of teams that maintained the same status in their second cycle (9 accredited, 7 excellent)	⇔	16
Number of teams that improved their accreditation status in their second cycle (i.e. from accredited to excellent)	⇑	5
Number of teams where accreditation status declined in their second cycle (i.e. from excellent to accredited or from accredited to not accredited)	⇓	3
Number of teams where status is unknown due to leaving the network or merging with other teams	?	9

Figure 2 PLAN Members' change in accreditation status over time



Most PLAN members maintain or improve their performance against the PLAN standards over time. This is heartening, especially taking into account that the PLAN standards have become moderately more difficult over the years, for example some standards that were originally 'Type 2' standards have been regraded to 'Type 1' standards, making it slightly harder to become accredited.

Introduction

What is PLAN?

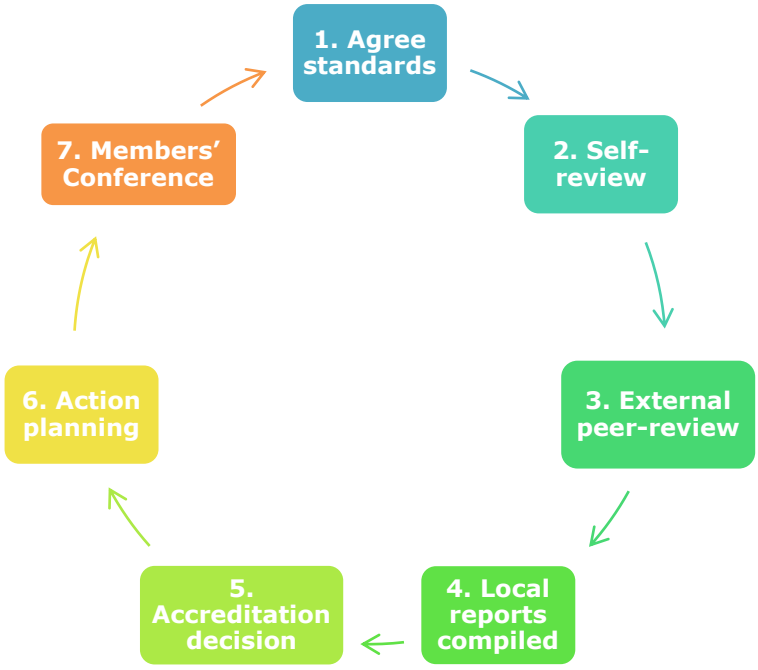
The Psychiatric Liaison Accreditation Network (PLAN) is a national initiative managed by the Royal College of Psychiatrists, in partnership with the Royal College of Nursing, the Royal College of Physicians, the Royal College of Emergency Medicine and the mental health charity Mind. PLAN recognises the achievements of participating liaison services and supports staff in making improvements.

Liaison teams across the UK voluntarily sign up to PLAN to improve the quality of their service and to try to achieve accreditation. Liaison teams are measured against quality standards using self and peer-review methodology, after which a committee of clinicians and patients will consider the evidence and award an accreditation status according to how many standards the team is meeting.

The PLAN process is systematic, objective and highly supportive. Where teams are not meeting the required standards at the time of self or peer-review, advice and support is provided by PLAN. For most teams, this support results in a greater number of standards being met and the subsequent awarding of accreditation.

Accreditation assures patients, carers, frontline staff, commissioners, managers and regulators that the liaison service is of high quality and that staff are committed to improving care. Once accreditation has been achieved, this lasts for three years – subject to a short interim review – and over the accredited period teams are encouraged and supported to maintain standards of care and continue to improve. Throughout the PLAN process, liaison psychiatry staff, acute colleagues, carers and patients collaborate to share good practice and ideas for further improvement, the results of which can be outstanding.

Figure 3 PLAN Accreditation Process



Findings from the patient questionnaire

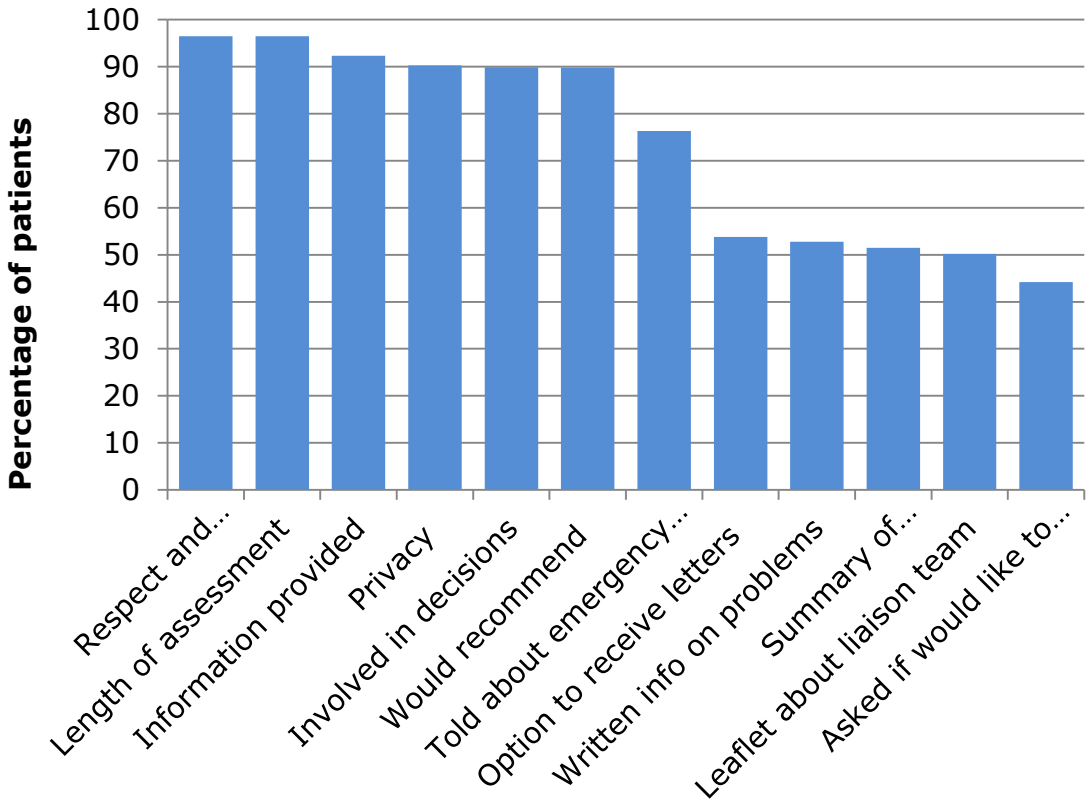
Participating liaison teams were asked to invite all patients seen within the 12 week self-review period to complete the PLAN patient questionnaire. Patients were provided with an information sheet, the questionnaire and a freepost envelope to be returned anonymously to the PLAN team. Patients were also able to complete the form online. The information sheet made clear to patients that their care would not be affected should they choose not to complete the survey. In total, 862 patients completed the survey in 2012-15. Details of which hospitals the patients attended can be found in Appendix 1.

Table 3 Patient questionnaire responses to Question 1

Q1) Thinking about the time you spent with the liaison professional, please answer the following questions.	***Yes (%)***	***No (%)***	***N/A (%)***	***Don't know/ can't remember (%)***
Were you satisfied with the amount of time the liaison professional spent talking to you?	97.3	1.9	0.1	0.7
Did you feel that the room or area where your assessment took place was private enough?	91.4	6.4	1.0	1.2
If someone came with you to the hospital, did staff ask if you wanted them to be present during the assessment? *(For example, a carer, friend or family member?)*	45.8	11.0	37.9	5.3
Did you feel that the liaison professional treated you with dignity, respect and understanding?	97.9	1.2	0.4	0.6
Were you involved in discussions about your problems and the different treatment options available?	92.4	3.5	1.9	2.2
Were you offered written information about any mental health problems you may have been experiencing? *(For example, if you were given a mental health diagnosis, did the professional explain what this meant?)*	54.2	20.6	19.2	6.0

Q1) Thinking about the time you spent with the liaison professional, please answer the following questions.	***Yes (%)***	***No (%)***	***N/A (%)***	***Don't know/ can't remember (%)***
Were you offered a written summary explaining what was discussed in the assessment and what would happen next? *(For example, a handwritten summary, or information filled in on a patient leaflet etc.)*	52.9	31.1	9.8	6.3
Were you offered the choice of receiving copies of letters between the liaison team and other services? *(For example, a letter from the liaison team to your GP?)*	55.5	28.8	7.3	8.4
Were you told how to access emergency help if needed? (For example, who to contact in a mental health crisis)?	78.2	12.9	5.7	3.2
Were you offered a leaflet describing the role of the liaison service?	53.0	32.9	7.1	7.1
Were you generally satisfied with the information provided to you by the liaison team?	95.2	2.7	0.5	1.7
If someone else was in a similar situation to you, would you recommend this particular liaison service to them?	93.2	3.0	0.6	3.2

Figure 4 Percentage of patients who responded positively about their experience with the liaison team regarding a number of factors



Patients were most likely to report being treated with dignity, respect and understanding and least likely to report being offered the option of having a companion with them during the assessment process. Almost a third of patients received a written summary explaining what had been discussed in the assessment and what would happen next. A similar number were given a leaflet describing the role of the liaison team, possibly reflecting the fact that many teams use space on their team information leaflet to record the outcomes of the assessment. Only half of the patients surveyed said they were offered the choice of being copied into correspondence about them, e.g. letters to their GP. Despite this, the majority of patients completing the questionnaire said that they were generally satisfied with the information provided to them.

Comparison with data from the first national report

Findings were broadly similar to the first national report, with high levels of satisfaction in relation to patient engagement but poorer compliance against the PLAN standards regarding patient information.

Table 4 Patient questionnaire responses on receipt of follow-up sessions

Q2) Are you having follow-up sessions or ongoing treatment with the liaison team?	
Yes (%)	45.3
No (%)	54.7

Those who answered yes (355 patients) were then directed to the question below:

Table 5 Patient questionnaire responses on quality of follow-up sessions

Q3) Now thinking about the time you spent with a liaison professional in <u>follow-up</u> sessions, please answer the following:	***Yes (%)***	***No (%)***	***N/A (%)***	***Don't know/ can't remember (%)***
Are you satisfied with the length of time it took to receive an appointment with the outpatient team?	77.9	6.3	12.5	3.3
Are you satisfied with the number of follow-up sessions that were offered to you?	71.1	4.0	18.5	6.4
Do you feel that the outpatient facilities are safe?	80.7	2.3	13.7	3.3
Do you feel that the outpatient facilities are private?	79.0	4.0	13.7	3.3

The following questions were asked of all patients:

Q4) Do you have any positive comments about the liaison team?
There were 549 comments, including:

"Allowed me to share everything then got me the help I needed."

"Such good support and has really helped me to face what I needed to."

"Very compassionate, friendly and approachable team. Best service I've had."

"Made me feel more positive about myself. Dedicated - looked at the positive aspects."

"I was seen quickly and felt listened to and supported."

"Treated as being able to make decisions, despite the risks. Given the opportunity to try an option to see if it works."

"They gave me plenty of information in where I can go to get help, also to understand my feelings in a better way."

"Incredibly understanding, made me feel empowered and part of my treatment, rather than an inconvenience."

"Saved my life."

Q5) Is there anything that you would change about the liaison team?
There were 139 comments, including:

"The information given to one healthcare professional doesn't seem to get passed onto the next professional."

"A patient needing this type of help should not be left waiting for hours in waiting area. They could have left the hospital."

"Found them quite negative and some points made me feel worse."

"24/7 availability. Mental health problems don't only happen between 9-5 Mon-Fri."

"If possible I would like the liaison team to continue my treatment. I feel my GP does not care about my wellbeing ."

"We were talking in a busy ward. We went to a more private room only because I suggested it."

"Would have liked a handwritten summary but didn't ask."

"Room cold and bare and a bit intimidating."

"Increase them...More sessions with patients are a must. This will ensure quicker recovery."

Findings from the carer questionnaire

Participating liaison teams were asked to invite all carers seen within the 12 week self-review period to complete the PLAN carer questionnaire. Carers were provided with an information sheet, the questionnaire and a freepost envelope that would be returned anonymously to the PLAN team, as well as an option to complete it online if they wishes. The information sheet made clear that the care of their loved one/relative/friend would not be affected should they choose to not complete the survey. In total, 275 carers completed the survey. Details of which hospitals the patients had attended can be found in Appendix 1.

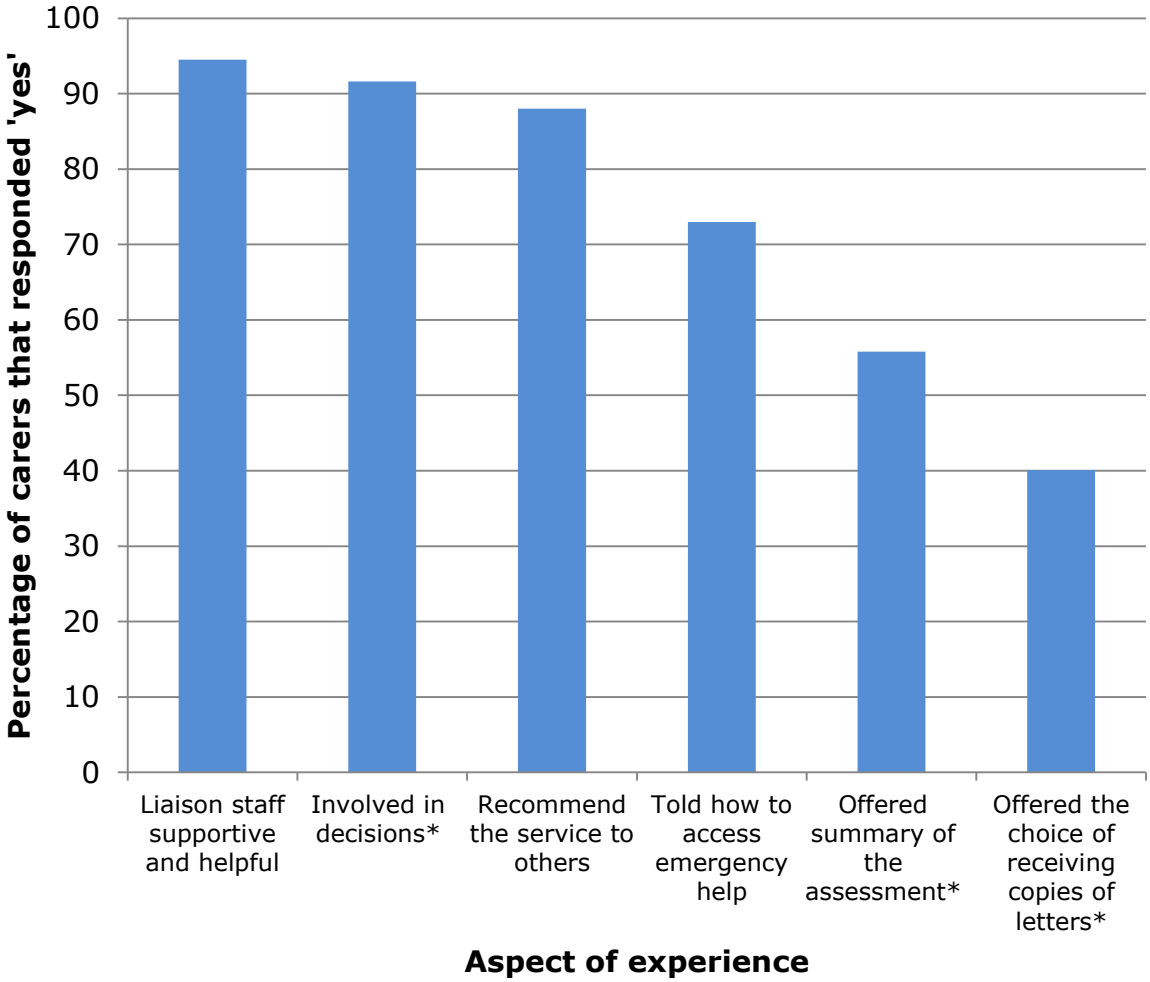
Table 6 Carer questionnaire responses on their general experience of the liaison team

Q6) Thinking about the liaison professional the person you care for had contact with, please answer the following questions. *Please note - if the person you care for did not give permission for the professional to share all of their information with you, you might not be able to answer all of the questions. If this is the case, please tick the 'Not Applicable (N/A)' or 'Don't know/Can't Remember' columns.*	***Yes (%)***	***No (%)***	***N/A (%)***	***Don't know/ can't remember (%)***
Did you find the liaison staff supportive and helpful?	96.6	1.5	1.5	0.4
Were you involved in discussions about the future care and treatment of the person you care for? *(where appropriate and with the patient's consent)*	93.0	2.6	3.7	0.7
Did the liaison professional offer you written information explaining what was discussed in the assessment and what would happen next? *(where appropriate and with the patient's consent)	57.5	23.7	13.2	5.6
Were you offered the choice of receiving copies of letters between the liaison team and other services? *(For example, a letter from the liaison team to a GP) *(where appropriate and with the patient's consent)*	41.2	37.8	13.5	7.5
Were you offered satisfactory information *(i.e. that is useful and easy to understand)* about how the person you care for could access emergency out-of-hours help? *For example, who to contact in a mental health crisis.*	74.9	15.0	6.0	4.1

Q6) Thinking about the liaison professional the person you care for had contact with, please answer the following questions. *Please note - if the person you care for did not give permission for the professional to share all of their information with you, you might not be able to answer all of the questions. If this is the case, please tick the 'Not Applicable (N/A)' or 'Don't know/Can't Remember' columns.*	***Yes (%)***	***No (%)***	***N/A (%)***	***Don't know/ can't remember (%)***
If you knew someone with a problem similar to the person you care for, would you recommend the liaison service?	90.6	2.6	3.8	3.0

The majority of carers found the liaison team to be supportive and helpful and most said that they would recommend the liaison team to others. Areas most in need of further improvement relate to the provision of information, although there were signs that services had made some progress in this area.

Figure 5 Carers that responded 'yes' to various aspects of their experience with the liaison team

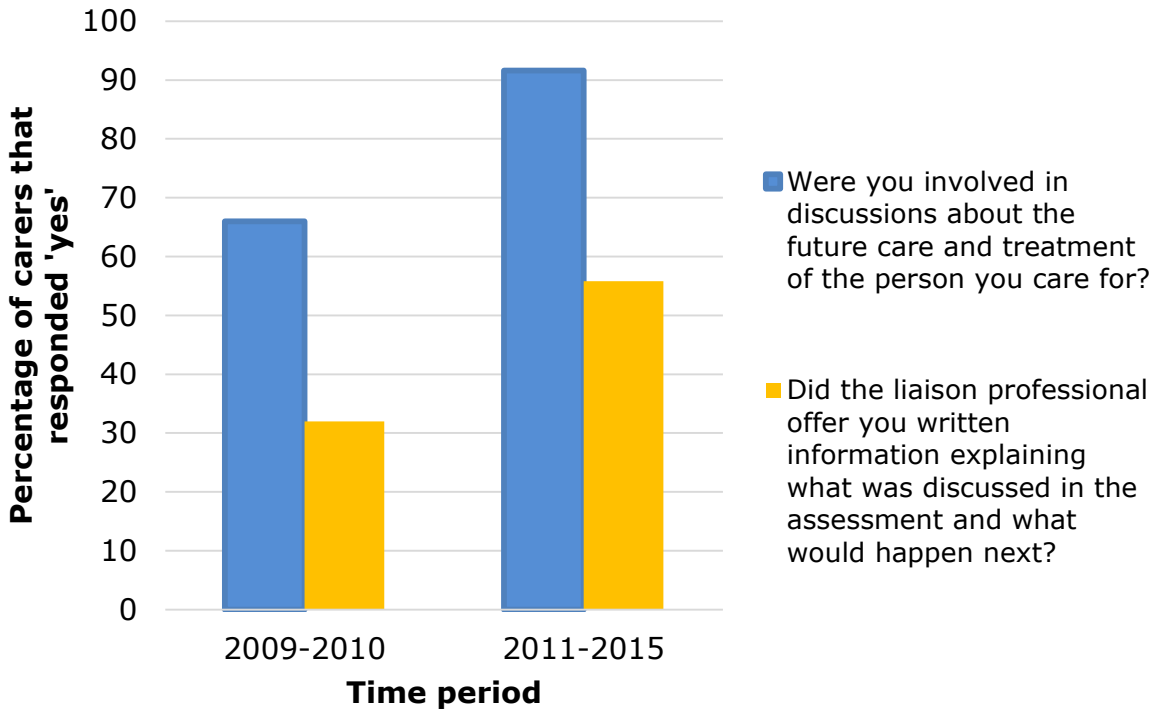


(where appropriate and with the patient's consent)

Comparison with data from the first PLAN aggregated report

The only notable difference related to i) carers now reporting greater involvement in treatment decisions and ii) liaison professionals offering carers written information explaining what was discussed in the assessment and what would happen next.

Figure 6 Percentage of carers who reported being involved in treatment decisions and being offered a written summary of the assessment



Q7) Do you have any positive comments about the liaison team?
There were 208 comments, including:

"My views were listened to and respected. For the first time, I was asked how my relative's illness affected our family."

"They were kind and reassuring. They gave the patient and ourselves confidence to go home and cope."

"They have changed my mum's life around recognising her needs. Putting her on the right medication and getting her to mix with others."

"Absolutely fantastic, calm, understanding, patient and informative. He made the patient feel hopeful and reassured and made referrals which were badly needed."

"Hugely supportive and informative. Quickly understood the complex issues involved and put together a support package."

"I don't know what we would have done without them. My daughter had taken an overdose and no one was giving me any information about what would happen."

"It was wonderful to be able to talk to someone who doesn't know you. I wouldn't talk to family or friends. Too ashamed!"

"Arranged for care that day for my partner. Easy to talk to."

"I was impressed by how much time the doctors took and how involved we were with the decisions taken ."

Q8) Is there anything that you would change about the liaison team?
There were 54 comments, including:

"Written information detailing options as the information is quite complex and difficult to retain."

"I would like to have met them to discuss my mother's case. "

"Be quicker."

"Difficulty finding confidential space for consultation about sensitive topics on the short term ward."

"Pay more attention to actually caring for the patient rather than worrying about following procedures. Nothing in life is black and white - deal with the grey."

"Information on who to contact for follow up appointment was not received."

"I would like to have been woken up and asked to go with my girlfriend/lady I care for."

"My son took a big overdose and is depressed. He should be admitted to hospital and wasn't."

"Ward staff should be aware of post op delirium and pre-warn relatives to avoid distress. Relatives who visit need to be informed how they can help with recovery."

Findings from the liaison staff survey

In this survey staff were asked about training, support and communication within the liaison team. In total, 571 liaison staff completed the questionnaire. Details of which liaison teams the staff worked for can be found in Appendix 1.

Table 7 Professional roles of responders to the liaison staff questionnaire

Professional Role	***Response (%)***
Mental Health Nurse (Registered)	46.8
Psychiatrist (Consultant level)	14
Psychiatrist (Non-consultant level)	10.3
Manager (e.g. Team Manager, Clinical Service Manager etc.)	7.3
Administrator/Secretary/Clerical	7.2
Psychologist	2.3
Social Worker	1.8
Healthcare Assistant/Clinical Support Worker/Unqualified Nurse	1.4
Therapist (e.g. Occupational Therapist, Speech Therapist etc.)	1.2
Other	7.7

Table 8 Liaison staff questionnaire responses on patient populations

Which group of patients do you work with?	***Response (%)***
Working age adults (18-64)	28.9
Older people (65 and over)	9.4
Both	61.7

Table 9 Liaison staff responses on supervision and support

Question	***Yes (%)***	***No (%)***
Are you offered regular clinical supervision?	92.3	7.7
Do you have the opportunity to debrief or reflect following traumatic incidents?	97.2	2.8
Are you satisfied with the quality of supervision you receive?	95.8	4.2
Are you satisfied with the frequency of supervision you receive?	89.4	10.6
Do you have the opportunity to meet with peers for support (informally or formally)?	95.8	4.2

Whilst staff were generally satisfied with the quality of supervision they receive, not all were satisfied with the frequency of it and this is an area in need of

improvement. During the peer-reviews, some staff said that supervision tended to slip during busy times or periods of staff absence.

Table 10 Liaison staff responses on the running of the liaison team

Question	***Yes (%)***	***No (%)***
In your opinion, does the liaison team have enough staff to perform its core functions safely?	73.4	26.6
Can you contact a senior or managerial colleague at any time?	95.1	4.9
Do you think that communication within the liaison team is effective?	91.8	8.2
Do you know how to access the team's policies, procedures and written guidance relevant to your role?	95.1	4.9
Can you access advice on legal issues when needed? *(advice about sharing patient information, the use of legal frameworks, capacity, consent, etc.)*	96.5	3.5

In terms of staff numbers, over a quarter of the staff surveyed during the self-review felt that the liaison team they work in does not have enough staff to perform its core functions safely. Although some of the teams in question were able to increase staffing levels to later meet this standard, this issue remains a concern.

The liaison professionals surveyed were generally very positive about the quality of communication within the team and staff access to policies, procedures, advice and senior support.

Table 11 Liaison staff responses on time available for assessments

Are you satisfied with the length of time you are able to spend on each assessment (including face-to-face, reading notes and writing up notes)?	
Yes (%)	75
No (%)	14.2
N/A to my role (%)	10.8

When discussed further on peer-review visits, most staff stressed that they would do all in their power to take 'as long as clinically needed' for the face-to-face assessment. However, many staff commented that back-to-back assessments can result in a backlog of data entry that was impossible to manage without working extra, unpaid hours. This was especially problematic for those teams whose internal systems meant that they had to record and share a large amount of information with several agencies using various systems.

Do you have any positive comments relating to role clarity, support, supervision and communication?
There were 322 comments, including:

"I have the privilege of working with an incredibly dynamic and very supportive team."

"Many of the senior staff are very committed...Share knowledge and strive for high standards."

"The team hand over at each change in shift, ensuring communication is open and not lost in transit."

"A team away day heped to clarify the roles and responsibilities of team members. The team has clear policies."

"One great positive (in-hours) is that there is always someone available to get a second opinion from or to run a case by."

"My manager is experienced, clear, influential; one of the most important relationships of my career."

"Specialist supervision is available including medical, occupational therapy and psychology."

"The consultants are incredibly supportive, highly visible, accessible and approachable."

"A very dedicated team who strive to provide the best service they can given the resources available."

Do you have any suggestions for improvement in this area?
There were 188 comments, including:

"Group supervision and reflective practice [is needed]."

"At weekends there is a lone clinician dealing with very variable demand. At times this has been up to 11 referrals in a working day - an unmanagable workload."

"Psychology input is needed."

"We only have one psychiatrist to cover 1200 beds. We require more to begin to address the known need for liaison psychiatry in this hospital."

"It feels like change within the service is top down and not necessarily taken by or reflective of clinical staff on the frontline."

"Enormous amount of time is wasted on inputting data in a highly inefficient way."

"I have been subject as a Band 5 to lone working late at night walking to and from hospital seeing patients who are a potential risk to others."

"Better organised and more structured handovers."

"There is pressure on nurses to work additional hours and go without breaks...This could lead to burn out and high turn-over."

Table 12 Liaison staff responses on training

In the past 12 months, approximately how many days have you spent on training, professional development, education or learning? Include any conferences, events, courses etc. that you have attended either externally or internally, during work time.	***Response (%)***
None	0.7
1 – 2 days	13.6
3 – 5 days	31.2
6 – 8 days	21.1
9 – 11 days	12.3
12 days or more	21.1

Figure 7 Number of days training received by liaison staff in the past 12 months

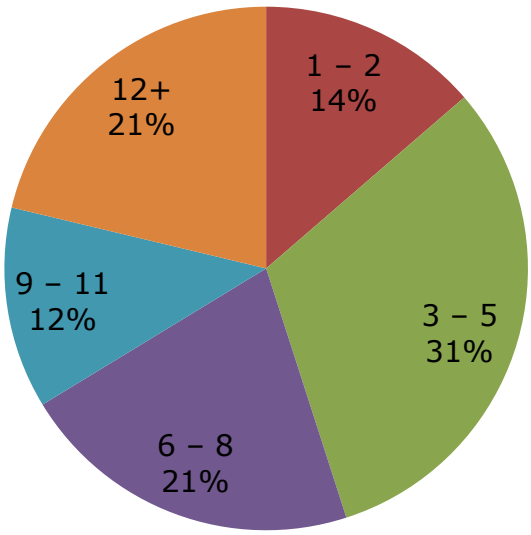


Table 13 Liaison staff responses on appraisal and training needs

In the past 12 months have you:	***Yes (%)***	***No (%)***
Received an appraisal?	86.4	13.6
Been asked about your training needs by your manager?	92.8	7.2
Been denied relevant training due to a lack of funding or staff cover?	14.2	85.8

Most staff had received an appraisal in the past 12 months and almost all of those who had not at the point of self-review had received one by the time the peer-review took place.

Although almost all staff had been asked about their training needs, 14% of staff had been denied training due to lack of funding or staff cover.

Table 14 Liaison staff responses on completion of a range of core training needs

FOR ALL STAFF. This question relates to your ability to perform your core role. *Please indicate if you have received sufficient guidance, training or education, including formal training and informal 'on-the-job' learning for each of the following areas. If any of the areas listed do not apply to your current role, please select 'N/A'*	***Sufficient (%)***	***Insufficient or not provided (%)***	***N/A to my role (%)***
A basic awareness of common mental health problems	96.3	0.5	3.1
A basic awareness of risk *Note: Including safety issues relating to the hospital environment, such as ensuring that patients are not isolated for long periods and staff knowing when to alert colleagues to potential hazards.*	96.0	0.9	3.1
Information sharing and confidentiality	98.3	1.2	0.5
Culturally sensitive practice, disability awareness and other diversity and equality issues	96.5	2.8	0.7
Mental health and stigma	95.3	2.8	1.9
Ageism and stigma	89.7	6.5	3.8
Recognising special needs and knowing how to arrange support for people with visual, hearing, literacy or learning disabilities	79.9	13.8	6.3

Most basic training was reported to be well met by staff, with the exception of recognising and responding to special needs.

Comparison with data from the first national report

Improvement has been found in some areas. In this report, 93% of staff reported being asked about their training needs compared to 85% in the first national report. Training around ageism and stigma has increased from 72% to 90%. Training in recognising and responding to special needs has increased from 62% to 80% but remains an area in need of improvement. Unfortunately, 14% of staff were denied training due to lack of funds or staff cover, which represents no improvement since the previous report.

Table 15 Clinical liaison staff members' responses on a range of clinically relevant core training needs

FOR CLINICAL STAFF ONLY. This question relates to your ability to perform your core role. Please indicate if you have received sufficient guidance, training or education, including formal training and informal 'on-the-job' learning for each of the following. If any of the areas listed do not apply to your current role, please select 'N/A'	***Sufficient (%)***	***Insufficient (%)***	***N/A to my role (%)***
Working with 16-18 year olds, if appropriate	60.7	11.3	28.0
Working with older people, including detection and management of dementia, delirium and depression	76.2	13.8	10.0
Conducting mental health assessments of acute hospital patients	91.7	3.1	5.2
Assessing and managing a patient's risk to self and others	92.9	4.4	2.7
The use of legal frameworks, such as conducting assessments, deprivation of liberty, assessing capacity and providing micro-legal advice to colleagues	89.9	5.9	4.2
Detecting and managing acute disturbance in physically ill people of all ages (e.g. delirium, psychosis etc.) and the use of rapid tranquilisation, if used	85.6	9.0	5.4
The protection of vulnerable adults and child protection issues, including responding to suspected abuse or domestic violence	90.8	7.7	1.5
Understanding why people self-harm and the difference between self-harm and acts of suicidal intent (for working age adults and for older people)	93.7	5.0	1.3
Suicide awareness, prevention techniques and approaches	94.0	5.0	1.0
Preventing and managing challenging behaviour	88.7	8.5	2.9
Detecting the misuse of alcohol and knowing where to signpost if necessary	86.9	10.2	8.3

Detecting the misuse of drugs and knowing where to signpost if necessary	89.0	8.3	2.7

Staff were most likely to have received sufficient training in self-harm and suicide awareness; assessing risk and conducting assessments. One in eight staff felt that training in the detection and management of dementia, delirium and depression in older people was insufficient.

Training in detecting alcohol and drug misuse requires improvement, as does training in managing challenging behaviour. One in ten staff members rated their training in working with 16-18 year olds as insufficient.

Table 16 Clinical liaison staff members' responses on a range of clinically relevant training needs

CLINICAL STAFF ONLY. This question relates to your ability to perform your core role. Please indicate if you have received sufficient guidance, training or education, including formal training and informal 'on-the-job' learning for each of the following. If any of the areas listed do not apply to your current role, please select 'N/A'	***Sufficient (%)***	***Insufficient or not provided (%)***	***N/A to my role (%)***
Understanding the interface between complex physical and psychological problems	60.7	11.3	28.0
Recognising and managing medically unexplained symptoms	76.2	13.8	10.0
Recognising and managing emotional responses to trauma	91.7	3.1	5.2
Recognising and managing organic mental health disorders	92.9	4.4	2.7
Person-centred care planning	89.9	5.9	4.2
The use of therapeutic approaches in the assessment of process, such as psychotherapeutic theories	85.6	9.0	5.4
Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness	90.8	7.7	1.5
Working with people diagnosed with personality disorder	93.7	5.0	1.3
The impact of cultural differences on mental health and use of services	94.0	5.0	1.0
The needs of people with learning disabilities	88.7	8.5	2.9
Awareness of the liaison team's role following major incidents	86.9	10.2	2.9
The role of nutrition and diet in liaison psychiatry patients	89.0	8.3	2.7

CLINICAL STAFF ONLY. This question relates to your ability to perform your core role. Please indicate if you have received sufficient guidance, training or education, including formal training and informal 'on-the-job' learning for each of the following. If any of the areas listed do not apply to your current role, please select 'N/A'	***Sufficient (%)***	***Insufficient or not provided (%)***	***N/A to my role (%)***
Eating disorders	64.0	29.6	6.4
Pain management	59.5	32.5	7.9

Satisfaction with the training provided ranged from 59% to 94%. Staff were most likely to have received sufficient training in the impact of cultural differences on mental health, recognising and managing emotional responses to trauma, working with people diagnosed with personality disorder and recognising and managing organic mental health problems. Staff were less satisfied with the training provided in understanding the interface between complex physical and psychological problems, recognising and managing medically unexplained symptoms, eating disorders and pain management. Overall, a need for further training is indicated by these findings.

Q12) Do you have any positive comments relating to the training, support or guidance you have received?
There were 295 comments, including:

"As it was a new team, I had the opportunity to shadow various teams which provided me with informal training ."

"The consultants and seniors are amazing, there is phenomenal support and an exceptional training environment."

"Able to criticise and change management plans in a good setting."

"Case studies have always helped as a method of teaching."

"I was given funding for the City University Liaison course. This has significantly increased my ability and confidence."

"Supportive, teamwork- never feel alone."

"Very good training post, lots of supervision, responsibility where relevant and teaching."

"A comprehensive induction training, with team members using their specialist knowledge to help train the rest of the team."

"We have a weekly team teaching session with internal/external speakers. We can request a particular topic if required."

Are there any particular areas (e.g. the areas outlined in the previous questions) in which you would like to develop your knowledge?
There were 266 comments, including:

"The medical side of liaison work, e.g. medically unexplained symptoms, and the interface between physical/psychological symptoms."

"Learning disabilities and how to access mental health care for this specific area."

"Perinatal psychiatry."

"More staff would be benefical to free up clinical nursing staff to enable them to be able to attend training sessions."

"Neuropsychiatry and somatoform/functional disorders - we are beginning to get more referrals."

"We are now seeing 13 to 18 years olds so some additional knowledge is required for this."

"Organic disorders/mental disorder in the elderly."

"Pain management."

"More specific work-based training please."

Q14) Do you have any suggestions for improvement regarding the training, education and guidance available to you?

There were 123 comments, including:

"Monthly discussion of a complex case."

"Have a rolling programme available Trust wide for the liaison teams."

"Access to training courses specifically designed for liaison work."

"If the team were better staffed then we would be able to support a regular internal program of education."

"Psychological therapies training to expand our skills/interventions."

"I think all administrators should have an understanding of Mental Health. We see it daily but do we understand it?"

"More medical supervision with consultant psychiatrists as we are currently a nurse led service."

"Space is an issue for the team and we don't have easy access to an adequate meeting room with good audio-visual facilities."

"Lack of funding from organisation for staff to pursue further training unless they can fund themselves."

Table 17 The percentage of clinical liaison staff members that work with older patients

Are you a member of clinical staff working with older patients?	
Yes (%)	60.5
No (%)	39.5

Table 18 Clinical liaison staff members' responses on training in various aspects of working with older patients

Please indicate if you have received sufficient guidance, training or education, including formal training and informal 'on-the-job' learning for each of the following. If any of the areas listed do not apply to your current role, please select 'N/A'	***Sufficient (%)***	***Insufficient or not provided (%)***	***N/A to my role (%)***
Detecting and managing dementia in older people	75.6	19.5	4.9
Detecting and managing delirium in older people	80.5	15.9	3.7
Detecting and managing depression in older people	88.9	8.6	2.5
Undertaking specialist assessments of a patient with cognitive impairment. Note: This might include: • Examination of attention and concentration, orientation, short and long-term memory, praxis, language and executive function • Cognitive testing using a standardised instrument • Arranging for neuropsychological testing as indicated • Talking to carers/family members • Assessing the impact on daily living and mental health well-being	70.7	22.0	7.3
The roles of different health and social care professionals, staff and agencies in the delivery of care to older people	86.6	12.2	1.2
Referral pathways and joint working arrangements with local health services for older people	80.5	15.9	3.7

It is notable that not all staff working with older people reported receiving sufficient training in key areas such as dementia, delirium and undertaking specialist assessments of patients with cognitive impairment.

Do you have any positive comments relating to the training, education, or guidance you have received?
There were 88 comments, including:

"I had both formal and informal induction, shadowing opportunities and regular case by case supervision and support."

"We have an excellent older adult consultant who is brilliant at teaching."

"We have the opportunity to shadow the older adults team, this is useful."

"Specialist colleagues are constantly teaching and educating us in different ways through our team meetings."

"I have attended dementia training and this is very helpful in recognising the early onset of dementia."

"I attended the memory clinic to shadow a colleague which gave me face-to-face clinical experience."

"Local regular academic presentations with specialist clinicians from the older adult team."

"Ongoing close working with the dementia specialist nurses."

"Peer support and guidance from medics with relevant experience has been excellent when available."

Are there any particular areas related to working with older people in which you would like to develop your knowledge?
There were 100 comments, including:

" As I have not worked with older people before I would find it helpful to have spent time with specialists when first new to the team."

" General knowledge about dementia, delirium and depression in the elderly, also about medication and risk factors."

"Assessments of cognitive impairments, use of assessment tools."

"Discharge planning, interfacing with services and clarification of roles and responsibilities."

"Distinguishing low mood in depression in old age."

"Deprivation of liberty (DoLS), capacity issues, recognising and understanding medical health issues."

"I would like to develop my knowledge of social care assessment tools."

"More formal training or organised 'shadowing' rather than ad-hoc as we do now."

"Palliative care."

Do you have any suggestions for improvement regarding the training, education and guidance available in these areas?
There were 59 comments, including:

"I have no experience in older age adults - came into work to be told I was expected to undertake assessments for them."

"Because we are not under the older adults team, our training has been minimal despite our regular contact with this group."

"In house training: perhaps led by the medical staff."

"Increased opportunity for supervision and supervised and joint assessment with older people for some more complex presentations."

"More knowledge about medically unexplained symptoms in the older population."

"Regular training sessions, which we can all attend, which we have protected time to attend."

"Some more joined up working with the older adult liaison team."

"We require an integrated formal teaching package, with links to dementia services in the medical trust."

"We see over 65s in A&E and the A&E ward - we manage but feel ill equipped for this role."

Table 19 The percentage of liaison staff members that provide therapeutic interventions

Other than in the initial assessment, do you personally provide (in your current role) any therapeutic interventions to patients (i.e. ongoing talking therapies/follow up sessions etc.)?	
Yes (%)	53.8
No (%)	46.2

262 staff members responded that they provide therapeutic interventions and these staff were then asked the following questions:

Table 20 Liaison staff responses on training to provide therapeutic interventions

If you provide therapeutic interventions, have you received sufficient guidance, training or education (including formal training and informal 'on-the-job' learning) for the areas you deliver interventions in?	
Yes (%)	56.1
No (%)	43.9

Table 21 Liaison staff responses on supervision to provide therapeutic interventions

Do you receive supervision relating to any therapeutic interventions you provide?	
Yes (%)	75.4
No (%)	24.6

A quarter of staff did not receive specific supervision relating to the therapeutic interventions they were providing, although during the peer-review visits some staff commented that they would use general clinical supervision to discuss cases.

Almost half the staff questioned stated that they had not had sufficient training in the areas they deliver interventions in. On the peer-review visits, some staff explained that they had received reasonable training in their area of intervention but would benefit from more or would like to expand their therapeutic repertoire.

It is also possible that the questions PLAN asked liaison staff around follow up work and interventions were not clearly understood by respondents. This will be addressed when the PLAN standards and data collection tools are next revised.

Do you have any positive comments regarding the training or supervision for the interventions you provide?
There were 27 comments, including:

"Clinical psychologist is very supportive and helps all staff with therapeutic interventions."

"Everyone should be trained in brief interventions - they make the job far more interesting and fulfilling."

"Excellent - it is external but paid for by liaison psychiatry."

"I appreciate the availability of expert supervision for different aspects of my work."

"I receive ongoing support, training and supervision."

"Our psychologist is very proactive in relation to training and providing guidance."

"Training on brief therapeutic interventions through the Trust learning and development department."

"We recently had good teaching on motivational interviewing."

"Would like to have training from IAPT (increasing access to psychological therapy) services."

Do you have any suggestions for improvement regarding the training or supervision for the interventions you provide?
There were 105 comments, including:

"Could all have some brief solution focused therapy training."

"For the Trust to host its own occupational therapy training course, this could also provide a source of income generation."

"It would be useful to have reflective practice with someone from psychology."

"RAID feels quite separate from other services at times and professionally I can feel very distant from other colleagues in the wider Trust."

"I would like to think further about support we offer families."

"Adapting some of the cognitive behavioural approaches to the difficulties of working with medical inpatients."

"Training in drug and alcohol interventions."

"Cognitive behavioural therapy, dialectical behavioural therapy, interpersonal therapy, family therapy."

"Psychology involvement in team supervision."

Findings from the acute staff questionnaire

Acute hospital colleagues of the liaison team were asked to complete this questionnaire in order for PLAN to understand more about their experience of having liaison team input. The questions are presented below alongside the percentage (%) of responses. Please note that in some cases not all questions were answered. In total, 814 acute staff completed the questionnaire. Details of which liaison teams the staff work alongside can be found in Appendix 1.

Table 22 Departments worked in by respondents to the acute staff questionnaire

Which department do you work in? Please select the option which most closely reflects your role	Number of responses	% responses
Emergency Department (A&E)	242	37.4
Elderly Care	111	17.2
General and Acute Medicine	80	12.4
Medical Assessment Unit	21	3.2
Gastroenterology	20	3.1
Respiratory	16	2.5
Orthopaedics	15	2.3
Neurology	14	2.2
Clinical Decisions Unit	13	2.0
Critical Care/Intensive Care	13	2.0
Oncology	10	1.5
Palliative Care	10	1.5
Cardiology	8	1.2
General Surgery	8	1.2
Obstetrics and Gynaecology/Women's Health	8	1.2
Renal Unit	8	1.2
Haematology	7	1.1
Occupational Therapy	7	1.1
Rehabilitation	7	1.1
Hepatology	6	0.9
Nephrology	5	0.8
Infectious Disease	4	0.6
Paediatrics	4	0.6
Sexual health/Genito-urinary Medicine/HIV	3	0.5
Physiotherapy	2	0.3
Urology	2	0.3
Adult Mental Health/Psychiatry	1	0.2

Which department do you work in? Please select the option which most closely reflects your role	Number of responses	% responses
Nutrition and diabetics	1	0.2
Poisons unit	1	0.2
Gynaecology	0	0
Management/Directorate	0	0
Maternity Department	0	0
Occupational Health	0	0
Ophthalmology	0	0
Pain Management	0	0
Rheumatology	0	0

Note: Some people work in more than one department.

Table 23 Professional roles of respondents to the acute staff questionnaire

Professional Role	Number of responses	% responses
Consultant	291	36.0
Nurse (Senior)	165	20.4
Doctor (trainee)	129	15.9
Nurse (Qualified)	70	8.7
Other	41	5.1
Manager	24	3.0
Administrator/ Secretary/ Ward Clerk	21	2.6
Midwife	16	2.0
Nurse (Unqualified, trainee, or Healthcare Assistant)	14	1.7
Occupational Therapist	10	1.2
Discharge Co-ordinator	9	1.1
Physiotherapist	6	0.7
Psychologist	4	0.5
Pharmacist	3	0.4
Social Worker	3	0.4
Surgeon	2	0.2
Neurologist	1	0.1

Table 24 Acute staff questionnaire responses on patient populations

Which group of patients do you work with?	***Response (%)***
Young people (under 18)	5.7
Working age adults (18-64)	42.1
Older people (65 and above)	45.7
All of the above	47.9

Table 25 Percentage of respondents to the acute staff questionnaire that make referrals to the liaison team

Do you make referrals to the liaison team?	
Yes (%)	93.2
No (%)	6.8

Table 26 Acute staff responses on working with the liaison team

Question	***Yes (%)***	***No (%)***
Are you satisfied with the referral procedure?	92.9	7.1
Are you satisfied with the communication provided by the liaison team between initial referral and assessment? *(Note: this includes updates on waiting times and any delays and telephone advice to the referrer)*	79.7	20.3
Are you satisfied with the amount of mental health input provided by the liaison team within their working hours?	87.4	12.6
Are you satisfied with the time it takes to receive a senior opinion from the liaison team, when required?	76.6	23.4
Are you satisfied with the information provided by the liaison team after the assessment?	86.7	13.3
Do you know how to access advice from a consultant psychiatrist (if needed) during the liaison team's normal working hours (either through the liaison team or via local mental health services)?	77.6	22.4

Acute staff were generally satisfied with the referral procedure. Areas of least satisfaction related to knowing how to access advice from a consultant psychiatrist, communication provided by the liaison team and the time taken to receive a senior opinion from the liaison team.

A fifth of acute colleagues surveyed felt that communication from the liaison team between initial referral and assessment was unsatisfactory. The majority of acute colleagues were satisfied with the amount of input provided by the liaison team within the liaison team's working hours, but one in eight were not.

Table 27 Acute staff responses on the liaison team's speed of response

Are you generally satisfied with the liaison team's speed of response to:	***Yes (%)***	***No (%)***	***N/A (%)***
Emergency referrals	69.6	17.0	13.4
Urgent referrals	76.8	16.8	6.4
Routine referrals (all other referrals) for working age adults	74.1	9.2	16.7
Routine referrals (all other referrals) for older adults	73.4	12.1	14.4

Referral Definitions

Emergency referrals: An acute disturbance of mental state and/or behaviour which poses a significant, **imminent** risk to the patient or others.

Urgent: A disturbance of mental state and/or behaviour that poses a significant risk to the patient or others, but does not require immediate mental health involvement.

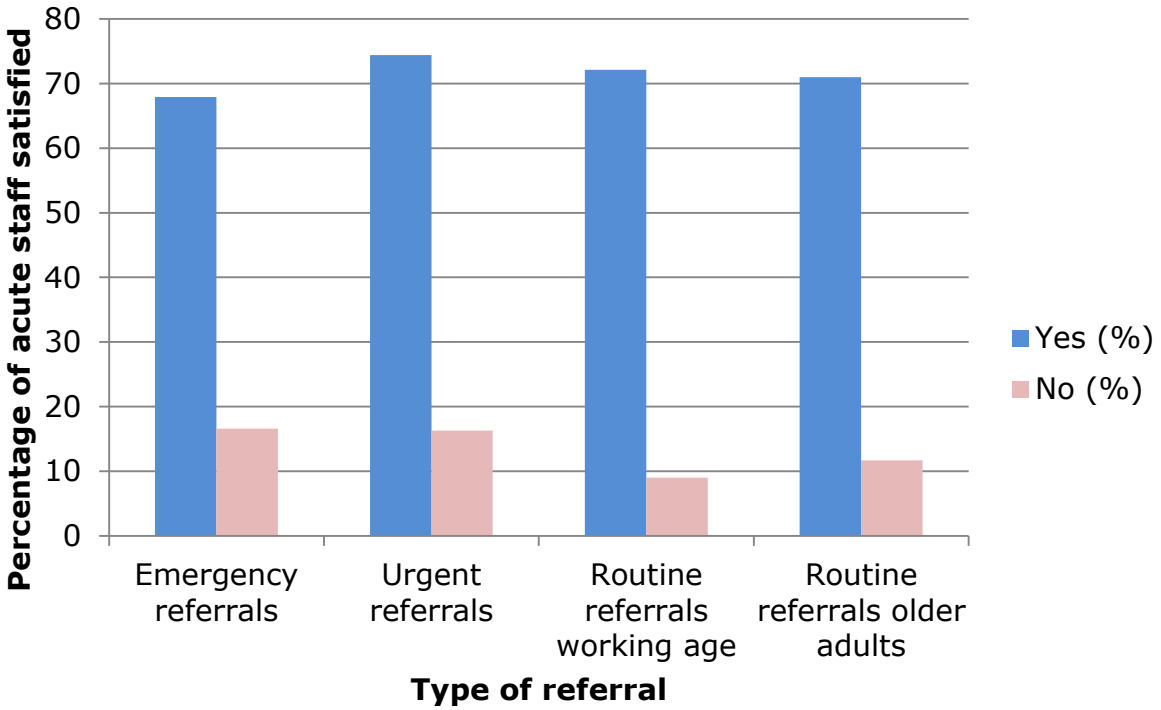
Routine: All other referrals, including patients who require mental health assessment, but do not pose a significant risk to themselves or others, and are not medically fit for discharge.

One sixth of acute staff were dissatisfied with the liaison team's speed of response to emergency referrals and a similar number were dissatisfied with the speed of response to urgent referrals. Regarding routine, non-urgent referrals, 12% of acute staff were dissatisfied with the response times for older patients compared to 9% dissatisfaction with the response times for working age adults.

Comparison with data from the first PLAN aggregated report

In the 2009-2010 report satisfaction with emergency, urgent and routine referrals was 84%, 85% and 81% respectively. Since then, satisfaction has decreased to 69%, 77% and 74%.

Figure 8 Percentage of acute staff who were generally satisfied with the liaison team's speed of response to referrals



Do you have any positive comments regarding the liaison team's referral procedure, response to your referrals, communication style, paperwork/ IT systems etc.?

There were 524 comments, including:

"Fantastic...We have seen a step change in provision of mental health care for A&E patients. Service is responsive, patient centred and 24/7. This service is vital."

"I am so impressed with how quickly they respond. They are always really helpful, keen to teach junior doctors and really involved in following up patient care. "

"Always promptly review, often bringing thorough background history from the community. Always want to discuss cases with the team and eager to teach."

"Their documentation provides a clear picture of the presentation and you can trust their assessments because you have an established relationship with them."

"The team are very helpful. Until now I've come across a real physical / mental health divide, and it's been great to see how the two sides can work together."

"We attend daily meetings. Responses to referrals are very good and we often complete joint assessments and ward visits together."

"The liaison team's presence has improved enormously our ability to safely discharge patients efficiently, with supported plans in place."

"An excellent team who are responsive and fully integrated into the A&E, with a real culture of 'doing today's work today' which is very refreshing."

"It is a great improvement having the team available. A lot of patients who used to be admitted for review the next day are able to get home."

Do you have any suggestions for improvement?

There were 435 comments, including:

"We need access to the mental heath records...Sometimes a referral could be avoided if we just had access."

"Response time always an issue, frequent breaches for psychiatric patients...Huge delays, especially overnight."

"Some older patients are not seen by someone with old age psychiatry experience, which leads to less appropriate responses. "

"There is a large variation in level of engagement and input provided by the individual liaison assessors along with inconsistency in documentation."

"[They shouldn't] need to wait for bloods to review patients. Also could do with having better expected arrival time for their arrival to review patients."

"Support to the medical teams, patients and relatives regarding facilitated discharge is poor and we would value the opportunity to engage in improvement."

"They are unkeen to become involved in a true mental health emergency (de-escalating violence, capacity assessment for someone threatening to leave)."

"Our notes are on different systems...[it would help if] the patient's assessment and discharge letter could be scanned into the medical records."

"More staff for follow up ...Also, they would be more resilient with more staff- we do not want to overwork them to the point of exhaustion!"

Training, Education and Guidance

Table 28 Acute staff responses on training provided by the liaison team

Are you generally satisfied with:	***Yes (%)***	***No (%)***	***N/A (%)***
The amount of training provided by the liaison team?	42.1	18.3	39.6
The quality of training provided by the liaison team?	45.9	10.0	44.1

Many acute colleagues rated this question as not applicable to them. Of those who responded, the majority were satisfied with the amount of training provided by the liaison team, but one in six were not. Where training has been provided, satisfaction with the quality of training was high, with only 10% expressing dissatisfaction.

Do you have any positive comments about training provided by the liaison team?

There were 278 comments, including:

"Always willing to support and educate wherever possible."

"Always relevant, focused and at the right level."

"Good communication on complex decisions, rationale always explained. They encouraged the elderly care team to attend memory clinic and ward rounds."

"One of the best sessions ever on self harm...Because we see it frequently I do feel jaded and may not always consider the long term implications."

"They promote continuous learning which is good for clients, clinicians and the service as a whole."

"We have worked closely with the team on alcohol dependency and withdrawal, also capacity. Both were helpful and informative."

"Very supportive. Every 4 months they provide induction training to our juniors and are very willing to support further."

"Very approachable. Lots of one on one training. Opportunities to be supervised in consultations and get direct feedback."

"They provide fantastic training in the grand round and a recent one day course was excellent."

Do you have any suggestions for improvement regarding training by the liaison team?

There were 233 comments, including:

"Formal, regular training is needed."

"Better interaction and feedback. They can be dismissive about referrals without taking the time to explain why they feel the request is not reasonable."

"Training in dementia, delirium, acute disturbance and challenging behaviour."

"Might be useful to produce and disseminate guidelines on how to manage common conditions."

"They need to expand their numbers to provide more teaching and training."

"More training is needed for all staff."

"As a general adult nurse I have no training in mental health. Yet I, and my colleagues who have had no training are expected to look after patients."

"I have contacted the liaison service when patients ask to self discharge. I am told to do a capacity assessment. I have never been trained to do this."

"Medicine in particular struggles with the capacitated patient who is declining life saving interventions."

Table 29 Acute staff responses on mental capacity advice

Do members of the liaison team provide advice on issues around mental capacity, where needed?	
Yes (%)	87.2
No (%)	12.8

Support and Supervision

Table 30 Acute staff responses on types of supervision provided by the liaison team

Does the liaison team:	***Yes (%)***	***No (%)***
Provide informal supervision and support to your department?	64.6	35.4
Provide formal supervision and support to your department?	43.3	56.7

Of the acute staff surveyed, almost two thirds said they had received informal supervision and support from the liaison team. Formal support and supervision were less commonly provided.

Table 31 Acute staff responses on quality of supervision provided by the liaison team

Are you generally satisfied with:	***Yes (%)***	***No (%)***
The amount of support and supervision provided by the liaison service?	75.6	24.4
The quality of support and supervision provided by the liaison service?	79.5	20.5

Around three quarters of acute staff were generally satisfied with the amount and the quality of support and supervision provided by the liaison team.

Do you have any positive comments regarding support or supervision provided by the liaison team?
There were 278 comments, including:

"An excellent responsive liaison team. One of the best I have worked with."

"This team are an essential part of our daily work. Without them the quality of care to self harm patients would be unacceptable. "

"They ensure medical staff are considering psychosocial issues and acting in accordance with best practice and national guidance."

"Medical colleagues are often given further insights into patient's mental condition by the psychiatric liaison nurse."

"Standard is extremely high - so much so that we really miss the service when it is not available."

"We value their input, wisdom and are always learning from their knowledge and skills."

"I am able to contact the team outside of the scheduled meetings for extra supervision at any time."

"Old age psychiatry provides wards with support, they educate and help families who are coming to terms with diagnosis."

"The liaison team provides support to our team by attending the ward multidisciplinary team meetings providing input and advice."

Do you have any suggestions for improvement regarding support or supervision?
There were 232 comments, including:

"I think this team see themselves as completely separate to the acute hospital."

"Appears to be a very stretched service. More resourcing and personnel needed."

"Provide a 24 hour service, out of hours cover can be a problem."

"It would be nice if we can have more support... e.g. a regular weekly round in elderly care wards."

"Again, the support is operator dependent, some people great, others frankly and openly disinterested."

"We are asked for updates that we have no answers to, which can make patients irate and result in us calling security. This is not good for the patient's self-esteem!"

"More interaction. Giving phone advice, especially with more challenging patients can feel like we bear the brunt whilst the psychiatry team stay in their peaceful office."

"It would be ideal if funding was available to provide regular clinical supervision sessions for all staff in our team."

"If possible, to always have a liaison team member at weekly multi-disciplinary team (MDT) meetings."

Table 32 Acute staff responses on liaison team's effectiveness

In your opinion, does the involvement of the liaison team generally improve patient outcomes?	
Yes (%)	94.7
No (%)	5.3

Despite some disagreement from acute staff regarding the responsiveness of the liaison team and the services they provide, it is encouraging to see that almost all acute staff agree that the liaison team improves patient outcomes.

Findings from the liaison team checklist

Team members were asked to work through this checklist with other colleagues from the liaison team and answer 'yes' or 'no' to each question. The questions that were asked in the team checklist are presented below alongside the percentage (%) of each response that was given. Please note that in some cases not all questions were answered. In total, 35 liaison teams completed the questionnaire. Details of which liaison teams participated can be found in Appendix 1.

Table 33 Percentage of PLAN member teams that agree with the statements provided

Question	***Yes (%)***	***No (%)***
Is your liaison service explicitly commissioned/contracted against agreed service standards?	93.3	6.7
Does an integrated governance/joint planning group (or similar) involving senior clinicians and managers from the liaison service and acute hospital meet at least quarterly? *Note: The group should:-* • *Review matters relevant to clinical and organisational risk and quality* • *Co-ordinate planning of service developments* • *Co-ordinate plans for high risk clinical scenarios especially where these are likely to involve several services or organisations* • *Reports through locally determined management structures*	90.0	10.0
Do the managing Trusts/organisations have an agreed protocol in place for reporting and responding to safety concerns raised by staff from either Trust? Note: This should link to governance structures	90.0	10.0
Are liaison professionals involved in Trust/organisational meetings which address critical incidents, near-misses and other adverse incidents, where relevant to the liaison team?	100.0	0.0
Does the liaison team have office space which is fit for purpose, with essential facilities such as computers, telephone, internet etc.?	93.3	6.7
Does the liaison team have an additional breakout room for confidential activities such as supervision?	90.0	10.0

Table 34 Percentage of PLAN member teams that agree with statements on assessment facilities

Assessment Facilities	***Yes (%)***	***No (%)***
Can the liaison team routinely access space to conduct assessments in privacy?	76.7	23.3
Does the liaison team have a procedure for estimating the level of risk involved in conducting an assessment? (i.e. checking past notes, liaising with other colleagues and taking action where needed).	96.7	3.3
Does the liaison team have a clear procedure for managing 'high risk' assessments? *Note: written guidance should include:* • *A description of suitable facilities for high risk assessment in the EmergencyDepartment/Medical Assessment Unit (see standard 4.4);* • *Arrangements for alerting acute colleagues that the assessment is taking place, including where it is taking place;* • *Guidance on the frequency of checks and observations, depending on the nature of the concern;* • *Agreements about more experienced liaison or acute staff being present during the assessment, if appropriate;* • *Agreements for involving security staff where needed;* • *Arrangements for removing furniture where needed.*	80.0	20.0
Can the liaison team access facilities and equipment for conducting high risk assessments? Facilities should: a) Be located within the main Emergency Department b) Have at least one door which opens outwards and is not lockable from the inside c) Have an observation panel or window which allows staff from outside the room to check on the patient or staff member. N.B: Whilst blinds or obscured glass are encouraged to provide some privacy, windows must not be completely obscured. Privacy shutters, peepholes, or blinds which are adjustable from the outside are required. d) Have a panic button or alarm system (unless staff carry alarms at all times) e) Only include furniture, fittings and equipment which are unlikely to be used to cause harm or injury to the patient or staff member e.g. sinks, sharp-edged furniture, lightweight chairs, tables, cables, televisions or anything else that could be used to cause harm or as a missile are not permitted. f) Not have any ligature points	70.0	30.0

At the point of self-review, almost a quarter of teams were lacking space to conduct assessments in privacy, one fifth of teams did not have procedures for managing high risk assessments and almost a third lacked assessment facilities suitable for conducting high risk assessments. Having procedures and facilities for conducting high risk assessments is required in order to reach accreditation and the vast majority of teams, with PLAN support, were able to meet this standard and become accredited.

Table 35 Percentage of PLAN member teams that agree with statements on risk, consent and confidentiality

Policies on risk, consent and confidentiality	***Yes (%)***	***No (%)***
Does the liaison team have a written policy on managing different levels of risk? *Note - this is likely to include:* • *Developing a risk management plan;* • *Procedures and timescales for communicating the plan to relevant colleagues*.	90.0	10.0
Are members of the liaison team able and available to advise colleagues on issues around mental capacity? *Note: it is not the sole responsibility of the liaison team to assess mental capacity; this should be undertaken by the medical professional proposing the action being taken. However, in complex or borderline cases, the liaison professional may be able to offer valuable insight, and should endeavour to do so.*	100.0	0.0
Is there a Trust/organisational policy on confidentiality and information sharing? *Note: This should provide the liaison team with guidance on informing patients about where information about them is being sent, and why.*	100.0	0.0

Table 36 Percentage of PLAN member teams that agree with statements on involving patients and carers

Involving patients and carers	***Yes (%)***	***No (%)***	***N/A or N/R (%)***
Does the liaison team involve the patient in discussions about their problems and the different treatment options available?	100.0	0.0	0.0
Does the liaison team involve carers (where appropriate and with the patient's consent) in decisions about the patient's care and treatment?	100.0	0.0	0.0
Does the liaison team offer patients a written summary explaining what was discussed in their assessment and what will happen next?	90.0	10.0	0.0

Involving patients and carers	***Yes (%)***	***No (%)***	***N/A or N/R (%)***
Does the liaison team offer carers (where appropriate and with the patient's consent) a written summary explaining what had been discussed in the assessment and what will happen next?	70.0	30.0	0.0
Does the liaison team offer accessible information on how to access emergency out-of-hours help, where needed? *Note: where appropriate, this might include helping the patient draw up an action plan for future mental health crises if this has not already been undertaken*	100.0	0.0	0.0
Does the liaison team offer a leaflet describing the role of the liaison service?	93.3	6.7	0.0
Does the liaison team offer patients written information about any mental health problem the patient may be experiencing?	96.7	3.3	0.0
Does the liaison team offer accessible information about how to access further support through other services, i.e. health services, social services, advocacy and voluntary sector services?	100.0	0.0	0.0
Does the liaison service offer patients the choice of receiving copies of letters between the liaison team and other services, unless there is a good reason not to do so? *Note: this guidance derives from Department of Health guidance for services in England and Wales. Services in other jurisdictions should have similar means of informing patients of their rights to view their records. PLAN will look for evidence in the case notes that patients are being offered the choice of receiving letters*	76.7	23.3	0.0
Does the liaison team offer carers (with the patient's consent) the choice of being copied into written communication between the liaison team and other services?	66.7	33.3	0.0
Does the liaison team support carers to be involved in the patient's care whilst she/he is in hospital? *Note: for example, this may include re-orientation or stimulation for patients with dementia*	100.0	0.0	0.0

Involving patients and carers	***Yes (%)***	***No (%)***	***N/A or N/R (%)***
Can the liaison team access information in a range of formats to suit individual patient needs? *Note: the hospital should be able to access key information in languages other than English, and for people with sight, hearing, learning or literacy difficulties.*	93.3	6.7	0.0
Does the Liaison team have timely access to professional interpreters/signers through the provider Trust/organisation? *Note:* • *Relatives should not be used as sole interpreters;* • *Where appropriate, telephone interpreters can be used, but ideally should not be used for initial assessments;* • *The Trust/organisation should have agreed timescales for providing these.*	100.0	0.0	0.0
Can the liaison team access equipment to facilitate communication with people with visual and/or hearing impairments, cognitive impairment or learning disability? *Note: this might include a white board, marker pen and other visual aids, a hearing amplifier and similar aids.*	100.0	0.0	0.0
Can the liaison team access advocacy services, including PALS, Independent Mental Health Advocates, Independent Mental Capacity Advocates and Mental Health Act advocates?	100.0	0.0	0.0
If the patient presents with a companion, the patient is offered the choice of them being present during the assessment *Note: If involving carers, it is good practice for the assessor to spend time alone with the patient first, to ensure that the patient can speak privately. In other cases, where the carer wishes to speak to the assessor in private, this should also be facilitated (with the patient's permission).*	100.0	0.0	0.0
If a patient presents with dementia or suspected dementia, is the liaison team able to conduct a dementia assessment or signpost to a service that can complete an assessment? *Note: People who are assessed for the possibility of dementia should be asked if they wish to know the diagnosis and they should be asked with whom the outcome should be shared.*	100.0	0.0	0.0

Involving patients and carers	***Yes (%)***	***No (%)***	***N/A or N/R (%)***
(If under the care of the liaison team) do people with dementia have a review of their antipsychotic medication during their hospital stay?	86.7	0.0	13.3

Note: The default position should be to involve the patient as fully as possible, unless doing so would cause distress, or if the patient lacks the capacity or skills to understand what is being said or written, even with support. Carers should also be involved where appropriate.

Some teams were not systematically offering patients and carers the option of receiving a summary of the assessment and plan of care, or the option of being copied into letters. Once the importance of this was brought to their attention, the majority of teams began to do this during the PLAN process.

Table 37 Percentage of PLAN member teams that agree with statements on collaborative working in the general hospital

Collaborative working in the general hospital	***Yes (%)***	***No (%)***	***N/A (%)***
Does the liaison team provide referrers with information on how to refer patients to the liaison team (and if applicable, who to contact out of hours)?	86.7	3.3	10
Do you proactively seek referrals and raise awareness of the liaison function, for example through visiting wards, providing staff training and promoting the liaison team at multi-disciplinary meetings? *Note: it is acknowledged that this is not practical for small or over stretched teams but this should be a long term aspiration.*	93.3	6.7	0.0
Is there a clear pathway for referrers to access advice from a consultant psychiatrist (if needed) during the liaison team's normal working hours? *Note: this may be through the liaison team or via local mental health services*	93.3	6.7	0.0
Are there effective systems in place between the liaison team and acute staff to alert each other to potentially at-risk patients?	96.7	3.3	0.0
If the liaison team provides a service to the Emergency Department, does a member of the liaison team meet with Emergency Department staff at least quarterly?	93.3	6.7	0.0
If the liaison team provides a service to the general hospital, does a member of the liaison team meet with hospital staff at least quarterly?	93.3	6.7	0.0

Collaborative working in the general hospital	***Yes (%)***	***No (%)***	***N/A (%)***
Can the liaison team access the physical health records of their patients?	100.0	0.0	0.0
Can members of the liaison team access both mental health and acute information systems?	93.3	6.7	0.0
Do liaison and acute managers ensure that there is a mechanism in place which allows the liaison team and acute staff to discuss differences of clinical opinion?	96.7	3.3	0.0
If members of the liaison team prescribe drugs, is there a policy regarding the use of medication? Note: this should be in line with local medicines management and include: • The team's agreed use of different medication; • Mechanisms for checking contraindications between different medications being taken for mental and physical problems, including over-the-counter products, that may adversely affect cognitive functioning; • Mechanisms for monitoring side effects and advising the patient on self-monitoring, where appropriate; • The different responses to medication in different age groups; • Mechanisms for the safe administration of medication • Guidance on how to access a pharmacist; • The use of honorary contracts for the liaison team.	53.3	3.3	43.3
Do liaison staff attend joint case reviews with medical teams to advise on complex cases?	100.0	0.0	0.0
Are joint protocols for out-of-hours cover in place between the liaison and out-of-hours service(s)? Note: a written summary should be developed in consultation with out-of-hours staff and is likely to include guidance on: • The working hours and days of the liaison service and the out-of-hours team(s); • The clinical responsibilities of each service; • The handover responsibilities of each service.	55.6	0.0	44.4
Do the liaison team and out-of-hours services work together to share notes and develop joint plans for patients who frequently attend the general hospital?	53.3	0.0	46.7

Collaborative working in the general hospital	***Yes (%)***	***No (%)***	***N/A (%)***
Does the liaison team have written working arrangements detailing who is responsible for assessing patients who may need to be detained under mental health legislation? Note: e.g. Approved Mental Health Professionals and/or Section 12 (England) and Section 20 (Scotland) doctors, or the Crisis Resolution Home Treatment Team. Details of how to contact Independent Mental Health/Mental Capacity Advocates should also be included.	89.3	10.7	0.0

Table 38 Percentage of PLAN member teams that agree with statements on interfaces with other services

Interfaces with other services ***Does the liaison team have an operational policy or written guidance that explains how to refer patients to services including:***	***Yes (%)***	***No (%)***	***N/A (%)***
Local mental health services (i.e. Community Mental Health Teams, inpatient units, Home Treatment Teams, Improving Access to Psychological Therapies Services etc.)	85.2	14.8	0.0
Local primary care services?	81.5	14.8	3.7
Specialist mental health services for older people? Note: Decision to refer someone to services for older people should be based on need and not just age.	77.8	18.5	3.7
Local Social Services departments?	88.9	7.4	3.7
Local child or adolescent services, including details of when it is appropriate for child or adolescent patients to be seen by the working age adult liaison team Note: this should be based on need and not just the person's age. A written summary should be developed in consultation with Child and Adolescent Mental Health Services (CAMHS). This may include guidance regarding referral/discharge to CAMHS, if appropriate.	85.2	7.4	7.4

Despite the self-review findings above, during the peer-review visits most PLAN members were able to show or describe clear care pathways and referral procedures to the above services. One area of provision that was cited as problematic by some teams was the mental health care of adolescents who attend hospital out of hours. Some liaison teams explained that acute staff frequently ask them to assess young patients even though the liaison team is only commissioned and trained to work with adults.

Table 39 Percentage of PLAN member teams that monitor outgoing referrals

Does the liaison team take steps to check that referrals to other services have been received?	
Yes (%)	92.6
No (%)	7.4

Table 40 Percentage of PLAN teams that agree with statements on staffing, training and communication

Staffing, Training and Communication	***Yes (%)***	***No (%)***
Does the liaison team comprise a number of staff to ensure that it can perform its core functions safely?	96.3	3.7
Does the liaison team comprise a number of staff that is proportional to national best practice guidance (see Appendix 2 in the PLAN standards)	53.3	46.7
In the event of staff absence (i.e. sickness, maternity or annual leave), is there a mechanism in place to bring in additional staff to cover core work? *Note: in cases where cover is insufficient, the service has an acceptable contingency plan, such as minor and temporary reduction in non-essential services. This should be in the form of a written summary which is agreed with other services, if appropriate.*	90.0	10.0
Does the liaison team have access to a drug and alcohol worker?	96.7	3.3
Does the liaison team have access to a learning disability nurse or similar specialist?	80.0	20.0
Does the liaison team have access to a mental health pharmacist?	86.7	13.3
Does the liaison team have access to a support, time and recovery worker (STAR)?	23.3	76.7
Has there has been a review of the staff and skill mix of the liaison team within the past 12 months to identify gaps in the team? *Note: the review should result in an action plan or business plan being submitted to the managing organisation. This plan should then be used to inform decisions on recruitment and staff training*	70.0	30.0

Staffing, Training and Communication	***Yes (%)***	***No (%)***
Are there are up-to-date documents which state the managerial and clinical responsibility and accountability of staff?	93.3	6.7
Does the liaison team provide an induction to new liaison team members which is based on an agreed list of core competencies? *Note: an induction checklist can be used to list the competencies new staff are expected to demonstrate, with timescales attached*	93.3	6.7
Are members of the liaison team offered regular clinical supervision? *Note: frequency of supervision should be in line with national guidance for the person's particular professional group. Staff should have some choice in who supervises them, including access to an external supervisor if preferred.*	96.7	3.3
Does the liaison team meet regularly (i.e. daily contact and weekly meetings)? *Note: for larger liaison teams which operate across various sites and shifts, arrangements are in place to ensure that staff from each group are represented in core team meetings and all staff receive regular updates*	96.7	3.3
Does the liaison team use one core set of liaison health care records?	96.7	3.3
Is there is a rolling training programme for liaison professionals which is repeated to account for staff rotation and changes? *Note: training programmes should include regular updates for long-term staff, not just new staff.*	76.7	23.3
Can liaison staff access the intranet and relevant shared drives of their provider Trust or organisation?	96.7	3.3
Can liaison staff access online journals, reference guides or text books?	96.7	3.3
Are there opportunities for liaison staff to shadow colleagues or attend placements in other areas of the hospital? (e.g. Emergency Department, general medical wards, elderly wards etc.)	90.0	10.0
Are there opportunities for liaison staff to shadow mental health colleagues from outside of the hospital?	86.7	13.3

Staffing, Training and Communication	***Yes (%)***	***No (%)***
Are patients and carers actively involved in the planning or delivery of training to liaison professionals? *Note: this might be through a Trust/organisation or third sector and may include developing a training session, developing materials, DVDs and so on.*	40.0	60.0
Have members of the liaison team received training delivered directly by patients/carers in the past 12 months?	46.7	53.3
Do the liaison and acute staff work together to deliver joint training to the liaison team? *Notes: For example, a geriatrician and liaison nurse could jointly provide dementia training to the rest of the liaison team.*	56.7	43.3

Table 41 Percentage of PLAN member teams that agree with statements on quality, audit and feedback

Quality, Audit and Feedback	***Yes (%)***	***No (%)***	***N/A or N/R (%)***
Has the liaison team reviewed its performance in the past twelve months? *Note: For example using clinical audit, service evaluation, performance indicators or clinical outcome measures*	96.3	3.7	0.0
Does the liaison team have a written document detailing key performance indicators? *Notes: examples include response times to referrals, reduction in mental health related 4-hour Emergency Department breaches, number of people who have self-harmed being offered a psychosocial assessment etc.*	88.9	11.1	0.0
Has the team received any complaints in the past twelve months?	74.1	25.9	0.0
Is there evidence of action and feedback from any negative comments and complaints?	76.7	6.7	16.7
Is written information offered to patients and carers about how to give feedback to the team, including compliments, comments, concerns and complaints?	89.7	10.3	0.0
Does the liaison team use findings from service evaluation to support or inform business cases and changes to the service?	90.0	10.0	0.0

Table 42 Percentage of PLAN member teams that agree with statements on provision of emergency and urgent care

Domains which the liaison team covers	***Yes (%)***	***No (%)***
Does the liaison team provide emergency/urgent mental health care?	100.0	0.0
Is the liaison service commissioned/contracted to provide emergency/urgent care to all patients, regardless of the patient's address?	100.0	0.0

Table 43 Percentage of PLAN members that work with various age groups

Is the liaison service commissioned/contracted to provide emergency/urgent assessment and treatment to adults of all ages throughout the hospital? *Note: if care is only provided to one age group then PLAN members will be asked to specify who provides care to the other age group*	***(%)***
Yes, all adult ages	86.7
No, only working age	10.0
No, only older people	3.3
We are not commissioned to provide any of the above	0.0

Table 44 Percentage of PLAN member teams that provide various aspects of routine mental health care

Providing routine mental health care	***Yes (%)***	***No (%)***
Does the liaison team provide routine (i.e. non-urgent) mental health care to working age adults?	92.6	7.4
Is the liaison service commissioned/contracted to provide routine assessment and care to working age adults throughout the hospital?	92.9	7.1
Is the liaison service commissioned/contracted to provide routine assessment and care to all working age adults, regardless of the patient's address?	100.0	0.0
Does the liaison team provide routine (i.e. non-urgent) mental health care to older people?	77.8	22.2
Is the liaison service commissioned/contracted to provide routine assessment and care to older people throughout the hospital?	100.0	0.0
Is the liaison service commissioned/contracted to provide routine assessment and care to all older people, regardless of the patient's address?	100.0	0.0

Providing routine mental health care	***Yes (%)***	***No (%)***
Does the liaison team have a designated lead for older people's mental health who attends a forum which meets quarterly, and includes the discussion of key operational, clinical and governance issues including safety?	91.7	8.3

Table 45 Percentage of PLAN member teams that provide various interventions

Providing Interventions *Please note, this is only applicable to PLAN members who selected this domain as a formal function of their team.* *Guide to timescales for interventions* *Brief interventions: up to 6 sessions.* *Longer term interventions: more than 6 sessions.*	***Yes (%)***	***No (%)***
Does the liaison team regularly provide therapeutic interventions to patients (aside from the initial assessment)?	53.3	46.7
Is the liaison service commissioned/contracted to provide brief, time-limited follow-up care to patients?	81.3	18.8
Does the liaison service provide brief, time-limited follow up care to patients?	100.0	0.0
Is the liaison team commissioned/contracted to provide longer term interventions in the general hospital?	86.7	13.3
Does the liaison team provide longer term therapeutic interventions?	80.0	20.0
Has the team or service manager ensured that liaison staff have received sufficient training in any therapeutic interventions they provide?	100.0	0.0
Do liaison professionals receive clinical supervision relating to any therapeutic interventions they provide?	100.0	0.0
Can the liaison team access sufficient space in the hospital to deliver interventions safely?	93.3	6.7
Does the liaison team actively follow up non-attenders who have missed an appointment with the liaison team?	86.7	13.3

Table 46 Percentage of PLAN member teams that provide various aspects of training and support to acute staff

Providing Training and Support to Acute Colleagues *Please note, this is only applicable to PLAN members who selected this domain as a function of their team.*	***Yes (%)***	***No (%)***
Does the liaison team regularly provide training to general hospital colleagues (other than day to day, on-the job guidance)?	82.8	17.2
Is the liaison team funded to deliver mental health training to staff in the Emergency Department?	84.0	16.0
Is the liaison team funded to deliver mental health training to staff in the general hospital (wards and so on)?	84.0	16.0
Does the liaison team have a rolling programme of training for general hospital staff which is repeated to account for staff changes?	80.0	20.0
Does the liaison team have a rolling programme of training for Emergency Department staff which is repeated to account for staff changes?	76.0	24.0
Does the liaison team have a dedicated slot in the junior doctor induction programme?	76.0	24.0
Does the liaison team record details of the training it provides, such as the curriculum, a list of attendees and a summary of feedback?	96.0	4.0
Has the liaison team developed the training programme in consultation with training participants?	96.0	4.0
Does the liaison team evaluate the effectiveness of the training it provides to others?	88.0	12.0

Table 47 Percentage of PLAN member teams that provide various kinds of training to acute staff

In the last 12 months, has the liaison team provided training to non-liaison professionals within the hospital (e.g. acute, ED and general hospital staff) on any of the below?	***Yes (%)***	***No (%)***	***N/A (%)***
How to make an initial mental health assessment of an acute hospital patient	80.0	16.0	4.0
Working with adults aged over 65, including the detection and management of dementia, delirium and depression	80.0	12.0	8.0
How to assess and manage the patient's risk to self and others	84.0	16.0	0.0

In the last 12 months, has the liaison team provided training to non-liaison professionals within the hospital (e.g. acute, ED and general hospital staff) on any of the below?	***Yes (%)***	***No (%)***	***N/A (%)***
The use of mental health legislation	96.0	4.0	0.0
Detecting and responding to acute disturbance in physically ill people of all ages (e.g. delirium, psychosis etc.)	96.0	4.0	0.0
Understanding why people self-harm and the difference between self-harm and acts of suicidal intent (including older people)	80.0	20.0	0.0
Suicide awareness, prevention techniques and approaches	72.0	28.0	0.0
Preventing and managing challenging behaviour	92.0	8.0	0.0
Recognising and responding to organic mental health disorders	76.0	24.0	0.0
Detecting the misuse of alcohol	68.0	24.0	8.0
Detecting the misuse of drugs	56.0	36.0	8.0
Recognising and responding to emotional responses to trauma	28.0	72.0	0.0
Recognising and responding to medically unexplained symptoms	64.0	32.0	4.0
Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness	28.0	68.0	4.0
The impact of cultural differences on mental health and use of services	32.0	68.0	0.0
Mental health and stigma	76.0	24.0	0.0
Ageism and stigma	40.0	60.0	0.0
Working with people diagnosed with personality disorder	68.0	32.0	0.0

Liaison teams were most likely to provide acute colleagues with training in mental health legislation, responding to acute disturbance, and managing challenging behaviour. Liaison teams were least likely to provide acute colleagues with training in recognising and responding to emotional responses to trauma, the process involved in adjusting to illness, cultural differences, ageism, and stigma.

Table 48 Percentage of liaison teams that agree with statements on providing supervision to acute staff

Does the liaison team provide:	***Yes (%)***	***No (%)***
Informal supervision, such as case reviews, multi-disciplinary discussions, etc. to acute colleagues?	96.0	4.0
Formal regular supervision to acute colleagues?	24.0	76.0
Formal regular supervision to trainee psychiatrists and doctors?	96.0	4.0

Findings from the case note audit

Liaison teams were asked to audit the notes of at least 20 recent patients (per team) via a systematic random sampling method of choosing every third case. The questions asked are presented alongside the percentage (%) response. In total, 851 case notes were audited by 33 liaison teams (an average of 25 each). Details of which liaison teams participated can be found in Appendix 1.

Table 49 Percentage of case notes audited which contain the information listed

Question	***Yes (%)***	***No (%)***	***N/A (%)***
Has a formulation or diagnosis been clearly recorded in the case notes?	95.4	4.3	0.3
Does the care/discharge plan aim to address the problems identified and build on the patient's (and carer's) strengths, needs and protective factors?	96.5	2.3	1.2
Is there evidence that the assessor has made efforts to access past notes on the patient?	86.0	6.8	7.3
Do the notes demonstrate that risk has been clearly documented? For example, risks regarding self-harm, vulnerable adults, triggers to symptoms and behaviours, deterioration, absconding, non-adherence to treatment and harm to others (including child protection issues) etc.	95.9	2.1	2.0
If risk has been established, do the notes demonstrate that a risk management plan has been put into action and communicated with colleagues?	92.6	1.3	6.1
Do the notes demonstrate that the plan of care or discharge information was communicated to others in a timely manner? Note: If it is a high risk case, has contact been made on the same day? If not high risk, has contact been made within 7 working days?	92.9	5.0	2.1
Do the notes demonstrate that attempts were made to fully involve the patient in discussions about their problems and the different interventions available?	95.2	3.8	1.0
Do the notes demonstrate that the patient (and/or carer if permitted) was offered written information about the assessment and the discharge/care plan?	45.7	47.4	6.9
Was the patient (and/or carer, if permitted) given the choice of being copied into written communication between the liaison team and other services?	42.2	48.0	9.7
If the patient needed to be seen by the liaison team, were they seen within the appropriate timescales? (Emergency = 60 minutes; Urgent = same working day; Routine = within two working days)	92.7	5.8	1.5
Was the person seen by the liaison team **more rapidly** than the times recommended above?	67.2	29.0	3.8

Table 50 Percentage of case notes audited which give the following reasons for not meeting the prescribed timescale for assessment

If the patient was not seen within the timescales above, did any of these situations apply?	***Responses (%)***
Patient was unfit for assessment or treatment	26.3
The assessment was not requested soon enough	0.0
Patient was fit but there were no liaison staff available	26.3
A member of the liaison team provided telephone advice instead	7.9
Unknown/Not applicable	18.4
Other (please specify in space below)	26.3

Appendix 1: List of PLAN teams that contributed data

Table 51 List of PLAN member teams that contributed data for the purposes of self-review and accreditation during the collection period used for this report.

Name of participating hospital	Name of participating hospital
Addenbrooke's Hospital, Cambridgeshire	North Middlesex University Hospital, London
Alexandra Hospital, Redditch	North Tyneside District General Hospital, North Shields
Barnet Hospital, Hertfordshire	Northwick Park Hospital, Middlesex
Berwick Infirmary, Northumberland	Papworth Hospital, Cambridgeshire
Bristol Royal Infirmary, Bristol	Peterborough City Hospital, Peterborough
Calderdale Royal Hospital, Halifax	Poole Hospital, Poole
Central Middlesex Hospital, Middlesex	Princess Anne Hospital, Southampton
Charing Cross Hospital, London	Princess Royal University Hospital, Kent
Chelsea and Westminster Hospital, London	Queen Alexandra Hospital, Portsmouth
City Hospital, Birmingham	Queen Elizabeth Hospital, Birmingham
Christchurch Hospital, Christchurch	Queen Elizabeth Hospital, London
Countess of Chester Hospital, Chester	Rothbury Community Hospital, Northumberland
Chelsea and Westminster Hospital, London	Royal Albert Edward Infirmary, Wigan
Christchurch Hospital, Christchurch	Royal Berkshire Hospital, Berkshire
Countess of Chester Hospital, Chester	Royal Blackburn Hospital, Blackburn
Derriford Hospital, Plymouth (Older Adult Team)	Royal Bournemouth Hospital, Bournemouth
Derriford Hospital, Plymouth (Working Age Adult Team)	Royal Cornwall Hospital, Truro
Ealing Hospital, Ealing	Royal Free Hospital, London
Freeman Hospital, Newcastle Upon Tyne	Royal Hallamshire Hospital, Sheffield
Furness General Hospital, Cumbria	Royal Lancaster Infirmary, Lancaster
Good Hope Hospital, Birmingham	Royal London Hospital, London
Great Western Hospital, Swindon	Royal Preston Hospital, Preston
Guys Hospital, London	Royal Shrewsbury Hospital, Shrewsbury
Haltwhistle Hospital, Northumberland	Royal Victoria Infirmary, Newcastle upon Tyne
Hammersmith Hospital, London	Solihull Hospital, Solihull
Heartlands Hospital, Birmingham	Southampton General Hospital, Hampshire
Hexham General Hospital, Northumberland	Southern General Hospital, Glasgow
Hillingdon Hospital, Uxbridge	St. Helier Hospital, Surrey
Horton General Hospital, Banbury	St James University Hospital, Leeds
Huddersfield Royal Infirmary	St Mary's Hospital, London
Hull Royal Infirmary, Hull	St. Thomas' Hospital, London
Jersey General Hospital, Jersey	Stamford and Rutland Hospital, Lincolnshire
John Radcliffe Hospital, Oxford	Sunderland Royal Hospital, Sunderland
King's Mill Hospital, Nottinghamshire	Tameside General Hospital, Ashton-under-Lyne
King's College Hospital, London	Walkergate Hospital, Newcastle
Leeds General Infirmary, Leeds	Wansbeck Hospital, Northumberland
Lincoln County Hospital, Lincoln	Watford General Hospital, Hertfordshire
Lister Hospital, Stevenage	West Middlesex Hospital, Middlesex
Manchester Royal Infirmary, Manchester	West Suffolk Hospital, Bury St Edmunds
Mid Staffordshire General Hospital, Stafford	Weston Park Hospital, Sheffield
Morpeth Cottage Hospital, Northumberland	Whiston Hospital, Merseyside
Musgrove Park Hospital, Somerset	Wonford House Hospital, Exeter
Newcastle General Hospital, Newcastle upon Tyne	Worthing Hospital, West Sussex
Newham University Hospital, London	Ysbyty Glan Clwyd, Wales

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