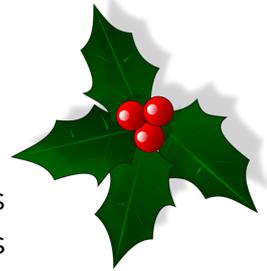




PSYCHIATRIC LIAISON ACCREDITATION NETWORK AUTUMN/WINTER NEWSLETTER

ISSUE 10 • DECEMBER 2020

WELCOME



Welcome to the PLAN Autumn/Winter 2020 newsletter! As the year draws to an end, PLAN endeavour to continue supporting psychiatric liaison teams as best as possible. We have had the pleasure of hosting a number of virtual events in the second half of the year, including COVID reflection webinars and a Special Interest Day on 'Alternatives to A&E', which provided a chance for learning, networking and sharing of best practice.

This issue of the PLAN newsletter features some fantastic developments in psychiatric liaison services across England, including the creation of an Emergency Department newsletter in Kensington and Chelsea Liaison Psychiatry. The hard work and sustained effort of our liaison colleagues has been recognised through the commendations and awards received by many teams this year. A huge congratulations to North Bristol NHS Trust Mental Health Liaison Psychiatry Team for receiving the Excellence in Mental Health Care Award for the South West region. Recruitment to the PLAN service user and care representative group this Autumn has seen some fantastic input into our peer reviews and we've had the pleasure of receiving a poem submission by one of our reps on her experience of A&E.

Finally, the PLAN team would like to thank you all for being on the network and we wish you a merry Christmas and a happy new year!



TABLE OF CONTENTS

Leicester Liaison Service COVID-19
Reflections and Learning P. 2-3

Maintaining Quality during COVID
and ED Newsletter • P. 3-4

Special Interest Day • P. 5

Excellence in Mental
Health Care Award • P. 5-7

Rapid Response Liaison
Psychiatry Pilot • P. 8

'Can't you see?' Experience
in A&E Poem • P. 9

Completed Audit Cycle Sunderland
Royal Hospital • P. 10-11

Upcoming Events and Contact
Us • P. 11-12

EDITOR: NATASHA LINDSAY

Changes to the Leicester Liaison Service during COVID-19

This report aims to assess how the pandemic has affected the Leicester adult liaison service's work, focusing primarily on how patients present and their outcomes. The Leicester adult liaison service comprises two teams, the liaison team (LT) and the mental health triage team (MHTT). The LT is multidisciplinary, offering a biopsychosocial assessment during office hours to adult patients across three general hospital sites. MHTT is a 24-hour nurse-led service, assessing patients presenting or admitted with self-harm or suicidal thoughts, with many patients being referred from A&E. Out of hours, the MHTT also sees children and older adults. The analysis compared data from the announcement and easing of the first national lockdown, 16th March 2020 to 01 June 2020 (Independent, 2020) and the same period in 2019. Data from alternate patients was analysed for the liaison team, while the full complement of data was available for the mental health triage team.

Referrals to psychiatry fluctuated

Between 2019 and 2020, there was a 32% increase in the number of patients referred to LT, with a 51% reduction in referrals to the MHTT (see table 1). The increase in LT referrals occurred despite the fact that the bed occupancy decreased. It was 86.7% in January-March 2019 and 87.7% April-June 2019 and fell to 87.2% in January-March 2020 and 66.1% in April to- June 2020 [1]. The reduction in referral to MHTT may be related to a reduction in A&E attendances, 44,495 patients April-May 2019 to 21,838 in the same period in 2020 [2], see Table 1.

Patient risk increased

In 2019, there were very few referrals for suicidal thoughts. Low mood was the most common presentation. In 2020, suicidal thoughts had become the chief presenting complaint. See Table 2 on page 3.

Crisis team referral increased for some patients

There appears to be a difference in the discharge outcomes for both the LT and MHTT. For the LT, fewer patients were discharged to crisis care (4% in 2019 vs. 2% in 2020) and fewer admissions to psychiatric wards (6% vs. 2%). Potential reasons for this include the severity of lockdown and the associated isolation precipitating presentations and slower input from other services such as safeguarding or substance misuse teams. During the pandemic, referral to the LT may have occurred later in a patient's stay, with fewer patients discharged back to the referring medical team (85% in 2019, 63% in 2020), and more patients discharged home (0% vs. 17%). This could also reflect shorter inpatient stays due infection concerns.

In contrast, while the MHTT had fewer referrals overall, the patients that they did see were more acutely unwell. MHTT discharged more patients to the crisis team (10% in 2019 vs. 26% in 2020), admitted more patients for psychiatric admission (<1% in 2019 vs. 4% in 2020), and discharged fewer patients to either their GP (49% vs.

Table 1: The number of referrals made to each team over the same period in 2019 and 2020.

Team /Year	2020	2019
Liaison team ward referrals	111	84
Mental health triage team referrals	792	1340

Table 2: The most common reasons for referral to the LT in 2019 and 2020

Patient presentation	2020	2019
Suicidal thoughts	31%	4%
Low mood	13%	49%

32%. 3% vs 10% were discharged to referrer or A&E. Future understanding of the service's demands and analysing this in the context of services overall, including alternatives to A&E provision and inpatient flow, will help prepare for the challenges ahead.

Author: Dr Deepti Desai, Liaison Psychiatry Consultant, Leicester Liaison Service

References

Independent, 2020. Coronavirus. Timeline of events since UK was put into lockdown 6 months ago. Independent. [Available online]

<https://www.independent.co.uk/news/uk/home-news/coronavirus-uk-timeline-lockdown-boris-johnson-pubs-test-and-trace-vaccine-b547630.html> [Accessed 27/11/20]. NHS England, 2020, 1. Bed occupancy and availability. [Available online]

<https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/> [Accessed 26/11/20]. NHS England, 2020, 2. A&E attendances and emergency admissions. [Available online]

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/> [Accessed 25/11/20].

Maintaining Quality Standards during COVID-19 and Beyond – ED Newsletter to Provide Training and Support to Acute Colleagues

One of the five sustainability principles outlined in PLAN's Quality Standards for Liaison Psychiatry Services is to Improve value. It defines this by stating that it 'involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste'.

Author: David Munns, Clinical Nurse Specialist Mental Health HIV, Kensington and Chelsea Liaison Psychiatry

I currently work for CNWL NHS Foundation Trust within the Liaison Psychiatry Service at Chelsea and Westminster Hospital and during the height of the pandemic I was struck by how much of the delivery service was impacted by Covid, in particular how to deliver education to a large group of ED staff and still maintain both safety and cost effectiveness.

Many people are making use of services like Zoom and Microsoft Teams, but this requires at times complicated logistics of managing staffing levels during teaching time, reliance on internet services and speed amongst other issues.

I started looking at other alternatives to education and developed the idea of delivering up to date information about the Liaison Service and educational material in a cost effective and more efficient way. I developed an ED Newsletter that was able to be distributed across the different departments in either hard copy for the coffee rooms or by email to all the staff to read at their leisure whilst at home or at work.

It is important to mention that the newsletters were not meant to replace teaching or the value of teaching, but are a supplement to the dissemination of educational material and up to date information in an efficient and cost-effective way. The primary goal was to improve patient care during periods of valuable, scarce, resource driven times and beyond.

In researching the value and effectiveness of newsletters, I was surprised by the importance of them in the business world in driving a business to success. I began to figure that liaison psychiatry was delivering a service and that the host hospital, in this case Chelsea and Westminster Hospital, were buying that service which technically made them a 'customer'.

In researching the value of newsletters in delivering a high end service, it was regularly emphasised how effective they can be in sharing information, encouraging 'customers' to interact with the service and keeping individuals up to date with service changes. Other benefits of a newsletter are:

- 1.Up-to-date evidence-based practices are shared widely.
- 2.Communication is improved.
- 3.Clarity on issues to prevent confusion i.e. Section 136 good practice guidelines in ED.
- 4.ED staff can be more engaged in mental health issues and kept up to date with topical issues.
- 5.Education on management and treatment of complex mental health presentations.

Engaging staff members within the Liaison Psychiatry service to contribute to the newsletter can also have a beneficial effect by developing their own educational needs. Team members can be assigned a topic or section and research it, thus adding to their own evidence to revalidation. In respect to future job roles, the inclusion of editing or contributing to a newsletter for large general hospital ED departments can only impress future employers.

The newsletters are still in their infancy and I am constantly researching ideas towards improving the effectiveness of the content and design in order to attract and engage the reader. This is in an effort to optimize its use as an adjunct to maintaining quality standards in providing training and support as set out in PLAN's Quality Standards for Liaison Services, as well as meet the demands of valuable resources in a cost-effective way.



SPECIAL INTEREST DAY: ALTERNATIVES TO A&E

*Author: Natasha Lindsay, PLAN
Project Officer*



On Tuesday 08 September, PLAN hosted an engaging Special Interest Day event on Alternatives to A&E. There was an impressive turn out, with over 70 delegates joining virtually. The event included engaging discussions from the London Ambulance Service, Street Triage, the First Response Service and the Harbour Cafe among many others, making it a great success! Thank you to all those who attended and presented, we hope to see you at our upcoming events in 2021.

CONGRATULATIONS!



Excellence in Mental Health Care Award

Achievement submitted by Dr Anish Patel, Consultant Liaison Psychiatrist

North Bristol NHS Trust Mental Health Liaison Psychiatry Team are South West regional winners in the category of The Excellence in Mental Health Award as part of this year's NHS Parliamentary Awards 2020. As a consequence the team are shortlisted for the national awards (to be held next year).

The Mental Health Liaison Team (MHLT) is a multi-disciplinary service, providing safe and effective short term interventions for patients with mental health needs within a general hospital environment. During the COVID-19 pandemic the service has faced a significant increase in demand and the biggest referral rate in its history. The MHLT adapted to the circumstances and met the needs of this vulnerable patient group, creating innovative ways to meet the demand in collaboration with all partner organisations. The team feels honoured to have been considered for this award.

Nominated by: Darren Jones, Member of Parliament



Group photo of the NBT Mental Health Liaison Team

For the NHS Parliamentary Awards 2020, MPs and NHS leaders joined forces earlier this year to honour the skill, dedication and compassion of health and care staff who have helped to improve treatment for patients in their constituencies. They were asked to nominate those individuals or teams they thought had made the biggest improvements to health services in their constituencies. Handpicked by judges drawn from across the NHS selected from over 700 nominations across 10 categories resulted in one winner per category in each NHS region.

The North Bristol Trust Mental Health Liaison Team was announced as the South West regional winners in the The Excellence in Mental Health Care Award category of the NHS Parliamentary Awards 2020 after being nominated by their local area MP Darren Jones. As regional champions the team will now go head to head with other winners from across the country to be judged by a national panel made up of senior leaders representing staff and patients at the Palace of Westminster in July 2021.

The NBT Mental Health Liaison Team is a well-established PLAN accredited service that meets the mental health needs of all patients within the 850 bedded Southmead Hospital in North Bristol. The hospital delivers healthcare to a large local population and offers many specialist regional services for major trauma, neurosciences, vascular centre, urology, plastics and burns, orthopaedics and renal services, employing about 9,000 staff.

The COVID pandemic had a monumental impact on the continuation of the safe delivery of healthcare services to the local population. This team working with system partners, quickly and expertly created COVID-safe clinical pathways to ensure that urgent mental health liaison care could still be provided to those who most needed it.

The consequences of lockdown easing led to a Mental health 'surge' that the acute hospital met and this service commendably rose to the challenge, seeing an almost 150% increase across their activity and treated patients with high acuity and complexity. The team was commended as it ensured vital face-to-face assessments and human contact, so crucial to those with mental health difficulties in urgent need. They continued to model an all rounded patient-centred approach that was high quality and individualistic, and this did not waiver under unprecedented events and disruption.

In addition to the usual activity of a mental health liaison service, patient groups that particularly benefitted included those with severe eating disorders, the sickest patients on ICU with co-morbid severe mental disorders, and the elderly who suffered severe depression and neglect through isolation. Alarmingly the team also managed people who had never had severe mental health problems experiencing new episodes of anxiety, depression, self-harm and first episode psychosis.

Not stopping there the team contributed to the organisation's staff wellbeing programme. Working with the clinical psychology team, they supported staff undergoing immense personal stress and anxiety, whilst balancing their own team resilience in the most challenging time our healthcare system has faced since its inception. In addition, the team planned and were fully mobile to deploy new clinical mental health pathways for the local Nightingale hospital for staff and patients if/when the need arose.

Mental health services prior to the pandemic were already reeling from a decade of austerity. The COVID-19 crisis only exposed those major cracks into chasms. The NBT Mental Health Liaison Team has shown that just doing the basics well, reliably and seeing patients, engaging with their emotions, thoughts and feelings was and is still necessary for maintaining high quality and safe mental health services.

Follow us on twitter to keep updated with the latest news and events from the network and the College:

*@rcpsychCCQI
#ccqiplan*



Would you like to feature in one of our upcoming newsletters?

Articles may be:

- Area of good practice
- An achievement/award
- A quality improvement plan
- An area of research
- Response and learning during COVID

We are also looking to include a segment on testimonials from PLAN member services, describing their experience of working with PLAN and the impact that accreditation can have on the team. If you would like to contribute to the newsletter please email us at: PLAN@rcpsych.ac.uk.

Rapid Response Liaison Psychiatry Kings Mill Hospital Pilot

Author: Caroline Jennings Clinical Nurse Specialist/Non Medical Prescriber, RRLP

Rapid Response Liaison Psychiatry (RRLP) at Kings Mill Hospital have taken part over the last 12 months in a pilot for the trust. On completion of the pilot, the team have secured accreditation of being a Trauma Informed Service. Throughout the trust only 2 teams within the Mental Health Services for Older People directorate were chosen, RRLP being one. All staff were given additional training in raising awareness of trauma, how this can be displayed by a person in crisis, how to respond to this and how to conduct an assessment in a trauma informed way. The clinical nurse specialist who lead the pilot attended coaching sessions and reflection and supervision with teams from other directorates within the trust.

In addition to this, the 2 clinical nurse specialists within the team attended a further 2 day course for distress signature train the trainer. This training has been cascaded down to the rest of the liaison team to develop their assessment skills.



The aim is to ensure safety during an assessment with a consistent approach with all practitioners the person meets. A person can then be referred to the psychotherapy sessions held by the clinical nurse specialists to continue their distress signature work over a period of 4-12 weeks. The aim is to then discharge back to the care of the GP, or if required on to secondary mental health services for a prolonged period of support.

The feedback that has been received since rolling out the Trauma Informed Model has been a welcoming one from people who access the service. They feel listened to, valued and acknowledged. Some have said they feel as though their feelings towards their trauma has been validated which has enabled them to move on. The liaison team have more education and training sessions lined up in the upcoming year to improve the service and the way in which assessments and treatment is conducted. It is a very exciting time for Rapid Response Liaison Psychiatry at Kings Mill Hospital.

Can't you see?

When I come into A&E
It's often not because I want to,
But, I don't know,
Where else to be,
What is best for me.
In that moment.

And I've reached out,
Like I'd been told
And I've been honest,
Like I promised,
I would be.

So why is no-one helping me?
And that's when I feel,
I need to do something
To be taken seriously.
It's like my suffering isn't real
Unless I show you physically
Exactly, how I feel.

And my insides are burning,
My silent lungs screaming
I just want to be somewhere
Where I'm not feeling,
Any of these feelings.

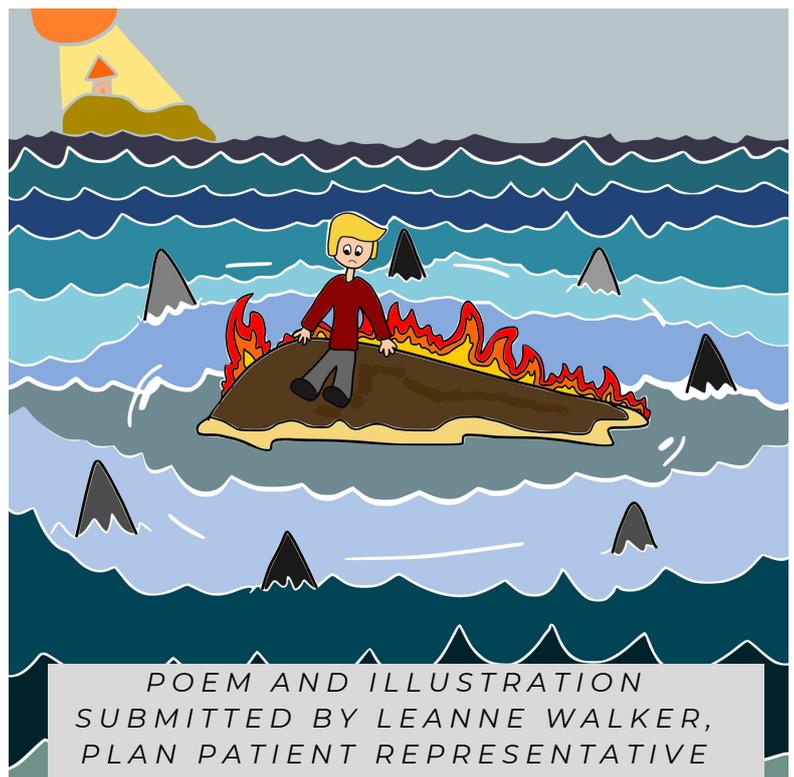
I don't want to die,
But my brain whispers
'*Perhaps you do,*
That will stop these feelings,
You know it will.'

And I'm told,
'We can't access your records,
It's a 4 hour wait.'
'The team aren't here,
They're miles away at another base.'

And I don't understand,
I'm left out here on this island.
Alone,
Doing my best to get back
Home.

When I end up in A&E, it's because I am seriously struggling. I can't think of a time when I have ever taken myself there alone, it has always been with someone else. The thing is, that's what you are told to do. If you are struggling so immensely that you want to harm yourself in some way or you have, 'go to A&E' is the standard phrase. The first thing I wanted to share is the personal courage it takes me to tell someone I am feeling like harming myself. This is for many reasons, but one of them is knowing from my past experiences that telling someone about these thoughts and feelings means a high chance of 'go to A&E' being put into action and knowing it has never been a helpful environment for me.

Walking through the doors I am immediately struck with the chaotic environment which mirrors my mind, amplifying my distress. Words become impossible as I try and fight my way through external and internal chaos. I need quiet, I need calm and I need distraction in a safe environment. It really does feel like I'm on an island trying to find a way to navigate the shark infested waters to get safely back 'home,' to my life.



POEM AND ILLUSTRATION
SUBMITTED BY LEANNE WALKER,
PLAN PATIENT REPRESENTATIVE

A Completed Audit Cycle: Standardisation of Documentation in the Psychiatric Liaison Team at Sunderland Royal Hospital

Author: Alice Foulkes, Junior Doctor, Sunderland Royal Hospital Psychiatric Liaison Team

The Psychiatric Liaison team (PLT) based at Sunderland Royal Hospital (SRH) is a large team, comprising a range of clinical backgrounds and experiences including consultants, junior doctors, psychologists, pharmacists, nurses, occupational therapists and support workers. Patients are often seen for a short period of time, are from diverse backgrounds and are often high risk of suicide and self-neglect. Many require ongoing care and as such are seen by numerous different teams including the community treatment team and addictions services. As a result, some patients will have documentation written for them by members of the same team and from different teams. Therefore, it is fundamental for patient safety that key, important information about the patient is documented in an effective manner and this provides the basis of our audit.

A number of problems were highlighted prior to the audit. Firstly, due to the nature of psychiatry, the notes themselves can be extensive. Secondly, the absence of official guidance resulted in a wide variation in the volume and content of entries. Thirdly, important patient information would be recorded in various locations on the online system, making gathering information difficult. The cumulative effect was that information gathering could be time consuming and important information could be missed.

In light of this, we asked “is it possible to standardise documentation within the liaison team?”

Our standards

Our standards were defined as: 100% of face-to-face review assessments should be written using the Situation, Background, Assessment, Recommendation (SBAR) format and include all of the key criteria. SBAR is a structured communication device, originating in the military, and is used widely in the healthcare setting to facilitate concise, clear communication. ‘Key criteria’ consists of: a description of the assessment, reference to MSE (mental state examination), risk and capacity and recommendation (or a plan). In addition, 100% of documentation should be uploaded onto the electronic hospital system (HES) and should be done so within 4 hours.

Method

All face-to-face assessments carried out by the liaison team over a 2 week period were identified and the latest review assessed for inclusion of key criteria and time taken to upload to HES. First encounters and telephone triages were not included.

Results

22 reviews were analysed, 14 from PLT nurses, 3 from a support worker, 1 from a clinical lead and 4 from consultants. We found that 5% were written in the SBAR format, 91% included a description of the assessment, 82% included a MSE, 50% included reference to risk, 68% to capacity and 100% included a plan. Of the 22 reviews 55% were uploaded onto the HES and of these, 66% met the 4 hour threshold.

Compare with standards

Our standards were compared with those set out by PLAN in their document 'Quality Standards for Liaison Psychiatry (2020)' which states assessments should include risk and capacity in each patient assessment.

Implement change

This data was shared with the team and recommendations were made regarding the standards. Feedback identified difficulties, including unfamiliarity with risk, capacity and the SBAR format, delays in the return of dictations, access to the HES and IT down time. Teaching and guidance was provided surrounding writing risk and capacity statements and the SBAR format. If dictation was delayed it was agreed only the plan would be uploaded to HES.

Re-audit

Four weeks after implementing changes another 22 reviews were analysed (14 PLT nurses, 2 clinical leads, 1 support worker, 5 junior doctors). There was an increase in the inclusion of all key criteria apart from MSE (90% used SBAR, 100% included assessment, 73% MSE, 90% capacity and 100% included a plan). A higher percentage of reviews were uploaded to the HES (81%) with more meeting the 4 hour time frame (66%).

Conclusion

This audit shows that it was possible to standardise documentation in the liaison team and therefore improve patient care. Reduced inclusion of MSE was due to temporary staff being unaware of how the team documents and as such training on SBAR will be provided at induction.

Documentation will be audited on a 6 monthly basis in order to maintain a high standard and has already been implemented in another liaison team in the trust. Going forward, a larger number of reviews should be audited to include a wider range of clinical backgrounds and larger sample size to improve accuracy and reliability and provide a better reflection of the standard of documentation in the team.

Upcoming events



PLAN Peer Reviewer Training

Due to increased demand, PLAN will be hosting four peer reviewer training sessions this year! This training enables individuals to attend peer-review visits and share best practice with other services. They're an excellent opportunity to network and it's eligible for CPD points!

Date: Friday 26 March 2021

Time: 10:30-13:00

Via: Zoom

Booking: opening soon! Keep an eye out on [Knowledge Hub](#) for the registration form.

Special Interest Day - Save the date!

Each year, PLAN hosts an event focusing on a key area of service provision within psychiatric liaison teams.

Date: Wednesday 17 February 2021

Via: Zoom

Booking: opening soon! Keep an eye out on [Knowledge Hub](#) for the registration form.

Useful links

Department of Health
www.doh.gov.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

National Institute for Health and
Clinical Excellence
www.nice.org.uk

Centre for Mental Health
<https://www.centreformentalhealth.org.uk/>

College Training
<https://www.rcpsych.ac.uk/training>
Offers courses for professional
development in mental health care.

CARS
www.cars.rcpsych.ac.uk



Contact the team

We love hearing from our members and helping to facilitate communication amongst our teams — after all, it's what being part of a network is all about!

PLAN shared mailbox:
PLAN@rcpsych.ac.uk

You can reach us on:
0208 618 4210

College Address:
21 Prescott Street
Whitechapel
London
E1 8BB

Find all updates related to the network, including upcoming events, published reports and webinars on the [College website](#).

KnowledgeHub

The Psychiatric Liaison Accreditation Network discussion forum has now moved to Knowledge Hub! On this platform members can share ideas, post threads, and learn from colleagues by directly posting queries and information.

To join the KHub simply email 'Join' to PLAN@rcpsych.ac.uk