

# PLAN

Developmental Review Guidance  
V3

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## Introduction

The Psychiatric Liaison Accreditation Network (PLAN) works to assure and improve the quality of psychiatric care in hospital settings throughout the UK. We are delighted that you are interested in joining the network. This document has been created to explain the developmental review process, what you can expect from us and what we will expect from you. If you have any questions about the process, please contact the PLAN project team. Contact details can be found in 'Contacting the PLAN Team'.

## The College Centre for Quality Improvement (CCQI)

The College Centre for Quality Improvement (CCQI) is a department of the Royal College of Psychiatrists. The centre runs a variety of quality improvement and accreditation programmes, with participation from over 90% of the mental health services in the UK.

## PLAN Standards

Member services are reviewed against the Standards for Liaison Psychiatry Services 7<sup>th</sup> edition.

The standards have been developed from recommendations in key literature, research and in consultation with a range of stakeholders. A copy of these standards can be found at [www.rcpsych.ac.uk/plan](http://www.rcpsych.ac.uk/plan)

## Aims of PLAN

- Promote quality improvement
- Support services to share best practice
- Assist members through an action planning process
- Facilitate networking opportunities
- Recognise and award services with accreditation status
- Build a community of psychiatric liaison teams who can learn from one another.

## The Review Cycle



**Diagram 1:** An overview of the review process.

*\* New members are required to undertake a developmental review therefore they will not be presented to the Accreditation Committee (AC). This allows them to be involved in quality improvement before going through the AC process.*

# Self-Review

## Completing the Self-review Process

You will have 12-weeks to complete the self-review. You will complete the process on our online system, CARS. The purpose of the self-review is for the team to review their service provision against the PLAN standards. Teams are asked to rate themselves as 'Met' or 'Not Met' against each of the standards and upload supporting evidence, this forms the 'checklist'. We will also ask for questionnaires to be completed to gather feedback and for the team to complete a case note audit.

## Starting the self-review

- The PLAN team will email the key contact(s) for the team with all the information to begin the process **one week before** the start of the self-review. The email will include:
  - The login details to CARS to complete the checklist.
  - The deadline to complete the self-review by (this includes the checklist, surveys and case note audit).
  - Links to the online surveys.
  - Paper versions of the patient survey and carer survey.
  - High risk assessment guidance document.
  - The PLAN Standards
  - Posters to display around the service.
- The PLAN team will send you 40 pre-paid envelopes to return the patient and family/carer questionnaires.

## Completing the Checklist

The checklist is organised into each of the meetings from the review day:

- Contextual information and staffing.
- Evidence bank. These are standards that we require evidence for. Please upload documents.
- Managers meeting.
- Staff meeting.
- Acute colleagues meeting.
- Patient and family/carer meeting.
- Case note audit.

All standards in the checklist must be scored as Met, or Not Met.

We highly recommend adding commentary against standards. This helps give information to the peer-review team and aid discussions during the peer-review

day. This might be explaining how the standard is met, or why the standard is not met.

Some standards will have guidance notes displayed in italics to give you further clarification.

## **Surveys**

To obtain feedback about your team, you will need to disseminate a survey to all psychiatric liaison staff, patients, family/carers, acute hospital colleagues and complete a case note audit.

There is a different questionnaire for each group, and the online links will be included in your email.

The response rates for the questionnaires are below:

- Staff: *all liaison staff must complete the survey*
- Acute hospital colleagues: *a minimum of 10 responses*
- Patients: *a minimum of 10 responses*
- Family/carers: *a minimum of 10 responses*
- Case note audit: *the team should complete a minimum of 10 cases.*

CARS will send weekly self-review updates that will include your progress with the checklist and the return rate of each questionnaire.

## **The end of the self-review**

At the end of the self-review period, the PLAN team will email a final update about your progress with the self-review and will ask for some information. In your email there will be:

- Invitation letters that you can use to encourage patients and family/carers to provide feedback via telephone.
- Timetable for the peer-review day.
- The team's previous report/interim report/last action plan, if applicable.

We will ask for some information:

- A template or anonymised case note (this should include referral, assessment, case notes, GP letter and discharge letter.)
- Identify patients and carers who have consented to give feedback via a phone call. We will provide a date and time when the calls will take place. At least 5 patient and 5 carer contacts should be provided.

- A video of the high-risk assessment room with commentary outlining how the room meets the high-risk assessment room standard.

## Guidance

- We strongly encourage teams to complete the self-review checklist with the whole team.
- We advise you to plan meetings with your team to discuss what sections of the checklist need to be completed. Different staff members could lead on different sections of the checklist such as evidence bank and managers meetings or the different subheadings of the standards.

## Peer-Review

### Preparing for your Peer-Review Visit

Prior to your peer-review visit, please ensure all staff are aware of the visit, the teams peer-review will be completed online via MS Teams.

- Check the timetable to ensure it is suitable. *If you need to alter the timetable, please liaise with the PLAN team.*
- Invite acute hospital colleagues.

Two weeks before the peer-review day, the PLAN team will send the peer-review pack to the peer-review team and the host team. The peer-review includes:

- The agreed timetable for the day
- Peer-review workbook (*this is where all the self-review data is collated and will be used throughout the peer-review visit*)
- Patient questionnaire handout
- Family/carer questionnaire handout
- Regulatory report (e.g. CQC, HIW where applicable)
- The team's previous report action points (if applicable)
- A link to the team's evidence.
- A link to the MS Teams meeting.

### The Peer-Review Day

About a month after the end of the self-review period, the team will have a peer-review. The review lasts one day, and the peer-review team will include staff from our other member services, a patient or carer representative and a representative from the PLAN team.

The aim of the peer-review visit is to validate the self-review data. Throughout the day there will be different meetings with different people including; liaison staff, liaison team managers, acute colleagues and patients and carers.

The PLAN representative will facilitate the day. If you have any questions, please do not hesitate to ask them.

## **Report and Action Plan**

Following the peer-review visit, we will type up the findings into a report. The team will have 30 days to read through the report, ensure it is accurate and provide any more information.

It will also include the number of standards the team are meeting from each section of the standards and by each 'type' of standard.

Once the team have provided feedback, the report will be finalised. We strongly recommend sharing the report with the Trust, commissioners and CQC.

Teams are not presented to the Accreditation Committee but are required to complete an action plan based on their report findings. This action plan is used to set goals and targets and can be used as guidance if the team choose to undergo an accreditation review. A template action plan will be sent to the team with the final report.

## PLAN Team Contact Details

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