Project Management Pack

Editors: PLAN Project Team
Welcome!

Thank you for registering with the Psychiatric Liaison Accreditation Network (PLAN). This pack is designed to give you an idea of what will be involved in this process and also to help you prepare in advance for the different stages of this cycle. The contents have been drawn largely from discussions with the PLAN steering group, feedback from previous PLAN members and the experiences of running national quality improvement programmes within the College Centre for Improvement (CCQI) for over a decade.

This guidance is not exhaustive and will be enhanced by further information and support throughout the programme, but you should find it a helpful starting point.

Overleaf you will find a checklist outlining key stages of the programme, directing you to various sections of the pack for further information.

For further information at any stage, please contact a member of the PLAN team:

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# Checklist and Provisional Timetable

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<th>What you need to do</th>
<th>Average timescales</th>
<th>More information (pg)</th>
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<td><strong>Getting started:</strong></td>
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<tr>
<td>• Choose a team lead who will be the main link between your liaison team and the central PLAN team.</td>
<td>Months 1-3</td>
<td>9</td>
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<tr>
<td>• Choose three members or more of your team (including the team lead) who will attend peer reviews.</td>
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<td>• Complete and return the ‘team profile information survey’ once sent to you.</td>
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<td>• Read the PLAN standards document</td>
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<td><strong>Developing a communication strategy:</strong></td>
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<tr>
<td>• Join PLAN-CHAT, a free email discussion group.</td>
<td>Months 1-3</td>
<td>28 (Appendix 1)</td>
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<td>• Hold first project team meeting</td>
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<td>• Publicise PLAN to the wider Trust/organisation via newsletters, meetings, bulletin boards and intranet systems.</td>
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<td><strong>Taking part in the self review:</strong></td>
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<td><em>(Full guidance will be provided)</em></td>
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<td>• Circulate the data collection tools to colleagues (mostly email links to online surveys), patients and carers. Please note that respondents will have a specified time period to return the forms to the PLAN team, agreed with the team lead. This usually takes between 8-10 weeks.</td>
<td>Months 3-6</td>
<td>13</td>
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### Action planning and improvement period:
- Complete an action planning sheet with your team and aim to address unmet standards before the peer review.

*The period between self and peer review has been designed in order to give you time to make improvements, which can be included in your final report.*

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<th>Months 3-6</th>
<th>14 (also see Appendix 2)</th>
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### Preparing for your team’s peer review:
- The PLAN team will discuss with you a suitable date for your peer review.
- Plan your review day according to the timetable and guidance we send you.

*After the review, a decision will be made about your team’s accreditation status.*

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<th>Months 6-9</th>
<th>16</th>
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### Reviewing another service:
- Choose the reviews you would like to go on. We will send you a list of participating liaison teams and dates of their reviews. Please note that we ask your Trust to cover the cost of your travel to and from reviews.

*We will send you the necessary paperwork and guidance prior to the visit. Peer reviewers will be given the option to attend a training day.*

| Months 3-12 | 18 |
Making improvements to your service:

Your final report will describe your team’s final achievements and suggested areas for improvement

- Meet with your team, using the report to formulate action plans to make further improvements.

- Disseminate your report and action plan to senior managers within your Trust/organisation (the PLAN team will try and help you argue for extra funding if necessary and can also help with content for press releases).

PLAN annual cycle

1. Agree Standards
2. Self Review
3. Action planning and improvement period
4. External Peer Review
5. Local Reports Compiled
6. Accreditation Decision
7. Action Planning
8. Annual Members Forum
Introduction

What is PLAN?

The Psychiatric Liaison Accreditation Network is a network of mental health liaison services run by a central project team at the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI). Our aim is to facilitate quality improvement and development in liaison psychiatry services through a supportive peer review network. PLAN is open to all liaison mental health services in the United Kingdom and Ireland, including services for both working age adults and older people.

The network enables communication between services and the sharing of best practice. Each year, mental health liaison teams are evaluated against the PLAN service standards. The quality improvement process is ongoing rather than a single iteration, and consequently members are expected to take part in a self review and peer review in their first year, an interim review in their third year and the cycle repeats again in the fourth year.

Liaison psychiatry impacts on a wide variety of healthcare professionals and patients, but liaison teams themselves can experience isolation and a lack of recognition. Importantly, some services report a lack of practical and financial support required to really thrive (or in some cases, a lack of support just to survive). PLAN aims to support members in their endeavors to improve and develop, at a pace that suits the individual service.

By applying standards developed from literature reviews and consultations with experts, and using proven quality improvement methods, PLAN:

- recognises achievement and identifies areas for improvement;
- raises awareness of the value of liaison services;
- encourages services to constantly strive for improvement;
- gives funders the confidence to invest in accredited liaison services.
Which aspects of the service will be accredited?

In recognition of the fact that liaison psychiatry teams come in many shapes and sizes, PLAN only accredits teams against aspects of service provision which are relevant to them. There is a set of core standards, followed by four additional domains.

Most teams will normally be measured against:

a) Core standards for all liaison teams, including:
   - Clear and effective referral procedures.
   - Assessing and managing need and risk.
   - Involving and informing patients and carers.
   - Staffing, training and support within the liaison team.
   - Communication and collaboration with acute colleagues and other agencies.
   - Access to appropriate resources and facilities.

b) Meeting urgent mental health needs throughout the general hospital, including:
   - Responsiveness to urgent referrals throughout the hospital.
   - Links with relevant services.

We know that the domains will vary across teams (including those who work with older people and those who do not operate in the Emergency Department). After joining, we will also ask you to complete a basic ‘team information survey’ which will help us understand which domains apply to you and you will be able to discuss this with us further if required.

The additional domains...

c) Meeting non-urgent mental health needs to working age adults, including:
   - Responsiveness to non-urgent referrals throughout the hospital.
   - Links with relevant services.

d) Meeting the non-urgent mental health needs of older-aged adults:
   - Training specific to the needs of older-aged patients.
   - Links with relevant services.

e) Providing interventions, including:
   - Providing interventions to patients other than the initial assessment.
   - Links with relevant services.
f) Providing training and support to non-mental health colleagues, including:

- Training and support provided by the liaison team.
- Joint training and education.

*Please Note: Teams will be accredited provided they meet the standards that are relevant only to their chosen domains.*

**Example timetable of work**

*Please note: that this will vary according to your circumstances.*

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Key Principles of PLAN

These are the same as those that underpin the other quality improvement programmes managed by the CCQI, namely:

- **Local ownership and trust**: the process is led by front-line staff and incorporates true peer review. It also engages senior service managers, patients, and carers.

- **Credibility**: the standards on which the work is based are explicit and the process of applying them is transparent.

- **Responsiveness**: feedback to participating teams includes advice, support and interventions to help services meet standards. Networking is encouraged through newsletters and an e-mail discussion group.

- **A focus on development**: although the process of review is rigorous, and the feedback honest, the purpose of the process is to support and help teams to improve in line with the standards.

The College [website](http://example.com) contains further information about other networks managed by the CCQI.
Section 1: Getting Started

Making sure your colleagues are involved

The majority of staff are committed to improving the quality of the services they provide, but if real achievements are to be made, the programme will need to be ‘owned’.

It is vital that the people who will be expected to have a role in or be affected by the programme are involved from the outset and throughout the accreditation programme. Their role may be active (i.e. direct involvement in collecting data and attending meetings) or passive (i.e. being consulted or receiving regular updates).

Choosing a PLAN lead

One member of the liaison team will be the main link to PLAN. It is important that you are clear about whose role this is. When deciding who should fulfil this role, you should consider the following:

- **Seniority** - This person will need to have the authority to make things happen, both in relation to data collection and in implementing improvements in the future. The person needs to be recognised outside of the liaison team and be known to acute staff.

- **Respect, credibility and breadth** - The ultimate success of the programme necessitates the involvement of a wide section of people and the lead will need to work effectively with all of these groups. He or she needs to be someone that staff will listen to. Someone who has strong relationships with acute staff would be ideal, as this will help aid data collection.

- **Time available** – The programme has some deadlines. The person you choose will need to be available throughout to ensure that deadlines are met. The central PLAN team will ensure that input is at a reasonable level and manageable for the person involved, but it will require some time.

- **Learning opportunities** – the role of PLAN lead is well suited to someone with a keen interest in using and enhancing their project management, research, and audit or quality improvement skills.
What is the role of the liaison team in PLAN?

All liaison colleagues need to be aware of PLAN, and committed to it. The best way forward will probably be to establish a small PLAN working group, which will be championed by the PLAN lead, meet regularly, and be responsible for:

- Ensuring the work is integrated within any existing quality and audit structures
- Ensuring that appropriate support and resources are available
- Highlighting the benefits of PLAN to others within mental health and throughout the acute trust
- Generating enthusiasm and motivating by example
- Making sure deadlines are met
- ‘Trouble-shooting’ when problems or delays are experienced
- Linking with the College Centre for Quality Improvement (CCQI)
- Fostering networking with other participating units/services

How often should the liaison team meet to discuss PLAN?

As a minimum, you should meet...

Once early on, to look at or at least circulate the PLAN standards so that the liaison team is aware of what they will be measured against. You may decide to make some minor improvements at this stage, before the self review takes place. If so, you could use this meeting to decide who will be responsible for particular actions and when these actions will be achieved by.

Before data collection begins, you will need to remind your colleagues of their role in this.

After the self review, we will send you a summary of your data, for you to discuss amongst your team in preparation for receiving your peer review. You are welcome to use this summary to help you make improvements before receiving your peer review.
After you have received your peer review and accreditation decision, you will no doubt wish to discuss with your colleagues about the feedback received and think about any further improvements you need to make.

You may choose to have meetings dedicated to PLAN or you might wish to make PLAN an agenda item on existing meetings and keep the team updated that way.

**Who else needs to know about PLAN?**

1. **Colleagues in the general hospital**
   Acute colleagues are very important to PLAN and will need to be informed about the programme at an early stage. During the data collection period, they will be asked to provide feedback on the liaison team.

2. **Patients and carers**
   Patients and carers will be involved in several ways:
   - They will be asked for their views on the liaison mental health service.
   - They will be invited to attend peer reviews. PLAN will arrange for a patient or carer representative to attend the review and the review team itself are expected to invite three patients and carers in total to the peer review day (or provide telephone details for them to be contacted by the PLAN team).
   - Patients and carers are also invited to attend other PLAN events, such as the annual forum.

   We will provide further support and information to teams regarding patient involvement. If you are already working with liaison patients or carers regarding improvement, audit or research, please let us know, so that we can work together on this.

3. **Senior level staff and managers**
   You will need to tell senior level staff, managers and commissioners about PLAN. Involving senior people from within the Trust/health board demonstrates to those inside and outside that there is commitment to the work and will mean that your team’s work will have greater credibility. Occasionally, PLAN members choose to invite local commissioners and managers to part of their peer review visit, which can be particularly helpful if the review has identified the need for further resources.
4. Clinical audit, researchers and administrative staff

Involving clinical audit, quality, research or other support staff could give you access to skills and people who can help you with data collection, if necessary. Ensuring that your team has adequate administrative support will also help.

Other considerations:
- Are there people in your organisation who have been known to obstruct initiatives of this kind? If so, it might be better to get them actively involved from the start.
- Are there people in your organisation who are generally very supportive of initiatives of this kind? If so, it would be good to get them on the team.
- It may not be possible for senior level staff to play an active role in the programme. Make sure that clear channels of communication are defined from the outset (see Appendix 1 - Developing a Communication Strategy).
Section 2: The Accreditation Process

PLAN Standards

The accreditation programme is underwritten by a manual of standards. These standards have been developed from a literature review and in consultation with stakeholder groups, including liaison professionals, acute staff, patients and carers.

Psychiatric liaison services vary widely in their organisation, funding, staffing and levels of service, even within the same organisation. The standards have therefore been focused on ‘function’, rather than overly prescriptive models of service delivery. The standards are subject to regular review to take account of new developments to ensure that the standards are measuring the most important aspects of liaison psychiatry and are still valid in practice.

The full set of standards is aspirational and it is unlikely that any service would meet all of them. To support their use in the accreditation programme, each standard has been categorised as follows:

- **Type 1**: failure to meet these standards will result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- **Type 2**: standards that an accredited service would be expected to meet.
- **Type 3**: standards that an excellent service should meet or standards that are not the direct responsibility of the service.

You should receive a copy of the latest standards shortly after joining.

Phases of the accreditation process:

**Phase 1: Self review**

*The self review period provides an opportunity for your team to review your policies, procedures and practices against the PLAN standards. You will also be given time to make some changes and improvements before the peer review visit.*
Before the self review begins, the PLAN lead will be sent the self review data collection tools and associated guidance notes. All of the self review data should be completed and returned within your specified period.

The self review has a number of components. Unless otherwise stated, these will be completed online using a simple web-based survey, which will be anonymous and returned directly to the central PLAN team. All of the data collection tools are designed to help us understand how well the team is meeting certain standards. Respondents will also be invited to highlight the strengths of the liaison team as well as offer suggestions for future development.

**Action planning:**

The data from the self review will be combined into a report, which you will receive and have the opportunity to look at before the peer review. Some time between the self review and peer review is allowed for you to make improvements before the peer review, should you wish to. You will be provided with an action planning sheet (see Appendix 2), which you can use to identify and address any unmet standards. Any improvements that you make during the self review can then be discussed at the peer review visit and will be noted in your final report.

**The components of the self review are as follows:**

**A questionnaire for members of the liaison team**

This contains questions for the liaison team about their skills, knowledge, training and support received, as well as around working arrangements, communication and collaboration between the liaison team and other departments.

**A questionnaire for acute colleagues that refer patients to you**

This contains a brief series of questions about the relationship between your service and the departments and organisations that refer patients to you, including questions on ease of referral, communication, training and support.

You will be provided with an online link to the referrer questionnaire, and the questionnaire should be emailed to every individual who refers a patient to your service during the data collection period.
Patient and carer questionnaires

These will contain a brief series of questions about the person’s experience of your service, focusing on what they found most helpful and any improvements they would recommend. As well as being available online, these will also be available in paper form. We will provide you with multiple paper copies, a patient and carer information sheet and anonymous, prepaid envelopes to give to patients and carers.

The questionnaire for patients and carers stresses that filling in a questionnaire is entirely voluntary, anonymous, and will not affect the care that they receive. It is important that individuals are not at all pressurised into taking part.

If the patient is likely to require assistance filling in the questionnaire then an independent person (e.g. advocate), member of staff from another service or a carer/relative can be approached if this is acceptable to the patient. Staff from your service should not assist the patient.

In addition to the surveys, liaison teams will also be asked to complete:

A brief audit of case notes
The audit will involve reviewing assessments, care planning and communication. You might wish to seek support from your clinical audit department on this task, to save time.

A one-off team checklist
This is designed to help us understand the arrangements which underpin your work.
Target numbers of returns

Every member of the liaison team will need to complete the staff survey. Two thirds of acute staff, who refer to your service or receive training from you, are required to complete a survey.

You should aim for 30 responses from patients and/or carers; we understand that it can be difficult to get a high number of returns and we will support you with this. We will also send you a weekly update to advise how many questionnaires or other audit tools have been returned, allowing you to chase up groups if needed.

Because the self review data will inform the peer review and your accreditation decision, it is vital that sufficient data are returned by the deadline stated.

Phase 2: Peer review visit by an external team

The purpose of the one-day peer review visit is to validate the results of the self review and contribute to the accreditation decision; enable staff to demonstrate the quality of their service; and facilitate the sharing of information and advice.

What happens before the peer review day?

We will contact you regarding arranging the date for your own peer review, offering full support. We will also invite you to attend a visit at another site as a peer reviewer. During the course of the cycle, each liaison team will be expected to provide three people to go on one review each (not all on the same day!) If preferred, the team can provide one or two people who will cover the three reviews between them, over several months.

We always try to allocate people to different review teams to ensure a good balance of different disciplines, e.g. nurses, consultants, therapists, social workers etc, to maximise the different opinions and suggestions heard. We will of course take into account people’s preferences regarding geographical location of the service they visit.
**What about patient and carer involvement on the day?**

The central PLAN team will arrange for an experienced patient or carer representative to take part in your review, but your team is also expected to invite three or more patient and carers to the review day if possible. Alternatively we can interview them by telephone if preferred. The PLAN team will provide you with template letters to give to patients and carers to invite them along to the peer review day. We understand this can be difficult in some services to find patients and carers to attend but it is part of the accreditation process to confirm self-review data with patients and carers who have used the service.

**Each peer review team will include three or four people (drawn from different services and locations):**

- Two or three liaison professionals.
- A trained lead reviewer (either a member of the PLAN central team, steering group, or experienced trained lead reviewer).
- A patient or carer.

The data gathered from the self review is compiled by the PLAN project team into the peer review booklet, which forms the basis of discussions on the peer review visit.

**What happens on the peer review day?**

A number of meetings take place on the day and are accommodated within a set timetable (see appendix 3), including:

- Interview with the liaison team managers and senior staff.
- Interview with the liaison team without the managers and senior staff present.
- A discussion of the case note findings.
- Discussion with patients and carers.
- A multi-agency discussion where acute staff and referrers meet with the liaison team to talk about the self review findings and discuss if joint working could be improved.
- A tour of the facilities used by the liaison team.

During and following the peer review visit, the peer review booklet is completed to include the review team’s comments. You will have the opportunity to verify the comments made on the peer review day, before the report is finalised.
The role of the peer reviewer

Peer review teams have an essential role in ensuring a successful visit that is supportive to staff and which aims to enthuse and educate.

The primary responsibilities of members of peer review teams are to:

- Validate the self review data.
- Share ideas about both achievements and problems.
- Offer advice and support based on their expertise.
- Feed back comments or suggestions to the PLAN Project Team.
- Help to promote the programme to existing and potential members.

Please note that full peer review training and guidance will be provided.

Payment for patients and carers

Patient and carer reviewers recruited, trained and supported by PLAN will receive payment for their time, travel and preparation (from PLAN central funds) at the College rate of £50 for half a day and £100 for a whole day. Other reviewer costs (e.g. staff travel) will be met by the local Trust or organisations in the usual way. If this presents a major problem, please let us know. If your local patients and carers require travel funds to help them attend the peer review visit, this will normally need to be met by your team. If this is not possible, please contact PLAN.

Hosting your own peer review

Aside from preparing you for attending a peer review elsewhere, we will also provide you with guidance about organising your team’s own peer review. This primarily involves:

- Your team choosing from a list of possible dates for your review.
- You organising meeting room/s and lunch and refreshments for the day.
- Inviting acute colleagues along to talk about their experiences of working with the liaison team (PLAN can provide posters you can use to help advertise)
- Inviting patients and carers along to discuss their experiences of the liaison team (PLAN will provide template letters you can send out)
- The PLAN project team informing you about who is coming to visit you.
Phase 3: The Accreditation Decision

The results of both the self and peer review will be collated into a report for your service. It will then be discussed by the PLAN Accreditation Committee (AC).

The AC consists of nominated professionals representing:

- Royal College of Psychiatrists’ Faculty of Liaison Psychiatry
- Royal College of Nursing
- Royal College of Physicians
- The mental health charity Mind
- College of Emergency Medicine
- Patient and carer representation

The AC will recommend an accreditation status for each team, which is ratified by the Royal College of Psychiatrists’ Special Committee on Professional Practice and Ethics (SCPPE).

There are four main categories of accreditation status, according to how many standards are met at the point of peer review:

**Category 1: “accredited as an excellent service”, for teams which:**

- meet 100% of Type 1 standards
- meet 95% of Type 2 standards
- meet 80% Type 3 standards, with a clear plan for how to achieve the others

**Category 2: “accredited”, for teams which:**

- meet 100% of Type 1 standards
- meet 75% of Type 2 standards
- meet 60% Type 3 standards

**Category 3: “accreditation deferred”, for teams which:**

- fail to meet one or more Type 1 standards but demonstrate the capacity to meet these within a short time
- fail to meet a substantial number of Type 2 standards but demonstrate the capacity to meet the majority within a short time
- fail to meet 60% Type 3 standards
In this case, the service would receive a list of the standards that need to be addressed for accreditation to be awarded. Time and support would be provided and follow up data would be collected through a further self and (if necessary) peer review, to determine if the service now met the criteria for Category 2 approval.

**Category 4: “not accredited”, for teams which:**

- fail to meet one or more Type 1 standard and do not demonstrate the capacity to meet these within a reasonable time
- fail to meet a substantial number of Type 2 standards and do not demonstrate the capacity to meet these within a reasonable time

The process for “not accredited” teams is the same as for teams whose accreditation was deferred. Follow up data would still be collected and the team would be given guidance and support to improve.

**Other stages are listed below**

**In review stage**

The team is in the process of undertaking the self and peer review stages of its first accreditation cycle, and has not yet been taken to the PLAN Accreditation Committee for an accreditation decision.

**Accredited [excellent] in cycle 2 review stage**

The team was previously accredited in its first accreditation cycle. The team is now in the process of undertaking the self and peer review stages of its second accreditation cycle, and has not yet been taken to the PLAN Accreditation Committee for an accreditation decision.

**Accreditation suspended**

The team is not fulfilling one or more of the requirements for continuing accreditation. Accreditation will be reinstated when those requirements have been undertaken.

**Membership suspended**

The team is not properly engaging with the accreditation process (e.g. is not returning required documents). Membership will be reinstated when the team re-engages with the accreditation process.
Teams are given every opportunity to demonstrate that they are meeting the standards before a final accreditation decision is awarded.

If a team meets the thresholds required to be accredited, but those ‘unmet’ standards appear to cluster around a particular area, such as training, patient involvement, communication etc, the AC may decide that there is sufficient reason to ask that reasonable changes be made to address this.

**Note:** In the event that PLAN finds evidence that the Trust’s/organisation’s liaison psychiatry service seriously threatens the safety, rights or dignity of patients, the Trust/organisation will be informed in writing and they will be expected to take appropriate action. If the Royal College of Psychiatrists is not satisfied that appropriate action has been taken, it reserves the right to inform those with responsibility for the management of the service and/or the relevant regulatory body.

**The final report and accreditation certificate**

Once a service has been accredited, a final report will be sent, which includes all of the data and comments made and a section for action planning. Teams will also receive an accreditation certificate. The certificate will specify the final accreditation decision as well as the domains that the team was measured against. It will also specify the working hours in which the team normally operates, in order to ensure that it is clear we are accrediting the liaison team and not other services (such as out-of-hours on call services).
The accreditation process

**STAGE 1.** Team receives the report.

**STAGE 2.** Team has a minimum of 2 weeks to make corrections to report.

**STAGE 3.** Report goes to AC

- AC have enough evidence to enable them to make decision
- AC make decision

   - If meeting enough standards – recommended to be accredited or excellent (subject to SCPPE approval)
   - If not meeting enough standards – recommended to be deferred for 3, 6 or 12 months (subject to SCPPE approval).

   - If SCPPE approved, website updated, team informed, certificate, letter and final report sent out. Help with press release provided if desired.
   - Website updated, team informed, support provided. Regular updates sought. Team goes back to stage 3 to submit evidence of improvement.

   - If no satisfactory progress made after agreed period, team is formally not accredited.
The college website

Participating liaison services will be listed on the Royal College of Psychiatrists’ PLAN webpage. Once a final accreditation rating has been awarded, this will be posted on the website next to the name of the liaison service.
Section 3: Improving Your Service

The principle aim of PLAN is to help liaison services improve the quality of their service year on year. Several things can help you with this:

Utilising the time between the self and peer review

Your team should meet and use the action planning sheet to identify unmet standards from the self review and find ways to address these. The PLAN project team is available to help you during this stage, if necessary. Please see appendix 2 for an action planning template.

Using your local report and accreditation decision

Following the peer review visit, a local report will be compiled by the PLAN project team and returned to you. The report will highlight your team’s achievements and challenges, and make recommendations on how to address areas for improvement. The report acts as a useful tool for the team when action planning.

Team leads should:
- Disseminate the report to colleagues.
- Use the comments and recommendations within the report to formulate concrete action plans for the team to work on, with the aim of achieving improvements and developments within the service.

Sharing knowledge throughout the network and benefits of membership

PLAN will support the sharing of information and ideas through a range of methods:

- **The email discussion group**
  Throughout the period of accreditation, liaison staff will have access to advice and support from the Royal College of Psychiatrists and their peers through the email discussion group. To subscribe please send an email with the word ‘Join’ in the subject line to PLAN-chat@rcpsych.ac.uk
- **Newsletters**
  The central PLAN team will compile newsletters, and members are invited to contribute to this. If you have ideas or experiences that you think other members would benefit from (i.e. a new innovation or best practice tip) please contact us and we will feature your achievement in the newsletter.

- **Resource library**
  You will have access to a collection of online resources shared by other PLAN members.
Section 4: Frequently Asked Questions

I work in a very small team which is unlikely to meet many standards; how will that reflect on us?

PLAN has been carefully designed to accommodate teams of varying shapes and sizes. All teams are measured against the core standards but teams are able to opt out of additional domains. For example, if you provide an urgent liaison service but are not commissioned to, or expected to, provide training to hospital colleagues or ongoing interventions to patients, you will be exempt from those domains. You can still be accredited, as long as you meet the standards from your domains. Your certificate would state that you have been accredited for providing a core urgent service. It would also list the domains that were not measured and explain this. Many small sized teams sign up to PLAN and manage to meet a sufficient number of standards.

We don’t have a dedicated liaison team for older-aged adults, but we do see these patients. Will we be measured against the older-aged standards?

That depends. If there is another service which takes main responsibility for this patient group and if it is not within your team’s remit to do so, then you may be exempt from that domain. On the other hand, if your team is the main provider of mental health assessment and care to older-aged hospital patients, then you should be measured against this domain. We know that local variations are important and we are happy to talk to you to clarify your particular situation – please contact us on 020 3701 2523 or email plan@rcpsych.ac.uk

We have several sub-teams as part of the liaison service; do we need to sign each one up separately?

Not necessarily – if the group genuinely functions as one main team, are managed jointly, meet regularly, is of small to moderate size and follows the same policies and procedures, we could work with you as a single member. However, the accreditation procedure is systematic and standards will recorded as either met or unmet – so you need to be realistic about whether or not your service could really be considered as just one team.
• In deciding whether or not you should be accredited as one team or more, you should ask yourself: Will the self review responses be the same throughout the service? In other words – are procedures such as assessment and referral consistent? Is the quality of training and support the same throughout the service?

• Would it be possible to accredit the service in one peer review day without extra interviews or discussions with various teams?

Please contact us if you wish to discuss this in more detail.

If in doubt, you might want to consider the following question: ‘If it was free of charge to participate in PLAN, how many teams would we choose to enter?’

How will you take into account out-of-hours services that are not part of the liaison team?

PLAN can only comment on the quality of the liaison psychiatry team. Accreditation certificates will state that the accreditation refers to the liaison team only, stipulating the working hours that this relates to.

Will PLAN look at the service provided by the acute Trust or organisation?

Because the focus of accreditation is on the liaison team, the PLAN standards are largely concerned with the responsibilities of the liaison team, not acute colleagues. However, we know that the care and treatment provided by non-mental health staff in the general hospital is a very important aspect of the patient and carer experience. It is for this reason that we are partners in the mental health friendly work being conducted by colleagues at the College of Emergency Medicine. Please see their website to view the mental health toolkit.

Thanks for reading this pack and we look forward to working with you.
Appendix 1: Developing a Communication Strategy

Please note – if you work in a smaller liaison team, some of the guidance about developing a communication strategy may seem somewhat over the top. It is up to you to decide how best to keep liaison colleagues informed and involved, but we would recommend that you also strive to communicate with colleagues outside of the liaison team (including managers and commissioners) as much as possible.

To be successful, this programme needs to be supported by a lot of different people. A communication strategy will help you understand your audience and be clear about who will carry information and feedback to your various ‘stakeholder’ groups.

Who to communicate with...

Within the project team - team members should meet regularly to report progress and to discuss solutions to potential problems that may have been encountered. This will engender co-operation between team members and a sense of individual responsibility working toward a collective goal. Your team will have a wealth of knowledge and skills and it is important to make full use of these. Ensure that all team members are able to contribute and, most importantly, are listened to by their colleagues on the team.

Within the wider Trust or organisation - since change does not occur in a vacuum, a change in practice in one area may result in knock-on effects for other processes. For this reason, informing related groups within your Trust, or parts of your Trust, will help ensure that the activities associated with the programme - e.g. getting staff to fill in questionnaires – will be supported. Looked at conversely, if people hear about the work indirectly, they may feel that their contribution or involvement is not important and therefore may feel less committed to the implementation of any changes that are identified through the programme. Secondly, quality improvement activities are often perceived as cost-cutting exercises. Keeping people informed can help dispel any fears. Finally, this type of initiative can be seen as something ‘imposed’ by management, rather than as a response to a perceived issue. Telling people what is happening from the start can stop this from happening.
**Within management** - this programme will generate information that is likely to relate not only to the team that is taking part, but also to other departments. The potential areas for improvement that will be identified are equally wide-ranging.

**Your team should have direct access to senior managers and you should be able to expect a number of things from them:**

- Support around meeting the requirements of the programme e.g. data collection, attending peer review training etc.
- Interest in hearing regular updates on progress.
- Commitment to agreeing areas for improvement.
- Support in identifying appropriate action plans.
- Interest in monitoring completion of action plans.

The more visible the involvement of management, the better. As well as the practical support they can provide, management endorsement will lend credibility to the improvement activities and they may stand a better chance of being accepted and implemented.

**How to communicate**

**Find out what systems are already in place and then use them.**

Some examples:

- Newsletters.
- Open meetings with senior management.
- Bulletin boards, i.e. in the staff room, canteen, inside the back of toilet doors.
- Existing meetings, e.g. management or unit/service meetings, CPD sessions.
- Intranet systems.

**In addition, you may wish to use one or more of the following approaches:**

- Plan early meetings with all key stakeholders, i.e. your staff team, local commissioners etc. to discuss how they are going to be involved.
- Nominate ‘link people’ from your local team who will keep specified groups informed of progress e.g. a consultant may undertake to communicate with other consultants in the hospital; a member of your team may offer to attend the carers meetings to provide a bi-monthly update.
What to communicate

As the work progresses, you may want to let people know about key events and dates. Later you will want to communicate back key findings from the process and planned changes resulting from the findings.

Hopes and fears - as indicated earlier, people may have all sorts of concerns about the impact of the programme on them. It is advisable to provide a forum where these can be discussed openly.

Benefits of involvement - Try to stress the potential benefits of supporting the programme. Staff are more likely to be supportive if they can clearly see the link between the programme and the impact on the lives of the people who use or work in the services they provide.
## Appendix 2: Action Planning Guide

**Guidance to read before completing the form overleaf**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify area for improvement</td>
<td>Who needs to be involved/informed and how?</td>
<td>Sources of support/information to develop plan</td>
<td>Human, financial and time resources needed</td>
<td>Lead for each section and deadlines</td>
</tr>
<tr>
<td>Identify and record the area for improvement.</td>
<td>Think about all those who may be affected by the action taken and how you aim to communicate with those involved.</td>
<td>Write in here any initiatives you can tap into – e.g. other Trusts, national organisations.</td>
<td>Write in the resources you think you may need.</td>
<td>You can organise this section to suit the project.</td>
</tr>
</tbody>
</table>

Before naming the identified area that you wish to target for change you may wish to consult with:

- local PLAN report findings
- the staff team
- Patients
- other relevant agencies, if appropriate.

<table>
<thead>
<tr>
<th>Step 1</th>
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<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who needs to be actively involved? Record name and contact details.</td>
<td>Who do you simply need to keep informed?</td>
<td>How do you aim to maintain communication?</td>
<td>What funds will be required?</td>
<td>Project target (describe) &amp; name of person responsible:</td>
</tr>
<tr>
<td>Who do you simply need to keep informed?</td>
<td>How many hours a week or month will be required from staff in order to implement the action plan?</td>
<td></td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

**At what time points will you need to communicate?**
# PLAN Action Planning Sheet

You may find this tool useful for targeted improvement – please complete and keep for your own records

<table>
<thead>
<tr>
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<td>Project target</td>
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<td></td>
<td>Deadline</td>
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</table>
## Appendix 3: Sample Peer Review Timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 9.45 – 10.00 | **The review team arrive on site, welcomed by the PLAN lead of the host service.**  
*Tea and coffee would be welcome* |
| 10.00-10.20 | **PLAN review team meeting**                                              
*The review team have 20 minutes alone.*  
The lead reviewer will allocate roles, explain the role of the review team and answer any questions from the reviewers. |
| 10.20 – 10.40 | **Introductory meeting**                                                
*The host team and review team go through introductions.*  
The lead reviewer will run through the timetable, explain the PLAN process and answer any questions from the host team. |
| 10.40-11.20 | **Team managers discussion**                                            
*Discussion with senior/managerial members of the liaison team.*  
2-3 members of the liaison team will interview the team manager/lead clinician to discuss the self-review findings.  
Continued after break. |
| 11.20-11.30 | **Team discussion**                                                     
*Discussion with non-managerial members of the liaison team.*  
2-3 members of the liaison team will interview non-managerial liaison team members to discuss the self-review findings.  
Continued after break. |
| 11.30-12.30 | **Team managers discussion – Continued**                                
**Team discussion - Continued** |
| 12.30-1.00  | **Lunch break**                                                        
*lunch provided by the host team (if this is not possible, please let PLAN know in advance).* |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00-1.30</td>
<td><strong>Multi-agency discussion with acute colleagues</strong></td>
<td>The liaison team invites hospital colleagues to attend a 30 minute discussion with the reviewers and the liaison team. The aim is to reflect on achievements and think about ways in which joint working could be improved.</td>
</tr>
<tr>
<td>1.30-1.40</td>
<td><strong>Tour of site</strong></td>
<td>2-3 members of the review team will look at the main assessment and office areas used by the liaison team.</td>
</tr>
<tr>
<td>1.40-2.20</td>
<td><strong>Case note audit</strong></td>
<td>The host team explain the referral process and show the reviewers some case notes. The reviewers look at the quality of assessment, care planning and communication.</td>
</tr>
<tr>
<td>1.40-2.20</td>
<td><strong>Patient and carer interviews</strong></td>
<td>Members of the review team will interview available patients. Telephone interviews on the week of the review are also acceptable if this is easier.</td>
</tr>
<tr>
<td>2.20-2.45</td>
<td><strong>Short comfort break</strong></td>
<td></td>
</tr>
<tr>
<td>2.45-3.15</td>
<td><strong>PLAN review team meeting</strong></td>
<td>The peer review team clarify any outstanding areas and summarise the data.</td>
</tr>
<tr>
<td>3.15-3.45</td>
<td><strong>Final meeting</strong></td>
<td>The review team feed back their main views of the team’s achievements and ideas for development. An accreditation decision is not given at this time. The host team feed back their views on how they found the day.</td>
</tr>
<tr>
<td>3.45-4.00</td>
<td><strong>Review team leave.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Psychiatric Liaison Accreditation Network (PLAN)
Royal College of Psychiatrists,
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