EXECUTIVE SUMMARY

1 Purpose and Key Issues

The purpose of this paper is to update Trust Board of the progress made, and challenges overcome, by the Liaison Psychiatry team since its integration into the Trust in April 2011.

Key issues include:

- Background to the service
- Service development and performance
- Key areas for development in the future

2 Supporting Information

The report is attached.

3 Controls and Assurance

The Liaison Psychiatry team is hosted within the Medicine and Community Hospitals (North) Division and has regular monthly service meeting with the Divisional General Manager. The team also meet with the Director of Operations on an ad-hoc basis to discuss progress being made on key issues for the Trust.

4 Legal Implications

The legal implications have been considered and none have been identified.

5 Equality and Diversity Implications

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. No adverse or positive impacts have been identified from this report.

6 Patient, Public and Staff Involvement
The Trust ensures that patients, the public and staff are involved in the decision-making process when appropriate.

7 Cost Implications

There are no cost implications associated with this report.

8 Potential Risk to the Organisation

The Liaison Psychiatry Team aims to reduce the risk faced by the organisation in the management of patients with complex mental health problems both presenting in the Emergency Department and being managed on inpatient wards.

The Team are also supporting the development of staff skills to ensure that the risk of mishandling potential safeguarding issues are minimised and the Mental Capacity Act (2005) and Deprivation of Liberty safeguards are correctly applied when necessary.

9 Board Prompts

- Is the Trust Board satisfied with the progress being made by the Liaison Psychiatry team since its inception in April 2011?
- Is the Trust Board satisfied that this report provides assurance that the service has adequately integrated itself within the clinical services provided by the Trust?
- Does the Board support the proposed areas for development highlighted in this report?

10 Recommendations

The Committee is asked to RECEIVE the report.

11 References

Not applicable.

12 Strategic Objectives

The Trust’s Strategic Objectives were reviewed by the Board in February 2012.

| X | Highest quality                     | X | Flexible and multiskilled workforce |
| X | Sustainable services               |   | Efficient and effective             |
| X | Integrated health and social care  |   | Local provider of choice            |

13 Principal Risks

The Trust’s Principal Risks have been identified through the Trust’s risk management processes. They are updated as they are identified by the Risk Management Committee.

| X | Financial planning & management    | X | Clinical records management        |
| X | Strategic & business planning      | X | Leadership & management            |
|   | Workforce numbers                  |   | Unsafe behaviour                   |
| X | Workforce skills                   |   | External demands                   |
| X | Procedural management              | X | Partnership arrangements           |
|   | Equipment & facilities arrangements| X | Communication                       |
1.0 Introduction

This report details the progress made and challenges overcome by the Liaison Psychiatry team since its inception in April 2011. The report gives a background to the service including staffing and demand levels, highlights how the service has developed and performed in its first year and, identifies key areas for development over the next couple of years.

2.0 Background

2.1 Implementation of Service

The Liaison Psychiatry Team came into being in April 2011. This followed a year long pilot of a Link Nurse Practitioner for Adults and a Dementia Link Nurse. Both posts were well utilised and valued, but lacked the scope of a liaison service and the multi-disciplinary nature of a team.

The Liaison Psychiatry service, provided by Devon Partnership Trust (DPT) and funded by NHS Devon, is for people aged 18 and over who have a physical illness or disorder as well as psychiatric/psychological difficulties, or for those who have presented with a mental health crisis and/or self harm.

2.2 Staffing Levels

The team is made up of two older adult liaison nurses, two general adult liaison nurses, a team manager and an administrator. In October 2011 a Consultant Psychiatrist was appointed to clinically lead the team. The service has run with more limited staff during this first year due to some vacancies, sickness and time taken to recruit. Even with these challenges the team has managed to run a comprehensive service through good team work and clinical prioritisation of cases.

2.3 Levels of Demand

The team has seen 775 patients in the first year. This has been split into 356 older adult referrals and 419 working age adult referrals. All referrals are collated into a comprehensive data base which is used to report to commissioners and NDDH regarding the service (see appendix 1 for graphs showing a breakdown of referrals, the majority being from medical wards).
3.0 Service Development & Performance

3.1 Support for NDHT Staff Training

Training is an integral part of the liaison psychiatry service. Although the service is small compared to the acute trust, improving the skills within the Trust through teaching is a very positive way of disseminating the Liaison Psychiatry team’s skills.

The team takes the opportunity to deliver teaching on each clinical case and has also taught 50 staff members on the topic ‘Managing the needs of people with dementia within the general hospital’. This was very well received with feedback stating an average satisfaction score of between ‘good’ and ‘excellent’ which is an achievement for any teaching programme. The team used an innovative range of practical materials and active teaching to convey the personal needs of patients with dementia.

3.2 Referral Response Times

In the vast majority of cases patients are seen by the team within four hours of referral from Accident and Emergency. The exceptions are those which require a Mental Health Act assessment or have come to see the Crisis Team which are independent from the Liaison Psychiatry team.

The team also see the majority of ward patients referred before 10.30am on the same day and on most occasions will also review patients the same day even if referred later than 10.30am.

3.3 Impact on ED performance (in hours and out of hours)

Within core working hours the team has managed to avoid breaches in waiting times and monitor this regularly through a meeting with senior nursing staff to discuss exceptions. The team has built up a good working relationship with department. However, it should be noted that out of core working hours awaiting psychiatric review is still a key reason for ED 4 hour standard breaches as review of patients becomes the responsibility of the on-call psychiatric team where resources are limited.

3.4 Integration of the service

There have been challenges in integrating the service, especially with the team being managed by DPT, but reviewing a client group cared for by NDHT. As a result, it has taken time to develop a ‘working’ operational policy that all parties felt able to sign up to, but which remains under review as the service develops.
In order to assertively seek referrals, as in other Liaison Services, the team has accepted referrals from any professional discipline. This initially caused some problems where the consultant in charge of the patient was occasionally unaware of Liaison Psychiatry involvement in the care being delivered. In order to resolve this issue, all referrals are now approved by the consultant in charge of the patient’s care. Where the team feel that there is under referral of patients by Consultants they are working to highlight psychiatric need and the value of specialist skills in the management of the patient.

Around the time of the integration of the service a number of issues arose relating to safeguarding, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) in the acute hospital. This was a very difficult time for all concerned but the team feels that after some difficult and frank discussions they have developed ways of working that have transparency, and much clearer lines of reporting and communication, which are included within the Operational Policy.

Liaison psychiatry is now embedded into the older people’s services and regularly attends ward rounds on Staples and Alexandra Ward. This provides an opportunity for MDT discussion about clients the team has seen and an opportunity to review new referrals, to plan assessments/interventions always being mindful of supporting the discharge pathway.

Integration of services on a management level has happened through regular monthly meetings between the host Divisional General Manager (Andy Burgess for Medicine). There has also been meetings between the Consultant and the Director of Operations, Medical Director and Chief Executive. This runs alongside meetings which happen at higher management levels between NDDH and DPT.

Feedback from the Dementia Peer Review was very good highlighting the positive role which Liaison Psychiatry has with regard to the care of people with dementia, with the review team making the comment below in the final report:

“The implementation of the Mental Health Liaison Team has been welcomed by staff and has already made a significant impact on care and support for people with dementia, as well as increasing the confidence of ward staff”.

Cath Courtney, the Liaison Psychiatry Team Manager, sits on the Trust’s Safeguarding Group to ensure a mental health perspective is included in all discussions.

4.0 Future development of the service

The team will consolidate its role within NDDH, continuing to provide clinical expertise for patients who have self harmed or have psychiatric aspects to their presentation on the wards. The main aim for the team is to continue to develop a locally responsive service which is fully integrated into the wider services provided by the hospital.

The service aims to consistently deliver against the Operational Policy and Provider Compliance Assessments for the Care Quality Commission. The team also hope to gain accreditation from the Psychiatric Liaison Accreditation Network to ensure best practice within the evidence base.
The team is also aiming to expand its service role as different teams become more aware of the service. Currently work is being undertaken with commissioners around providing a service for managing patients with Medically Unexplained symptoms in conjunction with GP services. The team are also interested in working more closely with perinatal services. Both of these service developments have been commissioned by NHS Devon and will not impact on the core service provided by the Liaison Psychiatry team.

Both the team consultant and manager participate in the alcohol steering group and work co-operatively with Addaction, the alcohol liaison service provider, where there is dual diagnosis of both alcohol and psychiatric problems. The team will also continue to work with patients who have addictions to drugs.

Further work is also underway to improve the care pathways for people with eating disorders. The team recently convened and chaired a multi-disciplinary meeting bringing together medical and psychiatric consultants, dieticians and nursing staff to develop a care pathway which could be used for patients with complex health and psychiatric needs. The meeting outlined all the key areas and gave a positive mandate to actively take this piece of work forward. The team are currently finalising this pathway which will be used for all patients presenting in the hospital.

The team is planning to extend teaching to doctors and nursing staff more widely focussing initially on the Accident and Emergency setting. In future collaborative research would be welcome though the key focus of the team will remain around the clinical caseload.

5.0 Conclusion

Whilst the first year of the Liaison Psychiatry service has not been without it challenges, mainly in regard to building a shared understanding of the role and clinical accountability of the service. The team has successfully integrated into existing Trust services. There have been many notable successes including supporting dementia training within the organisation and especially the advice provided to clinical teams in the management of patients with complex mental health issues.

6.0 Recommendations

The Trust Board is requested to receive this report.
Appendix 1

Adult Referral rates by month to the North Devon Liaison Service
(Apr 2011 - Mar 2012)

[Graph showing adult referral rates]

OPMH Referral rates by month to the North Devon Liaison Service
(Apr 2011 - Mar 2012)

[Graph showing OPMH referral rates]
All referrals to North Devon Liaison Service by Pathway
(Apr 2011 - Mar 2012)

Referrals by PCT to the North Devon Liaison Service
(April 2011 - Mar 2012)