



Quality Standards for Liaison Psychiatry Services Fifth Edition 2017

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A manual of standards written primarily for:

Professionals who deliver liaison psychiatry services
Commissioners
Managers

Also of interest to:

People with physical and mental health problems
Family, friends, and carers of people with physical and mental health problems
Non-mental health professionals in the general hospital
Crisis resolution/home treatment teams
Out-of-hours mental health services
Researchers
Policy makers

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Foreword

It is a mark of the success of the Psychiatric Liaison Accreditation Network (PLAN) and the dedication of colleagues working in Liaison Psychiatry that we are now publishing the 5th revision of the PLAN standards. PLAN aims to facilitate quality improvement and development in Liaison Psychiatry and now has over 75 teams across the UK undertaking accreditation and working hard to meet standards.

The standards are updated every two to three years in light of the experience of their application and changes in national policy. Key changes and policies that have informed this revision include:

- Increased recognition across the UK of the clinical and cost effectiveness of Liaison Psychiatry;
- Inclusion of Liaison Psychiatry in NHS England's Five Year Forward View and Achieving Better Access to 24/7 & Emergency Care;
- The publication of the Royal College of Psychiatrists' Faculty of Liaison Psychiatry outcome measures for services – FROM-LP;
- The College Centre for Quality Improvement (CCQI) exercise to align its various accreditation schemes by the identification of common core standards.

The standards have been revised with the participation of colleagues working in services across that UK that are members of PLAN, and service users, carers and representatives of PLAN's affiliated organisations. We are grateful to all those who have contributed to the latest revision.

Of course, none of the work would be possible without the dedication and efficiency of the PLAN team who work within the CCQI, including Sophie Hodge, Programme Manager; Francesca Brightey-Gibbons, former Deputy Programme Manager; Alice Ryley, former Project Worker; Emily Patterson, Project Worker; Ellen Rhodes, Project Worker and Lucy Palmer, Senior Programme Manager.

PLAN depends upon its members to be effective – not only in setting and revising standards, but participating in peer reviews and sharing good practice. I congratulate all PLAN members on their accomplishments. Achieving accreditation is not easy, but I hope that members have found it a rewarding process. With each team that achieves and maintains accreditation the quality and reputation of Liaison Psychiatry in the UK increases. I wish all teams the very best in working with the latest revision of the standards. Remember that if you feel that they could be improved, there will be a chance to get involved in the next revision.

*Dr Jim Bolton
Consultant Liaison Psychiatrist
Former Chair of the Accreditation Committee and PLAN Clinical Lead*

Introduction

The Psychiatric Liaison Accreditation Network (PLAN) is a network of liaison psychiatry services run by a central project team at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) in collaboration with the Royal College of Emergency Medicine, the Royal College of Nursing, Mind, the Royal College of Physicians, and the Royal College of Psychiatrists.

PLAN facilitates quality improvement and development of liaison psychiatry services through a supportive peer-review network. The network enables communication between services, encouraging the sharing of best practice, advice and support. PLAN supports individual PLAN members to improve and develop their services at a pace which 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;
- Provides funders with the confidence to invest in accredited services.

PLAN is open to all liaison psychiatry services working with adults and older adults in the United Kingdom and Ireland.

How have these standards been developed?

These standards have been developed from recommendations in key literature, research and in consultation with a range of stakeholders. Care has been taken to ensure that the development of these standards has taken into consideration a wide range of sources, including the perspectives of researchers, policy makers, professionals working in liaison psychiatry services, experts from voluntary organisations, healthcare professionals from Emergency Departments and general hospital wards along with people who have received care from services and their loved ones.

These standards have been developed for the purpose of review as part of the Psychiatric Liaison Accreditation Network (PLAN), however they can also be used as a guide for new or developing services.

Who are these standards for?

These standards are for service providers and commissioners to help them ensure they provide high quality care to people attending the general hospital who also have mental health needs and their family members, friends or carers.

PLAN recognises that functions differ between liaison teams. The standards in this document are therefore laid out in different domains according to the different functions that liaison teams perform. Teams signing up to PLAN are asked to inform us which areas of service they provide. Teams are then measured against the domains which apply to them, and are exempt from those which are not. The domains are as follows:

- Core standards for all liaison psychiatry teams;
- Providing urgent and emergency mental health care;
- Providing routine mental health care;
- Providing psychological therapies;
- Providing training to hospital colleagues;
- Providing routine planned care.

Accreditation certificates and details on the PLAN website will state which domains the team has been measured against. PLAN accreditation is valid for the psychiatric liaison team, and not any other services, such as out-of-hours services.

Categorisation of standards

Each standard has been categorised as follows:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment;

Type 2: standards that a service would be expected to meet;

Type 3: standards that are desirable for a service to meet, or standards that are not the direct responsibility of the service.

The full set of standards is aspirational and it is unlikely that any service would meet them all. In order to achieve accreditation, a service must meet 100% of type 1 standards, at least 80% of type 2 standards and 60% of type 3 standards.

Notes about the standards

- Psychiatric liaison services differ widely in their function, organisation, funding, staffing and levels of service, even within the same Trust or organisation. The standards therefore focus on function rather than any particular model of service delivery.
- Many of the standards relating to patient involvement assume that the patient in question has the required capacity to engage in their treatment and understand the information being provided. In some situations, this may not be the case and the PLAN process will take this into account.
- The standards and criteria in this document exist to guide best practice and do not override the individual responsibility of a professional to make appropriate decisions on a case-by-case basis. Healthcare professionals should adhere to the code of conducts established by their own governing professional body (for example the Nursing and Midwifery Council, the General Medical Association etc.).

Terms

In this document, psychiatric liaison teams are referred to as '*the service*' or '*the liaison team*'. People who receive care from the psychiatric liaison team are

referred to as '*patients*', and their loved ones are referred to as their '*family, friends or carers*' and include parents, carers, siblings, partners and friends who live with or are in close contact with a person who received or is receiving care from the psychiatric liaison team.

Care Quality Commission (CQC)

These standards have been mapped to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as outlined in the CQC's guidance for service providers and managers (2014).

Evidence-based treatment pathway for liaison mental health services

Some of the standards included in this document are informed by a programme of work commissioned by NHS England to support the implementation of the ambitions set out in the Five Year Forward View for Mental Health. This programme has introduced evidence-based treatment pathways for urgent and emergency mental health services, including liaison psychiatry services. For further information, please refer to the [Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults](#) document.

Quality Standards for Liaison Psychiatry Services

Domain 1: Core standards for all liaison psychiatry services

No.	Type	Standard	CQC	References
Service planning, commissioning and resources				
Liaison psychiatry services to general hospitals are adequately planned, commissioned and managed				
1.1	2	The service is explicitly commissioned or contracted against agreed standards. <i>Guidance: This is detailed in the Service Level Agreement, operational policy, or similar and has been agreed by funders.</i>		[1] [2]
1.2	2	The team attends business meetings that are held at least monthly.		[1]
1.3	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	17.2a	[1]
1.4	2	Liaison staff members are involved in key decisions about the service provided.		[1]
The liaison team has access to essential facilities and resources				
2.1	1	The team has an office space which is fit for purpose, and contains sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	15.1c	[1]
2.2	2	The team has access to an additional breakout room for confidential activities such as supervision.	15.1c	[3]

Referral procedures

The liaison team provides an effective service to referrers

3.1	1	<p>Clear information is made available, in paper and/or electronic format, to healthcare practitioners on:</p> <ul style="list-style-type: none"> • A simple description of the service and its purpose; • Clear referral criteria; • How to make a referral; • Clear clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for the service, including emergency and out-of-hours details; • Escalation process for accessing emergency advice and support. 	9.3g	[1]
3.2	2	There is a single point of access/referral process for acute colleagues.		[1] [2]
3.3	1	<p>The team provides referrers with information and advice between initial referral and assessment.</p> <p><i>Guidance: This includes updates on the waiting times for assessments and any delays. If a referral is not accepted, the team advises the referrer on alternative options.</i></p>	9.3g	[1] [4]
3.4	1	<p>The team works with general hospital staff to ensure patients are safe and supported whilst waiting for a mental health assessment.</p> <p><i>Guidance: The liaison team provides appropriate guidance to acute colleagues on patients' history (including risk) and how to manage patients.</i></p>	12.2i	[4] [5]
3.5	2	<p>Referrers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service.</p> <p><i>Guidance: This may include the referrer satisfaction scale as described in Framework for Routine Outcome Measures in Liaison Psychiatry (FROM-LP).</i></p>		[1]
3.6	3	Liaison staff proactively seek referrals and raise awareness of the liaison team, for example through visiting wards, providing staff training and promoting the liaison team at multi-disciplinary meetings.		[6]

3.7	1	There is a clear pathway for referrers to access advice from a consultant psychiatrist, during the liaison team's normal working hours. <i>Guidance: This may be through the liaison team or another mental health service.</i>		[2] [5]
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Mental health assessment and care planning

Mental health assessments take place in an appropriate and safe environment

Guidance:

- Teams operating across multiple sites must have access to acceptable facilities at all sites.
- Sufficient private space should exist to ensure that patients and liaison staff do not have to travel far through the hospital to find a room suitable for assessment.
- The use of a curtain around a patient's bed does not ensure privacy and should only be used rarely, and as a last resort, i.e. if there is significant risk and no safe alternative room, or if it is not physically possible for the patient to be moved to a more private setting.

4.1	1	Where clinically appropriate, the team has access to, and use facilities to conduct assessments. <i>Guidance: These facilities offer dignity and visible privacy, and ensure that conversations cannot be easily overheard.</i>	10.1 10.2a 15.1c	[4]
4.2	1	The team has a procedure for estimating the level of risk involved in conducting an assessment. <i>Guidance: This includes:</i> <ul style="list-style-type: none"> • Checking past notes and/or liaising with other services; • Discussion with the referrer; • An initial risk assessment carried out by the referring clinician including patient's awareness of, and willingness to engage in, assessment. 	12.2a	[4]

4.3	1	<p>The team has a clear joint procedure for managing high risk assessments which is agreed and shared with acute colleagues.</p> <p><i>Guidance: Written guidance includes:</i></p> <ul style="list-style-type: none"> • A description of suitable facilities for high risk assessment in the emergency department (see 22.1); • Arrangements for alerting acute colleagues that the assessment is taking place, including where it is taking place; • Guidance on the frequency of checks and observations, depending on the nature of the concern; • Agreements about more experienced liaison or acute staff being present during the assessment, if appropriate; • Agreements for involving security staff where needed. 	12.2b	[4]
Mental health assessments are comprehensive, supportive and focus on patient needs				
5.1	2	Liaison staff and patients are satisfied with the length of time spent on assessments.		[3]
5.2	1	Liaison staff introduce themselves and explain the purpose of the assessment to the patient.		[1]
5.3	2	Patients feel listened to and understood in consultations with liaison staff.	10.1	[1]
5.4	2	If the patient presents with a companion, the patient is offered the choice of them being present during the assessment.		[7]
5.5	1	<p>A clinical impression or working diagnosis and assessment of the patient's needs, strengths, skills and resources is recorded in their case notes.</p> <p><i>Guidance: This should include their psychological and social needs and context, level of functioning and communication needs.</i></p>	9.3a 12.2a	[4] [5]

5.6	1	<p>Every patient has a written plan of care reflecting their individual needs.</p> <p><i>Guidance: This clearly outlines:</i></p> <ul style="list-style-type: none"> • <i>Crisis and contingency plans;</i> • <i>Strategies for self-management;</i> • <i>Any advance decisions or stated wishes that the patient has made;</i> • <i>A clear formulation which may include a diagnosis.</i> <p><i>A copy of the patient's plan of care is shared with the patient's GP, and family, friend or carer with patient consent.</i></p>	9.3b 9.3d 9.3e 9.3f 9.3g	[1] [3] [4] [5]
5.7	2	<p>The liaison team is able to conduct dementia assessments, or signpost patients to a service that can do so.</p> <p><i>Guidance: People who are assessed for the possibility of dementia are asked if they wish to know the diagnosis and with whom the outcome should be shared. This is clearly documented in the patient's notes.</i></p>		[8]
5.8	1	<p>Patients' plans of care or discharge are communicated to acute colleagues and other services in a timely manner.</p>	12.2i	[3]
5.9	1	<p>The team gives targeted lifestyle advice to patients. This includes:</p> <ul style="list-style-type: none"> • Smoking cessation advice; • Healthy eating advice; • Physical exercise advice; • Advice on alcohol or drug use; • Advice & guidance on the importance of maintaining activities of daily living and engagement in meaningful activities to promote quality of life. 	12.2b	[1] [4]
5.10	2	<p>The assessing professional makes efforts to access notes (past and current) about the patient from primary and secondary care, and other agencies (e.g. drug and alcohol services provided by the third sector).</p>		[1] [4] [5]
5.11	1	<p>All assessments are documented, signed/ validated (electronic records) and dated by the assessing practitioner.</p>	17.2c	[1]

Assessment includes consideration of issues around risk and mental capacity				
6.1	1	Capacity assessments are performed in accordance with current legislation.	9.3a	[1]
6.2	1	When patients lack capacity to consent to interventions, decisions are made in their best interests.	9.3a	[1]
6.3	1	Liaison professionals are available to advise colleagues on issues around mental capacity. <i>Guidance: It is not the sole responsibility of the liaison team to assess mental capacity; this should be undertaken by the medical professional proposing the action being taken. However, in complex or borderline cases, the liaison professional may be able to offer valuable insight, and should endeavour to do so.</i>		[3]
6.4	1	The liaison team has a written policy on managing different levels of risk. <i>Guidance: The policy should include guidance for:</i> <ul style="list-style-type: none"> • <i>Developing a risk management plan;</i> • <i>Procedures and timescales for communicating the plan to relevant colleagues.</i> 	12.2a	[1]
6.5	1	The liaison team can access advocacy services, including PALS, Independent Mental Health Advocates, Independent Mental Capacity Advocates and Mental Health Act advocates.		[5]
6.6	1	The team discusses the purpose and outcome of the risk assessment with the patient and family, friend or carer if appropriate, and a management plan is formulated jointly.	9.3b 12.2b	[1]
6.7	1	Patients have a risk assessment and management plan which is clearly documented. <i>Guidance: The risk assessment may include some of the following:</i> <ul style="list-style-type: none"> • <i>Harm to self – e.g. current suicidal intent, hopelessness, ability to resist suicidal thoughts, depression and self-neglect;</i> • <i>Vulnerability - e.g. risk factors for older people and the protection of vulnerable adults, including people with learning disabilities;</i> • <i>Triggers to symptoms and behaviours;</i> • <i>Deterioration;</i> • <i>Absconding;</i> • <i>Non-adherence to treatment;</i> • <i>Harm to others, including safeguarding issues.</i> 	12.2a	[3] [4] [5]

6.8	2	There are systems in place to take account of any advance decisions the patient has made.	11.1 13.4d	[1] [4]
6.9	1	The team follows a protocol to manage patients who discharge themselves against medical advice. This includes: <ul style="list-style-type: none"> Recording the patient's capacity to understand the risks of self-discharge; Putting a crisis plan in place; Contacting relevant agencies to notify them of the discharge. 	12.2i	[1]
Patients are fully involved in the assessment and care planning process				
7.1	1	Patients are treated with compassion, dignity and respect. <i>Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, pregnancy and maternity status, disability and religion/beliefs.</i>	10.1	[1] [5]
7.2	1	Patients are involved in discussions about their problems and the different treatment options available.	10.1	[9]
7.3	1	The liaison professional develops a plan of care collaboratively with the patient and their family member, friend or carer (with patient consent).	9.3c 9.3d	[1]
7.4	1	Patients' preferences are taken into account during the selection of medication, therapies, activities and onward care, and are acted upon as far as possible.	9.3b	[1]
7.5	1	Patients are offered a written summary of the assessment and what will happen next. <i>Guidance: This may be in the form of a handwritten summary, or information filled in on a patient leaflet. PLAN will look for evidence in the case notes that this information was given to patients.</i>		[9]
7.6	1	Patients are asked if they and their family member, friend or carer wish to have copies of letters about their health and treatment. Family, friends or carers may be asked if they would like copies if appropriate, if the patient lacks capacity to consent to this.		[1]

7.7	1	Patients are given written and verbal information on how to access emergency help, where needed. <i>Guidance: Where appropriate, this might include helping the patient draw up an action plan for future mental health crises if this has not already been undertaken.</i>		[3]
7.8	2	The liaison team offers patients and family members, friends or carers a leaflet describing the role of the liaison service.		[4]
7.9	1	Patients and family members, friends or carers with consent, are offered written and verbal information about any mental health problem the patient is experiencing.	9.3g	[1]
7.10	2	The team provides information, signposting and encouragement to patients to access local organisations for peer support and social engagement such as: <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 	10.2b	[1]

The liaison team involves family members, friends or carers in discussions about assessment and treatment

Involvement in the patient's care and treatment is subject to the patient giving consent and/or family member, friend or carer involvement being in the best interests of the patient.

8.1	2	The service has a designated staff member dedicated to carer support (carer lead).		[1]
8.2	1	Family members, friends or carers are involved in discussions about the patient's problems, care and treatment, and discharge planning.	10.1	[6]
8.3	2	Family members, friends or carers who have contact with the liaison team report that liaison staff are supportive and helpful.		[9]
8.4	2	Family members, friends or carers are offered a written summary of the assessment and what will happen next. <i>Guidance: This may be in the form of a handwritten summary, or information filled in on a patient leaflet. PLAN will look for evidence in the case notes that this information was given to family members, friends or carers.</i>		[9]

8.6	2	Family members, friends or carers are offered individual time with staff members to discuss concerns, family history and their own needs.		[1]
8.7	1	Family members, friends or carers are given written and verbal information on how to access emergency help, where needed.		[4]
8.8	2	The liaison team supports family members, friends or carers to be involved in the patient's care whilst she/he is in hospital.		[4]
8.9	2	Family members, friends or carers are offered the opportunity to be actively involved in hospital discharge planning.		[1] [4]
8.10	3	The team provides information and signposting for family members, friends or carers to access local organisations for support (including a carers' assessment where indicated) such as: <ul style="list-style-type: none"> • Voluntary organisations; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 		[1]
8.11	1	The team follows a protocol for responding to family members, friends or carers when the patient does not consent to their involvement.		[1]

The liaison team can communicate effectively with a range of patients and family members, friends or carers

9.1	1	Liaison staff members address patients using the name and title they prefer.	10.1	[1]
9.2	1	Liaison staff members are easily identifiable (for example, by wearing appropriate identification).		[1]
9.3	1	When talking to patients and family members, friends or carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.	10.1	[1]

9.4	1	<p>Information, which is accessible and easy to understand, is provided to patients and family members, friends or carers.</p> <p><i>Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example; audio and video materials, using symbols and pictures and using plain English, communication passports and signers. Information is culturally relevant.</i></p>	9.3g 10.1	[1] [6]
9.5	1	<p>The service has timely access to interpreters and the patient's relatives are not used in this role unless there are exceptional circumstances.</p> <p><i>Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice.</i></p>	10.1	[1] [2]
9.6	1	<p>Liaison professionals can access equipment to facilitate communication with people with visual and/or hearing impairments, cognitive impairment or learning disability.</p> <p><i>Note: This might include a white board, marker pen and other visual aids, a hearing amplifier and similar aids.</i></p>	10.1	[4]
Patient rights and confidentiality				
10.1	1	<p>Confidentiality and its limits are explained to the patient and family, friend or carer, both verbally and in writing.</p> <p><i>Guidance: For family members, friends or carers this includes confidentiality in relation to third party information.</i></p>		[1]
10.2	1	<p>All patient information is kept in accordance with current legislation.</p> <p><i>Guidance: Liaison staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i></p>	17.2c	[1]

10.3	2	<p>Patients are given verbal and/or written information on:</p> <ul style="list-style-type: none"> • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records. 	9.3g 16.2	[1] [3]
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The liaison team shares patient's risk assessment and discharge plans with other services in a timely manner

11.1	1	The team sends a letter detailing the outcomes of the discharge to the patient's GP and other relevant services within a week of the assessment, or for high risk cases within 24 hours.	12.2i	[4]
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Collaborative working in the general hospital

There is effective collaboration between the team and general hospital staff

12.1	1	Liaison and acute staff have effective systems in place to alert each other to potentially at-risk patients.	12.2b 12.2i	[10]
12.2	1	If the liaison team provides a service to the emergency department, a member of the liaison team meets formally with emergency department staff at least quarterly.		[4]
12.3	1	If the liaison team provides a service to the general hospital, a member of the liaison team meets formally with hospital staff at least quarterly.		[4]
12.4	1	Where concerns about a patient's physical health are identified, the team arranges or signposts the patient to further assessment, investigations or management from primary or secondary healthcare services.	12.2b 12.2i	[1]
12.5	1	Members of the liaison team can access records from physical and mental health record systems.		[5] [6]
12.6	2	Members of the liaison team can access records from primary care, drug and alcohol and probation services.		[5]

12.7	1	The patient, referrer and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment.		[1]
12.8	1	If members of the liaison team prescribe drugs, there is a policy regarding the use of medication. <i>Guidance: This should be in line with local medicines management and include:</i> <ul style="list-style-type: none"> • The team's agreed use of different medication; • Mechanisms for checking contraindications between different medications being taken for mental and physical problems, including over-the-counter products, that may adversely affect cognitive functioning; • Mechanisms for monitoring side effects and advising the patient on self-monitoring, where appropriate; • The different responses to medication in different age groups; • Mechanisms for the safe administration of medication; • Guidance on how to access a pharmacist; • The use of honorary contracts for the liaison team. 	12.2b 12.2g	[4]
12.9	2	Liaison professionals attend joint case reviews with medical teams and out-of-hours services to advise on complex cases and frequent attenders.		[4] [10]
12.10	1	Joint protocols for out-of-hours cover are in place between the liaison and out-of-hours service(s). <i>Guidance: A written summary should be developed in consultation with out-of-hours staff and is likely to include guidance on:</i> <ul style="list-style-type: none"> • The working hours and days of the liaison service and the out-of-hours team(s); • The clinical responsibilities of each service; • The handover responsibilities of each service. 		[2] [3]

Interfaces with other services

13.1	The liaison team has an operational policy or written guidance that explains how to refer patients to services including:			
13.1a	2	Local mental health services (i.e. community mental health teams, inpatient units, home treatment teams, therapy services);		[4]
13.1b	1	Local primary care health services;		[2]
13.1c	2	Specialist mental health services for older people;		[6]
13.1d	2	Local social services departments;		[5] [3]

13.1e	2	Local child or adolescent services, including details of when it is appropriate for child or adolescent patients to be seen by the working age adult liaison team;		[4]
13.1f	2	Drug and alcohol services.		[4]
13.2	1	The liaison team has written working arrangements detailing who is responsible for assessing patients who may need to be detained under mental health legislation (e.g. Approved Mental Health Professionals and/or Section 12 (England) and Section 20 (Scotland) doctors, or the crisis resolution home treatment team). <i>Guidance: Details of how to contact Independent Mental Health/Mental Capacity Advocates should also be included.</i>		[10]
13.3	1	The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months' post-partum) that includes: <ul style="list-style-type: none"> • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit for services that have access to one unless there is a specific reason not to do so. 	12.2b	[1] [2]
13.4	1	The service has a policy for the care of patients with alcohol or substance misuse problems or dual diagnosis that includes: <ul style="list-style-type: none"> • Liaison and shared protocols between mental health and substance misuse services to enable joint working; • Drug/alcohol screening to support decisions about care/treatment options; • Liaison between mental health, statutory and voluntary agencies; • Staff training; • Access to evidence-based treatments; • Considering the impact on other patients of adverse behaviours due to alcohol/drug abuse. 	12.2b 12.2i	[1] [4]

13.5	1	The team supports patients to access organisations which offer: <ul style="list-style-type: none"> • Housing support; • Support with finances, benefits and debt management; • Social services; • Specialised pharmacy advice. 		[1] [4]
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Staffing, support and communication

The service is adequately staffed by a skilled team and can access specialist skills where needed

14.1	2	The liaison team comprises a number of staff that is proportional to national best practice guidance. <i>Guidance: Please see Appendix 1: Examples of liaison psychiatry staffing levels for a summary of the best practice guidance.</i>	18.1	[5] [10] [11]
14.2	2	There has been a review of the liaison staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.	17.2a 18.1	[1]
14.3	2	The service is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.		[1]
14.4	1	The service has a mechanism for responding when it is unable to perform its core functions due to low staffing, including: <ul style="list-style-type: none"> • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. 	18.1	[1] [3]
14.5	2	The liaison team has access to a drug and alcohol worker.		[11]
14.6	2	The liaison team has access to a learning disability nurse or similar specialist.		[11]
14.7	2	The liaison team has access to a mental health pharmacist and/or pharmacy technician to discuss medications.		[1] [10]

Structures are in place to provide clear lines of accountability, support and supervision

15.1	1	There are written documents that specify professional, organisational and line management responsibilities.		[1]
15.2	1	All liaison staff members receive an annual appraisal and personal development planning (or equivalent). <i>Guidance: This contains clear objectives and identifies development needs.</i>	18.2a	[1]
15.3	1	All staff are able to contact a senior clinical and managerial colleague at any time.		[4]
15.4	1	Liaison staff members feel able to raise any concerns they may have about standards of care.	12.2b 13.2 20.1	[1]
15.5	2	Staff members in training and newly qualified staff members are offered weekly supervision.	18.2a	[1]
15.6	1	Clinical staff members have received formal training to perform as a competent practitioner, or, if still in training, are practising under the supervision of a senior qualified clinician.	18.2a 19.1b	[1]
15.7	2	The quality and frequency of clinical supervision is monitored quarterly by the clinical director (or equivalent).	17.2a	[1]
15.8	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and be provided by someone with appropriate clinical experience and qualifications.</i>	18.2a	[1] [12]
15.9	2	All liaison staff members receive monthly line management supervision.	18.2a	[1]
15.10	2	Liaison staff members have access to reflective practice groups.	18.2a	[1]
15.11	1	Liaison professionals can access advice when necessary (e.g. on the use of legal frameworks, confidentiality, capacity and consent issues etc.).		[6]

15.12	1	The service actively supports staff health and well-being. <i>Guidance: For example; providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>	17.2a	[1]
15.13	2	Team managers and senior managers promote positive risk-taking to encourage recovery and personal development.		[1]
15.14	1	Staff members and patients feel confident to contribute to and safely challenge decisions. <i>Guidance: This includes decisions about care, treatment and how the service operates.</i>	9.3d 20.1	[1]
15.15	1	Staff members, patients and family members, friends or carers who are affected by a serious incident are offered a debrief and post-incident support.	20.2b	[1]
There is clear communication within the liaison team				
16.1	2	The team has protected time for team-building and discussing service development at least once a year.	17.2a	[1]
16.2	1	The liaison team meets regularly (i.e. daily contact and weekly meetings). <i>Guidance: For larger liaison teams which operate across various sites and shifts, arrangements are in place to ensure that staff from each group are represented.</i>	12.2i	[3]
16.3	2	Staff members work well together, acknowledging and appreciating each other's efforts, contributions and compromises.		[1]
Structures are in place to ensure that the liaison team has access to training, education and guidance				
17.1	2	Staff are not routinely denied relevant training due to a lack of funding or staff cover.		[4]
17.2	3	There is a rolling training programme for liaison professionals which is repeated to account for staff rotation and changes. <i>Guidance: Training programmes should include regular updates for long-term staff, not just new staff.</i>		[13]

17.3	1	<p>Staff members receive an induction programme specific to the service, which covers:</p> <ul style="list-style-type: none"> • The purpose of the service; • The team's clinical approach; • The roles and responsibilities of staff members; • The importance of family and carers; • Care pathways with other services. <p><i>Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme.</i></p>	18.2a	[1] [12] [13]
17.4	1	<p>All newly qualified staff members are allocated a preceptor to oversee their transition into the service.</p> <p><i>Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body.</i></p> <p><i>See http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf for more practical advice.</i></p>	18.2a 18.2c	[1]
17.5	2	All new staff members are allocated a mentor to oversee their transition into the service.	18.2a	[1]
17.6	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.		[1]
17.7	2	Liaison staff members can access the intranet and relevant shared drives of their provider Trust or organisation.		[4]
17.8	2	Liaison staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity.	18.2a 18.2b	[1]
17.9	2	There are opportunities for liaison staff members to shadow colleagues or attend placements in other areas of the hospital (e.g. emergency department, general medical wards, elderly wards etc.).		[3]

17.10	3	There are opportunities for liaison staff members to shadow mental health colleagues from outside of the hospital.		[4]
Liaison staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:				
18.1.1	1	The use of legal frameworks, such as the Mental Health Act (or equivalent), the Mental Capacity Act (or equivalent), Deprivation of Liberty Safeguards, assessing capacity and providing medico-legal advice to colleagues.	13.2	[5]
18.1.2	2	Physical health assessment. <i>Guidance: This could include training in understanding physical health problems, physical observations and when to refer the patients for specialist input.</i>		[1]
18.1.3	1	Recognising and communicating with patients with special needs, e.g. cognitive impairment, learning disabilities or sensory impairments.		[1] [2] [5]
18.1.4	1	Statutory and mandatory training. <i>Guidance: Includes equality and diversity, information governance.</i>		[1]
18.1.5	2	Clinical outcome measures.		[1]
18.1.6	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.		[1]
18.1.7	1	A basic awareness of common mental health problems.		[7]
18.1.8	1	A basic awareness of risk. <i>Guidance: Including safety issues relating to the hospital environment, such as ensuring that patients are not isolated for long periods and staff knowing when to alert colleagues to potential hazards.</i>		[7]
18.1.9	1	Person centred care planning.		[5]
18.1.10	2	Mental health and stigma.		[4]
18.1.11	2	Ageism and stigma.		[4]

18.1.12	1	Working with 16-18 year olds, if relevant. <i>Guidance: Training includes:</i> <ul style="list-style-type: none"> • <i>Mental health presentations in children and young people;</i> • <i>Legal issues relevant to working with children and young people;</i> • <i>Ability to engage and work with families, parents and carers;</i> • <i>Ability to communicate with children/young people of differing ages, developmental levels and background.</i> 		[2] [3] [5]
18.1.13	1	Working with older people, including the detection and management of dementia, delirium and depression.		[2] [3] [5]
18.1.14	1	Conducting mental health assessments of acute hospital patients.		[2] [3] [5]
18.1.15	1	Detecting and managing acute disturbance in physically ill people of all ages (e.g. delirium, psychosis etc.) including the use of rapid tranquilisation, if used.		[2] [3]
18.1.16	1	Understanding why people self-harm and the difference between self-harm acts and acts of suicidal intent (for working age adults and for older people).		[3] [7]
18.1.17	1	Suicide awareness, prevention techniques and approaches.		[5]
18.1.18	1	Detecting the misuse of alcohol and drugs. <i>Guidance: Training includes:</i> <ul style="list-style-type: none"> • <i>Ability to provide brief interventions;</i> • <i>Signposting and referral to local services.</i> 		[5]
18.1.19	1	Risk assessment and risk management. <i>Guidance: This includes, but is not limited to, training on:</i> <ul style="list-style-type: none"> • <i>Safeguarding vulnerable adults and children;</i> • <i>Assessing and managing suicide risk and self-harm;</i> • <i>Prevention and management of aggression and violence.</i> 	13.2	[5] [7]
18.1.20	2	Understanding the interface between complex physical and psychological problems.		[4]
18.1.21	2	Recognising and managing emotional responses to trauma.		[4]

18.1.22	2	Recognising and managing medically unexplained symptoms.		[4]
18.1.23	2	Recognising and managing organic mental health disorders.		[4]
18.1.24	2	The use of therapeutic approaches in the assessment process, such as psychotherapeutic theories.		[4]
18.1.25	2	Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness.		[4]
18.1.26	2	Working with people diagnosed with personality disorder.		[4]
18.1.27	2	The impact of cultural differences on mental health and use of services.		[2] [7]
18.1.28	2	The role of nutrition and diet in liaison psychiatry patients.		[4]
18.1.29	2	Eating disorders.		[4]
18.1.30	2	Pain management.		[4]
18.2	1	Liaison staff members follow inter-agency protocols for the safeguarding of vulnerable adults, and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	13.2 13.3	[1]
18.3	2	Liaison staff members can access leadership and management training appropriate to their role and specialty.		[1]
Training provided to the liaison team is planned and delivered in collaboration with key partners				
19.1	3	Patients, family members, friends or carers and liaison staff members are involved in devising and delivering training face-to-face.		[1]
19.2	3	Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every 3 months.	18.2a	[1]
19.3	3	Patient or family, friend or carer representatives are involved in interviewing potential liaison staff members during the recruitment process.		[1]
19.4	2	Patient representatives attend and contribute to local and service level meetings and committees.		[1]

19.5	2	Liaison and acute staff work together to deliver joint training to the liaison team. <i>Guidance: For example, a geriatrician and liaison nurse could jointly provide dementia training to the rest of the liaison team.</i>		[2]
Quality, Audit and Governance				
The performance of the liaison service is monitored				
20.1	2	There are systems in place to monitor waiting times and ensure adherence to local and national waiting times standards. <i>Guidance: There is accurate and accessible information for everyone on waiting times from referral to assessment and from assessment to treatment.</i>	17.2a	[1]
20.2	2	The liaison team has a written document detailing key performance indicators. <i>Guidance: Examples include, response times to referrals, number of mental health related 4-hour Emergency Department breaches, number of people who have self-harmed being offered a psychosocial assessment etc.</i>		[4]
20.3	2	Outcome and audit data is used as part of service management and development, and staff supervision. <i>Guidance: This is undertaken every 6 months as a minimum and disseminated to all members of the team. The team can demonstrate evidence that action plans developed as a result of findings have been agreed and implemented.</i>	17.2a	[1]
20.4	1	Patients and their family members, friends or carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service. <i>Guidance: Written information is offered to patients and family members, friends or carers about how to give feedback to the team, including compliments, comments, concerns and complaints.</i>	9.3f 16.2	[1] [3]
20.5	3	The liaison team uses findings from service evaluation to support or inform business cases and changes to the service.		[4]

20.6	2	<p>An integrated governance/joint planning group (or similar) involving senior clinicians and managers from the liaison service and acute hospital meets at least quarterly.</p> <p><i>Guidance: The group should:</i></p> <ul style="list-style-type: none"> • Review matters relevant to clinical and organisational risk and quality; • Co-ordinate planning of service developments; • Co-ordinate plans for high risk clinical scenarios especially where these are likely to involve several services or organisations; • Report through locally determined management structures. 		[5]
20.7	1	<p>The managing Trusts/organisations have an agreed protocol in place for reporting and responding to safety concerns raised by staff from either Trust or organisation.</p> <p><i>Guidance: This should link to governance structures.</i></p>	17.2b	[4]
20.8	1	<p>Liaison professionals are involved in Trust/organisational meetings which address critical incidents, near-misses and other adverse incidents, where relevant to the liaison team.</p>	17.2b	[5]
20.9	2	<p>The liaison team collects clinical outcome data.</p> <p><i>Guidance: This should be in line with current guidance as detailed in the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP).</i></p>		[5]
20.10	1	<p>Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this.</p>	12.2b 13.2	[1]
20.11	1	<p>Staff members share information about any serious untoward incidents involving a patient with the patient themselves and their family member, friend or carer, in line with the Statutory Duty of Candour.</p>	12.2b 20.2a	[1]
20.12	1	<p>Lessons learned from incidents are shared with the team and disseminated to the wider organisation.</p>	12.2b	[1]
20.13	2	<p>Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.</p>	17.2a	[1]

20.14	1	<p>Where there are delayed transfers/discharges:</p> <ul style="list-style-type: none"> • The team can easily raise concerns about delays to senior management; • Local information systems produce accurate and reliable data about delays; • Action is taken to address any identified problems. 		[14]
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Domain 2: Providing urgent and emergency mental health care

Definitions of *emergency* and *urgent* referrals

Emergency: An unexpected, time critical disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others and requires an immediate response.

Urgent: A disturbance of mental state and/or behaviour which poses a risk to the patient or others, but does not require immediate mental health involvement. An urgent referral would usually be received from a ward in a general hospital, and relate to an emergent or deteriorating mental health problem that is not considered an emergency.

No.	Type	Standard	CQC	References
People with mental health needs are assessed within the appropriate timescales				
<i>Guidance:</i>				
<ul style="list-style-type: none"> • The following standards relate to the responsiveness of the liaison team within its usual operating hours and <u>not</u> the response of other services such as out-of-hours teams; • When standards relating to response times are measured, the process will take into account legitimate reasons for delayed assessment; • The definitions of 'emergency' and 'urgent' referrals are provided for the purpose of the standards. It is not being suggested that teams must necessarily adopt this system of classification 				
21.1	1	A clinical member of staff is available to discuss emergency referrals during the team's operational hours.	18.1	[1]
21.2	1	Patients referred for mental health care by the Emergency Department are seen within 1 hour of referral.		[5] [10]
21.3	1	Patients referred for emergency mental health care from inpatient wards are seen within 1 hour of referral.		[5] [10]
21.4	1	Patients referred for urgent mental health care from inpatient wards are seen within 24 hours of referral.		[5]

No.	Type	Standard	CQC	References
21.5	1	<p>There is not an automatic refusal by liaison staff to assess patients who are intoxicated with illicit drugs or alcohol.</p> <p><i>Guidance: Patients who are intoxicated and require psychiatric assessment should be sober enough to participate in the assessment. Where assessment is not possible, patients should be regularly reviewed by the liaison team. Intoxicated patients who pose a significant risk of harm to themselves or others should have an initial risk management plan put in place.</i></p>		[5]
21.6	2	<p>Within 4 hours of presenting to the Emergency Department, patients receive a copy of their plan of care and are discharged, or are en route to their next destination if required.</p>		[5]
The liaison team has access to appropriate facilities for conducting high risk assessments within the emergency department				
22.1	1	<p>The liaison team has access to facilities and equipment for conducting high risk assessments.</p> <p><i>Guidance: Facilities should:</i></p> <ul style="list-style-type: none"> • <i>Be located within the main emergency department;</i> • <i>Have at least one door which opens outwards and is not lockable from the inside;</i> • <i>Have an observation panel or window which allows staff from outside the room to check on the patient or staff member but which still provides a sufficient degree of privacy;</i> • <i>Have a panic button or alarm system (unless staff carry alarms at all times);</i> • <i>Only include furniture, fittings and equipment which are unlikely to be used to cause harm or injury to the patient or staff member. For example, sinks, sharp edged furniture, lightweight chairs, tables, cables, televisions or anything else that could be used to cause harm or as a missile are not permitted;</i> • <i>Be appropriately decorated to provide a sense of calmness;</i> • <i>Have a ceiling which has been risk assessed. Teams will be asked to provide a copy of the risk assessment, and demonstrate appropriate changes made to the ceiling to reduce the risks identified.</i> • <i>Not have any ligature points.</i> <p><i>NB. PLAN recommends that assessment facilities have two doors to provide additional security. All new assessment rooms must be designed with two doors.</i></p>	12.2d 15.1c 10.2a	[5] [15]

Domain 3: Providing routine mental health care to adults

Definitions of referral type	
Emergency:	An unexpected, time critical disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others and requires an immediate response.
Urgent:	A disturbance of mental state and/or behaviour which poses a risk to the patient or others, but does not require immediate mental health involvement. An urgent referral would usually be received from a ward in a general hospital, and relate to an emergent or deteriorating mental health problem that is not considered an emergency.
Routine:	All other referrals, including patients who require mental health assessment, but do not pose a significant risk to themselves or others, and are not medically fit for discharge.

No.	Type	Standard	CQC	References
23.1	1	Patients referred for routine mental health care are seen within 48 hours.		[4]
Services that provide care to older adults are adequately planned and managed				
23.2	2	A designated lead for older people's mental health attends a forum which meets quarterly, and includes the discussion of key operational, clinical and governance issues including safety.		[12]
Liaison teams working with older people have access to advice, training and development opportunities appropriate to their core role, including:				
24.1	1	Detecting and managing dementia in older people.		[5]
24.2	1	Detecting and managing delirium in older people.		[5]
24.3	1	Detecting and managing depression in older people.		[4]

No.	Type	Standard	CQC	References
24.4	1	<p>Undertaking cognitive assessment of a patient with cognitive impairment.</p> <p><i>Guidance: This might include:</i></p> <ul style="list-style-type: none"> • Examination of attention and concentration, orientation, short and long-term memory, praxis, language and executive function; • Formal cognitive testing using a standardised instrument; • Arranging for more in-depth neuropsychological testing as indicated, e.g. for early onset or complex dementia; • Talking to carers/family members; • Assessing the impact on daily living and mental health well-being; • A review of medication in order to identify and minimise use of drugs, including over-the-counter products, that may adversely affect cognitive functioning. 		[5]
24.5	2	The roles of the different health and social care professionals, staff and agencies involved in the delivery of care to older people.		[4]
24.6	2	Referral pathways and joint working arrangements with local health and social care services for older people.		[5]

Domain 4: Providing psychological therapies

Guide to timescales for interventions

Brief interventions: Up to 12 sessions

Longer term interventions: Greater than 12 sessions

No.	Type	Standard	CQC	References
The liaison team is able to provide effective interventions, where needed				
25.1	2	The liaison team provides brief, time-limited, evidence based psychological therapies. <i>Guidance: The number, type and frequency are informed by the evidence base and clinical need. Any exceptions are documented in the patient's case notes.</i>		[1] [3]
25.2	3	The liaison team provides longer term psychological therapies.		[9]
25.3	2	The liaison team can access sufficient space in the hospital to deliver interventions safely.		[9]
25.4	1	All staff members who deliver therapies and activities are appropriately trained and supervised.		[1] [3]
25.5	2	The service routinely collects outcome data to determine the effectiveness of the interventions provided.		[16]
25.6	2	Outcome monitoring includes changes in functioning, quality of life, wellbeing etc. as well as clinical symptoms.		[16]
25.7	2	Liaison professionals actively follow up patients who did not attend an appointment with the liaison team.		[9]

Domain 5: Providing training to hospital colleagues

No.	Type	Standard	CQC	References
The liaison team provides training to hospital colleagues				
26.1	3	The liaison team has a rolling programme of training for general hospital and emergency department staff which is repeated to account for staff changes.		[2] [10]
26.2	3	The liaison team regularly provides induction training to junior doctors.		[4]
26.3	2	The liaison team evaluates the effectiveness of its training.		[10]
The liaison team has provided a range of training to hospital professionals in the past 12 months including:				
27.1	2	How to make an initial mental health assessment and risk assessment of an acute hospital patient.		[2] [10]
27.2	2	Working with adults aged over 65, including the detection and management of dementia, delirium and depression.		[4]
27.3	2	How to assess and manage the patient's risk to self and others.		[10]
27.4	2	The use of mental health legislation.		[5] [10]
27.5	2	Detecting and responding to acute disturbance in physically ill people of all ages e.g. delirium, psychosis etc.		[10]
27.6	2	Understanding why people self-harm and the difference between self-harm and acts of suicidal intent (including for older people).		[9]
27.7	2	Suicide awareness, prevention techniques and approaches.		[3]
27.8	2	Preventing and managing challenging behaviour.		[3]
27.9	2	Recognising and responding to organic mental health disorders.		[4]
27.10	2	Detecting the misuse of alcohol or drugs.		[6]
27.11	3	Recognising and responding to emotional responses to trauma.		[6]
27.12	3	Recognising and responding to medically unexplained symptoms.		[4]

No.	Type	Standard	CQC	References
27.13	3	Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness.		[4]
27.14	3	The impact of cultural differences on mental health and use of services.		[2]
27.15	3	Mental health and stigma.		[4]
27.16	3	Ageism and stigma.		[4]
27.17	3	Working with people diagnosed with personality disorder.		[4]
The liaison team provides support and supervision to acute colleagues, including:				
28.1	2	Providing informal supervision, such as case reviews, multi-disciplinary discussions etc. to acute colleagues.		[10]
28.2	3	Providing protected time for reflective practice meetings with acute colleagues.		[4]

Helpful Resources & Guidance

Appendix 1: Examples of liaison psychiatry staffing levels

The extracts and diagrams below are taken from Mental Health Partnerships' Model Service Specifications for Liaison Psychiatry Services. These extracts should be read in conjunction with the full report which can be found on the Mental Health Partnerships website.

Four models of hospital based liaison psychiatry service are described each with their own colour code to help the commissioner follow the text relevant to that model through the document:

- Core Liaison Psychiatry Services
- Core 24 Liaison Psychiatry Services
- Enhanced 24 Liaison Psychiatry Services
- Comprehensive Liaison Psychiatry Services

Core Liaison Psychiatry Services

These services have the minimum specification likely to offer the benefit suggested by the literature. Core will serve acute health care systems with or without minor injury or emergency department environments where there is variable demand across the week including periods of no demand where a 24 hour staffed response would be uneconomical.

Core 24 Liaison Psychiatry Services

These services have the minimum specification likely to offer the benefit suggested by the literature where there is sufficient demand across the 24-hour period to merit a full service. Typically, these acute health care systems are hospital based in urban or suburban areas with a busy emergency department.

Enhanced 24 Liaison Psychiatry Services

These services have enhancements to the minimum specification to fit in with gaps in existing pathways and services. Often they have additional expertise in addictions psychiatry and the psychiatry of intellectual disability. Demography and demand may suggest additional expertise with younger people, frail elderly people or offenders, crisis response or social care. This may extend to support for medical outpatients.

Comprehensive Liaison Psychiatry Services

Comprehensive services are required at large secondary care centres with regional and supra-regional services. These services include Core24 level services but will have additional specialist consultant liaison psychiatry, senior psychological therapists, specialist liaison mental health nursing, occupational and physiotherapists. They support inpatient and outpatient areas such as diabetes, neurology, gastroenterology, bariatric surgery, plastic and reconstructive surgery, pain management and cancer services. They may include other condition specific elements such as chronic fatigue and psychosexual medicine teams. Some may include specialist liaison psychiatry inpatient beds. Comprehensive services run

over office and extended hours supported by the core service running 24 hours, seven days a week.

Table 1: High level summary of differences between models

	Core	Core 24	Enhanced 24	Comprehensive
Example Number of Beds	c 500	c 500	c 500	c 2000
Consultants	2	2	4	5
Other Medical	0.6	2	2	2
Nurses (Band 8b)	-	-	-	2
Nurses (Band 7)	2	6	3	-
Nurses (Band 6)	6	7	7	17
Nurses (Band 5)	-	-	-	10
Other Therapists	0	4	2	16
Team Manager (Band 7)	1	1	1	3
Clinical Service Manager (Band 8)	0.2	0.2-0.4	0.2-0.4	1
Admin (Band 2, 3 and 4)	2.6	2	2	12
Business Support (Band 5)	0	1	1	1
Total Whole Time Equivalent (WTE)	14.4	25.2 -25.4	22.2 – 24.4	69

Hours of Service		24/7	24/7	24/7
Age	16+	16+	16+	16+
Older Person	Yes	Yes	Yes	Yes
Drug and Alcohol	No	Yes	Yes	Yes
Outpatient	No	No	Yes	Yes
Specialities	No	No	No	Yes

Detailed descriptions on these models and their differences in terms of staff size and skill mix can be found in document 3, 'Developing Models for Liaison Psychiatry Services - Guidance'. An example of further defining the optimal service for your local context can be found in appendix 3 of document 2, 'An Evidence Base for Liaison Psychiatry Services - Guidance'.

Service models will require different levels of staffing and will need to be adapted according to local need, hospital size, population and emergency department footfall. Further information on how to create a service specification suitable for local needs can be found in document 3, 'Developing Models for Liaison Psychiatry Services - Guidance'.

Appendix 2: Examples of high risk assessment rooms

Many liaison teams struggle to meet the high risk assessment room standard (22.1). PLAN is keen to support teams to make the changes required and teams who are finding it challenging to meet the standard are encouraged to contact the PLAN team directly for support and further information.

Rooms need to be furnished so that furniture cannot easily be used as a weapon. The seating should be sturdy and comfortable. Ideally the room needs to be large enough to allow four people to sit comfortably in. The peer-review team and the Accreditation Committee need to agree that your facilities are safe and private.

Due to the safety requirements of the room, the room can look stark and unfriendly. Canvas pictures, murals and artwork which are secured tightly to the walls are a way of making the room more inviting, as is painting the walls.

Teams who are unsure whether their room meets the requirements are encouraged to consider the following points:

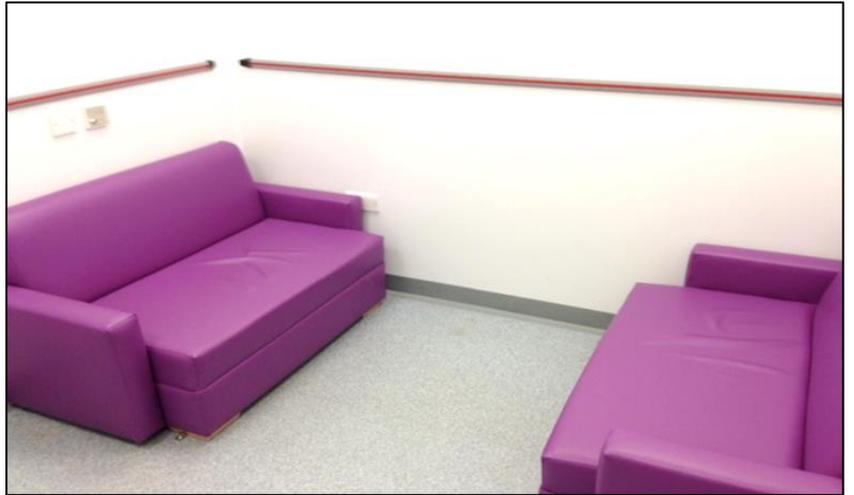
- Is the room located in the main Emergency Department? Are colleagues easily accessible in an emergency?
- Are there any ligature points, or items that could be used to make a ligature? This includes fittings protruding from the wall.
- Can the furniture be easily picked up or moved?
- Are any windows in the room made of toughened glass?
- How big is the observation panel or window? Privacy is important and frosted film can be used to cover two-thirds of the window, or a blind could be installed outside the room if needed.
- Is there a strip alarm if staff do not carry personal alarms? Can the alarm be easily accessed in an emergency?
- Are there two doors?
- Does at least one door open outwards and ideally both ways?
- Are any pictures or noticeboards on the walls securely fastened and made of canvas?
- Is there any other furniture other than seating?
- Does it have a suspended ceiling made of tiles, or does it include any fittings through which a ligature could be looped? If so, the team may need to ask their Trust for a risk assessment of its safety.

If a team believes their room is unsuitable, PLAN can offer advice and support to address the issues. On and after the peer-review day, the peer-review team, the PLAN team and the Accreditation Committee will give advice and recommendations that need to be met, and support the team to make the changes required including advocating on your behalf with commissioners and the acute Trust.

The next page shows some good examples of assessment rooms which meet the PLAN standard.



Observation panel which offers privacy



Strip alarm and weighted sofas which can seat four people

Sturdy seating and two doors, one of which opens both ways



Attractive and relaxing mural on wall

Appendix 3: Examples of psychological interventions recommended by the National Institute of Health and Care Excellence (NICE)

Alcohol misuse: <https://www.nice.org.uk/guidance/cg115>

- Motivational interviewing
- Cognitive Behavioural Therapy (CBT)
- Behavioural Therapies
- Behavioural couples therapy

Anxiety: <https://www.nice.org.uk/guidance/CG113>

- Cognitive Behavioural Therapy (CBT)
- Applied relaxation
- Individual guided self-help
- Structured problem solving

Dementia: <https://www.nice.org.uk/guidance/cg42>

- Reminiscence therapy
- Multisensory stimulation
- Cognitive Behavioural Therapy (CBT)

Depression: <https://www.nice.org.uk/guidance/cg90>

- Individual guided self-help
- Cognitive Behavioural Therapy (CBT) (Computerised, group-based or individual)
- Interpersonal Therapy (IPT)
- Counselling
- Short-term psychodynamic psychotherapy

Depression with a chronic physical health problem:

<https://www.nice.org.uk/guidance/cg91>

- Individual guided self-help
- Cognitive Behavioural Therapy (CBT) (Computerised, group-based or individual)
- Behavioural couples therapy for depression

Drug misuse: <https://www.nice.org.uk/guidance/cg51>

- Cognitive Behavioural Therapy (CBT)
- Psychodynamic psychotherapy
- Contingency management
- Behavioural couples therapy

Self-harm: <https://www.nice.org.uk/guidance/cg133>

- Psychological intervention specifically structured for people who self-harm and may include cognitive behavioural, psychodynamic or problem solving elements

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