**Guidance template for an Operational Policy for liaison teams**

***Why has this template been put together?***

Because several PLAN members have asked us for an example Operational Policy that they can use to help them create or update their own one. New teams being set up wanted to know what common headings were contained in Operational Policies so we have looked at a few and pulled together the common items. Please feel free to use this template.

***Do we have to have an Operational Policy like this to be accredited?***

No – there are several PLAN standards that ask if you have written guidance, procedures or policies but we do not stipulate that they necessarily have to be contained in an Operational Policy. As long as you can demonstrate that you are meeting the standards, we don’t mind where exactly the guidance is kept. What we are looking for on PLAN is for liaison teams to have up-to-date guidance that is easily accessible to staff and is well understood by the team. Some of the items listed in the PLAN standards (especially the more straightforward ones) lend themselves well to being contained in an Operational Policy and if this is the case, we have listed them below, stating which PLAN standard the item corresponds to and some notes about what is required. You can find the relevant list of PLAN standards at the end of this document.

Many of the other items listed also relate to PLAN standards so are helpful to include in your operational policy as evidence that these procedures are written down and are accessible to the team when required.

We have based this guidance on operational policies used by PLAN accredited teams. If you need any further information or have any queries on these points, please do not hesitate to contact the PLAN team at [plan@rcpsych.ac.uk](mailto:plan@rcpsych.ac.uk)

Example Operational Policy for a

Liaison Psychiatry Team

**Introduction/Purpose/aim of the team**

* Which Trust/organisation i.e. who commissions the service
* Introduction/rationale
* Working hours
* Where you are based
* Primary aims of the service e.g.

Reducing re-admission, reducing re-attendees, supporting acute colleagues with complex capacity assessments, provide education and training to Acute Trust colleagues, providing specialist consultation, improve patient safety, increase quality of care, improve staff safety, improve patient flow.

* Philosophy/model of care
* Referral criteria
* Urgent referrals/non urgent referrals criteria
* Team structure
* Service overview
* Team roles and responsibilities
* Team meetings, multi disciplinary meetings (who is involved, what is their purpose, how often they meet)

**Clinical Processes**

* Discharge procedures
* Transfer documentation – to Mental Health units
* Escorting patients to Mental Health units
* Patient and carer involvement
* Patient and carer satisfaction
* Team documentation (referral forms, assessment forms, care plans, additional assessment and planning tools, discharge summaries and correspondence)
* Documentation and data management
* Safeguarding children and vulnerable adults (responsibilities of the team members, reporting arrangements, equality and diversity, access to interpreting services, access to faith services)
* Liaison with other teams/agencies – with GP’s, liaison with Mental Health services, Acute Trust services etc)
* Providing training and education
* Out patients service/interventions
* Description of a risk assessment – harm to self, vulnerability, triggers to symptoms and behaviours, deterioration, absconding, non-adherence to treatment, harm to others including child protection issues.
* Mental Health Act assessments – section 136, who is the responsible clinician, what needs to happen and patient rights.
* Supervision and leadership (who manages the team and who provides supervision to which job roles)
* Referral processes (any inclusions/exclusions)
* Referrals for children/young adults/older adults if not applicable to your team
* Assessment (can include guidance on involving the carer, where the patient should be seen, how the team communicates to acute staff and other agencies, electronic records)
* Patients under the influence of alcohol
* Patients under the influence of drugs
* Consultant input
* Out of hours cover and referral system

**Quality and Governance**

* Electronic records (RiO)
* Incident management
* Management of clinical case files
* Health and safety
* Major incident procedure
* Governance quality, safety and performance monitoring (Key performance Indicators, Clinical Audit, Complaints and incidents, PALs, implementation and monitoring of the operational policy.

**Appendix (what you could include)**

* Appendix – references, organisational chart, diagram on how to refer, checklist on discharge, flow chart on how to contact staff, indications for seeking senior medical support, how to contact a senior clinician in and out of hours, good practice guidance on attempted suicide (high risk factors, examples), nursing care of patients presenting with psychotic symptoms, maximising personal safety in the ED, other teams contact details (CMHT, Bed Manager, Lead Nurse in safeguarding etc)

***List of PLAN standards which could be included in the operational policy***

* **PLAN standard 12.1 – 12.5 type 2** The liaison team has an operational policy or written guidance that explains how to refer patients to services including:
* Local mental health services (i.e. Community Mental Health Teams, inpatient units, Home Treatment Teams, Improving Access to Psychological Therapies Services)
* Local primary care services,
* Specialist mental health services for older people,
* Local social services departments,
* Local child or adolescent services (This should be based on need and not just the person’s age. A written summary should be developed in consultation with Child and Adolescent Mental Health Services (CAMHS). This may include guidance regarding referral/discharge to CAMHS).
* **PLAN standard 6.2 Type 1** – The liaison team has a written policy on managing different levels of risk – this is likely to include:
* Developing a risk management plan,
* Procedures and timescales for communicating the plan to relevant colleagues.
* **PLAN standard 4.3 Type 1** – The liaison team has a clear procedure on management of high risk assessments – written guidance should include:
* A description of suitable facilities for high risk assessment in the ED/MAU,
* Arrangements for alerting acute colleagues the assessment is taking place and where,
* 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.
* **PLAN standard 11.1 Type 1 -** Are joint protocols for out-of-hours cover in place between the liaison and out-of-hours service(s)? A written summary should be developed in consultation with out-of-hours staff and is likely to include guidance on:
* The working hours and days of the liaison service and out of hours team(s)
* The clinical responsibilities of each service
* The handover responsibilities of each service (*please note this standard is N/A to 24 hours/7day liaison services)*
* **PLAN standard 11.3 Type 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. Details of how to contact Independent Mental Health/Mental Capacity Advocates should also be included.

* **PLAN standard 10.7 Type 1** - Medication arrangements – if members of the liaison team prescribe drugs, is there a policy regarding the use of medication? This should be in line with local medicines management and include:
* 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,
* 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
* **PLAN standard 7.10 Type 1** – There is a Trust/organisational policy on confidentiality and information sharing. This should provide the liaison team with guidance on informing patients about where information about them is being sent, and why.