

PLAN
PSYCHIATRIC LIAISON
ACCREDITATION NETWORK



Psychiatric Liaison Accreditation Network (PLAN)

Quality Standards for Liaison Psychiatry Services, Sixth Edition

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Artwork displayed on the front cover of the report:

Still playing with Paint – Seascape

Britain Probation, Painting, 2019

Courtesy of Koestler Arts

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Foreword

Less than 10 years ago, I persuaded my general hospital that our small psychiatric liaison service should join up with this new national group, PLAN, so we could see what others did and how we compared. Now I get to welcome the 6th Edition of the standards against which nearly 80 services across the UK want to measure their success. PLAN depends on its membership to set these standards, to participate in peer-review visits and help other services to become safer and better. The Accreditation Committee includes many health professional groups as well as service user representatives: its endeavour is all about the experiences of our patients whose mental disorders need treatment in general hospitals. We want to support emergency departments to be safe and supportive for people in crisis and have standards to measure effective systems in managing the range of presentations, across the age spans the same is true for our work on general hospital wards and in a growing number of liaison psychiatry clinics. For the first time, this sixth Edition now lists standards for children and young people.

This edition is a revision that arose from extensive consultations. The new and revised standards reflect growing evidence of efficacy as well as the experiences of diverse teams across the UK of finding better ways of delivering world class care. At their heart are prevention (of the effects of untreated mental disorders) and sustainability principles. We see our role as part of the Accreditation Committee, as supporting liaison teams to get the resources they need. Liaison psychiatry is about therapeutic assessments, getting it right first time and communicating agreed plans effectively to the people that need to know. PLAN helps us all reflect and improve.

So, thanks to everyone who engaged and responded in the long journey to this Edition. It will evolve further as our services become standard for every general hospital and deliver clinics there too. The process has been coordinated by our small PLAN Team. I thank all of our Accreditation Committee members for their time and scrutiny and I wish every team that signs up to PLAN and go through these standards every success in producing the best evidence to achieve full PLAN membership. In this past decade, our shared reputation as safe and reliable liaison services has, I think, been substantially raised by the PLAN membership as a whole.

*Peter Byrne
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Introduction

The Psychiatric Liaison Accreditation Network (PLAN) was established in 2009 to support in the quality improvement of psychiatric liaison teams in the UK and Ireland. It is one of over 20 networks within the College Centre for Quality Improvement (CCQI) within the Royal College of Psychiatrists.

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.

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 sections 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.

Categorisation of standards

Each standard has been categorised as follows:

Type 1: Essential standards. Failure to meet these would result in a significant threat to service user 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: Expected standards that most services should meet.

Type 3: Desirable standards that high performing services should meet.

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.

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). Please contact the PLAN team for more information.

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/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.

Sustainability Principles

The sixth edition of the PLAN standards has been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee (www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx).

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints. Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2013). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources' [20].

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource-intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. **Prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).
2. **Empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community

projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. **Improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.
4. **Consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, tele-health clinics instead of face-to-face contact). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.
5. **Staff sustainability** – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective teamworking facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.



Sustainability will automatically be examined alongside the usual review process and services will not have to submit extra evidence for this. Whether a service is awarded the sustainability certification or not will not affect the accreditation status of the service.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services

<https://www.jcpmh.info/good-services/sustainable-services/>

- Choosing Wisely – shared decision making

<http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx>

- Centre for Sustainable Healthcare

<https://sustainablehealthcare.org.uk/>

- Psych Susnet

<https://networks.sustainablehealthcare.org.uk/network/psych-susnet>

- Sustainability in Psychiatry

<https://www.rcpsych.ac.uk/improving-care/working-sustainably>

Quality Standards for Liaison Psychiatry Services

Core Standards for All Liaison Psychiatry Services

Std No	Type	Standard	Ref
Service Provision			
Staffing			
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>	[5] [10] [11]
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.	[1]
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]
4.	1	The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, 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. 	[1] [3] [18] [21]
5.	2	The liaison team includes a drug and alcohol worker.	[11]
6.	2	The liaison team has access to a learning disability nurse or similar specialist.	[11]
7.	2	The liaison team has access to a specialised pharmacist and/or pharmacy technician to discuss medications.	[1] [10] [18]
Policies and Protocols			
8.	1	There are written documents that specify professional, organisational and line management responsibilities for both the acute and mental health trusts.	[1]
9.	1	The liaison team has an operational policy or written guidance that explains how to refer patients to local primary care health services.	[2]

10.	2	The liaison team has an operational policy or written guidance that explains how to refer patients to local mental health services (i.e. community mental health teams, inpatient units, home treatment teams, therapy services).	[4]
11.	2	The liaison team has an operational policy or written guidance that explains how to refer patients to specialist mental health services for older people.	[6]
12.	2	The liaison team has an operational policy or written guidance that explains how to refer patients to local social services departments.	[5] [3]
13.	2	The liaison team has an operational policy or written guidance that explains how to refer patients to 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]
14.	2	The liaison team has an operational policy or written guidance that explains how to refer patients to drug and alcohol services.	[4]
15.	1	The liaison team has written working arrangements detailing who is responsible for assessing patients who may need to be assessed under the 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]
16.	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 unless there is a specific reason not to do so. 	[1] [2] [18] [21]
17.	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, acute hospital, 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. 	[1] [4] [18]

18. 	1	<p>If members of the liaison team prescribe drugs, there is a policy regarding the use of medication.</p> <p><i>Guidance: This should be in line with local medicines management and include:</i></p> <ul style="list-style-type: none"> • <i>The team's agreed use of different medication;</i> • <i>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;</i> • <i>Mechanisms for monitoring side effects and advising the patient on self-monitoring, where appropriate;</i> • <i>The different responses to medication in different age groups;</i> • <i>Mechanisms for the safe administration of medication;</i> • <i>Guidance on how to access a pharmacist;</i> • <i>The use of honorary contracts for the liaison team.</i> 	[4]
19.	2	Policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	[1]
Service Provision			
20.	1	<p>The liaison team meets regularly (i.e. daily contact and weekly meetings).</p> <p><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></p>	[3]
21.	2	<p>The service is explicitly commissioned or contracted against agreed standards.</p> <p><i>Guidance: This is detailed in the Service Level Agreement, operational policy, or similar and has been agreed by funders.</i></p>	[1] [2]
22.	2	The team attends business meetings with protected time that are held at least every two months where liaison staff members can contribute to decisions about service provision. For example, on the best use of resources.	[1]
23.	3	The team has developed their own plan/strategy including objectives and deadlines, in line with the organisation's strategy.	[1]
24.	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.	[1]

25.	1	<p>Joint protocols for out-of-hours cover are in place between the liaison and out-of-hours service(s).</p> <p><i>Guidance: A written summary should be developed in consultation with out-of-hours staff and is likely to include guidance on:</i></p> <ul style="list-style-type: none"> • <i>The working hours and days of the liaison service and the out-of-hours team(s);</i> • <i>The clinical responsibilities of each service;</i> • <i>The handover responsibilities of each service.</i> 	[2] [3]
26.	1	<p>The team follows a protocol to manage patients who discharge themselves against medical advice. This includes:</p> <ul style="list-style-type: none"> • Recording the patient's capacity to understand the risks of self-discharge; • Discussions with acute colleagues about their intended actions; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge. 	[1] [18]
27.	2	Members of the liaison team can access records or information from other services including primary care, drug and alcohol and probation services.	[5]
Staff Support			
28. 	2	The team has protected time for team-building and discussing service development at least once a year.	[1]
29. 	1	<p>All liaison staff members receive an annual appraisal and personal development planning (or equivalent).</p> <p><i>Guidance: This contains clear objectives and identifies development needs.</i></p>	[1]
30.	1	There is an on-call rota for liaison staff to be able to contact a senior clinical and managerial colleague at any time.	[4]
31. 	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	[1] [18] [21]
32.	2	New staff members in training and newly qualified staff members are offered weekly supervision.	[1]
33.	1	Trainees in the liaison team are practising under the supervision of a senior qualified clinician.	[1]

34.	1	All liaison staff members receive monthly line management supervision, with clinical staff members also receiving monthly clinical supervision (or as otherwise specified by their professional body). The quality and frequency of clinical supervision is monitored. <i>Guidance: Supervision should be profession-specific as per professional guidelines and be provided by someone with appropriate clinical experience and qualifications.</i>	[1] [18] [19]
35.	3	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice.	[1] [18] [21]
36.	1	Liaison professionals can access advice when necessary on the use of legal frameworks, confidentiality, capacity and consent issues etc.	[6]
37. 	1	The service actively supports staff health and well-being. <i>Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>	[1] [18] [19] [21]
38.	1	Staff members, patients and family/carers who are affected by a serious incident are offered post-incident support.	[1] [18] [21]
Referral Procedures			
39.	1	Clear information is made available, in paper and/or electronic format, to healthcare practitioners on: <ul style="list-style-type: none"> • A simple description of the service and its purpose; • Clear referral criteria; • How to make a referral; • 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; • A single point of access/referral process for acute colleagues; • If a referral is not accepted, the team advises the referrer on alternative options. 	[18] [21]
40.	2	The team provides referrers with information and advice between initial referral and assessment.	[1] [4]
41. 	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]

42.	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]
43.	1	Patients referred for routine mental health care are seen within 48 hours.	[4]
Assessment			
44.	1	Where clinically appropriate, the team has access to, and use facilities that offer dignity and privacy to conduct assessments.	[4]
45.	1	Liaison staff introduce themselves and explain the purpose of the assessment to the patient.	[1]
46.	2	If the patient presents with a companion, the patient is offered the choice of them being present during the assessment.	[7]
47.	1	Patients have a comprehensive evidence-based assessment which includes their: <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Suicide risk. 	[21]
48.	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"> • <i>Checking past notes and/or liaising with other services;</i> • <i>Discussion with the referrer;</i> • <i>Speaking to friends, family/carers, if appropriate;</i> • <i>An initial risk assessment carried out by the referring clinician including patient's awareness of, and willingness to engage in, assessment.</i> 	[4]

<p>49.</p> 	<p>1</p>	<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"> • <i>A description of suitable facilities for high risk assessment in the emergency department (see 168);</i> • <i>Arrangements for alerting acute colleagues that the assessment is taking place, including where it is taking place;</i> • <i>Guidance on the frequency of checks and level of observations (e.g. eyesight, arms-length level), depending on the nature of the concern;</i> • <i>Discussions about more experienced liaison or acute staff being present during the assessment, if appropriate;</i> • <i>Agreements for involving security staff where needed, or police in some circumstances;</i> • <i>Clear communication of risk, including development of a risk management plan and procedures and timescales for communicating the plan to relevant colleagues.</i> 	<p>[4]</p>
<p>50.</p>	<p>1</p>	<p>A physical health review takes place as part of the initial assessment, or as soon as possible.</p>	<p>[21]</p>
<p>51.</p>	<p>2</p>	<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>	<p>[1] [4] [5]</p>
<p>52.</p>	<p>2</p>	<p>Liaison staff and patients feel that the length of time spent on assessments is sufficient.</p>	<p>[3]</p>
<p>53.</p>	<p>1</p>	<p>All assessments are documented, signed or validated (electronic records) and dated by the assessing practitioner.</p>	<p>[1]</p>
<p>54.</p>	<p>1</p>	<p>Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation.</p>	<p>[1] [18] [19] [21]</p>
<p>55.</p>	<p>1</p>	<p>Patients and their family/carer, with patient consent, are offered a written summary of the assessment and what will happen next.</p> <p><i>Guidance: This may be in the form of a handwritten summary, or information filled in on a patient leaflet.</i></p>	<p>[9]</p>

Care Planning

56. 	1	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy.</p> <p><i>Guidance: The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> • <i>Agreed intervention strategies for physical and mental health;</i> • <i>Measurable goals and outcomes;</i> • <i>Strategies for self-management;</i> • <i>Any advance directives or statements that the patient has made;</i> • <i>Crisis and contingency plans;</i> • <i>Review dates and discharge framework.</i> 	[1] [3] [4] [5] [18] [21]
57. 	2	<p>Patients are offered personalised health lifestyle information, such as advice on:</p> <ul style="list-style-type: none"> • Smoking cessation; • Healthy eating; • Physical exercise advice; • Alcohol or recreational drug use; • The importance of engagement in meaningful activities to promote quality of life. 	[1] [4] [18] [21]
58.	1	<p>The liaison team can facilitate access to advocacy services, including PALS/PASS or equivalent, Independent Mental Health Advocates, Independent Mental Capacity Advocates and Mental Health Act advocates.</p> <p><i>Guidance: Patient Advice and Liaison Service (PALS) operates in England and Wales. Patient Advice and Support Service (PASS) operates in Scotland.</i></p>	[5]

59. 	1	<p>Patients have a risk assessment and management plan which is formulated jointly with the patient and family/carer (if appropriate) and clearly documented.</p> <p><i>Guidance: The risk assessment may include some of the following:</i></p> <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 the protection of adults at risk, including people with learning disabilities;</i> • <i>Triggers to symptoms and behaviours;</i> • <i>Specific consideration of income, housing and other social factors following discharge;</i> • <i>Deterioration;</i> • <i>Absconding;</i> • <i>Non-adherence to treatment;</i> • <i>Harm to others, including safeguarding issues, particularly children.</i> 	[3] [4] [5] [21]
60.	1	Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.	[1] [18] [21]
61.	1	Patients are involved in discussions about their problems and the different treatment options available. A care plan is developed collaboratively with the patient and their family/carer (with patient consent).	[9]
62. 	1	Patients' preferences are taken into account during the selection of therapies, activities and onward care, and are acted upon as far as possible.	[1]
63.	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.	[1] [18] [21]
64.	1	<p>Patients and family/carers, with patient consent, are given written and verbal information on how to access help in a crisis, where needed.</p> <p><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></p>	[3]
65.	2	The liaison team offers patients and their family/carers a leaflet describing the role of the liaison service.	[4]

66.	1	Patients and family/carers with patient consent, are offered written information, online resources and verbal information about any mental health problem the patient is experiencing. This should include information about medication.	[1]
67. 	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. 	[1] [18]
68.	1	The team sends a letter detailing the outcomes of the discharge from the liaison team to the patient's GP and other relevant services within a week of the assessment, or for high risk cases within 24 hours.	[4]
69. 	1	The team signposts 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] [18]
Patient and Family/Carer Experience			
70.	1	Liaison staff members address patients using the name and title they prefer and wear visible identification at every encounter.	[1] [18] [19]
71.	1	The service has timely access to interpreters to enable effective communication, and the patient's relatives are not used in this role unless there are exceptional circumstances. <i>Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice.</i>	[1] [2] [18] [19]
72.	1	The service has timely access to the facility, skills, equipment required to communicate effectively with people with a range of needs e.g. other languages, learning disability, visual and/or hearing impairments.	[4]
73.	1	Staff members treat patients and carers with compassion, dignity and respect.	[21]
74.	2	Patients feel listened to and understood in consultations with liaison staff.	[1]

Information for Patients			
75.	1	Information for patients and carers is written simply and clearly, and can be provided in languages other than English (ensuring cultural relevance if necessary). It is available in easy-to-use formats for people with sight/hearing/cognitive difficulties or learning disabilities. Audio, video, symbolic and pictorial materials, communication passports and signers are used as necessary.	[1] [6] [18]
76.	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.	[1] [18] [19] [21]
77.	2	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: <ul style="list-style-type: none"> • Their rights regarding admission and consent to treatment; • Their rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments. 	[1] [3] [18] [21]
Family/Carer Involvement			
78.	3	The service actively encourages families/carers to attend carer support networks or groups. There is a designated staff member to support families/carers.	[1] [21]
79.	1	 Families/carers, with patient consent, are involved in discussions and decisions about the patient's care, treatment and discharge planning.	[6] [21]
80.	2	Family/carers are offered individual time with staff members to discuss concerns, family history and their own needs.	[1] [18] [21]
81.	1	The team knows how to respond to family/carers when the patient does not consent to their involvement.	[1] [21]
Collaborative Working in the General Hospital			
82.	1	Liaison and acute staff have effective systems in place to alert each other to potentially at-risk patients.	[10]

83.	1	The team works with general hospital staff to ensure patients are safe and supported whilst waiting for a mental health assessment. <i>Guidance: The liaison team provides appropriate guidance to acute colleagues on patients' history (including risk) and how to manage patients.</i>	[4] [5]
84.	1	Members of the liaison team can access records from physical and mental health record systems.	[5] [6]
85.	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]
86.	2	Referrers 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: This may include the referrer satisfaction scale as described in Framework for Routine Outcome Measures in Liaison Psychiatry (FROM-LP).</i>	[1]
87.	1	Liaison professionals are available to advise acute colleagues on issues around mental capacity.	[3]
88.	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]
Providing Training and Support to Acute Colleagues			
89.	3	The liaison team has a rolling programme of training for general hospital and emergency department staff.	[2] [10]
90.	3	The liaison team provides induction training to junior doctors.	[4]
91.	2	The liaison team provide informal advice and support, such as case reviews and/or multi-disciplinary discussions, to acute colleagues.	[10]
92.	3	The liaison team provide time for reflective practice meetings with acute colleagues.	[4]
93.	2	The liaison team provide training to acute colleagues on how to make an initial mental health assessment and risk assessment of an acute hospital patient, including the patient's risk to self and others.	[2] [10]
94.	2	The liaison team provide training to acute colleagues on detecting and responding to acute disturbance in physically ill people of all ages e.g. delirium, psychosis etc.	[10]
95.	2	The liaison team provide training to acute colleagues on working with adults aged over 65, including the detection and management of dementia, delirium and depression.	[4]
96.	2	The liaison team provide training to acute colleagues on the use of mental health legislation.	[5] [10]

97.	2	The liaison team provide training to acute colleagues on understanding why people self-harm and the difference between self-harm and acts of suicidal intent.	[9]
98.	2	The liaison team provide training to acute colleagues on suicide awareness, prevention techniques and approaches.	[3]
99.	2	The liaison team provide training to acute colleagues on preventing and managing challenging behaviour.	[3]
100	2	The liaison team provide training to acute colleagues on recognising and responding to organic mental health disorders.	[4]
101	3	The liaison team provide training to acute colleagues on recognising and responding to emotional responses to trauma.	[6]
102	3	The liaison team provide training to acute colleagues on recognising and managing medically unexplained symptoms.	[4]
103	3	The liaison team provide training to acute colleagues on an awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness.	[4]
104	3	The liaison team provide training to acute colleagues on the impact of cultural differences on mental health.	[2]
105	3	The liaison team provide training to acute colleagues on mental health and stigma.	[4]
106	3	The liaison team provide training to acute colleagues on working with people diagnosed with personality disorder.	[4]
Induction and Training within the Liaison Team			
107	1	<p>Staff 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 the contribution of family and family/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>	<p>[1]</p> <p>[12]</p> <p>[13]</p> <p>[18]</p> <p>[19]</p>

108	1	<p>All new staff are allocated either a preceptor (if newly qualified), or mentor, 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>	[1] [17] [18] [19]
109	3	<p>There is a rolling training programme for liaison professionals.</p> <p><i>Guidance: Training programmes should include regular updates for long-term staff, as well as new staff.</i></p>	[13]
110	1	<p>Staff members receive training consistent with their role and in line with their professional body. This is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:</p> <ul style="list-style-type: none"> • 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; • Physical health assessment; • Recognising and communicating with patients with cognitive impairment or learning disabilities; • Statutory and mandatory training. <p><i>Guidance: This includes equality and diversity, information governance and basic life support.</i></p>	[5] [1] [2] [21]
111	1	<p>Staff can access additional training that is relevant to their role and meets any needs identified, as detailed in their appraisal.</p>	[4]
112	2	<p>Liaison staff members can access the intranet and relevant shared drives of their provider Trust or organisation.</p>	[4]
113	2	<p>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.</p>	[1]
114	2	<p>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.).</p>	[3]
115	3	<p>There are opportunities for liaison staff members to shadow mental health colleagues from outside of the hospital.</p>	[4]
116	1	<p>Staff receive training on person-centred care planning.</p>	[5]

117	1	Staff receive training on working with older people, including the detection and management of dementia, delirium and depression.	[2] [3] [5]
118	1	Staff receive training on conducting mental health assessments of acute hospital patients.	[2] [3] [5]
119	1	Staff receive training on 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]
120	1	Staff receive training on 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]
121	1	Staff receive training on suicide awareness, prevention techniques and approaches.	[5]
122	1	Staff receive training on detecting the misuse of alcohol and drugs. <i>Guidance: Training includes:</i> <ul style="list-style-type: none"> • Ability to provide brief interventions; • Signposting and referral to local services; • Updating staff on current drug use trends. 	[5]
123	1	Staff receive training on risk assessment and risk management. <i>Guidance: This includes, but is not limited to, training on:</i> <ul style="list-style-type: none"> • Safeguarding vulnerable adults and children; • Assessing and managing suicide risk and self-harm; • Prevention and management of aggression and violence. 	[5] [7]
124	2	Staff receive training on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	[18] [21]
125	2	Staff receive training on diversity training e.g. mental health and stigma, ageism and stigma, the impact of cultural differences on mental health and use of services.	[4]
126	2	Staff receive training on understanding the interface between complex physical and psychological problems and recognising and managing medically unexplained symptoms.	[4]
127	2	Staff receive training on recognising and managing emotional responses to trauma.	[4]
128	2	Staff receive training on recognising and managing organic mental health disorders.	[4]
129	2	Staff receive training on the use of a range of therapeutic approaches in the assessment process.	[4]
130	2	Staff receive training on awareness of the processes involved in adjusting to illness, including non-adherence to care and treatment or interventions.	[4]

131	2	Staff receive training on working with people diagnosed with personality disorder.	[4]
132	2	Staff receive training on the impact of nutrition and diet in liaison psychiatry patients. <i>Guidance: This includes, but is not limited to, training on assessing nutritional needs and malnutrition and dehydration.</i>	[4]
133	2	Staff receive training on eating disorders.	[4]
134	2	Staff receive training on pain management.	[4]
135	1	Undertaking cognitive assessment of a patient with cognitive impairment. <i>Guidance: This might include:</i> <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]
136	1	Staff receive training on conducting mental health assessments of acute hospital patients.	[2] [3] [5]
137	2	Patients or family/carers are involved in delivering and developing training face-to-face.	[1] [18] [21]
138	3	Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every three months.	[1]
139	3	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

140	1	<p>There are systems in place to monitor the liaison service response times to improve local and national time standards.</p> <p><i>Guidance: There is accurate and accessible information for everyone on waiting times from referral to assessment and from assessment to treatment.</i></p>	[1]
141	2	<p>The liaison team has a written document detailing key performance indicators.</p> <p><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></p>	[4]
142	1	<p>The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.</p>	[1] [3] [18] [21]
143	3	<p>The liaison team uses findings from service evaluation to support or inform business cases and changes to the service.</p>	[4]
144	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"> • <i>Review matters relevant to clinical and organisational risk and quality;</i> • <i>Co-ordinate planning of service developments;</i> • <i>Co-ordinate plans for high risk clinical scenarios especially where these are likely to involve several services or organisations;</i> • <i>Report through locally determined management structures.</i> 	[5]
145	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>	[4]
146	1	<p>Liaison staff are involved in Trust/organisational meetings which address critical incidents, near-misses and other adverse incidents, where relevant to the liaison team.</p>	[5]

147	1	<p>Clinical outcome measurement data, including progress against user defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this 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] [18] [21]
148	2	The service's clinical outcome data are reviewed at least, six monthly. The data is shared with commissioners, the team, patients and carers, and used to make improvements to the service.	[18] [21]r
149	2	The team use quality improvement methods to implement service improvements.	[21]
150	2	The team actively encourage patients and carers to be involved in quality improvement initiatives.	[21]
151	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	[1] [18] [21]
152	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	[1] [18] [21]
153	1	 <p>Lessons learned from incidents are shared with the team and disseminated to the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.</p>	[1] [18] [21]
154	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]
155	3	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting staff members.	[1] [21]
156	2	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.	[1] [18] [21]
157	1	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.	[1] [18] [21]

158	1	<p>The team follows up patients who have not attended an appointment/assessment or who do not engage as per local policy.</p> <p><i>Guidance: This could include making a phone call, sending a letter, visiting patients at home or another suitable venue, using text alerts, or engaging with their carers. If patients continue to not engage, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to attempt follow-up.</i></p>	[18]
159	1	<p>The service reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified.</p>	[21]
160	2	<p>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.</p>	[12]
161	1	<p>All patient information is kept in accordance with current legislation.</p> <p><i>Guidance: This includes transfer of patient identifiable information by electronic means. 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>	[1] [18] [21]

Urgent and Emergency Mental Health Care

162	1	A clinical member of staff is available to discuss emergency referrals during working hours.	[1] [18]
163	1	Patients referred for mental health care by the Emergency Department are seen within one hour of referral.	[5] [10]
164	1	Patients referred for emergency mental health care from inpatient wards are seen within one hour of referral.	[5] [10]
165	1	Patients referred for urgent mental health care are seen within 24 hours of referral.	[5]
166	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 and have the capacity to meaningfully participate in the assessment. The liaison team should regularly review the patient to determine if they are fit for assessment, if not initially possible. 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]
167	1	Within four hours of referral to the psychiatric liaison team, patients receive a copy of their plan of care and are discharged or are en route to their next destination if required.	[5]

168	1	<p>The liaison team has access to assessment rooms suitable 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.</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>	[5] [15]
169	1	<p>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.</p>	[10]

Children and Young People

170	1	<p>A child and adolescent mental health clinician can be contacted for advice at all times if required and can attend for assessment if and when appropriate.</p> <p><i>Guidance: This may require reorganisation of current out of hour's arrangements, including merging of current rotas.</i></p>	[22] [23]
171	1	<p>Young people under 16, presenting with self-harm out-of-hours to the emergency department should be admitted to a hospital ward under the care of a paediatrician for a full psychosocial assessment the following day, as per NICE guidance.</p> <p><i>Guidance: As well as facilitating a thorough psychosocial assessment to be carried out during normal working hours, this also allows for observation by ward staff which can contribute helpfully to this assessment.</i></p>	[22] [24]
172	1	<p>An appropriately safe space and professional one-to-one support is available for young people under 18 at all times if required.</p> <p><i>Guidance: This may include security staff, an RMN or HCA depending on patient factors, level and type of risk.</i></p>	[22] [23]
173	1	<p>All clinical mental health staff working with young people under 18 have Level 3 training in Child Protection/Safeguarding.</p> <p><i>Guidance: This training can be obtained by a combination of online and face-to-face teaching.</i></p>	[22] [25]
174	1	<p>Procedures are in place to identify young people under 18 who are on the Child Protection Register. Staff can liaise with Child Protection and Social Work colleagues for safeguarding advice and management at all times if required.</p>	[22] [24]

175	1	<p>All clinical mental health staff working independently with young people under 18 can demonstrate adequate levels of competency in the assessment and management of this patient group, to deliver developmentally appropriate care.</p> <p><i>Guidance: Evidence of CAMHS training or meeting competencies e.g. NHS Scotland/UCL Competence Framework for CAMHS. Training includes:</i></p> <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 backgrounds;</i> • <i>Working with vulnerable groups of young people under 18 including those with a Learning Disability, Autism Spectrum Disorder, who are Looked After and Accommodated or have a history of adverse childhood experiences.</i> 	<p>[22] [24] [26]</p>
176	2	<p>A designated lead for young people’s mental health attends acute hospital multidisciplinary cross-specialty forums. Meetings are at least quarterly, and include discussion of key operational, clinical and governance issues, including safety.</p> <p><i>Guidance: Including representatives from accident and emergency, paediatrics for patients under 16, and adult teams for those over 16.</i></p>	<p>[23]</p>
177	2	<p>The liaison team has an operational policy or written guidance that explains joint working arrangements and how to refer young people under 18 to other services.</p> <p><i>Guidance: Including local health and social care services, community, Place of Safety or inpatient based CAMHS services and working age adult liaison teams when appropriate.</i></p>	<p>[22] [23]</p>

Psychological Therapies

178	2	<p>The liaison team provides brief, time-limited, evidence based psychological therapies.</p> <p><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></p>	[1] [3]
179	3	The liaison team provides longer term psychological therapies.	[9]
180	2	The liaison team can access sufficient space in the hospital to deliver interventions safely.	[9]
181	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	[1] [2] [18]
182 	1	The service routinely collects outcome data to determine the effectiveness of the interventions provided. Outcome monitoring includes changes in functioning, quality of life, wellbeing etc. as well as clinical symptoms.	[16]

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'

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