PLAN

PSYCHIATRIC LIAISON
ACCREDITATION
NETWORK

PLAN

7th Edition Standards

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Contents

Foreword

It is an honour to introduce the 7th edition of standards for the Psychiatric Liaison Accreditation Network (PLAN). It is the result of much hard work bringing together UK-wide evidence and expert consensus from patient representatives, health professionals and organisations all aiming to develop and sustain high quality liaison psychiatry services for the benefit of patients with mental health needs in general hospitals.

Established in 2009, the network now has 70 services enrolled in the accreditation programme as well as 12 in a developmental programme established in 2020. PLAN's membership largely consists of services within England and with some in Wales. Initially established to review services for adults, in line with aims to improve mental health across the lifespan, PLAN is now also open to children and young people liaison psychiatry services and is keen to support this development of services for all ages.

Importantly, there is now external validation of the credibility of accreditation standards and the process of accreditation. In 2017 the 'Treat as One' report from the National Confidential Enquiry for Perioperative Deaths showed improved quality of care in PLAN accredited teams and, for England, the Care Quality Commission now acknowledge PLAN accreditation as a marker of quality.

The network is made up of its members, crucial patient and carer representatives and colleagues from partner organisations including MIND, the Royal College of Emergency Medicine, Royal College of Nursing and Royal College of Physicians and is supported by a small central team. The network is developing closer working with the Royal College of Psychiatrists Faculty of Liaison Psychiatry and staff from general hospitals with services enrolled in the network. All these clinical experts contribute to regular reviews of the standards against which services are accredited.

This 7th edition of standards has followed another major review and, in response to feedback from members, has significant rationalisation of standards which have reduced from the previous 182 to the current 125 despite new standards being added. Another change, in response to concerns from the devolved nations has been to ensure the language of standards befits the different organisational and regulatory frameworks across the UK. It is regretted that this change did not occur until the 7th edition of standards. The PLAN team are very grateful for all feedback and partnerships helping improve acceptability and relevance of standards across the UK.

I wish to thank all PLAN members and others involved in PLAN for their enthusiasm and engagement supporting and developing the network to embed high quality standards for use by services and organisations to achieve parity of esteem and integrated high quality care for patients with mental health needs who attend general hospitals.

Looking forward, we welcome feedback on the standards and process of accreditation to continually improve the experience of members, the patients they support and general hospital colleagues. In this way, we will maintain the profile of mental health needs and develop services across general hospitals despite the considerable current financial and other external pressures.

Involvement of those who are not able to utilise the PLAN network at present is especially encouraged so the network can be truly representative and maintain its support for facilitating widespread access to safe and effective services across the UK.

Dr Janet Butler PhD, MRCP, MRCPsych

Chair of the PLAN Advisory Group

Introduction

The Psychiatric Liaison Accreditation Network (PLAN) was established in 2009 to support in the quality improvement of liaison psychiatry services. It is one of around 30 networks within the College Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists.

These standards have been developed from recommendations in key literature, research and in consultation with a range of stakeholders including those from the devolved nations; Wales, Scotland and Northern Ireland.

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.

Terms

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

Evidencing standards

The review process aims to detail if a standard is met, how, and if not, why. These are key questions to support in the network's aim of promoting best practice and supporting on-going improvement.

During the review process, evidence and feedback is sought from key stakeholders within the service. This includes, managers, staff, patients, carers, referrers, and a case note audit.

To support in services understanding how each standard is scored, an icon is displayed against each standard.
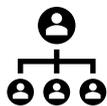
Evidence bank

Patient feedback

Friend, family and carer feedback

Staff feedback

Manager feedback

Acute colleague feedback

Case note audit

Environmental tour

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Sustainability Principles

The PLAN standards have been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee [Sustainability and working sustainably | Royal College of Psychiatrists (rcpsych.ac.uk)](#)

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 the 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'.

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.

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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.

Standards for liaison psychiatry services

Assessment, care planning and treatment

No.	Type	Standard	Evd.	Ref.
1	1	The team provides information about how to make a referral, and waiting times for assessment and treatment.		1
2	2	The liaison psychiatry team provides information to acute colleagues on how to conduct an initial mental health assessment and risk assessment of an acute hospital patient, including the patient's risk to self and others.		14
3	1	The team works with general hospital staff to ensure patients are safe and supported whilst waiting for a mental health assessment. *Guidance: The liaison team provides appropriate guidance to acute colleagues on the patient's history (including risk) and how to support them. Where a patient is struggling with challenging behaviour, the liaison psychiatry team should offer face-to-face support for acute colleagues where possible.*		3, 14
4	1	The team has access to, and uses, facilities that offer dignity and privacy to conduct assessments and interventions.		5
5	1	Liaison psychiatry staff welcome patients, introduce themselves and explain the purpose of the assessment to the patient.		1
6	2	If the patient presents with a companion, the patient is offered the choice of them being present during the assessment.		7
7 🍃	1	Patients have a comprehensive evidence-based assessment which includes their: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Physical health.		1

8	1	The team has a procedure for estimating the level of risk involved in conducting an assessment. *Guidance: This includes:* • *Checking past notes and/or liaising with other services;* • *Discussion with the referrer;* • *Speaking to friends, family/carers, if appropriate;* • *An initial risk assessment carried out by the referring clinician including patient's awareness of, and willingness to engage in, assessment.*		7
9	1	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.		1
10	1	Patients referred for mental health care by the Emergency Department are seen within one hour of referral.		3, 5
11	1	Patients referred for emergency mental health care from inpatient wards are seen within one hour of referral.		3, 5
12	1	Patients referred for mental health care from the hospital inpatient wards are seen within 24 hours of referral.		3, 5
13	1	Within four hours of referral to the liaison psychiatry team from the emergency department the patient should: • have received a full biopsychosocial assessment, and • have an urgent and emergency mental health care plan in place, and • at a minimum, be en route to their next location if geographically different, or • have been accepted and scheduled for follow-up care by a responding service, or • have been discharged because the crisis has resolved or • have started a Mental Health Act assessment.		3

14	1	The team follows up patients who have not attended an appointment/assessment. *Guidance: This may be from a home treatment team or crisis line informing the liaison psychiatry team that a patient will be attended. Where patients consent, the carer is contacted.*	👥	1

15	1	The liaison team has access to assessment rooms suitable for conducting high-risk assessments. *Facilities should meet the following requirements:* *Be located within the main emergency department;* *Have at least two doors which opens outwards and are not lockable from the inside;* *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;* *Have a panic button or alarm system (unless staff carry alarms at all times);* *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;* *Be appropriately decorated to provide a sense of calmness;* *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.* *Not have any ligature points;* *Sharp corners, such as at the corners of protruding walls are covered to reduce the risk of harm.* *If there is a bed within the room, this should be weighted with no ligature risks;* *There should be a process in place to ensure the patient is monitored whilst in the room.* *There should be a process in place to ensure patients are supported to access ligature free toilet facilities or at minimum toilets with thumb turn locks.*		3, 5, 8
16	1	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.		1

17 🌿	1	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. *Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.*		1, 3
18 🌿	1	Patients have a risk assessment and management plan which is co-produced where possible and shared where necessary with relevant agencies, such as acute colleagues (with consideration of confidentiality). *Guidance: The assessment considers risk to self, risk to others and risk from others.*		1, 3
19	1	Liaison psychiatry staff are able to access and input patient notes onto the acute hospital note system. Notes are regularly updated following contact and input from the liaison psychiatry team. *Guidance: Liaison psychiatry review should provide clear and concise documented plans in the general hospital notes at the time of assessment. As a minimum the review should cover:* • *What the problem is (diagnosis or formulation)* • *The legal status of the patient and their mental capacity for any decision needing to be made if relevant* • *A clear documentation of the mental health risk assessment – immediate and medium term* • *Whether the patient requires any further risk management e.g. observation level* • *A management plan including medication or therapeutic intervention* • *Advice regarding contingencies e.g. if the patient wishes to self-discharge please do this '…'* • *A clear discharge plan in terms of mental health follow-up.*		15

20 🌿	1	The team signposts patients to access organisations which offer: • Housing support; • Support with finances, benefits and debt management; • Social services.		1
21	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.		1
22 🌿	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.*		1
23	3	Patients and carers are able to discuss medications with a specialist pharmacist.		1, 5
24	1	Patients and carers are given written and verbal information on how to access help from mental health services 24 hours a day, seven days a week.		1
25	2	The team offer patients and carers a leaflet describing the role of the liaison psychiatry team. *Guidance: This should include:* • *A simple description of the service;* • *Main interventions and treatments available;* • *Contact details for the service.*		7
26 🌿	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Guidance: Verbal information could be provided in a one-to-one meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.*		1

27	1	Patients and their carer, with patient consent, are offered a written summary of the assessment and what will happen next. *Guidance: This may be in the form of a handwritten summary, or information filled in on a patient leaflet.*		7
28	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.		1
29	1	A discharge letter is sent to the patient and all relevant professionals involved (with the patient's consent) within seven days of discharge. The letter includes the plan for: • On-going care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication, including monitoring arrangements; • Details of when, where and who will follow up with the patient as appropriate.		1
30	3	The team makes sure that patients who are discharged from hospital are followed up within 72 hours.		
31	1	The service has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months' post-partum) that includes: • 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
32	1	The liaison psychiatry team has written guidance and staff know how to refer to other community services. *Guidance: This may include local mental health services, mental health services for older people, local social services, children and adolescent services and drug and alcohol.*		7
33	1	The team support patients with co-morbidity/dual diagnosis with specific support for alcohol and drug use. This includes referring to local specialist services.		

34	1	The liaison psychiatry team has written working arrangements detailing who is responsible for assessing patients who may need to be assessed under the mental health legislation.	📄	5

Patient and carer experience

No.	Type	Standard	Evd.	Ref.
35	1	Liaison psychiatry staff members address patients using the name and pronouns they prefer.	👤	1
36	1	The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	📄	1
37	1	Staff members treat patients and carers with compassion, dignity and respect.	👤 👥	1
38	1	Patients feel listened to and understood by staff members.	👤	1
39	2	The environment is clean, comfortable and welcoming.	👤 👥 🏢	1
40	1	Clinical rooms are private and conversations cannot be overheard.	👤 👥	1
41	1	There is a system by which staff are able to raise an alarm if needed.	🏢	1
42	1	Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.	👤	1

43	1	Confidentiality and its limits are explained to the patient and carer at the first meeting with liaison psychiatry staff, both verbally and in writing. Patient preferences for sharing information with third parties are respected. *Guidance: Where the care episode includes more than one interaction with the liaison psychiatry team, patients' preferences are reviewed regularly.*		1
44	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information where relevant includes: • Their rights regarding admission and consent to treatment; • Rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments.		1
45	2	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. a carer's pack). This includes the names and contact details of key staff members in the team and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*		1
46	3	The team actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.		1
47 🍃	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.		1
48 🍃	2	Carers are offered individual time with staff members to discuss concerns and their own needs.		1

| 49 | 1 | The team knows how to respond to carers when the patient does not consent to their involvement.

Guidance: The team may receive information from the carer in confidence. | 👥 | 1 |
| 50 | 1 | Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.

Guidance: This advice is offered at the time of the patient's initial assessment, or at the first opportunity. | 👥 📄 | 1 |

Collaborative working

No.	Type	Standard	Evd.	Ref.
51	1	Clear information is made available, in paper and/or electronic format, to acute colleagues on: • 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.	📄	2
52	1	Liaison psychiatry staff work with acute staff to support patients who are intoxicated and waiting for a mental health assessment. *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.*	👥	3
53 🍃	3	Liaison psychiatry staff proactively seek referrals and raise awareness of the liaison team, for example, through visiting wards, providing staff training and promoting the liaison psychiatry team at multi-disciplinary meetings.	👥	7

54	2	The liaison psychiatry team has a rolling programme of training for acute colleagues. This is delivered based on the hospital's needs and the liaison psychiatry team adapt training per acute colleagues requests. *Guidance: Training may include the use of mental health legislation, suicide awareness, organic mental health disorders, trauma, medically unexplained symptoms, cultural differences and mental health and stigma, sexuality and gender identification.*		5
55	3	The team provides time for reflective practice meetings with acute colleagues.		7
56	1	Liaison psychiatry staff are available to advise acute colleagues on issues around mental capacity.		7
57	1	There are interface meetings with the general hospital, and a member of the liaison psychiatry team meets formally with acute colleagues at least quarterly.		5
58	1	Liaison psychiatry staff attend joint case reviews with medical teams and out-of-hours services to provide support for patients with complex needs and patients who present frequently. *Guidance: This may include contributing to management plans for people to attend the emergency department frequently.*		5
59	1	There is a clear pathway for referrers to access advice from a consultant psychiatrist during the liaison psychiatry team's normal working hours. *Guidance: This may be through the team or another mental health service.*		3

60 🍃	1	The team has a clear joint procedure for managing high risk cases which is agreed and shared with acute colleagues. *Guidance: The procedure includes:* • *Guidance on the frequency of checks and level of observations (e.g. eyesight, arms-length level), depending on the nature of the concern;* • *Discussions about more experienced liaison or acute staff being present during the assessment, if appropriate;* • *Agreements for involving security staff where needed, or police in some circumstances;* • *Clear communication of risk, including development of a risk management plan and procedures and timescales for communicating the plan to relevant colleagues;* • *Relevant award management. This may include observation details, prompting oral intake, and physical monitoring for side effects/toxicity of medications.*		7
61	1	Liaison psychiatry and acute colleagues have effective systems in place to alert each other to potentially at-risk patients.		5
62	3	The team works in partnership with well-being/mental health teams within Higher Education Institutions (including universities). *Guidance: The purpose of this joint working includes responding to the needs of individual patients who present to the team during their studies, and to discuss how to address the mental health needs of their local student population.*		
63	2	The liaison psychiatry team works in collaboration with the alcohol care team and substance use team for the acute hospital to support patients. *Guidance: This includes working in parallel to support patients and attending joint operational meetings.*		

64	2	Liaison psychiatry and acute colleagues work side-by-side, conducting parallel assessments to support the patient. *Guidance: This supports to reduce the patient's time waiting for assessment and treatment and staff do not wait until the patient is deemed medically fit to provide support.*		
65	1	Where the liaison psychiatry team is unable to engage patients, the team continues to support acute colleagues working with the patient.		

Workforce

No.	Type	Standard	Evd.	Ref.
66	2	The liaison psychiatry team comprises a number of staff that is proportional to national best practice guidance. *Guidance: Please see Appendix 1: Examples of liaison psychiatry staffing levels for a summary of the best practice guidance.*		3, 5
67	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.		2
68 🍃	1	The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • 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
69	2	There is dedicated sessional time from psychologists in order to: • Provide assessment and formulation of patients' psychological needs; • Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.		1, 16
70	2	There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.		1, 16
71	1	The liaison psychiatry team meets regularly with daily contact and weekly meetings to discuss clinical management.		1
72	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.		7

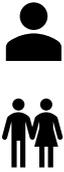|				
73	1	There are joint protocols between the liaison psychiatry service and service providing cover, for out-of-hours. A written summary should be developed in consultation with out-of-hours staff and include information on: • The working hours and days of the liaison service and the out-of-hours team(s); • The clinical responsibilities of each service; • The handover responsibilities of each service.	📄	7
74	1	A clinical member of staff is available to discuss emergency referrals during working hours.	⤙	1
75	1	There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances. *Guidance: Some services may have an agreement with a local home treatment team to provide this medical cover.*	👥	1
76 🍃	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
77	1	Trainees in the team practise under the supervision of a senior qualified clinician.	👥	7
78	1	All clinical staff members receive monthly clinical supervision (or as otherwise specified by their professional body). *Guidance: Supervision should be profession-specific as per professional guidelines and be provided by someone with appropriate clinical experience and qualifications.*	👥 📄	1
79	2	All staff members receive individual line management supervision at least monthly.	👥 📄	1
80	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	📄	1

81 🌿	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	👥	1
82 🌿	1	The service actively supports staff health and well-being. *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.*	👥	1
83 🌿	1	Staff members, patients and family members, friends or carers who are affected by a serious incident are offered post-incident support.	👥 👤 👫	1
84	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	👥	1
85	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. *Guidance: This should include arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met.*	👥 📄	1, 6, 7

86	2	There is a rolling training programme for liaison professionals that occurs at least 10 times a year. *Guidance: Training programmes should include regular updates for long-term staff, as well as new staff. Topics may include:* • *Medically unexplained symptoms;* • *Pain management;* • *Eating disorders;* • *The role of nutrition;* • *Organic mental health disorders;* • *Emotional responses to trauma;* • *Undertaking cognitive assessment of patients with a cognitive impairment.*	👥 📄	6, 7
87	1	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: • 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; • Equality and diversity; • Information governance; • Basic life support.	📄	1, 3
88	1	Staff receive training on physical health assessment. *Guidance: This could include training in understanding physical health problems, undertaking physical observations, basic life support and when to refer the patient for specialist input.*	📄	1
89 🌿	1	Staff receive training on safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.*	📄	1

90 🌿	1	Staff receive training on risk assessment and risk management. *Guidance: This includes, but is not limited to, training on:* • *Assessing and managing suicide risk and self-harm;* • *Prevention and management of aggression and violence.*	📄	1, 3
91	1	Staff receive training on recognising and communicating with patients with cognitive impairment and learning disabilities.	📄	1
92	1	Staff receive training on the inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.	📄	1
93	2	Staff receive training on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	📄	1
94	2	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity.	👥	7
95	2	There are opportunities for liaison staff members to shadow colleagues in other areas of the hospital (e.g. the Emergency Department, general medical wards, elderly wards etc.) and shadow mental health colleagues from outside of the hospital.	👥	7
96	1	Staff receive training on working with older people, including the detection and management of dementia, delirium and depression.	📄	3, 7
97	1	Staff receive training on suicide awareness, prevention techniques and approaches.	📄	3
98	2	Patient and carer representatives are involved in delivering and developing staff training.	👥	1

99	3	Liaison psychiatry and acute staff work together to deliver joint training to the liaison psychiatry team. *Guidance: For example, a geriatrician and liaison nurse could jointly provide dementia training to the rest of the liaison team.*	👥	7
100 🌿	1	If members of the liaison psychiatry team prescribe drugs, there is a policy regarding the use of medication. *Guidance: The policy should be in line with local medicines management. It should include guidance on the roles and responsibilities of liaison prescribers in the hospital setting, standards of communication between hospital staff and the liaison team and governance arrangements for monitoring prescribing.*	📄	7

Quality, audit and governance

No.	Type	Standard	Evd.	Ref.
101 🍃	1	The team asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.	👤👫	1
102	2	Feedback received from patients and carers is analysed and explored to identify any differences of experiences according to protected characteristics.	📄	1
103	3	The team uses findings from service evaluation to support or inform business cases and changes to the service.	👥	7
104	1	There is an agreed protocol in place for reporting and responding to safety concerns raised by staff from either Trust/organisation. Liaison psychiatry staff are involved in Trust/organisational meetings which address critical incidents, near-misses and other adverse incidents, where relevant to the liaison psychiatry team.	👥	3
105	1	Clinical outcome measurement is collected at two time points (at assessment and discharge) for all patients accepted onto the caseload for an intervention and/or monitoring. *Guidance: This includes patient-reported outcome measurements where possible. This should be in line with current guidance as detailed in the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP).*	📋	1, 3
106	2	The service's clinical outcome data are reviewed at least six monthly. The data is shared with commissioners/managers, the team, patients and carers, and used to make improvements to the service.	📄	1
107 🍃	1	There is an effective system in place for the team to routinely collect data on the response time to referrals. *Guidance: Action is taken to address any barriers in responding to referrals in the agreed timeframes.*	👥	
108	2	The team is actively involved in quality improvement activity.	👥	1

109	2	The team actively encourage patients and carers to be involved in quality improvement initiatives.		1
110	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.		1
111	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour.		1
112 🍃	1	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.		1
113 🍃	3	Patient or carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: These representatives should have experience of the relevant service.*		1
114	2	The service is developed in partnership with appropriately experienced patient and carers who have an active role in decision making.		1
115	1	The team reviews data at least annually about the people who use the service. Data are compared with local population statistics and action is taken to address any inequalities of access that are identified.		1
116	1	All patient information is kept in accordance with current legislation. *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.*		1
117	3	The service reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/minimising waste and low carbon interventions). *Guidance: Progress against this improvement plan is reviewed at least quarterly with the team.*		1

Children and young people

No.	Type	Standard	Evd.	Ref.
118	1	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. *Guidance: This may require reorganisation of current out of hours arrangements, including merging of current rotas.*		9, 10
119 🌿	1	Young people under 18 presenting with self-harm out-of-hours to the Emergency Department should receive a full psychosocial assessment (NICE guidance) and, if this is not possible, consideration given to admission under the care of a paediatrician for further information gathering the following day. *Guidance: Admission, as well as facilitating psychosocial assessment to a degree not always possible outside working hours, also allows for clinical and safeguarding relevant observation by ward staff*		9, 11
120	1	An appropriately safe space and professional one-to-one support is available for young people under 18 at all times if required. *Guidance: This may include security staff, an RMN or HCA depending on patient factors, level and type of risk.*		9, 10
121	1	All clinical mental health staff working with young people under 18 have Level 3 training in Child Protection/Safeguarding. *Guidance: This training can be obtained by a combination of online and face-to-face teaching.*		9, 12
122	1	The team has access to advice, training and development opportunities appropriate to their core role, including procedures 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.		9, 11

123	1	All 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. *Guidance: Evidence of child and adolescent mental health services (CAMHS) training or meeting competencies e.g. NHS Scotland/UCL Competence Framework for CAMHS. Training includes:* • *Mental health presentations in children and young people;* • *Legal issues relevant to working with children and young people;* • *Ability to engage and work with families, parents and carers;* • *Ability to communicate with children/young people of differing ages, developmental levels and backgrounds;* • *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.*	👥	9, 11, 13
124	2	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. *Guidance: Including representatives from accident and emergency, paediatrics for patients under 16, and adult teams for those over 16.*	👥	13
125	2	The liaison team has written guidance that explains joint working arrangements and how to refer young people under 18 to other services. *Guidance: Including local health and social care services, community, Place of Safety or inpatient-based CAMHS and working age adult liaison teams when appropriate.*	📄	9, 10

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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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