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PLAN
PSYCHIATRIC LIAISON ACCREDITATION NETWORK

Psychiatric Liaison Accreditation Network National Report, 2018 - 2020

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Editors: Karishma Talwar, Cassie Baugh, Tia Thompson-Sangster, Rachel Wyness and Paris Wilson

This publication is available at: www.rcpsych.ac.uk/plan

Any enquiries relating to this publication should be to sent to us at:
PLAN@rcpsych.ac.uk

Artwork on front cover:

Richard Rawlins
Titian Ward, North East London NHS Foundation Trust,
Courtesy Hospital Rooms
Photography: Damian Griffiths

Contents

Foreword

This is the third national report produced by the Psychiatric Liaison Network Accreditation Network (PLAN) since it was established in 2009. Members form a multi-professional network, including highly valued lived experience members, working to deliver high quality mental health care within acute hospitals.

Since the last report, monitoring of the peer-review process and decisions on accreditation status has become the sole focus of the Accreditation Committee. A separate committee, the PLAN Advisory Group has been established to enable more time to develop other network functions. The group has continued to host two special interest days and an annual forum each year with only one event being cancelled due to COVID-19. Monthly one-hour lunchtime educational sessions for members were started in 2021. Feedback from members to help improve the network is collected through educational events, peer reviews and regular review of standards.

Wider recognition of the need for liaison psychiatry services has been strengthened by work in the Care Quality Commission (CQC) culminating in a report 'Assessment of Mental Health Services in Acute Trusts (2020)' recommending that acute trusts have a mental health strategy and board level review of mental health care. Recognition of PLAN accreditation by the CQC is a mark of the quality assurance processes in PLAN reviews. The Advisory Group is now working to integrate acute hospital colleagues into the network to build on the CQC advice for England and develop partnership working to improve mental and physical health integrated care across the United Kingdom.

This report covers service reviews that took place from 2018-2020. Initially, all reviews were delivered in person. PLAN, like the rest of the world, has needed to adapt to the demands of the coronavirus pandemic. The central project team have done an amazing job translating the review process to a virtual format so work continued during covid restrictions. As before, the majority of teams are supported to achieve accreditation. There is now also a developmental option to help teams prepare for the full accreditation process. The report demonstrates that members continue to achieve quality standards and service users and carers highly value their support. It is good to see that PLAN has helped embed parallel assessments for mental and physical health care, with very few teams automatically rejecting referrals of intoxicated patients.

However, liaison psychiatry services cannot stand still. The challenge for many teams demonstrating a safe room for high risk assessments shows there is still work to do with acute hospital partners. Nationally, there is increasing recognition of the mental health demands on acute hospital wards for all ages, including children and young people as well as working age and older adults. Few services currently address quality standards for young people. This requires investment and service development so our young people are not excluded. Mental health needs across the hospital remain high but the report shows that services are working across the hospital to improve quality, flow and acute staff knowledge and skill.

The PLAN project team, Accreditation Committee and Advisory Group congratulate all PLAN members on the accomplishments demonstrated in this report and look forward to ongoing work to support members and increase acute hospital involvement to build upon achievements to date.

Dr Janet Butler PhD, MRCP, MRCPsych, Consultant Liaison Psychiatrist and Chair of the PLAN Advisory Group

Who we are and what we do

Who we are

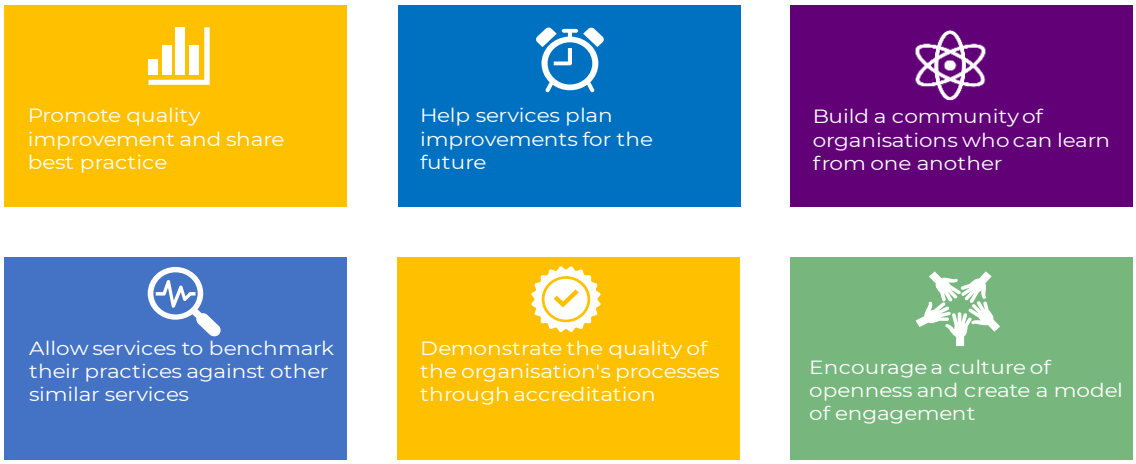
The Psychiatric Liaison Accreditation Network (PLAN) was established in 2009 to support ongoing quality improvement within liaison psychiatry services in the UK. It is one of around 30 quality networks, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality improvement.

A list of current membership of PLAN, including the team's accreditation status, can be found on our website.

What we do

We adopt a multi-disciplinary approach to quality improvement in liaison psychiatry services. A key component of our work is the sharing of best practice by listening to and being led by staff, patients and their carers.

Membership benefits



Advisory Group

In 2020 a new, separate Advisory Group (AG) was established. It is made up of a multi-disciplinary cohort of professionals including patient and carer representatives, consultant psychiatrists, nurses, clinical nurse specialists, and emergency medicine consultants. The purpose of the group is to advise and further the work of PLAN. A key element of this is supporting with developing and updating the standards.

Accreditation Committee

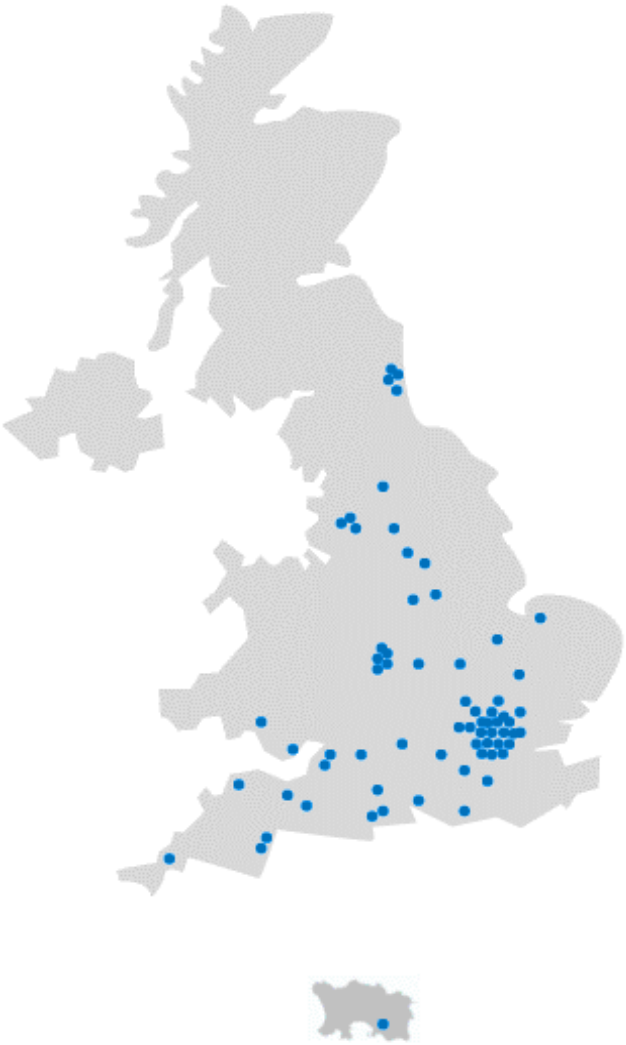
The Accreditation Committee (AC) is also a multi-disciplinary group with patient and carer representatives, nurses, consultant psychiatrists, older adult specialists, children and young people specialists. In addition, it includes representation from the Royal College of Nursing, Royal College of Emergency Medicine, Royal College of Physicians and MIND. The role of the AC is to review evidence gathered by individual teams and make recommendations about their accreditation status.

Introduction

This report uses data collected from member services who completed their peer-review against the 5th edition of PLAN standards. 44 teams took part in this process and received a peer-review visit between 24 January 2018 and 03 September 2020. Two peer-review visits were delayed in this period due to the COVID-19 pandemic.

You can find the full breakdown of teams meeting each standard in appendix 3.

All teams were reviewed against Domain 1 of the standards. Domains 2 to 5 were dependent on the service provision.



Map of the UK showing PLAN member teams, which span across England, Wales and Jersey.

Review Process

PLAN peer-reviews aim to improve the quality of psychiatric liaison services incrementally by applying standards and using the principles of the clinical audit cycle. The standards are applied through a process of self-review and external peer-review where members visit each other's services. The self-review questionnaire is a checklist of PLAN standards against which teams rate themselves, supplemented with more exploratory items to encourage discussion around achievements and ideas for improvement. The self-review process helps staff to prepare for the external peer-review and become familiar with the standards.

During the peer-review visit, data are collected through interviews with frontline staff, patients and carers about the service. The results are fed back in local and national reports. Services then take action to address any developmental needs that have been identified.

JARGON BUSTER

Psychiatric liaison teams

Psychiatric liaison teams work within a general hospital and provide mental health assessment and treatment for people in A&E or an inpatient ward. The liaison team works with a number of different professionals and services.

Patients

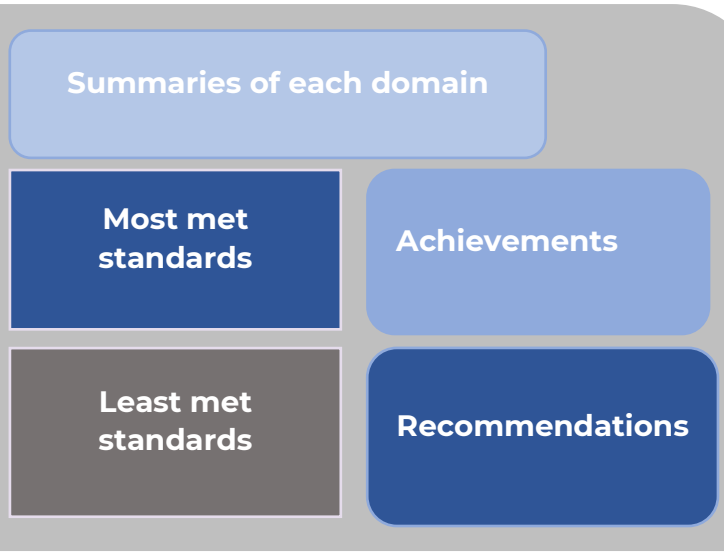
People who are under the care of the team and receive treatment.

Carer

Also described as a friend or family member. A person who looks after a person with mental health problems. In this document the term usually refers to an informal carer, e.g. a relative or friend.

READING THIS REPORT

Within the Domain 1 - 5 sections, the following shapes and colours refer to different information as outlined here.



The Standards

The PLAN standards for liaison psychiatry services are drawn from a range of authoritative sources and incorporate feedback from patient and carer representatives, and experts from a range of relevant professions.

The standards were used to generate a series of data collection tools for use in the self- and peer-review processes. Participating teams rate themselves against the five domains of the PLAN 5th edition standards through a process of self and peer-review. This model aims to facilitate incremental improvements in service quality.

Types of standard

Standards are categorised as a type 1, 2 or 3.

- **Type 1 standards** relate to patient safety, rights or dignity. Failure to meet these standards would represent a significant threat to patients and/or would break the law.
- **Type 2 standards** are standards we expect services to meet.
- **Type 3 standards** are criteria that an excellent service should meet or are standards that are not the direct responsibility of the team.

Executive Summary

On average, teams met 79% of all PLAN 5th Edition standards.

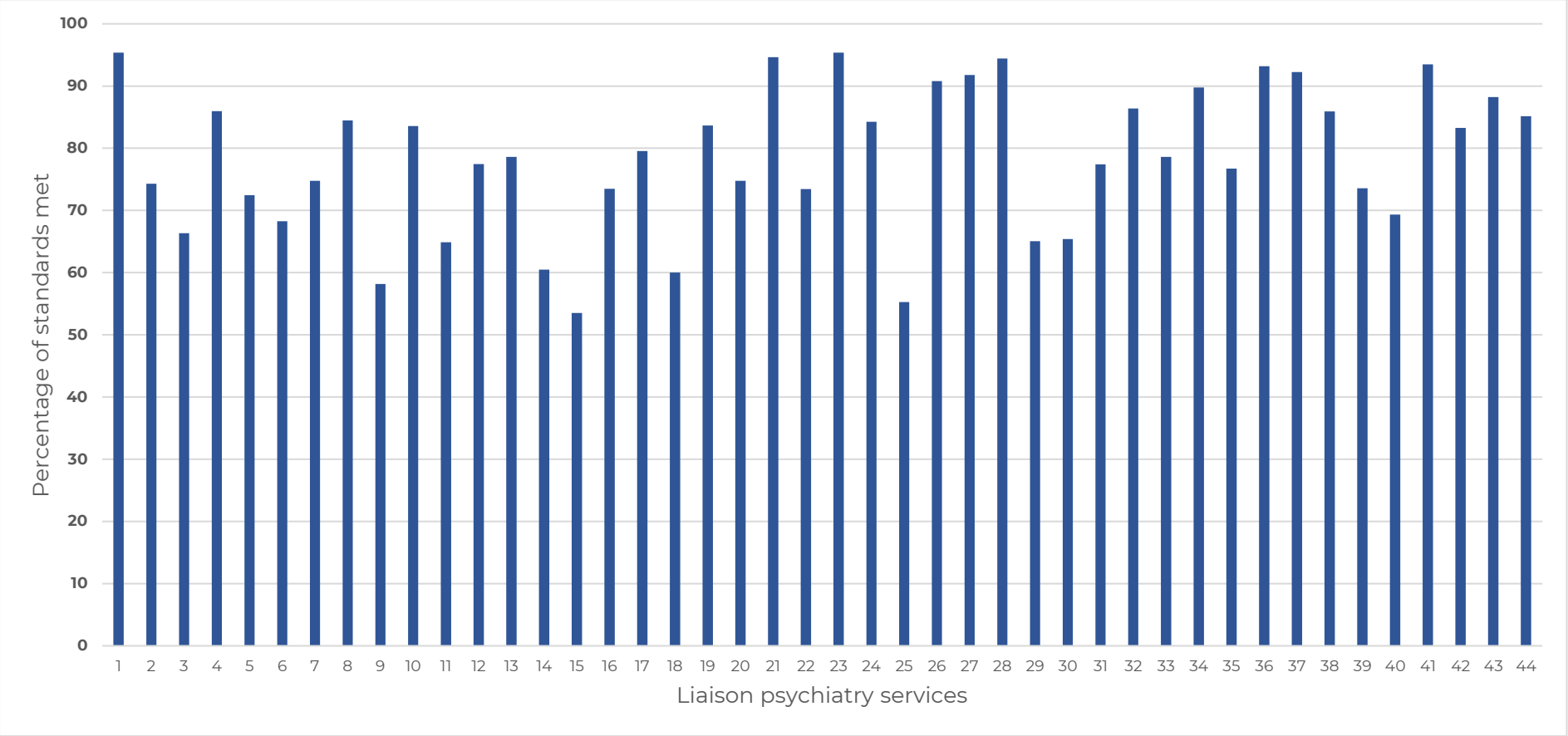


Figure 1. The graph above shows the percentage of standards met overall by each team

On average teams, met 79% of type 1 standards

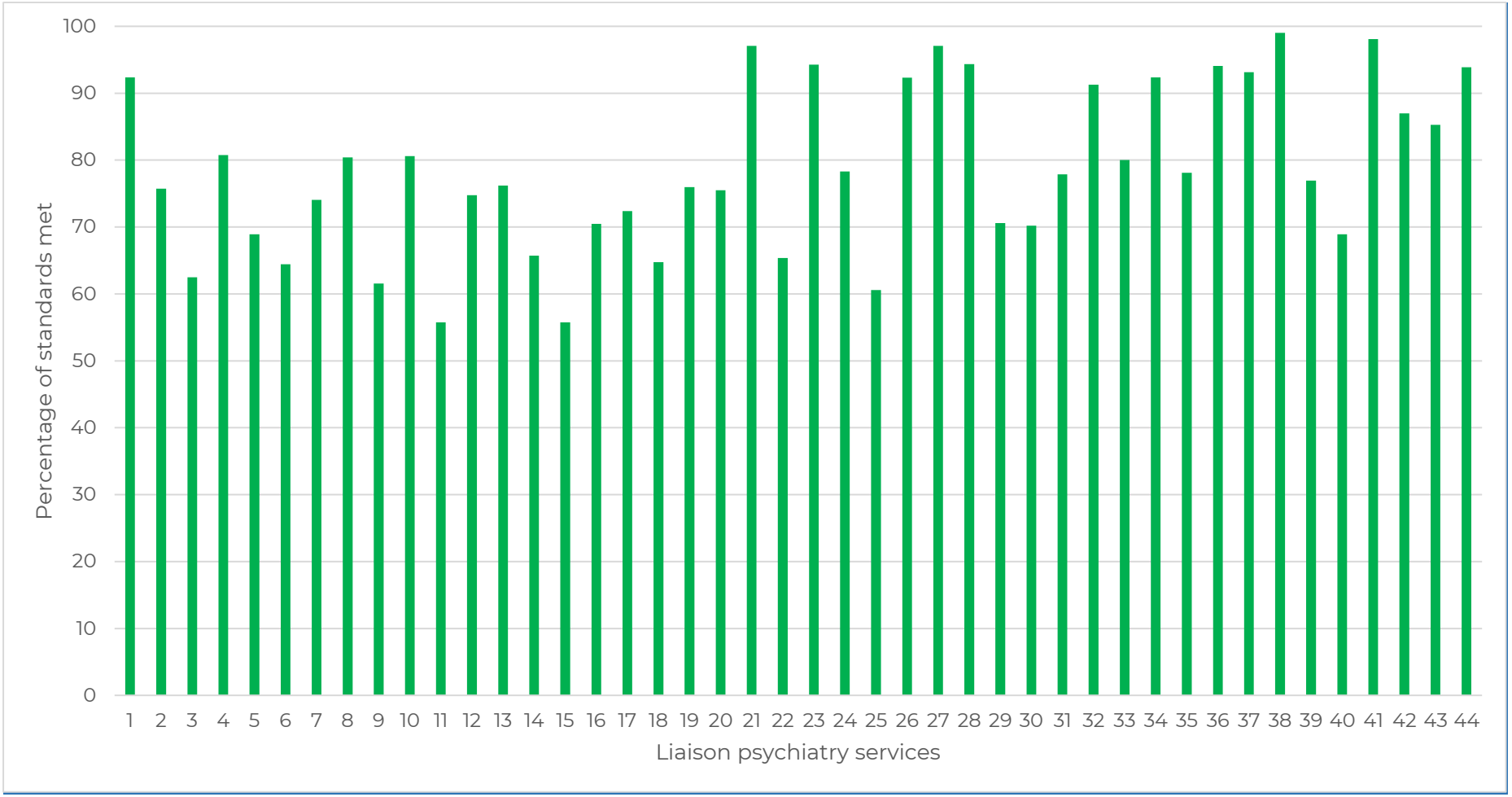


Figure 2: The graph above shows average percentage of type 1 standards met by each team.

On average, teams met 81% of type 2 standards

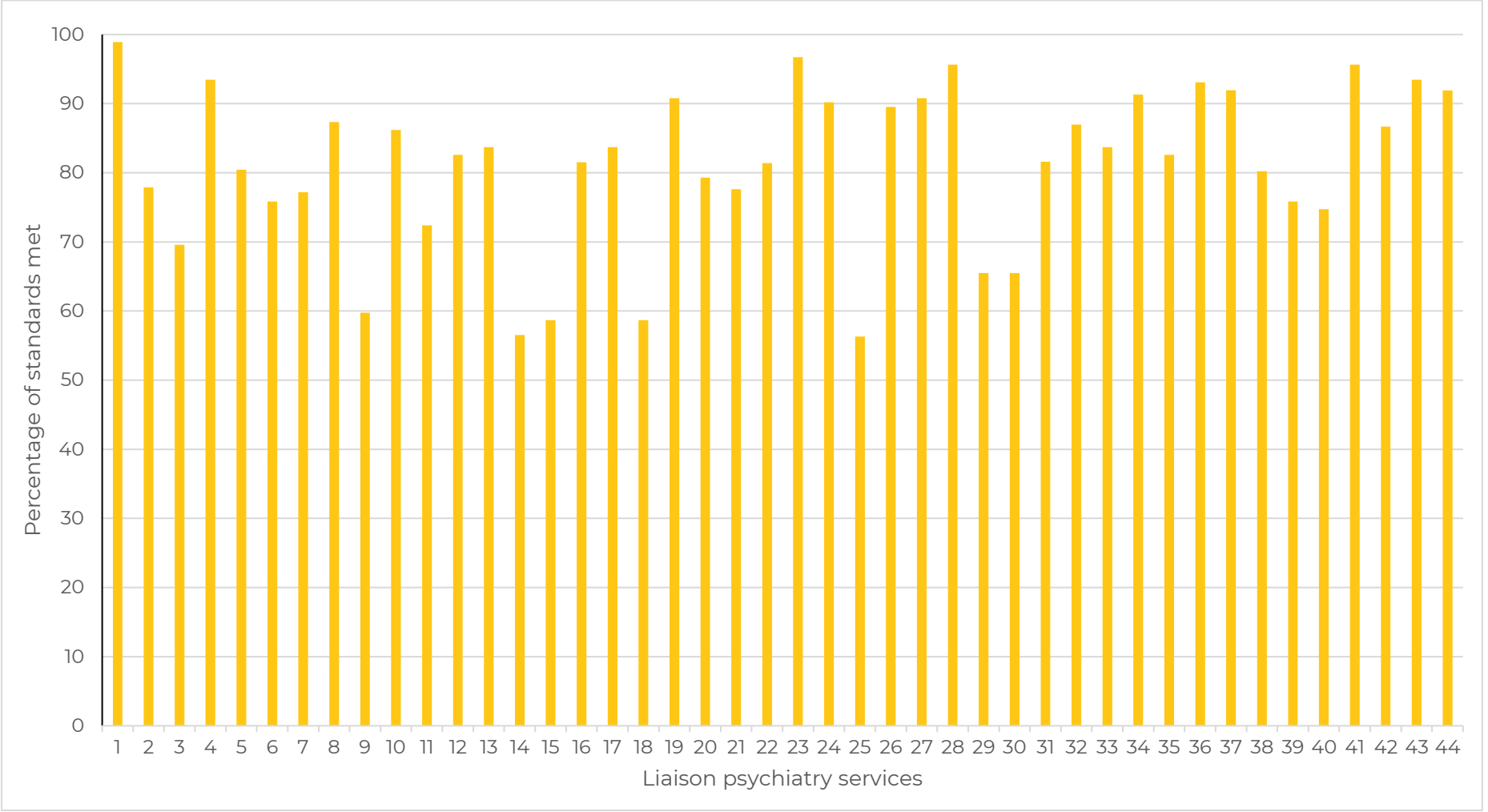


Figure 3. The graph above shows average percentage of type 2 standards met by each team.

On average, teams met 63% of type 3 standards.

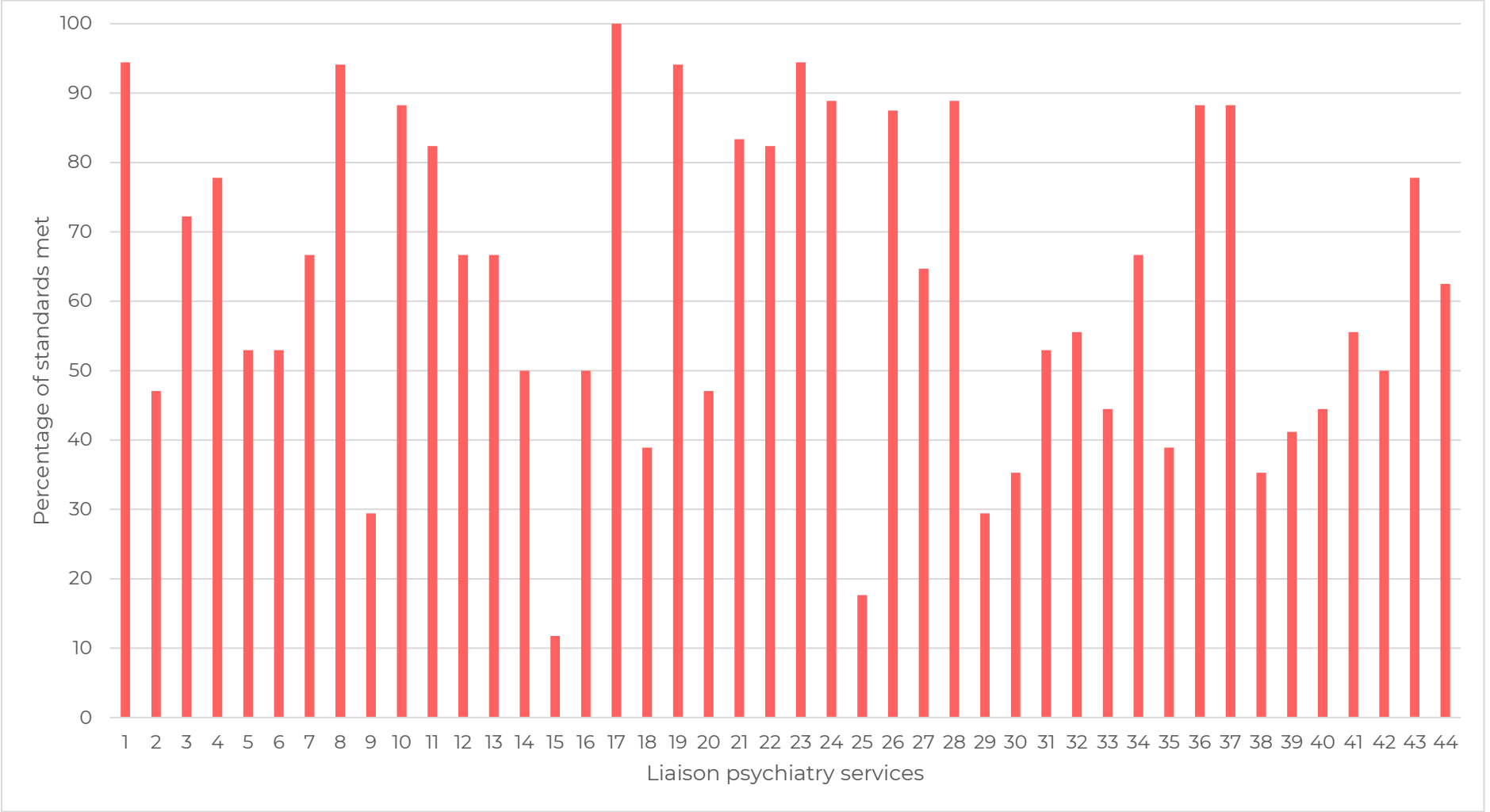
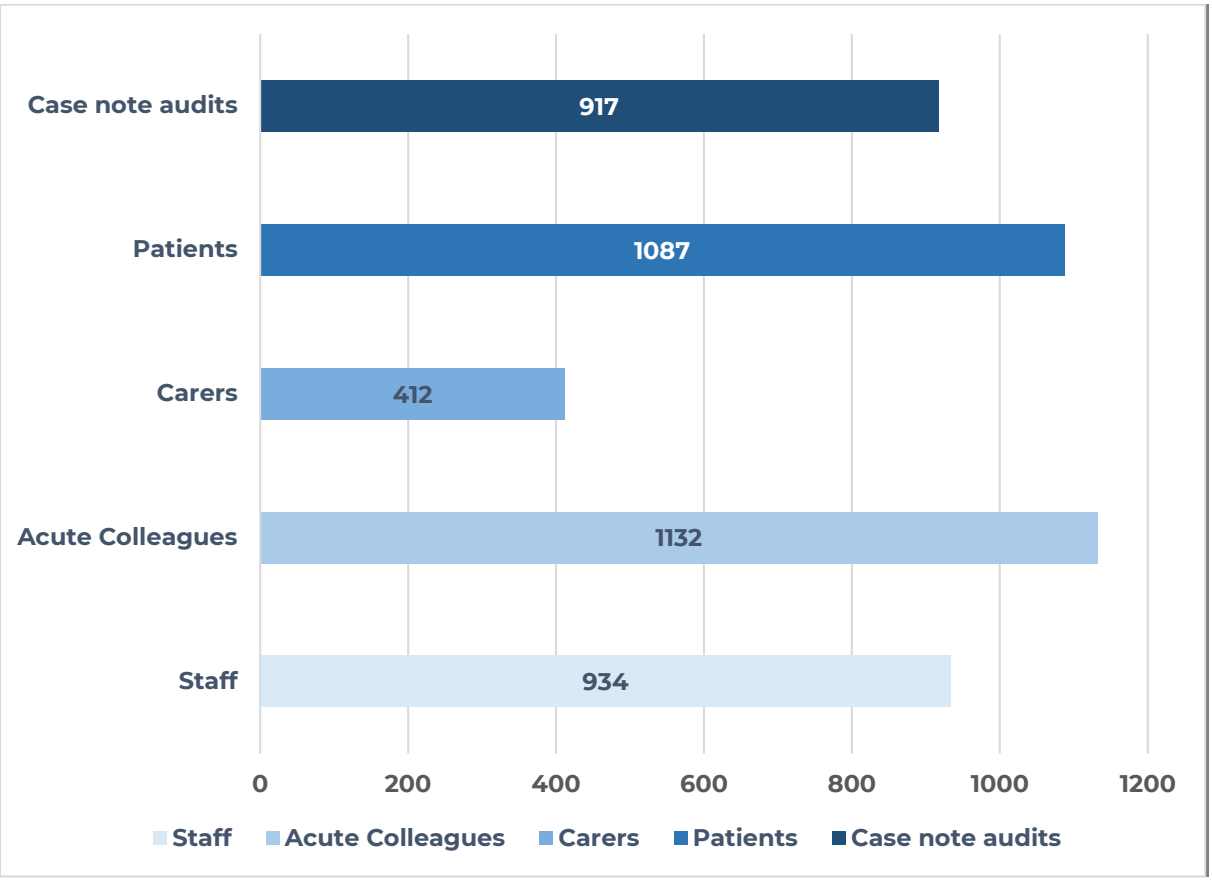


Figure 4. The graph above shows average percentage of type 3 standards met by each team.

Questionnaire totals

The below graph shows the total number of questionnaires collected by all 44 teams included in this report.



On average, liaison psychiatry teams collected:

- 22 staff questionnaires
- 27 acute colleague questionnaires
- 26 patient questionnaires
- 22 case note audits
- 10 carer questionnaires

Contextual Information

PLAN collects a variety of contextual information about services. This information is submitted by each liaison service during the self-review period.

The information collected includes:

1. Age groups services work with (Working age, older adults and young people)

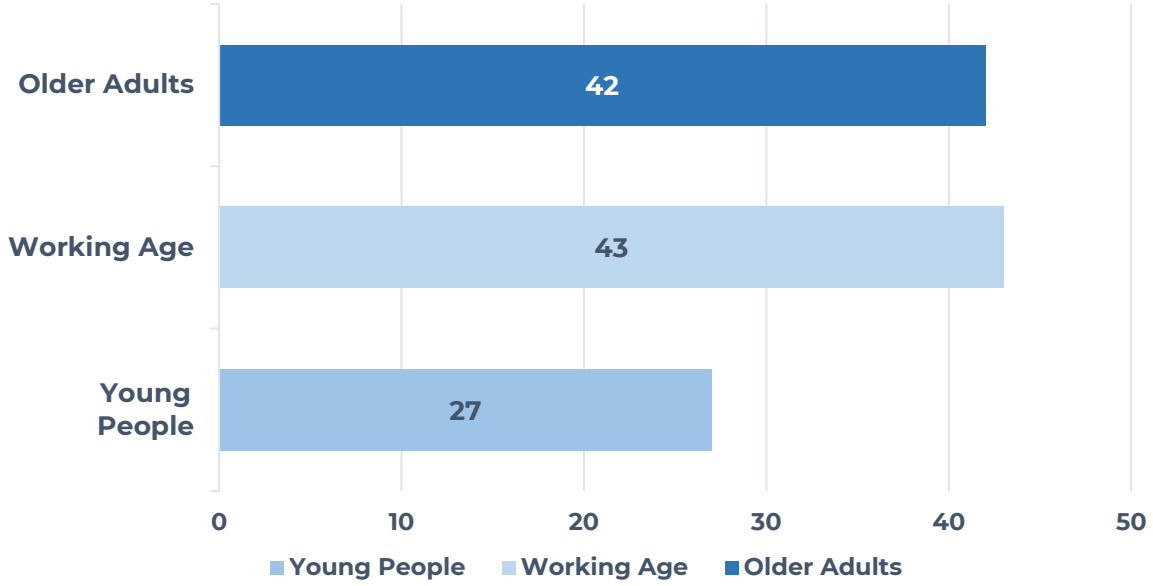
2. Departments the liaison team provide a service to within their own hospital

3. The number of teams that are 24/7 services

4. The staffing composition of liaison teams

Age groups seen by teams

The below graph shows the totals of the age groups seen by the 44 services included in this report.

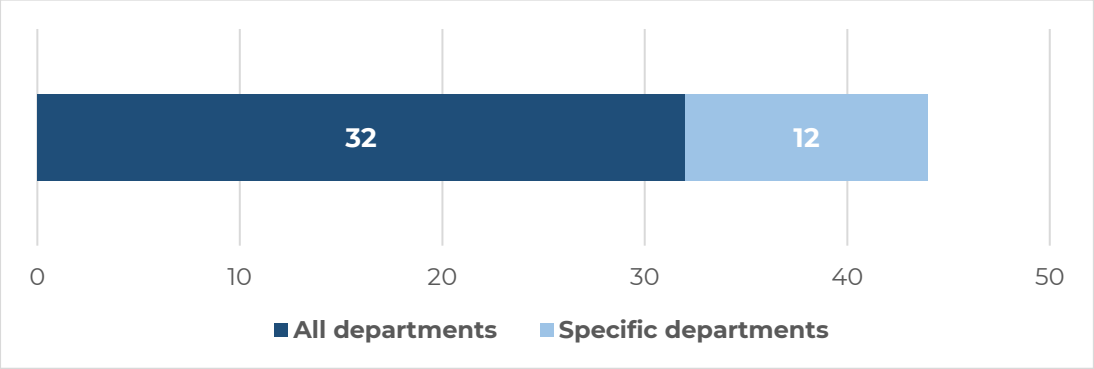


Of the 43 teams providing a service to working age individuals, 42 work with older adults and 27 work with young people.

Of the 44 services included, one does not provide a service to working age individuals as it is an older adults liaison psychiatry service only.

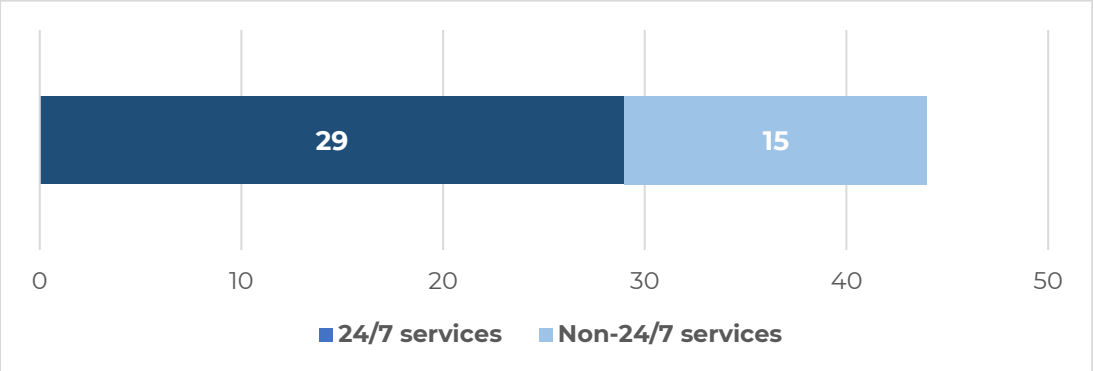
Departments the liaison team feeds into

The below graph shows 73% of liaison teams feed into all departments of the hospital, with 27% feeding into specific departments only.



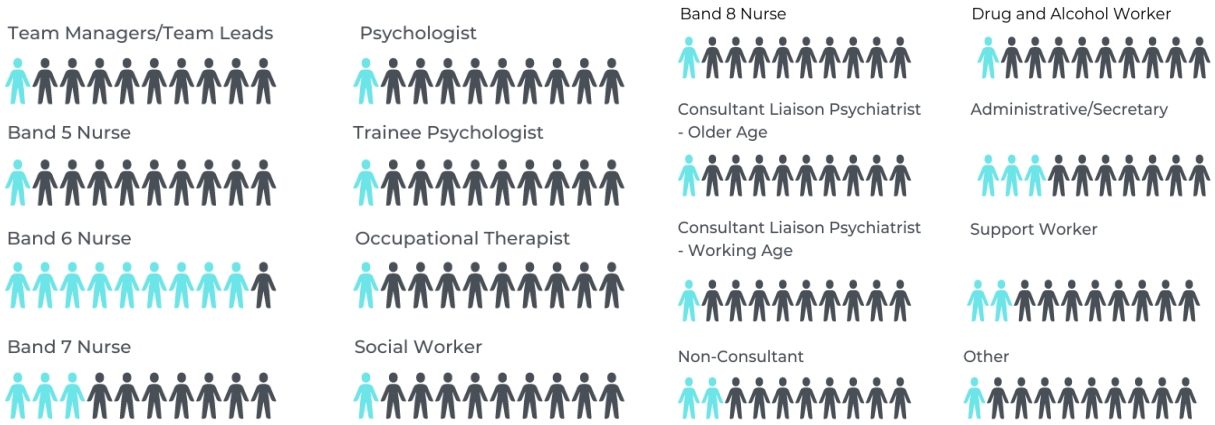
24/7 services

The below graph shows 66% of liaison teams operate a 24 hour, 7 days a week service.



Staffing

The below infographic shows the average number of whole-time equivalent staff per profession at the services included in this report *(closest to the nearest whole number)*.

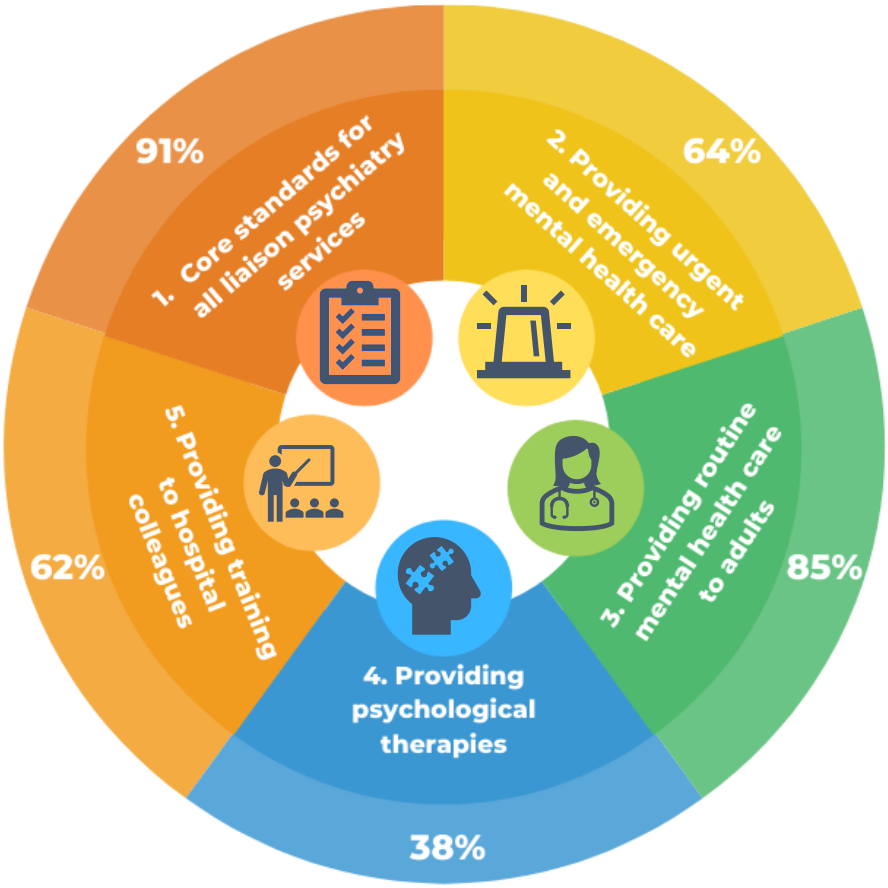


Number WTE averages for each profession across all services:					
1.2	Team Manager/Team Lead	**1.1**	Consultant Liaison Psychiatrist Working Age	**0.2**	Social Worker
0.7	Band 5 Nurse	**1.6**	Non-Consultant	**0.4**	Drug/Alcohol Worker
9.4	Band 6 Nurse	**0.2**	Trainee Psychologist	**2.5**	Admin/Secretary
3.3	Band 7 Nurse	**0.5**	Psychologist (Qualified)	**1.4**	Support Worker
0.2	Band 8 Nurse	**02**	Occupational Therapist	**0.4**	Other
0.7	Consultant Liaison Psychiatrist Older Age				

Standard Domains

The below infographic shows the average percentage of met standards in each of the five standard domains.

A breakdown of all domains, and the most and least met standards in each is included in the next section of this report.



Domain One: Core standards for all liaison psychiatry services

Key Achievements: *Most commonly met standards*

There are a total of 142 standards in this domain. 91% of these standards were rated as met following the team's peer-review.

Below are examples of the most frequently met standards in this domain, as well as quotations from patients and carers.

100% of services discuss the purpose and outcome of the risk assessment with the patient and family, friend or carer if appropriate, and a management plan is formulated jointly.

Within 100% of services, staff members and patients feel confident to contribute to and safely challenge decisions.

100% of services have provided training for their staff teams 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).

> ***The staff cared for all of me, not just a part of me.***
>
> *Patient*
>
> ***The staff spent time discussing my issue and provided me with information on the liaison team.***
>
> *Patient*

Achievements:

There are 43 of 142 standards within this domain met by 100% of teams.

The majority of these are in the section *'Staffing, support and communication'*, showing the satisfaction of staff within their teams, which was also reflected by positive staff feedback.

Key Improvements: *Most commonly not met standards*

Of the 142 standards in this domain, 9% were not met following the teams peer-review.

100% of teams marked this domain as applicable.

Below are examples of the least met standards in this domain, as well as quotations relating to these standards from patients and carers.

20% of services offered patients and family members, friends or carers a leaflet describing the role of the liaison service.

25% of services offer patients a written summary of the assessment and what will happen next.

23% of patients are asked if they and their family member, friend or carer wish to have copies of letters about their health and treatment.

> ***More information would give us more confidence in the service our loved one would receive whilst we are absent.***
> *Carer*

> ***I would have found it very helpful to have everything we discussed in writing.***
> *Patient*

Recommendations:

1. **A leaflet describing the role of the liaison team should be offered to all patients and family members/carers. Teams could include a check box in the assessment template to prompt staff to offer the leaflet.**

2. **Services could include a checkbox against patients' notes to be completed once they have been offered a written summary of their assessment, and the next steps in their care.**

Domain Two: Providing urgent and emergency mental health care

Key Achievements: *Most commonly met standards*

There are a total of 7 standards in this domain. 64% of these standards were rated as met following the teams peer-review.

100% of teams marked this domain as applicable.

Below are examples of the most frequently met standards in this domain, as well as quotations from patients and carers.

100% of services have a clinical member of staff available to discuss emergency referrals during the team's operational hours.

100% of liaison staff do not automatically refuse to assess patients who are intoxicated with illicit drugs or alcohol.

74% of services see patients referred for urgent mental health care from inpatient wards within 24 hours of referral.

There is a room that is private to talk, and I always feel like they have helped me when I have seen them.
Patient

Although I had to wait, they gave me all the time I needed to talk. I didn't feel like there was a time pressure to finish the appointment.
Patient

They listened respectfully and didn't judge, the room chosen for the assessment was good.
Patient

Achievements:

1. **The majority of teams have the resources to discuss and manage emergency referrals, both inside and outside the hospital, and that emphasis is placed on ensuring this is robust.**

2. **All services are consistent on their approach to those who are intoxicated, and ensure they receive the care necessary to their needs at the time.**

Key Improvements: *Most commonly not met standards*

Of the 7 standards in this domain, 36% were not met following the team's peer-review.

Below are examples of the least met standards in this domain, as well as quotations from patients and carers.

60% of services see patients referred for emergency mental health care from inpatient wards within one hour of referral.

5% of services have access to facilities and equipment for conducting high risk assessments.

(See page 25 for more information and further recommendations on this standard).

70% of patients referred for mental health care by the Emergency Department are seen within one hour of referral.

> ***The room needed a window, also I noticed that the room had exposed electrical sockets.***
> *Patient*

> ***The waiting time was very long and I wasn't told how long it would be.***
> *Patient*

Recommendations:

1. **Use referral data to identify any patterns in response times to ensure breaches are addressed.**
2. **Data provided to PLAN during the peer-review process should clearly state the source of referrals, as well as the time and percentage of compliance against the expected waiting times.**
3. **Standard 22.1 regarding the provision and use of high-risk assessment rooms is the least met standard, throughout all domains. Refer to page 25 for detailed recommendations on this.**

Domain Three: Providing routine mental health care to adults

Key Achievements: *Most commonly met standards*

There are a total of 8 standards in this domain. 85% of these standards were rated as met following the teams peer-review visit.

100% of teams marked this domain as applicable.

Below are examples of the most frequently met standards in this domain.

100% of teams have access to training on the role of the different health and social care professionals, staff and agencies involved in the delivery of care to older people.

95% of teams have access to training on detecting and managing depression in older people.

95% of teams have access to training on referral pathways and joint working arrangements with local health and social care services for older people.

Achievements

1. **The majority of teams are able to access training in detecting and managing delirium in older people and detecting and managing dementia in older people.**
2. **Training for staff on the care of older people is consistent across teams.**

Key Improvements: *Most commonly not met standards*

Of the 8 standards in this domain, 15% were not met following the teams peer-review visit.

Below are examples of the least met standards in this domain, as well as quotations from patients and carers.

72% of patients referred for routine mental health care are seen within 48 hours.

Staff within 82% of services have received training in undertaking a cognitive assessment of a patient with cognitive impairment.

79% of services have a designated lead for older people's mental health who attends a forum which meets quarterly, and includes the discussion of key operational, clinical and governance issues including safety.

Once we were seen by the liaison team, things improved. We were left for too long in A&E without any psychiatric care as there was no one present in the hospital and no one was called in emergency.

Carer

Recommendations

1. **Liaison psychiatry teams should regularly collect referral data to identify patterns in response times, and ensure breaches are addressed.**
2. **Liaison psychiatry teams should nominate a member of staff to be a designated lead for older people's mental health, to ensure links with older people's services and forums are established and practice is up-to-date.**
3. **Develop a rolling training programme available for liaison staff which patients and carers are invited to collaborate on where possible.**
4. **Training on undertaking cognitive assessment of a patient with cognitive impairment or learning disability should not only focus on autism.**

Domain Four: Providing psychological therapies

There are a total of 7 standards in this domain.

For 50% of teams included in this domain, this section of standards was not applicable. Of those for which they were applicable, 75% of these standards were rated as met following the teams peer-review.

Below are examples of the most frequently met standards in this domain, as well as quotations from liaison staff.

Key Achievements: *Most met standards*

86% of liaison services provide brief, time-limited, evidence-based psychological therapies.

86% of teams are able to access sufficient space in the hospital to deliver interventions safely.

In 82% of services, all staff members who deliver therapies and activities are appropriately trained and supervised.

Achievements

1. **Staff who deliver psychological therapies are largely satisfied with the training and supervision they receive, and feel supported with difficult cases.**

2. **The majority of teams are able to access suitable spaces across the hospital for assessments of patients.**

> ***I feel very supported through my supervision to provide the interventions I am able to offer.***
> *Staff*

> ***I find clinical supervision a benefit when discussing longer term cases.***
> *Staff*

Key Improvements: *Most unmet standards*

Of the 7 standards in this domain, 25% were not met following the teams peer-review visit.

Below are examples of the least met standards in this domain, as well as quotations from liaison psychiatry staff.

46% of services routinely collect outcome data to determine the effectiveness of the interventions provided.

52% of services offer longer term psychological therapies.

71% of services actively follow up patients who did not attend an appointment with the liaison team.

It would be helpful to have supervision from a staff member who is familiar with liaison psychiatry.
Staff

I would find it helpful to have additional support on psychological formulation for frequent attenders.
Staff

Recommendations

1. Outcome data should be reviewed regularly to assess the effectiveness of the interventions/therapies. This data could be used to identify any gaps in provision offered to patients.

2. If the liaison team are unable to offer longer term psychological therapies, ensure links are developed with teams within the acute trust or external organisations who are able to provide this support.

3. Teams should follow-up with patients who do not attend appointments with the liaison team to ensure any risks are mitigated and patients are supported.

Domain Five: Providing training to hospital colleagues

Key Achievements: *Most met standards*

There are a total of 22 standards in this domain. 62% of these standards were rated as met following the teams peer-review.

Below are examples of the most frequently met standards in this domain as well as quotations relating to these standards from acute colleagues.

84% of services have provided a range of training to hospital professionals in the past 12 months including on the use of mental health legislation.

81% of services evaluate the effectiveness of the training delivered.

82% of liaison services have provided support and supervision to acute colleagues, including providing informal supervision, such as case reviews and multi-disciplinary discussions.

Achievements

1. **Liaison teams have consistently offered a rolling training programme on a variety of topics to their acute colleagues in the twelve months preceding their peer-review.**
2. **Junior doctors are provided with consistent training with liaison teams.**
3. **Services have made adaptations to the training they offer as a result of evaluations conducted.**

Much of it is informal, but [they] are very keen to educate junior staff at induction and through their placements formally.
Acute colleague

Training I have received has been well structured and relevant.
Acute colleague

It has been useful to have case studies that we discuss to learn from.
Acute colleague

Key Improvements: *Most unmet standards*

There are a total of 22 standards in this domain. 38% of these standards were rated as not met following the teams peer-review.

Below are some of the least commonly met standards in this domain.

20% of services provided protected time for reflective practice meetings with acute colleagues.

34% of services provided training on the awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness.

36% of services provided training on the impact of cultural differences on mental health and use of services.

Recommendations

1. **Liaison teams should consider the benefits of offering regular time for reflective practice with acute colleagues. Reflective practice should be organised as soon as possible following any serious untoward incidents.**

2. **Training provided to acute colleagues should be recorded and made available for staff to watch at any time. Patients and carers should be involved in developing and/or delivering this training.**

High-risk assessment room

The least met PLAN standard is standard 22.1 [1].

'The liaison team has access to facilities and equipment for conducting high risk assessments.'

On average, standard 22.1 was met by only 5% of teams following their peer-review visit. This means that, out of a total of 40 teams, two had a high-risk assessment room with sufficient facilities and equipment for conducing high risk assessments.

Key Guidance

The high-risk assessment room must provide a calm environment for patients and carers.

The room should be painted with a relaxing colour to provide a calming effect for patients (e.g. blue, white, or green).

Teams should consider working with patients and carers to choose decorations for the room. Notable high risk assessment rooms often include a mural or painting chosen and/or decorated by patient or carer representatives.

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.

Staff should be able check in to the room from outside through either a observational panel or window, however there must still be a level of privacy for the patient and carer. Windows/panels may include adjustable blinds or be partially obscured glass.

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.

Teams must provide PLAN with a copy of their ceiling risk assessment.

Teams should be aware of suspended and drop ceilings. Panels in these ceilings can be lifted and patients can crawl in the space above.

Not have any ligature points.

The room must be ligature free. Doors and door handles must be anti-ligature. There should be no door closers, wires, pipes or items significantly protruding from walls. Staff members continuously observing patients is not a satisfactory method of mitigating ligature risks.

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;

Furniture cannot be sharp edged and must be heavy weighted to not cause harm for the patient, carer or staff member. Rooms should include at minimum 3 chairs - one for the patient, one for the staff member and one for a family member/carer.

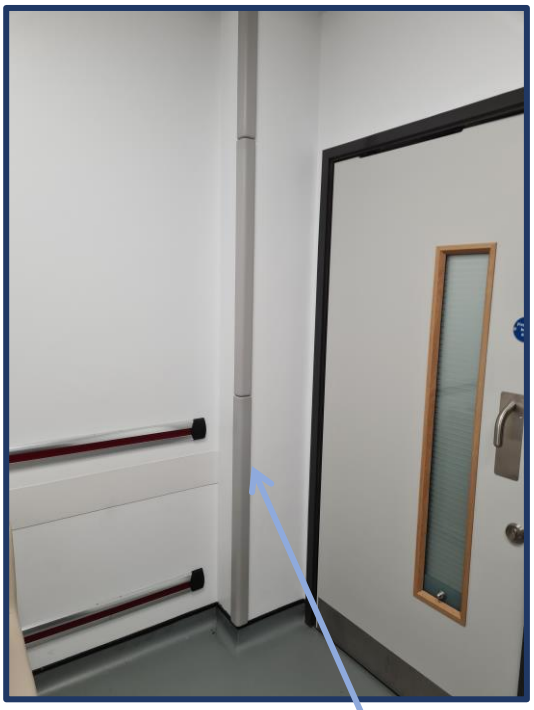
Any protruding corners of walls **must** be covered with **rounded corner protectors,** to reduce harm for the patient.

Photo Examples

Mural

Privacy blinds

Outward opening door



Rounded corner protectors

Photos courtesy of Gateshead Psychiatric Liaison Older People's Team, Gateshead Psychiatric Liaison Team

Appendix 1: List of services included in this report

Service name:
North Bristol Mental Health Liaison Team
Peterborough City Hospital Liaison Psychiatry Service
Milton Keynes Mental Health Hospital Liaison Service
Bristol Royal Infirmary Liaison Psychiatry Service
Arden Mental Health Acute Team
Sunderland Royal Hospital Psychiatric Liaison Team
Northumberland and North Tyneside Psychiatric Liaison Team
Good Hope Hospital Liaison Psychiatry Team, Birmingham
Worcestershire Royal and Alexandra Hospitals Mental Health Liaison Service
Swansea Department of Liaison Psychiatry
Northampton General & Kettering General Hospitals Acute Liaison Mental Health Service
Hammersmith and Fulham Liaison Service
King's College Hospital Department of Psychological Medicine
St Mary's Hospital Department of Liaison Psychiatry
Central Middlesex & Northwick Park Hospitals Liaison Psychiatry Team
Mersey Care (Royal Liverpool, Southport District & Aintree Hospitals)
St George's Hospital Liaison Psychiatry Service
North Middlesex Mental Health Liaison Service
Lister Mental Health Liaison Team
Addenbrookes Hospital Liaison Psychiatry Service
Barnet Hospital Mental Health Liaison Service
Ealing Liaison Psychiatry Team
Heartlands Liaison Psychiatry Team
Newcastle Psychiatric Liaison Team
Hounslow Liaison Psychiatry Team
Guys and St Thomas' Hospitals Mental Health Liaison Team
St Helier Hospital Liaison Psychiatry Service
Leeds Liaison Psychiatry Service
Newham Mental Health Liaison and Psychological Medicine Team
Gateshead Psychiatric Liaison Team (Working Age)
The Royal Surrey Hospital Psychiatric Liaison Service
St Peters Hospital Psychiatric Liaison Service
Frimley Park Hospital Psychiatric Liaison Service
Epsom Hospital Psychiatric Liaison Service
The Queen Elizabeth Hospital Kings Lynn Mental Health Liaison Service
Sheffield Liaison Psychiatry Team
Royal Berkshire Hospital Psychological Medicine Service
East Berkshire Psychological Medicine
John Radcliffe and Horton Hospitals Psychological Medicine Department
Birmingham City Hospital Liaison Psychiatry Team
Chelsea and Westminster Liaison Psychiatry Team
Royal Cornwall Adult Liaison Psychiatry Service and Complex Care and Dementia Service
East Surrey Hospital Psychiatric Liaison Team
Queens Medical Centre Department of Psychological Medicine (Working Age), Nottingham

Appendix 2: Summary of peer-review scores

Totals across all 44 services included			
	Met	Not Met	Not Applicable
Domain One			
Service planning, commissioning and resources			
1.1	44	0	0
1.2	42	2	0
1.3	42	2	0
1.4	38	6	0
2.1	37	7	0
2.2	43	1	0
Referral procedures			
3.1	36	8	0
3.2	41	3	0
3.3	37	7	0
3.4	37	7	0
3.5	30	14	0
3.6	38	6	0
3.7	37	7	0
Mental health assessment and care planning			
4.1	17	27	0
4.2	41	3	0
4.3	28	16	0
5.1	17	27	0
5.2	17	27	0
5.3	18	26	0
5.4	16	28	0
5.5	37	7	0
5.6	28	16	0
5.7	44	0	0
5.8	33	11	0
5.9	35	9	0
5.10	35	9	0
5.11	38	6	0
6.1	44	0	0
6.2	44	0	0
6.3	41	3	0
6.4	24	20	0
6.5	43	1	0
6.6	44	0	0

6.7	33	11	0
6.8	16	28	0
6.9	34	10	0
7.1	18	26	0
7.2	18	26	0
7.3	17	27	0
7.4	17	27	0
7.5	13	31	0
7.6	12	32	0
7.7	16	28	0
7.8	11	33	0
7.9	16	28	0
7.10	17	27	0
8.1	34	10	0
8.2	20	24	0
8.3	20	24	0
8.4	13	31	0
8.6	42	2	0
8.7	19	25	0
8.8	19	24	1
8.9	19	24	1
8.10	37	7	0
8.11	29	15	0
9.1	17	27	0
9.2	23	21	0
9.3	17	27	0
9.4	39	5	0
9.5	44	0	0
9.6	41	3	0
10.1	17	27	0
10.2	44	0	0
10.3	19	25	0
11.1	31	13	0
Collaborative working in the general hospital			
12.1	44	0	0
12.2	42	1	1
12.3	40	3	1
12.4	43	0	0
12.5	43	1	0
12.6	33	11	0
12.7	44	0	0
12.8	9	17	18
12.9	39	5	0
12.10	13	9	22
Interfaces with other services			
13.1a	43	1	0

13.1b	36	8	0
13.1c	43	1	0
13.1d	42	2	0
13.1e	40	1	3
13.1f	42	2	0
13.2	16	28	0
13.3	31	12	1
13.4	21	23	0
13.5	40	4	0
Staffing, support and communication			
14.1	36	8	0
14.2	42	2	0
14.3	43	1	0
14.4	41	3	0
14.5	39	5	0
14.6	44	0	0
14.7	42	2	0
15.1	42	2	0
15.2	43	1	0
15.3	44	0	0
15.4	44	0	0
15.8	35	9	0
15.5	42	0	2
15.6	44	0	0
15.7	40	4	0
15.9	33	11	0
15.10	33	11	0
15.11	44	0	0
15.12	42	2	0
15.13	44	0	0
15.14	44	0	0
15.15	34	1	0
16.1	37	7	0
16.2	43	1	0
16.3	44	0	0
17.1	42	2	0
17.2	37	7	0
17.3	40	4	0
17.4	29	0	15
17.5	40	4	0
17.6	44	0	0
17.7	44	0	0
17.8	40	4	0
17.9	43	1	0
17.10	42	2	0
18.1.1	44	0	0

18.1.2	42	2	0
18.1.3	32	12	0
18.1.4	44	0	0
18.1.5	34	9	0
18.1.6	43	1	0
18.1.7	44	0	0
18.1.8	44	0	0
18.1.9	44	0	0
18.1.10	44	0	0
18.1.11	40	4	0
18.1.12	13	16	15
18.1.13	41	3	0
18.1.14	44	0	0
18.1.15	43	1	0
18.1.16	44	0	0
18.1.17	44	0	0
18.1.18	43	1	0
18.1.19	44	0	0
18.1.20	44	0	0
18.1.21	37	7	0
18.1.22	33	11	0
18.1.23	43	1	0
18.1.24	37	7	0
18.1.25	35	9	0
18.1.26	42	2	0
18.1.27	41	3	0
18.1.28	33	11	0
18.1.29	30	14	0
18.1.30	25	19	0
18.2	42	2	0
18.3	43	1	0
19.1	19	25	0
19.2	36	8	0
19.3	21	23	0
19.4	27	17	0
19.5	34	10	0
Quality, Audit and Governance			
20.1	44	0	0
20.2	43	1	0
20.3	44	0	0
20.4	16	28	0
20.5	44	0	0
20.6	42	2	0
20.7	41	3	0
20.8	44	0	0
20.9	35	9	0

20.10	44	0	0
20.11	44	0	0
20.12	44	0	0
20.13	44	0	0
20.14	41	3	0
Domain 2: Providing urgent and emergency mental health care			
21.1	44	0	0
21.2	30	13	1
21.3	26	17	1
21.4	32	11	1
21.5	44	0	0
21.6	32	11	1
22.1	2	42	0
Domain 3: Providing routine mental health care to adults			
23.1	30	9	5
23.2	37	7	0
24.1	39	4	1
24.2	40	3	1
24.3	41	2	1
24.4	37	6	1
24.5	43	0	1
24.6	41	2	1
Domain 4: Providing psychological therapies			
25.1	19	3	22
25.2	13	9	22
25.3	19	3	22
25.4	19	4	21
25.5	11	11	22
25.6	18	4	22
25.7	17	5	22
Domain 5: Providing training to hospital colleagues			
26.1	30	13	1
26.2	34	9	1
26.3	36	7	1
27.1	31	11	2
27.2	33	9	2
27.3	34	8	2
27.4	36	6	2
27.5	34	8	2
27.6	32	10	2
27.7	30	12	2
27.8	29	13	2
27.9	25	17	2

27.10	28	13	3
27.11	20	21	3
27.12	20	22	2
27.13	16	26	2
27.14	17	25	2
27.15	24	18	2
27.16	19	23	2
27.17	26	16	2
28.1	37	7	0
28.2	10	34	0

Appendix 3: Members Survey 2020 Feedback

Total 26 teams included in members survey *(Note: not all teams responded to all questions)*					
Question	**Total of "1" scores**	**Total of "2" scores**	**Total of "3" scores**	**Total of "4" scores**	**Total of "5" scores**
How did you find entering the self-review data? (1 = very difficult, 5 = very easy). *Note: not all participants of the survey completed the self-review data.*	0	4	5	6	5
How did you find the requirements for the surveys? (1 = very difficult, 5 = very easy)	1	3	10	5	2
How helpful were the weekly self-review update emails? (1 = very unhelpful, 5 = very helpful)	1	0	3	8	6
Did you feel supported by the network team? (1 = not at all, 5 = very much)	1	0	4	8	6
Overall, how did you find the self-review process? (1 = very difficult, 5 = very easy)	0	4	6	6	3
Was the information you received before the peer-review visit helpful? (1 = very unhelpful, 5 = very helpful)	0	2	4	11	7
Was it clear what you needed to do to prepare for the peer-review day? (1 = not clear at all, 5 = very clear)	0	1	4	9	11
Did you find the peer-review day supportive and helpful? (1 = very unhelpful, 5 = very helpful)	1	1	2	6	13
Overall, how valuable did you find the peer-review day? (1 = not valuable at all, 5 = very valuable)	1	1	3	6	12
Did you find the report easy to understand and navigate?	0	3	6	10	5

(1 = very difficult, 5 = very easy)					
How useful was your service level report? (1 = not useful at all, 5 = very useful)	0	4	4	9	8
Was the report clear? (1 = not clear at all, 5 = very useful)	0	4	4	7	10
Would you consider the length of your report to be:	'Too short': 1 response	About right': 15 responses	"Too long': 7 responses		
Did you find it easy to submit evidence for the AC? (1 = not easy at all, 5 = very easy)	0	4	6	13	1
Was it clear if the team received a decision of 'deferral', what standards were outstanding? (1 = not clear at all, 5 = very clear)	0	2	3	10	7
Was it clear what the team needed to do to meet the outstanding standard(s)? (1 = not clear at all, 5 = very clear)	2	3	6	8	6
Overall, how valuable did you find the report? (1 = not valuable at all, 5 = very valuable)	1	2	4	9	8
How valuable do you find it being a member of the network? (1 = not valuable at all, 5 = very valuable)	4	1	4	5	13

Overall themes of feedback comments:

Liaison teams appreciate the opportunity to liaise with other services, ask questions, and share ideas and good practice during peer-reviews.

Liaison teams find PLAN events engaging and helpful to their continued professional development. Teams also appreciate having free places for all PLAN events as a membership benefit.

Liaison services commented that they find the PLAN discussion group helpful to engage with others, and ask questions at any time.

Some liaison teams have at times found it difficult to engage in membership benefits, other than the peer-review, due to time constraints.

Appendix 4: PLAN 5th Edition Standards

Domain 1: Core standards for all liaison psychiatry services

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

Referral procedures				
The liaison team provides an effective service to referrers				
3.1	1	Clear information is made available, in paper and/or electronic format, to healthcare practitioners on: • A simple description of the service and its purpose; • Clear referral criteria; • How to make a referral; • Clear clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for the service, including emergency and out-of-hours details; • Escalation process for accessing emergency advice and support.	9.3g	[1]
3.2	2	There is a single point of access/referral process for acute colleagues.		[1] [2]
3.3	1	The team provides referrers with information and advice between initial referral and assessment. *Guidance: This includes updates on the waiting times for assessments and any delays. If a referral is not accepted, the team advises the referrer on alternative options.*	9.3g	[1] [4]
3.4	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 patients' history (including risk) and how to manage patients.*	12.2i	[4] [5]
3.5	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. *Guidance: This may include the referrer satisfaction scale as described in Framework for Routine Outcome Measures in Liaison Psychiatry (FROM-LP).*		[1]
3.6	3	Liaison staff proactively seek referrals and raise awareness of the liaison team, for example through visiting wards, providing staff training and promoting the liaison team at multi-disciplinary meetings.		[6]

3.7	1	There is a clear pathway for referrers to access advice from a consultant psychiatrist, during the liaison team's normal working hours. *Guidance: This may be through the liaison team or another mental health service.*		[2] [5]
Mental health assessment and care planning				
Mental health assessments take place in an appropriate and safe environment *Guidance:* • *Teams operating across multiple sites must have access to acceptable facilities at all sites.* • *Sufficient private space should exist to ensure that patients and liaison staff do not have to travel far through the hospital to find a room suitable for assessment.* • *The use of a curtain around a patient's bed does not ensure privacy and should only be used rarely, and as a last resort, i.e. if there is significant risk and no safe alternative room, or if it is not physically possible for the patient to be moved to a more private setting.*				
4.1	1	Where clinically appropriate, the team has access to, and use facilities to conduct assessments. *Guidance: These facilities offer dignity and visible privacy, and ensure that conversations cannot be easily overheard.*	10.1 10.2a 15.1c	[4]
4.2	1	The team has a procedure for estimating the level of risk involved in conducting an assessment. *Guidance: This includes:* • *Checking past notes and/or liaising with other services;* • *Discussion with the referrer;* • *An initial risk assessment carried out by the referring clinician including patient's awareness of, and willingness to engage in, assessment.*	12.2a	[4]

4.3	1	The team has a clear joint procedure for managing high risk assessments which is agreed and shared with acute colleagues. *Guidance: Written guidance includes:* • *A description of suitable facilities for high risk assessment in the emergency department (see 22.1);* • *Arrangements for alerting acute colleagues that the assessment is taking place, including where it is taking place;* • *Guidance on the frequency of checks and observations, depending on the nature of the concern;* • *Agreements about more experienced liaison or acute staff being present during the assessment, if appropriate;* • *Agreements for involving security staff where needed.*	12.2b	[4]
Mental health assessments are comprehensive, supportive and focus on patient needs				
5.1	2	Liaison staff and patients are satisfied with the length of time spent on assessments.		[3]
5.2	1	Liaison staff introduce themselves and explain the purpose of the assessment to the patient.		[1]
5.3	2	Patients feel listened to and understood in consultations with liaison staff.	10.1	[1]
5.4	2	If the patient presents with a companion, the patient is offered the choice of them being present during the assessment.		[7]
5.5	1	A clinical impression or working diagnosis and assessment of the patient's needs, strengths, skills and resources is recorded in their case notes. *Guidance: This should include their psychological and social needs and context, level of functioning and communication needs.*	9.3a 12.2a	[4] [5]

5.6	1	Every patient has a written plan of care reflecting their individual needs. *Guidance: This clearly outlines:* • *Crisis and contingency plans;* • *Strategies for self-management;* • *Any advance decisions or stated wishes that the patient has made;* • *A clear formulation which may include a diagnosis.* *A copy of the patient's plan of care is shared with the patient's GP, and family, friend or carer with patient consent.*	9.3b 9.3d 9.3e 9.3f 9.3g	[1] [3] [4] [5]
5.7	2	The liaison team is able to conduct dementia assessments, or signpost patients to a service that can do so. *Guidance: People who are assessed for the possibility of dementia are asked if they wish to know the diagnosis and with whom the outcome should be shared. This is clearly documented in the patient's notes.*		[8]
5.8	1	Patients' plans of care or discharge are communicated to acute colleagues and other services in a timely manner.	12.2i	[3]
5.9	1	The team gives targeted lifestyle advice to patients. This includes: • Smoking cessation advice; • Healthy eating advice; • Physical exercise advice; • Advice on alcohol or drug use; • Advice & guidance on the importance of maintaining activities of daily living and engagement in meaningful activities to promote quality of life.	12.2b	[1] [4]
5.10	2	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).		[1] [4] [5]
5.11	1	All assessments are documented, signed/ validated (electronic records) and dated by the assessing practitioner.	17.2c	[1]

Assessment includes consideration of issues around risk and mental capacity				
6.1	1	Capacity assessments are performed in accordance with current legislation.	9.3a	[1]
6.2	1	When patients lack capacity to consent to interventions, decisions are made in their best interests.	9.3a	[1]
6.3	1	Liaison professionals are available to advise colleagues on issues around mental capacity. *Guidance: It is not the sole responsibility of the liaison team to assess mental capacity; this should be undertaken by the medical professional proposing the action being taken. However, in complex or borderline cases, the liaison professional may be able to offer valuable insight, and should endeavour to do so.*		[3]
6.4	1	The liaison team has a written policy on managing different levels of risk. *Guidance: The policy should include guidance for:* • *Developing a risk management plan;* • *Procedures and timescales for communicating the plan to relevant colleagues.*	12.2a	[1]
6.5	1	The liaison team can access advocacy services, including PALS, Independent Mental Health Advocates, Independent Mental Capacity Advocates and Mental Health Act advocates.		[5]
6.6	1	The team discusses the purpose and outcome of the risk assessment with the patient and family, friend or carer if appropriate, and a management plan is formulated jointly.	9.3b 12.2b	[1]
6.7	1	Patients have a risk assessment and management plan which is clearly documented. *Guidance: The risk assessment may include some of the following:* • *Harm to self – e.g. current suicidal intent, hopelessness, ability to resist suicidal thoughts, depression and self-neglect;* • *Vulnerability - e.g. risk factors for older people and the protection of vulnerable adults, including people with learning disabilities;* • *Triggers to symptoms and behaviours;* • *Deterioration;* • *Absconding;* • *Non-adherence to treatment;* • *Harm to others, including safeguarding issues.*	12.2a	[3] [4] [5]

6.8	2	There are systems in place to take account of any advance decisions the patient has made.	11.1 13.4d	[1] [4]
6.9	1	The team follows a protocol to manage patients who discharge themselves against medical advice. This includes: • Recording the patient's capacity to understand the risks of self-discharge; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge.	12.2i	[1]
Patients are fully involved in the assessment and care planning process				
7.1	1	Patients are treated with compassion, dignity and respect. *Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, pregnancy and maternity status, disability and religion/beliefs.*	10.1	[1] [5]
7.2	1	Patients are involved in discussions about their problems and the different treatment options available.	10.1	[9]
7.3	1	The liaison professional develops a plan of care collaboratively with the patient and their family member, friend or carer (with patient consent).	9.3c 9.3d	[1]
7.4	1	Patients' preferences are taken into account during the selection of medication, therapies, activities and onward care, and are acted upon as far as possible.	9.3b	[1]
7.5	1	Patients are offered a written summary of the assessment and what will happen next. *Guidance: This may be in the form of a handwritten summary, or information filled in on a patient leaflet. PLAN will look for evidence in the case notes that this information was given to patients.*		[9]
7.6	1	Patients are asked if they and their family member, friend or carer wish to have copies of letters about their health and treatment. Family, friends or carers may be asked if they would like copies if appropriate, if the patient lacks capacity to consent to this.		[1]

7.7	1	Patients are given written and verbal information on how to access emergency help, where needed. *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.*		[3]
7.8	2	The liaison team offers patients and family members, friends or carers a leaflet describing the role of the liaison service.		[4]
7.9	1	Patients and family members, friends or carers with consent, are offered written and verbal information about any mental health problem the patient is experiencing.	9.3g	[1]
7.10	2	The team provides information, signposting and encouragement to patients to access local organisations for peer support and social engagement such as: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges.	10.2b	[1]
The liaison team involves family members, friends or carers in discussions about assessment and treatment *Involvement in the patient's care and treatment is subject to the patient giving consent and/or family member, friend or carer involvement being in the best interests of the patient.*				
8.1	2	The service has a designated staff member dedicated to carer support (carer lead).		[1]
8.2	1	Family members, friends or carers are involved in discussions about the patient's problems, care and treatment, and discharge planning.	10.1	[6]
8.3	2	Family members, friends or carers who have contact with the liaison team report that liaison staff are supportive and helpful.		[9]
8.4	2	Family members, friends or carers are offered a written summary of the assessment and what will happen next. *Guidance: This may be in the form of a handwritten summary, or information filled in on a patient leaflet. PLAN will look for evidence in the case notes that this information was given to family members, friends or carers.*		[9]

8.6	2	Family members, friends or carers are offered individual time with staff members to discuss concerns, family history and their own needs.		[1]
8.7	1	Family members, friends or carers are given written and verbal information on how to access emergency help, where needed.		[4]
8.8	2	The liaison team supports family members, friends or carers to be involved in the patient's care whilst she/he is in hospital.		[4]
8.9	2	Family members, friends or carers are offered the opportunity to be actively involved in hospital discharge planning.		[1] [4]
8.10	3	The team provides information and signposting for family members, friends or carers to access local organisations for support (including a carers' assessment where indicated) such as: • Voluntary organisations; • Local religious/cultural groups; • Peer support networks; • Recovery colleges.		[1]
8.11	1	The team follows a protocol for responding to family members, friends or carers when the patient does not consent to their involvement.		[1]
The liaison team can communicate effectively with a range of patients and family members, friends or carers				
9.1	1	Liaison staff members address patients using the name and title they prefer.	10.1	[1]
9.2	1	Liaison staff members are easily identifiable (for example, by wearing appropriate identification).		[1]
9.3	1	When talking to patients and family members, friends or carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.	10.1	[1]

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

10.3	2	Patients are given verbal and/or written information on: • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records.	9.3g 16.2	[1] [3]
The liaison team shares patient's risk assessment and discharge plans with other services in a timely manner				
11.1	1	The team sends a letter detailing the outcomes of the discharge to the patient's GP and other relevant services within a week of the assessment, or for high risk cases within 24 hours.	12.2i	[4]
Collaborative working in the general hospital				
There is effective collaboration between the team and general hospital staff				
12.1	1	Liaison and acute staff have effective systems in place to alert each other to potentially at-risk patients.	12.2b 12.2i	[10]
12.2	1	If the liaison team provides a service to the emergency department, a member of the liaison team meets formally with emergency department staff at least quarterly.		[4]
12.3	1	If the liaison team provides a service to the general hospital, a member of the liaison team meets formally with hospital staff at least quarterly.		[4]
12.4	1	Where concerns about a patient's physical health are identified, the team arranges or signposts the patient to further assessment, investigations or management from primary or secondary healthcare services.	12.2b 12.2i	[1]
12.5	1	Members of the liaison team can access records from physical and mental health record systems.		[5] [6]
12.6	2	Members of the liaison team can access records from primary care, drug and alcohol and probation services.		[5]

12.7	1	The patient, referrer and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment.		[1]
12.8	1	If members of the liaison team prescribe drugs, there is a policy regarding the use of medication. *Guidance: This should be in line with local medicines management and include:* • *The team's agreed use of different medication;* • *Mechanisms for checking contraindications between different medications being taken for mental and physical problems, including over-the-counter products, that may adversely affect cognitive functioning;* • *Mechanisms for monitoring side effects and advising the patient on self-monitoring, where appropriate;* • *The different responses to medication in different age groups;* • *Mechanisms for the safe administration of medication;* • *Guidance on how to access a pharmacist;* • *The use of honorary contracts for the liaison team.*	12.2b 12.2g	[4]
12.9	2	Liaison professionals attend joint case reviews with medical teams and out-of-hours services to advise on complex cases and frequent attenders.		[4] [10]
12.10	1	Joint protocols for out-of-hours cover are in place between the liaison and out-of-hours service(s). *Guidance: A written summary should be developed in consultation with out-of-hours staff and is likely to include guidance on:* • *The working hours and days of the liaison service and the out-of-hours team(s);* • *The clinical responsibilities of each service;* • *The handover responsibilities of each service.*		[2] [3]
Interfaces with other services				
13.1	The liaison team has an operational policy or written guidance that explains how to refer patients to services including:			
13.1a	2	Local mental health services (i.e. community mental health teams, inpatient units, home treatment teams, therapy services);		[4]
13.1b	1	Local primary care health services;		[2]
13.1c	2	Specialist mental health services for older people;		[6]
13.1d	2	Local social services departments;		[5] [3]

13.1e	2	Local child or adolescent services, including details of when it is appropriate for child or adolescent patients to be seen by the working age adult liaison team;		[4]
13.1f	2	Drug and alcohol services.		[4]
13.2	1	The liaison team has written working arrangements detailing who is responsible for assessing patients who may need to be detained under mental health legislation (e.g. Approved Mental Health Professionals and/or Section 12 (England) and Section 20 (Scotland) doctors, or the crisis resolution home treatment team). *Guidance: Details of how to contact Independent Mental Health/Mental Capacity Advocates should also be included.*		[10]
13.3	1	The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months' post-partum) that includes: • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit for services that have access to one unless there is a specific reason not to do so.	12.2b	[1] [2]
13.4	1	The service has a policy for the care of patients with alcohol or substance misuse problems or dual diagnosis that includes: • Liaison and shared protocols between mental health and substance misuse services to enable joint working; • Drug/alcohol screening to support decisions about care/treatment options; • Liaison between mental health, statutory and voluntary agencies; • Staff training; • Access to evidence-based treatments; • Considering the impact on other patients of adverse behaviours due to alcohol/drug abuse.	12.2b 12.2i	[1] [4]

13.5	1	The team supports patients to access organisations which offer: • Housing support; • Support with finances, benefits and debt management; • Social services; • Specialised pharmacy advice.		[1] [4]
Staffing, support and communication				
The service is adequately staffed by a skilled team and can access specialist skills where needed				
14.1	2	The liaison team comprises a number of staff that is proportional to national best practice guidance. *Guidance: Please see **Error! Reference source not found.** for a summary of the best practice guidance.*	18.1	[5] [10] [11]
14.2	2	There has been a review of the liaison staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.	17.2a 18.1	[1]
14.3	2	The service is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.		[1]
14.4	1	The service has a mechanism for responding when it is unable to perform its core functions due to low staffing, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	18.1	[1] [3]
14.5	2	The liaison team has access to a drug and alcohol worker.		[11]
14.6	2	The liaison team has access to a learning disability nurse or similar specialist.		[11]
14.7	2	The liaison team has access to a mental health pharmacist and/or pharmacy technician to discuss medications.		[1] [10]
Structures are in place to provide clear lines of accountability, support and supervision				

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

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

17.3	1	Staff members receive an induction programme specific to the service, which covers: • The purpose of the service; • The team's clinical approach; • The roles and responsibilities of staff members; • The importance of family and carers; • Care pathways with other services. *Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme.*	18.2a	[1] [12] [13]
17.4	1	All newly qualified staff members are allocated a preceptor to oversee their transition into the service. *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.* *See http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf for more practical advice.*	18.2a 18.2c	[1]
17.5	2	All new staff members are allocated a mentor to oversee their transition into the service.	18.2a	[1]
17.6	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.		[1]
17.7	2	Liaison staff members can access the intranet and relevant shared drives of their provider Trust or organisation.		[4]
17.8	2	Liaison staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity.	18.2a 18.2b	[1]
17.9	2	There are opportunities for liaison staff members to shadow colleagues or attend placements in other areas of the hospital (e.g. emergency department, general medical wards, elderly wards etc.).		[3]

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

18.1.12	1	Working with 16-18 year olds, if relevant. *Guidance: 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 background.*		[2] [3] [5]
18.1.13	1	Working with older people, including the detection and management of dementia, delirium and depression.		[2] [3] [5]
18.1.14	1	Conducting mental health assessments of acute hospital patients.		[2] [3] [5]
18.1.15	1	Detecting and managing acute disturbance in physically ill people of all ages (e.g. delirium, psychosis etc.) including the use of rapid tranquilisation, if used.		[2] [3]
18.1.16	1	Understanding why people self-harm and the difference between self-harm acts and acts of suicidal intent (for working age adults and for older people).		[3] [7]
18.1.17	1	Suicide awareness, prevention techniques and approaches.		[5]
18.1.18	1	Detecting the misuse of alcohol and drugs. *Guidance: Training includes:* • *Ability to provide brief interventions;* • *Signposting and referral to local services.*		[5]
18.1.19	1	Risk assessment and risk management. *Guidance: This includes, but is not limited to, training on:* • *Safeguarding vulnerable adults and children;* • *Assessing and managing suicide risk and self-harm;* • *Prevention and management of aggression and violence.*	13.2	[5] [7]
18.1.20	2	Understanding the interface between complex physical and psychological problems.		[4]
18.1.21	2	Recognising and managing emotional responses to trauma.		[4]

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

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

20.6	2	An integrated governance/joint planning group (or similar) involving senior clinicians and managers from the liaison service and acute hospital meets at least quarterly. *Guidance: The group should:* • *Review matters relevant to clinical and organisational risk and quality;* • *Co-ordinate planning of service developments;* • *Co-ordinate plans for high risk clinical scenarios especially where these are likely to involve several services or organisations;* • *Report through locally determined management structures.*		[5]
20.7	1	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. *Guidance: This should link to governance structures.*	17.2b	[4]
20.8	1	Liaison professionals are involved in Trust/organisational meetings which address critical incidents, near-misses and other adverse incidents, where relevant to the liaison team.	17.2b	[5]
20.9	2	The liaison team collects clinical outcome data. *Guidance: This should be in line with current guidance as detailed in the Framework for Routine Outcome Measurement in Liaison Psychiatry (FROM-LP).*		[5]
20.10	1	Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this.	12.2b 13.2	[1]
20.11	1	Staff members share information about any serious untoward incidents involving a patient with the patient themselves and their family member, friend or carer, in line with the Statutory Duty of Candour.	12.2b 20.2a	[1]
20.12	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	12.2b	[1]
20.13	2	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.	17.2a	[1]

20.14	1	Where there are delayed transfers/discharges: • 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]

Domain 2: Providing urgent and emergency mental health care

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

No.	Type	Standard	CQC	References
People with mental health needs are assessed within the appropriate timescales *Guidance:* • *The following standards relate to the responsiveness of the liaison team within its usual operating hours and <u>not</u> the response of other services such as out-of-hours teams;* • *When standards relating to response times are measured, the process will take into account legitimate reasons for delayed assessment;* • *The definitions of 'emergency' and 'urgent' referrals are provided for the purpose of the standards. It is not being suggested that teams must necessarily adopt this system of classification*				
21.1	1	A clinical member of staff is available to discuss emergency referrals during the team's operational hours.	18.1	[1]
21.2	1	Patients referred for mental health care by the Emergency Department are seen within 1 hour of referral.		[5] [10]
21.3	1	Patients referred for emergency mental health care from inpatient wards are seen within 1 hour of referral.		[5] [10]
21.4	1	Patients referred for urgent mental health care from inpatient wards are seen within 24 hours of referral.		[5]

No.	Type	Standard	CQC	References
21.5	1	There is not an automatic refusal by liaison staff to assess patients who are intoxicated with illicit drugs or alcohol. *Guidance: Patients who are intoxicated and require psychiatric assessment should be sober enough to participate in the assessment. Where assessment is not possible, patients should be regularly reviewed by the liaison team. Intoxicated patients who pose a significant risk of harm to themselves or others should have an initial risk management plan put in place.*		[5]
21.6	2	Within 4 hours of presenting to the Emergency Department, patients receive a copy of their plan of care and are discharged, or are en route to their next destination if required.		[5]
The liaison team has access to appropriate facilities for conducting high risk assessments within the emergency department				
22.1	1	The liaison team has access to facilities and equipment for conducting high risk assessments. *Guidance: Facilities should:* • *Be located within the main emergency department;* • *Have at least one door which opens outwards and is 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.* *NB. PLAN recommends that assessment facilities have two doors to provide additional security. All new assessment rooms must be designed with two doors.*	12.2d 15.1c 10.2a	[5] [15]

Domain 3: Providing routine mental health care to adults

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

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

No.	Type	Standard	CQC	References
24.4	1	Undertaking cognitive assessment of a patient with cognitive impairment. *Guidance: This might include:* • *Examination of attention and concentration, orientation, short and long-term memory, praxis, language and executive function;* • *Formal cognitive testing using a standardised instrument;* • *Arranging for more in-depth neuropsychological testing as indicated, e.g. for early onset or complex dementia;* • *Talking to carers/family members;* • *Assessing the impact on daily living and mental health well-being;* • *A review of medication in order to identify and minimise use of drugs, including over-the-counter products, that may adversely affect cognitive functioning.*		[5]
24.5	2	The roles of the different health and social care professionals, staff and agencies involved in the delivery of care to older people.		[4]
24.6	2	Referral pathways and joint working arrangements with local health and social care services for older people.		[5]

Domain 4: Providing psychological therapies

Guide to timescales for interventions
Brief interventions: Up to 12 sessions **Longer term interventions:** Greater than 12 sessions

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

Domain 5: Providing training to hospital colleagues

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

No.	Type	Standard	CQC	References
27.11	3	Recognising and responding to emotional responses to trauma.		[6]
27.12	3	Recognising and responding to medically unexplained symptoms.		[4]
27.13	3	Awareness of the processes involved in adjusting to illness, including issues of non-adherence and phobic responses to illness.		[4]
27.14	3	The impact of cultural differences on mental health and use of services.		[2]
27.15	3	Mental health and stigma.		[4]
27.16	3	Ageism and stigma.		[4]
27.17	3	Working with people diagnosed with personality disorder.		[4]
The liaison team provides support and supervision to acute colleagues, including:				
28.1	2	Providing informal supervision, such as case reviews, multi-disciplinary discussions etc. to acute colleagues.		[10]
28.2	3	Providing protected time for reflective practice meetings with acute colleagues.		[4]

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PLAN

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

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