Avon and Wiltshire Mental Health Partnership NHS Trust

General Hospital-Based Mental Health Liaison Teams Standard Operating Procedure

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Version History

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Contents

1. Purpose

1.1 Policy Context

A Liaison Mental Health Service plays a critical role in enhancing the care provided by the general hospital.

The 2016 National Institute for Health and Care Excellence (NICE) Guidance “Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care-Part 2” identifies 4 key roles for Liaison teams in achieving this:

- Providing education and support to general hospital staff, both formally and informally
- Helping to ensure the same attention is paid to people’s mental health and physical needs while they are in hospital
- Identifying underlying mental health problems for people primarily presenting with physical health problems
- Supporting the efficient running of the hospital through prompt and well-coordinated discharge, increasing the safety of patients and staff, and ensuring a good experience of care
- All Trust Standard Operating Procedures reflect the values and aims of this Strategy. They also reflect wider mental health policy development in recent years, including the Care Programme Approach, mental health legislation, and the development of clustering, as well as guidance from the National Institute for Health and Clinical Excellence (NICE).

1.2 Trust strategic context

“Whether service users, staff, GPs, commissioners or third sector groups, you matter to us and we care how we listen and respond to your needs, views and ambitions”.

Values

P	Passion	Doing our best, all of the time
R	Respect	Listening, understanding and valuing what you tell us
I	Integrity	Being open, honest, straightforward and reliable
D	Diversity	Relating to everyone as an individual
E	Excellence	Striving to provide the highest quality support

1.3 Delivery unit context

The following local delivery units (LDUs) provide mental health liaison services to the following acute hospital trusts across Avon and Wiltshire:

- B&NES – service to the Royal United Hospital Bath NHS Trust
- North Somerset – service to Weston Area Health NHS Trust
- Swindon – service to the Great Western Hospitals NHS Foundation Trust
- Wiltshire – service to Salisbury NHS Foundation Trust

A complex historical arrangement exists in Bristol whereby AWP contributes psychiatric medical input to the mental health liaison team at University Hospital Bristol NHS Foundation Trust, but the other multi-professional team is provided directly by UHB. A similar arrangement is in place with North Bristol NHS Foundation Trust who provide their own mental health liaison service within Frenchay and Southmead hospitals.

Commissioning of general hospital mental health liaison services is through the relevant local CCGs, either as part of existing block contracts or individual hospital liaison contracts. At hospital

sites where highly specialised regional services are located, separate funding and contractual arrangements may need to be developed to ensure appropriately targeted resources and corresponding service provision.

1.4 Vision, aims and activities of the mental health liaison service to the general hospital

Service vision:

To ensure that patients who attend or who are admitted to an acute (general) hospital have prompt and effective access to expert mental health care, and that general hospital colleagues are supported to contribute effectively to mental health care. [1]

Service aims:

- To provide a comprehensive psychosocial assessment service throughout all clinical departments of the acute general hospital (and associated community hospitals where contractual arrangements specify the provision of a mental health liaison service).
- To take the lead in undertaking, managing and evaluating clinical risk in relation to the care and treatment of people with mental health needs in the acute hospital.
- To contribute to effective, holistic and person-centred care delivery within the acute hospital.
- To provide expert mental health advice, information, support, supervision and sign-posting for acute hospital staff.
- To act as an effective communication channel between the range of secondary mental health services (including those not provided by AWP) and the acute hospital.
- To contribute to the review, evaluation and further development of mental health services within the general hospital.

Core service activities:

- Provide a mental health (psychosocial) assessment service to each clinical area within the acute hospital.
- Actively manage the organisation and delivery of the mental health liaison service through the most effective use of liaison service personnel.
- Provide a short-term (time-limited) mental health support and consultation service to individual patients, as appropriate.
- Undertake liaison and communication with the full range of secondary mental health services, in respect of individual patients, as appropriate.
- Contribute to the development, implementation and evaluation of treatment and care plans in respect of individual patients, as appropriate.
- Convene and facilitate multi-disciplinary professionals' meetings regarding individual patients, as appropriate.
- Participate in Care Programme Approach (CPA) review meetings, as appropriate.
- Actively contribute to the identification and development of clinical management plans for those individuals identified as 'repeat attenders', liaising and collaborating with other care providers, as necessary.
- Convene and facilitate acute hospital-based supervision and review meetings regarding individual patients within the acute hospital, as appropriate.
- Participate in the operational and strategic development of mental health care within the acute hospital by active attendance at relevant meetings and forums.

[1] A number of acute hospital trusts deliver a range of clinical services in smaller community hospitals, and this SOP applies equally to these areas.

- Participate in the delivery of education and training for acute hospital staff.
- Contribute to the development and implementation of person-focused care pathways relating to specific conditions or patient groups.
- Provide clinical/professional placement opportunities for health and social care students and other learners.

1.5 Safeguarding children and young people and vulnerable adults:

The service will ensure that policies and procedures relating to safeguarding are adhered to, that staff have undertaken training appropriate for their professional role and should be represented on the local safeguarding boards. All staff working with children and young people will have received an enhanced Disclosure and Barring Service check.

2. Service scope

2.1 Service user groups covered:

- The general hospital mental health liaison service is for people who are aged 18 years and over. A separately commissioned and provided service is in place for children and young people (CAMHS) in each of the respective acute hospitals. Flexibility is required regarding those people aged 17-18 years, and there may be occasions when it is appropriate for the MHLT to undertake an assessment; such decisions will be based on the needs and best interests of the individual patient. There is no upper-age limit.
- All individuals who either attend or who are admitted to the acute hospital, regardless of home address, accommodation status or GP registration.
- All clinical teams (wards and departments) across the acute hospital site, including those services delivered by other on-site providers (excluding occupational health services, where separate commissioning and service delivery arrangements will apply).

2.2 Geographical populations served:

Service delivery is across four acute hospital sites:

- Royal United Hospital Bath NHS Trust (RUH)
- Weston Area Health NHS Trust (Weston General Hospital)
- Great Western Hospitals NHS Foundation Trust (GWH)
- Salisbury NHS Foundation Trust (Salisbury District Hospital)

2.3 Specific service functions:

The following definitions will apply in relation to ‘emergency’ and ‘urgent’ referrals (RCPsych. PLAN Standards 2011)

Emergency: An acute disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others.

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.

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.

It is not possible to specify exact response times for every single mental health referral, as this will be influenced any number of other local factors; clinical urgency and potential risk will always be the most important determinants with regard to agreeing response time in individual cases. The following response times are those advocated by the Royal College of Psychiatrists (2013),

and will be used as benchmark standards. The MHLT will respond to referrals within the following timescales:

- Emergency – liaison team response within 60 minutes of referral. Depending on clinical urgency and potential risks, consideration may be given to classifying ED referrals as 'urgent'.
- Urgent – liaison team response within 5 hours of referral – same working day. This is likely to include all patients referred from the ED Observation Ward/Unit or Clinical Decision-Making Unit (CDU) and those referred from other hospital teams (unless classified as 'emergency').
- Routine – liaison response within 2 working days of referral – usually within 10 working hours.

Monitoring of response times will use the following metrics:

- ED (including Observation Unit and Medical Assessment Unit): time from referral to commencement of mental health assessment.
- Hospital wards and internal clinical departments (excluding occupational health services): time from referral and commencement of mental health assessment.

Undertake, record and communicate the outcome of a full psychosocial assessment, covering the following domains:

- Reason for referral and presenting problem(s).
- History of mental health and related personal and social problems.
- Alcohol and substance use.
- Mental state examination.
- Risk assessment – focusing specifically on risks associated with self-harm and suicide.
- A recommendation for the initiation or on-going prescribing of psychotropic medication, if appropriate.
- A recommendation for the immediate, short and medium-term clinical management of the patient in order to ensure the safe and effectively delivery of care, and the management of risk.
- Advice regarding the possible use of the Mental Health Act, including its implementation (eg: completion of a medical recommendation), if appropriate.
- Advice, screening, assessment, diagnosis, referral to and liaison with other services for people with dementia.
- Further assessment for people with dementia who develop non-cognitive symptoms that cause distress, or who present with behaviours that others find challenging.
- Communication and liaison with family/significant others and carers, as appropriate.
- Summary and clinical formulation.
- A recommendation regarding discharge or transfer from hospital.
- Communications attempted and completed with other services – eg: mental health services, primary care, etc.
- A person-centred discharge and, if appropriate, follow-up plan – this plan will include any specific actions that will be undertaken by the liaison practitioner.

In addition, ward-based assessments will include the following domains:

- Any clinical or individual clinical management problems, as defined by the ward team.
- Specific requests for advice on clinical management (including discharge planning).
- Sources used and information obtained from others (collateral history), as appropriate.
- Specific advice on mental capacity and any possible restrictions of liberty, if appropriate.

Initiate and coordinate the input of other mental health services – eg: additional elements to the current assessment, such as the need for inpatient psychiatric admission, Mental Health Act assessment, etc.

All patients and carers (if appropriate) will be provided with written patient information, appropriate to the situation and presentation, and their cultural and individual learning needs.

All relevant clinical documentation will be completed using the RiO electronic patient information system, although a professional decision will be made as to the exact detail length of the information recorded; this will be commensurate with the complexity of the presenting clinical complaint, degree of urgency and level of risk. A summary of the contact will be recorded in the acute hospital clinical record.

Maintain a detailed knowledge of all local relevant resources and to work effectively with other partners to identify and develop new and innovative services with people with mental health problems.

Work to gain a detailed understanding of the local population, its mental health needs and priorities and to provide a service sensitive to this and any religious and gender needs.

Work with other partner agencies and other teams to support people, including housing, local authority, public health, employers and the police.

Work to ensure the repetitive or unnecessary assessments and interventions are avoided.

Work collaboratively with acute hospital-based alcohol (and substance misuse) liaison practitioners, as appropriate.

2.4 Team structures

Skill mix:

The skill mix for each team will include:

- Team Manager
- Mental Health Liaison Practitioners
- Consultant and specialist/trainee psychiatrists
- Team administrator

Multi-professional skill mix within the general hospital-based mental health liaison team may include the following:

- Consultant psychiatrist x 1 WTE – to undertake the Responsible Clinician (RC) role
- Registered nurses (mental health) x 6 WTE
- Social worker x 1 WTE
- Occupational therapist x 0.5 WTE

2.5 Working with families/friends/supporters ('carers'):

AWP recognises the role of the carer (supporters, relatives, and friends), and values the important role that carers play towards supporting a person's recovery. The responsibility for defining and facilitating services to carers for individuals will sit with one of the following:

- AWP care coordinator (if known to mental health services)
- Acute hospital named nurse
- All AWP services will adhere to the good practice guidelines when working with carers.
- All liaison practitioners will ensure that patients are invited to have someone of their choosing (or their nominated carer) to be present for a part of the psychosocial interview, if appropriate.

- All liaison practitioners will ensure that social networks are discussed in any assessment.
- All carers will be encouraged to share their knowledge of the person as a way of contributing to the assessment and care delivery processes, and to provide potentially important risk assessment and management information.
- All carers will be offered an opportunity to discuss their role in more detail.
- The MHLT will communicate with carers to screen and identify their potential needs and signpost and refer on, as appropriate.
- If the carer declines an invitation to talk more about their role then this should be recorded in the appropriate section of RiO.
- There is a clear understanding between AWP, carers and service users in relation to the limits of confidentiality and the sharing of information.

3. Service delivery

3.1 Location of service:

The mental health liaison team (MHLT) will be located at an appropriate space within the acute hospital complex. Their main administration based may be relatively distant from the majority of clinical teams within the hospital, so a smaller (satellite) office space or 'hot-desking' arrangement may need to be made. Acute hospitals should, through their appropriate executive and operational management teams, actively contribute to the effective functioning of the service by:

- Facilitating the provision of effective satellite office space where confidential clinical matters can be discussed.
- Provide access to IM&T (PCs and appropriate mobile electronic devices) services, telephones and hospital bleeps.
- Ensure that on site IM&T services enable trouble-free access to AWP's electronic systems.

Patients will be seen and assessed within an appropriate part of the ward/department. This facility will comply with national guidance on the provision of quiet spaces and interview rooms in clinical settings, in order to ensure the provision of dignified care.

3.2 Hours of operation/availability:

- The MHLT will be available 365 days a year. The core hours of operation will be: 09.00 to 17.00 daily, working flexibly to meet the needs of patients within the general hospital.
- All liaison services (with the support of local commissioners and acute hospital partners) will develop aspirational plans to implement extended hours operation to a minimum of 08.00 to 20.00 daily.
- Outside of these operational hours access to urgent mental health input will be via AWP locality intensive teams. LDU/acute hospital interface and other operational issues will be addressed in Section 4, below.
- General hospital-based liaison services will be non-stigmatising and non-discriminatory, providing fair and equitable access.
- General hospital-based liaison services will work in a way that it does not discriminate against its individual service users or potential service users on the grounds of gender, race, disability, sexual orientation, age, or belief system and will ensure that all applicable legislation is adhered to.
- The service is accessible to people who have had difficulties accessing appropriate mental health services, including people from black and minority ethnic communities, people who are deaf, and people with learning disabilities.

- The service will offer interventions in a manner which the user of the service, and their carers, finds easy and timely.

3.3 Referral processes

Referrals will be received by the mental health liaison team via one of the following routes:

- For patients attending or admitted following an episode of self-harm, the team will identify these individuals by checking the bed status of the following units by 08.30 each day – emergency department, observation ward/unit, medical assessment unit. On other wards/units, they will receive the referral by telephone.
- Ward-based referrals – acute hospital colleagues will complete a standard electronic referral form.
- A new referral will be logged and opened on RiO.

3.4 Referral routes

- Patients will be referred directly to the MHLT using the agreed referral documentation, accessible to clinical staff via the acute hospital's intranet.
- Referrals will be sent to the nominated MHLT's NHS Net email account. The inbox for this account will be accessed daily to check for referrals received.
- A copy of this referral form will be uploaded to the relevant section of RiO.
- For those patients who have attended or who have been admitted following an episode of self-harm, a telephone referral is sufficient to alert the MHLT to the need to undertake a psychosocial assessment.
- A 'Call-Back Clinic' will be provided each weekday (excluding weekends and public holidays), at a time negotiated and agreed with the acute hospital trust. This facility is for the ED clinicians to directly book patients in for a mental health assessment. Up to two clinic slots will be available each day.
- The MHLT practitioners can be contacted via the acute hospital bleep system.

3.5 Assessment

- All assessments will be undertaken according to the standards laid out in AWP CPA Policy.
- Gender, cultural issues and personal preferences will all be considered within the process.
- A full psychosocial assessment, including a risk assessment, will be completed.

3.6 Assessment outcomes

All assessments will have a recorded outcome. Possible outcomes are:

- Referred back to GP with appropriate advice and suggestions for primary care or third sector management. A written summary, addressed to the patient, will be provided alongside the CPA documentation (where appropriate) and sent within 72 hours of discharge. A copy of this summary will also be sent to the patient's GP. Professional discretion will be exercised regarding the appropriateness of forwarding summary documentation when the MHLT intervention has consisted solely of signposting and/or advice to clinical colleagues.
- Where a discharge letter contains specific advice to another health professional (eg: GP), this should be written to the professional, and a copy forwarded to the patient.
- Transferred across to one of the following AWP services:
  - Intensive
  - Recovery

- Specialist service – eg: EI, secure services, specialist drug and alcohol services

- All patients seen will be provided with appropriate suggestions regarding self-help and access to a range of other third sector organisations. These organisations will usually require the person to self-refer in order to access their service.
- Assessments undertaken on one of the acute hospital wards may remain open cases to the MHLT on RiO, as further assessment/review consultations may be required whilst the person remains an inpatient at the hospital. Any plans for the MHLT to re-assess and review during the patient's stay will be documented in the RiO progress notes and the acute hospital's clinical record.
- For patients detained in the acute hospital under a section of the Mental Health Act a care plan will be developed regarding the patient's mental health management during their admission. This care plan will be recorded in RiO and in the acute hospital's clinical record.

3.7 Documentation and information

- The MHLT will record all relevant referral, assessment, formulation, discharge planning, and follow-up information in the relevant sections of RiO within 24 hours of completion of the relevant clinical contact or episode of care.
- For assessments carried out following an episode of self-harm, a short summary of the assessment – usually consisting of one paragraph – will be documented in the relevant acute hospital record (eg: ED clinical record, patient's main health record). This summary will detail:

Outcome of the mental health assessment, including any short and medium-term risks identified and any interventions or strategies to manage these.

Plans for follow-up or on-going mental health care, whichever is appropriate.

Recommendations regarding discharge once the patient is medically fit to leave hospital.

- For assessments carried out following a hospital attendance/admission as a result of an undifferentiated mental health problem, a short summary of the assessment – usually consisting of between two and four paragraphs – will be documented in the relevant acute hospital record (ie: ED clinical record, patient's main health record). This summary will detail:

Outcome of the mental health assessment, including any short and medium-term risks identified.

Plans for follow-up or on-going mental health care, whichever is appropriate.

Any recommendations for the short-term management of the patient's mental health needs whilst in hospital - eg: advice regarding psychotropic medication and its management, nursing management (including the management of any short-term risks relating to potential self-harm/suicide, wandering/absconding, and whether any additional nursing staff are required).

Recommendations regarding discharge once the patient is medically fit to leave hospital.

Plans for follow-up and on-going care, if appropriate.

- Written information – in a format appropriate for the person's intellectual, developmental, cultural and sensory needs – will be provided on the completion of the mental health assessment or episode of care.

3.8 Individuals who attend frequently

A person who attends frequently is defined as a patient who re-presents to the acute hospital on three or more occasions with the same presenting complaint, within a 12-month period. The MHLT will collaborate in the of identification those individuals who meet this definition and will participate in:

- Maintaining an up-to-date register of patients who attend the acute hospital frequently.

- Reviewing any existing arrangements for their mental health care with the relevant mental health staff – eg: inpatient services, recovery services, third sector services.
- Actively coordinating the development of mental health crisis, contingency and relapse plans, and ensure that these reflect the fact that the patient is presenting to acute hospital on a frequent basis.
- Assisting existing AWP care coordinators to develop and share contingency plans which identify the most appropriate clinical responses from general hospital staff in the event of re-presentation.
- Collaborating with AWP care coordinators, initiate CPA reviews, as appropriate.
- Coordinating and chairing/co-chairing professionals' meetings in order to review a person's frequent attendances and to develop coordinated plans to reduce the frequency of attendance, as appropriate.

3.9 Clinical responsibility and duty of care

The MHLT and all AWP staff attending and assessing patients within the acute hospital are providing a liaison-consultation service and will be accountable for their professional practice, including the clinical advice provided. However, until discharge, the patient remains the overall responsibility of the acute hospital.

3.10 Mental Health Act within the acute hospital

Full details of the operational aspects of the MHA within the acute hospital are contained within the hospital's Mental Health Act Policy, available to staff via the intranet.

The MHA allows for the detention and treatment of persons with mental disorder where admission is considered necessary for their health and safety or for the protection of others, and where they are unable or unwilling to consent to such an admission. The MHA does not apply to the detention and treatment of patients for physical illness for which they must give informed consent or for whom treatment should be considered given reference to the Mental Capacity Act 2005. The MHA may apply where physical disorder contributes to mental disorder or is otherwise inextricably linked with the mental disorder. In legal terms, it is an 'enabling' act which means it need not be used in all possible instances of the above but its use provides legal safeguards for patients and for staff responsible for patients subject to the MHA.

When the MHLT is operating (see section 3.2, above) acute hospital staff should contact the MHLT as a matter of urgency if they are considering the use of the Mental Health Act. Outside of these hours they should contact the AWP Intensive Service.

When an assessment is required for the purpose of the MHA [with the exception of Section 5(2)] this will need to be carried out by the duty MHA Section 12 approved doctor. The Section 12 doctor will then make the appropriate recommendations based upon that assessment. The involvement of any other mental health professionals for the purposes of the MHA assessment will be coordinated by the Approved Mental Health Professional (AMHP).

3.11 Responsible clinician (RC):

The legal responsibility for patients detained under a section of the MHA remains with the acute hospital trust. An RC (as defined by the MHA) needs to be identified to oversee and coordinate the detained patient's mental health care whilst they are in hospital and this role can only be undertaken by an appropriate consultant psychiatrist. The RC is an AWP employee but acts in this capacity on behalf of the acute hospital trust; all AWP psychiatrists undertaking the RC role are required to have a valid honorary contract (or local equivalent) with the acute hospital trust in order for them to fulfil this function with the appropriate indemnity.

The RC will, by default, be the consultant liaison psychiatrist within the MHLT. In situations where the MHLT consultant is absent (eg: annual leave), then cover for this role will be undertaken by accessing the locality duty consultant on-call rota. If the patient being detained is currently known

to and in receipt of mental health care from AWP, the RC role is most appropriately undertaken by the respective team's consultant psychiatrist – even if they are outside of the host locality.

3.12 Training, education and research activities

The MHLT Manager will, through the AWP staff appraisal and supervision procedures, identify the training and development needs of the staff, and ensure all statutory and mandatory training requirements are met.

The MHLT will contribute to the ongoing training and professional development of acute hospital clinical staff by contributing to:

Induction of new staff, in particular medical and nursing staff from the ED

Providing observational/shadowing opportunities for new employees

Providing placement opportunities for health and social care students and other learners

3.13 Clinical and managerial supervision arrangements

Supervision is regular protected time within work to reflect on and discuss a range of issues which together contribute to maintaining standards and ensure that the service delivers the highest quality of care to service users and carers.

There are different types of supervision and the trust sets out standard and expectations in respect of each.

Team managers will ensure supervision is provided according to the Trust's current Supervision Policy.

3.14 Management of untoward incidents

There will be occasions when serious untoward incidents (eg: an unexpected death) occur regarding a patient who is receiving care by both the acute hospital trust and AWP. In order to ensure that effective learning is identified, A Memorandum of Understanding will be developed and agreed (with appropriate Executive-level scrutiny and sign-off) such incidents will be investigated/reviewed, managed, reported and shared.

3.15 Governance, quality and effectiveness

A structure and system of governance and quality monitoring of the overall delivery of mental health care within the acute hospital will be established at each site. It will consist of the following structures.

- Strategic Mental Health Group/Mental Health Act Committee
- Operational Mental Health Group

Strategic Mental Health Group/Mental Health Act Committee:

Hosted and convened by: Acute hospital trust

Chaired by: Acute hospital executive – eg: Director of Nursing/Quality, Medical Director.

Serviced by: Acute hospital trust

Accountable to: Trust Board/Clinical Executive

Purpose: Develop and monitor the strategic organisation and delivery of mental health care within the acute hospital.

Minimum meeting frequency: Quarterly

Core membership:

- Executive director
- Mental Health Act lead for the acute hospital
- Senior operational manager – eg: directorate manager
- AWP senior operational manager – eg: Clinical Lead, Managing Director,
- Commissioner(s)
- Senior clinical representation – eg: ED consultant, Matron/clinical manager
- Acute hospital clinical lead for mental health/learning difficulties
- AWP social work manager/lead
- Mental Health Act administrator (or representative, if externally commissioned)

Operational Mental Health Group:

Hosted and convened by: Acute hospital trust

Chaired by: Senior operational manager – eg: directorate manager, or deputy

Serviced by: Acute hospital trust

Accountable to: Strategic Mental Health Group

Purpose: Provide a forum for identification and resolution of ongoing operational and interface issues and problems relating to the provision of mental health care within the acute hospital.

Minimum meeting frequency: Bi-monthly

Core membership:

- Senior operational manager
- MHLT manager
- AWP clinical team representation – eg: Intensive Service, Primary Care Liaison Service (PCLS), social work, etc.
- Acute trust clinical team representation – eg: ED, medical admissions, etc.
- Mental Health Act lead for the acute hospital

3.16 Developmental standards

The core functions and delivery of the mental health liaison service within the acute hospital will be monitored and reviewed using the national liaison standards developed by the Royal College of Psychiatrists (2011) in their PLAN Standards These standards address the following five core domains:

- Core standards for all teams, including ease of referral, relationship with the wider hospital and external agencies, and staffing, training and support within the liaison team.
- Meeting emergency mental health needs throughout the hospital (adults of all ages), including services to people who self-harm, people brought in under Section, people who may be psychotic, and people on general wards who develop urgent mental health needs.
- Meeting routine mental health needs throughout the general hospital, which includes people admitted to general wards who have a psychological reaction to physical illness or injury, people with medically unexplained symptoms and people where psychological factors may be affecting their capacity to consent or refuse medical treatment.
- Providing routine mental health care to older people, such as those with dementia, delirium and depression.
- Providing training and support to non-mental health colleagues, such as emergency department colleagues, ward staff and so on.

It will be for local determination as to whether the service formally participates in PLAN by joining the accreditation network, or whether a bespoke review and audit process is developed locally to monitor quality against the PLAN Standards.

4. Locality specific operational issues

4.1 BaNES

(Royal United Hospital NHS Foundation Trust)

Adults of Working Age

Service Operating Hours

- The service currently operates between the hours of 08:00 and 00:00 seven days a week
- Outside of these hours, referrals for patients within the Emergency Department will be triaged and assessed accordingly by BaNES intensive team.

Out of hours assessments

- Outside of the teams working hours (00:00 to 08:00) the BaNES Intensive team are based at RUH to provide a service to the Emergency Department and Observation ward. A handover between MHLT and IS takes place daily at 23:30hrs and 08:00hrs.

Contacting the Service

- The Mental Health Liaison team are based at Hillview Lodge, Bath.
- The team can be contacted by telephone 01225 362720 or by Pager via the Royal United Hospital Switchboard.

Making a referral

- All referrals to the Mental Health Liaison team are made via the telephone.

Referrals received from the Emergency Department and the Observation Ward

- All patients seen in the Emergency Department following self-harm or self-poisoning or with an identified mental health need should be referred to the Mental Health Liaison team for assessment using the Mental Health Risk Assessment Matrix form.
- Referrals from the Emergency Department and the Observation ward are accepted 24 hours a day

Older Adult Liaison

Service Operating hours:

- The service currently operates between the hours of 09.00 and 17.00 seven days a week.

Contacting the Team:

- The Older Adult liaison team are based at Hillview Lodge Bath.
- The team can be contacted by telephone 01225 362720 or by pager via the RUH switchboard.

Referral to the Older Adult Liaison Team

Making a referral

- All staff can refer via the hospital referral system, triaged on receipt for urgency and response times required which will help determine daily workloads.
- The referrer should ensure that:

The referral includes patients name, NHS number, date of birth, GP and place of residence. In addition we require a patient synopsis of their medical history and hospital treatment to date and the reason for referral.

4.2 Salisbury

(Salisbury Foundation Trust)

Ageless service

Service Operating Hours

- The service currently operates between the hours of 08:00 and 21:00 Monday – Wednesday and between 08.00 and 00.00 Thursday – Sunday.
- Outside of these hours, referrals for patients within the Emergency Department will be triaged by the ED treating clinician who will complete the Risk Assessment Matrix (RAM) and will then liaise with South Wiltshire Intensive Delivery Service (SWID's).

Out of hours assessments

- Outside of the teams working hours the South Wiltshire Intensive Delivery Service are contactable by phone to discuss referrals. The team are based at Fountain way and can attend ED for assessment if required. SWID's are expected to attend for patients who score amber or red on the RAM and have a response target of 4 hours.

Contacting the Service

- The Mental Health Liaison team are based at Salisbury Hospital.
- One clinician will attend ED, the Short Stay Emergency Unit (SSEU) and the Acute Medical Unit (AMU) each morning between 08.00-08.30 to collect referrals.
- The team can be contacted by telephone 01722 336262 ex5342/5343 or by Pager via the Salisbury Hospital Switchboard (Pager no. 1025)

Making a referral

- Referrals to the Mental Health Liaison team can be made via fax on 01722 429004 or by e-mail and can be e-mailed to awp.AcuteMentalHealthLiaisonTeam-SDH@nhs.net. Referral forms can be found on the intranet. Urgent referrals can be accepted over the phone followed by a paper referral. Unless urgent, ward referrals received after 17.00 will be processed the next working day.

Referrals received from the Emergency Department and SSEU.

- All patients seen in the Emergency Department following self-harm or self-poisoning or with an identified mental health need should be referred to the Mental Health Liaison team for assessment. Referrals from ED are accepted by phone/bleep.
- Referrals from the Emergency Department and SSEU ward are accepted 24 hours a day and will be seen by either the MHLT or the South Wiltshire Intensive Team based at Fountain Way hospital by contacting 01722 820173.
- Mental Health Liaison offer a daily 'call back' slot by which ED clinicians can discharge and directly book patients in for a mental health assessment.

Response times for referrals from the Emergency Department :

- Within Mental Health Liaison hours of operation all patients referred from ED will be seen within an hour of referral. We aim to provide parallel assessments alongside ED staff. Out of hours SWID's will assess patients amber or red on the RAM within 4 hours.
- All referrals from SSEU will be treated as urgent and seen within 5 hours.

Response times for ward referrals:

- Emergency – liaison team response within 60 minutes of referral. Depending on clinical urgency and potential risks.
- Urgent – liaison team response within 5 hours of referral – same working day. This is likely to include all patients referred from SSEU and MAU.
- Routine – liaison response within 1 working day of referral.

4.3 Swindon

(Great Western Hospital NHS Foundation Trust)

Adults of Working Age

Service Operating Hours

- The service currently operates between the hours of 08:00 and 22:00 seven days a week
- Outside of these hours, referrals for patients within the Emergency Department will be triaged and assessed accordingly by Swindon intensive team.

Out of hours assessments

- Outside of the teams working hours (22:00 to 08:00) the Swindon Intensive team are based at GWH to provide a service to the Emergency Department and Observation ward. A handover between MHLT and SIS will take place at 21:30 and 08:00

Contacting the Service

- The Mental Health Liaison team are based at The Victoria Centre.
- One identified clinician will be based in the ED observation ward multi-disciplinary office.
- The team can be contacted by telephone 01793 327907 or by Pager via the Great Western Hospital Switchboard (Pager no. 1500)

Making a referral

- All referrals to the Mental Health Liaison team are made using the Email referral. The form is located on the GWH intranet and should be emailed to mentalhealth.liaisonreferrals@GWH.nhs.uk .

Referrals received from the Emergency Department and the Observation Ward

- All patients seen in the Emergency Department following self-harm or self-poisoning or with an identified mental health need should be referred to the Mental Health Liaison team for assessment using the Mental Health Risk Assessment and Referral Form.
- Referrals from the Emergency Department and the Observation ward are accepted 24 hours a day and will be seen by either the MHLT (08:00 to 22:00) or the Swindon Intensive Team based at GWH (22:00 to 08:00)

Older Adult Liaison

Service Operating hours:

- The service currently operates between the hours of 08.00 and 16.30 Monday to Friday.

Contacting the Team:

- The dementia & later life liaison team are based at the Victoria centre.
- The team can be contacted by telephone 01793 327907/ 01793 327936 or by pager via the GWH switchboard (pager number 1500)
- Referral to the Dementia Specialist Liaison Team

Referrals from GWH:

- All medical staff can refer by using the email referral form on the GWH intranet, all referrals from GWH will be triaged on receipt for urgency and response times required which will help determine daily workloads.

The referrer should ensure that:

- Referrals from ED can be sent via medway, we aim to see all referrals from ED within 2 hours of receiving referral.
- The patient should have been seen by a doctor and medically examined prior to involvement by the Dementia & Later Life Liaison team in order to assess potential physical causes for the presentation.
- The referral includes patients name, NHS number, date of birth, GP and locality of residence alongside the patient synopsis including the reason for referral and treatment to date.

Referrals from care homes:

- The team accept referrals from senior registered staff who know the patient well and who are able to contribute to the assessment. The patient should have been seen by a medic prior to referral to ensure any treatment for a physical cause has been initiated or eliminated.
- Nursing homes can refer following a discussion with the team. Residential homes should contact their GP who can refer directly.
- Dementia and Later life Liaison Team referral forms are held by GP practice managers or are available directly from the team and should be emailed to: awp.swindoncarehomeliaisonreferrals@nhs.net

The response time for referrals:-

- Emergency referrals (psychiatric emergency) – 1 hour for GWH, within working hours
- ED two hour from time of referral - within working hours.
- Urgent within 24 hours
- Routine within 72 hours

4.4 North Somerset

(Weston General Hospital)

Access Procedure

The general hospital Mental Health Liaison service is for people who are aged 17.5 years and over. A separately commissioned and provided service is in place for children and young people (CAMHS) in each of the respective acute hospitals.

Flexibility is required regarding those people aged 16-18 years, service users in this range will have an initial assessment in working hours by the MHLT; depending on the best interests of the service user this may require a further assessment with the local CAMHS team.

MHLT Staff should follow the agreed pathway for both children and young people aged16-18.

All individuals who either attend or who are admitted to the acute hospital, regardless of home address, accommodation status or GP registration may be seen by the MHLT. All clinical teams (wards and departments) across the acute hospital site, including those services delivered by other on-site providers (excluding occupational health services, where separate commissioning and service delivery arrangements will apply).

The patient being referred should have been seen by an appropriately qualified general staff member and medically examined prior to involvement from MHLT, in order to exclude potential physical causes for the presentation.

Referrals will be received by the mental health liaison team via one of the following routes:

- Pager via Weston General Hospital - Bleep 220 (Adults of working age) or 318 (Later Life)
- From a secure email to the team referrals NHS mailbox. nsomersethospitalliaisonreferrals@nhs.net using the referral form found on the acute trust intranet.
- Telephone to the team number on: 01934 836464
- The Team also proactively collects referrals by case finding on ward rounds/visits.

A 'Follow Up Clinic' will be provided each weekday (excluding weekends and public holidays), there is a time for this slot designated in the follow up diary located in ED. MHLT staff will check this book every morning at 08:30am. This facility is for the ED clinicians to directly book patients in for a mental health assessment the following day, these are patients who are seen out of hours and do not threshold assessment by the North Somerset Intensive Service (Amber/Red on matrix). One clinic follow up slot will be available each day.

MHLT practitioners will also check the follow up diary for any service users who require telephone follow up.

Dementia and Later Life

The MHLT operates a dementia and later life specialist service. This is embedded within the MHLT but focuses on services users who are older adults (organic and functional) or younger adults with suspected organic brain conditions.

Hours of operation/availability

- The MHLT will be available 365 days a year.
- The core hours of operation will be 8am to 8pm, working flexibly to meet the needs of patients within the general hospital.
- The Specialist Dementia and Later Life aspect of the service operates Monday to Friday 9am – 5pm as their core hours, some services may provide enhanced hours of working. The MHLT will continue to triage and respond to urgent Later Life referrals within their core working hours.
- Outside of these operational hours access to urgent mental health input will be via Trust locality intensive teams.

5. References

- NHS England, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence (2016) Achieving Better Acces to 24/7 Urgent and Emergency Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance. NHS England Publications.
- Psychiatric Liaison Accreditation Network - PLAN (2011) Quality Standards for Liaison Psychiatry Services. London: Royal College of Psychiatrists.
- Royal College of Psychiatrists (2013) Liaison Psychiatry for every Acute Hospital: Integrated mental and physical healthcare (CR183). London: RCPsych.
- South West Dementia Partnership (2011) South West Hospital Standards in Dementia Care