

Livewell Southwest

**Adult Psychiatric Liaison Service  
Operational Policy.**

Version No. 2

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

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   Level 7, Derriford Hospital.**

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## Reader Information

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## List of Abbreviations.

AOS –	Assertive Outreach Service.
APLS –	Adult Psychiatric Liaison Service.
ASW –	Approved Social Worker.
CAMHS –	Child & Adolescent Mental Health Service
CDU –	Clinical Decisions Unit (Derriford Hospital).
CRS –	Crisis Resolution Service.
DAAT –	Drug and Alcohol Action Team.
DPT –	Devon Partnership Trust.
DSH -	Deliberate Self Harm
E CPA –	Electronic Care Programme Approach.
ED –	Emergency Department (Derriford Hospital).
GP –	General Practitioner.
HTT –	Home Treatment Team.
LSW –	Livewell Southwest
MAU -	Medical Assessment Unit.
MDTM -	Multi Disciplinary Team Meeting
NICE –	National Institute for Clinical Excellence.
PCLT –	Primary Care Liaison Team.
PHNT-	Plymouth Hospitals NHS Trust.
PLN –	Psychiatric Liaison Nurse.
SHO –	Senior House Officer.
SLA -	Service Level Agreement
WTE-	Whole Time Equivalent.

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# Adult Psychiatric Liaison Service Operational Policy

## 1.0 Introduction.

The APLS is based in the Derriford Hospital on Level 7 and operates seven days a week including Bank Holidays from 09 00 to 21 00, which complements the night working shift of the Duty Psychiatric SHO on call from 21.00 to 09.00hrs. The Team consists of a Consultant Liaison Psychiatrist, Junior Doctors in training and experienced Psychiatric Nurses supported by administration staff during these hours. The Team also provides clinical placements for students.

## 2.0 Service Aims and Objectives.

The aims and objectives of the Service include:

- 2.1 To provide holistic psychosocial assessment to determine patients' mental health needs and presenting risk to themselves or others.
- 2.2 To provide risk assessment or management advice for patients who are to be admitted to CDU, MAU and other departments or wards within Derriford.
- 2.3 To triage referrals and develop plans with colleagues within the appropriate departments and wards.
- 2.4 To link with community services and teams, including the voluntary sector.
- 2.5 To include Carers or Family Members in planning outcomes where appropriate and with explicit patient consent.
- 2.6 To develop care pathways to more appropriate support and services for patients who present within the ED with mental health difficulties.
- 2.7 To enable safe discharge from the ED within four hours of presentation (DOH 2002).
- 2.8 To provide education and advice to Staff within the hospital, other colleagues and key stakeholders.
- 2.9 To involve patients, their carers and family members in Service Development.
- 2.10 To incorporate the relevant standards from the National Service Framework for Mental Health (1999). Standard Three is to

provide an accessible service, and Standard Seven is to reduce and prevent suicides.

2.11 To incorporate the NICE guidelines for Self Harm (2004).

### **3.0 Clinical Governance.**

3.1 The APLS provides the highest standard of holistic assessment through the process of joint interviews whenever possible. Ideally the service offers a gender balance in the assessing team. This assessment is nurse led, or if necessary conducted with the Duty Psychiatric SHO, or other mental health professional. As well as promoting overall worker and patient safety, joint assessments are also seen as a key step in Clinical Governance in the absence of a MDTM structure. On occasions, patients are interviewed by a lone worker, and further referrals to the Home Treatment Team or other Teams as appropriate are further measures of Clinical Governance and patient safety.

3.2 Matters relating to Clinical Governance and professional discipline are usually processed through line management with due observation of relevant policy such as the Complaints Procedure, recording of Serious Incidents etc. All the nursing posts in the APLS are of a senior level for experienced and extensively trained nurses with a requirement for on-going professional development. The Team works to annually agreed SLA.

3.3 The Team seeks to provide a person centred and solution focussed approach to assessment and possible intervention. Following a comprehensive assessment of associated risks, evidence based interventions are provided at the time that are largely informative and that seek to promote the overall health and well being of the individual patient and their immediate family or carers.

3.4 APLS Staff always seek Service User consent before extending confidentiality this way. The Team seeks to take a cooperative and non-defensive approach with respect to enquiries and referrals arising from Derriford Hospital and the wider care community, at the same time as operating sensibly within the boundaries defined by current commissioning and business planning.

### **4.0 Commissioning.**

4.1 APLS is the favoured provider and is currently commissioned through NEW Devon, Plymouth and Cornwall CCG through service level agreements. This funding includes monies from the Emergency Services Directorate at PHNT.

4.2 The APLS functions in the following areas at times but is not commissioned at present for these activities:-

- 4.2.1 Providing any service for drug or alcohol users who present to Derriford without a significant mental health problem or suicidal intent, both city wide and rurally.
- 4.2.2 Providing a service for individuals under the age of 18 or over 65 years.

## **5.0 The Functions of the Adult Psychiatric Liaison Team.**

5.1 The purpose of the team is to provide advice, signposting and emergency or urgent bio-psychosocial assessments if required that include a mental state examination and risk assessment to:-

- 5.1.1 Any patients admitted to Derriford Hospital following an episode of self-harm.
- 5.1.2 Any patients presenting to the ED with behaviours associated with deliberate self harm i.e. expressing suicidal ideation.
- 5.1.3 Any patients presenting to the ED with known or suspected major mental health problems or illness, i.e. schizophrenia, psychosis, bi-polar disorder, dual diagnosis etc.

### **5.2 The APLS does not provide:-**

- 5.2.1 Capacity assessments for Derriford patients. APLS Staff may act in an advisory capacity.
- 5.2.2 An assessment for patients who are under the influence of alcohol, drugs and/or other substances or who are still not medically fit for discharge from the hospital. However the APLS may gather and share patient information including matters pertaining to risk, to assist with the management of such patients during their stay at Derriford.
- 5.2.3 Referral or assessment for uni-morbid alcohol or drug users (See Commissioning 4.2).
- 5.2.4 Direct referral or admission to Glenbourne or other inpatient psychiatric units. Any potential admission to Glenbourne from the rural localities should be discussed with the relevant CRS Team in advance whenever possible, (Section 8.3c).
- 5.2.5 An assessment for any individual brought to the ED under arrest or still detained under a Section 136 of the Mental Health Act (1983). ED Consultants can rescind a Section 136.

## **6.0 Target Group.**

- 6.1 The primary focus of the APLS is on adults of working age between the ages of 18 - 65.
- 6.2 For patients over 65 there is a specialist psychiatric liaison service for older adults which is available between 08 30 and 17 00 Monday to Friday excluding Bank Holidays whereupon the Duty SHO is available to respond to urgent / emergency referrals.
- 6.3 For patients under the age of 18 years there is a specialist CAMHS who offer a next working day assessment to those presenting with DSH. Referrals made before 10:00 will be seen that day. Those made after 10:00 will be seen the following working day.
- 6.4 Out of these hours the APLS provides advice, signposting and where indicated, assessment in collaboration with the Duty Psychiatric SHO.

## **7.0 Referrals.**

- 7.1 The APLS takes telephone, face to face and electronic referrals via Salus from the ED and Wards / Departments within Derriford Hospital, for patients who have self-harmed, overdosed or require an urgent psychiatric review following their presentation or admission.
- 7.2 All referrals will be triaged on receipt for urgency and response times required which will determine daily workloads.
- 7.3 A referral will need to include the 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.
- 7.4 Referrals are accepted between 09 00 and 20 00 and outside of these hours the Duty Psychiatric SHO should be contacted.
- 7.5 Once a referral is received, the APLS gathers information from named workers and relevant databases. The APLS also store care plans for those individuals who are known to attend Derriford on a frequent basis. This information determines whether or not a full face to face assessment is appropriate or in the best interests of the patient.
- 7.6 Patients who have an open episode with HTT, AOS or Rural CRS, or who already have an inpatient psychiatric bed are not routinely assessed by the APLS and the referrals are passed on to the Teams or Care Co-ordinators directly whenever possible.
- 7.7 Referrals for patients who are serving military personnel are dealt with as per any other referral where assessment is indicated or requested. The outcome is shared with specialist services for the military. These patients

may be subject to further assessments within the forces before returning to duties.

## **8.0 Risk Management**

8.1 When taking a referral whether over the telephone, face to face or written, the team member will clarify any risks identified by the referrer from the patient's current presentation and history. This will include any current risk to self- including neglect; risk to others and children.

8.2 The team will routinely check electronic databases to retrieve as much information about a patient as possible for forward planning and managing risk (as in 7.2 above). The Team member will search databases belonging to Plymouth (SystmOne), Devon, Cornwall and Out of Area Services (RiO) to establish any previous mental health history or contact, whereupon an assessment of risk may have taken place. A telephone call to the relevant health care professional involved, Duty and / or Home Treatment Teams will facilitate this action whereupon any information shared can be discussed and requested via fax then uploaded into Plymouth's SystmOne data base.

8.3 This will inform a management plan considering the level of risk and the appropriate approach to be undertaken by the Team including working in pairs, gender sensitivity or whether the Police or Security should be involved.

8.4 The Team strictly adheres to the Zero Tolerance Policy at all times and will respond accordingly in terms of one's own personal safety and tolerance to aggressive behaviour. The Organisation supports the view that if uncomfortable in a given situation the Team member has a right to leave that situation and inform a senior that they have done so. This will also include informing the referrer, ward / department including Security or Police as necessary.

8.5 The Team routinely see high risk patients in the interview room on CDU. This room has been specifically designed to meet the criteria for PLAN accreditation in terms of safety and managing risk. The Team member will ensure that the room is free of any moveable objects beforehand and that all Acute and Liaison staff are aware when the room is in use so that observation can take place. The contents of this room will be minimal but comfortable with heavy furnishings situated for staff safety in terms of proximity to the patient which cannot be used as a weapon. There is an alarm system present around the walls of this room, accessed by two doors to allow easy escape / removal.

## **9.0 Assessments.**

9.1 No full assessment is conducted until the patient has been deemed to be medically fit for discharge and this opinion documented in the patient's

hospital admission notes. The APLS may gather and share patient information prior to assessment as appropriate, including items relating to risk and patient management. Patients are not obliged to stay for the assessment or talk with the APLS, unless it is determined by the referrer that there is a significant risk of further self harm or harm to the public. Rarely the patient might be deemed to lack the capacity to make this decision. This decision is made by PHNT personnel with reference to The Capacity Act (2007).

- 9.2 Patients who are currently under the care of mental health services or who have recently received a full psychosocial assessment will be offered a review of their current mental state and a risk assessment.
- 9.3 The APLS provides joint assessments, and is gender sensitive to the patient's stated requests where possible. Assessments are undertaken within a holistic framework, and are person and solution focussed.
- 9.4 Following assessment, if there is a risk of psychiatric hospital admission these patients are managed as follows:-
  - 9.4.1 Adults with a Plymouth GP are referred to the LSW HTT. This includes those patients who are of No Fixed Abode or who are not registered with a GP but reside in Plymouth.
  - 9.4.2 For patients registered with a Cornish GP, the APLS liaises with the Cornwall HTT.
  - 9.4.3 Patients from the South Hams or West Devon districts are discussed with the Rural CRS Team, if possible, and that Team arranges admissions. The APLS liaises with the Glenbourne bed co-ordinator and Duty Psychiatric SHO only when required to do so when CRS is not available.
  - 9.4.4 For Services personnel, the APLS liaises directly with the mental health team based at HMS Drake. This team is responsible for arranging and funding admissions as appropriate.
- 9.5 If following assessment there is a significant possibility of a request for assessment under the Mental Health Act (1983) the APLS contacts the Duty ASW at Westbourne Monday to Friday 09 00 to 17 00, or through the Social Services Out of Hours.
- 9.6 The APLS Team is not responsible for escorting patients coming to Derriford on any Section of the Mental Health Act (1983). The APLS cannot initiate a Section 5 (4) on the Derriford site, or use Control and Restraint techniques.

## **10.0 Record Keeping.**

- 10.1 All documentation arising from referral, contacts or assessments is stored on SystmOne in line with LSW record keeping policy and E-CPA. A brief entry of the interview and outcome is made in the Derriford Hospital inpatient notes. APLS completes a referral, contact and full assessment for all face to face contacts or a tabbed journal / notes screen contact for non-face to face activity.
- 10.2 The information obtained following a review of a patient known to services will include a standard GP letter which will record why the patient was seen, their presentation, current mental state and risk with an action / care plan. The patient is also offered a copy which will be sent to other relevant parties with explicit patient consent.
- 10.3 An individual already entered on SystmOne who is referred to APLS but declines to be seen is recorded as a "Contact". An individual who is referred to APLS and declines to be seen and who is not already entered on the e-PEX does not have their personal details loaded onto the system but a record is kept in the APLS diary as an official record.

APLS puts "Warning" screens on individuals known to attend the ED on a regular or frequent basis, and as appropriate.

## **11.0 Communication.**

- 11.1 All patients have the right to be spoken to with the highest standards of communication. Equally all the APLS Team Members have the right to be addressed by patients in a non-aggressive, non-hostile manner that is free from prejudice. The Team communicates on a regular basis to exchange information and ensure effective working partnerships are maintained internally and externally. All APLS personnel receive regular clinical supervision, line management and annual appraisal, and refer to the Conflict Resolution Policy as required.

## **12.0 Prescribing.**

- 12.1 The APLS is not directly a prescribing service. This will be reviewed in line with service development, and needs within the ED and other departments or wards within Derriford Hospital. When prescribing is required therefore, the APLS medical staff on duty will need to be aware of the limitations of psychiatric pharmacy available in the ED and associated departments.

## **13.0 Team Structure.**

- 13.1 The APLS is currently staffed by a whole time equivalent (WTE) Consultant Liaison Psychiatrist and 4.5 WTE Senior Mental Health Nurses providing a diverse background and experience in patient centred approaches. These include robust assessment and decision making skills, the ability to work autonomously when necessary and in line with

specialist practice such as Crisis Intervention, Risk Assessment and Management, and specialist knowledge of evidence based practice. These are permanent nursing posts.

- 13.2 The APLS provides on-going education to Junior Doctors in training, nursing and medical students through their placements with the team. The APLS also provides on-going training and education to Staff within the ED and Derriford departments and wards. This includes the induction of new psychiatric medical trainees. The Team is committed to the professional development of its own personnel. The Team Manager is also a Senior Practitioner.

#### **14.0 Confidentiality.**

- 14.1 The Team adheres to the latest LSW policy on confidentiality and all Data Protection legislation in accordance with the Data Protection Act 1998. Information is recorded electronically. The APLS Team may provide sensitive patient information for the purposes of Child or Adult Protection, or to limit serious offending without explicit patient consent. All computers and paper documentation is stored in a locked office area.

#### **15.0 Service Development and Business Planning.**

- 15.1 The APLS has been based at Derriford in its current format since July 2006. It is therefore a developing service operating within the boundaries currently reflected in commissioning.
- 15.2 The APLS is seeking to develop Integrated Care Pathways between the key Derriford Hospital departments/wards, the mental health teams and other organisations with which the APLS has to communicate on a regular or routine basis.
- 15.3 Currently commissioned to work with the Emergency Services Directorate at Derriford (Emergency Department and MAU), the APLS will continue to seek commissioning that reflects all areas of practice requesting services and assessment.
- 15.4 The APLS will continue to identify areas of clinical or other inconsistency and seek to clarify its scope and role through commissioning in these grey areas.
- 15.5 Through audit and case by case discussion the APLS will continue to examine its role collaboratively with partnership colleagues and teams in:-
- Breaches in the four hour ED target.
  - Serious Untoward Incidents, including patient deaths.

- Complaints, Enquiries and relevant Investigations.
  - Training requests within Derriford Hospital.
  - Clinical needs, including medication, identified through on-going internal audit.
- 15.6 The APLS continues to run its own internal audit and database to inform future commissioning and service level agreements and research.
- 15.7 The APLS will continue to collate qualitative data from patient satisfaction surveys and ED staff questionnaires.
- 15.8 The APLS will continue to promote parity and equitable service for all current and prospective mental health patients in Derriford Hospital as recommended by NICE (2004).
- 15.9 The APLS will continue to work collaboratively with the ED and commissioners in developing dedicated Psychiatric Liaison Services for Derriford Hospital and extending the boundaries of practice as above.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 11<sup>th</sup> December 2015