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OPERATIONAL POLICY - DEPARTMENT OF LIAISON PSYCHIATRY

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide a Department of Liaison Psychiatry as part of the Mental Health Clinical Board in Cardiff and Vale University Health Board. This document is intended to provide all necessary information regarding the operational assumptions, services and workforce needed by the Department of Liaison Psychiatry to deliver the service.

Policy Commitment

The Department of Liaison Psychiatry provides psychiatric and psychological care to people in the University Hospital of Wales, to those who are admitted to Gwenwyn / Poisons Ward, University Hospital of Llandough, and to those who attend the HIV Clinic at the Department of Sexual Health, Cardiff Royal Infirmary.

Other supporting documents are:

- Royal College of Psychiatrists - Psychiatric Liaison Accreditation Network (PLAN) (2017)
- Royal College of Psychiatrists –Standards for Community Based Mental Health Care (2015)
- National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence – Better Access to 24/7 Urgent and Emergency Mental Health Care (2016)
- Welsh Government (2016) Together for Mental Health Delivery Plan

Scope

This operational policy outlines the objectives, responsibilities and legal requirements which support staff working within the department of liaison psychiatry. The operational policy also informs other UHB staff regarding the referral requirements and services provided.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.
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Policy Approved by	Mental Health and Capacity Legislation Committee
Group with authority to approve procedures written to explain how	Mental Health and Capacity Legislation Committee

this policy will be implemented	
Accountable Executive or Clinical Board Director	Chief Operating Officer
Disclaimer If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	21/02/2020	04/03/2020	New Document
2			

Contents

1. Introduction.....	4
1.2 Main areas of service provision	4
1.3 Duty of Care	5
1.4 Team Base	6
1.5 Current Team	6
1.6 Links with Other Services	7
2. Inpatients at UHW : covered by Liaison psychiatrists	7
2.1 Referral criteria.....	7
2.2 Referral Process.....	8
2.3 On-going Support	8
3. Outpatient Clinics	12
4. Cognitive behavioural therapy	14
5. HIV Nurse Led liaison clinic.....	16
6. Gwenwyn - Poisons unit.....	18
7. Emergency Unit (EU): Referrals from the Emergency Unit including Ward A1South : covered by Specialist Liaison Nurses.....	20
7.1 Referral criteria.....	20
7.2 Referral Process.....	20
8. MHA Assessments in EU	23
9. Guidance for risk management within The Department of Liaison Psychiatry	24
10. Lone Working Guidelines	25
11. Equality & Health Impact Assessment for the Operational Policy Department of Liaison Psychiatry	26

1. Introduction

Typical presentations to the service include individuals with co-existing psychiatric and physical conditions (e.g. an individual with schizophrenia and renal failure); psychiatric disorder that arises as a result of a medical condition (e.g. depression precipitated by a diagnosis of cancer); psychiatric symptoms with an organic basis (e.g. acute confessional states and dementia); unexplained medical symptoms, conditions such as irritable bowel syndrome and chronic pain syndrome, and issues around capacity and consent. In addition, the Liaison Psychiatry Service is actively involved in teaching and research. This document aims to provide clear procedural guidelines for the service.

The Department of Liaison Psychiatry provides psychiatric and psychological care to people in the University Hospital of Wales and those who are admitted to the Nation Poisons Ward, University Hospital of Llandough. A range of mental health disorders present to this service including adjustment reactions, anxiety disorders, traumatic stress, depressive episodes, somatoform disorder, sleep disorders, sexual disorders, self-harm, medically unexplained symptoms and psychotic episodes. In addition to engaging, assessing and managing this patient group, we aid in planning the future care of these patients by appropriate referral to other mental health teams and non-mental health services. The main groups of people seen within our department include:

- Patients who self-harm
- Patients with co-morbid physical and mental health problems
- Patients with medically unexplained symptoms
- Patients with delirium

We accept referral for assessment and management for patients between the ages of **18 and 65** who present with mental health difficulties associated with physical illnesses and problems.

An important role of our service is directed towards providing education and training to the staff in this hospital on mental health issues for patients in a general hospital and liaison psychiatry.

1.2 Main areas of service provision

The Department of Liaison Psychiatry provides a range of services. These include:

- Mental health assessment and initial management for patients currently on inpatient wards at the University Hospital of Wales suffering from a physical illness or disorder but with associated psychological or mental health problems or in need of a mental health assessment.
- A consultation/advice service for healthcare professionals at UHB about the psychiatric and psychological treatment and management of individual patients or more general issues regarding their patient group.

- The assessment of **all** patients referred presenting with episodes of self-harm, in the Emergency Department and on the wards. The assessment and treatment of patients presenting with a mental health crisis at the Emergency Department.
- Education and training for the staff and students of UHB, Cardiff University medical and nursing School
- Support and advice to carers.

The Department of Liaison Psychiatry provides a general liaison psychiatry service to the following clinical areas of a large teaching hospital:

- Emergency Unit based at UHW.
- Inpatient beds at the UHW
- Outpatient clinics at the UHW
- Poisons Unit, Llandough Hospital
- HIV clinic, CRI
- Rookwood Hospital
- Outpatient referrals from Velindre Hospital

Following are the main clinical services provided by this department.

1. Psychiatric assessment and management to patients admitted on general wards in UHW.
2. Psychiatric assessments to those referred to the outpatients clinics run by the department.
3. Mental health assessments at the Emergency Unit based at the UHW site.
4. Psychosocial assessments to those admitted to the Poisons Unit at UHL site.
5. Screening and treatment for psychological service for Liaison Psychiatry referrals (mainly CBT and EMDR).
6. Screening and treatment for psychological service for occupational mental health work for SWFS and Cardiff Council (mainly CBT and EMDR).

The service aims to be sensitive to the different needs of the local population and to ensure that there is equity of service delivery for all clients, irrespective of ethnic background, gender, culture, marital status or sexual orientation.

1.3 Duty of Care

The Liaison Psychiatry Service offers a consultative service to UHB. The overall duty of care remains with the referring department or team until such time as the patient is discharged, or admitted under the care of another service.

It should be noted that referral to the service does not constitute a transfer of care.

1.4 Team Base

The Department of Liaison Psychiatry offices are located at the following address:

1st Floor Monmouth House,
University Hospital of Wales,
Cardiff.

Telephone: 02920 743940/ 02920 744129
Fax: 02920743928

1.5 Current Team

- Consultant Liaison Psychiatrist Full time
- Core Trainee (CT3) Full time
- Specialist Trainee (ST4-6) Supernumerary if appointed.
- Cognitive Behaviour Therapist, 5 sessions Liaison psychiatry
3 sessions (Traumatic stress funded),
4 sessions (Fire service funded)
- Cognitive Behaviour Therapist Full time.
(Cardiff Council funded post)
1x half time
- HIV Specialist Liaison Nurse 1 session per week
- Specialist Liaison Nurses 5 x Full time
- Specialist Liaison Nurses at Gwenwyn Ward 1x Full Time &
1 x 15 hours
- Team Administrator Full time
- Assistant Full time

Our Medical Liaison Psychiatry inpatient Team covers 9am-5pm Monday to Friday. The specialist Liaison nursing team covering the EU/AU/ A1 South/ Poisons ward are 7 days a week and can include Early (0700-1500), Late (1100-1900) , 0900-1700 and Twilight shifts (1700-0100). This covers a range of time from 07:00am until 01.00amin EU/AU/ A1 South, with the cut off for referrals one hour before the end of the shift. Poisons ward is covered 0900-17.00 only.

Due to the outreach duty doctor shift pattern, between the hours on 0100-0300 the crisis team will support any referrals from the EU and can be contacted through the shift coordinator.

Outside of these hours it is the role of the outreach Dr for psychiatry to cover any urgent assessments requested.

1.6 Links with Other Services

The department operates within a network of local health and social services:

- Community Mental Health Teams.
- Medical, surgical and specialist services including Emergency Unit.
- Drug and alcohol services.
- Traumatic Stress Clinic.
- Liaison Psychiatry for Older People - Mental Health Services for Older People (LPOP - MHSOP).
- Peri-natal service
- Services for learning disability.
- Child and Adolescent Mental Health Services.
- Child protection services.
- General Practitioner.
- Social Services.
- Occupational Health Departments of South Wales Fire Service and Cardiff County Council.
- Veterans Service.

2. Inpatients at UHW : covered by Liaison psychiatrists

2.1 Referral criteria

1. The client is aged between 18 and 65 years.
2. Inpatient referrals for those admitted to the University Hospital of Wales:
 - The team accepts referral for those with identified concerns suggestive of a need for a psychiatric admission from most wards of the hospital. We appreciate that many inpatients are not resident within the Cardiff area but receive treatment for their physical illnesses from this hospital.
 - We request a completed standard referral form (see appendix), which ensures an efficient and prompt response.
 - In cases where the most appropriate course of action is not clear e.g. degree of urgency, the staff referring the patient is advised to contact the team. A member of the team will be happy to discuss and advise.
3. For inpatients in University Hospital of Llandough (UHL), referrals for non-urgent assessments, with the exception of the Poisons Unit, are dealt with by the patient's locality CMHT..
4. If an urgent assessment is needed for an inpatient in UHL, a referral should be made to the duty trainee psychiatrist via switch.
5. Individuals under the age of 18 and still at school, should be referred to the Child and Adolescent Mental Health Services (telephone no: 02920 336302).

6. Individuals over the age of 65 should be referred to the MHSOP Service (telephone no: 20742093) or to the team that covers their sector.

2.2 Referral Process

Patients should be referred for a Liaison Psychiatry consultation using the 'Request of Opinion' form (Appendix 1) which is available on all the wards of UHW. This should be faxed to extension 43928 (UHW).

To allow the service to provide an appropriate response according to clinical need, the referral form indicates the following three options:

- I. Urgent: Within 24 hours.
- II. Rapid: Within 3 working days.
- III. Routine: With one week

Referral form should indicate the timeline and urgency for the assessment to take place. Unfortunately, within the limited resources available at present, it is impossible to assess everybody on the same day they are referred. It is therefore important that individuals are referred as soon as it is agreed that a referral would be appropriate and, where possible, on a non-urgent basis.

In cases where a more urgent referral is required, individuals are encouraged to telephone the Department of Liaison Psychiatry in addition to faxing the form, and ask to discuss with a member of the team. This may result in an individual being seen as an emergency or within 24 hours of referral.

2.3 On-going Support

If, after assessment, it is agreed that an individual requires on-going support, this can be provided in a variety of ways, according to clinical need:-

a) *Regular review by the Liaison Team*

This may involve members of the Liaison Team visiting weekly or several times per week to review the psychiatric management of a patient. Both medical and nursing input can be provided.

b) *One to one care*

In some instances, usually due to risk factors such as risk of suicide or because an individual's mental state is making management difficult, a decision will be made that an individual requires a higher level of observation than the nursing staff on the ward are able or trained to provide. In such instances a joint decision will be made as to the appropriate observation level by the Liaison Psychiatric team and the ward staff.

If it is agreed that one to one psychiatric support is required, the ward manager will be responsible for arranging the temporary employment of an additional member of staff, usually through a bank or agency. The member of staff may or may not need to be nurse trained, but should

have experience of dealing with individuals with mental health difficulties and will be supervised by the ward manager and the Department of Liaison Psychiatry.

c) *Post discharge*

If the Liaison Psychiatry team has been involved, they and all other mental health professionals should be informed of the discharge and involved in planning aftercare as indicated before discharge.

d) *Transfer of Patients from Non-Psychiatric Wards to Psychiatric Wards*

If, after assessment, it is agreed that a patient requires transfer to a psychiatric ward, the Department of Liaison Psychiatry or duty psychiatrist should discuss the details with the relevant Crisis Resolution and Home Treatment Team (CRHTT).

Transfer arrangements and timings should be agreed by nursing staff on the two wards and the Shift co-ordinator at Hafan y Coed Hospital when transfer is to a psychiatric ward in Cardiff.

At times an individual will be too unwell for transfer to a psychiatric ward and in such circumstances it may be more appropriate to nurse them on a general ward with additional support, as outlined above. If any disputes occur, these should be resolved between the Ward Manager, Consultant Liaison Psychiatrist and the Consultant in charge of the patient.

e) *Transfer of Patients from Psychiatric Wards to Non-Psychiatric General Hospital Wards*

This should involve similar assessment arrangements as detailed above. In an emergency a full assessment before transfer may not be possible.

f) *Legal Issues*

It is sometimes necessary to detain an individual with suspected mental disorder on a non-psychiatric ward, pending a full assessment by a Section 12 Approved Doctor (usually Staff Grade, Specialist Trainee (ST4-6) or Consultant Psychiatrist).

In such circumstances it is appropriate for the Responsible Medical Officer (the patient's Consultant), or their nominated deputy (a registered medical practitioner, usually the Senior House Officer), to detain an individual using Section 5(2), if they believe that the individual would be likely to be detained under another section of the Mental Health Act when reviewed by a Section 12 Approved Doctor.

The appropriate form should be completed and then faxed to Hafan Y Coed Hospital. During normal working hours (Monday to Friday 9.

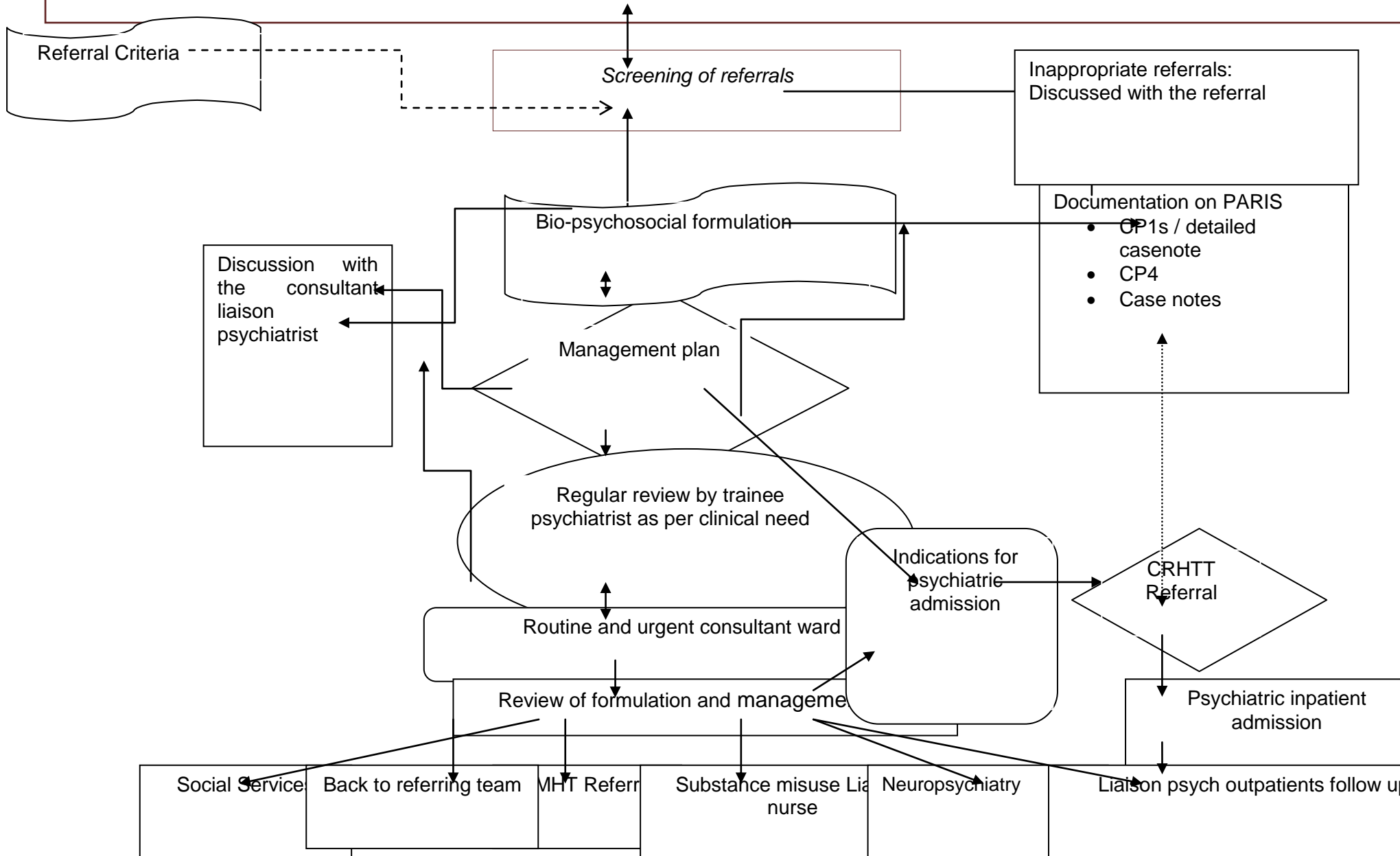
a.m. to 5 p.m.) the form should be faxed to the Mental Health Act Office at Hafan Y Coed The Mental Health Act Office should be telephoned before the fax is sent on **02920336358**. Outside normal working hours, the Duty Shift Co-ordinator at Hafan Y Coed Hospital) **02920693191** should be contacted and the form faxed to them. It is only on receipt of the form that the Section 5(2) is legally in place. Section 5(2) forms can be obtained from the Mental Health Act Office at Hafan Y Coed Hospital.

If they have not been contacted already, the Department of Liaison Psychiatry at UHW (in normal working hours, telephone 02920743940) or the Duty Shift Coordinator (outside normal working hours via switch) should be informed that the Section 5(2) has been completed. They will arrange for a Section 12 Approved Doctor to review the individual within 24 hours or sooner if necessary.

g) Telephone Advice

If advice is required regarding the management of an inpatient, this can be obtained by phoning the Department of Liaison Psychiatry between 8 a.m. and 5p.m. Monday to Friday, or by contacting the duty Liaison Psychiatrist or Shift Co-ordinator via UHW Hospital switchboard at other times.

'Request of opinion form' for Inpatient referral faxed to UHW 02920743928 from UHW, Rookwood Hospital, Holme Tower



3. Outpatient Clinics

We accept referrals for any patient residing in Cardiff and Vale area including other hospital sites of the UHB.

These clinics are held on Monday afternoons and Thursday mornings in Monmouth House, UHW.

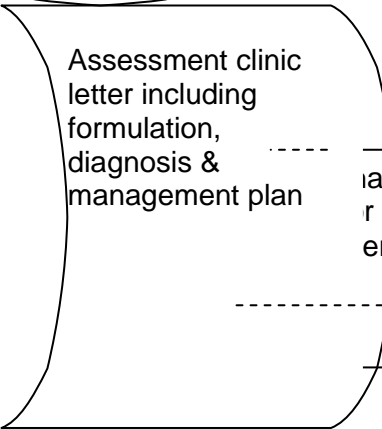
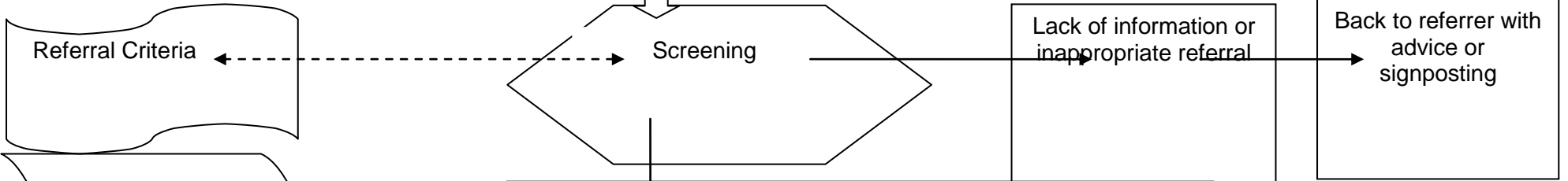
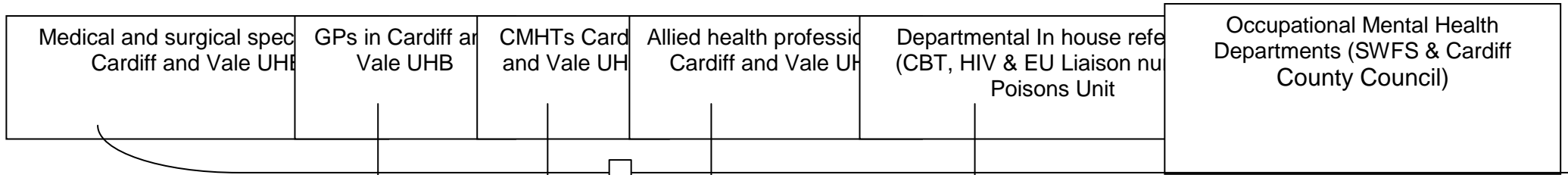
Outpatient referrals:

- The client is registered with a GP in Cardiff and lives in Cardiff and Vale area.
- The client has identified mental health concerns for which a referral letter is written to the team.

Outpatients should be referred by letter to the, Consultant Liaison Psychiatrist, in the usual way, preferably with a summary of medical history.

If you are unsure whether ours is the most appropriate service to refer to, please do not hesitate to ring and discuss.

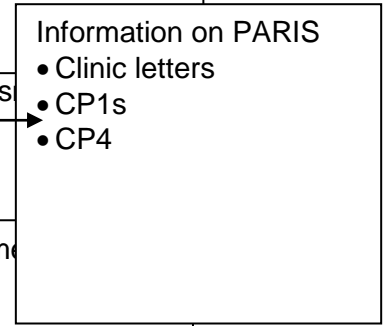
Referral criteria	<ul style="list-style-type: none"> ▪ Working age ▪ Living with Cardiff and Vale UHB catchment area ▪ Response to opt in letter
Screening process	<ul style="list-style-type: none"> ▪ Referral screened by consultant psychiatrist for suitability for further assessment ▪ Absence of major risk indicators (according to referral information) ▪ Discussion with referrer where indicated
Assessment process	<ul style="list-style-type: none"> ▪ Formal psychiatric assessment with specific focus on physical presentation (informed by bio-psycho-social model) ▪ Assessing suitability for psychological intervention ▪ Risk assessment ▪ Mental state (+/- cognitive) assessment ▪ Bio-psychosocial informed formulation and management plan
OUTPUT	<ul style="list-style-type: none"> ▪ Summary assessment letter ▪ CPA1A ▪ Risk assessment ▪ Case notes
Interventions	<ul style="list-style-type: none"> ▪ Implementation of management plan (see above)
Range based on National Guidelines	<ul style="list-style-type: none"> ▪ +/- pharmacological management ▪ +/- evidence based psychological intervention
OUTPUT	<ul style="list-style-type: none"> ▪ GP discharge letter



Opt in letter sent to the patients for appropriate clinic appointment.

Pharmacological and psychological intervention

First assessment: Formal psychiatric Assessment



Follow up: Assessment of response to management

Reformulation for discharge planning and appropriate sign posting

CMHT for additional support or further management

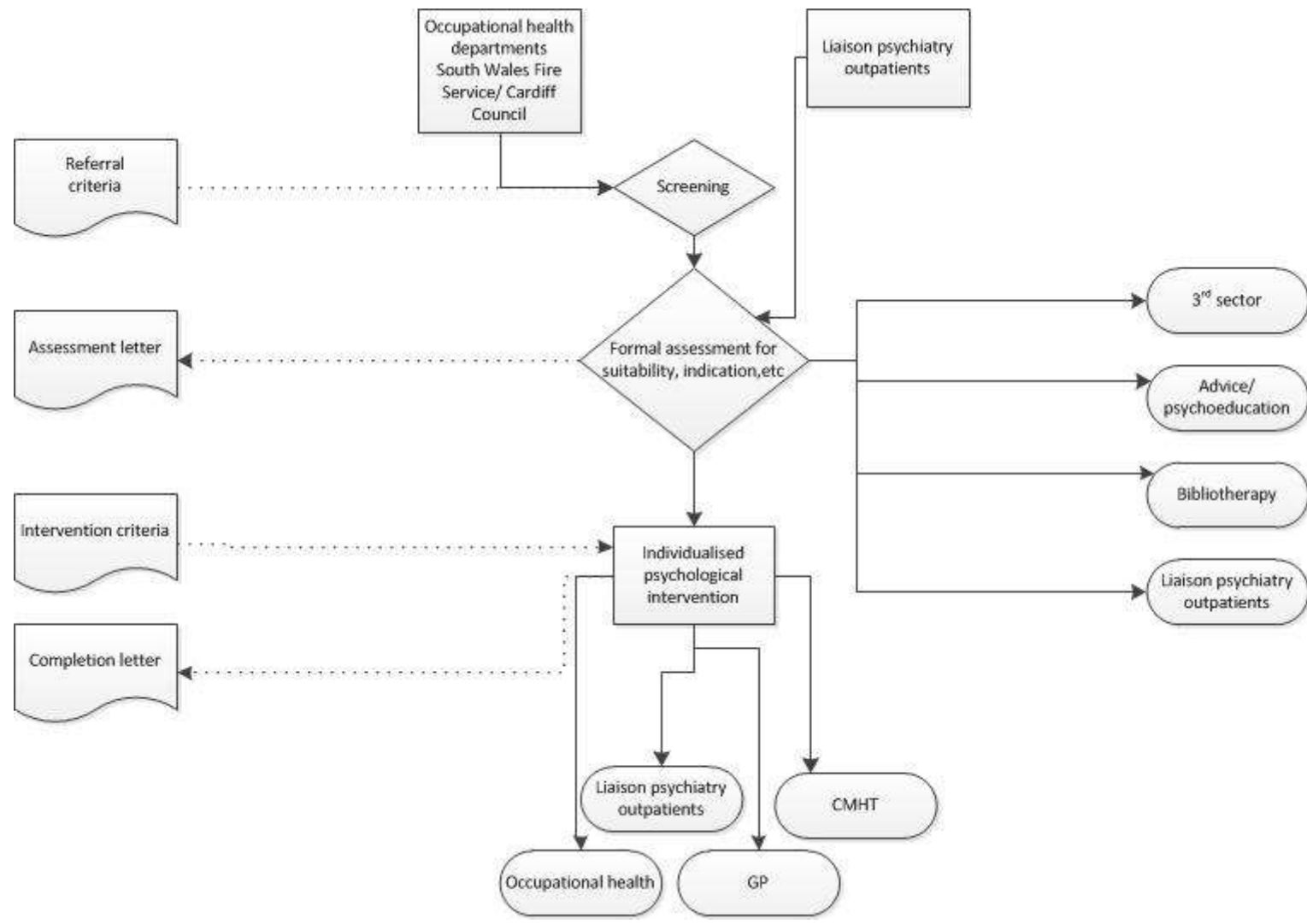
Third sector e.g. CRUSE, RELATE, etc.

Allied professionals e.g. physiotherapy, Occupational therapy, dietetics etc.

4. Cognitive behavioural therapy

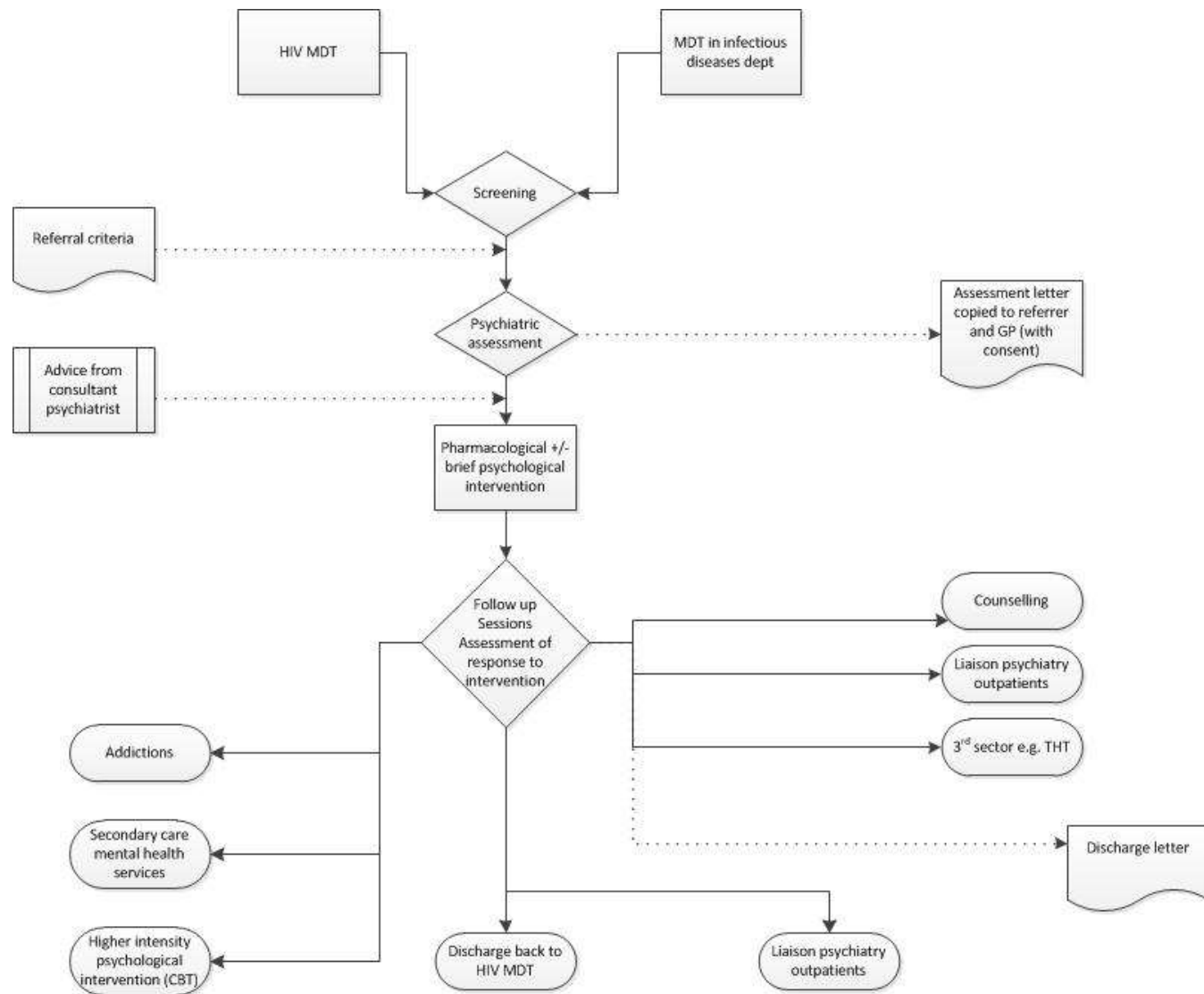
Apart from providing CBT/ EMDR for the patients referred to the Department of Liaison Psychiatry the department has also established partnership with the occupational health departments of the South Wales Fire and Rescue Service and Cardiff Council. Partnership with the SWFRS was set up 12 years ago. It currently funds 4 sessions for CBT. Similarly the Cardiff County Council funds full time therapist as well.

Referral criteria	<ul style="list-style-type: none"> ▪ Working age, working for organisations outlined in flow chart <p>OR</p> <ul style="list-style-type: none"> ▪ Prior assessment in liaison psychiatry outpatient clinic
Screening process	<ul style="list-style-type: none"> ▪ Referral screen by consultant psychiatrist for suitability ▪ Absence of major risk indicators (according to referral information) ▪ Discussion with referrer where indicated
Assessment process	<ul style="list-style-type: none"> ▪ Suitability for CBT (based on criteria adapted from for short term cognitive therapy, Safran and Segal, 1990) ▪ Definition of target problems ▪ Cognitive behavioural/EMDR formulation ▪ Psycho education
OUTPUT	<ul style="list-style-type: none"> ▪ Summary assessment letter ▪ +/- CPA1A ▪ +/- risk assessment (if indicated)
Interventions Range 8-16 sessions	<ul style="list-style-type: none"> ▪ All psychological interventions are based on CBT model and can incorporate : ▪ Formal CBT ▪ Psycho education ▪ Guided self help ▪ Bibliotherapy ▪ EMDR
OUTPUT	<ul style="list-style-type: none"> ▪ Discharge letter



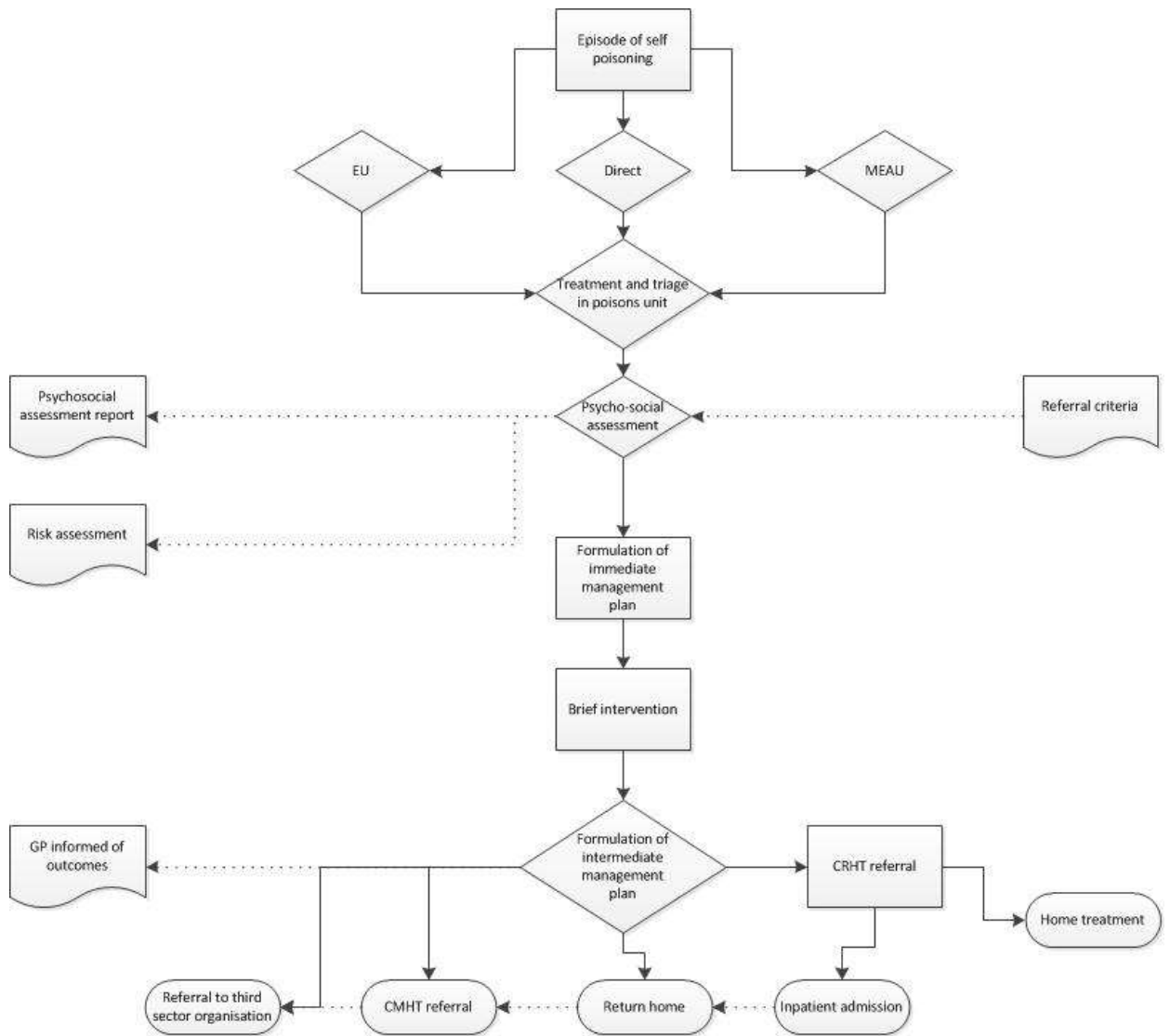
5. HIV Nurse Led liaison clinic

Referral criteria	<ul style="list-style-type: none"> ▪ HIV positive ▪ Treated within Cardiff and Vale UHB
Screening process	<ul style="list-style-type: none"> ▪ Referral forms screened by liaison nurse ▪ Discussion with referrer/GP where indicated
Assessment process	<ul style="list-style-type: none"> ▪ Bio-psycho-social holistic assessment with a focus on psychological symptoms ▪ Therapeutic interview
OUTPUT	<ul style="list-style-type: none"> ▪ Summary assessment letter ▪ (GP summary -with consent of patient)
Interventions Range 8-16 sessions	<ul style="list-style-type: none"> ▪ Brief psychological intervention (low intensity) ▪ Anxiety management ▪ Guided self help ▪ Psycho-education ▪ Problem solving ▪ Brief CBT ▪ Pharmacological treatment (with support of consultant psychiatrist) ▪ Monitor effect of pharmacological treatment
OUTPUT	<ul style="list-style-type: none"> ▪ Discharge letter



6. Gwenwyn - Poisons unit

Referral criteria	<ul style="list-style-type: none"> ▪ Episode of self poisoning ▪ 18 -65 years of age (separate arrangements for old age and for 16 – 18 year olds) ▪ Medically fit for interview (no significant clinical symptoms i.e. vomiting, drowsiness, no major treatments required) ▪ Not acutely intoxicated / delirious
Screening process	<ul style="list-style-type: none"> ▪ Referrals screened by liaison nurse / doctor ▪ + Discussion with referring team ▪ Information gathering from GP, collateral sources, Cardiff and Vale UHW electronic notes
Assessment process	<ul style="list-style-type: none"> ▪ Bio-psycho-social holistic assessment with a focus on psychological symptoms (in keeping with NICE guidance) ▪ Therapeutic interview ▪ Risk assessment ▪ Formulation of immediate management plan
OUTPUT	<ul style="list-style-type: none"> ▪ Gwenwyn Ward /Poisons Unit pro-forma ▪ +/- CP1A ▪ +/- Risk assessment
Interventions	<ul style="list-style-type: none"> ▪ Problem solving ▪ Psycho education ▪ Practical advice ▪ Discussion with family (where appropriate)
OUTPUT	<ul style="list-style-type: none"> ▪ Discharge letter to GP +/- CMHT



7. Emergency Unit (EU)

Referrals from the Emergency Unit including Ward A1South : covered by Specialist Liaison Nurses

7.1 Referral criteria

Specialist liaison nurses cover all areas of the emergency unit, which covers:

- EU Triage
- Minors
- Majors
- Ambulatory
- Streaming
- Resus
- Assessment Unit North/South/Lounge
- Ward A1 South (MDU)

The criteria is an individual aged between 18 to 65. Patients need to be confirmed as medically fit prior to request for a Liaison assessment and patients are to be informed that a Liaison referral is indicated. We aim to review all patients referred within one hour of receiving a referral.

7.2 Referral Process

It is necessary to complete, with the patient, the 'Bristol Mental Health Matrix' assessment tool which can be found in all relevant emergency department areas. This provides an indication of the urgency or need for a mental health assessment. Once this has been completed the Liaison team should be contacted to discuss the outcomes of the Matrix and to arrange an assessment if necessary. The Matrix should only be completed with patients when they are medically fit, not intoxicated or under the influence and willing for a referral.

Referrals from the defined areas above which are supported by the Specialist Liaison Nurses can be processed over the telephone and/or face to face. Specialist Liaison Nurses can be contacted on 02920 744129 or bleeped on mobile number 07623 906171.

The outreach Dr supports Liaison Psychiatry Specialist nurses, and may be required to support capacity and assess patients in normal working hours in the best interest of the patient.

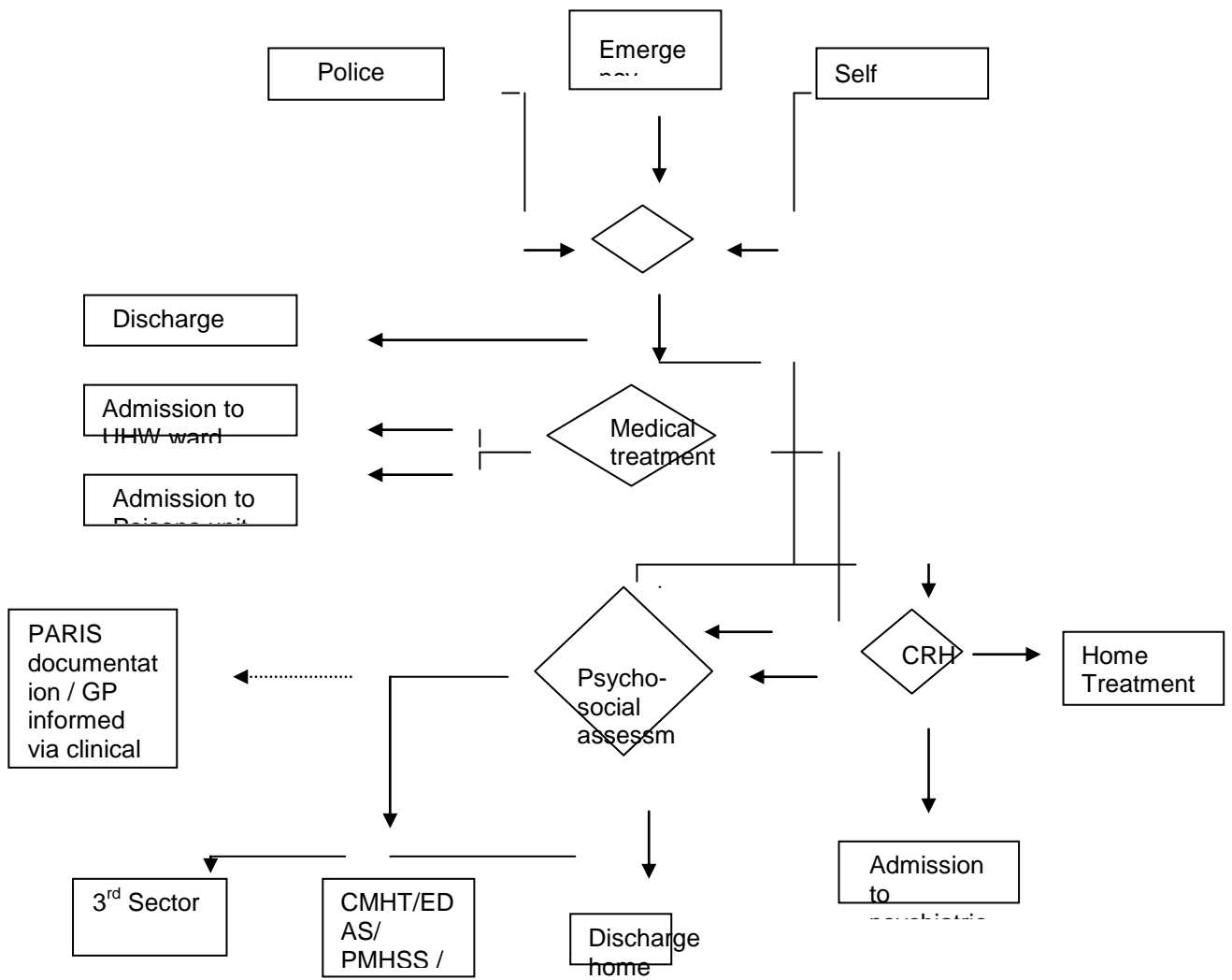
All patients who need psychiatric assessment whilst attending the Emergency Unit should be referred to the EU Liaison Psychiatry between the hours of 0700-0000 or the duty psychiatrist at the earliest opportunity. A referral should be made by the EU staff using Bristol Matrix.

In all instances the patient should be seen by the EU staff prior to discharge from the EU.

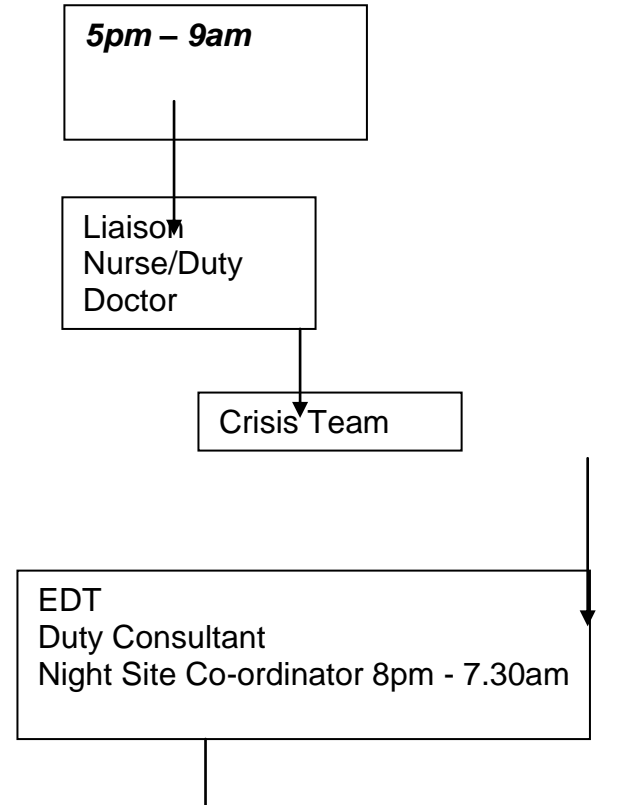
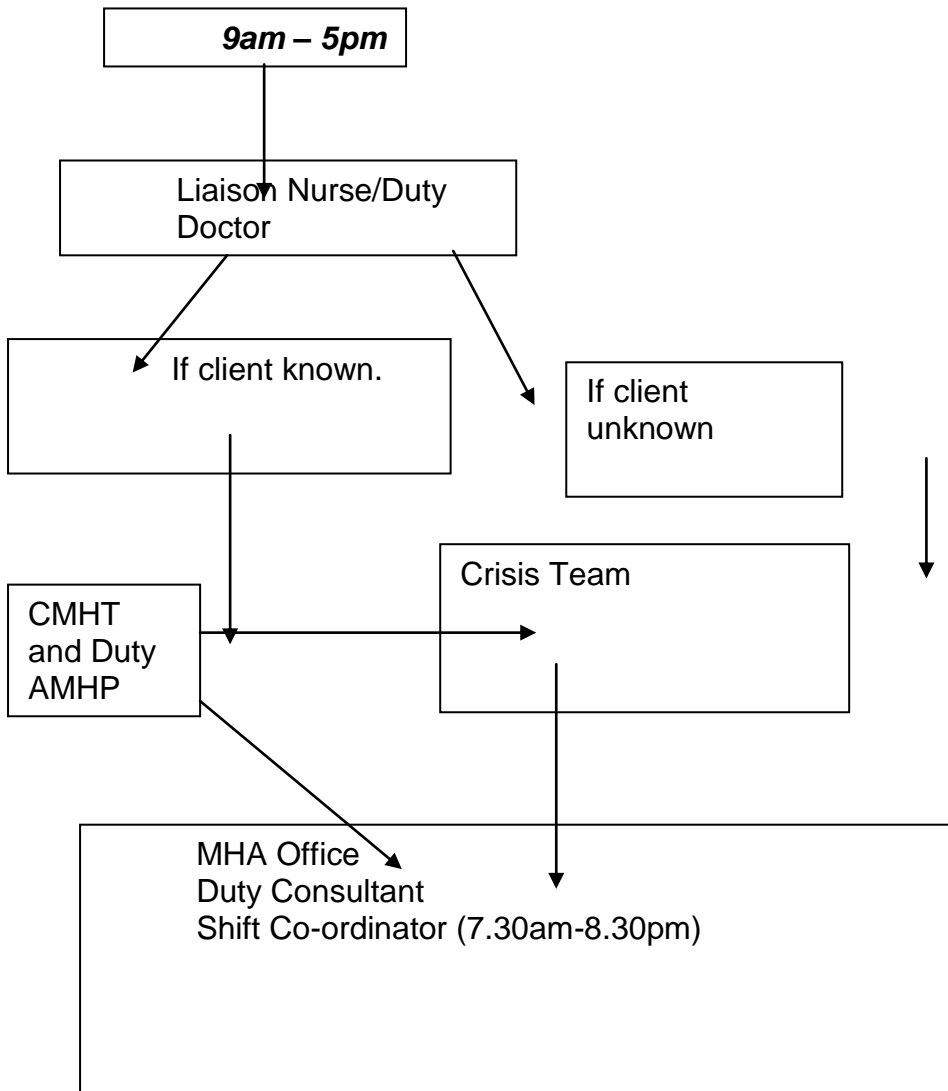
Patients should be assessed in the Emergency Unit by a Mental Health Liaison Nurse or SHO using the standard assessment form.

If an immediate psychiatric opinion is required the Liaison Psychiatry nurse should be contacted if on duty or the outreach Dr on call should be via UHW Hospital switchboard.

Referral criteria	<ul style="list-style-type: none"> ▪ Episode of self poisoning or psychiatric emergency presenting to ED ▪ 18-65 years of age (separate arrangements for old age and 16 – 18 year olds) ▪ Medically fit for interview (no significant clinical symptoms i.e. vomiting, drowsiness, no major treatments required) ▪ Not acutely intoxicated / delirious
Screening process	<ul style="list-style-type: none"> ▪ Referrals screened by liaison nurse / doctor ▪ + Discussion with referring team ▪ Information gathering from Emergency unit nurse or doctor, collateral sources, Cardiff and Vale UHW electronic notes
Assessment process	<ul style="list-style-type: none"> ▪ Bio-psycho-socially holistic assessment with a focus on psychological symptoms (in keeping with NICE guidance) ▪ Therapeutic interview ▪ Risk assessment ▪ Formulation of immediate management plan
OUTPUT	<ul style="list-style-type: none"> ▪ PARIS documentation ▪ +/- CP1A ▪ +/- Risk assessment
Interventions	<ul style="list-style-type: none"> ▪ Problem solving ▪ Psycho education ▪ Practical advice ▪ Discussion with family (where appropriate)
OUTPUT	<ul style="list-style-type: none"> ▪ Clinical attendance record to GP +/- CMHT



8. MHA Assessments in EU



NCRHTT – Internal 24950
 SCRHTT –Internal 24930
 MHA Office – 24744
 EDT – 20448360
 Shift Coordinator Internal 24691
 All paged via UHW Switchboard - 20747747
Ringling external 02921 8 is to be added in front.

9. Guidance for risk management within The Department of Liaison Psychiatry

Whilst assessing patients in various clinical areas on behalf the Department of Liaison Psychiatry there will be times when it is identified that the patients' accessing our service present with increased risk or are a frequent user of multiple services. There will be circumstances when patients' risks or behaviours require a collaborative approach to safely manage and maintain care and treatment, along with maintaining dignity and respect. This may be due to frequent presentations to unscheduled care services such as the Emergency Department, OOHGP, police and WAST or any other clinical areas within the general hospital setting. This might be with high risk behaviours towards themselves or others such as deliberate self-harm, self-poisoning, absconding or threatening behaviours towards staff or others. Risk management plans are invaluable for patients with complex co-morbid condition and mental health presentations. They provide staff with background information, guidance on prescribing, investigations and in particular, what is not required. They should guide when onward referral is needed to certain specialties. Plans should be made with specialists who know the patient and ideally with input from the patient.

The members of the Department of Liaison Psychiatry take an active role in the development of collaborative planning for patients. Risk management plans for patients with mental health problems can be helpful in identifying and managing these risks. They may state if patients will or will not benefit from a psychiatric assessment when they present to the hospital. They can also highlight patterns of behaviour which indicate a patient is becoming more unwell with identification of signatures of relapse. Consideration should also be given to what can help reduce a patient's distress when they present. Any risk to staff should be made clear in a plan and/or as an alert on a patient's records.

Any risk management plan or guidance should be made with the appropriate staff from mental health and other relevant speciality, frequent attenders lead, emergency services and any other services that contribute or are involved in that particular patient's care. A consideration should be given to appropriately sharing information in the form of guidance plans following a risk assessment. Risk management or guidance plans must be reviewed at appropriate intervals and updated/amended when necessary.

Staff should ensure they have checked if a patient has a management plan as services such as Cynnwys (Specialist service for Personality Disorder) with the collaboration of other teams may have developed comprehensive guidance to support staff in the management and approach of patients who access our services.

Document Title: <i>Insert document title</i>	25 of 60	Approval Date: dd mmm yyyy
Reference Number:		Next Review Date: dd mmm yyyy
Version Number:		Date of Publication: dd mmm yyyy
Approved By:		

10. Lone Working Guidelines

In the EU the liaison nurses work alone, and on a twilight shift additional precautions are made to ensure the safety of the team and therefore the following steps should be followed.

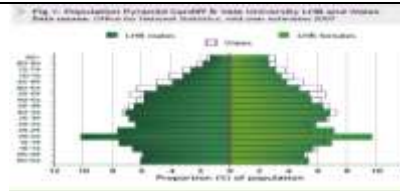
1. Liaison nurses working OOH to inform night shift co-ordinator at the end of clinical work that they are safe at the end of the shift and to hand over any referrals received after midnight.
2. If the shift coordinator has not heard off liaison nurse by 0100 they are to attempt to contact them on the bleep or telephone. Due to the distance of Monmouth House to the EU, the liaison nurse may be in the frequent attenders office located in the EU reception. The telephone number for the office is 02920 748274.
3. If the shift co-ordinator cannot get hold of the nurse using the above mechanisms the EU NIC is to be contacted to ensure the nurse is not in the EU.
4. If the EU NIC is unable to be located, personal phone numbers should be used, and if unsuccessful next of kin to be informed.

11. Equality & Health Impact Assessment for the Operational Policy Department of Liaison Psychiatry

<p>1 For service change, provide the title of the Project Outline Document or Business Case and Reference Number</p>	<p>Operational Policy Department of Liaison Psychiatry Reference number To be added after policy agreed</p>
<p>2 Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details</p>	<p>Mental Health Clinical Board Lead title to be added</p>
<p>3 Objectives of strategy/ policy/ plan/ procedure/ service</p>	<p>Department of Liaison Psychiatry is part of the Mental Health Division of the Cardiff and Vale University Health Board. This document is intended to provide all necessary information regarding the operational assumptions, services and workforce needed by the Department of Liaison Psychiatry to deliver the service.</p>
<p>4 Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment 	<p>Cardiff & Vale University Health Board is the smallest and most densely populated health board in Wales, primarily due to Wales' capital city: Cardiff. 72.1 and 27.9 percent of the LHB area population live within Cardiff and the more rural Vale of Glamorgan respectively</p>

- engagement and involvement findings
- research
- good practice guidelines
- participant knowledge
- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².



- **The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet). (Add number if any comments received)**
- A part of good practice, other policies from different organisations were considered.
- Stakeholders were not engaged in the EHIA and/or policy development.
- Royal College of Psychiatrists - Psychiatric Liaison Accreditation Network (PLAN) (2017)
- Royal College of Psychiatrists –Standards for Community Based Mental Health Care (2015)
- National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence – Better Access to 24/7 Urgent and Emergency Mental Health Care (2016)
- Welsh Government (2016) Together for Mental Health Delivery Plan
- Encourage Prudent Healthcare

Other EQIAs accessed:

NHS Greater Glasgow and Clyde (2016)

Equality Impact Assessment Tool for Frontline Patient Services

https://www.nhsggc.org.uk/media/220402/EQIA_Community_Mental_Health_Team.pdf

		<p>NHS North Staffordshire and Combined Healthcare (2018) https://combined.nhs.uk/working-together/diversity-and-inclusion/equality-impact-assessment-process/</p>
5	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>The Department of Liaison Psychiatry provides a range of services. These include:</p> <ul style="list-style-type: none"> • Mental health assessment and initial management for patients currently on inpatient wards at the University Hospital of Wales suffering from a physical illness or disorder but with associated psychological or mental health problems or in need of a mental health assessment. We also provide assessments at Rookwood Hospital and CRI. • A consultation/advice service for healthcare professionals at UHB about the psychiatric and psychological treatment and management of individual patients or more general issues regarding their patient group. • The assessment of patients referred presenting with episodes of self-harm, in the Emergency Department and on the wards. The assessment and treatment of patients presenting with a mental health crisis at the Emergency Department. • Education and training for the staff and students of UHB, Cardiff University medical and nursing School • Support and advice to carers. <p>Therefore this policy will support the assessment and referral process for UHB staff and service user expectations.</p>

EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Between the ages of 18-65 No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of age. Under 18 and over 65. The Department of Liaison	Good working relationships between psychiatric liaison and CAMHS and older adult services. Individuals under the age of 16, or aged 18 and still at school, should be referred to the Child and Adolescent Mental Health Services	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>Psychiatry is funded to provide care to adults of working age living in Cardiff and Vale catchment area. However, those admitted under the UHB care in UHW and Rookwood Hospital are seen by the team. Those admitted to UHL are not seen by the working age adult team. This is due to the establishment level and the department commissioned for those under the age of 65. The CAMHS and MHSOP directorate are responsible for similar care for patients under the age of 18 and over 65 years respectively.</p> <p>Findings from Stonewall YOU GOV show that poor mental health is also higher among</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	LGBT people who are young Stonewall YOU GOV		
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>No. The policy does not discriminate anyone due to their disability. We provide out-patient services specifically aimed for people with above mentioned difficulties who also have symptoms of mental illnesses or disorders.</p> <p>The Stonewall YOU GOV report also states that their findings show that poor mental health is also higher among LGBT people who are disabled. Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say</p>	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.</p>		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is</p>	<p>A study conducted by Stonewall You GOV <u><i>LGBT in Britain: Health Report</i></u> Mirrors the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say</p>	<p>Clinicians are aware of and deal sensitively with issues that may be highlighted around gender based violence for all forms of relationships.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	<p>they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.</p> <p>In addition to this, 46% of trans people have thought about taking their own life in the last year. (Stonewell YOU GOV 2018)</p>	<ul style="list-style-type: none"> • All staff treat service users with respect, sensitivity and dignity • Clinicians are sensitive to the mental health issues that can occur around sexual orientation. Staff are aware of and signpost to organizations that offer support for those who have specific needs around trans status. 	
6.4 People who are married or who have a civil partner.	There appears not to be any impact. No documented evidence found from the	N/A	Policy put out for consultation within the organisation and

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of sexual orientation. Stonewall and Terrance Higgins Trust websites accessed and no evidence found.		ratified by Transfusion Group
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not	There appears not to be any impact.	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
they are on maternity leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>There appears not to be any impact regarding race, nationality, colour, culture or ethnic origin. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of race</p> <p>The Stonewall YOU GOV report also states that their</p>	<p>Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings. Members of the public would be supported by staff, or family members as appropriate.</p> <p>WITS would be contacted for translation and interpretation.</p> <p>Following the recent</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>findings show that poor mental health is also higher among LGBT people who are young, Black, Asian or minority ethnic. Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.</p>	<p>publication of the Welsh Government's "Enabling Gypsies, Roma and Travellers" plan, the NHS Centre for Equality & Human Rights (CEHR) Has released a new "Romani and Traveller Healthcare" e-learning training module which is the culmination of a year long collaboration with the Romani Cultural Arts Company.</p> <p>More than 100 stories were gathered for 'Stories of Health & Wellness', a three-year research project led by the Romani Cultural and Arts Company and funded by the CEHR.</p> <p>The research evidences</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		<p>the health inequalities Roma and Traveller communities face, including a shorter life expectancy. Some of these may be the result of the traditional Romani and Traveller lifestyle and culture. However, some stem from the prejudice and discrimination these communities face when accessing health and wellness services.</p> <p>The new e-learning resource aims to develop the confidence and capability of staff to deliver culturally sensitive healthcare that meets the needs of Romani and Traveller communities and</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		will be recommended to staff	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Kate M. Loewenthal and Christopher Alan Lewis (2007) look at how mental well-being can be affected by religious practice and cultural context. They concluded: There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on well-being. Other ways in which culture may impact on the relations between religion and well-being have been less consistently documented. The recent growth of interest in positive psychology, and in the relations between religion and spirituality, and maturity,</p>	<p>Staff are able to raise any issues with their line manager/Human Resources.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>morality and virtue has not yet incorporated a marked focus on cultural issues. Religious beliefs and practices supported in one culture may appear disturbed to people (including mental health professionals) from another, affecting diagnosis and treatment. Many commonly held ideas about the role of religion in shame, guilt and anxiety (including obsessive-compulsive disorder), voices, visions and spirit possession require closer examination in the light of evidence from different cultural groups. Clinical practitioners are keen to reach a better understanding of the roles played by religious factors in different</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	cultures, in affecting mental health.		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>Based on the findings of National Institute for Mental Health England (2007) Mental disorders suicide and deliberate self harm in lesbian, gay and bisexual people, London: NIHME. “LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people”</p> <p>More recent research from Stonewall You GOV <u><i>LGBT in Britain: Health Report</i></u></p> <p>The report is the latest in our ‘state-of-the-</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>nation' <i>LGBT in Britain</i> research series. It uncovers alarmingly high rates of poor mental health experienced by many LGBT people in Britain today.</p> <p>In the past year alone, half of LGBT people have experienced depression and three in five have suffered from anxiety. This far exceeds estimates for the general population. These findings underline the importance of proactive work being done by organisations and</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>individuals to effectively meet the needs of LGBT people.</p> <p>While real progress has been made, many LGBT people – particularly trans and bi people – still experience routine discrimination in healthcare settings:</p> <p style="padding-left: 40px;">Nearly one in four LGBT people have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.</p> <p style="padding-left: 40px;">Many continue to be outed without their consent and even refused services altogether.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>Fearing such discrimination, one in seven LGBT people – including more than a third of trans people – have avoided seeking treatment when in need.</p> <p>The report includes specific recommendations for the health and social care sector. Moreover, the health inequalities that many LGBT people face, and the barriers that prevent them from receiving the support they need, make them an ‘at risk’ group when accessing broader</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>public services. Public and third sector providers need to consider the specific experiences of LGBT people when designing and delivering their services.</p> <p>Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	third of trans people, have avoided treatment for fear of prejudice.		
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Bilingually patient information leaflets are available for patients. This is in line with our current Welsh Language Scheme and the future Welsh Language Standards. The leaflets are available in one the leaflet should be bilingual in one single document English on one side and Welsh on the other side.</p> <p>The aim of the ‘active offer’ is that staff should ask for the language choice (of either Welsh or English) of the</p>	<p>We will adhere to the Welsh Language Standards as applicable to this UHB.</p>	<p>NA</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>patient. The language choice should then be integrated into the patients treatment. In other words the patient could request their treatment be in Welsh. If we are unable to provide a fully Welsh language service for the patient, we should then aim to maximise the coverage of treatment and care in Welsh for them using the staff and resources we already have.</p>		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	<p>There appears not to be any impact</p> <p>The previously mentioned Stonewall YOU GOV report also states that their findings show that poor mental health is also higher among LGBT people who are from a socio-economically deprived</p>	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>background. Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity.</p> <p>This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.</p>		
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic</p>	<p>There appears not to be any impact on staff, and this policy has a positive impact on people on low income as</p>	<p>N/A</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
and/or health indicators, people unable to access services and facilities	the policy is applicable to all people.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	People who speak other languages other than Welsh or English will be impacted positively as the policy refers to issues of language accessibility. There are no other groups including Carers or risk factors to take into account with regard to this Policy.	There have been new statements regarding language accessibility within the policy	

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The psychiatric liaison services only operates in the UHW site, therefore the policy may have a negative impact in the UHL site if mitigation solutions aren't put into place.</p> <p>However the policy supports recommendations made in the Welsh Government Together for Mental Health Delivery Plan.</p>	<p>To counteract any issues this may cause For inpatients in University Hospital of Llandough referrals for non-urgent assessments, with the exception of the Poisons Unit, are dealt with by the patient's locality CMHT..</p>	<p>N/A</p>
<p>7.2 People being able to improve /maintain healthy lifestyles:</p>	<p>This policy has a positive impact in relation so improving people's lifestyles. This is due to the fact that all NHS staff have access to making every</p>	<p>N/A</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>contact count training which encourages staff to ask questions on interaction http://www.wales.nhs.uk/sitesplus/888/page/65550 In addition psychiatric liaison has direct links with drug and alcohol series and can provide advice a sign post to other agencies such as smoking cessation. There is also a substance misuse nurse aligned to psychiatric liaison.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>No impact - The performance of the team will be sustained by appropriate staffing levels, and likewise will be impaired by short-term sickness etc. Out-of-hours, the on-call doctors provide the services to the Emergency department. All Team members will be required to participate in a PADR.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food,</p>	<p>For this policy, there will be no impact.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on</p>	<p>For this policy there is no impact in terms of social and community influences on their health</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic</p>	<p>No impact identified – The policy links in with current mental health service requirements and goals set by Welsh Government.</p> <p>http://www.mentalhealthwales.net/the-new-strategy-for-wales/</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>https://www.evidence.nhs.uk/search?q=psychiatric+liaison</p> <p>http://www.wales.nhs.uk/unscheduledandemergencycare</p> <p>https://gov.wales/topics/health/nhswales/plans/mental-health/?skip=1&lang=en</p>		

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Overall, the policy does not impact negatively on staff or patients. The rationale behind its development is to produce a robust guide which demonstrates the services offered and how the assessment and referral processes are undertaken within the psychiatric liaison department. The policy has a potential positive impact on the lifestyle of service users and potential negative of those patients admitted off the UHW site. However, alternative arrangements are in place to ensure there is an equitable service delivered.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Consultation and ratification as per UHB policy.</p>			<p>Action in accordance with UHB Employment Policies and Procedures.</p>

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>As there has been potential for very limited impact identified, it is unnecessary to undertake a more detailed assessment.</p>	N/A	N/A	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>The Policy remains unchanged. The EHIA has been consulted upon internally and externally It has been approved by the ...</p> <p>When the service is developed or reviewed, this EHIA will form part of that consultation exercise and publication. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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