

IMPACT Operational Policy
(Integrated Multi-Agency Prevention and
Assessment of Crisis Teams)

V1.0

June 2020

Summary – IMPACT Infographic



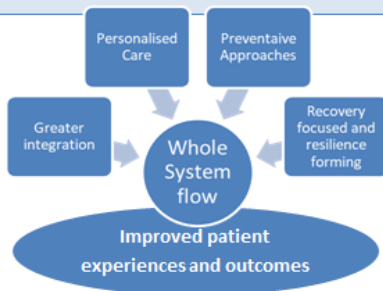
Integrated Multi-professional Prevention and Assessment of Crisis Team(s)

IMPACT will consist of:

RCHT & CFT Safeguarding (all age)
 CFT Psychiatric Liaison
 CFT Complex Care and Dementia
 CFT CAMHS crisis team
 Homeless Patient Advisor
 We are With You (Addaction)
 The Advocacy People (SEAP)
 Safer Futures
 Dementia UK & RCHT Admiral Nurse
 CFT Perinatal Mental Health

Others teams in-reaching include:

Police
 Safeguarding Adults Board (SAB)
 Valued Lives
 Approved Mental Health
 Professionals (AMHPs)



IMPACT is a space for professionals to be based together where they can share expertise and joint work to provide early support, signposting and aid system flow. The teams will provide services to people of all ages who attend the emergency department or RCHT, frequently or in crisis. Crises may be as a result of single factor or a co-occurrence of many factors.

IMPACT is not a patient area and will not have patient facilities.

	Improve whole system flow	Improve outcome & experience
Outcomes	<p>Outcomes: Meet the needs of people in crisis and those at risk of abuse or neglect Develop joined up, specialist pathways Care provision at the right place at the right time Patient focused service at the point of need Specialist services joint working to prevent duplication and manage risk 'Think Family' approach Measurable, evidence based provision of services</p>	
Priorities		
Deliverables	<p>Whole system flow: Reduction in ED attendances Reduction in length of stay Reduction in incidents Reduction in Serious incidents Improved communication of risks Prevention of duplication Lean approach</p>	<p>Outcome & Experience: Patient and carer feedback Improved experiences Reduction in crisis contacts Reduction in harm Improved engagement Reduction in self-harm and suicide Recovery case studies</p>

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team
rch-tr.infogov@nhs.net

1. Introduction

1.1. RCHT successfully submitted Beyond Places of Safety (BPOS) bid via the Kernow Clinical Commissioning Group and Cornwall Crisis Care Concordat to develop an Integrated Multi-agency Prevention and Assessment of Crisis Team (IMPACT) hub on the RCHT site.

1.2. IMPACT will bring all the relevant stakeholders together in a modular hub. The hub is not a clinical area and patients will not be seen in the hub. IMPACT will build on and strengthen the services already available to patients attending RCHT.

1.3. IMPACT will:

1.3.1. Improve services for people who present to the Emergency Department (ED) with mental health needs, or who are at risk of or experiencing harm, to reduce attendances and plan with the person and relevant service(s) to provide shared care and prevent relapse.

1.3.2. Enhance the current service delivery for people in crisis by the RCHT Safeguarding Services and Partnership Mental Health Services, charity and third sector services and other organisations.

1.3.3. Integrate key services to provide coherent local crisis pathways and systems. Services will work together, for people of all ages, who are vulnerable to, experiencing, or recovering from crisis.

1.3.4. Provide joint working between statutory and non-statutory services to create a gold standard service to vulnerable service users, pro-actively and at the point of need.

1.3.5. Provide rapid assessment, expert advice, support and care planning to help prevent frequent attendances in ED and avoid admission to both acute and mental health settings.

1.4. Signpost people, to encourage and support self-management and, where possible, to resolve social problems to prevent crisis.

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy sets out the operational function of the IMPACT hub.

3. Scope

This policy applies to all staff working or visiting in the IMPACT Hub.

4. Definitions / Glossary

4.1. Definitions are contained within the text.

4.2. Acronyms will be written in full text when first used and thereafter acronyms will be used e.g. Integrated Multi-agency Prevention and Assessment of Crisis Team (IMPACT).

5. Ownership and Responsibilities

5.1. Role of the Nurse Consultant for Integrated Safeguarding Services RCHT/CFT

Nurse Consultant for Integrated Safeguarding Services RCHT/CFT is responsible for:

- *Reporting to RCHT/CFT Boards and Safeguarding Adults Board (SAB).*

5.2. Role of Advanced Professional for Mental Health and Complex Cases

Advanced Professional for Mental Health and Complex Cases is responsible for:

- *Reporting to the Crisis Care Concordat.*
- *Co-ordinating IMPACT team meetings.*

5.3. Role of Senior Nurses/Departmental Managers

Senior Nurses/Departmental Managers are responsible for:

- *Honorary contracts of external staff working within the IMPACT hub.*
- *Ensuring that staff are aware of this guidance and that the guidance is implemented and adhered to.*

5.4. Role of All Staff within IMPACT

All IMPACT staff members are responsible for:

- *Carrying out their duties with professionalism and in adherence to the Trust Values.*
- *Role modelling positive behaviours and attitudes toward patients who may present with challenging behaviours, test staff resilience and frequently attend the hospital.*
- *Working in partnership with colleagues within their own teams, the IMPACT hub, RCHT, CPFT and beyond.*

5.5. Role of All Staff within RCHT

All staff members are responsible for:

- *Making timely referrals to the IMPACT hub.*
- *Working in partnership with colleagues from the IMPACT hub.*
- *Displaying positive behaviours and the Trust values toward patients who may present with challenging behaviours, test staff resilience and frequently attend the hospital.*

5.6. Role of the Clinical Site Co-ordination Team

The Clinical Site Co-ordination Team is responsible for:

- *Collecting and accepting Mental Health Act Detention papers as per the Mental Health Act 1983 & Mental Health Amendment Act 2007 Policy for RCHT.*
- *The Site Co-ordination Team will make timely referrals to the IMPACT hub.*

6. Standards and Practice

6.1. IMPACT will consist of:

IMPACT teams	Hours/Days of Operation	Organisation
• Mental Health and wellbeing	08:00 – 17:00 Mon – Fri	• RCHT
• Learning Disabilities and Autism Team	08:00 – 17:00 Mon – Fri	• RCHT
• Child and Adolescent Mental Health (CAMHS)	08:00 – 20:00 7 days	• CFT
• Complex Care and Dementia	09:00 – 17:00 Mon – Fri	• CFT
• Perinatal Mental Health	09:00 – 17:00 Mon – Fri	• CFT
• Psychiatric Liaison	24hr Service 7 days	• CFT
• Safeguarding: Adult, Child & Midwifery	08:00 – 17:00 Mon – Fri	• RCHT/CFT
• Homeless Patient Advisor	09:00 – 17:00 Mon - Fri	• RCHT/CFT
• Independent Domestic Violence Advocate (IDVA)	08:00 – 16:00 Mon - Fri	• Safer Futures
• Independent Advocacy	09:00 – 17:00 Mon - Fri	• SEAP
• Admiral Nurse	08:00 – 16:00 Mon - Fri	• RCHT/Dementia UK
• Carers support workers	TBC	• Cornwall Rural Community Council (CRCC)
• We Are With You (Drug and Alcohol)	08:00 – 17:00 Mon – Fri	• We Are With You

6.2. In addition to the teams based within IMPACT other services and teams will 'hot desk' within the hub. Hot desking teams could include:

- *Devon and Cornwall Police*
- *Approved Mental Health Professionals (AMHP)*
- *Safeguarding Adults Board (SAB)*
- *Third Sector Services; Valued lives, Samaritans etc.*

6.3. The aim of the IMPACT hub is to:

6.3.1. Improve services for people who present to the Emergency Department (ED) with mental health needs, or who are at risk of or experiencing harm, to reduce attendances and plan with the person and relevant service(s) to provide shared care and prevent relapse.

6.3.2. Enhance the current service delivery for people in crisis by the RCHT Safeguarding Services and Partnership Mental Health Services, charity and third sector services and other organisations.

6.3.3. Integrate key services to provide coherent local crisis pathways and systems. Services will work together, for people of all ages, who are vulnerable to, experiencing, or recovering from crisis.

6.3.4. Provide joint working between statutory and non-statutory services to create a gold standard service to vulnerable service users, pro-actively and at the point of need.

6.3.5. Provide rapid assessment, expert advice, support and care planning to help prevent frequent attendances in ED and avoid admission to both acute and mental health settings

6.3.6. Signpost people, to encourage and support self-management and, where possible, to resolve social problems to prevent crisis

6.4. Philosophy

The IMPACT Hub will adopt a 'no exclusions' philosophy. If there are concerns that a person is at risk or experiencing harm or abuse a referral can be made to the IMPACT hub, and if one of the teams within the Hub cannot help appropriate signpost and advice will be provided.

6.5. Referral Criteria and Clinical Processes

6.5.1. Referrals to IMPACT can be made to the relevant team within IMPACT.

6.5.2. Each service within the IMPACT hub has their own referral criteria. A brief guide to referral information for each service can be found in Appendix 3.

6.5.3. Where a referral form indicates that more than one team within the IMPACT hub is required to support a patient the relevant teams will meet, prior to meeting the patient where possible, to discuss how to proceed with the assessment and management of the patient. A lead professional should be identified and joint visits are encouraged.

6.5.4. Joint visits benefit the patient as they reduce the requirement for the patient to repeat information for numerous professionals, reduce waiting time between assessments and prevent miscommunication. Joint visits also benefit professionals who are able to work with colleagues from other specialisms to prevent duplication and provide a holistic assessment and management plan.

6.5.5. Joint visits should be recorded on the IMPACT referrals database.

6.5.6. No patients will be seen within IMPACT, or asked to attend IMPACT to meet with staff. IMPACT is a non-patient area. The building is not designed to clinic specifications.

6.5.7. Patients will be seen within ED or in the hospital wards. Reasonable adjustments may be made and patients could be seen elsewhere within the Trust such as in the garden or café areas where safe and appropriate.

6.5.8. Following assessment or patient visit a concise record will be made in the medical notes, this will include a clear plan of what will happen next and contact details for the professional involved. If no further action from the IMPACT team is required this will also be documented.

6.5.9. Where risks are present (historically or currently), or suspected, documentation in the patients note should also include a risk assessment which details; harm to self, vulnerability, triggers to symptoms and behaviours, deterioration, absconding, non-adherence to treatment, harm to others, harm from others and actions to mitigate risks.

6.6. Documentation and Data Systems

6.6.1. Each team within IMPACT will maintain documentation in accordance to Information Governance and Trust documentation standards.

6.6.2. Various clinical systems will be in use and staff will be required to lawfully share information where it is necessary for care, treatment and risk.

6.6.3. Each team within IMPACT have their own data collection requirements. To prevent duplication teams will collect data required for their purposes and this will be used to identify broader IMPACT outcomes.

6.6.4. Duplicate referrals will be recorded on the IMPACT referrals database

6.6.5. Service activities report will be reported to the Mental Health Operational Group, The RCHT Safeguarding Operational Groups (Adult and Children) and the Crisis Care Concordat.

6.7. IMPACT Team Meetings

6.7.1. There will be monthly IMPACT team meetings which will include an appropriate representative from each of the teams based within IMPACT and those teams who hot desk regularly within IMPACT.

6.7.2. Meetings will include:

- *Key updates from each team (staffing, changes in practice, national drivers, practice and policy changes etc.)*
- *Serious incidents, complaints and concerns relating to patients seen by teams within IMPACT*
- *Achievements, plaudits and best practice*
- *IMPACT news*

6.7.3. IMPACT meeting room booking system

6.7.3.1. IMPACT stakeholders have agreed for priority given to booking the Bronn Ewhella meeting room as follows:

- First Priority - Multi-disciplinary teams involving the Hub
- Second Priority - Multi-disciplinary teams not involving the Hub/partly involving the Hub
- Third Priority - Any other meetings

6.8. Escalation Procedure within IMPACT

6.8.1. There will be occasions where teams within IMPACT will have differing professional opinions. Professionals should respectfully challenge when there is a difference of opinion. Respectful challenges should clearly explain the rationale for the difference of opinion and recommendations of how to progress.

6.8.2. It is expected that teams will work together to reach agreement when there are differences of opinions. In instances where agreement cannot be reached the team managers will participate in discussion and mediation to support the professionals involved to find a solution.

6.8.3. In the event that escalation is required above the team leaders, this should be done in line with the service(s) operational structure.

6.9. Co-production with Service Users and Carer Representative

6.9.1. All teams within IMPACT should embrace co-production during service development, delivery and redesign. Co-production is a way of working that involves people who use health and care services and acknowledges that people with 'lived experience', or their carers, are often best placed to advise on what support and services will make a positive difference. Co-production will support IMPACT to maintain a person-centred perspective.

6.9.2. Patient and carer feedback should be collected by each team and a summary reported in the IMPACT monthly meetings. Actions arising from patient feedback should be incorporated into an action plan and monitored at the monthly meetings.

6.10. Provision of Education and Training

6.10.1. The teams within IMPACT are the experts in their field and will support RCHT, CFT and, by arrangement, other services with regards to ongoing education and support.

6.10.2. The provision of education may include formal taught lessons, bespoke training sessions based on current need, conference days, the development of training resources such as toolbox training and information leaflets and the development of web resources.

6.10.3. Students may spend prolonged time on placement with teams within the IMPACT hub. This will be arranged via the relevant university or formal work experience teams. Students must have appropriate induction and identification.

6.10.4. There may be occasions where professionals from other teams wish to spend time shadowing professionals working within IMPACT. This may be arranged on a case by case basis dependant on the request and the availability of staff to support the learner. Staff shadowing within IMPACT must not undertake activities or assessments alone, they must be accompanied by a member of the IMPACT team at all times.

6.10.5. Appropriate information sharing arrangements must be in place for staff shadowing the team.

6.11. Safer Recruitment

6.11.1. All staff working regularly within the IMPACT building must be employed by RCHT or have an RCHT honorary contract. This is in-line with the RCHT safer recruitment policies.

6.11.2. More information regarding Honorary contracts can be found in the RCHT [Honorary Contract Policy](#).

6.11.3. Staff hot desking within the IMPACT building will not need honorary contracts unless they are working with patients of RCHT alone and unsupervised. In which case an honorary contract must be requested before any lone patient facing work is undertaken. Exceptions to this include Police and Approved Mental Health Professionals who work alone and unsupervised with patients as part of their usual duties.

6.11.4. More information on safe recruitment procedures can be found in the RCHT [Recruitment Policy](#).

6.12. Management and Supervision

6.12.1. Each team within IMPACT has their own management and organisational structures. Supervision and line management is provided within these organisational structures.

6.12.2. Staff holding an RCHT honorary contract will have a sponsor who is a senior substantive member of RCHT.

6.13. Incidents

6.13.1. It is expected that all staff within the IMPACT hub, including those hot desking and visiting, will report any incident that they are involved in, witnessed or informed of.

6.13.2. Visiting staff should notify a member of IMPACT hub staff of any incidents.

6.13.3. IMPACT staff should adhere to the RCHT [Incident Management Policy](#) and their own organisational incident reporting procedures

6.13.4. The initial response to any incident must be to make the situation safe thus preventing further harm to patients, visitors and/or staff/ others.

6.13.5. All incidents must be reported on the Trust's Electronic Incident Reporting system, [Datix](#) immediately or as soon as safe to do so. The information reported on the incident form must be factual and accurate. No opinions or guesswork should be included and in line with the Trust's values and behaviours. This is a legal document and must be factual.

6.13.6. Any incident that relates to an external organisation will be forwarded by the Patient Safety Team to ensure they are made aware of the incident and refer that incident to the external body for appropriate action.

7. Dissemination and Implementation

The Trust will demonstrate that this document has been issued, read and implemented as follows:

- Inclusion in staff communications
- Inclusion in the Document Library on the Trust's Intranet, which all staff are encouraged to use
- Distribution to the Clinical Site Team

8. Monitoring Compliance and Effectiveness

Element to be monitored	Integration of services into the IMPACT hub and demonstrable changes in relation to joint working, duplication reductions, improved system flow and improved patient outcomes
Lead	Advanced Nurse for Mental Health and Complex Cases
Tool	IMPACT data collection spreadsheets and individual teams data collection
Frequency	Monthly – at IMPACT team meetings
Reporting arrangements	Reporting to MHOG and ASOG/SCOG
Acting on recommendations and Lead(s)	Nominated lead from each team within IMPACT
Change in practice and lessons to be shared	Action plans from IMPACT monthly meetings, MHOG and ASOG/SCOG

9. Updating and Review

9.1. This document will be reviewed no less than every three years.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author will the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval will be sought from the Executive Director responsible for signatory approval, and the policy can be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any revision activity will be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1 Governance Information

Document Title	IMPACT Operational Policy V1.0 (Integrated Multi-Agency Prevention and Assessment of Crisis Teams)		
This document replaces (exact title of previous version):	New Document		
Date Issued/Approved:	June 2020		
Date Valid From:	June 2020		
Date Valid To:	June 2023		
Directorate/Department responsible (author/owner):	Lerryn Hogg, Advanced Professional for Mental Health and Complex Cases		
Contact details:	01872 255742		
Brief summary of contents:	This policy sets out the operational function of the IMPACT hub		
Suggested Keywords:	IMPACT, Multi-Agency, Mental Health, Safeguarding, Complex Needs		
Target Audience:	RCHT ✓	CFT ✓	KCCG
Executive Director responsible for Policy:	Director of Nursing, Midwifery and Allied Health Professionals		
Approval route for consultation and ratification:	MHOG, Mental Health Operational Group ASOG, Adult Safeguarding Operational Group SCOG, Safeguarding Children Operational Group		
General Manager confirming approval processes:	Kim O’Keeffe, Director of Nursing, Midwifery and Allied Health Professionals		
Name of Governance Lead confirming approval by specialty and care group management meetings	Kim O’Keeffe		
Links to key external standards	Mental Capacity Act 2005 Mental Health Act 1983 Mental Health Act 2007 Mental Health Act 1983: Code of Practice Care Act 2014		
Related Documents:	<u>CAMHS</u> Child and Adolescent Mental-Health-Service-InReach-Community Mental Health Nursing Team SOP OP-025-16-validation		

Complex Care and Dementia

Under Review: Operational Policy for the Complex Care and Dementia Psychiatric Liaison Service

Psychiatric Liaison

[Adult Liaison Psychiatry Service Standard Operational Procedure](#)

Perinatal

14. Perinatal

Safeguarding Services

[A Policy to Support Adult Patients Wanting to Self-Discharge Against Medical Advice](#)

[Admiral Nurse Policy](#)

[Adult Safeguarding Policy and Procedural Guidance](#)

Care of Children and Adult Patients With Autism Spectrum Disorder Policy

Care of Children and Adult Patients with a Learning Disability Policy

[Carer's Policy](#)

[Chaperone Policy](#)

[Children and Young People Presenting to RCHT with Mental Health Concerns Clinical Guideline](#)

[Children Who Are in Hospital for More Than Three Months Policy](#)

[Deprivation of Liberty Safeguards \(DoLS\) Policy](#)

[Homeless Patient Hospital Discharge Service Clinical Guideline](#)

[Leave Without Being Seen \(LWBS\) - Children's Policy](#)

[Mental Health Act 1983 and Mental Health Amendment Act 2007 Procedures Guidelines and Information](#)

[Missing Patients Policy](#)

[Non-Mobile Bruising Policy](#)

[Prevent Strategy Implementation Policy](#)

[Protocol for Care of Children and Adult Patients With Autism Spectrum Disorder](#)

[Protocol For Care Of Children and Adult Patients With Learning Disabilities](#)

[RCHT Mental Capacity Act Policy](#)

[Restrictive Practice Policy](#)

	Safeguarding Children Supervision Policy Safeguarding Services Strategy Skeletal Survey - guidance for consent The Management of Contact for Children with their Parents/Carers in the Acute Hospital Setting where there are Child Protection Issues The Practical Application of the Mental Health Act 1983 and Mental Health Amendment Act 2007 within the Royal Cornwall Hospital Clinical Guideline The Practical Application of the Mental Health Act 1983 and Mental Health Amendment Act 2007 within West Cornwall Hospital and St. Michaels Hospital Clinical Guideline The Management of Alcohol and Drug Use by Service Users on RCHTPremises Policy Was Not Brought, Cancellation and Refusal of Appointments for Children and Young People up to the Age of 18 Years Policy What To Do If You Are Worried About The Welfare Of A Child Or Young Person Aged Less Than 18 Years Of Age Clinical Guideline		
Training Need Identified?	No		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/ Sub Folder	e.g. Clinical > Safeguarding Services > General		

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
Jun 10	V1.0	Initial Issue	Lerryn Hogg, Advanced Professional for Mental Health and Complex Cases

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2 Initial Equality Impact Assessment

Section 1: Equality Impact Assessment Form					
Name of the strategy / policy / proposal / service function to be assessed					
IMPACT Operational Policy V1.0 (Integrated Multi-Agency Prevention and Assessment of Crisis Teams)					
Directorate and service area: Corporate - Safeguarding Services			Is this a new or existing Policy? New		
Name of individual/group completing EIA Lerryn Hogg			Contact details: 01872 255742		
1. Policy Aim Who is the strategy / policy / proposal / service function aimed at?	This policy sets out the operational function of the IMPACT hub. IMPACT will bring all the relevant stakeholders together in a modular hub. The hub is not a clinical area and patients will not be seen in the hub. IMPACT will build on and strengthen the services already available to patients attending RCHT.				
2. Policy Objectives					
3. Policy Intended Outcomes	This policy will inform how teams work together in IMPACT.				
4. How will you measure the outcome?	Through regular audits and activity monitoring the Integration of services into the IMPACT hub and demonstrable changes in relation to joint working, duplication reductions, improved system flow and improved patient outcomes will be measured.				
5. Who is intended to benefit from the policy?	This policy applies to all staff working or visiting in the IMPACT Hub.				
6a). Who did you consult with?	Workforce	Patients	Local groups	External organisations	Other
	X	X	X	X	X
b). Please list any groups who have been consulted about this procedure.	MHOG, Mental Health Operational Group ASOG, Adult Safeguarding Operational Group SCOG, Safeguarding Children Operational Group Crisis Care Concordat Service user representatives IMPACT stakeholders				
c). What was the outcome of the consultation?	Operational policy agreed.				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have a positive/negative impact on:				
Protected Characteristic	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		The purpose of IMPACT is to increase parity of esteem; improve pathways, outcomes and experiences for all patients at risk of or experiencing harm or in crisis regardless of the various equality strands.
Sex (male, female non-binary, asexual etc.)		X		
Gender reassignment		X		
Race/ethnic communities /groups		X		
Disability (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)		X		
Religion/ other beliefs		X		
Marriage and civil partnership		X		
Pregnancy and maternity		X		
Sexual orientation (bisexual, gay, heterosexual, lesbian)		X		
<p>If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.</p> <p>I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.</p>				
Name of person confirming result of initial impact assessment:			Lerryn Hogg	
<p>If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:</p> <p>Section 2. Full Equality Analysis</p> <p>For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead debby.lewis@nhs.net</p>				

Appendix 3 Referral details for Teams within IMPACT

Admiral Nurse (Dementia UK/RCHT)	Maxims: Admiral Nurse Service Email: Rcht.Admiralnurse@nhs.net
Adult Safeguarding (RCHT & CFT)	Maxims: Safeguarding Adults Email: rch-tr.SGAdults@nhs.net Telephone: 01872 255742 or via switchboard
CAMHS - Child and Adolescent Mental Health Service (CFT)	Telephone: 01208 251 300
Children's Safeguarding Team (RCHT & CFT)	Email: rcht.sgchildren@nhs.net Telephone: 01872 254549 or via switchboard
Complex Care and Dementia (CFT)	Maxims: Psychiatric Liaison Service – Complex Care and Dementia Email: cft.ccdliaison@nhs.net Telephone: 01872 252930
Homeless Patient Advisor (RCHT, CFT and Cornwall Council)	Maxims or Oceano Telephone: 07969 801 807 Email: rcht.homelesspatients@nhs.net
Hospital Advocate (The Advocacy People)	Telephone direct: 01872 254985 Telephone central: 0330 440 9000
IDVA - Independent Domestic Violence Advocate (Safer Futures)	Email: jenny.pink@firstlight.org.uk Telephone: 07918 552709 Helpline: 0300 777 4777
Learning Disabilities and Autism Liaison Team (RCHT)	Maxims: Learning disability and Autism referral Email: rch-trLearningDisabilities@nhs.net Telephone: 01872 254610
Maternity Safeguarding Team (RCHT & CFT)	Email: rcht.maternitysafeguarding@nhs.net Telephone: 01872 254549
Mental Capacity and DOLS (RCHT)	Maxims: Mental Capacity and Deprivation of Liberty Email: rch-tr.DOLS@nhs.net Telephone: 01872 254985
Mental Health and Wellbeing Team (RCHT)	Maxims – RCHT Mental Health and Wellbeing Email: rcht.mentalhealth@nhs.net Telephone: 01872 254985
Perinatal Mental Health (CFT)	Email: cpn-tr.Perinatal@nhs.net Telephone: 01872 221031 In-patients at RCHT can be referred to psychiatric liaison if urgent and not known to the perinatal service
Psychiatric Liaison Team (CFT)	Maxims: Psychiatric Liaison Bleep: 1300 Telephone: 01872 253477
Valued Lives	Referral via Psychiatric Liaison Telephone: 01209901438 Email: info@valuedlives.co.uk
We are With You (previously Addaction)	RCHT Flagging system Community Services via the Alcohol Liaison Team (ALT) and/or Safeguarding Services