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GIG CYMRU NHS WALES
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Swansea Bay University Health Board

Mental Health and Learning Disabilities

Service Group

Eating Disorders Team

Swansea Bay University Health Board

(Part A) Full Policy including links and embedded documents for reference.

OPERATIONAL POLICY

Date Issued:	**December 2024**
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SOP Reviewer:	**MH/LD Policy Review Group**
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CID No:	**CID4956(a)**

Contents

1. Introduction

The Mental Health and Learning Disabilities Service Group provides a wide range of comprehensive community based services to adults with mental ill health and emotional wellbeing issues. These services are mainly delivered in line with the requirements of Parts 1 and 2 of the Mental Health (Wales) Measure, 2010.

This Operational Policy outlines the role and responsibility of the Eating Disorder Service (EDS) within the Swansea Bay University Health Board (SBUHB). This includes a range of professionals including nursing, medical, occupational therapists, dietitians, psychology, admin and healthcare support workers. The team provide a flexible, responsive and integrated service to mental health service users and their carers in the most appropriate setting. The Eating Disorder Service will provide an assessment service to people presenting with eating disorder psychopathology and provide evidenced based treatment under NICE Concordant Guidelines. The Eating Disorder Service will provide treatment for individuals who are relevant patients under the Mental Health Wales Measure 2010 (MHM).

Glossary of Terms:

Abbreviation	Definition
EDS	Eating Disorder Service
SBUHB	Swansea Bay University Health Board
CMHT	Community Mental Health Team
CTP	Care and Treatment Plan

1.1 Purpose

The purpose of the EDS is to ensure that the needs of individuals presenting in an acute episode of mental health distress, where there is a suspected moderate to severe eating disorder and are managed appropriately based on the following principles:

- Working in partnership
- Respecting diversity
- Practising ethically
- Promoting recovery
- Identifying peoples strengths and needs
- Providing service user-centred care
- Promoting safety and positive risk taking
- Personal development and learning

1.2 Location

The EDS within SBUHB, is based within the Ty Einon Centre.

Ty Einon Centre,
Princess Street,
Gorseinon
Swansea

SA4 4US

1.3 Hours of Service

The EDS operates 9am – 5pm, Monday to Friday, however depending on need, appointments either early in the morning or later in the day will be accommodated to enable access.

2. Service Objectives

To deliver part 2 of the Mental Health Measure (2010) to fully support patients who access the service.

There is one team, which covers the SBUHB Footprint (Swansea, Neath and Port Talbot) including those with within the Cwm Taf Morgannwg University Health Board footprint (Bridgend), presenting with a severe eating disorder. The team aims:

- To provide an expert multi-disciplinary approach to the assessment and treatment of individuals with a moderate to severe eating disorder.
- To provide a rapid response to appropriate requests for assessment; all patients will be seen within four weeks. Patients reported to be urgent will be seen within one week.
- To provide a detailed and comprehensive assessment report to the referrer and the patients' GP. If appropriate, this will also be shared with the patient and their family.
- To provide evidenced based treatments taking into account individual needs, personal choice and risk.
- To facilitate appropriate admission to a medical bed and to a Specialist Eating Disorder Unit.
- To provide expert consultation, supervision, teaching, advice and training to colleagues in other parts of the health care system.
- Onward referral to other services if deemed appropriate for the needs of the patient.
- To act as gatekeepers for Specialist Eating Disorder Unit.
- To work with NICE Guidelines and deliver NICE concordant treatment- NICE guidelines NG69. Published 23 May 2017. Updated 16 Dec 2020. Eating Disorders: recognition and treatment.

3. Service Specification

3.1 Patient Group

The eating disorder service provides assessment and treatment for those aged over 18 with a moderate to severe eating disorder presentation. Individuals aged 16-18 will be seen within SCAMHS (Specialist Children and Adolescence Mental Health Services); however the EDS will provide input as appropriate following liaison with SCAMHS.

Patients with type 1 diabetes or pregnant women are accepted into the service with lower threshold of eating disorder severity.

3.2 Referrals

Patients are able to be referred to the EDS through their CMHT. However, appropriate referrals from General Hospital and inpatient psychiatric wards will also be accepted.

Prior to a referral being made to EDS, a medical examination should be completed to rule out any organic cause. This includes recent bloods, ECG if appropriate, weight, height, BMI, BP (sitting and standing) and pulse (sitting and standing), which will help the EDS to triage referrals appropriately.

Once the CMHT has made a referral to the EDS, they must forward all available information to the team regarding the patient. Once the information has been accepted, the referral will be screen by a qualified clinician within the team to determine the urgency.

Urgent:

If the referral is deemed urgent by the clinician, they will be seen within one week and the EDS will liaise with CMHT and notify the patient of appointment.

For hospital referrals, the Registered Medical Officer (RMO) contacts the EDS directly and the client will be seen urgently.

Non-urgent:

Non-urgent referrals will be discussed and allocated within the EDS Multidisciplinary Team Meeting (MDT), and offered a joint assessment with CMHT duty team within four weeks.

The CMHT will notify the patient of the appointment with the EDS.

3.2.1 Referrals to the Specialist Eating Disorder Unit (SEDU)

Referrals to SEDU are made through the EDS Clinical Lead and in accordance with NHS Wales Joint Commission Committee (JCC)

All patients remain open to EDS and CMHT whilst an inpatient to SEDU, however care and treatment planning and RMO responsibilities transfer to the SEDU for the duration of the admission.

For patients in SEDU, EDS will attend all care-planning meetings and update the care coordinator if they are unable to attend.

Clinical correspondence from SEDU will be uploaded to the patient's clinical records.

A community input plan will be agreed with the patient and the SEDU prior to their discharge, to ensure safe and effective care upon discharge.

3.3 Assessment

Following acceptance into the EDS, an assessment will commence.

The assessment will incorporate a thorough exploration of the eating disorder psychopathology, severity and duration, including previous mental health treatment and

evaluation of risk. The CMHT will complete their own comprehensive assessment tool as part of the assessment for the EDS.

The Assessment will include:

- Mental health history and history of involvement with services.
- The person's views and beliefs about current problems, needs and strengths
- Personal history.
- Social circumstances.
- Pre-morbid personality.
- Physical / health issues.
- Current medication.
- Use of alcohol / non-prescribed drugs.
- Forensic history.
- Information from other sources.
- Belief / faith / cultural issues.
- Mental State - profile, general behaviour and appearance, rapport.
- Speech - form and content.
- Affect (as reported by the service user / observed by the interviewer).
- Thought process and content.
- Perception, Cognition – (concentration, memory, orientation), Insight.
- Risk Assessment inclusive of suicidal ideation and self-harm
- Person's expectations of service and motivation to change
- Carer's expectations of service.
- Formulation: Synthesis of the significant factors, which have contributed to the development of the crisis.
- Guidance on the management of the crisis.
- Indicators for hospital admission.
- Psychological distress
- Risk to others due to mental illness / distress

All patient's assessment and formulation will be discussed in the MDT and a plan devised and agreed.

For complex presentations, an extended assessment may be undertaken (up to six sessions).

The outcome of the assessment will be communicated to the referrer and relevant others in writing. A copy of the assessment letter will be uploaded to the patient's clinical record and the assessment letter will include a future plan and/or recommendation.

The outcome of the assessment will be fed back to the patient and carer where appropriate verbally and in writing.

The assessment will take place within the appropriate CMHT base or Ty Einon Centre, unless there are specific individual needs which deems and home or hospital ward visit to be more appropriate.

- All initial assessments will be conducted face to face.
- Patients will be asked to complete The Clinical Outcomes in Routine Evaluation (CORE-10), Eating Disorder Examination Questionnaire (EDEQ) and Clinical Impairment Assessment (CIA)
- Patients will be asked to complete a three-day food diary

3.3.1 Did Not Attend (DNA) / Could Not Attend (CNA)

If the patient cancels their appointment, the four weeks start date will be reset to the date of the cancelled/missed appointment. However, this does not apply if EDS cancels the appointment.

If the patient fails to attend, attempts will be made to contact via telephone and an opt in letter sent via the CMHT and the referrer will be advised of their nonattendance. If there are significant risks identified within the patients referring information, a welfare check or MHA assessment will be considered.

3.4 Interventions

Following the initial assessment, treatment will commence within 28 days.

All patients receiving intervention will have a care plan that clearly identifies arrangements for managing risks such as, physical health monitoring and management in accordance with Medical Emergencies in Eating Disorders (MEED) Guidance. (2022)

Evidenced based interventions as per NICE Concordant Guidelines– Maudsley Model of Anorexia Nervosa for Adults (MANTRA), Specialist Supportive Clinical Management (SSCM), Cognitive Behaviour Therapy Enhanced (CBT-E),

Other interventions may include:

- Psychoeducation
- Mealtime support
- Motivational work
- Individual care plan tailored to the patients' needs
- Face to face or virtual intervention dependant on patients' needs
- Teaching and training
- All patients to have a relapse prevention/wellness recovery plan
- Compassion Focussed Therapy (CFT).

3.4.1 Intensive Support for inpatient medical stabilisation

Where there is a need for Intensive support for inpatient medical stabilisation, the EDS will liaise with a Gastroenterology Consultant and respective Medical Ward Manager. A pathway has been developed to work collaboratively with Gastroenterology colleagues (please see appendix for draft pathway)

In addition to this, the team will help to support with meals and snacks within the EDS operating hours and will support with progress reviews and discharge planning (from a medical bed).

The EDS Dietician will also support with the admission as appropriate.

3.4.2 Intensive Home Treatment

Patients at risk of inpatient admission will be offered an intensive home treatment support for a period of up to six weeks, in addition to their normal clinical appointments. Intensive support is available between the hours of 9am and 5pm Monday to Friday. Support is focused on supporting patients with managing meals and snacks (including pre and post meal support). Support is gradually reduced across the six week intervention, as follows:

Week 1 – Up to 5 days per week

Week 2 – Up to 4 days per week

Week 3 – Up to 3 days per week

Following review, in agreement with the patient, support across the remaining 3 weeks will either be gradually reduced, remain at 3 days per week or cease.

The specific number of hours of support provided per day is dependent on patient need but could include all meals and snacks between 9am and 5pm. Depending on staff availability support hours can be adjusted to commence one hour earlier or later (e.g. to incorporate breakfast).

3.4.3 Medication Management

Medication will remain the responsibility of the RMO in the CMHT and where possible the clinician from EDS will join medical appointments.

3.5 Collaborative working with other teams and agencies

Teams will maintain close working links with other services to promote continuity and consistency of care which can be provided to individuals and carers who use the service. This will include (and not be limited to) strong and effective links with:

- Community Mental Health Teams
- Mental Health Inpatient Units
- Specialist Eating Disorder Units
- 111 (option 2) Mental Health Single Point of Contact
- Single Point of Access (SPoA).
- CRISIS Resolution Home Treatment Team
- General Hospital (Gastro, A&E, MAU)
- Perinatal Team
- Diabetic Services
- Substance Misuse Team
- Specialist Child and Adolescent Mental Health Services
- Integrated Psychological Therapies Service
- Primary Care Service
- Police
- Ambulance Service
- Mental Health Triage Team (see process map appendix)

- Integrated Autism Service
- Locality Authority
- Local Third Sector Providers
- Legal Services

Effective links will be maintained through:

- Regular liaison regarding referrals, assessment and treatment with team members of the CMHT and other mental health services as appropriate.
- Attend transition meetings (SCAMHS)
- Close liaison (attending meetings virtually and face to face regarding patient treatment)
- Available consultation slots for services requiring guidance and advice
- Joint assessments (CMHT, Perinatal, Diabetes and other health professionals)
- EDS will also update the CMHT and RMO regarding progress and any change in risk

The EDS will provide training and education in recognition of assessment and best practice. i.e. to the AMHPs, Nursing, CMHTs, Psychiatry, SPoA.

Good communication links between Primary and Secondary Care Services must be maintained and this close working will ensure continuity of care and provide an opportunity for local resolution or discussion of interface problems that may arise.

Where service users present with complex needs with evidence of co-occurring disorders (example substance misuse), the eating disorder service will work collaboratively with relevant services to agree a person-centred plan of care for the service user.

3.6 Supporting Carers

As part of the EDS assessment process, carers roles including young carers will be identified. With patient's consent careers may be involved in:

- Care and treatment planning process and have a copy of the plan as appropriate
- Supporting patients' intervention plan
- Carers psycho education and wellbeing sessions
- Arrange referral for carers assessment as per Social Wellbeing Act 2014

3.7 Discharge

Prior to an individual being discharged from the service, the decision will be discussed in partnership with the patient, according to individual need.

All potential discharges are discussed and agreed by the EDS MDT.

Discharge plans will be discussed with the care coordinator prior to discharge and relevant information will be provided to the patient.

All patients will have a relapse and maintenance plan discussed and agreed prior to discharge, to help identify relapse triggers and appropriate methods to manage these.

Once a patient has been discharged, a discharge report will be sent to GP, CMHT and uploaded to the patient's clinical record. The patient will receive a discharge letter.

Depending on the patient needs, patients can be discharged from the EDS but remain open to the CMHT and Care coordinator. Following discharge, patients will also be informed on how they can access the service in future, if it is required.

Psychometric measures as stated below will be completed upon discharge, to determine the improvement in the patient's presentation following treatment:

- The Clinical Outcomes in Routine Evaluation (CORE-10),
- Eating Disorder Examination Questionnaire (EDEQ) and
- Clinical Impairment Assessment (CIA)

3.7.1 Supporting Discharge from Hospital

Patients discharged from General Hospital will be offered intensive home treatment support on a time-limited basis if appropriate, that will be reviewed weekly in the EDS MDT.

3.8 Disengagement

Where a person has disengaged from the service without the agreement of the EDS then the following should be arranged:

- Professionals meeting with CMHT, care coordinator and EDS clinician to review their presentation, risk and plan appropriate action.
- All decisions must be recorded on the service user's clinical notes
- Disengagement policy must be adhered to, which can be found under the appendices.
- Difficulties with engagement to be discussed in EDS MDT.

All service users who have been eligible to receive care under part 2 of the Mental Health (Wales) Measure 2010 must be informed of their rights to a future assessment under part 3 of the Measure.

4. Reducing Restrictive Practice

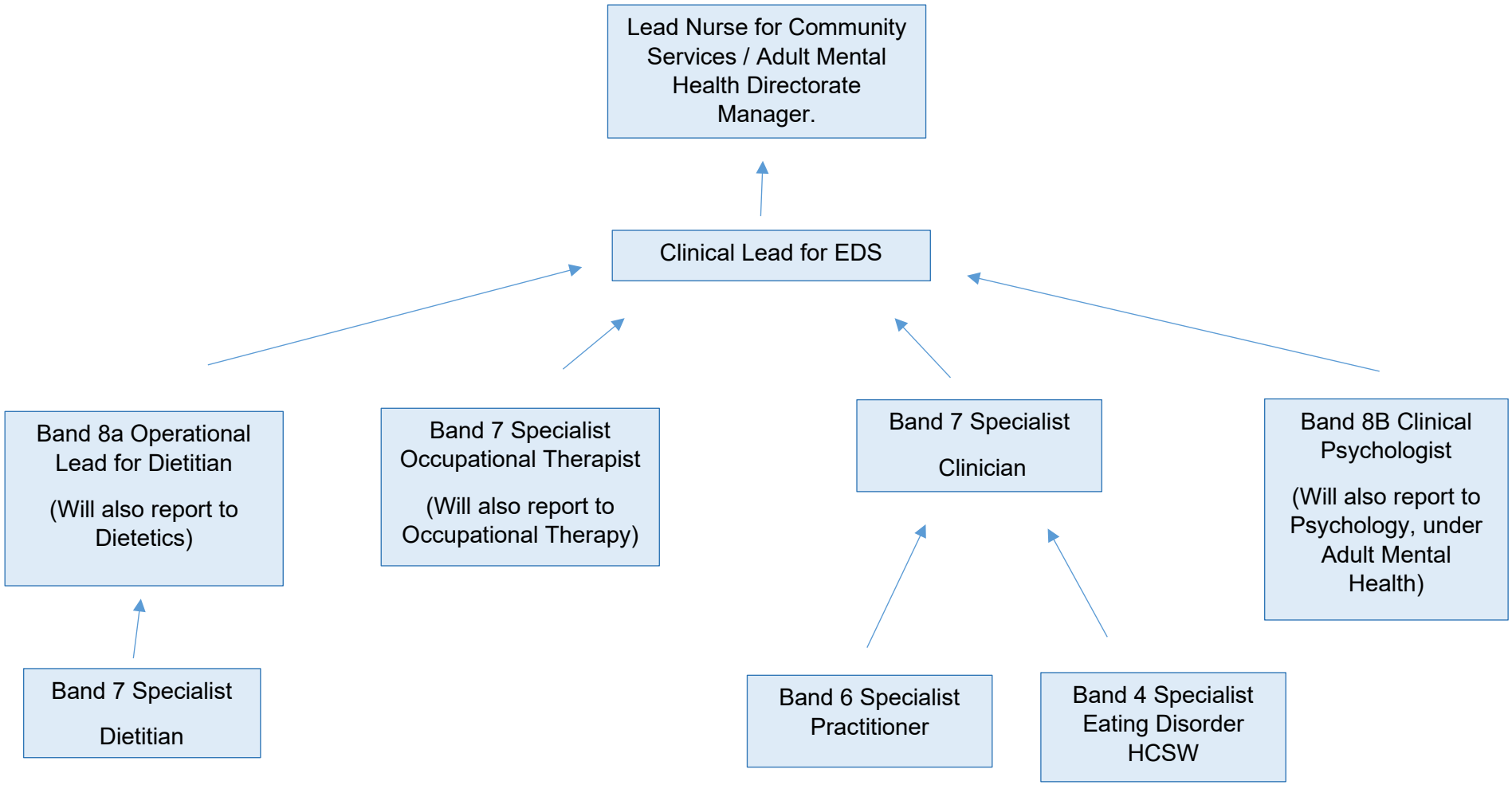
Within the Mental Health and Learning Disability Service Group, we are committed to reducing restrictive practices for all individuals in our care. We actively manage risk proactively and on an individual basis with the overall aim to maintain the safety and promote the wellbeing of all individuals. See appendices to see Reducing Restrictive Practice Policy.

5. The Team and Reporting Structure.

5.1 Roles and Responsibilities

Teams should be composed of a multidisciplinary skill mix of medical staff (psychiatrists), nurses, healthcare support workers, occupational therapists, admin, psychologists and dietitians. Where one professional group is not represented within the core team then there should be excellent links to another part of the mental health service where this input can be provided e.g. the Community Mental Health Team. All professionals will be required to have a current registration with their relevant professional body.

The diagram below shows the reporting structure within the EDS.


Lead Nurse for Community Services / Adult Mental Health Directorate Manager.
Clinical Lead for EDS
Band 8a Operational Lead for Dietitian
(Will also report to Dietetics)
Band 7 Specialist Occupational Therapist
(Will also report to Occupational Therapy)
Band 7 Specialist
Clinician
Band 8B Clinical Psychologist
(Will also report to Psychology, under Adult Mental Health)
Band 7 Specialist
Dietitian
Band 6 Specialist Practitioner
Band 4 Specialist Eating Disorder HCSW

5.2 Caseload Management

Where an individual is accepted for treatment under the EDS they will be managed under Part 2 of the Mental Health Measure Care and Treatment Planning (CTP). The CMHT will care manage all patients under the EDS. However, patients with a primary diagnosis of an eating disorder, with no significant risk and no significant comorbidity will be care coordinated by the EDS on behalf of the CMHT. The RMO responsibility will remain with the CMHT.

Where EDS have assumed responsibility for care coordination, CTP and WARRN will be completed and reviewed based on the individual risks.

All cases open to EDS will be discussed at least once a month in the MDT.

There is a Red / Amber / Green (RAG) caseload risk management system in operation within the service, which determines the EDS risk. The “RAG” ratings are agreed in the MDT and reviewed regularly by the clinicians involved.

All Red patients are discussed weekly in the MDT and where team caseload pressures are indicated, priority is given to those patients who present with the highest level of clinical need.

Case load management is colour coded as follows;

- Red ~ Medically unstable. Reviewed at least weekly including close monitoring of physical health risks via bloods.
- Amber ~ Medically stable, but without ongoing specialist support significant risk of deterioration. Reviewed at least monthly, however, specific frequency dependent on individual risks.
- Green ~ Reviewed Monthly

For all cases there will be a primary clinician, but they will have active involvement from other team members also.

5.3 Management and Coordination

The Clinical Lead will assume overall responsibility for the team. In the absence of the Clinical Lead, the Clinical Lead will identify a staff member to hold responsibility of the team. All EDS staff will manage their own caseload as appropriate to their role.

5.4 Supervision

Every member of the team must receive managerial and clinical supervision; specific arrangements may be delegated to another clinician within the Health Board as appropriate.

This will cover topics such as work pattern, caseload management, performance, mandatory training, appraisal and ensuring that every team member has clinical supervision arrangements in place.

Managerial supervision can be delivered in a group supervision format, such as team meetings, to cover the clinical and governance requirements of the team.

Clinical supervision will be in accordance with the SBUHB policy on clinical supervision.

5.5 Staff Wellbeing

To promote well-being within the team, the Team Manager will refer staff as necessary to the Occupational Health and Wellbeing Team, providing consent has been obtained from the staff member.

Caseloads are managed/allocated to staff appropriately to ensure that their well-being is maintained. Staff are able to approach the team manager to discuss any issues and/or concerns that they are experiencing with their caseloads. Additionally they can discuss any other concerns they have that may be impacting their work and well-being.

Peer support sessions is promoted within the team, encouraging staff to communicate with each other, request advice, guidance and support when required.

5.6 Security

All new assessments will be carried out In line with the lone working policy.

All patient contact will be organised to take account of the clinical risks identified within the risk assessment and management plan.

There will be a designated staff member available to contact to confirm safety following interaction with the patient.

5.7 Record Keeping

The record keeping policies relevant to each profession to be fully adhered to. Any patient correspondence received will be uploaded to their clinical records.

6. Safeguarding

In accordance with Health Board policies and procedures, all staff have a statutory duty to report any safeguarding concerns to the safeguarding team. Safeguarding policy attached within the appendices.

7. Feedback, Compliments and Complaints

In the event that an individual raises a concern or complaint about any aspect of their care and treatment under Mental Health services, whether it be under primary or secondary care, the Health Board has a duty to consider whether it can be investigated.

Concerns and complaints within the Health Board are managed in accordance with the Putting Things Right Policy in accordance with the National Health Service (concerns, complaints and redress arrangements) (Wales) Regulations 2011.

There may be occasions whereby individuals raise concerns directly to the team or members of staff and in these instances, the staff team should endeavour to resolve the concern as appropriate.

If the concern can be managed and resolved informally within the team this is the preferred approach as it responds to the individual in a timely manner and prevents the concern from escalating.

As a result, the individual's experience is enhanced as their concern is resolved quickly and effectively. The resolution to these types of concerns may be a discussion with the team manager or a staff member and identifying a resolution together or simply apologising if there has been a mistake.

There may be instances whereby the individual wishes to make a formal complaint, which will require further investigation.

In the majority of cases, this will involve the team manager investigating the concern and from their findings draft a response which includes any learning that has been identified.

Following this, it is sent to the directorate manager and lead nurse for review and then it goes for onward approval as appropriate.

7.1 Mental Health and Learning Disabilities Feedback and Improvement Team

The Mental Health and Learning Disabilities Feedback and Improvement Team specialise in capturing feedback from service users and families/carers. They have the ability to develop digital stories and visit all areas within the Service Group to gain valuable face-to-face feedback.

The Mental Health and Learning Disabilities Feedback and Improvement Team is focused on gathering feedback from the Mental Health and Learning Disability Service Group.

To gain a complete overview of the care received during their period within the Service Group, all aspects of feedback is captured and fed back through appropriate routes.

The Mental Health and Learning Disabilities Feedback and Improvement Team use a bespoke specialised feedback questionnaire that is adapted to specific needs of the service users and family / carer, which includes easy reads and pictures to identify the feedback from service users who are unable to communicate effectively.

The Mental Health and Learning Disabilities Feedback and Improvement Team work alongside the Quality Improvement Team to ensure excellent quality care is being provided throughout the Service Group. The Mental Health and Learning Disabilities Feedback and Improvement Team participate in audits, Quality Assurance Visits, present their work to Multidisciplinary Teams to promote their work and Service.

The Mental Health and Learning Disabilities Feedback and Improvement Team are accessible via telephone, email, face-to-face, Microsoft teams. Information posters on how to do this is in the areas throughout the service group.

A report is collated by The Mental Health and Learning Disabilities Feedback and Improvement Team at the beginning of each month which feeds into the Civica system. From this, reports will be provided to the respective areas by the Civica System on a monthly basis.

7.2 Putting Things Right Policy

Putting Things Right was established to review the existing processes for the raising, investigation of and learning from concerns.

Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

The aim is to provide a single, more integrated and supportive process for people to raise concerns which:

- Is easier for people to access;
- People can trust to deliver a fair outcome;
- Recognises a person's individual needs (language, support, etc.);
- Is fair in the way it treats people and staff;
- Makes the best use of time and resources;
- Pitches investigations at the right level of detail for the issue being looked at; and
- Can show that lessons have been learnt

PTR enables responsible bodies to effectively handle concerns according to the requirements set out in the National Health Service. (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011("the Regulations").

The person raising the concern needs to know that they are being listened to and that their concern is being taken seriously. If people feel that staff are not being honest or appear to be covering up the truth, this can often be worse than the original issue.

In these instances, people are more likely to resort to legal action to obtain information and explanations, when there really should be no need for such action.

Please refer to the Putting Things Right (PTR) Policy under the appendices.

7.3 Learning from complaints

Swansea Bay University Health Board is a learning organisation, and we are committed in identifying learning where possible and any areas for improvement. When service users complain regarding the care and service that they have received, it provides us with the opportunity to learn from mistakes and improve our services.

7.4 Duty of Candour

The Duty of Candour forms part of the Health and Social Care (Quality and Engagement) (Wales) Act which became law on the 1st June 2020. This is also known as the Quality Act.

The Duty strengthens the fundamental principles of the 'Putting Things Right' 2011 Regulations and provides a robust process to support being open.

If a patient has suffered moderate or serious harm which could be linked to their care, from the 1st April they will have the legal right to be informed.

That doesn't mean patients must be informed immediately an adverse incident happens. However, the new legislation introduces this step as part of the wider process of reporting adverse incidents.

The duty requires NHS providers to follow a process when a patient or service user suffers an adverse outcome which has, or could result in, unexpected or unintended harm.

This is when the level of harm is more than minimal, and the provision of health care was, or may have been, a factor.

Clinical incidents are already reported on Datix Cymru. The Duty of Candour will take the reporting a step forward, to include the patient as well.

Further information can be obtained via the SBUHB Intranet site.

8. Policies and Procedures

Staff have access to a range of policies, procedures and guideline to promote safe practice. These are easily accessible on the Swansea Bay University Health Board Intranet Homepage and all staff are made aware of these as part of their induction to the service.

Examples of these are:

- Swansea Bay University Health Board
- Mental Health and LD specific policies, Procedures and Systems of Work, DOLs, All
- Wales Child Protection Procedure, Swansea Bay University Health Board Health
- Records, Policies and Procedures Manual, Swansea Bay University Health Board
- Infection Control Manual, Risk Management Health and Safety Manual and The NMC
- Code of Conduct etc.

9. Appendices

• The Clinical Outcomes in Routine Evaluation (CORE-10) • Eating Disorder Examination Questionnaire (EDEQ) • Clinical Impairment Assessment (CIA)	Clinical Outcomes in Routine Evaluation (CORE-10) Eating Disorder Examination Questionnaire (EDEQ) Clinical Impairment Assessment Questionnaire (CIA)
MEED Guidance 2022 (RPsych) (Medical Emergencies in Eating Disorders)	Medical emergencies in eating disorders (MEED): Guidance on recognition and management (CR233) (rcpsych.ac.uk)
Pathway for Preadmission Guidance for Medical Stabilisation Admissions	Pre-admission Guidance for Medical Stabilisation and Admissions
Disengagement Policy (CID3520)	Welcome to COIN, Swansea Bay University Health Board's Directory for CLINICAL Guidelines and Documents
Reducing Restrictive Practice Policy (CID4818)	
Supervision Policy (CID49)	
Lone Working Policy (CID2984)	
Record Keeping Policy (CID2464)	
Safeguarding Policy (CID722)	
Putting Things Right	Putting Things Right Policy (V4)

Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

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Document Title.	Eating Disorders Team Operational Policy (Part A and Part B)
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Name of Lead Pharmacist.	N/A
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Where on COIN do you want the document to be published.	Mental Health and Learning Disabilities - Ward/Team Operational Policies and Referral Forms.
Is the document relevant to the GP Portal.	No
Sign to confirm that the document has been authorised by an approved governance process in a specialty or delivery unit.	Mental Health and Learning Disabilities Policy Review Group.
If NICE guidance been considered/referenced when producing this document, please provide the title or reference number.	NICE guidelines NG69. Published 23 May 2017. Updated 16 December 2020. Eating Disorders: Recognition and Treatment.
Please provide a brief description/abstract of the document.	To ensure that the need of individuals presenting in an acute episode of mental health distress, where there is a suspected moderate to severe eating disorder and are managed appropriately based on the following principles.
Equality Statement. *(All policies and procedures need to comply with CID76 Policy for the Management of Heath Board Wide Policies, Procedures and other Written Control Documents (WCD).*	Yes
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