



NHS Somerset - Talking Therapies

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Standard Operating Procedure

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1.0 TABLE OF CONTENTS

1.0 TABLE OF CONTENTS.....	2
2.0 INTRODUCTION.....	3
3.0 DEFINITIONS AND ABBREVIATIONS.....	3
4.0 ROLES AND RESPONSIBILITIES.....	4
5.0 PROCESS DESCRIPTION.....	4
5.1 Eligibility for Access to the Service.....	4
5.2 Out of Area Patients.....	5
5.3 Exceptions.....	5
5.4 Service Structure.....	5
5.5 Hours of operation.....	6
5.6 Referrals.....	6
5.7 Initial assessment and treatment session.....	7
5.8 Stepped Care treatment.....	8
5.9 Access, Cancellations and DNAs (did not attend).....	9
5.10 Clinical record keeping.....	10
5.11 Team Capacity.....	11
5.12 Interventions / Treatments and Therapies.....	12
5.13. Clinical Supervision and Case Management Supervision.....	12
5.14. Safeguarding Issues.....	12
Child Protection Policy.....	13
Vulnerable Adult Policy.....	13
5.15. Discharging Patients at End of Treatment.....	13
5.16. Involvement with Service Users and Carers.....	14
5.17. Involvement with Talking Therapies Employment Service.....	15
5.18 Complaints and the Patient Advice and Liaison Service (PALS).....	16
5.19. Local Induction and Training.....	17
6.0 TRAINING/COMPETENCE REQUIREMENTS.....	18
7.0 REFERENCES.....	18
8.0 DOCUMENT CONTROL.....	18

2.0 INTRODUCTION

An Operational Procedure is a statement of “what we do and how we do it.”

This guidance is categorised into sections that cover operational aspects of NHS Somerset Talking Therapies (TT) for anxiety and depression service. The guidance covers the work of Talking Therapies and its staff groups: High Intensity CBT therapists, Psychological Therapists, Psychological Wellbeing Practitioners, Assessment Workers, Administrators, Employment Advisors and Managers.

This document should be available to all team members, students and others working in the service, service users, referrers, and the public.

This guidance is designed to make clear those ways of working that are mandatory and universal across Somerset NHS Foundation Trust to deliver a high quality and equitable service across the county and support the best treatment outcomes for the patients of TT.

Relevant Trust policies are highlighted. A full set of Trust policies is available on the public access internet website.

This Standard Operating Procedure (SOP) does not include direct links to all related guidance, procedures, and policies for staff within the service, as doing so would make the document cumbersome. Instead, these documents are centrally stored in a secure location on the Trust’s servers, where all relevant staff members have appropriate access.

3.0 DEFINITIONS AND ABBREVIATIONS

CBT	Cognitive Behavioural Therapy
CMHS	Community Mental Health Service
DIT	Dynamic Interpersonal Therapy
EA	Employment Advisors
EMDR	Eye Movement Desensitisation & Reprocessing
GP	General Practitioner
IAPTus	TT’s Electronic Patient Record System
ICB	Integrated Care Board
IPT	Interpersonal Therapy
NICE	National Institute for Clinical Excellence
OMH	Open Mental Health
PCE CFD	Person Centered Experiential Counselling for Depression
PT	Psychological Therapist
PWP	Psychological Wellbeing Practitioners
RIO	The Trust’s Electronic Patient Record
TT	Talking Therapies

4.0 ROLES AND RESPONSIBILITIES.

4.1 Document will be kept under review by Talking Therapies Management Group.

4.2 Service Lead Personal Assistant will schedule on Agenda every 3 months.

5.0 PROCESS DESCRIPTION

5.1 Eligibility for Access to the Service

TT is a service for people aged 16 years and over with mild to moderate severity anxiety and depression or those with severe depression or anxiety disorders that would benefit from a short-term intervention that are not currently accessing another form of therapeutic intervention.

Inclusion Criteria for TT

Disorders and presentations which could be appropriate for TT:

- Adjustment reaction (inc. complex grief)
- Body Dysmorphia
- Depression (Mild to Moderate and Moderate to Severe)
- Frustration and irritability
- Generalised Anxiety Disorder
- Hypochondriasis (Health Anxiety)
- Long Term Physical Health Conditions impacting on mood and sleep
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Post Traumatic Stress Disorder (PTSD) and Complex Trauma
- Social Phobia
- Specific Phobias
- Stress

TT practitioners' training curricula does not cover the treatment of the following presenting conditions and difficulties (*however, sometimes people with such a history or managed condition may present for treatment of unrelated anxiety or depression*):

- Asperger's/Autistic Spectrum disorder
- Chronic conditions which have been treatment-resistant
- Cognitive Impairment (Brain injury, Dementia)
- Drug and Alcohol misuse (refer to Talking Therapies good practice guidelines and Trust Dual Diagnosis policy)
- Eating disorders
- Pain (as a primary presenting problem)
- Personality Disorders
- Relationship counselling
- Severe mood disorders (inc. Bi-Polar Affective Disorder)
- Significant risk to self or others

- Very recent bereavement (Within last 6 months)

5.2 Out of Area Patients

Talking Therapies is commissioned to provide a service to patients registered permanently or temporarily with a Somerset ICB GP, except where any local arrangement exists with out of county GP Practices.

5.3 Exceptions

1. Assessment of Complex Mental Health Needs or Diagnosis.

Where an assessment request has complexity beyond the remit of a primary care TT service and the patient has severe and enduring difficulties that requires a multidisciplinary team approach the referral should be discussed in the local interface meeting between Community Mental Health Service (CMHS), Open Mental Health (OMH), the voluntary sector and TT.

2. Assessment of Social Care Needs.

Where an assessment request is clearly asking for the above or, following an initial assessment, the needs of the patient include substantial Social Care needs, the referrer should be signposted to the Local Authority.

3. Temporary Residents with a non-Somerset GP and staying at a Somerset address.

In these circumstances – e.g. a relative staying with family members in Somerset or studying away from home – Team Leaders need to plan to assess suitability for TT treatment and then seek further guidance from Service Lead. Issues of waiting list and patient moving again in the meantime need to be considered and raised at assessment.

5.4 Service Structure

Talking Therapies is provided through four geographical teams situated in the following locations:

Bridgwater and Somerset Coast	1 st Floor, Glanville House, Bridgwater
Chard and Yeovil	Lower Bracken House, Chard
Wells and Mendip	Priory House, Wells
Taunton and West Somerset	Parkgate House, Taunton

The service is structured to provide brief, time-limited interventions following a LIFT (Least Intervention First Time) and Stepped Care model when the client meets the criteria for the service.

TT typically includes the following staff:

- Service Lead
- Team Leaders
- Clinical Leads
- Deputy Team Leaders
- Assessment Workers
- High Intensity Cognitive Behavioural Therapists
- Psychological Therapists
- Psychological Wellbeing Practitioners
- Administrators
- Data and Performance Analyst
- Senior Employment Advisors
- Employment Advisors

TT provides the following functions:

1. Screening of referrals to determine whether they meet the criteria for the service.
2. Supporting people who do not meet the criteria for TT services to access alternative services.
3. Assessment and treatment of people with an anxiety-related disorder (including PTSD) and / or depression with no more than the addition of medication management by their GP and, if relevant, the assistance of an employment advisor.

5.5 Hours of operation

The service operates core hours of 09:00-17:00 Monday to Friday, with local arrangements for evening telephone treatments with PWP's on a Wednesday until 8pm, and some webinars and courses on other evenings.

5.6 Referrals

Referrals can be made online on the service website (www.somersetalkingtherapies.nhs.uk) where there is a self-referral form and a health professionals referral form. The self-referral form is also available as a hard copy for postal return to the service. Referrals can be taken over the telephone and can be offered in exceptional circumstances i.e. - client does not have access to, or struggles to use, technology.

Referrals received by TT will be screened by staff within the team. If a referral indicates any form of immediate risk the screener will attempt to contact the patient to identify necessary support. If contact is not possible then appropriate actions may be

taken, such as contacting the patients GP, First Response Team and / or emergency services where appropriate. In some cases, it may be deemed suitable to screen a referral through to assessment for further risk assessment. Individuals deemed to be in a mental health crisis will be referred to First Response.

The service aims to screen all new referrals for assessment within 1 week of receipt of the referral.

All patients screened as requiring assessment will be sent a booking link via text message, if permission has been provided, or contacted via telephone or email with the assessment date, time and contact details for the team. If the service is unable to contact the patient in the ways listed above, an opt-in letter will be sent with information on how they can get in contact to book an assessment. If the patient does not respond within 10 calendar days, they are discharged.

Assessments are routinely conducted by telephone at Step 2 as is typical in TT services, maximising availability, and accessibility. Step 3 assessments are offered via telephone or video. Face-to-face appointments can be offered if clinically indicated.

TT is unable to meet individual restrictions on specific days or times. It is important that patients can prioritise their treatment for it to be effective. For initial assessment two reasonable appointment times and dates are offered. If neither are accepted, the referral will be reviewed, and the patient may be discharged. If a patient cancels their initial assessment appointment before the scheduled time, a new appointment will be arranged. If the patient then cancels the second initial telephone assessment, they are discharged from the service.

If a patient does not answer the phone for their agreed telephone assessment they will be discharged from the service.

5.7 Initial assessment and treatment session

Step 3

An initial assessment will be conducted either over the telephone, video, or face to face, using service assessment questions necessary to identify a suitable treatment pathway. Face to face assessment is an exception and will only be offered where there is clinical need, such as hearing difficulties, or poor mobile phone reception alongside digital poverty, rather than due to patient preference alone. This can be agreed in discussion with a manager in the service.

Following the initial assessment and treatment session, any patient assessed as suitable for treatment from TT is allocated to the appropriate treatment waiting list. They are given a waiting list letter which includes contact details for the service and an estimated length of wait for treatment. If the patient has provided consent, then their GP will be copied into this letter.

Patients are provided with a Resource List or Safety Management plan depending on level of risk identified at assessment. They are also signposted to relevant services.

Any individual assessed as not suitable for treatment in TT, or unable to identify appropriate goals, will be supported to access, or be warmly introduced to, Open Mental Health (OMH), appropriate external services or back to their GP for further consultation.

All non-urgent CMHS and OMH queries are taken to the TT locality duty inboxes, Team Leaders, and Deputy Team Leaders for discussion in the local interface meeting. Interface meetings are held weekly between the TT Team Leader, and a CMHS manager and OMH leads.

Where a patient's risk remains high, but treatment for TT is assessed as suitable, then the joint working protocol with the CMHS may be actioned to manage the risk.

Step 2 Assess and Treat

The assess and treat model was introduced in 2020. A referral is received, screened as being suitable for a Step 2 assessment and booked in for an assessment within 6 weeks. A PWP will complete an assessment and if suitable will immediately offer treatment with the same PWP for a better patient experience and outcome. Following up to 5 treatment sessions a patient would be discharged, signposted, or stepped up/across for additional support.

Step 1 Holding Stage

Step one is a holding stage following assessment and often includes signposting, advice, guidance and watchful waiting. Following the first assessment there is often an expectation that the patient will follow up on some actions before having a review with the assessment worker to discuss next steps. For example, following an assessment it might be suggested that someone allows their medication to stabilise before looking at therapy options or they may be in the middle of a stressful life experience such as moving home, and we want to re-evaluate therapeutic needs once that has situation has been resolved.

5.8 Stepped Care treatment

The team aims to provide timely access into the service for those requiring it and to offer evidence-based interventions informed by a holistic assessment of need.

Interventions are considered using a stepped care model approach which:

“Aims to provide the most effective but least intrusive treatment appropriate to an individual's needs. It assumes that the course of the disorder is monitored and that referral to the appropriate level of care is made depending on the person's difficulties. Each step introduces additional interventions; the higher steps normally assume that interventions in previous steps have been offered and/or attempted. However, there may be situations where an individual may be referred to appropriate care at any level.” NICE, 2010, [Welcome to the National Institute for Health and Clinical Excellence](#)

Duty support by senior therapists is available to staff within the patient's local team to support stepped care decision-making following assessment.

Once assessed patients are allocated to a therapeutic intervention based on primary presenting problem, severity, patient goals, previous therapeutic intervention and in line with the stepped care model and in accordance with guidance below:

TT aims to make its services accessible to all patients. However, it cannot accommodate narrow or limited patient availability. TT expect patients to be flexible when attending appointments. We will aim to be considerate of patient requests for specific appointment days and times. We offer equitable online sessions with an external digital provider. Similarly, we will accommodate gender choice of therapists.

5.9 Access, Cancellations and DNAs (did not attend)

The national TT performance target is for 75% of people to start their course of treatment within 6 weeks of referral and 95% within 18 weeks. The clock starts when a patient is referred or self-refers to the service. Once the initial assessment and treatment session has been completed the clock will stop, but not if the patient is put forward for further treatment.

- If a patient DNAs their agreed assessment appointment, they are likely to be discharged from the service. If they cancel the appointment, they may be offered one more appointment.
- If a patient declines two reasonable offers of assessment appointments, they will be discharged from the service and invited to re-refer at a later stage when able to engage in appointments.
- If a patient DNAs an agreed and confirmed first treatment session, the patient is likely to be discharged from the service and will be required to self-refer again when more able to engage with treatment. The patient will need to be re-assessed for treatment within TT.
- If the patient is unable to attend the first treatment appointment offered, and has given at least 24 hours' notice, they will be offered another available appointment with the allocated therapist. If their availability has changed, they will be returned to the waiting list. If the patient is unable to attend the second appointment agreed, they will be discharged.
- Once in treatment, if a patient DNAs any appointments, they will be discharged from the service unless they can demonstrate exceptional circumstances which have prevented them contacting the service prior to the appointment. Any of these exceptions must be discussed with your Team Leader or Line Manager.
- If a patient cancels a treatment session with less than 24 hours' notice, it will be included in the total number of sessions that have been offered. If the patient

cancels two appointments during treatment, they will be discharged from the service and invited to re-refer when able to prioritise and engage with treatment. This is not a punitive measure, but rather a mark of a short-term service.

- When a patient has completed treatment, they will be discharged from the service and their GP, and any other referring practitioner, informed of the outcome.
- If the patient has completed treatment in TT, it is recommended that they have a period of consolidation of 3 months to reflect upon the learning gained during treatment and practice newly acquired skills. Re-referral within a 3-month period may not be accepted unless clinically indicated.
- These are guidelines and any exceptions should be discussed with a Team Leader or clinical supervisor.

5.10 Clinical record keeping

Principles:

1. There is a single electronic record for each service user on IAPTUS that includes different episodes of treatment within Somerset TT.
2. Records should be kept of all contacts with each service user and with significant others in relation to the care that the service user receives.
3. The purpose of recording information about service users is to ensure that the best possible service is provided for them and to enable the service to be effectively planned and managed.
4. Working in partnership with service users is one of the Trust's central principles. This partnership should mean that people know what is being recorded about them and why.
5. Examination of records should form part of the case management process to ensure clinical standards and management accountability, to check work done against agreed targets, and to ensure consistency and quality of recording.
6. Records are a legal document and may become part of a legal process.
7. Service users should be sent copies of any correspondence about them.
8. Confidentiality and the sharing of personal, anonymised data with the Dept of Health is discussed with patients at the point of access and consent is recorded.

Written Records

Team Leaders and the Service Lead make suitable arrangements for the storage of the reducing number of written notes, their transfer to an electronic record, archiving

and safe storage and, where necessary, destruction of old records in line with current NHS and Trust guidance.

Any paper records, such as consent forms or written formulations, are scanned and uploaded to IAPTus. The original document is then destroyed in confidential waste.

Recording Style

Records should be:

- Promptly recorded – all appointments should be at least outcome on the day of the appointment and a full record completed within 2 working days of contact.
- Brief and succinct.
- Free of jargon and written in plain language. Abbreviations should be avoided, but if they are used, then their definition must be documented at their first usage in each session.
- Accurate about contacts and services provided.
- Written wherever possible in chronological order.
- Evidence-based, objective and factually accurate.
- Produced in a structured style, following a suitable template, which recognises that a service user may wish to read the records held about them.
- Recorded in greater detail in cases where a risk assessment indicates this as being necessary for their use as evidence.
- Produced in the knowledge that they may not just be for internal use. They could be used in court and viewed by third parties.

5.11 Team Capacity

The Service Lead and Team Leaders are responsible for managing the capacity of TT. This is based on the number of patient contact hours required to be completed per therapist.

Caseload size is weighted on activity e.g., Step 1 review (0.5 clinical contact), assessments (1 clinical contact), groups (3 clinical contacts), Silver Cloud (5 reviews = 1 clinical contact) and individual treatment sessions (1 clinical contact).

The following is a guide:

High Intensity (Step 3) Therapists: 22 completed clinical contacts a week per whole time equivalent (WTE), 18 completed clinical contacts for 4 days per week (0.8WTE), 14 completed clinical contacts per week for 3 days (0.6WTE).

Low Intensity (Step 2) Practitioners: 28-32 completed clinical contacts a week per WTE, 21-25 completed clinical contacts for 4 days per week (0.8WTE), 16-19 completed clinical contacts for 3 days per week (WTE).

Assessment workers: 20 completed clinical contacts per WTE, 16 completed clinical contacts for 4 days per week (0.8WTE), 12 completed clinical contacts for 3 days per week (0.6WTE) and 8 completed clinical contacts for 2 days per week (0.4WTE).

5.12 Interventions / Treatments and Therapies

TT offers time-limited interventions. The service offers IAPT-compliant treatments in line with NICE guidelines.

5.13. Clinical Supervision and Case Management Supervision

Supervision and case management is a key aspect of quality assurance. They have three main functions: to improve outcomes for people receiving treatment, provide support to individual clinicians and improve clinicians' performance and professional development. Supervision and case management are outcome-focused and are provided by an appropriately trained TT clinician for Step 3 therapists and a Senior PWP or PWP with an IAPT supervisor training specific for Step 2 staff. Peer supervision is also provided. Please see the supervision policy for more information.

5.14. Safeguarding Issues

All Trust staff have a responsibility and duty of care to safeguard those, with whom we work, it is fundamental we adhere to this. We all have a duty to safeguard anyone who may be abused, at risk of abuse or neglect, neglecting their own care.

The Service seeks to work in conjunction and liaison with the Trusts internal Safeguarding Advisory Service. The Trust also works in partnership with other agencies across Somerset in the implementation of safeguarding processes.

A vulnerable person may not necessarily be subject to the Safeguarding Procedure, but consideration will need to be given to meet their needs in another way.

If an individual's health or welfare is thought to be being harmed in some way, safeguarding procedures should be initiated.

The agreed definitions of abuse are:

- Physical abuse
- Psychological/Mental/ Emotional abuse
- Financial abuse or exploitation
- Sexual abuse
- Neglect/ Self neglect
- Discrimination

The safeguarding advisory service have several modes of contact as well as useful procedures and information [Safeguarding \(somerset.gov.uk\)](http://Safeguarding(somerset.gov.uk))

Child Protection Policy

The Trusts policy is available here [Safeguarding - Safeguarding \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk/safeguarding)

A regularly updated version of the handbook is available from the Safeguarding Children website at:

www.somersetsafeguardingchildrenboard.org.uk

Vulnerable Adult Policy

The Vulnerable Adult Policy is available under the safeguarding link.

[Somerset Safeguarding Adults](#)

5.15. Discharging Patients at End of Treatment

All patients that have met recovery at the end of treatment should be discharged from the service, with an exception to patients who may be suitable and appropriate for the mindfulness based cognitive behavioural therapy group. The definitions for recovery can be found in the NHS Talking Therapies Manual 2024.

All patients that remain in caseness at the end of treatment should be discussed in clinical or case management supervision. This makes space for a review of any further options available prior to discharge, or if discharge would be the most appropriate step.

Further options considered might be:

- Additional sessions if recovery is expected
- Referral to a supplementary treatment within the Service which is expected to achieve recovery
- A review in a few weeks or months during which the MDS will be taken
- Referral on to another Trust service or an external agency – this option might include a review as just above

A discharge summary letter should be written to the patient and copied to the GP/Referrer with the patient's consent (and any additional referrer).

Patient Experience Questionnaires

The Talking Therapies service sends patient experience questionnaires to all clients upon discharge to gather qualitative feedback. This feedback is invaluable for assessing the effectiveness of our service, identifying areas for improvement, and understanding the clients' perspectives on their treatment experience.

By analysing the responses, we can make data-driven decisions to enhance the quality of care, tailor interventions more effectively, and ensure that we meet the needs and expectations of our clients. Additionally, this feedback helps us monitor client satisfaction and can be used to inform staff training, service development, and future planning initiatives.

Letters

All appointment and discharge letters are copied to the GP with patients consent. In addition, if a referral has been made by a different referrer, they should also be copied into letters sent to the patient.

5.16. Involvement with Service Users and Carers

Family And Carer Involvement

In keeping with the Trust's Carers Charter, the Service acknowledges the need to involve and support family members where possible.

All teams will consider this locally in line with the principle of the Triangle of Care.

In all cases best practice should include:

- Discussion during the assessment process to understand the role of the service user's family or carer.
- Provision of general information about talking therapies and how to support their relative whilst they are receiving therapy and signposting to relative support services.
- Consent to information-sharing where appropriate around appointments and cancellations and other contact with carer if required. However, serious risk and safeguarding concerns to life and to others supersede confidentiality.
- We also ask for anyone under the age 18 who is accessing the service to provide us with the name and contact details of a nominated responsible adult (someone 18 years plus). This is someone that if we did have immediate concerns regarding a patient's safety that they would feel most comfortable us sharing that information with, and we would always try and ensure that the patient is informed and as involved in this process as possible.

Patients, family members, carers and recovery partners have an important part to play in staff training.

5.17. Involvement with Talking Therapies Employment Service

Our Employment Advisors can provide information, advice, and guidance on any employment related issues for the clients they represent.

Examples of services that they can provide includes but is not limited to:

- Helping clients to write or update CV's.
- Connecting with local employers to create opportunities for employment.
- Helping clients to understand how to job search using online platforms such as Indeed, Reed etc.
- Assisting clients with job applications and offering practice interview sessions if appropriate.
- Helping clients who consider IT a barrier to gaining employment, by guiding them to free learning services across the county.
- Guiding clients to courses and training that will help their progress towards employment.
- Providing mentoring and motivational support, to help the client to achieve realistic step by step employment targets.
- Support those who are in work but struggling to keep their jobs – e.g. on sick leave. We can advise on employee rights, create a return-to-work plan, and we can guide clients to support organisations who can provide legal representation if required.
- Support clients who are seeking to become self-employed.
- Support clients to work towards career changes.
- Support clients to work towards volunteering.
- Providing onwards guidance to other organisations that can provide specific or more general employment support.

The offering from Employment Support in Talking Therapies

- Each base has a dedicated employment advisor who will provide one-to-one support to clients in need of the service, which can be carried out either face-to-face, by video call, or over the phone.
- Each employment advisor will have a caseload of 25 to 35 clients (pro rata). Senior employment advisors will have a caseload of 10 to 15 clients.
- Clients will have an initial assessment call lasting up to an hour to establish the client's support needs, to explain the service, to establish boundaries, and to set expectations.
- Clients will then be offered an initial 4 x support sessions to last around 45 minutes each. These sessions will be every 2 weeks but can be more frequent if required (e.g. if the client is soon to be discharged).
- Further support sessions will be offered to the client if the need is there, and this has been discussed and agreed in supervision. There is no maximum number of sessions, but it is expected that 8 will be sufficient.

A note on eligibility:

Anyone who enters step 2 or step 3 care is eligible if they require employment support. Anyone not deemed suitable for Talking Therapies cannot receive employment support, we can however provide signposting options into other employment support services as required.

5.18 Complaints and the Patient Advice and Liaison Service (PALS)

The Trust complaints process follows the Department of Health guidance and legal framework. The Trust acknowledges all complaints within 72 hours (about 3 days) and offers a full response, where possible, within 25 working days.

Local resolution is encouraged, and teams are actively encouraged to respond to issues as early on as possible.

All PALS enquiries and concerns are monitored by the Trust Patient and Carer Experience Group, where they are discussed, trends are monitored, and lessons learned are shared.

Details on how to complain are in the Trust's PALS leaflet, and these should be shared with any patient who raises a concern about any aspect of the service they have experienced.

It is the aim of the Trust to resolve all enquiries swiftly following an informal, internal process, but using the PALS or Complaints Service when necessary.

PALS can often get to the root of the issue quickly and help resolve issues before they become a significant problem for the individual. The Trust's Patient Advice and Liaison specialists are available to all those who have concerns, issues or complaints that require addressing.

Should a concern or issue require a more formal investigation and response, the PALS specialists will pass the enquiry to the Complaints Manager for further attention.

The Trust also monitors compliments and commendations received and shares these with the patient and carer experience group and the Trust Board.

Access To Records

Patients and their representatives (with patient consent) have a right to a copy of, or the opportunity to view, the patient's health record.

Patients or any representative of a patient, current or discharged, must put their request in writing by letter or email. This can be forwarded to the Trust's Information Governance service, together with written consent from the patient as necessary, the generic email address is currently DADO@somersetFT.nhs.uk

Questions Raised

Where current patients raise questions about their IAPTUS notes these should be answered by qualified staff and wherever possible by the patient's therapist.

For former patients and any representative acting on their behalf, these questions should be put in writing to the Information Governance service as above.

The main Trust policy 'Access to Health Records' provides the full requirements. [Information Governance - About Us \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk/information-governance/about-us)

5.19. Local Induction and Training

When joining Talking Therapies you will engage in a local induction to help orientate to the service and role. Talking Therapies has developed local Induction guidance to help new staff joining the service. This guidance sits alongside the Trust's Induction Policy.

All staff receive monthly managerial supervision in line with the Career Conversation Policy.

Annual career conversations enable staff to review performance over the previous year and to discuss future learning and development needs with their line manager. A Personal Development Plan will be drawn up to inform this process.

Training and Development

All Trust staff are expected to develop and maintain core skills through mandatory training. The Trust Training Matrix identifies training requirements and update intervals for all staff groups in all workplaces. Staff may only access other learning and development opportunities when all mandatory training is up to date.

Staff are encouraged to develop relevant skills which will enhance their professional practice through learning opportunities and training programmes.

The Learning and Development department arranges and coordinates in-house training programmes.

Talking Therapies has guidance to support therapists with achieving their CPD criteria for their core modality accreditation. There is an expectation that CPD is planned and identified through appraisal systems annually.

6.0 TRAINING/COMPETENCE REQUIREMENTS

6.1 Document to be shared with all staff including new starters

7.0 REFERENCES

7.1 NICE Guidelines

<https://www.nice.org.uk/guidance/cg123/chapter/recommendations>

7.2 IAPT Manual This is the latest manual updated in June 2024

[NHS England » NHS Talking Therapies for anxiety and depression manual](#)

8.0 DOCUMENT CONTROL

Document Control Policy

8.1. Purpose

The purpose of this document control policy is to establish guidelines and procedures for the creation, review, approval, distribution, and revision of documents related to the Talking Therapies Standard Operating Procedure (SOP). Effective document control ensures that all relevant stakeholders have access to the most current and accurate information, thereby promoting consistency, compliance, and quality in the delivery of talking therapies.

8.2. Scope

This policy applies to all documents associated with the Talking Therapies SOP, including but not limited to:

- Standard Operating Procedures
- Guidelines
- Forms
- Protocols
- Training materials
- Documents deemed necessary for the provision of talking therapies.

8.3. Document Creation

- Documents shall be created by authorised personnel with expertise in talking therapies and relevant subject matter knowledge.
The creation of new documents shall adhere to established templates and formatting guidelines to ensure consistency and clarity.
- Any proposed new documents must undergo review and approval as outlined in section 8.4 before dissemination.

8.4. Review and Approval

- All documents must undergo a review process to ensure accuracy, relevance, and compliance with applicable regulations and standards.
- The review process shall involve the Management Team with final sign off by the Service Lead. Where necessary relevant stakeholders, including but not limited to therapists, supervisors may be involved.
- Following review, documents shall be submitted for approval to the designated authority, typically the Service Lead.
- Approved documents shall be dated and versioned accordingly, with clear identification of the revision history.

Date of Change	Section/Procedure	Description of Change	Reason for Change	for	Reviewed By	Approved By
[Date]	[Section/Procedure]	[Description of Change]	[Reason Change]	for	[Reviewer]	[Approver]
[Date]	[Section/Procedure]	[Description of Change]	[Reason Change]	for	[Reviewer]	[Approver]
[Date]	[Section/Procedure]	[Description of Change]	[Reason for Change]		[Reviewer]	[Approver]
[Date]	[Section/Procedure]	[Description of Change]	[Reason for Change]		[Reviewer]	[Approver]

This grid provides a structured format for documenting changes made to the SOP.

8.5. Distribution and Access Control

- Approved documents shall be made accessible to relevant personnel through a centralised document management system.
- Distribution of documents shall be controlled to ensure that users have access only to the versions applicable to their roles and responsibilities.

8.6. Revision Control

- Documents shall be subject to periodic review to ensure currency and relevance.
- Any proposed revisions to documents shall follow the same review and approval process outlined in section 8.4.

- Revised documents shall clearly indicate changes from previous versions, and obsolete versions shall be promptly archived.

8.7. Document Retention and Archiving

- A documented retention schedule shall be established to govern the retention and disposal of documents in accordance with legal and regulatory requirements.
- Obsolete documents shall be archived in a secure manner to maintain historical records and facilitate audit trails, as necessary.

8.8. Training and Awareness

- All personnel involved in the creation, review, approval, and use of documents shall receive training on this document control policy and associated procedures.
- Regular communication and reminders shall be provided to ensure ongoing awareness of document control requirements and responsibilities.

8.9 Compliance and Monitoring

- Compliance with this document control policy shall be monitored regularly through internal audits and inspections.
- Any deviations or non-compliance shall be promptly addressed, and corrective actions implemented, as necessary.

8.10. Document Control Policy Review

- This document control policy shall be reviewed periodically to ensure its effectiveness and relevance.
- Any proposed revisions to this policy shall follow the same review and approval process outlined herein.

8.11. Document Control Policy Approval

This Document Control Policy is hereby approved and effective as of [Effective Date].

[Signature of Authorised Representative]

[Printed Name of Authorised Representative] [Date]
