

STANDARD OPERATING PROCEDURE

Forensic Psychological Services

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OPERATIONAL POLICY SUMMARY		
This is a Standard Operating Procedure (SOP) for Forensic Psychological Services which operate across Essex, Bedfordshire and Luton in EPUT’s inpatient forensic Units. These area tertiary and specialist trust-wide services that provide forensic psychological assessment and treatment to inpatients, as well as team consultation on risk management. This Standard Operating Procedure ensures that the clinical services provided are underpinned by robust governance mechanisms to ensure patient safety, positive patient experience and clinical effectiveness.		
The Trust monitors the implementation of and compliance with this operational procedure in the following ways:		
Specialist Services Directorate Psychological Services Directorate		
Services	Applicable	Comments
Mental Health	Yes	

**The Director responsible for monitoring and reviewing this policy is
Director of Specialist Services**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**STANDARD OPERATING PROCEDURE
FORENSIC PSYCHOLOGICAL SERVICES**

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

STANDARD OPERATING PROCEDURE: FORENSIC PSYCHOLOGICAL SERVICES

Equality and Diversity Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

1.0 INTRODUCTION

1.1 Forensic Psychological Services comprise qualified psychologists, assistant psychologists, trainee psychologists, psychotherapists and psychology students. All staff in the department have clearly defined roles and undertake a range of activities including direct and indirect clinical work, teaching, consultation, research and service evaluation, and quality improvement. The department operates across four sites during normal working hours (Monday to Friday):

- Brockfield House – Wickford, Essex
- Edward House – Chelmsford, Essex
- Robin Pinto Unit – Luton, Bedfordshire
- Wood Lea Clinic – Bromham, Bedford

2.0 OBJECTIVES

- 2.1 The aim of the service is to deliver high quality, evidence-based psychological assessment and treatment to all service-users in EPUT's secure inpatient services. All psychologists work within a collaborative and integrated model of care with their respective Multi-Disciplinary Teams (MDTs) and are committed to clinical excellence.
- 2.2 Forensic Psychological Services highly value the inclusion of families and carers in service-users' care pathways. All staff work with families and carers where service-user consent is given. Psychologists are provided with the required training to deliver appropriate interventions to families and carers.

3.0 SERVICE VISION

- 3.1 To create an integrated service that provides safe and outstanding evidence-based psychological care that is trauma-informed and accessible to forensic service-users across boundaries.

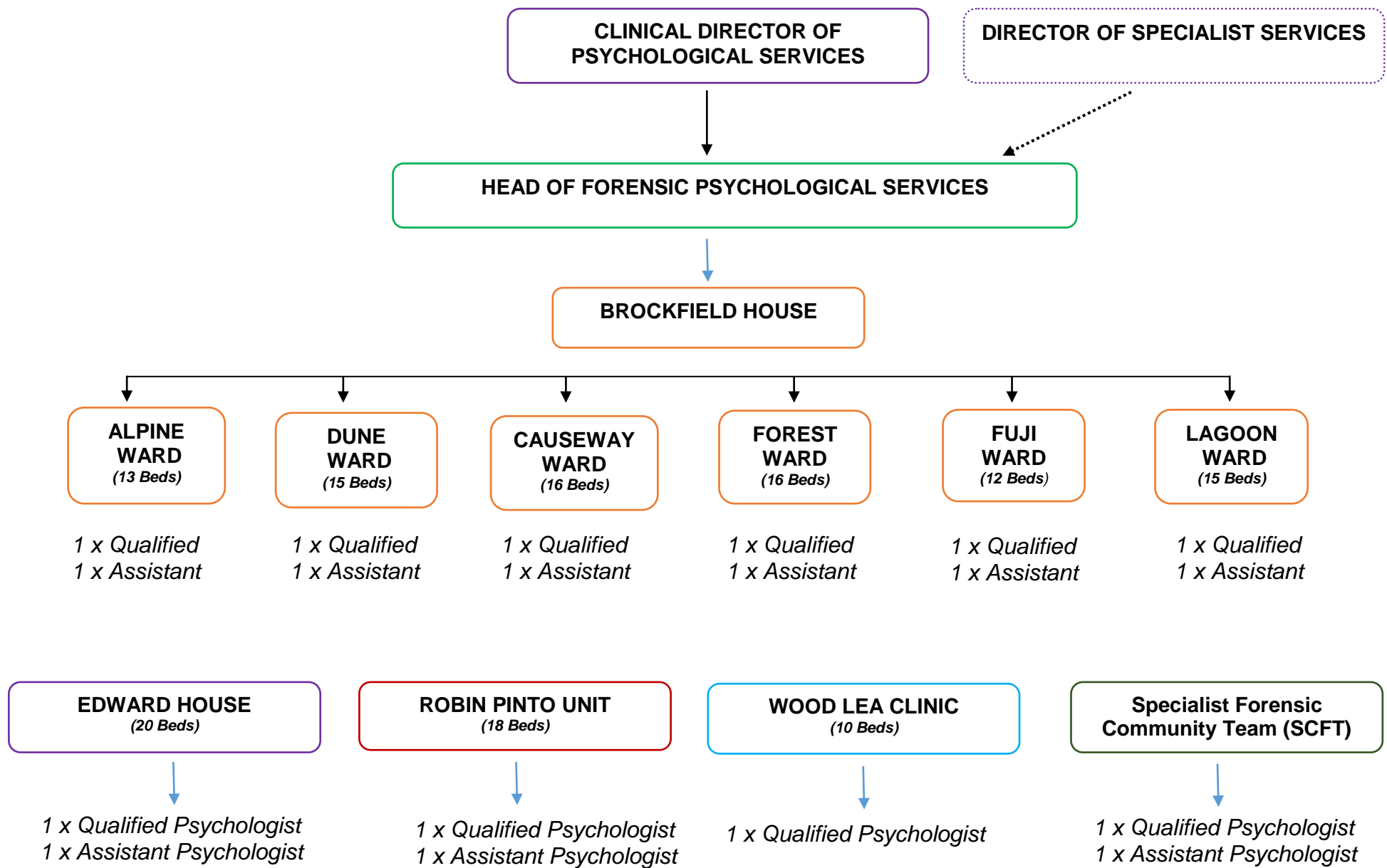
- 3.2 To create holistic pathways of care from inpatient to community care that improves service-user outcomes in partnership with families and other services in EPUT where appropriate.

4.0 PARTNERSHIP WORKING

- 4.1 The psychology service is committed to partnership working and values collaboration and joint working with both internal and external stakeholders, including EPUT's Specialist Community Forensic Team (SCFT).

5.0 TEAM STRUCTURE

- 5.1 The service is operationally managed by the Head of Forensic Psychological Services, a Consultant grade Psychologist, who is in turn responsible and accountable to the Trust's Clinical Director of Psychological Services and to the Director of Specialist Services. The Head of Service is responsible for staff management, recruitment, oversight of clinical provision, finance management, and overall service development and review.
- 5.2 In 2021, the department received additional funding and currently has a staff establishment of nine qualified psychologists and eight assistant psychologists. The service aspires to a model of '*1 qualified psychologist and 1 assistant psychologist*' per ward (with the exception of Wood Lea Clinic where no assistant psychologist post exists at present). Responsibility for ward allocation of qualified psychologists and assistant psychologists rests with the Head of Service. All psychologists at Brockfield House follow their service-users who are transferred to Aurora Ward (pre-discharge) and retain responsibility for their psychological care and risk assessments (e.g. HCR-20s).
- 5.3 Additionally, undergraduate psychology students and trainee psychologists are also recruited within the service and provide a valuable resource.



6.0 CLINICAL PROVISION AND CARE PATHWAY

- 6.1 Qualified psychologists are allocated to wards by the Head of Service and are responsible for the overall provision of psychological assessment, treatment and clinical consultation on their respective wards. All psychologists are expected to manage to their own clinical caseloads which are regularly reviewed with the Head of Service. Psychologists undertake both direct and indirect clinical tasks, as well as other tasks such as the provision of reflective practice and consultation to their respective MDTs. Where available, qualified psychologists will be allocated an assistant psychologist to assist them with their work.

6.2 *Pre-Admission*

- 6.3 Qualified psychologists participate in pre-admission MDT assessments from time to time as allocated by the Head of Service. Such assessments are likely to be required where a service-user's treatment needs are mainly psychological in nature and, where appropriate, may be undertaken jointly with other members of the MDT. Psychologists undertaking pre-admission assessments will provide a documented opinion in response to the referral question which must be stored in the service-user's medical records. The final decision on admission of service-users to secure services rests with the Responsible Clinician (RC) of the Unit or ward.

6.4 *Admission*

- 6.5 It is recognised that, upon admission, some service-users, particularly those admitted to an acute ward, may not be in a position to meaningfully engage in psychological assessment, and may require a period of stabilisation before engagement is possible. However, psychologists will meet with the service-user as soon as it is practical and safe to do so, in order to introduce themselves and the psychology service to the service-user, and will provide the MDT with support and advice on the service-user's care and clinical management as required.

6.6 *Patient Confidentiality*

- 6.7 Psychologists must inform service-users, from the outset, about the confidentiality of their sessions highlighting that the service operates a 'shared confidentiality' process i.e. that anything said within a psychology session could be shared with the rest of the MDT as appropriate. It should also be explained to service-users that anything they disclose may be entered into their medical records.

6.8 Psychological Assessment

- 6.9 All qualified psychologists in the department provide specialist forensic psychological assessment and treatment to service-users in their allocated wards as part of their job role.
- 6.10 Following admission, psychologists will commence a comprehensive psychological assessment of the service-user as soon as it is possible and safe to do so. Assessments may include the use of psychometric tests which must be used and managed securely (see Section on 'Use of Psychometric Tests'). Ordinarily, psychologists will provide the MDT with an assessment report documenting their qualified opinion and formulation of the service-user's difficulties and proposed treatment pathway within the first 3 months of admission; i.e. by the first CPA meeting. Where a newly admitted service-user is unable to engage prior to their first CPA meeting, the psychologist will undertake a file review, discuss the case with other colleagues involved in the service-user's care, and provide a preliminary opinion on treatment to the MDT, pending full assessment.
- 6.11 The assessment process includes an assessment of violence risk and, as such, all service-users must be assessed using the HCR-20 violence risk assessment tool within the first three months of admission and every six months thereafter (see Section on HCR-20 Assessment for further detail). Moreover, service-users who present with additional risks (e.g. sexual violence, stalking, domestic violence) will also be assessed using the appropriate evidence-based assessment tools.

6.12 Psychological Treatment

- 6.13 Following psychological assessment, qualified psychologists will engage service-users in the required psychological treatments which will be designed in a responsive manner according to individual need. Treatment may be delivered on an individual basis or in a group as required. Regular updates on treatment will be given to the MDT throughout the service-users' admission. End of treatment reports, for both group and individual treatment, must be provided to the MDT and recorded in the service-users' medical records.
- 6.14 Brockfield House has a comprehensive Dialectical Behaviour Therapy (DBT) programme, which is led by the Psychology Department and delivered by Multi-Disciplinary team members including nurses, social workers, occupational therapists, psychologists and assistant psychologists. The programme includes delivery of DBT Individual treatment, DBT Skills Group, Individual Coaching and the DBT Consultation Team meetings. Service-users are considered by referral from the Qualified Psychologist and discussed in the DBT Consultation Team. If a service-user is not accepted into the full DBT

programme, they can attend an element of treatment (e.g., only DBT Skills group). A further DBT-Informed evidence based programme is provided to service-users with intellectual disability as required.

6.15 Group Treatments

6.16 The psychology service provides group treatments to service-users in Secure Services, including:

- Substance Use Treatment Programme (SUTP)
- Violence and Sexual Violence Reduction Group Treatment (*LmV Programme*)
- Dialectical Behaviour Therapy (DBT)
- Fire Intervention Group Treatment (FIP-MO)
- Psychoeducational Group Treatments (insight-raising)
- Other groups, as required

6.17 At Brockfield House, group treatment may be delivered to service-users from different wards following assessment of treatment suitability and risk, and with agreement of the MDT. Groups may also be delivered on a single ward as required. Where insufficient referrals for group treatment exist, psychologists at all Units will provide treatment on an individual basis in order to avoid delays to the service-users' progress and discharge. All staff working in a location in the Unit other than the wards must adhere to the Secure Services security procedure at all times.

6.18 Use of Psychometric Tests

6.19 The psychology department has a wide range of psychometric tests available that psychologists can use in their assessment of service-users when required. The majority of tests are stored at Brockfield House, and other Units in the service also hold some more commonly used or specialist tests locally. An inventory of all available tests is located on the department's shared network drive in a database file ('Psychometrics Folder'). Staff borrowing psychometric tests from other Units within the service should indicate the date and time of withdrawal and return of test on the appropriate electronics signing sheet. Psychometric tests must not be removed from the Unit by any staff for private use.

6.20 Psychometric tests must only be used by those professionals qualified to use them. As such, completed psychometric forms are subject to misinterpretation and should not be released to non-qualified staff without good reason. All tests must be stored securely in a locked cabinet accessible to psychology staff only. Completed test forms should be scanned and uploaded to the service-users' medical record in the appropriate secured folder.

- 6.21 It is important that psychometric tests are used safely and responsibly, and that psychologists are trained and confident in their interpretation before use. All psychometric tests administered should be reported on in a subsequent assessment report.

6.22 Outcome Measures

- 6.23 Psychologists routinely administer outcome measures as part of the treatment process in order to evaluate effectiveness of treatment, to inform further direction of treatment and to improve care. Outcome measures are used for both group and individual treatments, and are administered with the service-user's consent. Results of clinical outcomes are shared with service-users, as appropriate, in order to help them evaluate their own progress.

6.24 Waiting Times

- 6.25 It is recognised that, at times, there may be a brief waiting period for service-users before they can be offered an assessment or treatment. In such cases, it is important that service-users are still supported by the psychology department until such time as formal clinical contact commences. Such support may include: directing service-users and their key workers to self-help and psychoeducational materials, if appropriate; informal contact with an assistant psychologist (where it is safe to do so); and, check-in sessions. Service-users and the MDT should be kept informed about any waiting times and a tentative start date should be provided.

6.26 Working with Families and Carers

- 6.27 The psychology team routinely works with the family and carers of service-users in secure services, and offer a number of interventions, including Behavioural Family Therapy and psychoeducational groups. Where required, psychologists also support families on an individual basis.
- 6.28 At times, it may be clinically helpful for psychologists to talk to families about a service-user's care and treatment, and may also require further information from them to inform their assessments. Prior to contacting families or carers for the purpose of discussing a service-user's care, psychologists must seek consent from the service-user; this should be recorded in the service-users' medical records. Where consent is not granted by a service-user, families are still entitled to be given general information about the hospital and access to psychoeducational sessions.

6.29 Discharge Planning

- 6.30 In preparation for discharge, psychologists assist the MDT in the discharge planning processes and will attend all relevant clinical meetings. Psychologists are well positioned to provide an opinion on risk levels and risk management in the community, and should communicate their opinions on discharge and any recommendations both during clinical meetings and in their professional reports. Psychologists caring for service-users in Essex must also liaise with the psychologist in the Specialist Community Forensic Team (SCFT) where a service-user has been referred to that team. A pre-discharge handover must be given to the community team psychologist regarding any current or previously completed psychological therapies. The SCFT is based in Billericay, Essex. All relevant risk assessments, such as HCR-20, RSVP, SRP, must be updated and finalised ahead of discharge and shared with the receiving team where applicable.

6.31 Scheduling Face-to-Face Patient Sessions

- 6.32 All scheduled clinical sessions with service-users should be entered into the ward diary in good time in order to assist the nursing staff in planning service-users' activities. Cancellations should also be communicated to the service-user and ward staff in good time to enable the smooth running of the ward and the service-user's time. At Brockfield House, psychology staff should book rooms in advance when seeing service-users off the ward (e.g. in the Therapies Suite).

6.33 Scheduling Remote Patient Sessions (Video-Conferencing)

- 6.34 Psychologists are able to undertake clinical sessions remotely with service-users using Trust approved video-conferencing platforms⁵ ('Attend Anywhere' and MS Teams). Whilst video sessions do not constitute routine practice, it is recognised that circumstances may, at times, require this (e.g. where a member of staff is unable to attend the hospital site in person due to the COVID-19 pandemic or where a ward is in lock-down due to infection control requirements).
- 6.35 Prior to initiating video sessions with service-users, psychology staff must obtain written consent from the service-user using the Trust's appropriate consent form for video conferencing. All appointments must be booked in with the service-user in advance and nursing staff notified of the appointment. As per Trust policy, if psychologists are connecting from their homes, they must explain to service-users that are in a domestic setting and provide assurance regarding confidentiality. A verbal and/or written handover must be given to the nursing staff at the end of the session and clinical notes entered into the service-user's medical records should reflect that the session was held

remotely (see SSOP67 '*Protocol for the Use of 'Attend Anywhere' Video Consultation Platform*' available on Input).

6.36 *Reflective Practice and Supervision of other Staff*

- 6.37 Qualified psychologists are expected to provide monthly reflective practice sessions to the staff on their allocated wards in order to help the team to reflect on their clinical work with service-users and the service. At times, this can also be provided by an external facilitator as agreed with the MDT.
- 6.38 Qualified psychologists may also provide clinical supervision to staff from other disciplines where relevant to the clinical work being undertaken with service-users.

6.39 *Attendance at Multi-Disciplinary Clinical Meetings*

- 6.40 Psychologists form an integral part of the MDT and must participate in clinical meetings in order to provide a qualified psychological opinion on each service-user's case. Such meetings include weekly ward reviews (or ward rounds), CPA meetings, professionals meetings, pre-discharge meetings and monthly MDT meetings. Assistant psychologists do not routinely attend weekly ward reviews but should attend these meetings when the qualified psychologist is unavailable due to absence. In such cases, the qualified psychologist should ensure that they have provided the assistant psychologist with the relevant clinical feedback to pass on to the MDT.

6.41 *Working across Wards*

- 6.42 Clinical expertise may vary between psychologists and, at times, this may warrant psychologists working with service-users on a ward other than the one allocated to them. Working across different wards will be possible and the Head of Service will endeavour to ensure fair and safe caseloads across the service.

6.43 *Medical Records Management*

- 6.44 All qualified psychologists are responsible for robust, accurate and timely record keeping. Following each clinical session, an entry must be made into the service-user's electronic medical record using the appropriate Trust records system; in Secure Services this is currently either 'Mobius' or 'Paris'. Where a service-user does not attend a scheduled psychology session, an entry documenting non-attendance must be made in the service-user's medical record and the Nurse-in-Charge of the ward informed.

- 6.45 All clinical entries made by assistant psychologists and trainees must be validated by a qualified psychologist. Psychology students are not permitted to make entries in medical records.

6.46 *Clinical Activity Recording*

- 6.47 Additionally, qualified psychologists are responsible for maintaining the psychology department's electronic '*Clinical Database – Patient Tracker*' which essentially tracks each service-user's psychological assessment and treatment progress over time. Whilst assistant psychologists may routinely update the database, responsibility and oversight rests with the qualified psychologist.

6.48 *Information Sharing and Transfer of Medical Records*

- 6.49 The sharing of service-user clinical information with other departments in the Trust and with external organisations and/or statutory bodies must be undertaken with the informed consent of the service-user in order to uphold confidentiality. However, it is recognised that in forensic services the duty to share information, particularly around risk issues, may take precedence over service-user confidentiality when consent is not possible or forthcoming. In such cases, qualified psychologists must follow due process and always adhere to Trust guidance on information sharing. The process undertaken must also be fully documented. Moreover, the communication of any Patient Identifiable Data (PID), whether postal or electronic, must be undertaken in accordance with Trust policy (e.g. secure email transmission).
- 6.50 Psychologists may also request service-user records from other organisations where this is clinically required (e.g. previous psychological reports; prison records; school records etc...). Prior to requesting these reports, written consent must be obtained from the service-user and recorded in their medical records.

6.51 *Violence Risk Assessments (HCR-20)*

- 6.52 The completion of HCR-20 violence risk assessments is part of the Mental Health Data Set (MHDS) and is monitored and reported on by the Trust on a quarterly basis. Qualified psychologists are responsible for the completion of these reports in collaboration with other members of the MDT.
- 6.53 Every service-user admitted to secure services must have a first HCR-20 assessment completed within the first 3 months of admission. It is recognised that, at this early stage of admission, further information may be required in order to develop a robust formulation and risk management plan. In such

cases, it is good practice to highlight the preliminary nature of the assessment within the report.

- 6.54 Following the first assessment report completed at 3 months of admission, each assessment must be updated every 6 months thereafter, or earlier if clinically indicated. All completed reports should be migrated to the medical records system using the appropriate forms and a copy stored on the ward's shared network drive. It should be noted that when service-users transfer directly from one Unit to another within EPUT's secure services (e.g. from Edward House to Brockfield House, or from Dune Ward to Forest Ward) this is not considered a new admission for the purpose of HCR-20 completion. Therefore, there is no requirement to complete a further HCR-20 within 3 months of the transfer date unless clinically indicated (e.g. if a service-user is moving between different levels of security).
- 6.55 The psychology department takes a patient-centred and collaborative approach to risk assessment, and it is therefore important that each assessment is undertaken with the service-user's contributions and those of the MDT. It is important that HCR-20 assessments are discussed with the MDT prior to finalising the report. Where appropriate, key information from the assessment should be shared with the service-user.
- 6.56 Prior to discharge, the service-user's HCR-20 must be updated in sufficient time for the MDT and receiving team to have the opportunity to discuss and implement robust risk management plans (see '*SSOP63 Secure Services Structured Clinical Risk Assessments Protocol*').
- 6.57 All completed HCR-20s must be recorded using the department's HCR-20 database which is stored on the shared drive. This database is designed to: calculate due dates for each service-user based on the previous completion date or date of admission; provide reminders of due dates; and, monitor performance via the embedded dashboard. Psychologists are responsible for the live maintenance of the database in relation to their own service-users' reports. Whilst assistant psychologists may maintain the database for their allocated ward, responsibility and oversight rests with the qualified psychologist.

6.58 Research and Innovation

- 6.59 The psychology department values high quality research and supports staff in undertaking research that is relevant to the service and where a need is identified. All research is undertaken in line with the appropriate ethical and governance procedures and approvals.

- 6.60 The team is committed to quality improvement and values co-production. As such, psychologists ensure that service-user and carer involvement is prioritised in service development projects. Moreover, the department promotes and supports membership and active engagement in national quality networks such as the Royal College of Psychiatrists Quality Network for Forensic Mental Health Services (QNFMHS).

7.0 OPERATIONAL MANAGEMENT

- 7.1 The Head of Psychology for Forensic Psychological Services (HoS), assumes overall responsibility for the operational management of the service and the staff employed therein, including students and trainees. The HoS is accountable and responsible to EPUT's Clinical Director for Psychological Services and Director of Specialist Services.

7.2 Recruitment and Retention

- 7.3 Responsibility for staff recruitment and retention in the psychology services rests with the Head of Service as part of their responsibility for workforce governance. The HoS will ensure that posts are recruited to as swiftly as possible when a vacancy arises within the service. Qualified psychologists in the service are expected to participate in the interviewing of new staff as required.

7.4 Assistant Psychologists

- 7.5 Assistant psychologists are valued and important members of the Psychological Services Directorate and fulfil significant research, support and clinical functions. Although they are not qualified or registered with a statutory body, this in no way diminishes their contributions to multi-disciplinary working and mental health and physical health care provision.
- 7.6 Assistant psychologists are psychology graduates who work under the direct clinical and managerial supervision of qualified psychologists to carry out specific tasks to aid the delivery of psychological services. As such, they do not have the required training and experience to undertake many of the direct clinical tasks that qualified and registered psychologists ordinarily do. Assistant psychologists must receive clinical supervision from a qualified psychologist on a weekly basis. Where a supervisor is on leave, cover supervision must be arranged with another qualified psychologist. When cover is not possible, the assistant psychologist must not continue to work with service-users as per EPUT's 'MHOP24 *Guidance for the Clinical and Operational Management of Assistant Psychologists*'.

- 7.7 Assistant psychologists must never be expected to take on the responsibilities or independent clinical functions of a qualified and accredited psychologist. A careful balance between the developmental needs of assistant psychologists, patient safety and service need must therefore be achieved whilst bearing in mind that the needs and safety of service-users must always take precedence (see '*Guidance for the Clinical and Operational Management of Assistant Psychologists*' on the Trust's Intranet page 'Input' for further information).

7.8 Psychology Students

- 7.9 The psychology secure service regularly recruits undergraduate psychology students on placements that last one academic year. Students provide an important and valued contribution to the teams they work with and, as such, it is important that their placement experience is developmental, fulfilling and rewarding. The psychology service has a responsibility towards students' own safety whilst also upholding patient safety and clinical effectiveness at all times. Students are recruited through the Trust's undergraduate student programme and are employed on honorary contracts. All students are expected to undertake EPUT's mandatory training programme and the security training programme provided in Specialist Services.
- 7.10 Psychology students must not have any clinical or non-clinical contact with service-users on their own; they must always be accompanied by a qualified psychologist, trainee or assistant psychologist. As such, students must always be supernumerary during any service-user contact including group interventions. Whilst students must not undertake any individual therapeutic work with service-users (e.g. clinical or research interviews, administering psychometric tests or feedback questionnaires etc...), students will ordinarily be able to shadow a psychologist, trainee or assistant psychologist in doing so. All shadowing/observation activities must only take place with the prior agreement of the student's supervisor, who may be a qualified or trainee psychologist, and with the consent of the service-user (see guidance document '*EPUT Undergraduate Psychology Placements in Secure Services*' for further information).

7.11 Psychology Trainees

- 7.12 The psychology department also recruits psychology trainees, including Clinical, Counselling and Forensic Psychology trainees, undertaking a professional graduate training course towards qualification as an HCPC registered Psychologist. Trainees are recruited through formal processes between EPUT and the Universities it is associated with.
- 7.13 Trainees working in the psychology department are provided with a dedicated clinical supervisor who must be a registered psychologist. Whilst trainees are

able to undertake independent clinical work, under supervision, the qualified supervisor retains full responsibility for the work undertaken by the trainees they supervise.

- 7.14 All trainees are expected to complete EPUT's mandatory training programme and the security training programme provided in Specialist Services. The supervisor provides clinical supervision to trainees on a weekly basis and is responsible for completing the trainee evaluation assessments as required by the University. Supervisors also attend placement review meetings convened by the University.

7.15 Job Plans

- 7.16 All staff employed in the service have a job plan in place which is agreed with the Head of Service and reviewed on an annual basis. Job plans are essential in providing clarity to staff about their roles and service expectation around time management and duties.

7.17 Line Management Supervision / 1:1 Support

- 7.18 All staff in the psychology department, including assistant psychologists and trainees, must attend monthly line management supervision sessions. Qualified staff and trainees receive supervision from the Head of Service. Whilst the monthly line management supervision of unqualified staff, such as assistant psychologists, may be delegated to qualified staff, overall management responsibility rests with the Head of Service. Additionally, all assistant psychologists and students are offered 1:1 support sessions with the Head of Service every three months as a minimum.

7.19 Clinical Supervision

- 7.20 All staff working clinically in the psychology department must receive clinical supervision on a regular basis commensurate with their level of experience. Qualified psychologists must receive supervision from a qualified psychologist who may be internal or external to the Trust as agreed with the Head of Service. Assistant psychologists, trainees and students must receive clinical supervision on a weekly basis. Where a supervisor is on leave, cover supervision for the assistant psychologist must be arranged in advance. Where this is not possible, the assistant psychologist must not continue to undertake clinical work with service-users.

7.21 Recording of Supervision

- 7.22 All staff in the psychology department are responsible for logging their own supervision sessions on the Trust's supervision tracker available on Input.

This applies to both clinical supervision and 1:1 support (line management supervision). Additionally, where some staff attend external supervision, each session must be recorded (date, duration and name of supervisor) in the department's 'External Supervision Log' located on the shared network drive in order to facilitate invoice verification. Any cancelled or missed sessions should also be recorded.

7.23 Appraisals

- 7.24 The purpose of an appraisal is to: provide employees with a constructive evaluation of their previous year of employment; reflect on and plan their personal and professional development; and, focus on well-being. Appraisals constitute a reflective process and one that aims to set realistic goals that meet the service's needs and the employee's developmental needs. Appraisals should not be viewed as a cursory exercise but embraced as a valuable opportunity for personal and professional development.
- 7.25 As required by the Trust, all employees must participate in an appraisal on an annual basis. Qualified staff and trainees undertake their annual appraisal with the Head of Service, whilst assistant psychologists undertake these with their allocated clinical supervisor unless otherwise directed by the Head of Service. New starters in the service will have some objectives set for their first year of employment.
- 7.26 Completion of all appraisals must be recorded in the Trust's supervision tracker available on Input.

7.27 Non-Patient Daily Diary Sheets (DDS)

- 7.28 It is a requirement of the Trust that staff complete an electronic daily diary sheet available on Input in order to record the non-clinical duties undertaken each day. Staff who are absent due to sickness, annual leave, study leave or any other leave, must complete their DDS in advance of their leave or immediately upon return from sick leave. When working from home, a DDS must also be completed.

7.29 Annual Leave and Sickness Leave

- 7.30 All staff must follow Trust policy and procedure in relation to annual leave and sickness leave.
- 7.31 Annual leave must be applied for using the Trust's electronic roster management system (Employee Online). Assistant psychologists must seek authorisation from their clinical supervisor prior to applying for leave and should include a note to this effect in their request which will be approved

electronically by the Head of Service. All staff taking annual leave must enter their dates of absence in the ward diary in order for nursing and support staff to be aware of their absence. All annual leave should be entered into the Department's 'shared whereabouts calendar' in Outlook.

- 7.32 When unable to attend work due to ill health, the staff member must telephone the Head of Service as soon as possible on the first day of illness informing them of their absence. Assistant psychologists must inform their clinical supervisor and the Head of Service. It is the staff member's responsibility to ensure they have contacted the ward to cancel any clinical appointments. All staff are responsible for completing the required Trust documentation on return from sick leave, including self-certification forms, in a timely manner.

7.33 Study Leave

- 7.34 Study leave to attend internal or external training courses must be agreed in advance with the Head of Service and should be relevant to the staff member's role in order to be authorised. All mandatory training must be up to date in order for study leave to be considered in line with Trust policy.
- 7.35 All staff must complete the required Trust's study leave form and send this to the Head of Service for approval. It is the staff member's responsibility to ensure they send the form on to the study leave team in a timely manner for final approval. Additionally, the required study days must also be requested as 'study leave' using the Trust's electronic roster management system (Employee Online). It should be noted that no course bookings with external providers should be made until the study leave team have formally granted study leave approval.

7.36 Mandatory Training

- 7.37 It is a Trust requirement that all staff undertake the mandatory training set for their role which may change from time to time at the Trust's discretion. It is the responsibility of each staff member to monitor their own training record and ensure that all trainings are in date. The Trust's 'training tracker' is available on Input and provides a personal training record for each employee.

7.38 Infection Prevention and Control

- 7.39 All staff are required to adhere to Trust policy and procedure in relation to Infection, Prevention and Control when on Trust premises. This includes the correct donning and doffing of Personal Protective Equipment (PPE) and use of hand sanitation products, as directed by the Trust, to ensure that service-users and colleagues are protected from infection. Breaches of Trust policy in

relation to Infection, Prevention and Control are taken very seriously and may lead to disciplinary action being initiated.

7.40 Working from Home

- 7.41 Since April 2020, due to the COVID-19 pandemic, all staff in the psychology department were asked to work from home on a once or twice weekly basis, with the remainder of the working week being worked from base depending on individual work patterns. Working from home is not an automatic staff benefit and can be changed at any time at the Trust's discretion.
- 7.42 Whilst home-working remains part of the current working deployment system, all staff will be issued with the required Trust equipment to ensure they can work effectively from their homes; this includes a laptop computer, headset, and VPN token. All staff are responsible for the safe-keeping of all electronic equipment and their contents issued to them and must return it to the Trust when requested.
- 7.43 Staff working from home are required to be contactable throughout the working day by email, telephone and video-conferencing platforms (MS Teams). All staff attending remote clinical and non-clinical meetings are responsible for ensuring that patient confidentiality is safeguarded at all times and must take the required measures to this effect (e.g. using a headset, if required). Any breaches should be reported directly to the Head of Service and a report made on the Trust's incident reporting system (Datix).

7.44 Security Training and Procedure

- 7.45 All staff working in Forensic Psychological Services must undertake the required security training upon joining the service and undertake refresher courses as required by the service. Given the nature of secure services, it is of paramount importance that all staff follow security procedures to ensure the safety of the Units, staff and service-users.

7.46 Risk Management and Incident Reporting

- 7.47 It is the responsibility of each employee to raise any emerging or known risks to the service with the Head of Service to be considered more fully. Risks could be identified through incident reporting, observation or concerns being raised by other staff.
- 7.48 All staff are expected to report all incidents through the Datix incident reporting system to ensure these are captured and acted upon (see 'CP3 Adverse Incident Policy, Including Serious Incidents').

7.49 Additional Employment

- 7.50 All staff in the psychology department who wish to undertake additional employment external to the Trust must seek approval in writing from the Head of Service as required by the Trust. Any potential conflicts of interest must be discussed and, if applicable, logged with the Trust Secretary using the appropriate online Trust form. The Head of Service is responsible for ensuring that all staff, including Assistant Psychologists, have declared and agreed any non-Trust work at the start, and throughout the course, of their employment with EPUT.

7.51 Professional and Social Conduct

- 7.52 All staff working in the psychology service are expected to demonstrate the Trust's corporate values and behaviours: Open, Compassionate and Empowering. Staff must at all times conduct themselves in a manner that does not risk bringing the psychology profession or the Trust into disrepute during the course of their duties and/or in their personal lives (e.g. behaviour on social media and other online fora; behaviour in public).
- 7.53 All psychology staff must uphold the profession's standards as set out in the British Psychological Society's '*Code of Conduct and Ethics*' (2018) and the Health and Care Professions Council's (HCPC) '*Standards of Conduct, Performance and Ethics*'. All staff must also adhere to the Trust's Disciplinary Rules (HRPG27A - Disciplinary Rules Appendix 2 of Disciplinary (Conduct) Procedure).

7.54 Business continuity

- 7.55 In the event of a major incident occurring in the service, the psychology team will follow the Specialist Services Business Continuity Plan.

8.0 REVIEW AND MONITORING

- 8.1 This Standard Operating Procedure will be reviewed and monitored within Specialist Services.

9.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

- CP3 - Adverse Incident Policy, Including Serious Incidents
- MHOP24 – Guidance for the Clinical and Operational Management of Assistant Psychologists
- HRPG27 – Disciplinary (Conduct) Procedure
- HRPG27A - Disciplinary Rules Appendix 2 of Disciplinary Procedure

- SSOP53 – Risk Assessment Policy
- CP9 – Records Management Policy
- CP60 – Information Sharing and Consent Policy
- SSOP67 - Protocol for the Use of 'Attend Anywhere' Video Consultation Platform

10.0 REFERENCES

The British Psychological Society (2018). *Code of Conduct and Ethics*.

The Health and Care Professions Council (2016). *Standards of Conduct, Performance and Ethics*. Accessed at: www.hcpc-uk.org