EATI N G D ISORDERS SERVICE FOR A DULTS  
OPERATIONAL PROTOCOL

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Date ratified: 19 April 2016  
Name of originator/author: Christopher Gordon, Operational Services Manager  
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Target audience: All Trust staff, service users, carers and members of partner organisations.

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Trust Equality and Diversity Lead on 01278 432000.
DOCUMENT CONTROL

Reference Number | Version | Status | Author
--- | --- | --- | ---
 | 0.1 | Final | Christopher Gordon

Amendments

**Document objectives:** Sets out the operational framework and function of the Eating Disorders Service for Adults (EDSA).

**Intended recipients:** All Trust staff, service users, carers and members of partner organisations.

**Committee/Group Consulted:** Psychological Services Best Practice Group, Head of Division, Head of Psychological Services, Operational Services Manager and EDS A Staff

**Monitoring arrangements and indicators:** As indicated in the protocol

**Training/resource implications:** As per expansion plan below

| **Approving body and date** | **All** | **Date:** 19/04/16 |
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**Date of issue** | 19 April 2016

**Review date** | 19 April 2017

**Contact for review** | Christopher Gordon

**Lead** | Jane Yeandle

**CONTRIBUTION LIST Key individuals involved in developing the document**

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1. **INTRODUCTION**

The Eating Disorders Service for Adults (EDSA) for Somerset Partnership NHS Foundation Trust provides a countywide service with the following key functions:

- Assessment & Diagnosis
- Treatment & Management
- Supervision & Support
- Consultation
- Training

The service is currently in expansion and as it expands the function and remit of the team is likely to develop and the operational protocol will be reviewed alongside this process.

This document aims to formalise the framework and function of the EDSA.

2. **PURPOSE & SCOPE**

The purpose of the operational protocol is to set out the agreed set of principles relating to the activity of the EDSA and details the expectations, parameters and actions required of team members in meeting the objectives of the service.

This operational protocol applies to all Trust staff (including Temporary, Locum, Bank, Agency and other contracted staff), Service Users, Carers, and members of partner organisations.

3. **TEAM PHILOSOPHY**

The Eating Disorders Service for Adults provides high quality, safe and effective services across Somerset Partnership NHS Foundation Trust. The core working philosophy of the EDSA is based upon ‘Relational Recovery’, which combines a structured and psychologically informed approach and recognises the importance of relationships, collaboration and people’s unique strengths in recovering from serious mental and physical health problems.

4. **DEFINITIONS OF TERMS USED**

Eating disorders are serious mental health problems which generally include biological, psychological and social components to the difficulties that they present. There are a variety of different diagnostic schemes in common use (including International Statistical Classification of Diseases and Related Health Problems 10th Revision; Diagnostic and Statistical Manual of Mental Disorders, editions IV and V), with varying formal criteria in relation to specific eating disorder diagnoses. For the purposes of this document, the most common Eating Disorders can be more simplistically defined as:
**Anorexia Nervosa** – People experiencing Anorexia Nervosa restrict their food intake and may also engage in other behaviours which contribute to a significantly low body weight. Often individuals experience an intense fear of gaining weight, alongside a disturbance in the way in which they perceive their own weight and/or shape, and its importance in their lives and self-evaluation.

**Bulimia Nervosa** – People experiencing Bulimia Nervosa find themselves engaging in recurrent episodes of ‘binge’ eating, characterised by eating significantly more than most people might in a fixed period of time and associated with a sense of loss of control over this process. Alongside this, individuals engage in recurrent ‘compensatory’ behaviours which are intended to prevent weight gain, and often weight and/or shape unduly influence the way in which they might evaluate themselves.

**Binge Eating Disorder** - People experiencing Binge Eating Disorder find themselves engaging in recurrent episodes of ‘binge eating’, characterised as above, and associated with significant distress. Other associated features may include eating when not hungry, eating rapidly, eating until uncomfortably full and withdrawing from others while eating. Some individuals may experience overwhelming negative feelings towards themselves following these episodes of bingeing.

**Atypical Eating Disorders** (variously also referred to as ‘Eating Disorder Not Otherwise Specified’ or ‘Other Specified Feeding or Eating Disorder’) – This includes people with feeding or eating disorders which cause clinically significant distress and impairment in areas of function, but who do not meet the full formal criteria for any of the other feeding or eating disorders.

**Night Eating Syndrome (NES)** is characterized by abnormal eating patterns during the night when a person eats during the night with full awareness and may be unable to fall asleep again unless he/she eats

**Nocturnal Sleep Related Eating Disorder (NS-RED)** can occur during sleepwalking. People with this disorder eat while they are asleep. They have no conscious awareness of doing so.

### 5. ACCESS AND AVAILABILITY

The Eating Disorders Service for Adults (EDSA) is a countywide adult mental health service for Adults of Working Age (18+). Direct Referrals are discussed and agreed locally between EDSA staff and mental health ward and community team staff.

Eating Disorder Locality Leads (EDLLs) take the lead in the referral process by triaging single point of access referrals at source, and include additional EDSA members of the team as appropriate.

The EDSA provides services to service users (and carers) that experience complex and severe eating disorders, as defined above, who present with high risk behaviours.
The EDSA also provides support, advice and consultation services to primary care and acute hospital services as well as secondary care mental health and community health services. Contact details can be found in Appendix A.

6. CATCHMENT AREA

The EDSA covers the entire county for Somerset Partnership NHS Foundation Trust, with staff based in four localities: Bridgwater, Taunton, Wells and Yeovil.

The central EDSA Office is in Wells.

People who are receiving specialist treatment in out of area placements remain the responsibility of the Trust and are regularly reviewed by the EDSA.

7. TEAM STRUCTURE

The EDSA is centrally managed with a clinical presence embedded within community mental health services within four localities. This hub and spoke model is intended to maximise the impact of the provision of high quality and evidenced based interventions across frontline services by providing these staff with training, supervision and support.

Operational Services Manager 1.0 WTE
ED Locality Lead (EDLL) – Yeovil 1.0 WTE
ED Locality Lead (EDLL) – Taunton 1.0 WTE
ED Locality Lead (EDLL) – Wells 1.0 WTE
ED Locality Lead (EDLL) – Bridgwater 1.0 WTE
Specialist Dietician – Wells & Yeovil 0.4 WTE
Specialist Dietician – Bridgwater & Taunton 0.6 WTE
Consultant Psychologist – Countywide 0.5 WTE
Principal Psychologist – Taunton 0.5 WTE
Clinical Psychologist – Taunton & Bridgwater 0.5 WTE
Clinical Psychologist – Wells & Yeovil 0.5 WTE
Team Administration – Wells 0.5 WTE
Consultant Psychiatrist - Countywide 1.0 WTE
Medical Secretary - Taunton 1.0 WTE

The team can also provide training placements for psychology, nursing, social work and occupational therapy students.
8. TEAM BASE AND CONTACTS
The main base of the EDSA is Wells. Please see Appendix A for a full list of team contact details.

9. HOURS OF OPERATION
The team are available Monday to Friday 9.00 am to 5.00 pm.
Enquiries outside of these times can be sent via email (EDService@sompar.nhs.uk) or telephone messages. The team will respond to enquiries at their earliest opportunity.
Out of hours arrangements for service users and carers are agreed as part of individual care and risk management plans.

10. DUTIES AND RESPONSIBILITIES
- Head of Division – Accountable for overall service and strategic management.
- Operational Services Manager (Author) – Responsible for service and operational management.
- Eating Disorder Locality Leads (EDLL) x 4 – Responsible for referrals, clinical implementation, service interface, leadership and training.
- Specialist Dieticians x 2 – Responsible for clinical assessment and monitoring, diet plans and education.
- Consultant Psychologist – Responsible for clinical leadership, psychological therapies, consultation and assessment, supervision and training.
- Principal Psychologist – Responsible for psychological therapies, families and carers, outcome measures and patient experience.
- Clinical Psychologists x 2 – Responsible for clinical psychology and psychological therapies, assessment and psychometric testing.
- Consultant Psychiatrist – Responsible for clinical leadership, physical and psychological assessment, primary care and CAMHS interface.
- EDS Administrator – Responsible for providing administrative support to the EDS.
- Medical Secretary – Responsible for medical administration including psychiatry and dietetics.

For full details of duties and responsibilities see Appendix B

11. KEY SYSTEM AND STRUCTURES
In order to ensure that the service is safe, effective and high quality the following systems and structures are in place:
- Clinical Forum
- Business meetings
- Management meetings
- Supervision & Appraisal
- Clinical Supervision
- Job Satisfaction
- Capacity management
- Service Development Improvement Plan
- Risk Register
- Activity Reporting
- Service Evaluation and Audit

**Further details can be found in Appendix C**

### 12. CLINICAL ACTIVITIES

As part of the EDS A care pathway we undertake a wide range of clinical activities including:

- Multidisciplinary Clinical Assessment including physical tests and psychometric testing as appropriate
- Extended Assessments (Biopsychosocial)
- Complex Case Note Reviews
- Diagnosis
- Care Coordination
- Joint Working
- Risk Assessment & Management
- Psychoeducation
- Guided Formulation
- Psychological Therapies
- Family Work
- Consultation, Advice & Support
- Clinical Supervision & Reflective Practice

**Further details of the care pathway can be found in Appendix D**

### 13. REFERRALS

Referrals are managed in localities through single points of access (community mental health teams [CMHT]) in direct discussion with CMHT managers.

GPs are able to discuss potential referrals directly with the EDSA.

This provides the opportunity of meaningful discussion and the ability to manage and direct referrals promptly and efficiently.

The internal Rio referral system has been made redundant.
The Operational Services Manager oversees and manages the referral process and has overall responsibility.

14. SERVICE USER AND CARER INVOLVEMENT
The EDSA actively encourages, seeks and responds to the views of service users, and their carers where possible, including:

- Full participation in assessment, planning, treatment, review and discharge
- Direct consultation regarding service developments
- Direct involvement with service evaluation
- Direct involvement with recruitment
- Direct feedback, including:
  - Patient Experience Questionnaire (PEQ)
  - Friends & Family Test
  - Trust Website feedback

Carers’ assessments are available for all carers and offered routinely.

Peer support groups for carers of people with eating disorders can be accessed via carers services: [http://www.sompar.nhs.uk/what-we-do/carers-service/](http://www.sompar.nhs.uk/what-we-do/carers-service/)


The EDSA prides itself on family liaison, family inclusive practice and family therapy.

15. WORKING WITH INTERNAL AND EXTERNAL AGENICES
In order to contribute to the delivery of high quality, joined up and collaborative care, the EDSA maintains good relationships and communication with all community and inpatient teams within the Trust, Child & Adolescent Mental Health Services (CAMHS) and other external agencies and organisations, as appropriate, including:

- GPs
- Acute Hospitals
- A & E
- Out of Area Specialist Placements
- Adult & Children’s Social Care
- Other Local Authority Departments
- Housing
The team aims to proactively work with primary care and acute hospital services and CAMHS to assist in transition between services.

16. PROVISION OF TRAINING
The EDS A is developing a training strategy as part of its expansion and development plan, which will aim to provide frontline staff with the confidence and skill in the treatment and management of eating disorders. The training will include brief awareness training and a more substantial skills training.

17. INFORMATION
All clinical information is recorded on the Trust’s electronic patient record system (RiO) as per the Records Keeping and Records Management Policy.

Service information is provided to staff on the Trust’s intranet:
http://intranet.sompar.nhs.uk/a - z_directory/eating_disorders.aspx
Public service information is available on the Trust website:

18. ACCESS TO HEALTH RECORDS
The process for accessing clinical records and information known as the 'right of subject access' can be found here: How to Access your Records as per the Records Keeping and Records Management Policy

19. CLINICAL AUDIT
All staff have a responsibility to monitor and evaluate their practice and performance through audit and other quality improvement measures.
The EDSA develop a local Quality Improvement Plan annually, including audit as per the Clinical Audit Policy
Reports will be included on the website

20. SERVICE EVALUATION
The EDSA is currently developing an evaluation strategy to routinely measure and record activity in the following areas:

Police
Probation
Other NHS Trusts
Non-statutory organisations such as; SWEDA, Rethink, Turning Point, MIND, etc
• Diagnosis
• Clinical outcomes
• Risk
• Use of Services
• Quality of Life
• Health Economics
• Patient Experience
• Staff Experience

21. **HEALTH AND SAFETY**

All team members must comply with the [Health & Safety Policy](#) and [Lone Working Policy](#).

Health & Safety and Lone working concerns should be raised with the Operational Services Manager at the earliest opportunity.

In addition, all team members must have a functioning mobile phone. Team members are responsible for maintaining the function of mobile phones. All team members must have all other team members’ mobile numbers stored on their mobile phones.

Robust lone working mechanisms are arranged in localities as per the [Lone Working Policy](#). In the absence of locality arrangements, a nominated person is to be aware of whereabouts and prearranged times of calls to ascertain safety.

Team members’ details are also recorded in the EDSA shared drive.

Information, instruction and training is given to staff for new activities and equipment as required. There is access to various levels of training dependent upon role. See Mandatory Training matrix.

22. **COMPLAINTS & COMPLIMENTS**

The EDSA welcomes all forms of feedback, including complaints and compliments and follows the [Complaints, Concerns and Compliments Policy](#).

23. **TRAINING REQUIREMENTS**

The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Training Matrix (training needs analysis) as above. All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
The EDSA provides all new members of staff with specific training as part of their induction.

Team development is also available through:

- Quarterly team days
- Clinical Forums
- Business meetings
- Courses & Conferences

This is in addition to yearly Appraisal and Personal Development Plans (PDPs) as per the Staff Appraisal and Management Supervision Policy.

24. **EQUALITY IMPACT ASSESSMENT**

All relevant persons are required to comply with the Quality Impact Assessment Policy and must demonstrate sensitivity and competence in relation to the nine protected characteristics defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by this policy please contact the person responsible as set out within the policy. The Trust will then actively respond to the enquiry.

25. **MONITORING COMPLIANCE AND EFFECTIVENESS**

Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be by the Psychological Services Best Practice Group

Responsibilities for conducting the monitoring

- The Clinical Effectiveness team will monitor procedural document compliance and effectiveness where they relate to clinical areas.
- Non-clinical areas will be audited by the Corporate Governance team, including risk management and complaints processes.

Methodology to be used for monitoring

- random sampling of staff and by questionnaire
- internal audits
- external auditor investigations and reports
- complaints monitoring
- incident reporting and monitoring
- clinical effectiveness monitoring

Frequency of monitoring

- Annual reports to committee/group

Process for reviewing results and ensuring improvements in performance occur.
Audit results will be presented to the Psychological Services Best Practice Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

Lessons learnt will be forwarded to the Risk Manager who will add to the Lessons Learnt Quarter Report to the Risk Group, following each meeting. The report will be accessible to all staff on the Trust Intranet and hyperlinked into ‘What’s On’ newsletter to raise awareness.

A brief of the audit will be provided to staff to raise awareness through the ‘What’s On’ newsletter with a hyperlink to the updated Corporate Register of Lessons Learnt.

26. COUNTER FRAUD

The Trust is committed to the Counter Fraud and Security Management Service (CFSMS) Counter Fraud Policy to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

27. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document are as follows:

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Relevant National Requirements

- Royal College of Psychiatrists College Report CR189 - MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa (2nd edn.)

28. REFERENCES

Cross reference to other procedural documents

Clinical Assessment and Management of Risk Policy
Clinical Audit Policy
Clinical Supervision Policy
Complaints, Concerns and Compliments Policy
Corporate and Local Induction Policy
Counter Fraud Policy
Diagnostic Test and Screening Policy
Health & Safety Policy
Lone Working Policy
Quality Impact Assessment Policy
RCPA Policy
Records Keeping and Records Management Policy
Staff Appraisal and Management Supervision Policy

All current policies and procedures are accessible to staff and the public on the Trust’s Website http://www.sompar.nhs.uk/who-we-are/policies-and-procedures/

Relevant Objective within Trust Strategy

Five year Integrated Business Plan
29. **APPENDICES**

For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

30. **APPENDIX A - CONTACTS**

The main base of the EDSA is:

**Eating Disorder Service for Adults**
The Bridge
Priory Health Park
Glastonbury Road
WELLS
BA5 1TJ

Tel: 01749 836568
Email: EDService@sompar.nhs.uk

Eating Disorder Service for Adults staff are based in the following locations:

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<thead>
<tr>
<th>Holly Court</th>
<th>Glanville House</th>
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<tbody>
<tr>
<td>Summerlands Site</td>
<td>Church Street</td>
</tr>
<tr>
<td>56 Preston Road</td>
<td>BRIDG WATER</td>
</tr>
<tr>
<td>YEOVIL</td>
<td>TA6 5AT</td>
</tr>
<tr>
<td>BA20 2BX</td>
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Tel: 01935 428420

<table>
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<tr>
<th>The Bridge</th>
<th>Foundation House</th>
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<tr>
<td>Priory Health Park</td>
<td>Wellsprings Road</td>
</tr>
<tr>
<td>Glastonbury Road</td>
<td>TAUNTON</td>
</tr>
<tr>
<td>WELLS</td>
<td>TA2 7PQ</td>
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<td>BA5 1TJ</td>
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Tel: 01749 836600

31. **APPENDIX B – DUTIES & RESPONSIBILITIES**

**Head of Countywide Division**

Accountable for overall service and strategic management including commissioning.

*Accountable to Head of Operations*
Operational Services Manager

Responsible for the service and operational management including: the assessment, treatment, consultation and training functions of the team; service and team development; quality and service evaluation and clinical audit; line management and appraisals of staff; budgets; Service Development Improvement Plan (SDIP); and, activity and reporting.

Accountable to Head of Countywide Division

Eating Disorder Locality Leads (EDLL) x 4

Responsible for the clinical implementation of the SDIP within their respective localities, including:

- Managing referrals
- Managing a clinical caseload of ten (The caseload should allow for flexibility and throughput and include longer-term [up to 18 months] care coordinated [at least five] and shorter commitments such as Extended Assessments and Guided Formulation).
- Medical Monitoring where appropriate
- Accessing, liaising and reviewing specialist placements
- Facilitation of psychoeducational and DBT skills groups
- Structured guidance, supervision, advice and support to frontline staff in inpatient and community settings
- Complex case reviews
- Delivering training to frontline staff
- Actively contributing towards the evaluation of quality and economic outcomes.
- Contributing to Senior Clinical Review Panel membership
- Contributing to delivery of Mandatory Clinical Risk training

Accountable to Operational Services Manager

Specialist Dietitians x 2

Responsible for providing specialist eating disorders dietetic services in the East and West of the county including:

- Managing a flexible caseload of 10 active patients to provide specialist assessments, diet plans etc
- Organising, referring and monitoring specialist physical assessments and tests
- Facilitating student dietetic placements
- Facilitation of biopsychosocial educational packages
• Assisting the delivery of the SDIP
• Liaising with primary care and acute hospital services
• Delivering training to frontline staff including those in primary care and acute hospitals
• Delivering clinical supervision to Trust/Community dietitians
• Actively contributing towards the evaluation of quality and economic outcomes.

   Accountable to Operational Services Manager

Consultant Clinical Psychologist x1

Responsible for highly specialised psychology services and psychological therapies, including:
• Delivering highly specialist clinical psychology interventions and psychological therapies. (Active clinical caseload of 4)
• Delivering highly specialist assessments including Guided Formulations and psychometric tests.
• Clinical leadership, including:
  o Clinical consultation and training to the EDS and wider service
  o Providing clinical supervision and periodically reviewing EDS clinical supervision arrangements
• Training & Development, including the development with the Operational Services Manager and Consultant Psychiatrist of an ongoing training strategy and delivering training to frontline staff and other specialist training packages
• Assisting the delivery of the SDIP
• Contributing to Senior Clinical Review Panel membership
• Recruitment and assisting team development
• Overseeing clinical audit and research
• Developing and submitting papers for publication.

   Accountable to Operational Services Manager

Principal Clinical Psychologist x 1

Responsible for specialised psychology services and psychological therapies, including:
• Delivering specialist clinical psychology interventions and psychological therapies. (Active clinical caseload of 5), including Family & Systemic therapy
• Delivering specialist assessments including Guided Formulations and psychometric tests.

• Clinical leadership, including:
  o Clinical consultation and training to the EDS and wider service
  o Facilitating clinical forums
  o Providing clinical supervision
  o Liaising with Somerset Partnership Talking Therapies Services (SPTTS)
  o Liaising with family and carers services

• Identifying and assisting the implementation of clinical and quality of life outcome measures and patient experience

• Training & Development, including assisting the development of an ongoing training strategy and delivering training to frontline staff and other specialist training packages

• Assisting the delivery of the SDIP

• Contributing to Senior Clinical Review Panel membership

• Contributing to delivery of Mandatory Clinical Risk training

• Recruitment and assisting team development

• Undertaking clinical audit and research

• Periodically updating epidemiological information

• Developing and submitting papers for publication.

*Accountable to Operational Services Manager*

**Clinical Psychologist x 2**

Responsible for clinical psychology and psychological therapies, assessment and psychometric testing including:

• Delivering specialist clinical psychology interventions and psychological therapies. (Active clinical caseload of 5) including family and systemic therapy.

• Delivering specialist assessments including Guided Formulations and psychometric tests.

• Facilitation of psychoeducational and skills based groups

• Clinical leadership, including clinical consultation to the EDS and wider service

• Actively contributing towards the evaluation of quality and economic outcomes.

• Training & Development, including delivering training to frontline staff and assisting other specialist training packages
• Assisting the delivery of the SDIP
• Undertaking clinical audit and research
• Assisting the development and submission of papers for publication.

Accountable to Operational Services Manager

Specialist Consultant Psychiatrist x 1
Responsible for specialist eating disorder psychiatry including:
• Psychiatric and medical interventions including:
  o Physical, psychological and social assessments
  o Medical monitoring
  o Prescribing
  o Guided Formulations
• Medical liaison including:
  o Primary care
  o Acute Hospitals
  o Specialist Placements
• Clinical & Medical Leadership including:
  o Developing and managing the interface between primary care, medical admissions and Child & Adolescent Mental Health Service (CAMHS)
  o Clinical consultation to EDS and wider services
• Delivering psychological therapies
• Active clinical caseload of 10

Accountable to Operational Services Manager (medically accountable to Medical Director)

Medical Secretary x 1
Responsible for providing medical administration including psychiatry and dietetics.

Accountable to Operational Services Manager

Administrators x 1
Responsible for providing administrative support to the EDS

Accountable to Operational Services Manager
APPENDIX C – SYSTEMS & STRUCTURES

CLINICAL FORUM
All clinical team members attend a fortnightly clinical forum. The purpose of this meeting is to discuss and reflect upon complex case formulations and plans.

The meeting is held every first and third Tuesday between 9.30 and 11.30am.

The meeting is chaired by the Principal Psychologist or delegated staff member who takes appropriate notes including any action notes which are uploaded to RiO by the Administrator.

BUSINESS MEETINGS
All team members attend a monthly business meeting. The core business of this meeting is the implementation of the Service Development Improvement Plan and key service priorities.

The meeting is held on the fourth Tuesday of each month between 9.30 and 11.30 am.

The meeting is chaired by the Operational Services Manager or delegated staff member. Actions are identified, agreed, recorded and monitored by the Chair.

The business meeting agenda and notes are kept on the EDSA shared drive in the EDSA Meeting folder.

*All meetings are held in Wells in a prearranged room. Meetings are not to be held in the EDSA Office.*

SENIOR MANAGEMENT MEETINGS
The Operational Services Manager attends a monthly work programme meeting with the Head of Countywide Division. Agreed actions are allocated, monitored and recorded.

SUPERVISION & APPRAISAL
All staff receive regular and consistent managerial supervision in line with the [Staff Appraisal and Management Supervision Policy](#). This takes place monthly and enables staff to discuss, reflect and review their performance and to be supported and developed in line with their job description.

Annual appraisals enable staff and managers to review performance over the previous year and to discuss and agree future learning and development needs in line with their role and the needs of the service. A personal development plan will be drawn up to inform this process.
Induction and training is provided to all new staff as per the Corporate and Local Induction Policy.

CLINICAL SUPERVISION
Due to the complexity and risks of eating disorders and the high levels of stress associated with working with service users experiencing them, a range of clinical supervision and development is provided including regular individual and group clinical supervision. A fortnightly Clinical Forum (as above) facilitated by a senior clinician is also available to all clinical staff, and peer supervision is encouraged. Clinical supervision is provided by appropriately qualified professionals. It is the responsibility of the Operational Services Manager to ensure the availability of clinical supervision and the responsibility of individual team members to attend.

Clinical supervision is recorded as per the Clinical Supervision Policy.

JOB SATISFACTION
Levels of job satisfaction are monitored internally through the Job Satisfaction Questionnaire (JSQ) in addition to normal Trust mechanisms. Identified areas of low satisfaction are considered at the business meeting.

CAPACITY
Caseload capacity is set by the Operational Services Manager. Caseload management is the responsibility of individual team members and monitored by the Operational Services Manager to ensure efficient and effective use of time and resources.

SERVICE DEVELOPMENT IMPROVEMENT PLAN
The Service Development Improvement Plan is based upon the agreed service specification below. It is updated monthly by the Operational Services Manager and Head of Division and is provided to the CCG.

RISK REGISTER
The EDSA risk plan and register is reviewed monthly by the Operational Service Manager and shared with the Head of Division who will take as action as required.

The risk register is saved on the EDSA shared drive for all staff and is a regular business agenda item.
ACTIVITY REPORTING

Regular reports are required by Somerset Care Commissioning Group (CCG) in line with service expansion and the Service Development Improvement Plan. Activity includes:

- **Direct Clinical Activity** – This is currently measured by ‘attended appointments’ and ‘attended first appointments’ through a three monthly RiO report by the information team.

- **Indirect Clinical Activity** – This is logged monthly by each team member on the form below and is collated by the EDSA administrator and sent to the information team three monthly.

The EDSA also provides a monthly report on specialist placements and shares this with the placements support team.

*All EDSA clinical activity requires an open referral to the EDSA RiO caseload. In the event that work is identified through the Psychology or Psychological Therapies waiting list the referral is to be closed and reopened on the EDSA caseload with the original referral date.*

SERVICE EVALUATION

The EDSA is currently developing an evaluation strategy to routinely measure and record evidence of outputs in the following areas:

- Diagnosis
- Clinical
- Risk
- Use of Services
- Quality of Life
- Health Economics
- Patient Experience
- Staff Experience

Quality standards are measured through regular audit and research where appropriate.
33. **APPENDIX D – CARE PATHWAY**

**REFERRALS**

Referrals are managed by locality through single points of access within CMHTs in direct discussion with locality team managers. This allows for meaningful discussion and the ability to triage referrals from an early point. Eating Disorder Locality leads (EDLLs) will manage this process and involve other EDSA staff as appropriate. The existing RiO referral form will become redundant and be removed. The Operational Services Manager oversees and manages the referral process and has overall responsibility.

**GENERAL ASSESSMENT**

The EDSA provides comprehensive biopsychosocial assessment as standard. These include joint assessments and reviews with secondary care staff and Somerset Partnership Talking Therapies Services. Dietary assessment is offered as standard.

**EXTENDED ASSESSMENTS**

The EDSA offers extended assessments. This is a comprehensive process of assessment of physical, psychological and social needs, and a comprehensive assessment of risk to self. The assessment process may take up to six weeks, and provides a collaborative means of helping service users (and family and carers where appropriate) to begin to recognise and formulate difficulties, identify strengths and coping mechanisms, identify needs and treatment options. As part of the assessment process all referrals will be offered a dietary assessment including any relevant physical tests. The assessment may also include psychometric tests. The process compliments the ICPA process and with permission is shared with the service user’s clinical network, family and carers.

Extended Assessment training is envisaged to be part of the EDSA training strategy.

**COMPLEX CASE NOTE REVIEWS**

This form of review is appropriate for complex cases that have become ‘stuck’ or are in a ‘revolving door’ situation with services. It is particularly appropriate where service users are unable or unwilling to work collaboratively. It involves a member of the EDSA reviewing electronic patient records (RiO) to assist services to learn from past interventions, review the efficacy of treatment to date, and to help plan future interventions/ways forward.

**DIAGNOSIS**

The EDSA accept the criteria for eating disorders as defined by:

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Eating Disorders Service for Adults – Operational Protocol

v0.1 - 24 - April 2016
- The International Classification of Mental and Behavioural Disorders ICD (World Health Organisation, 1992)
- The Diagnostic and Statistical Manual of Mental Disorders DSM-V (American Psychiatric Association, 2013)

DSM-V is considered by many to have more clinical utility but does not currently fit with the patient electronic record system which is confined to ICD.

Validated diagnostic assessment tools may be used in line with best practice guidance.

Although the EDSA is primarily concerned with eating disorders, the service recognises that diagnostic terms maybe contentious and respects the views of service users who do not wish to be labelled.

All diagnoses are recorded on the patient electronic record with a comment about the service users’ view.

All diagnostic tests are in line with the Diagnostic Test and Screening Policy

CARE COORDINATION

Care coordination (CCO) is a central part of the Eating Disorder Locality Leads (EDLLs) role and is defined by the RCPA Policy. Referrals are negotiated directly with team managers and service users. The final decision for CCO lies with the Operational Services Manager

Care coordination is held by the EDS for up to 18 months.

JOINT WORKING

EDSA staff work alongside existing CCOs and other frontline staff including Talking Therapies and CAMHS (at the point of transition to adult services) where specialist advice or joint working aids treatment and recovery.

RISK ASSESSMENT & MANAGEMENT

Issues of risk are addressed and managed from the onset of involvement with the EDSA. Risk assessment and management is seen as a central part of treatment and is regularly monitored due to the potential increases to physical and mental risk around weight change and transition between services. Risk assessment and management is undertaken in keeping with the Clinical Assessment and Management of Risk Policy.

A risk matrix is a helpful way of working with service users to identify protective as well as risk factors.
Modified behavioural analysis and Forward Planning tools help service users, carers and staff to reflect on risk as well as other incidents and help manage and plan risks.

GUIDED FORMULATION

Formulation is central to the EDSA care pathway. Guided Formulation (GF) is a collaborative process, which helps service users, carers and staff make sense of difficulties by pulling together past and present difficulties, current risk issues, co-morbid conditions and explicitly naming recovery goals.

The GF is recorded on the patient electronic record (RiO) in the Specialist Assessment menu. It informs the recovery care plan including a crisis / risk plan.

The process can take up to 12 weeks. GFs should only be undertaken by staff who have been trained and who are supervised by an appropriately qualified mental health professional.

GF is primarily a collaborative process. However, there may be occasions when the service user is unable or unwilling to engage when the team might undertake a GF.

With the appropriate permissions, Guided Formulation can be shared with family, carers and the wider clinical network.

MOVING TOWARDS RECOVERY (MOTOR) PHASE

This aspect of the EDSA care pathway involves moving towards recovery with an individualised education, training and treatment programme arising from assessment and formulation. This includes:

- **Practical & Social care interventions**: housing, finances, employment, education, occupation etc
- **Making and maintaining links**: support networks and other services
- **Guided Self help**: assistance with self help books and courses, websites etc
- **Service User & Carer Workshop**: educational workshops on the diagnosis, NICE guideline etc.
- **Psychoeducation**: identifying, understanding and managing
• **Skills based groups**: based upon Dialectical Behavioural Therapy (DBT) including mindfulness, distress tolerance, emotional regulation and safety

**INTENSIVE TREATMENT**

A range of intensive psychological interventions are available through the Psychological Therapies Department including:

- Cognitive Behavioural Therapy (CBT)
- Cognitive Analytic Therapy (CAT)
- Integrated Compassion Focused Therapy (CFT)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Family Therapy

Depending on capacity most psychological interventions will be provided by the EDSA. When this is not the case the role of the EDSA is to support the service user through the process by discussing and agreeing referral, including the management of expectations, managing risk and maintaining the clinical network.

**ENDINGS AND TRANSITIONS**

All predictable endings or transitions with or between staff or services should be predicted, discussed and included in care plans and risk management plans.

**INPATIENT TREATMENT**

Urgent medical inpatient admissions are arranged in collaboration with GPs as indicated.

Admission to an acute adult mental health inpatient ward is unlikely as they are unable to meet the potential physical and medical needs of people with a severe eating disorder. In the case of such an admission it should only be considered for the short-term management of crisis involving significant risk that cannot be managed by other services, detention under the mental health act or the treatment of comorbid mental health problems. The decision should be based on an explicit, joint understanding of the benefits versus the harm. Admission should form part of the care plan.

Each adult inpatient ward within the Trust has access to EDSA staff for support and advice, consultation and supervision, and training.

Specialist eating disorder placements are managed and supported by the EDSA.
CONSULTATION, ADVICE & SUPPORT
The EDSA provides consultation, support and advice on eating disorders to a range of service providers including primary care and secondary mental health services.

SUPERVISING FRONTLINE STAFF
EDSA staff offer and provide supervision and support to frontline staff including assessment and formulation.

Care Pathway for Adult Eating Disorder