## Key points

- How to access Complementary Health & Wellbeing services including Health Advice
- Therapies provided
- Governance framework and processes
- Standards of practice for Integrative Therapists
## CONTENTS

1. ASSOCIATED DOCUMENTS ................................................................. 3
2. INTRODUCTION .................................................................................. 3
   2.1 Statement of intent .................................................................. 4
   2.2 Equality Impact Analysis ..................................................... 4
   2.3 Good Corporate Citizen ....................................................... 4
   2.4 The Christie Commitment .................................................... 4
   2.5 Purpose ............................................................................... 5
   2.6 Scope .................................................................................. 5
3. DEFINITIONS ..................................................................................... 5
4. DUTIES ............................................................................................... 6
   4.1 Chief executive ..................................................................... 6
   4.2 Senior managers and individuals ..................................... 6
      4.2.1 Clinical Support Services (CSS) Operational Lead .... 6
      4.2.2 CH&W Clinical & Research Lead ......................... 6
      4.2.3 Deputy Clinical Lead .............................................. 6
      4.2.4 Health Improvement Lead ..................................... 7
      4.2.5 Quality Manager ...................................................... 7
      4.2.6 Integrative Therapists .............................................. 7
      4.2.7 Health Advisers ....................................................... 7
   4.3 Committees in level of hierarchy ..................................... 7
      4.3.1 Patient Safety Committee (PSC) ............................. 7
      4.3.2 CSSS (Clinical Support & Specialist Surgery) Quality & Governance Committee ................................. 7
      4.3.3 Quality Operational Group (QOG) ......................... 7
      4.3.4 Health Improvement Committee (HIC) ................. 7
5. STANDARDS OF PRACTICE FOR INTEGRATIVE THERAPISTS .... 8
   5.1 Network Criteria for Practitioners of Complementary Therapy .... 8
   5.2 Requirements to practice .................................................. 8
   5.3 CH&W standards ............................................................... 8
   5.4 Regulation of Complementary/Integrative Therapies ....... 9
6. DETAILS OF SERVICE ....................................................................... 9
   6.1 Therapies/services available for patients and carers ......... 9
      6.1.1 Acupuncture .............................................................. 9
      6.1.2 Aromatherapy / Essential oils (clinical use) ......... 9
      6.1.3 CALM service/Hypnotherapy ................................ 10
      6.1.4 Chair massage .......................................................... 10
      6.1.5 Health advice (e.g. smoking, alcohol) ................. 10
      6.1.6 Massage/HEARTS .................................................. 11
      6.1.7 Massage - adapted foot ........................................ 11
      6.1.8 Relaxation, Visualisation and Stress Management Techniques (SMT) ........................................ 11
   6.2 Referral processes ............................................................... 11
      6.2.1 Health Advice – All service users ...................... 11

CH&W Services Policy
Version: 04
Document Reference: CP14

Page 2 of 18
6.2.2 All therapies – patient ................................................................. 12
6.2.3 All therapies – carers .................................................................. 12
6.2.3 All therapies – staff .................................................................. 12
6.3 Referral types according to group .................................................. 12
   6.3.1 Patients .................................................................................... 12
   6.3.2 Carers ...................................................................................... 12
   6.3.3 Staff .......................................................................................... 12
6.4 Written information on CH&W services ....................................... 13
   6.4.1 Patients/carers ......................................................................... 13
   6.4.1 Staff .......................................................................................... 13
7. CLINICAL EQUIPMENT & THERAPEUTIC TECHNIQUES .................. 13
8. Audit and Evaluation ....................................................................... 13
9. Training for Healthcare Professionals .............................................. 14
   9.1 Integrative Therapies Training Unit (ITTU) ................................... 14
10. GOVERNANCE FRAMEWORK AND PROCESSES ....................... 14
   10.1 Risk Management ..................................................................... 14
   10.2 Policy and Standard Operating Procedures (SOP) ...................... 14
11. DOCUMENTATION ........................................................................... 14
12. CONSULTATION PROCESS ............................................................. 15
13. DISSEMINATION, IMPLEMENTATION & TRAINING ....................... 15
14. PROCESS FOR MONITORING EFFECTIVE IMPLEMENTATION ............ 15
15. REFERENCES .................................................................................... 15
16. VERSION CONTROL SHEET ............................................................ 16
17. APPENDICES ................................................................................... 18
   17.1 CH&W Organisational chart ....................................................... 18

1. ASSOCIATED DOCUMENTS
   Equality and Diversity Policy
   Lone Working Policy
   Consent to Examination or Treatment Policy
   Safeguarding Policy
   Smoking Cessation Policy
   Risk Management Strategy and Policy
   Health Records Management Policy
   Introduction of a new interventional clinical technique or technology
   Quality Improvement and Clinical Audit Policy

2. INTRODUCTION
The complementary health and wellbeing service (CH&W), within the context of this
Trust, is offered as an integral part of patients’ cancer treatment, it is also available
to carers and staff and is free at point of access. In line with NICE guidance,
therapies are used alongside orthodox treatments with the aim of providing
psychological and emotional support (NICE 2004), this can include management of
CH&W Services Policy
Version: 04
Document Reference: CP14
for example; panic, anxiety, pain, insomnia, dyspnoea and neuropathy. In addition to offering therapies, the team provide health and wellbeing advice to all service users (e.g. smoking cessation and alcohol use interventions). Information about the CH&W service is available on HIVE, the Christie Web pages and from the Cancer Information Centre.

2.1 Statement of intent
The Christie NHS Foundation Trust is committed to providing inclusive access to the CH&W service and ensuring that every patient, carer and staff member is treated with dignity and respect at all times. The ethos of the CH&W service is in line with the concept of integrative oncology as defined as: "a patient-centred, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment." (Witt et al 2017) The CH&W service has developed a specific Integrative Therapist role and job description for the clinicians who provide therapies within this context. In the context of this policy the terms ‘Complementary Therapist’ and ‘Integrative Therapist’ will be used synonymously.

This policy recognises the term 'complementary therapy' as defined by the NCPR: "to cover a range of specific therapies, which are offered to patients with cancer, as having potential benefit, but which are not offered as an alternative tumour reduction (cancer reduction, tumour ablation or removal) method to any of the conventional treatments offered by the network (surgery, radiotherapy, chemotherapy, endocrine therapy or biological therapy). Hence the term is 'complementary' not 'alternative'." (NHS 2011) The term ‘therapy’ will be used generically within this policy to denote all aspects of the CH&W service including complementary therapy interventions such as: Stress management techniques, hypnotherapy, aromatherapy, massage, relaxation techniques, acupuncture.

2.2 Equality Impact Analysis
As part of its development, this policy was analysed to consider its effect on different groups protected from discrimination by the Equality Act 2010. The requirement is to consider if there any unintended consequences for some groups, and to consider if the policy will be fully effective for all protected groups. This analysis has been undertaken and recorded using the trust’s e-tool, and appropriate measures taken to remove barriers or advance equality in the delivery of this policy.

2.3 Good Corporate Citizen
As part of its development, this policy was reviewed in line with the Trust’s Corporate Citizen ideals. As a result, the document is designed to be used electronically in order to reduce any associated printing costs.

2.4 The Christie Commitment
We aim to reward our staff who are committed and motivated to do their best for patients every day. The Trust’s principles and behaviours describe what our patients and their families or carers can expect from us, and what our staff can expect from each other.
The Trust’s behaviours are;
We always give the best quality care
We treat everybody with compassion, dignity and respect
We listen to our patients and each other
We work together as one Christie team
We share knowledge and learning
We support staff to develop to their full potential
We look for new ideas and better ways of working
We promote a fair culture
We provide a safe, clean and tidy environment

All staff are expected to behave in a way that reflects the Trust’s principles and behaviours.

2.5 Purpose
The purpose of this policy is to set out the standards expected by the organisation in relation to the provision of complementary health and wellbeing services.

2.6 Scope
This policy applies to all staff that may come into contact with patients and members of the public on any of The Christie NHS Trust sites.

As the service is also available to patients attending The Christie Clinic via a Service Level Agreement, the policy also applies to staff in this area.

3. DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>A complementary health and wellbeing intervention</td>
<td>Within the context of this trust, is offered as an integral part of cancer treatment for patients / carers and as an integral part of staff health &amp; wellbeing</td>
</tr>
<tr>
<td>CH&amp;W standards</td>
<td>A locally developed CH&amp;W document that outlines the requirements of practice for Integrative Therapists including clinical competencies for individual therapies</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>Means the person who has delegated responsibility from the Board of Directors for the management of governance arrangements within the Trust, and is ultimately responsible for ensuring that the Trust meets its obligations with regards to the safe and effective delivery of services. This is delegated to responsible individuals within the Trust.</td>
</tr>
<tr>
<td>Clinical Web Portal (CWP)</td>
<td>The Christie electronic patient record system</td>
</tr>
<tr>
<td>Complementary therapy/ies</td>
<td>Means non-medical intervention(s)</td>
</tr>
<tr>
<td>Continuous Professional Development (CPD)</td>
<td>Learning activities professionals engage in to develop and enhance their abilities</td>
</tr>
</tbody>
</table>

CH&W Services Policy
Version: 04
Document Reference: CP14
Health and wellbeing | Means facilitating service users embracing a healthier lifestyle and coping strategies such as reduction in use of alcohol / tobacco.
---|---
HEARTS | Hands on, Empathy, Aromatherapy, Relaxation, Textures and Sound
HIVE | The Christie intranet system
Integrative Therapist | A clinical member of staff who provides complementary therapy interventions to staff, carers and staff
National Cancer Peer Review (NCPR) | A national quality assurance programme for NHS cancer services
Therapies/Individual therapies | Means complementary therapies such as: hypnotherapy, stress management techniques, aromatherapy, massage, relaxation techniques and acupuncture.
Trust | Means The Christie NHS Foundation Trust

4. DUTIES

4.1 Chief executive
The chief executive has overall responsibility for ensuring that the organisation adheres to the standards set out in this policy. This duty may be delegated to an executive/senior manager but accountability to the Board remains with the chief executive.

4.2 Senior managers and individuals

4.2.1 Clinical Support Services (CSS) Operational Lead
The Lead has operational responsibility for ensuring that the organisation adheres to the standards set out in this policy.

4.2.3 CH&W Clinical & Research Lead
The Lead has delegated responsibility for all aspects of the CH&W service including operational processes, clinical practice, research and education.

Duties include:
- Overseeing the activity of all CH&W clinical and non-clinical staff
- Maintaining a clinical caseload relevant to their own specialist areas of practice
- Representing the CH&W team at Trust committees
- Leading on relevant educational, research/evaluative and commercial activities
- Managing the CH&W budget
- Overseeing audits, evaluation and performance of the CH&W service
- Lead for the Integrative Therapies Training Unit

4.2.4 Deputy Clinical Lead
Duties include:
- Line managing therapists and supervising the daily operation of the CH&W service
- Deputising for the CH&W Lead on relevant Trust committees, educational,
4.2.5 Health Improvement Lead
Duties include:
- Line managing health advisers and supervising the daily operation of the health advice service
- Maintaining a clinical caseload
- Coordinating health improvement training for Trust staff
- Overseeing audits, evaluation and performance of the health advice service

4.2.6 Quality Manager
Duties include:
- Investigating any CH&W incidents
- Implementing a rolling programme of audits and quality improvement projects

4.2.7 Integrative Therapists
Duties include:
- Providing therapies to patients, carers and staff as appropriate to their training
- Reporting any CH&W related incidents via the Datix system with support of management team.

4.2.8 Health Advisers
Duties include:
- Providing health advice interventions to patients, carers and staff as appropriate to their training
- Reporting any CH&W related incidents via the Datix system with support of management team.

4.3 Committees in level of hierarchy

4.3.1 Patient Safety Committee (PSC)
The patient safety committee is responsible for oversight of the CH&W service as outlined in this policy. CH&W management team and the QOG will inform the PSC of any relevant change in risk and/or clinical practice of the service as and when they occur.

4.3.2 CSSS (Clinical Support & Specialist Surgery) Quality & Governance Committee
The CH&W Lead represents the team at the divisional CSSS Quality & Governance Committee. CH&W managers and the CH&W QOG, will inform the QGC of any relevant change in risk and/or practice as and when they occur.

4.3.2 Quality Operational Group (QOG)
The QOG is the CH&W departmental governance committee. Duties include:
- Risk assessment identification & monitoring
- To develop and review CH&W policy and procedures
- To oversee and monitor training of CH&W staff
- To feedback and escalate any concerns
- To review audits, performance, outcomes and patient experience data.

4.3.3 Health Improvement Committee (HIC)
The HIC is a sub-committee of the QOG. Duties include:
• To develop and review Trust policy and procedures that relate to alcohol or tobacco use
• To review audits, performance, outcomes and patient experience data.

5. STANDARDS OF PRACTICE FOR INTEGRATIVE THERAPISTS

5.1 Network Criteria for Practitioners of Complementary Therapy
The Manual for Cancer Services: Complementary Therapy (Safeguarding Practice) Measures specifies that Cancer Network Boards are required to produce criteria for complementary therapy which should be agreed network-wide, and which should be met by practitioners in the network or those cited in the network’s patient information.

These criteria include:
• Clearance
• Qualifications
• Written Information for Patients
• Informed Consent
• Equipment & Materials

Currently the Greater Manchester Cancer Alliance does not have formal criteria that apply to practitioners of Complementary Therapy within its network. The CH&W service has instead developed and implemented its own criteria as outlined in this policy.

5.2 Requirements to practice
All CH&W Therapists must have:

• Occupational health clearance
• Disclosure and Barring Check (DBS) – enhanced
• Written agreement to adhere to agreed Trust policies and procedures
• Insurance: If the Integrative Therapist is an NHS employee working with NHS patients, he/she is covered by the NHSLA (NHS Litigation Authority) policy for both clinical negligence and public liability cover. However, they will still be required to have personal indemnity cover for their own therapeutic practice. All indemnity insurance should be checked annually to ensure that it is current, if required. A copy of the insurance document should be taken and placed in the Integrative Therapist's personal file.
• Evidence of up-to-date Continuing Professional Development (to meet the requirements of each therapy practised and to fulfil annual registration).

5.3 CH&W standards
Clinical competence of therapists is assessed and monitored by CH&W line managers using the CH&W Standards document (template available on request). The standards are bespoke to CH&W and include detailed prerequisites for the practice of individual therapies, as well as other essential clinical competencies such as safeguarding, health & safety, data security and privacy & dignity. Standards are linked to Trust/departmental policy/procedures and therapist mandatory training requirements where applicable.

All therapists are accountable and responsible for their own clinical practice. All therapists must comply with the policies and procedures of the Trust.
As patients with cancer have complex needs, Integrative Therapists with accountability for care must have general post qualification experience in line with the requirements of the specified pay bands.

Any clinical staff employed by the Trust using complementary therapies as an addition to their role will be accountable through their contract of employment but will not be accountable to, or the responsibility of the CH&W Clinical Lead without prior agreement. Any healthcare professionals using complementary therapies will also be accountable to their respective professional bodies.

5.4 Regulation of Complementary/Integrative Therapies

Professional regulation and registration of therapists in the UK is currently voluntary self-regulation. The internal CH&W Standards document specifies the individual therapies where practitioners must be registered with a recognised professional body, which has a code of conduct, ethics and discipline in place. If registration is not specified it is not mandatory, although it is encouraged.

6. DETAILS OF SERVICE

The CH&W service is currently available Monday – Friday. Core opening hours are 09:00 – 17:00; however, where possible the team will endeavour to cover clinical need from 08:00 – 18:00. Access can be variable and due to high demand, same day response cannot be guaranteed. Services below are not intended to be exhaustive and may be subject to change.

6.1 Therapies/services available for patients and carers

Disclaimer: during periods of national / local restriction (e.g. due to covid / pandemic) there may be additional limitations on the use of certain therapies.

6.1.1 Acupuncture

| What is it? | Acupuncture is a form of therapy in which fine needles are placed through the skin into specific points on the body. These needles are left in place for approximately 20-40 minutes. All needles are single use only. |
| Who is it for? | Patients. Acupuncture can be used alongside standard care to treat symptoms such as pain, hot flushes, sleep difficulties, peripheral neuropathy, fatigue and nausea. |
| When / where is it available? | Patients will be seen in clinic by prearranged appointment. |
| Key requirements | Involves attending a weekly clinic appointment for up to 10 weeks, resting on a couch, wearing loose comfortable clothing. Blood counts may need to be checked to ensure they are within safe parameters. |
| Referral Process | Acupuncture is only available following formal medical referral; this role may be delegated to clinical nurse specialist or nurse practitioners. |

6.1.2 Aromatherapy / Essential oils (clinical use)

| What is it? | Use of volatile oils (essential oils) as part of a therapy (e.g. massage) to help provide physiological / psychological symptom relief |
| Who is it for? | Patients primarily but sometimes, (e.g. inhalation devices |
- Aroma sticks), may be used as part of a therapy for carers and staff

**Aroma sticks**
Aroma sticks are provided by CT&W therapists across the trust as appropriate (e.g. for anxiety)

Aromatherapy massage is only available in certain areas within the Trust

Essential oils for clinical use (e.g. wound care) is only available after a referral (e.g. through CWP) by a senior member of clinical staff.

**Key requirements**
Variable

**Referral Process**
Referrals can be received from all clinical staff and by self-referral, other than for clinical use of essential oils. This is only available following formal medical referral; this role may be delegated to clinical nurse specialist or nurse practitioners

### 6.1.3 CALM service/hypnotherapy

**What is it?**
Utilises service user’s own ability to achieve a trance like state, facilitated by a therapist trained/supervised in the use of clinical hypnotherapy with the purpose of identifying resources, building resilience and managing anxiety states.

**Who is it for?**
To assist service users with anxiety, panic and phobias.

**When / where is it available?**
CALM service is primarily delivered in the clinical setting. Hypnotherapy can be provided by appointment as an outpatient (e.g. prior to a procedure/investigation or surgery) or within the inpatient setting.

**Key requirements**
Service users may need to attend an additional hospital visit if a pre-arranged session is required.

### 6.1.4 Chair massage

**What is it?**
Uses an ergonomically designed chair to delivered massage, in a comfortable and supportive position

**Who is it for?**
Available for patients, carers and staff.

**When / where is it available?**
Can be provided to inpatients and within Dept 43.

**Key requirements**
Recipient usually remains dressed. It is essential recipients can sit comfortably and safely in the massage chair.

### 6.1.5 Health advice (e.g. smoking, alcohol)

**What is it?**
The provision of tailored and treatment specific health advice focusing on support for smoking cessation and alcohol misuse. Smoking cessation support is outlined in the Smoking Cessation Policy. Health Advisers will also work closely with Community Health trainers/advisers and alcohol dependency services.

**Who is it for?**
Patients, carers and staff.

**When / where is it available?**
The Health Advisers are based in Dept 43. They are contactable by email, mobile or a dedicated landline. There is a referral form into the service on CWP. Support and advice can be delivered to
6.1.6 Massage/HEARTS

| What is it? | Massage involves gentle rhythmic use of touch and movement of soft tissue, which may or may not involve a massage lubricant. HEARTS is a light touch combined with relaxation techniques. |
| Who is it for? | Available to all service users, who meet certain assessment criteria |
| When / where is it available? | Can be provided to inpatients and within Dept 43 |
| Key requirements | Oiled massage can be given to targeted body parts – usually peripheries. HEARTS is usually provided over clothes or a blanket. It does not involve oils although essential oils may be used on a tissue or via an aroma stick. |

Referral Process | All clinical staff can refer. All service users can self-refer. |

6.1.7 Massage - adapted foot

| What is it? | Adapted massage with optional use of gentle pressure on specific areas of the feet. The purpose of the intervention is to focus on relaxation, anxiety reduction and help with discomfort. |
| Who is it for? | All service users |
| When / where is it available? | Can be provided to inpatients and within Dept 43. |
| Key requirements | Therapist will work on feet therefore no requirements other than to possibly remove shoes and socks. |

6.1.9 Relaxation, Visualisation and Stress Management Techniques (SMT)

| What is it? | Techniques, which can involve imaging and/or gentle physical movements combined with focussed and comfortable breathing. Therapist will have completed formal training in the techniques and will only use imagery chosen and led by the service user. |
| Who is it for? | All service users |
| When / where is it available? | Can be provided to inpatients and within Dept 43. |

6.2 Referral processes

6.2.1 Health Advice – All service users

Patient referrals for smoking cessation should be made using the ‘Smoking cessation referral and review status’ electronic form on the Clinical Web Portal (CWP) system. Referrals by post or fax are no longer accepted. Alcohol referrals, staff referrals, carer referrals or any other queries can be discussed with a Health Adviser by telephone (ext. 1215)
6.2.2 All therapies – patient
Patient referrals for all therapies other than clinical use of essential oils, should be made using the ‘Complementary health and wellbeing referral’ electronic form on the Clinical Web Portal (CWP) system. Referrals for clinical use of essential oils can be made via a clinical message / letter on CWP. Referrals by post or fax are no longer accepted. Referrals can be discussed with a therapist by telephone (ext. 8236)

6.2.3 All therapies – carers
Carer referrals for all relevant therapies can be discussed with the team verbally or by telephone (ext. 8236)

6.2.3 All therapies – staff
Trust staff can refer themselves or their colleagues to the CH&W service by completing the relevant referral form (APPENDIX 2) and sending it by email to the-christie.ch-w.staffservice@nhs.net. Referrals can be discussed with a therapist by telephone (ext. 7175)

6.3 Referral types according to group

6.3.1 Patients
- Health Care Professionals (HCP) making referrals on behalf of patients must make an informed decision as to the appropriateness of that referral; if necessary discuss with a member of CH&W team
- Patients must be made aware that the referral is being made and give their consent. Patients can withdraw from treatment at any point. If in doubt as to consent therapist will not proceed to provide any interventions
- The consultant responsible for the patient’s care should approve any referral for invasive interventions such as acupuncture or clinical use of essential oils
- Patients can self-refer for non-invasive therapies

6.3.2 Carers
- Carers for patients are entitled to access some of the CH&W services provided by the Trust (this can be discussed with therapists by phone on ext. 8236)
- HCPs making referrals must make an informed decision as to the appropriateness of that referral; if necessary discuss with a member of the CH&W team
- Carers must be made aware that the referral is being made and give their consent
- Carers can self-refer

6.3.3 Staff
- All staff are entitled to access the CH&W staff service provided at the Trust
- Staff can self-refer or be referred by colleagues / managers
- Staff must be made aware of any referral made on their behalf.
6.4 Written information on CH&W services

6.4.1 Patients/carers

- Information on the CH&W service is available to patients and carers on the Christie external website
- Booklets detailing the CH&W service are available in the Cancer Information Centre and on request from CH&W staff members
- Patient information leaflets for individual therapies and techniques are provided by therapists during interventions
- All patient information leaflets and booklets comply with Trust patient information guidance

6.4.1 Staff

- Information and referral forms for the CH&W staff service is available on HIVE

7. CLINICAL EQUIPMENT & THERAPEUTIC TECHNIQUES

- The QOG monitors and reviews standard operating procedures for all equipment used in therapies including essential oils and acupuncture needles. Risk assessments are undertaken before equipment is used (e.g. foot stools, massage chairs, and acupuncture needles).
- Therapists will not make recommendations or prescribe substances or dietary supplements outside of their sphere of practice, Trust policies and CH&W standard operating procedures.
- In line with the CH&W Standards therapists are made aware of and adhere to the Trust’s policies and health and safety legislation with regard to manual lifting and handling, control of infection, disinfection procedures, and storage/disposal of sharps and potentially harmful substances.
- New therapeutic techniques or equipment will be discussed and approved at the QOG before being introduced. If appropriate, wider consultation within the Trust will take place and, if applicable, the Trust policy Introduction of a new interventional clinical technique or technology will be followed.

8. AUDIT AND EVALUATION

CH&W clinical staff will be expected to participate in audit and evaluation projects as appropriate. Patients, staff and carers may be asked to take part in audit or evaluation projects. This may require them to provide informed consent as per Trust policy.

All CH&W audit and evaluation projects will be reviewed by the QOG and then cascaded to other teams within the Trust as appropriate, in line with the Trust Quality improvement and clinical audit policy.

8. RESEARCH

CH&W clinical staff may be asked to report on elements of therapy interventions as part of the protocol for a research study. CH&W clinical staff participating in such studies must be trained and adhere to the good clinical practice (GCP) guidelines. Patients, staff and carers may be asked to take part in audit or evaluation projects. This may require them to provide informed consent as per Trust policy.
9. TRAINING FOR HEALTHCARE PROFESSIONALS

9.1 Integrative Therapies Training Unit (ITTU)

- The ITTU provides educational courses to healthcare professionals and therapists. Course content is devised by external and internal tutors with final approval by the CH&W Lead. Qualifications on successful completion of the courses include diplomas and certificates that can be used as evidence of CPD. Qualifications are agreed by the individual tutors and approved by the CH&W Clinical Lead. Courses provided by the ITTU are not accredited, or affiliated with, any external organisation or body.
- Student fees are payable for courses provided by the ITTU. All income generated is used to maintain ITTU operations and the provision of CH&W clinical services.
- Tutors are required to abide by contracted terms and conditions as outlined in their ITTU agreement (template available on request)
- The ITTU has a dedicated coordinator who is responsible for administration of the courses
- Courses are taught in both classroom environments and virtually

10. GOVERNANCE FRAMEWORK AND PROCESSES

10.1 Risk Management

The QOG manages risk assessments for any issue pertinent to the CH&W service, including clinical incidents. In line with the Trust Risk Management Strategy and Policy, the QOG maintains and monitors the risk register for any risk graded at 1-9. All risks of 10+ are escalated to the CSSS Quality & Governance Committee. The PSC are also notified when appropriate.

10.2 Policy and Standard Operating Procedures (SOP)

The QOG monitors and reviews policy and SOPs for the CH&W service. Internal SOPs for the CH&W service are disseminated to team members and are accessible on local network drives. The QOG will inform both the PSC and CSSS Quality & Governance Committee of any issues relating to policy documents that are monitored and reviewed by the QOG but to which it is not the accountable committee.

11. DOCUMENTATION

- Clinical staff are expected to maintain a full confidential record of each intervention given to each individual patient, carer or staff member using CH&W approved documentation and in line with the Health Records Management Policy. Patient interventions will be documented using the relevant CWP e-forms. Staff interventions will be documented using Microsoft Word and stored on the dedicated and secure local network drive. Consent for a complementary therapy intervention will always be documented within the patient/staff record.
- As of July 2019 CH&W is paperless with clinical information recorded electronically only.
- All CH&W staff are required to complete data security and awareness training and comply with Trust information governance processes including GDPR. CH&W will be subject to information governance spotchecks, inspections and
data flow mapping requirements.

12. CONSULTATION PROCESS

The policy has been developed in collaboration with the CH&W team, clinical divisions and quality & standards team. Overall approval of the content has been given by the Patient Safety Committee and ratified by the Document Ratification Committee.

13. DISSEMINATION, IMPLEMENTATION & TRAINING

13.1 Dissemination
This document will be disseminated by posting the ratified document on the intranet and archiving the historical version.

13.2 Implementation
The policy will be implemented with immediate effect. There are no resource implications for the implementation of this policy.

13.3 Training/Awareness
Complementary health and wellbeing awareness training is available for all staff groups in order to facilitate equal access to all service users.

The Health Advice service can provide training to all staff groups on alcohol and tobacco screening and brief advice.

14. PROCESS FOR MONITORING EFFECTIVE IMPLEMENTATION

The effectiveness of this policy will be monitored via local audit and an annual report, undertaken by the CH&W team, clinical lead(s) and management team.

<table>
<thead>
<tr>
<th>Standard to be monitored</th>
<th>Process for monitoring</th>
<th>Frequency</th>
<th>Person responsible for: undertaking monitoring &amp; developing action plans</th>
<th>Committee accountable for: review of results, monitoring action plan &amp; implementation</th>
<th>Frequency of monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provision (referrals, interventions)</td>
<td>Report</td>
<td>Annually</td>
<td>Clinical Lead</td>
<td>Patient Safety Committee</td>
<td>As agreed by committee</td>
</tr>
</tbody>
</table>

15. REFERENCES


16. VERSION CONTROL SHEET

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>2006</td>
<td>&lt;Redacted&gt;</td>
<td>Closed</td>
<td>Full re-write in 2011</td>
</tr>
<tr>
<td>02</td>
<td>2011</td>
<td>&lt;Redacted&gt;</td>
<td>Closed</td>
<td>Reformatted into new trust template</td>
</tr>
<tr>
<td>03</td>
<td>2016</td>
<td>&lt;Redacted&gt;</td>
<td>Closed</td>
<td>Full rewrite in updated trust template</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Title of document amended from</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>‘Complementary &amp; Supportive Care Services Policy’</td>
</tr>
<tr>
<td>04</td>
<td>2021</td>
<td>&lt;Redacted&gt;</td>
<td>Approved</td>
<td>Comprehensive review:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>2.1 Statement of Intent revised</td>
<td>4.2 Senior managers and individuals expanded, volunteer therapists removed</td>
<td>4.3 Committees included</td>
<td>5. Standards of practice included</td>
<td></td>
</tr>
<tr>
<td>6.2 &amp; 6.3 Referral processes expanded</td>
<td>6.4 Written information on CH&amp;W services included</td>
<td>7. Clinical equipment and therapeutic techniques included</td>
<td>9. Training for healthcare professionals included</td>
<td></td>
</tr>
<tr>
<td>10. Governance framework and processes included</td>
<td>11. Documentation included</td>
<td>17. Appendices – organisational chart included. Incident reporting, training needs analysis and referral form removed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. APPENDICES

17.1 CH&W Organisational chart

[Organisational chart diagram]

CH&W Service Organisational chart

Complementary Health & Wellbeing (CH&W) service organisational chart

- CH&W Quality Manager B5
  - Research Assistant B4
  - Team Administrator B4

- CH&W Clinical Lead B7
  - Health Improvement Lead B7

- CH&W Clinical Lead B7
  - Health Advisor B6

- CH&W Operations Lead B6
  - ITU Coordinator B6

- CH&W Deputy Clinical Lead B7

- Integrative Therapists B6
  - Integrative Therapists B5 (proposed)

Workstream colour key:
- Operational
- Complementary Therapies
- Health Advice
- Governance
- Education
- Research
- Administration