Freedom of Information Request

Reference Number: EPUT.FOI.18.588
Date Received: June 2018

*Note to Applicant: As of 1 April 2017, North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT) merged to form one new organisation known as Essex Partnership University NHS Foundation Trust (EPUT).

Information Requested:

1. The name of the person responsible for overseeing the Care Programme Approach, or the equivalent, within the Trust and their contact details.
   Andy Brogan, Executive Director of Mental Health and Deputy CEO, abrogan@nhs.net, 0300 123 0808

2. The name of the person responsible for overseeing Clinical Risk, or the equivalent, within the Trust and their contact details.
   Milind Karale, Executive Medical Director, m.karale@nhs.net, 0300 123 0808

3. Copies of your Trust’s policy / protocol for the management of the Care Programme Approach/Clinical Risk or equivalent standards.
   Please see attached PDF’s.
A Structured Approach to Risk Decision Making


- Is the required decision reactive (to what the person is doing or plans to do) or proactive (to be initiated more by the service providers)?
- Is the Patient’s understanding and experiences of risk clearly understood (it may be very different from the professional’s assessment of the risks)?
- Is the carer’s (as appropriate) understanding and experiences of risk clearly understood (it may at times contradict that of the Patient)?
- What behaviours are identified as being risky in relation to the specific circumstances of the decision (i.e. what is your risk assessment)?
- What is the clear definition of the risk that is being taken (the emphasis is on the detail)? Have you considered the other options that are available?
- What are the positive desired outcomes to be achieved through taking the specific risk (short &/or long-term)?
- What strengths can be identified and used in pursuit of a positive risk-taking plan (including personal qualities, abilities, achievements, resources, motivations and wishes)?
- Are there any clearly defined stages to be accounted for in a risk-taking plan?
- What are the potential pitfalls, and estimated likelihood of them occurring? Have you thought of these in relation to the other appropriate options? [Important for demonstrating that alternatives have been evaluated in the risk decision-making process]
- What are the potential safety nets (inc. early warning signs, crisis and contingency plans)?
- Has this course of action been tried before, and if so what were the outcomes?
- If tried before, how was the plan managed and what can now be done differently (what needs to, and can change)?
- What is your formulation from all the above information (clearly weighing up the different alternatives considered and presenting the reasoned decision that has been taken, with appropriate reasons why you have not taken the alternative decision)?
- Who agrees (and importantly disagrees) with the plan?
- How will progress of the plan be monitored?
- When will the plan be reviewed?
APPENDIX 2

Guidelines for Good Documentation

The first question is who are you recording information for (the Trust, you & colleagues, the Patients)?

- Write in language everyone can understand… jargon only serves to exclude people, so if it has to be used add an explanation
- Less use of abbreviations, or clearly reference what they mean
- History is a collaborative process… avoiding making assumptions based on history that are not substantiated in the present… be clear about the relative weight being given to historical information as it links to the present
- Quality chronology of events (an event diary) is about the accuracy of dates and the detail of information (inc. creating a timeline electronically)
- Recency and frequency of events could reflect urgency
- Include a specific focus on individual’s strengths and protective factors
- Reference decisions against something!
- Focus on safety rather than risk (i.e. we assess the risks in order to increase a person’s safety)

Remember

Risk/safety management works best when a Patient’s strengths are recognised alongside the possible problems they might encounter and with which they might present. Every time a problem is identified, a strategy should be suggested and explored, building on the strengths of the Patient.

The emphasis should always be on a recovery approach and on the next stage in developing the Patient’s ability to cope when they are feeling vulnerable or as if difficult demands are being placed on them.