Essex Partnership University NHS Foundation Trust

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

STANDARD OPERATING PROCEDURE
Community Adult Eating Disorder Service

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OPERATIONAL POLICY SUMMARY

This is the first Trust-wide Standardised Operating Procedure (SOP) for the Community Adult Eating Disorder Service across Essex. The service provides assessment, treatment and consultation for adults with eating disorders in Essex, intensive day care, and are gatekeepers for referrals to the Specialist Eating Disorder Unit (SEDU) beds of the East of England Adult Eating Disorder Provider Collaborative.

This Standard Operating Procedure outlines the clinical services provided to ensure that the operational governance of the service supports patient safety, a positive patient experience and clinical effectiveness.

The Trust monitors the implementation of and compliance with this operational procedure in the following ways:

The Clinical Director of Psychological Services is responsible for monitoring and reviewing this procedure.

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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. Introduction

1.1 Essex Community Adult Eating Disorder Service (CAEDS) is a specialist, multi-disciplinary service covering the county of Essex.

1.2 Essex CAEDS comprises of a number of regional teams that work to the same operational policy to apply the same clinical core standards across all of Essex.

1.3 The staffing model for the multi-disciplinary service comprises of administrative staff supporting the clinical staff of various grades including dietitians, General Practitioners (GPs) with an Extended Role in Eating Disorders; nurses, occupational therapists, psychiatrists, psychological therapists and psychologists; and Support Workers including Physical Health Support Workers (whose job is to support medical monitoring of patients). The service also employs clinical assistants (such as Assistant Psychologists, and Occupational Therapy Assistants), and provides placements to students of various disciplines. All of the staff in the service have clearly defined roles undertaking a range of activities, including direct and indirect clinical work; teaching; consultation; research and service evaluation; service development and quality improvement.

1.4 The service operates from:

- The Northgate Centre, Colchester
- Sankey House, Pitsea
- CAEDS Grays Hall, Grays
- Other local Trust bases and where clinically indicated patients' homes, as appropriate to improve patient choice, safety and the efficiency of the service.

1.5 Intensive, face-to-face day care services operate from the Northgate Centre and CAEDS Grays Hall.

1.6 The service typically operates Monday to Friday, 08.30 – 16.30, excluding public holidays.

2. Objectives

2.1 The objective of the service is to provide specialist assessment and treatment of, and consultation for, moderate to severe presentations of Anorexia Nervosa, Bulimia Nervosa, and Other Specified Feeding or Eating Disorders (OSFED) including Binge Eating Disorder.

2.2 The service does not hold a commission to treat Avoidant/Restrictive Food Intake Disorder (ARFID).

2.3 The service delivers high quality, evidence-based assessment and treatment (NICE guideline NG69) and is committed to clinical excellence and improving care. Other good practice guidelines and recovery model principles that inform the model include Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care – Guidance for commissioners and providers (NCCMH 2019) and MEED: Managing Emergencies in Eating Disorders (RCPsych 2022).

2.4 Essex CAEDS typically provides a service to people aged 18 years and over.

2.4.1 When patients are transitioning from the Children and Young People's (CYP) eating disorder services, or present at CYP ED services aged 17½ years or over, to ensure continuity of care we will provide a service. The service provided in these cases will be in line with existing *adult* treatment protocols.

2.4.2 Essex CAEDS will attend regular transition review meetings to ensure that people moving to adult services are sighted on, and comfortable with, their ongoing care.

2.5 Essex CAEDS is establishing a First Episode, Rapid Early Intervention for Eating Disorders (FREED) pathway across Essex. The FREED pathway is for patients presenting with a first episode of an eating disorder, between the ages of 18 and 25, who have suffered with the eating disorder for three years or less.

2.6 During treatment for an eating disorder other underlying psychological co-morbidities (such as anxiety and depression, trauma (typically not diagnosable as Post Traumatic Stress Disorder), obsessive compulsive disorder, and more general emotional dysregulation often become apparent and require treatment. In these cases, it is important that the person is provided with appropriate therapy to address the comorbid condition before continuing treatment for the eating disorder. In order to holistically treat the person and avoid delaying or rejecting their treatment, we will offer treatment to provide the indicated intervention when:

- the eating disorder is the primary presentation
- it is clear the comorbid condition impacts on the eating disorder;
- it is possible to treat the comorbid condition within the service - that is, the service has therapists qualified in the appropriate, evidence-based therapy according to the NICE guidelines.

2.6.1 In these cases the service will carefully monitor the response to therapeutic input. If the intervention is unsuccessful, then the service will consider a referral to the appropriate specialist team. This will ensure a more timely and comprehensive intervention to try to avoid disruption to the therapeutic relationship and disruption to treatment through re-allocation between services. Typically, this treatment will be integrated with the ongoing therapy for the eating disorder.

2.7 Where the eating disorder is secondary to another mental health condition, or considered too complex for intervention solely through the CAEDS – for example, when risk of self-harm is such that additional support from a community mental

health team is required (including more intensive and focused therapeutic intervention) – then the eating disorders service will liaise with the relevant team and provide coordinated, joint input. This will include advice or consultation only until the primary difficulties are stable, therefore the service user will be closed to CAEDS whilst this work is ongoing. The service user's physical health should be monitored under the other service treating their primary mental health diagnosis and/or their GP, and the CAEDS will provide consultation and advice where appropriate to their care coordinator/key worker, the physical-health monitoring clinic under that service, and to their GP. After treatment is completed on their primary diagnosis, if there are residual ED behaviours then the CAEDS will re-assess to determine if further input from the service is indicated.

2.8 The service is committed to the involvement of family and service user representatives in designing and improving the service.

2.9 The service provides community treatment including attendance at the intensive day care services. The service aims to work with other community and specialist teams, social care and VCSE providers within Essex and the East of England region to provide a whole-system approach and to be part of an integrated provision of care.

2.10 Essex CAEDS will offer liaison, support and advice to internal and external colleagues in the county, where presentations with complex needs and/or disordered eating means care would more appropriately provided by another team or service.

2.11 Essex CAEDS is part of the East of England Adult Eating Disorder Provider Collaborative, which holds the commission for Specialist Eating Disorder Unit (SEDU) beds in the region, close to home. In Essex, the CAEDS acts as gatekeeper for referrals to the Single Point of Access (SPA) for these beds. The CAEDS is committed to working closely with the SPA to ensure joined-up care and reduce the need for an admission to a SEDU, and reduce the length of stay on a SEDU. Where necessary CAEDS will continue to support during an admission and to plan subsequent care within the community. This will help to achieve the earliest-possible safe transfer of care back to local services, including intensive day care services, Essex CAEDS will continuously – before, during and after any inpatient stay – liaise closely with the SEDU providers to ensure continuity of care, including attendance at reviews.

2.11.1 Referrals to Out Of Area beds are also made through the SPA and will be considered according to the Provider Collaborative's policy and procedure for such referrals

2.12 Where appropriate, the service provides liaison for service users in other tertiary specialist eating disorders inpatient units; typically alongside other Trust teams

2.13 The Essex CAEDS is committed to:

- Meeting and delivering recommended, evidence-based working practices in line with NICE guidelines for the effective assessment, treatment, and management of those suffering from an eating disorder.
- Assessing all health, social care, and physical health needs and risks and managing these appropriately in line with Trust approaches
- Agreeing care plans, appropriate treatments and risk management plans, co-produced with the service user and relevant carers.

- Embracing empowerment and respect for the individual and their family/carers and applying the same standards of care and conduct regardless of any protected characteristic. Essex CAEDS strives to provide services that are accessible to all sections of the local population with awareness of equality and diversity needs.
- Support service users' physical health care needs where they are on the high-risk medical monitoring pathway.
- Offering early intervention and prevention strategies whenever possible, including through the FREED (First Episode Rapid Early Intervention for Eating Disorders) pathway. This pathway has now been commissioned throughout Essex and is currently being rolled out.
- Working with service users within a model of care that aids recovery and enables them to attain their full potential in day-to-day life.
- Providing advice and guidance to Primary Care Networks.

2.14 In particular, in working with service users Essex CAEDS aims to:

- Improve engagement with services
- Enable choice, to improve health and quality of life
- Provide appropriate treatment to prevent physical and psychological deterioration
- Promote recovery and develop coping strategies
- Increase stability and quality of life, and for carers and families
- Improve social functioning
- Assist access to educational support and work activities
- Working collaboratively with, or referring to other statutory mental health services and services within the Voluntary, Community and Social Enterprise (VCSE) Sector
- Ensuring service users have access to local, relevant and specialist advocacy services and any relevant specialist advocacy services such as those referred to in the Trust's Equality and Diversity policy
- Offering support to all carers of service users involved with the service; and ensuring access to a Carers Assessment
- Offering training, advice and support to other health professionals – both practising and in training – in working with service users with eating disorders.

This includes but is not limited to community services and other specialist mental health teams; the acute care sector; and undergraduate and postgraduate training programmes.

3. Service Operation

3.1 Essex CAEDS is managed by the Head of the Eating Disorder Service who is directly line managed by the Clinical Director of Psychological Services. The Head of the Eating Disorder Service holds the authority for the management of all resources in the service and is responsible for the operational delivery of services according to agreed policy procedures and guidelines.

3.2 Community services are available Monday to Friday during normal office hours, excluding public holidays. Where possible this availability can flex with the needs of service users. The Intensive Daycare Treatment Service may offer slightly different hours (for example, from 08.30 to 16.30) to enable supported breakfasts to be a part of the programme.

3.3 Services are commissioned for people who meet the criteria for the spectrum of moderate and severe eating disorders including Anorexia Nervosa, Bulimia Nervosa, Other Specified Feeding and Eating Disorder (OSFED) (including Binge Eating Disorder and Atypical Anorexia Nervosa) and whose risks are deemed moderate to severe as outlined below.

3.4 Essex CAEDS does not offer an obesity or weight reduction service; services for individuals presenting with ARFID (see 2.5); or for primary mental health conditions including depression, Emotionally Unstable Personality Disorder (EUPD), emotional dysregulation and anxiety disorders that result in food restriction and weight loss.

3.5 Adult Community Mental Health Teams, conducting initial assessments, are provided with service eligibility criteria and are welcomed to discuss cases before assessment for advice on suitability for onward referral.

3.6 Referrals are prioritised on the basis of clinical need. This will include the severity of the eating disorder, and the presence of other physical health concerns such as diabetes and pregnancy, and will use guidance from MEED, ICD-11 and DSM-5.

3.7 If an eating disorder is suspected, when a referral is received from primary care, the general secondary mental health service team should liaise with Essex CAEDS to screen the urgency of the referral. A joint assessment should then be arranged, if possible/appropriate.

3.8 Urgent risk referrals should be assessed within 10 working days. If physical risks are unstable or need urgent treatment this must be prioritised through referral to local medical services whilst awaiting an ED assessment.

3.9 Patients referred with moderate and severe eating disorders who are medically stable will be assessed within 4 weeks.

3.10 Referrals of service users appropriate for the FREED pathway will be contacted within 48 hours of referral with an engagement call, will be assessed within 10 working days, and will have started treatment within 28 working days from referral.

3.11 Referrals should be made on the Trust's electronic clinical records system, giving brief details of the reasons for requesting a specialist eating disorder service, and confirming that this request has been fully discussed, where possible, with the service user and relevant carers and that the relevant up-to-date information is available on the Trust's clinical system. Essex CAEDS should receive a referral via email to the relevant area specific referrals email box, or by letter, and ideally a clinical discussion should take place in line with good practice guidelines.

3.12 All service users using the eating disorder service will have access to all other Trust services if required.

4. Transitions from Children and Young Peoples' (CYP) Eating Disorder Services

4.1 It is essential that Essex CAEDS works in partnership with the CYP eating disorder service in order to professionally manage the transition of adolescents with eating disorders from CYP to Adult Services.

4.2 Essex CAEDS will adhere to the regional standards for transitions (Transition Standards for Eating Disorder Services in the East of England, 2022)

4.3 The existing shared transition protocol between EPUT and NELFT (who provide the eating disorder service to those under 18 years) should be followed in all cases.

4.4 To enable this, health care professionals managing patients with Anorexia Nervosa, especially those with the binge/purge subtype, should be aware of the increased risk of self-harm and suicide, particularly at times of transition between (adolescent and adult) services or service settings.

4.5 Close cooperation and good communication between Essex CAEDS and CYP ED services is essential. There needs to be a robust transition process during this period, ideally happening over a number of months although this period should not be indefinite. This will allow the patient to maintain key relationships with existing therapists whilst developing new ones with the adult team.

4.6 The transition pathway will support the young person to begin therapeutic interventions and the development of the therapeutic relationship with Essex CAEDS whilst remaining under the primary care of CYP staff to ensure a smooth transition through services.

4.7 Carers will also be involved in this process and will be supported to remain involved with their loved one's care and to access carers' psychoeducation support through Essex CAEDS.

5. Assessment Process

5.1 The referral and thus assessment process is developing and the CAEDS currently accepts referrals from primary care (including PCN Teams, NHS Talking Therapies services; 'step 4' services; and secondary care (specialist mental health services and care teams). If possible, a joint assessment (for example when a referral has been made from a primary care source, a joint assessment will be sought with a specialist mental health team). Joint assessments are undertaken to alleviate the need to unnecessarily repeat information requested at previous assessments, and to ensure needs are more comprehensively assessed.

5.2 As far as is possible and practicable, and agreed with the service user, Essex CAEDS will endeavour to include family (or other appropriate people) in the assessment process. This is particularly important for younger patients.

5.3 Following assessment and discussion with the multi-disciplinary team, the outcome of the assessment and decisions regarding the treatment plan will be shared with the service user, GP, referrer, and others as appropriate.

5.4 Assessment procedures will usually involve requesting medical and physical health investigations from the GP, if there is no evidence of recent investigations.

5.5 Outcome measures and screening tools will be routinely administered including self-report questionnaires to monitor the progress of service users and intervention effectiveness; and to elicit feedback about service provision. These may be sent with appointment letters and will be kept in the clinical records.

6. Support, Treatment & Interventions

6.1 Essex CAEDS uses a stepped care approach, which ranges from indirect work (supporting and supervising staff working with service users with eating disorders)

to direct face-to-face work and liaising with specialist out-of-area inpatient services or acute medical or mental health units, should admission be indicated.

6.2 Some people with eating disorders do not have the motivation or willingness to address their condition. It is very important to assess the motivational level of the service user. In low-risk circumstances, if treatment is declined by the service user, the GP should continue to monitor in accordance with the NICE Guidelines (2017), i.e. Patients with enduring anorexia nervosa not under the care of a secondary care service should be offered an annual physical and mental health review by their GP (NICE Guidance).

6.3 Service users who are ambivalent about treatment may be offered motivational enhancement in combination with physical monitoring in the first instance.

6.4 In high-risk circumstances, where service users are unwilling to accept care, the Mental Health Act 1983 (as amended 2007) may be a necessary part of treatment. In these circumstances, service users will have full access to all statutory legal support and appeals procedures.

6.5 The Mental Capacity Act (2005) stipulates a presumption of capacity for all those aged over 16 years. It identifies that where a person aged over 16 years may not have capacity to consent to treatment, treatment can be provided in their best interests (provided the principles of the legislation have been followed). Where a person over 16 has been assessed and does not have capacity to consent to serious medical treatment and is unbefriended, there is a statutory duty to provide an Independent Mental Capacity Advocate. Assessments of Capacity in respect of serious medical treatment must be conducted jointly as outlined in the Mental Capacity Act guidance. The MHA (1983 as amended 2007) is always privileged above the MCA (2005) and should always be used where it is appropriate to do so.

6.6 Community care and treatment will consist of interventions such as:

- Evidence-based psychological therapies (for example CBT-ED, MANTRA and SSCM);
- Specialist dietetic and nutritional interventions;
- Medical (physical health) monitoring within CAEDS, or with advice through primary care;
- Supervised re-feeding within safety parameters that can be met in the community;
- Intensive Daycare Treatment.

6.7 Essex CAEDS considers it important to work with families and carers whenever possible and practicable. A range of family focused interventions are provided such as Carers Psychoeducation packages and Carers support group. Carers will also be signposted to additional support within the VCSE sector, including locally commissioned services through Beat.

6.8 As part of the stepped care approach referred to above, Essex CAEDS provides an intensive day treatment service. This service functions on a day service model, opening up to 5 days a week, and offers packages of care involving attendance for all or part of the day for a specified number of days per week for a specified period. The Service has capacity for 8 service users in each location who would require a more intensive level of intervention than can be typically provided by standard community contact.

6.9 Some service-users may be excluded from the Intensive Daycare Treatment Service if they are assessed as having a high risk of self-harm, substance misuse, severe personality disorder or acutely severe co-morbid mental illness or any other condition that would impact on the therapeutic milieu of the unit.

6.10 Staffing levels in the Intensive Daycare Treatment Units will be determined according to the needs of the service users present. One of the staff members will always be a registered health care professional.

6.11 The Intensive Daycare Treatment Unit has no facility for the storage, administration or dispensing of medication.

6.12 The daily schedule of the Intensive Daycare Treatment Service will follow a set programme, which includes access to snack and meal supervision and support, a range of interventions supporting nutritional and dietetic rehabilitation, as well as a range of individual and group-based psychological interventions and practical support.

6.13 The programme/schedule, rules and information about the unit will be set out in a Patient Information leaflet, which will be made available to all referred service-users before assessment for intensive treatment.

6.14 Use of kitchen and standards of hygiene around food preparation, storage and disposal will comply with Trust policies at all times.

6.15 Where the normal food preparation and supply arrangements fail, contingency arrangements for food preparation will consist of staff preparing commercially-prepared food obtained locally. The Service will hold at least 48 hours' worth of pre-prepared food.

6.16 Service users attending Intensive Daycare Treatment may be provided with food ingredients, and would then prepare their own meals in line with nutritional re-enablement and rehabilitation models with support on the unit.

6.17 Service users attending the Intensive Daycare Treatment Units will have their physical health monitored as appropriate. This will include weight, blood pressure, pulse, blood oxygen saturation levels and temperature. Staff will liaise with primary care, or if appropriate with acute services, in the event of concerns about physical health. Where service users remain under our care and the service has appropriate capacity, the service will assume responsibility to manage their physical health medical monitoring needs specific to their eating disorder. Otherwise the responsibility for the service users' physical health needs remains with the primary care network.

6.18 In case of physical health emergency, service staff will follow Trust policy and ensure that resuscitation and first aid are given professionally and appropriately.

6.19 Security: the Service's premises will be kept locked and entry and egress will be controlled by reception / administrative staff assisted by electronic surveillance and entry-control devices.

6.20 Contingency arrangements for non-attendance/absconding will be managed on an individual basis by the CAEDS staff.

6.21 In view of the potential for self-harm among service users, use of cutlery and crockery will be closely monitored and controlled. Access to the kitchen will always

be under staff supervision. The ADL kitchen will be locked when not in use and sharps will be stored securely according to Trust guidelines.

6.22 Travel: Traveling costs will be reimbursed in line with existing Trust policies. Where necessary, transport will be arranged by Essex CAEDS staff in conjunction with Patient Transport Services on a case by case basis.

7. FREED Pathway

7.1 The FREED service is available in West Essex and will be rolled out to MSE and North East Essex in 2023/24.

7.2 Where available, service users who fall under the criteria for the FREED pathway (aged 18-25, experiencing first episode of an Eating Disorder with a duration of illness of less than 3 years) will be offered rapid intervention to support enhanced engagement and improved outcomes.

7.3 Service users identified as being eligible for the FREED pathway will be contacted by telephone within 2 working days of the referral being received to support early engagement. Assessment will take place within 2 weeks, and treatment will have started within 4 weeks.

7.4 Service users eligible for the FREED pathway will be offered evidence based psychological therapies as identified by the NICE guidelines (including CBT-ED, MANTRA and SSCM) as indicated by their presentation and their personal preferences, in negotiation with the MDT.

7.5 Service users eligible for the FREED pathway will be considered for the Intensive Daycare Treatment Service if this is clinically indicated.

8. Escalation of Treatment

8.1 Referral for admission to hospital occurs when the clinical picture indicates a high risk if the person remains at home, and/or if deemed appropriate by Essex CAEDS.

8.2 If acute physical risks are present, liaison should be with the treating doctor. If appropriate, an admission to a local acute hospital may be requested. New patients who have been admitted to a acute hospital should be prioritised for assessment by Essex CAEDS, following referral via the usual route.

8.3 Service users who require admission to a local acute hospital may need the support of community staff during their inpatient episode. Ensuring the service user and relevant carers receive appropriate support from Essex CAEDS is a high priority. This will necessitate in-reach work and liaison with acute medical staff.

8.4 Transfer from a SEDU back to the community is facilitated by Essex CAEDS. Prior to the planned transfer date from the specialist inpatient unit, a practitioner from Essex CAEDS will have attended patient reviews during the admission and would ordinarily be part of any transfer plan.

8.5 The risk assessment should also be reviewed and indicators of relapse should be identified and recorded on the care plan. A date for the next review meeting in the community should be set. The service user, relevant carers and the GP should be invited to contribute to the meeting and should receive a copy of the plan.

8.6 Essex CAEDS staff will always seek to return service users with eating disorders to the care of local services at the earliest possible opportunity.

8.7 When someone leaves hospital unexpectedly, a review may not have taken place. In these circumstances, the care coordinator/key worker must arrange an early review in the community. A member of Essex CAEDS should attend.

9. Transfer Arrangements

9.1 To ensure Essex CAEDS maintains a capacity to undertake new assessments and take on work with new Service users, there is a need to be proactive in discharging service users back to primary care or to local adult community mental health services.

9.2 We aim to transfer a service user from Essex CAEDS when they have consistently achieved the goals and met the success criteria laid out in their care plan and satisfied themselves and Essex CAEDS that their improvement is robust and that they have sufficient resilience to cope without Essex CAEDS input. Transfer of service users who have achieved care plan outcomes as far as possible will occur only after multidisciplinary review and with a contingency plan in place.

9.3 Some service users, because of the nature and complexity of their eating disorder, may require long-term monitoring, which does not need to be conducted under the CAEDS. In these cases liaison and discussion with primary care, the local EPUT adult community mental health team staff and the service user will determine who will hold primary responsibility. At the point where it is considered the service user is no longer benefiting from specialist secondary mental health services, transfer back to primary care will be agreed.

9.4 Prior to any transfer from Essex CAEDS, an aftercare plan will be agreed with the service user and relevant carers. This will include a contingency plan identifying risk factors, warning signs and actions to be taken in the event of any difficulty occurring after the transfer to the GP or community mental health services takes place. The Primary Care team will receive a copy of the after care plan and contingency plan.

9.5 Should a service user refuse to engage with Essex CAEDS or refuse to continue to accept services, the situation will be discussed within a multi-disciplinary team meeting. Risks to self and others will be assessed and an action plan, dependent on risks and need, agreed. The GP and where appropriate other services will be informed.

9.6 If a service user fails to attend the first assessment appointment without prior notice, the referrer must be informed. In cases where risk factors are a known concern, immediate concern must be generated and prompt discussion with the referrer and/or GP is required in accordance with the Appointments and DNA Policies for service users who disengage with mental health services.

9.7 Should a service user persistently fail to attend appointments without making contact with Essex CAEDS, then their behaviour may be treated as disengagement and staff should follow the guidelines set out in CG77 - Guidance to Support Active Engagement Including Did Not Attend (DNA) (Disengagement Guideline). A joint decision about further action involving relevant parties, in line with Goal Based Outcomes, should be taken based on the known risks. If the decision is made to transfer, the service user and the referrer/GP will be informed.

9.8 Transfer of a service user to another team within the Trust will be through the relevant Goal Based Outcomes.

9.9 Transfer of a service user to another team in a different Trust should still follow Goal Based Outcomes procedure. Staff should allow a sufficient period of joint working with the new team to facilitate a safe and smooth transition.

10. Documentation and Record Keeping Standards

10.1 All clinical information is recorded on the Trust's electronic patient record (EPR), in compliance with all relevant procedures and policies. This includes the recording of mental health care clusters and other clinical assessment or outcome tools. All service users must have a:

- Current assessment
- Risk Assessment and Management plan
- Crisis and Contingency plan
- Physical Health monitoring plan (which will be part of the care plan)
- Current care plan that has been co-produced with the service user, including agreed 'Patient Reported Outcome Measures'

10.2 Essex CAEDS members contribute fully to the care process by maintaining high standards of clinical recording, competent use of electronic systems and regular and ad-hoc data collection in line with Trust and professional body standards, policies and norms.

11. Safety Arrangements

11.1 Each part of Essex CAEDS has its own local protocol covering the safety of staff, taking account of local conditions and accommodation, whilst adhering to the Trust's Lone Worker policy and Health and Safety policy.

11.2 Issues relating to staff safety are discussed in team meetings and weekly review meetings; visiting arrangements are adjusted accordingly. This may mean joint visits and/or arranging a meeting in a public place.

12. Educational and Learning Environment

12.1 Essex CAEDS staff members will be expected to be up to date in mandatory training and to continue to engage in continuing professional development (CPD). Team members also take part in clinical and management supervision in accordance with Trust policy and are subject to the Trust performance review scheme.

12.2 All staff members have a role in contributing to audit, research, information collection, measurement of outcomes and service development aimed at evaluating the service and improving the quality of the care delivered.

12.3 In order regularly to update and maintain best practice team members will be expected to participate in Essex CAEDS CPD and clinical team meetings, and the service be represented at Regional and National forums where practicable.

13. Evaluation and Audit

13.1 Individual Essex CAEDS team members are responsible for making arrangements to secure adequate clinical supervision in line with their professional protocols and the Trust's Clinical Supervision Policy.

13.2 Routinely collected demographic data and other data from Outcome Measures should be evaluated at least annually or at other appropriate times.

13.3 All information should be recorded & maintained according to the Trust's performance management requirements and kept in accordance with the Information Governance Policy.

14. Service User Participation and Volunteering

14.1 Essex CAEDS is committed to ensuring that those who use its services, their parents or carers, participate meaningfully in the planning and development of the service. For example, it is expected that representatives of those using the service will participate fully in staff selection processes and in planning and initiating service development.

14.2 Recovered patients, parents and carers are in a unique position with regard to the insights they have into the experience of living with a serious mental illness. Essex CAEDS invites and supports this unique group to enhance the treatment programme. Volunteers may run support groups, carers support, provide inspirational or educational talks, or participate in decision-making forums with paid staff. All volunteers will have signed the relevant paperwork that form part of the trust's Guidance for the placement of volunteers.

14.3 The service will cover the reasonable expenses of those service users and volunteers engaged in the above.

15. Review and Monitoring

15.1 Essex CAEDS is managed to meet performance requirements in the areas of:

- Activity
- Caseload
- Other local and national targets

15.2 Essex CAEDS complies with all relevant national legislation

15.3 Essex CAEDS complies with all relevant Trust and Local Authority policies

16. Reference to other Trust Policies and Procedures

CG77	Guidance to Support Active Engagement Including Did Not Attend (DNA) (Disengagement Guideline)
CP59	Data Protection & Confidentiality Policy
CLP28	Clinical Risk Assessment & Safety Management Policy
CLP39	Safeguarding Adults Policy
HR18	Training & Study Leave Policy
HR48	121 Support & Appraisal Policy
RM01	Corporate Health & Safety Policy
RM17	Lone Worker Policy

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