

Request for information under the Freedom of Information Act – 2020.495

Thank you for your email dated 4 June 2020, requesting information regarding Trust templates

Please find detailed below a summary of your request, together with our response.

Summary of your request:

I am hoping you can assist. I am looking for a copy (template) of the Trust's "My Personalised Care Plan". You kindly sent me version 1 in mid-2016 and I would be grateful for the latest version.

Please see template attached below.

Chair John Goulston Chief Executive Paul Bentley

Trust HQ The Oast, Unit D, Hermitage Court, Hermitage Lane, Barming, near Maidstone, Kent ME16 9NT



This is my personalised care plan; created with me. It reflects my needs, wishes, goals and choices. It should help me to manage my condition and tell me what support I will receive.

If I am unable to make decisions, my care plan will be written in my best interests in consultation with my family and carers, where possible. I consent to the contents being shared with relevant professionals involved in my care. As well as my care plan, I may also be supported by a 'This is me' booklet.

I will take this plan with me to all my health appointments. Every time we agree a change, my health professional will give me an up-to-date version or another copy if I ask.

Patient name:	Date Care Plan Printed:
Signature	
If signed on behalf of the patient state relationship:	If care plan is not signed please state reason:

If you are not receiving this standard of care please speak to a member of staff or the service manager.
Alternatively you or your family can contact the customer care team on Phone: 0300 123 1807 kcht.cct:nhs.net

Patient
DOB: » NHS number: «

This is what you have said, in your own words that you need help with

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What is my current situation	Date to agreed need started/modification to what is my current situation	Health professionals Name	

Patient

DOB: » NHS number: «

MY PERSONAL CARE PLAN

Date agreed and Health Professionals name	What is my current situation	What we together will aim to achieve and by when	What I will do with the support of family and carers	What your health professional will do for you	Progress review date

Patient

DOB: » NHS number: «

	My Treatment plan to be delivered by health professionals	