



SOUTHERN HEALTH & SOCIAL CARE TRUST

Procedures for Acute Mental Health In-Patient Multidisciplinary Team Meetings (MDT)

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**Mental Health & Disability Directorate
Procedure/Guidelines/Protocol Checklist & Version Control Sheet**

1	Name of Procedure/Guidelines/ Protocol:		Procedures for Acute Mental Health Inpatient Multidisciplinary Team Meetings
2	Purpose of Procedure/ Guidelines/ Protocol:		To have standard operational procedures for ward Multidisciplinary team meetings.
3	Replaces:		Ward Round Procedures
4	Applicable to which staff:		Professionals in Acute, Support & Recovery, Primary Mental Health Care and Specialist Services
5	Name & title of author:		Andrew Ruck (Bed Coordinator)
6	Equality Screened by: Note any issues:		In process of being completed
7	Proposals for dissemination:		Through A/Director, Head of Service and Associate Medical Director (AMD)
8	Proposals for implementation:		On receipt of document
9	Training Implications:		Relevant staff to be made aware of the changes and clarification of updated document
10	Date Procedure/Guideline/ Protocol submitted to Procedures Committee:		
11	Outcome:	Approved	Comment: Minor changes
		Approved/Minor amendments	Amendments have been addressed as per recommendations
		Not approved	
		Deferred	
12	Date of CYP SMT approval Comments:		n/a
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14	Date approved by HSCB (Social Work only):		n/a
15	Date for further review (3 year default):		February 2022
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Multidisciplinary Team

Departmental Guidance contained within the Promoting Quality Care Document [Sept 2009] advises that the following systems should be put in place by the MDT.

Regular multidisciplinary team meetings must be held with the purpose of reviewing the service user's progress with care and treatment,

These should include discussion of risk assessments and risk management plans

It is important that these team reviews have two or more disciplines present and that the service user and his/her family/carers are invited and encouraged to contribute, where possible. Discussion amongst the various team members is essential for sharing information and forming a holistic view of the service user and his/her current circumstances.

Good practice suggests that ideally service users in general mental health inpatient facilities should have a formal weekly team review.

All team reviews must be recorded in the patient record and should document the progress of the patient and agreed actions for named individuals with corresponding timescales for their completion.

There is a shared responsibility of recording decisions made.

It is important that every professional has an equal opportunity within the team to participate in formulating the Care Plan for managing the service user's care and identified risks.

There is a core membership of the team and all attendees recorded.

There is an expectation that all disciplines report to the meeting on progress towards achieving identified goals.

Definition / Purpose of the Multidisciplinary Ward Team Meeting

The Multidisciplinary Ward Team Meeting is fundamental to the delivery of safe, effective and efficient patient care. Through this the MDT will:-

- Clarify the rationale for both Voluntary and Detained Admissions in a way that is jointly articulated and understood by patient, carer/advocate, community staff and ward staff.
- Take the opportunity for the key members of the MDT to discuss, agree and review the treatment plan and agree the clinical, psychological and social interventions needing to be put in place for the discharge of the patient.

- Engage with and provide the opportunity for the patient and carer/advocate to meet with the MDT to gain information about their treatment and progress towards discharge

Values and Principles

All members of the team sign up to the Values and Principles that:

- A. The meeting should be patient centred and all decisions should be made collaboratively with the patient, their carer and advocate.
- B. The views of all team members are to be heard and respected, and that team members should be prepared and ready to participate in constructing a Care Plan that meets identified needs, supports autonomy and facilitates discharge.
- C. The Recovery Ethos is at the centre of the MDT approach. This involves identifying the Therapeutic Goal to be restoration of the individual to as high a level of autonomy as possible by returning them to a community setting with minimal delay.
- D. The Management of Risk through the use of Legislation and Deprivation of Liberty and restriction on Human Rights is viewed as a limitation of autonomy that has to be reduced in the course of restoring it, or accepted as an abiding disability.

Meeting Agenda

The Ward Multidisciplinary Team meeting will follow an agenda to allow for the flow of the agreed standardised operating procedures with the timings of the weekly meetings set out and agreed.

The Named nurse organises the patient list.

This will allow members who are not based in the Bluestone unit to attend for specific discussion and assist with their efforts to efficiently manage their time.

Example Set Agenda for Meeting;

- a) New Admissions [known]
- b) New Admissions [unknown]
- c) Home Treatment Completed Re-Assessments
- d) Planned Discharges with Home Treatment
- e) Review Patients

These may change depending on the priorities of the ward and the Multi-disciplinary Team members.

Roles and Responsibilities

These are divided into individual and team.

Patient:

- If the patient has a Wellness Recovery Action Plan (WRAP) they should make the MDT aware of it.
- The patient has a meeting or nominating an Advocate to meet with their named nurse and Consultant prior to the MDT meeting to contribute to their care and treatment.
- Following the meeting meet with the named nurse to review and sign the plan.

Consultant

- Assess the patient prior to the MDT meeting.
- Input directly to all Risk Assessment and Management documentation.
- Contribute to the Formulation of the MDT Recovery Plan.
- Ensure the agreed operational procedures and agenda are adhered to is available to the patient and carer/advocate following the meeting to discuss outcomes.
- Ensure action points agreed against you are completed.

SHO

- Assess patients individually prior to MDT meeting.
- Quality Assure Prescribing sheets.
- Complete medical section of MDT Care plan e.g. Health Passport, investigation reports.
- Ensure action points agreed against you are completed.

Named Nurse:

- Act as an Advocate for specific concerns raised by patient.
- Assess patient prior to MDT meeting.

- Prepare for MDT meeting, e.g. running order, ensure reports are available.
- Contribute to all Risk Assessment and Management documentation.
- Contribute to the development of the MDT Care Plan and Discharge Care Plan.
- Ensure action points agreed against you are completed.
- Liaison with patients/community team members/family and carers offering the opportunity to sign the Recovery Care Plan.
- Co-ordinate the completion of the Discharge Plan.

Occupational Therapist

- Feedback on patient progress and specialist assessments.
- Contribute to the development of the MDT Care Plan and Discharge Care Plan.
- Ensure actions agreed against you are completed.

Hospital Social Worker

- Assess patients prior to MDT meeting.
- Designated role with detained patients.
- Feedback on patient progress.
- Lead role in identifying key social interventions required.
- Initiate Carers Assessments.
- Ensure actions agreed against you are completed.
- Contribute to the development of MDT Care Plan and Discharge Care Plan.

Pharmacist

- Complete Meds reconciliation prior to MDT meeting.
- Advisory role at the ward rounds.
- Liaison with General Practice and Community Pharmacy.

Home Treatment

- As gatekeepers to acute inpatients, clarify the rationale for both voluntary and detained admissions in a way that is jointly articulated and understood by patient, carer/advocate, community staff and ward staff.
- Triage of all patients admitted since last round by HT/CR Practitioner and Named nurse.
- Attendance at MDT meeting with re-assessment completed as agreed.
- Fulfil early discharge Card Before You Leave requirements.

Support & Recovery

- Prepare for the MDT meeting.
- Attend the MDT meeting using video conferencing or in person.
- Contribute to the completion of all Risk Assessment and Management documentation.
- Attend the MDT meeting for discharge planning
- Fulfil Card Before You Leave requirements

Specialist Teams

- **CAMHS**
- **FORENSIC**
- **EATING DISORDER**
- **ADDICTION**

Expected outcomes of the MDT meeting.

It is expected that the 'ward round documentation' is completed and that there is;

- Risk review and risk management plan updated.
- Care plan is agreed, reviewed and updated.
- Outcomes should be goal orientated (e.g. SMART)
- Outcomes should be focused on the Recovery Model and on Discharge
- There should be an agreed focus of discussion with the patient, this will be done by the named nurse or nominated other, post the MDT meeting.
- Expected outcomes are agreed and clear evidence of decision making in the recording of the meeting e.g. capacity, deprivation of liberty and restrictive interventions.
- Review of Drug Kardex and the quality of recording prescriptions.

Discharge Planning

- There is an Estimated Date of Discharge agreed.
- Date of any other discharge meetings to be held outside of the MDT meeting and who needs to be in attendance agreed.
- Agreement on who is coordinating the invites to that meeting and recording same.
- Clear agreement of the criteria i.e. what needs to be achieved, for care to be transferred to the Home Treatment Team or discharge.
- Identify which service will provide Card Before You Leave (CBYL) appointment.