

MDT – WEEKENDS AND BANK HOLIDAYS

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	May-21	New SOP approved by Division
1.1	Oct-21	Yearly review, no changes made
1.2	August -22	Yearly review. Small changes made to who attends. Changed to 2 yearly review. Approved at Mental Health CNG (07/09/22)
1.3	December 2022	Small addition to 4.0 Procedures - addition: This procedure covers all adult inpatient wards and any patient who is detained to Miranda House, but where there are no beds available and being nursed in the 136 area Approved by MH CNG 07.12.2022.

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1. INTRODUCTION

The NHS is moving towards patients having access to high quality care, assessment and treatment over a 7 day a week period not just Monday to Friday. Mental Health and Physical Health are of equal importance when a patient is admitted to Hospital. The Adult Inpatient Mental Health Services acknowledge that there is a need for access to 7 day a week MDT to escalate any concerns relating to out inpatient units on a Saturday, Sunday and Bank Holidays in addition to Monday to Friday. The complexity and acuity of the patient group has increased and 7 day a week MDT will support and improve quality of care.

2. SCOPE

This document is for the Mental Health division – Unplanned Care – Adult Mental Health Inpatient Services. The requirement for attendance at the MDT on a Saturday and Sunday is the Inpatient Consultant (rota basis), the Band 7 on call (rota basis), the Nurse in Charge of each ward and any Allied Health Professionals who are at work within the inpatient units. The MDT will take place on MS Teams. The only times this will not take place is Christmas Day, Boxing Day and New Year's Day bank holidays in some exceptions. There must be a minimum of the Consultant and Registered Nurse on the ward in the MDT.

3. DUTIES AND RESPONSIBILITIES

Consultant Psychiatrist, Matron, Service Manager, Team Leads and Ward Staff.

Consultant Psychiatrist – will attend the MDT (11am till 1pm) on a Saturday, Sunday and Bank Holidays. To provide senior support, advice and to review any patients as required.

Matron and Service Manager – To ensure that all staff are aware of the process and to ensure the MDT's are taking place.

Team Leaders – To ensure all staff are aware of the process and to attend the MDT as required when on Band 7 on call.

Ward Staff – All Adult Mental Health Inpatient staff will familiarise themselves with this process and escalate any concerns regarding the process described in this procedure.

4. PROCEDURES

To review urgent clinical issues which can't wait to be dealt with until the next working day. There will be a 2 hour available time for an escalation of any concerns, by Consultants who work within adult inpatient services. Any changes or agreements that may require further escalation before the next day – the on call consultant for adult will be informed by ward staff.

This procedure covers all adult inpatient wards and any patient who is detained to Miranda House, but where there are no beds available and being nursed in the 136 area.

Any patients discussed – a record to be entered on Lorenzo under MDT other. To include names of people present, content of discussion, agreed outcome and actions that require completing.

Patients that require an MDT discussion, do not need to be seen by the MDT unless it is necessary, for example to assess for Section 17 leave or to review continued admission in hospital. If patient requires a review this will be done over MS Teams.

To ensure MDT standards are followed.

All decisions made, must ensure that policies and procedures are followed. If the patient requires a review over MS Teams, for example for Section Leave, medication review or to discharge from their Section or discharge from the unit then this must ensure that the CPA process has been followed.

No seclusion reviews will take place by the Consultant as these can't be done remotely and will need to be completed by the General Adult on Call Consultant as per their usual duties.

Appendix 1: Criteria For Review

- High level of risk to self or others including absconding.
 - Engagement levels – intermittent or constant.
 - Newly admitted/transferred and unknown – first 72 hours
 - Unmanaged Physical illness
 - On Sec 5(2) or 5(4).
 - High levels of distress related to mental health.
 - Isolative/non engagement with staff.
 - No treatment plan in place/patient not concordant with plan/treatment
 - Awaiting completion of baseline assessments.
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- Risk issues reduced on unit – needs to be considered if off unit
 - Remains vulnerable.
 - Care plan completed.
 - Starting to gain insight
 - Accepting medication
 - CPA arranged
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- Recovery/response to treatment evident.
 - Informal (or CTO pending)
 - Independent leave – may be day or overnight
 - Concordant with medication.
 - CPA/117 processes in place - Information sought from family and carers
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