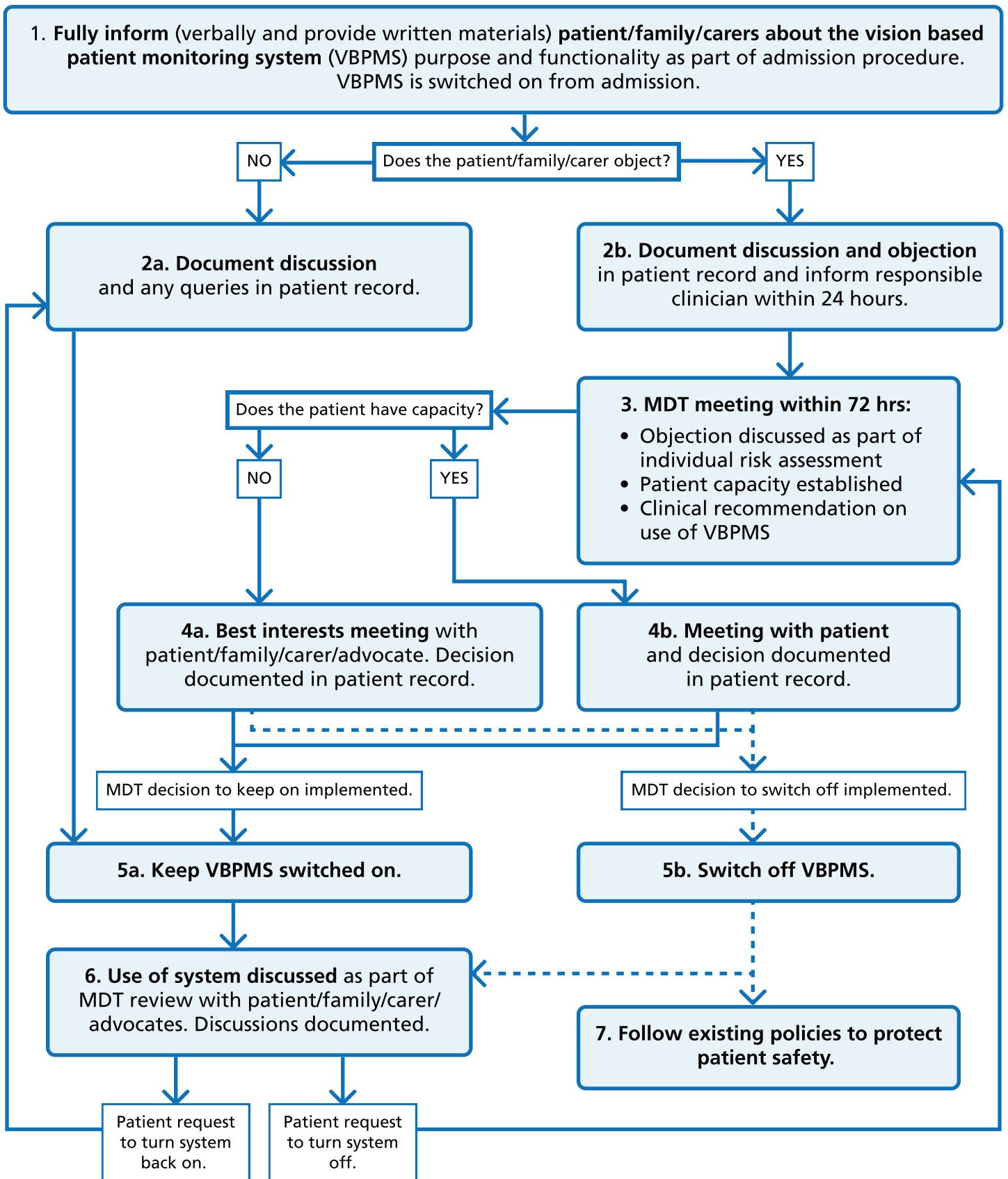


Further information on consent: Ward consent process



Notes to accompany flowchart

1. Fully inform: make use of materials contained within the Resource Pack. These materials should be made available in all accessible formats i.e., different languages, video, easy read, Braille etc. VBPMS will be switched on upon admission and will be left switched on until a decision is made in step 3 or 4.
2. Document discussion in patient record.
3. Multidisciplinary team (MDT) meeting should reach a clinical decision regarding the use of the VBPMS considering the risk of patient harm and, if relevant, the particular risk of re-traumatisation based on patient history. MDT meeting should also consider whether the patient is admitted informally or formally (subject to the Mental Health Act). The risk(s) and rationale for the decision should be documented in the patient record.
4. The best interests meeting will involve patients/family/carers/advocates to discuss the clinical recommendation and rationale and to ensure all views have been taken into account. Where possible, consent should be obtained from the patient or representatives. A final decision confirmed about whether the system is kept on or switched off will be made.
5. Decision to keep VBPMS on or off should be documented in patient record.
6. The use of the VBPMS should be discussed weekly with the patient/family/carers as part of their MDT care review. If a consenting patient subsequently withdraws consent, the provider should discuss this at the MDT meeting and follow the process from step 3.
7. If the system is switched off, the providers should follow their own existing operational procedures.