Forensic Mental Health

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Radford House

Specialist Services Care Group- Forensic directorate

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Radford House

- One of 7 inpatient forensic wards in MPFT
- Medium secure rehabilitation ward within the Hatherton Centre. 16 beds.
- Male patients
- Average length of stay 18-24 months
- Range of Mental Health diagnosis
- Likely to have come from Prison/Criminal Justice system background
- Diverse population- Stafford is not every patient's local area
- Focus on stabilising mental health, risk reduction and planning for future.

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Radford's MDT

Core members

RC. ACP, PSYCHOLOGIST, SOCIAL WORKER, OT, NURSING STAFF, HEALTHCARE SUPPORT WORKER, ADMIN.

Other potential regular attendees

STUDENTS, TRAINEE MEDICS, COMMISIONERS, SALT, ADVOCACY, FAMILY/CARERS, INTERPRETER.

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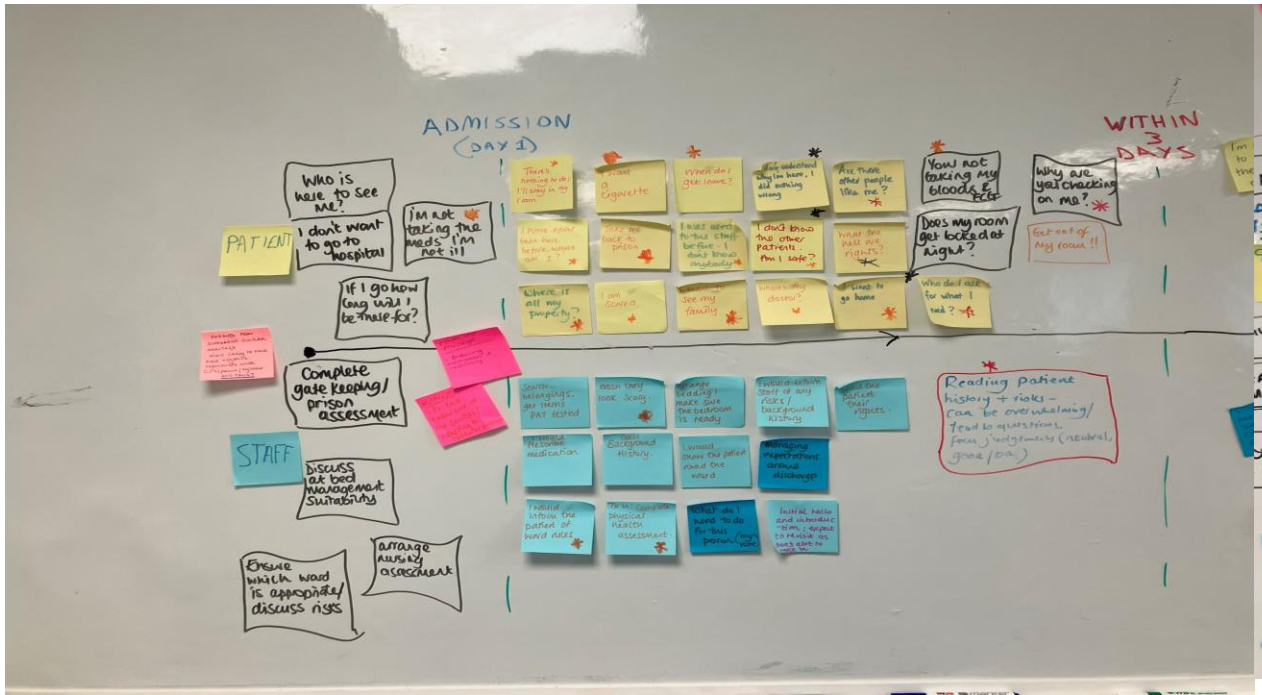
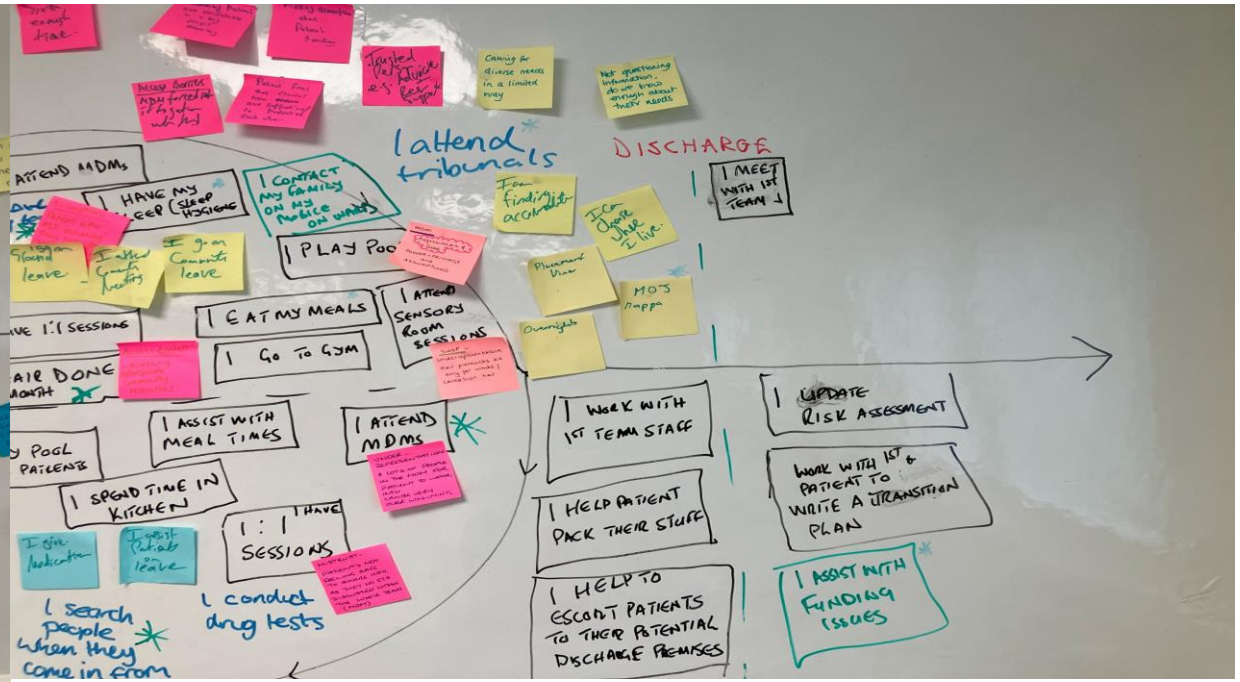
First steps

-Project team selected- including x3 lived experience colleagues.
-Improvement day – Discussed data around restrictive practices, incidents related to MHA and case for change.
-Created a detailed process map from service user and staff perspective.
-identified inequities specific to Radford, including language and communication barriers, and access to culturally-appropriate resources
-Identified key areas of inequity to address, and built understanding through a root causes exercise (‘*5 Whys*’):





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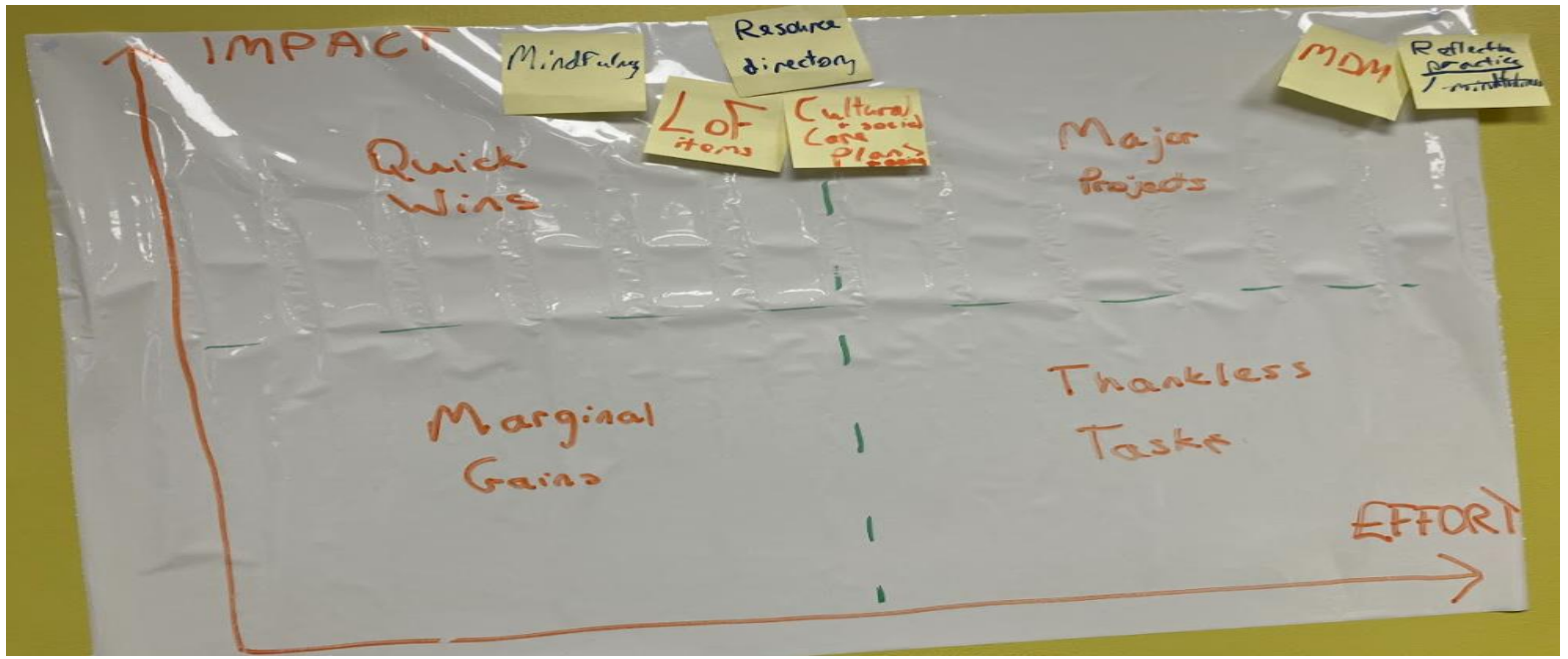
5 Whys identified-:

- 1. Some of our patients may feel less comfortable and safe in our environment than others
- 2. Our MDM process does not always support patient autonomy or empower patients in their care
- 3. We are not always able to provide culturally appropriate care and resources
- 4. We sometimes make unhelpful assumptions about patients

The team developed a range of improvement ideas and broke down into 'bigger projects' and 'quick wins'. We prioritised these change ideas according to effort and impact.



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Our project

3 projects were generated from our change ideas and engagement focus groups with service users, along with survey feedback from the team and current patient group.

Getting started

-Surveys with staff and service users.
-Lived experience peer recovery workers attended ward and met with patients- focus groups.
-Review of MDM room from our sensory specialist.

MDT- Addressing the power balance and promoting autonomy.
Focussed on layout of the room, understanding patients' preferences in relation to their own MDM, co-produce the setting (e.g. number of people in the room, use of laptops), design a pre-assessment form that includes cultural / religious / spiritual needs.
Sensory elements also considered and explored.

Resource directory- develop a directory with contacts for community links, especially for different cultural groups and resources in local areas.

Mindfulness- incorporating this into our own practice before each MDM.

MDM process

- As a team we met to review our current MDM process and create a pre-mdm form.
- High level of input from our lived experience colleagues.
- Developed a form and gained feedback along the way from current service users.

My MDM – Getting ready for my meeting and feedback

This form will be given to the ward team before you see them

Please be aware that there is resource directory stored on the G Drive, outlining provisions in the local area for patients cultural needs.

Name:
Date:
Changes I would like to make to how my MDM is run today
(example: How many people do you want in the room, where the MDM takes place, any other adjustments)
Cultural and sensory questions relating to MDM
- Would you like assistance from an interpreter during any of your MDM sessions? For instance, would you prefer to communicate in your native language? - Are there any traditions or practices that are important to you? For instance, any specific prayer times for us to be aware of? - Do you have any cultural or spiritual beliefs you would like support with during your MDM?
Things that have gone well for me over the last 2 weeks

Things that have not gone so well for me over the last 2 weeks
Things I would like to work on to help me progress
My Requests
Feedback

(To be completed after/during meeting upon request)

Outcome:

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Reviewing the MDM form

*Form was tested with all patients. Week one all patients completed. Week 2 all but 2 patients completed.

*Qualitative feedback was sought.

*Quantitative feedback obtained via repeated surveys which showed a significant increase in patients stating their cultural and individual needs are better met with the form.

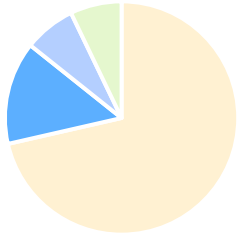
*Form is currently paper form- agreed this will be built onto electronic system.

*Further improvement day and review day held as a team to discuss challenges of the project and ways to overcome.

Has the MDM form made you feel more empowered in your care?

YES NO UNSURE

How easy was it for you to fill out the MDM preference form?



Very Easy Easy Difficult Vary difficult

How clear was the preference sheet in explaining what information was wanted from you?

Very clear Somewhat clear

Not clear at all Not applicable

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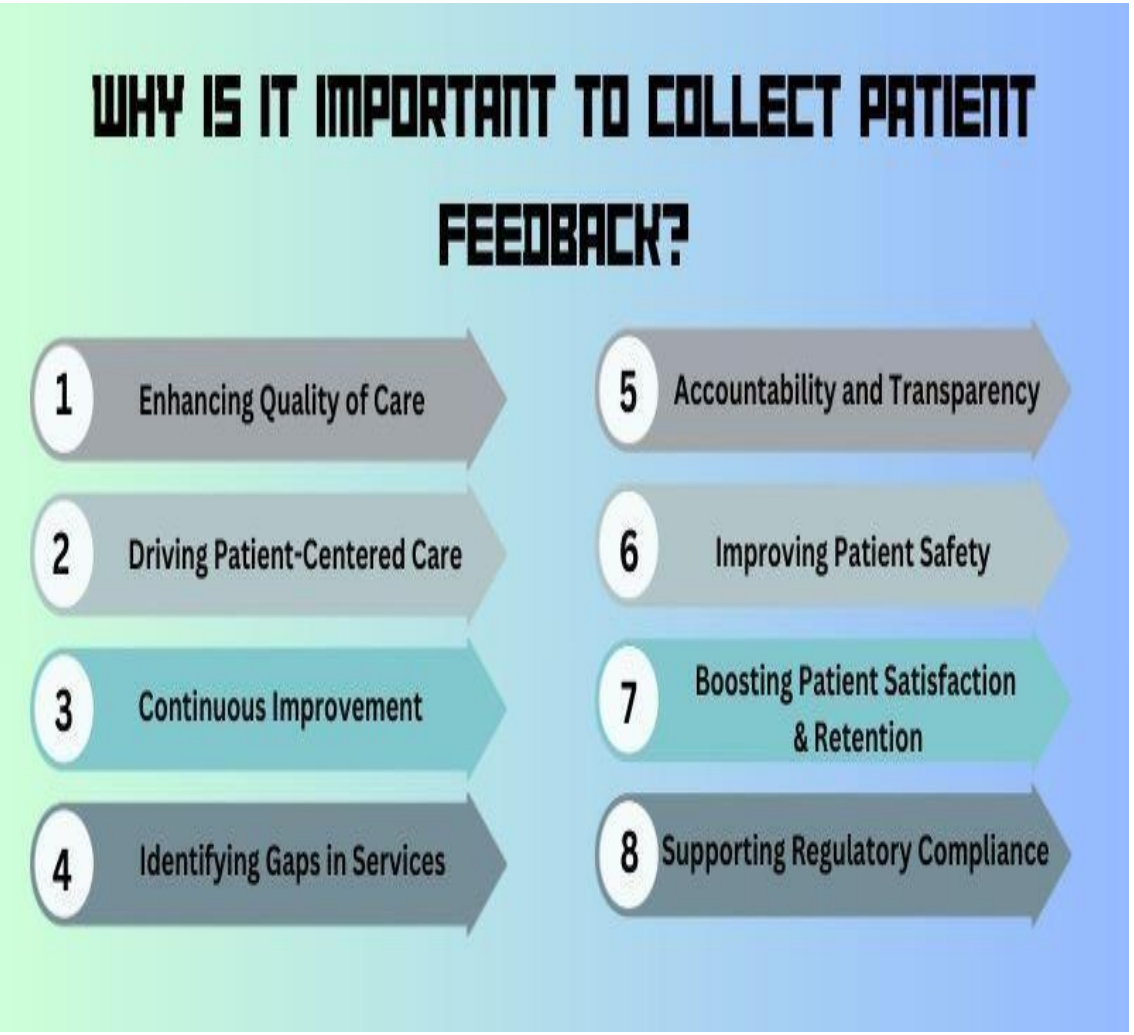

- I feel my cultural preferences and personal needs are being considered in my care.
- I appreciate that the staff takes the time to understand and respect who I am.
- My treatment plan reflects my preferences, and I feel like I have a voice in decisions about my care.
- The staff regularly asks me about what's important to me, which makes a big difference.
- My overall care has improved because of this.
- I feel heard and listened to, which builds trust with the team.
- Knowing that my culture and needs are a priority in my treatment reassures me.

STAFF COMMENTS ON THE PROJECT

It has been, for me, working as a team to enable us to improve the patient experience within the MDT meetings.
Also being able to make links with the community, to attempt to bring their service back to us (ACCI).

Working with both patients and the MDT has probably highlighted how essential it is to include all voices in the care process

The project has shown the importance of building trust through active listening and respecting individual culture preferences.

even the simplest changes can be effective and have a positive impact on the people we work with. As a team we have been responsive to what our patients have told us and adapted our MDM processes to maximise participation and improve their experience.

Working so closely with our lived experience has shown me how vital their role is in improving patient care.

It has been great to work with different people with their different roles, viewpoints and perspectives.

The co-production element has been inspiring

I was impressed with the approach to including the patient perspective and incorporate co-production throughout the QI work.
I am looking forward to seeing the outcomes on patient experience through having a more person-centred approach to the MDM meetings

The process has reinforced for me the importance of being reflexive practitioners. Taking time out to consider how our working processes impact on the patients is valuable and I will continue to encourage others to embed this approach moving forward.

Lived experience /peer support

- Our lived experience colleagues have been essential to the success of this project.
- Engaging with current patients and gaining their views.
- Empowering patients to have a voice and contribute to quality improvement.
- Provided invaluable feedback to aid the project.

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Next steps

- Embedding the changes into practice – use of huddles, team meetings and allocation in diary.
- Meeting with RIO administrator to put MDM preference form on electronic system.
- Use this form during every MDM to ensure we keep patients' preferences live.
- Audit RIO to ensure forms are being completed
- Review audit results with the team and act accordingly.
- Develop the MDT room with some monies agreed to make the environment sensory informed and a more positive space.
- Promote and share the resource directory wider- use of our info sharing system, posters, SU forum and link on welcome booklets
- Present project at relevant meetings and forums to share good practice.

QUESTIONS