

**Doing Occupational Therapy and being an
inspired Occupational Therapy Team -
Experiences of implementing the VdTMoCA at
Broadmoor Hospital**

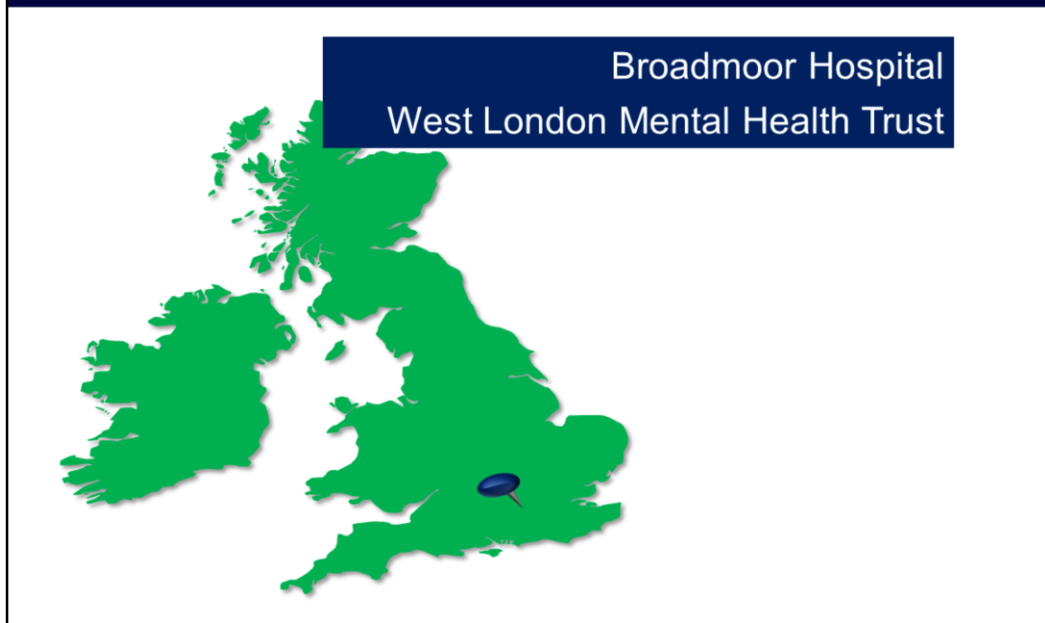
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Rehabilitation Therapy Services

**Promoting hope
and wellbeing
together**

This presentation will summarise how we the OT service at Broadmoor High Security hospital implemented the VdT Model of Creative Ability.

I will use the term “patient” and not “Service User” as this is the preferred option of the patients in our hospital setting.

Where are we?



Located in Berkshire we are one of three high security hospitals in the country. We have beds for 212 patients. The criteria for admission to the hospital is that the patients have a mental disorder and that their behaviour cannot be contained in any lower level of security.

What is high Security?

1863



2017



Aim to reduce patients' high risk behaviours; improve and maintain skills and hope.

What makes a patient suitable for a high security setting:-

They will have a high risk of harm to others and can have a history of serious assaults, weapon making /concealing, serious threats/ intimidation, serious sadistic sexual behaviour , fire setting , poisoning hostage attempts and absconding.

Assessing risk and change in patients presentation and skill is core to the assessment process.

Patients have a very structured day with meals set at 8,12 and 5.

They have their own bed rooms but there are limitations on the amount of electrical goods they can have in their room and how many clothes they can keep in their rooms.

150 year of history



Broadmoor is the oldest high security hospital and has a long history of using activity to engage with patients. This is a scene of a ward day area. They did not have OT at that time but the Victorians felt that “the devil made work for idle hands” to try to keep patients busy in activities they could achieve. They did tend to focus on work based activities.

Setting

There are 212 patients in the service

Two Clinical Pathways – Mental Illness
Personality Disorder

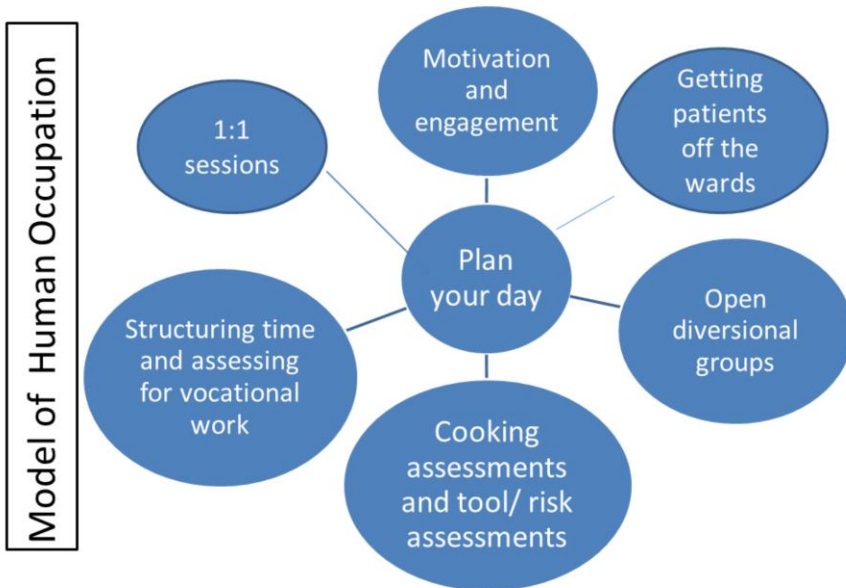
15 wards made up of :-

- 1 x Intensive Care
- 3 x Admission Wards
- 1 x Medium Dependency ward
- 3 x High Dependency Wards
- 6 x Assertive Rehabilitation wards

Average length of stay 6 years.

The OT Service has 14 qualified OT's and 6 OTA's

Our service prior to change



It was hard for staff and patients to identify the difference between OT, Activity Coordinators and Vocational Services.

Reasons for Change

Provision

MOHO not
guiding
treatment

An ability to
review OT
Service

Staffing

Questioning of
the value of
open groups

Staff morale,
frustration and
retention

Finance/ CIP

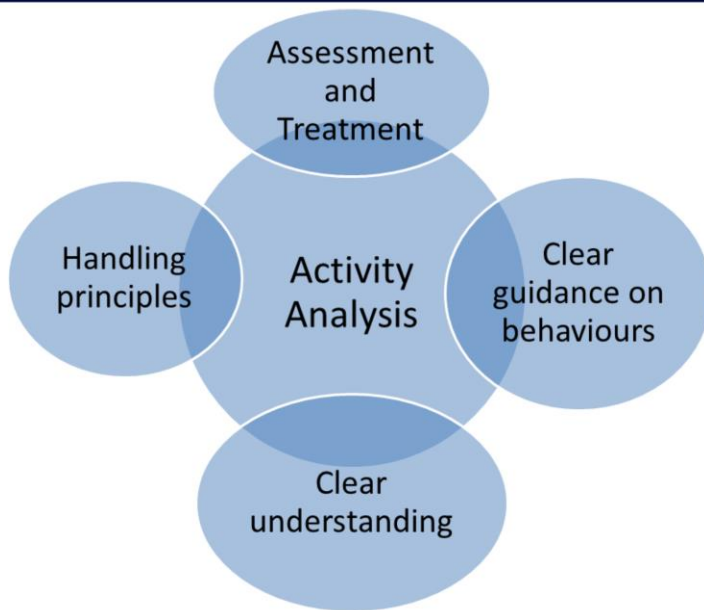
The annual
review of
cost
improvement
plans

Standardised
OT service
ensures value
and reliability

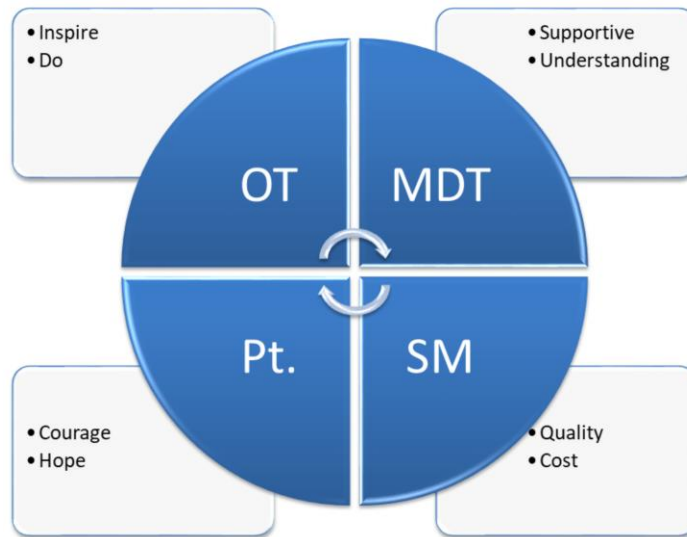
We had lost our way...



What VdTMoCA Offered



People

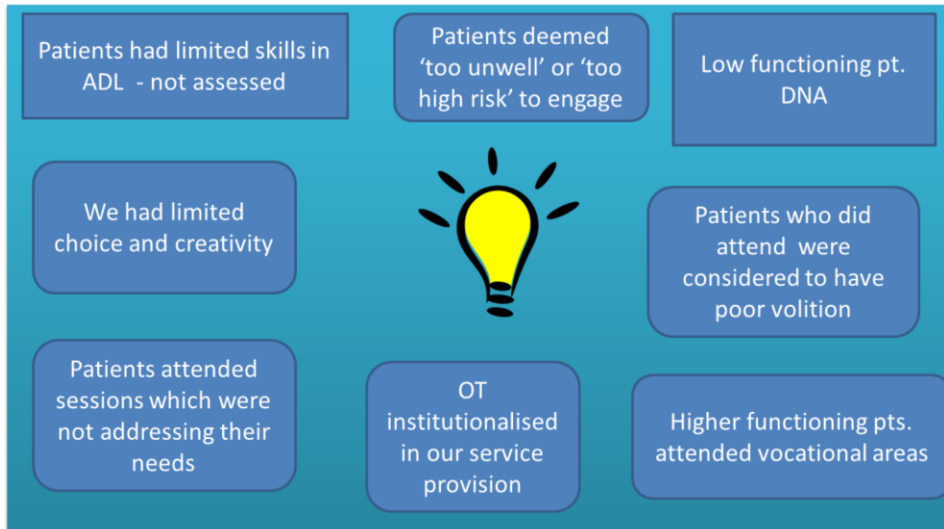


Peoples responses

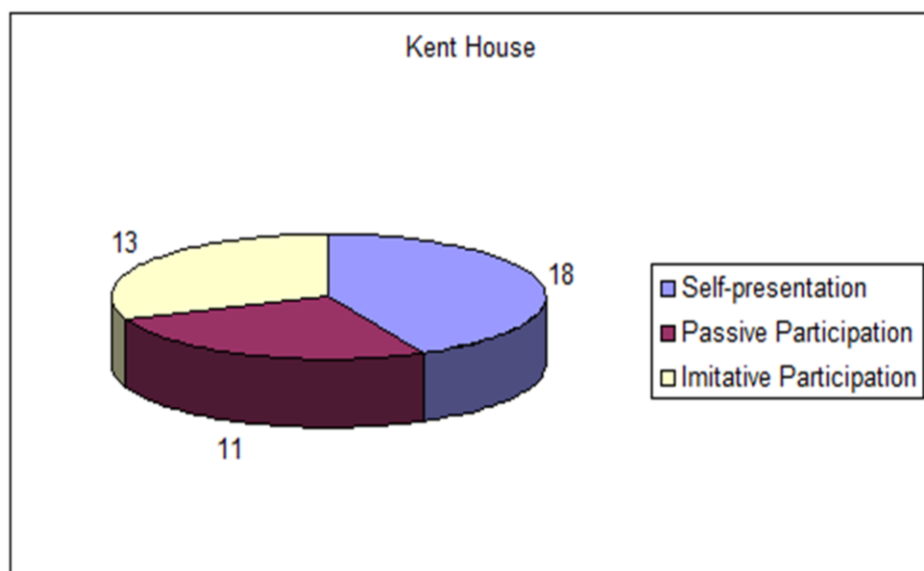


Peoples response to change is always interesting and generally there are challenges and barriers to change.
We had challengers and champions initially.

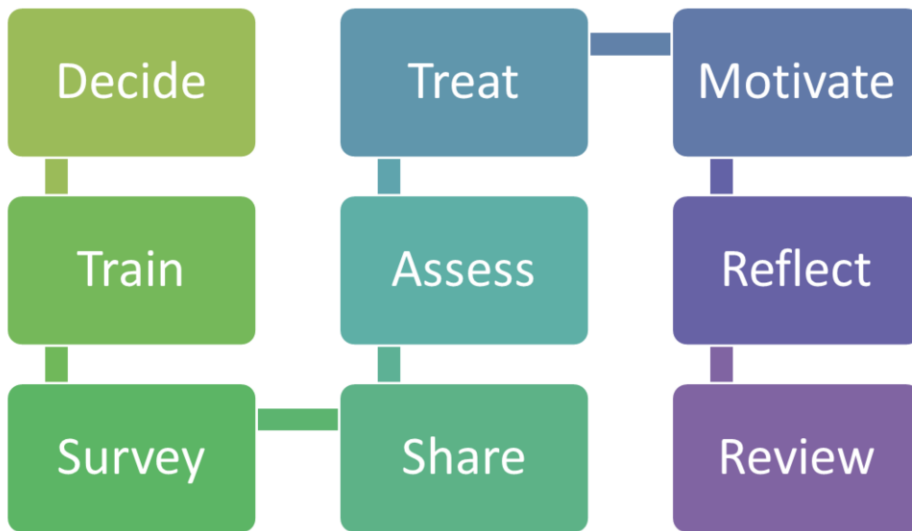
What our survey told us



VdTMoCA Survey Results



Process of implementation



The Journey

The Start

2014/15 - Personality Disorder Pathway
team started

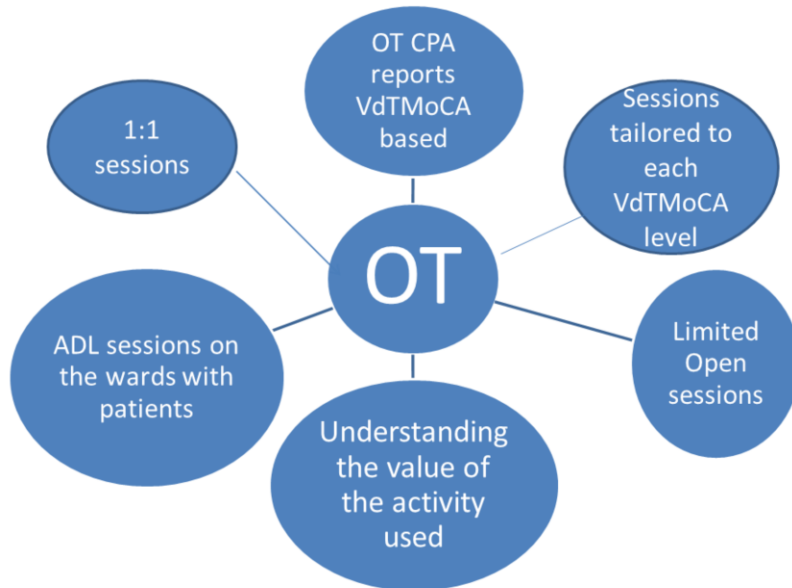
Develop implementation work streams

1. Communication
2. Training and Development
3. VdTMoCA Team Approach
4. Development of Resources

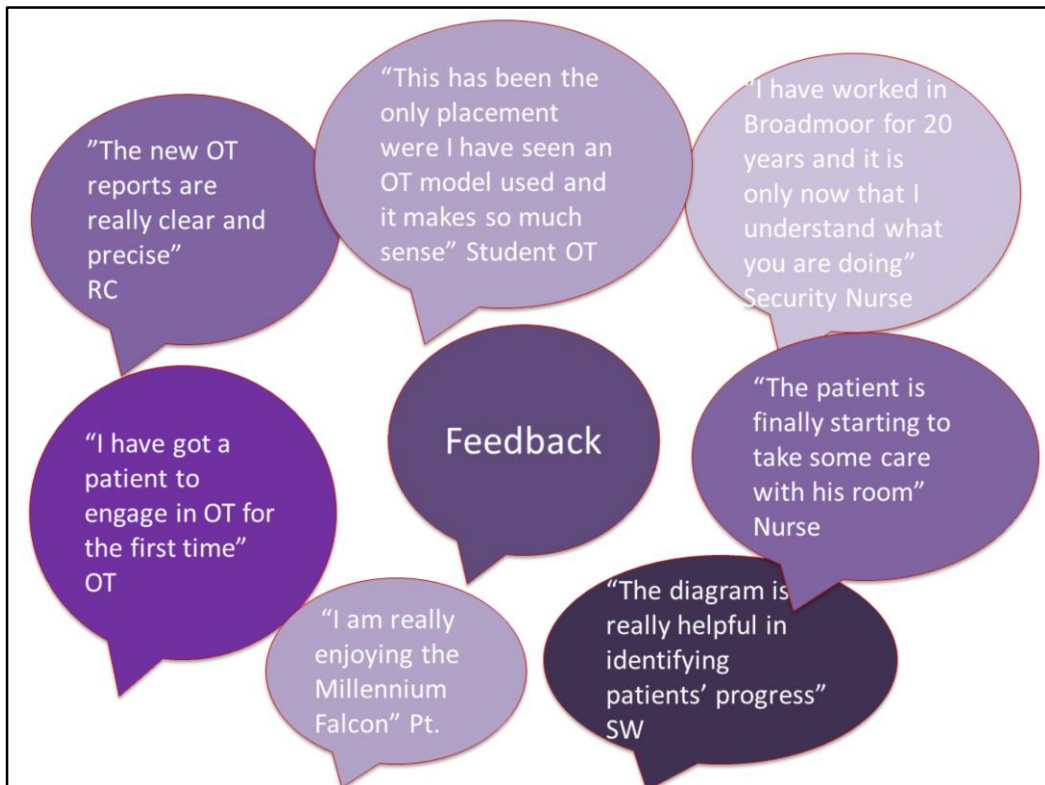


VdTMoCA Programme

VdT Model of Creative Ability



Great



Measuring the impact.....

- APOM Service Evaluation underway to evaluate service efficacy as a result of VdTMoCA use
- 1 of 4 Paralleling Service Evaluations taking place at St Andrew's Northampton & St Andrew's Birmingham and Oxford Health to enable comparisons
- Possible future research project to establish validity and reliability of APOM for a U.K forensic population

Any questions?

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