South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust
A Keele University Teaching Trust

Implementation of the VdT MOCA across Adult Acute Mental Health Wards in Stafford

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Background

- **Wards**
- 2 x 20 bedded wards which includes 6 Ministry of Defence (MOD) beds
- 1 x 13 bedded adult Psychiatric Intensive Care Unit (PICU)
- **OT Capacity** :
- 1 Band 7 (22.5hrs)
- 1 Band 6
- 2 Full time Band 5's
- 1 Band 4 (18 hrs)

Service prior to VdT MOCA

1. Blanket referral
2. Standard group programme
3. Anyone could attend
4. Motivated patients, willing to engage
5. Groups to meet all needs, no psycho-educational groups
6. 1-1 community assessments/interventions
7. Core OT skills eg home visits, functional assessments

Rationale for change

1. Lack of quality service
2. No direction / lack of vision
3. Little evidence base
4. Care plans sporadic / not detailed
5. Feeling not valued
6. Questioning our role
7. Poor resources
8. Not engaging all service users

Initial Steps

1. Training in the model
2. Visit to Centre of Excellence
3. Proposal for PICU
4. Levels established of patients
5. Initial interview based on Vdt MOCA
6. Establishing protocols / levels / resources on Cookery / Art
7. Presentation and delivered to staff

Next steps

1. Task assessment group
2. Information on ward / timetable
3. Engaging all patients
4. Established therapy group programme
5. Care plans

Positives

1. More focus/direction
2. Clarity of role
3. Awareness of engagement and levels
4. Vdt MOCA led care plans
5. Therapy suite
6. Weekly meeting
7. Improved confidence with engagement with service users from level 1-3
8. Model for all inpatients
9. Bi-monthly MOCA support group
10. Pregnant OT!!

Challenges

1. Lack of training for some OT staff
2. Restrictive
3. Resources
4. To embed in practice
5. Time and capacity
6. High turnover of patients / staff
7. Difficulty implementing unfamiliar activity
8. Attendance of groups

Where are we now?

1. All OT staff and staff on PICU are VdT MOCA trained.
2. Established resources
3. Use VdT MOCA to prioritise our caseload
4. Task assessment
5. Assessment and engagement focused
6. Stopped evenings/weekend working

Ways Forward

1. Evaluation of PICU
2. Continue to develop and evolve the implementation of the model
3. Liaise with other inpatient units to develop resources and skills further
4. Develop evidence for more staffing and resources

Conclusion

- Thank you for listening any question?
- For any further information contact:

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