BMAT (Bedside Mobility Assessment Tool)

Theme | Patient Safety

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Although moving and handling assessments are being completed, they do not always reflect the patient's current mobility. This can lead to a delay in mobilising patients, increased falls, pressure ulcers, hospital acquired pneumonia, unclear handovers and extra workload for therapies . All of which can increase a patient's length of stay. BMAT aims to offer a more accurate, real-time mobility check supporting patients to get moving safely and earlier in their journey.

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND

By April 2026, achieve 90% BMAT completion across ward 26 at RSH and ward 11 PRH which will increase appropriate mobilisation, reduce complications of immobility, and improve communication of mobility status to the MDT.

PLAN

We planned to introduce BMAT on WD26 and WD11 to create a consistent, standardised approach to assessing and communicating patient mobility. The aim was for nursing staff to complete a full BMAT assessment on admission, weekly, and when a patient's condition changed, with all ward staff carrying out daily mobility checks. To support this, we planned to display clear BMAT indicators at each patient's bed board, so mobility levels were immediately visible during huddles, handovers, and board rounds.

We expected BMAT to reduce variation in reporting of mobility status, improve staff confidence in safe mobilisation, support earlier reconditioning, and ensure the right equipment and assistance were being used. We also anticipated better MDT communication, and safer, more predictable mobilisation processes across both wards.

DO

In January the Quality Team received BMAT *train-the-trainer* training. Following this staff training began — WD26: 80% trained, WD11: 85%.

In February BMAT assessments went live; revised comfort charts were introduced on 17TH Feb.

We introduced laminated BMAT bed-board indicators to make mobility levels visible at a glance and added BMAT checks into daily ward routines (Registered Nurse (RN) assessment + daily checks by all staff).

We carried out weekly audits of BMAT completion, comfort charts, bed-board indicators, RN evaluations, and % of patients sitting out for lunch.

A pre-project staff survey was completed, with a post-survey planned.

Barriers: clinical delays (X-ray, spinal precautions, deterioration), variability in baseline mobility documentation, staffing pressures and sickness, which meant bank or other staff unfamiliar with BMAT working on the ward but unable to complete assessments and checks.

STUDY

Weekly Audit Compliance

Check	WD11						WD26					
	23-Feb	02-Mar	09-Mar	16-Mar	26-Mar	30-Mar	23-Feb	02-Mar	09-Mar	16-Mar	26-Mar	30-Mar
BMAT weekly Assessment completed	56	75	69	20	48	32	75	57	43	70	45	63
BMAT Comfort Chart updated daily	88	89	100	60	76	65	61	42	67	90	61	68
BMAT Bed Board	70	86	75	78	65	54	84	42	57	65	74	66
Mobility Status on Bed Board	81	86	82	87	96	87	42	67	71	67	72	80
Today's Mobility in Nurse Evaluation	78	79	7	70	52	96	57	78	67	58	52	57

Metric	Ward 11			Ward 26		
	Jan-26	Feb-26	Mar-26	Jan-26	Feb-26	Mar-26
PU Cat 2	1	0	1	2	1	2
PU Cat 3	0	0	0	1	1	1
PU Cat 4	0	0	0	0	0	0
Falls (all)	6	4	2	13	10	9

Data showed that the 90% target was not reached with on average 55% of patients having the assessment completed weekly, There was no discernible impact on pressure ulcers, or length of Stay, but a possible mild reduction in falls.

Ward 11 demonstrated a 25% improvement and Ward 26 demonstrated a 27% improvement of the number of patients sat out of bed.

Staff reported that the tool was useful and preferred it to the current moving and handling assessment, they thought it motivated them to get people up but found it difficult to use with confused patients.

ACT

From the pilot we believe BMAT could be an improvement on the current Moving and Handling assessment and support the early mobilisation of patients, However We would recommend:

- Comprehensive annual and induction training delivered by the Moving & Handling team, supplemented with ward-based refresher materials or train the trainers
- Stronger ward leadership oversight, with daily spot checks ensuring assessments and daily checks are consistently completed.
- Include BMAT visual indicators on the existing behind bed boards for clarity and quick reference.
- BMAT assessments and daily checks added to the monthly Matron Audits
- Review the current Moving & Handling assessment and plan to incorporate BMAT and reduce the number of nursing assessments
- Update of comfort chart to include BMAT daily check

ACKNOWLEDGEMENTS & REFERENCES | With thanks to all the staff on ward 26 and ward 11