Redesigning multidisciplinary ward teams across inpatient mental health services

What was the problem?
The trust faced difficulties recruiting mental health nurses to inpatient forensic units, while demand continued for supplementary nursing to undertake close observation and carry out duties for patients at risk of harming themselves or others.

What was the solution?
Re-examining each ward’s function and aims, roles and activities, then staffing the 24-hour shift to reflect accordingly. Allied health professionals (AHPs) – occupational therapists, assistant psychologists and time-support and recovery assistant practitioners – work shifts and are counted in each shift’s staffing numbers. This adds informed therapeutic approaches to the 24-hour care cycle.

What were the results?
Analysis from April 2016 shows:
- an improved vacancy rate across all clinical teams (4% lower than the 2015/16 peak)
- more therapeutic interventions available to patients as AHPs are part of the ward roster
- lower supplementary staffing costs (17% lower than the 2015/16 peak)
- improved patient and staff satisfaction, as shown by staff and patient surveys.

Reports are positive and AHPs have a strong appetite for the new model.

What were the learning points?
Factors crucial to the project’s success were:
- a multidisciplinary team approach centred on patient need over 24 hours
- moving away from traditional models – embracing therapeutic interventions in a ward team’s hour-to-hour thinking and practice
- a collaborative approach – nursing teams adopted a more consistent approach to therapeutic interventions.
Find out more
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