

Board of Directors - Public

11 November 2021

Paper title:	Safer Staffing Bi-Annual Report	Agenda item 14
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
Prepared by:	Phillipa Hubbard, Grainne Eloi, Rebecca Jowett, Christopher Dixon, Nicola Wilson and James Cooke	

Purpose of the report		
The purpose of this report is to update the Trust Board of the latest position in relation to Nurse staffing in line with NHS England (National Quality Board) expectations and those of the Care Quality Commission. This report covers the period May 2021 to November 2021 and is the biannual update.	For approval	
	For discussion	
	For information	x

Executive summary		
<p>The paper provides the required assurance that Bradford District Care NHS Foundation Trust plan safe nursing staffing levels and that there are appropriate systems in place to manage the demand for nursing staff based on the acuity of services.</p> <p>The organisation provides its safe staffing ratio information based upon complexity of need and an evidenced-based tool. The nationally developed, Mental Health Optimal Staffing Tool (or MHOST), was made available in Autumn 2019 and the Trust implemented this; alongside the SafeCare module within the e-Rostering system, in January 2020. This tool continues to provide daily reports in the form of a safer staffing dashboard, which indicates the patient acuity level on each ward, with analysis of how many extra staff per ward would be required based on the levels recorded.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No' No	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>That the Board:</p> <ul style="list-style-type: none"> • Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe effective patient care • Understand the continued increased levels of acuity within inpatient and community services due to the COVID-19 pandemic

Strategic vision

Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
				X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	X

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> • None
Links to the Strategic Organisational Risk Register (SORR)	The work contained with this report links to the following corporate risk(s) as identified in the SORR: <ul style="list-style-type: none"> • SO3
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> • None

Board of Directors - Public Safer Staffing Bi-Annual Report

1. Introduction & Background

The purpose of this report is to update the Trust Board of the bi-annual safer staffing review in relation to Nurse staffing in line with NHS England and NHS Improvement expectations and those of the Care Quality Commission. In line with the National Quality Board (NQB) January 2018 updated guidance, Trusts, are responsible and accountable to Trust Boards for ensuring safe, sustainable, and productive staffing levels. This report offers a bi-annual update reflecting the inpatient, adult and community nursing services. There continues to be no formal safer staffing model for community services, this report offers a narrative and assurance of continued monitoring and leadership using Care Trust Way methodologies of continual improvement and coaching (see appendix 1 and 2 for information on adult community nursing and 0-19 services).

As reported in May 2021, the COVID-19 pandemic has dictated a need for a daily review of staffing levels and skill mix to manage the constant challenges presented within clinical teams across the organisation. Staffing levels, acuity, capacity, and demand continues to be monitored using the daily lean management processes within the teams. These are monitored through the daily reporting to the executive leadership team and concerns escalated through command structures.

This paper provides an update from the last safer staffing report (May 2021) and provides a summary of the current challenges around staffing, workforce plans and developments across care groups whilst the nation continues to experience the COVID-19 pandemic.

2. Improvements Since May 2021 (In Patients)

Red Shifts

Despite the pressures impacted by Covid, the inpatient teams have not had a red shift during the last six months.

Flow Management Oversight Lead

The Introduction of a Flow Management Oversight Lead in July 2021 provides operational leadership to a team of professionals to develop, implement and promote the flow of service users through Community, Acute Community, and Inpatient care within Mental Health Services. Promoting the key ambitions of least restrictive practice and care closest to home.

Street Triage

Street Triage team continues as a pilot (this is an extension of the FRS service), a registered nurse is working alongside a Police Officer, patrolling Bradford to respond to people experiencing Mental Health Crisis. This pilot is currently under review and has evaluated well with all blue light partners, reducing the need for admissions and attendance in

respective Accident and Emergency Departments.

Ward Skill Mix

As a result of the safer staffing review 2019 recommendations, the wards have reaped the benefits of an improved skill mix including occupational therapy assistants, psychology, physiotherapy, trainee nursing associates and nursing apprenticeships. The continuation of medicines management and oversight has supported the Medical functional model with a positive impact within clinical environments in acute inpatient settings. The medical changes have enhanced interests from the medical fraternity and there are 6.5 WTE medical consultant vacancies and 8.0 WTE SAS doctors, each vacancy is covered by a Locum and plans are in place for recruitment for all vacancies. The average length of stay on the wards has not increased despite Covid and the continuation of cohorting on the wards. Social workers within the flow management team are now working within the inpatient teams to offer care assessments and housing support, assisting in early identification and management of social issues that can impact length of stay.

Principal Social Worker Role (PSW)

Following the Introduction of Principal Social Worker (PSW) overseeing the Professional Development of Social Workers in April 2021. BDCFT has now increased the workforce to 73 Social Workers/Trainee Social Workers. Alongside an increase of Band 6 Social Worker's in the various pathways mainly CMHT/EIP and CAMHS. There are now 8 Think Ahead Graduates embedded into the CMHT's South & West and Airewharfe. There are 5 Social Work apprenticeships attending Sheffield Hallam University due to go on placement CMHT/CAMHS April 2022. The Assessed and Supported year in Employment (ASYE) programme has been a huge success in CMHT/CAMHS, currently there are 10 ASYE's on the programme, and a further 2 recruited and out to advert for 2 more.

Four Social Work Practice Educator opportunities have been created 2 CAMHS, 1 EIP and 1 CMHT the staff have attended the training and will have final placement Bradford University social work students starting in December.

PSW attended the inpatient workforce planning meeting and is awaiting approval for 2 x Band 5 ASYE's to join inpatients.

Discussions are planned with Older Peoples Service Manager's to consider social work roles in Older People's CMHT.

As part of the supervision and support a monthly Social Work Forum has been introduced and identifies development areas for Continued Professional Development (CPD). There is now planned monthly CPD relevant to Social Worker practice to meet their professional registration This is also shared with Local Authority Social Workers who are now ma

PSW gained approval and recruited for a Band 7 secondment Advanced Practitioner Lead Social Worker in August. The secondment was refused due to service need in CAMHS. PSW is requesting to go out for advert for a permanent position utilising the Social Work Development fund below.

Total income generated by the social work initiatives has totalled £ 84K by July 2022.

Preceptorship pathway

BDCFT Preceptorship framework has continued throughout the pandemic to support newly qualified Band 5 nurses and Nursing Associates running for a 12-month period to support and manage the transition from student to registered nurse/registered Nursing Associate. For an individual who has completed a recognised Return to practice course with registration with the NMC the preceptorship period has continued for a minimum of 3 months. The programme is supported by the Director of Nursing as Strategic Preceptorship Lead, Learning, Education and Nursing Development (LEND) Manager as Operational Preceptorship Lead, a Practice Educator for Nursing Associates, and a pilot role of Practice Educator for Newly Qualified Nurses across mental health services. Preceptorship experience and impact is reported through both Nursing Council and Workforce and Equality Committee with an associated development plan. Impact and effectiveness is triangulated via a mid-point preceptorship survey, safe and supported 1-1 meetings on a bi-monthly basis as a minimum and data relating to retention and medicine errors/near misses. During the COVID pandemic a number of staff have returned to work following retirement to support services some of whom had reduce hours or recently left the service of these a robust induction took place and additional training if required. These members continue to mainly work in the vaccination centre.

Despite the impact of the pandemic and resulting pressures on clinical services, engagement with the requirements of the InsideOut preceptorship programme have continued to be delivered via both eLearning modules or virtual learning via MS Teams. The LEND manager is monitoring activity, engagement, and provision of pastoral support across the breadth of nursing services. A further review of this programme will be evaluated within the next 6 months.

Clinical Supervision

Clinical supervision target of 80% compliance has been consistently achieved every month since the relaunch of the policy in December 2020.

Fill rate data

During 2020 and 2021 and in view of the current pandemic, model rosters continue to be designed based on acuity and demand.

Assessment and Treatment Unit (ATU)

Following transformation of services within the integrated care system (ICS) of the Assessment and Treatment Units, BDCFT has been identified as the lead provider for the ICS. Work continues on the development of a new ATU on the site of the former Step Forward Centre. This is an enabling move which fulfils the ICS plan to increase the bed base from 6 to 8 and fits favourably in support of the plans for the redevelopment of the LMH site, where plans include the demolition of the current ATU. This is planned to open in January 2022 due to delays in building supplies, work is ongoing on the development of the model of care delivery and staffing.

3. Current Service Position

3.1 Inpatient Services

3.1.1 Current situation

Sickness

Team	Apr-21		May-21		Jun-21		Jul-21		Aug-21		Sep-21	
	Absence % (FTE)	Absence Estimated Cost	Absence % (FTE)	Absence Estimated Cost	Absence % (FTE)	Absence Estimated Cost	Absence % (FTE)	Absence Estimated Cost	Absence % (FTE)	Absence Estimated Cost	Absence % (FTE)	Absence Estimated Cost
453 Ashbrook Ward (AMH) - (113003)	10.11%	9,660.51	10.26%	9,736.82	11.31%	10,983.00	8.41%	9,040.13	8.36%	8,063.42	6.59%	7,277.72
453 Assessment and Treatment Team (LDHC) (112161)	16.54%	11,389.06	8.58%	5,366.19	13.58%	7,439.27	12.37%	6,529.41	14.16%	9,192.64	10.56%	6,065.28
453 Baildon Ward (FSM) (113127)	5.70%	5,243.52	3.82%	3,409.57	2.85%	2,252.24	5.62%	3,821.34	2.54%	1,391.82	11.53%	7,231.40
453 Bracken Ward (OPMH) - (113600)	10.09%	7,586.87	16.72%	13,040.53	28.04%	25,397.12	30.26%	28,870.08	21.79%	17,216.32	15.31%	10,752.58
453 Clover (PICU Airedale) (AMH) (113010)	9.54%	7,532.80	10.84%	6,531.78	5.74%	2,044.86	4.98%	1,857.69	14.21%	10,629.69	10.35%	6,386.35
453 Dementia Assessment Unit (113501)	8.78%	9,797.61	10.62%	14,467.62	6.51%	7,833.59	7.95%	9,083.64	6.97%	7,182.89	4.62%	6,030.00
453 FERN (Male Ward) (AMH) (113014)	9.59%	6,299.43	5.26%	3,673.63	2.96%	1,563.06	5.54%	3,554.39	10.32%	5,972.04	7.06%	4,423.15
453 Heather Ward (AMH) - (113009)	5.06%	3,138.32	5.05%	3,023.56	4.16%	2,345.03	6.01%	3,505.85	5.91%	3,601.98	8.18%	6,325.24
453 Ilkley Ward (FSM) (113128)	6.65%	5,264.37	12.43%	9,260.33	13.21%	8,268.94	5.21%	2,810.34	1.38%	696.23	5.26%	2,749.46
453 Maplebeck Ward (AMH) (113004)	3.44%	2,706.74	2.06%	1,374.49	10.26%	6,593.96	6.71%	3,473.30	11.41%	6,096.37	10.34%	3,905.30
453 Oakburn Ward (AMH) (113005)	7.67%	2,081.07	7.22%	697.09	9.22%	2,199.76	11.84%	3,803.43	13.41%	5,400.21	11.93%	4,509.24
453 Step Forward Centre (113061)	1.45%	483.85	4.17%	2,013.89	4.76%	2,410.82	5.67%	3,076.61	8.02%	2,971.64	5.29%	2,663.35
453 Thornton Ward (FSM) (113126)	20.24%	14,615.25	10.66%	5,161.67	11.78%	5,087.93	8.28%	5,307.33	9.44%	5,037.49	4.76%	2,233.84

Top 3 reasons

- Long term - Anxiety, Stress and Depression increased across the Trust and is the same across Inpatient wards.
- COVID related sickness has replaced cold, cough, flu as the main reason for short term sickness over the last 6 months, however this is anticipated to increase within the next couple of months.
- Musculo-skeletal problems is still the third highest reason for sickness.

Labour Turnover

Organization Name	2021 / 04		2021 / 05		2021 / 06		2021 / 07		2021 / 08		2021 / 09	
	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)	Leavers FTE (12m)	Turnover Rate FTE (12m)
453 Ashbrook Ward (AMH) - (113003)	2.00	5.16%	2.00	5.03%	2.00	4.91%	2.00	4.83%	0.00	0.00%	2.00	4.71%
453 FERN (Male Ward) (AMH) (113014)	4.00	15.06%	5.00	19.21%	5.00	19.60%	4.00	15.93%	4.00	16.02%	3.00	11.97%
453 Heather Ward (AMH) - (113009)	3.60	13.49%	3.60	13.56%	3.60	13.62%	3.00	11.40%	3.00	11.41%	3.80	14.44%
453 Maplebeck Ward (AMH) (113004)	2.80	9.02%	2.80	8.84%	2.80	8.65%	3.61	10.97%	5.61	16.89%	7.41	22.40%
453 Oakburn Ward (AMH) (113005)	3.00	9.28%	3.00	9.36%	2.00	6.27%	3.00	9.48%	3.00	9.53%	3.00	9.50%
453 Baildon Ward (FSM) (113127)	1.80	7.58%	1.80	7.59%	1.80	7.62%	1.80	7.68%	3.44	14.80%	2.44	10.55%
453 Ilkley Ward (FSM) (113128)	2.00	7.91%	2.00	7.94%	2.00	7.98%	3.00	12.08%	3.00	12.19%	3.00	12.31%
453 Step Forward Centre (113061)	3.00	17.77%	4.00	23.81%	3.00	17.86%	4.00	23.93%	4.00	24.05%	4.00	23.93%
453 Thornton Ward (FSM) (113126)	2.00	6.44%	3.00	9.77%	3.00	9.86%	3.00	9.90%	3.40	11.36%	3.00	10.18%
453 Clover (PICU Airedale) (AMH) (113010)	2.64	7.18%	2.64	7.19%	2.64	7.21%	2.64	7.24%	2.64	7.20%	2.61	7.03%
453 Assessment and Treatment Team (LDHC) (112161)	5.80	19.05%	5.80	19.27%	5.80	19.48%	5.80	19.73%	5.60	19.05%	5.60	19.02%
453 Bracken Ward (OPMH) - (113600)	2.00	5.66%	2.00	5.68%	2.00	5.70%	0.00	0.00%	1.00	2.84%	1.00	2.85%

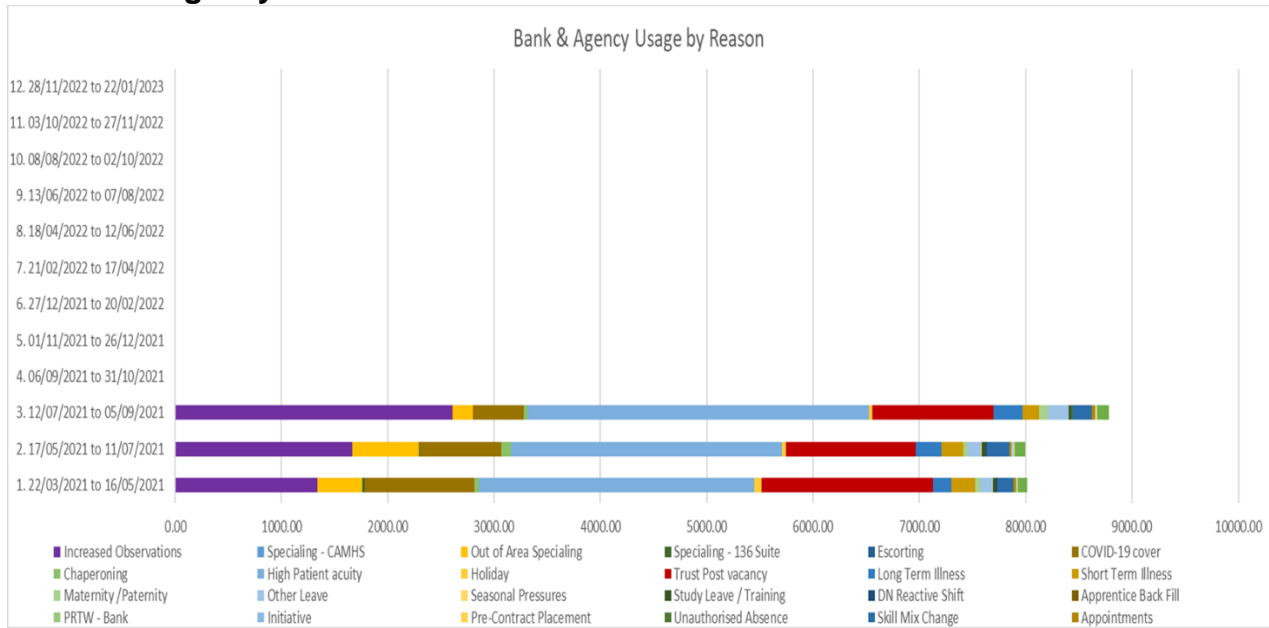
Labour Turnover rate across the Trust has remained high over the last 6 months with an increasing trend, the current rate as of September 2021 is 11.5%, a slight reduction from the last report in May 2021 when it was 12.6%. The table above highlights the rates by ward with the highest 3 wards each month. The Trust is not an outlier when compared to partners within the ICS.

Vacancy

Service Area	Sickness Rate	Sickness days lost	Total Days available	Sickness Cost	Short Term Sickness Rate	Long Term Sickness Rate	LTO Rate	Leavers WTE	Starters WTE	Contracted FTE	Funded FTE	Vacancy Rate	Bank WTE	Agency WTE	Medical Locum WTE
453 Adult Mental Health Inpatients (Level 4)	8.59%	878.44	10228.39	£67,397.65	3.22%	5.36%	10.69%	39.27	44.28	372.34	415.77	10.45%	123.17	82.40	0.00

The current inpatient vacancy rate is 10.45%, which is an increase of 1.77% from the figure of 8.68% reported in May 2021, this is being supported by bank and agency use and recruitment is ongoing.

Bank and Agency Use



Bank and agency cover has been attributed to increased observations (cited as specialising), high patient acuity, Covid cover and vacancies.

Training

Team	ACEs, Trauma and Resilience	Basic Life support	CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE - 3 Years	CPA Care Planning for Clinical Staff - 3 Years	CPA Clinical Risk, Formulation and Assessment and Management t-3 Years	Equality, Diversity and Human Rights - 3 Years	Fire Safety - 1 Year	Food Hygiene Awareness	Freedom to Speak Up - All Workers - 2 Years	Health, Safety and Welfare - 3 Years	Immediate Life Support	Infection Prevention and Control - Level 1 - 2 Years	Infection Prevention and Control - Level 2 - 1 Year	Information Governance and Data Security - 1 Year	Level 2 Certificate Food Safety in Catering	MAV - Breakaway - 1 Year	MAV - Physical Intervention - 1 Year	Medicines Management - 2 Years	Mental Capacity Act - 3 Years	Mental Health Act - 3 Years
453 Ashbrook Ward (AMH) - (113003)	55.88%	85.00%	87.50%	100.00%	88.89%	94.12%	82.35%	58.82%	50.00%	97.06%	64.29%	100.00%	84.85%	79.41%	66.67%	60.61%	75.00%	92.86%	97.06%	92.86%
453 Baildon Ward (FSM) (113127)	90.00%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%	80.00%	100.00%	66.67%	100.00%	100.00%	100.00%		75.00%	80.00%	100.00%	100.00%	100.00%
453 Clover (PICU Airedale) (AMH) (113010)	79.79%	71.43%	100.00%	100.00%	84.62%	100.00%	90.51%	78.79%	66.67%	100.00%	41.67%		90.51%	96.97%	100.00%	72.73%	87.50%	91.67%	100.00%	100.00%
453 FERN (Male Ward) (AMH) (113014)	81.82%	63.64%	100.00%	100.00%	75.00%	100.00%	90.91%	81.82%	68.18%	100.00%	90.91%		95.45%	100.00%	50.00%	90.91%	90.48%	90.91%	100.00%	100.00%
453 Heather Ward (AMH) - (113009)	65.38%	100.00%	99.91%	90.91%	81.82%	96.15%	92.31%	88.46%	50.00%	100.00%	70.00%		96.15%	88.46%	50.00%	88.00%	87.50%	90.00%	100.00%	90.91%
453 Hkley Ward (FSM) (113128)	82.61%	83.33%	100.00%	100.00%	95.65%	100.00%	95.65%	95.65%	100.00%	100.00%	100.00%		95.65%	100.00%	100.00%	86.96%	86.96%	100.00%	100.00%	95.65%
453 Maplebeck Ward (AMH) (113004)	82.61%	84.62%	91.67%	91.67%	58.33%	91.30%	85.65%	56.52%	73.91%	95.65%	60.00%		95.65%	82.61%	33.33%	73.91%	73.91%	81.82%	95.65%	100.00%
453 Oakburn Ward (AMH) (113005)	88.00%	85.71%	100.00%	100.00%	83.33%	100.00%	84.00%	84.00%	76.00%	100.00%	72.73%		88.00%	88.00%	50.00%	56.00%	72.00%	90.91%	100.00%	100.00%
453 Step Forward Centre (113061)	93.75%	60.00%	71.43%	100.00%	85.71%	93.75%	93.75%	87.50%	75.00%	93.75%	83.33%		93.75%	87.50%	100.00%	76.00%	81.25%	100.00%	100.00%	100.00%
453 Thornton Ward (FSM) (113126)	76.19%	92.86%	100.00%	100.00%	57.14%	95.24%	100.00%	95.24%	76.19%	100.00%	42.86%		100.00%	90.48%		85.71%	90.48%	100.00%	100.00%	100.00%
453 Assessment and Treatment Team (LOHC) (112161)	84.00%	71.43%	100.00%	100.00%	90.91%	92.00%	96.00%	92.00%	88.00%	100.00%	90.91%		96.00%	100.00%	100.00%	80.00%	96.00%	90.91%	100.00%	100.00%
453 Bracken Ward (OPMH) - (113600)	82.14%	89.47%	100.00%	100.00%	100.00%	100.00%	85.71%	70.37%	60.71%	100.00%	66.67%		96.43%	96.43%	50.00%	60.71%	85.71%	88.89%	100.00%	100.00%
453 Dementia Assessment Unit (113501)	71.11%	87.10%	100.00%	100.00%	100.00%	97.78%	86.67%	84.09%	64.44%	100.00%	69.23%	100.00%	100.00%	90.91%	97.78%	100.00%	81.82%	93.18%	100.00%	100.00%

Team	Mental Health Act HCWS - 3 Years	Moving & Handling People (MHA Assistance) - 1 Year	Moving & Handling People (Practical) - 1 Year	Moving and Handling - Level 1 - 2 Years	NHS Conflict Resolution (England) - 3 Years	Pressure Ulcer Prevention	Preventing Radicalisation in - Basic Prevent Awareness - 3 Years	Preventing Radicalisation in - Prevent Awareness - 3 Years	Rapid Tranquillisation - 2 Years	Risk Management t-5 Years	Safeguarding Adults (Version 2) - Level 1 - 3 Years	Safeguarding Adults (Version 2) - Level 2 - 3 Years	Safeguarding Adults (Version 2) - Level 3 - 3 Years	Safeguarding Children (Version 2) - Level 1 - 3 Years	Safeguarding Children (Version 2) - Level 2 - 3 Years	Safeguarding Children (Version 2) - Level 3 - 3 Years	Slips, Trips and Falls	SystemOne Core	SystemOne Mental Health
453 Ashbrook Ward (AMH) - (113003)	100.00%	56.25%		50.00%	96.97%		97.06%	78.57%	97.06%		93.33%	100.00%		89.66%	60.00%			97.06%	79.41%
453 Baildon Ward (FSM) (113127)	100.00%	85.00%			95.00%		100.00%	100.00%	100.00%		100.00%	75.00%		100.00%				100.00%	100.00%
453 Clover (PICU Airedale) (AMH) (113010)	100.00%	75.00%			96.97%		100.00%	66.67%	100.00%		96.15%	66.67%		100.00%				96.88%	87.50%
453 FERN (Male Ward) (AMH) (113014)	100.00%	100.00%	71.43%		100.00%		100.00%	100.00%	100.00%		100.00%	100.00%		100.00%				100.00%	100.00%
453 Heather Ward (AMH) - (113009)	100.00%	100.00%	76.00%		96.15%		100.00%	90.00%	100.00%		100.00%	80.00%		100.00%				66.67%	96.15%
453 Hkley Ward (FSM) (113128)	100.00%	86.96%			100.00%		100.00%	90.91%	100.00%		94.44%	100.00%		100.00%				100.00%	100.00%
453 Maplebeck Ward (AMH) (113004)	88.89%	72.73%			95.65%		100.00%	90.00%	95.65%		83.33%	100.00%		100.00%				81.82%	100.00%
453 Oakburn Ward (AMH) (113005)	100.00%	88.00%			96.00%		100.00%	81.82%	92.00%		95.00%	80.00%		100.00%				90.91%	95.83%
453 Step Forward Centre (113061)	100.00%	92.31%		100.00%	100.00%		100.00%	100.00%	100.00%		100.00%	100.00%		100.00%				100.00%	92.86%
453 Thornton Ward (FSM) (113126)	100.00%	85.71%			100.00%		100.00%	100.00%	95.24%		100.00%	80.00%		100.00%				100.00%	100.00%
453 Assessment and Treatment Team (LOHC) (112161)	100.00%	84.00%			100.00%		100.00%	100.00%	100.00%		100.00%	80.00%		100.00%				100.00%	100.00%
453 Bracken Ward (OPMH) - (113600)	100.00%	100.00%	66.67%		100.00%		100.00%	77.78%	100.00%		100.00%	85.71%		100.00%				100.00%	100.00%
453 Dementia Assessment Unit (113501)	96.43%	100.00%	80.95%	100.00%	100.00%	83.78%	100.00%	95.45%	100.00%	95.56%	100.00%	87.50%	100.00%	100.00%				100.00%	95.45%

Immediate Life Support, Moving and Handling and MAV Breakaway particular issues across most Mental Health Services, an external company has been commissioned to deliver breakaway training which is supporting an increase in compliance. All staff have been contacted to be complete the relevant eLearning package and work in ongoing with BTHFT to identify capacity to deliver training to help increase compliance on ILS.

Safer Staffing / Rostering Update

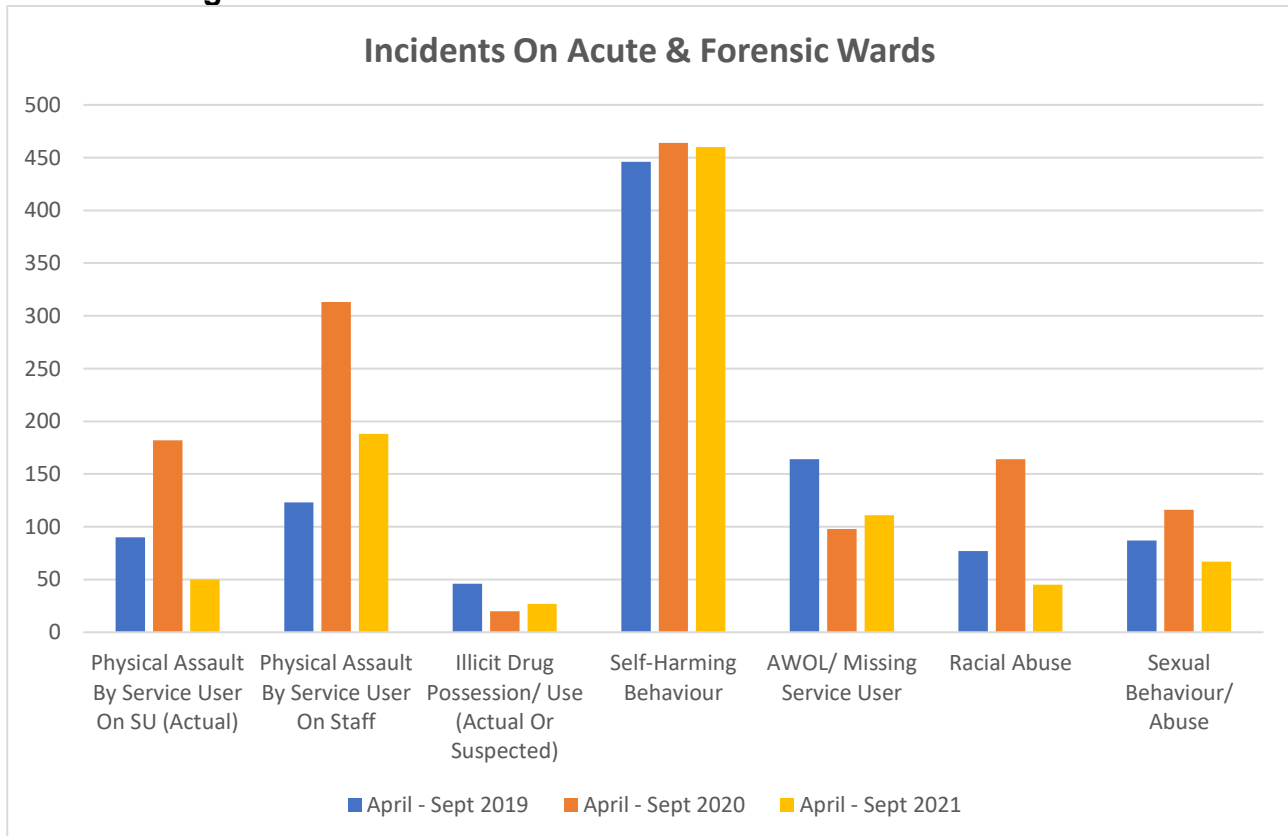
Heat Map - Inpatient Wards

Inpatient Ward	Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day				
	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Planned Registered CHPPD	Actual Registered CHPPD	Planned Unregistered CHPPD	Actual Unregistered CHPPD	Actual CHPPD Total
Fern	92.41%	5.48%	98.28%	59.65%	1.08%	3.56%	278.57%	82.56%	368.25%	90.52%	6.94%	8.74%	2.0	1.9	2.4	3.5	5.4
Heather	75.00%	11.11%	81.03%	89.36%	1.12%	4.10%	204.60%	50.00%	168.97%	83.16%	2.57%	7.44%	4.0	3.6	3.8	7.6	11.2
Bracken	76.74%	21.21%	93.10%	92.59%	2.58%	7.69%	134.36%	55.71%	175.63%	80.86%	7.37%	4.03%	2.6	2.4	4.6	5.7	8.1
Ashbrook	94.05%	16.46%	87.93%	80.39%	3.67%	5.34%	249.07%	63.94%	301.15%	90.46%	3.57%	10.11%	3.2	2.7	3.5	6.5	9.2
Maplebeck	89.02%	12.33%	96.55%	82.14%	6.19%	2.60%	253.47%	71.88%	266.67%	82.33%	8.81%	5.18%	3.1	2.3	3.7	5.6	7.9
Oakburn	131.40%	21.24%	101.72%	88.14%	1.37%	6.41%	278.70%	58.47%	357.47%	94.86%	10.69%	5.96%	3.5	2.8	4.2	7.4	10.3
Baildon	89.66%	13.46%	100.00%	37.93%	7.73%	3.78%	148.28%	47.29%	124.14%	65.74%	5.56%	4.67%	8.4	9.2	14.0	17.3	26.5
Ilkley	87.93%	3.92%	100.00%	20.69%	2.22%	9.42%	103.45%	35.56%	146.55%	37.65%	4.24%	7.24%	2.6	2.8	4.3	5.0	7.8
Thornton	77.01%	17.91%	89.66%	67.31%	3.10%	6.09%	157.59%	65.06%	237.93%	84.54%	3.58%	5.00%	5.8	6.4	12.2	18.4	24.9
Assessment & Treatment Unit (LD)	94.83%	5.45%	117.24%	20.59%	2.56%	10.90%	115.50%	53.68%	113.50%	81.50%	4.24%	4.38%	6.5	6.5	14.3	27.9	34.4
Clover (PICU)	88.24%	21.11%	101.72%	86.44%	2.78%	5.45%	391.38%	59.91%	317.93%	91.54%	7.48%	8.17%	13.5	11.1	20.2	32.5	43.6
Step Forward (Rehab)	84.48%	10.20%	100.00%	58.62%	5.84%	3.78%	194.83%	16.81%	151.72%	82.95%	0.96%	4.51%	4.8	5.2	6.4	6.8	11.9
Dementia Assessment Unit (DAU)	80.72%	14.93%	81.03%	29.79%	3.28%	6.02%	104.92%	30.21%	119.65%	55.56%	2.71%	5.02%	6.5	5.2	15.2	27.4	32.6
Total	89.35%	14.37%	94.51%	67.33%	3.18%	5.63%	188.47%	56.75%	206.66%	82.76%	5.23%	5.94%	3.9	3.6	6.1	9.6	13.2

This is based on the total number required in the month against the total number who worked

Weekly meetings are in place within inpatient ward managers, monthly meetings with Service/Clinical managers to review the rostering requirements ensure forward planning. The fill rate of shifts is also reviewed at the safer staffing steering group which is held monthly and escalations of risk to staff take place daily as part of Daily Lean Management processes. Weekly reports are submitted to Director of Nursing and daily review of Incident reporting.

3.1.2 Challenges



There has been a continued reduction in violence towards staff and other service users particularly on the acute male admission wards at Lynfield Mount correlating with the environment changes for cohorting. New admissions are admitted to a dedicated area for 6 days following admission and due to the limited number of beds available for admission the ward is currently running at around 85-95% occupancy. Self-harm rates continue to be

reported in line with pre covid levels of incidents.

Restrictions on leave continue to be managed in accordance with Covid guidance with increased leave periods to facilitate successful community discharge plans the associated risk of AWOL from non-returning service users contributes to the small increase in AWOL reports. Joint working with West Yorkshire police in line with BDCFT polices continues to ensure service users are supported to return to inpatient wards in a safe and timely manner.

The data above does not include secondary category information. Racial abuse continues to be an area of concern. The Trust has recently updated the Management of Racial and Other Types of Discrimination and Harassment of Staff by Service Users, Carers and Relatives Policy to reflect the response required to support staff due to the increasing incidents related to MH service users who lack capacity.

Section 136 Data

Attendance by the street triage team successfully support the reduction in 136 implementations. The most recent police liaison report for the 22nd - 29th October 2021 highlights the number of attendances by street triage team totalled 33 visits with only 3 S136's reported during this period.

Due to the changes implemented to the Acute inpatient environments to ensure covid safe admissions local bed capacity has been reduced. To mitigate the Trust has commissioned Acute admission beds with a private provider and the ICS have commissioned a number of PICU beds. In line with NHS England's Five Year Forward Views goal of eliminating OOA placements by 2021 BDCFT will be reviewing the inpatient arrangements and revising the OOA reduction strategy in alliance with the LA and CCG. This will include continued recruitment to the care closer to home posts and review of pre/post admission support services to reduce the inpatient LOS.

It should be noted that LOS has stayed consistent throughout the pandemic period although initial data for 2021 indicates an increased length of stay within the female admission wards indicative of complex presentations and specialist community support required for a small number of service users. The flow management oversight lead in conjunction with CCG and LA partners are supporting the wards in accessing the appropriate community places.

Inpatient Length of Stay	17/18	18/19	19/20	20/21
Inpatient Length of Stay	34,412	33,251	36,097	29,798
Number of Inpatient Discharges	740	736	747	652
Average Length of Stay	46.5	45.1	48.3	45.7

Inpatient Length of Stay Group	17/18	18/19	19/20	20/21
Based on Ward at Discharge				
0-5 days	98	59	84	56
6-30 days	309	340	300	294
31-90 days	249	262	271	228
91-365 days	77	71	82	72
1-2 years	5	4	10	2
2 + years	2	0	0	0

4. Workforce Development Plans

The Trust is currently working towards embedding a strategic Workforce Planning process at Service level to ensure rolling 5-year plans are produced and reviewed/ updated regularly to link into the wider Workforce, Finance and activity planning submissions required by NHS Improvement at ICS level.

Work is in progress aligned to the TWICS programme to develop short term workforce plans/ model to stabilise current workforce and plan for winter pressures.

Due to the pandemic and the ongoing acuity, there has been an increased requirement for clinical observation. The model roster was developed to reduce costs whilst maintaining a high level of staffing resource. Considerable work has been initiated, analysing the resources required within the inpatient wards based on the increase in demand, acuity and the challenges presented. This has resulted in the formulation of a second model roster that identifies the resource required. The future roster requirements are currently under review with the In Patients Workforce Planning "Workshop" commencing to develop short term workforce plans/ model to stabilise current workforce and plan for winter pressures.

4.1 Community Mental Health Services

4.1.2 Current situation

Sickness, Turnover, Vacancy

Service Area	Sickness Rate	Sickness days lost	Total Days available	Sickness Cost	Short Term Sickness Rate	Long Term Sickness Rate	LTO Rate	Leavers WTE	Starters WTE	Contracted FTE	Funded FTE	Vacancy Rate	Bank WTE	Agency WTE	Medical Locum WTE
453 Adult Mental Health Community Servs (Level 4)	8.20%	753.61	9185.17	£77,700.53	2.28%	5.92%	11.50%	30.53	33.83	259.71	276.19	5.97%	26.82	8.87	2.10

Community Mental Health has also been impacted by COVID absence (i.e. not just sickness due to COVID but also absence due to self-isolation) which has been significant across all areas of the Trust.

Bank and Agency Use

There is minimal use of bank and agency currently utilised in the community mental health teams. This is due to limited availability of staff able to work on a more longer-term basis which is required for the role as a care coordinator.

Training

Service Area	ACEs, Trauma and Resilience	Basic Life support	CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE-3 Years	CPA Care Planning for Clinical Staff-3 Years	CPA Clinical Risk, Formulation and Management-3 Years	Equality, Diversity and Human Rights-3 Years	Fire Safety-1 Year	Food Hygiene Awareness	Freedom to Speak Up - All Workers-2 Years	Health, Safety and Welfare -3 Years	Immediate Life Support	Infection Prevention and Control Level 1-2 Years	Infection Prevention and Control Level 2-1 Year	Information Governance and Data Security-1 Year	Level 2 Certificate in Food Safety in Catering	MAV- Breakaway-1 Year	Medicines Management-2 Years	Mental Capacity Act-3 Years
453 Adult Mental Health Community Servs (Level 4)	59.35%	83.11%	95.83%	98.62%	93.53%	93.90%	93.90%	75.00%	62.20%	96.34%	68.75%	91.67%	88.58%	91.06%	62.50%	74.14%	89.47%	99.09%
Service Area	Mental Health Act -3 Years	Mental Health Act HCSW -3 Years	Moving & Handling People (Min. Assistance)-1 Year	Moving and Handling- Level 1-2 Years	NHS Conflict Resolution (England)-3 Years	Preventing Radicalisation - Basic Prevent Awareness-3 Years	Preventing Radicalisation - Prevent Awareness-3 Years	Risk Management-5 Years	Safeguarding Adults (Version 2)- Level 1-3 Years	Safeguarding Adults (Version 2)- Level 2-3 Years	Safeguarding Adults (Version 2)- Level 3-3 Years	Safeguarding Children (Version 2)- Level 1-3 Years	Safeguarding Children (Version 2)- Level 2-3 Years	Safeguarding Children (Version 2)- Level 3-1 Years	Safeguarding Children (Version 2)- Level 3-3 Years	Slips, Trips and Falls	SystemOne Core	SystemOne Mental Health
453 Adult Mental Health Community Servs (Level 4)	96.91%	100.00%	80.00%	93.70%	97.51%	85.71%	96.61%	97.56%	100.00%	90.57%	86.96%	100.00%	97.18%	100.00%	83.13%	100.00%	97.87%	94.47%

4.1.3 Challenges

Community mental health services continue to experience challenges due to the pandemic. Over recent months community services have been able to increase face to face sessions. Although experiencing staffing challenges due to sickness issues related to COVID-19, the teams overall, have remained stable. Vacancies have reduced with BDCFT employing additional nurses and social workers into current vacant posts. This has supported the reduction in waiting times for care co-ordinator allocation and continued LA and BDCFT recruitment will further support waiting time and case load size reductions. The PSW is supporting the newly recruited social workers as they integrate into the community mental health teams and acquire caseloads to coordinate in line with BDCFT CPA policy.

4.1.4 Workforce Development Plans

All vacancies have been reviewed in the teams and posts are being advertised to multi professionals including OT's and Social workers. This has already enhanced the transformation agenda and improved the skill mix. The introduction of the Principal Social Worker has significantly improved the recruitment and band 5 Social Workers are currently being recruited. The workforce model in adult community mental health workforce is currently being reviewed in line with the community framework (NHSE) which outlines roles required in adult community mental health and the enhancement of skill mix within teams. The development of a CORE 24 service that will see increased resource within accident and emergency departments, will see a total increase of staffing within the Trusts Liaison service of 16.5 WTE, including Consultant Psychiatrists. Recruitment for the new CORE 24 team has commenced with both team manager posts successfully recruited to in August 2021.

4.1.5 Summary

The challenge of recruitment to current vacancies remains, particularly with our Local Authority partners. The community framework and transformational plans will support the implementation of new roles. The pandemic has and continues to provide challenges to community services and staff and the care group continue to provide wellbeing services to help support staff through these. Staff risk assessments have and continue to be completed (currently above 90%) and individual support plans put in place. Adequate break times have also been implemented to support staff having to continually wear personal protective equipment (PPE) when both in their office base and out in clinical settings or home visits. Business continuity plans are in place and daily reviews of staffing levels and priorities are discussed in daily safety huddles within the teams through daily lean management processes.

4.2 Workforce Development Plans

The Trust is currently working towards embedding a strategic Workforce Planning process at Service level to ensure rolling 5-year plans are produced and reviewed/ updated regularly to link into the wider Workforce, Finance and activity planning submissions required by NHS Improvement at ICS level.

5. Summary and Recommendations

This report confirms on-going compliance with the requirement to receive and review information on nursing staffing levels at Board.

Quality improvement methodologies continue to be utilised to provide daily oversight and assurance of staffing levels across all clinical services. The escalation process provides assurance of safe clinical staffing.

Author: Phillipa Hubbard, Director of Nursing, Professions and Care Standards

Date: 3 November 2021

Appendix 1

Adult Community Services

Current situation

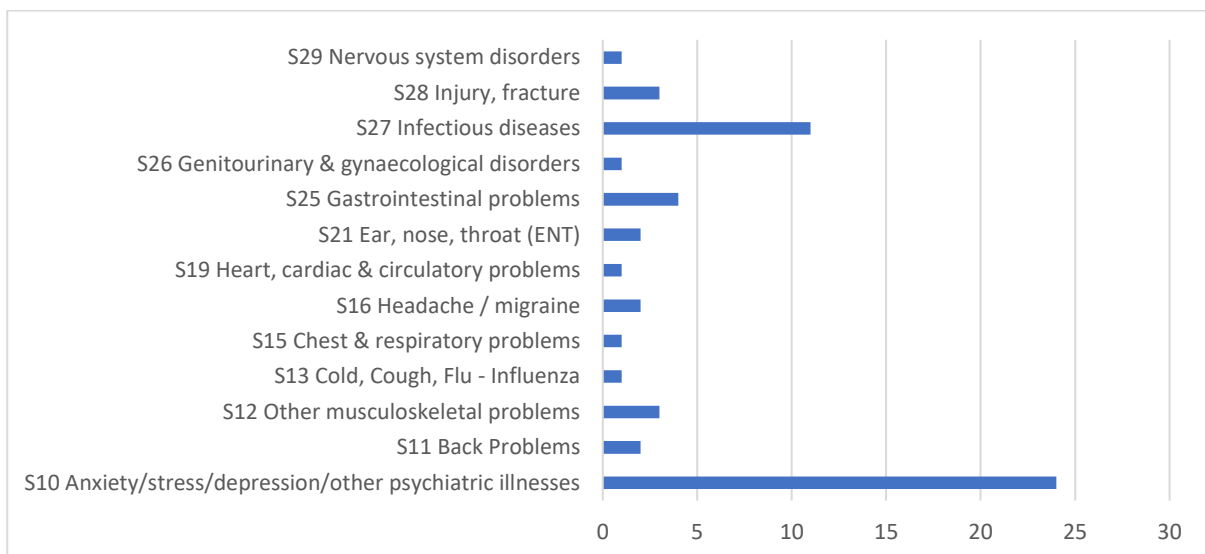
Sickness, Turnover, Vacancy

Service Area	Sickness Rate	Sickness days lost	Sickness Cost	Short Term Sickness Rate	Long Term Sickness Rate	LTO Rate	Leavers WTE	Starters WTE	Contracted FTE	Funded FTE	Vacancy Rate	Bank WTE	Agency WTE	Medical Locum WTE
453 Community Adults Services Care Group (Level 4)	8.36%	468.14	£47,664.42	1.52%	6.84%	8.27%	14.14	23.60	185.33	182.56	-1.52%	2.99	0.00	0.00
453 Community Nursing Services (Level 4)	7.72%	783.47	£81,437.35	2.71%	5.00%	13.45%	45.31	45.72	332.57	374.26	11.14%	8.95	0.00	0.00
453 Dental Services (Level 4)	8.96%	185.61	£22,198.10	4.37%	4.59%	15.18%	10.81	6.00	64.97	78.88	17.63%	1.05	0.00	0.00
453 Primary Care Wellbeing Service (Level 4)	0.00%	0.00	£0.00	0.00%	0.00%	11.05%	0.67	1.23	7.48	7.42	-0.81%	0.80	0.00	0.00

*August 2021

Sickness

The average sickness within the sub care group is currently at 6.26%, which is a significant increase from previous months. This may reflect reduced resilience following the concerted efforts throughout the pandemic. Many cases relate to non-work-related stress and anxiety. In response to high absence levels, the care group has supported the temporary employment of an HR attendance advisor to assist with supporting absence management & provide education to new line managers.



Turnover

Labour turnover remains above the Trust target within adult community services except for Dental service.

Labour turnover within community nursing is high, reflecting staff retirements and staff moving to other neighbouring organisations who are offering competitive terms and conditions band 7 posts for community nurses with a Specialist Community Practitioner Qualification were BDCFT have traditionally paid a band 6. In addition, investment in Primary Care has attracted community nursing staff again offering competitive rates and working patterns.

Vacancies

Across the majority services within the sub care group recruitment has been sufficient to fill all vacant posts. However, there are two noticeable exceptions, these being District Nursing and Paediatric Speech and Language Therapy. This issue is exacerbated by high levels of maternity leave within both services.

With the district nursing service, there are currently 40 vacant qualified nurse posts, representing approx.18% of the workforce. This is reflective of the national and local shortfall in qualified nurses. Significant work has been undertaken to address this shortfall including a piece of work around releasing time to care and supporting with administrative and digital solutions.

Training

Service Area	453 [LOCAL] ACEs, Trauma and Resilience	453 [LOCAL] Baseline Support	453 [LOCAL] CPA Role, Responsibilities of Care Co-ordinator CLINICAL ROLE-3 Years	453 [LOCAL] CPA Care Planning for Clinical Staff-3 Years	453 [LOCAL] CPA Clinical Risk, Formulation and Management 1-3 Years	453 [LOCAL] Food Hygiene Awareness	453 [LOCAL] Immediate Life Support	453 [LOCAL] MAV-Breakaway-1 Year	453 [LOCAL] Medicines Management 1-2 Years	453 [LOCAL] Moving & Handling People (Min. Assistance)-1 Year	453 [LOCAL] Moving & Handling People (Practical)-1 Year	453 [LOCAL] Pressure Ulcer Prevention	453 [LOCAL] Risk Management 1-5 Years	453 [LOCAL] Slips, Trips and Falls	453 [LOCAL] SystemOne Community Adult	453 [LOCAL] SystemOne Core	453 [LOCAL] SystemOne Trustwide	453 [LOCAL] SystemOne Rights-3 Years	
453 Community/Adults Services Care Group (Level 4)	72.08%	92.86%					100.00%	95.35%	100.00%	91.45%	83.3%	100.00%	100.00%		95.30%	98.14%	100.00%	97.46%	
453 Community/Nursing Services (Level 4)	70.40%	79.36%	50.00%	100.00%	50.00%			33.33%	93.95%	74.29%	69.01%	86.11%	95.98%	93.33%	96.31%	95.85%	100.00%	60.00%	95.11%
453 Dental Services (Level 4)	79.79%	87.77%					45.45%	0.00%		92.45%		98.73%	97.06%						96.29%
453 Primary Care/Wellbeing Service (Level 4)	58.33%	70.00%				100.00%		50.00%		100.00%			83.33%			75.00%	50.00%		83.33%

Service Area	NHS [CSTF] Health, Safety and Welfare-3 Years	NHS [CSTF] Infection Prevention and Control- Level 1-2 Years	NHS [CSTF] Infection Prevention and Control- Level 2-1 Year	NHS [CSTF] Information Governance and Data Security-1 Year	NHS [CSTF] Moving and Handling- Level 1-2 Years	NHS [CSTF] NHS Conflict Resolution (England)-3 Years	NHS [CSTF] Prevent Awareness-3 Years	NHS [CSTF] Prevent Awareness-3 Years	NHS [CSTF] Prevent Awareness-3 Years	NHS [CSTF] Safeguarding Adults (Version 2)- Level 1-3 Years	NHS [CSTF] Safeguarding Adults (Version 2)- Level 2-3 Years	NHS [CSTF] Safeguarding Adults (Version 2)- Level 3-3 Years	NHS [CSTF] Safeguarding Children (Version 2)- Level 1-3 Years	NHS [CSTF] Safeguarding Children (Version 2)- Level 3-1 Years	NHS [CSTF] Safeguarding Children (Version 2)- Level 3-3 Years	NHS [MAND] Fire Safety-1 Year	NHS [MAND] Freedom of Information-2 Years	NHS [MAND] Mental Capacity Act-3 Years
453 Community/Adults Services Care Group (Level 4)	98.48%	100.00%	94.51%	95.43%	97.84%	97.27%	99.49%	100.00%	100.00%	94.32%	84.62%	100.00%	99.46%	100.00%	84.62%	92.83%	74.11%	97.78%
453 Community/Nursing Services (Level 4)	96.26%	81.82%	81.25%	91.38%	96.67%	96.05%	93.57%	100.00%	90.91%	91.32%	90.24%	90.91%	96.00%	100.00%	86.49%	68.22%	93.69%	50.00%
453 Dental Services (Level 4)	98.73%	100.00%	46.88%	92.41%	96.15%	96.59%	95.24%	94.59%	92.31%	90.61%		84.62%	95.38%		93.87%	73.42%	96.88%	
453 Primary Care/Wellbeing Service (Level 4)	91.67%	100.00%	81.82%	83.33%	81.82%	81.82%	80.00%	100.00%	100.00%	70.00%		100.00%	80.00%		91.67%	66.67%	80.00%	

Training figures remain above target overall, with non-compliance within PCWB & Community Dentistry reflecting single individuals that are out of date, or group training such as intermediate life support that is booked.

Community nursing compliance against mandatory requirements e.g. Fire, Data Security and Manual Handling has decreased in recent months and reflects shortfalls in staffing associated with vacancies and sickness absence. Recovery plans have been enacted to improve this position and promote safe & effective practice.

Challenges

Due to the ongoing pandemic community services have experienced diminished workforce availability, mirroring in patient and mental health teams. The psychological impact of COVID-19, presenting as emotional fatigue. COVID-19 related 'absence' has reduced although there are several staff within the sub-care group recovering from long COVID.

Demand continues to exceed capacity within community services, particularly within District Nursing, Paediatric Speech and Language Therapy and Community Dental services. Higher demand within district nursing is a chronic position that has been exacerbated by COVID-19 and changing patterns of activity including end of life care plus changing practices to manage infection prevention. Demand for Community Dentistry & Paediatric Speech Therapy is in part attributable to COVID-19, including pausing both services in response to national guidance, and environmental adaptations to maintain COVID safe operations. Both services now have significant waiting lists.

High demand within district nursing and Speech Therapy has also been impacted due to high levels of vacancies amongst 'qualified' practitioners.

Embedded daily report out structures are utilised to manage fluctuating demand in Community Nursing enabling mitigating actions to be enacted in a timely manner, including the movement of staff to impacted teams. This is supported by enhanced business continuity plans that have been developed through COVID and support redeployment from other community services should services be unable to meet essential service requirements.

Service demand continues to be met on a day-to-day basis, this requires daily prioritisation of activities, with non-critical interventions paused or delayed. On the whole this can lead to service user and stake holder dissatisfaction. Increased demand appears to be a key contributory factor in recent complaints whereby standards of care have not been met. Quality markers are closely monitored through the sub care group QUOP's meeting to identify patterns or concerns that will inform remedial actions.

Summary

Demand on community services continues to grow in line with demographic changes. As a greater percentage of Bradford District residents grow older, there is an increase in morbidity that leads to increased demand for community health services. Physical health services have responded to changes in practice that enable more people to be cared for outside of a traditional hospital setting. Whilst improving the outcomes for service users, this inevitably impacts on demand. Nationally through the long-term plan there is reference to further investment in community services, this investment is being apportioned through the system Frailty Programme, with £85K of recurrent funding available for 21/22 and £170K for 22/23. The plan is to utilise this investment to increase nursing associate and health care assistant capacity. Further funding is expected aside of the delivery of the enhanced health in care home and anticipatory care service specifications. The service will look to increase staffing to address high levels of demand.

Appendix 2

0-19 Services

Current situation

Since the last report there has been considerable activity across Community Children's Services in all localities.

Sickness, Turnover, Vacancy

Service Area	Sickness Rate	Sickness days lost	Total Days available	Sickness Cost	Short Term Sickness Rate	Long Term Sickness Rate	LTO Rate	Leavers WTE	Starters WTE	Contracted FTE	Funded FTE	Vacancy Rate	Bank WTE	Agency WTE	Medical Locum WTE
453 Bradford 0-19 Childrens Services (Level 4)	6.31%	357.91	5669.54	£43,681.73	1.06%	5.26%	13.89%	24.59	43.11	184.77	175.71	-5.16%	4.83	0.00	0.00
453 Specialist Childrens Services (Level 4)	6.10%	121.13	1984.71	£10,627.30	0.83%	5.27%	18.44%	10.00	20.76	66.45	54.37	-22.22%	9.86	0.00	0.00
453 Wakefield 0-19 Childrens Services (Level 4)	10.03%	405.43	4042.47	£50,765.69	1.50%	8.53%	14.75%	19.51	21.99	142.22	154.66	8.04%	0.26	0.00	0.00

0-19 service continues to see issues across the board in terms of sickness, turnover and vacancy within the community children's services. The Leadership team with the support of the HR business partner are managing all sickness cases closely. Bradford 0-19 has creatively utilised its budget to add some peripatetic support to the leadership structure by way of one post to manage all sickness consistently and in a timely manner. This appears to have standardised the response to sickness cases as per policy and relieved Team Leaders of this additional pressure in their role. This has been a positive development for the service.

Vacancies across the service remain an ongoing local challenge in 0-19 services this is reflected regionally, also experiencing the impact of a national shortage of Specialist Community Public Health Nurses.

Bank and Agency Use

The Community Children's Services have traditionally not utilised the BDCFT Staff Bank to support service delivery. However, this will change in response to the Workforce Delivery approach the care group will be taking going forward as they work to understand which children's staff are registered within the Bank and who would be willing to support delivery.

Training

Service Area	ACs, Trauma and Resilience	Basic Life support	CPA - Role, Authority, Responsibilities of Care Co-Ordinator CLINICAL ROLE - 3 Years	CPA Care Planning for Clinical Staff - 3 Years	CPA Clinical Risk, Formulation and Management - 3 Years	Equality, Diversity and Human Rights - 3 Years	Fire Safety - 1 Year	Freedom to Speak Up - All Workers - 2 Years	Health, Safety and Welfare - 3 Years	Infection Prevention and Control - Level 1-2 Years	Infection Prevention and Control - Level 2 - 1 Year	Information Governance and Data Security - 1 Year	MAV - Breakaway - 1 Year	Medicines Management - 2 Years	Mental Capacity Act - 3 Years	Mental Health Act - 3 Years	Moving and Handling - Level 1-2 Years
453 Bradford 0-19 Childrens Services (Level 4)	65.22%	81.61%				97.28%	94.57%	65.76%	97.28%	100.00%	95.48%	96.74%	100.00%	0.00%	92.74%	0.00%	95.65%
453 Specialist Childrens Services (Level 4)	87.69%	94.44%	100.00%	100.00%	100.00%	96.92%	96.92%	89.23%	100.00%	91.67%	86.54%	100.00%	15.00%	94.12%	95.83%		96.88%
453 Wakefield 0-19 Childrens Services (Level 4)	67.81%	77.60%				98.63%	93.84%	77.40%	100.00%	94.44%	91.27%	95.21%		100.00%	99.21%		94.52%

Service Area	NHS Conflict Resolution (England) - 3 Years	Preventing Radicalisation - Basic Prevent Awareness - 3 Years	Preventing Radicalisation - Prevent Awareness - 3 Years	Risk Management - 5 Years	Safeguarding Adults (Version 2) - Level 1 - 3 Years	Safeguarding Adults (Version 2) - Level 2 - 3 Years	Safeguarding Adults (Version 2) - Level 3 - 3 Years	Safeguarding Children (Version 2) - Level 1 - 3 Years	Safeguarding Children (Version 2) - Level 2 - 3 Years	Safeguarding Children (Version 2) - Level 3 - 1 Years	Safeguarding Children (Version 2) - Level 3 - 3 Years	Slips, Trips and Falls	SystemOne Community Children	SystemOne Core	SystemOne Mental Health	SystemOne Trustwide
453 Bradford 0-19 Childrens Services (Level 4)	94.92%	96.72%	100.00%	97.28%	100.00%	94.35%	80.00%	66.67%	75.00%	83.22%	76.92%	100.00%	93.89%	98.34%	0.00%	
453 Specialist Childrens Services (Level 4)	94.12%	100.00%	100.00%	100.00%	100.00%	95.92%	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%	93.10%	98.41%	100.00%	69.23%
453 Wakefield 0-19 Childrens Services (Level 4)	98.44%	100.00%		99.32%	87.50%	98.44%		87.50%	100.00%	74.55%	87.50%		96.72%	100.00%		

All mandatory training and clinical supervision compliance are reviewed monthly in detail at the service level QuOps meeting.

Challenges

Wakefield 0-19

Wakefield 0-19 service has realigned its service to a three-team model matched exactly to the geography of the Local Authority's 'Wakefield Families Together' model. This has been a detailed and essential piece of work for the service, to ensure that it positions itself well for future procurement and supports the co-location and integration agenda of the District.

The procurement of the Wakefield 0-19 service has commenced with the leadership team working closely with the Business Innovation and Growth Team to form a 'Bid Team'. Two meetings of the Bid Team have taken place and work is well underway in relation to a 'win book' and 'win' themes. Staff engagement / communication events are also planned at monthly intervals throughout the bid process to ensure that the workforce is sighted and engaged in this process.

The Wakefield 0-19 service remains well positioned for this Tender. Performance remains positive and senior leaders are well engaged in the system and partnership i.e., the Wakefield Children's Improvement Board, the Children & Young People's Board, the Adult & Children's Health Partnership Group, One Vision Accountability Group etc.

The 0-19 service delivery model is being reviewed as part of procurement. Work is underway on the single point of contact as mentioned in the previous report. Process mapping is being completed and the service is being supported by KPO to complete this project which will aid with procurement.

Bradford 0-19

Both the Bradford Health Visiting and School Nursing service are currently working to their Business Continuity Plans in response to significant staffing pressures. The School Nursing service has realigned to a corporate service delivery model. The Health Visiting service continues to work to the 3 Tier model described previously (Universal, Early Help, Safeguarding) which was implemented to prevent further monies being removed from the contract and to support with the Local Authorities journey regarding Early Help. Recruitment and retention of Specialist Community Public Health Practitioners remains a real challenge with both services struggling to attract colleagues to work in Bradford.

Since the last report the 0-19 service has introduced a team, a new team working to support services to participate in safeguarding strategy discussions (10-15 per day). This team has had a positive and significant impact on the 0-19 service by relieving Health Visitors and School Nurses of this work and freeing up additional capacity for both services. The aim now is to sustain this service utilising recurrent funding.

Since the last report a full review of the School Nursing service has been completed with Public Health Commissioners. This will support the service to redesign and implement an incremental and phased plan to transformation. This will see a further separation of work, the aim being to protect as much as possible the SCPHNs and free up their capacity to

complete the essential Public Health role. Work will also be progressing to complete a full review of the Health Visiting tiered model to understand how this way of working has impacted caseloads and caseload sizes, staff members and our families. Essential to this work will be the need to understand how our families move up and down the tiered Health Visiting model, the frequency of change in Health Visitors and the impact on the therapeutic relationship.

Both the School Nursing and Health Visiting services continue to work closely with Public Health Commissioners both regarding possible future recurrent monies into the service, for which a high-level plan and financial plan have been provided. Work is also ongoing to ensure that the 0-4 Early Years Steering Group case for change also progresses within the Local Authority.

Specialist Children's Services

The Children in Care Team continue to support the system wide response across the District in relation to the back log of statutory Initial Health Assessments led by Paediatricians at the two acute trusts. GPs (BDCFT employees) are providing additional clinical capacity to reduce the number of children waiting for Initial Health Assessments. Issues with consent for health assessments to be completed remains an issue and this continues to be reported to the Local Authority monthly.

Additional staff have also been recruited to the Children in Care Nursing Team enabling the team to reduce the caseload sizes further for the nurses. Whilst the current caseload size is the lowest the service has seen (approx. 150 Children in Care per nurse) this is still more than the statutory guidance set which stands at 100 children per nurse.

The team is continuing to work hard to ensure that Review Health Assessments are completed as soon as possible, however it should be noted that the completion of Initial Health Assessments will impact on the number of Review Health Assessment the nurses are required to complete, adding some additional pressure. Triage meetings involving with Designated Dr and Social Care remain in place, as does the use of the Caseload weighting and allocation tool. Helpful in terms of mitigating as much risk as possible. On saying that the service is facing high levels of young people who are displaying very risky behaviours and are continuing to work closely with all partners to ensure safety plans are established and are robust to meet need.

The School Nursing Special Needs Service continues to utilise the Sussex Tool to evidence the nursing time required to meet every day complex health care needs within and across the Special Schools within the District. The service has recently completed its Annual Report for the academic year of 2020-21 and has again utilised the Sussex Tool. The findings this year are highlighting again that there has been a 10% increase in the pupil numbers within the Special Schools in the last academic year. The projected pupil numbers for 2022 are estimated at 1620 however, the current figure for the District is 1530 pupils within the Special Schools. It is easy to understand the increased demand on the nursing capacity available within the team. The Sussex Tool identifies a ratio of one nurse for every 71 pupils. Using this ratio, the team has estimated calculated 21.68 WTE Nurses are required for service delivery. Meaning there is a current shortfall of 9.02 WTEs.

All information will be shared with commissioners at the next Contract Management Board for the Service.

The new commission for the Brooklands Special School and the Children & Young People's Learning Disability Team are progressing well. Both services are embedding themselves in their respective local communities.

Most recently the entire team (SNSN and the CYP LD Team) worked together to deliver the covid vaccines to the extremely clinically vulnerable group of children who attend the special schools. This approach saw joint delivery between SNSN, CYP LD and the BDCFT Covid Vaccine Hub staff working with the District Achievement Partnership for the Special Schools to deliver vaccines on site at special schools. Vaccines were successfully administered by the SNSN & CYP LD staff using immunisation de-sensitisation techniques.