

Board of Directors – Meeting held in Public

11 May 2023

Paper title:	Safer Staffing Annual Report	Agenda Item 15.0
Presented by:	Grainne Eloi, Deputy Director of Nursing, Professions and Care Standards	
Prepared by:	Grainne Eloi, Deputy Director of Nursing, Professions and Care Standards Rebecca Jowett, Head of Nursing, Adult’s and Children’s Christopher Dixon, Head of Nursing, Mental Health Nicola Wilson – Workforce Performance & Planning Manager James Cooke – Assistant General Manager	
Committees where content has been discussed previously	n/a	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input checked="" type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input checked="" type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check ALL that apply	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input type="checkbox"/> Responsive	

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 2022 to March 2023 and is the annual update.

Executive Summary

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.

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?</p>	<p><input type="checkbox"/> Yes (please set out in your paper what action has been taken to address this)</p> <p><input checked="" type="checkbox"/> No</p>
---	---

Recommendation(s)

The Board of Directors is asked to:

- Receive 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.

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- SO2:** Prioritising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)
- SO4:** Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board)
- SO5:** To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC)

<input type="checkbox"/> SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC)	
Links to the Strategic Organisational Risk register (SORR)	The work contained with this report links to the following corporate risks as identified in the SORR: <ul style="list-style-type: none"> • SORR 3
Compliance & 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"> • Compliance with CQC KLOES Safe, Effective, and Well Led.

Board of Directors – Meeting held in Public 11 May 2023

Safer Staffing 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 2022, the COVID-19 pandemic and substantive vaccine factors have 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 2022) and provides a summary of the current challenges around staffing, workforce plans and developments across care groups.

2. Improvements Since May 2022 (In Patients)

Red Shifts

Despite the pressures impacted by Covid, the inpatient teams have not had a red shift during the last 12 month. Additional support measures have been introduced with daily joint staffing reviews chaired by the service managers for adult and specialist services to provide mutual support to all teams to ensure safer staffing levels are maintained.

Safer Staffing Internal Audit Report

The Safer staffing internal audit report carried out by Audit Yorkshire in May 2022 identified a significant assurance opinion provided on the basis that the Trust utilises both the e-roster SafeCare module and Mental Health Optimal Staffing Tool to calculate staffing requirements on wards based on patients' needs.

The audit provided assurance that the Trust has a Safer Staffing Steering Group (SSSG) in place which provides oversight on safe and cost-efficient staffing levels across services. It was

confirmed that the SSSG meet monthly and regularly report up to the Trust's Quality and Safety Committee.

Flow Management Oversight

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. The Flow management team have recruited social workers and funding has been allocated by the local authority for housing workers to be recruited into the team.

Oversight meetings to support timely discharge for service users are facilitated with key partners such as the local authority and ICB Place Mental Health Lead in line with NHSE discharge planning recommendations published in November 2022 which outlines the requirement to hold Multi Agency Discharge Events (MADE) with key partners on a regular basis, to review complex cases.

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 average length of stay on the wards has increased over the period of 22/23 with increased demand for crisis admissions and additional complexity of presentations 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. The proposed changes to ward skill mix are outlined further in this paper.

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 100 Social Workers including Trainee Social Workers and Apprenticeship.

The NHS Social Work Career Pathway is now fully established in BDCFT:

- Bands 3 and 4 Social Work Degree Apprenticeship internal and external
- Band 5 Newly Qualified Social Worker/Assessed and Supported Year in Employment (On completion of ASYE Social Workers can apply for Band 6)
- Band 6 - Generic roles Care Coordinator, Mental Health Practitioner
- 1 Year Post Qualification can be a workplace supervisor for a student
- 2 Year Post Qualification can become a Practice Educator
- Band 7
- Advance Practitioner/Lead Social Worker
- Consultant Social Worker (Think Ahead)
- Team Manager Leadership roles open to core professions

BDCFT Social Workers are now embedded into the following pathways:

- Child and Adolescent Mental Health (CAMHS)
- Inpatient Flow Management Team
- Community Mental Health Team (CMHT)
- First Response Team
- Integrated Outreach Team
- Early Intervention in Psychosis
- Older Peoples Community Mental Health and Inpatient
- Volunteer Coordinator
- Primary Care Network
- Trauma Informed Personality Pathway
- Looked After Children Team
- Mental Health Support Team
- Little Minds Matter

BDCFT has supported the Bradford Teaching Partnership to increase Social Work Student Mental Health placements for Bradford University. BDCFT work with Bradford University to offer lectures, recruitment fairs and summer schools for Year 11's and college students raising the profile of NHS Social Work and the Trust as an employer of Social Work.

Principal Social Worker will start work with District Nursing Adult Community in January exploring the possible role of Social Workers contributing to Adult Community services in the future.

There are currently no challenges to recruiting NHS Social Workers for the Trust. The recent Band 4 Social Work Apprenticeship had a large amount of interest for CMHT and CAMHS. The University and College are due to qualify Degree and Masters in Spring 2023 the Assessed and Supported Year in Employment (ASYE) programme is now established in the Trust supporting a Band 5 development pathway. For Band 6 we offer Social Work Supervision, Monthly Social Work Forum and CPD events to maintain professional registration.

The Social Work Development Team has 3 x Band 7 Advanced Practitioner/Lead Social Workers to meet the development needs of all the staff across the various mental health pathways.

Preceptorship pathway

BDCFT Preceptorship framework supports newly qualified Band 5 nurses (including internationally recruited nurses following successful OSCE), allied health professionals and nursing associates running for a 12-month period to support and manage the transition from student to registered nurse/AHP or registered nursing associate. For an individual who has completed a recognised return to practice course with registration with the NMC a preceptorship period is ensured for a minimum of 3 months to support transition back into the registered workforce. The BDCFT preceptorship programme is supported by the Director of Nursing, Professions and Care standards as Strategic Preceptorship Lead, the Operational Manager for the Virtual Centre for Clinical Education and Professional Development as

Operational Preceptorship Lead for the trust and field specific Practice Educators who provide clinically based education and wrap around pastoral support in the clinical setting. Preceptorship experience and impact is reported through both Nursing Council/AHP Council and Workforce Development forums 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.

BDCFT has reviewed and refreshed its preceptorship offer in line with the NHSE National Preceptorship Framework for nursing launched on the 10th October 2022. This work is a co-production piece with current preceptees across BDCFT nursing services which has resulted in a more locally based and person centred programme with dedicated Practice Educators who themselves are registrants from that same field of practice. There is an additional inclusion of monthly restorative clinical supervision sessions which will be led by a Professional Nurse Advocate (PNA). Despite the PNA being a nurse led initiative these sessions have been a multi-professional offer to all new registrants across nursing and the allied health professions over their 12 month transition period since March 2023. There is ongoing work with the Allied Health Professions to align approaches with the NHSE National Preceptorship Framework for AHPs which is anticipated to launch in summer 2023 based on the same principles and templates those developed for nursing.

A calendar offer of in-house Preceptor masterclasses will also be introduced from June 2023 as a multi-professional offer based on the NHSE framework and slide deck. These will be delivered by the Virtual Centre for Clinical Education and Professional development.

Preceptor forums have been available via MS Teams on a monthly basis since February 2023 alongside the BDCFT Preceptor Quality Award to recognise gold standard support across the transition period. These staff are additionally acknowledged as preceptor champions with a goal to grow a community of practice across 2023.

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 2022/23 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 on the 31st January 2023 due to delays in building supplies and additional changes to ensure patient and staff safety, 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

		Apr-22		May-22		Jun-22		Jul-22		Aug-22		Sep-22	
		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
Acute Ward	453 Ashbrook Ward (AMH) - (113003)	6.59%	7,552.72	9.51%	14,760.00	10.63%	8,260.79	13.43%	13,647.92	13.52%	11,695.86	12.28%	12,475.76
Acute Ward	453 FERN (Male Ward) (AMH) (113014)	4.92%	4,513.36	2.86%	3,476.57	2.60%	3,331.99	2.24%	2,861.41	5.73%	4,857.93	2.67%	1,754.58
Acute Ward	453 Heather Ward (AMH) - (113009)	6.00%	7,336.68	8.12%	9,042.89	7.98%	8,649.78	9.37%	13,101.95	8.75%	10,540.22	6.09%	6,840.91
Acute Ward	453 Maplebeck Ward (AMH) (113004)	6.83%	5,614.97	10.34%	7,824.81	6.85%	4,477.83	9.84%	17,337.76	6.65%	11,003.35	6.79%	2,941.18
Acute Ward	453 Oakburn Ward (AMH) (113005)	3.57%	6,095.37	5.11%	8,727.42	6.40%	9,092.20	7.08%	12,766.99	12.57%	14,071.64	8.39%	8,557.43
Learning Disabilities Ward	453 Assessment and Treatment Team (LDHC) (112161)	7.25%	13,156.28	5.89%	11,848.29	4.47%	10,010.11	6.65%	14,357.12	10.20%	14,401.87	7.22%	16,762.46
Low Secure Ward	453 Baildon Ward (FSM) (113127)	7.30%	3,176.08	5.77%	2,599.68	0.52%	359.80	2.78%	2,096.06	1.74%	1,333.77	1.13%	808.02
Low Secure Ward	453 Ilkley Ward (FSM) (113128)	10.65%	9,148.24	8.42%	3,831.58	6.04%	6,302.33	3.96%	3,614.77	1.01%	511.05	3.73%	2,610.55
Low Secure Ward	453 Thornton Ward (FSM) (113126)	4.91%	1,245.55	8.16%	5,551.25	9.63%	9,938.62	6.98%	7,191.84	17.18%	10,242.45	16.33%	8,552.13
Older Peoples Ward	453 Bracken Ward (OPMH) - (113600)	10.01%	7,939.89	13.92%	9,508.20	6.30%	5,595.87	5.22%	5,295.30	6.49%	8,313.86	9.14%	4,713.46
Older Peoples Ward	453 Dementia Assessment Unit (113501)	6.69%	14,205.60	8.62%	18,913.45	9.02%	20,426.06	6.94%	16,451.26	5.31%	16,078.29	6.00%	12,009.93
PICU Ward	453 Clover (PICU Airedale) (AMH) (113010)	3.73%	7,180.27	2.57%	3,449.95	5.80%	7,929.22	5.75%	8,837.78	8.53%	9,792.09	7.16%	8,916.41
Rehab Ward	453 Step Forward Centre (113061)	5.52%	3,854.14	12.06%	4,830.17	8.68%	3,651.42	12.04%	8,643.04	12.17%	6,977.34	9.92%	1,129.22

		Oct-22		Nov-22		Dec-22		Jan-23		Feb-23		Mar-23		YTD	
		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	Absence % (FTE)	Absence Estimated Cost
Acute Ward	453 Ashbrook Ward (AMH) - (113003)	9.15%	17,138.92	5.73%	7,872.32	2.41%	7,515.83	3.84%	11,046.00	10.68%	8,952.83	10.82%	11,162.21	7.98%	132,081.17
Acute Ward	453 FERN (Male Ward) (AMH) (113014)	5.10%	3,261.76	5.58%	5,890.23	9.68%	7,467.29	8.37%	6,634.76	4.50%	2,450.28	4.54%	3,467.82	4.64%	49,967.98
Acute Ward	453 Heather Ward (AMH) - (113009)	6.28%	7,216.14	10.58%	7,599.21	7.00%	4,887.25	6.47%	3,581.84	5.87%	2,849.74	5.46%	3,280.93	7.37%	84,927.55
Acute Ward	453 Maplebeck Ward (AMH) (113004)	12.26%	8,564.74	18.70%	13,749.00	16.81%	12,326.64	15.13%	9,001.66	10.53%	3,534.74	10.30%	5,906.65	10.28%	102,283.34
Acute Ward	453 Oakburn Ward (AMH) (113005)	3.54%	7,153.87	7.22%	6,463.30	9.37%	8,513.09	6.58%	8,914.86	2.69%	2,569.88	5.10%	2,707.55	6.33%	95,633.58
Learning Disabilities Ward	453 Assessment and Treatment Team (LDHC) (112161)	9.68%	19,772.19	11.46%	21,240.45	13.51%	22,111.29	7.33%	10,274.58	6.75%	10,355.05	9.11%	13,133.85	8.19%	177,423.55
Low Secure Ward	453 Baildon Ward (FSM) (113127)	1.94%	1,541.31	1.39%	610.20	5.28%	2,409.05	5.47%	2,477.02	3.43%	2,265.56	5.31%	3,694.76	3.44%	23,371.30
Low Secure Ward	453 Ilkley Ward (FSM) (113128)	8.76%	6,570.48	13.18%	7,647.92	9.99%	9,916.37	9.09%	8,019.79	12.95%	7,634.86	7.34%	7,885.70	7.83%	73,693.64
Low Secure Ward	453 Thornton Ward (FSM) (113126)	9.74%	14,378.09	6.53%	8,776.04	6.22%	4,425.32	2.92%	1,684.27	4.89%	2,729.47	1.59%	1,866.80	7.64%	76,581.83
Older Peoples Ward	453 Bracken Ward (OPMH) - (113600)	6.68%	7,200.35	7.43%	8,504.03	7.17%	17,076.96	6.71%	15,291.32	9.36%	14,648.75	11.86%	15,454.30	7.95%	119,542.31
Older Peoples Ward	453 Dementia Assessment Unit (113501)	6.29%	18,431.21	7.60%	13,689.63	7.11%	13,737.23	3.35%	6,840.09	2.97%	7,350.97	5.31%	12,419.63	5.97%	170,559.35
PICU Ward	453 Clover (PICU Airedale) (AMH) (113010)	3.80%	8,195.27	7.51%	13,935.53	8.33%	8,227.86	10.52%	8,961.90	5.19%	6,680.58	7.83%	5,611.37	5.92%	97,718.22
Rehab Ward	453 Step Forward Centre (113061)	8.64%	2,949.90	10.64%	3,608.12	6.63%	2,056.92	6.85%	1,379.47	12.17%	4,809.68	13.43%	4,437.43	9.88%	48,326.87

Top 3 reasons

- Long term - Anxiety, Stress and Depression remains the highest reason across the Trust and is the same across Inpatient services.
- COVID related sickness continues to replace cold, cough, flu as the second main reason for short term sickness over the last 12 months, however the last 6 months data indicates that this is now showing signs of decreasing.
- Musculo-skeletal problems is still the third highest reason for sickness – both at Trust level and across Inpatient services.

Labour Turnover

Org L5	Organization Name	Apr-22		May-22		Jun-22		Jul-22		Aug-22		Sep-22	
		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)
Acute Ward	453 Ashbrook Ward (AMH) - (113003)	5.61	13.91%	5.61	13.95%	5.61	13.98%	8.61	21.54%	8.61	21.62%	6.61	16.74%
Acute Ward	453 FERN (Male Ward) (AMH) (113014)	2.00	8.17%	1.00	4.07%	1.00	4.04%	1.00	4.02%	1.00	4.03%	1.00	4.06%
Acute Ward	453 Heather Ward (AMH) - (113009)	4.60	15.73%	5.60	18.96%	5.60	18.83%	5.60	18.58%	7.52	24.68%	5.72	18.60%
Acute Ward	453 Maplebeck Ward (AMH) (113004)	12.05	35.72%	12.05	35.68%	12.05	35.64%	11.44	33.63%	9.44	27.60%	8.64	25.23%
Acute Ward	453 Oakburn Ward (AMH) (113005)	5.00	15.03%	4.00	11.85%	4.00	11.71%	4.00	11.54%	5.00	14.36%	6.92	20.07%
Learning Disabilities Ward	453 Assessment and Treatment Team (LDHC) (112161)	4.60	14.68%	4.60	14.32%	4.60	13.96%	6.40	18.96%	5.60	16.38%	7.40	21.45%
Low Secure Ward	453 Baildon Ward (FSM) (113127)	2.24	10.23%	2.24	10.36%	2.24	10.46%	2.24	10.53%	0.60	2.83%	0.60	2.85%
Low Secure Ward	453 Ilkley Ward (FSM) (113128)	2.00	8.22%	2.00	8.25%	2.00	8.30%	2.00	8.33%	2.00	8.35%	2.00	8.42%
Low Secure Ward	453 Thornton Ward (FSM) (113126)	6.64	25.62%	6.64	26.30%	6.64	27.01%	7.64	31.83%	6.64	28.06%	5.64	24.00%
Older Peoples Ward	453 Bracken Ward (OPMH) - (113600)	4.00	11.71%	5.00	14.66%	5.00	14.62%	5.92	17.34%	4.92	14.36%	4.92	14.28%
Older Peoples Ward	453 Dementia Assessment Unit (113501)	8.52	18.41%	9.52	20.84%	9.52	20.99%	9.52	21.06%	8.52	18.81%	7.72	17.01%
PICU Ward	453 Clover (PICU Airedale) (AMH) (113010)	2.61	6.38%	2.61	6.31%	4.53	10.87%	7.53	17.89%	7.53	17.84%	6.92	16.41%
Rehab Ward	453 Step Forward Centre (113061)	3.00	17.16%	2.00	11.34%	3.00	17.03%	3.00	16.82%	3.00	16.78%	5.80	32.92%

Org L5	Organization Name	Oct-22		Nov-22		Dec-22		Jan-23		Feb-23		Mar-23	
		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)
Acute Ward	453 Ashbrook Ward (AMH) - (113003)	6.00	15.35%	6.92	17.90%	5.92	15.46%	5.92	15.66%	5.92	15.89%	6.92	18.87%
Acute Ward	453 FERN (Male Ward) (AMH) (113014)	0.00	0.00%	0.00	0.00%	1.00	4.07%	1.81	7.36%	1.81	7.30%	1.81	7.25%
Acute Ward	453 Heather Ward (AMH) - (113009)	5.72	18.64%	5.72	18.62%	6.72	21.98%	6.72	22.03%	4.92	16.05%	3.92	12.68%
Acute Ward	453 Maplebeck Ward (AMH) (113004)	8.64	25.39%	9.00	26.77%	7.00	21.00%	7.00	21.35%	6.00	18.37%	8.00	24.47%
Acute Ward	453 Oakburn Ward (AMH) (113005)	8.72	25.78%	8.72	26.08%	7.72	23.43%	6.72	20.59%	8.72	27.04%	7.72	24.24%
Learning Disabilities Ward	453 Assessment and Treatment Team (LDHC) (112161)	6.24	18.01%	5.24	15.02%	5.24	14.88%	6.64	18.72%	6.64	18.49%	9.64	26.96%
Low Secure Ward	453 Baildon Ward (FSM) (113127)	0.60	2.87%	0.60	2.89%	0.60	2.90%	0.60	2.91%	0.00	0.00%	0.00	0.00%
Low Secure Ward	453 Ilkley Ward (FSM) (113128)	2.00	8.49%	2.00	8.57%	1.00	4.30%	1.00	4.32%	1.00	4.33%	1.00	4.35%
Low Secure Ward	453 Thornton Ward (FSM) (113126)	5.28	22.53%	5.28	22.76%	5.28	22.92%	5.92	25.81%	4.92	21.31%	4.08	17.35%
Older Peoples Ward	453 Bracken Ward (OPMH) - (113600)	4.92	14.26%	5.92	17.04%	6.53	18.64%	5.53	15.58%	4.53	12.54%	3.53	9.56%
Older Peoples Ward	453 Dementia Assessment Unit (113501)	6.72	14.72%	7.72	16.77%	6.72	14.40%	6.72	14.21%	4.92	10.25%	4.00	8.21%
PICU Ward	453 Clover (PICU Airedale) (AMH) (113010)	6.92	16.44%	6.92	16.50%	9.92	24.09%	9.92	24.44%	10.92	27.32%	10.92	27.74%
Rehab Ward	453 Step Forward Centre (113061)	5.80	33.43%	5.80	33.79%	5.80	34.46%	5.80	35.29%	6.60	41.12%	6.60	41.90%

Labour Turnover rate across the Trust has remained higher than the 10% target over the last 12 months and significantly higher than pre-COVID turnover rates. The current rate as of March 2023 is 15.32%, although the trend is now decreasing from a high of 16.38% at September 2022. The table above shows the rates and number of leavers WTE by ward with the highest rates highlighted. The Trust has not been an outlier when compared to partners within the ICS, as most Trusts over the last 12 months have shown similar increasing trends.

Vacancies

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)	4.82%	490.51	10181.39	£58,429.89	1.98%	2.83%	10.74%	37.47	54.40	362.72	398.32	8.94%	13.78	-0.59	4.48
453 Adult Mental Health Inpatients (Level 4)	7.70%	743.49	9658.49	£63,895.19	3.21%	4.49%	16.21%	56.81	47.23	341.82	449.55	23.96%	159.96	116.24	0.20
453 Child & Adolescent Mental Health Services (Level 4)	6.42%	318.13	4954.64	£37,877.17	1.87%	4.55%	17.98%	33.49	39.59	180.57	175.10	-3.12%	7.05	3.59	0.00
453 IAPT Psychological Therapies (Level 4)	4.19%	171.32	4088.73	£19,783.78	1.70%	2.49%	24.38%	28.53	28.71	152.31	148.76	-2.39%	1.88	0.00	0.00
453 Learning Disabilities (Level 4)	9.73%	257.96	2651.37	£22,416.76	3.26%	6.47%	14.07%	13.64	19.05	97.97	99.20	1.24%	17.01	26.86	0.00
453 Older Peoples Mental Health Services (Level 4)	5.81%	287.89	4957.92	£24,454.91	2.19%	3.62%	14.15%	24.55	25.93	178.25	175.87	-1.35%	24.09	29.59	0.00

The current inpatient vacancy rate is 23.96% (107.73WTE), which is an increase of 3.51% from the figure of 20.45% reported as of March 2022. This is due to recent remodelling work undertaken to account for skill mix changes and patient acuity and is currently being supported by bank and agency usage whilst recruitment remains ongoing.

Bank and Agency Use

The charts below show reasons for requesting bank shifts; firstly by gaps in baseline demand and secondly by additional shift requests above demand (by month across all Mental Health Services Inpatient wards).



The top 3 reasons for Bank and agency cover continues to be attributed to increased observations, high patient acuity, and vacancies.

Training

	453 [LOCAL] ACEs, Trauma and Resilience	453 [LOCAL] Autism Awareness	453 [LOCAL] Basic Life support	453 [LOCAL] CPA - Role, Authority, 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 Year	453 [LOCAL] Fall Safe Training	453 [LOCAL] Food Hygiene Awareness	453 [LOCAL] Immediate Life Support	453 [LOCAL] Learning Disability Awareness	453 [LOCAL] Level 2 Certificate Food Safety in Catering	453 [LOCAL] MAV - Breakaway 1 Year	453 [LOCAL] MAV - Physical Intervention 1 Year	453 [LOCAL] Medicines Management - 2 Years	453 [LOCAL] Mental Health Act HCSW - 3 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 - 5 Years	453 [LOCAL] Slips, Trips and Falls	453 [LOCAL] SystemOne Community Adult	453 [LOCAL] SystemOne Core	453 [LOCAL] SystemOne Mental Health	
453 Ashbrook Ward (AMH) - (113003)	96.55%	93.10%	88.24%	78.57%	88.89%	78.57%		89.66%	66.67%	89.66%	33.33%	79.31%	67.86%	83.33%	100.00%	67.86%			93.10%				96.55%	93.10%
453 Assessment and Treatment Team (LDHC) (112161)	100.00%	96.67%	90.00%	81.82%	100.00%	90.00%		92.31%	66.67%	96.67%	100.00%	70.00%	73.08%	100.00%	100.00%	96.15%			100.00%			100.00%		96.30%
453 Baildon Ward (FSM) (113127)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		95.00%	100.00%	95.00%		100.00%	89.47%	100.00%	92.31%	94.74%			85.00%				100.00%	100.00%
453 Bracken Ward (OPMH) - (113600)	100.00%	100.00%	91.67%	100.00%	92.86%	100.00%		100.00%	76.92%	100.00%	100.00%	97.30%	83.33%	100.00%	100.00%	100.00%			69.23%		100.00%	100.00%		100.00%
453 Clover (PICU Airedale) (AMH) (113010)	97.30%	94.59%	89.29%	100.00%	100.00%	90.91%		86.49%	66.67%	97.30%	100.00%	75.68%	88.57%	100.00%	96.00%	83.78%							97.30%	94.59%
453 Dementia Assessment Unit (113501)	100.00%	93.33%	93.55%	78.57%	85.71%	85.71%	66.67%	95.35%	91.67%	88.89%	100.00%	77.27%	86.05%	91.67%	88.46%	50.00%	97.56%	31.43%	100.00%				95.35%	95.35%
453 FERN (Male Ward) (AMH) (113014)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	80.00%	100.00%	100.00%	96.30%	88.46%	100.00%	100.00%	100.00%	92.31%		100.00%				100.00%	100.00%
453 Heather Ward (AMH) - (113009)	96.97%	93.94%	100.00%	91.67%	91.67%	100.00%		96.88%	81.82%	96.97%	100.00%	90.63%	83.87%	100.00%	100.00%	100.00%	100.00%		93.94%				96.97%	100.00%
453 Hkley Ward (FSM) (113128)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		95.24%	100.00%	90.48%		90.48%	85.00%	100.00%	83.33%	85.00%			95.24%				95.24%	95.24%
453 Maplebeck Ward (AMH) (113004)	94.59%	94.59%	89.29%	84.62%	84.62%	76.92%		88.57%	44.44%	94.59%	66.67%	82.86%	64.71%	80.00%	95.45%	80.56%			94.59%				97.22%	97.22%
453 Oakburn Ward (AMH) (113005)	96.77%	96.77%	80.95%	100.00%	100.00%	90.00%		96.77%	70.00%	90.32%	100.00%	93.55%	80.00%	88.89%	93.75%	96.30%	100.00%		96.77%				96.30%	96.30%
453 Step Forward Centre (113061)	93.33%	86.67%	80.00%	100.00%	100.00%	100.00%		80.00%	100.00%	86.67%	50.00%	86.67%	73.33%	100.00%	100.00%	100.00%			86.67%				100.00%	100.00%
453 Thornton Ward (FSM) (113126)	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%		96.15%	85.71%	100.00%		92.59%	80.77%	100.00%	100.00%	92.31%			92.59%				100.00%	100.00%

	NHS [CSTF] E quality, Diversity and Human Rights - 3 Years	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] Preventing Radicalisation - Basic Awareness - 3 Years	NHS [CSTF] Preventing Radicalisation - Awareness - 3 Years	NHS [CSTF] Safeguarding Adults - Level 2 - 3 Years	NHS [CSTF] Safeguarding Adults - Level 1 - 3 Years	NHS [CSTF] Safeguarding Adults - Level 2 - 3 Years	NHS [CSTF] Safeguarding Adults - Level 3 - 3 Years	NHS [CSTF] Safeguarding Children - Level 1 - 3 Years	NHS [CSTF] Safeguarding Children - Level 2 - 3 Years	NHS [CSTF] Safeguarding Children - Level 3 - 1 Year	NHS [CSTF] Safeguarding Children - Level 3 - 3 Years	NHS [MAND] Fire Safety - All Workers - 1 Year	NHS [MAND] Freedom to Speak Up - All Workers - 2 Years	NHS [MAND] Mental Capacity Act - 3 Years	NHS [MAND] Mental Health Act - 3 Years	NHS [MAND] Rapid Reconciliation - 2 Years	
453 Ashbrook Ward (AMH) - (113003)	93.10%	93.10%		89.66%	93.10%	100.00%	86.21%		100.00%			100.00%		76.92%		100.00%	75.00%	100.00%	93.10%	93.10%	96.55%	83.33%	75.00%
453 Assessment and Treatment Team (LDHC) (112161)	100.00%	100.00%		90.00%	100.00%	100.00%	96.55%	100.00%	96.55%		100.00%		94.74%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.35%	90.91%	88.89%
453 Baildon Ward (FSM) (113127)	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%		95.00%			100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
453 Bracken Ward (OPMH) - (113600)	100.00%	100.00%		100.00%	100.00%	100.00%	97.30%		100.00%			100.00%		100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%
453 Clover (PICU Airedale) (AMH) (113010)	97.30%	97.30%		86.49%	94.59%		97.30%		97.30%			84.62%		81.82%	95.65%	77.78%	100.00%	94.59%	94.59%	97.30%	100.00%		77.78%
453 Dementia Assessment Unit (113501)	93.33%	95.56%	100.00%	83.72%	93.33%	100.00%	97.78%	100.00%	97.62%		100.00%	84.62%		100.00%	100.00%	95.35%		92.22%	95.56%	90.70%	76.57%		
453 FERN (Male Ward) (AMH) (113014)	100.00%	100.00%		100.00%	100.00%		96.30%		100.00%			91.67%		100.00%	80.00%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
453 Heather Ward (AMH) - (113009)	100.00%	93.94%		93.94%	93.94%	0.00%	96.97%		96.97%	0.00%		90.00%		90.91%	93.33%	80.00%	100.00%	96.97%	93.94%	93.94%	100.00%	100.00%	100.00%
453 Hkley Ward (FSM) (113128)	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%		100.00%			100.00%		100.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	90.48%	100.00%	100.00%
453 Maplebeck Ward (AMH) (113004)	94.59%	97.30%		86.49%	94.59%	100.00%	94.59%		94.59%			80.77%		81.82%	86.67%	62.50%	85.71%	94.59%	94.59%	91.89%	90.91%		77.78%
453 Oakburn Ward (AMH) (113005)	96.77%	96.77%		87.10%	96.77%	100.00%	87.10%		96.77%			85.00%		81.82%	86.67%	90.00%	100.00%	96.77%	96.77%	96.77%	100.00%	100.00%	90.00%
453 Step Forward Centre (113061)	100.00%	100.00%		80.00%	93.33%	100.00%	86.67%		100.00%			100.00%		100.00%	100.00%	100.00%	93.33%	100.00%	93.33%	100.00%	100.00%	100.00%	100.00%
453 Thornton Ward (FSM) (113126)	100.00%	100.00%		100.00%	100.00%	100.00%	88.89%		100.00%			95.00%		100.00%	100.00%	71.43%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%

Immediate Life Support, Moving and Handling and MAV Breakaway particular issues across most Mental Health Services, an external company was commissioned to deliver breakaway training to support increasing compliance, and this has improved over the last 6 months. All staff were contacted to complete the relevant eLearning package and work continues with BTHFT to identify capacity to deliver training to continue increasing compliance with ILS training.

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	92.68%	14.47%	96.67%	82.76%	0.00%	3.85%	108.11%	61.88%	121.67%	78.08%	1.94%	6.48%	3.1	3.1	3.9	10.5	13.6
Heather	97.78%	11.36%	96.67%	82.76%	0.00%	4.33%	128.57%	60.00%	152.78%	90.55%	2.59%	5.43%	3.1	2.9	4.3	8.6	11.5
Bracken	94.44%	7.06%	98.33%	66.10%	4.28%	5.17%	123.38%	54.44%	122.67%	72.83%	6.92%	7.00%	2.9	2.5	5.2	5.7	8.2
Ashbrook	85.06%	33.78%	93.33%	100.00%	1.22%	10.20%	134.76%	68.65%	132.78%	92.05%	6.12%	5.22%	3.2	2.6	4.2	10.2	12.9
Maplebeck	75.29%	51.56%	100.00%	88.33%	2.88%	8.06%	123.89%	69.29%	127.27%	81.95%	4.04%	6.00%	2.9	2.1	3.7	8.6	10.7
Oakburn	95.51%	29.41%	98.33%	69.49%	0.75%	3.80%	130.00%	65.89%	132.38%	95.32%	2.07%	3.99%	3.1	3.0	3.9	7.6	10.5
Baildon	98.33%	5.08%	100.00%	60.00%	0.00%	9.25%	113.33%	41.18%	103.33%	52.69%	5.70%	4.73%	3.9	4.6	7.7	9.4	14.0
Ilkley	96.67%	6.90%	100.00%	53.33%	4.78%	18.24%	102.22%	54.35%	101.11%	48.35%	4.29%	7.63%	5.0	5.5	8.3	9.2	14.8
Thornton	72.97%	31.48%	96.67%	94.83%	0.79%	6.97%	125.52%	52.28%	121.33%	79.12%	0.66%	5.15%	4.7	5.1	9.8	14.5	19.5
Assessment & Treatment Unit (LD)	75.32%	6.90%	150.00%	84.44%	8.85%	10.91%	164.73%	66.12%	278.33%	95.21%	5.57%	5.09%	5.1	5.0	11.6	23.3	28.3
Clover (PICU)	77.78%	24.68%	70.79%	77.78%	0.59%	5.27%	148.10%	54.34%	147.62%	82.90%	3.77%	2.67%	7.0	7.0	10.5	18.8	25.9
Step Forward (Rehab)	100.00%	45.00%	100.00%	100.00%	0.43%	11.14%	117.78%	55.66%	101.11%	89.01%	5.43%	5.72%	4.4	3.6	5.8	4.1	7.7
Dementia Assessment Unit (DAU)	88.14%	21.15%	98.33%	64.41%	7.43%	13.50%	160.00%	61.50%	173.89%	78.91%	2.27%	7.61%	8.3	5.7	19.6	13.4	19.1
Total	87.94%	21.91%	96.52%	79.55%	2.27%	7.87%	133.30%	60.58%	141.59%	83.51%	3.78%	5.49%	3.9	3.6	6.4	10.2	13.8

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

	RAG Ratings	
Fill rates	Annual Leave	Sickness
>90% - Green	>14.1% - Red	>5% - Red
80-90% - Amber	10-14% - Amber	4-5% - Amber
<80% - Red	<10 - Green	<4 - Green

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 Inpatient Isolation Policy

All asymptomatic new admissions are now tested for Covid-19 using the LFT testing device. PCR testing remains only for symptomatic patients. The isolation period for asymptomatic new admissions declining Covid testing has been reduced from 10 full days to 2 full days. Since this recent change, swabbing of new admissions has improved and due to the nature of an LFT test being a point of care (POC) test it has had a positive impact on patients who accept testing with regards to isolation, unnecessary isolation and having the opportunity for earlier assessment in relation to their mental health by being out on the main ward area. Inpatient isolation beds have reduced from 10 bedroom areas to 7. Staffing has been reduced in line with the reduced need for isolation areas.

Workforce Development Plans and Inpatient Model Roster

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.

In 2019 inpatient services received an inadequate rating and were served with a 29A improvement notice. Significant reforms to inpatient care were enacted following the inspection utilising our Care Trust Way rapid improvement methodology. This saw the need for additional staff and skill mix within the rosters, above funded establishment, to embed and continue to

deliver the improvements (as described in pre COVID Model Rosters). Inpatient and Acute Services are now rated by CQC as 'good' across all domains.

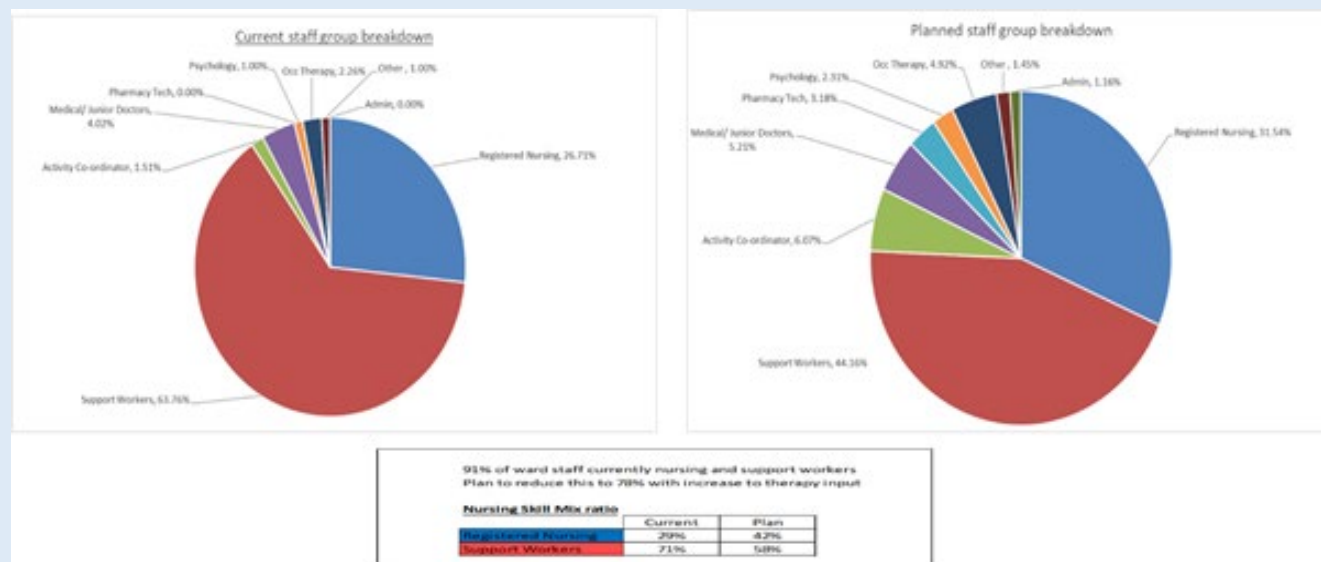
With the emergence of COVID, workforce and financial pressures have been further impacted with rosters and skill mix needing to respond to robust IPC requirements, heightened patient complexity and acuity impacted by increased restrictions and isolation, staff loss, sickness, and fatigue. This has led to a rapid and significant increase in staffing requirements which has been met through more bank and agency staff requests. A heavy reliance on additional temporary staffing brings with it significant financial implications but also impacts upon quality, to include impacts on LOS and occupied bed days.

The Mental Health Care Group Leadership Team have undertaken a process of reviewing the roster and workforce requirements across acute inpatient & PICU services (to include Bracken Ward). This review has included COVID and post COVID requirements, to understand and describe what the continuing workforce requirement will be as a result of COVID related responses and impacts. As well as what has been modelled as the ongoing required, sustainable workforce needed to deliver a high quality, purposeful and effective inpatient service, post COVID.

A key driver to the model roster recommendations is around delivering purposeful, recovery focused care that supports reducing length of stay (LOS) and the amount of time a person is in hospital, thus supporting the ambition to reduce out of area (OOA) beds and bed numbers on our larger wards.

The revised model roster 3 builds upon the previously approved 'Care Closer to Home' model, enhancing roles that compliment and support the traditional rostered nursing and support worker roles; maximising opportunities for skill mix, offering recovery focused interventions across the 7 days and 12 hour roster period thus enriching the skill mix in favour of an enhanced therapy offer; all of which are evidenced to support improved recovery & shorter lengths of stay as described within national benchmarking and evidenced based practice. The model roster 3 will enable the trust to meet the Therapeutic Acute Mental Health Inpatient Care component outlined in NHS England's mental health implementation plan.

The illustration below shows the difference in skill mix between current model and the model recommended within Model Roster 3.



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)	4.82%	490.51	10181.39	£58,429.89	1.98%	2.83%	10.74%	37.47	54.40	362.72	398.32	8.94%	13.78	-0.59	4.48
453 Adult Mental Health Inpatients (Level 4)	7.70%	743.49	9658.49	£63,895.19	3.21%	4.49%	16.21%	56.81	47.23	341.82	449.55	23.96%	159.96	116.24	0.20
453 Child & Adolescent Mental Health Services (Level 4)	6.42%	318.13	4954.64	£37,877.17	1.87%	4.55%	17.98%	33.49	39.59	180.57	175.10	-3.12%	7.05	3.59	0.00
453 IAPT-Psychological Therapies (Level 4)	4.19%	171.32	4088.73	£19,783.78	1.70%	2.49%	24.38%	28.53	28.71	152.31	148.76	-2.39%	1.88	0.00	0.00
453 Learning Disabilities (Level 4)	9.73%	257.96	2651.37	£22,416.76	3.26%	6.47%	14.07%	13.64	19.05	97.97	99.20	1.24%	17.01	26.86	0.00
453 Older Peoples Mental Health Services (Level 4)	5.81%	287.89	4957.92	£24,454.91	2.19%	3.62%	14.15%	24.55	25.93	178.25	175.87	-1.35%	24.09	29.59	0.00

Community Mental Health has 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. However, current sickness rates show this has reduced over the last 6 months.

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

Care Group	Service Area	ACE, Trauma and Resilience	Basic Life Support	CPA - Role Authority Regional Roles of Care Co-Ordinator CLINICAL ROLE - 3 Years	CPA Care Planning for Clinical Staff - Formulation and Assessment and Management 1-3 Years	CPA Clinical Risk, Equality, Diversity and Rights - 3 Years	Fire Safety - 1 Year	Food Hygiene Awareness	Freedom of Speech - 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 - Deakway - 1 Year	MAV - Physical Intervention 1-2 Years	Medicines Management 1-2 Years	Mental Capacity Act 3 Years	Mental Health Act 3 Years	Mental Health Act - HCSW - 3 Years	Moving & Handling People (Min. Assistance) - 1 Year	
453 Mental Health Care Group (Level 3)	453 Adult Mental Health Community Sens (Level 4)	92.50%	79.24%	92.48%	96.41%	92.89%	93.23%	90.00%	90.91%	87.74%	96.43%	87.88%	91.24%	96.84%	100.00%	67.47%	89.66%	94.55%	95.61%	100.00%	100.00%		
453 Mental Health Care Group (Level 3)	453 Adult Mental Health Inpatients (Level 4)	96.43%	86.34%	98.25%	99.11%	94.78%	96.10%	93.51%	90.87%	91.88%	94.81%	88.93%	91.67%	91.03%	94.81%	62.50%	76.34%	79.50%	89.83%	97.54%	98.41%	97.71%	65.57%
453 Mental Health Care Group (Level 3)	453 Child & Adolescent Mental Health Services (Level 4)	93.80%	83.61%	94.32%	94.59%	93.13%	96.50%	93.71%	100.00%	93.01%	95.10%	100.00%	90.98%	91.61%	100.00%	99.24%	100.00%	95.61%	96.95%				
453 Mental Health Care Group (Level 3)	453 IAPT Psychological Therapies (Level 4)	93.28%	84.00%	92.31%	95.24%	78.57%	93.52%	87.31%	100.00%	85.82%	94.03%	80.00%	87.10%	90.30%		61.86%			91.20%	81.82%			
453 Mental Health Care Group (Level 3)	453 Learning Disabilities (Level 4)	98.88%	93.42%	94.55%	98.18%	93.23%	97.75%	98.88%	97.22%	98.88%	96.63%	81.82%	94.38%	97.75%	100.00%	81.71%	100.00%	93.00%	100.00%	97.67%	100.00%	92.11%	
453 Mental Health Care Group (Level 3)	453 Older Peoples Mental Health Services (Level 4)	95.00%	84.87%	97.22%	97.22%	94.52%	97.86%	90.71%	90.91%	88.57%	96.43%	78.58%	100.00%	89.71%	92.89%	85.71%	75.91%	74.14%	88.88%	94.78%	98.57%	100.00%	77.78%

Care Group	Service Area	Moving & Handling People (Practical) - 1 Year	Moving and Handling - Level 1 - 2 Years	NHS Conflict Resolution (England) - 3 Years	Pressure Ulcer Prevention	Preventing Radicalisation - Basic Awareness - 3 Years	Preventing Radicalisation - Prevent Awareness - 3 Years	Rapid Response - 2 Years	Risk Management 1-5 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	Safeguarding Children and Falls	Systeme Community Adult	Systeme Community Children	Systeme Core	Systeme Mental Health	Systeme Trustwide
453 Mental Health Care Group (Level 3)	453 Adult Mental Health Community Sens (Level 4)		94.68%	96.32%	100.00%	93.84%	98.39%	100.00%	90.80%	74.19%	100.00%	97.50%	71.43%	77.82%	100.00%		50.00%	88.63%	96.55%	100.00%	
453 Mental Health Care Group (Level 3)	453 Adult Mental Health Inpatients (Level 4)	86.96%	87.50%	97.91%	85.71%	94.48%	89.42%	98.70%	80.00%	94.64%	66.15%	83.33%	94.92%	86.81%	100.00%				98.22%	93.93%	
453 Mental Health Care Group (Level 3)	453 Child & Adolescent Mental Health Services (Level 4)		94.44%	95.00%	86.67%	96.43%	97.90%	100.00%	93.69%	42.86%	100.00%	72.73%	69.43%	81.25%		0.00%	80.00%	100.00%	100.00%	0.00%	
453 Mental Health Care Group (Level 3)	453 IAPT Psychological Therapies (Level 4)		94.03%	93.60%	77.68%	89.52%	96.27%	88.89%	84.88%	66.67%	88.89%	90.91%	86.73%	100.00%					100.00%	100.00%	
453 Mental Health Care Group (Level 3)	453 Learning Disabilities (Level 4)		98.04%	97.70%	100.00%	89.77%	100.00%	100.00%	96.15%	88.89%	100.00%	100.00%	95.00%	100.00%					100.00%	100.00%	
453 Mental Health Care Group (Level 3)	453 Older Peoples Mental Health Services (Level 4)	71.89%	89.15%	99.28%	76.00%	100.00%	92.64%	94.12%	97.14%	100.00%	92.62%	78.57%	100.00%	96.30%					99.24%	97.79%	

4.1.3 Challenges

Community mental health services (CMHT) continue to experience challenges due to increasing vacancies within the local authority which impacts service provision as CMHT is an integrated service. The impact of covid on the wellbeing of staff is also a challenge across all service areas. As per national guidance community services have increased face to face sessions following IPC guidelines to mitigate risk. BDCFT and Bradford Local authority partners continue to undertake rolling recruitment for current vacant posts. The Principle Social Worker 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

By 2023, £39 million of ringfenced investment will be made into newly formed core models of community mental health care for SMI based on 'Place'. It is the first major system change to community mental health services in over 30 years and will require our secondary care staff to work differently and in collaboration with our community partners in PCN and VCS. Workforce planning and our requirement to both train and develop new roles in mental health and introduce a multi-disciplinary skill mix is a critical part of our community mental health transformation plan. The new roles will ensure wider opportunities to work in mental health and therefore to maintain the quality of the new services we will be delivering and supporting, we need train our new recruits to develop new competencies and skills to fulfil these new roles. Ensuring our staff are well trained and supported also supports our recruitment and retention plans for Community Mental Health staff which has been challenging nationally as new roles are defined and developed across the System.

What is imperative is that as we plan our new CMHTX skill mix services, the ratio of registered to unregistered staff to ensure adequate supervision can be maintain as we plan our new staffing models.

New roles will bring different expectations of delivery and whilst peer support workers will play a larger role in our support structures, we need to ensure that the appropriate scaffolding for those with lived experience is embedded as part of workforce planning to provide a sustainable environment for peer support roles to flourish.

Finally, workforce planning needs to incorporate team training approach as part of the monthly service delivery in the same way we approach supervision, delivered monthly and measured as outcome indicator for quality metrics. Team training model as part of delivering a relevant and expert System wide mental health service will require all staff to be trauma informed, to apply clinical pathways appropriately as required by NICE guidelines (and supported through the transdiagnostic model) and to use reflective practice as a tool to benefit from an MDT approach to learning as a team. The 'Team training' approach allows teams to use lived experience as a vehicle for learning and ensures that all the team learn from each other's professional differences to find ways forward for the service users that we provide care for. CMHTX demands our staff be better trained and requires them to step up and step-down care as required, and this skill requires monthly skill updates and learning to apply reflective practice as the basis to acquiring the skill that will be needed to deliver the '10 year plan' for community mental health. Opportunity also exists for our secondary care trust to provide expertise to the system, in terms of training and development for staff to ensure standardisation of care across the Place.

All current 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 development of an Acute Liaison Psychiatric Service (ALPS) following a successful CORE 24 bid will see increased resource within accident and emergency departments, with 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 the majority of posts recruited to with the service undertaking 24 hour coverage in July 2022.

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.

The Trust has also implemented an incentive package for hard to recruit to posts. The Trust continues to support substantive non registered staff into apprenticeship programmes into Nursing and the Nursing Associate roles.

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: Christopher Dixon, Head of Nursing (Mental Health)

Date: 5 April 2023

Appendix 1

Adult Community Services

Current situation

Sickness

The average sickness within the sub care group as of February 2023 was 5.1%.

Sickness absence rates continue to impact on the availability of staff across the sub care group, with higher long term rates in the palliative care, dental and speech and language service. More recently there has been a spike in absence relating to Infection diseases, particularly COVID-19, albeit at lower rates than during the pandemic. The care group has continued to employ an addition HR attendance advisor to assist with supporting absence management, providing education to new line managers and exploring preventative initiatives. More recently the sub care group has 'employed' a moving and handling specialist to support and advise community teams providing domiciliary care. Anecdotal feedback suggests that this role has had a significant impact on staff experience. It is hoped that the role reduces future MSK related absence.

Turnover

Community Nursing

Labour turnover within community nursing remains high, reflecting staff retirements and staff moving to other neighbouring organisations. Some of this movement has been arrested with the development of new roles that reflect those offered by neighbouring Trusts (including consistent pay grades). More recently some community staff have returned to the Trust reflecting these new role, and recruitment of qualified nursing staff has increased as a result of bespoke recruitment campaigns planned in partnership with the Trusts communication department. In the current 'employees' market', promotional posts are more readily available, therefore focus over the next 6 – 12 months needs to continue on improving the offer and experiences of staff working within the community nursing service. This will be promoted through the Adult Community Transformation Programme.

Speech & Language Therapy (SALT)

Speech and Language therapy have faced challenges with recruiting qualified practitioners that has impacted on the delivery of core commissioned services, and the ability to address long waiting lists, particularly within the paediatric service. The service has continued with a moratorium on new independent commissions to reduce any adverse impact on core services. SALT have continued to use alternate approaches to support recruitment beyond the 'local' economy, employing speech therapists as remote workers, delivering care exclusively via digital mediums. This has enabled the service to tap into national employee markets.

More recently the paediatric service has successfully recruited to all vacant positions, enabling the service to make positive improvements with referral to treatment times as dictated by the SEND written statement of actions (WSA). As of Feb 23, the RTT was 82.1% against a target of 95%. This reflects a continuous improvement. Through close collaboration with BDCFT children's services, work is ongoing to use nursery nurses to bolster paediatric SALT capacity.

During the last 6 months the paediatric SALT service has launched a revised referral criteria and web site aimed at ensuring the right people are referred (those who needs require a specialist assessment and treatment), and to promote self-directed care /advice when appropriate. The SALT service is jointly leading the SEND WSA workstream that is working in collaboration with system partners to map alternative services and signpost people waiting for SALT to more appropriate services as an alternative, or interim measure whilst waiting.

Adult SALT has a smaller waiting list, but one which includes people awaiting assessment for dysphasia or complex communication needs. Although locums have been appointed to address the backlog, and manage presenting demand, referral activity remains high.

Both Paediatric and Adult SALT service are part of a transformation programme that aims to improve performance and address workforce challenges.

Podiatry

The podiatry service has experienced high levels of staff attrition over the past 6 months coupled with lower numbers of recruits. This in part reflects a reduction in the number of educational places filled at supplying universities. With the reintroduction of bursary schemes it is anticipated that future graduate numbers will increase.

The services have diversified in response to these presenting challenges by offering apprenticeship training posts for podiatry assistants, and through wider skill mix, particularly within the diabetic foot assessment 'service'. The service works in close collaboration with Huddersfield University and offers high numbers of pre-registration placements (higher than neighbouring provider Trusts) The service is part of the adult community transformation programme and is exploring new roles/portfolios that will offer existing staff greater opportunities for development and seniority whilst remaining in service. It is anticipated that this will support the retention of experienced staff and offer a more robust career pathway for new recruits thereby supporting future recruitment.

Vacancies

Across the majority of services within the sub care group recruitment has been sufficient to fill all vacant posts. However, there are three noticeable exceptions, these being community nursing and more recently podiatry. This issue is exacerbated by high levels of maternity leave within these services still reflecting a predominantly female workforce.

Within the community nursing service, there are currently 42WTE vacant qualified nurse posts. This represents a reduction over the last 6 months. Neighbouring Trusts reflect similar vacancy rates. Significant work continues to address this shortfall in line with workforce planning activities, and the community adult transformation programme that includes:

- Apprenticeship programmes for Trainee Nurses, Trainee Nursing Associates, Trainee District Nurses & Trainee Advanced Clinical Practitioners.

- Conversion programmes for Registered Nursing Associates to become Registered Nurses
- Recruitment of Nursing Associates to enhance skill mix.
- Increased Health Care Assistants aside of expanding clinical competencies.
- Employment of a pharmacy technician as part of skill mix,
- A 12-month proof of concept working with Age UK & Carers resource to provide personal support navigators for patients and carers as part of skill mix,
- A planned 12-month proof of concept with the Airedale Hospital Digital Care Hub that will provide clinical triage for all unplanned calls for a small number of community nursing teams, aiming to reduce the number of face to face community nursing visits required. A business case is in development to expand a digital triage to the whole of the community nursing services.
- The employment of additional administrative roles designed to free up clinical capacity.
- A 12-month proof of concept placing a social worker and AHP professional within a community nursing team to free up nursing capacity.
- Collaborative work with the Local Authority to develop a 'delegated healthcare' service specification that will allow community nursing to delegate health care activities to selected home care providers in the future.
- The employment of 6 self-management facilitators to promote self-care thereby reducing future demand on community nurses.
- A self-care wound care pilot aimed at preventing the reoccurrence of chronic wounds in those who are clinically vulnerable thereby reducing demand.

These schemes are aimed at either addressing current workforce gaps through the development of essential roles, at reducing direct demand, freeing up clinical capacity or are facilitating skill mix that reduces the need for registered nurses. These initiatives New are being funded using slippage from vacancies, therefore over time as these in are embedded, the number of qualified vacancies reported will decrease. Services will however continue to monitor capacity and demand.

In support of future recruitment, all community services continue to offer a wide range of placements for pre-registration students, working in collaboration with the LEND team. Students placed with the Trust are recruited in advance of attaining their professional registration.

Training

Competence Name	In Date	Total	%
ACEs, Trauma and Resilience	603	623.0	97.77%
Basic Life support	488	568.0	87.57%
Equality, Diversity and Human Rights - 3 Years	596	623.0	96.82%
Fire Safety - 1 Year	557	623.0	92.69%
Freedom to Speak Up - All Workers - 2 Years	588	623.0	97.14%
Health, Safety and Welfare - 3 Years	601	623.0	97.33%
Immediate Life Support	7	8.0	85.71%
Infection Prevention and Control - Level 1 - 2 Years	41	48.0	91.07%
Infection Prevention and Control - Level 2 - 1 Year	485	571.0	90.35%
Information Governance and Data Security - 1 Year	578	623.0	90.46%
Learning Disability Awareness	380	623.0	88.71%
MAV-Breakaway - 1 Year	19	33.0	61.76%
Medicines Management - 2 Years	275	331.0	88.75%
Mental Capacity Act - 3 Years	536	566.0	96.29%
Mental Health Act - 3 Years	3	3.0	80.00%
Moving & Handling People (Min. Assistance) - 1 Year	45	51.0	88.00%
Moving & Handling People (Practical) - 1 Year	304	365.0	85.71%
Moving and Handling - Level 1 - 2 Years	195	204.0	93.24%
NHS Conflict Resolution (England) - 3 Years	566	588.0	96.10%
Pressure Ulcer Prevention	241	272.0	88.60%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	547	575.0	95.14%
Preventing Radicalisation - Prevent Awareness - 3 Years	39	45.0	94.00%
Risk Management - 5 Years	610	623.0	96.50%
Safeguarding Adults (Version 2) - Level 1 - 3 Years	24	25.0	88.46%
Safeguarding Adults (Version 2) - Level 2 - 3 Years	128	158.0	90.12%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	125	440.0	82.33%
Safeguarding Children (Version 2) - Level 1 - 3 Years	24	25.0	93.87%
Safeguarding Children (Version 2) - Level 2 - 3 Years	505	536.0	94.22%
Safeguarding Children (Version 2) - Level 3 - 3 Years	14	62.0	93.75%
Slips, Trips and Falls	57	60.0	95.00%
SystemOne Community Adult	450	457.0	97.51%
SystemOne Core	488	490.0	98.13%

The sub care group have good mandatory training compliance overall. Monthly performance report outs are used to track and respond to decreases in compliance. Over the last 12 months, compliance has fluctuated in services, especially when business continuity plans have been enacted but overall remains good.

Challenges

Capacity & Demand – Over the last 10 years, demand across community nursing has grown, particularly within district nursing. This reflects demographic changes with people living longer,

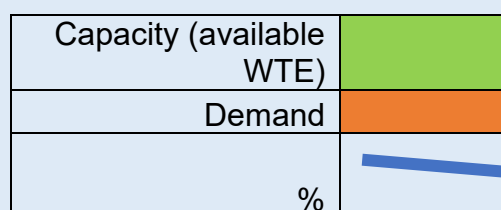
and with increasing numbers of comorbidities. Bradford Local authority is currently the 13th most deprived nationally, meaning above average numbers of people living with complex health needs. This demand also reflects shifts in where care is delivered with more complex activities e.g., the management of chest drains delivered outside of hospital environments, and better choices for services users and families as to where they wish to access care e.g., with the majority of people choosing to die in their own home.

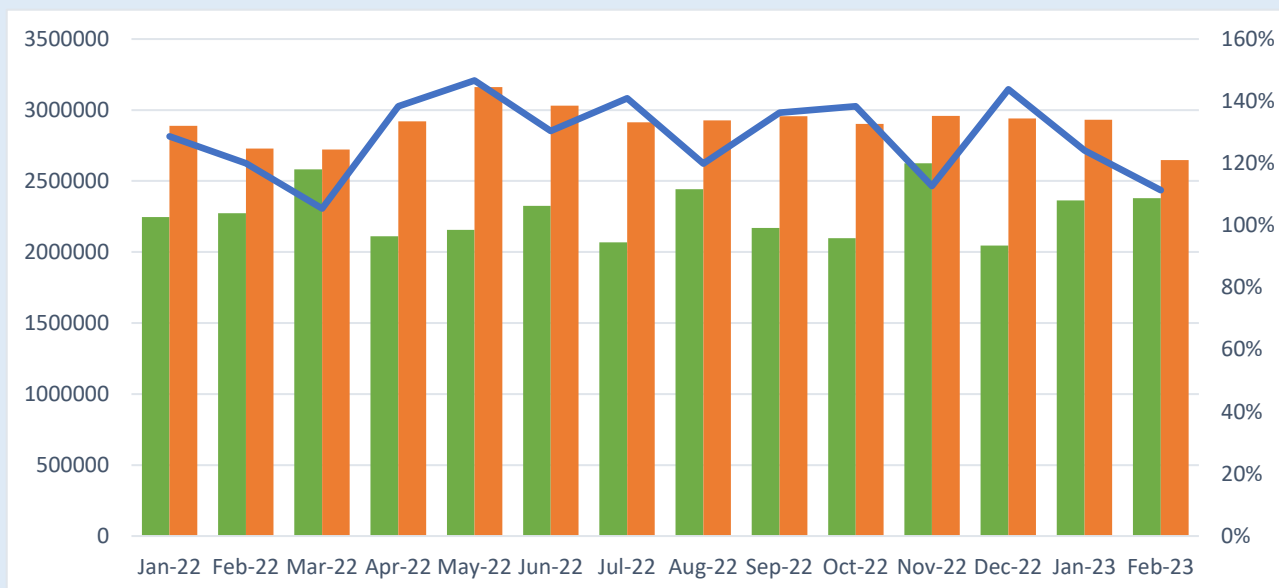
An example of increased demand within community nursing is demonstrated through the number of insulin doses administered per annum. The table below demonstrates a 55% increase in 2018/19 activity. Although the self-management facilitation role aims to address future rising demand, the impact on services and the ability to maintain safe care provision is significant.

2018/2019	BDCFT delivers in excess of 64,000 insulin doses per annum
2021/2022	BDCFT delivers in excess of 99,557 insulin doses per annum

Whilst these are stories of success that reflect the national ambitions of achieving a 'left shift', funding has not accompanied these changing patterns. As such, demand has increased not just in terms of contacts undertaken, but the complexity and multiplicity of each contact with the majority of service users having more than one presenting need requiring multiple interventions (activities). Community nursing remains overstretched with demand exceeding capacity, demonstrated in the graph below. The associated experiences and trends are triangulated through staff survey results.

Capacity and Demand



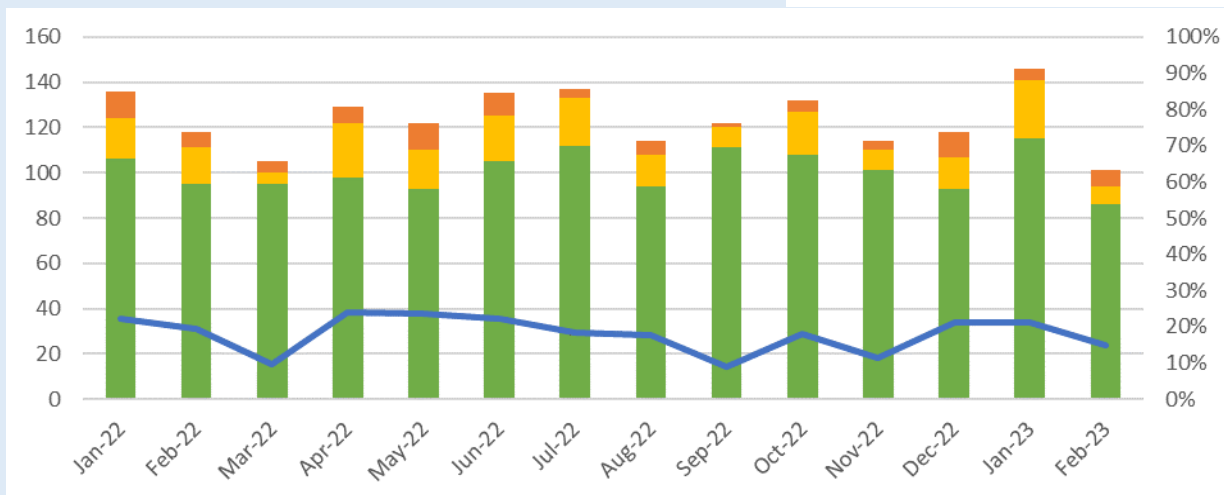


The impact of demand exceeding capacity is often highlighted as a contributory factor in complaints, medicine errors and reducing mandatory training compliance. However, it is noted that through the dedication & diligence of front line staff, and robust governance within the sub care group, performance across these areas generally remains good despite the challenges highlighted.

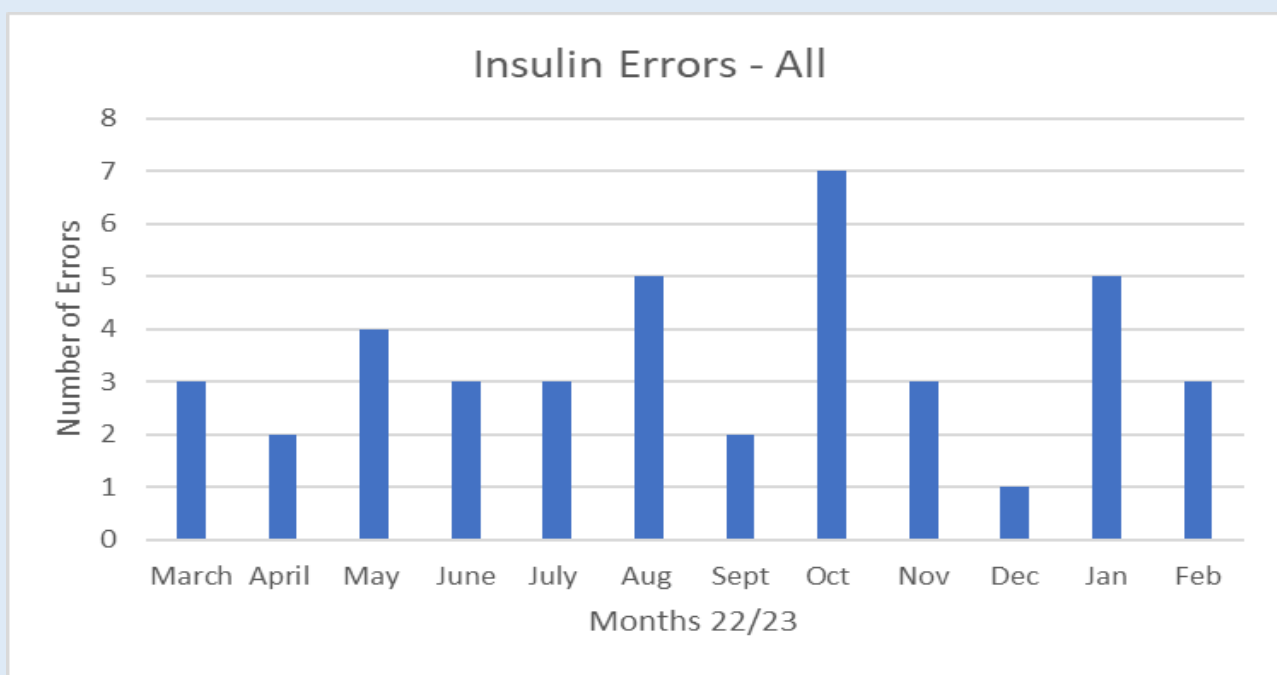
Quality Markers

Despite significant pressures on staff demand, community nursing services have been able to make some significant positive and sustained improvements in relation to the quality of care delivered. This is demonstrated in the reduction of pressure ulcers as demonstrated below.

		Q4 2021 / 2022	Q1 2022 / 2023	Q2 2022 / 2023	Q3 2022 / 2023	Jan-23	Feb-23
No Omission		296	296	317	302	115	86
Omission at home		39	61	44	42	26	8
Omission in care home		24	29	12	20	5	7
% with omission		18%	23%	15%	17%	21%	15%



Despite the service delivering just short of 100,000 insulin doses per annum, the error rate remains incredibly low e.g. Feb 2023 saw an error rate of 0.0004, with no actual harm reported in the 6 month period.



Embedded daily report out structures are utilised to manage fluctuating demand across the sub care group, 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 support redeployment from other community services should services be unable to meet essential service requirements.

The impact of fluctuating staffing levels is monitored through a weekly report out that focusses on performance and quality markers. The sub care group QUOP's meeting also provides oversight and scrutiny of related issues.

Safer Staffing Next Steps

The Community Nursing service signed up to participate in the trialling of a NHSE/I safer staffing tool. Whilst this is not a daily escalation tool, it is hoped that this will enable the Trust to formally identify demand that exceeds capacity, and as such benchmark against national averages. This data should be used to influence future resource allocations, operational procedures and service structures. The service is planning to complete the first whole service data collection in August /September 2023.

The community transformation programme is now planning for phase 3. The overall aims are geared up to address some of the challenges faced across services including: the reduction of demand, a freeing up of clinical capacity, improving the experiences of staff working within adult community services and attracting investment to enable service growth. Great success has been achieved through phase 1 & 2 of the programme, and it is envisaged that the mobilisation and embedding of new initiatives will have a significant impact on safe and sustainable staffing over the next 6-16 months, addressing some of the concerns highlighted in this report.

The majority of sub care group services utilise SystmOne as their electronic patient record (EPR). Current EPR configuration impacts negative on clinical capacity. A significant improvement programme is required to release clinical time, thereby positively impacting on safer staffing ambitions across the sub care group. The Adult and Children's care group are in the process of developing a business case to support these ambitions, linking them to phase 3 of the Adult Community Transformation Programme.

Appendix 2

Children Services

Our journey

The past year has seen a lot of changes in all our Public Health Nursing team -formerly 0-19 service. The team comprises of Health Visiting, School Nursing and Operations Safeguarding and Vulnerability teams including Special Educational Needs and Disabilities. There are also other specialist roles supporting across all Children services i.e Quality, Workforce resilience, Education and training.

Transformation journey

This was borne out of the need to ensure that there is a responsive and fit for purpose service being delivered whilst working to a new service specification. Following on from the Care Quality Commission (CQC) and SEND inspections last year, there are actions that need to be achieved to improve the service. It was clear that in order to attain compliance with 'must' and 'should' dos, a review and refresh of teams and the delivery model was required.

Public health Nursing before transformation

Workforce model

Health Visiting

There was a tiered delivery model with 4 geographical teams across the District. The teams were divided between those undertaking universal and safeguarding work which meant families were referred on to another team if they moved across the tiers. This was highlighted as an issue that needed to be addressed in the CQC inspection as it was identified that there was a risk the model was not responsive enough. It also identified that the model created barriers and reduced continuity of care. A consequence of this could cause delays in access to services and not be as responsive as intended.

There was a minimal skill mix as the service was based on a model delivered by Health Visitors (HV) so needed a lot of HV as part of the team to deliver contacts. This was a challenge as there is a national shortage of both Health Visitors and school Nurses.

School Nursing

The team had a corporate caseload led by the School Nurse. As highlighted above, the service experienced challenges with not just SN recruitment but increased caseload demands as well. Due to an increase in the number of safeguarding work, the team could not undertake their Public health role as Safeguarding took priority.

Leadership

There was a very flat structure with minimal leadership. The team comprised of an Assistant General Manager, 1 Service Manager, 1 Clinical Manager, 6 Team leaders and a Clinical lead. This structure made it difficult to have a confident oversight and to be able to drive the change needed to make services safe and robust.

Workforce plan and vacancy rate

Due to challenges highlighted above with HV and SN recruitment, there was a very high vacancy rate despite the best efforts at 'growing our own' Specialist Community Public Health Nurses (SCPHN) and supporting them through training. There wasn't the capacity to think past the day to day challenges and competing priorities. The leadership team were not able to pre plan to minimise stop start gaps even when there was an awareness of retirements or leavers ahead of time.

Sickness and Labour turnover rate.

There was a high sickness rate- mainly long term and although the service worked hard, engaging with Human Resources and Occupational health, the rates remained quite high. This was due to a combination of challenges with increasing caseload demands and reduced available leadership support for staff.

The service lost a number of experienced Health Visitors and School Nurses mainly to neighbouring Trusts. The tiered model was cited by some HVs as a reason they were leaving as they wanted to have therapeutic relationships with families they worked with and felt they could not achieve this with the delivery model in place. For School Nursing, there was the challenge of undertaking safeguarding work without delivering public health elements highlighted as a top reason for leaving the service.

Service offer

Due to challenges with staffing, the service was being delivered within the Business Continuity plan (BCP). Staff commented this was not satisfactory as they unable to deliver the full remit of their role.

COC inspection

The service was rated good on a number of areas; effective, caring and well led, and required improvement on safe and responsive. This was justified as the service were challenged to deliver a safe and responsive service with the staffing levels against the caseload demands. The overall rating for the service was concluded as requires improvement.

Current landscape

Workforce Model

Health Visiting

To promote the therapeutic relationship between the child and family and the early identification of need resulting in earlier access to packages of support, there has been a move from the old tiered delivery model. The service is awaiting implementation of a more responsive relational model due to start in May 2023. This is modelled looking at locality caseload, acuity, demand, and geography. There are 10 smaller relational teams which have been staffed according to need and demand. Engagement sessions with staff around the new model have been positive and there is an appetite to begin working to it.

This is in line with the service specification as it is a Health Visitor led rather than a Health Visitor delivered model. As part of the transformation work, the leadership team have looked at roles and responsibilities to maximise capacity whilst delivering a fit for purpose service. Health Visiting vacancies have been repurposed enabling a shift to the new delivery model as it was not dependant on just HVs. There has been an increase in the number of staff Nurses and new roles i.e., Health Visitor Assistants.

The Health Visiting service is now working to a mixed caseload model, all HVs are now trained in Early help, this training will also be rolled out to staff nurses. The new smaller relational team model has a positive impact on the therapeutic relationship with families and the team are certain this will increase engagement and improve outcomes.

School Nursing

There has been an extra investment from Commissioners which will be utilised to create a new team- Operations Safeguarding and Vulnerability. Reallocation of some activities - duty, child protection and strategy discussions from mainstream School Nursing to the new team has enabled the SN team to focus on the delivery of the wider service specification.

The team has recently started delivering the Public health element of their role which has been made possible by the service redesign and transformation work. Despite the repurposing of some roles, there is still significant pressure facing Public health Nursing activities especially in Schools.

There is now a presence in the schools from the team undertaking public health activities, health assessments are now also being completed for children with the child protection plan and we are sharing information timely at the strategy meetings.

Staff Nurse roles have been increased and new roles in the team have been embedded i.e., family support workers.

Leadership

The leadership team has been strengthened with two more Service Managers, one focusing on Transformation work and the other one leading the Operations Safeguarding and Vulnerability teams. There is an extra Clinical Manager for the Operations Safeguarding and Vulnerability teams and another Clinical lead in SN service. There are now specialist roles to complement the team around Workforce planning and resilience and Education and training.

This has freed up capacity for Operational Managers to focus on operational delivery and support clinicians to undertake their roles. An opportunity also arose for one of the Service Managers who was working in Specialist Children services to undertake a Fellowship and as part of a stretch project, Rugare Musekiwa is on secondment as an Associate Head of Children services.

This has allowed the Head of Service to lead the transformation work and drive it at pace.

Workforce and capacity planning and vacancies

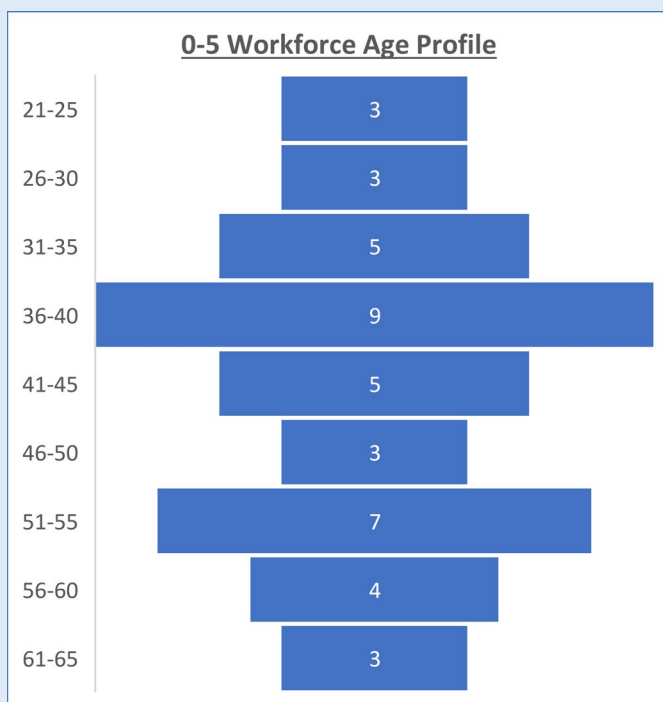
There is a Business Manager supporting across Adult and Children services. There is a recruitment plan and the team is now able to forecast staffing and work proactively to promote services. There is a focus on recruitment and retention equally. The business manager has been instrumental in supporting to repurpose roles and filling vacancies differently allowing creativity with roles that support service delivery.

There is now an improved vacancy rate within the service which is now safely staffed to deliver the Service specification.

Student Nurses have been recruited and will be ready to join the trust post qualification in September 2023. Piloting a pre Specialist Community Public Health Nurse (SCPHN) role has been successful as part of “growing our own” SCPHNs. The service has supported eight Band 5 staff Nurses to access training and they are due to complete the course at the end of July this year.

0-5 workforce age profile

As highlighted below, the majority of the workforce is nearing retirement age in the next 5 years and part of the workforce and capacity planning is to mitigate risk around this.



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)	6.00%	375.56	6258.02	£45,421.17	1.92%	4.08%	12.72%	27.38	47.97	219.64	199.76	-9.95%	6.96	0.00	0.00
453 Specialist Childrens Services (Level 4)	4.04%	73.75	1827.23	£8,367.53	2.08%	1.96%	24.66%	16.81	8.38	62.78	58.53	-7.26%	1.38	0.00	0.00
453 Wakefield 0-19 Childrens Services (Level 4)	8.71%	20.91	240.05	£2,358.02	0.00%	8.71%	37.46%	13.53	7.20	9.18	160.35	94.28%	0.17	0.00	0.00

Although sickness is still higher than the Trust target, there is a decrease across the Public Health Nursing teams. There is an overall reduction of 0.29% from last report. Short term sickness increased slightly by 0.24% mainly due to coughs and colds. Long term sickness has reduced by 0.52. By engaging with occupational health and Human resources colleagues, the team are able to support staff on long term sickness return back. The team utilise Specialist Team Leader support to manage and support long term sickness.

The team support and explore various ways of flexible working balancing work life and service needs which helps with staff morale and retention. It has also been noted that staff are returning having left under the old model.

Training Compliance

All mandatory training and clinical supervision compliance is reviewed at the weekly performance cell meeting with exceptions and oversight monthly at the service level QuOps meeting.

Service Area	ACES, Trauma and Resilience	Autism Awareness	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	Learning Disability Awareness	MAV - Breakaway - 1 Year	Medicines Management - 2 Years	Mental Capacity Act - 3 Years
453 Bradford 0-19 Childrens Services (Level 4)	100.00%	90.79%	90.57%				97.91%	93.72%	98.74%	97.91%	86.67%	93.67%	94.14%	86.61%	100.00%		96.79%
453 Specialist Childrens Services (Level 4)	98.57%	97.14%	93.22%	100.00%	100.00%	100.00%	100.00%	97.14%	97.14%	95.71%	88.89%	100.00%	98.57%	94.29%	79.17%	100.00%	96.43%
453 Wakefield 0-19 Childrens Services (Level 4)	100.00%	100.00%	100.00%				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%

Service Area	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	SystemOne Community Children	SystemOne Core	SystemOne Mental Health	SystemOne Trustwide
453 Bradford 0-19 Childrens Services (Level 4)	96.62%	98.21%	94.09%		99.16%	100.00%	94.98%	100.00%	100.00%	82.61%	91.93%	97.92%	90.37%	99.12%		
453 Specialist Childrens Services (Level 4)	98.51%	98.31%	98.51%	100.00%	98.57%	100.00%	98.15%	100.00%	100.00%	100.00%	92.98%		90.63%	98.51%	100.00%	88.00%
453 Wakefield 0-19 Childrens Services (Level 4)	100.00%	100.00%	100.00%		100.00%	100.00%	75.00%		100.00%	100.00%	100.00%		100.00%	100.00%		100.00%

There is an increase in training compliance, and this is partly because of the robust oversight by the Leadership team.

The workstreams below are crucial in supporting our workforce not just with growth but retention as well.

Pipeline – T Levels /Work Experience / Pre reg / Post Reg/ Degree Apprenticeships/ Return to Practice / Volunteers / Bank / Retire & Return	Job Descriptions and Blurbs – use of social media	Interview panels / Interview format / Involvement	Keep in Touch & Onboarding / Buddies
New Starter Focus Groups – Themes Welcome	Grow Our Own SCPHNs / SCPHN Celebration	Timely Student Recruitment = Retention	Job Enrichment
	Exit Interviews	Keep In Touch Newsletter	

How are we supporting and promoting resilience?

Skills Analysis	Lead Nurses – Workforce Resilience & Education	Professional Nurse Advocates	Postcards / Birthday cards / Thank You
Restorative Supervision	Coaching Clinics	Mental Health 1 st Aid	Critical Incident Stress Debriefing
Learning Lessons Supportive Conversations	Reciprocal Mentoring	Trying Roles On	Leadership Coaching
Management Supervision / Appraisals	Compassionate Leadership Charter	Leadership Development	Learning & Development

What are proud of?

'We invest in our staff and have three Queen's Nurses in our service with two of them currently accessing the Aspiring Leaders Course.

We have award winning staff with one of our Nursery Nurses winning the CPHVA Community Nursery Nurse of the year award last year.

We have a number of our staff on national and regional Advisory groups.

Our staff have published articles and we have had a presence and input at both regional and national conferences.

We have a good number of Professional Nurse Advocate Graduates and supporting not just our services, but we are a resource across the organisation.

We are a learning team and continue to embrace new information to be a better service and make a difference to the lives of children and families in our district.'