Board of Directors - Public

14 July 2022

Paper title:	Safer Staffing Bi-Annual Report	**Agenda item** **15.0**
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive, DIPC	
Prepared by:	Christopher Dixon, Head of Nursing, Mental Health Services	

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 November 2021 to May 2022 and is the biannual update.	For approval	
	For discussion	
	For information	X

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.		
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
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
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: • 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: • SO3
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • 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 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 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 increased over the period of 21/22 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 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.

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 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 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/AHP Council and Workforce Development 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 is linked with the national Preceptorship Framework workstream led by NHSE and is currently looking at a refreshed programme to meet the gold standard indicators. This work is a co-production piece with current preceptees across BDCFT nursing services.

Despite 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.

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 2021/22 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

		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22		Apr-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)	9.98%	9,744.77	7.78%	7,733.97	7.78%	6,107.74	9.65%	7,893.39	7.16%	6,672.16	10.33%	7,127.57
Acute Ward	453 FERN (Male Ward) (AMH) (113014)	2.88%	1,914.39	5.25%	3,611.94	9.19%	6,257.23	2.77%	1,574.46	5.04%	3,120.02	7.63%	4,276.27
Acute Ward	453 Heather Ward (AMH) - (113009)	9.56%	6,496.00	11.53%	7,733.36	8.35%	5,894.47	7.29%	4,892.00	6.82%	4,586.93	10.48%	6,911.29
Acute Ward	453 Maplebeck Ward (AMH)(113004)	8.71%	6,403.37	10.40%	7,492.95	7.57%	4,161.64	7.67%	3,939.39	11.50%	8,846.96	6.83%	5,023.83
Acute Ward	453 Oakburn Ward (AMH) (113005)	8.30%	2,359.93	6.96%	1,212.52	7.32%	2,714.06	5.70%	1,931.79	7.69%	3,441.42	7.26%	5,757.36
Learning Disability Ward	453 Assessment and Treatment Team (LDMC)(112161)	14.09%	9,820.35	10.32%	8,030.69	12.60%	9,668.17	8.67%	6,995.55	10.97%	9,342.66	13.76%	12,458.97
Low Secure Ward	453 Baildon Ward (FSM) (113127)	7.71%	4,909.39	10.83%	7,133.68	5.50%	4,404.38	1.71%	696.51	9.98%	4,036.30	7.30%	2,978.27
Low Secure Ward	453 Ilkley Ward (FSM) (113128)	6.14%	3,474.63	11.47%	6,097.55	13.99%	8,458.97	5.41%	2,865.10	7.21%	3,922.48	16.59%	8,598.59
Low Secure Ward	453 Thornton Ward (FSM) (113126)	12.62%	8,598.56	8.93%	5,518.58	25.00%	14,329.84	12.82%	5,219.79	3.22%	1,225.30	4.91%	1,162.70
Older Peoples Ward	453 Bracken Ward (OPMH) - (113600)	18.54%	14,502.10	19.27%	15,078.43	22.21%	13,939.14	17.10%	5,472.00	15.87%	4,996.25	15.63%	7,503.87
Older Peoples Ward	453 Dementia Assessment Unit (113501)	14.61%	17,622.49	20.33%	22,737.32	19.22%	20,479.11	13.78%	13,664.41	10.42%	10,835.96	9.57%	8,908.56
PICU Ward	453 Clover (PICU Airedale) (AMH) (113010)	14.62%	14,203.45	15.10%	14,673.30	15.68%	14,404.61	7.28%	5,881.15	7.63%	4,946.95	6.91%	5,951.53
Rehab Ward	453 Step Forward Centre (113061)	9.74%	4,112.93	8.44%	3,453.32	15.12%	6,990.54	6.78%	3,811.49	3.62%	1,894.42	8.32%	3,634.16

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, however this has started to show signs of decreasing over the last 6 months compared to the previous 6 months.
- Musculo-skeletal problems is still the third highest reason for sickness – both at Trust level and across Inpatient services.

Labour Turnover

		Nov-21		Dec-21		Jan-22		Feb-22		Mar-22		Apr-22	
Service Area	Organisation Name	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)	3.61	8.49%	4.61	10.90%	4.61	10.94%	4.61	10.96%	4.61	11.02%	5.61	13.55%
Acute Ward	453 FERN (Male Ward)(AMH) (113014)	4.00	16.10%	4.00	16.13%	4.00	16.16%	4.00	16.30%	3.00	12.24%	2.00	8.17%
Acute Ward	453 Heather Ward (AMH) - (113009)	2.80	10.33%	1.80	6.49%	1.80	6.35%	3.60	12.56%	4.60	15.89%	4.60	15.73%
Acute Ward	453 Maplebeck Ward (AMH) (113004)	8.05	24.30%	10.05	30.41%	10.05	30.18%	11.05	33.01%	11.05	32.84%	12.05	35.81%
Acute Ward	453 Oakburn Ward (AMH) (113005)	2.00	6.36%	3.00	9.56%	4.00	12.67%	4.00	12.60%	5.00	15.71%	5.00	15.50%
Learning Disability Ward	453 Assessment and Treatment Team (LDHC) (112161)	6.40	21.61%	6.40	21.57%	6.40	21.59%	6.40	21.56%	6.40	21.06%	4.60	14.68%
Low Secure Ward	453 Baildon Ward (FSM) (113127)	1.64	7.13%	1.64	7.16%	1.64	7.22%	2.24	9.98%	2.24	10.11%	2.24	10.23%
Low Secure Ward	453 Ilkley Ward (FSM) (113128)	1.00	4.13%	2.00	8.25%	2.00	8.24%	2.00	8.23%	2.00	8.23%	2.00	8.22%
Low Secure Ward	453 Thornton Ward (FSM) (113126)	4.00	13.99%	4.00	14.21%	4.00	14.42%	5.00	18.42%	6.64	24.98%	6.64	25.62%
Older Peoples Ward	453 Bradon Ward (OPMH) - (113600)	1.00	2.84%	1.00	2.84%	2.00	5.73%	3.00	8.66%	4.00	11.67%	4.00	11.71%
Older Peoples Ward	453 Dementia Assessment Unit (113501)	3.80	8.11%	4.80	10.24%	4.80	10.22%	6.60	14.07%	7.52	16.07%	8.52	18.41%
PICU Ward	453 Clover (PICU Airedale) (AMH) (113010)	1.61	4.26%	1.61	4.20%	1.61	4.14%	1.61	4.09%	1.61	4.04%	2.61	6.48%
Rehab Ward	453 Step Forward Centre (113061)	4.00	23.58%	4.00	23.23%	3.00	17.11%	3.00	16.89%	3.00	16.59%	3.00	16.38%

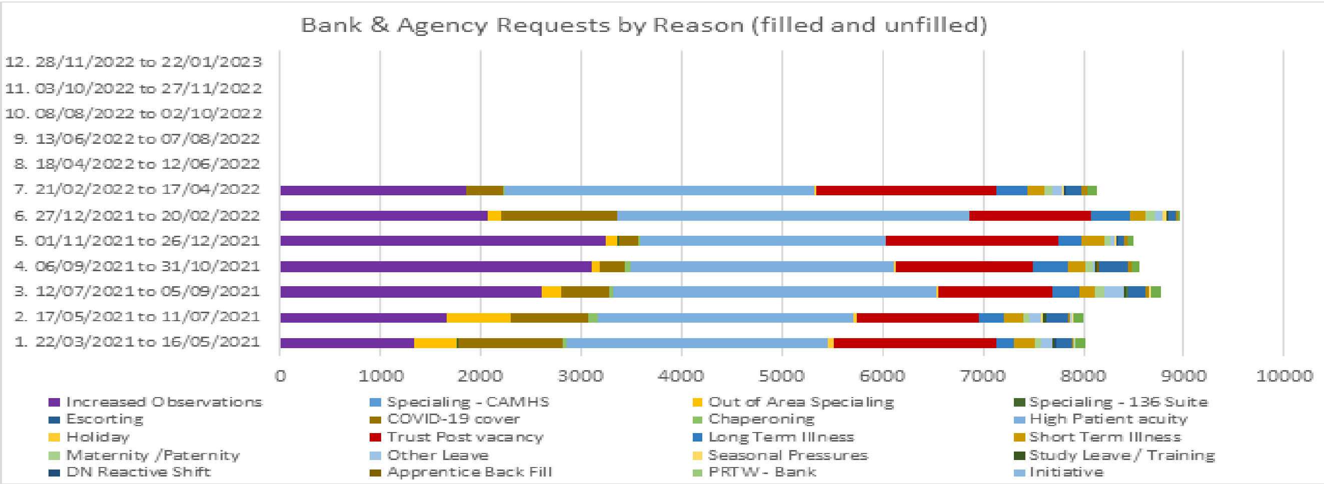
Labour Turnover rate across the Trust has remained high over the last 6 months with an increasing trend, the current rate as of April 2022 is 14.97%, a significant increase from the last report in Oct 2021 when it was 11.5%. The table above highlights the rates by ward with the highest 3 wards each month. The Trust has not been an outlier when compared to partners within the ICS, as most Trusts over the last 6 months have shown an increasing trend.

Vacancy

Service Area	Sickness Rate	Sickness days lost	Total Days available	Sickness Cost	Short Term Sickness Rate	Long Term Sickness Rate	LTD 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)	3.52%	346.04	9834.85	£44,945.00	1.67%	1.85%	11.10%	36.10	43.30	333.73	339.80	1.79%	12.69	1.51	2.32
453 Adult Mental Health Inpatients (Level 4)	7.84%	838.29	10686.96	£62,511.11	3.32%	4.52%	15.26%	52.76	50.73	361.45	454.38	20.45%	97.81	15.36	0.00
453 Child & Adolescent Mental Health Services (Level 4)	5.34%	255.20	4779.80	£30,736.67	1.43%	3.91%	25.58%	38.08	46.30	163.24	190.07	14.12%	7.51	0.60	0.00
453 IAPT-Psychological Therapies (Level 4)	5.05%	221.20	4377.44	£20,387.23	1.49%	3.56%	20.67%	29.81	27.43	146.89	133.06	-10.39%	0.60	0.00	0.00
453 Learning Disabilities (Level 4)	9.05%	262.00	2895.60	£26,631.37	6.23%	2.82%	15.52%	14.25	21.48	100.77	119.24	15.49%	11.74	2.30	0.00
453 Older Peoples Mental Health Services (Level 4)	7.64%	373.82	4893.08	£34,580.78	2.36%	5.28%	17.20%	29.71	19.14	161.41	174.87	7.70%	18.37	2.92	0.00

The current inpatient vacancy rate is 20.45% (92.93WTE), which is an increase of 10% from the figure of 10.45% reported in October 2021. 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 is ongoing.

Bank and Agency Use



The top 3 reasons for Bank and agency cover has been attributed to increased observations, high patient acuity, and vacancies. A weekly meeting led by the Interim Human Resources Director and Organisational development is taking place with Directors from the Triumvirate and General Managers. This provides oversight of the current spend and will in future support the progress against recruitment and retention in relation to the workforce plan.

Training

	4SIX | LOCAL | ACEs, Trauma and Resilience |	4SIX | LOCAL | Basic Life Support |	4SIX | LOCAL | CPA - Role, Authority, Responsibilities of Care Co-Ordinator CURRENT ROLE - 3 Years |	4SIX | LOCAL | CPA Care Planning for Clinical Staff - 3 Years |	4SIX | LOCAL | CPA Clinical Risk, Formulation, Assessment and Management - 3 Years |	4SIX | LOCAL | Food Hygiene Awareness |	4SIX | LOCAL | Immediate Life Support |	4SIX | LOCAL | Level 2 Certificate Food Safety in Catering |	4SIX | LOCAL | MAV - Breakaway - 1 Year |	4SIX | LOCAL | MAV - Physical Intervention - 1 Year |	4SIX | LOCAL | Medicines Management - 2 Years |	4SIX | LOCAL | Mental Health Act HCSW - 3 Years |	4SIX | LOCAL | Moving & Handling People (Min. Assistance) - 1 Year |	4SIX | LOCAL | Moving & Handling People (Practical) - 1 Year |	4SIX | LOCAL | Pressure Ulcer Prevention |	4SIX | LOCAL | Risk Management - 3 Years |	4SIX | LOCAL | Slips, Trips and Falls |	4SIX | LOCAL | SystmOne Core |	4SIX | LOCAL | SystmOne Mental Health |	NHS | CSTF | Equality, Diversity and Human Rights - 3 Years |
4SIX Ashbrook Ward (AMH) - (113003)	88.57%	78.26%	92.86%	90.00%	85.71%	88.57%	66.67%	66.67%	76.47%	78.79%	88.89%	89.47%	78.79%			97.14%		94.29%	85.71%	91.43%
4SIX Assessment and Treatment Team	97.37%	95.65%	92.86%	100.00%	78.57%	97.22%	69.23%	100.00%	84.21%	91.67%	92.31%	95.65%	83.78%			100.00%		96.97%	96.97%	92.11%
4SIX Baildon Ward (FSM) (113127)	100.00%	88.89%	100.00%	100.00%	87.50%	90.00%	87.50%		100.00%	84.21%	100.00%	100.00%	85.00%			100.00%		100.00%	100.00%	95.00%
4SIX Bracken Ward (OPMH) - (113600)	90.63%	78.91%	100.00%	100.00%	100.00%	90.00%	87.50%		67.74%	66.67%	100.00%	90.00%	100.00%	79.41%		93.75%	100.00%	93.33%	93.33%	96.88%
4SIX Clover (PICU Airedale) (AMH) (113…	91.89%	76.92%	91.67%	100.00%	91.67%	81.08%	64.86%	0.00%	69.46%	80.00%	90.91%	95.83%	88.89%			97.30%		97.22%	86.11%	94.59%
4SIX Dementia Assessment Unit (113…	91.30%	69.23%	100.00%	100.00%	100.00%	91.18%	55.56%	100.00%	69.44%	77.14%	100.00%	95.83%	66.67%	62.50%	71.67%	89.19%		94.29%	91.43%	91.30%
4SIX FERN (Male Ward) (AMH) (113014)	100.00%	95.65%	100.00%	100.00%	100.00%	100.00%	81.82%	100.00%	82.61%	77.27%	100.00%	100.00%	100.00%	90.48%		100.00%		100.00%	100.00%	100.00%
4SIX Heather Ward (AMH) - (113009)	100.00%	100.00%	100.00%	100.00%	100.00%	96.40%	81.82%	100.00%	88.46%	96.00%	100.00%	100.00%	0.00%	92.31%		96.43%		100.00%	100.00%	96.43%
4SIX Ilkley Ward (FSM) (113128)	100.00%	72.73%	100.00%	100.00%	100.00%	95.45%	90.91%		86.36%	81.82%	90.91%	90.91%	86.36%			100.00%		100.00%	100.00%	100.00%
4SIX Maplebeck Ward (AMH) (113004)	96.67%	90.48%	88.89%	100.00%	100.00%	82.14%	67.14%	80.00%	66.67%	62.96%	75.00%	100.00%	71.67%			100.00%		96.00%	88.89%	96.67%
4SIX Oakburn Ward (AMH) (113005)	93.75%	80.00%	92.31%	92.31%	80.62%	87.10%	64.65%	0.00%	64.52%	66.67%	90.91%	93.33%	82.76%			93.75%		92.00%	92.00%	90.63%
4SIX Step Forward Centre (113061)	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%	66.67%	100.00%	77.78%	88.89%	100.00%	100.00%	93.33%			100.00%		100.00%	93.75%	100.00%
4SIX Thornton Ward (FSM) (113126)	95.45%	100.00%	100.00%	100.00%	88.89%	90.91%	83.33%		77.27%	81.82%	66.67%	100.00%	90.91%			100.00%		100.00%	100.00%	100.00%

	NHS | CSTF | Health, Safety and Welfare - 3 Years |	NHS | CSTF | Infection Prevention and Control - Level 1 - 3 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 - 3 Years |	NHS | CSTF | NHS Conflict Resolution (England) - 3 Years |	NHS | CSTF | Preventing Radicalisation - Prevent Awareness - 3 Years |	NHS | CSTF | Preventing Radicalisation - 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 2 - 3 Years |	NHS | CSTF | Safeguarding Children (Version 2) - Level 3 - 3 Years |	NHS | MAND | Fire Safety - 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 Tranquilisation - 2 Years |
4SI Ashbrook Ward (AMH) - (113003)	94.29%	100.00%	85.29%	91.43%	50.00%	97.06%	91.43%			82.14%	57.14%		89.29%	57.14%	91.43%	85.71%	91.43%	100.00%	75.00%
4SI Assessment and Treatment Team	94.74%	92.11%	100.00%	100.00%	89.47%	100.00%	89.66%			75.00%	100.00%		100.00%	100.00%	97.37%	94.74%	94.59%	100.00%	92.31%
4SI Baildon Ward (FSM) (113127)	90.00%		100.00%	100.00%		95.00%	90.00%			100.00%	100.00%		90.00%		100.00%	95.00%	90.00%	100.00%	100.00%
4SI Bracken Ward (OPMH) - (113600)	96.88%		80.65%	90.63%	100.00%	93.55%	93.55%			88.46%	80.00%		93.55%		87.50%	81.25%	93.55%	100.00%	87.50%
4SI Clover (PICU Airedale) (AMH) (113…	97.30%		83.78%	91.89%		97.30%	94.59%			96.67%	66.67%		96.30%	88.89%	91.89%	86.49%	94.59%	100.00%	81.82%
4SI Dementia Assessment Unit (113…	83.78%	100.00%	82.86%	83.78%	100.00%	94.59%	100.00%	80.00%	100.00%	80.65%	50.00%	100.00%	80.00%		83.78%	81.08%	82.86%	100.00%	100.00%
4SI FERN (Male Ward) (AMH) (113014)	100.00%		91.30%	100.00%		100.00%	100.00%			100.00%	100.00%		100.00%	100.00%	95.65%	100.00%	100.00%	100.00%	100.00%
4SI Heather Ward (AMH) - (113009)	100.00%		100.00%	96.43%		96.30%	100.00%			95.45%	80.00%		100.00%	100.00%	96.43%	100.00%	100.00%	100.00%	100.00%
4SI Ilkley Ward (FSM) (113128)	95.45%		95.45%	95.45%		100.00%	90.91%			82.35%	60.00%		95.00%	50.00%	95.45%	95.45%	100.00%	90.91%	100.00%
4SI Maplebeck Ward (AMH) (113004)	83.33%		89.29%	83.33%	100.00%	100.00%	100.00%			95.83%	50.00%	100.00%	100.00%	85.71%	93.33%	83.33%	96.43%	100.00%	100.00%
4SI Oakburn Ward (AMH) (113005)	93.75%		90.32%	96.88%	100.00%	93.55%	93.55%			88.00%	40.00%		88.89%	75.00%	90.63%	87.50%	93.55%	100.00%	81.82%
4SI Step Forward Centre (113061)	100.00%		100.00%	100.00%	100.00%	100.00%	94.44%			100.00%	66.67%		100.00%		94.44%	100.00%	100.00%	100.00%	100.00%
4SI Thornton Ward (FSM) (113126)	100.00%		95.45%	95.45%		100.00%	100.00%			82.35%	100.00%		100.00%	100.00%	100.00%	95.45%	100.00%	100.00%	83.33%

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

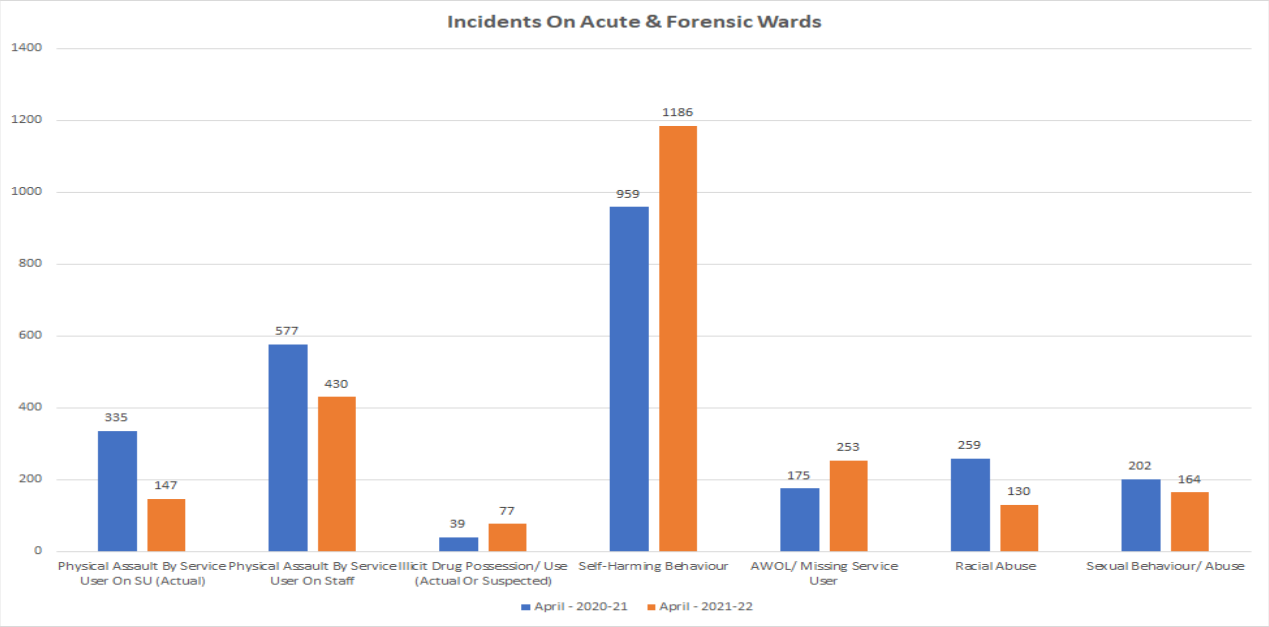
Heat Map - Inpatient Wards

	Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day				
Inpatient Ward	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	88.46%	33.33%	93.10%	62.96%	0.82%	2.42%	132.52%	64.42%	139.66%	77.78%	4.27%	2.14%	2.9	2.8	3.5	5.0	7.8
Heather	96.55%	9.52%	96.55%	57.14%	0.51%	3.27%	152.73%	50.60%	122.86%	69.19%	6.43%	2.68%	3.1	2.8	3.0	5.9	8.7
Bracken	89.53%	20.78%	86.21%	94.00%	3.44%	3.05%	102.70%	44.74%	104.14%	79.47%	6.43%	2.29%	2.7	2.5	4.8	5.9	8.4
Ashbrook	103.96%	31.65%	75.86%	84.09%	2.40%	9.85%	141.61%	45.36%	147.15%	75.14%	9.16%	3.48%	3.6	3.1	3.9	7.3	10.3
Maplebeck	88.37%	25.00%	91.38%	56.60%	3.24%	4.21%	287.12%	69.26%	381.61%	82.23%	6.04%	7.41%	2.3	1.7	2.8	4.2	5.9
Oakburn	103.48%	29.21%	96.55%	48.21%	1.25%	4.03%	167.67%	64.20%	185.82%	93.57%	3.09%	3.97%	2.7	2.2	3.2	5.7	7.8
Baildon	91.38%	0.00%	100.00%	10.34%	1.33%	4.73%	126.44%	68.18%	100.00%	49.43%	3.11%	6.81%	1.9	2.0	3.1	3.9	5.9
Ilkley	91.38%	0.00%	100.00%	6.90%	3.11%	11.96%	113.95%	78.57%	98.85%	48.84%	12.84%	3.71%	2.0	2.2	3.3	3.8	6.0
Thornton	72.15%	26.32%	84.48%	91.84%	0.28%	3.96%	205.73%	69.66%	170.37%	80.95%	1.90%	2.98%	4.1	4.5	8.6	12.9	17.4
Assessment & Treatment Unit (LD)	81.37%	1.20%	63.79%	45.95%	6.00%	5.18%	138.80%	47.64%	206.90%	94.58%	6.72%	4.43%	4.9	4.9	10.7	20.9	25.8
Clover (PICU)	85.84%	20.62%	88.57%	67.74%	0.77%	3.86%	128.48%	33.51%	122.22%	63.18%	5.64%	5.34%	9.6	7.9	14.4	23.2	31.1
Step Forward (Rehab)	105.17%	1.64%	100.00%	20.69%	1.17%	5.84%	150.72%	18.27%	122.86%	66.28%	5.56%	5.20%	5.6	6.0	7.5	7.9	13.9
Dementia Assessment Unit (DAU)	73.75%	20.34%	79.31%	80.43%	8.45%	4.64%	107.95%	46.32%	101.15%	69.32%	3.51%	4.13%	6.5	5.2	15.2	27.4	32.6
Total	**89.49%**	**17.72%**	**87.48%**	**60.44%**	**2.57%**	**4.88%**	**148.40%**	**55.29%**	**148.47%**	**76.79%**	**5.57%**	**4.04%**	**3.3**	**3.0**	**5.1**	**8.1**	**11.2**

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 and aggression 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 during this time were admitted to a dedicated area for 11 days following admission but this has now reduced to 24-48 hours

pending a negative covid PCR test. Service users who are covid positive or refuse a PCR test will continue to stay in the covid isolation areas for 10 days per IPC guidance. There continues to be increasing demand for inpatient admissions with the pandemic period contributing to increases in crisis presentations. Inpatient acute wards are currently running at around 95%-100% occupancy. Self-harm rates have increased and continue to be reported in line with pre covid levels of incidents.

Restrictions on leave due to covid 19 have, in line with national guidance, increased with escorted and unescorted leave periods implemented to support service user recovery. During 20/21 restrictions reduced the number the instances of patient leave and associated risk of AWOL. Following the increased leave periods the risk of AWOL/ temporary absent incidents are increasing. Advanced Nurse practitioners and clinical leads are undertaking focused work in regards to team training and mitigating the risk of AWOL through robust leave assessments. 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. BDCFT continues to engage with West Yorkshire police to ensure where appropriate perpetrators of violence, aggression, and racial abuse are reported with range of outcomes implemented to support the victims.

Section 136 Data

Attendance by the street triage team successfully support the reduction in 136 implementations.

Between January and May 22, the street triage team in conjunction with West Yorkshire police colleagues supported 88 service users in distress and signposted to the relevant support services mitigating the use of section 136s. The number of service user detained under a section 136 has fallen by 34% with 467 service users detained in 2020 reducing to 304 service users detained in 2021.

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 continues to commission acute admission beds with a private provider. In line with NHS England's Five Year Forward Views goal of eliminating OOA placements BDCFT will be reviewing the inpatient arrangements and revising the OOA reduction strategy in alliance with the LA and CCG. This will include implementation and recruitment to the new inpatient staffing model and continued review of pre/post admission support services to reduce the inpatient LOS.

During 21-22 significant increases in crisis admissions and complexity has impacted on the average length of stay rising from 45.7 in 20/21 to 64.8 in 21/22. The flow management oversight lead in conjunction with CCG and LA partners are supporting the wards in accessing appropriate community places to meet the needs of service users to ensure the most successful discharge package is implemented to prevent relapse and readmission.

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 Based on Ward at Discharge	17/18	18/19	19/20	20/21
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

Inpatient Length of Stay based on Ward at Discharge 21-22	Total
Inpatient Length of Stay	34,132
Number of Inpatient Discharges	526
Average Length of Stay	64.8

Inpatient Length of Stay Group based on Ward at Discharge 21-22	Total
0-5 days	39
6-30 days	179
31-90 days	200
91-365 days	98
1-2 years	9
2+ years	1

4. 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.

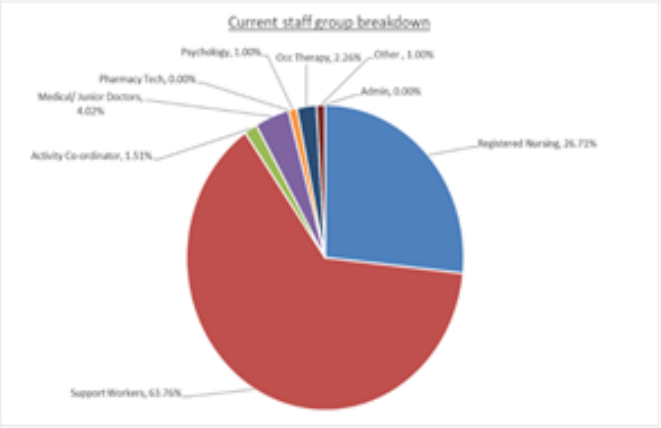
With the emergence of COVID, workforce and financial pressures have been further impacted with rosters and skill mix needing to respond to robust IPC requirements, heightened patient complexity and acuity impacted by increased restrictions and isolation, staff loss, sickness, and fatigue. This has led 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.

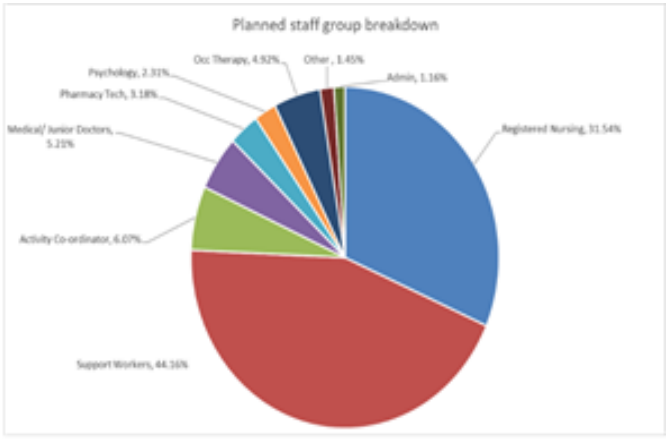
The Mental Health Care Group Leadership Team have undertaken a process of reviewing the roster and workforce requirements across acute inpatient & PICU services (to include Bracken Ward). This review has included COVID and post COVID requirements, to understand and describe what the continuing workforce 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.





91% of ward staff currently nursing and support workers
Plan to reduce this to 78% with increase to therapy input

Nursing Skill Mix ratio

	Current	Plan
Registered Nursing	29%	42%
Support Workers	71%	58%

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)	3.52%	346.04	9834.85	£44,945.00	1.67%	1.85%	11.10%	36.10	43.30	333.73	339.80	1.79%	12.69	1.51	2.32
453 Adult Mental Health Inpatients (Level 4)	7.84%	838.29	10686.96	£62,511.11	3.32%	4.52%	15.26%	52.76	50.73	361.45	454.38	20.45%	97.81	15.36	0.00
453 Child & Adolescent Mental Health Services (Level 4)	5.34%	255.20	4779.80	£30,736.67	1.43%	3.91%	25.58%	38.08	46.30	163.24	190.07	14.12%	7.51	0.60	0.00
453 IAPT-Psychological Therapies (Level 4)	5.05%	221.20	4377.44	£20,387.23	1.49%	3.56%	20.67%	29.81	27.43	146.89	133.06	-10.39%	0.60	0.00	0.00
453 Learning Disabilities (Level 4)	9.05%	262.00	2895.60	£26,631.37	6.23%	2.82%	15.52%	14.25	21.48	100.77	119.24	15.49%	11.74	2.30	0.00
453 Older Peoples Mental Health Services (Level 4)	7.64%	373.82	4893.08	£34,580.78	2.36%	5.28%	17.20%	29.71	19.14	161.41	174.87	7.70%	18.37	2.92	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	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 ,Assessment 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 Food Safety In Catering	MAY - Breakaway - 1 Year	MAY - Physical Intervention - 1 Year	Medicines Management - 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 Servs (Level 4)	92.58%	79.26%	92.68%	96.41%	92.89%	93.23%	90.00%	90.91%	87.74%	96.45%		87.88%	91.24%	94.84%	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%	68.93%	91.67%	91.03%	94.81%	62.50%	76.34%	79.50%	89.83%	97.54%	98.41%	97.71%	85.57%
453 Mental Health Care Group (Level 3)	453 Child & Adolescent Mental Health Services (Level 4)	95.80%	83.61%	94.52%	94.59%	93.15%	96.50%	93.71%	100.00%	93.01%	95.10%		100.00%	90.98%	91.61%	100.00%	59.26%		100.00%	95.61%	96.05%		
453 Mental Health Care Group (Level 3)	453 IAPT-Psychological Therapies (Level 4)	93.28%	84.00%	92.31%	95.24%	78.57%	95.52%	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%	99.42%	94.55%	98.18%	91.23%	97.75%	98.88%	97.22%	98.88%	96.63%	81.82%		94.38%	97.75%	100.00%	81.71%	100.00%	95.00%	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%	97.88%	90.71%	90.91%	88.57%	96.43%	70.59%	100.00%	89.71%	92.86%	85.71%	75.91%	74.14%	88.68%	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 Prevent Awareness - 3 Years	Preventing Radicalisation - Prevent Awareness - 3 Years	Rapid Tranquillisation - 2 Years	Risk Management - 5 Years	Safeguarding Adults (Version 2) - Level 1 - 3 Years	Safeguarding Adults (Version 2) - Level 2 - 3 Years	Safeguarding Children (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 (Version2) - Level 3 - 3 Years	Slips, Trips and Falls	SystmOne Community Adult	SystmOne Community Children	SystmOne Core	SystmOne Mental Health	SystmOne Trustwide
453 Mental Health Care Group (Level 3)	453 Adult Mental Health Community Servs (Level 4)		94.68%	96.32%		100.00%	93.84%		98.39%	100.00%	90.80%	74.19%	100.00%	97.50%	71.43%	77.83%	100.00%		50.00%	98.63%	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%	93.59%	
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%	69.23%	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%		77.78%	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%	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)	71.93%	93.15%	99.28%	76.00%	100.00%	92.54%	94.12%	97.14%	100.00%	92.62%	78.57%	100.00%	96.30%		100.00%	100.00%			99.24%	97.73%	

4.1.3 Challenges

Community mental health services continue to experience challenges due to increasing vacancies and the limited number of available nurses to recruit. 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, £39million 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 therefor 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.

4.1.5 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 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: Christopher Dixon, Head of Nursing, Mental Health
Date: 10 June 2022

Appendix 1

Adult Community Services

Current situation

Sickness

The average sickness within the sub care group on 30th April 2022 is 9.09%

Care Group	Sickness Rate	Sickness days lost	Short Term Sickness Rate	Long Term Sickness Rate	LTO Rate	Vacancy Rate	Bank WTE
453 Community Adults Services Care Group (Level 3)	9.09%	1596.90	3.33%	5.76%	13.58 %	8.72%	23.19

Analysis of absence data from 2020 – 2022 identified three top themes as highlighted in the table below. Infection diseases reflects high levels of absence related to the COVID-19 pandemic. The second highest reported cause is stress/anxiety/depression. In acknowledgment of the negative impact of staff absence on both individuals experiencing ill health, and services that have reduced capacity, the care group has temporarily employed an addition HR attendance advisor to assist with supporting absence management, providing education to new line managers and exploring preventative initiatives.
Early evaluation of the role suggests a positive impact on the number of days absent, length of absence and specifically a reduction in long term absence cases.

Back problems are also noted as a contributory factor in staff absence. Issues have been reported recently in District Nursing that in part attributed back problems to supporting high numbers of patients requiring additional support to address reduced mobility. A task and finish group has been established to explore additional community physiotherapy support to assist with community manual handling/environmental assessments.

Absence Type	Sum of FTE	Sum of Total Duration (Days)	Sum of Absence Estimated Cost
S27 Infectious diseases	381.38	8,384.00	592,079.31
S10 Anxiety/stress/depression/other psych	243.37	16,111.00	987,342.37
S13 Cold, Cough, Flu - Influenza	227.86	1,730.00	131,798.70
	852.61	**26,225.00**	**£1,711,220.37**
S11 Back Problems	61.40	2,273.00	145,109.44
S12 Other musculoskeletal problems	64.42	2,726.00	190,407.78

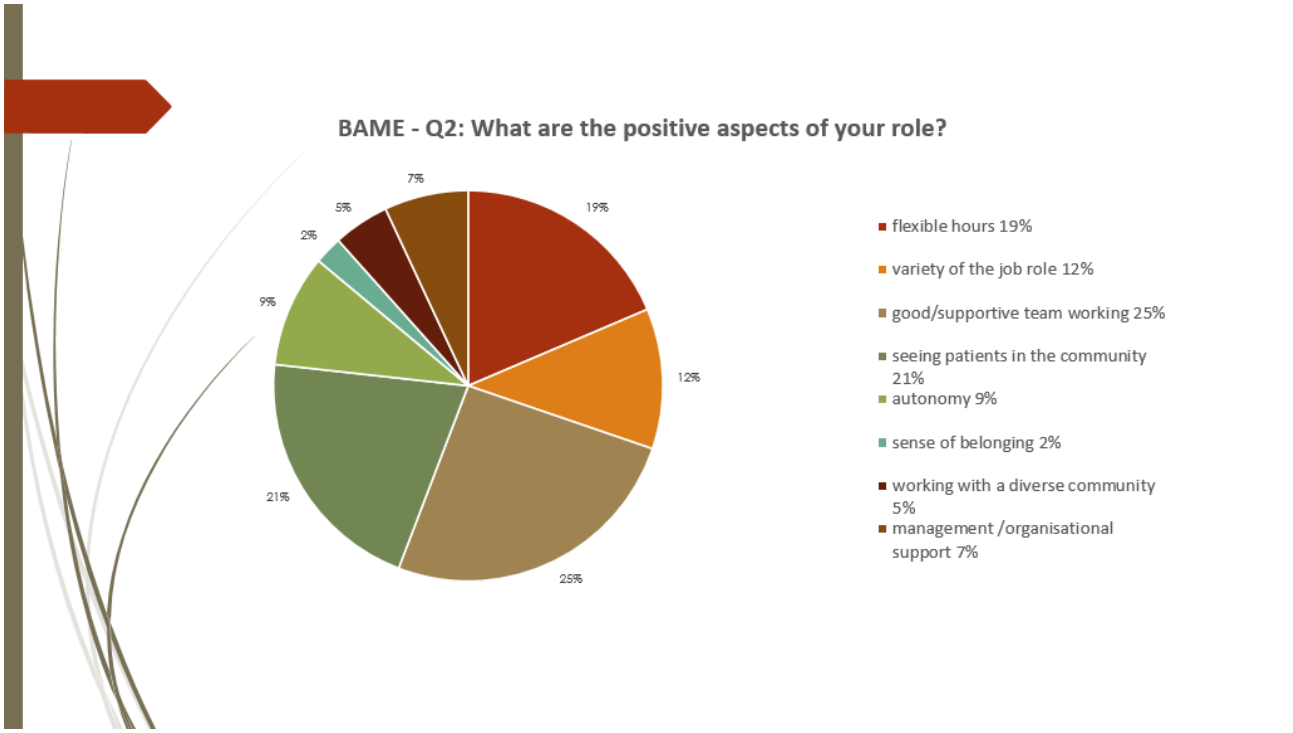
Data form 2020 – 22 (year to date)

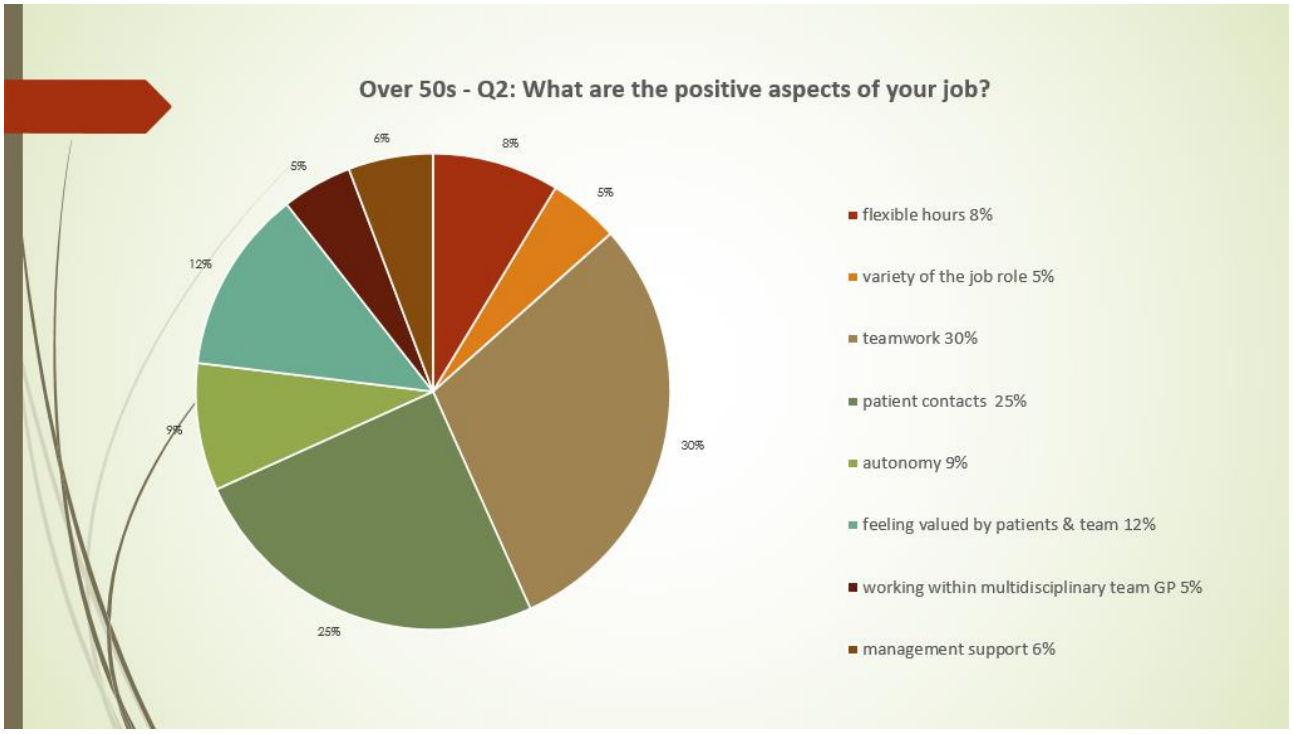
Turnover

Community Nursing

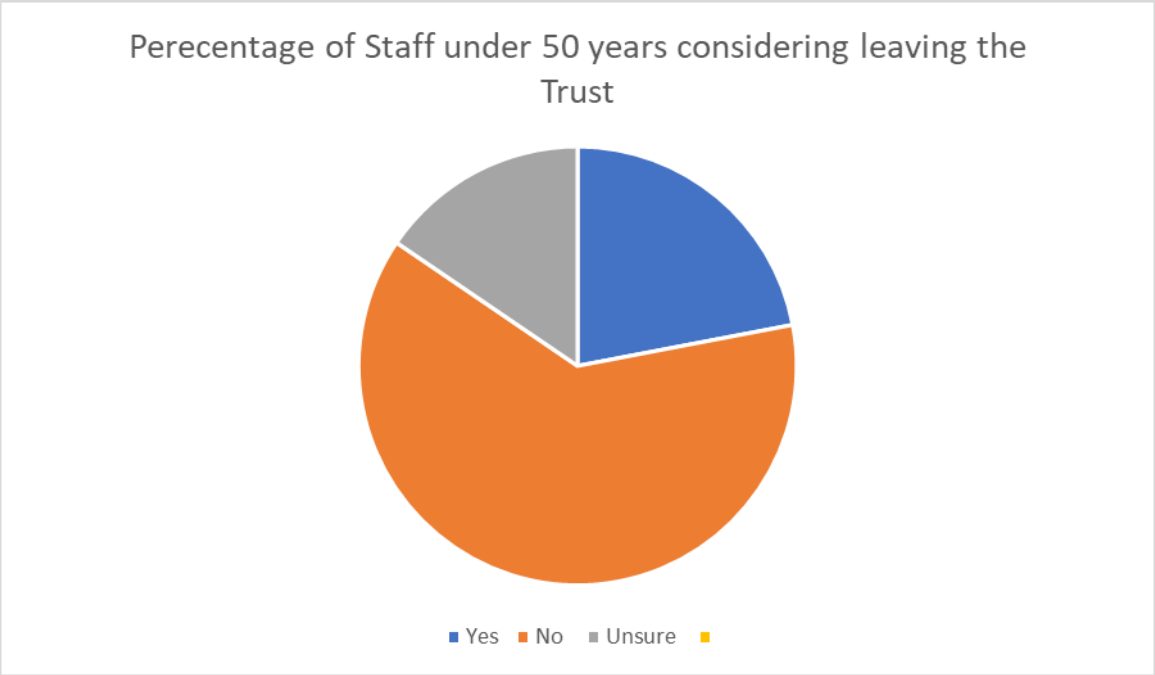
Labour turnover within community nursing remains high, reflecting staff retirements and staff moving to other neighbouring organisations who are offering more favourable terms and conditions. In the current 'employees' market', promotional posts also are more readily available. Recent workforce data revealed approximately two qualified nurses leaving each month, with approximately two recruited in the same time period.

A survey of staff aimed at improving retention within district nursing identified a number of key priorities that matter to staff as set out in the graphs below.





It also highlighted that nearly 22% of staff under the age of 50 were considering leaving the Trust.



In addition, 66% of staff over the age of 50 confirmed that they were considering retirement.

Staff were asked to respond to a series of questions as detailed below:

- What two things would enable you to feel more fulfilled in your current role?
- Thinking about your career, what would enable you to progress?
- What would encourage you stay in adult services?
- What top three things can the trust do to retain you?

Responses received covered broad themes including working conditions and ambitions for additional pay. However high numbers of staff responded specifically reflecting ambitions to work as a clinical band 7 district nurse, or receive equitable remuneration compared with other Trusts, and to undertake a band 6 senior nurse post, enabling development in post.

Over the last 2 years we have observed 20 experienced staff nurses/district nurses move to primary care or other neighbouring Trusts, seeking promotional roles, often without the requirement to complete additional degree courses.

A significant amount of work is currently being undertaken as part of a workforce plan to improve recruitment & retention, in part by responding to the themes identified by staff. It is also anticipated that the Community Transformation Programme will address some of the identified issues, therefore promoting future recruitment and retention.

Speech & Language Therapy

Speech and Language therapy have faced a high turnover of experienced staff within the

paediatric service. However, this reflects staff acquiring promotional posts within the service, often originating from new independent commissions. Whilst this is positive, and helps retain experienced staff within the Organisation, it has impacted on the delivery of core commissioned services. It is however likely that if these development opportunities were not supported by the service, that senior staff would leave to alternative employment external to the Trust in pursuit of promotion.

Vacancies

Across the majority of 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 reflecting a predominantly female workforce.

Although recruitment to Community Nursing posts including District Nurses (DNs) is challenging, and it is well publicised that there is a national shortage of DNs, the Trusts Community Nursing Service has developed successful workforce plans that have enabled staff to advance in their clinical roles, whilst ensuring succession planning with leadership roles, maintaining a relatively stable workforce over the past five years. Leadership roles, particularly Band 6 and above are essential in maintaining safe and effective care delivery, whilst nurturing and caring for the remainder of the workforce.

Within the district nursing service, there are currently 31WTE vacant qualified nurse posts. This is reflective of the national and local shortfall in qualified nurses. Significant work has been undertaken to address this shortfall in line with a workforce planning activity that includes:

- Apprenticeship programmes for Trainee Nurses, Trainee Nursing Associates, Trainee District Nurses & Trainee Advanced Clinical Practitioners.
- Recruitment of Nursing Associates to enhance skill mix,
- Trialling a pharmacy technician (proof of concept) 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,
- The creation of a management development programme for aspirant senior managers,
- Trialling Allied Health Professionals as part of a community nursing team to inform future skill mix.
- A 12-month proof of concept with the Airedale Hospital Digital Care Hub that will provide clinical triage for all unplanned calls, aiming to reduce the number of face to face community nursing visits required.
- Exploring a senior Health Care Support Worker role that is focussed on wound care in the community.

The service also collaborated with Just R as part of the Trusts recruitment campaign. Unfortunately, however this has yet to yield any applicants. We have also enlisted additional support from the Trust staff bank to try and grow external bank members for district nursing, podiatry and speech therapists. The majority of currently ‘bank workers’ within the sub care group are existing substantive employees.

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

Unlike District Nursing, the paediatric Speech and Language service can moderate the number of people in receipt of the service at any particular time. The major issue is growing waiting lists. Whilst multiple workstreams are focussed on addressing the back log, specific initiatives are under development to assist with increasing the workforce. These are listed below:

- The service is developing a band 5 to 6 development programme aimed at supporting newly qualified speech therapists to fast track into more senior positions.
- The service through collaboration with IT leads has developed a process for employing workers who are located anywhere within the UK but are able to provide a purely virtual service. This has enabled the service to widen the catchment area for recruitment.
- The service has employed a small number of agency workers to address existing backlogs
- The service has trialled a logistical support worker role, and business support as part of the skill mix. These roles where specifically aimed at freeing up speech therapists.
- The service has undertaken value stream mapping with the support of the KPO to examine current processes with the aim of ‘reducing waste’ for clinicians.

Other new initiatives that will positively impact on referrals coming into the SALT paediatric service, thereby reducing demand on staffing include:

- The development of new referral criteria, aligning the service with recognised best practice, enabling the SALT service to focus on those with complex needs. The launch of the criteria will form part of the SEND inspection action plan.
- The development of a new website that promotes self help and guided interventions allowing patients and professionals to self-manage low level speech and language needs.
- The development of a school cluster model whereby SALT practitioners are linked to clusters of schools, thereby supporting timely interventions and more opportunities for consultation outside of a standalone referral.

Training

Competency	Competency Requirement Volume	Compliance Volume - No Extension	Compliance Percentage
453|LOCAL|ACEs, Trauma and Resilience|	626	596	95.21%
453|LOCAL|Basic Life support|	564	493	87.41%
453|LOCAL|Food Hygiene Awareness|	1	1	100.00%
453|LOCAL|Immediate Life Support|	9	7	77.78%
453|LOCAL|MAV-Breakaway - 1 Year|	30	17	56.67%
453|LOCAL|Medicines Management - 2 Years|	297	277	93.27%
453|LOCAL|Moving & Handling People (Min. Assistance) - 1 Year|	47	41	87.23%
453|LOCAL|Moving & Handling People (Practical) - 1 Year|	380	325	85.53%
453|LOCAL|Pressure Ulcer Prevention|	274	250	91.24%
453|LOCAL|Risk Management - 5 Years|	625	610	97.60%
453|LOCAL|Slips, Trips and Falls|	62	60	96.77%
453|LOCAL|SystmOne Community Adult|	469	459	97.87%
453|LOCAL|SystmOne Core|	494	490	99.19%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	626	596	95.21%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	615	593	96.42%
NHS|CSTF|Infection Prevention and Control - Level 1 - 2 Years|	41	39	95.12%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	579	514	88.77%
NHS|CSTF|Information Governance and Data Security - 1 Year|	624	595	95.35%
NHS|CSTF|Moving and Handling - Level 1 - 2 Years|	191	186	97.38%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	591	569	96.28%
NHS|CSTF|Preventing Radicalisation - Basic Prevent Awareness - 3 Years|	579	530	91.54%
NHS|CSTF|Preventing Radicalisation - Prevent Awareness - 3 Years|	45	39	86.67%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	21	21	100.00%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	444	398	89.64%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 3 - 3 Years|	151	61	40.40%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years|	21	21	100.00%
NHS|CSTF|Safeguarding Children (Version 2) - Level 2 - 3 Years|	514	482	93.77%
NHS|CSTF|Safeguarding Children (Version 2) - Level 3 - 3 Years|	83	13	16.90%
NHS|MAND|Fire Safety - 1 Year|	622	584	93.89%
NHS|MAND|Freedom to Speak Up - All Workers - 2 Years|	626	566	90.42%
NHS|MAND|Mental Capacity Act - 3 Years|	576	558	96.88%
NHS|MAND|Mental Health Act - 3 Years|	2	2	100.00%

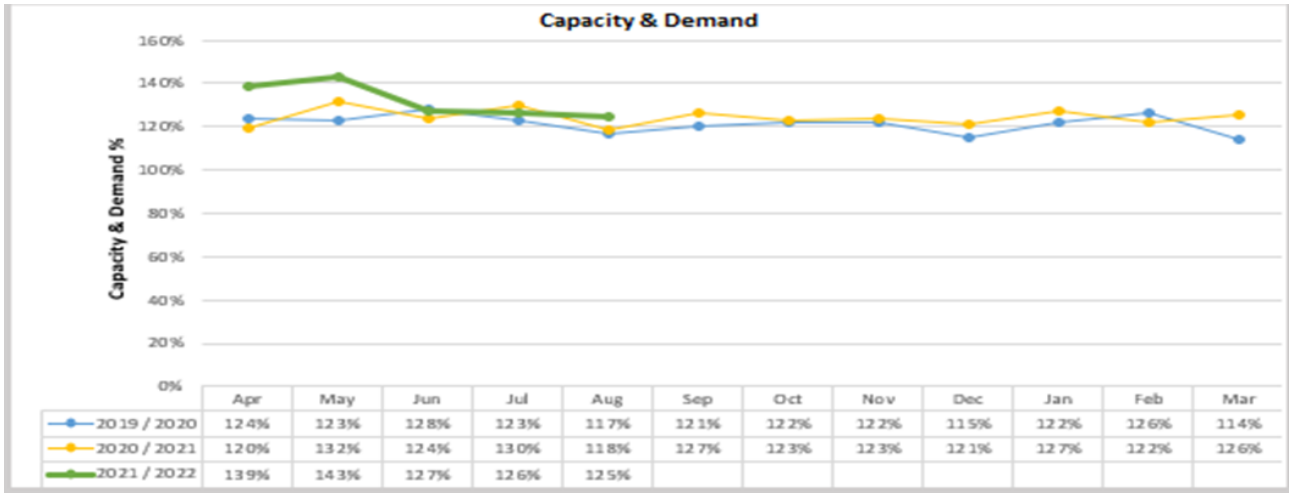
The sub care group have good mandatory training compliance overall. The reduction in level 3 safeguarding training reflects the change in course content, with participants now required to complete three individual training modules. Weekly performance report outs are used to track and respond to decreases in compliance. Over the last 12 months, compliance has fluctuated in services, especially when business continuity plans have been enacted.

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.

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.

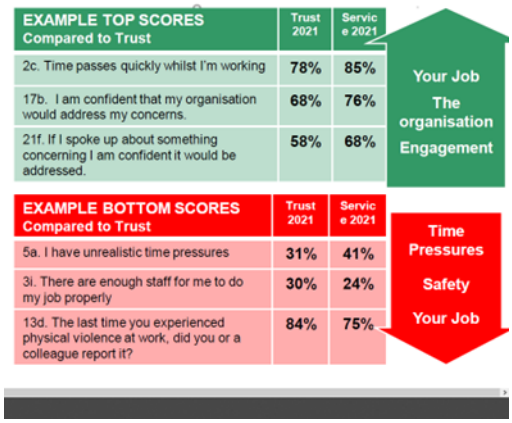
Capacity and Demand



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019 / 2020	124%	123%	128%	123%	117%	121%	122%	122%	115%	122%	126%	114%
2020 / 2021	120%	132%	124%	130%	118%	127%	123%	123%	121%	127%	122%	126%
2021 / 2022	139%	143%	127%	126%	125%							

The impact of demand exceeding capacity is often demonstrated through increasing numbers of complaints, medicine errors and reducing mandatory training compliance. This is also demonstrable through feedback obtained aside of workforce planning, and more recently in staff feedback obtained through the annual staff survey as highlighted below in responses to question 5a *I have unrealistic time pressures* & 3i *There are enough staff for me to do my job properly* in which community nursing scored below the Trust average.

Staff Survey



EXAMPLE TOP SCORES Compared to Trust	Trust 2021	Service 2021
2c. Time passes quickly whilst I'm working	78%	85%
17b. I am confident that my organisation would address my concerns.	68%	76%
21f. If I spoke up about something concerning I am confident it would be addressed.	58%	68%

Your Job
The organisation
Engagement

EXAMPLE BOTTOM SCORES Compared to Trust	Trust 2021	Service 2021
5a. I have unrealistic time pressures	31%	41%
3i. There are enough staff for me to do my job properly	30%	24%
13d. The last time you experienced physical violence at work, did you or a colleague report it?	84%	75%

Time Pressures
Safety
Your Job

Winter Pressures

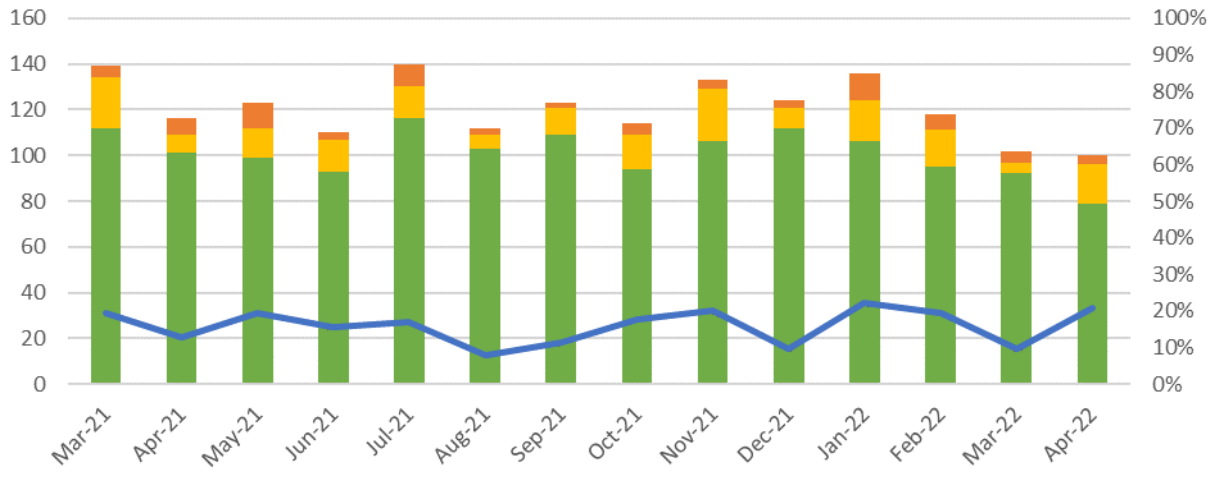
The COVID-19 pandemic has put a significant strain on national and local health and social care systems, with high service demands, periodic reductions in available staffing plus 'legacy morbidity', and growing waiting lists for treatments. Seasonal pressures over winter were intensified by the ongoing impact of the COVID-19 pandemic.

BDCFT community services managed presenting demand over the previous winter period, although demand continued to exceed capacity at a service level, leaving services periodically enacting business continuity arrangements. Although this is a chronic position, it has been exacerbated over the last two years with increasing vacancies and sickness. This is currently impacting on safe and effective care. If the service was to experience higher levels of vacant posts associated with staff attrition, it may not be able to meet presenting needs, and thereby would impact on the whole health and social care system including increased hospital admissions, delayed discharge, increased pressure on primary care & fewer people supported to die in their own homes.

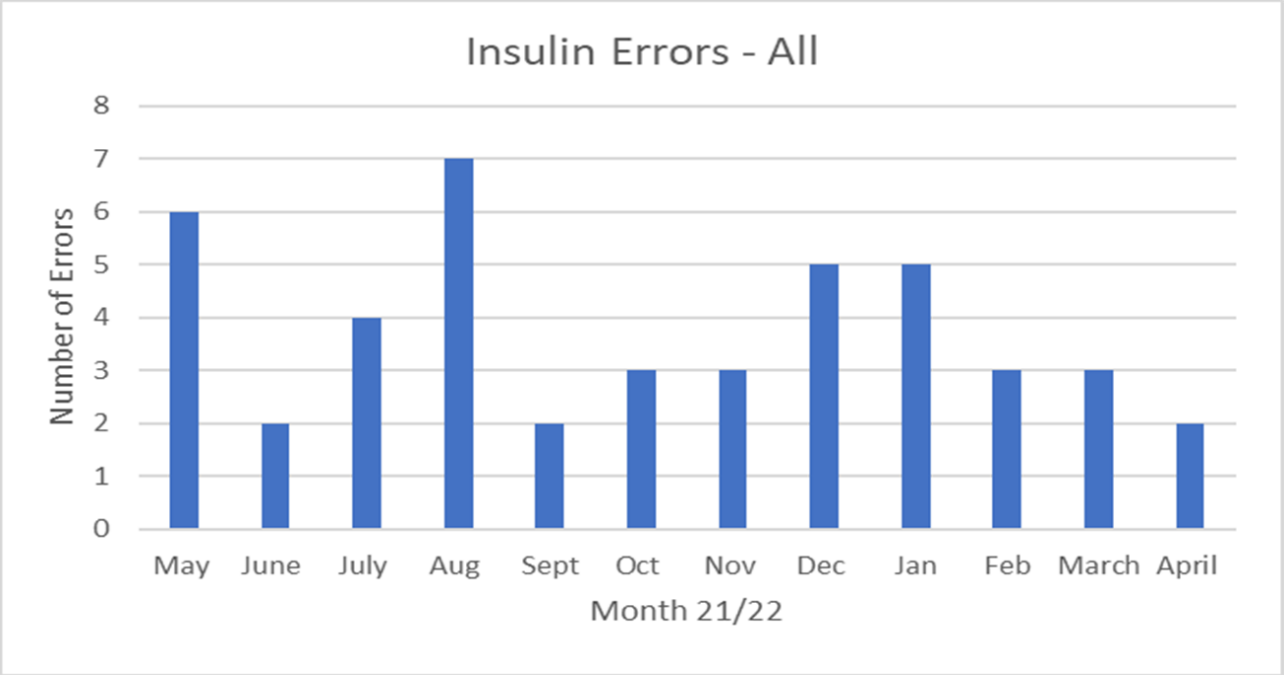
Quality Markers

Despite significant pressures on staff demand, community 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 continual reduction of pressure ulcers as demonstrated below.

	Q1 2021 / 2022	Q2 2021 / 2022	Q3 2021 / 2022	Q4 2021 / 2022	Mar-22	Apr-22
No Omission	293	328	312	293	92	79
Omission at home	35	32	47	39	5	17
Omission in care home	21	15	12	24	5	4
% with omission	16%	13%	16%	18%	10%	21%



Despite the service delivering upward of 60,000 insulin doses per annum, the number of related errors has remained relatively low. However, there does appear to be a significant link between medicine errors including insulin administration and demand exceeding capacity. This is likely to be a contributory factor.



Demand also continues to exceed capacity within Adult and Paediatric Speech and Language Therapy and Community Dental services. Both services now have significant waiting lists.

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 have been developed through COVID and support redeployment from other community services should services be unable to meet essential service requirements. Redeployment was enacted on two separate occasions through the COVID pandemic.

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

The Queens Nursing Institute published 'Workforce Standards for the District Nursing Service' 2022 that acknowledged that workloads are exceeding capacity nationally. The standards cited drivers of community workloads as follows:

- Deprivation
- Communication issues
- Social isolation
- Acuity
- Complexity
- Multimorbidity
- Ageing population
- Rookie factor (high numbers of inexperienced staff)

- Travel time (rural and urban)
- Frailty
- Cognitive issues
- Lack of other services (i.e. dementia or specialist palliative care)
- Lack of patient support systems (i.e. friends and family)

The standards state the importance of these factors when considering setting staffing establishments. The standard reviewed qualitative data collected over the last seven years and concluded that there appeared to have been a shift towards District Nursing teams being a failsafe for many other NHS and social care services. This is certainly reflected in the Bradford experience, and especially through the pandemic with changes in practice leading to increased dependence on community services e.g., a reduction in face-to-face GP home visits.

The standards highlight key principles (recommendations) as highlighted in the table below. These are compared with the current service position.

Standard Recommendations	Trust Position
9-10 **visits a day** is associated with the tipping point for people deferring work	Average Face to Face contacts/working day/qualified WTE (snapshot data) = 8.2* *Based on visits undertaken, not those deferred. This does not reflect the complexity of the intervention, or multiple interventions delivered in a single contact. This does not include non-face-to-face interventions.
Scheduling a visit should be at least 30 minutes in **duration**, not including travel time.	Some visits are measures as requiring a nominal 15-minute time allocation (excluding travel & clinical inputting). The majority are 30 minutes of longer
The average **travel time** has a mean of 2-3 hours per day.	Travel time is not currently quantified in isolation.
The minimum **visit ratio** should be one Registered Nurse visit for initial assessment and then at least every fourth visit to apply the Nursing Process	The service delegation standard reflects a 1 in 4 visit ratio.
Maximum caseloads are not defined. Urge caution on caseloads per whole time equivalent of over 150 as this seems to be a tipping point into more work left undone and deferral. Agreement that caseloads should be capped	Average Caseload per DN Team 197 Average caseload per DN (employed)– 286
Skill mix of teams should reflect the demand placed upon them by populations/needs. Felt that too much complex work was **delegated**. 'Work should be allocated with a focus on risk, unpredictability, complexity and acuity of the situation and not simply task competency. Situational awareness is crucial for safe care.'	The service has not yet measured local experiences of delegating practices.

Consensus on the **ratio of skill mix**, considering the experience, knowledge and skills of the team members: 60% experienced RNs; 20% newly registered nurses; and 20% Nursing Support Workers. Support workers include many different groups such health care assistants and Nursing Associates	Unqualified staffing = 19.5% (employed) Attrition rate qualified = 2%

Although the Trust Community Services are adhering to many of the safe principles highlighted in these standards, there are some noticeable gaps that reflect the high levels of demand experienced, and reduced staffing. **It is noted that the QNI standards are not a model for the workforce, but 'red lines' that should not be crossed if services are to provide safe care.**
The standards highlight the follow red flags. These are incorporated into OPEL scoring mechanisms that are utilised as part of business continuity planning on a daily basis across the district nursing service.

- District Nursing services unable to close a caseload, leading to unremitting and unsustainable demand.
- Deferring work every day or most days should be a red flag and escalated.
- Deferring any high priority work at all (for example end of life care, people with blocked catheters) should be escalated as a safety concern.
- High turnover and high sickness absence should also be considered a red flag for both patient safety and system resilience.

Next Steps

The Community Nursing service has signed up to participate in the trialling of a NHSE/I safer staffing tool. Whist 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 current community transformation programme should also provide an opportunity to improve safer staffing across the services impacted through redesign and closer integration. It will however be important to monitor for any adverse/unforeseen consequences to safer staffing ambitions.

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)	5.64%	351.48	6226.73	£38,069.50	1.44%	4.20%	11.92%	23.16	49.80	209.99	199.76	-5.12%	5.44	0.00	0.00
453 Specialist Childrens Services (Level 4)	8.16%	172.23	2110.04	£15,919.35	1.49%	6.67%	22.82%	15.38	26.46	72.67	58.53	-24.16%	3.43	0.00	0.00
453 Wakefield 0-19 Childrens Services (Level 4)	7.12%	276.48	3885.41	£33,740.76	2.93%	4.18%	20.92%	27.63	23.24	134.54	160.35	16.10%	2.53	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

Care Group	Service Area	ACEs, Trauma and Resilience	Basic Life support	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	NHS Conflict Resolution (England) - 3 Years
453 Community Children's Services Care Group (Level 3)	453 Bradford 0-19 Childrens Services (Level 4)	94.47%	84.08%	91.24%	86.64%	87.10%	94.93%	83.33%	88.12%	88.48%	100.00%	0.00%	95.07%	0.00%	92.99%	93.63%
453 Community Children's Services Care Group (Level 3)	453 Specialist Childrens Services (Level 4)	98.44%	94.23%	95.31%	90.63%	98.44%	98.44%	100.00%	94.00%	95.31%	58.82%	100.00%	97.87%		98.39%	98.00%
453 Community Children's Services Care Group (Level 3)	453 Wakefield 0-19 Childrens Services (Level 4)	97.22%	88.33%	97.92%	93.75%	93.75%	90.28%	95.24%	93.28%	93.75%		100.00%	100.00%		96.45%	96.72%

Care Group	Service Area	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	SystmOne Community Children	SystmOne Core	SystmOne Mental Health	SystmOne Trustwide
453 Community Children's Services Care Group (Level 3)	453 Bradford 0-19 Childrens Services (Level 4)	86.85%	100.00%	98.62%	100.00%	91.71%	83.33%	50.00%	70.83%	74.17%	89.19%	100.00%	91.39%	99.52%	0.00%	
453 Community Children's Services Care Group (Level 3)	453 Specialist Childrens Services (Level 4)	93.44%		98.44%	100.00%	93.75%	100.00%	100.00%		84.00%		100.00%	88.00%	100.00%		79.17%
453 Community Children's Services Care Group (Level 3)	453 Wakefield 0-19 Childrens Services (Level 4)	97.87%		99.31%	94.12%	76.86%		94.12%	85.71%	83.00%	85.71%		90.57%	98.28%		0.00%

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.