



Adult and Older People Workforce in Mental Health Services 2023 Summary Report

January 2023

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Adult and Older People Workforce Census in England at 31st March 2023, NHS Benchmarking Network.



Benchmarking Network

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Executive Summary (1)

Background and purpose

The aim of this project was to provide an understanding of the quantum, composition and characteristics of the adult and older people (AOP) mental health workforce in England.

Scope

This project brings together data from multiple sources (Adults and Older People Annual Mental Health Services Benchmarking Project 2022/23 (NHSBN AOP project), workforce censuses of specific roles or services, and publicly available data). Therefore, the scope for each of these collections were focused on what they collected, but all covered NHS commissioned adult and older people mental health services in England. This report covers data on NHS mental health trusts, except where it explicitly states inclusion of other sectors.

With differing participation across projects, where data from the NHSBN AOP project is supplemented with data from censuses this should be viewed as indicative as the two data sources will not be based on consistent submissions.

Key findings

Where were the workforce?

The NHSBN AOP project identified 90,366 WTE in adult and older people NHS mental health services in England, working in NHS mental health trusts¹³. Just under half of this workforce (49%, 44,532) worked in a community setting, and 51% (45,834) worked in an inpatient setting¹³.

The majority of community staff were in the generic CMHT team type (14,171 WTE) followed by CRHT (7,187 WTE)¹³. In an inpatient setting, the majority staff were in adult acute and older adult (16,185 and 9,131 WTE respectively)¹³.

There was 20.0 WTE per 10,000 registered adult population working in adult and older people NHS mental health services based on submissions to the NHSBN

AOP project, which ranged by region from 16.0 in the East of England to 22.2 in North East & Yorkshire¹³.

For the metric community WTE per 1,000 referrals accepted for all community team types, London had the highest ratio with 29.2 WTE per 1,000 accepted referrals, and the lowest was the East of England with 12.5¹³. The England average was 22.1¹³.

The WTE per 1,000 admissions (within and outside provider footprint) into inpatient mental health teams ranged from London, with 401 WTE, to South East with 658 WTE¹³.

The region with the highest median bank and agency spend per accepted referrals for the two largest teams was London (£516) for generic CMHT and South East for CRHT (£476)¹³. The median spend on bank and agency staff per 10 beds for adult acute and older adult inpatient team type varied by region as well, with the lowest spend overall for the North West (£270k for adult acute and £330k for older adult), and the England median at £412k and £384k for adult acute and older adult respectively¹³.

- **There were 90,366 WTE in adult and older people's NHS mental health services in England (across both community and inpatient services)¹³.**
- **Across England, there were 20.0 WTE staff working in community and inpatient adult and older people's NHS mental health services per 10,000 registered adult population¹³.**

Who were the workforce?

Across both community and inpatient settings, 34% of the staff were registered nurses, 7% were psychological professions, and 31% were support workers & unregistered nursing staff.



Executive Summary (2)

Who were the workforce? (continued)

The largest staff group across all community team types (except for eating disorders) was registered nursing. In the CRHT team type, over half of the workforce were registered nurses (52%) The older people team type had the largest proportion of psychiatrists (11%), and the eating disorders team type had the largest proportion of psychological professions (26%)¹³.

In team types across all inpatient settings, just under half (48%) of the workforce were support workers and unregistered nursing staff, and 30% were registered nurses¹³.

Demographic data was not collected as part of the NHSBN AOP Project collection but from the workforce censuses we know that the workforce was predominantly female^{14,15,16,17,8}. Asian or Asian British staff were a lower proportion of the workforce compared to the England working age population and in some service areas there was a higher representation in the workforce of black or black British staff, particularly in low and medium secure service settings^{13,14,15,16,17}.

Further details of the demographic profile of the workforce is available in each of the [census reports](#).

Risk and challenges to the workforce

The NHS Long Term Workforce Plan¹ highlights the need to retain and upskill the current workforce as well as train and recruit new staff. With a mean vacancy rate of 14.5% in community and 15.1% in inpatient settings and 13.2% and 12.9% mean turnover rate in community and inpatient settings respectively, retaining staff and creating a stable workforce continues to be a challenge, with these figures from the NHSBN AOP project¹³.

The region with the lowest median vacancy rates for adult acute and older adult was the North East & Yorkshire (6.8% and 5.9%) respectively, and the region with the highest median vacancy rate for adult acute was London at 21.2% and for older adult it was the South East (18.5%)¹³. Even though the South East was the region with the highest inpatient WTE per 1,000 admissions (658 WTE), it also had the highest median vacancy rate for the older adult team type and the second highest for adult acute (which were the two largest team types nationally)¹³.

Generic CMHTs and CRHTs accounted for 48% of the workforce in community settings and adult acute and older adult team types account for 55% of the workforce in an inpatient setting.

HR Metrics

Mean	Community	Inpatient
Vacancy rate	14.5%	15.1%
Sickness Absence rate	5.4%	7.7%
Turnover rate	13.2%	12.9%

Data source: NHSBN AOP project¹³.

Understanding the workforce demographics more fully, will also be key to ensuring that the workforce is representative of the people it serves but also ensure that all areas of the population are recruited to work within healthcare settings.



Executive Summary (3)

Risk and challenges to the workforce (continued)

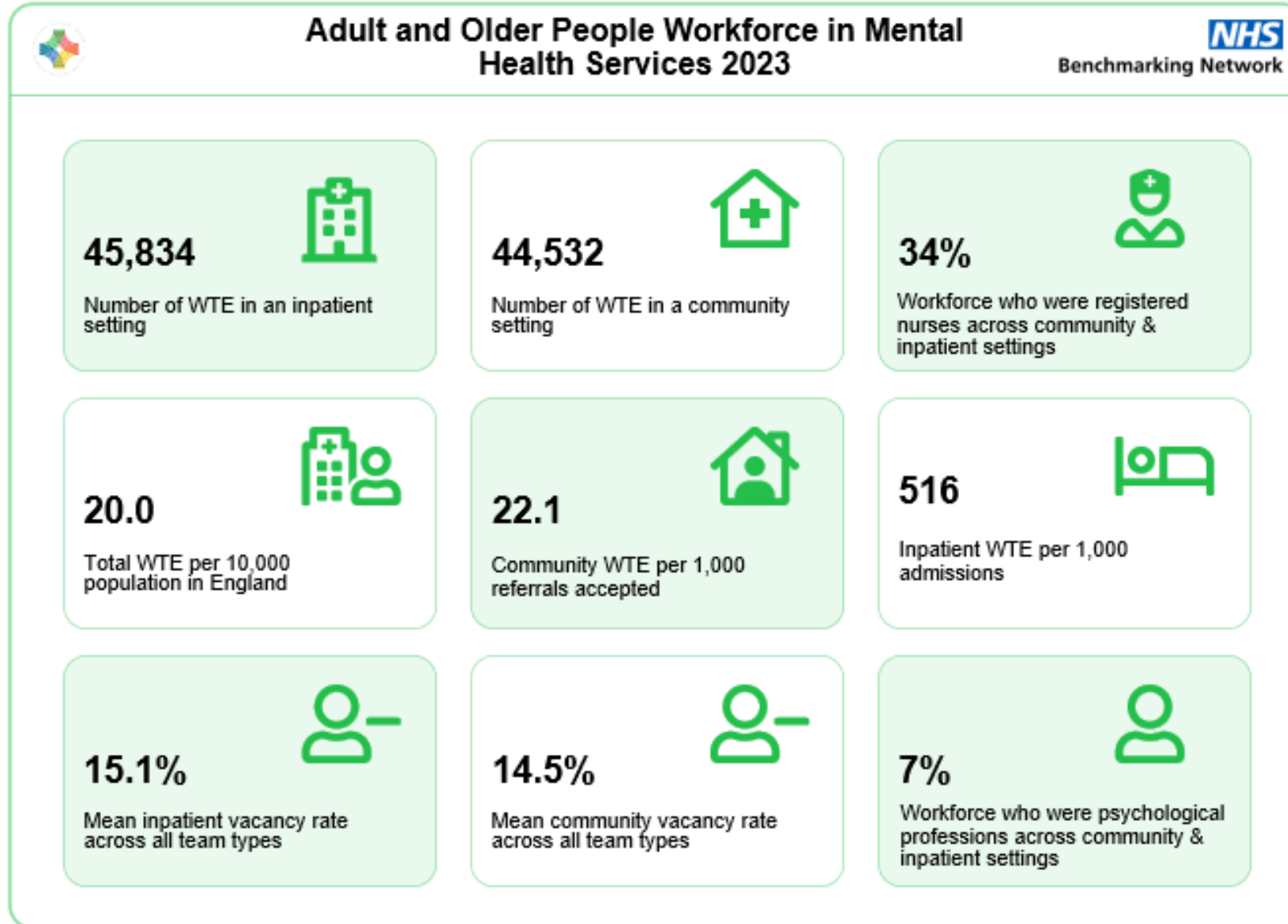
The total recorded cost of out of area placement days in England was £130,593,816, and there were 695 active inappropriate out of area placements as of 31st March 2023. Out of area placements were considered appropriate in some situations, but are considered inappropriate when the reason is a lack of bed in the local area. The Nuffield Trust¹⁰ note that The Five Year Forward View target to eliminate out of area placements by the end of March 2021 has not been achieved.

Considerations for future iterations

- The NHSBN AOP project does not collect salary banding at job role or job group level apart from for registered nurses. Therefore, skill mixes of the workforce cohort for each team type are unable to be calculated currently. Consideration should be given to including this data in future data collection where it adds value but should be balanced against the additional data burden this might place on participants.

- Demographics were not collected in the NHSBN AOP project of the workforce staff members – only demographics of the service users. The workforce censuses collect demographics of staff members.
- HR metrics was at team type level from the NHSBN AOP project. Consider whether this data should be at role or team level.
- Across the NHSBN AOP project there was a lack of qualitative data collected, which could be an area for inclusion in future collections to highlight good/innovative practice from participants.

Infographic



Introduction (1)

Purpose

NHS England commissioned the NHS Benchmarking Network (NHSBN) to provide a profile of the workforce within adult and older people mental health services as at 31st March 2023.

The aim of this project was to provide an understanding of the quantum, composition and characteristics of the adult and older people's (AOP) mental health workforce in England. In line with the NHS Long Term Plan²⁵, adult mental health services are undergoing notable transformation to increase both the scale and scope of services to better meet the increasing demand for mental health care. Central to the delivery of the ambition for improved and increased service provision is the workforce – a workforce with the right skills and training, teams with the right skill mix, and a workforce of the right size. The NHS Long Term Workforce Plan¹ sets the targets and ambitions to achieve this, and the workforce censuses set baselines and monitor progress.

Scope outline

This report primarily draws upon the findings from the Adults and Older People Annual Mental Health Services Benchmarking Project 2022/23 (AOP benchmarking project). This project is an integral part of the NHSBN member led work programme, and the 2023 iteration is the 12th year that NHSBN has delivered this project to participants.

Throughout the report, reference is made to several NHS England commissioned workforce censuses that were undertaken throughout 2023. It is important to acknowledge that the workforce captured in these censuses may also be included in the workforce presented in this report, and therefore should be used as a complementary resource to this report only.

In addition, with differing participation across projects, where data from the NHSBN AOP project is supplemented with data from censuses this should be viewed as indicative as the two data sources will not be based on consistent submissions.

The 2023 workforce censuses are listed below, and more information on the scope for each can be found in appendix A.

- Adult Secure Inpatient Services
- [Perinatal Mental Health](#)
- [Peer Support Workers](#)
- [Psychological Professions](#)
- [NHS Talking Therapies for Anxiety and Depression](#)

NHS Talking Therapies have not been referenced within this report as the focus is on supplementing the community and inpatient services reported within the NHSBN AOP Project. NHS Talking Therapies data can be viewed in both the psychological Professions Workforce Census and the standalone NHS Talking Therapies for Anxiety and Depression Census via the links above.

Scope considerations

The scope of the AOP benchmarking project is to complete the data collection in line with the adult and older people's mental health services offered by the organisation.

- Not all submissions responded to all team types as all participants do not provide all team types.
- Where submitted data was reported as '0', this was assumed to indicate that there was no activity or individuals seen as part of the service.
- Numerator and denominator data were requested as part of the submission and rates calculated by NHSBN to ensure consistency. Definitions of staff metrics (vacancy, sickness/absence, turnover) aligned with NHS Data Dictionary definitions.



Introduction (2)

Background

Why do we need to increase the mental health workforce?

It is currently estimated that in England, one in four of all adults face at least one mental health difficulty². However, estimated increases over the next 15 years predict that the population and the number of people aged over 85 will rise by 4.2% and 55% respectively. With these rises, also comes the prediction that almost two thirds of over 65s will 'have multiple health conditions', with approximately a third of those also having mental health needs¹.

Acknowledging the rising problem within adult and older people mental health, the NHS Long Term Plan has sought to invest in and grow mental health services. NHS mental health director, Claire Murdoch has stated that 'despite the disruption caused by the pandemic the NHS is on track to deliver its Long Term Plan commitment to boost mental health spending by £2.3 billion a year, enabling around 4.5 million adults and over 700,000 young people to access mental health services'⁶.

Delivering on the commitments of the Long Term Plan also require workforce development, however, patterns in the decline of the mental health workforce levels, as well as the increasing number of vacancies have been studied by The British Medical Association (BMA). The BMA found that the mental health workforce levels had remained largely the same or even declined since 2009, also citing the losses within nursing being as high as 7,000 in 2020³. The same study also found that approximately 12% of all medical vacancies were for roles within mental health services, and that the figure of mental health nursing vacancies is also responsible for 12% of the overall nursing vacancies figures³. In addition, the Association of Mental Health Providers 'Mapping the Mental Health Workforce' ICB dashboard shows an overall workforce reduction of 11,200 over the last five years in the mental health and social care workforce²³.

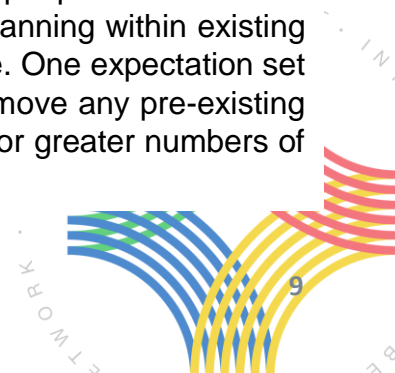
However, staff shortages and the high number of vacancies for roles with the services aren't the only challenges facing the NHS mental health workforce. Admissions and the number of people requiring treatment from mental health services continues to increase, with a 21% increase in the number of people who were in contact with mental health services since 2016, to 1.4 million in 2019³.

The NHS Long Term Workforce Plan has stated that there are real shortages within mental health nursing, which are already causing 'particular concern'. Mental health nursing is estimated in the NHS Long Term Workforce Plan to have a deficit of around 15,800 FTE by 2036/37¹, with vacancy rates and training needing to be examined within the role. Whilst temporary staff and international recruitment can help plug gaps within the mental health professions, there will still be shortages in each of the short, medium and longer terms.

The plan also aims to 'Grow the number and proportion of NHS staff working in mental health, primary and community care to enable the service ambition to deliver more preventative and proactive care across the NHS', with targets for growth within these roles aiming for a 73% rise by 2036/37¹.

Training and levels of mental health nursing are highlighted as concerns in the Long Term Workforce Plan. Initially, mental health registered nurse training places will be increasing 38% by 2028/29, with further targets and ambitions of growing these training places by a further 93% by 2031/32 (which is more than 11,000 places)¹.

To further ensure the improved access to adults and older people mental health services, the Long Term Workforce Plan requires greater planning within existing services to better provide support to adults and older people. One expectation set out by the plan, is for all adult mental health services to remove any pre-existing upper age barriers to access that they may have, allowing for greater numbers of adults and older to people to get the care they need⁴.



Introduction (3)

Background continued

The Government's autumn statement also furthered the importance of access to treatment and services, setting out a projection for an extra 384,000 people completing a course of treatment by 2028-29⁵. This supplements commitments from the Government to increase its mental health spend to 8.9% of all NHS funding⁶.

Plans of increasing the workforce within NHS mental health services have already shown signs of success, with the number of NHS trust mental health nurses growing by over 1,000 in the year since February 2022 (an increase of 2.6%²⁴).

Process

Key requirements for the project were discussed with NHS England colleagues and wider stakeholders which identified the datasets that would be within the project scope. An analysis plan was designed and agreed with NHSE and this report was compiled following the completion of the workforce censuses and the NHSBN AOP project. Provider and ICS reports were commissioned as part of this project.

Data sources

Data sources within this report were as follows:

- [Adults and Older People Annual Mental Health Services Benchmarking Project 2022/23](#)¹³
- Workforce Censuses:
 - Adult Secure Inpatient Services¹⁴
 - [Perinatal Mental Health](#)¹⁵

- [Peer Support Workers](#)¹⁶
- [Psychological Professions](#)¹⁷
- Publicly available data:
 - [Out of Area Placements Costing data](#)¹²
 - [England national population 2021 census demographic data](#)⁷

Using the benchmarking data

It is important to acknowledge that the workforce captured in censuses may also be included in the workforce presented in this report, and therefore should be used as a complementary resource to this report only.

In addition, with differing participation across projects, where data from the NHSBN AOP project is supplemented with data from censuses this should be viewed as indicative as the two data sources will not be based on consistent submissions.

The primary focus of the project was to provide a national profile of the workforce in adult and older people mental health services in England. However, it also had a clear objective to ensure that outputs can be used by individual providers, Integrated Care Boards and regional colleagues to benchmark data to identify areas for service improvement, provide assurance about current practice and promote shared learning across organisations and areas.

Participation

Please note that this report only contains data from NHS mental health trusts, Within appendix C, please see a grid of each organisation that participated in at least one project/census and which of these they submitted data to.

Introduction (4)

Data quality and interpretation of metrics

Data within this report is from multiple collections, which have all individually been validated as part of the relevant project.

Following the data collection deadline, each collection was reviewed for completeness, consistency and plausibility. Where responses were deemed to be incorrect/unlikely or key fields were missing, issues were raised directly with the participants.

Metric data was shown to be incomplete or inconsistent for some organisations. Data has been cleansed but these data should be treated as indicative rather than a definitive national position.

Data included in this report from the Adults and Older People Annual Mental Health Services Benchmarking Project 2022/23 (NHSBN AOP project) is only from NHS mental health trusts. Where data is referenced from NHSBN workforce

censuses, this data is only the NHS Trusts position unless explicitly stated otherwise.

Definitions, terminology, and references

- Throughout this report, the Adults and Older People Annual Mental Health Services Benchmarking Project 2022/23 project is referred to as the NHSBN AOP project.
- Where the whole page is referenced from an individual data source, this data source is identified at the bottom of the page. Where there are multiple data sources on one page, these are superscripted next to the referenced text/figures.

Workforce Overview



Services

Throughout this report, data on 12 community team types are included, and 13 inpatient team types (both including an other category). These are summarised in

the table below. Please note that these team types are from the NHSBN AOP project 2023 for members of the Network.

Community Team Types
Generic CMHT
CRHT
Assertive Outreach
Early Intervention (incl early Onset Psychosis)
Assessment & Brief Intervention
Rehabilitation and Recovery
Forensic
Eating Disorders
Perinatal
Older People
Memory Services
Other Adult CMHTs

Inpatient Team Types
Adult Acute
Older Adult
PICU
Eating Disorders
Mother & Baby
Low Secure
Medium Secure
High Secure
High Dependency Rehabilitation
Longer Term Complex/Continuing Care
Neuropsychiatry/Acquired Brain Injury
Substance Misuse/Addiction Services
Other Specialist Mental Health Beds (excludes CYPMHS and MoD)

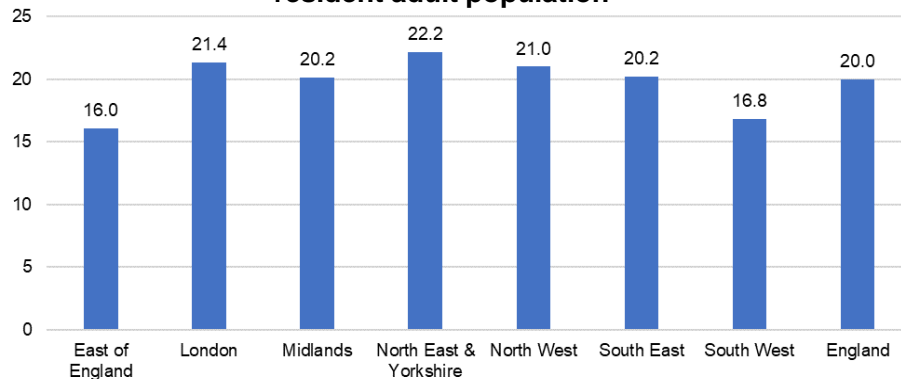
Workforce overview (1)

The table below shows the workforce captured as part of the Adults and Older People Annual Mental Health Services Benchmarking Project 2022/23 project (NHSBN AOP project). All except four organisations that submitted data to this project were NHS mental health trusts, with two social enterprises and two independent sector providers contributing. For the purposes of analysis, the two social enterprises are included in the NHS mental health trusts cohort (which was the approach taken in the NHSBN AOP project). The independent sector providers were excluded from analysis within this report.

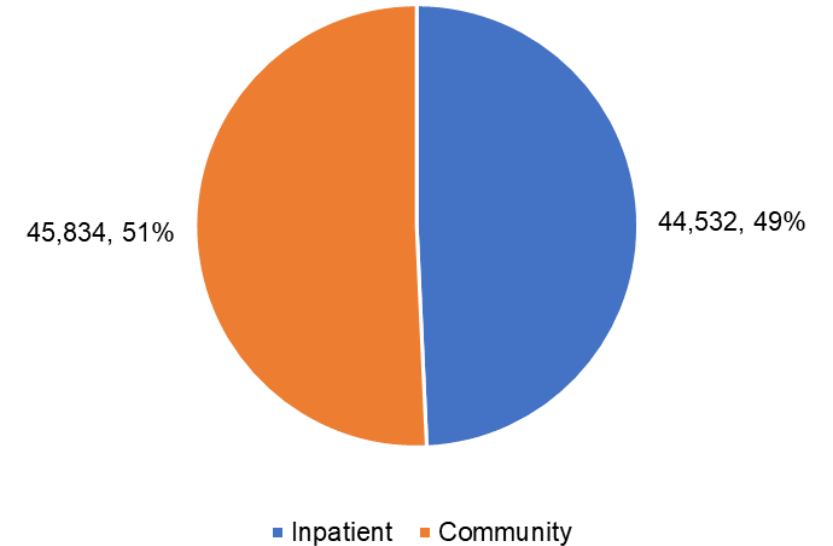
The total NHS workforce was 90,366 WTE as at 31st March 2023, which equates to 20.0 WTE per 10,000 population – however this ranges from 16.8 in the South West to 22.2 in North East & Yorkshire.

Region	Community	Inpatient	Total	Total benchmarked per 10,000 pop.
East of England	3,954	3,245	7,199	16.0
London	8,125	8,274	16,400	21.4
Midlands	8,587	9,002	17,589	20.2
North East & Yorkshire	7,108	7,677	14,786	22.2
North West	5,253	6,557	11,810	21.0
South East	6,991	7,396	14,387	20.2
South West	4,513	3,683	8,196	16.8
England	44,532	45,834	90,366	20.0

NHS community & inpatient workforce in England per 10,000 resident adult population



NHS community and inpatient workforce split



The pie chart above is the split of the NHS community and inpatient workforce the NHSBN AOP project (total 90,366 WTE). Just under half of the workforce (49%) work in an community setting.

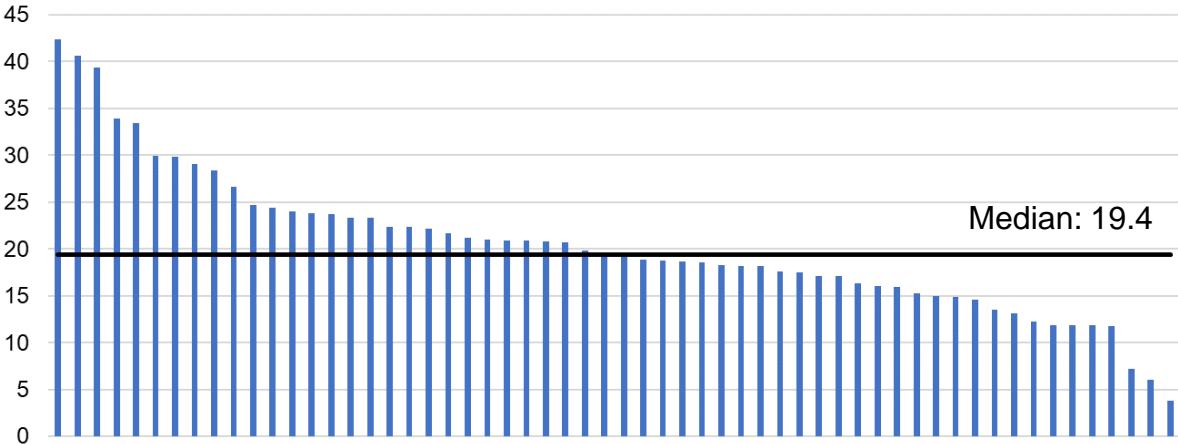


Workforce overview (2)

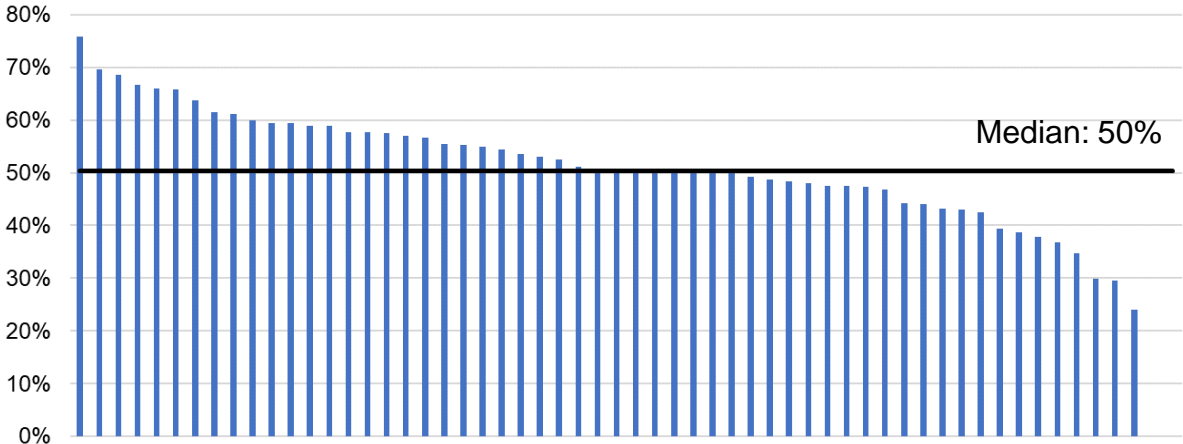
The chart on the left shows the total workforce (community & inpatient) for each submission to the NHSBN AOP project, benchmarked by 10,000 resident adult population (18+) submitted to the NHSBN AOP project. The median is 19.4 WTE

per 10,000 resident adult population. The chart to the right is the percentage of the workforce that work in community as opposed to inpatient team types, with a median of 50%, and a range of 0% to 76%.

Total workforce (WTE) 10,000 resident adult population



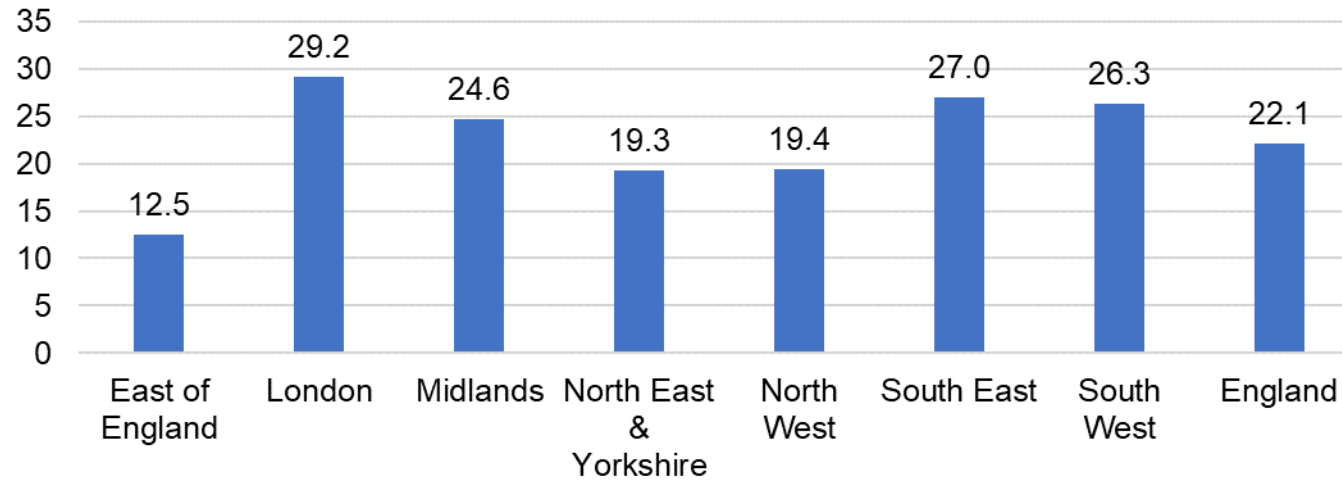
Percentage of the total workforce (WTE) that work in a community team type, as opposed to an inpatient team type



Referrals and admissions

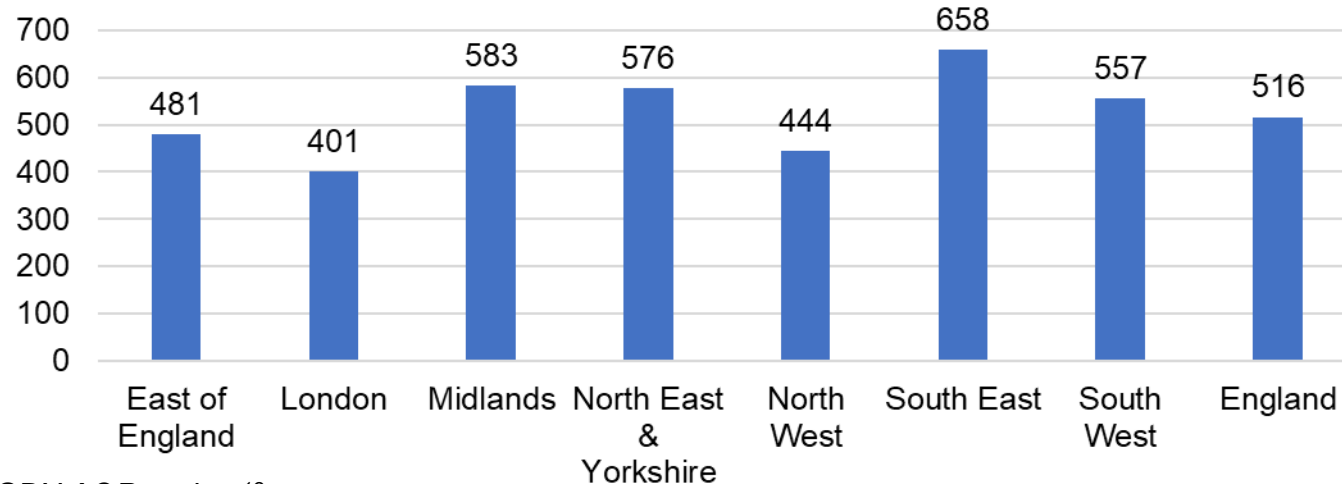
Community WTE per 1,000 referrals accepted for all community team types was 22.1 for England. London had the highest ratio with 29.2 WTE per 1,000 accepted referrals, and the lowest was the East of England with 12.5.

Community WTE per 1,000 referrals accepted into community mental health teams



Inpatient WTE per 1,000 admissions (within and outside provider footprint) into inpatient mental health teams was 516 for England. The lowest was London, with 401 WTE, and the highest was the South East with 658 WTE.

Inpatient WTE per 1,000 admissions (within and outside provider footprint) into inpatient mental health teams



Services provided

The top table shows which NHS mental health trusts that participated in the NHSBN AOP project had at least one WTE in a community team type – if they had at least one WTE, they were considered to provide the service.

The most common services provided were generic CMHT and CRHT, with 94% of organisations offering the service. The least common service that organisations provide was assertive outreach, which less than a third (32%) of organisations deliver.

The bottom table shows which NHS mental health trusts that participated in the NHSBN AOP project had at least one WTE in an inpatient team type – if they had at least one WTE, they were considered to provide the service. The most common services to which organisations confirmed they provided were adult acute (98%) older adult acute (96%) and PICU (92%). Low secure and high dependency rehabilitation units were provided by 77% and 49% of organisations, respectively. Specialist units such as high secure facilities (8%), substance and addiction services (11%), and neuropsychiatry (13%) services were among the least offered services.

Level	Percentage Yes	Yes	No	% Yes	% No
Service					
Generic CMHT		50	3	94%	6%
CRHT		50	3	94%	6%
Assertive Outreach		17	36	32%	68%
Early Intervention (incl early Onset Psychosis)		49	4	92%	8%
Assessment & Brief Intervention		26	27	49%	51%
Rehabilitation and Recovery		30	23	57%	43%
Forensic		38	15	72%	28%
Eating Disorders		42	11	79%	21%
Perinatal		45	8	85%	15%
Older People		48	5	91%	9%
Memory Services		41	12	77%	23%
Other Adult CMHTs		41	12	77%	23%

Level	Percentage Yes	Yes	No	% Yes	% No
Service					
Adult Acute		52	1	98%	2%
Older Adult		51	2	96%	4%
PICU		49	4	92%	8%
Eating Disorders		17	36	32%	68%
Mother & Baby		19	34	36%	64%
Low Secure		41	12	77%	23%
Medium Secure		23	30	43%	57%
High Secure		4	49	8%	92%
High Dependency Rehabilitation		26	27	49%	51%
Longer Term Complex / Continuing Care		24	29	45%	55%
Neuropsychiatry / Acquired Brain Injury		7	46	13%	87%
Substance Misuse / Addiction Services		6	47	11%	89%
Other Specialist Mental Health Beds (excludes CAMHS and MoD)		23	30	43%	57%

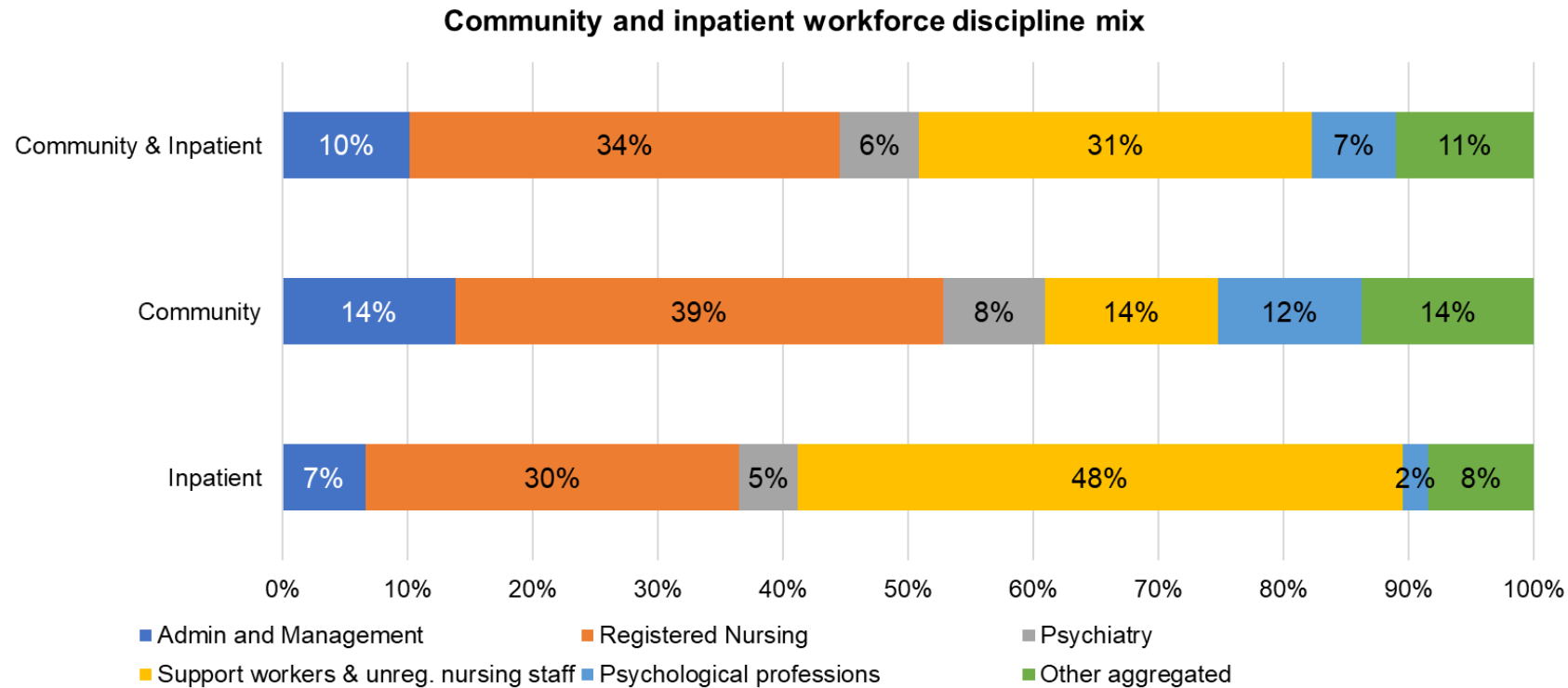
Discipline mix

Across both community and inpatient settings, 34% of the staff were registered nurses, 31% were support workers & unregistered nursing staff and 7% were psychological professions.

Over a third (39%) of the staff in a community setting were registered nurses, whilst in an inpatient setting this was 30%. Just under half (48%) of staff working

in inpatient settings were support workers & unregistered nursing staff. Twelve percent of staff in community settings were psychological professions compared to 2% of staff in inpatient settings.

The staff roles captured in each staff groups are available in appendix D and E.



Psychological professions discipline mix

The 2023 NHSBN census of psychological professions staff commissioned by NHS England psychological professions staff provides further insight of the breakdown of staff in this professional staff group. The scope of the census was psychological professions staff working in NHS commissioned services in mental health inpatient and community mental health services and NHS acute trusts¹⁷.

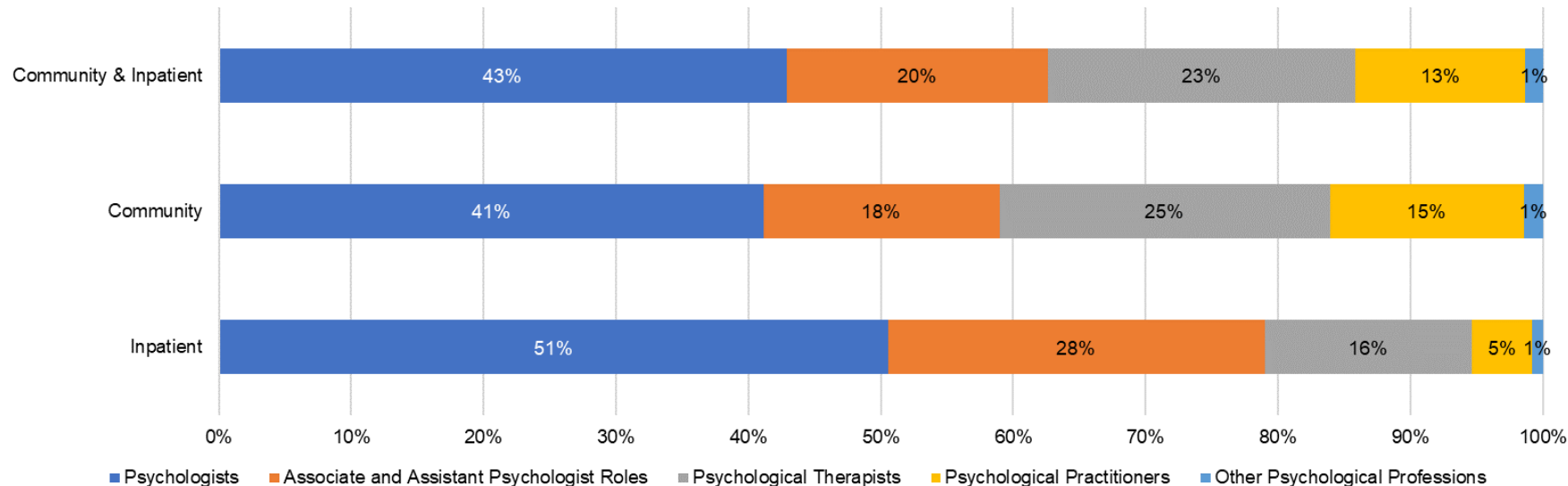
From the previous slide, across acute and community inpatient setting of adult and older people's mental health services, 7% of the workforce were psychological professions staff (across community setting and inpatient setting solely this was 12% and 2% respectively)¹³.

The chart below shows the discipline mix of the psychological professions workforce groups from the census for community MH services, inpatient MH

services, and both settings¹⁷. For inpatient MH services, NHS mental health trusts, acute trusts, independent sector organisations and VCSE sector organisations submitted data (with a local authority also submitting for community services). Although there was representation from these organisation types, the majority of data submitted was from NHS mental health trusts, and therefore the profile is indicative of the psychological professions workforce in NHS mental health trusts.

Across both community & inpatient settings, 43% of the psychological professions workforce were psychologists, and a fifth (20%) were in associate and assistant psychologist roles, however this group varied from 18% in community to 28% in inpatient settings. Further analysis can be found in the [Psychological Professions Workforce Census 2023¹⁷](#)

Psychological Professions discipline mix



HR Metrics (1)

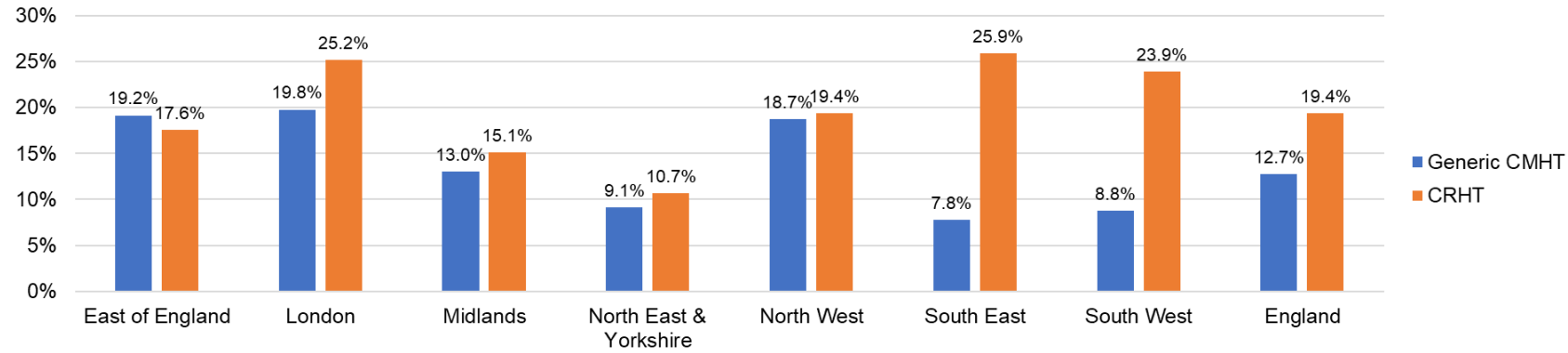
The charts on this page show the median vacancy rates by region for generic CMHT and CRHT community team types, as well as adult acute and older adults inpatient team types. These were the largest two team types respectively in community and inpatients, together accounting for 48% and 55% of the workforce in each setting respectively¹³.

The adult acute inpatient team type median vacancy rate varied from 6.8% in the North East & Yorkshire to 21.2% in London, whilst the generic CMHT community team type median vacancy rate varied from 7.8% in the South East to 19.8% in London – London had the highest or second highest vacancy rate for the four team types shown below¹³.

The bottom chart is the vacancy rates from NHS Digital for March 2023¹⁹ with the highest vacancy rate in London (14.4%) and the lowest in The South West (9.8%).

**NHS Digital regional vacancy rates are for NHS MH Trusts. They do not publish an all England position.*

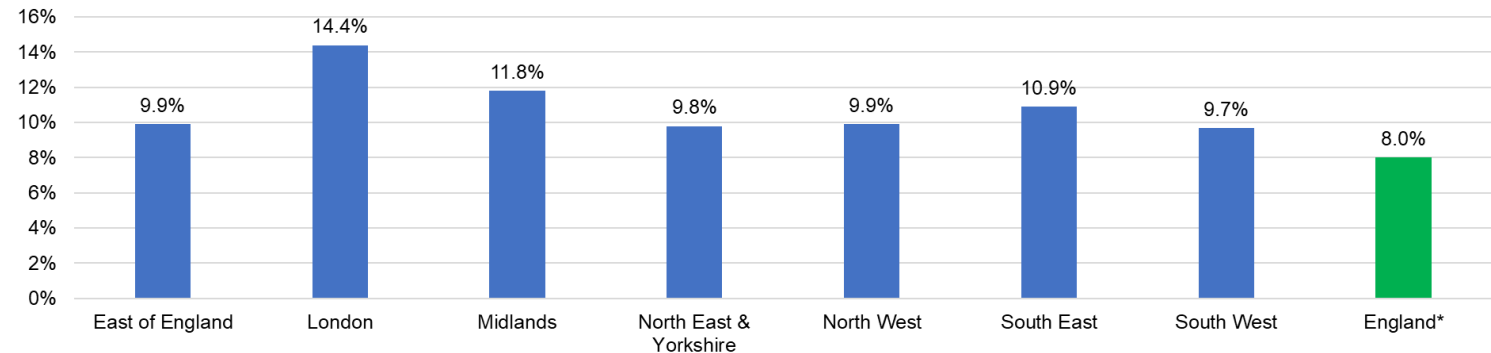
Vacancy rates for generic CMHT and CRHT community teams by region (median)



Vacancy rates for adult acute and older adult inpatient teams by region (median)



NHS vacancy rates March 2023 (NHS Digital)*



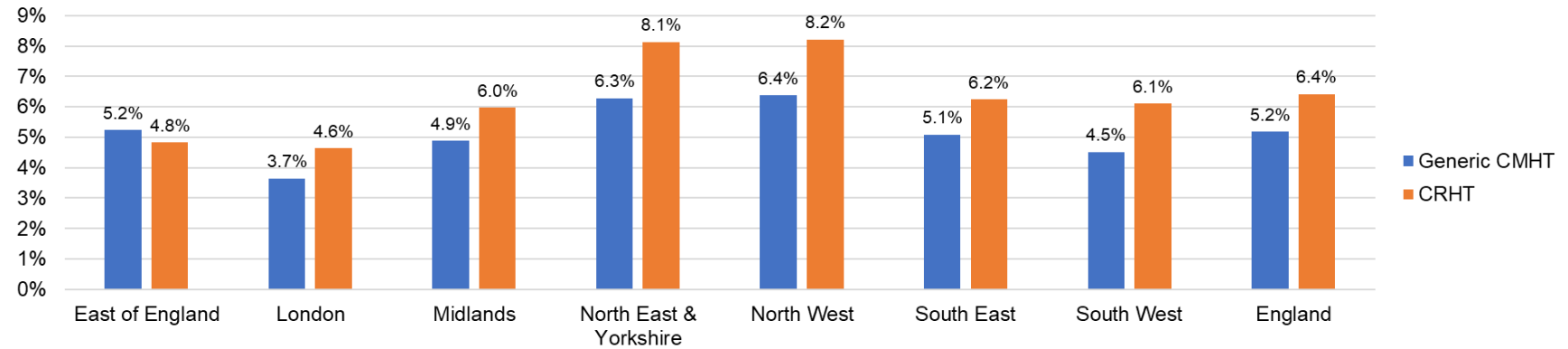
HR Metrics (2)

The charts to the right show the median sickness absence rates by region for the largest two team types in community and inpatient settings.

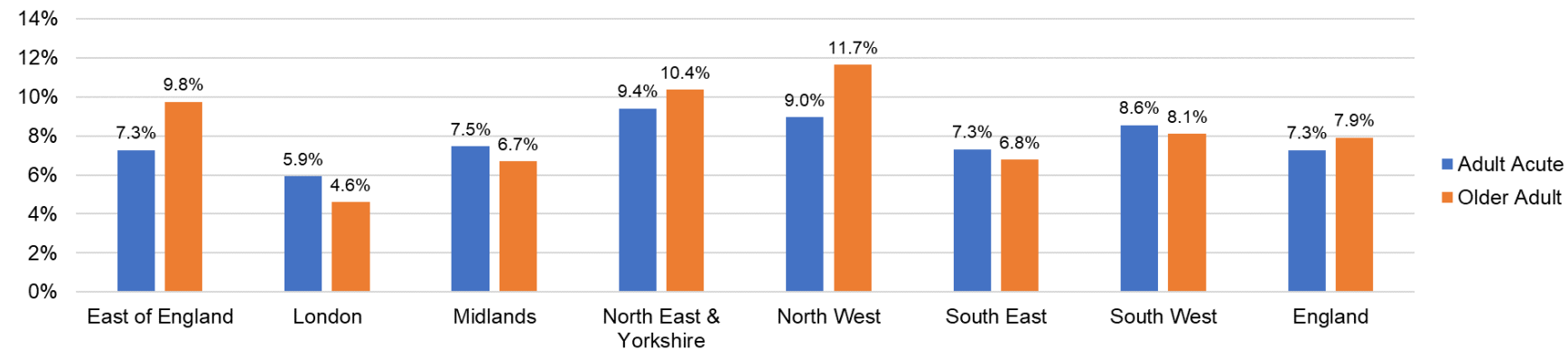
Generic CMHT community median sickness absence rates varied from 3.7% in London to 6.4% in the North West. The adult acute inpatient median sickness absence rate varied from 5.9% in London, to 9.4% in North East & Yorkshire.

For all four team types presented here, London had the lowest median sickness absence rates, with the North West and North East & Yorkshire having the highest or second highest median rates..

Sickness absence rates for generic CMHT and CRHT community teams by region (median)



Sickness absence rates for adult acute and older adult inpatient teams by region (median)

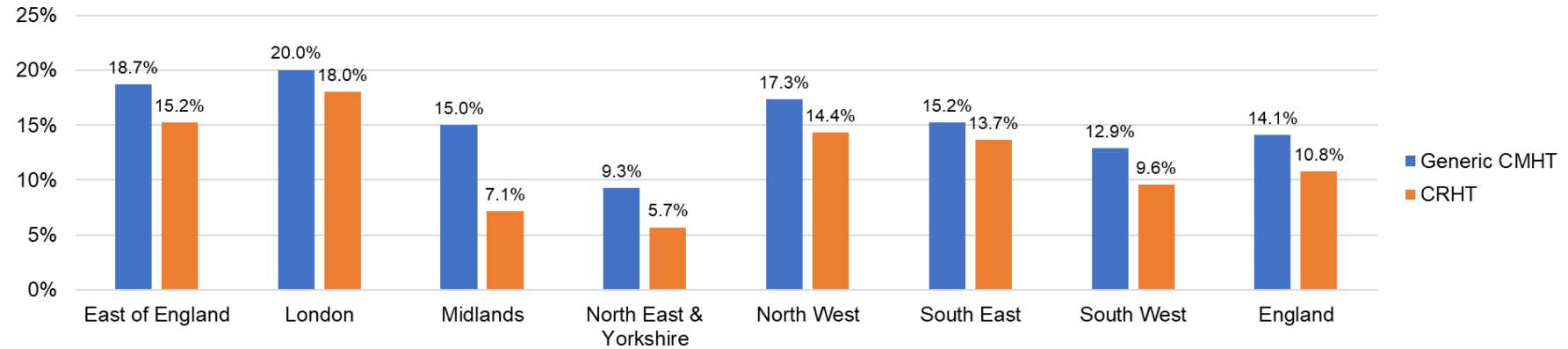


HR Metrics (3)

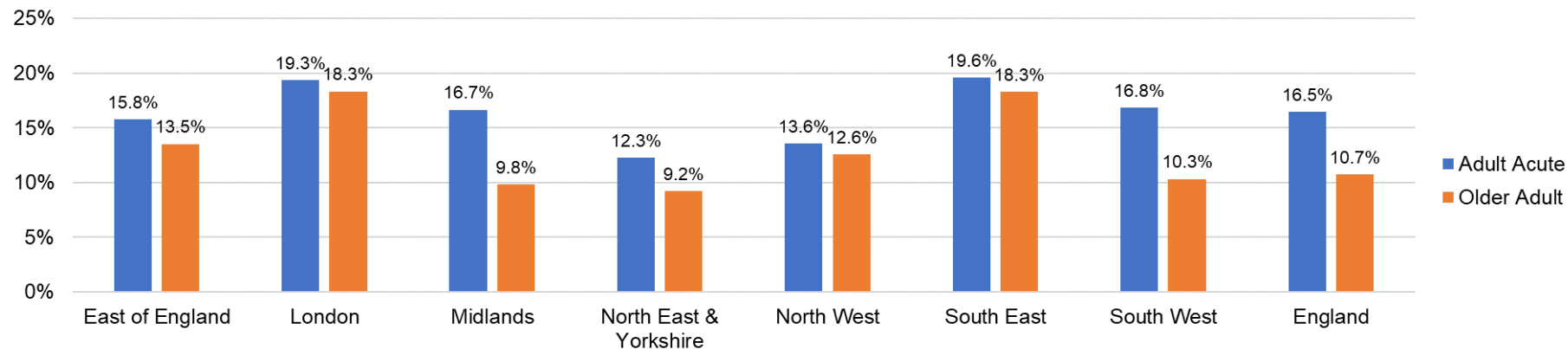
The charts to the right show the median turnover rates by region for the largest two team types in a community and inpatient setting respectively. For adult acute inpatient team type, the median turnover rate varies from 12.4% in the North East & Yorkshire to 19.6% in the South East. For generic CMHT, the median turnover rate varies from 9.3% in the North East & Yorkshire, to 20% in London.

London had the highest or second highest median turnover rates for these four team types nationally.

Turnover rates for generic CMHT and CRHT community teams by region (median)



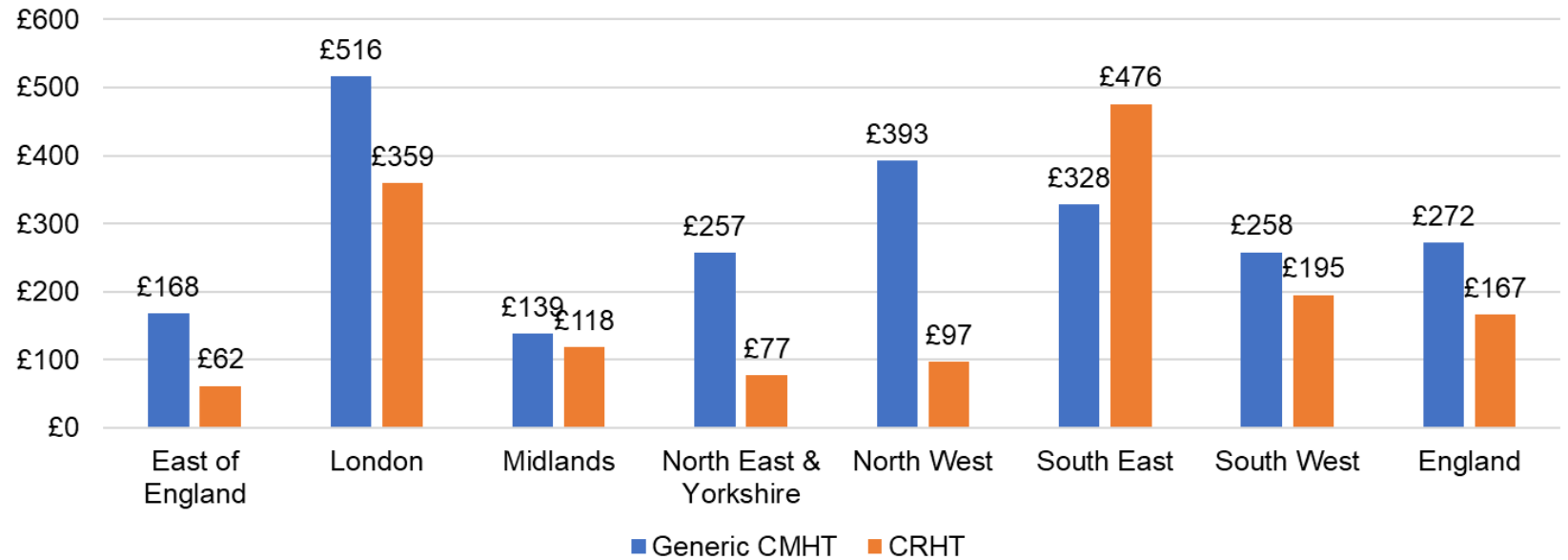
Turnover rates for adult acute and older adult inpatient teams by region (median)



Bank & agency spend by community team type

The chart to the right shows the median spend on bank and agency staff per referral accepted for generic CMHT and CRHT community team types. The region with the highest spend per referral accepted is London for generic CMHT (£516) and the South East for CRHT (£476).

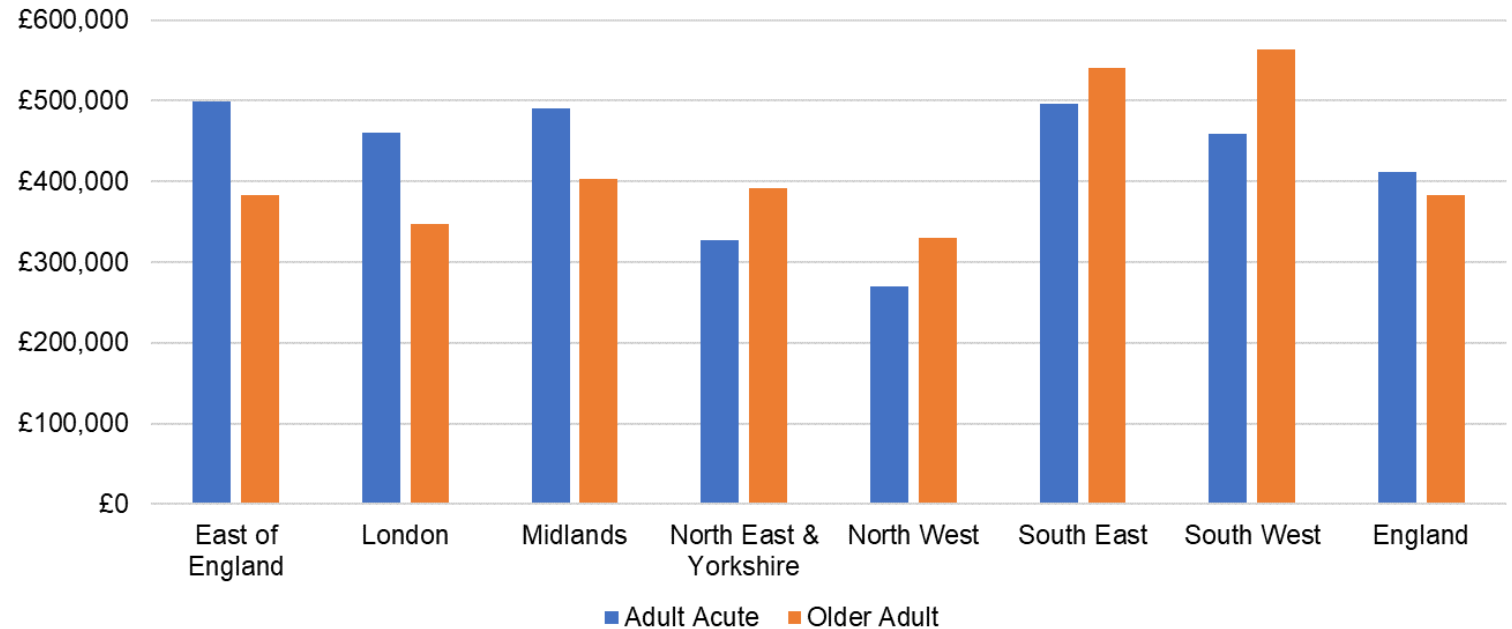
Spend on bank & agency staff per referral accepted for generic CMHT and CRHT community team types (median)



Bank & agency spend by inpatient team type

The chart to the right shows the median spend on bank and agency staff per 10 beds for adult acute and older adult inpatient team type by region. The region with the lowest spend overall was North West (£270k for adult acute and £330k for older adult).

Spend on bank and agency staff per 10 beds for adult acute and older adult inpatient team types by region (median)



Median	Adult Acute	Older Adult
East of England	£498,422	£382,528
London	£460,301	£347,520
Midlands	£490,989	£402,918
North East & Yorkshire	£327,108	£391,097
North West	£270,139	£330,368
South East	£496,791	£540,588
South West	£459,636	£564,033
England	£412,057	£383,721

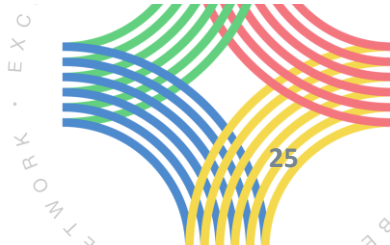
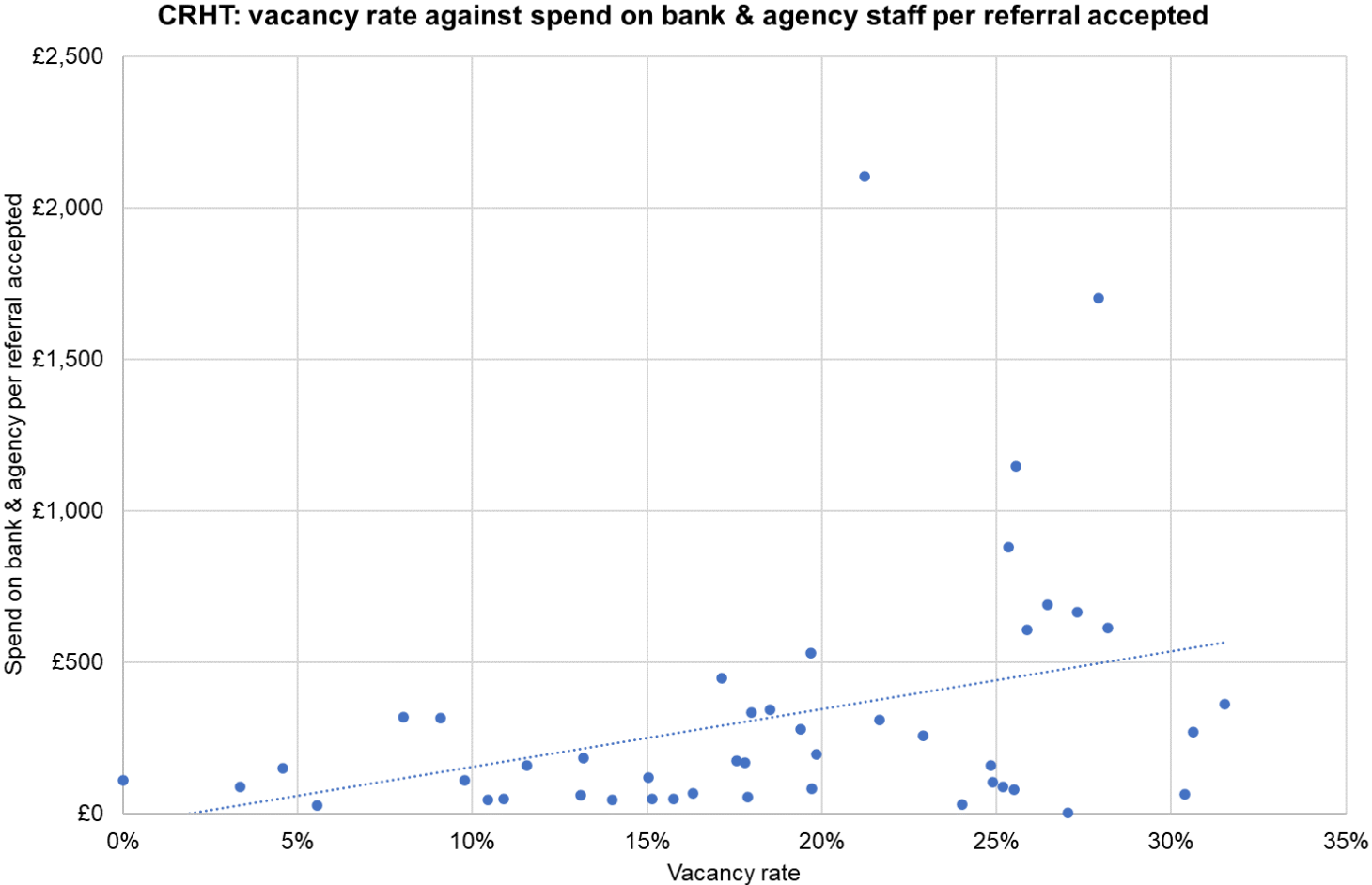
Community bank & agency spend correlation

The chart to the right shows the correlation between the vacancy rate of the CRHT team type and the spend on bank & agency staff per referral accepted. The correlation is 0.35, which is a moderate to mild correlation (where 0 is no correlation, and 1 is a strong correlation, with -1 and 1 both indicating a strong correlation).

The correlation values for sickness absence and turnover rate for both generic CMHT and CRHT team types are shown in the table below.

When interpreting correlations, it is important to note that the outliers may affect the correlation value.

	Generic CMHT	CRHT
Vacancy rate correlation	0.04	0.35
Sickness absence rate correlation	0.11	0.18
Turnover rate correlation	0.01	0.08



Inpatient bank & agency spend correlation

The chart on the right shows the correlation between vacancy rate and spend on bank & agency staff per 10 beds for the adult acute team type. The correlation is 0.35, which is a moderate correlation (where 0 is no correlation, and 1 is a strong correlation, with -1 and 1 both indicating a strong correlation).

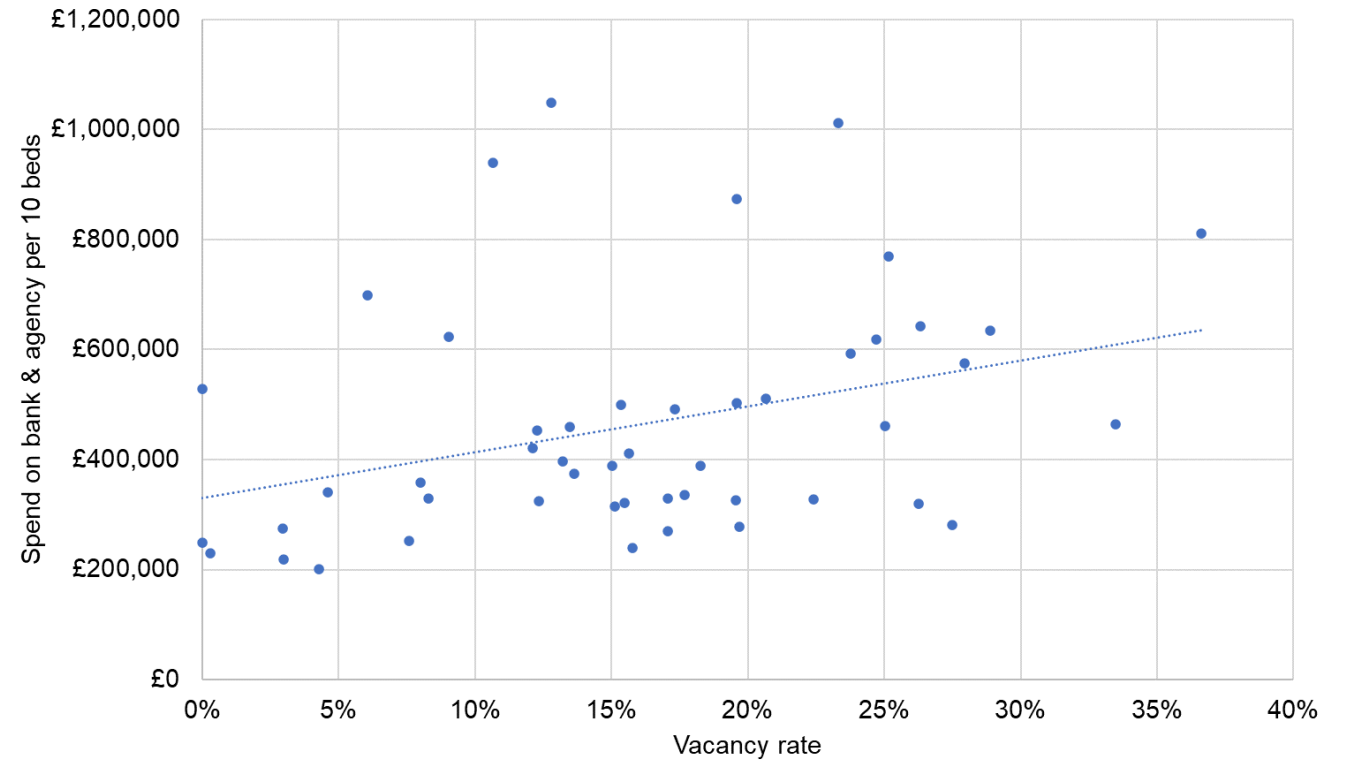
The correlation values for sickness absence and turnover rate for both adult acute and older adult team types are shown in the table below.

When interpreting correlations, it is important to note that the outliers may affect the correlation value.

The correlations across the two largest community team types were higher than the correlations across the two largest inpatient team types for HR metrics compared to the spend on bank & agency staff.

	Adult acute	Older adult
Vacancy rate correlation	0.35	0.23
Sickness absence rate correlation	0.11	0.07
Turnover rate correlation	0.10	0.04

Adult acute: vacancy rate against spend on bank & agency staff per 10 beds



Community Workforce



Workforce by team type (1)

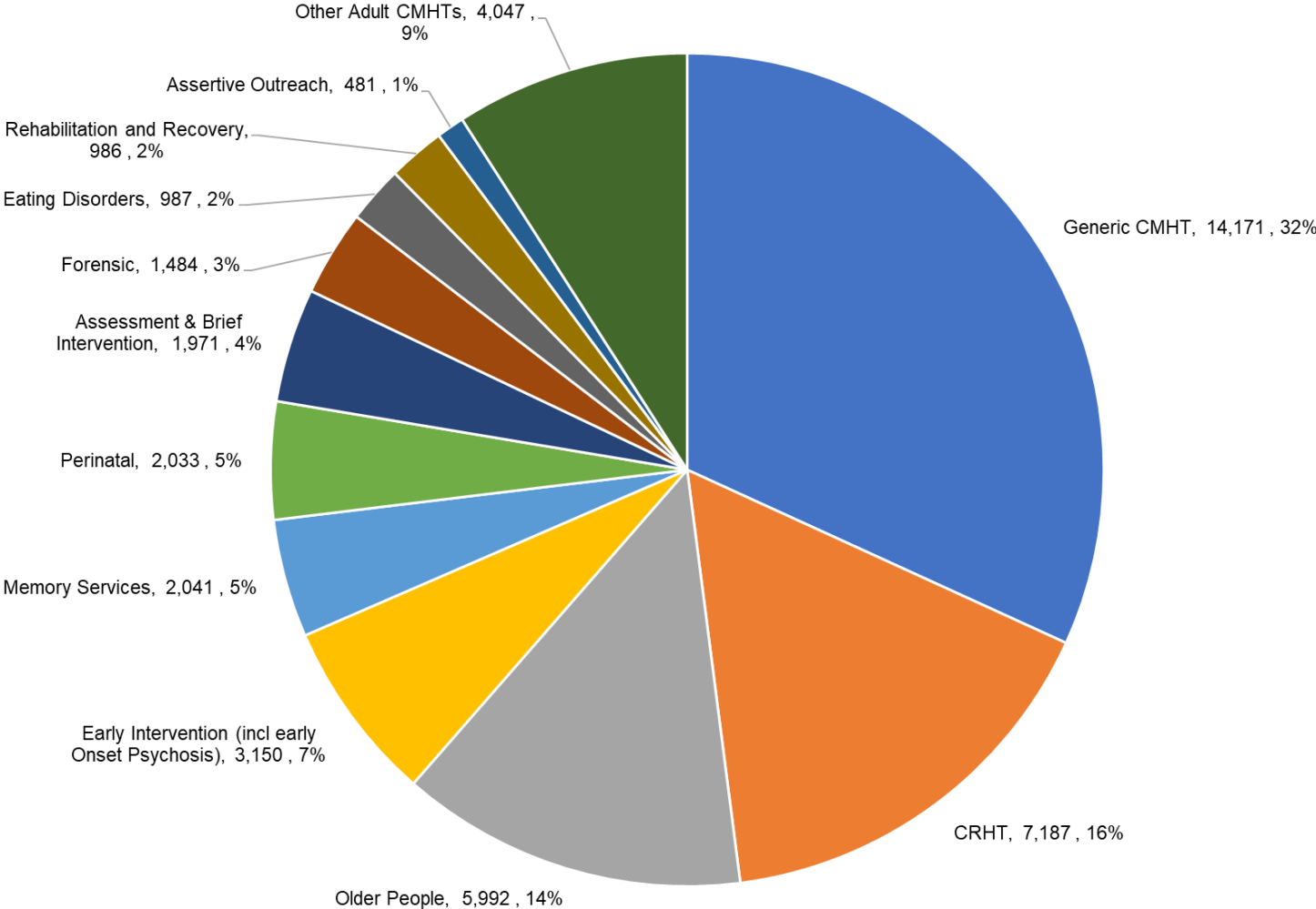
Participants of the NHSBN AOP project recorded a community workforce of 44,531 WTE.

There were 14,171 WTE staff within generic CMHT teams. This was the largest team type at just under a third of the total community workforce (32%), with the next largest (CRHT 7,187 WTE) at 16% of the total community workforce.

The smallest team types were assertive outreach (481 WTE), rehabilitation and recovery (986 WTE) and eating disorders (987 WTE). Together, these 3 team types represent 5% of the total community workforce.

More detail of the community perinatal workforce can be found in the [Perinatal Mental Health Workforce Census 2023 Report¹⁵](#).

Community workforce team type split

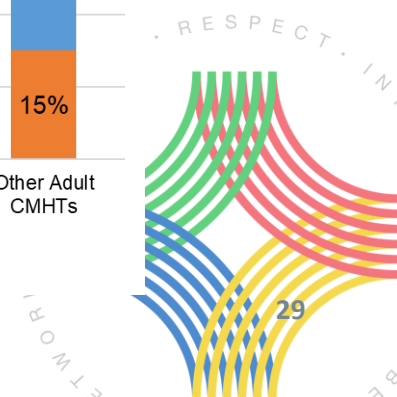
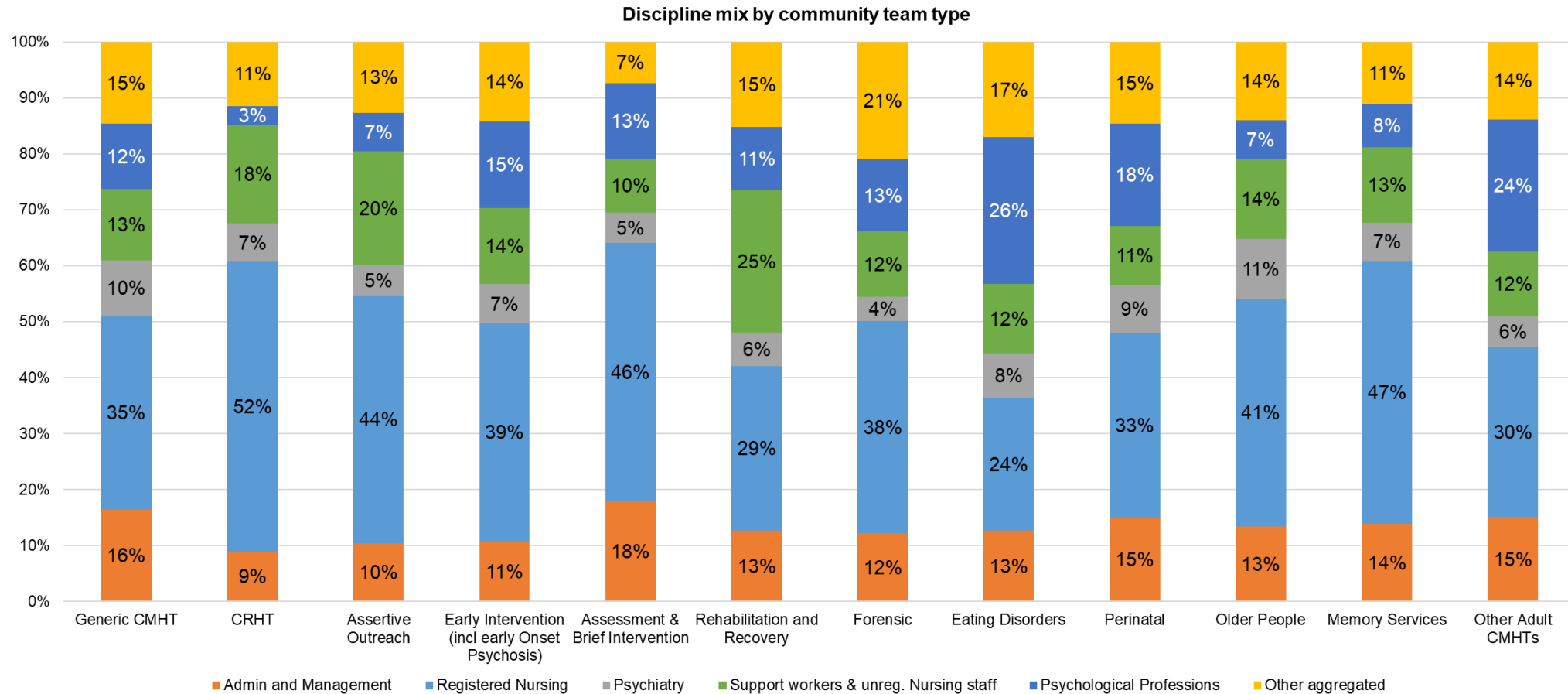


Workforce by team type (2)

The chart below shows the breakdown of staff in each job role group as a proportion of the total WTE staff employed for each team type. The largest staff group for all team types (apart from eating disorders) was registered nursing. In the CRHT team type, over half of the workforce were registered nurses (52%). The skill mix of registered nurses is shown on the following page. The older people team type had the largest proportion of psychiatrists (11%), and the eating

disorders team type had the largest proportion of psychological professions (26%).

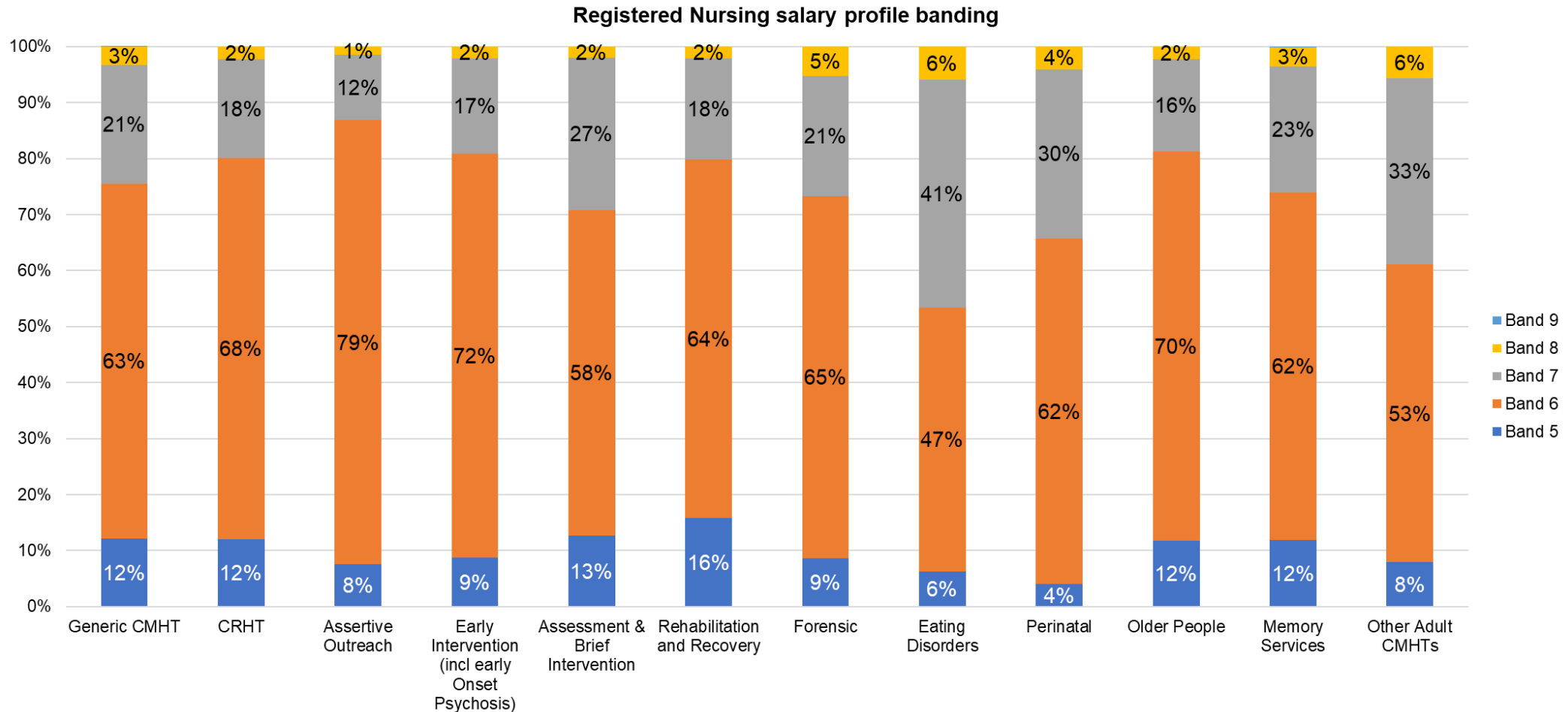
More details on the job roles assigned to each staff group can be found in the appendix D. More details on the workforce in perinatal teams and the psychological professions staff can be found in the specific workforce censuses [here](#).



Registered nursing salary profile

The chart below shows the salary profile of nursing staff across participants in the NHSBN AOP project. These charts show that, across the adults & older people community mental health workforce, 4-16% were band 5 – this was highest among rehabilitation and recovery services, and lowest among perinatal. Most of

the community nursing workforce were band 6 – from 47% (eating disorders) to 79% (assertive outreach) in this banding. Band 7 staff comprised of between 12-41% of the workforce according to NHSBN AOP project, with band 8's and above making up the remaining 1-6%.



Psychological professions in community setting discipline mix

Overall, 12% of the community workforce reported in the NHSBN AOP project were psychological professions staff. This ranged from 3% of staff in CRHT from psychological professions to over a quarter (26%) of staff in eating disorders community teams.

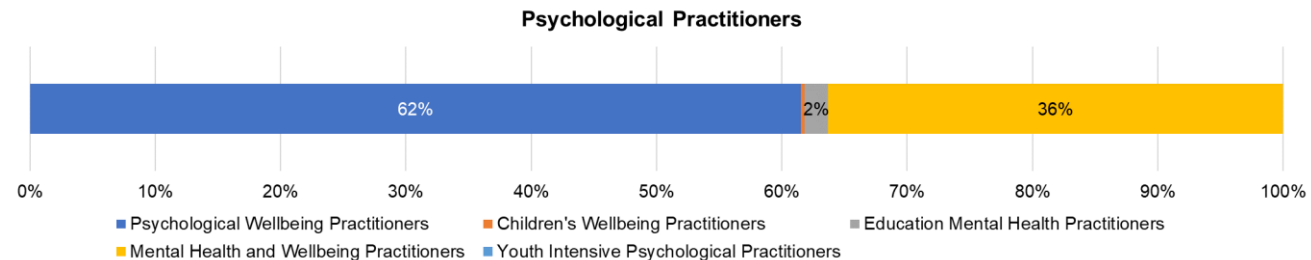
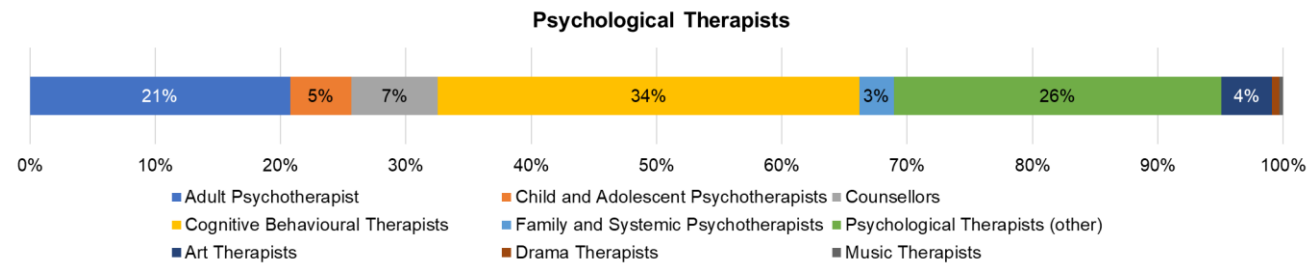
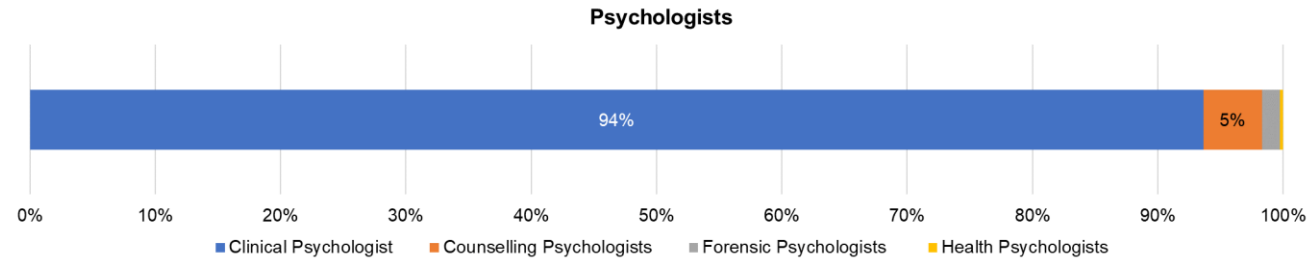
In the [Psychological Professions Workforce Census 2023¹⁷](#), data were collected on the discipline mix of psychological professions staff groups which showed majority of the psychological professions workforce in community MH settings were psychologists (41%) with the majority of these (94%) clinical psychologists.

A quarter of the community psychological professions workforce were psychological therapists with CBT (34%) and psychological therapists (other) (26%) the most common roles reported.

Psychological practitioners accounted for 15% of the workforce within community MH teams made up almost entirely of psychological wellbeing practitioners (62%) and mental health wellbeing practitioners (36%).

Clinical associates in psychology made up 3% of the psychological workforce in community MH settings and assistant psychologists 15%.

NHS mental health trusts, acute trusts, local authorities, independent sector organisations and VCSE sector organisations submitted data to the Psychological Professions Census. Although there was representation from these organisation types, the majority of data submitted was from NHS mental health trusts, and therefore the metrics on this page can be indicative of the psychological professions workforce in NHS mental health trusts.



Stability of the community workforce

The NHSBN AOP project¹³ did not collect data on the staff contract details (type or hours) or the time in post, however some of this detail was collected in the 2023 NHS England commissioned workforce censuses. Although the scope of these censuses included non-NHS mental health trusts (full scope of each census can be found in appendix A), the national positions are indicative of the NHS mental health trust workforce.

The details below show that from the Peer Support Workers and Perinatal censuses, staff were split relatively evenly between full time and part time contracts, with a small minority on bank & agency contracts. Most staff were on permanent contracts, with a small proportion on fixed term or temporary contracts.

The time in post metric reflects the infancy of some roles – peer support workers had a high proportion of staff in post under a year, and the introduction of new roles within the psychological professions workforce in the last couple of years may impact this metric at specific role level.

Contract type

- 85% of peer support workers (note this census covers both community & inpatient settings) were on a permanent contract, with 10% on fixed term and 5% on a temporary contract¹⁶.
- In perinatal community services, 95% of the staff were on a permanent contract¹⁵.

Contract hours

- In the Peer Support Workers census, 4% of staff were on a bank & agency contract at 31st March, with 54% on a part time contract and 42% working full time¹⁶.
- Just over half of the perinatal community staff (56%) were on a full time contract, and the remainder (44%) on a part time contract¹⁵.

Time in post

- Just under half (49%) of peer support workers have been in post less than a year, with 83% in post less than three years¹⁶. This reflects the relative infancy of the role.
- 60% of Perinatal community staff have been in post under 3 years, with over a quarter (28%) in post less than a year¹⁵.
- For psychological professions staff who work in adult community mental health services, 57% have been in post less than three years (28% less than a year)¹⁷.

Community Demographics



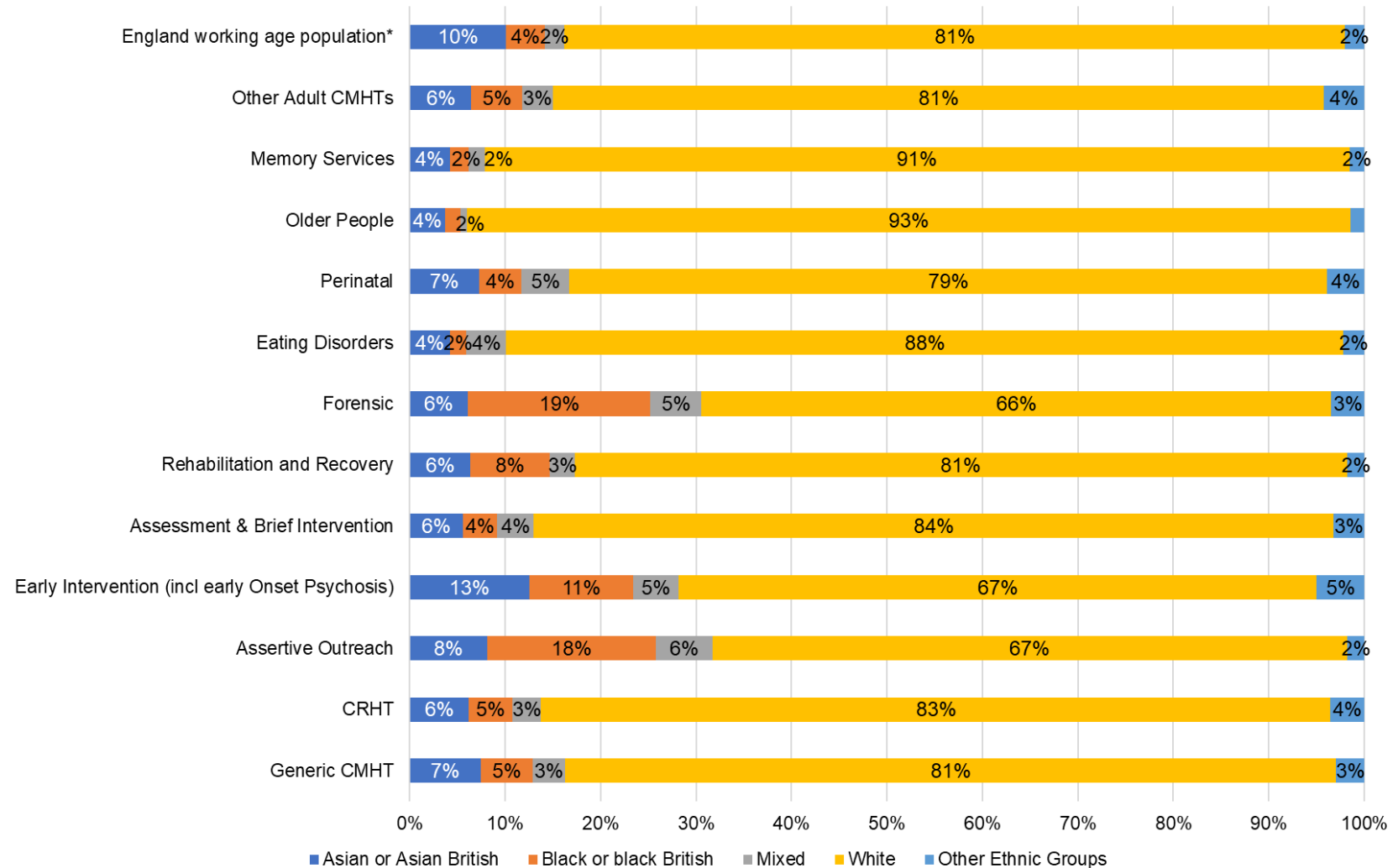
Ethnicity – service users

The chart to the right shows the proportions of service users within each ethnic group across different community settings. Forensic and assertive outreach had the highest proportion of black or black British service users (19% and 18%), higher than the working age population proportion (4%)^{13,7}.

The NHS commissioned Perinatal Mental Health workforce census collected data on ethnicity of staff who worked in the community which can be compared to the service user profile. Eighty two percent of staff who worked in perinatal community mental health services in NHS mental health trusts were white, 7% black or black British, 6% Asian or Asian British, 3% mixed and 2% other ethnic groups¹⁵.

Across the psychological professions adult community workforce, the profile showed that the majority (79%) of staff were white, with 6% Asian or Asian British, 4% black or black British, 3% mixed and 2% other ethnic groups¹⁷. Please note that this metric also included a not known/stated category which was 5% of the workforce.

Community services: ethnicity split of service users



Gender – service users

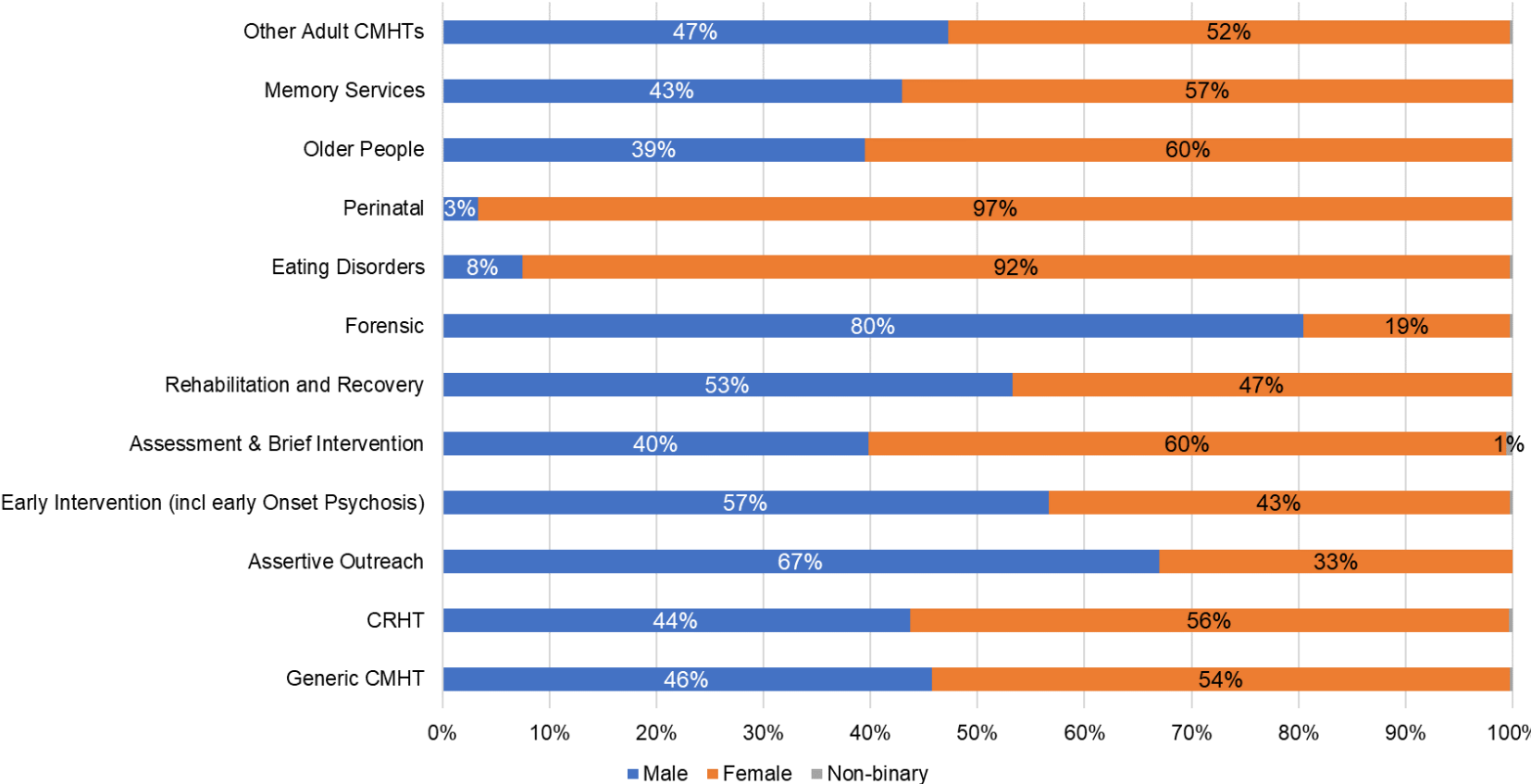
The chart to the right shows the gender split between service users of different community team types. The majority (97% and 92%) of service users were female in perinatal and eating disorder team types respectively, with the lowest proportion of female service users was forensic at 19%¹³.

For the NHS workforce overall reported by NHS Employers, for all staff groups, 77% of staff were female⁸.

The NHS commissioned Perinatal Mental Health workforce census collected data on gender of staff who worked in the community, with 95% of staff who worked in NHS mental health trusts identifying as female¹⁵.

The Psychological Professions census reported that for staff in community mental health settings, 80% identified as female (with 19% male, and 1% not known)¹⁷.

Community services: gender split of service users



Community HR Metrics



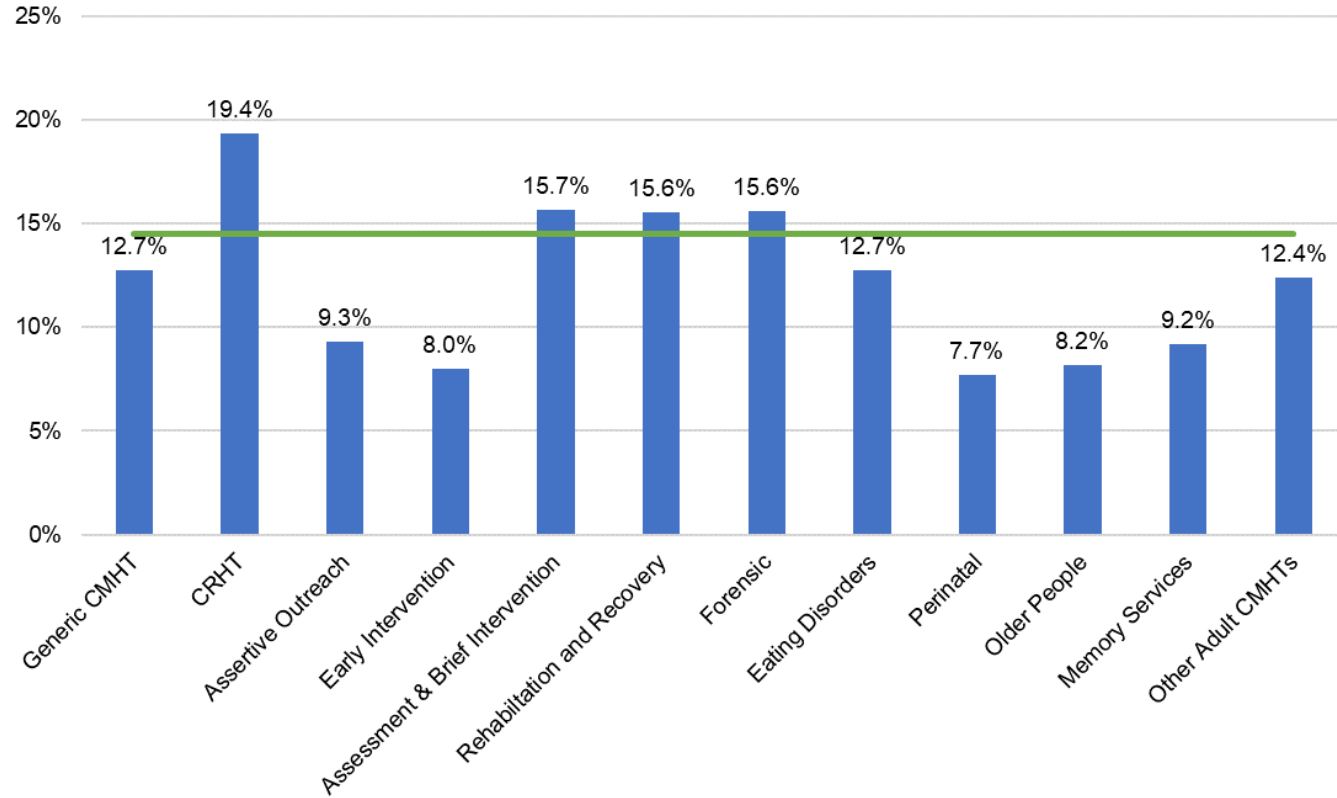
Vacancy rate

The chart shows the median vacancy rate by community team type (the blue columns) from the NHSBN AOP project¹³. Across all community team types, the mean vacancy rate from the NHSBN AOP project was 14.5%¹³, which is represented as a green line on the chart.

The community team type with the lowest vacancy rate was perinatal at 7.7%, and the highest was CRHT at 19.4%¹³.

The calculation for vacancy rate and the definitions for the relevant HR metrics are in the appendix (G and H).

Community vacancy rate



NHSBN AOP
project mean:
14.5%

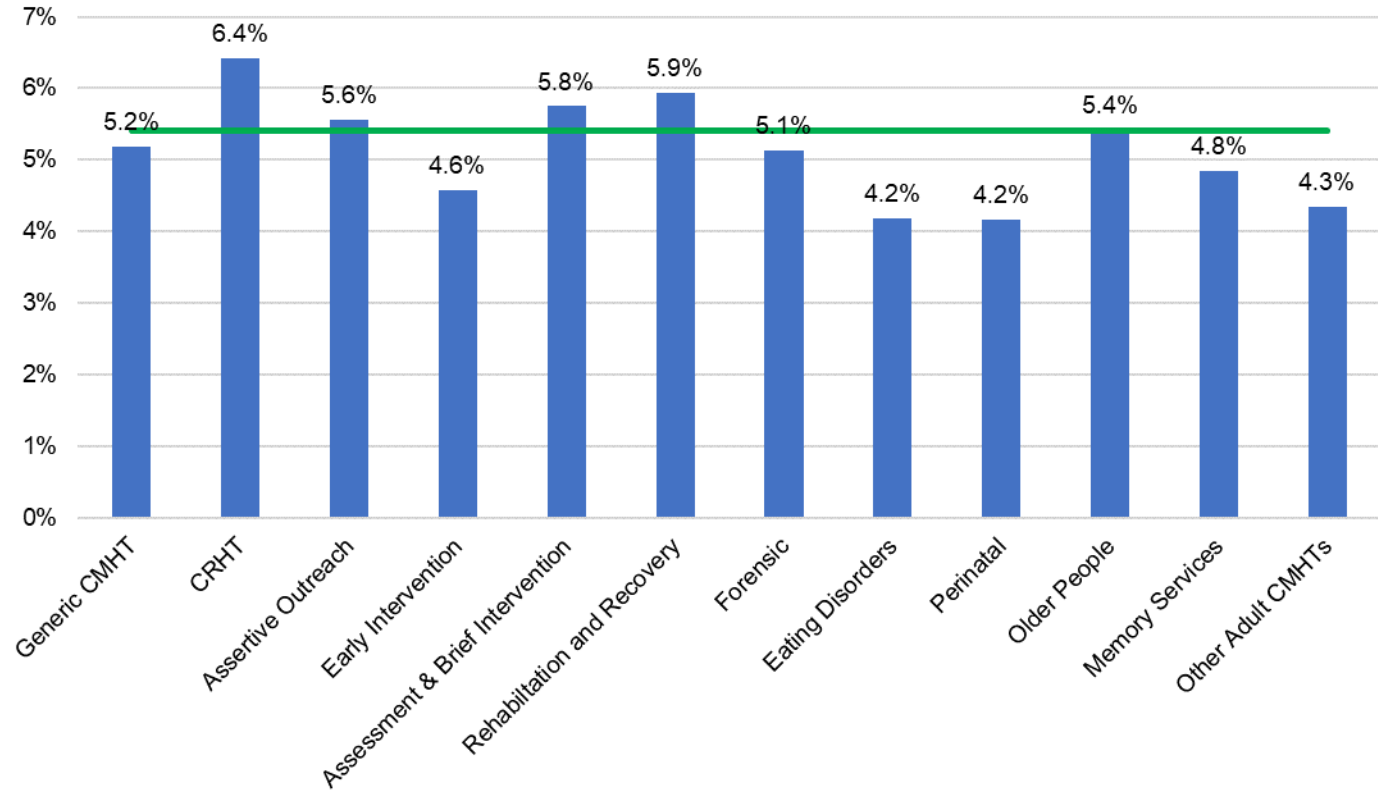
Sickness absence rate

The chart shows the median sickness absence rate by community team type (the blue columns) from the NHSBN AOP project¹³. Across all community team types, the mean sickness absence rate from the NHSBN AOP project was 5.4%¹³, which is represented as a green line on the chart.

The community team type with the lowest sickness absence rate was jointly eating disorders and perinatal at 4.2%, and the highest was CRHT at 6.4%¹³.

The calculation for sickness absence rate and the definitions for the relevant HR metrics are in appendix G and H.

Community sickness absence rate



NHSBN AOP
project mean:
5.4%

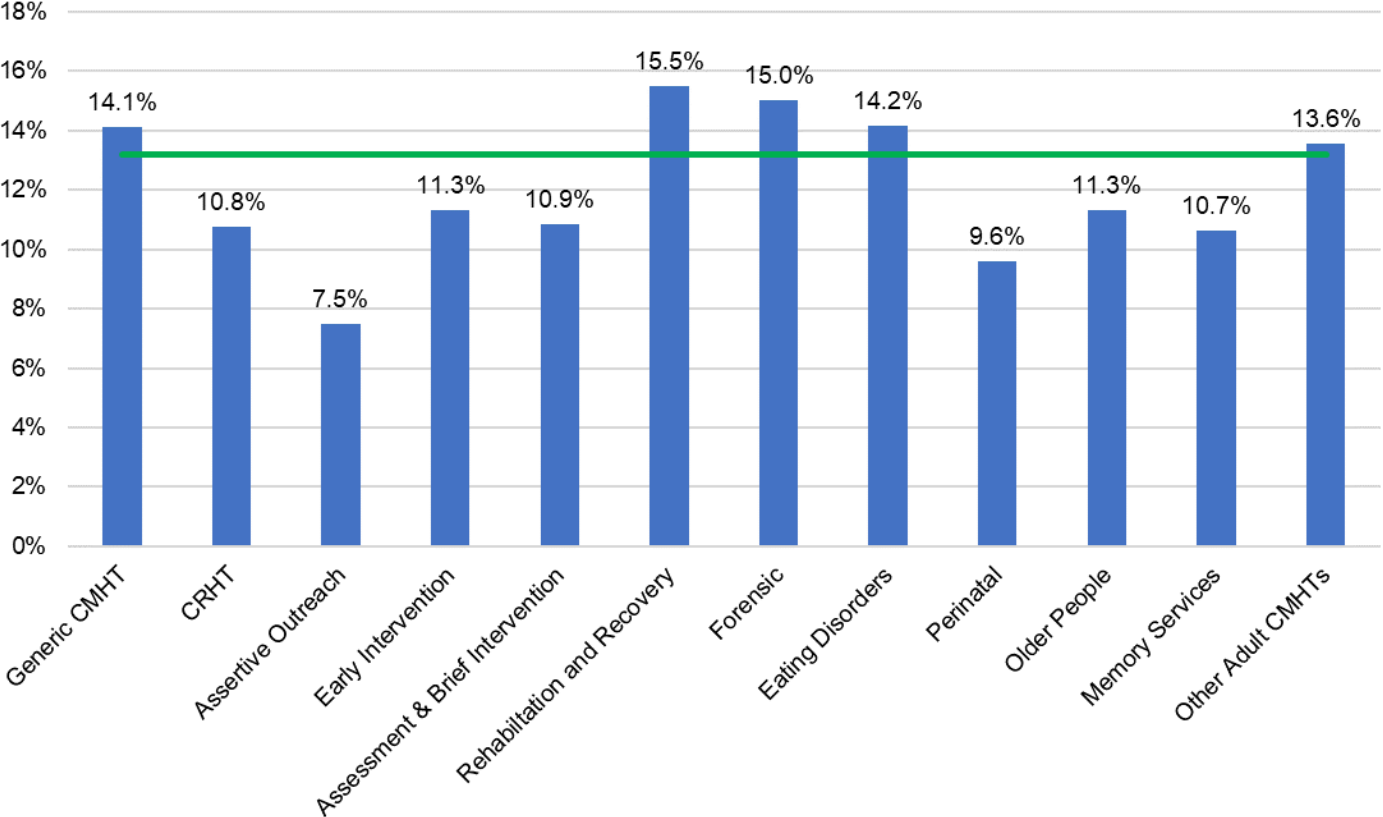
Turnover rate

Across all community team types, the mean turnover rate from the NHSBN AOP project was 13.2%¹³ (which is shown as a green bar on the chart). The blue columns on the chart are the median figures for each team type.

The median turnover rate varied by community team type from 7.5% for assertive outreach to 15.5% for rehabilitation and recovery¹³.

The calculation for turnover rate and the definitions for the relevant HR metrics are in appendix G and H.

Community turnover rate



NHSBN AOP project mean: 13.2%

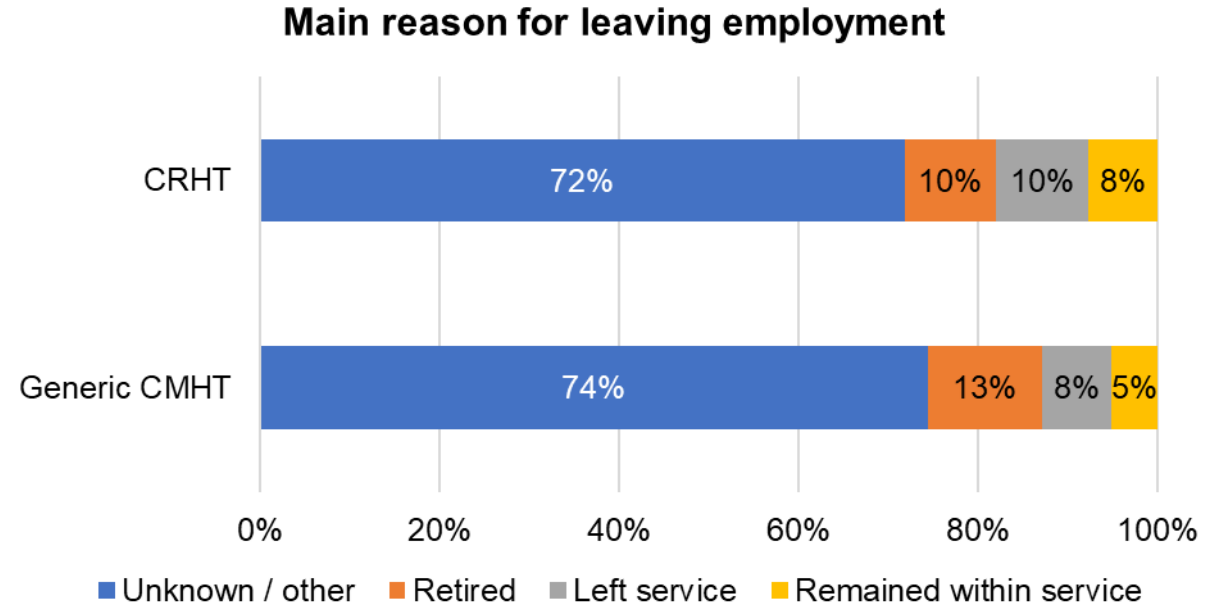


Reasons for leaving employment

The chart to the right shows the responses for the question regarding the main reason for leaving community employment, from the NHSBN AOP project.

The most common main reason for leaving employment was unknown/other, which accounted for the majority of responses in the four team types shown in the chart. The number of responses for each team type is shown below:

- Generic CMHT – 39 responses
- CRHT – 39 responses



Community Finance



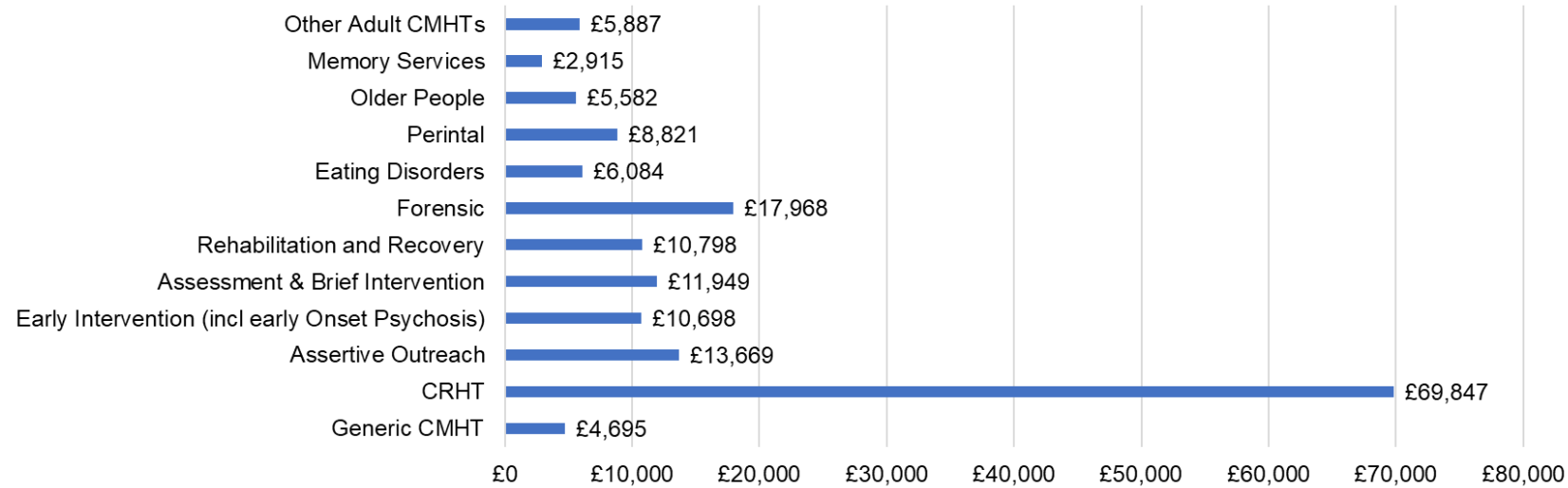
Community Finance

The two charts show the median cost per patient on the caseload per community team type and the median cost per contact per community team type. The data source for this chart is from the NHSBN AOP project.

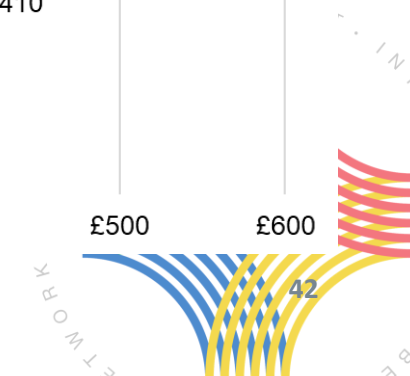
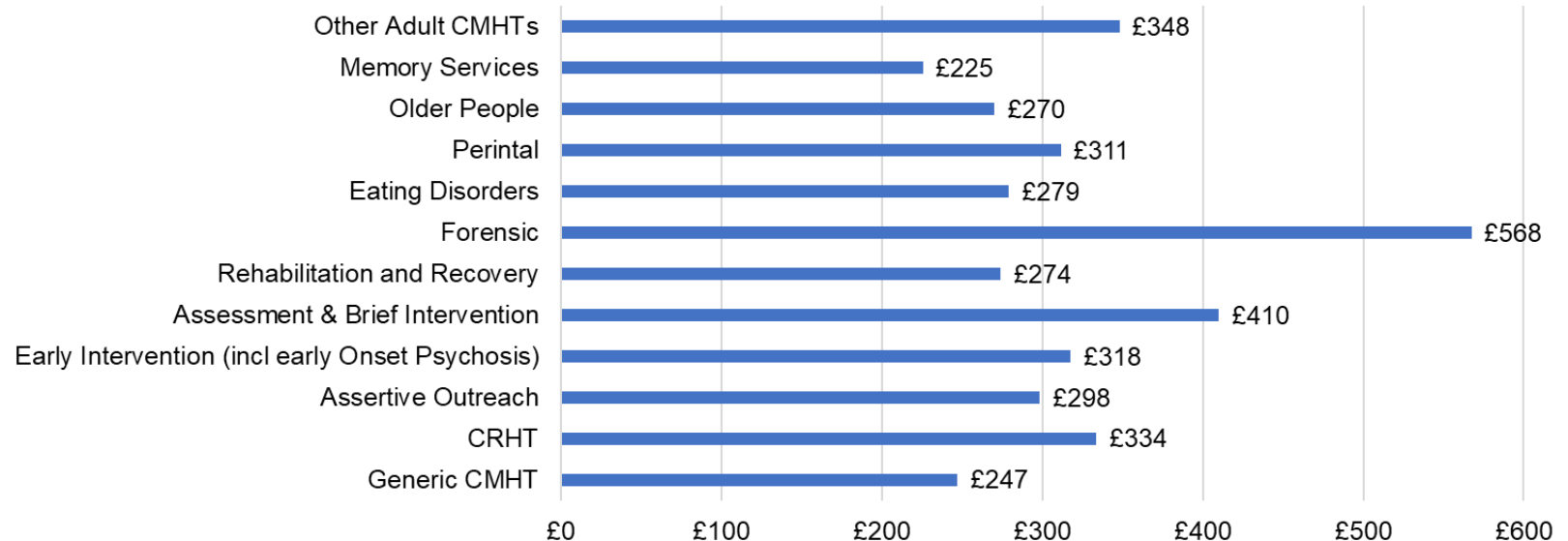
The median cost per patient on the caseload varies from £2,915 for memory services to £69,847 for CRHT, and the median cost per contact varies from £225 for memory services to £568 for forensic.

The cost included in this metric are the total costs of service (costing basis includes the full apportionment of additional costs including indirect costs and corporate overheads to reach a full cost position).

Cost per patient on the caseload per community team type (median)



Cost per contact per community team type (median)

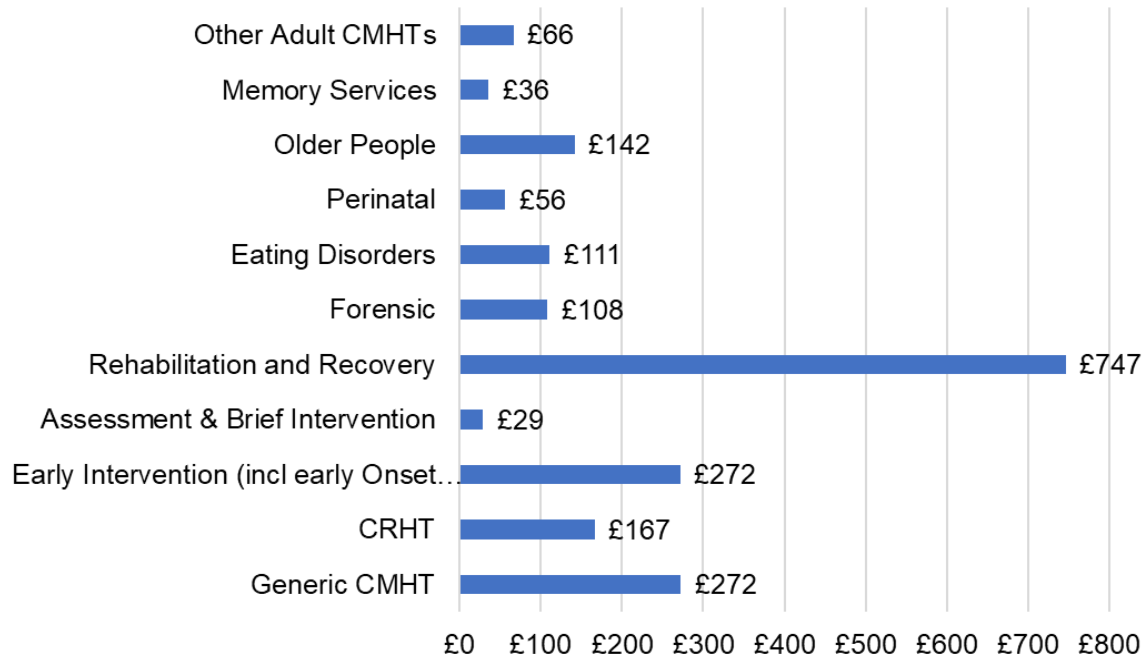


Bank and agency spend

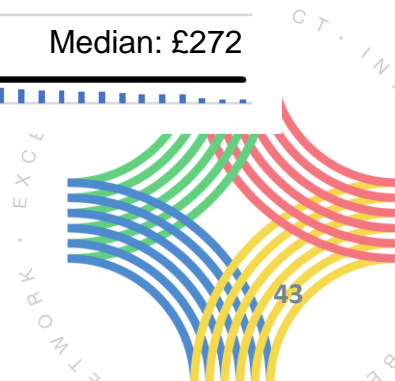
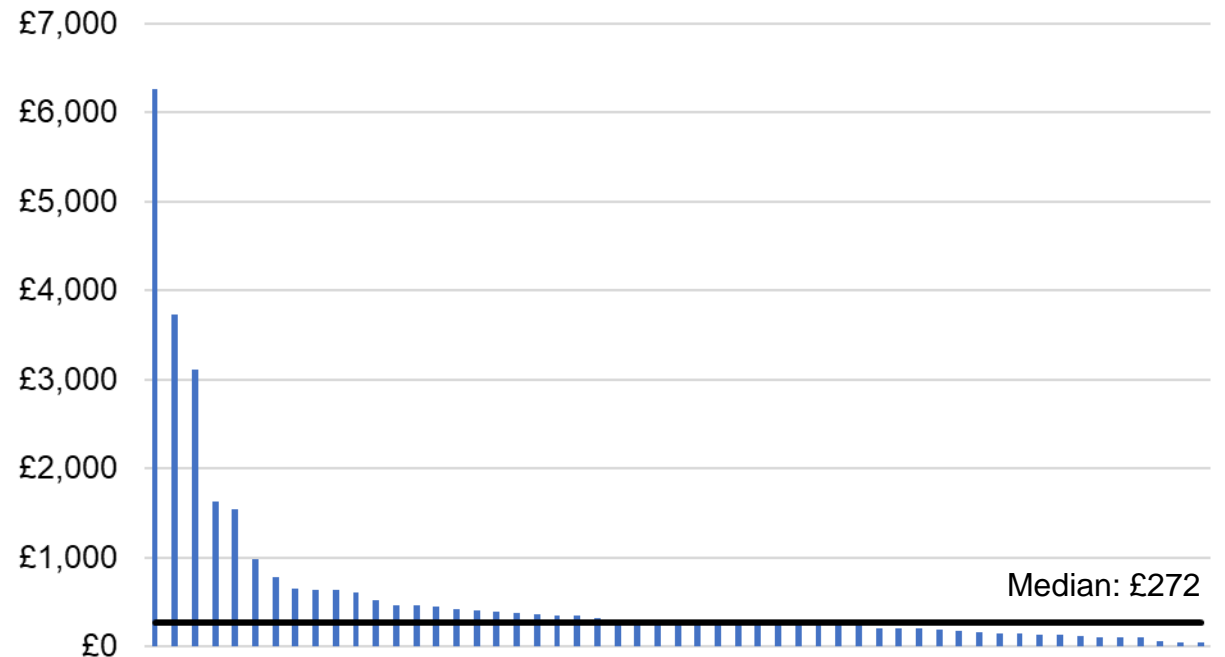
The chart below shows the spend on bank & agency staff per referral accepted for the different community team types from NHSBN AOP project. The team type with the largest median spend on bank & agency staff per referral accepted is

rehabilitation and recovery (£747). The distribution of the generic CMHT team type of spend on bank & agency per referral accepted is also included (with a median of £272).

Spend on bank & agency staff per referral accepted



Generic CMHT team type spend on bank & agency per referral accepted



Inpatient Workforce



Workforce by team type (1)

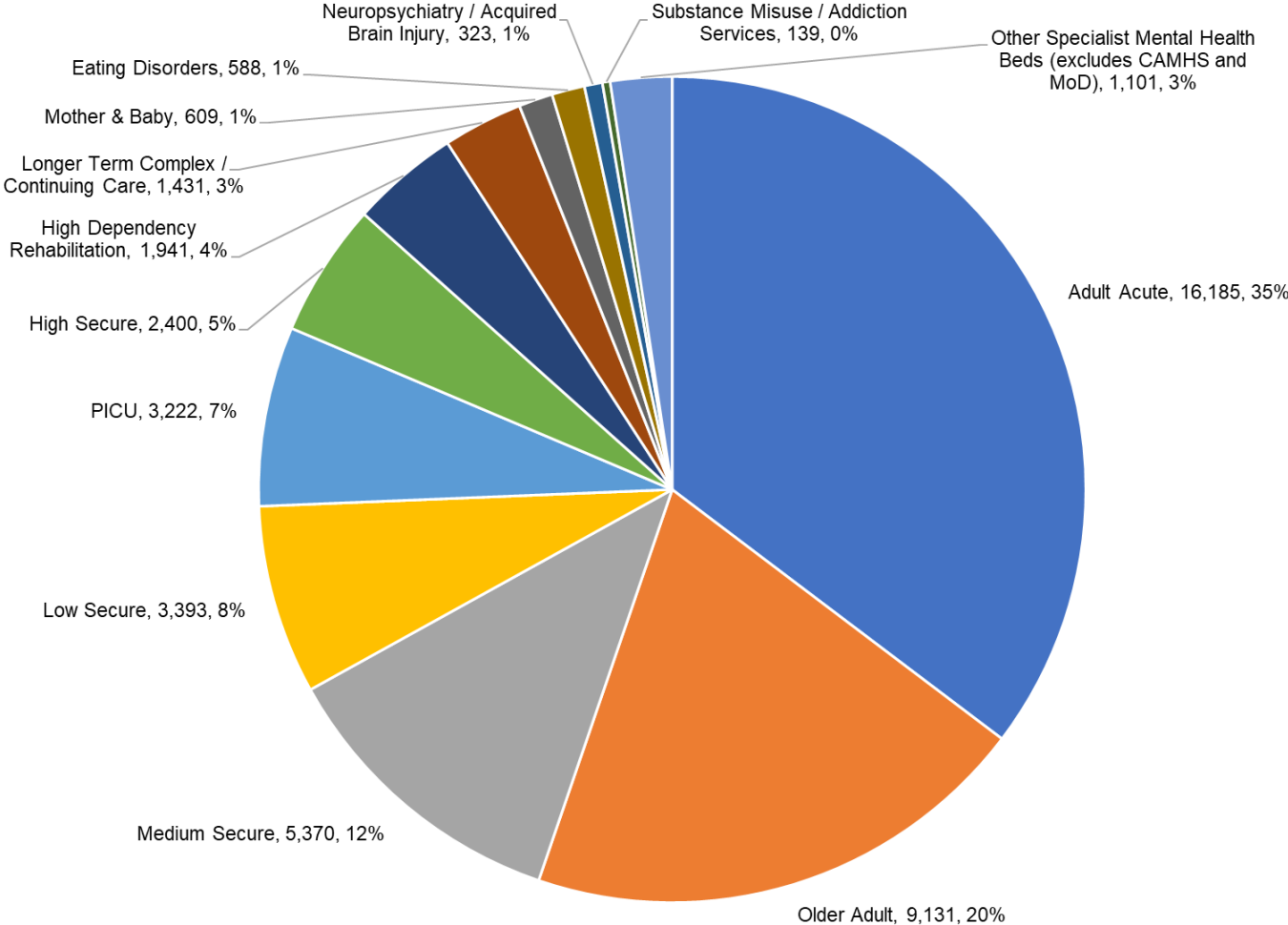
Participants of the NHSBN AOP project recorded an inpatient workforce of 45,834 WTE.

There were 16,185 WTE within adult acute community teams representing 35% of the inpatient workforce. Older adult teams accounted for a further 20% of the workforce (9,131 WTE), and medium secure, low secure and PICU made up a further 12%, 8% and 7% respectively.

The smallest team type was substance misuse / addiction services, with 139 WTE working in this service nationally, and accounted for less than 1% of the total inpatient workforce working in adult and older people’s mental health services. The NHSBN Workforce Census of the LA commissioned workforce in [Drug and Alcohol Treatment and Recovery](#) services provides additional insight into the workforce in this area.

Further breakdown of the workforce within mother and baby teams is included in the [Perinatal Mental Health Workforce Census 2023 Report](#)¹⁵

Inpatient workforce by team type (WTE)

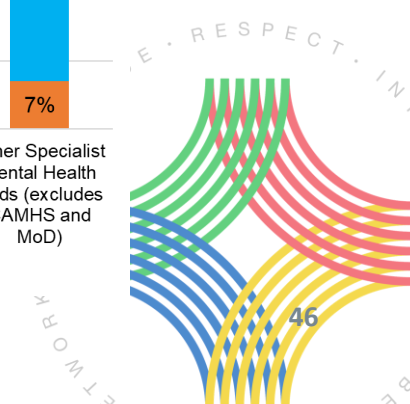
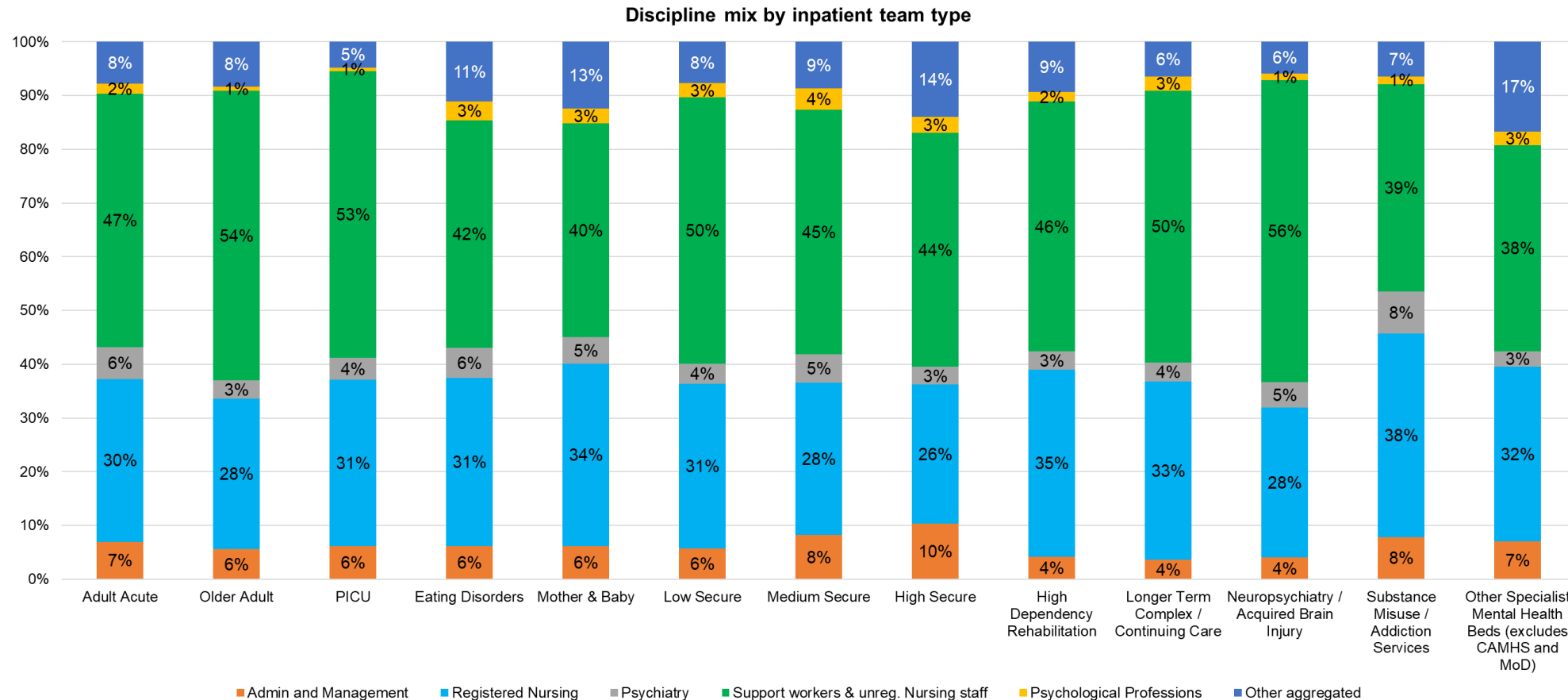


Workforce by team type (2)

The chart below shows the breakdown of staff in each job role group as a proportion of the total WTE staff employed for each team type. Support workers and unregistered nursing staff accounted for over half the workforce in older adult (54%), PICU (53%), and neuropsychiatry (56%) teams. The next largest staff group was registered nursing for all team types shown below, with these two staff groups making up over two thirds of the workforce of all team types.

More details on the job roles assigned to each staff group can be found in appendix E.

More details on the workforce in perinatal teams and psychological professions staff can be found in the specific workforce censuses [here](#).

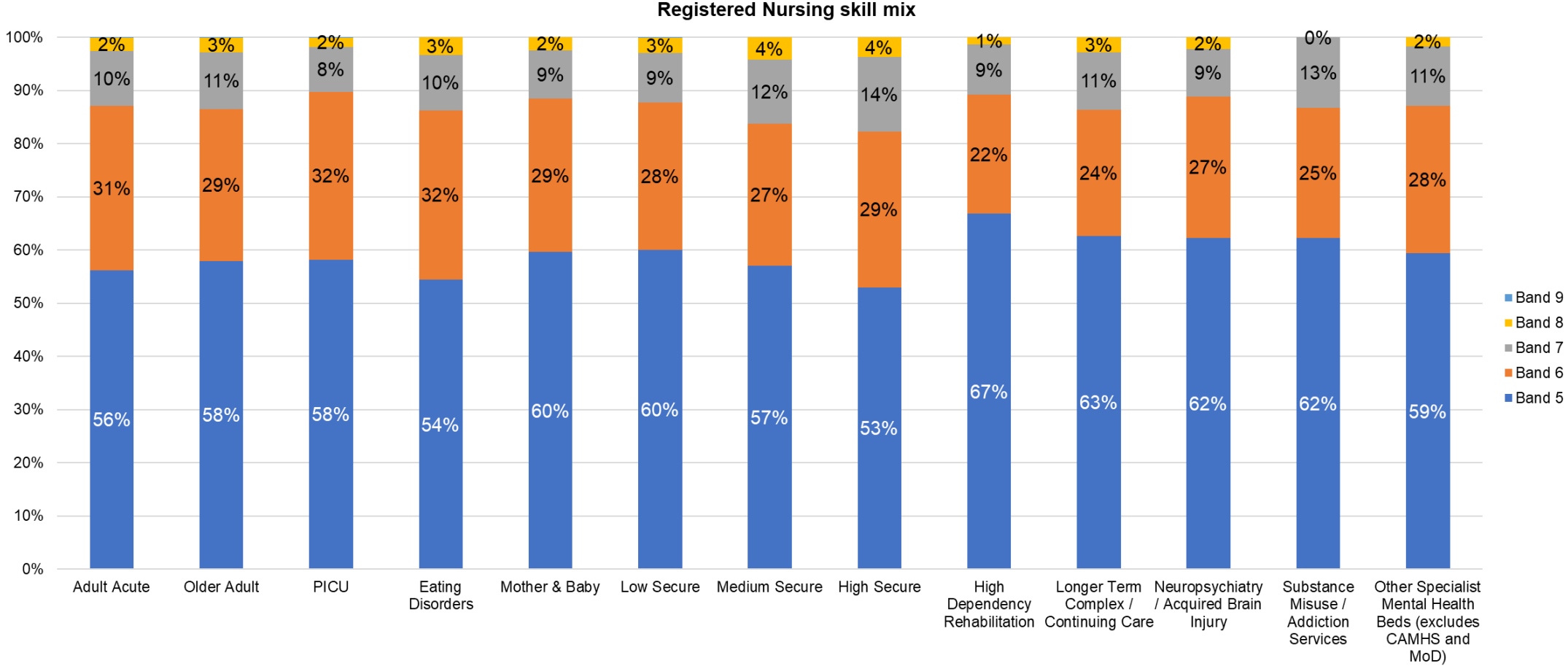


Registered nursing skill mix

The chart below shows the skill mix of registered nursing staff across participants in the NHSBN AOP project.

These charts show that, across the adults & older people inpatient mental health

workforce, between 53-67% were band 5 – this was highest among longer term complex care/continuing care, high dependency rehabilitation and neuropsychiatry/acquired brain injury teams and lowest among high secure and eating disorder teams.



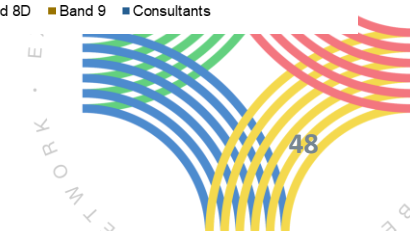
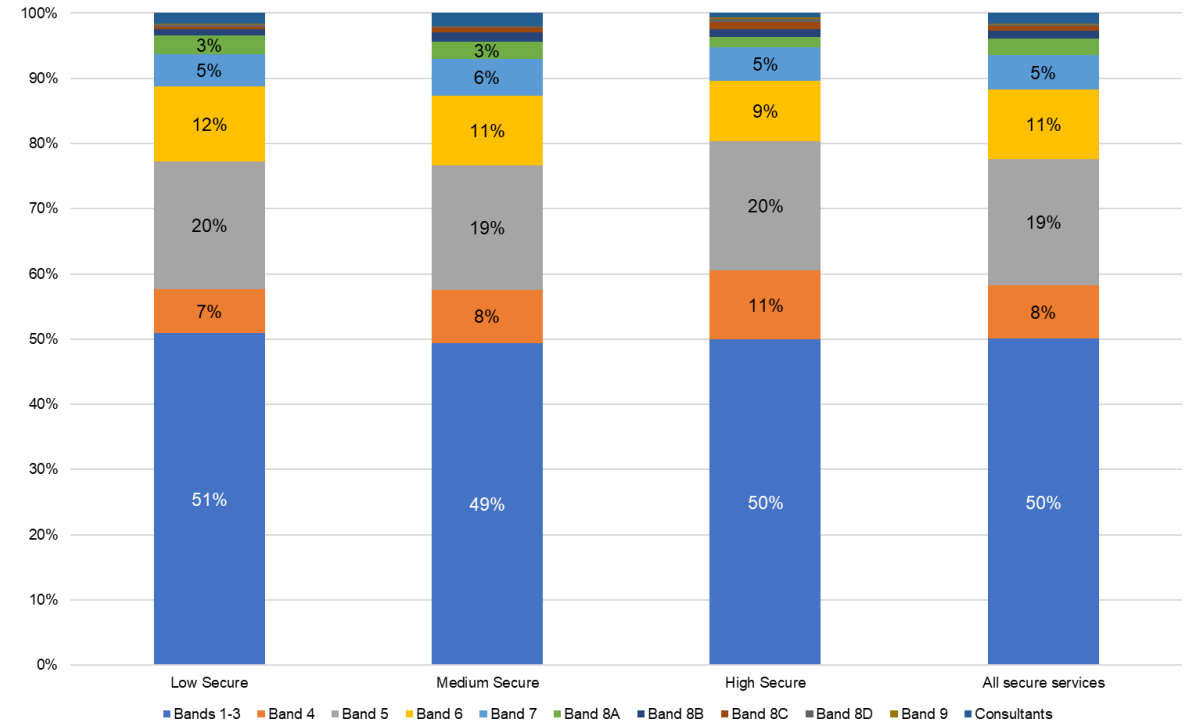
Low, medium, and high secure service staffing

As low (8%), medium (12%), and high (5%) secure inpatient workforce cumulatively make up 25% of the total staff working in NHS mental health trusts within adult and older people mental health services in England¹³ the staff mix from the census is included below.

To enable direct comparison with the NHSBN AOP project, only data from the NHS mental health trusts is included in the data presented on this page. The table below shows the number of staff for low, medium, and high secure services collected as part of the census, and the NHSBN AOP project.

- For low, medium, and high secure services, approximately half (51%, 49%, and 50% respectively) of staff were Bands 1-3¹⁴. Across all secure settings, half (50%) of the staff were healthcare support workers, which corresponds to the skill mix distribution of this role¹⁴.
- Across all secure settings, 29% of staff were registered nurses, which correspond to the proportion of staff at Band 5 or 6, as this is a typical band for this role¹⁴.

ASIS 2023 census skill mix for low, medium, and high secure services



Stability of the inpatient workforce

The NHSBN AOP project¹³ did not collect data on the staff contract details (type or hours) or the time in post, however some of this detail was collected in the 2023 NHS England commissioned workforce censuses. Although the scope of these censuses included non-NHS mental health trusts (full scope of each census can be found in appendix A), the national positions are indicative of the NHS mental health trust workforce.

Contract types varied across the workforce censuses and service areas, with the use of fixed or temporary contracts varying from 19% in low secure services to 2% in perinatal mother and baby units. Between a quarter and a half of staff in different service areas have been in post under a year, which may reflect challenges around onboarding staff, or around the infancy of roles.

Contract type

- 85% of peer support workers (note this census covers both community & inpatient settings) were on a permanent contract, with 10% on fixed term and 5% on a temporary contract¹⁶.
- The majority of perinatal inpatient staff (98%) were on a permanent contract, with 2% on a fixed term contract¹⁵.
- Ninety five percent of high secure staff were on a permanent contract compared to 82% for both low and medium secure services staff.¹⁴

Contract hours

- In the Peer Support Workers census, 4% of staff were on a bank & agency contract at 31st March, with 54% on a part time contract and 42% working full time¹⁶.
- Over two thirds (67%) of perinatal inpatient staff were full time, a third (33%)

part time (with 0% reporting as being on zero hour contracts)¹⁵.

- From the Adult Secure Inpatient Services census, 2% of the high secure workforce were on a bank contract, compared to 12% for medium and 14% for low secure staff¹⁴. Just under a fifth (19%) of high secure staff were on a part time contract, compared to 15% for both low and medium secure services¹⁴. The remainder were on full time contracts.

Time in post

- Just under half (49%) of Peer Support Workers have been in post less than a year, with 83% in post less than three years¹⁶. This reflects the relative infancy of the role.
- Under half (40%) of perinatal inpatient staff were in post under a year, with over two thirds (67%) in post under three years¹⁵.
- Over half (58%) of psychological professions inpatient staff were in post under three years, and just under a third (31%) in post under a year¹⁷.
- 42% of high secure services staff have been in post under a year compared to 26% of low secure staff and 28% of medium secure staff¹⁴.

Inpatient Demographics



Ethnicity of service users

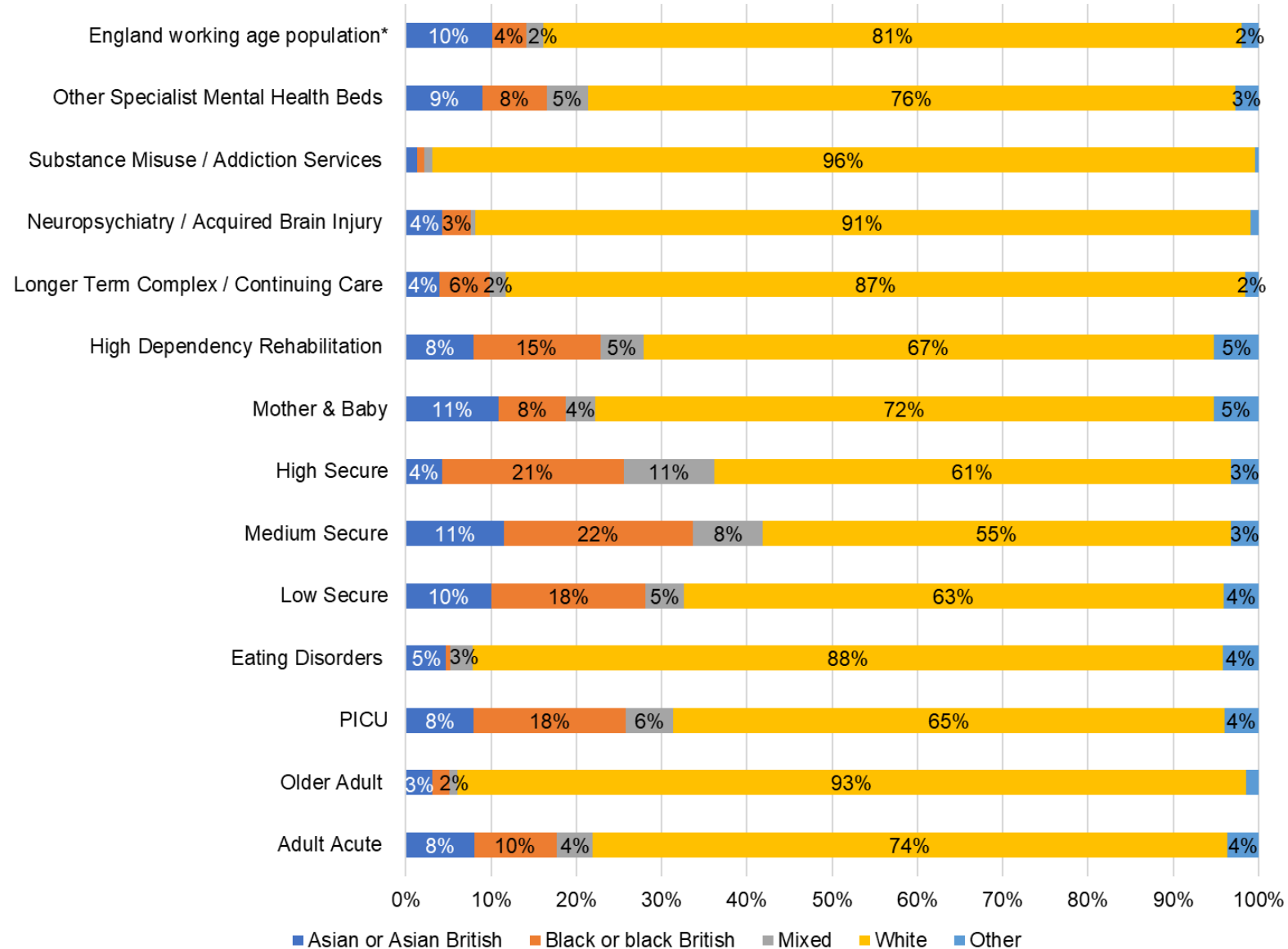
The chart to the right shows the proportions of service users within each ethnic group across different inpatient services. The service area with the least ethnically diverse service user population was substance misuse services, with 96% of substance misuse service users identifying as white¹³.

The Perinatal workforce census reported that 74% of inpatient staff were white, 10% Black or Black British, 7% Asian or Asian British, 2% mixed and 2% another ethnic group¹⁵.

For secure services, service users with black or black British ethnicity were higher than the national working age population (4%) at 18%, 22% and 21% respectively for low, medium, and high secure services^{7,13}. Over a quarter of staff at low and medium secure services (32% and 34% respectively) were black or black British¹⁴. In high secure services, 85% of the staff were white or white British compared to 61% of service users in this ethnicity group^{13,14}. Please note that the proportion of not known or not stated needs to be taken into account when reviewing these staff figures which was 14% across all secure services¹⁴.

NHS England commissioned workforce censuses collected the ethnicity split of staff, which can be found in the various census outputs.

Inpatient services: ethnicity split of service users



Gender of service users

The chart to the right shows the gender split of service users by teams taken from the NHSBN AOP project.

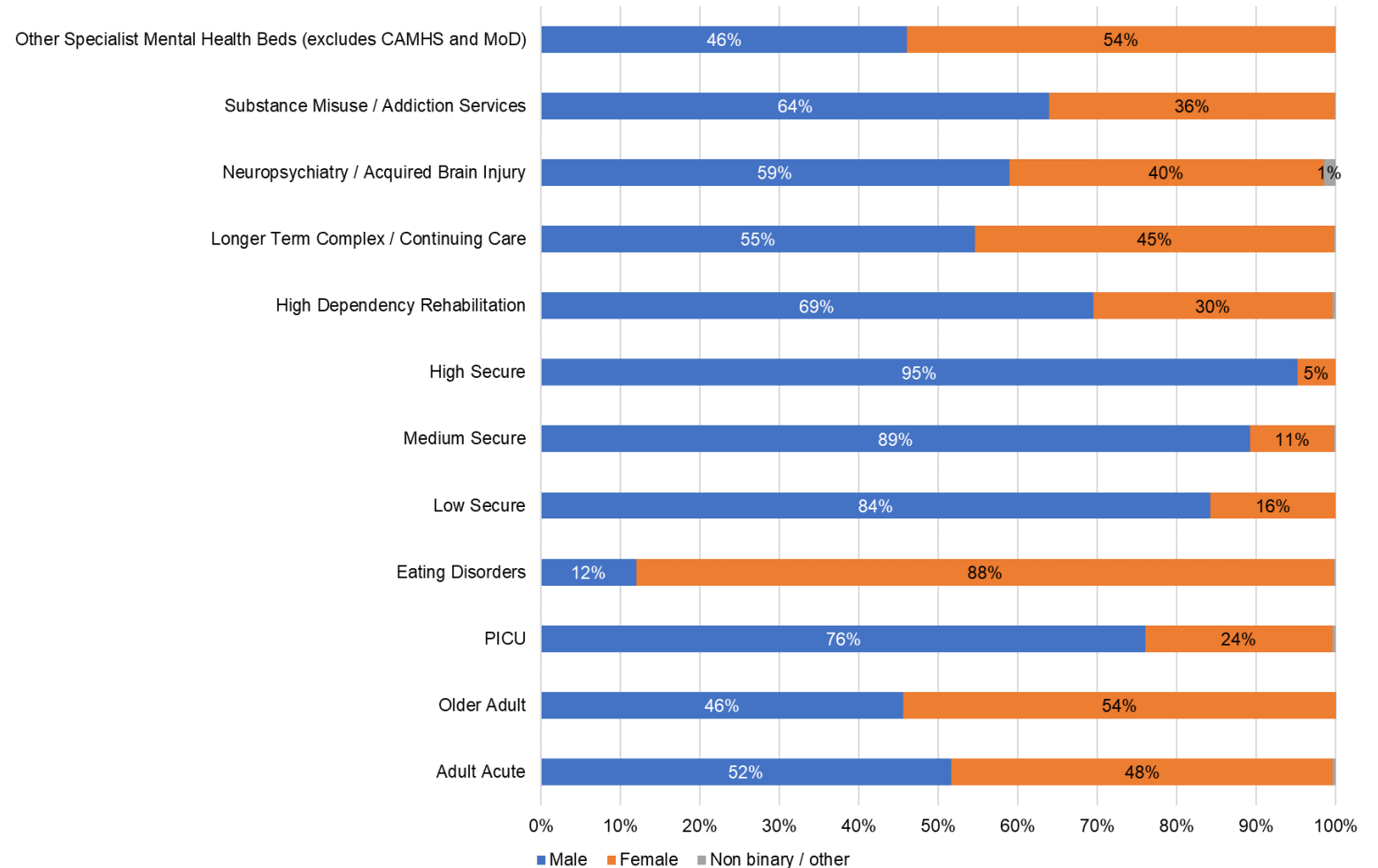
Most of the secure services service users were male (low at 84%, medium at 89%, and high at 95%)¹³. Over half (60%) of low and medium secure staff were female, compared to just under half for high secure staff (48%)¹⁴.

The majority (88%) of perinatal inpatient staff were female, with 5% male, 6% other gender identity and 1% unknown gender¹⁵.

For psychological professions inpatient staff, over three quarters (79%) were female, with a fifth (20%) male, and 1% unknown¹⁷.

For the NHS workforce overall for all staff groups, 77% of staff were female⁸.

Inpatient services: gender split of service users



Inpatient HR Metrics



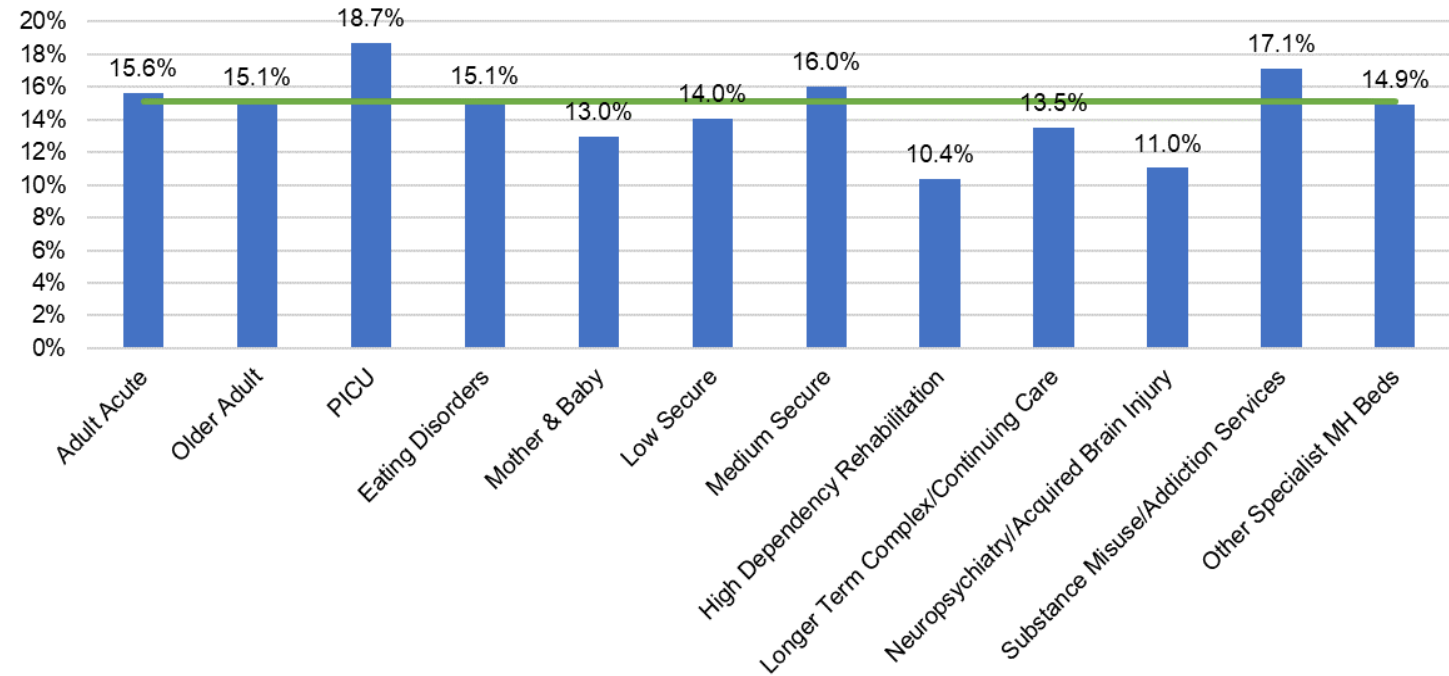
Vacancy rate

The chart shows the median vacancy rate by inpatient team type (the blue columns) from the NHSBN AOP project¹³. Across all inpatient team types, the mean vacancy rate from the NHSBN AOP project was 15.1%¹³, which is represented as a green line on the chart.

The inpatient team type with the lowest vacancy rate was high dependency rehabilitation at 10.4%, and the highest was PICU at 18.7%¹³.

The calculation for vacancy rate and the definitions for the relevant HR metrics are in the appendix (G and H).

Inpatient vacancy rate



NHSBN
AOP
project
mean:
15.1%

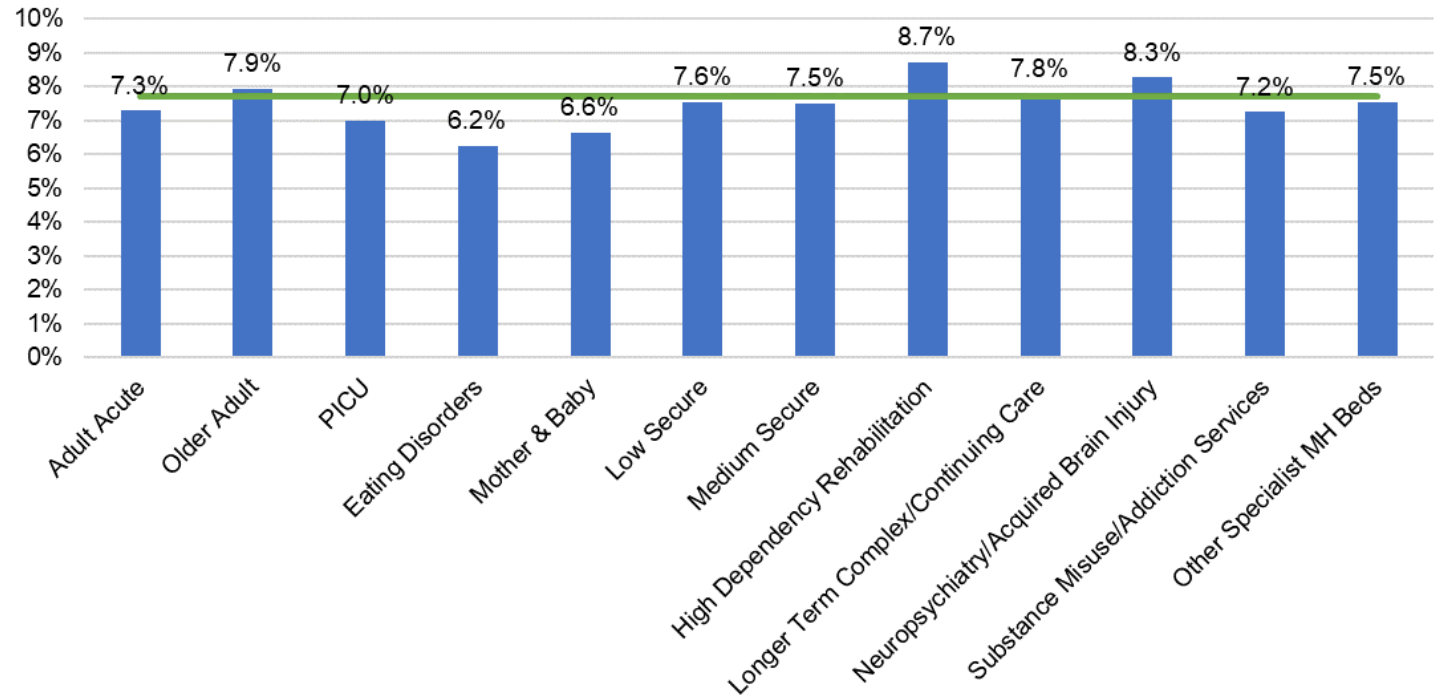
Sickness absence rate

The chart shows the median sickness absence rate by inpatient team type (the blue columns), from the NHSBN AOP project¹³. Across all inpatient team types, the mean sickness absence rate from the NHSBN AOP project was 7.7%¹³, which is represented as a green line on the chart.

The inpatient team type with the lowest sickness absence rate was eating disorders at 6.2%, and the highest was high dependency rehabilitation at 8.7%¹³.

The calculation for sickness absence rate and the definitions for the relevant HR metrics are in the appendix (G and H).

Inpatient sickness absence rate



NHSBN
AOP
project
mean:
7.7%

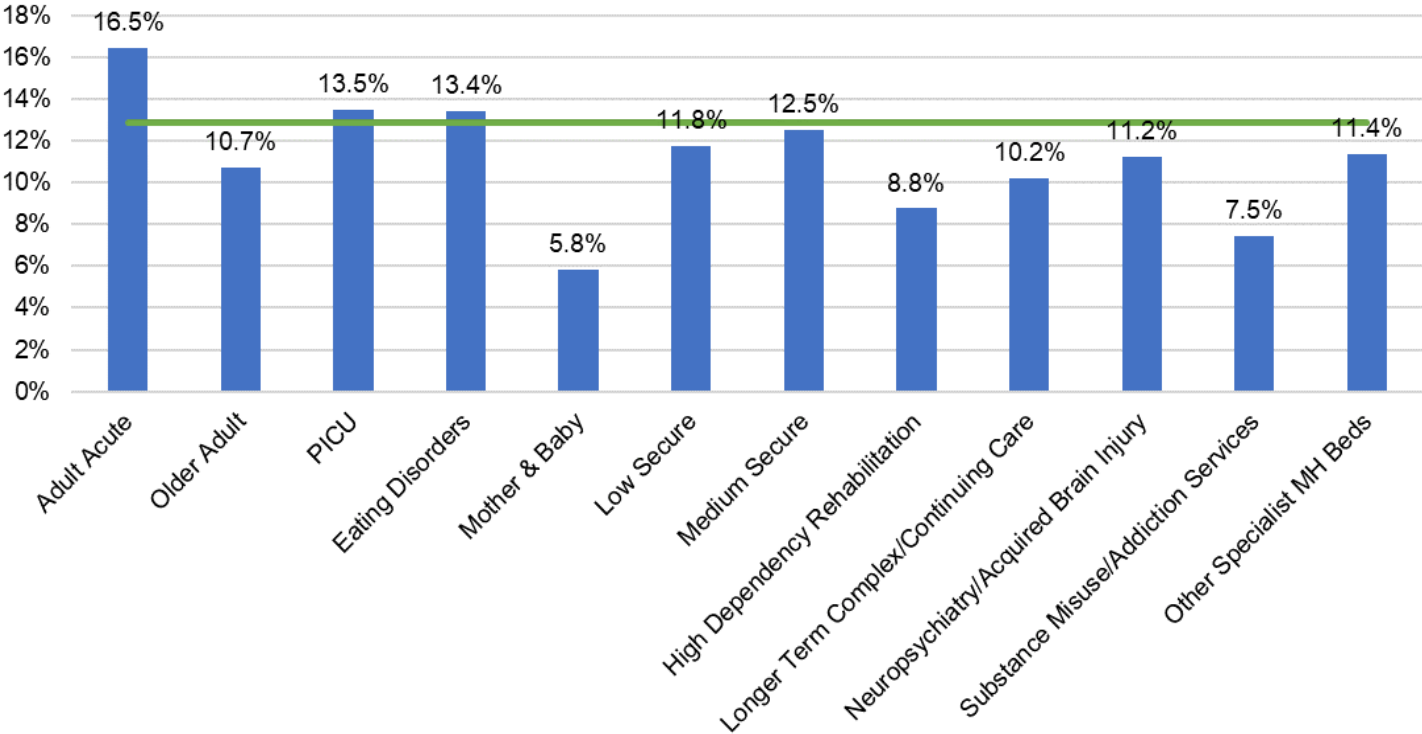
Turnover rate

Across all inpatient team types, the mean turnover rate from the NHSBN AOP project was 12.9%¹³ (which is shown as a green bar on the chart). The blue columns on the chart are the median rates for each team type.

The median turnover rate varied by inpatient team type from 5.8% for mother & baby to 16.5% for adult acute¹³.

The calculation for turnover rate and the definitions for the relevant HR metrics are in the appendix (G and H).

Inpatient turnover rate



NHSBN
AOP project
mean:
12.9%

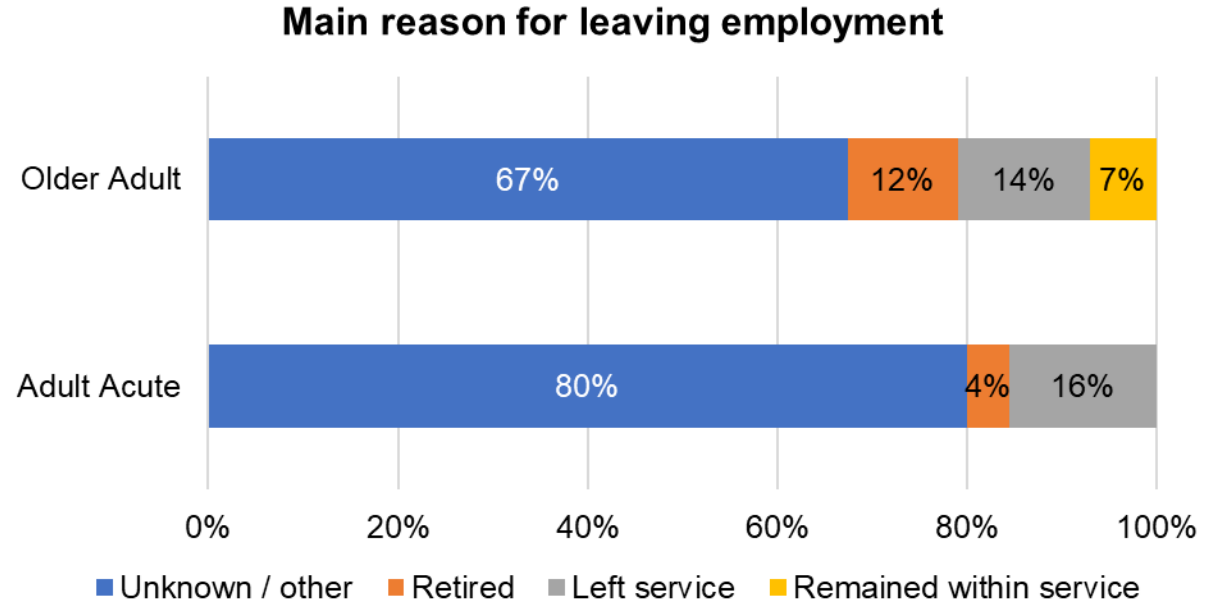


Reasons for leaving employment

The chart to the right shows the responses for the question regarding the main reason for leaving inpatient employment, from the NHSBN AOP project.

The most common main reason for leaving employment was unknown/other, which accounted for the majority of responses in the four team types shown in the chart. The number of responses for each team type is shown below:

- Adult acute – 45 responses
- Older adult – 43 responses



Inpatient Finance

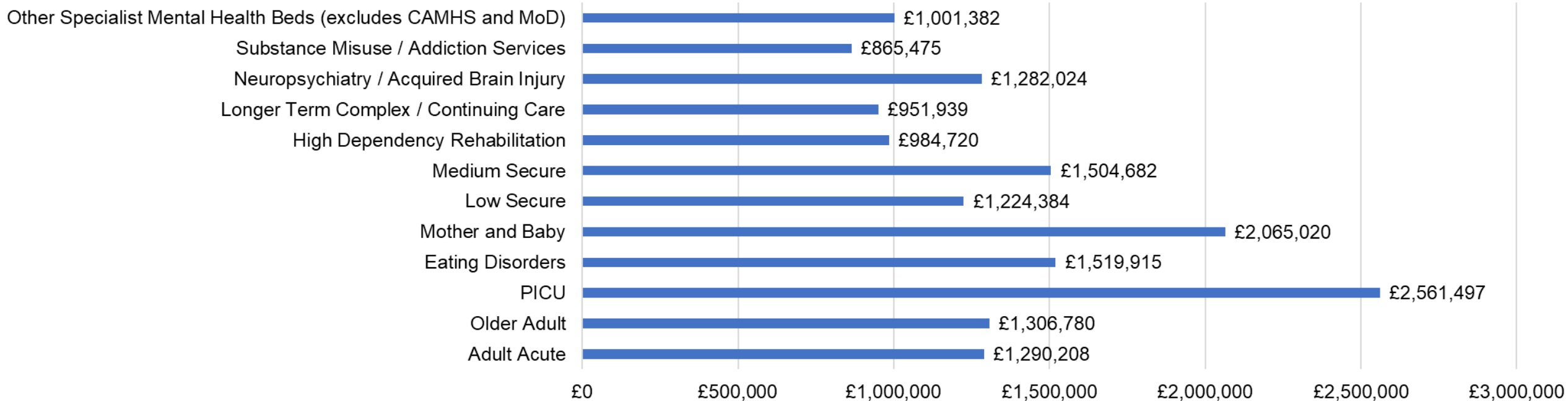


Finance costs

The chart below is the median pay costs per 10 beds per inpatient team type, which was collected as part of the NHSBN AOP project¹³. The team type with the

highest median benchmarked pay costs was PICU at £2,561,497, and the lowest was substance misuse/addiction services (£865,475).

Pay costs per 10 beds per inpatient team type (median)

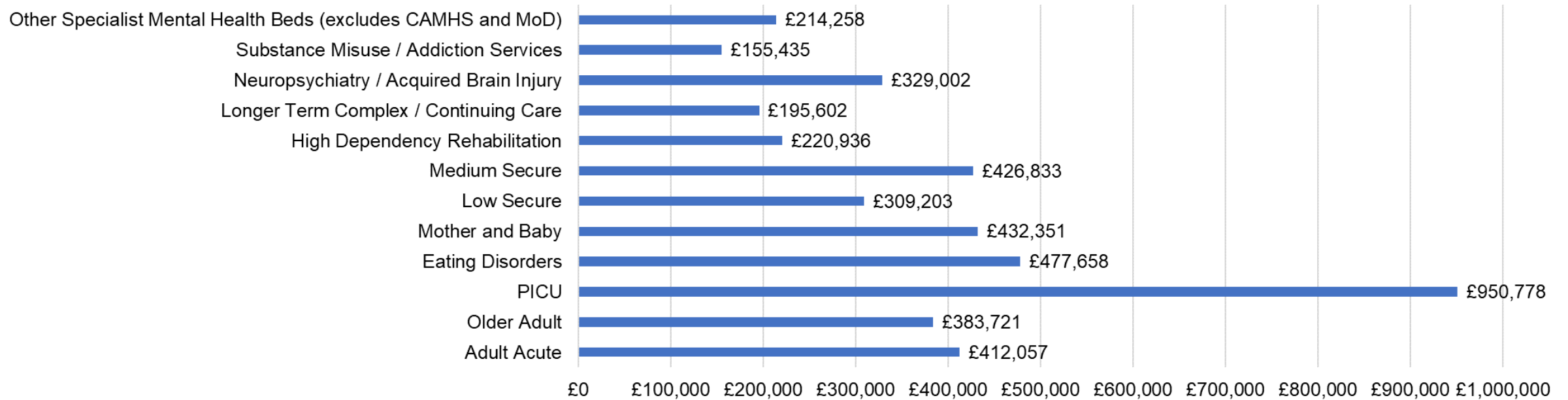


Bank & agency spend (1)

The chart below show the median bank & agency spend per 10 beds per inpatient team type, collected as part of the NHSBN AOP project¹³. PICU had the highest median spend on bank & agency staff per 10 beds at £950,778,

which equates to £260 per day (when divided by 10 for per bed, then 365 per day of the year). The lowest median spend on bank and agency per 10 beds was substance misuse/addiction services at £155,435.

Spend on bank & agency staff per 10 beds per inpatient team type (median)



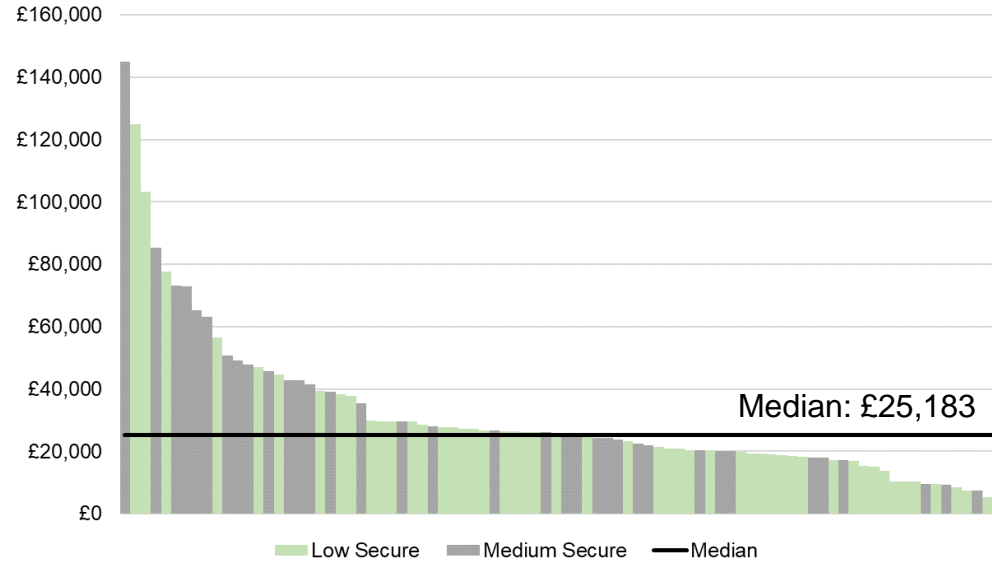
Bank & agency spend (2)

As low and medium secure services make up 20% of the AOP inpatient workforce, and medium secure services reported the third highest spend per 10 beds, we have included the breakdown from the census.

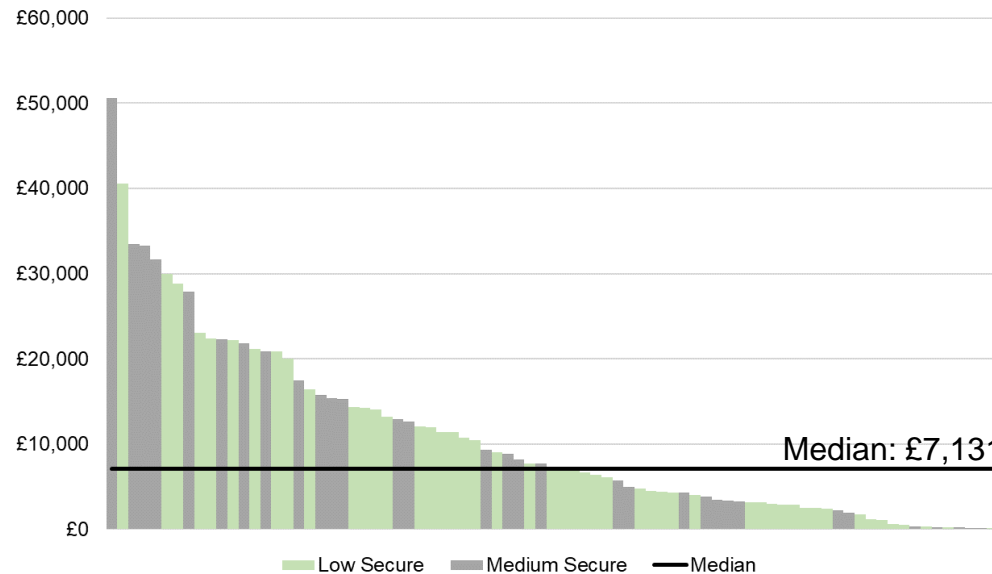
The charts to the right show the bank and agency spend per NHS commissioned bed from the Adult Secure Inpatient Services workforce census¹⁴. The black line represents the median for both low and medium secure services. No high secure services submitted data for these metrics. Please note that only NHS organisations mental health trusts are represented in these charts.

Median	Low secure	Medium secure	All
Bank spend per NHS commissioned bed	£23,164	£26,636	£25,183
Agency spend per NHS commissioned bed	£6,996	£8,183	£7,131

Bank spend per NHS commissioned bed



Agency spend per NHS commissioned bed



Out of Area Placements

Out of area placements occur when a patient with acute mental health needs who require inpatient care is admitted to a unit that does not form part of the local network of services¹⁰. Out of area placements are considered appropriate in some situations, but are considered inappropriate when the reason is a lack of bed in the local area – the Five Year Forward View¹¹ set out a target to eliminate out of area placements by the end of March 2021, however this was not achieved. This section highlights key metrics around out of area placements, and the relevant costings. The data source from this section is the NHS Digital Out of Area Placements in Mental Health Services data collection¹².

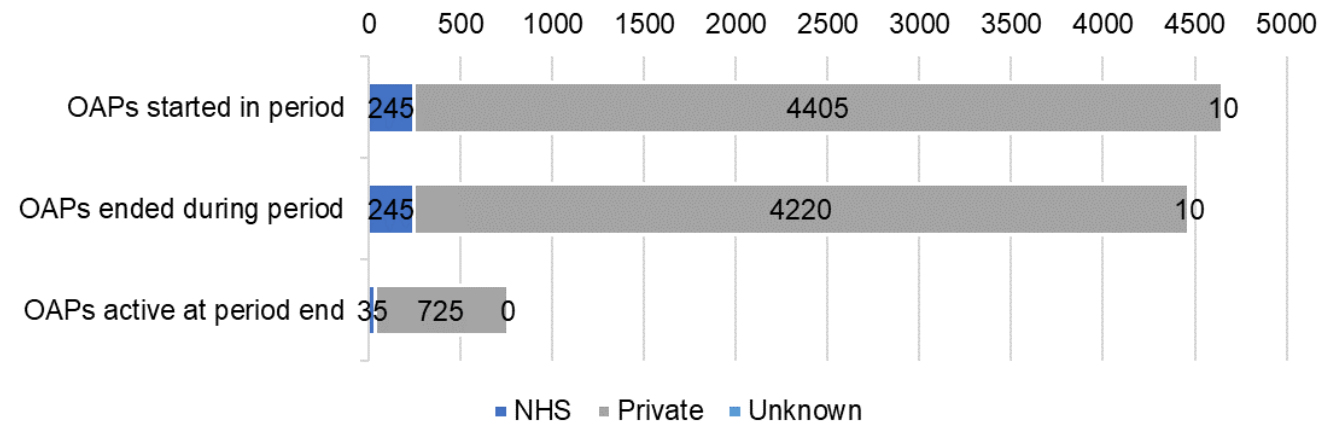
Out of area placements overview

In total, there were 4,660 out of area placements started between 1st April 2022 and 31st March 2023, with 245 of these were NHS out of area placements, and 4,405 were hosted within private providers, with 10 unknown.

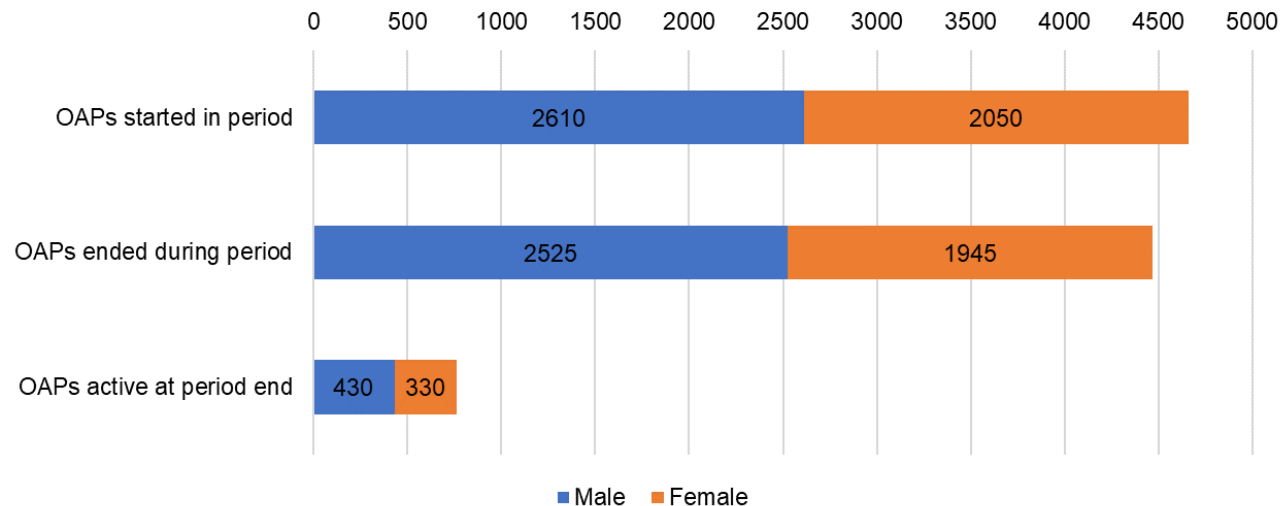
Further, 4,470 (245 NHS, 4,420 private, 10 unknown) out of area placements were ended during this period, and 760 (35 NHS, 725 private, 0 unknown) remained active as of 31st March 2023.

A chart showcasing the split between NHS, private and unknown is shown to the right, as is the male/female split between out of area placements.

OAPs started in period - NHS/Private split



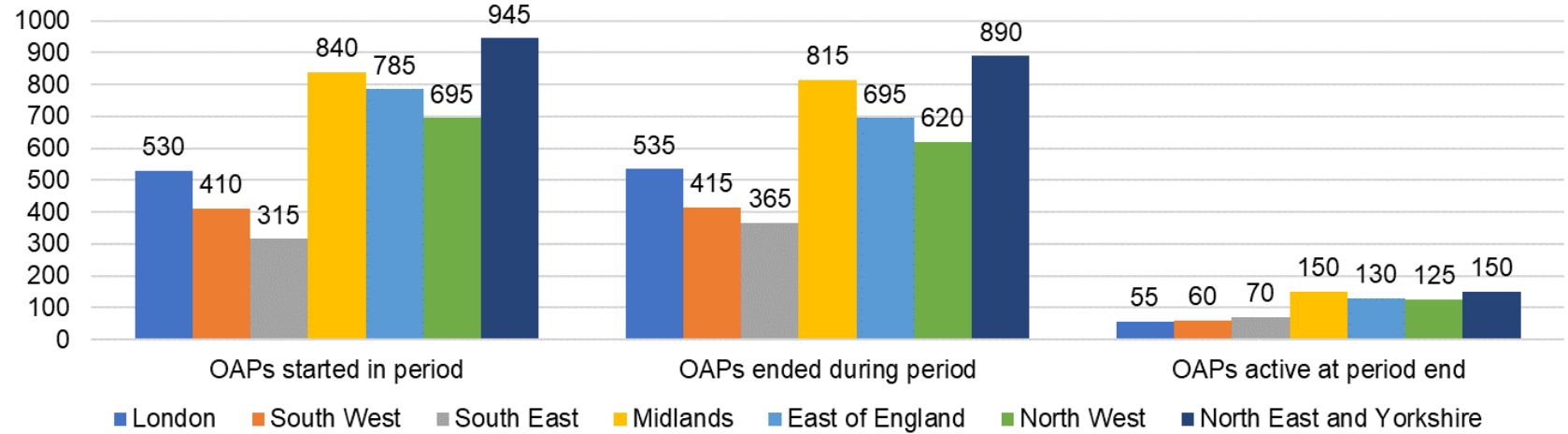
Out of area placement - split by gender



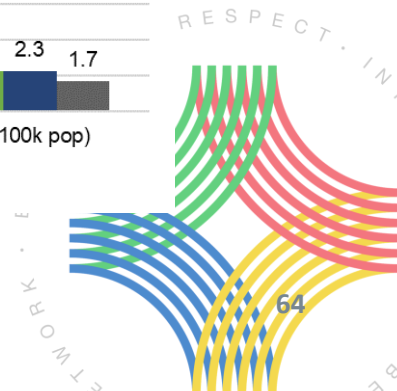
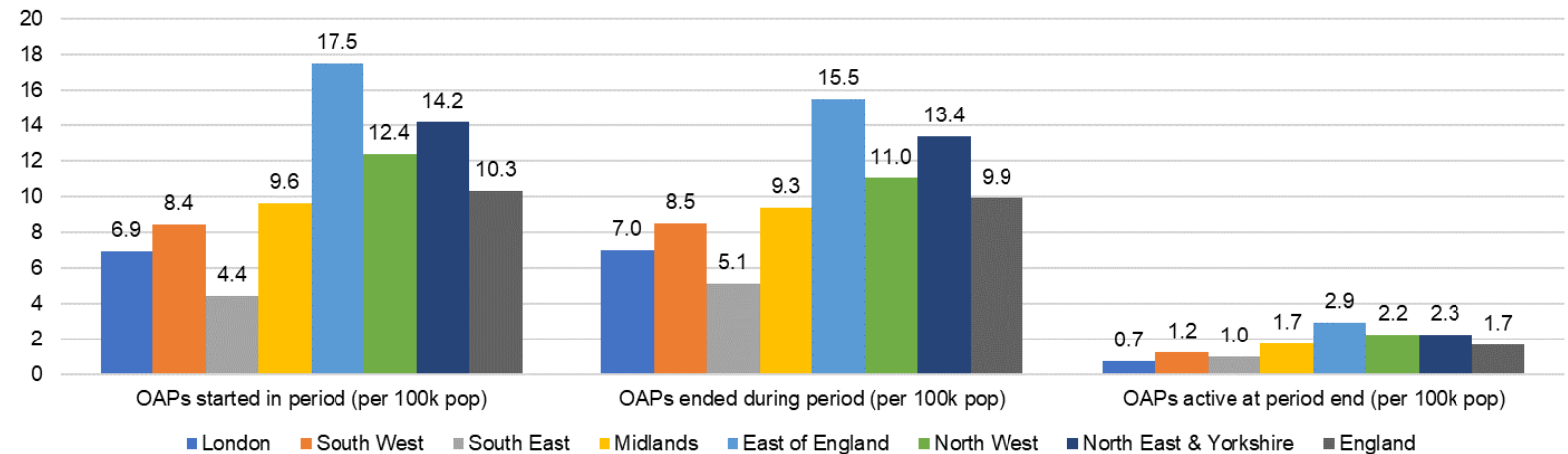
Out of area placements by region

Total out of area placement metrics started/ended/ongoing as of 31st March 2023 are split by NHS England region in the charts on this page. This is further standardised per 100,000 adult (18+) registered population submitted to the NHSBN AOP Project¹³, and this is compared to the corresponding value for England.

Total out of area placement - by region



Total out of area placement per 100,000 adult population - by region

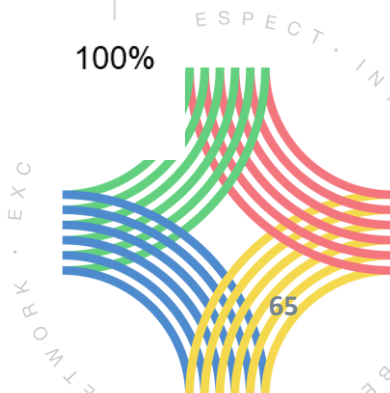
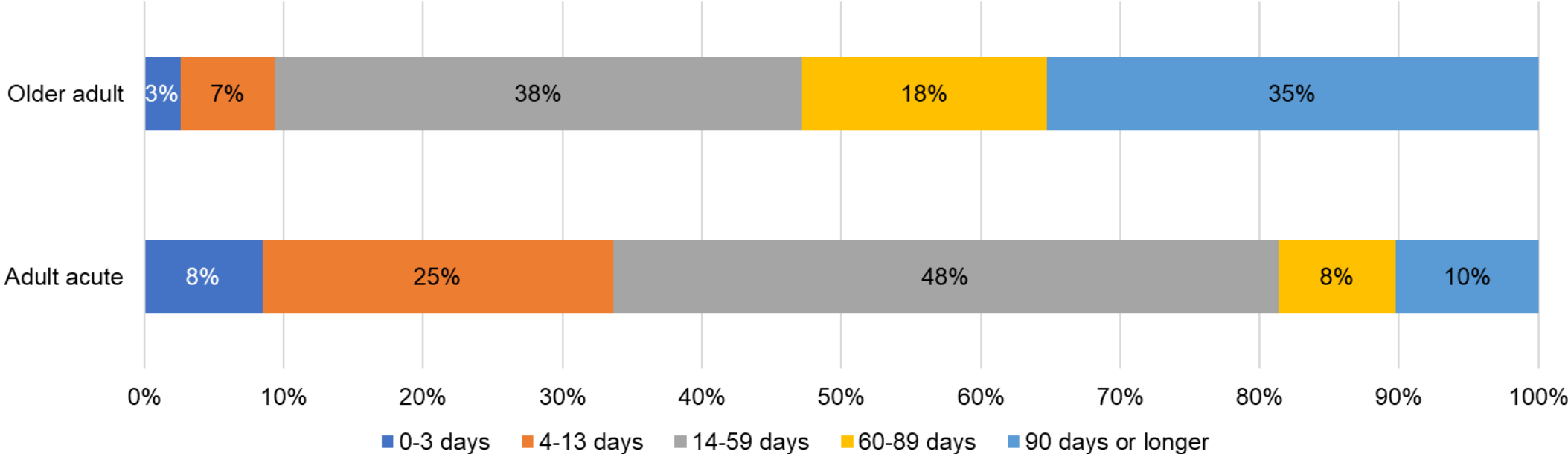


Out of area placements average length of stay

The chart shows the average length of stay profiles for both adult acute and older adult service inpatient settings for 2022/23, using data collected as part of NHSBN AOP project and is not based on publicly-available out of area placement data¹³. In the adult acute service, 18% of service users had an average length of stay of 60 days or over, compared to 35% in the older adult service¹³.

The NHS Mental Health Implementation Plan stated that by 2023/24, the average length of stay for all services should be 32 days (or fewer) in adult acute inpatient mental health settings²¹. However, in 2021/22, length of hospital stay in older adult inpatient mental health services was around 80 days nationally compared to around 40 days in general adult acute services²².

Average Length of Stay (excluding leave) for both within and outside provider footprint

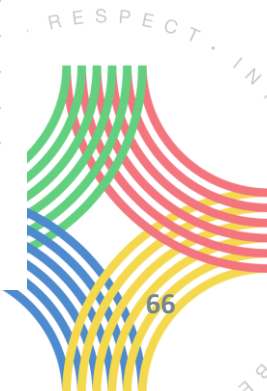
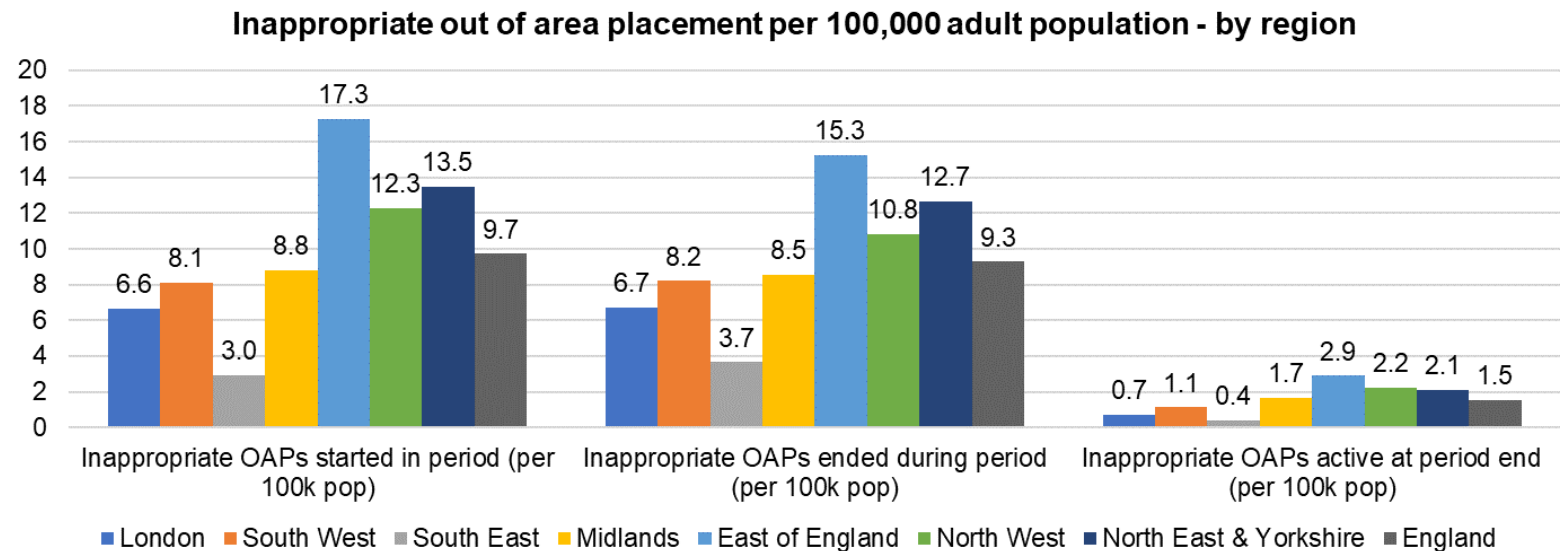
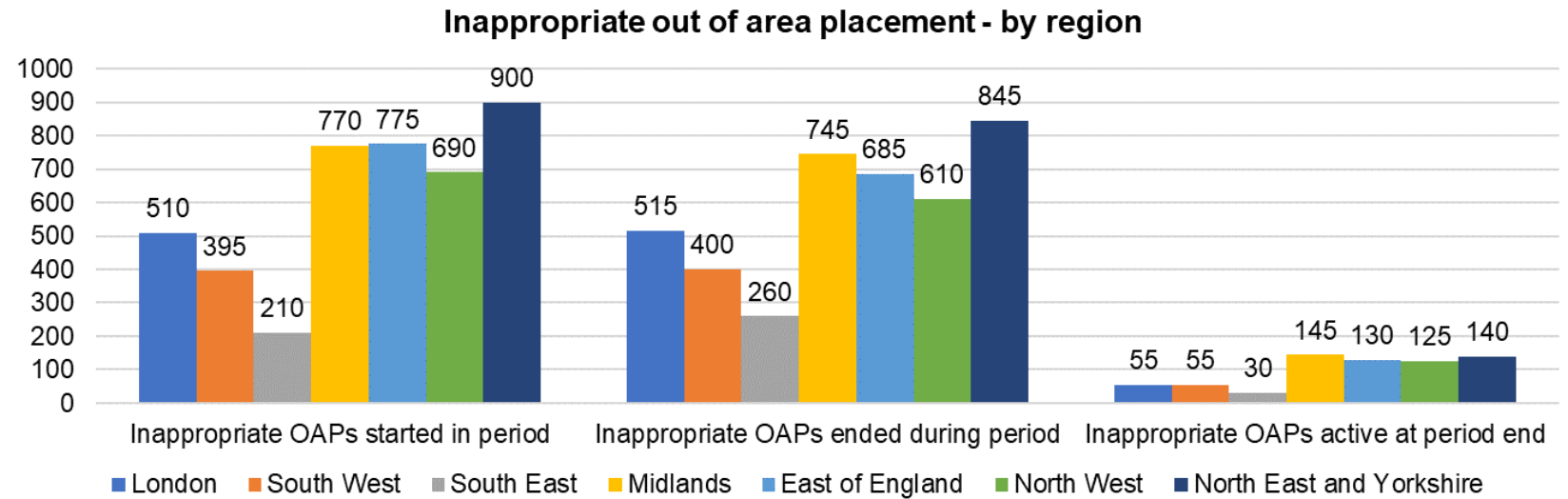


Inappropriate out of area placements

Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally, which is associated with poor patient experience and outcomes²⁰.

In total, there were 4,395 inappropriate out of area placements started between 1st April 2022 and 31st March 2023. Moreover, 4,195 inappropriate out of area placements were ended during this same period, and there were 695 active inappropriate out of area placements as of 31st March 2023.

The charts to the right show total inappropriate out of area placement started/ended/active as of 31st March 2023. This is further standardised per 100,000 adult (18+) registered population submitted to the NHSBN AOP Project¹³, and this is compared to the corresponding value for England.

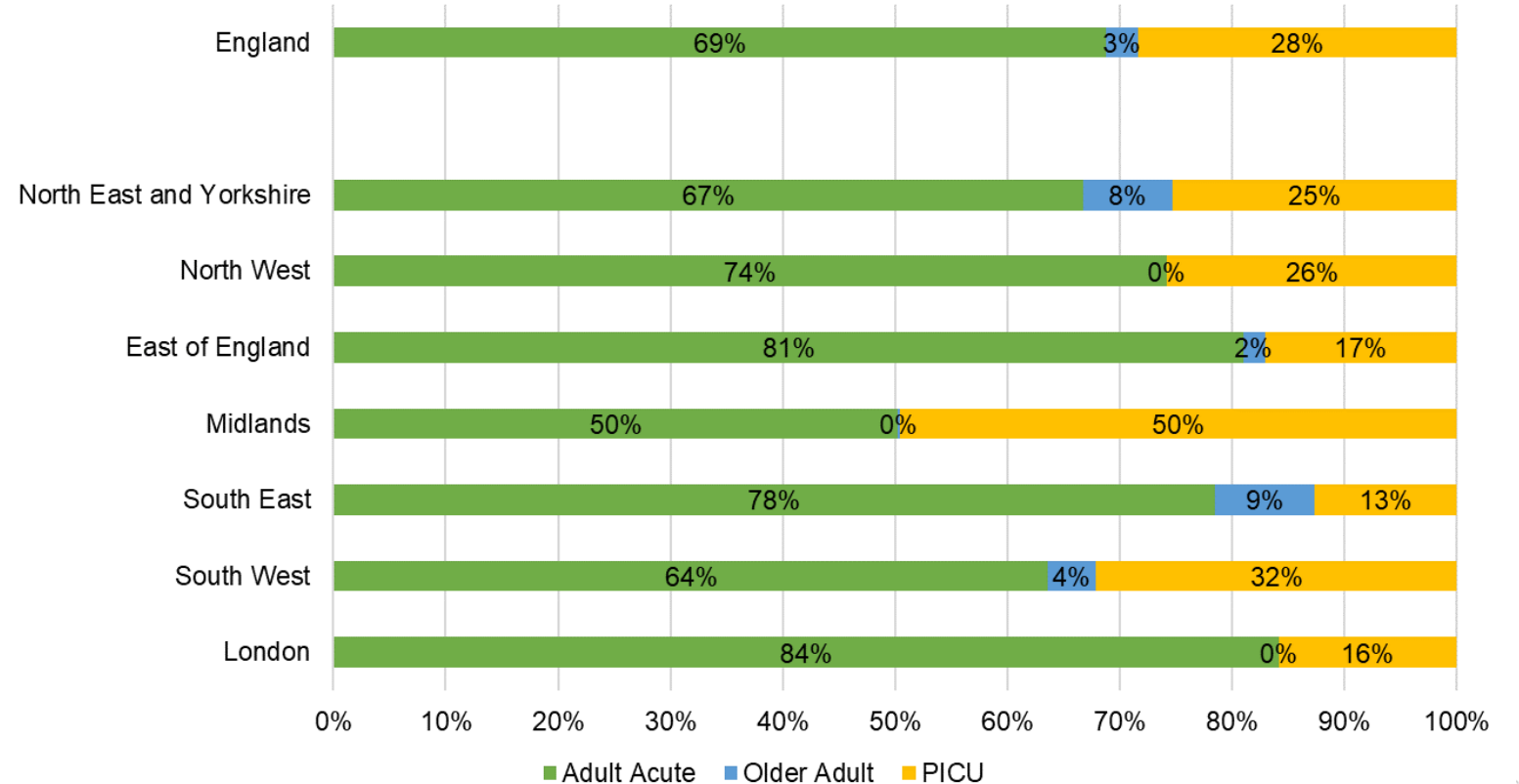


Inappropriate out of area placements by setting

In addition to a split by region, inappropriate out of area placements bed days are also split by inpatient setting (adult acute, older adult and PICU). These splits have been shown by region on this page.

The English breakdown is as follows: 69% of inappropriate out of area placement bed days were in the adult acute setting, 3% were in older adults and 28% were in PICU.









Percentage of inappropriate OAP bed days by setting - by Region



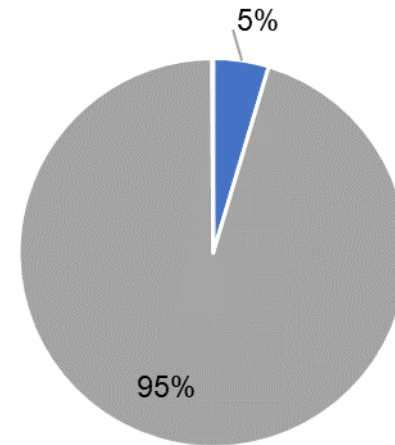
Out of area placements recorded costs

The total recorded cost of out of area placement days in England was £130,593,816. This was based on 87.61% of OAP days having a recorded cost. Further details on out of area placement days with a recorded cost can be seen for England and regions in the table.

This cost is split between NHS and private sector as follows: £6,023,089 of total recorded costs were taken from NHS providers, and £124,461,195 were from private providers.

Region	% of costs recorded	
England		87.6%
London		97.8%
South West		85.1%
South East		95.8%
Midlands		63.5%
East of England		97.9%
North West		99.4%
North East and Yorkshire		89.3%

Total recorded costs- NHS/Private split



■ NHS ■ Private ■ Unknown

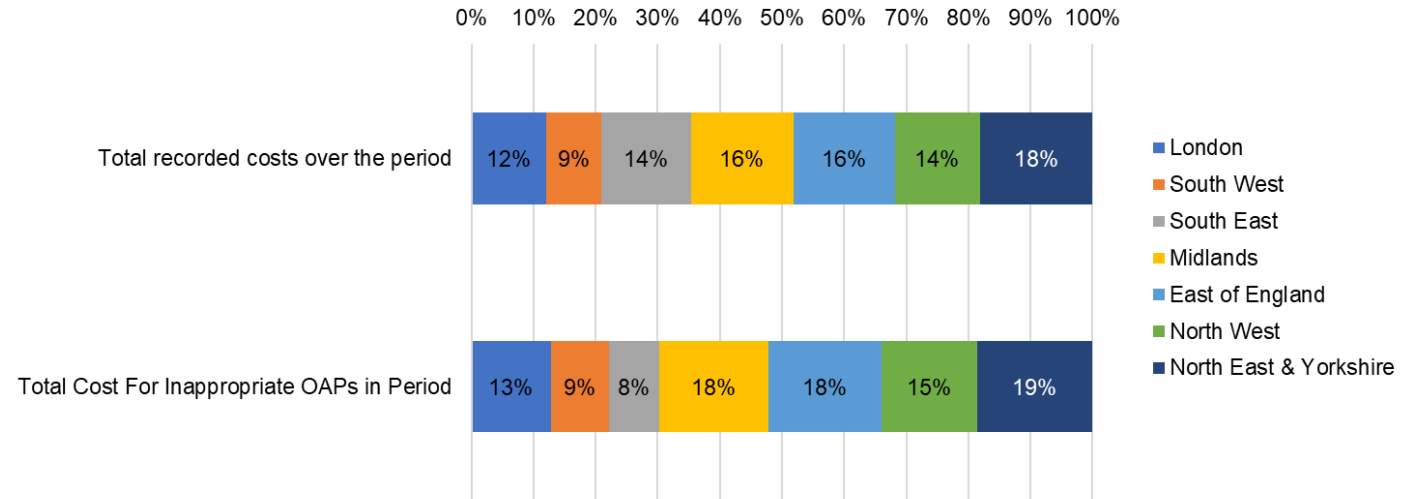


Out of area placements costs by region

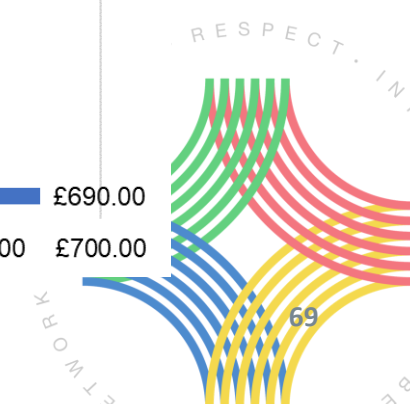
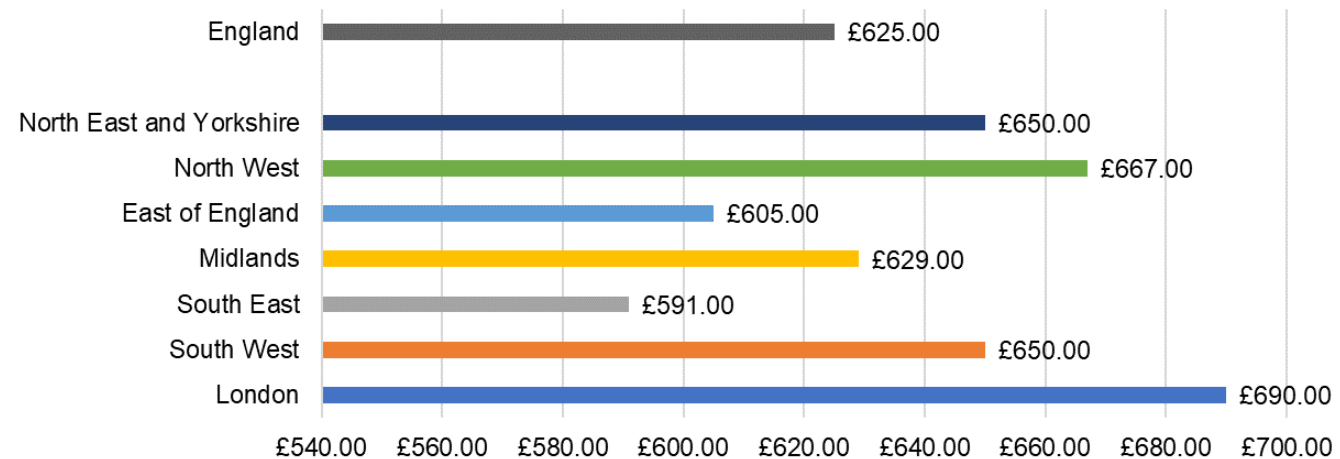
Of the £130,593,816 recorded costs, £115,222,452 was due to inappropriate out of area placement. Whilst this data was not available by NHS/private provider split, data has been broken down by NHSE region alongside the total costs.

The average recorded daily cost is also shown on this page, with NHSE regions compared to the average daily cost at a national level.

Known recorded costs for out of area placement - split by region



Average recorded daily cost over period - by region



Summary Findings and Conclusions



Summary of findings (1)

Workforce overview

- The NHSBN AOP project identified 90,366 WTE in adult and older people NHS mental health services in England, working in NHS mental health trusts¹³. Just under half of this workforce (49%, 44,532) worked in a community setting, and 51% (45,834) worked in an inpatient setting¹³.
- The number of staff recorded in each submission varied from 3.8 WTE to 42.3 WTE. When benchmarked per 10,000 adult population, the England median position was 19.4 WTE per 10,000 adult population.
- [Census data](#) showed:
 - The workforce was predominantly female^{14,15,16,17,8}.
 - Asian or Asian British staff were a lower proportion of the workforce compared to the England working age population and in some service areas there was a higher representation in the workforce of black or black British staff, particularly in low and medium secure service settings^{13,14,15,16,17}.

Community workforce

- The most common services provided were generic CMHT and CRHT, with 94% of organisations offering the service¹³. The least common service that organisations provide was assertive outreach, which less than a third (32%) of organisations deliver¹³.
- The largest community team type was generic CMHT (14,171 WTE)¹³, with the next largest was CRHT at 7,187 WTE. These two teams accounted for 48% of the community workforce¹³.
- The largest staff group across all community team types (except for eating disorders) was registered nursing¹³. In the CRHT team type, over half of the workforce were registered nurses (52%) The older people team type had the

largest proportion of psychiatrists (11%), and the eating disorders team type had the largest proportion of psychological professions (26%)¹³.

- Across the adults & older people community mental health workforce, 4-16% of registered nurses were band 5 – this was highest among rehabilitation and recovery services, and lowest among perinatal¹³. Most of the community nursing workforce were band 6 – from 47% (eating disorders) to 79% (assertive outreach) in this banding¹³. Band 7 staff comprised of between 12-41% of the workforce according to NHSBN AOP project, with band 8's and above making up the remaining 1-6%¹³.
- Overall, 12% of the community workforce reported in the NHSBN AOP project were psychological professions staff. This ranged from 3% of staff in CRHT from psychological professions to over a quarter (26%) of staff in eating disorders community teams. In the Psychological Professions Workforce Census 2023¹⁷, data were collected on the discipline mix of psychological professions staff groups which showed majority of the psychological professions workforce in community MH settings were psychologists (41%) with the majority of these (94%) clinical psychologists.
- Across all community team types, the mean vacancy rate from the NHSBN AOP project was 14.5%¹³. The NHS Digital March 2023 vacancy rate (for all staff in all sectors of the NHS) was 8.0%¹⁹. The community team type with the lowest median vacancy rate was perinatal at 7.7%, and the highest was CRHT at 19.4%¹³.
- For community team types, the median cost per patient on the caseload varies from £2,915 for memory services to £69,847 for CRHT, and the median cost per contact varies from £225 for memory services to £568 for forensic¹³.

Summary of findings (2)

Inpatient workforce

- Over a third (35%) of staff who work in an inpatient setting work within the adult acute team type – with the next largest (older adult) being 15 percentage points smaller at 20%¹³. The smallest team type was substance misuse / addiction services, with 139 WTE working in this service nationally, and accounted for less than 1% of the total inpatient workforce working in adult and older people's mental health services¹³.
- Across inpatient setting, over half of staff were support workers and unregistered nursing staff for a number of team types (older adult (54%), PICU (53%), and neuropsychiatry/acquired brain injury (56%))¹³. The next largest staff group was registered nursing for all team types, with these two staff groups making up over two thirds (78%) of the workforce of all inpatient team types¹³.
- Across the adults & older people mental health inpatient workforce, between 53-67% of registered nurses were band 5 – this was highest among specialised team types (long term complex/continuing care, high dependency rehabilitation and neuropsychiatry/acquired brain injury) and lowest among high secure, eating disorder services, adult non-specialised services and PICU¹³.
- From the Adult Secure Inpatient Services census¹⁴ for low, medium, and secure services, approximately half (51%, 49%, and 50% respectively) of staff were Bands 1-3¹⁴. Across all secure settings, 43% of the staff were healthcare support workers, which corresponds to the skill mix distribution of this role.
- Across all inpatient team types, the mean vacancy rate from the NHSBN AOP project was 15.1%¹³. The NHS Digital March 2023 vacancy rate (for all staff in all sectors of the NHS) was 8.0%¹⁹. The inpatient team type with the lowest vacancy rate was high dependency rehabilitation at 10.4%, and the highest

was PICU at 18.7%¹³.

- The inpatient team type with the highest median pay costs per 10 beds was PICU at £2,561,497, and the lowest was substance misuse/addiction services (£865,475)¹³.
- PICU had the highest median spend on bank & agency staff per 10 beds at £950,778, which equates to £260 per day (when divided by 10 for per bed, then 365 per day of the year)¹³. The lowest median spend on bank and agency per 10 beds was substance misuse/addiction services at £155,435¹³.

Out of area placements

- There were 4,660 out of area placements started between 1st April 2022 and 31st March 2023, with 245 of these were NHS out of area placements, and 4,405 were from private providers, with 10 unknown. There were 4,395 out of area placements started between 1st April 2022 and 31st March 2023. Moreover, 4,195 inappropriate out of area placements were ended during this same period, and there were 695 active inappropriate out of area placements as of 31st March 2023.
- 69% of inappropriate out of area placement bed days were in the adult acute setting, 3% were in older adults and 28% were in PICU.
- The total recorded cost of out of area placement days in England was £130,593,816. This was based on 88% of OAP days having a recorded cost. This cost was split between NHS and Private sector as follows: £6,023,089 of total recorded costs were taken from NHS providers, and £124,461,195 were from private providers.

Conclusions

Conclusions

The growth and development of the adults and older people workforce in Mental Health services in England is critical. In line with the NHS Long Term Workforce Plan, adult and older people mental health services are undergoing notable transformation to increase both the scale and scope of services to better meet the increasing demand for mental health care.

The NHSBN AOP project identified 90,366 WTE in adult and older people NHS mental health services in England, working in NHS mental health trusts¹³. Just under half of this workforce (49%, 44,532) worked in a community setting, and 51% (45,834) worked in an inpatient setting¹³.

With a mean vacancy rate of 14.5% in community and 15.1% in inpatient settings and 13.2% and 12.9% mean turnover rate in community and inpatient settings respectively, retaining staff and creating a stable workforce continues to be a challenge, with these figures from the NHSBN AOP project¹³. This report provides an initial baseline from which future transformation can be gauged.

Next steps

This report provides the first step to establishing a baseline from which the impact of policies and investment can be monitored and measured. Further work currently being undertaken by NHS Benchmarking Network is as follows:

- Engagement and consultation with 2023 participations to aid in the design of a template to capture the relevant workforce data in 2024. This should include consideration of the addition of narrative questions seeking examples of good/innovative practice in relation to retaining and growing the workforce
- Impact of training and case studies review.

Appendices



Appendix A: 2023 Workforce censuses

2023 Workforce Censuses

Adult Secure Inpatient Services: Where the scope was all organisations (NHS providers and independent sector) who operate NHS commissioned secure beds in England. Please note that throughout this report, this census is referred to as the Secure census.

Perinatal Mental Health: For organisations that deliver specialist perinatal mental health services, with questions asked separately for mother & baby inpatient units, specialist community perinatal mental health services, and maternal mental health services.

Peer Support Workers: The census scope was all organisations who provide NHS commissioned peer support workers in a mental health setting across England.

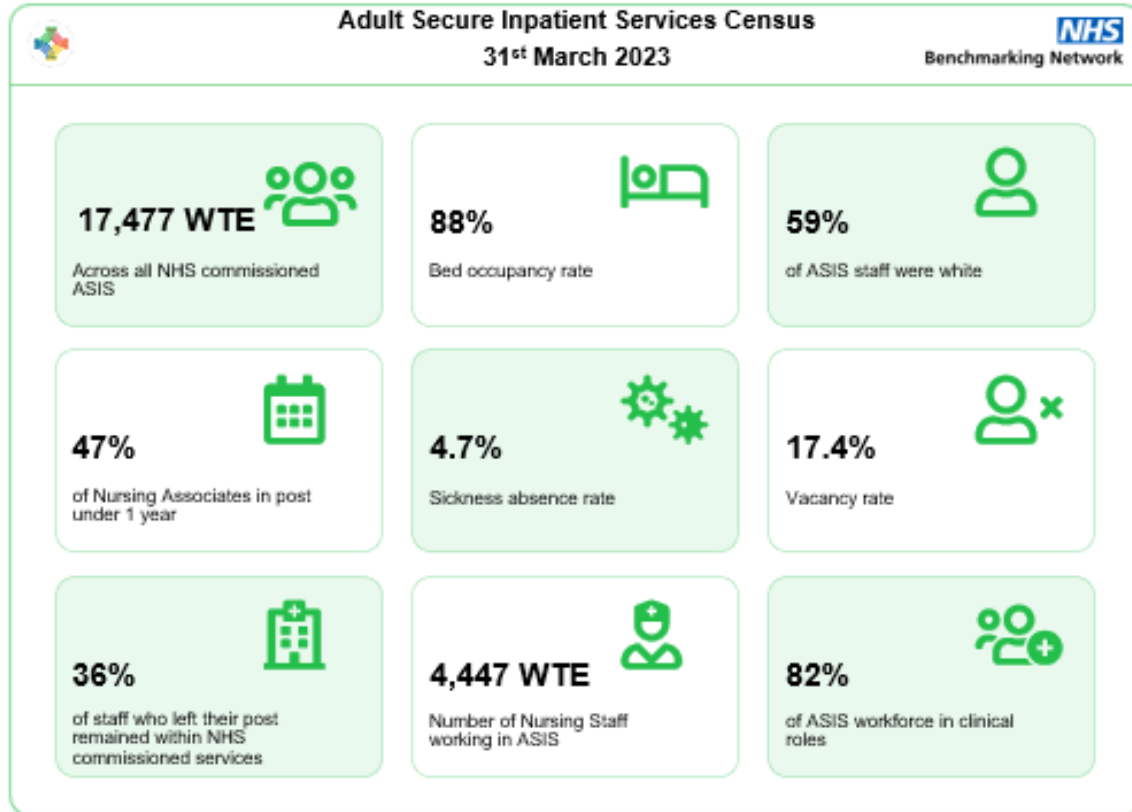
Psychological Professions: The scope of the census was psychological professions staff working in NHS commissioned services in mental health inpatient and community mental health services and NHS acute Trusts. This encompassed MH NHS trusts, acute trusts, combined MH/Acute trusts, VCSE and independent providers (community trusts were not in scope for the 2023 collection). This census is to be used as benchmark to monitor the success of investment, training and workforce plans of this workforce cohort, from targets set out in the Long Term Workforce Plan.

NHS Talking Therapies for Anxiety and Depression: The census scope covers adult NHS Talking Therapy services, which also feature within the Psychological Professions census outputs as the workforce group form a significant portion of the overall psychological professions workforce.

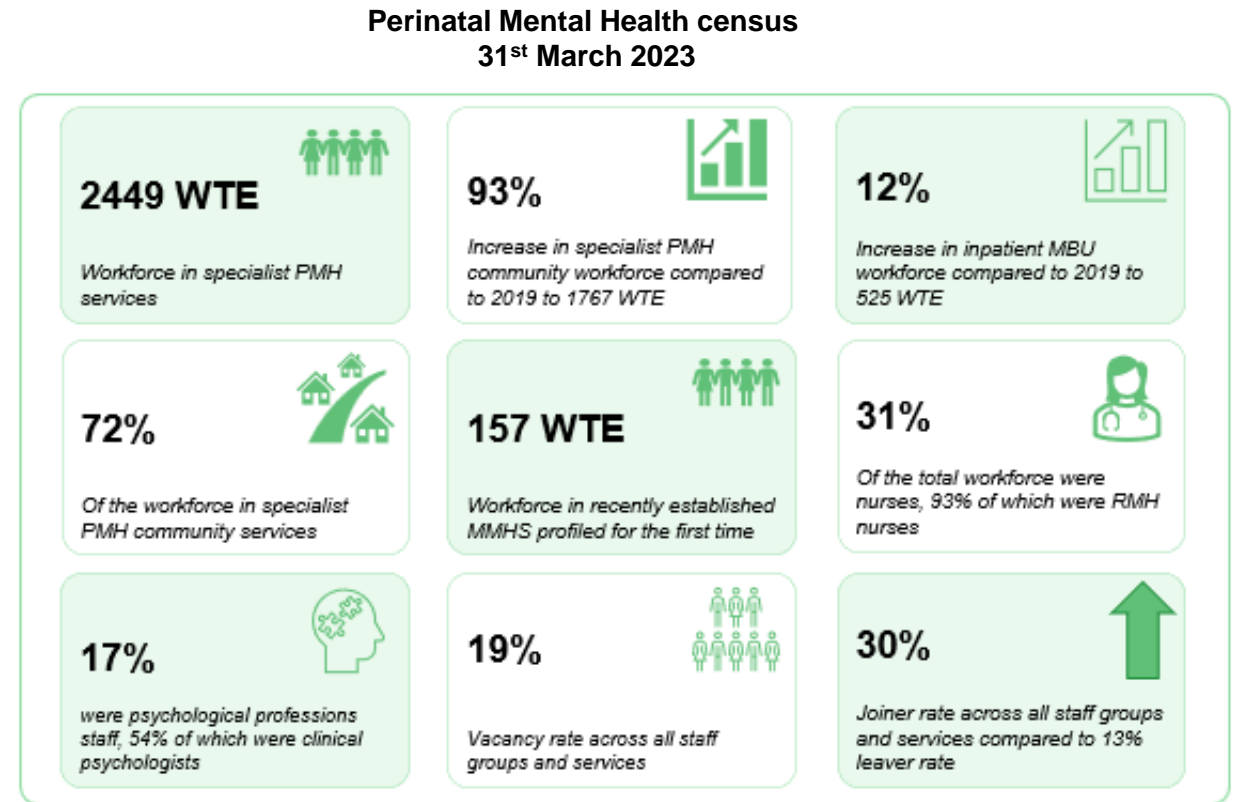
Appendix B: 2023 Workforce censuses infographics (1)

This page and the following page(s) show the infographics of the key findings from the workforce censuses commissioned by NHS England. It is important to note when interpreting these figures that there may be some double counting within these censuses (for example Peer Support Workers that were captured within the Peer Support Workers census were also captured within the Perinatal

Mental Health workforce census. In addition, the infographics cover figures from organisations not presented in the rest of the report, for example, the Perinatal Mental Health census also includes participation from acute trusts, independent providers and the VCSE sector.



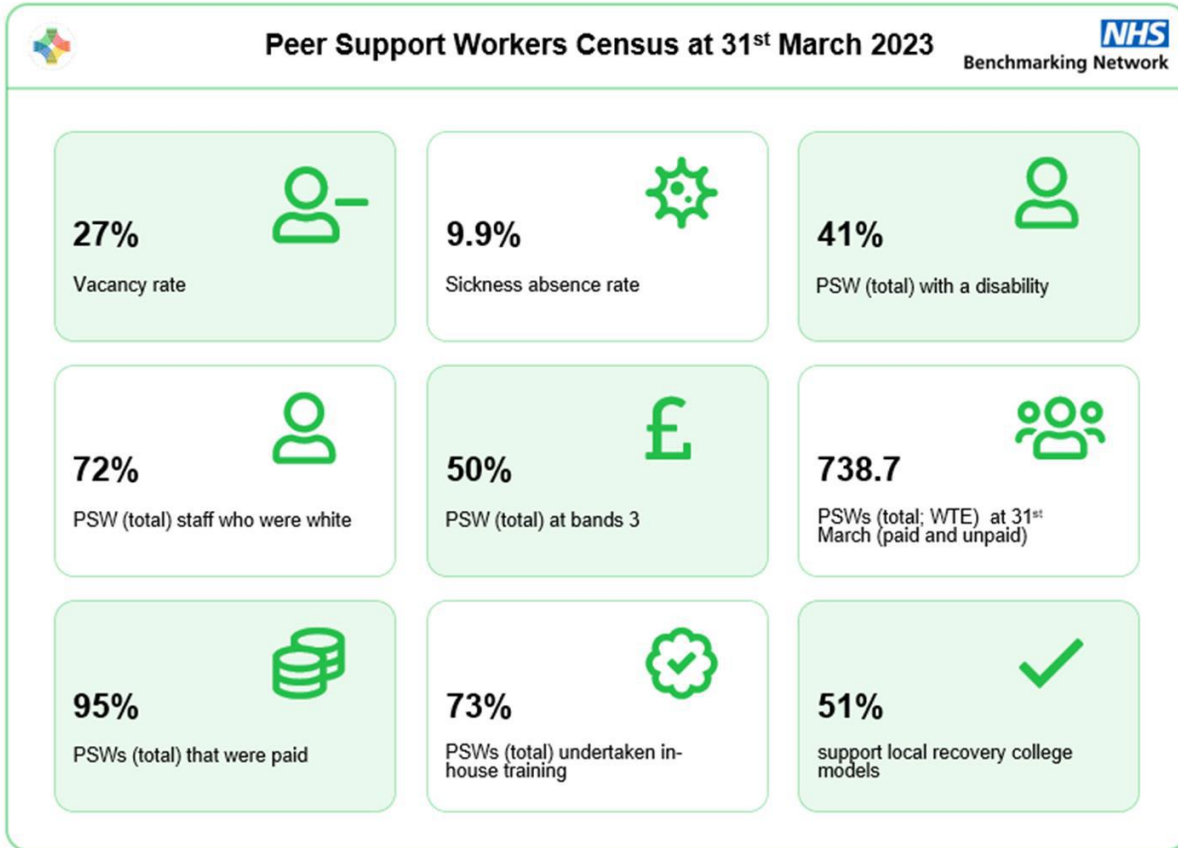
Data source: Adult Secure Inpatient Services Census¹⁴



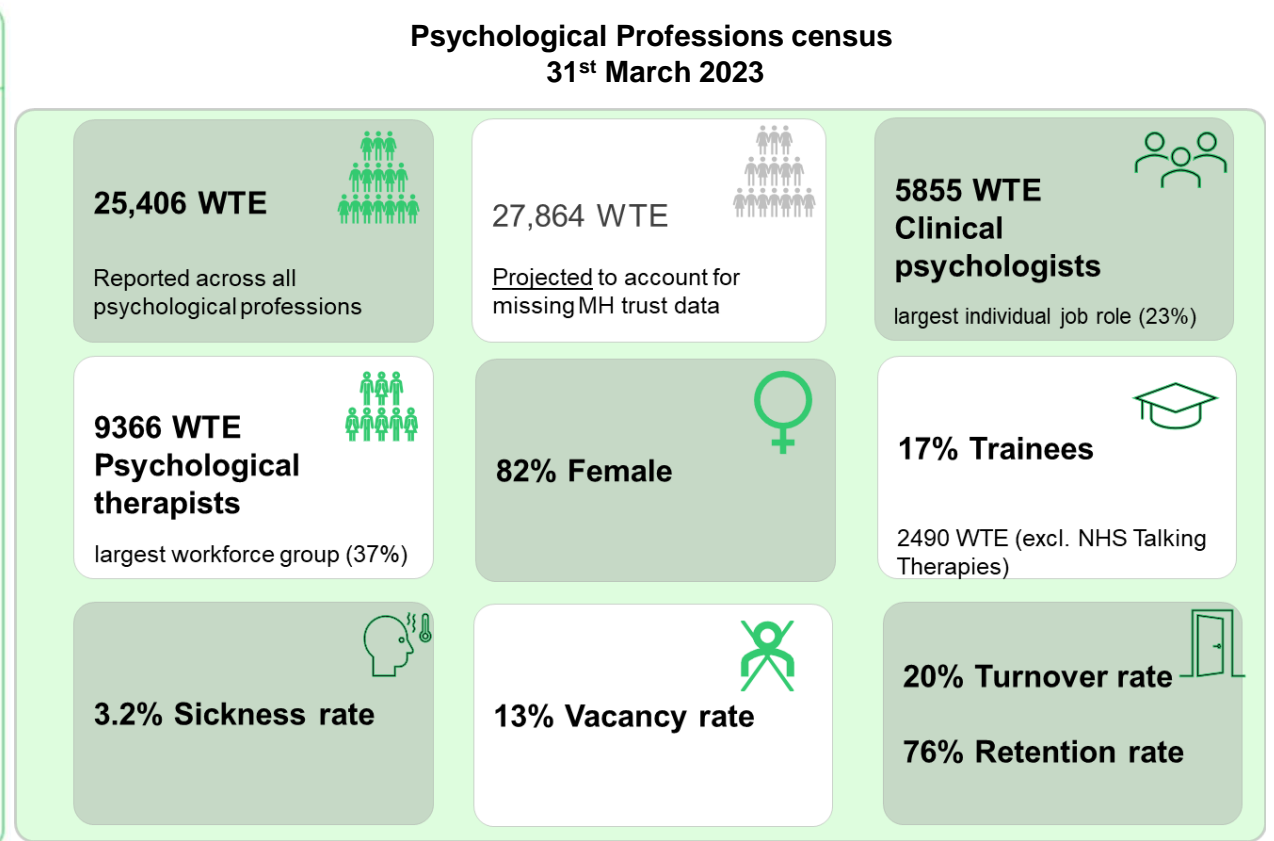
Data source: Perinatal Mental Health Census¹⁵



Appendix B: 2023 Workforce censuses infographics (2)



Data source: Peer Support Workers Census¹⁶

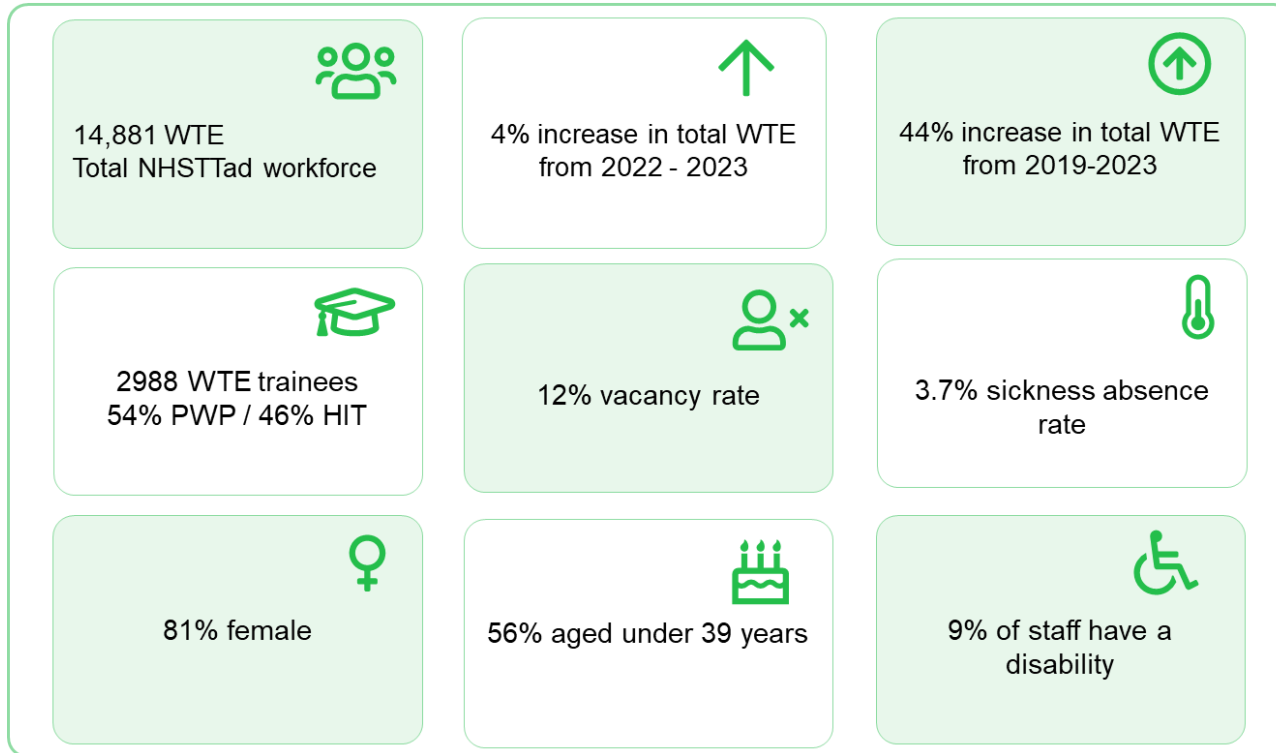


Data source: Psychological Professions Census¹⁷



Appendix B: 2023 Workforce censuses infographics (3)

NHS Talking Therapies for Anxiety and Depression census at 31st March 2023

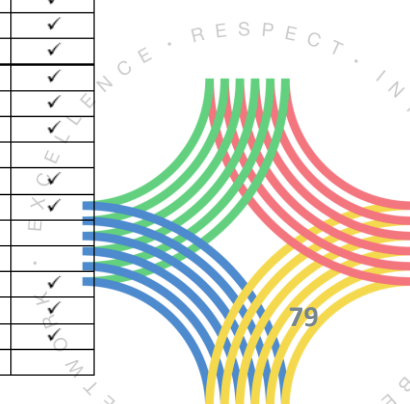


Data source: NHS Talking Therapies for Anxiety and Depression Census¹⁸

Appendix C: Participation

This table is the participation of NHS mental health trusts to the NHSBN AOP project, and the 2023 NHS England commissioned workforce censuses.

Organisation	Type	AOP Core	Perinatal	Secure	PSW	PP
Barnet, Enfield and Haringey Mental Health NHS Trust	Mental Health NHS Trust (with Community Services)	✓		✓	✓	✓
Berkshire Healthcare NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓		✓	✓
Black Country Healthcare NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓			✓
Bradford District Care NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		✓
Cambridgeshire and Peterborough NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓		✓		✓
Central and North West London NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	
Cheshire and Wirral Partnership NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Cornwall Partnership NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Coventry and Warwickshire Partnership NHS Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Derbyshire Healthcare NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		✓
Dorset HealthCare University NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓		✓		✓
East London NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓			
Essex Partnership University NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		✓
Gloucestershire Health and Care NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Herefordshire and Worcestershire Health and Care NHS Trust	Mental Health NHS Trust (with Community Services)	✓			✓	✓
Humber Teaching NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Lancashire & South Cumbria NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	
Leicestershire Partnership NHS Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Lincolnshire Partnership NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Mersey Care NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		✓
Midlands Partnership University NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		✓
North East London NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	
Northamptonshire Healthcare NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	
Nottinghamshire Healthcare NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		
Oxford Health NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Oxleas NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓			✓
Rotherham Doncaster and South Humber NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Sheffield Health and Social Care NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		
Solent NHS Trust	Mental Health NHS Trust (with Community Services)	✓			✓	
South West Yorkshire Partnership NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	✓
Southern Health NHS Foundation Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓		✓
West London NHS Trust	Mental Health NHS Trust (with Community Services)	✓	✓	✓	✓	
Avon and Wiltshire Mental Health Partnership NHS Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Birmingham and Solihull Mental Health NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Camden and Islington NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓		✓
Devon Partnership NHS Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Greater Manchester Mental Health NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓		✓
Hertfordshire Partnership University NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Kent and Medway NHS and Social Care Partnership Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Leeds and York Partnership NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
Norfolk and Suffolk NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	✓
North Staffordshire Combined Healthcare NHS Trust	Mental Health NHS Trust (without Community Services)	✓	✓		✓	✓
Pennine Care NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓			✓	
South London and Maudsley NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓		
South West London and St George's Mental Health NHS Trust	Mental Health NHS Trust (without Community Services)	✓	✓			✓
Surrey and Borders Partnership NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓			
Sussex Partnership NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓	✓	✓	
Tavistock and Portman NHS Foundation Trust	Mental Health NHS Trust (without Community Services)					✓
Tees, Esk and Wear Valleys NHS Foundation Trust	Mental Health NHS Trust (without Community Services)	✓	✓		✓	✓
Isle of Wight NHS Trust	MH, Community and Acute	✓			✓	✓
Somerset NHS Foundation Trust	MH, Community and Acute	✓		✓		✓



Appendix D: Community job/role groupings

Across the NHSBN AOP project and the workforce censuses, there was some variation in the job roles collected. The table to the right (and the one on the next page for inpatient roles) show the job role groupings across projects/censuses for this report.

Job role	Core AOP	Perinatal	Job group
Admin support to Community Mental Health	✓		Admin and Management
Administration (including data roles)		✓	Admin and Management
Operational Management - Clinical		✓	Admin and Management
Operational Management - non-clinical		✓	Admin and Management
Team Manager	✓		Admin and Management
Advanced Nurse Practitioner		✓	Advanced Nurse Practitioner
Occupational Therapist	✓	✓	AHP
Physiotherapists	✓		AHP
Speech and Language Therapist		✓	AHP
Associate and Assistant Psychologist Roles		✓	Associate and Assistant Psychologist Roles
Community Psychiatric Nurses (CPN) - Band 5	✓		Nursing
Community Psychiatric Nurses (CPN) - Band 6	✓		Nursing
Community Psychiatric Nurses (CPN) - Band 7	✓		Nursing
Community Psychiatric Nurses (CPN) - Band 8	✓		Nursing
Community Psychiatric Nurses (CPN) - Band 9	✓		Nursing
Registered Adult Nurses		✓	Nursing
Registered Children's Nurses		✓	Nursing
Registered General Nurses		✓	Nursing
Registered Learning disability Nurses		✓	Nursing
Registered Mental Health Nurses		✓	Nursing
Nursing Associates	✓	✓	Nursing Associates
General Practitioner		✓	Other Medical
Paediatrician		✓	Other Medical
Postgraduate doctors in training posts (GP trainee, CT trainee, and FY posts)		✓	Other Medical
Health visitor		✓	Other staff
Midwife		✓	Other staff
Nursery nurse		✓	Other staff
Other Staff	✓	✓	Other staff
Outreach workers	✓		Other staff
Parent-Infant Practitioner		✓	Other staff
Peer Support Worker (paid and unpaid)		✓	Peer Support Workers
Peer Support Workers (paid)	✓		Peer Support Workers
Pharmacist		✓	Pharmacists
Physician's Associate		✓	Physician's Associate
Consultant Psychiatrist		✓	Psychiatry
Higher Speciality trainee in Psychiatry		✓	Psychiatry
Psychiatry - (Assoc Specialist, ST4-ST6, Organisation and Staff Grades)	✓		Psychiatry
Psychiatry - Consultant	✓		Psychiatry
Psychiatry - Trainees (FY1, FY2, CT1-CT3)	✓		Psychiatry
SAS Psychiatrists		✓	Psychiatry
Psychological Practitioners	✓	✓	Psychological Practitioners
Psychological Therapists	✓	✓	Psychological Therapists
Psychotherapists	✓		Psychological Therapists
Clinical Psychologists	✓	✓	Psychologists
Psychologists		✓	Psychologists
Psychology - Other	✓		Psychologists
Child and Family Social Worker		✓	Social Workers
Mental Health Social Worker		✓	Social Workers
Social Workers	✓		Social Workers
Support worker / Unregistered Nursing Staff		✓	Support workers & unreg. Nursing staff
Support Workers and Other Unregistered Clinical Staff	✓		Support workers & unreg. Nursing staff
Total Staff	✓	✓	Total staff

Appendix E: Inpatient job/role groupings

Across the NHSBN AOP project and the workforce censuses, there was some variation in the job roles collected. The table to the right (and the one on the previous page for community roles) show the job role groupings across projects/censuses for this report.

Job role	Core AOP	Perinatal	Secure	Job group
Administration (including data roles)		✓		Admin and Management
Administrative and Clerical Management	✓		✓	Admin and Management
Operational Management - Clinical		✓		Admin and Management
Operational Management - non-clinical		✓		Admin and Management
Advanced Nurse Practitioner		✓		Advanced Nurse Practitioner
Occupational Therapists	✓	✓	✓	AHP
Physiotherapists	✓			AHP
Associate and Assistant Psychologist roles		✓	✓	Associate and Assistant Psychologist Roles
Nursing - Band 5	✓			Nursing
Nursing - Band 6	✓			Nursing
Nursing - Band 7	✓			Nursing
Nursing - Band 8	✓			Nursing
Nursing - Band 9	✓			Nursing
Other Registered Nurses			✓	Nursing
Registered Adult Nurses		✓		Nursing
Registered Children's Nurses		✓		Nursing
Registered General Nurses		✓		Nursing
Registered Learning disability Nurses		✓	✓	Nursing
Registered Mental Health Nurses		✓	✓	Nursing
Nursing Associates	✓	✓	✓	Nursing Associates
Trainee Nursing Associates			✓	Nursing Associates
General Practitioner		✓		Other Medical
Paediatrician		✓		Other Medical
Postgraduate doctors in training posts (GP trainee, CT trainee, and FY posts)		✓		Other Medical
Other Psychological Professions			✓	Other Psychological Professions
Health visitor		✓		Other staff
Midwife		✓		Other staff
Nursery nurse		✓		Other staff
Occupational Therapy Technicians			✓	Other staff
Other clinical staff			✓	Other staff
Other HCPC (Health and Care Professionals)	✓			Other staff
Other non-clinical staff			✓	Other staff
Other Staff	✓	✓		Other staff
Parent-Infant Practitioner		✓		Other staff
Pharmacy Technician			✓	Other staff
Peer Support Workers (paid and unpaid)		✓	✓	Peer Support Workers
Peer Support Workers (paid)	✓			Peer Support Workers
Pharmacist		✓	✓	Pharmacists
Physician's Associate		✓		Physician's Associate
Consultant Psychiatrist		✓		Psychiatry
Higher Speciality trainee in Psychiatry		✓		Psychiatry
Psychiatry - (Assoc Specialist, ST4-ST6, Organisation and Staff Grades)	✓			Psychiatry
Psychiatry - Consultant	✓		✓	Psychiatry
Psychiatry - Other Doctors			✓	Psychiatry
Psychiatry - Trainees			✓	Psychiatry
Psychiatry - Trainees (FY1, FY2, CT1-CT3)	✓			Psychiatry
SAS Psychiatrists		✓		Psychiatry
Psychological Practitioners	✓	✓	✓	Psychological Practitioners
Psychological Therapists	✓	✓	✓	Psychological Therapists
Psychotherapists	✓			Psychological Therapists
Clinical Psychologists	✓	✓		Psychologists
Psychologists		✓	✓	Psychologists
Psychology - Other	✓			Psychologists
Child and Family Social Worker		✓		Social Workers
Mental Health Social Worker		✓		Social Workers
Social Workers			✓	Social Workers
Social Workers (directly employed by the Organisation)	✓			Social Workers
Healthcare Support Workers			✓	Support workers & unreg. Nursing staff
Student Nurses			✓	Support workers & unreg. Nursing staff
Support worker / Unregistered Nursing Staff		✓		Support workers & unreg. Nursing staff
Support Workers and Other Unregistered Clinical Staff	✓			Support workers & unreg. Nursing staff
Trainee Healthcare Support Workers			✓	Support workers & unreg. Nursing staff
Total staff	✓		✓	Total staff

Appendix F: Psychological professions job role grouping

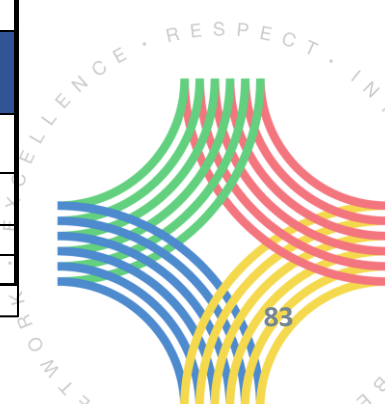
Workforce groupings	
Workforce grouping role	Roles to include
Psychologists	Clinical Psychologist
	Trainee Clinical Psychologist
	Counselling Psychologists
	Trainee Counselling Psychologists
	Forensic Psychologists
	Trainee Forensic Psychologists
	Health Psychologists
	Trainee Health Psychologists
Associate and Assistant Psychologist Roles	Clinical Associate in Psychology
	Trainee Clinical Associate in Psychology
	Assistant Psychologist

Workforce groupings	
Workforce grouping role	Roles to include
Psychological Therapists	Adult Psychotherapist
	Trainee Adult Psychotherapist
	Child and Adolescent Psychotherapists
	Trainee Child and Adolescent Psychotherapists
	Counsellors
	Trainee Counsellors
	Cognitive Behavioural Therapists
	Trainee Cognitive Behavioural Therapists
	Family and Systemic Psychotherapists
	Trainee Family and Systemic Psychotherapists
	Psychological Therapists (other)
	Trainee Psychological Therapists (other)
	Art Therapists
	Trainee Art Therapists
	Drama Therapists
Trainee Drama Therapists	
Music Therapists	
Trainee Music Therapists	
Psychological Practitioners	Psychological Wellbeing Practitioners
	Trainee Psychological Wellbeing Practitioners
	Children's Wellbeing Practitioners
	Trainee Children's Wellbeing Practitioners
	Education Mental Health Practitioners
	Trainee Education Mental Health Practitioners
	Mental Health and Wellbeing Practitioners
	Trainee Mental Health and Wellbeing Practitioners
Youth Intensive Psychological Practitioners	
Trainee Youth Intensive Psychological Practitioners	
Other Psychological Professions	Medical Psychotherapist
	Higher trainee in Medical Psychotherapy
	Other Psychological Professions staff

Appendix G: HR metric definitions

The definitions for HR metrics are consistent across the NHSBN AOP project and the 2023 workforce censuses.

Definitions	
Metric	Definition
Whole time equivalent (WTE)	A measure of working time expressed as a proportion of the standard whole time working for a grade EXAMPLE - The standard hours for a nurse are 37.5 and an individual Nurse contracts to work 22 hours per week, then that employee's WTE is 22 divided by 37.5 = 0.59 WTE. If the standard hours for a full time Junior Doctor are 40 hours a week and an individual Junior Doctor contracts to work 40 hours per week, then that employee's WTE is = 1.0
In post WTE	WTE as at 31st March 2023. This includes contracted staff in post and bank and/or agency cover who were in place on this date, this should also include all staff you directly employ regardless of the location in which they work. Please only include staff employed directly by your organisation or via an agency to fill a specific role. Do not include staff employed by other organisations working within your organisation as part of a service agreement - these staff should be captured by the employing organisation.
Number of Vacancies (WTE)	The difference between the number of reported Whole Time Equivalent (WTE) permanent or fixed-term staff in post and planned workforce levels. Funded Establishment - WTE permanent or fixed term staff in post.
Funded Establishment (WTE)	Describes the authorised amount of time which may be contracted for a position. Each grade and the amount of WTE within each grade are added to calculate the Budgeted WTE for the block.
WTE sickness absence days	Total number of WTE staff sickness days including non working days. For example, a member of staff that usually works Monday to Friday and is off sick Friday through to Monday would report 4 days sickness. In line with NHS Digital definition
Total available WTE working days	Total number of contracted WTE staff days available in the period. For example, a full time member of staff would have 365 available days compared to 182.5 for a staff member working 0.5WTE. Excludes: Maternity Leave & Unpaid Leave.
Average WTE staff in post	The In Post : Whole Time Equivalent (WTE) at the start of the census period+ In Post : Whole Time Equivalent (WTE) on the last day of the census period/2 (excluding bank or agency staff)
Staff Retention WTE	Staff in post (excluding bank and agency staff) on the 1st April 2022 who were still in post on 31st March 2023.
Joiners WTE in the period	The WTE of new staff that joined the service during the period. This could include staff who both joined and left their role within the 12 month period.
Leavers (WTE) by reason	
Remained within NHS commissioned secure services	Staff who left their post between 1st April 2022 and 31st March 2023 but remained either within this or another organisation providing NHS commissioned secure services.
Left NHS commissioned secure services	Staff who left their post between 1st April 2022 and 31st March 2023 , no longer working within this or another organisation providing NHS commissioned secure services.
Retired	Staff who retired from the workforce.
Unknown/Other	WTE leaving the organisation and either the reason is not one of those above or is not known.



Appendix H: HR metric calculations

Metric	Numerator	Denominator
Vacancy rate	Vacancies (WTE) at 31 st March 2023	Funded Establishment (WTE) at 31 st March 2023
Sickness Absence rate	Sickness absence days in 2022/23	Total available days in 2022/23
Turnover rate	Leavers between 1 st April 2022 and 31 st March 2023	Average WTE staff in post

Appendix I: References

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