Cover page	
Meeting	Trust Board
Paper Title	ED Nursing Business Case
Date of meeting	30th May 2019
Date paper was written	17th May 2019 (V2.2)
Responsible Director	Nigel Lee, Chief Operating Officer
Author	See Front Sheet

Executive Summary

Purpose of Report

To provide the Executive Board with a report outlining:

1. The 'case for change' for the nurse staffing review and recommendations that have been made within the business case
2. The detail of the approach taken in developing the business case including the planning assumptions, the rationale for the safe staffing tool used, the proposed revised service model and the proposed workforce implementation plan
3. The proposed key metrics for workforce, quality and performance that, subject to approval, the Emergency Centre would expect to be delivered
4. A recommendation for the implementation that has been discussed and supported by the Senior Leadership Team is included.

Previously considered by	Executive Directors Senior Leadership Team Workforce Committee

The Board is asked to:			
☑ Approve	☐ Receive	☐ Note	☐ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well-led

Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☑ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care

	☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☑ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	BAF Risk: 817

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	◉ This document is for full publication ○ This document includes FOIA exempt information ○ This whole document is exempt under the FOIA
Financial assessment	Detail included within options section of paper

The Shrewsbury and Telford Hospital NHS Trust

Accident & Emergency Department Nursing Workforce Business Case

Authors: Rebecca Houlston, Kate Farrow, Carol McInnes, Simon Balderstone & Martin Hall

Accident & Emergency Department Nursing Workforce Business Case

Purpose of Report

To provide the Executive Board with a report outlining:

a) the current nursing workforce provision in both Emergency Departments
b) to demonstrate the requirement for this provision to be reviewed
c) the information required for the Executive Board to consider agreement to provide additional funding to enhance the current Accident & Emergency Department nursing workforce.

Objectives

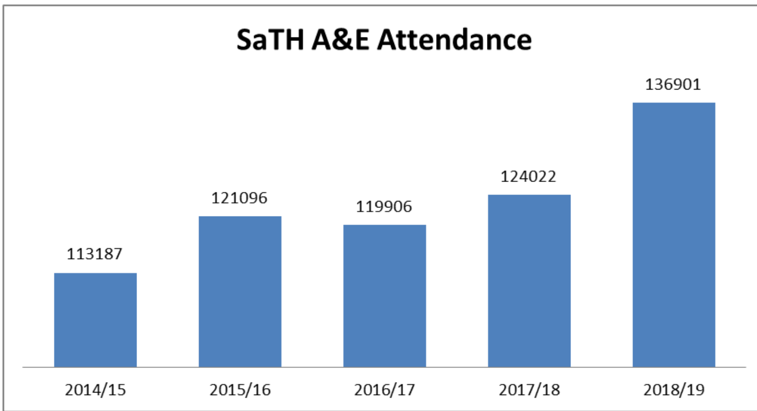
There are several key objectives that have been considered in the development of this business case. There is a fundamental requirement to deliver the expected nurse staffing requirements as per the regulatory compliance requirements that the Trust has received relating to the Accident & Emergency Departments. In summary this includes the necessity to –

- Increase the number of whole time equivalent (wte) trained nursing staff in post and on duty across all shifts in order to deliver safe care
- Provide additional trained nursing staff to service additional clinical service areas such as Streaming and the Clinical Decision Units (CDU)
- Significantly enhance the volume of nurse leadership in the departments in line with other systems by introducing a new tier of nursing (Band 7 pay scale) and increasing the volume of senior nurses (pay scale band 6) across all department geographical areas (the current model is senior nurse (band 6) as co-ordinator with junior nurses (band 5 pay scale) servicing all other areas often leading to poor skill mix and staff reporting that they feel unsupported)
- Improve the departments recruitment and retention profile by increasing both the volume and seniority of staff in the departments.

Background

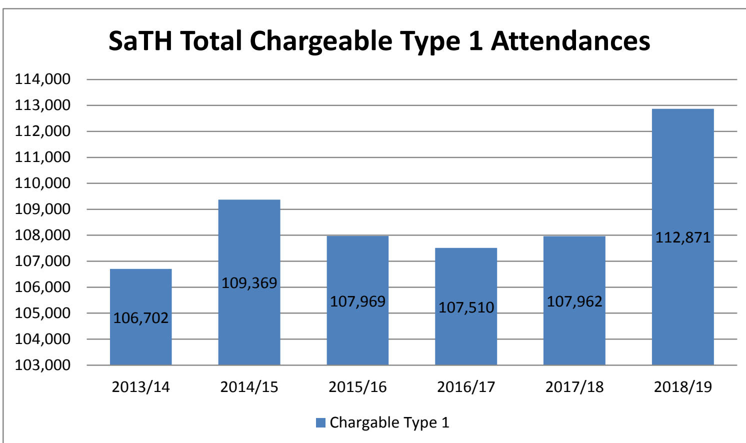
The Emergency Department nursing workforce has not been formally reviewed at Executive level since approximately 2014. Since then activity within both departments has increased and the clinical footprint has also grown including changes in practice. The Graph below shows the increase in attendances since 2014. Overall this shows a 21% increase since April 2014. Some of this growth is associated with the introduction of a new Urgent Care Centre (UCC) Service on the Princess Royal Hospital Site. While there is a separate medical workforce plan for the UCC, there is an associated increase demand for nursing care associated with this service as this cohort of patients still need to be streamed, triaged and supported by the A&E nursing workforce for some diagnostics etc.

Graph 1: A&E Attendances 2014/15 – 2018/19 (all types)



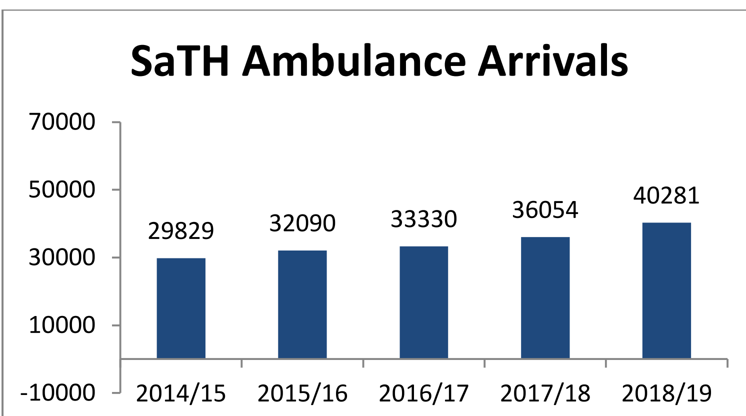
The level of type 1 chargeable activity had been relatively static until 2018/19 where there was a 4.5% increase in the level of activity for the year. The majority of this growth occurred from Q3.

Graph 2: SaTH Type 1 Chargeable Activity 2014/15 – 2018/19



Ambulance attendances to the A&E departments have increased by 35% from 2014/15 to 2018/19.

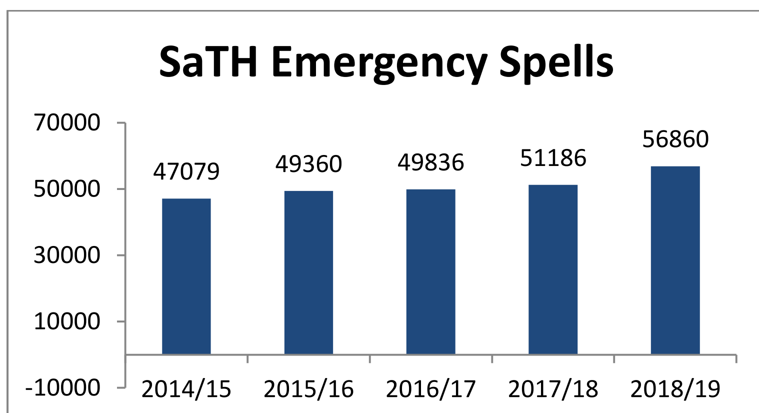
Graph 3: Ambulance Attendances to A&E



It should also be noted that there has been an increase in emergency admissions of 20% from 2014/15 – 2018/19 across SaTH. Some of this increased activity can be attributed to the implementation of a new Clinical Decision Unit (CDU) on the PRH site. However, there has been an overall increase in emergency admissions via primary care. This

cohort of patients are referred directly to the Medical and Surgical Assessment Units however, from 6pm each day, patients are diverted to the A&E department (an average of 6-10 patients per day per site).

Graph 4: All SaTH Emergency Admissions (Excluding Maternity)



In addition to the changes in activity from the time of the last nursing workforce review, the A&E footprint and services offered has changed to help improve and manage flow of patients through the department incorporating recommendations of best practice from our regulators. This includes the addition of:

Table 1: Service Improvement Workforce Requirements

Service Improvement	**WTE**
The development and implementation of ambulance 'Pit stop' services on both sites to address corridor waits for ambulance handovers	8.8
The provision of 'Fit2Sit' services on both sites whereby one cubicle space is used to seat up to 6 ambulatory patients at a time	11.2
Clinical Decision Unit (CDU) services on both sites (12/7)*option B	5.4
Ambulance Handover Nurses on both sites (Band 6)	10.8
Streaming to triage role on both sites within 15 minutes of arrival (Band 6)	10.8
Total	**47.0**

In November 2018 the CQC published their formal report following their inspection of SaTH last summer which rated urgent & emergency care as per table 1:

Table 2: CQC ED Service Rating 2018

Are services safe?	Inadequate
Are services adequate?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement

Furthermore, the Trust was also issued with 2 CQC notices (Section 29 & 31) which required urgent improvements. Within the summary of findings the Trust were informed to '*ensure nurse staffing is adequate to keep all patients safe, including paediatric patients, ensure appropriate mandatory training is undertaken to ensure staff can carry out their roles in a safe and effective way and ensure that staff constantly manage and review deteriorating patients in line with national guidance'.*

In addition to the CQC visit multiple external reviews including the Emergency Care Intensive Support Team (ECIST) & NHS Improvement have highlighted gaps in the nursing workforce and raised concerns about the skill mix due to so many junior inexperienced nurses. Included in findings were *'the current levels of nursing staff were having a*

significant impact on the team's ability to consistently deliver the desired level of service in the departments, ensuring safety and supporting best practice pathways e.g. streaming and pit stop'.

This paper sets out to describe the demands associated with the ED nursing workforce across both sites and a proposal to develop a sustainable workforce to meet on-going demand, improve 24/7 senior nursing leadership and deliver safe and adequate care to our patients in line with the improvements required as described by the CQC.

Current Position Summary

- CQC findings rated urgent and emergency care inadequate
- Regularly one of the worst performing A&E's in the country
- Crowding in the department is an issue
- Nurse leadership in the departments is limited due to both volume and skill mix
- The departments are often unable to open/ effectively run new processes due to staffing shortages

Table 2 demonstrates the existing budgeted whole time (wte) equivalent nurses, per band and per site. This is in addition to the 11 wte Emergency Care Practitioners (ECPs) that are employed who work across both departments.

Table 3: Core Recurrent Budget Band 5 and Above (excl. B7 ECP)

Band	PRH	RSH	Total
7	1.00	1.00	2.00
6	8.45	8.00	16.45
5	30.38	30.84	61.22
Total			**79.67**

Due to the requirement to deliver new ways of working (streaming, CDU etc), managing the consistent increase in demand and delivering the required improvements noted by CQC, the departments have been consistently running above budgeted levels as a result of these decisions taken operationally with Operational and Nursing Executive approval via the Executive Team Committee as demonstrated in the table below.

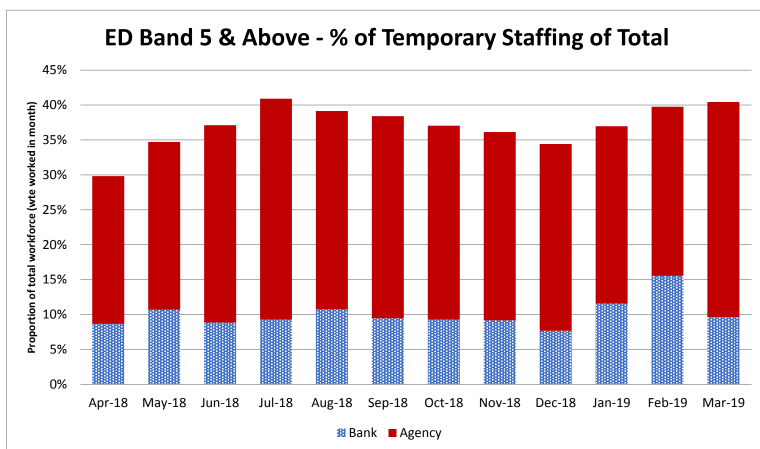
Table 4: Run rate – Band 5 and above (excl. B7 ECP) Total WTE worked (including bank and agency)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Band 5-7	97.80	96.84	96.43	95.54	92.34	92.52	95.69	96.64	93.85	96.17	104.88	106.21

It should be noted that even with these enhanced number of staff utilised in the departments above the budgeted position, this does not include the wte number required to deliver streaming 24/7, an additional nurse for resus to meet the increased demand and to bring the department in line with best practice recommended ratios per patient (1-2), the CDU provision or the additional tier of nursing (band 7 pay scale) to improve nurse leadership in the departments.

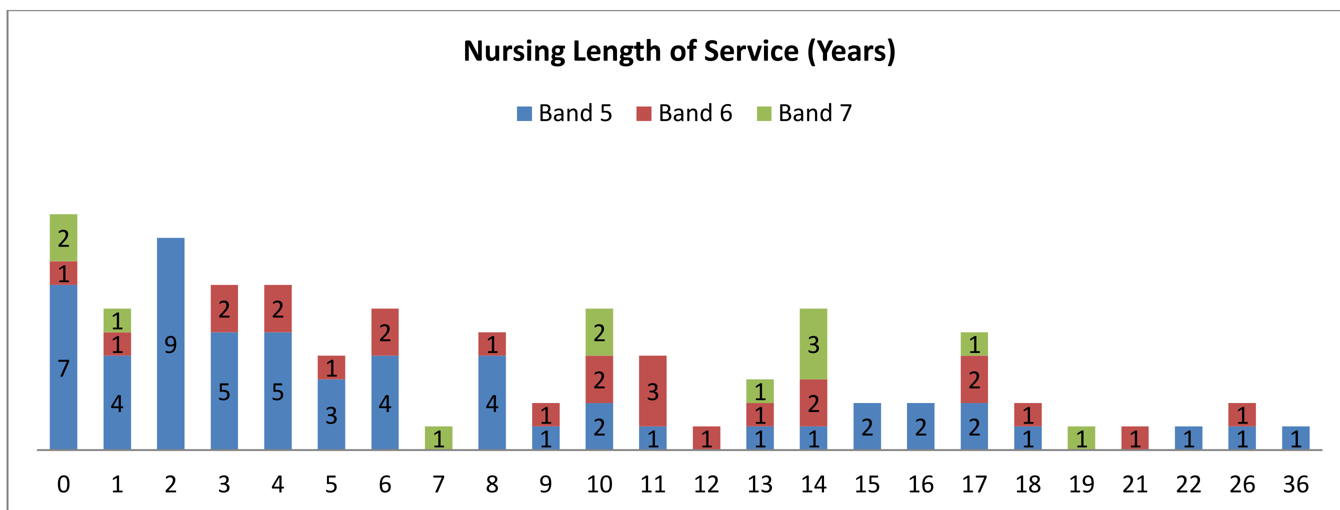
While additional staff above the budget are being utilised in an effort to address the consistent shortfall in nurse staffing to meet demand/ provide some additional services, In 2018/19 on average 37% of the band 5/6 nursing workforce was bank or agency. The variation in total temporary staffing week to week can be much greater than this average. This level of agency is not only unsustainable but also puts significant pressure on substantive staff to ensure all of the key areas were covered accordingly with poor skill mix at times. There are also significant financial implications of managing the workforce in this way.

Graph 4: Proportion of Temporary Staff on Average per Month of Total Workforce (Band 5 and above)



The age profile for the Emergency Department shows 41% of our band 5 nurses are between the ages of 21-30. The department recognises that the number of newly qualified has been increasing and is approaching a point of saturation. Due to on-going retention issues a high number of experienced and skilled senior band 6's nurses have resigned from their roles in A&E, therefore there is limited senior nurse capacity to support newly qualified nurses in the early stages of their career. Developing the nurse workforce will support individuals to progress through the nurse career pathways from newly qualified to Senior Nurse (band 7) and beyond. The expansion of the workforce will provide more opportunities not only to support more junior staff but also to aid succession planning for the department as well as provide sufficient flexibility to complete all statutory and clinical training.

Graph 5: Current Nursing Provision



There are 20 RN nurses (band 5) that have less than 3 years' experience which is 35% of the total nurses in the department. The number of staff that have left/ moved to different posts within the Trust in the previous 12 months which had more than 3 years' experience was 12. Again this highlights the importance of stabilising the workforce and also the growing need to have far more experienced nurses to create a sustainable workforce that will improve patient care.

Model Hospital Comparison

A review of model hospital data has been undertaken to inform planning in the development of this business case. We have attempted to review our nursing workforce baseline number against our identified peers and hospitals rated as 'good'. It is however not possible to draw final conclusions from this information for a variety of reasons such as if allowances have been made for SaTH being split across two sites. It should also be noted that the baseline number of staff used is from 17/18 data which shows a different volume of staff than we have employed today (see appendix 1).

Planning Assumptions

The following assumptions have been made in the development of this proposal. They are as follows:

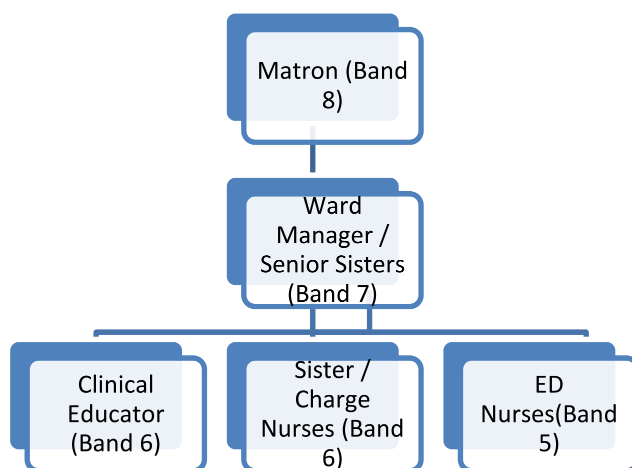
- This workforce proposal identifies the numbers of nurses required to provide a safe effective ED service in line with the nationally recognised ECIST staffing model
- This tool analyses the acuity of the number of patients in the department at any one time, displaying them by hour – the number of required clinical staff to support this is then calculated
- This business case only includes a proposal for trained nursing staff as this was the clear focus of the CQC response
- The proposed template for trained nursing staff reflects the requirement for the provision of specialist standard nurse to patient ratio's as summarised within the National Quality Board's *report 'Safe, sustainable and productive staffing: urgent and emergency care'* 2017
- This proposal has used data from 1/11/17 to 31/10 /18 – no seasonality or growth has been included at this point. Further work will be undertaken in 19/20 as part of the system plan regarding demand and capacity for emergency care. This plan will be reviewed bi-annually to assess if the original assumptions used to develop this plan still apply
- The proposal has been adjusted to reflect the geographical layout of both departments
- The model includes assumptions about implementation of best practice – streaming/handover nurse etc.
- The model does not include ECP staff. This workforce will be considered as part of the medical workforce plan going forward
- Costs are based upon an assumption of 22 % core budget / 24% operational plan for unavailability (ED has not delivered consistently to this parameter historically, which in ED has often been due to high parenting levels however this level of unavailability has been assumed for financial planning purposes in line with the Trust financial strategy). It did though achieve these levels in 2018/19
- This model has been developed to meet the current needs/ expected standards of the departments. Further work will be required in year to assess the impact of this plan against the model/ financial assumptions described within the Trust Sustainable Services Plan (SSP) and the development of the nationally proposed Urgent Treatment Centre (UTC) model
- As part of the Operational Plan for 2019/20 there have been several investments that will improve flow and as a result will lead to 6 beds at RSH in AMU not being escalated into overnight. This in conjunction with the moving of the CDU means that the current AMU budget template can be reduced by 1 RN and 1 HCA overnight.

Future Model

The workforce proposal has been developed based upon ECIST's recommended workforce modelling tool which is nationally recognised as best practice. For sense check purposes this has been checked against UHNM's staffing model which has similar numbers of daily attendances and also Cheltenham and Gloucester Hospital (who have a similar number of attendances, trauma status and service provision to SaTH). The proposed model is in line (slightly under for C&G) to those areas checked. The detailed proposed revised staffing template for each site is provided in Appendix 2 for further information.

The proposed increase in staff numbers are required to deliver the service improvements needed. It should however be noted that the scale of change and the associated recruitment plan is highly ambitious, particularly for year 1 and there is a risk that we will not be able to fully implement year one of the plan. These figures have been included in the plan to allow for financial planning and to demonstrate to our staff, patients, public and regulators the scale of our ambition and our commitment to improving our services.

The proposed management structure is as follows:



The future model would see each band 7 manage a team of band 6 and band 5 staff.

There may be a requirement for a Department Manger to remain at each site whilst the model is introduced. The numbers would need to increase to a sufficient level to undertake weekly department management on a rotational basis. At this point at the early part of year 3 it is proposed that the Ward Manager post would be removed from the structure. A management of change process would be put in place where opportunities would be explored to redeploy the existing ward managers into available band 7 roles, cross site working, flexing the off duty.

A summary of the baseline and proposed changes for each staffing grade for the clinical teams preferred model and implementation plan is summarised below.

Senior Sister/Charge Nurse (Band 7)

The recommended increase in our senior nurses at Band 7 is to expand the numbers by the end of year one to 13.8 wte increasing to 15.3wte by the end of year two and 14.7wte in year three. A new role has been developed at this level which will be known as Senior Sister/Charge Nurse. It is anticipated that we will recruit 2 Senior Sisters per quarter, per site commencing in April 19 and be able to fill the required number by year 3 of the workforce plan.

The department has commenced an agreed level of recruitment ahead of the full business case being approved due to the significant pressures in the department and the recognition that the current workforce is not sufficient. Based

on this agreement a new job description was devised and advertised following which there has been the successful recruitment of 4 nurses. The newly appointed post holders will report directly to the Emergency Matron.

The key responsibilities of these posts would be to provide an additional layer of senior clinical leadership and expertise whilst operationally supporting the department in regards to quality & safety, ED performance management and workforce development.

Sister/Charge Nurse (Band 6)

The recommended increase in our senior nurses at Band 6 is to expand the numbers from our baseline of 16.6 wte, by the end of year one to 37.4 wte, to 55.0 wte by the end of year two and 64.4 wte in year three. It is anticipated that the department will recruit approximately four per quarter from existing band 5 nurses employed by the Trust and a further two per quarter recruited from outside of the Trust (external recruitment).

The key benefit of this workforce change would be to allow for a senior nurse (band 6 pay scale) to be aligned to each key geographical area in the department e.g., resus, pit stop, majors etc rather than only having 1 senior nurse responsible for up to 70 patients any one time.

They will also be assigned additional roles including being a champion of key areas and processes. They will have the opportunity to offer senior clinical leadership, training and development of more junior staff whilst enhancing the patient journey.

As part of the workforce plan consideration has been given to the possible reduction of band 6 nurses as a number will be promoted into band 7 positions. This has been estimated to be a reduction of band 6 nurses of 1.5 per quarter. A level of attrition has also been applied to the workforce plan based on levels outlined in model hospital. These workforce numbers assume a phasing of capacity from 2019/20 to 2021/22 and to ensure the plan remains realistic the recruitment levels are based on current rates.

A&E Nurses (Band 5)

The current Band 5 workforce on which the operational plan is based (months 1 to 9 average) was 75.8 wte. This has since grown above the forecast levels to 84.5 wte from February 2019. From this point the workforce will decrease to 68.8 wte by the end of year and towards the requirement of 52.8 wte, whilst there is the transition into increasing the band 6 roles. By the end of year 2 it is forecast to be 61.6 wte and finally at the end of year 3 down to 52.8wte. As with band 6 nurses we expect a level of reduction in the band 5 numbers as nurses are promoted to the role of Sister/Charge nurse. This has been forecast as a reduction of 4 band 5's per quarter. The main source of recruitment at this level will be from September intake from Universities. It is important to note that during each year there is a planned reduction in agency levels as part of the workforce transition.

Clinical Decision Unit Provision

The Trust Operational Plan for 19/20 includes an assumption that the CDU on the PRH site will be open for 24 hours per day (this area is currently open for 12 hours). In addition to this, a new CDU has also been opened on the RSH site in April in accordance with our regulators recommendation to reduce corridor care. Again the plan assumes this site will be open for 24 hours per day. In order to staff these areas, 1 band 5 nurse and 1 HCA is required at all times.

Trust Sustainable Services Plan (SSP)

As stated within the planning assumptions summary above, this proposal has been developed in response to the current position of the departments including demand, recommendations received regarding best practice and new ways of working alongside the departments CQC feedback. Further work will be undertaken in 2019/20 to assess the impact of this proposal against the financial and workforce assumptions described within the Trust's SSP.

Career Progression

Implementation of this revised model and management structure will provide far more opportunities for career development and progression in the departments which is expected to support with the recruitment and retention of staff in the departments.

Management of Change Considerations

As the introduction of Senior Sister (band 7) roles increase over the first 2 years of the workforce plan there would be a transition from the existing model to the future model. There will be no required change for the band 6 job description.

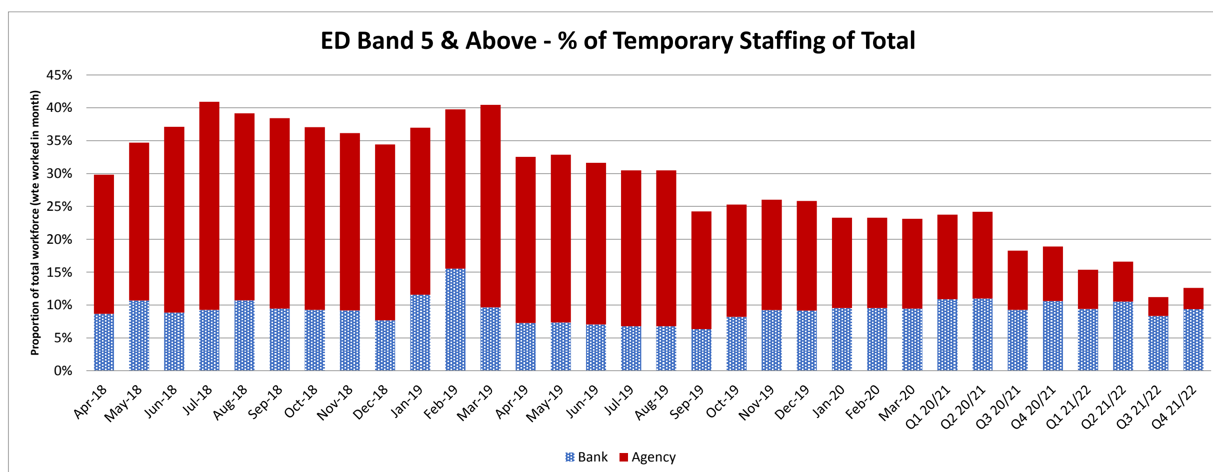
Workforce Strategy

If the proposed changes to our nursing workforce plan are approved, a comprehensive workforce strategy would be developed and implemented to support the reconfiguration of our services. This would include four key components –

1. An innovative and ambitious recruitment plan – this would include national and international recruitment drives such as the recent trip to Dublin where 9 ED nurses were offered posts.
2. A retention and development plan to allow us to 'grow our own' - with the level of investment required to grow our workforce it is important that there is a focus on how we develop new and existing staff and the measures the department can take to retain staff. An Organisational Development (OD) plan is being developed to support the business case and delivery of the workforce plan. A key component of the OD plan will be Leadership Development. The purpose of which will be to raise the importance of line managers dedicating time to people management practices. The investment in senior nurses in the department will create more capacity so that people management activities can be delivered consistently and to a high standard. This will improve all aspects of the experience people have working in their teams and improve overall engagement.
3. While the initial workforce plan is modelled on traditional nurse roles, consideration will be given to recruitment of other health professionals (such as paramedics) as part of the recruitment strategy to address potential shortfalls in key clinical roles – while working within the agreed financial envelope.
4. Agency Usage Reduction – as previously stated, a high proportion of the current workforce is provided by agency staff. Part of the workforce strategy would include the plan to actively reduce our reliance on this type of workforce. It is acknowledged that agency/bank usage will need to continue within the departments due to availability, forecasted retirements and inevitable absence including sickness. Therefore to effectively utilise a temporary workforce the Trust will create strategies to ensure that this is both clinically appropriate and cost effective. This will mean that a ED Bank strategy will be developed by June 2019 which will be accompanied by a specific ED agency approach with preferred suppliers. This will be delivered within the proposed cost envelope. This hasn't been previously pursued as ED was included in the wider Nursing agency approach, this plan identifies the need for ED to be viewed as a speciality in its own right, therefore a separate approach is now required. Approval of the strategy will be sought through the Workforce Committee.

The chart below summarises how the current high levels of temporary staff, which are mainly agency, will reduce in proportion to the total workforce, based on the anticipated substantive recruitment over the next 3 years.

Graph 6: Agency Usage Plan



<u>Expected Benefits</u>

The anticipated benefits of implementing the proposed workforce plan (by the end of year 3) are as follows:

- Achievement of required staffing in line with CQC requirements and the need to improve standards of care and safety
- Reduction in the reliance of agency nursing will help ensure the department has a consistent level of quality; improve levels of safety, performance and value for money
- The increase in the level of substantive staff at a more senior level will help stabilise the work environment and ensure there is sufficient support for newly qualified and more junior nurses
- It will make the department more attractive to nurses looking to work within A&E. This will aid our future recruitment efforts as the department will be able to promote the new structure and the new way work is organised and shared reducing some of the existing work pressures. Staff will feel supported not only to perform well in their current roles but to gain skills and experiences allowing them to progress through their career and remain at SaTH. One of the workforce benefits is to reduce the turnover and attrition of staff within the department and be attractive for 3rd year students
- The expansion of workforce will help provide greater opportunity to address the relative high levels of sickness and to improve the appraisal rates. The main reason for poor appraisal rates is attributed to a lack of adequate staffing levels and the availability of senior nurses to complete a meaningful appraisal with the required staff. The increase in senior nursing staff will ensure the department can allocate more senior staff to juniors so the ratio will move from 1:16 to a 1:5 improving the ability to complete meaningful appraisals. The average level of sickness for Registered Nurses in 2018/19 has been 5.8% which is likely to reduce with the investment in the department. Work related stress accounts for 10% of the overall sickness rate and can be attributed mainly to workload and pressures within the department due to inadequate staffing levels
- Statutory training rates are currently 16% below the Trust target. The department has been challenged by the levels of substantive staffing and as such we have found releasing staff in relatively high numbers to be challenging. With the increase in staff there will be more opportunity to undertake the statutory and developmental training either in the department or through the release of staff to training courses internally and externally to the Trust
- One of the key benefits to increasing the staffing levels at a senior level is to help shape the working environment and develop a culture that is collaborative and patient focused. The increase in senior role models within the department and improved communication will contribute to the re-shaping of the culture.

Key Outcome Metrics

By the end of the recruitment plan (acknowledging that there would be some positive benefits achieved in years 1 & 2 of the plan), the following workforce, performance and quality outcomes are expected to be delivered:

Table 5: Nursing Workforce Metrics

Metric	Baseline	Expected Change to Metric Following Workforce Expansion (full implementation of plan)
Sickness	Average for year 5%	4%
Training	74%	85%
Appraisal	83%	90%

In addition to the workforce metrics listed above, the following key performance and quality indicators will be monitored quarterly as these are areas where we would expect to see an improvement:

Table 6: Nursing Quality Indicator Metrics

Metric	Baseline		End of Year 1 of Recruitment Plan	End of Recruitment Plan
	RSH	PRH		
Environment	64%	15%	60%-89% Amber	90%-100% Green
Infection Control	100%	60%	60%-89% Amber	90%-100% Green
Documentation	44%	83%	60%-89% Amber	90%-100% Green
Tissue Viability	100%	50%	60%-89% Amber	90%-100% Green
Falls	33%	100%	60%-89% Amber	90%-100% Green
Nutrition & Hydration	33%	25%	60%-89% Amber	90%-100% Green
Leadership	85%	75%	60%-89% Amber	90%-100% Green
Professional Standards	78%	100%	60%-89% Amber	90%-100% Green
Communication	100%	86%	60%-89% Amber	90%-100% Green
Care & Compassion	89%	67%	60%-89% Amber	90%-100% Green
Medicines Management	89%	33%	60%-89% Amber	90%-100% Green
Exemplar pathway	RED	RED	AMBER	GREEN

Table 7: Nursing Performance Metrics

Metric	Baseline	End of Year 1 of Recruitment Plan	End of Recruitment Plan
Time to initial assessment (from booking to streaming)	65%	85% within 15 minutes	95% within 15 minutes

In addition to the metrics listed above, implementation of the proposed A&E Nursing Workforce Business Case will support the delivery of the agreed performance trajectory for the A&E patient safety standard (patients who are seen and treated within 4 hours of arrival) in alignment with the agreed medical workforce plan that is being implemented.

Progress on the recruitment plan and performance against these key performance indicators will be monitored and reported quarterly to the Care Group Board, Executives and the Trust Board.

Options for Implementation

Three options for implementation of the proposed business case have been considered by the Emergency Centre and Care Group senior team:

1. Do nothing.
2. Investment in plan in line with proposed preferred 3 year plan as summarised within the narrative while aiming for 24/7 CDU provision where staffing and skill mix ratio's allow (where substantive staffing is above the 75% standard the departments aim to work to).
3. Invest in plan in line with preferred 3 year plan as summarised within the narrative with 12/7 CDU provision.

Consideration was also given to including an option regarding a phased approach to implementation. However, this option has not been included as it is clear that in order to deliver the required service improvement and patient safety standards; all of the defined roles are required.

Therefore for planning purposes, only options 2 and 3 have been considered for financial appraisal.

Financial Summary

A 3 year implementation plan has been developed alongside the service model to inform financial planning. Due to the current fragility of the ED nursing workforce and the requirement to significantly improve our position to deliver the service improvements noted in the CQC report and notices, agency usage to deliver key roles has been factored into our planning.

It should be noted that a nominal figure was included in the Trusts prioritisation process of £0.9m as a 'holding position' prior to the development of the preferred clinical model. The proposed plan to provide sufficient cover for key roles in the departments (including 24/7 CDU's on both sites and 24/7 streaming) and to deliver the improvements noted by CQC is therefore greater than what was originally estimated.

The workforce implementation and financial plans for options 2 and 3 are summarised in the tables below:

Table 5: Option 2 (24/7 CDU)

Emergency Department Nursing Financial Summary by Financial Year

	Recurrent Core Budget		Financial Strategy (incl. Premium but pre Waste Reduction) - Anticipated Actual Run Rate Cost		Outturn 2018/19		Growth in spend from 2018/19	Value identified in Prioritisation Process (incl. increase in premium)	Difference between prioritisation value and current model
	WTE (av)	£,000	WTE (av)	£,000	WTE (av)	£,000	£,000	£,000	£,000
2018/19	78	(3,304)	80	(4,820)	97	(5,104)			
2019/20	123	(5,364)	123	(6,508)			(1,404)	(852)	(552)
2020/21	147	(6,720)	147	(7,560)			(2,456)		
2021/22	149	(6,947)	149	(7,305)			(2,202)		

Price base is 2018/19
WTE are stated as the average for the financial year
The above also incorporates increase in HCAs re. CDU and the reductions in both RN & HCA in AMU

The cost (including agency premiums) of the ED nursing was £5.1m in 2018/19 (excluding the double bank payment in February 2019). The financial strategy in 2018/19 was £4.8m. The proposal is to grow the level of staffing (option 2 – full investment if all shifts are covered) in year 1 (2019/20) to £6.5m, an increase in cost of £1.4m. As part of operational planning for 2019/20 the prioritisation process identified an increase in cost of £0.9m (including growth in agency premiums) based on the original plan presented to the Executive Team in January 2019. Implementing this option could therefore introduce a cost pressure of £0.5m into 2019/20. However, as described above in the outline summary of the options, the limited access to workforce is very likely to mitigate the risk of this cost pressure.

Further investment above the year 1 level is required to cover year 2 cost of £7.6m (+£1.0m), before reducing to £7.3m in year 3 (-£0.3m).

Table 6: Option 3 (12/7 CDU)

Emergency Department Nursing Financial Summary by Financial Year

	Recurrent Core Budget		Financial Strategy (incl. Premium but pre Waste Reduction) - Anticipated Actual Run Rate Cost		Outturn 2018/19		Growth in spend from 2018/19	Value identified in Prioritisation Process (incl. increase in premium)	Difference between prioritisation value and current model
	WTE (av)	£,000	WTE (av)	£,000	WTE (av)	£,000	£,000	£,000	£,000
2018/19	78	(3,304)	80	(4,820)	97	(5,104)			
2019/20	113	(5,037)	113	(5,955)			(852)	(852)	0
2020/21	135	(6,342)	135	(6,963)			(1,859)		
2021/22	137	(6,569)	137	(6,770)			(1,666)		

Price base is 2018/19
WTE are stated as the average for the financial year
The above also incorporates increase in HCAs re. CDU and the reductions in both RN & HCA in AMU

The cost (including agency premiums) of the A&E nursing was £5.1m in 2018/19 (excluding the double bank payment in February 2019). The financial strategy in 2018/19 was £4.8m. The proposal is to grow the level of staffing (option 3 – full investment, but with 12/7 CDU at both sites) in year 1 (2019/20) to £6.0m, an increase in cost of £0.9m and in line with the operational planning prioritisation process for 2019/20 (including growth in agency premiums).Further investment above the year 1 level is required to cover year 2 cost of £7.0m (+£0.4m), before reducing to £6.8m in year 3 (-£0.2m).

These options are summarised in the table below:

Table 6: Options

Ref	**Option**	**Year 1 Cost £m**	**Year 3 Cost £m (includes agency)**	***Year 3 Substantive Cost (excl. agency) FYE £m***	**Strengths**	**Weaknesses**
1	Do nothing	5.1 (97 wte)	5.1 (97 wte)	*4.0* *(97 wte)*	• No further additional cost to the Trust	• Non delivery of CQC notice improvement requirements • Poor staff morale • Unable to deliver regulator and ECIST recommended service improvements
2	Full investment in plan in line with proposed preferred 3 year plan described in narrative and 24/7 CDU provision where staffing availability/ skill mix allows	6.5 (123 wte)	7.3 (149 wte)	*6.7* *(149 wte)*	• Delivery of CQC notice improvement requirements • Improved staff morale and retention • Ability to deliver regulator and ECIST recommended service improvements • Template in place for safe staffing levels as per ECIST recommended model • Improved performance against the 95% patient safety standard	• Increased cost for the Trust against indicative sum included in prioritisation process • Year 1 plan is ambitious – delivery of key roles would rely on agency usage which is only likely to reduce significantly by year 3 if recruitment plan is successful

Ref	Option	Year 1 Cost £m	Year 3 Cost £m (includes agency)	*Year 3 Substantive Cost (excl. agency) FYE £m*	Strengths	Weaknesses
3	Investment in plan with 12 hour per day CDU model only	6.0 (135 wte)	7.0 (137 wte)	6.6 (137 wte)	• Delivery of CQC notice improvement requirements • Improved staff morale and retention • Ability to deliver regulator and ECIST recommended service improvements • Template in place for safe staffing levels as per ECIST recommended model • Improved performance against the 95% patient safety standard • A 12 hour CDU model rather than 24 hour would reduce agency usage	• Some increased cost for the Trust against indicative sum included in prioritisation process if agency fill rate achieved • Year 1 plan is ambitious – delivery of key roles would rely on agency usage which is only likely to reduce significantly by year 3 if recruitment plan is successful • Reducing the CDU provision to a 12 hour service will have some impact upon performance (circa 12 breaches per day)

As described in the narrative in the 'future model' section, the preferred clinical model is approval for option 2 (which is equivalent to an additional 4wte RN and 4 wte HCA per week) which supports the implementation of the proposed model with a particular focus on year 1 of the plan to 'pump prime' delivery of the model. This would allow implementation of the new Band 7 leadership posts, recruitment of more senior nurses to improve the departments' skill mix alongside the full implementation of streaming and the CDU.

Recommendation

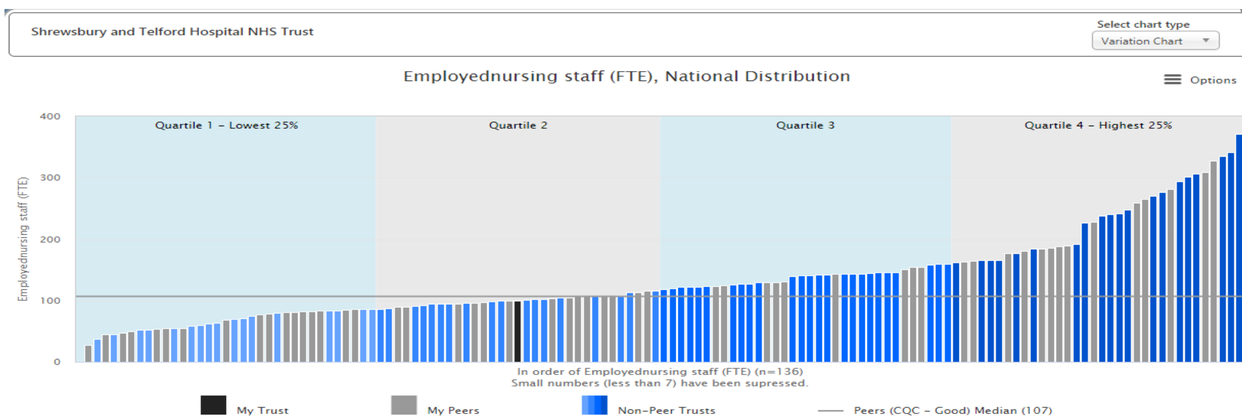
The Executive Board are asked to:

- Note the contents of this paper
- Provide approval for the implementation of the preferred option (option 2) for the proposed A&E nursing workforce plan

Appendix 1 - Model Hospital Information

Number of staff

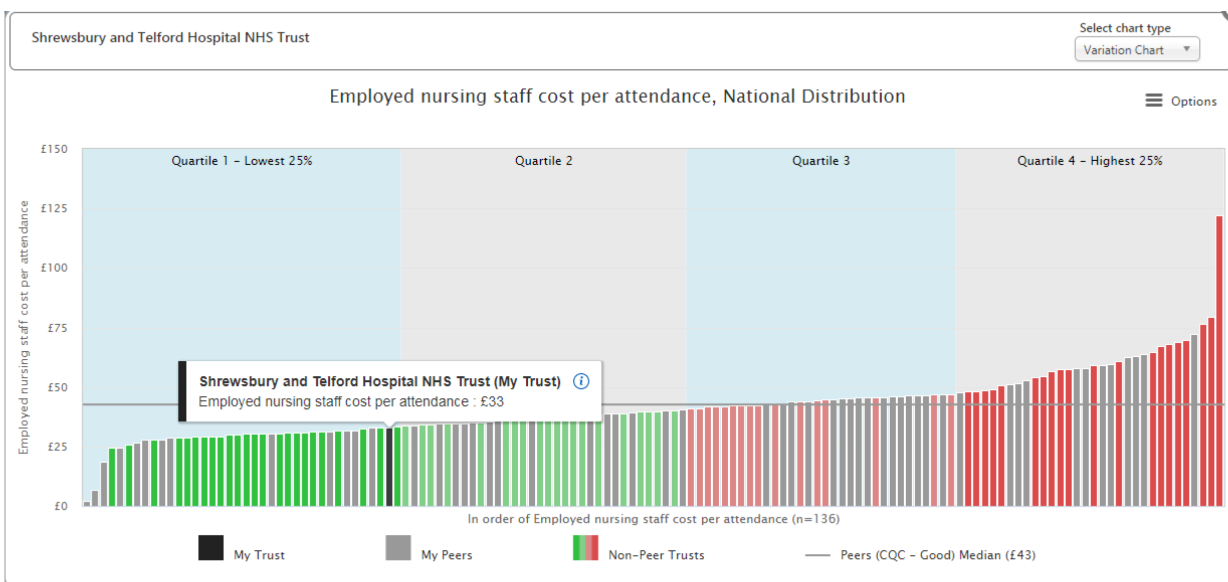
Number of staff	Data period	Trust value	Peer median	National median	Chart	Actions
All employed staff (FTE)	2017/18	134	166	173		
Employed medical staff (FTE)	2017/18	32	34	38		
Employed nursing staff (FTE)	2017/18	100	107	117		



Employed nursing staff cost per attendance

Definition: Total pay costs for all Accident and Emergency substantive nursing staff divided by total attendances.

Financial Year	SaTH	Peer Median (CQC Good)	National Median
2017/18	£33	£43	£40
2016/17	£33	£40	£38
2015/16	£32	£37	£35
2014/15	£32	£36	£36



Appendix 2

Proposed RSH Nursing Template by Role and Geographical Area

Staff and hours of day	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Proposed
Co-ordinator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B7
Triage	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B5
Streaming	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B6
Majors (12 cubicles)	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	B6 and 2 B5
Resus (4 cubicles)	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	1	1	1	B6
Pitstop (4 cubicles)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B6
Ambulance assessment nurse (AAN) (1 to 4)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B6
Float Nurse	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B5
CDU 24/7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B5
Additional to meet acuity and demand (Fit2Sit nurse 1 to 4)								1	1	1	1	1	1	1	1	1	1	1	1	1					B5
Total Staff	**9**	**9**	**9**	**9**	**9**	**9**	**9**	**11**	**11**	**11**	**11**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**11**	**10**	**10**	**10**	

The proposed model identifies the number of clinical staff we need by hour of the day to provide a minimum safe staffing level based upon the ECIST recommended staffing model defined by role and band.

This template includes 24/7 staff for CDU (option 2). This would reduce by 1 RN for 12 hours per day if a 12 hour CDU is implemented (option 3).

PRH Proposed Template by Role and Geographical Area

Staffing by Hour of day	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Proposed
Co-ordinator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B7
Streaming	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B6
Triage	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B5
Ambulance assessment nurse	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B6
MAJORS A (8 cubicles)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	B6 and B5
Minors (6 cubicles and 1 paeds)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	B6
CDU (6)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	B5
Resus (4)	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	B6 and when 2 1 B5
Majors B- (pitstop 2)	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	B6
Majors C - (5 cubicles and 4 x fit2sit)	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	B5
Additional for acuity and demand	1	1												1	1	1	1	1	1	1	1	1	1	1	B5
TOTAL STAFF	**11**	**11**	**10**	**10**	**10**	**10**	**10**	**10**	**11**	**11**	**13**	**13**	**13**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**14**	**11**	

The proposed model identifies the number of clinical staff we need by hour of the day to provide a minimum safe staffing level based upon the ECIST recommended staffing model defined by role and band.

This template includes 24/7 staff for CDU (option 2). This would reduce by 1 RN for 12 hours per day if a 12 hour CDU is implemented (option 3).

Appendix 3 – Detailed Financial Appraisal

Option 3

Financial Appraisal ED Investment 14/05/19

Band of Staff	Recurrent Core Budget WTE	2018/19 Financial Strategy WTE	Proposed Requirement WTE	2018/19 Outturn WTE (1)	2019/20 Proposed WTE (1)	2020/21 Proposed WTE (1)	2021/22 Proposed WTE (1)	Recurrent Core Budget 2018/19 £	2018/19 Financial Strategy - Substantive £,000	2018/19 Financial Strategy - Premium £,000	2018/19 Financial Strategy - Total £,000	2018/19 Financial Outturn - Substantive £,000	2018/19 Financial Outturn - Premium £,000	2018/19 Financial Outturn - Total £,000	2019/20 Proposed - Substantive £,000	2019/20 Proposed - Premium £,000	2019/20 Proposed - Total £,000	2020/21 Proposed - Substantive £,000	2020/21 Proposed - Premium £,000	2020/21 Proposed - Total £,000	2021/22 Proposed - Substantive £,000	2021/22 Proposed - Premium £,000	2021/22 Proposed - Total £,000
Matron Band 8a	1.00	1.00	2.00	1.00	1.75	2.00	2.00	(57)	(57)	0	(57)	(57)	0	(57)	(100)	0	(100)	(114)	0	(114)	(114)	0	(114)
Nursing Band 7 - Ward Manager	2.00	2.00	1.00	2.00	2.00	2.00	1.00	(104)	(104)	0	(104)	(108)	0	(108)	(104)	0	(104)	(104)	0	(104)	(52)	0	(52)
Nursing Band 7	0.00	0.00	13.66	0.00	5.97	13.33	13.66	0	0	0	0	0	0	0	(356)	(15)	(371)	(795)	(31)	(826)	(815)	(21)	(836)
Nursing Band 6 - Clinical Educators	0.00	0.00	2.00	0.00	2.00	2.00	2.00	0	0	0	0	0	0	0	(103)	0	(103)	(103)	0	(103)	(103)	0	(103)
Nursing Band 6	16.45	16.45	62.38	16.90	26.53	47.70	60.68	(773)	(773)	0	(773)	(784)	(3)	(786)	(1,374)	(11)	(1,385)	(2,459)	(95)	(2,554)	(3,134)	(92)	(3,227)
Nursing Band 5	58.63	60.63	52.83	76.86	71.02	65.04	54.52	(2,370)	(2,939)	(947)	(3,886)	(3,057)	(1,096)	(4,153)	(2,853)	(848)	(3,701)	(2,627)	(572)	(3,200)	(2,206)	(206)	(2,412)
Total Core Nursing Workforce	78.08	80.08	133.87	96.76	109.27	132.07	133.86	(3,304)	(3,873)	(947)	(4,820)	(4,005)	(1,098)	(5,104)	(4,890)	(874)	(5,764)	(6,203)	(698)	(6,900)	(6,425)	(319)	(6,743)
New CDU at RSH 12/7																							
Nursing Band 5	0.00	0.00	2.81	0.00	2.33	2.81	2.81	0	0	0	0	0	0	0	(92)	(104)	(195)	(110)	(36)	(146)	(110)	(4)	(114)
Nursing Band 2	0.00	0.00	2.81	0.00	2.64	2.81	2.81	0	0	0	0	0	0	0	(70)	(6)	(77)	(75)	(0)	(75)	(75)	(0)	(75)
Total CDU Nursing Workforce	0.00	0.00	5.62	0.00	4.97	5.62	5.62	0	0	0	0	0	0	0	(162)	(110)	(272)	(185)	(36)	(222)	(185)	(4)	(190)
Total All Staff	78.08	80.08	139.50	96.76	114.24	137.69	139.48	(3,304)	(3,873)	(947)	(4,820)	(4,005)	(1,098)	(5,104)	(5,052)	(984)	(6,036)	(6,388)	(734)	(7,122)	(6,610)	(323)	(6,933)
2% increase in unavailability to 24% consistent with 2018/19 and 2019/20 operational plans (indicative cost)			2.79		2.28	2.75	2.79								(101)	(20)	(121)	(128)	(15)	(142)	(132)	(6)	(139)
Reduction in AMU template (6 beds to 12/7 from 24/7)																							
Nursing Band 5					(1.72)	(2.59)	(2.59)								70	79	149	105	118	223	105	118	223
Nursing Band 2					(1.72)	(2.59)	(2.59)								46	7	52	69	10	79	69	10	79
Total Change in AMU template					(3.45)	(5.17)	(5.17)								116	85	201	173	128	302	173	128	302
Total All Staff (incorporating 2% increase in unavailability)	78.08	80.08	139.50	96.76	113.07	135.27	137.10	(3,304)	(3,873)	(947)	(4,820)	(4,005)	(1,098)	(5,104)	(5,037)	(918)	(5,955)	(6,342)	(621)	(6,963)	(6,569)	(201)	(6,770)
<u>Investment required over 2018/19 baseline:</u>																							
Core Budget				18.68	34.99	57.19	59.02				(1,516)			(1,799)			(2,651)			(3,659)			(3,466)
2018/19 Financial Strategy				16.68	32.99	55.19	57.02				0			(284)			(1,135)			(2,143)			(1,950)
2019/20 Draft Financial Strategy (18/19 Outturn + £0.85m investment incl. premium)				0	5.31	27.51	29.34							0			0			(1,007)			(814)

(1) The proposed WTE described above is the average for WTE for the year based on the expected recruitment workforce plan - see separate appendix
(2) The proposed costs from 2019/20 onwards are based on the monthly recruitment workforce plan and therefore represent the estimated cost of this for the year
(3) Premium costs are the premium associated with agency and the additional costs of bank staff (e.g. wtd) above the average substantive cost
(4) The proposed and future wte and costs are based on achieving the standard budgeted levels of unavailability
(5) The 2018/19 outturn excludes the double bank pay in February 2019

Appendix 4 – Detailed Workforce Plan

Option 3

ED Workforce Model Band 5 and above (14/05/19)

			Requirement	Actual Wkd				Proposed WTE																			
				Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Matron	Band 8a Matron	Substantive	2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Total		2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Ward Manager	Band 7 WM	Substantive	1.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.0	1.0	1.0	1.0
	Total		1.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.0	1.0	1.0	1.0
Total Core Workforce	Band 7	Substantive	13.1	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	2.0	6.2	6.2	7.2	8.2	8.2	8.2	9.2	11.2	11.2	11.2	11.2	12.2	12.2	12.2	12.2
		Bank	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	2.6	2.6	2.6	2.6	2.6	2.1	2.1	2.1	2.1	1.4	1.4	1.4	1.4
		Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		Total	13.7	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	2.0	6.2	8.8	9.8	10.8	10.8	10.8	11.8	13.3	13.3	13.3	13.3	13.7	13.7	13.7	13.7
		% Temp Staff of Total	*4%*					*0%*	*0%*	*0%*	*0%*	*0%*	*0%*	*30%*	*27%*	*24%*	*24%*	*24%*	*22%*	*16%*	*16%*	*16%*	*16%*	*11%*	*11%*	*11%*	*11%*
	Band 6	Substantive	60.3	16.4	16.4	17.4	22.7	18.7	17.7	19.7	22.7	22.7	22.7	27.7	27.7	27.7	32.7	32.7	32.7	35.0	36.0	45.0	45.0	51.0	51.0	56.0	56.0
		Bank	2.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.7	1.7	2.7	2.7	2.7	8.0	8.0	6.0	8.0	7.0	9.0	6.5	6.4
		Agency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		Total	62.4	16.6	16.6	17.6	22.9	18.9	17.9	19.9	22.9	22.9	22.9	27.9	29.4	29.4	35.4	35.4	35.4	43.0	44.0	51.0	53.0	58.0	60.0	62.4	62.4
		% Temp Staff of Total	*3%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*6%*	*6%*	*8%*	*8%*	*8%*	*19%*	*18%*	*12%*	*15%*	*12%*	*15%*	*10%*	*10%*
	Band 6 (Clinical Educator)	Substantive	2.0	0.0	0.0	0.0	0.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
			2.0	0.0	0.0	0.0	0.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Band 5	Substantive	51.1	43.1	43.1	42.1	39.8	43.1	43.1	43.1	43.1	43.1	51.1	49.6	49.6	49.6	49.6	49.6	49.6	48.9	47.9	49.9	48.9	46.9	45.4	47.9	45.9
		Bank	1.8	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	6.7	6.7	6.7	4.6	4.9	4.9	4.7	4.7	4.3	3.7	5.2
		Agency - Tier 5	0.0	4.3	4.3	4.3	4.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		Agency - Other	0.0	20.8	20.8	20.8	20.8	20.8	20.8	20.8	20.8	20.8	15.8	15.8	15.8	15.8	12.5	12.5	12.5	14.0	14.5	9.0	8.0	5.5	5.6	1.2	1.7
		Total	52.8	75.3	75.2	74.2	71.9	70.9	70.9	70.9	70.9	70.9	73.9	72.4	72.4	72.4	68.8	68.8	68.8	67.5	67.2	63.8	61.6	57.1	55.3	52.8	52.8
		% Temp Staff of Total	*3%*	*43%*	*43%*	*43%*	*45%*	*39%*	*39%*	*39%*	*39%*	*39%*	*31%*	*31%*	*31%*	*31%*	*28%*	*28%*	*28%*	*27%*	*29%*	*22%*	*21%*	*18%*	*18%*	*9%*	*13%*
	Total		133.9	94.9	94.8	94.8	97.8	94.8	93.8	97.8	101.8	101.8	109.0	115.2	117.7	118.7	121.1	121.1	122.1	129.8	130.5	134.1	133.9	133.7	133.9	133.9	133.9
CDU	Band 5	Substantive	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	2.0	2.0	2.7	2.7	2.7	2.7
		Bank	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		Agency - Tier 5		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		Agency - Other		0.0	0.0	0.0	0.0	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	0.8	0.8	0.8	0.8	0.1	0.1	0.1	0.1
		Total	2.8	0.0	0.0	0.0	0.0	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8
		% Temp Staff of Total	*3%*					*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	*29%*	*29%*	*29%*	*29%*	*3%*	*3%*	*3%*	*3%*
Grand Total Band 5 and above			136.7	94.9	94.8	94.8	97.8	97.1	96.1	100.1	104.1	104.1	111.4	117.5	120.0	121.0	123.4	123.4	124.4	132.6	133.3	136.9	136.7	136.5	136.8	136.7	136.7
2% increase in unavailability to 24% consistent with 2018/19 and 2019/20 operational plans			2.7	0.0	0.0	0.0	0.0	1.9	1.9	2.0	2.1	2.1	2.2	2.4	2.4	2.4	2.5	2.5	2.5	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7
Grand Total Band 5 and above			**139.4**	**94.9**	**94.8**	**94.8**	**97.8**	**99.1**	**98.1**	**102.1**	**106.2**	**106.2**	**113.6**	**119.9**	**122.4**	**123.4**	**125.9**	**125.9**	**126.9**	**135.2**	**136.0**	**139.6**	**139.5**	**139.2**	**139.5**	**139.5**	**139.4**
		Substantive	*132.2*	*62.5*	*62.5*	*62.5*	*65.5*	*66.8*	*65.8*	*69.8*	*73.8*	*73.8*	*86.1*	*89.6*	*90.6*	*91.6*	*96.6*	*96.6*	*97.6*	*103.1*	*103.1*	*114.1*	*113.1*	*117.8*	*116.3*	*123.8*	*121.8*
		Bank	*4.5*	*7.2*	*7.2*	*7.2*	*7.2*	*7.2*	*7.2*	*7.2*	*7.2*	*7.2*	*7.2*	*9.8*	*11.3*	*11.3*	*12.0*	*12.0*	*12.0*	*14.7*	*15.0*	*13.0*	*14.8*	*13.1*	*14.7*	*11.6*	*13.1*
		Agency	*2.7*	*25.1*	*25.1*	*25.1*	*25.1*	*25.0*	*25.0*	*25.1*	*25.2*	*25.2*	*20.3*	*20.5*	*20.5*	*20.6*	*17.3*	*17.3*	*17.3*	*17.4*	*17.9*	*12.5*	*11.5*	*8.3*	*8.5*	*4.0*	*4.5*
			139.4	*94.9*	*94.8*	*94.8*	*97.8*	*99.1*	*98.1*	*102.1*	*106.2*	*106.2*	*113.6*	*119.9*	*122.4*	*123.4*	*125.9*	*125.9*	*126.9*	*135.2*	*136.0*	*139.6*	*139.5*	*139.2*	*139.5*	*139.5*	*139.4*