

**TRUST BOARD**  
**25<sup>th</sup> JUNE 2015**

**TITLE** Safer Staffing Nursing Establishment Framework – 6 month review

**SUMMARY** This paper presents the results of the 6-month review that was conducted during February to March 2015. The paper describes the implementation of the 6-month review, the output of that acuity and dependency review and the application of professional judgement as well as senior executive challenge. The Board is asked to make an informed decision on the two options which both present an opportunity for improved staffing skill mix, an increase in staff and an overall investment in staffing levels.

Option 1 offers an increase in 18.7WTE and an improvement in registered to unregistered staffing ratios totalling an investment of £865,510. The variance between the calculated establishment from the acuity review compared with the proposed establishment is 0.92WTE less than what is calculated.

Option 2 offers an increase in 11.07WTE, an improvement in registered to unregistered staffing ratios and an overall investment of £527,381. The variance between the calculated establishments from the acuity review compared with the proposed establishment is 8.54WTE less than what is calculated.

The objective is to decide on the option which results in a combination of the Best Outcomes for the Patients, an Excellent Staff Experience and Top Productivity.

**ASSURANCE (Risk) / IMPLICATIONS** Trust Board can be assured that the review was underpinned by the Shelford Group Safer Nursing Care tool (SNCT) methodology for data collection on acuity and dependency.

**STAKEHOLDER / PATIENT IMPACT AND VIEWS** Accurate and timely review and ensuing investments in staffing will result in a better staff experience for nursing and midwifery staff. Real time ward staffing levels are reported and published monthly enabling other stakeholders to have a true picture of the staffing capacity in the ward areas. The rigour applied to the setting of the establishments builds confidence in the public and patients who use our services.

**EQUALITY AND DIVERSITY ISSUES** All of our services give consideration to equality of access taking into consideration disability and age. The differences between registered and non-registered staff ratios are calculated commensurate with the respective clinical setting.

**LEGAL ISSUES**

Poor nurse staffing capacity and capability have the potential to lead to poor quality care as well as significantly impact upon the experience of nursing staff. The failure to comply with regular staffing review would have implications for the Trust's CQC rating in its well-led domain and can be subject to enforcement or legal action should failure to meet fundamental standards of care be an outcome of this regulatory breach.

**TRUST BOARD is asked to:**

Review the paper; discuss its contents and consider the options, seeking additional assurance where necessary in order to approve the investment option appropriate for the Trust in terms the Best Outcomes for the Patients, an Excellent Staff Experience and Top Productivity.

**Submitted by:**

Mrs Heather Caudle, Chief Nurse

**Date:**

19<sup>th</sup> June 2015

## Introduction

This paper describes the process, results and recommendations following the acuity and dependency data collection and review for the period February 23<sup>rd</sup> up to and including March 20<sup>th</sup> 2015. It sets out two establishment proposals which both ensure safe patient care but are different in the financial investment.

By outlining investment to both achieve a better compliance with safer staffing requirements the paper allows us to continue meeting our commitment to the Francis2 and Government response in 2013, Patients First and Foremost. The paper presents the methodology, results and outputs of the review in order to inform the Board to both be assured by the rigour of the review and be confident to make a decision on the level of investment for the Trust's adult inpatient wards nursing establishment.

## Background

In June 2014 it became a national requirement for all hospitals to publish information about staffing levels on their wards. This request followed the publication of reviews and reports including Francis report on Mid Staffordshire (Francis 2013) and the Cavendish review an independent inquiry into healthcare assistants and support workers in the NHS and social care setting (Cavendish 2013).

NICE issued evidence based guidelines and recommendations for safer staffing in adult inpatient wards in acute hospitals (July 2014) with the emphasis being on the provision of safe patient care not the number of available staff.

In June 2015 the Chief Nursing Officer for NHS England confirmed that the NICE guidance pertaining to the 'Safer staffing for adult inpatient wards in acute hospitals' (July 2014) and 'Safe Midwife Staffing in Maternity Settings' (January 2015) remain unchanged. The work to develop approaches to safe staffing levels in mental health, urgent and emergency care, learning disability and community services will continue in partnership with NICE but with further refinements and testing.

## Acuity and Dependency Review Process

Ashford and St. Peter's use the Shelford Group Safer Nursing Care tool (SNCT) methodology for data collection on acuity and dependency.

All adult inpatient areas were included with the exception of maternity, critical care, A&E and assessment areas, Theatres and ICU. Clinical Nurse Leaders and Associate Directors of Nursing were advised and general feedback regarding compliance of data completion was provided at the weekly Senior Nurse and Midwifery Leadership Team (SNMLT) meeting.

The SNCT agreed multipliers for each level of patient are in order to calculate the acuity / dependency then map the level to a nurse per bed allocation:

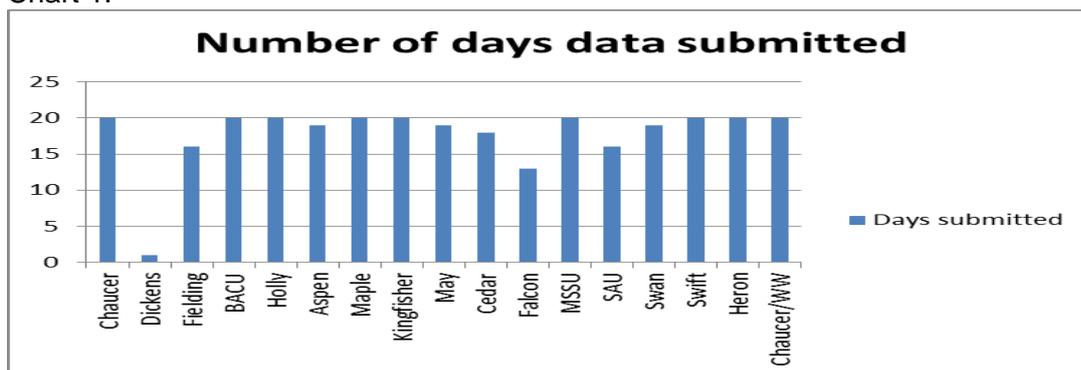
- **Level 0** 0.99WTE nurse per bed
- **Level 1a** 1.39 WTE nurse per bed
- **Level 1b** 1.72 WTE nurse per bed
- **Level 2** 1.97 WTE nurse per bed
- **Level 3** 5.96 WTE nurse per bed

## Results

The results of the acuity and dependency data have been presented in charts 1-4 below. It should be noted that the tool calculates the WTE but this does not take into account the level of activity.

When reviewing the results consideration should be given to the fact that on the first round of reviews, some areas did not provide a full set of data therefore did not meet the recommended minimum period for data collection of 20 days. (Chart 1)

Chart 1.



17 wards were identified to complete the audit. Initially, only 8 wards submitted data for the full 20 days. Dickens ward only provided one day of data and was therefore not valid.

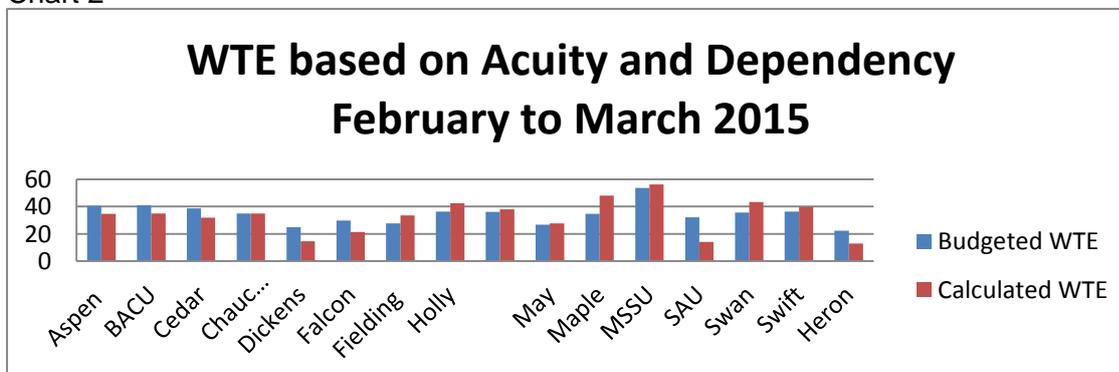
Aspen and May wards provided data for 19 days, Cedar 18, SAU and Fielding 16 days.

Wards that provided less than 15 days of data were Swan 14 and Falcon 13. The WTE for all wards has been calculated based on the amount of data provided.

The decision was taken to collect further acuity and dependency data from Dickens, Falcon, Fielding, Swan and SAU wards to meet the 20 day minimum requirement recommended by the SNCT tool. Maple ward repeated another 20 day data collection period and data was verified with the nurse in charge completing the form.

Chart 2 shows the current WTE each ward is budgeted for in blue. The red column shows the WTE calculated by the SNCT multiplier based on the data entered.

Chart 2



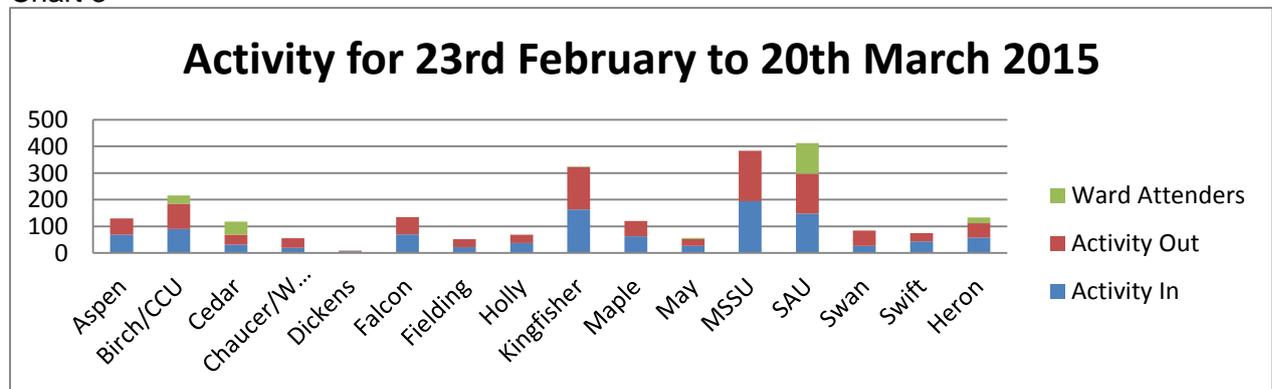
In addition to the SNCT, the staffing review took into account other important factors for each ward area: Ward Activity; Escorts; Deaths; Quality and Safety performance.

## Ward Activity

The activity of the ward placed a major demand on nursing time and focus. Chart 3 presents the activity in and out of the wards and any ward attenders. Activity in includes admissions and transfers from other wards. Activity out includes discharges and transfers to other wards. Ward attenders are patients who present to the ward for an episode of treatment or investigation but are not admitted.

- SAU had 115 ward attenders. These can be patients who have been assessed in SAU and discharged as they do not require admission but return the next day for review. Patients discharged from surgical wards who require further wound dressings or stoma checks can also be booked in to be reviewed as a ward attender on SAU. While SAU try to allocate a nurse to manage this daily it often falls to the nurse in charge.
- Birch/CCU ward had 31 ward attenders these are usually for cardiac investigations e.g. echocardiogram.
- Cedar Ward's attenders totalled 49 these are patients attending TIA clinic.
- Heron Ward's had 21 ward attenders these patients are normally for wound review. Ward attenders are managed by ward staff within daily staffing numbers.

Chart 3

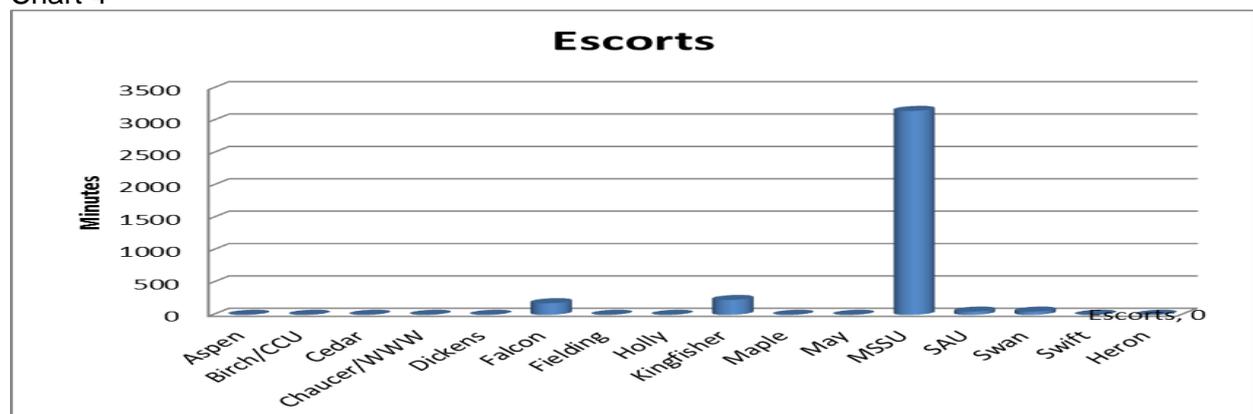


## Escorts

Chart 4 demonstrates the number of minutes used by an area for escorts. Not all wards completed this data. Escorts are registered nurses or health care assistants who accompany a patient to theatre, X-ray, other wards or for investigations. The total number of minutes used for escorts by MSSU equates to 1.5 WTE. This is not represented in the calculation for WTE.

The data in Chart 4 regarding escorts highlighted the need for further clarification. On wards

Chart 4

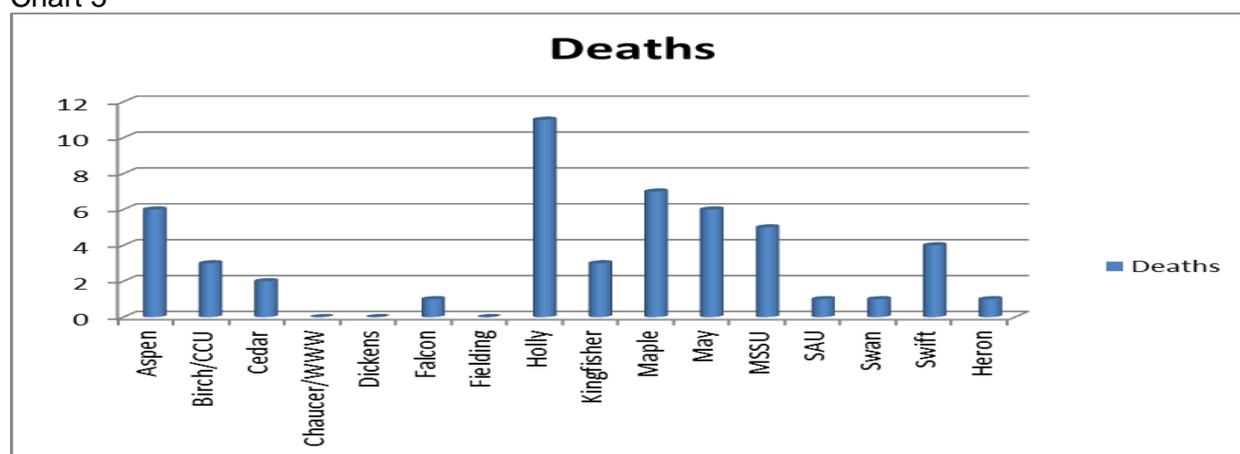


## Deaths

Chart 5 shows the number of deaths in each ward during the 20 day period. Performing last offices requires 2 nurses and usually takes approximately 45 minutes. This includes preparing the deceased, paperwork and property recording.

Holly ward had 11 deaths which equates to 16.5 hours, more than 2 shifts.

Chart 5



## Quality and Safety Performance

The SNCT, while providing a quantitative assessment to assist in the determining of optimal staffing level, does not encapsulate more qualitative data relating to care given. The nursing workload and provision of care are influenced by other variables and nurse sensitive indicators that need to be considered in the presentation of results.

Other nurse sensitive indicators that can be used to support ward staffing levels include staffing levels, development of pressure ulcer, falls and medication errors. Table 1 triangulated safety and quality data with the results of the review.

Annex A presents the ward by name and number of beds. The percentage of shifts currently rated amber/red has been calculated by taking the number of shifts highlighted as red/amber recorded on the Trusts daily staffing tool divided by the number of shifts in the 20 day period (60).

The percentage of patient acuity 1b and above has been calculated by taking the total number of 1b or 2 scores per 24hour period for the 20 day period divided by the total number of beds for the 20 days.

There were significant findings from the acuity review, of note were as follows:

- The surgical wards Heron, Kingfisher and Falcon have low percentage of patient acuity rates for 1b and above which would suggest during this period there were low numbers of complex wound dressings and TNP (topical negative pressure) therapy treatments.
- The medical wards Maple, Cedar, Holly and Swift showed a high proportion of patient acuity rates for 1b and above. Descriptors for level 1b include patients who require assistance with most activities of daily living, complex discharge and confused patients who are at risk and require constant supervision which describes the patient profiles of these wards.

- BACU flags 10 medication errors. On investigation the majority of these occurred on a Tuesday and the ward manager is addressing this.
- Swift escalation showed a variance of -15.2 however at the time of the data collection Swift was running as an escalation ward it has now been budgeted for 36.24 WTE a variance of -3.39.
- Aspen and May presented data for 19 days. Aspen show a variance of +5.68 however it should be noted that for the reporting period the ward had less patients on Bilevel Positive Airway Pressure (BIPAP) Ventilation than would be expected in a winter month. Patients on BIPAP would score 2.

## Establishment Proposals

### Investment Proposal Option 1

Following the SCNT review of the wards, there was a discussion with the Associate Directors of Nursing and Midwifery to apply professional judgement alongside the recommendations of the review.

The outcome of the discussion produced an investment proposal described in Annex B. The key aspects of this proposal to note are:

1. The proposal sees an increase in 18.7WTE Registered Nurses and Care Assistants
2. The registered / unregistered nursing workforce ratio for the wards and areas included in the proposal moved from 64:36 to 68:32.
3. The proposal includes an extra day per week supervisory time for every ward sister / manager and midwifery team leader.
4. Specialist areas such as paediatrics and neonatal intensive care and intensive care and high dependency unit have received investments to have 0.8wte supervisory time.
5. Investment Women's Health and Paediatrics were made in order to reduce variability in shift patterns, thus bringing them in line with the rest of the organisation.
6. **The cost of this investment is £865,510.**
7. The variance between the new calculated acuity establishment and the proposed establishment in this option is **less 0.92WTE**

### Investment Proposal 2

There was an opportunity to apply senior management judgement to the review in light of the wider financial context and changes to models of care and investments over the last financial year.

The approximate combined cost of the 3.38WTE Interventional Radiology, Radiology Registered Nurses and 2.93WTE Critical Care Outreach Team Registered Nurses investment equate to approximately £200,000, which is substantial, given the financial pressure the Trust is currently under. This investment was undoubtedly needed and will go some way to address the quality and safety risks.

The Chief Nurse and Director of Finance met to formulate another option applying the principles of one of the Trust's Strategic Objectives 'Top Productivity' in light of recent investments. This proposal is described in Annex C. The key aspects of this proposal to note are:

1. The proposal sees an increase in 11.07WTE Registered Nurses and Care Assistants
2. The registered / unregistered nursing workforce ratio for the wards and areas included in the proposal also moved from 64:36 to 68:32.
3. The proposal includes an extra day per week supervisory time for every ward sister / manager and midwifery team leader.

4. Specialist areas such as paediatrics and neonatal intensive care and intensive care and high dependency unit have received investments to have 0.8wte supervisory time.
5. Investment Women's Health and Paediatrics were made in order to reduce variability in shift patterns, thus bringing them in line with the rest of the organisation.
6. **The cost of this investment is £527,381.**
7. The variance between the new calculated acuity establishment and the proposed establishment in this option is **less 8.54WTE**

## Risks

The main risks associated with the options are:

1. Although both options have led to significant investments for both options on some wards, either a small reduction in the registered to unregistered ratio or a reduction in staff. In particular, Maple and Aspen are very close in establishment even though they have very different acuity. However, Aspen Ward's establishment was influenced by the model of care and had strong input from the ward sister. Maple Ward's model of care might soon be changed due to ward reconfigurations about to take place in the autumn of this year.
2. The current costings in both options are based to be achieved through high quality care, reductions in hospital acquired harm and efficiency improvements. If these gains are not achieved reductions in bed capacity cannot be achieved without consequent risk to the maintenance and safety of the emergency care pathway. A huge amount of continuous improvement work to deliver the quality and efficiency improvements required is underway and is currently reported to Board in detail.
3. The delay in this year's first review means that the second review will start imminently. Further assessment and monitoring of the acuity and dependency of our patients necessitates further adjustments to the proposed establishments. This is rather a reality, than a risk, but it is anticipated that the significant work to date will limit the fluctuations in the establishments.
4. The establishments cannot be recruited to and/or vacancy is above the Trust limit resulting in insufficient nursing presence on a shift to shift basis. This could drive up the use of agency staff and so controls need to be put in place to ensure financial prudence is well balanced with attention to quality and safety.

## Decision

Trust Board is asked to review the paper; discuss its contents and consider the options, seeking additional assurance where necessary in order to approve the proposed establishment option appropriate for the Trust in terms of the Best Outcomes for the Patients, an Excellent Staff Experience and Top Productivity.

## Annex A: Triangulation of results with adult wards quality and patient safety performance

Ward	Beds	% of shifts rated red/amber	% patient acuity 1b and above.	Falls incidence *	Pressure ulcer incidence *	QEWs* *	Medication errors*	Actual WTE	Budgeted WTE	Calculated WTE	Variance
Aspen	27	25%	30%	2	2	1	0	25.56	40.48	34.8	+5.68
BACU	21	41%	32%	2	2	2	10	31.93	41.06	35	+6.06
Cedar	23	10%	64%	1	5	2	4	33.49	38.61	31.8	+6.81
Chaucer /WWW	35	1.6 %	52%	1	2	2	0		34.83	34.83	0
Dickens	24	36%	0	0	0	1	0	22.86	24.86	14.7	+10.16
Falcon	22	1.6%	0	0	4	0	0	23.85	29.74	21.40	+7.34
Fielding	22+	5%	65%	4	3	2	2	24.64	27.71	33.6	-5.89
Heron	12	7%	10%	1	4	1	2	16.22	22.24	12.9	+9.34
Holly	30	26%	60%	1	0	2	0	31.77	36.24	42.3	-6.06
Kingfisher	33	40%	20%	1	0	1	0		36.14	38	-1.86
Maple	29	15%	94%	3	0	2	2	30.46	34.77	48	-13.23
May	22	26%	31%	2	6	2	2	19.80	26.86	27.65	-0.79
MSSU	38	2%	49%	5	2	0	3	41.64	53.62	56.1	-2.48
SAU	15	18.3%	2%	0	0	2	1	27.00	32.10	14.12	+17.98
Swan	31	38%	26%	1	13	0	4	31.48	35.64	43.3	-7.66
Swift	26	16%	72%	3	2	2	0	25.80	36.24	39.63	-3.39

\*This data is collated from Datix for the 20 days of data collection with pressure ulcers including stages 1-4.

\*\* Scores represent February 2015

■ SNCT Acuity and Dependency review repeated in March 2015

## Annex B - Option 1 Nursing Establishment in-patient areas 2015/16

Ward	STAFFING				BED RATIO		SKILL MIX			2015/16	
	Current	Calculated WTE	Proposed	Difference	Current	Proposed	Current	Proposed	Supervisory	Adjustments	Investment
	WTE	per Acuity Paper	WTE	Compared to Proposed WTE	Bed Ratio	Bed Ratio	Trained %	Trained %	WTE	Cost	
Birch & CCU	41.06	35.00	41.26	6.26	1.79	1.79	80%	79%	0.2	£1,558,384	£5,261
Aspen	40.48	34.80	40.23	5.43	1.50	1.49	67%	60%	0.2	£1,408,994	-£22,742
Cedar	38.60	31.80	32.25	0.45	1.68	1.40	63%	67%	0.2	£1,100,499	-£182,504
Chaucer & WWW	34.82	34.83	34.82	-0.01	1.02	1.02	54%	53%	0.2	£1,206,561	£229
Fielding	27.71	33.60	27.83	-5.77	1.26	1.27	51%	50%	0.2	£911,573	£1,219
Holly	36.24	42.30	41.46	-0.84	1.25	1.43	50%	61%	0.2	£1,431,114	£238,346
Maple	34.77	48.00	45.30	-2.70	1.29	1.68	47%	56%	0.2	£1,528,532	£390,665
MAU (incl. AECU)	45.96		46.15		1.70	1.71	61%	61%	0.2	£1,578,077	£7,979
May	26.86	27.65	27.63	-0.02	1.22	1.26	56%	61%	0.2	£985,831	£46,629
MSSU	53.62	56.10	53.14	-2.96	1.41	1.40	57%	61%	0.2	£1,779,004	£18,970
Swift	36.24	39.63	38.87	-0.76	1.39	1.49	44%	60%	0.2	£1,288,494	£154,653
	<b>416.36</b>	<b>383.71</b>	<b>428.94</b>	<b>-0.92</b>	<b>1.40</b>	<b>1.44</b>	<b>58%</b>	<b>61%</b>		<b>£14,777,063</b>	<b>£658,705</b>
Swan	35.64	43.30	40.28	-3.02	1.15	1.30	61%	60%	0.2	£1,341,756	£140,698
Dickens	24.86	14.70	25.06	10.36	1.04	1.04	51%	53%	0.2	£894,331	£8,394
	<b>60.50</b>	<b>58.00</b>	<b>65.34</b>	<b>7.34</b>	<b>1.10</b>	<b>1.19</b>	<b>57%</b>	<b>57%</b>		<b>£2,236,087</b>	<b>£149,092</b>
Admissions Lounge	6.08		6.08		0.00	0.00	63%	80%		£183,977	-£126
Falcon	28.74	21.40	28.73	7.33	1.31	1.31	69%	71%	0.2	£1,004,118	-£674
Heron	22.24	12.90	22.24	9.34	1.85	1.85	60%	63%	0.2	£816,406	£751
Kingfisher	36.14	38.00	36.14	-1.86	1.10	1.10	68%	70%	0.2	£1,248,580	-£678
SAU	32.10	14.12	32.10	17.98	2.29	2.29	65%	66%	0.2	£1,154,904	£1,094
SDU	15.36		15.46		2.19	2.21	93%	100%	0.1	£592,602	£3,577
	<b>140.66</b>	<b>86.42</b>	<b>140.75</b>	<b>32.79</b>	<b>1.53</b>	<b>1.53</b>	<b>69%</b>	<b>72%</b>		<b>£5,000,587</b>	<b>£3,944</b>
HDU	15.08		15.08		3.77	3.77	60%	67%	0.1	£579,935	-£374
ITU	57.87		53.65		6.43	5.96	92%	95%	0.6	£2,341,383	-£235,273
Outreach	0.00		5.01		0.00	0.00	100%	100%	0	£273,591	£273,591
	<b>72.95</b>		<b>73.74</b>		<b>5.61</b>	<b>5.29</b>	<b>85%</b>	<b>90%</b>		<b>£3,194,908</b>	<b>£37,943</b>
Oak	46.84		7.36		3.90	0.61	74%	100%	0	£266,331	-£1,546,240
Ash	0.00		23.48		0.00	1.02	0%	100%	0.2	£957,738	£957,738
Extras	0.00		16.20		0.00	0.00	0%	73%		£596,380	£596,380
NICU	75.07		72.57		2.27	2.20	68%	77%	0.2	£2,777,878	-£106,659
Extras	0.00		2.70		0.00	0.00	0%	100%		£114,609	£114,609
	<b>121.91</b>		<b>122.31</b>		<b>1.79</b>	<b>1.52</b>	<b>70%</b>	<b>83%</b>		<b>£4,712,936</b>	<b>£15,827</b>
	<b>812.38</b>	<b>528.13</b>	<b>831.08</b>		<b>1.54</b>	<b>1.53</b>	<b>64%</b>	<b>68%</b>		<b>£29,921,580</b>	<b>£865,510</b>
	<b>Additional wte</b>		<b>18.70</b>								

### Annex C - Option 2 Nursing establishment in-patient areas 2015/16

	STAFFING				BED RATIO		SKILL MIX			2015/16	2015/16
	Current	Calculated WTE	Proposed	Difference	Current	Proposed	Current	Proposed	Supervisory	Adjustments	Investment
	Ward	WTE per Acuity Paper	WTE	Compared to Proposed WTE	Bed Ratio	Bed Ratio	Trained %	Trained %	WTE	Cost	
Birch & CCU	41.06	35.00	41.26	41.26	1.79	1.79	80%	79%	0.20	£1,558,384	£5,261
Aspen	40.48	34.80	40.23	40.23	1.50	1.49	67%	60%	0.20	£1,408,994	-£22,742
Cedar	38.60	31.80	32.25	32.25	1.68	1.40	63%	63%	0.20	£1,086,645	-£196,358
Chaucer & WWW	34.82	34.83	34.82	34.82	1.02	1.02	54%	53%	0.20	£1,206,561	£229
Fielding	27.71	33.60	27.83	27.83	1.26	1.27	51%	50%	0.20	£911,573	£1,219
Holly	36.24	42.30	38.87	38.87	1.25	1.34	50%	52%	0.20	£1,303,966	£111,198
Maple	34.77	48.00	40.28	40.28	1.29	1.49	47%	57%	0.20	£1,362,464	£224,597
MAU (incl. AECU)	45.96		46.15		1.70	1.71	61%	61%	0.20	£1,578,077	£7,979
May	26.86	27.65	27.63	27.63	1.22	1.26	56%	61%	0.20	£985,831	£46,629
MSSU	53.62	56.10	53.14	53.14	1.41	1.40	57%	61%	0.20	£1,779,004	£18,970
Swift	36.24	39.63	38.87	38.87	1.39	1.49	44%	53%	0.20	£1,257,435	£123,594
	<b>416.36</b>	<b>383.71</b>	<b>421.32</b>	<b>375.17</b>	<b>1.40</b>	<b>1.41</b>	<b>58%</b>	<b>60%</b>		<b>£14,438,933</b>	<b>£320,575</b>
Swan	35.64	43.30	40.28	40.28	1.15	1.30	61%	60%	0.20	£1,341,756	£140,698
Dickens	24.86	14.70	25.06	25.06	1.04	1.04	51%	53%	0.20	£894,331	£8,394
	<b>60.50</b>	<b>58.00</b>	<b>65.34</b>	<b>65.34</b>	<b>1.10</b>	<b>1.19</b>	<b>57%</b>	<b>57%</b>		<b>£2,236,087</b>	<b>£149,092</b>
Admissions Lounge	6.08		6.08		0.00	0.00	63%	80%		£183,977	-£126
Falcon	28.74	21.40	28.73	28.73	1.31	1.31	69%	71%	0.20	£1,004,118	-£674
Heron	22.24	12.90	22.24	22.24	1.85	1.85	60%	63%	0.20	£816,406	£751
Kingfisher	36.14	38.00	36.14	36.14	1.10	1.10	68%	70%	0.20	£1,248,580	-£678
SAU	32.10	14.12	32.10	32.10	2.29	2.29	65%	66%	0.20	£1,154,904	£1,094
SDU	15.36		15.46		2.19	2.21	93%	100%	0.10	£592,602	£3,577
	<b>140.66</b>	<b>86.42</b>	<b>140.75</b>	<b>119.21</b>	<b>1.53</b>	<b>1.53</b>	<b>69%</b>	<b>72%</b>		<b>£5,000,587</b>	<b>£3,944</b>
HDU	15.08		15.08		3.77	3.77	60%	67%	0.10	£579,935	-£374
ITU	57.87		53.65		6.43	5.96	92%	95%	0.60	£2,341,383	-£235,273
Outreach	0.00		5.01		0.00	0.00	100%	100%	0.00	£273,591	£273,591
	<b>72.95</b>		<b>73.74</b>		<b>5.61</b>	<b>5.29</b>	<b>85%</b>	<b>90%</b>		<b>£3,194,908</b>	<b>£37,943</b>
Oak	46.84		7.36		3.90	0.61	74%	100%	0.00	£266,331	-£1,546,240
Ash	0.00		23.48		0.00	1.02	0%	100%	0.20	£957,738	£957,738
Extras	0.00		16.20		0.00	0.00	0%	73%		£596,380	£596,380
NICU	75.07		72.57		2.27	2.20	68%	77%	0.20	£2,777,878	-£106,659
Extras	0.00		2.70		0.00	0.00	0%	100%		£114,609	£114,609
	<b>121.91</b>		<b>122.31</b>		<b>1.79</b>	<b>1.52</b>	<b>70%</b>	<b>83%</b>		<b>£4,712,936</b>	<b>£15,827</b>
	<b>812.38</b>	<b>528.13</b>	<b>823.46</b>	<b>559.72</b>	<b>1.54</b>	<b>1.52</b>	<b>64%</b>	<b>68%</b>		<b>£29,583,450</b>	<b>£527,381</b>
	<b>Additional wte</b>		<b>11.07</b>								

