

TRUST BOARD REPORT – November 30th 2017

SAFER STAFFING – October 2017 MONTHLY REVIEW

1. Introduction/ Background

This report provides a summary of staffing levels on all inpatient wards across the Trust. It presents a high level exception report in relation to the actual fill rate for registered and unregistered staff during the day and night and highlights where this falls below a 80% threshold.

Actual staff numbers compared to planned staff numbers are collated for each inpatient area in line with the requirements of the Department of Health (DoH) Unify reporting process and the data extract is attached (Appendix 1). The LPT monthly safer staffing reports are publically available via the NHS Choices website and our Trust internet page.

Each directorate has in place a standard operating procedure for the escalation of safer staffing risks and any significant issues are notified to the Chief Nurse on a weekly basis.

This report presents additional indicators against each inpatient ward area to further inform and provide assurance in terms of adequate staffing levels and harm free care. Lead nurses are responsible for ensuring local oversight and triangulation of the nurse sensitive indicators (NSI's) in their area to ensure safer staffing is monitored and the associated risks managed at ward level.

2. Aim

The aim of this report is to provide the Trust Board with an analysis of October 2017 staffing data. The Trust Board receives a six monthly 'Inpatient Staffing Establishment Review' report which provides an overview of the work being undertaken to maintain safer staffing standards across all our inpatient wards.

3. Recommendations

The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient safer staffing levels are maintained.

DISCUSSION

4. Trust Safer Staffing hotspots

The overall trust wide summary of planned versus actual hours by ward for Registered Nurses (RN) and Healthcare Support Workers (HCSW) in October 2017 is detailed below:

| Trust wide average | | DAY | | NIGHT | | Temp Workers% |
|--------------------|---------------|--|---|--|---|---------------|
| | | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | |
| | Aug 17 | 99.6% | 186.7% | 101.2% | 173.0% | 31.9% |
| | Sept 17 | 97.9% | 193.7% | 101.4% | 175.0% | 31.1% |
| | Oct 17 | 93.9% | 196.9% | 99.4% | 182.2% | 30.2% |

Temporary staffing usage remains above 20% across the majority of areas. Utilisation of HCSWs' remains high to support and cover vacancies, sickness and increased patient acuity.

The table below provides an overarching summary of the Trust 'hot spots' with regard to maintaining planned safer staffing over the last three months.

Summary of RN Trust Hotspots

| Planned staffing across ward areas | August 2017 | September 2017 | October 2017 |
|---|--------------------|-----------------------|---------------------|
| Hinckley & Bosworth East Ward | | X | |
| Coalville- Snibston Ward 1(nights) | | X | X |
| Short Breaks - The Gillivers(nights) | X | X | X |
| Short Breaks – Rubicon Close(nights) | X | | |
| Agnes Unit(nights) | X | | |
| Mill Lodge | X | X | |
| Beaumont(Bradgate) | X | | |
| Ashby (Bradgate) | | X | X |
| EC Welford(MHSOP) | X | X | X |
| EC Coleman (MHSOP) | | | X |
| EC Wakerley (MHSOP) | | | X |
| BC Kirby(MHSOP) | | X | X |

Feilding Palmer, Clarendon, Beechwood and St Luke's wards remain hotspots for vacancies and recruitment, with above 20% utilisation of temporary staff to maintain and support safer staffing.

Planned versus actual staffing by ward for RN's and HCSW's across all directorates is presented in the tables below, these show additional Nursing Sensitive Indicators (NSI's) that capture care or its outcomes most affected by nursing care.

This monthly report indicates if there has been an increase or decrease in the indicator position against the previous month. A detailed review of the indicators is undertaken by Lead Nurses in directorates through their operational management and governance arrangements.

5. COMMUNITY HEALTH SERVICES (CHS)

Challenges with recruitment of staff and permanent RN cover remain and the directorate is reviewing its recruitment plan looking at a range of options to reduce the use of agency across the Trust and directorate including implementation of recruitment and retention premiums for the hot spot sites/wards.

The directorate regularly reviews its recruitment plan to consider any additional actions required. Safer staffing is maintained through cross site cover and significant use of bank and agency.

RN vacancies, maternity leave, sickness and other factors have resulted in increased numbers of the substantive RN workforce being unavailable across the directorate.

5.1 Community Hospitals

| | | DAY | DAY | NIGHT | NIGHT | | | | | | |
|----------------|---------------|--|---|--|---|---------------|-------------------|-------|--------------|------------|--------------|
| Ward | Occupied beds | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | Temp Workers% | Medication errors | Falls | Avoidable PU | Complaints | FFT Result % |
| FP General | 6 | 134.8% | 72.0% | 103.4% | - | 22.4% | 0↓ | 5↑ | 0 | 1↑ | 100% |
| MM Dalgleish | 14 | 99.2% | 121.8% | 100% | 103.2% | 15.5% | 2↓ | 2↓ | 0 | 0 | n\a |
| Rutland | 13 | 100% | 123.6% | 103.3% | 100.0% | 8.6% | 0↓ | 2↓ | 0 | 0 | 100% |
| SL Ward 1 | 16 | 80.8% | 220.2% | 100.0% | 121.0% | 26.1% | 0↓ | 4↑ | 0 | 0 | 82% |
| SL Ward 3 | 11 | 95.2% | 95.2% | 196.8% | 129.0% | 27.9% | 0↓ | 5↑ | 0 | 1↑ | 87% |
| CV Ellistown 2 | 22 | 107.3% | 175.0% | 200.0% | 98.4% | 7.6% | 0↓ | 5↓ | 0 | 0 | 94% |
| CV Snibston 1 | 21 | 99.5% | 168.3% | 64.5% | 96.8% | 5.0% | 2↑ | 2 | 0 | 1↑ | 88% |
| HB East Ward | 17 | 86.2% | 171.0% | 100.0% | 103.2% | 14.1% | 0↓ | 6↑ | 0 | 0 | 100% |
| HB North Ward | 17 | 100% | 197.6% | 95.2% | 121.0% | 19.1% | 0↓ | 6↑ | 0 | 0 | 100% |
| Lbro Swithland | 18 | 100% | 198.4% | 100% | 200.0% | 7.7% | 2↑ | 2↓ | 0 | 0 | 97% |
| CB Beechwood | 18 | 92.9% | 200.8% | 101.6% | 109.7% | 28.8% | 0↓ | 4 | 0 | 1↓ | 100% |
| CB Clarendon | 17 | 103.5% | 215.3% | 100% | 106.5% | 26.2% | 0↓ | 7↑ | 0 | 0 | 100% |
| TOTALS | | | | | | | 5↓ | 50↑ | 0 | 4↑ | |

Community Hospitals continue to face constant challenges with regard to vacancies and recruitment, with high utilisation of temporary staff to maintain and support safer staffing.

Snibston ward, Coalville only met the planned RN level at night 64.5% of the time (see table 5.1), the ward is planned to have 3 registered nurses at night, however due to sickness, vacancies and cover across wards, at times the ward runs with two RNs which meets safer staffing requirements.

Substantive staff are moved sometimes daily across all wards as required meeting safer staffing. It has been necessary to move a number of substantive staff on a longer term basis to Feilding Palmer, St Lukes and the City Wards, to ensure the appropriate level of expertise is available to deliver safe, consistent care. This results in an increased requirement to utilise non substantive staff at the other community hospital sites which increases the risk to those sites in using a transient workforce. Temporary worker ratios are above 25% on Clarendon, Beechwood, SL Wards 1 and 3.

Medication errors have decreased this month from 12 in September 2017 to five in October 2017.

The number of falls incidents reported has increased 44 in September 2017 to 50 in October 2017 this reflects changes to individual patient factors, risk assessments and care plans are in place.

There have been four complaints during October 2017, compared with two in September 2017. Review has not identified any themes or trends that relate to staffing levels.

5.2 Mental Health Services for Older People (MHSOP)

All wards in Mental Health Services for Older People (MHSOP) were hotspots in October 2017 and did not achieve the planned registered levels on days.

There has been an increase in long term sickness and a number of staff restricted from clinical duties pending investigation, resulting in the need to ensure cover across all wards with the appropriate skill mix and expertise. Whilst the planned levels were not achieved, wards had a minimum of two registered nurses and were working within the parameters of safer staffing.

| Ward | Occupied beds | DAY | DAY | NIGHT | NIGHT | Temp Workers% | Medication errors | Falls | Avoidable PU | Complaints | FFT Result % |
|---------------|---------------|--|---|--|---|---------------|-------------------|------------|--------------|------------|--------------|
| | | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | | | | | | |
| BC Kirby | 22 | 63.4% | 238.7% | 90.3% | 112.9% | 31.1% | 3↑ | 4↑ | 0 | 1 | 100% |
| BC Welford | 21 | 65.6% | 297.6% | 88.7% | 180.6% | 28.0% | 0↓ | 17↑ | 0 | 0 | n/a |
| EC Coleman | 20 | 64.5% | 366.1% | 93.5% | 293.5% | 44.5% | 1 | 20↑ | 0 | 0 | 100% |
| EC Wakerley | 20 | 65.1% | 374.2% | 87.1% | 298.4% | 45.1% | 0↓ | 7↓ | 0 | 0 | n/a |
| TOTALS | | | | | | | 4↓ | 48↑ | 0 | 1↓ | |

Mental Health Services for Older People (MHSOP) wards temporary staffing utilisation ranges from 28% to 45%.

The increased usage of HCSW's supports increased dependency needs and high number of patients requiring level one observation, up to 7 patients at any one time. Further analysis of acuity is currently being undertaken to review the current staffing profile / skill mix against acuity.

Reported falls incidents have increased from 41 in September 2017 to 48 in October 2017 this reflects changes to individual patient factors. Reported medication errors have decreased five in September 2017 to four in October 2017.

There has been a reduction in complaints from two in September 2017 to one in October 2017. Review has not identified any themes or trends that relate to staffing levels.

6. ADULT MENTAL HEALTH AND LEARNING DISABILITIES SERVICES (AMH/LD)

6.1 Acute Inpatient Wards

| Ward | Occupied beds | DAY | DAY | NIGHT | NIGHT | Temp Workers% | Medication errors | Falls | Complaints | FFT Result % |
|---------------|---------------|--|---|--|---|---------------|-------------------|------------|------------|--------------|
| | | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | | | | | |
| Ashby | 21 | 72.0% | 238.7% | 90.3% | 387.1% | 67.2% | 0 | 0↓ | 2↑ | n/a |
| Aston | 22 | 81.2% | 142.7% | 83.9% | 329.0% | 37.6% | 0 | 1↓ | 1 | 100% |
| Beaumont | 20 | 81.7% | 131.5% | 100% | 151.6% | 51.7% | 2↑ | 0 | 1↑ | n/a |
| Belvoir Unit | 10 | 105.7% | 273.8% | 174.2% | 295.0% | 30.1% | 0↓ | 0 | 0 | n/a |
| Bosworth | 20 | 90.9% | 144.4% | 90.3% | 238.7% | 29.7% | 0 | 0↓ | 0 | n/a |
| Heather | 17 | 90.0% | 165.3% | 90.3% | 261.3% | 41.7% | 3↑ | 8↑ | 1 | 100% |
| Thornton | 22 | 80.1% | 154.0% | 95.2% | 271.0% | 35.2% | 0 | 0 | 1↑ | n/a |
| Watermead | 19 | 89.2% | 168.5% | 96.8% | 216.1% | 40.0% | 0 | 2↑ | 0 | n/a |
| TOTALS | | | | | | | 5↑ | 11↓ | 9↑ | |

The Bradgate unit overall has a high use of regular bank staff to support vacancy cover and patient acuity which varies from ward to ward. Temporary worker utilisation is above 30% across all wards apart from, Bosworth ward.

To manage the impact of the increase in RN vacancies across the acute inpatient wards (Approximately 36 wte. vacancies from an establishment of 119 wte. posts), block booking of bank and agency RN's has been agreed. This enables safer staffing levels to be maintained or risk assessed within a safe parameter and improves consistency of patient care.

The Bradgate Unit had one hotspot area in October 2017 whereby Ashby ward did not meet the 80% cover. Temporary worker utilisation was above 60% on Ashby in October and this reflected an increase in vacancies and sickness in RN's. Ashby Ward has been given priority for the block booking of 3 bank/ agency RN's to support patient continuity of care and the staff team.

The current pilot of the third RN on the early shift working across a 9 to 5 time span to take a lead in the patient daily reviews/ ward rounds and follow up actions has had an impact on availability of a third nurse on late shifts. The Ward review nurse pilot is being evaluated in December 2017.

Reported medication errors increased from three in September 2017 to five in October 2017 and reported falls decreased by two from 13 to 11.

There has been an increase in complaints from four in September 2017 to nine in October 2017. No specific themes have been identified during the monthly review and there is no correlation of incidents with safer staffing levels.

On the 30th October 2017 Griffin Ward opened as a female PICU for 6 patients; this will be included in subsequent reports but the vacancies are included in the overall vacancies for AMH/LD in the table in section 8.

6.2 Learning Disability Services

| Ward | Occupied beds | DAY | DAY | NIGHT | NIGHT | Temp Workers% | Medication errors | Falls | Complaints | FFT Result % |
|-----------------|---------------|--|---|--|---|---------------|-------------------|-------|------------|--------------|
| | | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | | | | | |
| 3 Rubicon Close | 4 | 109.7% | 177.8% | 74.2% | 148.4% | 14.5% | 0 | 0 | 0 | n/a |
| Agnes Unit | 11 | 132.3% | 415.3% | 69.4% | 370.3% | 31.9% | 0 | 1 | 0 | n/a |
| The Gillivers | 3 | 79.0% | 175.8% | 48.4% | 151.6% | 20.5% | 0 | 0 | 0 | n/a |
| The Grange | 3 | - | 179.4% | - | 193.5% | 19.7% | 0 | 1 | 0 | n/a |
| TOTALS | | | | | | | 0 | 2 | 0 | |

Short Break Homes use a high proportion of HCSWs' who are trained to administer medication and carry out delegated health care tasks, this means the homes do not require a RN at all times. The Gillivers and The Grange can support each other with RN cover as the homes are situated next to each other. Reported numbers of falls and medication errors have not changed.

6.3 Low Secure Services – Herschel Prins

| Ward | Occupied beds | DAY | DAY | NIGHT | NIGHT | Temp Workers% | Falls | Medication errors | Complaints | FFT Result % |
|------------|---------------|--|---|--|---|---------------|-------|-------------------|------------|--------------|
| | | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | | | | | |
| HP Phoenix | 10 | 100% | 223.6% | 100% | 187.1% | 42.4% | 0 | 0 | 0 | n/a |

Phoenix Ward achieved the thresholds for safer staffing during October 2017, high levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and two to one patient observations.

6.4 Rehabilitation Services

| Ward | Occupied beds | DAY | DAY | NIGHT | NIGHT | Temp Workers% | Medication errors | Falls | Complaints | FFT Result % |
|--------------|---------------|--|---|--|---|---------------|-------------------|-------|------------|--------------|
| | | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | | | | | |
| SH Skye Wing | 27 | 118.5% | 118.4% | 177.4% | 104.8% | 23.2% | 1 | 3 | 0 | n/a |
| Willows Unit | 33 | 125.8% | 225.9% | 124.2% | 217.9% | 27.2% | 0 | 0 | 0 | n/a |
| Mill Lodge | 13 | 83.1% | 180.0% | 50.0% | 151.6% | 29.7% | 0 | 9↑ | 0 | n/a |
| TOTALS | | | | | | | 1 | 12↑ | 0 | |

Temporary worker utilisation remains above 20% across the rehabilitation services.

Mill lodge temporary staffing levels are influenced by sickness, vacancies and leave. The unit adopts a staffing model based on a risk assessment of patient need and staff skills and competencies; this includes sharing of a second registered nurse at Stewart House between Mill Lodge and Stewart House if a second RN cannot be sourced for day or night shifts' using bank or agency. Where this occurs additional HCSW's are also used and this is reflected in higher figures for day and night cover.

Reported medication error numbers have not changed. There has been an increase in reported falls from two in September 2017 to 12 in October 2017. The increase of falls at Mill Lodge relates to patients who are at the phase in their Huntington's disease progression where walking and movement is being affected to some degree; regular reviews of care and risk are completed.

7. FAMILIES, YOUNG PEOPLE AND CHILDREN'S SERVICES (FYPC)

| Ward | Occupied beds | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | % of actual vs total planned shifts RN | % of actual vs total planned shifts care HCSW | Temp Workers % | Medication errors | Falls | Complaints | FFT Result % |
|-------------------|---------------|--|---|--|---|----------------|-------------------|-------|------------|--------------|
| Langley | 13 | 118.5% | 145.2% | 100% | 124.2% | 42.1% | 0 | 4↑ | 0 | 67%* |
| CV Ward 3 (CAMHS) | 9 | 109.8% | 177.6% | 124.0% | 160.0% | 36.1% | 0 | 0 | 0 | 75%** |
| TOTALS | | | | | | | 0↓ | 4↑ | 0 | |

*Three responses /** eight responses

There are no currently no 'hot spot' areas for inpatient services within Families, Young People and Children's Services. FFT results on the two wards reflect the responses from eight returns (Ward 3) and three returns (Langley ward).

Reported medication errors have decreased from two in September 2017 to zero in October 2017. Reported falls on Langley ward increased from zero to four in October 2017 due to one patient's physical health condition. Both wards continue to utilise an increased number of temporary workers to offset the current vacancy and sickness rates as well as the increase in patient acuity.

8. Recruitment

The current Trust wide position for inpatient wards as reported real time by the lead Nurses is detailed below. Trust wide there are approximately 115 RN vacancies and 52 HCSW vacancies across the inpatient wards.

| Area | Vacant posts | | Starters/Pipeline | |
|---------------------------------|--------------|-----------|-------------------|-----------|
| | RN | HCSW | RN | HCSW |
| FYPC | 3 | 1 | 3 | 9 |
| CHS(Community Hospitals) | 40 | 14 | 0 | 0 |
| CHS(MHSOP) | 11 | 8 | 6 | 6 |
| AMH/LD | 61 | 29 | 8 | 7 |
| Trust Total October 2017 | 115 | 52 | 17 | 22 |

| | | | | |
|-----------------------------------|-----|----|----|----|
| Trust Total September 2017 | 106 | 50 | 35 | 15 |
|-----------------------------------|-----|----|----|----|

Longer term plans to eradicate the risks and address staffing issues remain in place, these include, rolling recruitment and retention plans, absence management and continuous review of workforce including new roles to enhance skill mix and increase patient facing time. The Trust is participating in three NHS Improvement development programmes to support safer staffing sustainability, these cover, Care Contact Hours Per Day (CPPHD), E-rostering 90 day Rapid Improvement Programme and the Mental Health Observations and Engagement improvement programme.

9. Conclusion

The Trust continues to demonstrate compliance with the NQB expectations and associated deadlines. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England via mandatory Unify2 national returns on a site-by-site basis.

Where there are variances in safer staffing standards, the lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained. Nurse sensitive indicators are reviewed through local management and governance reviews.

Annex 1 – Definition of Safer Staffing Measures

1. Temporary Workers

These workers are non-substantive and hold either a bank contract with the Trust or are resourced via a 3rd party recruitment agency.

2. Safer Staffing Levels

The Trust has uses the methodology below for measuring safer staffing level performance across our inpatient units. This is in line with the national UNIFY reporting

| Methodology | Measure | Measure Source |
|--|--|---------------------------------------|
| Fill Rate Analysis (National Unify2 Return) | Actual hours worked divided by Planned hours (split by RN/ HCSW) | NHS TDA (Trust Development Authority) |

Fill Rate Analysis (National Unify2 Return)

The Trust is required by the TDA to publish our inpatient staffing levels on the NHS Choices website via a national Unify2 return. This return requires us to identify the number of hours we plan to utilise with nursing staff and the number of hours actually worked during each month. This information allows us to calculate a 'fill rate' which can be benchmarked nationally against other trusts with inpatient provisions.

This methodology takes into account skill mix and bed occupancy which allow us to amend our 'Planned Staff Hours' based on the needs of the ward and is the most reflective measure of staffing on our inpatient wards.

'Planned Staff Hours' are calculated using the RCN guidance of 1:8 RN to patient ratio. 1 RN is equal to 7.5 hours of planned work.

The 'Fill Rate' is calculated by dividing the 'Planned Staff Hours' by the 'Actual Worked Staff Hours'. The fill rate will show in excess of 100% where shifts have utilised more staff than planned or where patient acuity was high and necessitated additional staff.

October 2017

| Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers |
|--|--------------------------------|---------------------------------------|--------------------------------|---------------------------------|-------------------------------------|---------------------|
| Actual Hours Worked divided by Planned Hours | | | | | | |
| Day (Early & Late Shift) | | Night | | | | |
| Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | (based on 1:8 plus 60:40 split) | Based on full bed occupancy | |

| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% |
|--------------------|-------------------|-----------------------------|------------------------------|--------------|---------------|--------------|---------------|---------------|--------------|--------------|
| AMH Bradgate | Ashby | 21 | 21 | 72.0% | 238.7% | 90.3% | 387.1% | 39.78% | 98.9% | 67.2% |
| AMH Bradgate | Aston | 23 | 22 | 81.2% | 142.7% | 83.9% | 329.0% | 49.46% | 88.2% | 37.6% |
| AMH Bradgate | Beaumont | 20 | 20 | 81.7% | 131.5% | 100% | 151.6% | 59.14% | 86.0% | 51.7% |
| AMH Bradgate | Belvoir Unit | 10 | 10 | 105.7% | 273.8% | 174.2% | 295.0% | 96.77% | 100% | 30.1% |
| AMH Bradgate | Bosworth | 20 | 20 | 90.9% | 144.4% | 90.3% | 238.7% | 66.67% | 96.8% | 29.7% |
| AMH Bradgate | Heather | 18 | 17 | 90.0% | 165.3% | 90.3% | 261.3% | 69.89% | 97.8% | 41.7% |
| AMH Bradgate | Thornton | 23 | 22 | 80.1% | 154.0% | 95.2% | 271.0% | 56.99% | 93.5% | 35.2% |
| AMH Bradgate | Watermead | 19 | 19 | 89.2% | 168.5% | 96.8% | 216.1% | 76.34% | 100% | 40.0% |
| AMH Other | HP Phoenix | 12 | 10 | 100% | 223.6% | 100% | 187.1% | 94.62% | 98.9% | 42.4% |
| AMH Other | SH Skye Wing | 30 | 27 | 118.5% | 118.4% | 177.4% | 104.8% | 94.62% | 82.8% | 23.2% |
| AMH Other | Willows Unit | 37 | 33 | 125.8% | 225.9% | 124.2% | 217.9% | 100% | 100.0% | 27.2% |
| AMH Other | Mill Lodge (New) | 13 | 13 | 83.1% | 180.0% | 50.0% | 151.6% | 40.86% | 69.9% | 29.7% |
| CHS City | BC Kirby | 24 | 22 | 63.4% | 238.7% | 90.3% | 112.9% | 30.11% | 97.8% | 31.1% |
| CHS City | BC Welford | 24 | 21 | 65.6% | 297.6% | 88.7% | 180.6% | 26.88% | 100% | 28.0% |
| CHS City | CB Beechwood | 19 | 18 | 92.9% | 200.8% | 101.6% | 109.7% | 76.34% | 83.9% | 28.8% |
| CHS City | CB Clarendon | 20 | 17 | 103.5% | 215.3% | 100% | 106.5% | 89.25% | 90.3% | 26.2% |
| CHS City | EC Coleman | 21 | 20 | 64.5% | 366.1% | 93.5% | 293.5% | 35.48% | 98.9% | 44.5% |
| CHS City | EC Wakerley | 21 | 20 | 65.1% | 374.2% | 87.1% | 298.4% | 34.41% | 100.0% | 45.1% |
| CHS East | FP General | 7 | 6 | 134.8% | 72.0% | 103.4% | - | 62.37% | 87.1% | 22.4% |
| CHS East | MM Dalgleish | 16 | 14 | 99.2% | 121.8% | 100% | 103.2% | 95.70% | 93.5% | 15.5% |
| CHS East | Rutland | 15 | 13 | 100% | 123.6% | 103.3% | 100.0% | 96.77% | 40.9% | 8.6% |
| CHS East | SL Ward 1 Stroke | 18 | 16 | 80.8% | 220.2% | 100.0% | 121.0% | 66.67% | 33.3% | 26.1% |
| CHS East | SL Ward 3 | 14 | 11 | 95.2% | 95.2% | 196.8% | 129.0% | 93.55% | 93.5% | 27.9% |
| CHS West | CV Ellistown 2 | 24 | 22 | 107.3% | 175.0% | 200.0% | 98.4% | 98.92% | 83.9% | 7.6% |
| CHS West | CV Snibston 1 | 23 | 21 | 99.5% | 168.3% | 64.5% | 96.8% | 45.16% | 2.2% | 5.0% |
| CHS West | HB East Ward | 18 | 17 | 86.2% | 171.0% | 100.0% | 103.2% | 64.52% | 44.1% | 14.1% |
| CHS West | HB North Ward | 18 | 17 | 100% | 197.6% | 95.2% | 121.0% | 96.77% | 94.6% | 19.1% |
| CHS West | Lough Swithland | 20 | 18 | 100% | 198.4% | 100% | 200.0% | 100% | 100% | 7.7% |
| FYPC | Langley | 15 | 13 | 118.5% | 145.2% | 100% | 124.2% | 89.25% | 94.6% | 42.1% |
| FYPC | CV Ward 3 (CAMHS) | 11 | 9 | 109.8% | 177.6% | 124.0% | 160.0% | 97.85% | 95.7% | 36.1% |
| LD | 3 Rubicon Close | 4 | 4 | 109.7% | 177.8% | 74.2% | 148.4% | 90.32% | 84.9% | 14.5% |
| LD | Agnes Unit | 12 | 11 | 132.3% | 415.3% | 69.4% | 370.3% | 79.57% | 81.7% | 31.9% |
| LD | The Gillivers | 5 | 3 | 79.0% | 175.8% | 48.4% | 151.6% | 60.22% | 66.7% | 20.5% |
| LD | The Grange | 5 | 3 | - | 179.4% | - | 193.5% | 98.92% | 100% | 19.7% |
| Trust Total | | | | 93.9% | 196.9% | 99.4% | 182.2% | 72.77% | 84.7% | 30.2% |