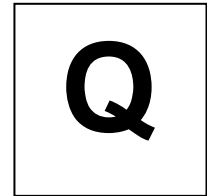**NHS**
Leicestershire Partnership
NHS Trust

TRUST BOARD – 26 July 2018

SAFER STAFFING – JUNE 2018 REVIEW

Q

Introduction/Background

1. This report provides a response to the National Quality Board (NQB) requirement to publish 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 nursing (RN) and health care support workers (HCSW) during the day and night and highlights where this falls below an 80% threshold.

2. Actual staff numbers compared to planned staff numbers are collated for each inpatient area in line with the requirements of the NHS Digital reporting process. A summary of the NHS Digital return and supporting information is available in Appendix 1.

3. 'Care hours per patient day' (CHPPD) is included in this report. CHPPD is a descriptor of workforce deployment, which gives a single figure that represents both staffing levels and patient requirements. CHPPD reporting is shown as a trust total as well as a separate RN and HCSW total. Currently CHPPD excludes specific roles such as therapeutic activity workers, pharmacy technicians and associated practitioners.

4. NHSi requested that all mental health and community inpatient wards nationally across England collect one month of AHP, CHPPD data from Monday 4th June 2018 until Sunday 1st July 2018, inclusive. Returned data will provide valuable insight into how these roles are changing the delivery of care on inpatient wards and units and help us test a measure that is able to accurately reflect the wider multi-professional team.

5. The data presented in this report identifies no significant risk issues. Lead Nurses continue to have local oversight and triangulate the Nurse Sensitive Indicators (NSI) in their area to ensure safer staffing is monitored and the associated risks are managed at ward level and through their operational management and governance arrangements.

6. The monthly safer staffing reports are publically available via the NHS Choices website and the Trust internet page.

Aim

7. The aim of this report is to provide the Trust Board with an analysis of June 2018 safer staffing data.

Recommendations

8 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

Trust level summary

9 The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in June 2018 is detailed below:

	DAY		NIGHT		
	% 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%
April 18	101.0%	198.0%	104.2%	183.3%	29.0%
May 18	100.8%	204.7%	107.6%	187.3%	29.6%
June 18	**98.4%**	**190.3%**	**103.4%**	**176.2%**	**29.8%**

Table 1 - Trust level safer staffing

10 During June 2018, the total temporary worker rate was slightly increased from the previous month by 0.2%. Of these temporary staff, 25.9% were bank staff and 3.9% were agency staff.

11 Temporary staffing utilisation remains above 25% across 68% of the inpatient areas. This is reflective of the areas with higher numbers of vacancies. 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 safer staffing hotspots

Planned staffing across ward areas	April 2018	May 2018	June 2018
Hinckley and Bosworth - East Ward	X	X	X
Coalville - Snibston Ward 1 (nights)	X	X	X
Short Breaks - The Gillivers	X	X	X
Short Breaks – Rubicon Close	X	X	X
Mill Lodge		X	X
Ashby (Bradgate)			X
BC Welford (MHSOP)	X	X	X
EC Wakerley/ Coleman (MHSOP)	X	X	X
BC Kirby (MHSOP)	X		
EC Gwendolen			X

Table 2 - Safer staffing hotspots

12 Planned staffing levels versus actual staffing levels by ward are presented in the tables below. These show additional NSIs that capture care or outcomes most affected by nursing care. This report indicates if there has been an increase or decrease in the indicator position against the previous month.

Adult Mental Health and Learning Disabilities Services (AMH/LD)

Acute Inpatient Wards

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers%	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Promoter % (arrears)
Ashby	21	21	77.2%	172.5%	98.3%	36.2%	5.5	0↓	0	0	66.7%
Aston	19	19	92.2%	144.2%	101.7%	42.7%	6.7	2↑	2	0↓	nil
Beaumont	22	22	82.8%	133.3%	95.0%	47.0%	4.8	0↓	0	0	0%
Belvoir Unit	10	10	102.5%	326.7%	150.0%	33.0%	18.9	0↓	1↑	0↓	nil
Bosworth	20	20	87.2%	180.8%	90.0%	29.7%	6.7	0	0	0	66.7%
Heather	18	18	94.9%	177.5%	95.0%	44.4%	7.1	0	1↓	0↓	50.0%
Thornton	21	20	92.8%	142.5%	91.7%	30.2%	5.6	2↑	0	0	100%
Watermead	20	20	95.6%	170.0%	98.3%	38.7%	6.4	1↑	0	3↑	nil
Griffin F PICU	5	5	166.2%	302.6%	190.0%	41.1%	21.8	0	1↑	0	nil
TOTALS								5	5↓	3↓	

Table 3 - Acute inpatient ward safer staffing

13 The Bradgate Unit had one hotspot in June 2018 Ashby Ward; the planned RN fill rate for days was 77.2%; this is the first drop below 80% since March 2018. The lower fill rate is offset by a high HCSW fill rate and safer staffing levels were maintained within normal parameters. The 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 above 40% is reported across four wards, as in May 2018. The increased utilisation is due to RN vacancies, sickness levels and increased levels of patient acuity requiring observation support.

14 Block booking of bank and agency RNs continues to manage the impact of the increase in RN vacancies across the acute inpatient wards. This enables safer staffing levels to be maintained or risk assessed within a safe parameter and improves consistency of patient care.

15 Reported medication errors remains at five in June 2018 and reported falls decreased by two to five in June 2018.

16 Complaint numbers decreased by three from six in May 2018 to three in June 2018.

17 There is no correlation identified between the number of reported incidents and complaints to safer staffing levels.

Learning Disabilities (LD) Services

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers %	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Promoter % (arrears)
3 Rubicon Close	2	75.0%	123.0%	53.3%	83.3%	3.1%	18.6	0	0↓	0	nil
Agnes Unit	8	211.0%	492.7%	141.5%	514.6%	31.1%	25.0	1↑	2↑	0	nil
The Gillivers	2	65.0%	123.3%	30.0%	120.0%	17.7%	20.8	0↓	0↓	0	nil
The Grange	2	-	190.0%	-	175.0%	26.7%	19.6	0↓	0↓	0	nil
TOTALS								**1↓**	**2↓**	**0**	

Table 4 - Learning disabilities safer staffing

18 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 short break homes do not require a RN at all times. The Gillivers and The Grange support each other with RN day cover; and night cover is shared across the site as the homes are situated next to each other. The RN night cover at The Gillivers and Rubicon Close was not required for all shifts in June 2018, however additional HCSW support was provided to support the needs of some complex patients.

19 Reported numbers of falls decreased from four in May 2018 to two in June 2018 and reported numbers of medication errors decreased by two.

20 There is no correlation identified between the number of reported incidents and complaints to safer staffing levels.

Low Secure Services – Herschel Prins

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers %	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Promoter % (arrears)
HP Phoenix	10	104.2%	162.4%	100.0%	160.0%	38.8%	9.9	0↓	0	0	nil

Table 5- Low secure safer staffing

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

22 There were zero reported falls, medication errors or complaints in June 2018.

Rehabilitation Services

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers %	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Promoter % (arrears)
SH Skye Wing	22	120.2%	105.9%	186.7%	103.3%	36.5%	4.2	0	1↓	0↓	100%
Willows Unit	36	134.2%	259.0%	123.3%	239.5%	29.4%	9.6	0↓	0↓	0	100%
ML Mill Lodge	9	72.5%	222.5%	50.0%	200.0%	51.2%	13.3	0	10↓	0	nil
TOTALS								**0↓**	**11↓**	**0↓**	

Table 6 - Rehabilitation service safer staffing

23 Temporary worker utilisation remains above 20% across the rehabilitation services. Mill Lodge temporary staffing levels are influenced by sickness, vacancies and leave.

24 Mill Lodge remains a hot spot for meeting planned RN levels on days and nights; the service adopts a staffing model based on a risk assessment of patient need and staff skills and competencies.

25 Stewart House and Mill Lodge share a RN when a second RN cannot be sourced for day or night shifts through bank or agency usage. In these cases, additional HCSWs are also used and this is reflected in higher figures for day and night cover for both units.

26 There has been a decrease in reported falls from 22 in May 2018 to 11 in June 2018, of which 10 occurred on Mill Lodge. Analysis has demonstrated this is due to patient factors e.g. higher falls risk patients who are transitioning to a different phase of mobility in their illness pathway and/ or those requiring support to mobilise. Work continues to resolve issues around supportive and safe sleep systems.

27 There were zero medication errors or complaints in June 2018.

Community Health Services (CHS)

28 The directorate continues to review its recruitment plan and implement a range of options to reduce the use of agency across the Trust and directorate. This includes implementation of recruitment and retention premiums for the hot spot sites/ wards, rolling adverts, recruitment of new roles such as the Medicines Administration Technicians and Meaningful Activity Co-ordinators. RN vacancies, maternity leave and sickness continue to impact on the availability of the substantive RN workforce across the directorate.

Community Hospitals

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers %	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Avoidable Pressure Ulcers	Complaints	FFT Promoter % (arrears)
FP General	8	151.9%	82.0%	119.6%	8	28.9%	7.6	0	1↓	0	0	100%
MM Dalgleish	13	100.0%	119.8%	101.7%	13	12.4%	5.9	0	2↓	0	0↓	100%
Rutland	13	100.0%	125.0%	100%	13	15.0%	7.2	0↓	3	0	0↓	nil
SL Ward 1	16	91.9%	177.2%	100%	16	21.3%	7.5	0	4↑	0	0	83.3%
SL Ward 3	11	103.5%	101.7%	196.7%	11	32.5%	7.3	0	5	0	1↑	91.7%
CV Ellistown 2	22	109.2%	168.3%	200.0%	22	6.1%	5.1	2↑	5↑	0	0	100%
CV Snibston 1	20	87.4%	135.3%	64.4%	20	9.6%	5.6	0	4	0	0	83.3%
HB East Ward	18	73.5%	161.7%	96.7%	18	6.2%	6.0	2↑	6↓	0	0	100%
HB North Ward	14	100.0%	172.5%	98.3%	14	20.4%	7.7	0	5↓	0	0	100%
Loughborough Swithland	19	104.2%	194.2%	100%	19	6.1%	6.4	0	6↑	0	0	100%
CB Beechwood	19	88.6%	200.8%	100%	19	31.8%	6.5	1↑	1↓	0	1↓	100%
CB Clarendon	17	97.1%	192.5%	98.3%	17	16.7%	7.0	2↓	5↓	0	0	100%
TOTALS								7↑	47↓	0	2	

Table 7 - Community hospital safer staffing

29 In June 2018, Coalville (CV) Snibston Ward, met the planned RN level at night 64.4% of the time. The planned staffing level is set at three RNs at night, however due to sickness, vacancies and cover across wards, the ward has run with two RNs, which meets safer staffing parameters.

30 Hinckley and Bosworth (HB) East Ward met the planned RN level 73.5% of the time. The reduced compliance was due to sickness and vacancies. Substantive staff are moved daily across wards as required to maintain safer staffing.

31 Temporary worker ratios remain above 20% on Beechwood, St. Luke's (SL) Ward 1 and 3, HB North and Fielding Palmer (FP) General Ward.

32 Medication errors have increased this month from four in May to seven in June 2018.

33 The number of reported falls incidents reported has decreased again from 58 in May to 47 in June 2018. Analysis of falls has shown the falls are associated with patient factors and prevention strategies and care plans were in place including the use of cohort and one to one specialling as risk assessed.

34 Reported complaint remained at two in June 2018.

35 The analysis has not identified any correlation with safer staffing levels.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers %	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Avoidable Pressure Ulcers	Complaints	FFT Promoter % (arrears)
BC Kirby	22	86.7%	236.7%	98.3%	150.0%	30.7%	6.3	1	12↑	0	0	nil
BC Welford	21	77.3%	239.2%	93.3%	168.3%	33.4%	6.6	0	18↑	0	0↓	100%
Coleman	18	67.3%	240.0%	96.7%	171.7%	36.1%	7.6	0	11↓	0	0	100%
Gwendolen	19	62.8%	372.1%	96.7%	315.0%	47.7%	10.4	0	22↑	0	0↓	nil
TOTALS								1↓	63↑	0	0↓	

Table 8 - Mental Health Services for Older People (MHSOP) safer staffing

36 Welford, Coleman and Gwendolen wards in Mental Health Services for Older People (MHSOP) were hotspots in June 2018 as they did not achieve the planned RN levels on day shifts.

37 A review of the rota has identified that all day shifts were staffed with two registered nurses which is within the safer staffing perimeters. Staff are moved across the service dependant on the risks, acuity and dependency.

38 Welford Ward also has a Medication Administration Technician to support with administering prescribed medication, medication education and manage the overall ordering of medicines stocks. They are employed into a band 5 post and enhance the skill mix of the ward staffing profile and release time to care for ward registered nurses.

39 MHSOP wards temporary staffing utilisation has seen an increase across the service will all wards utilising over 30%. Long term sickness continues to impact on the need to ensure cover across all wards with the appropriate skill mix and expertise.

40 In June 2018, reported medications errors decreased to one.

41 Reported falls incidents have increased from 50 in May to 63 in June 2018. It has been identified that staff are incident reporting patients found on the floor as a fall. Through subsequent analysis and review of the available CCTV, it is evident that the patients are, through the nature of their challenging behaviour and cognitive impairment putting themselves to the floor for a variety of reasons. None of the falls have resulted in a fracture and most and a no harm incident. The Matron from the Evington Centre is in the process of reviewing the falls in more detail with the physiotherapist to understand more finite trends. It is evident that more falls are occurring in the bedroom during the evening which can be a time of increased confusion.

42 There is no correlation identified between the number of reported incidents and complaints to safer staffing levels.

Families, Young People and Children's Services (FYPC)

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers %	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Promoter % (arrears)
Langley	13	136.2%	144.2%	110.0%	100.0%	29.6%	7.7	0↓	0↓	0	100%
CV Ward 3 - CAMHS	9	118.6%	211.5%	98.3%	181.4%	26.0%	14.2	1↑	1↑	1↑	100%
TOTALS								**1↓**	**1**	**1↓**	

Table 9 - Families, children and young people's services safer staffing

43 There are currently no 'hot spot' areas for inpatient services within Families, Young People and Children's Services (FYPC).

44 Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity.

45 No specific themes have been identified during the monthly review and there is no correlation of complaints or incidents with safer staffing levels.

Recruitment

46 The current Trust wide position for inpatient wards as reported real time by the lead nurses is detailed below. As requested from May 2018, the data below includes potential leavers.

Area	Vacant Posts		Potential Leavers		Starters/Pipeline	
	RN	HCSW	RN	HCSW	RN	HCSW
FYPC	3	5	0	0	2	2
CHS (Community Hospitals)	39.5	11.3	8.8	0.2	6.5	16
MHSOP	9.5	6	2	0	3	6
AMH/LD	75.6	29.95	7	3	18.8	11
Trust Total June 2018	**127.6**	**51.8**	**17.8**	**3.2**	**30.3**	**35**
Trust Total May 2018	**134.8**	**59.7**	**18.2**	**0.2**	**23.5**	**19.6**

Table 10 - Recruitment summary

47 Longer term plans to eradicate the risks and address staffing issues remain in place. These include:
- rolling recruitment and retention plans, including implementation of Trust incentivised schemes for hard to recruit areas;
- increased work experience placements, recruitment of clinical apprentices
- accessing recruitment fairs at local universities, schools and colleges;
- robust sickness and absence management
- continuous review of workforce including new roles to enhance skill mix and increase patient facing time.

Conclusion

48 The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safer staffing information each month. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement (NHSI) development programmes is ongoing.

49 Each directorate has 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. Directorate lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained.

Presenting Director: Adrian Childs - Chief Nurse/Deputy Chief Executive
Author(s):   Emma Wallis - Lead Nurse Community Hospitals

*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

Annexes/ Appendices
Annex 1 – Definition of Safer Staffing Measures
Appendix 1 - Safer staffing supporting information

Annex 1 – Definition of Safer Staffing Measures

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.

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 NHS England (NHSE) reporting

Methodology	Measure	Measure Source
Fill Rate Analysis (National NHS Digital Return)	Actual hours worked divided by Planned hours (split by RN/ HCSW)	NHS England

Fill Rate Analysis (NHS England Return)

The Trust is required by NHSI to publish our inpatient staffing levels on the NHS Choices website via a national NHSE 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.

Care Hours Per Patient Day (CHPPD) metric
CHPPD is collected as an additional item on the existing and continuing safe staffing monthly return.

- CHPPD gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.

- CHPPD allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes.

- CHPPD reports split out registered mental health and registered nurses from care staff (health care support workers/ assistants) to ensure skill mix and care need is reflected.

Appendix 1 – Safer staffing supporting information

June 2018

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Unify2 Return) Actual Hours Worked divided by Planned Hours — Day (Early & Late Shift) Average % fill rate registered nurses >= 80%	Average % fill rate care staff >= 80%	Night Average % fill rate registered nurses >= 80%	Average % fill rate care staff >= 80%	Skill Mix Met (based on 1:8 plus 60:40 split) >= 80%	% Temporary Workers <20%	Overall CHPPD
AMH Bradgate	Ashby	21	21	77.2%	172.5%	98.3%	160.0%	55.6%	36.2%	5.5
	Aston	19	19	92.2%	144.2%	101.7%	340.0%	75.6%	42.7%	6.7
	Beaumont	22	22	82.8%	133.3%	95.0%	183.3%	66.7%	47.0%	4.8
	Belvoir Unit	10	10	102.5%	326.7%	150.0%	313.3%	100.0%	33.0%	18.9
	Bosworth	20	20	87.2%	180.8%	90.0%	323.3%	65.6%	29.7%	6.7
	Heather	18	18	94.9%	177.5%	95.0%	213.3%	83.3%	44.4%	7.1
	Thornton	21	20	92.8%	142.5%	91.7%	213.3%	74.4%	30.2%	5.6
	Watermead	20	20	95.6%	170.0%	98.3%	246.7%	84.4%	38.7%	6.4
	Griffin Female PICU	5	5	166.2%	302.6%	190.0%	190.0%	97.8%	41.1%	21.8
AMH Other	HP Phoenix	10	10	104.2%	162.4%	100.0%	160.0%	95.6%	38.8%	9.9
	SH Skye Wing	25	22	120.2%	105.9%	186.7%	103.3%	82.2%	36.5%	4.2
	Willows Unit	38	36	134.2%	259.0%	123.3%	239.5%	100.0%	29.4%	9.6
	ML Mill Lodge (New Site)	14	9	72.5%	222.5%	50.0%	200.0%	28.9%	51.2%	13.3
CHS City	BC Kirby	24	22	86.7%	236.7%	98.3%	150.0%	66.7%	30.7%	6.3
	BC Welford	24	21	77.3%	239.2%	93.3%	168.3%	57.8%	33.4%	6.6
	CB Beechwood	20	19	88.6%	200.8%	100.0%	96.7%	73.3%	31.8%	6.5
	CB Clarendon	20	17	97.1%	192.5%	98.3%	101.7%	84.4%	16.7%	7.0
	EC Coleman	21	18	67.3%	240.0%	96.7%	171.7%	45.6%	36.1%	7.6
	EC Gwendolen	20	19	62.8%	372.1%	96.7%	315.0%	31.1%	47.7%	10.4
CHS East	FP General	9	8	151.9%	82.0%	119.6%	-	72.2%	28.9%	7.6
	MM Dalgleish	15	13	100.0%	119.8%	101.7%	96.7%	96.7%	12.4%	5.9
	Rutland	16	13	100.0%	125.0%	100.0%	103.3%	100.0%	15.0%	7.2
	SL Ward 1 Stroke	18	16	91.9%	177.2%	100.0%	110.0%	82.2%	21.3%	7.5
	SL Ward 3	14	11	103.5%	101.7%	196.7%	133.3%	93.3%	32.5%	7.3
CHS West	CV Ellistown 2	24	22	109.2%	168.3%	200.0%	105.0%	100.0%	6.1%	5.1
	CV Snibston 1	21	20	87.4%	135.3%	64.4%	100.0%	37.8%	9.6%	5.6
	HB East Ward	20	18	73.5%	161.7%	96.7%	96.7%	52.2%	6.2%	6.0
	HB North Ward	16	14	100.0%	172.5%	98.3%	93.3%	94.4%	20.4%	7.7
	Lough Swithland	23	19	104.2%	194.2%	100.0%	196.7%	100.0%	6.1%	6.4
FYPC	Langley	14	13	136.2%	144.2%	110.0%	100.0%	93.3%	29.6%	7.7
	CV Ward 3	10	9	118.6%	211.5%	98.3%	181.4%	96.7%	26.0%	14.2
LD	3 Rubicon Close	4	2	75.0%	123.0%	53.3%	83.3%	61.1%	3.1%	18.6
	Agnes Unit	12	8	211.0%	492.7%	141.5%	514.6%	98.9%	31.1%	25.0
	The Gillivers	5	2	65.0%	123.3%	30.0%	120.0%	47.8%	17.7%	20.8
	The Grange	5	2	-	190.0%	-	175.0%	100.0%	26.7%	19.6
Trust Total				**98.4%**	**190.3%**	**103.4%**	**176.2%**	**77.0%**	**29.8%**	