NHS
Leicestershire Partnership
NHS Trust

TRUST BOARD – 30 August 2018

SAFER STAFFING – JULY 2018 REVIEW

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　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.

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

Aim

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

Recommendations

7　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

8 The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in July 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%
May 18	100.8%	204.7%	107.6%	187.3%	29.6%
June 18	98.4%	190.3%	103.4%	176.2%	29.8%
July 18	**97.8%**	**188.7%**	**106.5%**	**172.4%**	**30.8%**

Table 1 - Trust level safer staffing

9 During July 2018, the total temporary worker rate was slightly increased from the previous month by 1.0%. Of these temporary staff, 26.7%were bank staff and 4.2% were agency staff.

10 Temporary staffing utilisation remains above 25% across 66% 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.

11 The average trust range for CHPPD is between 4.3 (Skye Wing) to 26 (Agnes Unit) hours with an overall trust average of 9.4 CHPPD. The variation in range reflects the diversity of services, complex and specialist care provided across the trust. In-patient areas within AMH/LD, FYPC and MHSOP are recording higher than average CHPPD; care hours are flexed up in response to patient acuity and in order to maintain safety of all patients.

Summary of safer staffing hotspots

Planned staffing across ward areas	May 2018	June 2018	July 2018
Hinckley and Bosworth - East Ward	X	X	X
Coalville - Snibston Ward 1 (day and night)	X	X	X
Short Breaks - The Gillivers	X	X	X
Short Breaks – Rubicon Close	X	X	X
Mill Lodge (day and night)	X	X	X
Ashby (Bradgate)		X	X
BC Welford (MHSOP)	X	X	X
EC Wakerley/ Coleman (MHSOP)	X	X	X
BC Kirby (MHSOP)			
EC Gwendolen		X	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	20	74.7%	170.2%	96.8%	145.2%	35.4%	5.4	1↑	3↑	0	91.7%
Aston	19	83.3%	154.0%	106.5%	251.6%	45.3%	6.3	1↓	0↓	3↑	nil
Beaumont	22	82.8%	150.0%	96.8%	196.8%	57.0%	5.2	1↑	0	0	nil
Belvoir Unit	4	105.7%	180.5%	164.5%	256.1%	38.4%	16.5	1↑	0↓	1↑	nil
Bosworth	19	83.9%	229.8%	95.2%	371.0%	42.1%	7.6	4↑	0	1↑	nil
Heather	18	92.4%	183.1%	100.0%	177.4%	40.1%	7.1	3↑	4↑	0	nil
Thornton	20	90.3%	156.5%	98.4%	248.4%	36.8%	6.0	0↓	0	0	nil
Watermead	19	89.8%	154.8%	98.4%	141.9%	36.0%	5.7	2↑	0	1↓	nil
Griffin F PICU	4	163.9%	234.1%	180.6%	125.8%	25.9%	20.0	0	0↓	0	nil
TOTALS								13↑	7↑	6↑	

Table 3 - Acute inpatient ward safer staffing

13 The Bradgate Unit had one hotspot in July 2018; Ashby Ward. The planned RN fill rate for days was 74.7%. The lower fill rate is affected by the ward review nurse who works a day shift and is not included in the return, the lower fill rate is offset by a high HCSW fill rate and the Ward Matron being available; 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 June 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 have increased from 5 in June 2018 to 13 in July 2018. There has been no direct link established between these and staffing but the incident increase is being investigated.

16 Reported falls increased by two to seven in July 2018.

17 Complaint numbers increased by three to a total of six in July 2018.

18 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	4	101.6%	179.7%	77.4%	135.5%	16.4%	15.1	0	0	0	nil
Agnes Unit	8	195.3%	466.7%	152.5%	475.0%	22.3%	26.0	0↓	0↓	1↑	nil
The Gillivers	3	91.9%	193.5%	41.9%	171.0%	17.7%	20.0	0	0	0	nil
The Grange	3	-	186.4%	-	167.7%	28.8%	18.8	0	0	0	nil
TOTALS								**0↓**	**0**	**1↑**	

Table 4 - Learning disabilities safer staffing

19 Short break homes use a high proportion of HCSWs who are trained to administer medication and carry out delegated health care tasks as a result 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 July 2018, however additional HCSW support was provided to support the needs of some complex patients.

20 Reported numbers of falls decreased from two in June 2018 to zero in July 2018 and reported numbers of medication errors decreased from one in June 2018 to zero in July 2018.

21 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	105.7%	156.0%	96.8%	153.2%	34.9%	34.9%	0	0	0	nil

Table 5- Low secure safer staffing

22 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.

23 There were zero reported falls, medication errors or complaints in July 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	24	108.9%	119.0%	190.3%	104.8%	49.3%	49.3%	0	0↓	0	nil
Willows Unit	35	155.6%	247.5%	126.6%	238.8%	26.8%	26.8%	2↑	2↑	0	100%
ML Mill Lodge	11	77.4%	216.9%	50.0%	200.0%	49.8%	49.8%	1↑	9↓	0	nil
TOTALS								3↑	11	0	

Table 6 - Rehabilitation service safer staffing

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

25 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.

26 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.

27 The number of falls in July 2018 remains at 11 as reported in June 2018, of which 9 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.

28 There were three medication errors and no complaints in July 2018.

Community Health Services (CHS)

29 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	7	149.4%	79.4%	119.6%	-	31.5%	7.5	1↑	1	0	0	100%
MM Dalgleish	15	96.8%	123.4%	96.8%	106.5%	15.8%	5.7	1↑	2	0	0	94.4%
Rutland	14	98.4%	122.4%	96.8%	100.0%	15.3%	6.3	0	4↑	0	1↑	nil
SL Ward 1	17	79.4%	189.5%	100.0%	98.4%	18.6%	7.1	1↑	3↓	0	0	nil
SL Ward 3	11	86.0%	118.2%	200.0%	96.8%	27.1%	7.3	0	0↓	0	0↓	100%
CV Ellistown 2	20	118.0%	159.2%	200.0%	101.6%	9.2%	5.3	0↓	6↑	0	0	100%
CV Snibston 1	18	71.2%	128.4%	66.7%	101.6%	14.2%	5.4	0	6↑	0	0	100%
HB East Ward	18	73.2%	171.0%	98.4%	106.5%	13.8%	6.3	0↓	2↓	1↑	0	nil
HB North Ward	14	100.0%	172.6%	98.4%	116.1%	22.9%	7.9	0	16↑	0	0	nil
Loughborough Swithland	19	101.6%	187.1%	100.0%	196.8%	10.6%	6.1	0	5↓	0	0	100%
CB Beechwood	19	83.2%	201.6%	100.0%	98.4%	25.2%	6.5	2↑	3↑	0	0↓	nil
CB Clarendon	18	93.9%	197.6%	100.0%	112.9%	20.2%	6.8	2	7↑	0	0	nil
TOTALS								**7**	**55↑**	**1**	**1↓**	

Table 7 - Community hospital safer staffing

30 In July 2018, Coalville (CV) Snibston Ward, met the planned RN level during the day 71.2% of the time and 66.7% during the night. 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.

31 In July 2018, Ward 1 St Lukes Hospital met the planned RN level 79.4% during the day. The staffing level is set at three RNs, however due to sickness, vacancies and cover across wards, the ward has run with two RNs, which meets safer staffing parameters.

32 Hinckley and Bosworth (HB) East Ward met the planned RN level during the day 73.2% 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.

33 Temporary worker ratios remain above 20% on Beechwood and Clarendon, St. Luke's (SL) Ward 3, HBCH North and Fielding Palmer (FP) General Ward due to vacancies, sickness and to support increased acuity.

34 The number of reported falls incidents has increased slightly from 47 in June 2018 to 55 in July 2018. Sixteen falls were reported on North Ward, Hinckley, with two patients falling on multiple occasions, analysis has shown that 8 of the 16 falls were witnessed falls from a low height bed. Analysis of all 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.

35 Reported complaints increased from two in June 2018 to three in July 2018.

36 Medication errors remain at seven in July 2018.

37 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	85.2%	251.2%	93.5%	151.6%	40.0%	6.6	0↓	17↑	0	0	100%
BC Welford	22	74.2%	232.3%	91.9%	132.3%	33.6%	6.1	0	8↓	0	1↑	100%
Coleman	19	64.3%	302.4%	91.9%	214.5%	40.8%	8.8	0	5↓	0	2↑	nil
Gwendolen	18	66.7%	316.9%	93.5%	272.6%	38.8%	9.8	1↑	21↓	0	1↑	100%
TOTALS								1	51↓	0	4↑	

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

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

39 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.

40 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.

41 MHSOP wards temporary staffing utilisation has seen an increase across the service with 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.

42 In July 2018, medication errors remain at one.

43 Reported falls incidents have decreased from 63 in June 2018 to 51 in July 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. Investigations have been undertaken due to associated injuries from the falls which include targeting the areas of need to mitigate future risk; including fitting different hand rails to the toilets, reviewing the lighting on the wards and reflection with the nursing team. These actions are being monitored by the Senior Matron for the site with support from the physiotherapist.

It is acknowledged that as patients are unable to understand risk reducing strategies, the ongoing risk of falls remains high in this environment. Patient falls are a result of many different situations, for example, falling from a chair whilst asleep and such situations are difficult to both predict and prevent.

44 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	12	134.1%	110.5%	100.0%	119.4%	32.7%	8.1	1↑	0↓	0	100%
CV Ward 3 - CAMHS	6	174.0%	275.3%	190.6%	309.4%	30.8%	17.9	0↓	1↑	1↑	100%
TOTALS								**1**	**1**	**1↓**	

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

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

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

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

Recruitment

48 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	4	5	1	0	0	2
CHS (Community Hospitals)	47.4	17	4	1	6.2	7.6
MHSOP	10.7	6	1	1	5	6
AMH/LD	76.9	31.09	6	4	18.8	3
Trust Total July 2018	**139**	**59.09**	**12**	**6**	**30**	**18.6**
Trust Total June 2018	127.6	51.8	17.8	3.2	30.3	35

Table 10 - Recruitment summary

49 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
- recruitment of clinical apprentices
- Recruitment to cohort 3 of trainee Nursing Associates

Conclusion

50 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.

51 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 – Associate Director of Nursing and Professional Practice

*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

July 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%	Day (Early & Late Shift) Average % fill rate care staff >= 80%	Night Average % fill rate registered nurses >= 80%	Night Average % fill rate care staff >= 80%	Skill Mix Met (based on 1:8 plus 60:40 split) >= 80%	% Temporary Workers Total <20%	Bank	Agency	Overall CHPPD
AMH Bradgate	Ashby	21	20	74.7%	170.2%	96.8%	145.2%	48.4%	35.4%	34.9%	0.4%	5.4
	Aston	19	19	83.3%	154.0%	106.5%	251.6%	62.4%	45.3%	36.9%	8.4%	6.3
	Beaumont	22	22	82.8%	150.0%	96.8%	196.8%	59.1%	57.0%	53.1%	3.9%	5.2
	Belvoir Unit	4	4	105.7%	180.5%	164.5%	256.1%	96.8%	38.4%	33.3%	5.2%	16.5
	Bosworth	19	19	83.9%	229.8%	95.2%	371.0%	61.3%	42.1%	39.2%	2.9%	7.6
	Heather	18	18	92.4%	183.1%	100.0%	177.4%	75.3%	40.1%	32.5%	7.6%	7.1
	Thornton	20	20	90.3%	156.5%	98.4%	248.4%	78.5%	36.8%	34.0%	2.8%	6.0
	Watermead	19	19	89.8%	154.8%	98.4%	141.9%	77.4%	36.0%	33.6%	2.4%	5.7
	Griffin Female PICU	5	4	163.9%	234.1%	180.6%	125.8%	95.7%	25.9%	18.5%	7.4%	20.0
AMH Other	HP Phoenix	11	10	105.7%	156.0%	96.8%	153.2%	93.5%	34.9%	30.8%	4.1%	10.0
	SH Skye Wing	26	24	108.9%	119.0%	190.3%	104.8%	88.2%	49.3%	49.3%	0.0%	4.3
	Willows Unit	38	35	155.6%	247.5%	126.6%	238.8%	98.9%	26.8%	26.7%	0.1%	9.8
	ML Mill Lodge (New Site)	14	11	77.4%	216.9%	50.0%	200.0%	35.5%	49.8%	48.1%	1.7%	11.2
CHS City	BC Kirby	26	22	85.2%	251.2%	93.5%	151.6%	62.4%	40.0%	35.8%	4.1%	6.6
	BC Welford	24	22	74.2%	232.3%	91.9%	132.3%	58.1%	33.6%	30.4%	3.1%	6.1
	CB Beechwood	20	19	83.2%	201.6%	100.0%	98.4%	68.8%	25.2%	19.9%	5.3%	6.5
	CB Clarendon	20	18	93.9%	197.6%	100.0%	112.9%	77.4%	20.2%	14.0%	6.2%	6.8
	EC Coleman	21	19	64.3%	302.4%	91.9%	214.5%	32.3%	42.1%	40.8%	1.3%	8.8
	EC Gwendolen	19	18	66.7%	316.9%	93.5%	272.6%	38.7%	42.8%	38.8%	4.1%	9.8
CHS East	FP General	8	7	149.4%	79.4%	119.6%	-	71.0%	31.5%	15.9%	15.6%	7.5
	MM Dalgleish	17	15	96.8%	123.4%	96.8%	106.5%	96.8%	15.8%	8.5%	7.4%	5.7
	Rutland	16	14	98.4%	122.4%	96.8%	100.0%	94.6%	15.3%	8.2%	7.1%	6.3
	SL Ward 1 Stroke	18	17	79.4%	189.5%	100.0%	98.4%	59.1%	18.6%	12.5%	6.1%	7.1
	SL Ward 3	14	11	86.0%	118.2%	200.0%	96.8%	79.6%	27.1%	14.5%	12.7%	7.3
CHS West	CV Ellistown 2	23	20	118.0%	159.2%	200.0%	101.6%	97.8%	9.2%	6.8%	2.4%	5.3
	CV Snibston 1	19	18	71.2%	128.4%	66.7%	101.6%	17.2%	14.2%	9.7%	4.5%	5.4
	HB East Ward	20	18	73.2%	171.0%	98.4%	106.5%	46.2%	13.8%	2.8%	11.1%	6.3
	HB North Ward	16	14	100.0%	172.6%	98.4%	116.1%	96.8%	22.9%	8.1%	14.9%	7.9
	Lough Swithland	23	19	101.6%	187.1%	100.0%	196.8%	100.0%	10.6%	7.3%	3.3%	6.1
FYPC	Langley	14	12	134.1%	110.5%	100.0%	119.4%	78.5%	32.7%	32.7%	0.0%	8.1
	CV Ward 3	9	6	174.0%	275.3%	190.6%	309.4%	98.9%	30.8%	27.3%	3.5%	17.9
LD	3 Rubicon Close	4	4	101.6%	179.7%	77.4%	135.5%	89.2%	16.4%	16.0%	0.4%	15.1
	Agnes Unit	12	8	195.3%	466.7%	152.5%	475.0%	98.9%	22.3%	21.6%	0.7%	26.0
	The Gillivers	5	3	91.9%	193.5%	41.9%	171.0%	73.1%	17.7%	17.7%	0.0%	20.0
	The Grange	5	3	-	186.4%	-	167.7%	96.8%	28.8%	28.8%	0.0%	18.8
Trust Total				**97.8%**	**188.7%**	**106.5%**	**172.4%**	**74.4%**	**30.8%**	**26.7%**	**4.2%**	