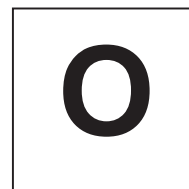


TRUST BOARD REPORT- 22 May 2018**SAFER STAFFING – April 2018 MONTHLY REVIEW****1. Introduction/ Background**

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 an 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).

From April 2018 all trusts (acute, acute specialist, community and mental health) are required to collect Care Hours Per Patient Days (CHPPD) monthly for all of their inpatient wards; this information is now included in this safer staffing report.

CHPPD is a descriptor of workforce deployment that could be used at ward, service or aggregated to trust level and gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone. CHPPD reporting splits out registered nurses from healthcare support workers (HCSW) to ensure skill mix and care need is reflected and the intention is that CHPPD will allow for comparisons between wards/units.

It needs to be noted that CHPPD does not include specific roles such as therapeutic activity workers, pharmacy technicians and associated practitioners. Within LPT we do utilise a number of roles that are not included in the national submission therefore the data presented does not give a complete record of skill mix or CHPPD on our wards.

CHPPD is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcome measures.

At this stage there is no national comparison available for CHPPD and it is anticipated that at the end of June 2018 once three months' worth of data has been verified, an analysis will be undertaken by Lead Nurses and findings will be included in the six monthly establishment review that is presented to Trust Board in July 2018.

The CHPPD data presented in this report identifies no significant risk issues and Lead Nurses continue to have local oversight and triangulate the Nurse Sensitive Indicators (NSI's) in their area to ensure safer staffing is monitored and the associated risks managed at ward level. A detailed review of NSI's is undertaken by Lead Nurses in directorates through their operational management and governance arrangements.

The Leicestershire Partnership Trust (LPT) monthly safer staffing reports are publically available via the NHS Choices website and our Trust internet page

2. Aim

The aim of this report is to provide the Trust Board with an analysis of April 2018 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 April 2018 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	
Feb 18	97.7%	188.6%	103.3%	183.5%	32.2%
Mar 18	98.8%	202.4%	105.0%	186.9%	33.2%
April 18	101.0%	198.0%	104.2%	183.3%	29.0%

During April 2018 the total temporary worker rate was slightly reduced from the previous month to 29%. Out of these temporary staff 25.6% were bank staff and 3.4% were agency staff.

Temporary staffing utilisation remains above 25% 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	Feb 2018	Mar 2018	April 2018
Hinckley & Bosworth East Ward	X	X	X
SL Ward 1	X		
Coalville- Snibston Ward 1(nights)	X	X	X
Short Breaks - The Gillivers(nights)	X	X	X
Short Breaks – Rubicon Close(nights)			X
Mill Lodge	X	X	
Ashby (Bradgate)		X	
EC Welford(MHSOP)	X	X	X
EC Wakerley/Coleman (MHSOP)	X	X	X
BC Kirby(MHSOP)	X	X	X

Planned versus actual staffing by ward for RN's and HCSW's across all directorates is Presented in the tables below, these show additional 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.

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

5.1 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 Worker s%	CHPPD Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Result % (arrears)
Ashby	20	85.0%	149.2%	100.0%	203.3%	41.3%	5.7	0↓	0	0↓	100%
Aston	19	88.3%	161.7%	101.7%	313.3%	40.2%	7.0	0	1↑	2↑	n/a
Beaumont	21	84.4%	212.5%	95.0%	366.7%	61.0%	7.9	1	1↑	2↑	n/a
Belvoir Unit	10	98.3%	240.2%	140.0%	214.8%	22.4%	14.9	1↑	0	0	n/a
Bosworth	20	82.8%	164.2%	96.7%	173.3%	25.2%	5.8	0	5↑	0↓	n/a
Heather	18	93.3%	219.2%	90.0%	350.0%	52.1%	8.3	1↓	3↓	0	n/a
Thornton	21	91.1%	161.7%	96.7%	256.7%	23.1%	6.0	0↓	0↓	0	n/a
Watermead	19	96.7%	160.0%	96.7%	196.7%	46.4%	6.3	0	0↓	1↑	100%
Griffin F PICU	4	152.6%	251.0%	151.3%	230.0%	54.5%	21.0	1↑	0	0	n/a
TOTALS								4↓	10↑	5↑	

The Bradgate Unit had no hotspots in April 2018 however 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 has been above 40% across six wards due to RN vacancies and sickness levels and increased levels of patient acuity requiring observation support.

Block booking of bank and agency RN's 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. A specific training programme commenced in April 2018 with a focus on providing Bank staff specific information regarding care, policy and practice at the Bradgate Unit, HPC, PICU Wards and Langley Ward (*'What can you expect from us?, What can we expect from you?'*). All bank staff are paid to attend the day.

Reported medication errors reduced by two in April 2018 and reported falls increased by four to 10 in April 2018 this was due to individual patient factors.

Complaint numbers increased by two from three in March 2018 to five in April 2018. No specific themes relating to safer staffing levels have been identified during the monthly review and there was no correlation of reported incidents and complaints with safer staffing levels.

5.2 Learning Disability Services

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHPPD	Medication errors	Falls	Complaints	FFT Result % (arrears)
		% 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		Care Hours Per Patient Day				
3 Rubicon Close	3	96.7%	196.7%	76.7%	180.0%	16.6%	19.0	0	0	0	N\A
Agnes Unit	7	205.6%	613.0%	156.8%	558.1%	38.1%	30.6	2↑	0	0	N\A
The Gillivers	3	116.7%	218.3%	33.3%	180.0%	14.0%	19.5	2↑	0	0	N\A
The Grange	3	-	208.2%	-	160.0%	25.5%	16.2	0	3↑	0	N\A
TOTALS								4↑	3↑	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 support each other with RN 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 April 2018 but due to the complexity of some patients additional HCSW support was provided.

Reported numbers of falls increased from one in March 2018 to three in April 2018 and reported numbers of medication errors increased by one. No specific themes have been identified during the monthly review and there is no correlation of incidents with safer staffing levels.

5.3 Low Secure Services – Herschel Prins

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHPPD	Falls	Medication errors	Complaints	FFT Result % (arrears)
		% 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		Care Hours Per Patient Day				
HP Phoenix	10	96.7%	170.3%	110.0%	141.7%	31.0%	10.9	2	0	0↓	N\A

Phoenix Ward achieved the thresholds for safer staffing and high levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and two patient observations. Reported falls increased from zero in March 2018 to two in April 2018 and this related to individual patient factors.

5.4 Rehabilitation Services

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHPPD	Medication errors	Falls	Complaints	FFT Result % (arrears)
		% 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		Care Hours Per Patient Day				
SH Skye Wing	26	127.5%	124.0%	193.3%	111.7%	24.3%	4.6	0	3↓	0	N\A
Willows Unit	26	163.3%	193.6%	120.8%	200.0%	24.6%	13.5	0↓	0↓	0	100%
ML Mill Lodge	12	80.8%	226.7%	50.0%	185.0%	42.9%	10.4	0	11↓	0	N\A
TOTALS								0↓	14↓	0	

Temporary worker utilisation remains above 20% across the rehabilitation services. Mill lodge temporary staffing levels are influenced by sickness, vacancies and leave. The service adopts a staffing model based on a risk assessment of patient need and staff skills and competencies.

If a second RN cannot be sourced for day or night shifts' using bank or agency, Stewart House and Mill Lodge share a RN between them and in these instances additional HCSW's are also used and this is reflected in higher figures for day and night cover for Stewart House.

There has been a decrease in reported falls from 24 in March 2018 to 14 in April 2018; patients who were transitioning to a different phase of mobility in their illness pathway have stabilised or moved to requiring support to mobilise and work continues to resolve issues around supportive and safe sleep systems. Reported medication error numbers have decreased by one in April 2018.

6. COMMUNITY HEALTH SERVICES (CHS)

The directorate regularly reviews its recruitment plan and continues to look 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. RN vacancies, maternity leave and sickness continue to impact on the availability of the substantive RN workforce across the directorate.

6.1 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 PU	Complaints	FFT Result %(arrear)
FP General	6	141.2%	80.7%	109.3%	-	19.0%	8.6	0	3↓	0	0	100%
MM Dalgleish	12	95.0%	119.8%	96.7%	103.3%	9.8%	7.3	0	4↑	0	0	100%
Rutland	12	96.7%	117.1%	100.0%	100.0%	9.0%	7.4	0	1↓	0	0	100%
SL Ward 1	16	85.1%	193.3%	100.0%	138.3%	21.6%	7.7	1↑	8↑	0	1↑	100%
SL Ward 3	11	113.8%	110.1%	193.3%	106.7%	32.9%	7.4	1	8↑	0	1↑	100%
CV Ellistown 2	22	132.5%	160.0%	200.0%	101.7%	4.0%	5.4	0↓	5	0	1↑	n/a
CV Snibston 1	22	91.2%	176.4%	66.7%	108.3%	2.9%	5.8	0↓	1↓	1	1↑	n/a
HB East Ward	19	76.6%	173.3%	100.0%	113.3%	8.1%	6.3	1	9↓	0	0	n/a
HB North Ward	18	98.3%	166.7%	100.0%	95.0%	7.1%	6.1	0	5↓	0	0	n/a
Lbro Swithland	22	100.0%	198.3%	100.0%	200.0%	12.1%	5.3	1	8↑	0	0	100%
CB Beechwood	22	93.3%	201.7%	100.0%	100.0%	27.3%	5.7	0	10↑	0	0	n/a
CB Clarendon	19	83.4%	220.5%	100.0%	105.0%	26.1%	6.6	1	10↑	0	1	n/a
TOTALS								5↓	72↑	0	4↑	

In April 2018 Coalville Snibston ward, met the planned RN level at night 66.7% of the time (see table 5.1). The planned staffing is 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 parameters.

HB East Ward did not meet the planned RN level on days (see table 5.1 due to sickness and vacancies. Substantive staff are moved daily across all wards as required to maintain safer

staffing. Temporary worker ratios have reduced slightly in March 2018, but remain above 20% on Clarendon, Beechwood, SL Wards, FP ward and Dalgleish ward.

Recruitment is underway to recruit two RN night sisters to be based at Dalgleish and St Lukes commencing to help maintain safer staffing and provide clinical support as part of a continuity plan.

Medication errors have decreased this month from seven in March 2018 to five in April 2018. The number of reported falls incidents reported has increased from 63 in March 2018 to 72 in April 2018. There was one avoidable pressure ulcer grade 2 reported on CV Snibston Ward and a review is underway.

Reported complaints increased from one in March 2018 to four in April 2018. Review has not identified any correlation with safer staffing levels.

6.2 Mental Health Services for Older People (MHSOP)

		DAY	DAY	NIGHT	NIGHT		CHPPD					
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 %	Care Hours Per Patient Day	Medication errors	Falls	Avoidable PU	Complaints	FFT Result % (arrear)
BC Kirby	22	75.6%	238.3%	90.0%	160.0%	25.9%	6.5	0	10↑	0	0	n\a
BC Welford	23	65.0%	210.8%	93.3%	126.7%	16.7%	5.6	1↓	3↓	0	0	n\a
Coleman	19	72.1%	397.5%	81.7%	320.0%	51.5%	11.1	4↑	9↓	0	0↓	n\a
Gwendolen	18	94.1%	337.0%	101.7%	280.0%	41.0%	10.0	0	8↑	0	1	100%
TOTALS								5↑	30↓	0	1↑	

Three wards in Mental Health Services for Older People (MHSOP) were hotspots in April 2018 and did not achieve the planned RN levels on days. Mental Health Services for Older People (MHSOP) wards temporary staffing utilisation ranges from 16% to 41%.

Long term sickness continues to impact on the need to ensure cover across all wards with the appropriate skill mix and expertise. Where the planned levels were not achieved, wards had a minimum of two registered nurses on each shift and were working within the parameters of safer staffing.

Ward refurbishment plans were completed in April 2018 and this has resulted in Wakerley ward being replaced by Coleman ward, patient case mix remains the same.

MHSOP are currently reviewing the acuity of the wards and enhancing the staffing to support this. This review has resulted in increased support to the Evington Centre for patients with severe impairment where falls and violence and aggression are the predominant risk.

In April 2018, reported medications errors increased by one and reported falls incidents have decreased by one. No specific themes have been identified during the monthly review and there is no correlation of incidents and complaints with safer staffing levels.

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 %	Care Hours Per Patient Day	Medication errors	Falls	Complaints	FFT Result % (arrears)
Langley	11	119.6%	161.7%	110.0%	133.3%	33.1%	8.8	1↑	0	0↓	n/a
CV Ward 3 (CAMHS)	8	133.3%	199.1%	121.6%	182.4%	21.8%	15.1	0	1↑	1↑	n/a
TOTALS								1↑	1↑	1	

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

Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity. No specific themes have been identified during the monthly review and there is no correlation of complaints with safer staffing levels.

8. Recruitment

The current Trust wide position for inpatient wards as reported real time by the lead Nurses is detailed below.

Area	Vacant posts		Starters/Pipeline	
	RN	HCSW	RN	HCSW
FYPC	2	6	1	0
CHS(Community Hospitals)	37	19	7	17
MHSOP	11	8	3	2
AMH/LD	75	34	5	10
Trust Total April 2018	125	67	16	29
Trust Total March 2018	106	58	17	16

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.

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 national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement development programmes is ongoing. CHPPD reporting will be analysed once three months' worth of data has been reported and any findings will be articulated in the six monthly safer staffing review in July 2018.

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

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 NHSi 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.

Care Hours Per Patient Day (CHPPD) metric

CHPPD is collected as an additional item on the existing and continuing safe staffing monthly return which is collected via the Strategic Data Collection Service (SDCS).

- 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 (healthcare support workers /assistants) to ensure skill mix and care need is reflected.

April 2018

				Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	% Temporary Workers	CHPPD
				Actual Hours Worked divided by Planned Hours						
		Day (Early & Late Shift)		Night						
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	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)		
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%	
AMH Bradgate	Ashby	21	20	85.0%	149.2%	100.0%	203.3%	68.9%	41.3%	5.7
	Aston	19	19	88.3%	161.7%	101.7%	313.3%	75.6%	40.2%	7.0
	Beaumont	21	21	84.4%	212.5%	95.0%	366.7%	61.1%	61.0%	7.9
	Belvoir Unit	10	10	98.3%	240.2%	140.0%	214.8%	95.6%	22.4%	14.9
	Bosworth	20	20	82.8%	164.2%	96.7%	173.3%	62.2%	25.2%	5.8
	Heather	18	18	93.3%	219.2%	90.0%	350.0%	68.9%	52.1%	8.3
	Thornton	21	21	91.1%	161.7%	96.7%	256.7%	70.0%	23.1%	6.0
	Watermead	19	19	96.7%	160.0%	96.7%	196.7%	82.2%	46.4%	6.3
	Griffin Female PICU	4	4	152.6%	251.0%	151.3%	230.0%	93.3%	54.5%	21.0
AMH Other	HP Phoenix	11	10	96.7%	170.3%	110.0%	141.7%	86.7%	31.0%	10.9
	SH Skye Wing	30	26	127.5%	124.0%	193.3%	111.7%	94.4%	24.3%	4.6
	Willows Unit	27	26	163.3%	193.6%	120.8%	200.0%	98.9%	24.6%	13.5
	ML Mill Lodge (New Site)	14	12	80.8%	226.7%	50.0%	185.0%	38.9%	42.9%	10.4
CHS City	BC Kirby	24	22	75.6%	238.3%	90.0%	160.0%	44.4%	25.9%	6.5
	BC Welford	24	23	65.0%	210.8%	93.3%	126.7%	30.0%	16.7%	5.6
	CB Beechwood	24	22	93.3%	201.7%	100.0%	100.0%	80.0%	27.3%	5.7
	CB Clarendon	22	19	83.4%	220.5%	100.0%	105.0%	71.1%	26.1%	6.6
	EC Coleman	21	19	72.1%	397.5%	81.7%	320.0%	35.6%	51.5%	11.1
	EC Gwendolen	20	18	94.1%	337.0%	101.7%	280.0%	85.6%	41.0%	10.0
CHS East	FP General	7	6	141.2%	80.7%	109.3%	-	73.3%	19.0%	8.6
	MM Dalglish	14	12	95.0%	119.8%	96.7%	103.3%	93.3%	9.8%	7.3
	Rutland	14	12	96.7%	117.1%	100.0%	100.0%	91.1%	9.0%	7.4
	SL Ward 1 Stroke	18	16	85.1%	193.3%	100.0%	138.3%	72.2%	21.6%	7.7
	SL Ward 3	14	11	113.8%	110.1%	193.3%	106.7%	97.8%	32.9%	7.4
CHS West	CV Ellistown 2	24	22	132.5%	160.0%	200.0%	101.7%	100.0%	4.0%	5.4
	CV Snibston 1	23	22	91.2%	176.4%	66.7%	108.3%	37.8%	2.9%	5.8
	HB East Ward	20	19	76.6%	173.3%	100.0%	113.3%	54.4%	8.1%	6.3
	HB North Ward	19	18	98.3%	166.7%	100.0%	95.0%	95.6%	7.1%	6.1
	Lough Swithland	24	22	100.0%	198.3%	100.0%	200.0%	100.0%	12.1%	5.3
FYPC	Langley	11	11	119.6%	161.7%	110.0%	133.3%	91.1%	33.1%	8.8
	CV Ward 3	9	8	133.3%	199.1%	121.6%	182.4%	100.0%	21.8%	15.1
LD	3 Rubicon Close	4	3	96.7%	196.7%	76.7%	180.0%	87.8%	16.6%	19.0
	Agnes Unit	11	7	205.6%	613.0%	156.8%	558.1%	97.8%	38.1%	30.6
	The Gillivers	5	3	116.7%	218.3%	33.3%	180.0%	77.8%	14.0%	19.5
	The Grange	5	3	-	208.2%	-	160.0%	100.0%	25.5%	16.2
Trust Total				101.0%	198.0%	104.2%	183.3%	77.5%	29.0%	