








The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	25 <sup>th</sup> May 2016	
<b>Title:</b>	Nurse Staffing Report	
<b>Executive Summary:</b>	<p>This paper details -Planned Versus Actual Staffing by Ward – April 2016 data; which includes the <b>average</b> fill rate by Registered Nurse / Health Care Assistant [HCA] / shift and ward for the month of April 2016 and provides the reasons when staffing hours are <math>\geq 120\%</math> or <math>\leq 80\%</math> by ward as reported to Unify.</p> <p>The paper also provides an update on the annual nursing skill mix review programme</p>	
<b>Action Requested:</b>	The Board will receive the report for information and to support them in fulfilling their responsibilities to monitor staffing capacity and capability as per NQB guidance 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitment set out in 'Hard Truth's'.	
<b>Report of:</b>	Cheryl Etches, Chief Nursing Officer	
<b>Author: Contact Details:</b>	Rose Baker, Head of Nursing - Workforce rosebaker@nhs.net	
<b>Links to Trust Strategic Objectives</b>	1, 2, 4 & 6.	
<b>Resource Implications:</b>	Recruitment staffing costs.	
<b>Risks: BAF/ TRR</b> (describe risk and current risk score)	TRR Risk - 3644	
<b>Public or Private:</b> (with reasons if private)	Public	
<b>References:</b> (e.g. from/to other committees)	<p>The external facing Trust intranet page has a dedicated section on safe staffing  <a href="http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx">http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx</a></p>	
<b>Appendices/ References/ Background Reading</b>	<p>a. 'Hard Truths' Commitments NHS England  <a href="http://www.england.nhs.uk/2014/04/01/hard-truths/">http://www.england.nhs.uk/2014/04/01/hard-truths/</a> April 2014</p> <p>b. How to ensure the right people, with the right skills, are in the right place at the right time. National Quality Board Nov 2013  <a href="http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf</a></p>	

<p><b>NHS Constitution:</b> (How it impacts on any decision-making)</p>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"><li> Equality of treatment and access to services</li><li> High standards of excellence and professionalism</li><li> Service user preferences</li><li> Cross community working</li><li> Best Value</li><li> Accountability through local influence and scrutiny</li></ul>
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<b>Background Details</b>	
1	<p><b>Actual v's predicted nurse staffing</b></p> <ul style="list-style-type: none"> <li>a. As part of the implementation of the guidance on the delivery of the 'Hard Truths' commitments (March 2014) associated with publishing staffing data, this report provides the Board with monthly information on inpatient nursing and midwifery staffing.</li> <li>b. Staffing information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review the data for their respective wards. Heads of Nursing/Midwifery contribute some further analysis of the data.</li> <li>c. This staffing data is reported to the Senior Nurse Group and posted on the Trust intranet site. The Unify staffing data is published monthly on the Trust internet site and NHS choices.</li> </ul> <p><b>Annual nursing skill mix review</b></p> <p>The National Quality Board guidance (2013) recommends that Trusts undertake a formal review of their inpatient nurse staffing on a biannual basis with recommendations made to the Board by the Chief Nurse. The decision was made by the Chief Nurse to annually review all nursing services ( Appendix 1) using where appropriate a Nationally recognised tool as there is no single nursing staff to patient ratio that can be applied across the whole range of wards/services to safely meet patients' nursing needs</p>
2	<p><b>Findings from Actual v's Predicted nurse staffing</b></p> <ul style="list-style-type: none"> <li>• <b>Planned staffing with actual 'fill rate' per shift with differentiation between Registered Nurses (RN) and Health Care Assistants (HCA).</b></li> </ul> <p>The table in Appendix 2 provides the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments.</p> <ul style="list-style-type: none"> <li>a. Tabulated fill rates of less than 80% or greater than 120% (national thresholds) are shaded red &amp; lilac respectively and exceptions are reported in the comments box. Senior Sisters / Charge Nurses are required to indicate the reasons for their staffing levels being above or below those planned. To note there are examples where below planned staffing is acceptable when mapped to bed occupancy/patient dependency.</li> </ul>

**Table 1 – Number of wards below average 80% fill**

	May**	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
RN day	4	4	3	5	6	5	10	9	11	10	10	8
RN night	9	10	2	13	3	13	15	14	16	16	14	11
HCA day	1	2	7	4	8	2	3	3	2	3	1	4
HCA night	2	1	2	2	3	2	1	2	2	2	2	3
Total	16	17	14	24	20	22	29	28	31	31	27	26
Total %	22	23	19	32	27	30	39	38	42	42	37	35

\*\* Planned flexing of staffing at weekends and bank holidays included from this date onwards

**Table 2 - Monthly average% Trust fill rate**

	May*	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
RN day	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6	87.3	88.4	90.8
RN night	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6	87.8	87.1	88.5
HCA day	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3	115.1	112.5	110.1	114.7
HCA night	122	123	117.9	122.5	118.1	121.7	131.4	131.5	130.5	132.1	131.7	127.2

\* Planned flexing of staffing at weekends and bank holidays included from this date onwards

Summary

**Table 1**

*Results for April* - This shows that there has been a slight improvement in the number of wards falling below the 80% fill rate required, this equates to 35% of all inpatient wards. Of these 22% is shortages of RN's on days and 30% RN's on nights. This in part remains due to the rate of Maternity leave in some areas, ongoing vacancies and short/long term sickness.

There are a number of retention and recruitment initiatives in progress which includes attendance at further jobs fairs where the plan is to interview and make offers of employment on the day.

**Table 2.**

*Results for April* - The average fill rate for RN's both days & nights has improved and particularly for days is now 90%. Fill rate for HCA's remains healthy, in part supporting some of the RN shortages but also supporting patient complexities requiring enhanced observations.

	<p>Factors continue to include:</p> <ul style="list-style-type: none"> <li>• Unfilled funded RN vacancies.</li> <li>• 1:1 observations/enhanced care of some patients in a number of wards requiring an over fill.</li> <li>• High acuity of patients in the majority of wards.</li> <li>• Flex capacity being utilised on CHU and D7,– following risk assessment.</li> <li>• Some ‘cross floor’ working in Beynon Short Stay,C18 &amp;19, A5 &amp; A6, A12&amp; A14 has ensured safety whilst supporting efficiency.</li> <li>• Accepted reduction in planned staffing mapped to patient dependency in ICCU &amp; Hilton Main PACU as per National Guidance.</li> </ul> <p><b>b.</b> Ward A5/ A6 continues to have 12 beds closed to support the staffing deficit pending the ongoing recruitment.</p> <p><b>c. Lord Carter , workforce efficiency collaborative</b></p> <p>The Trust supported the pilot capture of CHPPD( Care hours per patient day) in April. This included reporting actual vs predicted staffing data alongside the number of occupied beds at midnight.The Trust will be required to report data in the new format from June.</p> <p>This proposed new metric does not capture any patient dependency or activity through the ward in the 24 hours period so will only demonstrate part of the elements to be considered when formulating the staffing establishment for a ward.</p> <p>E roster efficiency exploration is in progress, a scoping and working group has been established. This group will complete some of the necessary ground work before the upgrade of the current version of E-roster software later this year.</p>
3	<p><b>Annual nursing skill mix review</b></p> <ul style="list-style-type: none"> <li>• A nursing skill mix review programme commenced April 2016, this review incorporates all nursing services (Appendix1)</li> <li>• Daily patient dependency on inpatient wards at New Cross continues to be collected via Safehands system</li> </ul> <p><b>Skill mix methodology</b></p> <ol style="list-style-type: none"> <li>1. The Biannual skill mix review of each Adult inpatient ward was undertaken in January 2016. This was done utilising NICE staffing guidance, Hurst Dependency tool and professional judgement.</li> <li>2. The Biannual skill mix review of the Paediatric inpatient ward was undertaken in January 2016. This was done utilising RCN staffing guidance (Defining Staffing Levels for Children and young people’s services 2013) and modified PANDA Dependency tool</li> </ol>

3. The annual skill mix review of Health Visiting was undertaken in February 2016 utilising the Benson model
4. The annual skill mix review of School nursing was undertaken in February 2016 utilising professional judgement as there is no validated tool for this service

Heads of Nursing for both Divisions validated and reviewed the data with the nominated Matron applying professional judgement regards location, specialism, acuity etc.

The Chief Nurse alongside the Deputy Chief Nurse undertook a confirm and challenge session with both Heads of Nursing which concluded the staffing changes required for both qualified and unqualified nursing posts within Division 1 & Division 2

### **Skill mix conclusion**

#### Adult inpatient

- The review identified a number of deficits across both Divisions, the greatest being in Division 2. The nursing group with the highest deficit is unqualified; the deficit in relation to qualified is in relation to NICE guidance in recommending a nurse ratio of 1:8 clinical care delivery, which would require 4 registrants as a minimum on a 28 bedded ward to deliver clinical care.
- Some areas identified excess which would allow establishment movement at local level however the decision was taken not to make any changes at this time but wait the impact of recruiting to the current qualified vacancies and repeat the planned review in June (Appendix3).

#### Paediatric inpatient

- The review identified a deficit of qualified staff but excess of unqualified staff, at the confirm and challenge meeting the decision was taken to make no amendments at this time but await the impact of recruiting to the current qualified vacancies, and repeat the review as planned in June.

#### Health Visiting

- The review identified a deficit of qualified staff, at the confirm and challenge meeting the decision was taken to make no changes at this time as work is on-going in regards to the unqualified nurse scope of practice and this could have an impact on the future staffing requirements.

#### School Nursing

- There is no national workforce tool for School Nursing. The service is currently commissioned by the Local Authority. The current workforce is based on activity as it was in 2010 and there has been a 10.37% increase in caseload size. The decision was taken to make no changes at the present but to scope in partnership with Health Visiting what the service requirements would be to deliver the holistic service from ages 0-19 to fit with the 'The 0-19 The Healthy Child Programme' (HCP). This programme sets out a recommended framework for services for children and young people to promote health and wellbeing, prevent ill health and provide early intervention when required. The HCP delivers universal services to all children and families including routine screening and development checks. Through the programme, families in need of additional support and children

who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce inequalities

**Recommendations**

1. Not to pursue an imminent business case due to the present recruitment challenges but to await the following:
  - Impact of the overseas recruitment of qualified nurses into the current vacant positions
  - Continue to develop the Lord Carter work streams in relation to nursing workforce which includes Care Hours per Patient Day (CHPPD) and e-rostering effectiveness
  - Collaborative working with HR with regards to the Recruitment and Retention Strategy
  - Further exploration of new roles in bands 1-4
  - Outcome of review of the impact of delivering 'The Healthy Child Programme 0-19'

## Appendix 1 - Skill mix review programme

Staffing review plan 2016													
	January	February	March	April	May	June	July	August	September	October	November	December	Jan-17
Adult inpatient wards	Acuity data using Hurst	1. Review acuity result 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix					Acuity data using Hurst	1. Review acuity result 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>Div 1 31st Aug, Div 2 30th Aug</b>					
Paediatric inpatient wards	Acuity data using modified Panda	1. Review acuity result 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix					Acuity data using modified Panda	1. Review acuity result 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>Div 1 31st Aug</b>					
Maternity			Staffing review using Birth rate Plus	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>10th May</b>									
Neonatal and TC			Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>10th May</b>									
ICCU			Staffing review using guidelines for the provision of intensive care	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>10th May</b>									
Assessment units AMU, SAU, Durnall					Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>20th June</b>							
Health Visiting		Staffing review using Benson model	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>27th April</b>										



	January	February	March	April	May	June	July	August	September	October	November	December	Jan-17
Adult community services					Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>28th June</b>							
Children Community Services and School nursing					Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>28th June</b>							
Emergency Services											Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>21st December</b>	
Day case units				Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>31st May</b>								
Theatres		Staffing review using Association for Perioperative Practice guidance.	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>27th April</b>										
Nurse Specialists teams									Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>1st November</b>			
Outpatients				Staffing review	1. Review results 2. Apply professional judgement 3. Chief nurse challenge + sign off skill mix <b>31st May</b>								

Appendix 2 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – April 2016

Ward	Amber = Fill rate $\geq$ 120% or $\leq$ 80%				Rationale		Nurse Sensitive Indicators					Vacancies wte		Comments
	Average fill rate – RN's / midwives Day	Average fill rate – HCA Day	Average fill rate – RN's / midwives Night	Average fill rate – HCA Night	HCA instead of RN ✓	Bank Unable to fill ✓	Falls with Harm	Late Obs %	Avoidable PU's	Staffing Breaches	Hospital Acquired Infections	RN	HCA	
A5	92.8%	124.4%	100.0%	146.7%				20		3		7.93	-2.6	Some shifts covered with extra HCAs due to patients requiring 1:1 supervision.
A6	83.3%	113.9%	105.0%	118.3%				14		8		8.6	-2.14	.
A7	83.5%	123.2%	82.8%	104.8%				9	3	3		5.39	0.92	
A8	92.6%	98.4%	87.1%	109.7%				7		1		0.63	-0.89	
A9	87.2%	96.7%	82.2%	125.0%		✓		24	2			5.58	0.41	Area remained safe.

A12	86.5%	154.4%	68.8%	235.5%	✓	✓		11		4	0.75	1.95	There have been a minimum of 2 trained on shift with 2-3 HCA's which has been assessed on the dependency level of patients on a daily basis. Ward remained at amber – no red shifts.
A14	93.1%	150.0%	73.1%	203.2%	✓	✓		10			4.0		Nights are covered with 2:2 nurses on a majority of occasions. 1:1 enhanced care has been used for dementia patients. Ward safe
A23	94.4%	96.7%	89.4%	100.0%				6		7	3.95	-0.89	
B7	92.2%	114.5%	64.5%	216.1%	✓	✓		8		2	3.66	-1.2	HCA used to backfill RN vacancies and additional used to provide enhanced level of observation
Bey SS	74.9%	78.9%	100.0%	100.0%		✓		7			4.43	-0.91	Nights (most vulnerable time due to logistics of area) covered as the priority. The Band 7 is working clinically due to high vacancy factor. Area has remained safe. No red shifts.
C16	101.4%	114.7%	72.2%	130.0%	✓	✓		16		1	3.03	-0.58	HCA used to backfill RN vacancies

C17	97.2%	104.4%	100.0%	100.0%				13	1			0.9	1.36	
C18	82.0%	120.8%	77.8%	101.7%	✓	✓		7				5.95	1.93	C18 – Staff moved to support other areas, bank staff cancelled and sickness.
C19	75.7%	143.3%	68.9%	135.0%	✓	✓		6		1		2.95	-1.22	C19 – Band 2's used to back fill C18 & C17 support staffing reviewed daily against current patients to ensure safety is maintained
AMU (C58)	99.3%	107.0%	93.5%	120.2%	✓	✓		17		2		6.31	-3.15	HCA used to back fill RN vacancies. Ward safe
C22	93.2%	103.9%	98.4%	145.2%				7					-1.56	HCA used to provide enhanced level of observation
C24	97.6%	102.0%	71.1%	141.7%	✓	✓		7	1	1		4.86	-1.22	HCA used to backfill RN vacancies. Ward safe
C25	98.1%	109.3%	70.0%	146.7%	✓	✓		19			1	4.2	0.99	HCA used to backfill RN vacancies. Ward safe
CHU	80.3%	96.1%	98.9%	96.7%				8			3	8.56	0.83	

Deansley - C35	73.7%	114.5%	95.2%	109.7%	✓	✓		6			1	6.18	-1.23	Shortfall is due to the vacancies. Used Bank staff to backfill vacancies. Ward safe
Maternity – D10	96.2%	111.3%	75.8%	103.3%		✓		N/A		2		-0.73	0.83	RM's deficit at night was due to short term sickness that impacted on night shifts. No adverse outcomes as a consequence and staff moved around the unit to accommodate any high periods of activity to keep areas safe.
Cardiology – B14	95.1%	176.6%	100.9%	91.1%				4		2		2.32	1.0	Extra HCA on days to support with confused patients.
Cardio-thoracic – B8	90.2%	116.1%	95.6%	110.7%				8				3.54	-0.52	
West Park 1	108.7%	143.3%	101.7%	206.7%				N/A				-1.67	0.42	High dependency patients requiring enhanced care provided by band 2
West Park 2	72.6%	135.9%	103.2%	140.3%	✓	✓		N/A		1		3.0	0.2	High dependency patients requiring enhanced care provided by band 2. Ward safe

West Park 3	73.3%	147.6%	100.0%	128.3%	✓	✓		N/A		4	2.94	-0.59	High level of sickness at 19.4% supported where possible with band 2  High dependency patients requiring enhanced care provided by band 2. Ward safety maintained by pulling staff from other areas to support
NRU	54.2%	220.0%	100.0%	270.0%	✓	✓		N/A			6.05	-0.16	RN vacancies remain difficult to fill and sickness level is increasing. High dependency patients requiring enhanced care provided by band 2. Ward safe by pulling staff from other areas to support
Neonatal Unit	119.3%	68.3%	107.6%	96.7%				N/A		1	0.96	-0.22	Trained staff are above agreed requirements thus safety has been maintained. Also, SCBU numbers lower, hence the need for less staff. No safety concerns for any shift within the month.
A21	92.5%	56.7%	96.0%	76.7%				N/A		8	4.76	0.73	Some amber days- some tasks undertaken by the ward housekeeper plus students who have worked under the supervision of registered nurses. Area remained safe.

ASU - B12	92.5%	98.4%	93.5%	91.9%				15		2		4.0	4.29	
C41	100.8%	102.9%	91.1%	113.3%				1					0.22	
D7	108.8%	97.5%	66.7%	186.7%	✓	✓		12		1		0.76	-0.58	Additional HCA booked to ensure ward safe at night
ICCU	88.9%	87.8%	82.7%	96.7%				72		1		12.65	1.69	
Fairoak - CCH	75.6%	116.6%	96.8%	96.8%	✓	✓		N/A		1		2.25	0.6	Additional HCA booked to ensure ward safe
Hilton Main - CCH	71.1%	96.9%	80.2%	78.3%				N/A				8.8	0.38	The ward has been staffed safely according to the planned daily activity; the Senior Sister is aware in advance of the theatre lists and is moving staff to facilitate the number of inpatients each day. Staff are providing cover by changing shifts at short notice; staff are also working across the inpatient, day case and recovery areas to ensure safe staffing levels. The Band 7s are also working clinically to cover shortfalls. There have been no incidents relating to staffing levels.

C15	91.9%	146.7%	66.7%	273.3%	✓	✓							4.0	-0.5	HCA used to backfill RN vacancies, in addition newly qualified band 5 rostered as HCA; HCA used to provide enhanced level of observation at night & cover ward assistant vacancy during day.	
PAU	100.0%	66.7%	100.0%	66.7%					10	4			1	-	-	As previous comments for NNU and A21 There has been an impact upon flow in PAU, but as trained staffing has been optimal during the month, the full impact of low HCA numbers has been reduced.
									N/A							



Appendix 3 - Adult and Paediatric inpatient wards

Nursing Biannual Skill Mix Review January 2016												
Ward	Budgeted		Total WTE	Acuity total		Required		Excess		Deficit		Head of Nursing Comments
	Qual	Unqual		Qual	Unqual	Qual	Unqual	Qual	Unqual	Qual	Unqual	
A12	21.63	11.98	33.61	36.11	23.2	11	34.2		0.98	1.57		No change required
A14	22.16	10.5	32.66	14.58	23.2	11	34.2			1.57	0.5	No change required
A21	50.02	14.17	64.19		54.1	10.4	64.5		3.77	4.08		No change required
A23	15.17	5.71	20.88	7.77	14.5	9.2	23.7	0.67			3.49	Directorate are considering increasing bed capacity to 18 this will require a revised skill mix which will incorporate all elements
A5	22.36	13.76	36.12	24.51	20.3	15.4	35.7	2.06			1.64	No change required
A6	22.35	12.96	35.31	15.13	20.3	15.4	35.7	2.05			2.44	No change required
Hilton main	17.9	13.14	31.04	22.7	18.4	13.2	31.6			0.5	0.06	No change required
D7	22.76	5.01	27.77	26.83	22.3	6.7	29	0.46			1.69	No change required
B8	36.53	7.99	44.52	32.68	36	7.8	43.8	0.53	0.19			No change required
B14	45.4	7.72	53.12	48.77	42.6	10.4	53	2.8			2.68	No change required
C15	18.6	8	26.6	26.73	18.6	7.8	26.4		0.2			no change required
C16	20.03	11.19	31.22	34.71	21.1	12.7	33.8			1.07	1.51	Due to number of current vacancies professional judgement decision deferred
C17	16	6	22	23.29	14.2	6.9	21.1	1.8			0.9	no change required
C18	22.99	10.31	33.3	30.28	21.9	10.5	32.4	1.09			0.2	no change required
C19	23.45	6.94	30.39	36.68	21.9	10.5	32.4	1.55			6.44	no change required
C22	22.03	10.4	32.43	20.86	19.3	15.1	34.4	2.73			8.99	Directorate to consider business case to support enhanced observation of patients
C24	19.58	10.43	30.01	36.32	21.1	14.4	35.5			1.52	3.97	Due to number of current vacancies professional judgement decision deferred
C25	20.4	11.83	32.23	38.47	22.3	14.4	36.7			1.9	2.57	Due to number of current vacancies professional judgement decision deferred
B7	19	7.7	26.7	24.07	17.8	8.9	26.7	1.2			1.2	no change required
C41	24.4	14.3	38.7	33.09	25.9	15.3	41.2			1.5	1	no change required
A7	24.83	14.17	39	33.79	25.9	12.9	38.8		1.27	1.07		no change required
A8	24.9	13.4	38.3	42.14	25.9	12.9	38.8		0.5	1		no change required
ASU	22.6	15.33	37.93	26.41	23.8	14.6	38.4		0.73	1.2		no change required
Deanesly	17.93	5.3	23.23	23.67	15.4	10.4	25.8	2.53			5.1	Due to number of current vacancies professional judgement decision deferred
CHU	29.57	9.99	39.56	31.92	24.5	12.9	37.4	5.07			2.91	Due to number of current vacancies professional judgement decision deferred
Ward 1	14.6	13.68	28.28	21.7	13.9	12.3	26.2	0.7	1.38			no change required
Ward 2	15.6	14.6	30.2	31	15.6	14.9	30.5				0.3	no change required
Ward 3	15.6	14.68	30.28	32.72	15.6	14.9	30.5				0.3	no change required
NRU	12.31	7.68	19.99	10.38	12.2	7.2	19.4	0.11	0.48			no change required
Fairoak	15.87	15.54	31.41	35.5	17.3	16.1	33.4			1.43	0.56	no change required
								25.35	9.5	18.41	48.45	