

**CENTRAL LONDON COMMUNITY HEALTHCARE  
 TRUST BOARD PAPER  
 JULY 2014**

<b>Report title:</b>	Monthly Nurse Staffing Report and Six Month Nursing Skill Mix Review
<b>Agenda item number:</b>	3.4
<b>Report of:</b>	Chief Nurse and Director of Quality Governance
<b>Contact Officer:</b>	Chief Nurse and Director of quality Governance
<b>Relevant CLCH 14/15 Goal:</b>	1
<b>Freedom of Information Status</b>	Report can be made public

**Executive Summary:** This report provided the monthly performance against our set staffing numbers for in-patient beds as per the joint guidance to Trusts on the delivery of the ‘Hard Truths’ commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels.

The report also considers a range of our quality indicators alongside the staffing of these wards and units.

Additionally the paper reconfirms the nurse staffing numbers for the wards and units as well as noting a change of staffing for our two inner borough rehabilitation units; Athlone and Alexandra.

**Assurance provided:** Continued monitoring of staffing in line with national guidance. Continued six monthly reviews considering our staffing against the most up to date guidance.

**Report provenance:** NA

**Report for:** Decision  Discussion  Information

## **1. Purpose**

- 1.1 To provide the Trust Board with assurance that the Hard Truths Commitments are being appropriately actioned and that the Trust is managing minimum staffing levels appropriately.

## **2. Introduction**

- 2.1 NHS England and the Care Quality Commission have issued joint guidance to Trusts on the delivery of the 'Hard Truths' commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels. The Trust Board has, in line with the guidance, approved minimum staffing levels for all bedded units across the Trust (Appendix One) and has received the action plan outlining the Trust's commitment to meeting the national requirements. In June 2014 the Trust Board received the first report on actual staffing levels against agreed minimum staffing levels.
- 2.2 This paper is the first of the 6 monthly reports required within the Hard Truths Commitment, which informs the Trust Board not only of the monthly staffing levels but also of any adverse effects on quality. The paper also seeks to provide assurance both for the Trust Board and the public that any issues related to ward staffing are taken very seriously both by front line staff and the organisation as a whole.
- 2.3 Assurance is also provided within this paper that the Trust has met all of its commitments as outlined in the the guidance issued by Jane Cummings, Chief Nursing Officer for England, and Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission and our staffing information submitted to NHS Choices and displayed on our website.

<http://www.clch.nhs.uk/health-professionals/providing-quality-services/staffing-levels.aspx>

## **3. Report**

### **3.1 Monthly Summary of Staffing Levels and Associated Quality Indicators**

100% of the Trust's in-patient units submitted complete data on time, which has been reported to the national database via UNIFY.

Overall the Trust average fill rate for nursing and care staff was 116% (Appendix One).

Detailed below is each bedded unit and a description of any concerns related to staffing levels or quality indicators. Appendix Three outlines the quality indicators across all units.

#### **3.1.1 Garside Nursing Home Staffing**

Fully staffed. 5% unfilled Registered Nursing shifts overall related to sickness this month. Garside is part of a protracted procurement process which has resulted in retention and recruitment issues for permanent staff. The issue is on the CLCH risk register.

### **Quality of Care**

There were no care issues which related directly to levels of staffing. There was a medication incident and a fall causing harm in June but these were on days when the unit was fully staffed.

The PREMs data remains below target with a Friends and Family Test (NPS) of 72 against a target of 85 and the unit team are currently repeating extra patient surveys to ascertain if this is related to numbers of staff.

### **3.1.2 Athlone Nursing Home**

#### **Staffing**

Staffing challenges remain in relation to fill rates for Registered Nurses which is at 78% during the day for June due to sickness and staff vacancy. This is being mitigated presently by the continued support from SMART Bank temporary staffing office and/or Nursing Agencies. It is easier to fill night shifts with Bank staff than during the day hence the 100% staffing at night. Extra HCA staff have been employed where it has not been possible to book a registered nurse. There is always enough registered nurse cover to supervise the care on the unit but the lack of staff causes a great strain on the registered nurse workforce. Athlone is part of a protracted procurement process which has resulted in retention and recruitment issues for permanent staff. The risk is on the CLCH risk register.

#### **Quality of Care**

There was a pressure ulcer incident in June which could be related to a shortage of registered nurses and the nursing team have been reminded of the pressure ulcer policy and the need to escalate concerns at an early stage.

### **3.1.3 Jade Ward**

#### **Staffing**

Staffing levels remain slightly increased to support the complexity of patient care, and the additional beds being open on the unit. Where nursing staff have been unavailable due to sickness/unavailability on night shift, falling to 80%, this has been mitigated by the use of additional support staff.

#### **Quality of Care**

The ward had one complaint, 6 medication errors and 1 fall causing harm, in June. These incidents were not directly related to staffing levels and a review of nursing competencies is being rolled out on the ward over August and September.

### **3.1.4 Marjorie Warren Ward**

#### **Staffing**

The over use of HCAs has been an issue due to the Rehabilitation Support Workers seeing themselves as a separate staff group within the ward, and focusing exclusively on therapy, delegating patient care needs to the nursing staff and health care assistants. This has now been resolved and they are now on the rota, and are part of the ward staffing numbers. There was a slight shortfall of registered nurses at night (96%) due to sickness but this was compensated for by the extra use of HCAs.

#### **Quality of Care**

The quality of care remains a concern on Marjory Warren Ward but incidents and poor care are not directly related to the numbers of staff but the skills and behaviours of staff. A quality Action Team (QAT) is currently running on this ward which includes the assessment of all staff competencies together with an associated development programme. Despite the issues raised, the ward scores 100 on its family and Friends Test.

### 3.1.5 Pembridge Unit

#### Staffing

This is a small service, where occasional altered staffing levels impact upon total percentage. Reduced staffing predominantly due to sickness is managed on a daily basis, depending upon levels of occupancy.

#### Quality of Care

There was one fall resulting in harm in June but this was not related to staffing levels. The unit remains high on all other quality indicators.

### 3.1.6 Princess Louise Nursing Home

#### Staffing

PLK is part of a protracted procurement process which has resulted in retention and recruitment issues for permanent staff. The risk is on the CLCH risk register. The unit has managed to meet minimum requirements for all shifts except only attaining 95% for registered nursing on day shifts.

#### Quality of Care

The unit has had a medication error and two falls causing harm in June which may be related not to the numbers but the permanency of the staff on the unit. This has been highlighted with the unit staff to ensure temporary staff receive the correct supervision and support.

### 3.1.7 Athlone Rehab

#### Staffing

The Trust board agreed minimum staffing numbers for the unit and this months staffing has been measured against those numbers. However, after further discussion with the front line staff, Divisional team and Chief Nurse and Quality team it is recommended that those number are adjusted. This is predominantly because of the multi-skilled working undertaken by the allied healthcare professionals on the unit which slightly reducing the need for registered nurses. The Trust Board is asked to agree the changes to the minimum staffing as set out below. Numbers in brackets represent staffing agreed previously and non bracket represents new recommended numbers.

Athlone House Rehabilitation – 23 beds 2 FLOORS				
Shift	Staffing ratio	Minimum RN's per Shift	Minimum HCA's per shift	Supervisory RN
Early	1 nurse to 5 pt ratio 50/50 RN to HCA split (due to layout)	2 (3)	4(3)	1
Late	1 nurse to 5 pt ratio 50/50 RN to HCA split	2 (3)	4(3)	0
Night	1 nurse to 7 pt ratio 50/50 RN to HCA split	2	2	0

#### Quality of Care

The Quality indicators remains stable with two falls causing harm this month which are unrelated to staffing numbers. The Family and Friends Test is low at 60 and an action plan is being developed to ensure this improves.

### 3.1.8 Alexandra Rehab /

As above, the Trust board agreed minimum staffing numbers for the unit and this months staffing has been measured against those numbers. However, after further discussion with the front line staff, Divisional team and Chief Nurse and Quality team it is recommended that those numbers are adjusted. This is predominantly because of the multi-skilled working undertaken by the allied healthcare professionals on the unit which slightly reducing the need for registered nurses. The Trust Board is asked to agree the changes to the minimum staffing as set out below. Numbers in brackets represent staffing agreed previously and non bracket represents new recommended numbers.

Princess Louise Rehabilitation/ Alexandra – 11 beds				
Shift	Staffing ratio	Minimum RN's per Shift	Minimum HCA's per shift	Supervisory RN
Early	1 staff to 5 pt ratio 50/50 RN to HCA split	1	2	1
Late	1 staff to 5 pt ratio 50/50 RN to HCA split	1	1 (2)	0
Night	1 staff to 7 pt ratio 50/50 RN to HCA split	1	1	0

#### Quality of Care

There was one fall causing harm which was not related to staffing levels but the unit remains high on all other quality indicators.

### 3.2 Hard Truths Action Plan

The Trust has achieved all actions required within the required timescale, details of which can be seen in Appendix Four. The Trust has been commended by NHS England for the help and support it has given to enabling the correct collection of data from community Trusts and ensuring the reporting system nationally is fit for purpose. The Trust is also involved in the development of staffing data for community nursing teams, though this is not yet a national requirement.

The public have access to the Trust's staffing data via the website and all wards and units have large boards which indicate daily staffing against minimum requirements, together with the Chief Nurse's email and contact details for if they have any concerns. To date there have been no visitor or patient concerns highlighted to the Chief Nurse.

### 3.3 Conclusion

The Trust has worked hard to meet the national Hard Truths Commitments and staff and corporate departments have worked well together to ensure the requirements have been met.

The Trust has adjusted its staffing establishments to meet the required numbers and has a clear policy of approving all staffing requests related to minimum numbers of staff or quality of care. Inevitably at times it will be difficult to staff to the full levels particularly to cover short term sickness but this is quickly highlighted and risk assessed.

The Quality Directorate are working on further developing the analysis of staffing levels related to quality indicators and in the December report will also include a comparison between actual incidents and staffing / temporary staffing levels.

**4. Quality Implications and Clinical Input**

The implications of staffing levels falling below minimum numbers for a prolonged amount of time are significant and evidence strongly points to time Safe staffing levels have been implemented, and are being reported.

Incidents are being reviewed, and actions plans agreed between the Quality team and the operational team. Weekly review is in place when required.

**5. Equality Implications**

The majority of patients using continuing care beds are elderly and frail, many with reduced mental capacity. The Trust therefore recognises that importance of ensuring staffing levels are maintained at least at minimum levels so as not to compromise the safety of these vulnerable patients.

**6. Comments of the Director of Finance, Performance & Corporate Resources**

Financial implications have been raised with commissioners regarding the staffing issues as a result of the transfer of the continuing care beds and agreement has been reached to fund the extra staffing costs. The finance team have worked closely with the operational and quality teams to re-adjust the staffing budgets in line with the agreed minimum staffing numbers.

Procedures are in place for the escalation of

**7. Risks and Mitigating Actions**

As described in section 3. The risk relating to poor retention of staff in the continuing care homes has been added to the Trust risk register and is currently risk rated as 16 with a target rating of 6.

**8. Consultation with Partner Organisations**

This paper will be shared with the Trust's commissioning CCGs and monthly mandatory returns have been submitted on time.

**9. Monitoring Performance**

With the database designed in house, staffing levels can be checked daily by any staff member who is given authorisation to use the system. This includes all Directors and Board members. to the system. The Chief Nurse.

**10. Recommendations**

10.1 The Board is asked to confirm assurance in relation to the action being taken against the Hard Truth Commitments.

10.2 The Board is asked to note the staffing levels and associated quality implications for June.

## Appendix One – Minimum Staffing Levels Agreed by Trust Board April 2014

### Continuing Care Beds

<b>Athlone House - 25 bed -2 FLOORS</b>				
Shift	Staffing ratio	Minimum RN's per Shift	Minimum HCA's per shift	Supervisory RN
Early	1 staff to 5 pts	2	4	1
Late	1 staff to 6 pts	2	3	0
Night	1 staff to 10 pts	2	2	0

<b>Garside House– 43 beds-3 FLOORS</b>				
Shift	Staffing ratio	Minimum RN's per Shift	Minimum HCA's per shift	Supervisory RN
Early	1 staff to 5 pts	3	6	1
Late	1 staff to 6 pts	3	6	0
Night	1 staff to 10 pts	3	4	0

<b>Princess Louise – 51 beds-2 FLOORS</b>				
Shift	Staffing ratio	Minimum RN's per Shift	Minimum HCA's per shift	Supervisory RN
Early	1 staff to 5 pts	4	8	1
Late	1 staff to 6 pts	4	8	0
Night	1 staff to 10 pts	2	6	0

### Bedded Rehabilitation

<b>Jade Ward – 21 beds</b>				
Shift	Staffing ratio	Minimum RN's per Shift	Minimum HCA's per shift	Supervisory RN
Early	1 nurse to 5 pt ratio 50/50 RN to HCA split	3	3	1
Late	1 nurse to 5 pt ratio 50/50 RN to HCA split	3	3	0
Night	1 nurse to 7 pt ratio 50/50 RN to HCA split	3	2	0

<b>Marjorie Warren Ward – 34 beds</b>				
Shift	Staffing ratio	Recommended RN's per Shift	Recommended HCA's per shift	Supervisory RN
Early	1 nurse to 5 pt ratio 50/50 RN to HCA split	4	3	1
Late	1 nurse to 5 pt ratio 50/50 RN to HCA split	4	3	0
Night	1 nurse to 7 pt ratio 50/50 RN to HCA split	3	2	0

<b>Athlone House Rehabilitation – 23 beds 2 FLOORS</b>				
<b>Shift</b>	<b>Staffing ratio</b>	<b>Minimum RN's per Shift</b>	<b>Minimum HCA's per shift</b>	<b>Supervisory RN</b>
Early	1 nurse to 5 pt ratio 50/50 RN to HCA split (due to layout)	3	3	1
Late	1 nurse to 5 pt ratio 50/50 RN to HCA split	3	3	0
Night	1 nurse to 7 pt ratio 50/50 RN to HCA split	2	2	0

<b>Princess Louise/ Alexandra Rehabilitation – 11 beds</b>				
<b>Shift</b>	<b>Staffing ratio</b>	<b>Minimum RN's per Shift</b>	<b>Minimum HCA's per shift</b>	<b>Supervisory RN</b>
Early	1 staff to 5 pt ratio 50/50 RN to HCA split	1	2	1
Late	1 staff to 5 pt ratio 50/50 RN to HCA split	1	2	0
Night	1 staff to 7 pt ratio 50/50 RN to HCA split	1	1	0

Request to adjust Minimum Staffing Numbers following further review July 2014

<b>Athlone House Rehabilitation – 23 beds 2 FLOORS</b>				
<b>Shift</b>	<b>Staffing ratio</b>	<b>Minimum RN's per Shift</b>	<b>Minimum HCA's per shift</b>	<b>Supervisory RN</b>
Early	1 nurse to 5 pt ratio 50/50 RN to HCA split (due to layout)	2 (3)	4(3)	1
Late	1 nurse to 5 pt ratio 50/50 RN to HCA split	2 (3)	4(3)	0
Night	1 nurse to 7 pt ratio 50/50 RN to HCA split	2	2	0

<b>Princess Louise Rehabilitation/ Alenandra – 11 beds</b>				
<b>Shift</b>	<b>Staffing ratio</b>	<b>Minimum RN's per Shift</b>	<b>Minimum HCA's per shift</b>	<b>Supervisory RN</b>
Early	1 staff to 5 pt ratio 50/50 RN to HCA split	1	2	1
Late	1 staff to 5 pt ratio 50/50 RN to HCA split	1	1 (2)	0
Night	1 staff to 7 pt ratio 50/50 RN to HCA split	1	1	0



Appendix Two – Actual Staffing Levels compared to Agreed minimum Staffing Levels

	Day				Night				Day		Night	
	Registered nurses/		Care Staff		Registered nurses/		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Athlone House	1125	892.5	1575	1785	450	450	450	450	79%	113%	100%	100%
Ahlon Rehab	1575	945	1350	2850	450	457.5	450	667.5	60%	211%	102%	148%
Garside	1575	1785	2700	2257.5	675	892.5	900	900	113%	84%	132%	100%
Princess Louise	2025	1927.5	3600	3615	450	450	1350	1350	95%	100%	100%	100%
Alexandra Rerhab (PLK)	675	525	900	832.5	225	225	225	225	78%	93%	100%	100%
Jade	1575	1680	1350	1507.5	675	540	450	502.5	107%	112%	80%	112%
Marjory Warren	2025	2055	1350	1717.5	675	645	450	787.5	101%	127%	96%	175%
Pembridge	1350	1297.5	900	915	450	435	225	232.5	96%	102%	97%	103%
Whole Trust	11925	11107.5	13725	15480	4050	4095	4500	5115	91%	118%	101%	117%

### Appendix Three – Quality Indicators for all bedded Units

	Target	Athlone Nursing		Athlone Rehab		Jade		Marjory Warren		Garside		Pembridge		Princess Louise Nursing		Princess Louise Rehab	
		May-14	Jun-14	May-14	Jun-14	May-14	Jun-14	May-14	Jun-14	May-14	Jun-14	May-14	Jun-14	May-14	Jun-14	May-14	Jun-14
<b>A Positive Patient Experience</b>																	
Complaints	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
PALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Compliments	0	0	0	1	0	2	0	0	0	0	1	0	0	0	0	0	0
NPS	83	NA	NA	60	NA	NA	NA	100	NA	72	NA	NA	NA	100	NA	100	NA
<b>Preventing Harm</b>																	
<i>Incidents &amp; Risks</i>																	
Pressure Ulcer Incidents	0	1	1	0	0	0	0	1	0	0	0	1	0	1	0	0	0
Medication Incidents that caused harm	0	1	0	1	0	1	6	0	13	1	1	0	0	0	1	0	0
Falls that caused Harm	0	0	0	0	2	0	1	2	3	1	1	0	1	1	2	1	1
<i>NHS Safety Thermometer</i>																	
Proportion of Patients with Harm free care	98%	85%	88%	91%	90%	100%	100%	65%	87%	90%	97%	100%	83%	100%	93%	71%	75%
Proportion of Patients who did not have a Pressure Ulcer	98%	85%	88%	91%	90%	100%	100%	68%	87%	90%	97%	100%	92%	100%	93%	86%	88%
Proportion of Patients who did not have a Catheter Associated UTI	98%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	86%	88%
Proportion of Patients who did not have a Fall	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%
Proportion of Patients who did not have a Venous Thromboembolism	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Proportion of Patients who did not have any NEW Harms	98%	100%	100%	100%	95%	100%	100%	94%	100%	100%	100%	100%	83%	100%	98%	86%	88%
<b>Smart, Effective care</b>																	
Proportion of Services capturing Patients' Clinical Outcomes	90%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%

## Appendix Four Updated Hard Truths Commitments July 2014

### Timetable of Actions

	Action Required:	By When:	Frequency:	National Quality Board Expectation(s):	Further Guidance:	CLCH response:
A	<p>The Board receives a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report page 12 and reflects a realistic expectation of the impact of staffing on a range of factors.</p> <p>This report will:</p> <ul style="list-style-type: none"> <li>• Make recommendations to the Board which are considered and discussed</li> <li>• Is presented to and discussed at the public Board meeting</li> <li>• Prompts agreement of actions which are recorded and followed up on</li> <li>• Is posted on the Trust's public website along with all the other public Board papers</li> </ul>	June 2014	<b>1/4ly (national requirement biannually)</b>	1, 3 and 7	NQB pages 12, 18-22 and 42	<p><b>Completed</b></p> <p><b>The Board has agreed minimum staffing levels and is receiving monthly updates and a June staffing paper.</b></p>
B	<p>The Trust clearly displays information about the nurses, midwives and care staff present and planned in each clinical setting on each shift. This should be visible, clear and accurate, and it should include the full range of patient care support staff (HCA and band 4 staff) available in the area during each shift. It may be helpful to outline additional information that is held locally, such as the significance of different uniforms and titles used.</p>	From April and by June 2014 at the latest	Each shift	8	NQB pages 48-51	<p><b>Completed</b></p> <p><b>Each bedded unit will have a sign on entry to the ward with this information.</b></p> <p><b>When:</b> <b>31<sup>st</sup> May 2014</b></p>

Action Required:	By When:	Frequency:	National Quality Board Expectation(s):	Further Guidance:	CLCH response:
<p>To summarise, the displays should:</p> <ul style="list-style-type: none"> <li>• Be in an area within the clinical area that is accessible to patients, their families and carers</li> <li>• Explain the planned and actual numbers of staff for each shift (registered and non-registered)</li> <li>• Detail who is in charge of the shift</li> <li>• Describe what each member of the team's role is</li> <li>• Be accurate</li> </ul>					<p><b>The boards will be audited for accuracy on a 1/4ly basis and report in 1/4ly staffing report.</b></p>
<p>C</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</li> <li>• Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap</li> <li>• Evaluates risks associated with staffing issues</li> <li>• Seeks assurances regarding contingency planning, mitigating actions and incident reporting</li> <li>• Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</li> <li>• Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly 'safe staffing' area on a Trust website).</li> </ul>	<p>From April and by June 2014 at the latest</p>	<p>Monthly</p>	<p>1 and 7</p>	<p>NQB pages 12, 13 and 45</p>	<p><b>Completed Reporting tool developed for monthly reporting and presented to Board for the 1<sup>st</sup> time in May 2014.</b></p> <p><b>Staffing numbers published on Trust website in accessible form for patients from May 2014.</b></p>

Action Required:	By When:	Frequency:	National Quality Board Expectation(s):	Further Guidance:	CLCH response:
<p>D The Trust will ensure that the published monthly update report specified in Row C [i.e. the Board paper on expected and actual staffing] is available to the public via not only the Trust's website but also the relevant hospital(s) profiles on NHS Choices.</p> <p>The latter can be achieved either by placing a link to the report that is hosted on the Trust website on the relevant hospital(s)' newsfeed on their NHS Choices webpage or by uploading the relevant document to the relevant hospital(s)' NHS Choices newsfeed. For Trusts with multiple hospital sites that have their own NHS Choices webpages, this will require the separate posting of the Trust Board report to each hospital newsfeed. However, this is likely to reach more patients given that patients tend to review hospital, not Trust, NHS Choices webpages. This approach will also allow you to highlight hospital-specific plans and achievements, which may be of particular interest to a public audience.</p> <p>Given these requirements, the update reports should be written in a form that is accessible and understandable to patients and the public. This is likely to include ensuring that the information on staffing is not embedded within hundreds of pages of other Board papers.</p> <p>NHS Choices will also be liaising directly with each Trust's web editors with further information.</p>	By June 2014	Monthly	1 and 7		<b>Completed Board reports will also be posted on the web site</b>

Action Required:		By When:	Frequency:	National Quality Board Expectation(s):	Further Guidance:	CLCH response:
E	<p>The Trust:</p> <ul style="list-style-type: none"> <li>• Reviews the actual versus planned staffing on a shift by shift basis</li> <li>• Responds to address gaps or shortages where these are identified</li> <li>• Uses systems and processes such as e-rostering and escalation and contingency plans to make the most of resources and optimise care</li> </ul>	Immediate	Each Shift	2	NQB pages 16 and 17	<b>As per section C</b>

July 2014