

The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD MEETING

Held on Thursday 1 November 2012 at 9.30 am
Seminar Rooms 1&2, Shropshire Education & Conference Centre,
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Mr M Beardwell	Acting Chair
	Mr B Simms	Non-Executive Director
	Mr D Jones	Non-Executive Director
	Dr P Vernon	Non-Executive Director
	Dr S Walford	Non-Executive Director
	Mr P Herring	Chief Executive
	Dr A Fraser	Medical Director
	Mrs S Bloomfield	Deputy Chief Nurse (Rep Director of Quality & Safety)
	Mrs J Price	Deputy Finance Director (Rep Finance Director)
	Mrs J Clarke	Company Secretary (DCRM)
In attendance:	Mr A Osborne	Communications Director
	Mrs V Maher	Workforce Director
	Ms M Devitt	PA to Director of Compliance & Risk Management
	Dr J Morgan	Observer from Montgomery CHC
Apologies:	Mr R Hooper	Non-Executive Director
	Mr N Nisbet	Finance Director
	Mrs V Morris	Director of Quality & Safety / Chief Nurse
	Mrs M Fellows	Telford & Wrekin Links Representative

2012.1.118 WELCOME

The Acting Chair welcomed Board Members and observers to the meeting. The Board were advised that Barbara Graham, Committee Secretary was unable to attend the meeting due to ill health and Board Members forwarded their best wishes.

2012.1/119 CHAIRMAN'S AWARD

Clare Walsgrove, Matron, Emergency & Critical Care Centre, attended the Board to provide the citation for the Chairman's Award presentation to Sandra Copson, ITU Sister, RSH. The Board were advised that Sandra was nominated for the award by a family following a tragedy on a camping holiday, during May 2012, whereby fumes from a barbeque led to the death of their 14 year old daughter, and left her younger brother in a critical condition.

It was recognised that, in times like these, the skills and compassion of NHS staff truly come into play, and it was noted that Sandra Copson had been commended not just in a Chairman's Award nomination but also in two national NHS Heroes nominations.

The Acting Chair advised of the timeliness of the Award, as later this month, events would be held across the Country to mark National Carbon Monoxide Week, and paid tribute to Sandra's compassion, skills and support for the family.

2012.1/120 DECLARATION OF INTEREST by members in relation to any matters on the agenda

There were no declarations of interest in respect of the Agenda.

It was **CONFIRMED** that the paper outlining Board Members' interests was correct and the Board **NOTED** the paper.

2012.1/121 MINUTES OF THE MEETING HELD IN PUBLIC on 27 September 2012

It was pointed out that on page 3 of the minutes, paragraph 3 should read, "... at the London Olympics."

It was also noted that Cathy Briggs' title was Sister and not, "Staff Nurse" as stated in the minutes.

The Workforce Director referred to page 8, under item 2012.1/113, and confirmed that with regard to Health & Wellbeing, a suite of management training was being introduced and an update would be presented to the January Board.

Dr Vernon (NED) referred to item 2012.1/114.4, and advised that the Trust was not rated in the bottom 20%, and it was agreed that this would be removed from the minutes.

The Board **APPROVED** the Minutes subject to these amendments.

2012.1/122 MATTERS ARISING FROM BOARD MEETING HELD 27 SEPTEMBER 2012

94.2 – Learning Disability Update

The Board were advised that an update was included in the Quality Report which would feature later on the agenda. **Action Complete**

110.1 – Breast Screening

It was **AGREED** that this item about siting of programme would be **carried forward** to January 2013 as part of FCHS update.

110.2 – Safeguarding Annual Report

The Deputy Chief Nurse advised the Board that arrangements had been made to take the suggestion in terms of setting KPI targets to the Safeguarding Committee on 17th November 2012. **Action Complete**

It was noted that checks had been made with regard to possible duplication following the introduction of the Passport document and the Deputy Chief Nurse advised that she was confident that there would be no issues around this. **Action Complete**

111.1 – Finance Report M5

It was noted that further discussion at the Board Development Day to reassess strategic priorities had taken place, and a paper would feature later on the Agenda. **Action Complete**

112.2 – Medical Records Overarching Plan

Mr Simms (NED) advised that the relocation of Medical Records had been discussed at the last meeting and suggested a further discussion at the next Board Meeting on 29 November 2012. This item would be **carried forward** to the next meeting.

QUESTIONS FROM THE FLOOR

116 Q1 – patient concerns relation to the temporary transfer of Ophthalmology Clinic to Ward 14

The Deputy Chief Nurse advised that the Director of Quality & Safety was working with the patient panel on this issue and would feed back to the Quality & Safety Committee. **Action Complete**

116 Q2 – Patient concern – Three cardiology appointments cancelled and the next appointment not until end of October; also delay in reporting ECG.

This issue was being discussed with the Centre and an update would be included in the Outpatient & Scheduling Update to the Board as part of Outpatient & Scheduling update.

116 Q3 – Staff concerns whilst working near Main Entrance at PRH in the winter period

The Chief Executive advised that this issue had been discussed with the Estates Department in order to come up with a suitable solution and it was noted that a heat curtain had been agreed. **Action Complete**

116 Q4 – Annual Cleaning of Windows

The Deputy Chief Nurse advised that the Director of Quality & Safety had discussed this with the Estates Department. **Action Complete**

2012.1/122.1 FCHS UPDATE

The Chief Executive advised the Board that all milestones had been achieved including moving Head & Neck Services to PRH and the commencement of enabling works at PRH. It was noted that negotiations with the contractor were currently ongoing, and although GMP had not yet been reached, it was hoped the Trust would be in a position for this to be approved at the next Board meeting on 29 November 2012.

The Board received a brief presentation from the Workforce Director regarding the future use of the Rainbow Unit.

The recommendation was to use the facility to offer training for staff, particularly dedicated paediatric and oncology training which could also provide further opportunities such as paediatric training to teachers and school nurses and engaging with local groups for breastfeeding support etc.

In answer to the Chief Executive's query, the Workforce Director confirmed that the majority of those involved in the consultation supported this option.

The Board **APPROVED** this option.

2012.1/123 CHAIRMAN'S REPORT

The Acting Chair welcomed Robin Hooper as Non-Executive Director, however Mr Hooper was unable to attend the meeting due to existing commitments. Mr Hooper had been appointed for a period of four years to September 2016.

With regard to the Chair's recruitment, the Board were advised that the NHS Trust Development Authority had begun the recruitment process for the next Chair, and interviews would take place early in the New Year. Some concern was expressed by Mr Simms (NED) about the time the process was taking.

The Board's attention was drawn to changes in local NHS organisations resulting from the Health and Social Care Act 2012. The new structure that will be fully in place from April 2013 will include:

- a national NHS Commissioning Board setting the direction for the NHS across the country and holding it to account
- four regional offices of the NHS Commissioning Board – including one covering the Midlands and East
- local area teams of the NHS Commissioning Board – including our local area team for Shropshire and Staffordshire
- Clinical Commissioning Groups, putting GPs and other local clinicians at heart of NHS commissioning

PCT Clusters have begun to transfer their responsibilities to the Local Area Teams and to the new Clinical Commissioning Groups.

The Board were advised that Montgomeryshire Community Health Council had appointed Dr John Morgan as its new Chair. Dr Morgan would also be the CHC's nominated observer to the Trust Board.

It was noted that the Trust hosted the meeting of Shropshire Council's Healthy Communities Committee on 8 October 2012. Following the meeting, members visited the new Lingen Davies Cancer Centre.

The Board were informed that the Trust received national press coverage over the past few weeks, relating to patient Ms Gaynor Offland who underwent plasma exchange therapy during her pregnancy for a very rare condition. Ms Offland was very keen to share her praise for Trust staff and her story featured in local and national newspapers and magazines, as well as on regional television.

It was noted that flu prevention was a priority for the Trust and all staff were encouraged to have the flu immunisation. Mr Simms (NED) raised concern about accessibility to the sessions.

On behalf of the Board the Acting Chair recognised and thanked staff for working so hard to Put Patients First, and invited Board Members to attend the NHS Heroes receptions being held later this month.

2012.1/123.1 THE WORK OF THE NHS COMMISSIONING BOARD

The Acting Chair presented a brief paper outlining the work of the NHS Commissioning Board, for information.

The Board **NOTED** the paper.

2012.1/124 CHIEF EXECUTIVE'S UPDATE

The Chief Executive advised the Board that the Trust had a requirement to deliver a surplus in 2012/13 amounting to £1.9 million. In the first half of the year the Trust reported a deficit of £788,000. As a result the Board had agreed that the final six months of 2012/13 should be reforecast.

The Deputy Finance Director advised that it had been assumed that income would increase by 3.5% and expenditure by 1.6%. Processes had therefore been put in place to ensure that penalties could be avoided.

It was noted that there had been a significant reduction in non-pay, and the Board were informed that the non-pay budget had been sent based on what the Trust was currently

spending. It was believed that targets could be achieved and Finance teams were working closely with Centres.

With regard to CQUIN, the Board were advised that the total level of funding available to the Trust from the delivery of the CQUIN target amounted to £5.36 million, and following an evaluation of the Trust performance, it was expected that the Trust could limit the level of achievement to £4.76 million.

Mr Jones (NED) queried whether this view was being over-optimistic and the Deputy Finance Director advised that, as far as activity was concerned, figures were based on activity from the first six months of the year.

Dr Walford (NED) felt it was unreasonable to expect the Trust to take on more work, but be paid less, and to incur a penalty for not achieving targets.

The Chief Executive advised that the Trust would be paid at the appropriate tariff for any activity undertaken and discussions around contracting were being held with commissioners. The Trust was also attending QUIPP Board meetings, and the Chief Executive would be taking this issue up with Chiefs and the CCG meetings.

The Workforce Director presented the recast Workforce Plan for information and attention was brought to Month 07 and the increase in headcount. It was noted that this was due to the opening of escalation wards and the need for staff to operate them. (Slides attached)

The Board **APPROVED** the revised income and expenditure budget and actions being taken to deliver a surplus in 2012/13 of £1.9 million.

2012.1/125

REVISED BED PLAN AND ACTION PLAN TO IMPROVE PATIENT FLOW

The Chief Executive presented a paper to the Board and advised that the original bed closure plan anticipated the closure of 115 beds during 2011/12; the assumptions in this plan were based on bed modelling scenarios produced by two external consulting companies.

The 6% increase in emergency activity had put increased pressure on services and the impact of this, and an increase in acute surgery has affected the Trust's ability to achieve targets.

The Board were advised that two escalation wards would be required over the winter period, not only to achieve the 95% target, but also to ensure appropriate patient care. It was proposed that Ward 12 would be opened at PRH and Ward 22E at RSH, with further beds available, if required, on Ward 32, with substantive staff appointed rather than relying on agency staff as was happening at the moment.

An action plan was being developed and would be presented with the timescales at the next meeting.

Action: Chief Executive to present Health Economy Action Plan to next meeting on 29 November 2012.

Dr Walford (NED) reserved his position in relation to SaTH's length of stay

Mr Jones (NED) raised concern that the previous Chief Executive had advised bed closures were possible and now the view being put forward was that this was not the case.

The Chief Executive explained that there was a need for a proper assessment of the Trust's bed capacity, and he did not believe that the previous models would be deliverable as some of the assumptions appeared flawed. It was noted that this was a short-term plan, but work was needed on discharge and improvements around admissions and moving through the system were required. It was important that patients were being treated safely and swiftly on their way

to discharge.

The Board **APPROVED** i) the provision of staffed escalation wards on Ward 12 at PRH and Ward 22E at RSH for the remainder of 2012/13 and, ii) the prioritisation of improving patient flow as an essential corporate priority.

2012.1/126 PROCESS TO ESTABLISH CLINICAL SERVICE VISION

The Chief Executive outlined the importance of establishing a clinical service vision and advised that urgent care vision sessions had been launched with stakeholders and wider communities. Centre Chiefs had been asked to establish scenarios on how the Trust might manage urgent care across the local health economy.

It was hoped that the Trust would be in a position to bring some "early thinking" work to the Board in January, although at the moment further work was required. The Chief Executive pointed out that it was important for the Board to have an early outline view of what the Trust's potential longer-term vision might be.

2012.127 QUALITY & SAFETY

127.1 ORGAN DONATION ANNUAL REPORT

The Medical Director presented the Organ Donation Report for information and pointed out that the report provided a summary of the progress being made nationally and locally towards increasing the number of successful organ transplants.

In order to increase the knowledge of staff in the Emergency Department, a large group of nursing and medical staff attended a teaching day at Nottingham Simulation Centre, funded by the Organ Donation Committee, which involved clinical scenarios, role play and feedback to assist staff with approaching families regarding organ donation. Further in-house teaching on communication and consent was planned.

The Board **NOTED** the report and thanked Dr Rob Law and colleagues for their work in organ retrieval and for the report.

127.2 QUALITY REPORT

The Deputy Chief Nurse presented the Quality Report for information.

It was noted that the Trust had received one Rule 43 report and the Trust responded within the required timeframe.

The Board were informed that the Trust had signed up to the Safer Care Harm Free project which aimed to ensure that 95% of patients were not harmed by:

- Pressure ulcers
- Catheter acquired urinary tract infections
- Venous thrombus-emboli
- Falls

For the first six months the Trust achieved 90.79% of harm free care, year to date.

Year to date, 23 pressure ulcers had been reported and it was noted that a Pressure Ulcer Strategy was being agreed. Root Cause Analysis Roadshows would be held with ward staff. Nursing documentation was currently being printed and would be available from December, with training.

The Board were advised that there had been a decrease in falls reporting, compared to the same period last year. The falls risk assessment and bed rails assessment in the nursing documentation is to be redrafted.

The Medical Director advised that SHMI had dropped significantly during the last 2 quarters measured and appeared to be following the downwards trend for the crude death rates and HSMR.

In answer to Mr Jones' (NED) query around pain management, the Deputy Chief Nurse advised that the Trust was reviewing the nursing care metrics.

With regard to Learning Disabilities, it was noted that alerts were being put on SEMA and the Trust was working in partnership with the Community Trusts.

The Board **NOTED** the paper and the actions take to improve performance or provide assurance in relation to patients with learning disabilities.

2012.1/128 PERFORMANCE

128.1 FINANCIAL REPORT

The Deputy Finance Director presented the Financial Report for Month 06 and focused on the following areas:

- Pay – pay spending in September amounted to £16.561 million, the lowest level of spending recorded in this financial year. Spending in respect of Bank and Agency reduced. The Board was asked to **NOTE** that activity levels in September were lower than had been expected.
- Non-Pay – The Trust had seen a significant reduction in non-pay cumulatively by £944k..
- The inability to close escalation beds had meant that whilst the Trust had planned to reduce nurse staffing levels by 100 WTE, the actual number to date was a reduction of 40 WTEs.

The Board were advised that the cash position has slightly improved; increasing from £401k to £614k, and the PDC dividend had been paid on 17 September 2012.

With regard to the Sterilisation Unit proposal, it was noted that discussions had been held with staff and, later this month an advert would go out for a partner to take this matter forward.

The cash position improved from £401k to £614k with BPPC consistent with last year's performance. Corrective acting was being taken in relation to CIP savings.

Mr Simms (NED) raised concern around the situation of the Trust paying suppliers, and the Chief Executive suggested that this issue should be looked into and discussed with the Finance Director, outside of the meeting and an update brought back to the next meeting.

The Board **NOTED** the paper.

128.2 STRATEGIC PERFORMANCE REPORT INCLUDING PMR REPORTING TEMPLATE

The Chief Executive advised the Board that the Trust had achieved the year to date Performance target, and extra Endoscopy sessions had been put in place in order to meet demand.

The Trust failed to achieve the 95% A&E 4 hour wait target in September with 89.82%; the year to date position was 92.81%.

With regard to RTT, it was noted that action plans were put in place for delivery by the end of November 2012. It was noted that orthopaedics was unlikely to achieve the 90% target until January 2013.

The Board were advised that the number of cancelled operations had increased as a result of bed availability.

The Board **APPROVED** the report and **AUTHORISED** the Chair and CEO to sign Declaration 2 of the Governance Statement.

128.3 COMMITTEE REPORT

The Acting Chair presented the proposed Committee Structure and advised that following recommendations made by Grant Thornton, as part of the Trust's Historic Due Diligence phase 1 review, and a review of the committee structure undertaken by Deloitte a proposed structure had been presented to the Board in August 2012. The purpose of which was to ensure that all areas of important focus were covered.

The Committee structure was discussed in further detail at the Board Development session on 22 October 2012.

Mr Simms (NED) pointed out the clash of some Trust Board meetings with school holidays and the Acting Chair advised that this would be considered.

The Board **APPROVED** the Committee Structure and **AGREED** that the Acting Chair would allocate NEDS to the relevant Committee.

2012.1/129 POLICIES FOR CONSIDERATION

129.1 POLICY UPDATE

The Workforce Director advised the Board that a Policy Sup-Group had been established to review policies prior to ratification. The aim was to ensure that all appropriate steps had been taken to consult with appropriate stakeholders and to ensure the requirements of the overarching document on the development of policies and guidelines had been met.

The following policies had recently been updated and approved:

- HR23 Policy for recovery of Overpayments and Payment of Underpayments
- HR48 Managing Staff with MRSA

The Board **NOTED** the policies.

2012.1/130 REPORTS FROM COMMITTEES FOR INFORMATION

130.1 QUALITY & SAFETY COMMITTEE WORKSHOP – 18 September 2012

Dr Vernon (NED) advised the Board that a Quality & Safety Committee Workshop had been held on 18 September 2012, and presented a summary of the workshop for information.

The Board **NOTED** the paper.

2012.1/131 ANY OTHER BUSINESS – None.

2012.1/132 **QUESTIONS FROM THE FLOOR**

- Q1**
Dr J Morgan **Flu Jabs for staff:** It was pointed out that approximately 1,500 staff had received the flu jab, however the target was for all frontline staff (approx. 3,000) to have received the jab. It was queried how this year's flu jab figures compared to last year. It was agreed that the Workforce Director would obtain the figures for comparison. **Action:** WD
- Q2**
Dr J Morgan **Delayed discharge:** It was queried whether the Trust was aware of the closure of Welshpool Community Hospital beds and how this had affected the throughput of patients. The Deputy Chief Nurse advised that she was aware of the closure and delays had been experienced.
- Q3**
Dr J Morgan **Welsh Ambulances:** The Board were advised that the Welsh Ambulance Service was changing by trying to keep experience within the County, but pointed out that hospital delays were having an impact on Powys patients. The Chief Executive advised that improvements in patient flow should result in Ambulances not being queued up outside A&E, and so Welsh Ambulances should see an improvement in due course.
- Q4**
Cllr T Jones **Ophthalmology Clinic PRH:** It was questioned whether the laser from Clinic A could be moved up to Ward 14, which would be more convenient for patients. The Medical Director advised that the laser room in Clinic A had been specially designed to protect against the escape of laser light, therefore the laser could not be removed.
- Q5**
Cllr T Jones **Car Parking:** The Board were advised, that whilst parking was a problem at PRH, it was felt that parking charges were reasonable compared to York Hospital.
- Q6**
Mr B Simms (NED) **Provision of Seating at PRH:** The Board were advised that Mr Simms (NED) had been approached by a Red Cross representative with a physical disability, and asked whether it would be possible for chairs / benches to be made available along the main corridor at PRH. The Director of Compliance & Risk Management advised that consideration would need to be given as to whether this would pose a fire hazard but confirmed that she would look in to this. **Action:** DCRM

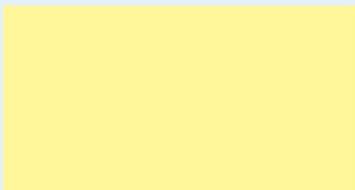
2012.1/131 **DATE OF NEXT MEETING**

- **Formal Board Meeting** – Thursday 29 November 2012, at 9.30 am Lecture Theatre, Princess Royal Hospital.

The meeting closed.

UNRESOLVED ITEMS FROM PUBLIC TRUST BOARD MEETING ON 1 NOVEMBER 2012

Item	Issue	ACTION LIST	PRIORITY
ACTIONS FROM THE MEETING			
132 Q1	To obtain last year's flu jab figures for comparison	WD	29 Nov 2012
132 Q6	To look into whether chairs / benches could be provided along main corridor at PRH.	DCRM	29 Nov 2012



The Future Use of the Rainbow Unit

Update to Trust Board

1 November 2012

LOOKING TO THE FUTURE

Background

- Lots of discussion around future of the Rainbow Unit since the Keeping It In The County consultation
- Trust pledged that it would not be demolished or used for offices
- Legacy Task Group set up earlier this year to help decide on its future - made up of parents, staff and Lingen Davies volunteers
- Trust asked parents, families, staff and wider public for suggestions on its future use
- Six options were considered as part of an Options Appraisal:
 1. Do nothing
 2. Become a cancer research facility
 3. Become a resource centre/ patient library
 4. Become outpatients accommodation and offices
 5. Become a training centre for clinical staff/ community meeting rooms (preferred option)

Proposal to become clinical Training Centre

- The outcome of the Options Appraisal was that this option is the most practical and cost effective solution
- It would provide much needed dedicated clinical training space for the Trust.
- Ward environment provides the ability to create scenario based training which currently we are unable to do.
- The Legacy Task Group are keen for there to be a emphasis on paediatric care skills training.
- The Unit will be used to engage young people in careers in the NHS.
- There would also be opportunity for local community groups and charities to use for meetings, although Task Group have asked to prioritise space for children's groups and charities
- If approved by Board, Trust to progress detailed plan and look into offering further opportunities, e.g. paediatric training to teachers and school nurses,
- Trust will engage local groups regarding using the space, e.g. breastfeeding support, parents of children with cancer and community physiotherapy for children

Recast Workforce Plan

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Encouraging
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Taking Pride in
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Trust WTE Summary

Appendix A Category	Actual						Forecast					
	Values											
	Month 1 Worked	Month 2 Worked	Month 3 Worked	Month 4 Worked	Month 5 Worked	Month 6 Worked	Month 7 Forecast	Month 8 Forecast	Month 9 Forecast	Month 10 Forecast	Month 11 Forecast	Month 12 Forecast
Consultant	212.44	218.82	223.95	227.36	222.89	223.87	223.89	227.55	227.55	230.55	230.55	230.55
Medical Staffing	333.52	337.16	342.94	336.31	366.63	340.79	360.08	358.91	354.78	354.61	354.61	354.61
Nursing	2,180.88	2,120.29	2,121.95	2,127.00	2,118.71	2,103.77	2,115.94	2,116.92	2,070.10	2,052.53	2,052.53	2,052.53
Other Clinical	704.59	697.68	691.15	681.71	687.62	707.17	718.67	728.17	730.09	730.77	730.27	730.77
Non Clinical	1,506.88	1,467.71	1,455.65	1,431.23	1,455.13	1,417.62	1,436.02	1,438.62	1,438.09	1,435.49	1,435.69	1,435.69
Grand Total	4,938.31	4,841.66	4,835.64	4,803.61	4,850.98	4,793.22	4,854.60	4,870.17	4,820.61	4,803.95	4,803.65	4,804.15

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Centre WTE Summary

Centre	Actual						Forecast					
	Values											
	Month 1 Worked	Month 2 Worked	Month 3 Worked	Month 4 Worked	Month 5 Worked	Month 6 Worked	Month 7 Forecast	Month 8 Forecast	Month 9 Forecast	Month 10 Forecast	Month 11 Forecast	Month 12 Forecast
Corporate	888.14	871.67	850.39	842.99	872.71	871.98	871.05	870.65	870.65	871.05	871.25	871.25
Diagnostics	393.62	387.47	387.96	387.39	385.38	384.84	385.38	388.38	393.78	393.78	393.78	393.78
EC&CC	421.19	427.29	424.75	423.90	402.57	403.76	402.57	406.23	402.32	398.44	398.44	398.44
Head & Neck	124.09	123.64	122.79	120.13	120.75	118.15	122.61	123.44	123.44	123.44	123.44	123.44
Medicine	797.99	776.22	780.01	774.89	784.56	757.52	797.39	791.60	753.60	752.18	752.18	752.18
MSK	187.45	189.24	195.10	194.16	200.88	195.14	197.08	197.08	185.11	182.03	182.03	182.03
Oncology & Haematology	157.76	151.74	149.24	148.34	151.60	150.32	153.40	153.40	153.40	153.23	153.23	153.23
Ophthal	316.95	308.21	308.86	301.50	305.51	298.51	305.71	308.58	308.58	308.58	308.58	308.58
Pharmacy	117.43	118.48	114.81	114.80	116.18	117.77	118.07	122.07	122.07	122.75	122.75	122.75
Surgical	749.27	739.15	742.46	738.91	745.21	730.33	724.85	728.85	728.85	719.66	719.66	719.66
Therapies	173.36	169.68	170.65	165.37	165.68	163.31	164.89	164.89	163.81	163.81	163.31	163.81
Women & Children's	611.06	578.87	588.62	591.23	599.95	601.59	611.60	615.00	615.00	615.00	615.00	615.00
Grand Total	4,938.31	4,841.66	4,835.64	4,803.61	4,850.98	4,793.22	4,854.60	4,870.17	4,820.61	4,803.95	4,803.65	4,804.15

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