

<b>Trust Board</b> 25 <sup>th</sup> November 2015	
<b>Safe Nurse Staffing Report for October 2015</b>	<b>Paper No</b>
<b>Submitted by: Juliette Greenwood          Chief Nurse</b>	
<b>Aims / summary</b> This paper provides the required assurance that GOSH has safe nurse staffing levels across all in- patient ward areas and appropriate systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes appropriate nurse quality measures and details of ward safe staffing reports. The paper includes a brief summary of nursing vacancies, nurse recruitment and this month contains specific information on nurse retention plans and initiatives.	
<b>Action required from the meeting</b> The Board is asked to note: <ul style="list-style-type: none"> <li>• The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.</li> <li>• The information on safe staffing and the impact on quality of care.</li> <li>• To note the key challenges around recruitment and the actions being taken.</li> </ul>	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Safe levels of nurse staffing are essential to the delivery of safe patient care and experience. <p><i>Compliance with <i>How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability</i> (NHS England, Nov 2013) and the <i>'Hard Truths Commitments Regarding the Publishing of Staffing Data'</i> issued by the Care Quality Commission in March 2014.</i></p>	
<b>Financial implications</b> Already incorporated into 15/16 Division budgets	
<b>Who needs to be told about any decision?</b> Divisional Management Teams Finance Department	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Nurse; Assistant Chief Nurse, Heads of Nursing	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse; Divisional Management Teams	

# **GOSH NURSE SAFE STAFFING REPORT**

**October 2015**

## **1. Introduction**

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of October 2015. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception.
- 1.2 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.
- 1.3 Monthly nurse staffing updates are submitted to NHS England and the Trust Board with the following information:
  1. The number of staff on duty the previous month compared to planned staffing levels.
  2. The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
  3. The impact on key quality and safety measures.

## **2. GOSH Ward Nurse Staffing Information for Trust Board**

### **2.1 Safe Staffing**

- 2.1.1 The UNIFY Fill Rate Indicator for October is attached as Appendix 1. The spreadsheet contains:
  - Total monthly planned staff hours; the Heads of Nursing provide this figure based on the agreed average safe staffing level for each of their wards. These figures are fixed i.e. do not alter month on month. Bed closure information is used to adjust the planned staffing levels. A short term change in acuity and dependency requiring more or fewer staff is not reflected in planned hours but in the actual hours.
  - Total monthly actual staff hours worked; this information is taken from the electronic rostering system (RosterPro), and includes supervisory roles, staff working additional hours, CNS shifts, and extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. Supernumerary shifts are excluded. In order to meet the fluctuations in acuity and dependency the number may exceed or be below 100%.
  - Average fill rate of planned shifts. It must be noted that the presentation of data in this way is open to misinterpretation as the non-registered pool is small in comparison to the registered pool, therefore one HCA vacancy or extra shifts worked will have a disproportionate effect on the % level.
- 2.1.2 Commentary:
  - Heads of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including actions taken at the time to rectify and make the situation safe.
  - The overall Trust fill rate % for October is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
105	91	92	67	96

<p><b><u>ICI – No unsafe shifts reported in October</u></b></p> <p>Fox and Robin Ward had reduced BMT activity and utilised 2 beds for lower dependency patients reducing nursing numbers. Elsewhere in the division there were varying levels of dependency between days and nights requiring staff to be moved between shifts and Wards across the Division to maintain safety.</p>
<p><b><u>Surgery No unsafe shifts reported in October</u></b></p> <p>Squirrel ward reports one potential unsafe shift, however contingency plans were put in place to manage the shift safely.</p>
<p><b><u>CCCR – No unsafe shifts reported in October</u></b></p> <p>The Head of Nursing reports an continued increase in activity and acuity in October across the division, mainly impacting on Flamingo and Bear, this was supported by the use of additional temporary staffing however when bank shifts were unfilled, safety was maintained through skill-mix and support from staff across the ITU's. Flamingo Ward are under particular pressure, concerns raised about safety and workload has resulted in cases being cancelled when additional staff could not be sourced.</p> <p>Miffy– Continues to use registered nurse hours to compensate for HCA shortfall (2 vacancies) on some shifts. A number of night shifts were short staffed but patients remained safely cared for.</p> <p>NICU- Additional staffing required due to patient acuity and dependency. Low HCA numbers due to vacancies and on-going discussion as to the role of non-registered care staff in this environment.</p>
<p><b><u>MDTS - No unsafe shifts reported in October</u></b></p> <p>Eagle Ward reports staff redeployment from nights to days to staff the haemodialysis service and as a consequence closing 2 beds. Kingfisher has had an increase in activity and overnight stays requiring extra staff.</p> <p>Rainforest Endocrine/Metabolic a variance due to patient acuity.</p> <p>Rainforest Gastro have HCA vacancies.</p>
<p><b><u>Neurosciences - No unsafe shifts reported in October</u></b></p> <p>Koala Ward - more non registered staffing during day, currently consultation in progress for HCA s to work both day and night shifts. MCU providing 1:1 special for a patient and hence the increase in registered staff on duty for days.</p>
<p><b><u>IPP - No unsafe shifts reported in October</u></b></p> <p>Butterfly and Bumblebee both reported HCA's were rostered to provide maximum support during the busier day periods due to theatre cases etc. There were several unfilled Bank Nurse requests. Staff were flexed across the division to ensure patient safety.</p>

2.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during October, however there were 5 shifts in total where CSPs moved staff between wards for part or a whole shift to maintain safe care.

### **3.0 General Staffing Information**

3.0.1 Appendix 2 – Ward Nurse Staffing overview for October. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.

3.0.2 There has been sustained effort over recent months to reduce the number of beds closed due to nurse staffing issues. 9 out of 23 inpatient wards closed beds at various points during October. An average of 5 beds were closed each day. Reasons cited for closures are infectious patient in bay restricting the use of other beds, also acute staff sickness and

fluctuations in patient dependency and acuity. Four beds were closed on CICU for several days due to problems with infrastructure.

3.0.3 For the inpatient wards, registered and non-registered vacancies for September total 77 Whole Time Equivalents (WTE) a slight increase from 74 in September. This breaks down to 45 (39 in September) registered nurse (RN) vacancies (5% of RN total). HCA vacancies number 32 (20% of HCA total) similar to the September position. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 116 WTE, the October position was therefore 38 WTE posts above establishment. This is not unusual for this time period, as we have many new starters who are going through orientation, induction and a period of supernumerary practice, during this period Bank staff provide the backup cover. There are 18 RNs and 10 HCAs in the recruitment pipeline going through pre-employment checks.

### 3.1 Vacancies and Recruitment

3.1.1 There remains 32 HCA vacancies, an extra round of recruitment commenced in October, in addition IPP have recruited 5 HCAs for their new ward opening in April 2015.

3.1.2 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages. Turnover is currently running at 17%, several wards are at above 22%.

3.1.3 With the new business cases approved for expansion and meeting the RTT plans there remains further challenges ahead to provide sufficient staff to keep pace with turnover and recruit to existing and new nursing posts.

3.1.4 Trust staff recruited 14 nurses from a recent visit to Dublin and a visit to Cork is planned for 25<sup>th</sup> November.

3.1.5 6 Adult Nurses will commence on the new Adult RN Programme with secondment to LSBU following clinical experience to the Child Branch programme.

3.1.6 An additional Newly Registered Rotation Programme is planned for March 2016.

3.1.7 GOSH hosted a Recruitment Fair on 13<sup>th</sup> November with good attendance.

3.1.8 The new IPP Ward (Hedgehog) has started recruitment with a planned opening date of April 2016. An open day for staff is planned for 18<sup>th</sup> November.

3.1.9 Work has been completed on the revised Recruitment Literature for GOSH Wards.

3.1.10 During 2013/14, 156 Band 5 and 6 nurses were recruited to inpatient wards, with a target of 200 nurses for 2014/15 (an increase of 44 staff - 28%), 207 (an increase of 51 staff - 33%) have actually been recruited to the wards, with an additional 50 Health Care Assistants. However the impact of these additional recruits has not been fully appreciated due to the sustained levels of turnover across the Trust.

3.1.11 In addition to the above nurses a further 134 new nurses will have joined the Trust between September 2015 and January 2016, which is testament to the significant and underappreciated levels of recruitment activity targeting both newly qualified nurses (NQN) and experienced nurses and also developing a Health Care Assistant (HCA) workforce.

Numbers	Nature	Timeframe
81	NQN (await NMC pin before able to work as a NQN)	Commenced September
11	Experienced Nurses	September
14	NQN will start late due to late exams	Before December
18	Experienced Nurses cleared to start	October - January
10	Experienced Nurses going through pre-employment	Dependant on notice period

3.1.12 There have been and continue to be, although to a lesser extent, a number of approaches to recruitment of nursing and HCA staff. More coordinated recruitment has yielded good re-

sults. The development of the proposed Nursing Workforce Programme Board (NWPB) will address silo recruitment and seek to strengthen the overall approach to recruitment activity.

3.1.13 From recent discussions the focus has quite rightly shifted to retention of nurses. A key work-stream already being developed is to focus upon engaging with and listening to staff to understand what they appreciate and enjoy about working at GOSH, what are the factors that contribute to why staff consider and do leave – previous work undertaken by the Assistant Chief Nurse (Nursing Workforce) highlights some key areas to focus upon. While work to develop the various career pathways for staff employed at GOSH has commenced to promote ‘**nursing at GOSH is more than a job it’s a career**’.

#### 4. Key Challenges

- Recruitment and retention of HCAs.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruit staff to meet plans for growth.

#### 5. Key Quality and Safety Measures and Information

5.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states ‘data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.’ In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during October 2015.

5.2 The following quality measures provide a base line report for the Board. A number are Key Performance Indicators (KPIs) that are regularly monitored, any poor results are reviewed, challenged and investigated through the Nursing quarterly performance reviews led by the Chief Nurse with each Divisional Nursing team.

#### 5.3 Infection control

<b>C Difficile</b>	0	
<b>MRSA Bacteraemias</b>	0	
<b>MSSA Bacteraemias</b>	1	
<b>E Coli Bacteraemia</b>	1	
<b>D &amp; V and other outbreaks</b>	0	
<b>Carbopenamase resistance</b>	0	

5.3.1 All incidents are investigated via a root cause analysis and additional support put in place by the Infection Prevention and Control team. In addition, those areas that experienced small outbreaks of infection are subject to a comprehensive chlorine clean.

#### 5.4 Pressure ulcers

	Number	Ward
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<b>Grade 3</b>	0	
<b>Grade 2</b>	6	4 Flamingo (equipment/device related), 1 Bear, 1 Sky

5.4.1 We treat all pressure ulcers as avoidable at present. The Tissue Viability Team are covering a meeting of specialists together to discuss pressure ulcers linked to endotracheal ventilation.

#### 5.5 **Deteriorating patient**

5.5.1 For the month of October, 13 emergency calls were received, 2 were cardiac arrests (Robin and Miffy Wards), there were no respiratory arrests. There were 6 unplanned admissions to PICU – 1 Badger ward, 2 Rainforest, Endocrine/Metabolic, 1 Rainforest Gastro and 2 from Bumblebee.

#### 5.6 **Numbers of safety incidents reported about inadequate nurse staffing levels**

There were 4 incidents reported about unsafe staffing levels on the wards:-

- 1 incident related to staffing on Flamingo ward (CICU) due to volume and acute complexity of patients.
- 3 incidents related to Squirrel ward due to short notice acute staff sickness and patients acuity.

5.6.1 It should be noted that the cardiac unit continue to experience a lot of pressures on nurse staffing levels due to the high volume of patients on the bridge to transplant programme an action plan is in place.

#### 5.7 **Pals concerns raised by families regarding nurse staffing - 3**

Sky Ward – parent reported nurses being stretched and could not give their full attention to their child. Squirrel Ward – concern over administration of medicines and timing. Bear Ward – child discharged and subsequently re admitted. On each occasion a Senior Nurse from the Division met with the parent.

#### 5.8 **Complaints received regarding nurse safe staffing - 0**

5.9 All issues noted in 5.6, 5.7 and 5.10 are under investigation by the respective Head of Nursing.

#### 5.10 **Friends and family test (FFT) data**

- Overall response rate for October was 17% (September 33.09%), the drop in responses is associated with including the day case areas in the total. The overall target is 40% response rate increasing to 60% at the end of Quarter 4 2015/16.
- The overall percentage to recommend score is 98.3%.
- For October families that were extremely likely to recommend GOSH to their friends and family equalled 460 (89%) (276 (86.2%) for September) and 44 (8.6%) (38 (11.9%) for September) likely to recommend.
- Many comments were received regarding the friendliness of staff, several comments received regarding waiting for medications and treatment.

## **6. Conclusion**

- 6.1 This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during October, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report. Whilst recruitment of staff is a high priority there will be a shift in focus on improving retention rates of nurses, work is underway to plan our strategy.

## **7. Recommendations - The Board of Directors are asked to note:**

- 7.1 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- 7.2 The information on safe staffing and the impact on quality of care.
- 7.4 The on-going challenges in retaining and recruiting nurses.

Appendix 1: UNIFY Safe Staffing Submission – October 2015

Fill rate indicator return  
Staffing: Nursing, midwifery and care staff

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust  
Period: October\_2015-16

Please provide the URL to the page on your trust website where your staffing information is available  
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Hospital Site Details		Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/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				
RP401	Great Ormond Street Hospital Central London Site	Badger Ward	340 - RESPIRATORY MEDICINE		2392	2348.5	356	368	2139	2227.7	356	162.7	98.2%	103.4%	104.1%	45.7%
RP401	Great Ormond Street Hospital Central London Site	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2852	3410.25	609	502.45	2852	3005.8	356	359.2	119.6%	82.5%	105.4%	100.9%
RP401	Great Ormond Street Hospital Central London Site	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6951	7488.08	352	349.5	6541	6977.25	193	118.8	107.7%	99.3%	106.7%	61.6%
RP401	Great Ormond Street Hospital Central London Site	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	1033.65	1069	802.25	713	649.1	713	595.65	145.0%	75.0%	91.0%	83.5%
RP401	Great Ormond Street Hospital Central London Site	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3854.5	356	115	3208	3219.05	0	64.8	120.2%	32.3%	100.3%	-
RP401	Great Ormond Street Hospital Central London Site	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6621.3	356	299	6060	5561.5	356	86.4	109.3%	84.0%	91.8%	24.3%
RP401	Great Ormond Street Hospital Central London Site	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1679	1611.35	356	306.2	1426	1227.25	356	228.9	96.0%	86.0%	86.1%	64.3%
RP401	Great Ormond Street Hospital Central London Site	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2090	1781.55	348	310.5	1933	1417.3	348	249.8	85.2%	89.2%	73.3%	71.8%
RP401	Great Ormond Street Hospital Central London Site	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1066	1263.9	355	222	1066	725.7	355	187.8	118.6%	62.5%	68.1%	52.9%
RP401	Great Ormond Street Hospital Central London Site	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1675	1678.6	355	340.7	1423	1008.6	355	243.9	100.2%	96.0%	70.9%	68.7%
RP401	Great Ormond Street Hospital Central London Site	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	948	1090.97	350	573.25	700	656.8	350	10.8	115.1%	163.8%	93.8%	3.1%
RP401	Great Ormond Street Hospital Central London Site	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1993	1628.5	349	310.5	1746	1276.9	349	318.75	81.7%	89.0%	73.1%	91.3%
RP401	Great Ormond Street Hospital Central London Site	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2433	2388.25	347	621	2085	2016.55	695	645.9	98.2%	179.0%	96.7%	92.9%
RP401	Great Ormond Street Hospital Central London Site	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2852	2241.5	356	566.5	2139	1313.5	356	264.8	78.6%	159.1%	61.4%	74.4%
RP401	Great Ormond Street Hospital Central London Site	Eagle Ward	361 - NEPHROLOGY		2136	2846.5	665	761.5	1331	1255.6	332	220.2	133.3%	114.5%	94.3%	66.3%
RP401	Great Ormond Street Hospital Central London Site	Kingfisher Ward	420 - PAEDIATRICS		1776	1748.45	914	521.15	312	410.4	0	33.1	98.4%	57.0%	131.5%	-
RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		966	1067.05	713	274.75	713	751.3	713	335.9	110.5%	38.5%	105.4%	47.1%
RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1293	713	287.5	1069	897.8	356	166.9	121.0%	40.3%	84.0%	46.9%
RP401	Great Ormond Street Hospital Central London Site	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1116	1291	612	599.45	507	465.1	454	421.9	115.7%	97.9%	91.7%	92.9%
RP401	Great Ormond Street Hospital Central London Site	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3135	2970.29	332	491	3028	2627.5	332	76.3	94.7%	147.9%	86.8%	23.0%
RP401	Great Ormond Street Hospital Central London Site	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1575	1612.5	609	460	1460	1348.65	0	0	102.4%	75.5%	92.4%	-
RP401	Great Ormond Street Hospital Central London Site	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1886	2065.28	660	992	1833	1519.4	0	0	109.5%	150.3%	82.9%	-
RP401	Great Ormond Street Hospital Central London Site	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2954	3055.22	701	637	2649	2468.32	0	100.7	103.4%	90.9%	93.2%	-

## Appendix 2: Overview of Ward Nurse Staffing – October 2015

Division	Ward	Registered Nursing staff				Non Registered				Recruitment Pipeline						
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
CCCR	Badger	15	39.5	34.6	4.9	7.5	6.7	0.8	47.0	5.7	2.9	2.8	0.0	0	0	0.0
	Bear	22	47.7	48.8	-1.1	9.0	10.4	-1.4	56.7	-2.5	8.8	-11.3	2.0	0	0	0.0
	Flamingo	17	121.0	102.0	19.0	10.8	3.0	7.8	131.8	26.8	25.7	1.1	4.0	1	0	0.2
	Miffy (TCU)	5	14.1	13.4	0.7	7.8	5.5	2.3	21.9	3.0	6.0	-3.0	0.0	1	0	0.0
	NICU	8	51.5	47.8	3.7	5.2	2.0	3.2	56.7	6.9	12.2	-5.3	0.0	0	0	0.0
	PICU	13	83.0	107.8	-24.8	8.9	3.0	5.9	91.9	-18.9	8.1	-27.0	0.0	0	0	0.0
ICI-LM	Elephant	13	25.0	25.6	-0.6	5.0	4.1	0.9	30.0	0.3	2.2	-1.9	0.0	0	0	0.0
	Fox	10	31.0	28.1	2.9	5.0	4.9	0.1	36.0	3.0	2.8	0.2	0.0	0	0	0.2
	Giraffe	7	19.0	18.8	0.2	3.1	3.0	0.1	22.1	0.3	0.7	-0.4	0.0	0	0	0.0
	Lion	11	22.0	22.8	-0.8	4.0	3.0	1.0	26.0	0.2	2.3	-2.1	0.0	0	0	0.0
	Penguin	9	15.5	15.8	-0.3	5.8	5.6	0.2	21.3	-0.1	3.0	-3.1	0.0	0	0	0.2
	Robin	10	27.2	25.7	1.5	4.5	4.4	0.1	31.7	1.6	2.8	-1.2	0.0	0	0	0.2
IPP	Bumblebee	21	38.3	30.4	7.9	9.7	9.0	0.7	48.0	8.6	8.1	0.5	4.0	1	0	0.5
	Butterfly	18	37.2	28.3	8.9	10.5	7.9	2.6	47.7	11.5	3.5	8.0	3.0	2	0	0.0
MDTS	Eagle	21	39.5	30.9	8.6	10.5	10.0	0.5	50.0	9.1	4.0	5.1	1.0	0	0	0.9
	Kingfisher	16	17.1	15.2	1.9	6.2	5.8	0.4	23.3	2.3	1.0	1.3	0.0	0	0	0.0
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	3.5	0.5	21.0	2.6	3.7	-1.1	3.0	1	0	0.0
	Rainforest Endo/Met	8	15.6	15.6	0.0	5.2	3.5	1.7	20.8	1.7	0.8	0.9	0.0	1	0	0.0
Neuro-sciences	Mildred Creak	10	11.8	12.2	-0.4	7.8	6.6	1.2	19.6	0.8	0.4	0.4			0	0.0
	Koala	24	48.2	47.4	0.8	7.8	5.0	2.8	56.0	3.6	5.4	-1.8			0	1.6
Surgery	Peter Pan	16	24.5	21.2	3.3	5.0	5.0	0.0	29.5	3.3	1.0	2.3	0.0	1	0	0.0
	Sky	18	31.0	25.6	5.4	5.2	5.0	0.2	36.2	5.6	5.1	0.5	1.0	1	0	1.3
	Squirrel	22	43.6	42.2	1.4	7.0	6.0	1.0	50.6	2.4	6.0	-3.6	0.0	1	0	0.3
TRUST TOTAL:		322	820.3	775.1	45.2	155.5	122.9	32.6	975.8	77.8	116.5	-38.7	18.0	10.0	0.0	5.4