

Trust Board September 30 th 2015	
Safe Nurse Staffing Report for August 2015	Paper No
Submitted by: Juliette Greenwood Chief Nurse	
Aims / summary 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.	
Action required from the meeting The Board is asked to note: <ul style="list-style-type: none"> • The content of the report and be assured that appropriate information is being provided to meet the national and local requirements. • The information on safe staffing and the impact on quality of care. • To note the key challenges around recruitment and the actions being taken. 	
Contribution to the delivery of NHS Foundation Trust strategies and plans 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>	
Financial implications Already incorporated into 15/16 Division budgets	
Who needs to be told about any decision? Divisional Management Teams Finance Department	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse; Assistant Chief Nurse, Heads of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Divisional Management Teams	

GOSH NURSE SAFE STAFFING REPORT

August 2015

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of August 2015. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception. This month's report contains a short update on the next steps to manage retention of staff. The focus to date has been on recruitment, however it is clear that the Trust is able to recruit nurses but struggles at times to keep pace with turnover. Improved retention strategies are required to maintain and sustain the nursing workforce.

2. Context and Background

2.1 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'.

2.2 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.

3. GOSH Ward Nurse Staffing Information for Trust Board

3.1 Safe Staffing

3.1.1 The UNIFY Fill Rate Indicator for August is attached as Appendix 1. The spread sheet 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.

3.1.2 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 August is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
99.6%	88.2%	88.2%	67.6%	93%

ICI – No unsafe shifts reported in August

Elephant, Giraffe and Lion Wards report decreased Haematology and Oncology activity throughout August. An increase in day cases resulted in low percentages on night shifts.

Fox Ward and Robin Ward similarly report a variable activity, delayed and rescheduling of admissions, there were several beds closed due to 10 vacant posts between the 2 wards.

Staff are moved across wards to meet the needs of the care requirements of patients on a shift by shift basis. ICI has implemented a morning staff huddle for Nurses In Charge to plan and reallocate staff across the Division as needed.

One datix report received for Fox Ward Ward see 5.6 below.

Surgery No unsafe shifts reported in August

Squirrel and Sky report variable activity throughout August, staffing being adjusted to meet patient demands.

CCCR – No unsafe shifts reported in August

The Head of Nursing reports an increase in activity and acuity in August across the division, mainly impacting on CICU with Acuity, Average Paediatric Intensive Care Society dependency score was the highest recorded this year, this was supported by the use of additional temporary staffing and support from across the ITUs, however this still led us not to achieve the PICS standards for the majority of shifts.

Bear Ward has increased staff above the plan to open additional beds as required to cope with Bridge to transplant Work. A temporary uplift in Bank Nurse pay rates has increased fill rates.

Miffy – increase in registered nurse hours to compensate as need for the HCA shortfall (2 vacancies) on some shifts.

Flamingo have HCA vacancies hence the low percentages. Staff on both Bear and Flamingo have been working hard to accommodate the extra demand for Bridge to Transplant work.

NICU- Low HCA numbers due to vacancies and on-going discussion as to the role of non-registered care staff in this environment.

MDTS - No unsafe shifts reported in August

Eagle Ward report an increase in acuity and has adjusted staffing by using extra bank. HCA sickness has impacted on HCA actual ours.

Rainforest Endocrine/Metabolic and Gastro have adjusted staffing to accommodate extra day case work.

Kingfisher has had several patients requiring 1:1 registered nurse care whilst undergoing tests impacting on actual registered nurse hours.

Neurosciences - No unsafe shifts reported in August

Koala reports using HCAs on day shifts for patient pathway work, hence low night numbers.

Mildred Creak Unit – for safety reasons the number of inpatient beds has been reduced to 7 beds overnight, hence the reduction in planned staff on night shift.

IPP - No unsafe shifts reported in August

Butterfly and Bumblebee report an increase in day cases and general activity hence the movement of staff from nights to day shifts.

- 3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during August, however there were 8 shifts in August where CSPs moved staff between wards for part or a whole shift to maintain safe care. A further 6 shifts are noted where a ward reported being short of staff, however patient safety was not compromised.

3.2 General Staffing Information

- 3.2.1 Appendix 2 – Ward Nurse Staffing overview for August. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.
- 3.2.2 7 out of 23 inpatient wards closed beds at various points during August. An average of 5 beds were closed each day, the lowest recorded. Reasons cited for closures are infectious patient in bay restricting the use of other beds and maintenance work. There were a small number closed at times due to acute staff sickness and fluctuations in dependency and acuity.
- 3.2.3 For the inpatient wards, registered and non-registered vacancies for August total 127 Whole Time Equivalents (WTE) up from 125 in July. This breaks down to 91 (90 in July) registered nurse (RN) vacancies (11% of RN total). HCA vacancies number 36 (30% of HCA total) an increase from 34 reported in July. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 102 WTE, the August position was therefore 25 WTE vacant posts (2.5%).
- 3.2.4 On the 1st August the number new starters progressing through pre-employment checks totalled 90 registered nurses and 10.5 HCAs. The majority of the registered recruits will be newly qualified and will not commence in post until the end of September 2015.
- 3.2.5 There are 17 HCA vacancies within the ICU areas, recruitment has been on hold pending further work on the education pathway, recruitment will recommence in September. We continue to recruit HCAs to the wards to achieve the target, however high numbers fail to attend the assessment centre or are unsuccessful due to not demonstrating basic numeracy and literacy skills. We have increased the numbers of candidates invited for the September assessment centre.
- 3.2.6 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.
- 3.2.7 With new business cases approved for expansion in Critical Care, theatres and IPP, there are further challenges ahead to provide sufficient staff to keep pace with turnover and recruit to these new nursing posts.

4. Chief Nurse Task and Finish Group

- 4.1 The Chief Nurse plans to establish a **Task and Finish Group** which will ensure delivery of a range of actions. The group will report to the Executive Team Group and will focus on *retention* and *recruitment* to ensure that both streams are complimentary and delivering in against key objectives in a planned and sustainable way.
- 4.2 Data indicates that 1 in 3 nurses at band 5 leave GOSH within 2 years of starting, and the Trust needs to recruit a total of 190 nurses each year simply in order to maintain existing numbers. Placing a new emphasis on *retention* is therefore a key underpinning tenet.
- 4.3 The Trust will continue to actively *recruit* appropriately skilled and qualified staff from across the UK, EU and beyond using a range of methods.

- 4.4 Using information from a recent leavers survey a number of actions are already underway, with others planned. These include:

Actions on RETENTION

Action	Rationale
Facilitated focus groups to identify drivers of attraction, retention and turnover. TOR agreed dates to be planned.	Provides an evidence-base for actions
Survey Band 5 and 6 staff at 3 months, 6 months and 1 year to identify satisfaction levels and areas of concern. Being piloted in IPP.	Responds to issues prior to them considering leaving the Trust
Map and promote career pathways for staff in bands 5-7. Workshop planned for October.	Promote the philosophy that 'working at GOSH is more than a job it's a career'. Supports staff to map their career development at GOSH by accessing training and development opportunities engaging them in a pathway. Also manages staff expectations providing parity across the organisation.
Promote senior nurse "careers advisor" service	Provides a more holistic view of opportunities at GOSH; promotes career progression <i>within</i> the Trust; and demonstrates senior staff sponsorship of junior staff
Promote existing Band 5 transfer scheme.	Allows existing staff to transfer between wards without need for full application process, thus promoting personal and professional development.
Training and development of line managers in supporting staff and understanding of family friendly policies. ER team leading.	Recognises that actions and culture created by Ward Sisters/Charge Nurses and other leaders strongly impacts decision to stay. Active modelling of Our Always Values.
Use values based recruitment and accurate job previews.	Ensures staff have realistic expectations of the role/department prior to commencing

Examples of RECRUITMENT initiatives/considerations

Action	Rationale
Co-ordinated job fair (next to take place 13/11/15)	Promotes all nursing vacancies and market the Trust in a co-ordinated manner
Overseas recruitment (Ireland in October 2015; other EU countries October – January 2016)	Overseas recruitment has provided good quality staff, typically for 12-24 months
Utilise social media and other channels to attract staff	Provides additional opportunities to market GOSH to a wider audience
Promote GOSH as an attractive employer (NB this will be based on feedback gathered and will be used to support retention as well as recruitment)	Allows GOSH to respond to needs of staff and compete with other potential employers.
Consider the use of financial incentives to attract experienced staff.	The cost of moving to living and travelling in living in London often precludes staff from considering employment. A financial incentive may help.

The Chief Nurse will report progress to Trust Board each quarter as part of the Safe Staffing Report.

5. Key Challenges

- Recruitment of HCAs in the Critical Care areas.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruit staff to meet plans for growth.

6. Key Quality and Safety Measures and Information

6.1 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 August 2015.

6.2 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.

6.3 Infection control

C Difficile	0	
MRSA Bacteraemias	1	Taken 48 hrs. after admission
MSSA Bacteraemias	0	
E Coli Bacteraemia	1	(taken within 48 hrs. of admission)
D & V and other outbreaks	1	MRSA on Bumblebee
Carbopenamase resistance	0	

6.3.1 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 comprehensive chlorine clean.

6.4 Pressure ulcers

	Number	Ward
Grade 3	0	
Grade 2	3	1 on admission to PICU 1 on admission to CICU- all are recorded as avoidable
Grade 1	1	PICU

6.5 Deteriorating patient

6.5.1 For the month of August, 7 patient related emergency calls were received, 2 were cardiac arrests both on Bear Ward, 3 were respiratory arrests again on Bear Ward (2 relate to the same patient). In addition 4 patients (9 in July) had unplanned admissions to Intensive Care. The two other incidents relate to a patient having a seizure whilst in XRay, and a patient experiencing a desaturation episode (low oxygen) but recovered without ICU intervention.

6.6 **Numbers of safety incidents reported about inadequate nurse staffing levels**

Fox Ward Nights shift (graded low risk) – Staff Nurse reported that patients were at risk if clinical emergency should occur, immediate care was not in question. Staff from Robin assisted as necessary.

6.7 **Pals concerns raised by families regarding nurse staffing - 0**

5.8 **Complaints re nurse safe staffing**

Koala Ward – Complaint under investigation. Family advised to arrive early to be admitted for a surgical procedure. They report being left waiting 4 hours before nursing staff became aware that the family were waiting to be admitted. Following the procedure the family felt that communication was poor and cited examples where care for their daughter was lacking.

5.9 All issues noted in 5.6 and 5.8 are under investigation by the respective Head of Nursing.

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

- Response rate for August was 33% (July 35%), the overall target is currently 40%, increasing to 60% by the end of Quarter 4.
- For August 273 (83%) of families were extremely likely to recommend their friends and family, with 49 (15%) likely to recommend.
- 3 families provided examples praising staff on Bear, Puffin and Koala. Conversely negative feedback was also received for Koala, Robin and the Respiratory Sleep Unit relating to staff being busy and poor communication.

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 August, 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 – August 2015

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

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust
Period: August_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)

<http://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/safe-nurse-staffing-report/>

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					
Validation alerts (see control panel)	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Speciality 1	Speciality 2													
	RP401	Great Ormond Street Hospital Central London Site	Badger Ward	340 - RESPIRATORY MEDICINE		2380	2516.8	356	460	2139	2140.9	356	285	105.7%	129.2%	100.1%	80.1%
	RP401	Great Ormond Street Hospital Central London Site	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2848	3415.5	597	509.3	2848	3000.7	356	339	119.9%	85.3%	105.4%	95.2%
	RP401	Great Ormond Street Hospital Central London Site	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7015	7447.5	356	464.5	6612	6761.45	195	64.8	106.2%	130.5%	102.3%	33.2%
	RP401	Great Ormond Street Hospital Central London Site	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	918.9	1069	590.75	713	655.7	713	577.7	128.9%	55.3%	92.0%	81.0%
	RP401	Great Ormond Street Hospital Central London Site	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3405.2	356	92	3208	3010.65	0	43.2	106.1%	25.8%	93.8%	-
	RP401	Great Ormond Street Hospital Central London Site	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6169.45	356	241.5	6060	5406.84	356	140.4	101.8%	67.8%	89.2%	39.4%
	RP401	Great Ormond Street Hospital Central London Site	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1667	1691.8	356	333.5	1426	1139.6	356	238.3	101.5%	93.7%	79.9%	66.9%
	RP401	Great Ormond Street Hospital Central London Site	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2133	1418.05	355	281.55	1973	1070.6	355	270	66.5%	79.3%	54.3%	76.1%
	RP401	Great Ormond Street Hospital Central London Site	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1118.1	356	172.5	1069	737.2	356	210.1	104.6%	48.5%	69.0%	59.0%
	RP401	Great Ormond Street Hospital Central London Site	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1667	1656	356	342.25	1426	1086.3	356	233.1	99.3%	96.1%	76.2%	65.5%
	RP401	Great Ormond Street Hospital Central London Site	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	954	1127	356	613.8	713	672.4	356	44.1	118.1%	172.4%	94.3%	12.4%
	RP401	Great Ormond Street Hospital Central London Site	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	2013	1364	354	306.5	1773	1205.8	354	265.5	67.8%	86.6%	68.0%	75.0%
	RP401	Great Ormond Street Hospital Central London Site	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2376	2273.42	339	667	2037	1975.62	679	592.45	95.7%	196.8%	97.0%	87.3%
	RP401	Great Ormond Street Hospital Central London Site	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2325	2118.5	290	650.75	1743	1241.7	290	162.7	91.1%	224.4%	71.2%	56.1%
	RP401	Great Ormond Street Hospital Central London Site	Eagle Ward	361 - NEPHROLOGY		2265	3020.9	713	609.8	1426	1190	356	176.6	133.4%	85.5%	83.5%	49.6%
	RP401	Great Ormond Street Hospital Central London Site	Kingfisher Ward	420 - PAEDIATRICS		1736	1699.9	897	511	312	367.2	0	64.8	97.9%	57.0%	117.7%	-
	RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		894	1032.4	668	287.5	668	631.25	668	306.6	115.5%	43.0%	94.5%	45.9%
	RP401	Great Ormond Street Hospital Central London Site	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1163.25	713	354.4	1069	866.8	356	397.9	108.8%	49.7%	81.1%	111.8%
	RP401	Great Ormond Street Hospital Central London Site	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1106	1119	592	446.55	507	389.5	454	329.6	101.2%	75.4%	76.8%	72.6%
	RP401	Great Ormond Street Hospital Central London Site	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3335	2821.5	356	428.05	3243	2748.05	356	43.2	84.6%	120.2%	84.7%	12.1%
	RP401	Great Ormond Street Hospital Central London Site	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1533	1480.2	590	448.5	1442	1399.9	0	56.8	96.8%	76.0%	97.1%	-
	RP401	Great Ormond Street Hospital Central London Site	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1993	1737.3	702	824	1947	1349.4	0	23	87.2%	117.4%	69.3%	-
	RP401	Great Ormond Street Hospital Central London Site	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2968	2372.71	710	768.25	2681	2442.5	0	46	79.9%	108.2%	91.1%	-

Appendix 2: Overview of Ward Nurse Staffing – August 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	33.0	6.5	7.5	6.0	1.5	47.0	8.0	2.5	5.5	5	1	0	0.0
	Bear	22	47.7	41.2	6.5	9.0	8.0	1.0	56.7	7.5	9.3	-1.8	6	1	0	0.0
	Flamingo	17	121.0	98.1	22.9	10.8	3.0	7.8	131.8	30.7	22.2	8.5	12		0	0.0
	Miffy (TCU)	5	14.1	10.9	3.2	7.8	5.5	2.3	21.9	5.5	4.6	0.9	2	1	0	0.0
	NICU	8	51.5	44.3	7.2	5.2	1.0	4.2	56.7	11.4	12.2	-0.8	10		0	0.0
	PICU	13	83.0	90.0	-7.0	8.9	4.0	4.9	91.9	-2.1	7.5	-9.6	16		0	0.0
ICI-LM	Elephant	13	25.0	25.7	-0.7	5.0	4.1	0.9	30.0	0.2	1.3	-1.1	1	1	0	0.0
	Fox	10	31.0	24.5	6.5	5.0	4.9	0.1	36.0	6.6	0.4	6.2	4		0	0.0
	Giraffe	7	19.0	17.0	2.0	3.1	3.0	0.1	22.1	2.1	1.5	0.6	3		0	0.0
	Lion	11	22.0	21.0	1.0	4.0	4.0	0.0	26.0	1.0	2.9	-1.9	2		0	0.0
	Penguin	9	15.5	17.0	-1.5	5.8	5.6	0.2	21.3	-1.3	0.8	-2.1	1		0	0.0
	Robin	10	27.2	23.7	3.5	4.5	3.4	1.1	31.7	4.6	2.6	2.0	3	1.5	0	0.1
IPP	Bumblebee	21	38.3	30.5	7.8	9.7	8.0	1.7	48.0	9.5	6.4	3.1	5		0	1.0
	Butterfly	18	37.2	28.4	8.8	10.5	8.0	2.5	47.7	11.3	1.8	9.5	3		0	3.3
MDTS	Eagle	21	39.5	31.6	7.9	10.5	10.0	0.5	50.0	8.4	2.7	5.7	5	1	0	0.0
	Kingfisher	16	17.1	16.3	0.8	6.2	4.8	1.4	23.3	2.2	0.1	2.1			0	0.0
	Rainforest Gastro	8	17.0	11.5	5.5	4.0	3.5	0.5	21.0	6.0	1.8	4.2	3	1	0	0.5
	Rainforest Endo/Met	8	15.6	16.4	-0.8	5.2	3.5	1.7	20.8	0.9	2.9	-2.0			0	0.0
Neuro-sciences	Mildred Creak	7	11.8	13.2	-1.4	7.8	7.6	0.2	19.6	-1.2	0.6	-1.8		2	0	0.0
	Koala	24	48.2	43.3	4.9	7.8	5.0	2.8	56.0	7.7	3.5	4.2	9		0	0.0
Surgery	Peter Pan	16	24.5	23.9	0.6	5.0	5.0	0.0	29.5	0.6	2.4	-1.8		1	0	0.2
	Sky	18	31.0	25.2	5.8	5.2	5.0	0.2	36.2	6.0	4.4	1.6			0	0.3
	Squirrel	22	43.6	42.6	1.0	7.0	6.0	1.0	50.6	2.0	7.6	-5.6			0	0.1
TRUST TOTAL:		319	820.3	729.3	91.0	155.5	118.9	36.6	975.8	127.6	102.0	25.6	90.0	10.5	0.0	5.5

