

Trust Board June 2016	
Safe Nurse Staffing Report for June 2016	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. <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>	
Financial implications Already incorporated into 16/17 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 Nurses, Head of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Divisional Management Teams	

GOSH NURSE SAFE STAFFING REPORT

June 2016

1. Introduction

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of June 2016. 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 June is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Head 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:

- Divisional Assistant Chief Nurses and IPP Head 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 June (May) is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
101.4% (102.2%)	89.8% (91.0%)	97.6% (95.7%)	85.8% (86.0%)	95.5% (96.3%)

Barrie – (MDTS/Neuro/Surgery) - No unsafe shifts reported in June

- **Eagle:** Acuity of complex transplant patients accounts for an increase above 10% tolerance for qualified staff.
- **Kingfisher:** Qualified nurses above 10% tolerance at night due to PH study requiring 1:1 nursing.
- **Rainforest Gastro:** Qualified nurses above 10% tolerance due to specialised / observed patients. HCAs below 10% tolerance due to one member of staff on phased return from sick leave.
- **Rainforest Endo/Met:** HCA below 10% tolerance due to long-term sickness.
- **Peter Pan:** Below 10% tolerance due to mat-leave and vacancies. Fill-rate no impact on safe staffing, as no high dependency patients.
- **Sky:** Qualified nurse (night) above 10% tolerance due to two invasive procedures, and one requiring 1:1 nursing.

IPP – No unsafe shifts reported in June

- **Butterfly:** Qualified staffing deficit and associated risks were mitigated by additional bank HCAs and careful staff allocation. Reduced registered nursing staff at night and increased HCAs as dependency of patients was reduced at night (due to BMT patients requiring blood products and increased IVs during day) and due to numbers of day case surgical patients.
- **Bumblebee:** Qualified staffing deficit and associated risks were mitigated by additional bank HCAs and careful allocation. Additional HCAs with tracheotomy skills were also used to support/care for patients with tracheostomies in cubicles.

West – (CCCR/ICI) – 1 shift reported in June

- 1 confirmed unsafe shift on Elephant reported on 26th June, with a junior member of staff having to take charge. The appropriate escalation process was used though additional staff could not be found with the right experience. There was no adverse incident reported due to the lack of experienced nursing staff.
- Nursing staff moved to ensure the wards were safe as required.

2.1.3 The Clinical Site Practitioners (CSPs) confirm the report that Elephant was declared unsafe on 26th June 2016; a further 16 shifts were reported as being short of staff but safety was not compromised.

2.1 General Staffing Information

- 2.1 Appendix 2 – Ward Nurse Staffing overview for June. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.
- 2.2 12 out of 23 inpatient wards closed beds at various points during June compared to 8 in May. An average of 6.7 beds were closed each day, this is an increase from 3.4 bed closures in May. The main reasons for bed closures were due to staffing/sickness on Eagle, Sky and Squirrel; planned maintenance work on Robin, Fox, and Bear; and flooding in Rainforest Endo/Met.
- 2.3 For the inpatient wards, at 1st June 2016, the registered and non-registered vacancies totalled 125.8 WTE, an increase from 115.4 in May. This breaks down to: 93.7 (11.3%) registered nurse vacancies (97.4 in May); 32.1 (20.3%) HCA vacancies (18 in May). Temporary nurses, mainly from GOSH Nurse Bank, deployed on the wards totalled 106.5 WTE, the May position was therefore 19.3 WTE net vacancies (-12.8WTE in May, 3.2 WTE in April and -10 WTE in March).

3 Vacancies and Recruitment

- 3.1 118 out of a total of 123 Newly Qualified Nurses have been recruited from the assessment centres held in June (3 withdrawals and 2 failures). Another 2 assessment centres are taking place in July with another 36 candidates attending.
- 3.2 An additional 20 NQNs are also in the pipeline following the January 2016 assessment centres who qualify this month.
- 3.3 11 Band 3's, have been successfully recruited from June's Assessment centre and pending pre-employment checks are due to start in September 2016.
- 3.4 There are currently 25 experienced nurses in the recruitment pipeline waiting to start in July and August.
- 3.5 The 6 monthly nurse establishment reviews are planned to commence July 2016.

4. Key Challenges

- There is a risk that the planned changes to the funding for undergraduate nurse training will impact adversely on the number of student nurses studying in London. From 1st August 2017 new nursing students will no longer receive the NHS bursary but will have access to the current student loan system requiring them to pay back a loan of circa £60K, for university fees and living expenses. There is a concern that this will put potential nursing students off studying in London, where the cost of living is already higher than the rest of the country. There is a concern that this will then impact on the recruitment of newly qualified nurses on the completion of their course.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.

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 April 2016.
- 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 Divisional Chief Nurses and their review processes.
- 5.3 Infection control

Infection	Number of incidents	Comment (optional)
C diff's	0	
MRSA bacteraemias	1	Data still awaiting final sign off
MSSA bacteraemias	2	
E.coli bacteraemias	2	
Outbreaks and whether any beds closed	2- no beds closed	Control measures put in place to control outbreak

Carbapenemase-producing Enterobacteriaceae	2 confirmed on admission and 2 potential (awaiting results of ref lab)	
Hospital acquired enteric virus infections	10	
Hospital acquired viral respiratory infections	8	

Narrative / comments:
Hospital acquired enteric and respiratory infections are decreasing over the summer months as it is expected.

5.4 Pressure ulcers

Grade	Ward / Area	Site	Avoidable?
2	CICU	Ear	Avoidable
2	CICU	Sacrum	Unavoidable
2	PICU	Ear	Avoidable
2	CICU	Axilla	Avoidable
2	SKY	Coccyx	Avoidable
2	PICU	Occiput	Unavoidable
2	Sky	Achilles	Avoidable

Narrative / comments:
The above figures represent 6 patients. A new pressure ulcer policy has been approved through the policy approval group with a new section on the investigation of pressure ulcers and Root Cause Analysis for Grade 2 pressure Ulcers. A new Tissue Viability Website has begun construction with information on grading pressure ulcers, pressure ulcer prevention strategies and how to access the team. A new band 7 Tissue Viability nurse started this month to support the Tissue Viability service delivery, teaching training and education.

5.5 Deteriorating patient

Event	Total Number	Number of Preventable
2222 calls	13 (16 in April)	4
Cardiac Arrests	4	1
Respiratory Arrests	1	0
Unplanned admissions to ITUs	9	N/A

Narrative / comments:

2 cardiac arrests in ward areas both graded as potentially preventable:

- 1 on Badger - no ECG leads available, additional ECG leads have been purchased.
- 1 on Koala – Patient transferred from PICU 12 hours prior to arrest without a clear management plan. This case is currently being investigated by the Risk and Resuscitation team as it is unclear if patient was on an End of Life plan. Meeting arranged on Tuesday 12th July 2016.

5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

There were 4 Datix submitted by staff regarding shortages of nurse in June which have yet to be validated by the Divisional teams. No incident resulted in any harm to patients and in all cases the correct escalation pathway was followed.

5.7 Pals concerns raised by families regarding nurse staffing – 0

The Trust did not receive any PALs referrals in regards to nurse safe staffing for June 2016.

5.8 Complaints received regarding nurse safe staffing – 1

There was 1 complaint received. The family reported that the mother had to carry out all cares for her child with a tracheostomy as there were insufficient nurses on the ward (Peter Pan) though there was no datix submitted by the ward staff for this incident. This complaint is currently being investigated.

5.9 Friends and family test (FFT) data

- Overall response rate for June 2016 has decreased to 25.0% (data extracted 07/07/2016) compared to 27.52% in May 2016. The target response rate is currently 60%.
- The overall percentage to recommend score is 97.5% (data extracted 07/07/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 84.2% (678) and 13.3% (107) responded as likely to recommend compared with 89.6% (740) and 8.7% (72) in May 2016.

For information, the following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards:

Response	Ward/Area	Comment related to response
Extremely Likely	Sky	Good ward with good people but a little under resourced (people and stuff) (patient name)'s answer - Had to stay due to no physio and didn't get blue plaster!

The following positive comments regarding outstanding performance regarding staff behaviour have been received for the following wards:

Response	Ward/Area	Comment related to response
Extremely Likely	Eagle Acute	The team on Eagle ward have been absolutely fantastic, child centred, positive with very clear communication. We would like to make a special "thank you" message to (staff name), play specialist on eagle ward. Extremely positive outcomes with the 1:1 work she completed.
Extremely Likely	Elephant	Childrens FFT: good: what I really like about elephant ward is care and love and treatment that the nurses and doctors do for every patient in this ward.

		also thank you for all done for me and all the hard work you have done. bad: the only bad thing is food
Extremely Likely	Kingfisher	(staff name) has been caring for my son since his initial diagnosis in 2011 she has always been incredibly kind supportive and professional we are always pleased to see she is on duty when we are admitted. A true credit to her profession. Thank you (staff name) xx - (name and contact details of parents provided)
Extremely Likely	Koala	Level of care has been absolutely fantastic from the PICU unit + HDU on Koala ward. The physio, occupational therapist and nurses have been outstanding. (names of 3 staff) along with their colleagues (so many should be mentioned) helped bring our princess back to us and for that we are forever grateful.
Extremely Likely	Puffin	The way the children are approached by all the staff, the acknowledging of their experiences, their potential fear was excellent. All their needs are met in a caring way.
Extremely Likely	Respiratory Sleep Unit	Staff on the unit very lovely (Names of 2 staff), especially (staff) who was particularly polite & reassuring even thanking me for my small amount of help during our stay. Both staff knowledgeable and helpful plus very respectful during the night in disturbing myself and my daughter as minimally as possible during checks.

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 May, 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. Work is currently underway on a 5 year Recruitment and Retention 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 and HCA's.
- 7.5 The impact of the reform to student nurse funding on nurse recruitment.

Appendix 1: UNIFY Safe Staffing Submission – June 2016

Only complete sites your organisation is accountable for				Day				Night				Day		Night		
Hospital Site Details		Ward name	Main 2 Specialties on each ward		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 (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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 CENTRE	Badger Ward	340 - RESPIRATORY MEDICINE		2308	2432.7	342	264.5	2057	2106.4	342	227.65	105.4%	77.3%	102.4%	66.6%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2657	3318	575	552	2657	2773.3	332	367.9	124.9%	96.0%	104.4%	110.8%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6789	7331.68	344	310.5	6399	6622.45	206	86.4	108.0%	90.3%	103.5%	41.9%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		690	748.15	1035	960.25	690	623.3	690	587.8	108.4%	92.8%	90.3%	85.2%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3087	3291.34	343	23	3087	2895.6	0	32.4	106.6%	6.7%	93.8%	-
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5793	6402.8	340	92	5793	5148.8	340	129.6	110.5%	27.1%	88.9%	38.1%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1624	1692.67	343	494.5	1372	1208.3	343	381.5	104.2%	144.2%	88.1%	111.2%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2008	1590.35	334	296.9	1874	1485.6	334	163.7	79.2%	88.9%	79.3%	49.0%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1035	1012	345	149.5	1035	707.6	345	194.8	97.8%	43.3%	68.4%	56.5%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1629	1343.45	344	367.33	1377	801	344	390.7	82.5%	106.8%	58.2%	113.6%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	943	1075.56	345	604.66	690	635.55	345	154	114.1%	175.3%	92.1%	44.6%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1757	1450.85	306	402.5	1532	1053.9	306	509.4	82.6%	131.5%	68.8%	166.5%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICALS	2415	2300	345	963	2070	2121.6	690	844.2	95.2%	279.1%	102.5%	122.3%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICALS	2760	2285	345	972	2070	1573.2	345	387.8	82.8%	281.7%	76.0%	112.4%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Eagle Ward	361 - NEPHROLOGY		2187	2790.8	676	833.2	1353	1332.3	338	254	127.6%	123.3%	98.5%	75.1%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Kingfisher Ward	420 - PAEDIATRICALS		1748	1526.25	897	276	331	390.2	0	67.6	87.3%	30.8%	117.9%	-
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		943	1210.55	690	333.5	690	660.2	690	301.4	128.4%	48.3%	95.7%	43.7%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		990	1066.15	660	230	990	754.85	330	216.7	107.7%	34.8%	76.2%	65.7%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Mildred Creak	711 - CHILD and ADOLESCENT PSYCHIATRY		1087	1103.5	606	549.6	494	378	448	336.2	101.5%	90.7%	76.5%	75.0%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3247	2930.3	343	571.5	3155	2562.9	343	205.2	90.2%	166.6%	81.2%	59.8%
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1490	1181.5	578	425.5	1401	1142.45	0	44.6	79.3%	73.6%	81.5%	-
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1733	1565	604	875.5	1692	1392.6	0	23	90.3%	145.0%	82.3%	-
RP401	GREAT ORMOND STREET HOSPITAL CENTRE	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2827	2832.29	667	587	2538	2329.1	0	197.2	100.2%	88.0%	91.8%	-

Appendix 2: Overview of Ward Nurse Staffing – June 2016

Speciality	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
CardioRespiratory	Badger	15	39.5	40.0	-0.5	7.5	7.0	0.5	47.0	0.0	2.1	-2.1	3.0		0	0.1
	Bear	24	53.5	49.7	3.8	9.0	8.4	0.6	62.5	4.4	5.0	-0.6	5.0	0.6	0	0.8
	Miffy (TCU)	5	14.1	10.3	3.8	10.4	8.5	1.9	24.5	5.7	5.0	0.7	1.0	1.0	0	0.0
Critical Care	Flamingo	17	121.0	109.0	12.0	10.8	3.0	7.8	131.8	19.8	20.8	-1.0	4.0		0	0.0
	NICU	8	51.5	46.0	5.5	5.2	1.0	4.2	56.7	9.7	8.7	1.0			0	0.0
	PICU	13	83.1	86.0	-2.9	8.9	3.0	5.9	92.0	3.0	8.0	-5.0			0	0.2
Haematology/Oncology/Dermatology/Rheumatology	Elephant	13	25.0	18.5	6.5	5.0	5.0	0.0	30.0	6.5	4.1	2.4			0	0.1
	Fox	10	31.0	27.0	4.0	5.0	5.0	0.0	36.0	4.0	2.7	1.3			0	0.3
	Giraffe	7	19.0	16.7	2.3	3.1	2.0	1.1	22.1	3.4	2.2	1.2	2.0		0	0.0
	Lion	11	22.0	17.8	4.2	4.0	4.0	0.0	26.0	4.2	4.8	-0.6	1.0		0	0.0
	Penguin	9	15.5	14.8	0.7	5.8	5.8	0.0	21.3	0.7	1.5	-0.8			0	0.0
	Robin	10	27.2	21.7	5.5	4.5	4.4	0.1	31.7	5.6	3.0	2.6			0	1.1
IPP	Bumblebee	21	38.3	32.3	6.0	9.7	13.0	-3.3	48.0	2.7	9.4	-6.7	3.0		0	0.0
	Butterfly	18	37.2	23.7	13.5	10.5	9.9	0.6	47.7	14.1	7.2	6.9	3.0		0	0.0
MDTS	Eagle	21	39.5	38.0	1.5	10.5	10.0	0.5	50.0	2.0	3.7	-1.7			0	0.3
	Kingfisher	16	17.1	11.2	5.9	6.2	3.9	2.3	23.3	8.2	1.2	7.0			0	0.0
	Rainforest Gastro	8	17.0	15.9	1.1	4.0	3.0	1.0	21.0	2.1	1.3	0.8			0	0.0
	Rainforest Endo/Met	8	15.6	16.6	-1.0	5.2	4.0	1.2	20.8	0.2	1.6	-1.4			0	0.3
Neurosciences	Mildred Creak	10	11.8	12.5	-0.7	7.8	5.3	2.5	19.6	1.8	0.1	1.7			0	0.0
	Koala	24	48.2	37.7	10.5	7.8	6.0	1.8	56.0	12.3	4.8	7.5		1.0	0	0.1
Surgery	Peter Pan	16	24.5	22.3	2.2	5.0	3.8	1.2	29.5	3.4	1.3	2.1	1.0	2.0	0	0.5
	Sky	18	31.0	24.0	7.0	5.2	3.0	2.2	36.2	9.2	3.3	5.9	2.0		0	2.2
	Squirrel	22	43.6	40.8	2.8	7.0	7.0	0.0	50.6	2.8	4.7	-1.9		1.0	0	0.7
TRUST TOTAL:		324	826.2	732.5	93.7	158.1	126.0	32.1	984.3	125.8	106.5	19.3	25.0	5.6	0.0	6.7