

<b>Trust Board</b> April 2016	
<b>Safe Nurse Staffing Report for March 2016</b>	<b>Paper No</b>
<b>Submitted by: Juliette Greenwood Chief Nurse</b>	
<p><b>Aims / summary</b>          This paper provides the required assurance that Great Ormond Street Hospital has identified and delivers safe nurse staffing levels across all in- patient ward areas with 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.</p>	
<p><b>Action required from the meeting</b>          The Board is asked to note:</p> <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>	
<p><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> <p>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.</p>	
<p><b>Financial implications</b>          Already incorporated into 15/16 Division budgets</p>	
<p><b>Who needs to be told about any decision?</b>          Divisional Management Teams          Finance Department          Workforce Planning-Human Resources</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b>          Chief Nurse; Assistant Chief Nurse's</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b>          Chief Nurse; Assistant Chief Nurse</p>	

# **GOSH NURSE SAFE STAFFING REPORT**

**March 2016**

## **1. Introduction**

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of March 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 identified 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 March 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 March (February) is:

<b>RN Day</b>	<b>RN Night</b>	<b>HCA Day</b>	<b>HCA Night</b>	<b>Total Fill Rate</b>
96.7% (105.9%)	87.7% (91.1%)	94.5% (95.3%)	66.7% (63.3%)	86.4% (91.7%)

<p><b><u>ICI – No unsafe shifts reported in March</u></b></p> <ul style="list-style-type: none"> <li>• The higher fill rate on Penguin reflects their co-location with ambulatory care and the combined staffing and also the rise in patient dependency on both Penguin &amp; Lion ward.</li> <li>• The lower fill rates are due to staff sickness, staff moved to support this and lower patient dependency.</li> </ul>
<p><b><u>Surgery - No unsafe shifts reported in March</u></b></p> <ul style="list-style-type: none"> <li>• The variance is due to vacancies, maternity leave and sickness and Care staff – (HCA's) were utilised on nights to fill gaps.</li> <li>• Beds closed on Sky ward, owing to nurse vacancies (see Appendix 2).</li> </ul>
<p><b><u>CCCR – No unsafe shifts reported in March</u></b></p> <ul style="list-style-type: none"> <li>• Miffy – The variance is due to HCA vacancies of more registered nurses used due to lack of availability of bank tracheostomy ventilory competent HCA staff</li> <li>• Bear – The variance is due to patient dependency and acuity.</li> <li>• Badger continues to have 2 x HCA's on maternity and one on short term medical redeployment.</li> <li>• The variance across all intensive care areas in care staff (CICU, PICU &amp; NICU) is HCA's vacancies. NICU opened 2 additional beds as interim to support an increase in patient activity, registered staff numbers reflect this.</li> </ul>
<p><b><u>MDTS - No unsafe shifts reported in March</u></b></p> <ul style="list-style-type: none"> <li>• Eagle's increased requirement for registered nurses on day shifts was due to high patient acuity and dependency.</li> <li>• Kingfisher, Rainforest Gastro and Endo/Met variances are due to HCA vacancies and nurse vacancy on Rainforest Endo/Met.</li> </ul>
<p><b><u>Neurosciences - No unsafe shifts reported in March</u></b></p> <ul style="list-style-type: none"> <li>• The difference is due to short notice sickness or vacancies which were covered by either swapped shifts, ward sister/CNS working clinically or bank staff and 2 non-registered staff working days as a HCA &amp; a Patient Pathway co-ordinator.</li> <li>• MCU had a reduction in staffing requirements due to bed occupancy; patients were either discharged, on home leave or moved to a day case patient model during Easter.</li> </ul>
<p><b><u>IPP - No unsafe shifts reported in March</u></b></p> <ul style="list-style-type: none"> <li>• Bumblebee continues to utilise HCAs appropriately to care for infants without resident parents and tracheostomy patients requiring 1:1 care.</li> <li>• Beds were temporary closed as a result of increased level of patient dependency/complexity, short term sickness and unfilled banks shifts.</li> <li>• The variance in Butterfly Ward registered nurse staff numbers on days and nights reflects the patient cohort which was predominately day case surgery and ambulatory care haematology/oncology/BMT patients and the moving of nursing staff to support patient dependency on Bumblebee.</li> <li>• The increase in HCA's number is due the provision of additional support to long term patients and newly appointed staff working in a supernumerary capacity.</li> </ul>

2.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during March; however 2 shifts are noted where wards reported being short of staff but safety was not compromised.

### **3.0 General Staffing Information**

- 3.0.1 Appendix 2 – Ward Nurse Staffing overview for March. The table provides information on ward based staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.
- 3.0.2 5 (9 in February) out of 23 inpatient wards closed beds at various points during March. An average of 7.4 beds, were closed each day which is an increase from February 2016 which had an average of 2.2 beds closed each day.
- 3.0.3 For the inpatient wards at March 1<sup>st</sup> registered and non-registered vacancies total 108 Whole Time Equivalents (WTE) decrease from 116 in February. This breaks down to 74 (88 in February) registered nurse (RN) vacancies (9% of RN total) and HCA vacancies number 33 (28 in February), (20% of HCA total). Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 118 WTE, the March position was therefore a -10 net vacancy rate (1 in January and 3 in February).

### **3.1 Vacancies and Recruitment**

- 3.1.1 There has been a slight increase to 33 HCA vacancies and there remain a significant number of unregistered (HCA) vacancies (18) across the ICU areas (15) and Neurosciences (3) where recruitment is still on hold pending local work on the education pathway and recruitment plans.
- 3.1.2 Of 52 Registered Nurses recruited through the January and February Assessment Centres, 35 newly qualified and 5 experienced nurses commenced employment in March. There are a further 25 nurses due to start between April and July. Also 14 recently appointed HCA's started at the beginning of March, 9 for the inpatients wards with a further 5 for others areas across the Trust which include Theatres, Day care areas and the Clinical Research Facility.
- 3.1.3 10 nurses have started the Rotation Programme this month, 7 of these were new recruits and 3 were from the September 2015 1 year programme who showed an interest in the 2 year programme and therefore these transferred to the 2 year programme in March 2016.
- 3.1.4 GOSH staff attended a further 2 University Graduate Career fairs in March and is due to host the usual GOSH Recruitment Fair on 21<sup>st</sup> April. There are currently approximately 190 registered to attend the event, the majority are students from across the UK who qualify in September 2016, previously the feedback for this event has been very positive. Five assessment Centres have been organised in June and one for July for students seeking employment at GOSH from September onwards.
- 3.1.5 The next cohort recruitment for HCA Band 3 is planned for 25<sup>th</sup> April, there were 182 applicants and 33 were shortlisted and invited to the Assessment centre. Work is in progress to further develop a HealthCare Support Worker training pathway, it is anticipated that if the Nursing Workforce Programme board approve the proposal, the first cohort of Paediatric Healthcare Support worker trainees could start in September 2016.
- 3.1.6 49% (37) of RN vacancies in March remain at band 6.

## **4. Key Challenges**

- Recruitment and retention of HCAs.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruitment of 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 March 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 Head of Nursing and their review processes.

### 5.3 Infection control

Numbers of C diff's	1 (1 Community Acquired Infection)
Number of MRSA bacteraemias	0
Number of MSSA bacteraemias	2
Number of E.coli bacteraemias	0
Number of outbreaks and whether any beds closed	1 outbreak (Sky - no beds closed)
Carbapenemase-producing Enterobacteriaceae	1 confirmed (Healthcare Associated Infection)
Hospital acquired enteric virus infections	14
Hospital acquired viral respiratory infections	20

### 5.4 Pressure ulcers

<b>Grade 3</b>	<b>0</b>	
<b>Grade 2</b>	<b>7</b>	CICU x 5 (2 x ETT- avoidable, 1 x splint – avoidable, 1 x Rt Foot – avoidable, 1 x Rt Ear – avoidable) NICU x 1 (1 x ETT - avoidable) Koala x 1 (Occipital - Unavoidable acquired in PICU whilst on Neuro protection)

There was a slight reduction in the number of nasal endotracheal tubes (NEET) pressure ulcers (3 this month; 4 in February). Work continues to review all NEET pressure ulcers using a new root cause analysis process, these children are managed in intensive care and are acutely ill, making their management really challenging. New processes are being trialled to try to reduce these incidents.

#### **5.5 Deteriorating patient**

There were 6 2222 calls in March 2016, a slight reduction from the 7 in February. There were 3 cardiac arrests (considered not preventable) on Flamingo ward and one where sadly the child passed away. There were 2 respiratory arrests, which may have been preventable. In addition there were 6 unplanned admissions to intensive care (8 in February). From the reviews completed the evidence suggests these cases were well managed, with good observations and escalation of concerns about the patient's conditions.

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

There were 2 incidents reported by nursing staff regarding shortages of nurses or inadequate skill mix on shifts, these incidents occurred on Robin and Bumblebee, the latter resulted in temporary bed closures for 16 days in March. The staffing was not felt to be unsafe and there was no adverse impact on patient care and experience.

#### **5.7 Pals concerns raised by families regarding nurse staffing – 0**

There were 3 referrals to Pals, 2 where operations/procedures were cancelled and 1 where treatment was delayed due to lack of bed availability. The Trust has been operating at maximum capacity with increased pressures from RTT and it is unclear from these referrals whether nursing staff numbers contributed to the concerns reported

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

The Trust did not receive any complaints with regards to safe nurse staffing during March 2016.

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

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

Overall response rate for March 2016 increased to 26.1% (data extracted 12/04/2016) compared to 23.6% in February 2016. The target response was increased to 60%.

- The overall percentage to recommend score is 99% (data extracted 12/04/2016).
- 90% (708) of families indicated that they were extremely likely to recommend GOSH to their friends and family and 9% (73) indicated that they were likely to recommend (87% (624) and 11% in February 2016).

### **6.0 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 March, 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.

## Appendix 1: UNIFY Safe Staffing Submission – March 2016

Only complete sites your organisation is accountable for				Day				Night				Day		Night		
Hospital Site Details		Ward name	Main 2 Specialities 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		Speciality 1	Speciality 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 Central London Site -	Badger Ward	340 - RESPIRATORY MEDICINE		2403	2186.25	356	366.5	2139	1952.8	356	216.7	91.0%	102.9%	91.3%	60.9%
RP401	Great Ormond Street Hospital Central London Site -	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2852	3445	621	524	2852	3194.2	356	292.3	120.8%	84.4%	112.0%	82.1%
RP401	Great Ormond Street Hospital Central London Site -	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7038	7040.82	356	379.5	6635	6367.85	218	108	100.0%	106.6%	96.0%	49.5%
RP401	Great Ormond Street Hospital Central London Site -	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	807.2	1069	738.5	713	641.1	713	553.7	113.2%	69.1%	89.9%	77.7%
RP401	Great Ormond Street Hospital Central London Site -	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3254.55	356	23	3208	2797.15	0	43.2	101.5%	6.5%	87.2%	-
RP401	Great Ormond Street Hospital Central London Site -	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6588.78	356	141	6060	5307.93	356	43.2	108.7%	39.6%	87.6%	12.1%
RP401	Great Ormond Street Hospital Central London Site -	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1690	1584	356	310.5	1426	1286.18	356	380.1	93.7%	87.2%	90.2%	106.8%
RP401	Great Ormond Street Hospital Central London Site -	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2139	1804.5	356	270.7	2001	1484.1	356	177	84.4%	76.0%	74.2%	49.7%
RP401	Great Ormond Street Hospital Central London Site -	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1043.77	356	241.5	1069	852.2	356	221.6	97.6%	67.8%	79.7%	62.2%
RP401	Great Ormond Street Hospital Central London Site -	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1690	1497.3	356	401.5	1426	1195.5	356	203.5	88.6%	112.8%	83.8%	57.2%
RP401	Great Ormond Street Hospital Central London Site -	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	977	1077.05	356	518.05	713	673.5	356	99.3	110.2%	145.5%	94.5%	27.9%
RP401	Great Ormond Street Hospital Central London Site -	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	2037	1479.45	354	276	1774	1284.9	354	268.3	72.6%	78.0%	72.4%	75.8%
RP401	Great Ormond Street Hospital Central London Site -	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2223	2334.5	317	841.25	1906	2308.2	635	810.9	105.0%	265.4%	121.1%	127.7%
RP401	Great Ormond Street Hospital Central London Site -	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2852	2055.5	356	749	2139	1375.6	356	379.1	72.1%	210.4%	64.3%	106.5%
RP401	Great Ormond Street Hospital Central London Site -	Eagle Ward	361 - NEPHROLOGY		2311	2796.05	713	714.85	1426	1343.8	356	277.7	121.0%	100.3%	94.2%	78.0%
RP401	Great Ormond Street Hospital Central London Site -	Kingfisher Ward	420 - PAEDIATRICS		1806	1642.45	925	528.2	347	367.9	0	76.3	90.9%	57.1%	106.0%	-
RP401	Great Ormond Street Hospital Central London Site -	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		977	1118	713	262.35	713	728.5	713	213.6	114.4%	36.8%	102.2%	30.0%
RP401	Great Ormond Street Hospital Central London Site -	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1063	1092.55	708	253	1063	718.6	354	273.5	102.8%	35.7%	67.6%	77.3%
RP401	Great Ormond Street Hospital Central London Site -	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1126	875.5	632	675.2	511	405	465	336.2	77.8%	106.8%	79.3%	72.3%
RP401	Great Ormond Street Hospital Central London Site -	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3062	2987.87	322	403.5	2979	2703.7	322	151.2	97.6%	125.3%	90.8%	47.0%
RP401	Great Ormond Street Hospital Central London Site -	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1598	1419.55	621	598	1506	1172.7	0	21.6	88.8%	96.3%	77.9%	-
RP401	Great Ormond Street Hospital Central London Site -	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1776	1173	618	484	1736	1099.3	0	57.5	66.0%	78.3%	63.3%	-
RP401	Great Ormond Street Hospital Central London Site -	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2981	3138.6	702	587	2675	2479.2	0	131	105.3%	83.6%	92.7%	-



Appendix 2: Overview of Ward Nurse Staffing – March 2016

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	37.0	2.5	7.5	7.0	0.5	47.0	3.0	1.8	1.2	5.0		0	0.0
	Bear	24	53.5	52.1	1.4	9.0	8.4	0.6	62.5	2.0	9.3	-7.3			0	0.0
	Flamingo	17	121.0	109.9	11.1	10.8	4.0	6.8	131.8	17.9	18.9	-1.0	10.0		0	0.0
	Miffy (TCU)	5	14.1	11.9	2.2	10.4	7.0	3.4	24.5	5.6	6.9	-1.3		3	0	0.0
	NICU	8	51.5	46.1	5.4	5.2	2.0	3.2	56.7	8.6	10.9	-2.3			0	0.0
	PICU	13	83.1	85.8	-2.7	8.9	3.0	5.9	92.0	3.2	8.6	-5.4	5.6		0	0.0
ICI-IM	Elephant	13	25.0	19.0	6.0	5.0	3.9	1.1	30.0	7.1	2.8	4.3			0	0.0
	Fox	10	31.0	26.1	4.9	5.0	3.9	1.1	36.0	6.0	3.7	2.3			0	0.0
	Giraffe	7	19.0	17.0	2.0	3.1	3.1	0.0	22.1	2.0	2.2	-0.2			0	0.0
	Lion	11	22.0	22.0	0.0	4.0	3.0	1.0	26.0	1.0	4.6	-3.6		1	0	0.0
	Penguin	9	15.5	13.5	2.0	5.8	5.8	0.0	21.3	2.0	2.5	-0.5			0	0.0
	Robin	10	27.2	22.7	4.5	4.5	2.2	2.3	31.7	6.8	3.6	3.2		2	0	0.0
IPP	Bumblebee	21	38.3	33.2	5.1	9.7	9.0	0.7	48.0	5.8	12.0	-6.2	1.0		0	2.3
	Butterfly	18	37.2	27.4	9.8	10.5	9.9	0.6	47.7	10.4	6.9	3.6		1	0	0.0
MDTS	Eagle	21	39.5	35.0	4.5	10.5	10.0	0.5	50.0	5.0	4.7	0.3	1.0		0	0.0
	Kingfisher	16	17.1	14.2	2.9	6.2	4.9	1.3	23.3	4.2	1.3	2.9			0	0.1
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	3.5	0.5	21.0	2.6	1.6	1.0			0	0.0
	Rainforest Endo/Met	8	15.6	15.6	0.0	5.2	3.5	1.7	20.8	1.7	2.4	-0.7			0	0.0
Neuro-sciences	Mildred Creak	10	11.8	13.9	-2.1	7.8	8.3	-0.5	19.6	-2.6	0.7	-3.3			0	0.0
	Koala	24	48.2	44.0	4.2	7.8	6.0	1.8	56.0	6.0	6.7	-0.7			0	2.3
Surgery	Peter Pan	16	24.5	23.1	1.4	5.0	4.0	1.0	29.5	2.4	1.0	1.4	1.0		0	0.0
	Sky	18	31.0	24.0	7.0	5.2	5.0	0.2	36.2	7.2	3.2	4.0	2.0	0.9	0	2.4
	Squirrel	22	43.6	42.9	0.7	7.0	7.0	0.0	50.6	0.7	2.3	-1.6	2.0		0	0.3
<b>TRUST TOTAL:</b>		<b>324</b>	<b>826.2</b>	<b>751.3</b>	<b>74.9</b>	<b>158.1</b>	<b>124.4</b>	<b>33.7</b>	<b>984.3</b>	<b>108.6</b>	<b>118.6</b>	<b>-10.0</b>	<b>27.6</b>	<b>7.9</b>	<b>0.0</b>	<b>7.4</b>