

Radiation Therapy Outreach Sites - Discussion Paper.

1. PURPOSE

This paper outlines ideas and thoughts of how a staffing model could look for the two radiation therapy satellite treatment sites in Hawke's Bay and Taranaki. Awareness of the possibility of moving treatment sites away from a centralised model has been high for a very long period of time and many discussions have occurred.

The purpose of this paper is to collate those ideas and map out how a staffing model could look in a decentralised environment, recognising that the satellite centres will be an extension of the Radiation therapy service at the base hospital and the Regional Cancer Treatment Service (RCTS) systems, pathways and policies / protocols will be the same.

2. SUMMARY

There are several options for the staffing model for the proposed RCTS satellite site, including several rotation models coupled with permanent local roles. Factors affecting the models are equipment, population size requiring treatment and the size of the team to provide the service. This paper outlines several models for consideration.

3. BACKGROUND

The RCTS is a hub and spoke design with a range of services in all five DHB sites. It is a traditional model which arranges service delivery into a single network, consisting of an anchor establishment (hub) which offers a full array of services including the most complex of services, complemented by secondary establishments (spokes) which offer more limited services.

This is a common design and is a proven solution to maintaining clinical safety and quality, while taking more patient and community centred approaches to optimising care. The core operational, legislative and practice standard elements are the same, irrespective of location and are dictated by standards and guidelines for best practice.

Evidence suggests that the establishment of outreach radiation treatment sites significantly improves the utilisation of radiation therapy yet; New Zealand Radiation Oncology Centres are currently centralised with outreach activity confined to outpatient consulting. The basis for this design has traditionally been necessitated by economies of scale, cost of equipment and technology however these rationales are less compelling now with the cost of equipment reducing, technology significantly changing both treatment and how teams are formed in both a virtual and physical sense and recognition of the growing inequities if access and their impact on population health. Radiation Oncology is also out of step with

the systemic treatment modalities, which have been offered close to patient's home for some years.

In 2019 Government announced that cancer patients in Hawke's Bay, Taranaki and Northland will for the first time have access locally to radiation treatment without having to travel to bigger centres, as part of a budget decision to provide additional funding to replace half of all New Zealand's radiation machines. Included in this announcement was payment for the two replacement machines in Palmerston North and funding to establish the outreach sites in Hawkes Bay and Taranaki.

4. DISCUSSION

4.1

Assumptions:

1. RCTS Protocols / Procedures / clinical pathways / will be the same throughout the service.
2. Access to IT systems as per base will be available. Including mosaiq.
3. Bandwidth allows planning to be sent to satellite centres.
4. CT scan and initial FSA appointment will be performed at base (patients will travel for one appointment only). Planning will be performed at base or remotely.
5. Complex and specialist radiation therapy will continue at base.
6. There will be no nursing staff or Radiation Oncologists at satellite sites.
7. One Admin / support staff will be available
8. No on call service will be required at the satellite sites.
9. Patients on combination treatment of chemotherapy and radiation therapy will not be treated at satellite centres.

Considerations

1. Equipment

The type of machine purchased for the satellite centres will in part determine staffing models.

There are currently two options for consideration, manufactured by Varian. The true beam linear accelerator and the Halcyon linear accelerator. A true beam linear accelerator has a broader range and is capable of providing all types of treatments where the Halcyon linear accelerator has the advantage of faster treatment times with limited range of treatments able to be performed.

If a true beam machine is purchased, this is the same as currently installed at the hospital, parameters are already set up and both Medical Physicist and Radiation Therapist staff are trained on the equipment. If a Halcyon machine is purchased this would be new technology to the region, training for Medical Physicists and Radiation Therapists would need to occur and new parameters would need to be created. A core group of staff would need to be trained to maintain the required

level of competency which in turn would limit the amount of rotation that could be achieved initially.

2. Staffing

The staffing requirements at each of the satellite sites will also be driven by the treatment needs of the population serviced by the satellite sites and the number of linear accelerators at the site.

A base site requires manager's, heads of section, educators, simulation and planning, quality and safety, research and development, where a satellite site requires much less. International models of satellite sites that have run over long periods of time have proven that satellite sites are run effectively as an extension of the base site with access to shared systems, processes and resources already in place. With this in mind the number of Radiation Therapists, can be based on the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) staffing model for treatment only, of 3.42 FTE.

Radiation Therapists are required to treat in pairs. The current staffing model is for three therapists to work on one treatment machine to allow for clinical admin tasks to be completed during the day i.e. pre-treatment checks and imaging reviews. It also allows for staff to address those unscheduled patient related queries or concerns i.e. side effect advice and management, complete medication charts via the standing orders and provides cover for breaks.

A Medical Physicist is required on site at all times during the treatment day, and is often needed outside of the treatment times for QA and servicing work. This would be problematic for a single Medical Physicist to manage and they would likely become isolated and lack peer support. For these reason more than one FTE is required. Ideally there would be two on site Medical Physicists however 1.5 is thought to be sufficient.

Each machine requires calibrations which must be checked independently by another Medical Physicist before being used clinically. There must be a second Medical Physicist available within a reasonable timeframe to maximise treatments scheduled.

A Radiation Therapy Assistant (RTA) may be a model to consider as part of the staffing model for the satellite sites, to perform both administration and assistant tasks. An RTA would add flexibility to the system in a small satellite team. If the tasks between reception and administration and assistant tasks could be effectively balanced, the value added to team and the patient in regard to workflow and continuity of care would be substantial.

Currently at the base site the cancer society works from one of the RCTS reception desks and assists with travel claims and queries from patients, an opportunity could be extended to the Cancer Society in Taranaki and Hawkes Bay to integrate into the satellite centres.

The Radiation Therapist students and Medical Physicist registrar may rotate to the satellite sites at times, however there is more value in the learning at base where the full range of treatment is performed.

3. Professional development

All staff require access to department meetings, resources, education and professional development.

With advancements in technology and increased availability to reliable systems, it is envisioned that meeting attendance would be achieved via zoom or teleconference with meeting agendas and any related information being made available in advance.

Time may be able to be scheduled out of the day for staff meetings as per the current arrangement to facilitate staff being able to attend and remain integrated in base discussions and decisions.

Both organisational and department policies and procedures and information systems can be accessed through citrix and staff will continue to receive information through their MidCentral email. The rotation model allows for a pool of staff to be competent in both the satellite and base sites so mandatory MDHB courses and professional development opportunities can continue to be managed in the same method as current.

4. Role development

Providing services in the satellite centres creates opportunity for development of the Radiation Therapist role into extended practice. Tasks that have traditionally been undertaken by nursing or Registrars in a larger base centre can be performed by the Radiation Therapists. Specifically on treatment review clinics can be completed at the satellite site by the Radiation Therapists, allowing the patient to attend the local centre instead of traveling to the base site. Support to the Radiation Therapists can be provided by zoom or phone when required by Radiation Oncologists, Registrars, or oncology nursing staff. Further work would need to occur to scope the extended role and service requirements. The current model where the Radiation Therapist treats the patient followed on the same day / time by a registrar performing an on treatment review (week 2 and then fortnightly for prostate treatment and week 3 then weekly for breast treatments) could be modified to be performed by the treating Radiation Therapist on a daily basis, when the patient assessment is already occurring. For anything that is highlighted during this session a sit down assessment could occur and address the issue at the time rather than waiting for scheduled clinic review. On the last appointment there would be a formal on treatment review clinic appointment for all patients. This could streamline the process and avoid duplication.

What treatments will be provided at the satellite sites?

Treatment areas require different skill mix. Treatments at satellite centres are envisioned to be breast and prostate and limited palliative treatments. If staff are rostered permanently to the satellite sites rotation to the base site will be able to provide competency in other treatments.

Part	Satellite	Base
Breast	√	√
Limited Palliative	√	√
Prostate	√	√

Staffing models

Following initial discussions with key personnel with RCTS the including: the Professional Lead, Head of Treatment, Chief Medical Physicist and the Clinical Educator two options were discussed to consider. There may also be other options that are preferred that will come from further consultation.

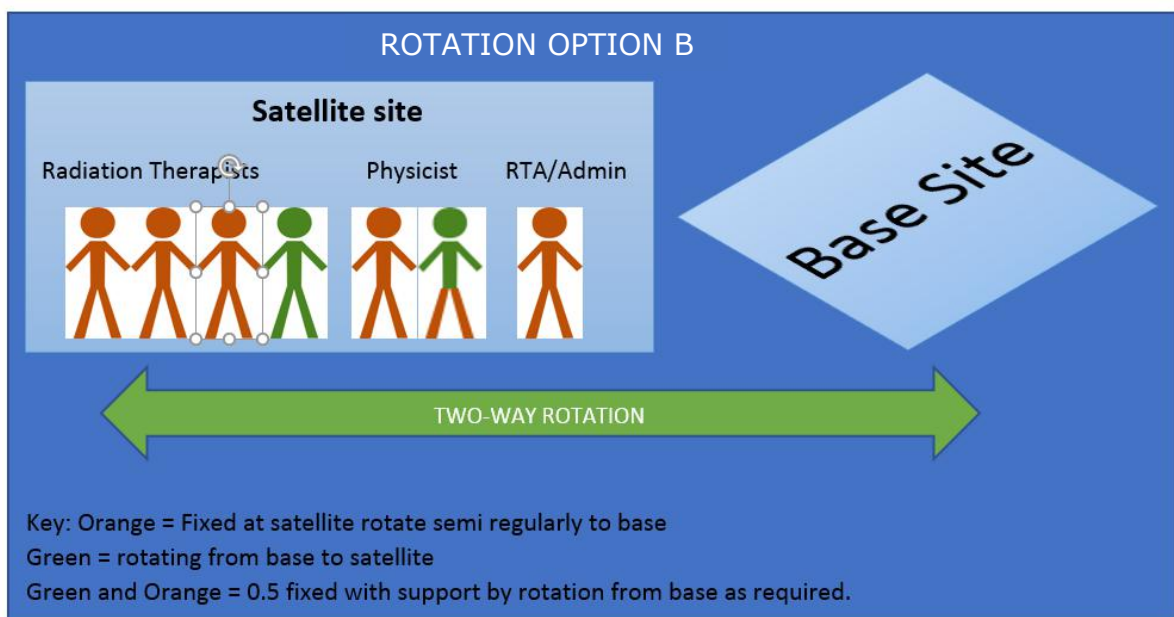
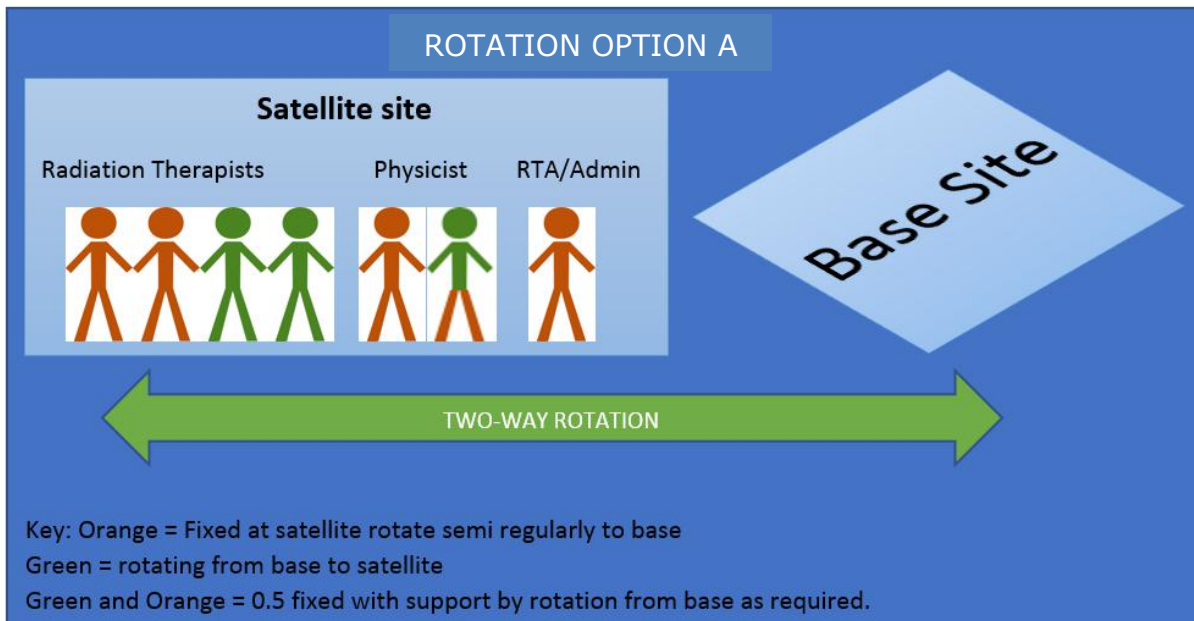
Option one key points include:

- Staff based at the satellite sites permanently with rotation of staff from the base site on a weekly basis.
- Rotation of the permanent staff to base for maintenance of full scope of practice and integration into the wider team.
- Provides for continuity in practice, consolidated local knowledge and familiar local engagement and integration with the community.

Option two key points include:

- A full rotation model with no permanent staff at the satellite sites.
- The model is put forward as initially there may be no staff wanting to relocate or successful recruitment into the areas of the satellite sites.
- An administration / RTA could be the one permanent position recruited to provide consistency.

Option one



In this model both Radiation Therapist and Medical Physicist staff have fixed / local roles supported by rotating roles from the base site.

The fixed / local roles in option A and B include a Radiation Therapist Site Coordinator, 1 - 2 other Radiation Therapist, 1 - 1.5 Medical Physicists and an RTA/admin.

The fixed roles will provide continuity in practice and service delivery and engagement with local health providers and the community as well as consolidated local knowledge.

Rotation options A and B are just two options that have been discussed, there are other options or variations that would emerge on further discussion.

The fixed roles rotate to the base site on a semi regular basis to maintain competency in all treatments and familiarisation to the site. The current arrangement for Radiation Therapist's holding specialist's roles is to rotate to the other areas each year. A similar model could be used for the fixed / local staff at the satellite sites to rotate back to the base site for a total of 1 week per year into each of CT, planning and treatment areas.

It is thought the Medical Physicists who are fixed / local at the satellite sites would require 1 - 4 weeks a year rotation to the base site and when commissioning work is occurring.

The rotating roles can be provided by staff at the base site. BSCC have had a sustainable model in place for many years, which includes a one-week block away from home and travel time within work hours. Allowances include travels costs, away from home allowance and accommodation and food costs. The staff travel to the satellite site together in a DHB car which they retain for the week for use at the satellite sites.

Cover for the one RTA/admin role would need be factored in and may include rotating with a base RTA/admin.

A structure where fixed and rotating staff is included allows for preparation and potentially some treatments to be provided during the traveling time of the rotating staff.

For example:

Example of fixed and rotating staffing model providing treatments over a week.

Site	Day and time	Fixed staff	Rotating staff	Staff on site
		2-3 Radiation therapists, 1.5 Physicists and 1 administration / RTA (depending on staffing model)	1-2 Radiation therapists (depending on staffing model)	(depending on model)
Hawkes Bay	Monday 0800 – 1030	Prepare site and potential for some treatments (would include clinical time for coordinator if this was an R/T)	Travel from PN to site	2 – 3 R/T's 1 – 1.5 Physicist 1 RTA / admin
	Monday 1030 – Friday 1400	Usual treating lists are booked.	Stay overnight Monday - Thursday. (4 nights)	4 R/T's 2 Physicists 1 RTA / admin
	Friday 1400	Wind down of site, potential for some treatments (would include clinical time for coordinator if this was an R/T)	Return home	2 – 3 R/T's 1 – 1.5 Physicist 1 RTA / admin
Site	Day and time	Fixed staff	Rotating staff	Staff on site
Taranaki	Monday 0800 – 1100	Prepare site and potential for some treatments (would include clinical time for coordinator if this was an R/T)	Travel from PN to site	2 - 3 R/T's 1 - 1.5 Physicist 1 RTA / admin
	Monday 1100 – Friday 1330	Usual treating lists are booked.	Stay overnight Monday - Thursday. (4 nights)	4 R/T's 2 Physicists 1 RTA / admin
	Friday 1330	Wind down of site, potential for some treatments. (would include clinical time for coordinator if this was an R/T)	Return home	2 – 3 R/T's 1 – 1.5 Physicist 1 RTA / admin

Break times

The model allows for an appropriate number of staff to have staggered breaks.

For example:

Example of staggered break times for staff at satellite sites.			
Mondays	Fixed staff R/T	Rotating staff R/T	Physicists
Morning tea 10 – 15 minutes duration	Break at 1030 or 1100 depending on site	Cover first break and break at 1045 or 1115 depending on site	Break when appropriate
Lunch Half hour duration	Break at 12/1230 or 1320 1330 depending on site	Break at 1230 / 1330 or 1330 / 1400 depending on site.	Break when appropriate
Afternoon tea 10 – 15 minutes duration	Break at 1500 / 1515 depending on site	Break at 1515 / 1530 depending on site	Break when appropriate

Frequency of rotation for Radiation Therapists:

The frequency of rotation for the Radiation Therapists depends on the amount of staff that are available to rotate to the satellite sites. HWIP data reports a headcount FTE of 38 and a contracted FTE of 31.7 Radiation Therapists which includes some staff that would be unlikely to routinely rotate due the role held i.e clinical educator, heads of areas and dedicated planning and treatment staff. It is difficult to give a firm example of a rotation without knowing how many staff are available to rotate, an example where 30 Radiation Therapists rotating is used however this is thought to be generous and could in fact be much less which will increase the amount of rotations per year required. For example if 30 therapists rotated from the base site to the satellite sites, 4 therapists would rotate per week, 2 per satellite site. This would equate to approximately every 8 weeks (approx. 6 times per year) rotation for each Radiation therapist, before AL and study leave is included. Staff working 1 FTE receive between 4 – 5 weeks of annual leave per year (20 – 25 days) and up to 40 hours 5 days per year of study leave, totalling 25 – 30 days of leave per FTE.

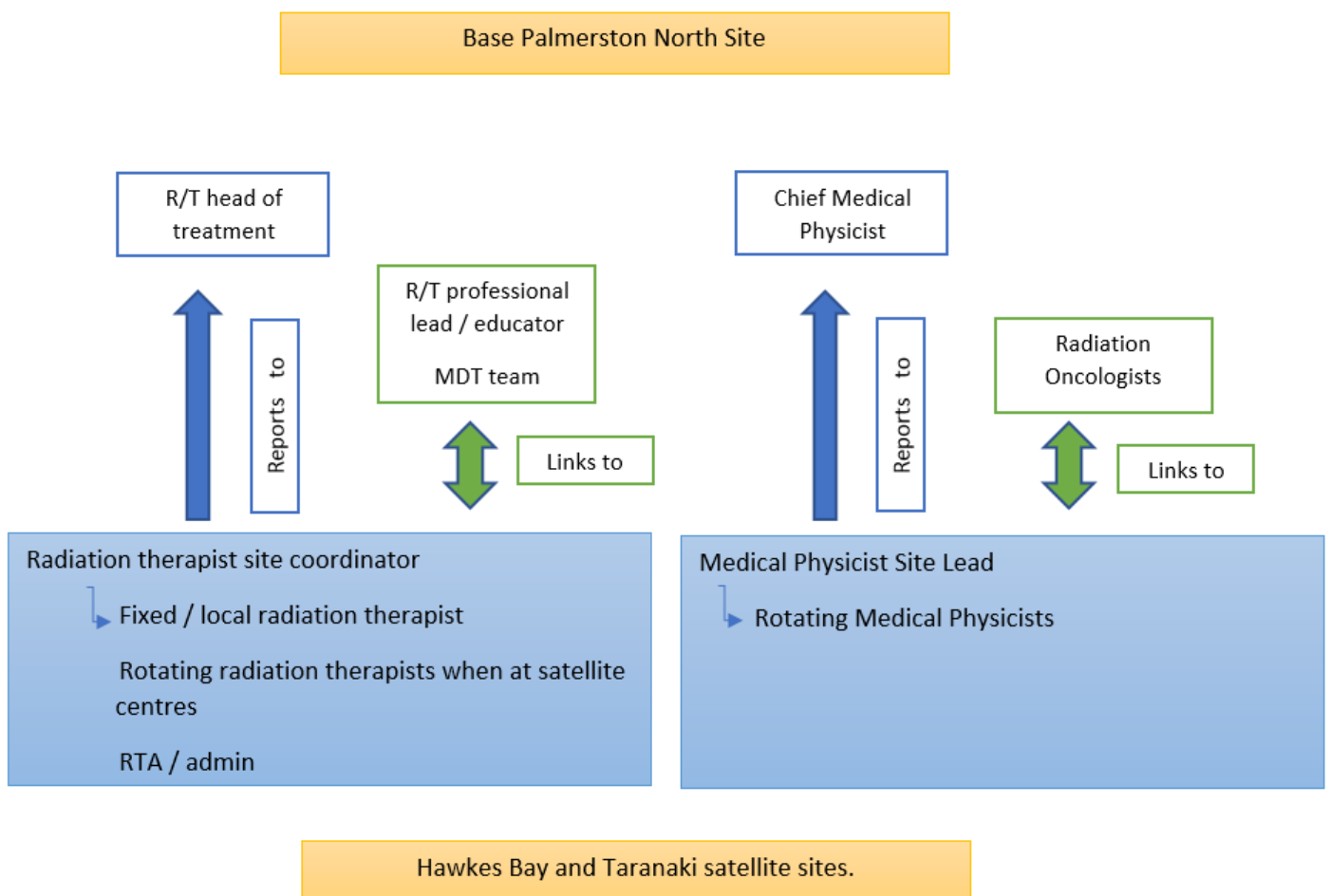
If 2 fixed / local Radiation therapists were based at each site the amount of annual and study leave would be 50 – 60 days per year. (approx. 7 – 8.5 weeks). An additional R/T would need to be rotated to the satellite sites when the fixed staff are on leave increasing the rotation frequency for staff at base up to an additional one rotation per year. Annual and study leave for the Radiation Therapists at the base site would also need to be factored in, to allow for a system to cover rotating staff that have been rostered to the satellite sites that have been allocated leave. Additional rostering to the satellite sites would be discussed and rostered at least 4 weeks in advance and consideration would need to be given on the time span since the last rotation. Staff could also volunteer for the additional rotations or choose to rotate for longer periods.

Frequency of rotation for Medical Physicists:

The frequency of the rotation depends on the number of Medical Physicists that rotate to the satellite sites. The HWIP data reports a contracted FTE of 8.8 and a headcount FTE of 9.0. However, the actual FTE is currently 7.8 FTE. A rotation model from base is not thought to be ideal due to the small team numbers and the short periods between rotations. For example, if 6 Medical Physicists rotated from base, each staff would need to rotate every 4 weeks to provide the required cover. The ideal model for Medical Physicist is to have 1.5 fixed local positions and rotation from base only as required.

Reporting structure

The reporting structure and lines of responsibility will link to the base site. This provides for operational and professional support for the satellite sites. An example of what this could look like is below:



Option 2

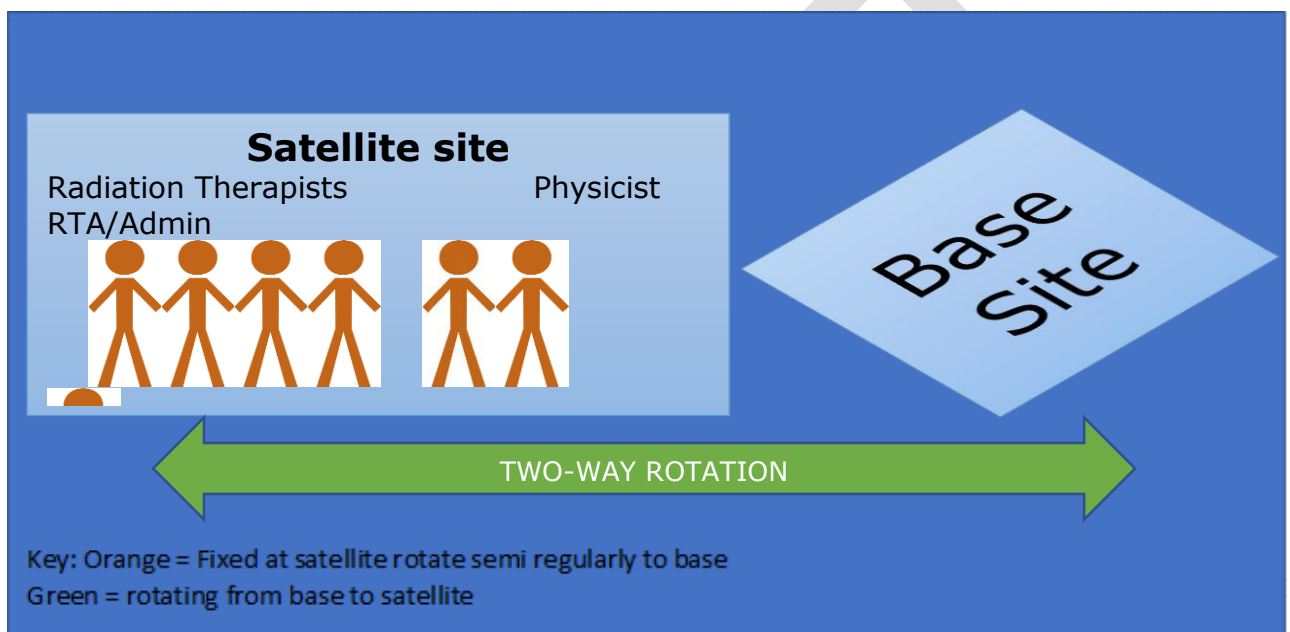
No fixed roles, staff rotate from base to satellite sites.

A staffing model such as this may need to be considered if recruitment into fixed roles is not successful, or as an interim measure until recruitment is completed.

The Admin role may be able to be fixed / local if this is a position that is going to be recruited to, as recruitment may be quicker for this type of role.

A staged approach may also be possible if 1 or 2 fixed roles are recruited to initially and other fixed roles are progressively filled.

Rotation could be as above with more staff rotating



Functions / Tasks to be performed at satellite sites.

Indicative tasks for each position are below:

R/T Treatment Tasks

- Run up of machines
- Liaise with Medical Physicist
- Time out / ID process
- Assist with booking or changing patient schedules/appts/tmt review appts
- Treatment
- Education / professional development
- Patient education
- Pre – treatment checks
- Post treatment checks
- Check and calculate doses
- Patient interaction
- Immobilise/patient positioning
- Maintain room supplies i.e. linen
- Check for side effects / assess patient
- Dispense treatments on standing order (drug chart has to be signed by reg within 2 days, not sure if these will be able to be scanned through to them or not)
- Review prescription for treatment
- Mepitel application – at patient's request
- Daily image matching
- Weekly image review
- Liaison with Radiation Oncologists
- Treatment documentation
- Other documentation
- Transitioning patients through the department, cubicle, scan room, farewell
- Planning for base if time permits
- Mandatory e learning
- Health and safety / Incident reporting
- Clinical governance
- Emergency procedures inc fire warden
- R/T led follow-up clinics
- R/T on TMT reviews

R/T site Co-ordinator tasks 0.8 FTE (0.2 clinical)

- Same as above when in clinical
- Site management
 - Maintenance
 - Budget
 - Security
 - Management
- Staff management
 - Rosters
 - Enter staff hours on Microster for sign off
 - SL organisation of cover / scan lists
 - AL in liaison with base
 - Performance reviews in conjunction with PL at base
- Daily Coordination
- Statistical reporting
- Machine maintenance / faults
- Ordering of supplies in conjunction with admin
- Local DHB / community liaison
- Accreditation

RT Lead clinic 0.2 FTE (0.8 clinical)

On treatment review clinics are scheduled based on the treatment site of the patient:

- duration ~15-20mins/pt offering side effect advice & management
- Prostates – week 2, then each fortnight
- Breasts – Week 3, then weekly
- Complete medication charts via standing orders
- Liaising with RO's, Reg's & nurses at base
- Setting up teleconference meetings/appointments with acute Reg for acute treatment issues out of RT's scope
- Unscheduled review clinic – virtual meeting appt with acute reg
- Set up virtual meeting equipment – 5mins
- Escort patient to interview room if not already in room with virtual meeting equipment
- Ensure handover from registrar with outcome – could be via email, clinic note on Mosaiq or phone.
- Regular professional development

Medical Physicist Tasks

- Perform QA checks of patient treatments
- Liaison with Radiation Oncologists
- Documentation
- Monitors staff radiation safety / radiation resource person (is there a need for a satellite radiation officer?)
- Commissioning Reports for installation
- First line problem solving ensuring the machines are used efficiently and minimal down time is maintained.
- Education / professional development
- General duties shared with base site Physicists (service wide plan and QA checks)
- Development work for all machines (if the same machines as current are purchased)
- Remote overflow tasks for base as time permits.
- Mandatory e learning
- Health and safety / Incident reporting
- Clinical governance
- Emergency procedures inc fire warden

Administration Tasks

- Scheduling for treatment appointments could be done at the satellite sites (it is thought scheduling follow-up clinic appointments could stay with the administration currently doing this at the base site.
- Facilitating on site review clinics
- Greeting patients at reception
- Answering the phone
- Restocking supplies
- Ordering supplies in liaison with the Site coordinator

Potential RTA tasks

- Greet patients at reception
- Answering the phone
- Restocking supplies
- Maintain room supplies i.e linen
- Transitioning patients through the department, cubicle, scan room, farewell
- Assis with clinics
- Mandatory e learning
- Health and safety / Incident reporting
- Clinical governance
- Emergency procedures inc fire warden

Radiation Therapist rotation to both satellite sites for option A (rotating staff would be rostered to both satellite sites)				
Week of the year	Site 1 Hawkes Bay		Site 2 Taranaki	
Week 1	Staff 1	Staff 2	Staff 3	Staff 4
Week 2	Staff 5	Staff 6	Staff 7	Staff 8
Week 3	Staff 9	Staff 10	Staff 11	Staff 12
Week 4	Staff 13	Staff 14	Staff 15	Staff 16
Week 5	Staff 17	Staff 18	Staff 19	Staff 20
Week 6	Staff 21	Staff 22	Staff 23	Staff 24
Week 7	Staff 25	Staff 26	Staff 27	Staff 28
Week 8	Staff 29	Staff 30	Staff 1	Staff 2
Week 9	Staff 3	Staff 4	Staff 5	Staff 6
Week 10	Staff 7	Staff 8	Staff 9	Staff 10
Week 11	Staff 11	Staff 12	Staff 13	Staff 14
Week 12	Staff 15	Staff 16	Staff 17	Staff 18
Week 13	Staff 19	Staff 20	Staff 21	Staff 22
Week 14	Staff 23	Staff 24	Staff 25	Staff 26
Week 15	Staff 27	Staff 28	Staff 29	Staff 30
Week ...52				

Radiation therapist rotation to one satellite site for option A (rotating staff would be rostered to one of the satellite site only)				
Week of the year	Site 1 Hawkes Bay		Site 2 Taranaki	
Week 1	Staff 1	Staff 2	Staff 16	Staff 17
Week 2	Staff 3	Staff 4	Staff 18	Staff 19
Week 3	Staff 5	Staff 6	Staff 20	Staff 21
Week 4	Staff 7	Staff 8	Staff 22	Staff 23
Week 5	Staff 9	Staff 10	Staff 24	Staff 25
Week 6	Staff 11	Staff 12	Staff 26	Staff 27
Week 7	Staff 13	Staff 14	Staff 28	Staff 29
Week 8	Staff 15	Staff 1	Staff 30	Staff 16
Week 9	Staff 2	Staff 3	Staff 17	Staff 18
Week 10	Staff 4	Staff 5	Staff 19	Staff 20
Week 11	Staff 6	Staff 7	Staff 21	Staff 22
Week 12	Staff 8	Staff 9	Staff 23	Staff 24
Week 13	Staff 10	Staff 11	Staff 25	Staff 26
Week 14	Staff 12	Staff 13	Staff 27	Staff 28
Week 15	Staff 14	Staff 15	Staff 29	Staff 30
Week ... 52				

Radiation Therapist rotation to both satellite sites for option B (based on 15 rotating) <i>(rotating staff would be rostered to both satellite sites)</i>		
Week of the year	Site 1 Hawkes Bay	Site 2 Taranaki
Week 1	Staff 1	Staff 2
Week 2	Staff 3	Staff 4
Week 3	Staff 5	Staff 6
Week 4	Staff 7	Staff 8
Week 5	Staff 9	Staff 10
Week 6	Staff 11	Staff 12
Week 7	Staff 13	Staff 14
Week 8	Staff 15	Staff 1
Week 9	Staff 2	Staff 3
Week 10	Staff 4	Staff 5
Week 11	Staff 6	Staff 7
Week 12	Staff 8	Staff 9
Week 13	Staff 10	Staff 11
Week 14	Staff 12	Staff 13
Week 15	Staff 14	Staff 15
Week ...52		

Radiation Therapist rotation to one satellite sites for option B (based on 16 rotating) <i>(rotating staff would be rostered to both satellite sites)</i>		
Week of the year	Site 1 Hawkes Bay	Site 2 Taranaki
Week 1	Staff 1	Staff 2
Week 2	Staff 3	Staff 4
Week 3	Staff 5	Staff 6
Week 4	Staff 7	Staff 8
Week 5	Staff 9	Staff 10
Week 6	Staff 11	Staff 12
Week 7	Staff 13	Staff 14
Week 8	Staff 15	Staff 16
Week 9	Staff 1	Staff 2
Week 10	Staff 3	Staff 4
Week 11	Staff 5	Staff 6
Week 12	Staff 7	Staff 8
Week 13	Staff 9	Staff 10
Week 14	Staff 11	Staff 12
Week 15	Staff 13	Staff 14
Week ...52	Staff 15	Staff 16

Radiation Therapist rotation to both satellite sites for option B (based on 14 rotating) <i>(rotating staff would be rostered to one satellite sites)</i>		
Week of the year	Site 1 Hawkes Bay	Site 2 Taranaki
Week 1	Staff 1	Staff 2
Week 2	Staff 1	Staff 2
Week 3	Staff 1	Staff 2
Week 4	Staff 3	Staff 4
Week 5	Staff 3	Staff 4
Week 6	Staff 3	Staff 4
Week 7	Staff 5	Staff 6
Week 8	Staff 5	Staff 6
Week 9	Staff 5	Staff 6
Week 10	Staff 7	Staff 8
Week 11	Staff 7	Staff 8
Week 12	Staff 7	Staff 8
Week 13	Staff 9	Staff 10
Week 14	Staff 9	Staff 10
Week 15	Staff 9	Staff 10
Week 16	Staff 11	Staff 12
Week 17	Staff 11	Staff 12
Week 18	Staff 11	Staff 12
Week 19	Staff 13	Staff 14
Week 20	Staff 13	Staff 14
Week 21	Staff 13	Staff 14
Week 22	Staff 2	Staff 1

Radiation Therapist rotation to one satellite site for option B (based on 14 rotating) <i>(rotating staff would be rostered to both satellite sites)</i>		
Week of the year	Site 1 Hawkes Bay	Site 2 Taranaki
Week 1	Staff 1	Staff 2
Week 2	Staff 1	Staff 2
Week 3	Staff 1	Staff 2
Week 4	Staff 3	Staff 4
Week 5	Staff 3	Staff 4
Week 6	Staff 3	Staff 4
Week 7	Staff 5	Staff 6
Week 8	Staff 5	Staff 6
Week 9	Staff 5	Staff 6
Week 10	Staff 7	Staff 8
Week 11	Staff 7	Staff 8
Week 12	Staff 7	Staff 8
Week 13	Staff 9	Staff 10
Week 14	Staff 9	Staff 10
Week 15	Staff 9	Staff 10
Week 16	Staff 11	Staff 12
Week 17	Staff 11	Staff 12
Week 18	Staff 11	Staff 12
Week 19	Staff 13	Staff 14
Week 20	Staff 13	Staff 14
Week 21	Staff 13	Staff 14
Week 22	Staff 1	Staff 2