

Trust Board January 2016	
Safe Nurse Staffing Report for January 2016	Paper No
Submitted by: Juliette Greenwood Chief Nurse	
<p>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.</p>	
<p>Action required from the meeting The Board is asked to note:</p> <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. 	
<p>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> <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>Financial implications Already incorporated into 15/16 Division budgets</p>	
<p>Who needs to be told about any decision? Divisional Management Teams Finance Department</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse; Assistant Chief Nurse, Heads of Nursing</p>	
<p>Who is accountable for the implementation of the proposal / project? Chief Nurse; Divisional Management Teams</p>	

GOSH NURSE SAFE STAFFING REPORT

January 2016

1. Introduction

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of January 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 January 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 January is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
103%	90%	97%	71%	91%

ICI – No unsafe shifts reported in January

- Fox and Robin had less dependent patients due to an increase in haematology activity.
- Penguin and Giraffe had a rise in HCA requirement, due to an increase in day case activity (RTT) and a decrease in patient dependency at night.
- Elephant had an upturn bank usage due to the requirement to supervise of new starters.

Surgery No unsafe shifts reported in January

- The variance is due to vacancies and long term sickness
- Occasional bed closure on Sky due to nurse vacancies, some night shifts were back filled with HCA staff.

CCCR – No unsafe shifts reported in January

- Miffy ward - HCA shifts filled with registered staff as a result of the HCA vacancies and availability of trachy vent competent HCA's.
- Badger variation is due to sickness and maternity leave and fewer registered nurses required at night, the nurse in charge was able to take patients.
- Bear has had an increase in patient dependency which required both additional HCA and registered nurses.
- PICU at full capacity, increasing to 15 beds, 2 above plan on occasions, increased staffing numbers reflect this. Flamingo has recruited HCAs who are not yet rostered and both NICU and PICU have HCA vacancies.

MDTS - No unsafe shifts reported in January

- Eagle ward reports a slight increase registered staff due to newly recruited Band 5 requiring supervision and support.
- Kingfisher Ward has lower numbers, as it had planned seasonal closures at the beginning of the month.
- Rainforest Endo has required an increased need for registered staff due to high patient acuity. The HCA's variance is due to sickness and vacancies, the fill rate expected to improve when newly recruited staff start.

Neurosciences - No unsafe shifts reported in January

- Koala's variance is due to sickness or vacancies and this was covered with either bank staff, moving staff around or a ward sister/CNS working clinically. Koala more non registered staff working days which includes staff working as Patient Pathway Coordinators.
- MCU had a reduction in planned staffing, as patients were on home leave at the beginning of the month.

IPP - No unsafe shifts reported in January

- Bumblebee continues to utilise HCAs to care for infants without resident parents and tracheostomy patients. High acuity of patients requiring 1:1 nursing, registered nurses used when HCA's requests were unfilled.
- Butterfly Ward staffing at night reflects the patient cohort which was predominately Day Case Surgery activity. Ward Sister worked clinically to manage workload to ensure patient safety.
- Increase in HCAs, now fully established, however new starters are currently working in a supernumerary capacity whilst on induction.

- 2.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during January, however there were 7 shifts in total where CSPs moved staff between wards for part or a whole shift to maintain safe care.

3.0 General Staffing Information

- 3.0.1 Appendix 2 – Ward Nurse Staffing overview for January. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.
- 3.0.2 There continues to be a sustained effort over recent months to reduce the number of beds closed due to nurse staffing issues. 12 out of 23 inpatient wards closed beds at various points during January. An average of 2.2 beds, were closed each day.
- 3.0.3 For the inpatient wards at February 1st registered and non-registered vacancies total 91 Whole Time Equivalents (WTE) a slight increase from 90 in December. This breaks down to 61 (61 in December) registered nurse (RN) vacancies (7.9% of RN total). HCA vacancies number 29 (18% of HCA total). Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 90 WTE, the January position was therefore the net vacancy rate was 1 WTE (19 in November and in December 10). This is due to staff coming out of supernumerary status. There are 52 RNs and 13 HCAs in the recruitment pipeline undergoing pre-employment checks.

3.1 Vacancies and Recruitment

- 3.1.1 There remains 29 HCA vacancies, this month's figures include Miffy ward's increase in establishment (3 posts). The challenge remains in recruiting and training HCAs in sufficient numbers to keep pace with turnover and high numbers failing to attend the assessment centre or are unsuccessful due to not demonstrating basic numeracy and literacy skills. There continues to be 17 unregistered (HCA) vacancies across the ICU areas (14) and Neurosciences (3), recruitment has remained on hold pending further work on the education pathway and local recruitment plans.
- 3.1.2 In total 52 Newly Registered Nurses were recruited from the December and January Assessment Centres, this includes 18 recruited from the Republic of Ireland, all are progressing through pre-employment checks and will commence employment at the end of March 2016. A further advert for Newly Registered Nurses was placed in early February and 13 were shortlisted for an assessment centre on the February 19th.
- 3.1.3 12 nurses are due to start the Newly Registered Rotation Programme planned for March 2016.
- 3.1.4 Over February and March the Trust will be represented at the Anglia Ruskin, Suffolk and Kingston Universities and Birmingham RCN jobs Fair.
- 3.1.5 We are again planning recruitment activity for the forthcoming year which includes attending a number of job fairs. These comprise of universities career fairs where we have successfully recruited from previously, as well as approaching new universities where child branch programmes are run, the national fairs and the fairs hosted at GOSH. Also additional HCA Assessment centres and Care Certificates are planned for 2016.
- 3.1.6 International recruitment (overseas nurses) continues and currently includes Ireland, the Netherlands, Italy, Australia and New Zealand. The process of registration with the NMC is costly for applicants and the level of assessment for language skills is planned to change this month, making the appointment of overseas staff more difficult. Agencies advise the use of 'benefits packages' to encourage nurses to relocate and a paper around these issues and costing is due to be discussed will be going to Nursing Workforce Programme Board for discussion.

3.1.7 An Adult Band 5 conversion programme is in the recruitment pipeline for this year and there are potentially 19 applicants interested from across the Trust, however there may be an issue with the amount of Salary Support funding following the national changes to Nurse Education.

3.1.8 51% (31) of RN vacancies in January are 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 January 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 Nursing quarterly performance reviews led by the Chief Nurse with each Divisional Nursing team.

5.3 Infection control

Numbers of C diff's	3
Number of MRSA bacteraemias	0
Number of MSSA bacteraemias	0
Number of E.coli bacteraemias	1
Number of outbreaks and whether any beds closed	1 – Norovirus outbreak on level 6 VCB; no bed closures 1 – Measles exposure resulting in a number of staff having to be excluded from work during the incubation period; no beds closed 1 – Swine flu outbreak on Rainforest E/M; 1 bed space in the bay was closed for 4 days due to lack of single rooms
Carbapenemase-producing Enterobacteriaceae	4 possible CPEs awaiting confirmation from reference lab

5.4 Pressure ulcers

Grade 3	0	
Grade 2	7	2 Bumblebee, 1 Bear, 1 Eagle, 1 PICU, 1 NICU, 1 CICU,

5.4.1 Positively - the Trust has not had a grade 3 pressure ulcer for 21 months. However, the Trust continues to report higher levels of grade 2 pressure ulcers than previously linked to medical devices such as non-invasive ventilation, endotracheal tubes and more recently thrombo-embolitic stockings.

All of these pressure ulcers are currently seen as avoidable as the Trust continues to seek prevention of such ulcers. Interventions have been put in place and raising awareness continues as previously reported.

5.5 **Deteriorating patient**

There were 16 2222 calls made in January 2016. There were 4 cardiac arrests, 2 of which may have been preventable and 6 respiratory arrests 2 of which may have been preventable. There were also 8 unplanned admissions to Paediatric intensive care. Reviews showed that these situations were well managed and there were many examples of good practice. In 5 cases it was identified that frequency of observations and escalation of the patient's condition in line with the policy could have been better.

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

There were 2 incidents reported by Staff on Miffy ward related to unsafe staffing. On both occasions a patient deteriorated and support was needed from the clinical emergency team in the hospital. The incidents were well managed and a review of the patient's deterioration did not find any gaps in the patients care prior to the deterioration and the deterioration was well managed. The ward sister reflected that staffing levels were safe and there was an appropriate level of care for the patients, a clear escalation plan for staff is in place.

5.7 **Pals concerns raised by families regarding nurse staffing - 1**

1 family raised concerns to Pals in January due to their admission being cancelled on the day due to lack of beds.

5.8 **Complaints received regarding nurse safe staffing – 1**

The Trust received 1 formal complaint in January 2016 where a private patient's mother raised several concerns one of which related to being sent to a closed ward in the Southward building which did not have nursing cover. The subsequent investigation has concluded that this was not the case.

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

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

- Overall response rate for January 2016 has increased to 22% (December 19%). The target response rate has increased to 60%.
- The overall percentage to recommend score is 99%.
- Families that were extremely likely to recommend GOSH to their friends and family equalled 88% (555) and 11% responded as likely to recommend compared with 90% (475) and 8% (45) in December 2015.
- The following very positive comments were received regarding the kindness, caring, knowledgeable, professionalism and friendliness of staff.

- Four families (Fox, Kingfisher, Squirrel & Koala) commented on concerns about plans of care, being kept informed and unhappy with the level of care their child received.

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 January, 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 and HCA's.

Appendix 1: UNIFY Safe Staffing Submission – January 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 Central London Site -	Badger Ward	340 - RESPIRATORY MEDICINE		2391	2277	354	299	2128	1891.1	354	216.7	95.2%	84.5%	88.9%	61.2%
RP401	Great Ormond Street Hospital Central London Site -	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2839	3349.5	618	687.5	2839	3158.6	354	497.5	118.0%	111.2%	111.3%	140.5%
RP401	Great Ormond Street Hospital Central London Site -	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7038	6939.38	356	310.5	6635	6544.15	218	109.85	98.6%	87.2%	98.6%	50.4%
RP401	Great Ormond Street Hospital Central London Site -	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	877.15	1069	848	713	698.2	713	548.1	123.0%	79.3%	97.9%	76.9%
RP401	Great Ormond Street Hospital Central London Site -	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3188	3419.39	354	138	3188	2737.85	0	32.4	107.3%	39.0%	85.9%	-
RP401	Great Ormond Street Hospital Central London Site -	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6593.85	356	264.5	6060	5705.98	356	129.6	108.8%	74.3%	94.2%	36.4%
RP401	Great Ormond Street Hospital Central London Site -	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1690	1716.11	356	431.2	1426	1388.85	356	362.7	101.5%	121.1%	97.4%	101.9%
RP401	Great Ormond Street Hospital Central London Site -	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2096	2030.55	349	148.1	1960	1667.8	349	250.5	96.9%	42.4%	85.1%	71.8%
RP401	Great Ormond Street Hospital Central London Site -	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1352.8	356	195.5	1069	931.6	356	174.2	126.5%	54.9%	87.1%	48.9%
RP401	Great Ormond Street Hospital Central London Site -	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1690	1781.75	356	333.5	1426	1265.4	356	277.7	105.4%	93.7%	88.7%	78.0%
RP401	Great Ormond Street Hospital Central London Site -	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	977	1090.35	356	623.14	713	590.9	356	56.1	111.6%	175.0%	82.9%	15.8%
RP401	Great Ormond Street Hospital Central London Site -	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1990	1941.3	346	195.5	1733	1192.9	346	409.4	97.6%	56.5%	68.8%	118.3%
RP401	Great Ormond Street Hospital Central London Site -	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICES	2465	2541.75	352	622.25	2113	2446.15	704	690.85	103.1%	176.8%	115.8%	98.1%
RP401	Great Ormond Street Hospital Central London Site -	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICES	2852	2309.5	356	979.5	2139	1254.92	356	303.8	81.0%	275.1%	58.7%	85.3%
RP401	Great Ormond Street Hospital Central London Site -	Eagle Ward	361 - NEPHROLOGY		2228	3485	687	1004	1375	1652.85	343	220.53	156.4%	146.1%	120.2%	64.3%
RP401	Great Ormond Street Hospital Central London Site -	Kingfisher Ward	420 - PAEDIATRICES		1817	1380.75	931	599	349	347	0	0	76.0%	64.3%	99.4%	-
RP401	Great Ormond Street Hospital Central London Site -	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		977	1115.95	713	253	713	758.8	713	301.65	114.2%	35.5%	106.4%	42.3%
RP401	Great Ormond Street Hospital Central London Site -	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1046	1093.77	697	264.5	1046	810.35	348	262.7	104.6%	37.9%	77.5%	75.5%
RP401	Great Ormond Street Hospital Central London Site -	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1126	930.03	632	586.2	511	427.1	465	391.2	82.6%	92.8%	83.6%	84.1%
RP401	Great Ormond Street Hospital Central London Site -	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3373	3302.65	355	452.5	3282	3078.5	355	121.6	97.9%	127.5%	93.8%	34.3%
RP401	Great Ormond Street Hospital Central London Site -	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1588	1380	617	425.5	1497	1157	0	21.6	86.9%	69.0%	77.3%	-
RP401	Great Ormond Street Hospital Central London Site -	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	2035	1812.25	709	745	1989	1362.6	0	0	89.1%	105.1%	68.5%	-
RP401	Great Ormond Street Hospital Central London Site -	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	3017	2759.13	711	522	2707	2216.7	0	76.3	91.5%	73.4%	81.9%	-

Appendix 2: Overview of Ward Nurse Staffing – January 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	36.0	3.5	7.5	5.0	2.5	47.0	6.0	2.4	3.6	2.0		0	0.1
	Bear	24	53.5	55.0	-1.5	9.0	9.0	0.0	62.5	-1.5	3.7	-5.2			0	0.1
	Flamingo	17	121.0	102.9	18.1	10.8	5.0	5.8	131.8	23.9	20.7	3.2	1.0	1	0	0.0
	Miffy (TCU)	5	14.1	12.4	1.7	10.4	6.5	3.9	24.5	5.6	4.8	0.8	1.0	3	0	0.0
	NICU	8	51.5	44.7	6.8	5.2	2.0	3.2	56.7	10.0	8.1	1.9			0	0.1
	PICU	13	83.1	97.2	-14.1	8.9	3.0	5.9	92.0	-8.2	7.6	-15.8			0	0.0
IC-LM	Elephant	13	25.0	23.8	1.2	5.0	4.2	0.8	30.0	2.0	0.1	1.9			0	0.0
	Fox	10	31.0	28.3	2.7	5.0	5.0	0.0	36.0	2.7	2.2	0.5			0	0.2
	Giraffe	7	19.0	18.8	0.2	3.1	3.0	0.1	22.1	0.3	0.4	-0.1			0	0.0
	Lion	11	22.0	22.1	-0.1	4.0	3.0	1.0	26.0	0.9	3.5	-2.6		1	0	0.0
	Penguin	9	15.5	15.0	0.5	5.8	5.6	0.2	21.3	0.7	1.1	-0.4		1	0	0.0
	Robin	10	27.2	24.8	2.4	4.5	4.7	-0.2	31.7	2.2	3.1	-0.9		2	0	0.3
IPP	Bumblebee	21	38.3	33.2	5.1	9.7	9.0	0.7	48.0	5.8	11.7	-5.9	1.0	1	0	0.3
	Butterfly	18	37.2	27.4	9.8	10.5	9.9	0.6	47.7	10.4	3.2	7.2			0	0.0
MDTS	Eagle	21	39.5	34.6	4.9	10.5	11.0	-0.5	50.0	4.4	3.7	0.7		3	0	0.5
	Kingfisher	16	17.1	14.2	2.9	6.2	4.8	1.4	23.3	4.3	0.8	3.5		1	0	0.0
	Rainforest Gastro	8	17.0	15.9	1.1	4.0	4.5	-0.5	21.0	0.6	1.7	-1.1			0	0.0
	Rainforest Endo/Met	8	15.6	12.6	3.0	5.2	3.5	1.7	20.8	4.7	0.9	3.8			0	0.2
Neurosciences	Mildred Creak	10	11.8	10.0	1.8	7.8	7.6	0.2	19.6	2.0	0.2	1.8			0	0.0
	Koala	24	48.2	43.4	4.8	7.8	5.0	2.8	56.0	7.6	5.6	2.0			0	0.1
Surgery	Peter Pan	16	24.5	23.6	0.9	5.0	5.0	0.0	29.5	0.9	0.1	0.8	2.0		0	0.1
	Sky	18	31.0	24.2	6.8	5.2	5.0	0.2	36.2	7.0	2.7	4.3	4.0		0	0.1
	Squirrel	22	43.6	44.8	-1.2	7.0	7.0	0.0	50.6	-1.2	1.7	-2.9	2.0		0	0.1
TRUST TOTAL:		324	826.2	764.9	61.3	158.1	128.3	29.8	984.3	91.1	90.0	1.1	13.0	13.0	0.0	2.2