

TRUST BOARD REPORT – 2016 – 9 - 10	
Meeting date:	Thursday 29 th September 2016
Title:	Nursing and Midwifery Staffing
Presented by:	Mike Wright, Executive Chief Nurse
Author:	Mike Wright, Executive Chief Nurse
Purpose:	The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB’s Ten Expectations) and The Care Quality Commission.
Recommendation(s):	<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> • Receive this report • Decide if any if further actions and/or information are required.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST TRUST BOARD MEETING 29th SEPTEMBER 2016

NURSING AND MIDWIFERY STAFFING REPORT

1. PURPOSE OF THIS REPORT

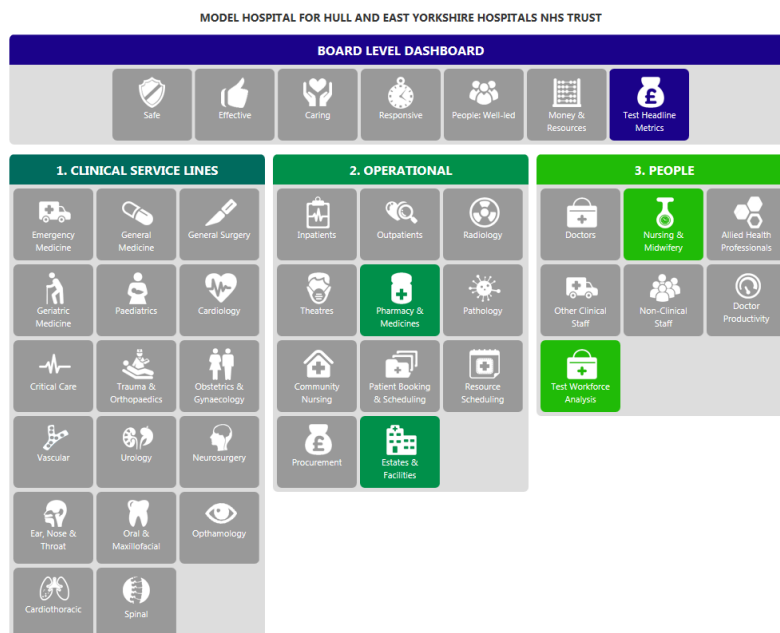
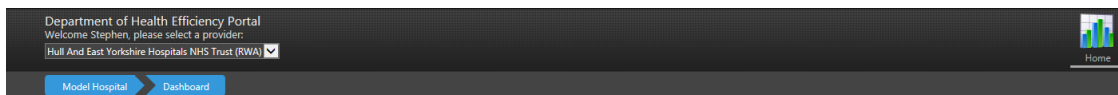
The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery Staffing in line with the expectations of NHS England (National Quality Board – NQB’s Ten Expectations)^{1,2} and The Care Quality Commission.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in July 2016 (June 2016 position).

In July 2016, the National Quality Board updated its guidance for provider trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.

The new guidance sets out specifications for the future format of these reports, which form part of Lord Carter’s work in relation to developing a ‘Model Hospital’ Dashboard. However, the structure of this has not yet been finalised at the Department of Health. This format will be adopted as soon as it is released and available. The illustration below details the core elements for the dashboard.



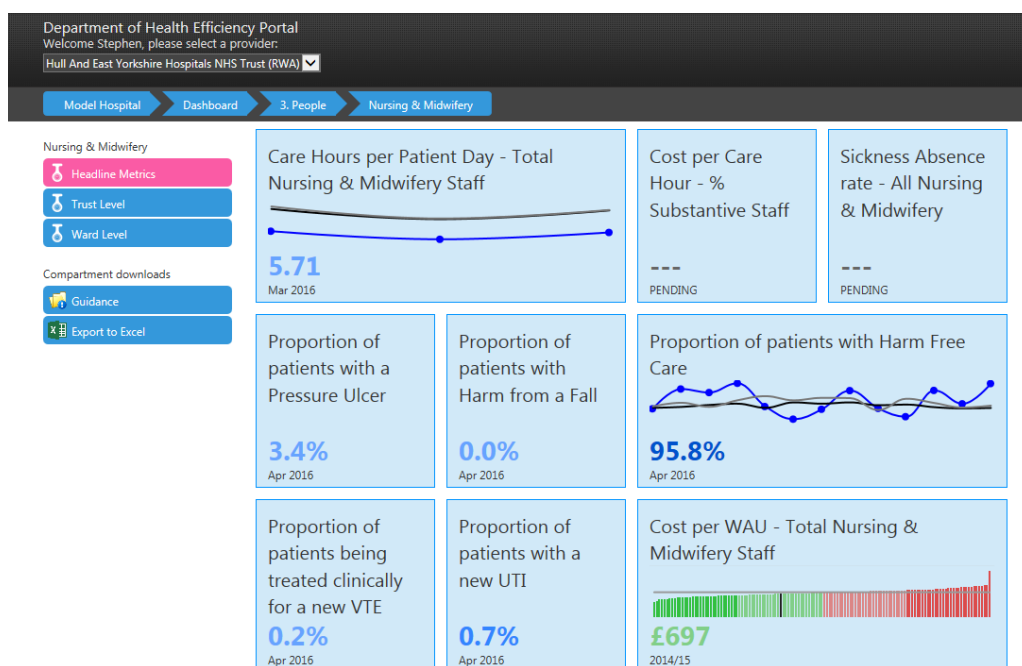
¹ National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*

² National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing

³ When Trust Boards meet in public

In the meantime, some further information fields have been provided against nursing and midwifery staffing fill rates in order to try and provide further context. This process will be developed over time. The current nursing metrics and full benchmarking information is not yet available and until this system becomes 'live' we will not be able to use or interpret this Information.

The illustration below details headline metrics only, however in the future it is anticipated that the metrics will be expanded down to ward level. In view of this, the Chief Nurse has commissioned a piece of work to look at the Trusts current nursing metrics and how these metrics can be deployed and monitored at ward level.



This report presents the 'safer staffing' position as at 31st August 2016 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff³. In addition, nursing and midwifery staffing establishments have been revised during August 2016 and the summary results of these are also presented.

The Trust Board is requested to:

- Receive this report
- Decide if any further actions and/or information are required.

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL RATES

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (non-registered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust's web-page:

<http://www.hey.nhs.uk/openandhonest/saferstaffing.htm>

These data are summarised, as follows:

3.1 Planned versus Actual Staffing levels.

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One** (data source: Allocate e-roster software & HEY Safety Brief) and **Appendix Two** (New Roles).

Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate RN/RM (%)	Average fill rate care staff (%)	Average fill rate RN/RM (%)	Average fill rate care staff (%)
May-14	82.56%	95.37%	83.21%	93.09%
Jun-14	88.09%	91.96%	91.61%	94.20%
Jul-14	83.41%	87.43%	84.35%	95.62%
Aug-14	83.58%	89.43%	84.39%	95.77%
Sep-14	84.34%	88.59%	84.36%	102.98%
Oct-14	81.38%	87.54%	85.37%	102.49%
Nov-14	85.35%	90.26%	84.30%	101.38%
Dec-14	79.48%	87.57%	80.51%	96.37%
Jan-15	80.99%	87.74%	83.22%	96.76%
Feb-15	80.46%	84.55%	82.57%	96.31%
Mar-15	79.54%	85.38%	81.81%	98.77%
Apr-15	81.36%	90.39%	82.99%	104.79%
May-15	84.21%	94.33%	87.57%	102.19%
Jun-15	84.03%	92.79%	85.01%	102.89%
Jul-15	83.69%	93.80%	86.28%	103.37%
Aug-15	81.13%	90.95%	83.91%	103.18%
Sep-15	79.77%	84.90%	80.54%	91.38%
Oct-15	84.05%	97.36%	85.85%	98.36%
Nov-15	84.48%	94.74%	85.17%	95.08%
Dec-15	85.39%	97.92%	86.99%	105.33%
Jan-16	85.18%	93.92%	87.14%	104.86%
Feb-16	84.05%	94.29%	85.90%	104.32%
Mar-16	82.93%	92.38%	84.37%	104.05%
Apr-16	80.86%	88.23%	85.26%	103.39%
May-16	80.58%	91.24%	86.70%	105.93%
Jun-16	80.25%	89.41%	85.20%	102.22%
Jul-16	82.28%	90.96%	86.30%	103.33%
Aug-16	80.56%	89.30%	87.74%	99.85%

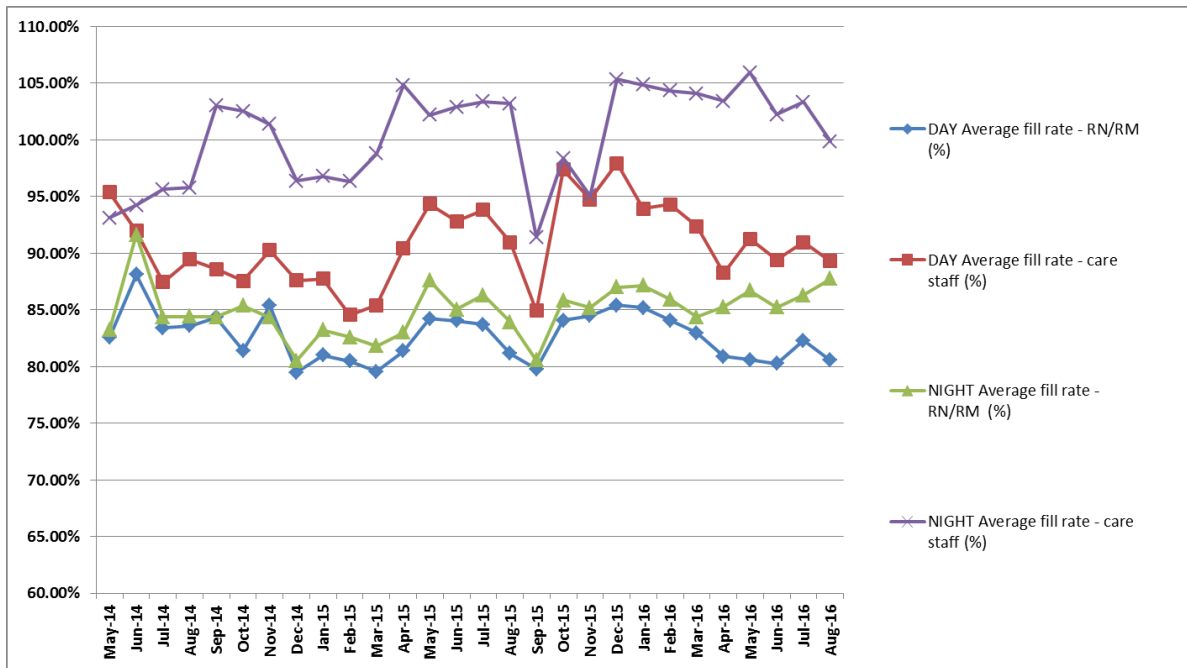
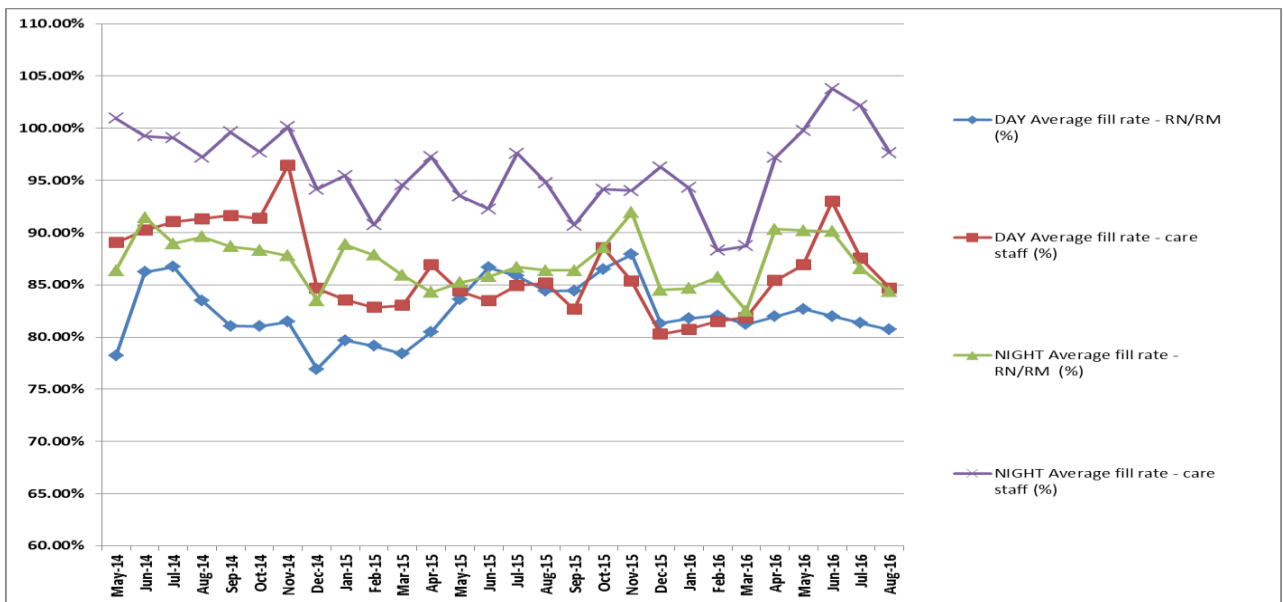


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	78.19%	89.06%	86.38%	100.95%
Jun-14	86.23%	90.22%	91.44%	99.24%
Jul-14	86.74%	91.05%	88.95%	99.08%
Aug-14	83.47%	91.32%	89.61%	97.23%
Sep-14	81.05%	91.63%	88.67%	99.62%
Oct-14	81.04%	91.36%	88.33%	97.73%
Nov-14	81.47%	96.46%	87.80%	100.13%
Dec-14	76.92%	84.67%	83.50%	94.15%
Jan-15	79.67%	83.55%	88.85%	95.47%
Feb-15	79.15%	82.84%	87.84%	90.74%
Mar-15	78.39%	83.03%	85.92%	94.57%
Apr-15	80.48%	86.92%	84.29%	97.26%
May-15	83.63%	84.39%	85.23%	93.52%
Jun-15	86.65%	83.46%	85.77%	92.28%
Jul-15	85.85%	84.93%	86.68%	97.59%
Aug-15	84.40%	85.16%	86.39%	94.77%
Sep-15	84.44%	82.65%	86.39%	90.71%
Oct-15	86.50%	88.58%	88.56%	94.14%
Nov-15	87.90%	85.36%	91.91%	94.03%
Dec-15	81.31%	80.29%	84.50%	96.26%
Jan-16	81.78%	80.75%	84.64%	94.31%
Feb-16	82.06%	81.50%	85.71%	88.28%
Mar-16	81.22%	81.87%	82.50%	88.74%
Apr-16	81.96%	85.40%	90.34%	97.19%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%



The Trust has seen a slight reduction in registered nurse and care staff (unregistered) fills rates over August 2016 compared to July 2016 data. This is due to the limited availability of Bank and Agency staff to support vacancies. This is a general seasonal impact due to annual leave at maximum allowance and unavailability of bank and agency staff due to school holidays.

In order to assure the Trust Board and to set this in context, the twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. However, some pressures remain in recruiting to optimal staffing levels in some areas.

The nursing and midwifery staffing escalation policy is in the process of ratification and it is possible that the Trust may need to reduce bed capacity if alternative solutions to staffing shortfalls cannot be found. This is always a last resort but is an option that is available if needed in order to keep patients safe.

The Trust is currently pursuing 110 of the August/September student outtake from the University of Hull. Regular contact is being made with these students to ensure they feel supported, with a planned and comprehensive induction programme due to commence early October 2016.

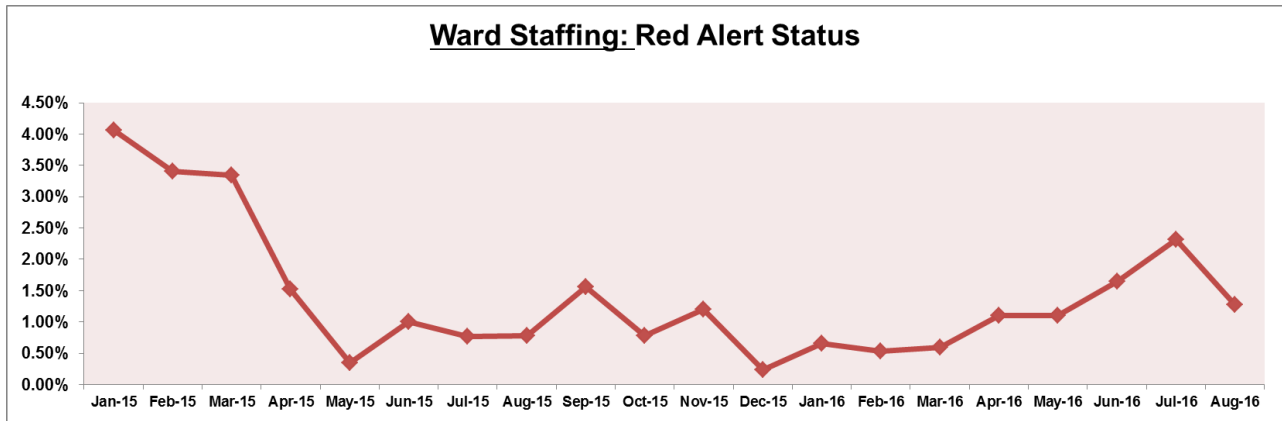
The Executive Management Board has agreed a proposal to undertake a recruitment initiative to recruit registered nurses from the Philippines. Work is currently being undertaken to finalise the required number and desired skill set, with a particular focus on theatre and Intensive care nurses. A final decision with regards to the progression of the proposed initiative will be made in context of the Trusts overall financial position.

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their view on the safety and staffing levels that day
- the physical layout of the ward

- The availability of other staff – e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

The following table provides information on the number of occasions staff have declared their wards unsafe (Red Alert), ahead of a safety brief. These are the times over each month that this rating has been allocated and is represented as a percentage of the total number of assessments in that month.



The number of red alert declarations remains relatively small overall but has seen a slight increase in recent months although reduced in August. These are reviewed by nurse directors at the safety briefs and addressed accordingly.

The key areas that remain particularly tight currently are:

- The Clinical Decision Unit (CDU), which is adjacent to the Acute Medical Unit at HRI. Staffing levels in this area should improve in the autumn and jobs have been offered to fill all RN vacancies. In the meantime, staff have been seconded from other wards and, also bank staff are being used.
- H1, H70, H9 and H500 (Acute Medicine, Diabetes and Endocrine, Medical Elderly and Respiratory). These wards have a number of RN vacancies which, again, have been offered to new graduates in the autumn. In the meantime, staff from other wards are supporting.
- The Neonatal Unit has some vacancies and high levels of maternity leave. Staffing risks are managed on a daily basis and some agency staffing is being utilised in these areas.
- C8 and C9 (Elective orthopaedics) have reduced some capacity to support acute surgery over at HRI, this has resulted in a bed reduction as reflected in the Nurse to Patient Ratio, as this was not planned in advance it shows a highlights as a lower than expected fill rate.
- H100 (Gastroenterology) has reported a number with long-term sickness. The extra capacity on this ward has not been utilised and staff moved from CHH to support and maintain safety.
- C29,C31,C33 – Oncology. There are still some staffing gaps in these wards but, again, these are balanced across all wards daily. The Oncology Matron remains ward based and the teaching staff and specialist nurses are supporting the wards, also.

Despite on-going recruitment campaigns, recruitment is still very challenging for the Trust and some risks with securing the required numbers of registered nurses remain.

The Trust is currently awaiting a decision on their recent bid to become a pilot site for the Associate Nurse Role, recently introduced by Health Education England. It is envisaged that a decision will be made in the next few weeks.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at rating 12 (Moderate - Major and Possible - ID 2671) on the Risk Register, although every reasonable effort to try and mitigate this risk is being taken on a daily basis.

4. EXPECTATION 1 – RIGHT STAFF

Expectation 1 of the NQB's revised standards requires:

- 1.1. Evidence-based workforce planning
- 1.2. Professional judgement
- 1.3. Comparison with peers

In August 2016, the Trust's nursing and midwifery establishments for in-patient areas have been revised. This process is comprehensive in that validated tools are used to guide these assessments (where they are available). Professional judgement is then applied to refine the initial assessment in order to conclude what is required for each area.

The first part of this work has been to revise the nursing rota tool for each ward in order to ensure that the rota meets all the requirements of the NQB standard. This work has also reviewed the suggested establishments from using the Shelford Nursing Care Tool to measure patient Acuity and Dependency. There have been some changes to establishments in order to bring them up to date with the current level of care requirement and service provision for each inpatient area. These have also been matched to ward/departmental budgets and the electronic rotas, which has resulted in the identification of a number of anomalies which have now been resolved. It is envisaged that these changes will have a positive impact on nurse staffing fill rates going forward.

All the rota tool evaluations have ensured that each ward budget is sufficient to meet the revised roster. This has resulted in some minor budget changes which have been sourced from existing nursing budgets. No further investment is required.

From October 2016 the Trust will be able to report nurse staffing using the Allocate-Insight software, this facilitates external and internal comparators against in-depth staffing metrics. Our agreed comparators are the Shelford Group and Similar sized Acute Trusts. This will also include monthly establishment reviews for each ward base upon acuity and dependency and will be presented in Trust Board reports going forward.

5. SUMMARY

The Trust continues to meet its obligations under the National Quality Board's requirements.

Nursing and Midwifery staffing establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. However, the challenges remain around recruitment and risks remain in terms of the available supply of registered nurses, although this position will improve significantly when the new recruits from the University of Hull commence working at this Trust next month. Recruitment efforts continue, including reviewing the proposal to undertake a recruitment campaign in the Philippines.

6. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to:

- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
September 2016

Appendix 1: HEY Safer Staffing Report - August 2016

Appendix 2: New Roles – March 2016

HEY SAFER STAFFING REPORT AUGUST-16

NURSE STAFFING				MONTHLY AVERAGE	DAY				NIGHT			PATIENT TO RN RATIO			RN & AN			ACUITY MONITORING [AVERAGE]					HIGH LEVEL QUALITY INDICATORS <small>[which may or maynot be linked to nurse staffing]</small>											
HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]		Nurse Staffing Red Alert Status	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	EARLY SHIFT [8:1]	LATE SHIFT [8:1]	NIGHT SHIFT [10:1]	0	1a	1b	2	3	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	GRADE 2	GRADE 3	GRADE 4	DEEP TISSUE INJURY	UNSTAGEABLE	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL			
				MEDICINE		ED	ACUTE MEDICINE	NA	6%	89%	55%	90%	76%	6:1	6:1	6:1	37%	23%	38%	2%	0%		1	5	2			2						0
AMU	ACUTE MEDICINE	45	3%		92%	66%	101%	96%	6:1	6:1	7:1	46%	18%	36%	0%	0%		3	4	2			2				1		1	10				
H1	ACUTE MEDICINE	22	0%		67%	96%	95%	106%	9:1	10:1	7:1	46%	18%	36%	0%	0%			1	1			1					0	2					
EAU	ELDERLY MEDICINE	21	0%		82%	107%	66%	134%	6:1	7:1	7:1	68%	0%	32%	0%	0%		1		2			2				1		1	4				
H5	RESPIRATORY	20	0%		73%	92%	88%	86%	10:1	10:1	8:1	36%	25%	38%	1%	0%		1	1				0						0	2				
RHOB	RESPIRATORY	6	0%		85%	45%	74%	61%	3:1	4:1	3:1	0%	2%	3%	94%	0%							0						0	0				
H50	RENAL MEDICINE	19	0%		80%	99%	100%	100%	6:1	9:1	7:1	63%	1%	36%	0%	0%				1			1						0	1				
H500	RESPIRATORY	24	3%		64%	85%	102%	88%	9:1	10:1	8:1	42%	3%	53%	2%	0%			1				0						0	1				
H70	ENDOCRINOLOGY	30	3%		65%	108%	58%	89%	9:1	10:1	10:1	19%	16%	65%	0%	0%		3	1	1			1						0	5				
H8	ELDERLY MEDICINE	27	0%		83%	86%	84%	103%	7:1	9:1	9:1	12%	0%	88%	0%	0%			1	2	1	1	4						0	5				
H80	ELDERLY MEDICINE	27	0%		83%	120%	81%	82%	8:1	9:1	9:1	15%	4%	81%	0%	0%		3		2			1	3	1				1	7				
H9	ELDERLY MEDICINE	31	0%		69%	91%	100%	95%	9:1	10:1	10:1	7%	1%	92%	0%	0%				5			3	8					0	8				
H90	ELDERLY MEDICINE	29	0%		78%	88%	80%	100%	8:1	10:1	10:1	25%	0%	75%	0%	0%			1	5			5	1					1	7				
H11	STROKE / NEUROLOGY	28	0%		71%	101%	76%	94%	8:1	9:1	9:1	40%	7%	53%	1%	0%		1	2	1			1						0	4				
H110	STROKE / NEUROLOGY	24	0%	72%	125%	98%	103%	7:1	7:1	6:1	17%	15%	65%	3%	0%		1	3	1			1						0	5					
CDU	CARDIOLOGY	9	0%	89%	60%	100%		4:1	6:1	9:1	21%	79%	0%	0%	0%							0						0	0					
C26	CARDIOLOGY	26	3%	84%	72%	77%	84%	5:1	6:1	7:1	43%	31%	23%	3%	0%		1		1	2		2						0	4					
C28	CARDIOLOGY	17	0%	77%	129%	83%	67%	6:1	7:1	6:1	9%	44%	46%	0%	0%				1			1						0	1					
CMU	CARDIOLOGY	10	0%	77%	129%	83%	67%	3:1	3:1	3:1	1%	14%	23%	62%	0%							0						0	0					
SURGERY	H4	NEURO SURGERY	30	0%	72%	102%	92%	97%	8:1	8:1	9:1	27%	3%	70%	0%	0%			1	1	1	2						0	3					
	H40	NEURO HOB / TRAUMA	15	3%	80%	97%	81%	85%	5:1	5:1	4:1	0%	46%	51%	2%	0%							0						0	0				
	H6	ACUTE SURGERY	28	0%	90%	94%	76%	194%	7:1	9:1	9:1	41%	17%	40%	3%	0%		2		1		1	1					0	3					
	H60	ACUTE SURGERY	28	0%	96%	96%	84%	197%	7:1	9:1	9:1	33%	19%	48%	0%	0%		3	3				0						0	6				
	H7	VASCULAR SURGERY	30	0%	81%	95%	90%	103%	7:1	8:1	9:1	34%	12%	54%	0%	0%		3	1		2		2				1		1	7				
	H100	GASTROENTEROLOGY	24	10%	70%	111%	75%	93%	7:1	9:1	8:1	63%	2%	34%	0%	0%		1		1			1						0	2				
	H12	ORTHOPAEDIC	28	16%	74%	92%	90%	110%	7:1	9:1	8:1	13%	3%	83%	0%	0%		1	1	1			0						0	3				
	H120	ORTHO / MAXFAX	22	0%	89%	93%	77%	114%	6:1	7:1	7:1	23%	21%	57%	0%	0%							0						0	0				
	HICU	CRITICAL CARE	22	6%	84%	76%	89%	47%	2:1	2:1	1:1	0%	1%	1%	49%	50%		1		2			0	1					1	4				
	C8	ORTHOPAEDIC	18	0%	68%	80%	81%	97%	8:1	8:1	8:1	50%	0%	50%	0%	0%							0						0	0				
	C9	ORTHOPAEDIC	29	0%	77%	82%	97%	100%	8:1	8:1	8:1	48%	0%	52%	0%	0%			1				0						0	1				
	C10	COLORECTAL	21	3%	87%	65%	76%	113%	7:1	8:1	7:1	71%	0%	29%	0%	0%							0				1		1	1				
	C11	COLORECTAL	22	0%	84%	65%	73%	109%	6:1	8:1	7:1	58%	0%	42%	0%	0%							0	1					1	1				
	C14	UPPER GI	27	0%	84%	85%	82%	194%	6:1	8:1	8:1	60%	1%	39%	0%	0%		1	1	1			0		1				0	3				
C15	UROLOGY	26	0%	84%	64%	94%	83%	6:1	7:1	7:1	66%	1%	32%	0%	0%				3			0	1					1	4					
C27	CARDIOTHORACIC	26	0%	85%	90%	86%	100%	6:1	7:1	6:1	37%	1%	61%	0%	0%				1	1		1						0	2					
CICU	CRITICAL CARE	22	0%	80%	95%	81%	91%	2:1	2:1	2:1	0%	1%	3%	51%	45%				3			0						0	3					
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0%	91%	73%	94%	66%	9:1	10:1	9:1	39%	35%	22%	3%	0%		1	1			0							0	2				
	H130	PAEDS	20	0%	89%	38%	86%	97%	5:1	6:1	5:1	40%	50%	7%	1%	1%							0						0	0				
	H30 CEDAR	GYNAECOLOGY	9	0%	73%	63%	106%		6:1	6:1	7:1	87%	6%	7%	0%	0%		3					0						0	3				
	H31 MAPLE	MATERNITY	20	0%	86%	98%	86%	99%	6:1	6:1	7:1	95%	5%	0%	0%	0%							0						0	0				
	H33 ROWAN	MATERNITY	38	0%	85%	101%	91%	91%	8:1	9:1	10:1	100%	0%	0%	0%	0%		3		2			0						0	5				
	H34 ACORN	PAEDS SURGERY	20	0%	82%	47%	85%	208%	5:1	6:1	7:1	89%	10%	1%	0%	0%							0						0	0				
	H35	OPHTHALMOLOGY	12	0%	80%	75%	109%		6:1	6:1	6:1	75%	1%	24%	0%	0%				1			0						0	1				
	LABOUR	MATERNITY	16	0%	112%	66%	112%	64%	3:1	3:1	3:1	81%	11%	8%	0%	0%		2	1				0						0	3				
	NEONATES	CRITICAL CARE	26	3%	70%	67%	72%	100%	3:1	3:1	3:1	2%	42%	15%	30%	11%		2		2			0						0	4				
	PAU	PAEDS	10	0%	82%		92%		6:1	5:1	5:1	58%	38%	4%	0%	0%							0						0	0				
PHDU	CRITICAL CARE	4	0%	67%	105%	107%		2:1	2:1	2:1	3%	9%	18%	69%	1%							0						0	0					
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0%	77%	64%	77%	80%	8:1	8:1	8:1	34%	23%	43%	0%	0%		1	1		3		3						0	5				
	C29	REHABILITATION	15	0%	71%	100%	95%	96%	8:1	10:1	7:1	63%	1%	35%	0%	0%				1			1						0	1				
	C30	ONCOLOGY	22	0%	95%	106%	95%	97%	7:1	7:1	5:1	27%	18%	55%	0%	0%			1		2		2					0	3					
	C31	ONCOLOGY	27	0%	71%	106%	92%	96%	7:1	8:1	7:1	52%	23%	25%	0%	0%				2			2			1			1	3				
	C32	ONCOLOGY	22	0%	92%	96%	97%	97%	9:1	10:1	9:1	36%	8%	55%	1%	0%				2			2						0	2				
C33	HAEMATOLOGY	28	6%	72%	116%	91%	103%	7:1	8:1	7:1	19%	1%	80%	0%	0%				1			1	1					1	2					
AVERAGE:				1.3%	AVERAGE:				6:1	7:1	7:1	39%	13%	38%	7%	2%	TOTALS: 19 28 41 45 2 5 52 6 0 0 5 0 11 151																	

Aug-16	DAY		NIGHT	
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
HRI SITE	80.6%	89.3%	87.7%	99.8%
CHH SITE	80.7%	84.7%	84.3%	97.6%