

TRUST BOARD MEETING

7th June 2017

Title of Report:	Report on Safe Nursing and Midwifery Staffing.	
Sponsoring Director:	Michelle Norton - Director of Nursing	
Author(s):	Martina Morris - Deputy Director of Nursing - interim	
Background Paper(s):	<p>National Quality Board - 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.</p> <p>National Institute for Health and Care Excellence Safe Staffing Guidance.</p> <p>The Francis Report in to the Mid Staffordshire Inquiry.</p> <p>Department of Health Hard Truths report.</p> <p>Nursing and Midwifery Council Guidance.</p> <p>NHS Improvement Safe Staffing Guidance and Resources.</p>	
Assurance Framework Link(s):	2.2.1; 2.3.1; 5.1.1	
CQC Link(s):	18;9;10	
Corporate Objective(s) supported by this paper:- (please tick)	Patient Care/Experience ✓	Service Development/ Stakeholders ✓
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
Legal Implication(s):	Legal claims reduced as quality and safety improved.	
Resource Implication(s):	Use of Bank and Agency staff due to ongoing recruitment and retention challenges.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients and staff equally.	
Patient and/or Public Involvement:	Patient Advisory Forum (PAF) visits and audits and patient feedback.	
Purpose of Report:	To provide the Trust Board with a monthly update on nursing and midwifery staffing at the George Eliot Hospital NHS Trust.	
Report Summary:	<ul style="list-style-type: none"> This report provides an overview of the nursing and midwifery staffing levels for April 2017. Daily escalation and response to maintain safe nursing and midwifery 	

	<p>staffing levels remains in place.</p> <ul style="list-style-type: none"> • The overall Trust fill rate for the April 2017 Safe Staffing return was 103.66%, which represents a marginal increase on the 102.8% fill rate achieved in March 2017. • The average CHPPD rate was 9.0 in April 2017, which remained static when compared with the previous month's rate. • No 'red shifts' were reported in April 2017, which is a significant improvement on the March 2017 position. In addition, no 'red flag events' were reported as defined by the NICE guidance. • The current number of vacancies for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=46.51 WTE, which represents an increase when compared with n=41.73 WTE vacancies reported in April 2017. In terms of the Healthcare Assistant (HCA) vacancies on adult inpatient wards, the current number is n=35.27 WTE, which also represents an increase when compared with n=27.39 WTE vacancies reported in April 2017. The number of vacancies has increased this month due to some staff leaving their posts, changes within the ward establishments and vacant posts that have not yet been recruited in to. However, recruitment drives continued during April and the number of posts offered had significantly increased when compared with the previous months. This represents n=10.72 WTE posts for RNs and n=18.84 WTE posts for HCAs offered in April 2017. • In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife vacancies is n=41.83, which represents an increase when compared with n=26.1 WTE vacancies reported in April 2017. However, this is predominantly due to the operating theatres having been included in this number which was not the case last month. In addition, there are currently n=4.03 WTE HCA vacancies in these areas, which also represents an increase when compared with n=2.82 WTE vacancies reported in April 2017. The number of posts offered during April 2017 included, n=8.8 WTE RN posts and n=0.96 HCA posts. • Progress continues to be monitored in regard to the 66 nurses from the Philippines who were offered posts at the Trust in August 2016. Currently n=4 nurses from this cohort have passed their IELTS test. Other nurses continue to progress through the application and assessment processes. The Trust will be pursuing additional international recruitment from India during May and June 2017 due to the very slow progress made with the nurses from the Philippines. • Progress is being made in strengthening staff support mechanisms across the Trust. • The safe staffing acuity study for the adult inpatient wards and Accident and Emergency Department was completed during May 2017 and the outcome will be reported in the future Safe Staffing Trust Board report. • The Birthrate plus acuity study has recently been completed within maternity and the outcome of this study will be shared with the Executive Team during May 2017 prior to being shared with the Trust Board.
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the April 2017 safe nursing and midwifery staffing report and note ongoing escalation and actions in place.</p>

<p>Acronyms and Abbreviations</p>	<p>WTE Whole time equivalent HCA Healthcare Assistant RN Registered Nurse GEH George Eliot Hospital CHPPD Care Hours Per Patient Day NICE National Institute For Health and Care Excellence IELTS International English Language Testing System CBT Computer Based Training OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department ITU Intensive Care Unit CCU Coronary Care Unit TNA Trainee Nursing Associate</p>
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Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides a monthly update on the nursing and midwifery staffing levels for April 2017 and the national submission published on the NHS Choices website. It also includes information in regard to the current nursing and midwifery Band 5, 6 and 7 and Healthcare Assistant (HCA) vacancies and progress with nursing recruitment activities.

2.0 Unify national data reporting

The Safe Staffing submission, including the Care Hours Per Patient Day (CHPPD) data, continues to be submitted in line with the national reporting requirement. Please refer to Appendix 1 for a breakdown of the data for each ward and the Trust as a whole.

The overall Trust fill rate for April 2017 was 103.66%, which represents a marginal increase on the 102.8% achieved in March 2017. In terms of registered nurses (RNs), the overall organisational average fill rate was 100.9% on days and 102.4% on nights. For care staff, the overall organisational average fill rate was 108.8% on days and 105.4% on nights.

The wards with notable average fill rates during April 2017 included:

- Alexandra – average fill rate of 122.1% for RNs and 127.7% for care staff on days and average fill rate of 121.4% for RNs on nights.
- AMU – average fill rate of 116.9% for care staff on days and average fill rate of 116.7% for RNs and 120.7% for care staff on nights.
- Delivery suite – average fill rate of 118.3% for care staff on days.
- Felix Holt – average fill rate of 113.3% for care staff on days.
- Bob Jakin – average fill rate of 86.7% for care staff on nights.

The elevated average fill rate for care staff continues to reflect the requirements for specialising and increased acuity of patients. In terms of Bob Jakin ward, the lower average fill rate was due to the increase in the HCA establishment and vacant posts as a result.

The CHPPH indicator measures the combined number of hours of care provided to a patient over a 24 hour period by both RNs/midwives and care staff. In April 2017, the CHPPD indicator on the GEH inpatient wards ranged between 5.0 – 24.9, which was largely similar to the last month's data. This represented an average of 9.0. The clinical areas such as ITU and Delivery Suite have continued to have a higher number of care hours per patient day when compared to other wards due to the nature of the patient's acuity and dependency.

3.0 Red shifts and red flag events

No 'red shifts' or 'red flags' were reported during April 2017, which is a significant improvement on the March 2017 position.

Please refer to Appendix 2 for the definition of 'red shifts' and 'red flag events'.

4.0 Vacancies

The latest vacancy data (May 2017) for RNs and HCAs is outlined in tables 1, 2, 3 and 4 in Appendix 3 of this report. This includes Band 5, 6 and 7 RN/midwife and HCA vacancies. This data has been expanded to provide a more holistic overview of vacancies on each ward.

The current number of vacancies for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=46.51 WTE, which represents an increase when compared with n=41.73 WTE vacancies reported in April 2017. In terms of the Healthcare Assistant (HCA) vacancies on adult inpatient wards, the current number is n=35.27 WTE, which also represents an increase when compared with n=27.39 WTE vacancies reported in April 2017. The number of vacancies has increased this month due to some staff leaving their posts, changes within the ward establishments and vacant posts that have not yet been recruited in to. However, proactive recruitment drives continued during April and the number of posts offered had significantly increased when compared with the previous months. This represents n=10.72 WTE posts for RNs and n=18.84 WTE posts for HCAs offered in April 2017.

In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife vacancies is n=41.83, which represents an increase when compared with n=26.1 WTE vacancies reported in April 2017. However, this is predominantly due to the operating theatres having been included in this number that was not the case last month. In addition, there are currently n=4.03 WTE HCA vacancies in these areas, which represents an increase when compared with n=2.82 WTE vacancies reported in April 2017. The number of posts offered in these areas during April 2017 was n=8.8 WTE RN posts and n=0.96 HCA posts.

The Acute Medical Unit (AMU) and Accident and Emergency (A&E) department continue to hold the highest number of RN vacancies. Successful recruitment events were held during April 2017, including specific HCA recruitment day on the 21st April 2017, RN recruitment day on the 28th April 2017 and a specialty focussed recruitment event for A&E, AMU and CCU on the 29th April 2017. Overall, n=19 RN posts and n=16 HCA posts have been offered and accepted, all pending pre-employment checks and confirmation of starting dates. Please note that n=13 RN posts have been offered to student nurses, who will not be able to commence working at the Trust until they successfully pass their pre-registration nursing course either in August or December 2017.

In addition, recruitment in to the Trust Bank has continued and the Trust substantive and agency staff are being proactively encouraged to join the Trust Bank, which has seen more successes during April and May 2017. The Nursing and Midwifery Workforce and E-rostering Group continues to ensure oversight of the specific actions in regard to Bank and Agency and to drive embeddedness and efficiencies linked to agency spent and e-rostering utilisation. In addition, a number of actions are in progress to re-energise the nursing and midwifery recruitment approaches and to increase the awareness of emotional labour and enable more mechanisms for staff support. The Workforce Development Committee continues to have an overall oversight of the workforce and development agenda.

In terms of other nursing workforce developments, the Trainee Nursing Associate (TNA) programme was officially launched on the 28th April 2017 and n=3 TNAs from the George Eliot Hospital NHS Trust have commenced their journey of becoming the first TNAs at the Trust once they successfully complete this 2 year development programme. These posts will provide a bridging role between RN and HCA.

5.0 International Recruitment

From the original cohort of n=71 nurses from the Philippines, n=66 continue to proceed through the recruitment process. The number of candidates who have now successfully passed their IELTS test has increased to n=4. However, it is currently not possible to confirm when they will start working at the Trust.

The latest statistics related to this cohort of nurses are as follows:

- n=62 candidates remain at the IELTS test stage (n=4 have passed. From this number, n=1 is at the NMC stage and n=3 is at the CBT stage).
- n=3 candidates are currently at the CBT stage.
- n=1 candidate is currently completing NMC documents.
- n=5 candidates have withdrawn from the process.

The Trust will be pursuing additional recruitment of nurses from India and regular interviews are being scheduled during May and June 2017. The International Recruitment Group continues to drive and oversee key actions required and challenges in regard to international recruitment have been raised with NHS Improvement. This will provide NHS Improvement with important information about the challenges experienced by all Trusts in England and should inform the next steps.

6.0 Staff support and the recognition of emotional labour

The importance of recognising emotional labour and the impact this has on staff and their ability to consistently provide compassionate care has been widely recognised. Staff need to be supported to ensure that their 'emotional bank accounts' are regularly topped up in order to remain resilient. In recognition of the need to strengthen the staff support mechanism available across the Trust, a number of initiatives are currently planned and in progress. These include:

- Introduction of Schwartz Rounds during the summer of 2017.
- Implementation of the staff support plan - #TeamEliotHowWasYourDay initiative, which will utilise learning from the Yellow Hats are not just for Builders workshop attended by a number of senior nurses.
- Creation of a staff support/decompression room located in the A&E department.
- Exploring potential collaboration opportunities with the Samaritans.
- Regular staff engagement meetings with all grades of the nursing staff, chaired by the Director of Nursing and Deputy Director of Nursing.
- Progressing the learning from the National Kitchen Table sessions held in March 2017 across the Trust.
- Sharing the learning from the maternity department where a wide variety of staff support mechanism already exists.

These initiatives are in addition to the well-established Health and Wellbeing Group actions in progress and should have a positive impact on staff health and well-being, resilience, retention and ultimately lead to a positive patient experience and outcomes.

7.0 Conclusion

The Trust Board is asked to note and support the on-going daily efforts to maintain safe nursing and midwifery staffing levels and progress the recruitment and retention of the nursing and midwifery workforce across the Trust.

Appendix 1

Safe Nursing Staffing data submitted nationally and published on NHS Choices – April 2017 (submitted May 2017)

Only complete sites your organisation is accountable for				Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)				
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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
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								
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Adam Bede	300 - GENERAL MEDICINE		1350	1395	900	937.5	720	756	720	732	103.3%	104.2%	105.0%	101.7%	550	3.9	3.0	6.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1695	2070	1245	1590	1176	1428	720	780	122.1%	127.7%	121.4%	108.3%	994	3.5	2.4	5.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3600	3982.5	2700	3157.5	2160	2520	1800	2172	110.6%	116.9%	116.7%	120.7%	1316	4.9	4.0	9.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1125	1162.5	1350	1297.5	720	732	1080	936	103.3%	96.1%	101.7%	86.7%	553	3.4	4.0	7.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1350	1342.5	0	0	1080	1032	0	0	99.4%	-	95.6%	-	350	6.8	0.0	6.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1800	1777.5	450	532.5	1440	1428	360	396	98.8%	118.3%	99.2%	110.0%	166	19.3	5.6	24.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1575	1455	450	450	720	720	360	360	92.4%	100.0%	100.0%	100.0%	601	3.6	1.3	5.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1575	1507.5	1125	1192.5	1080	1068	720	720	95.7%	106.0%	98.9%	100.0%	828	3.1	2.3	5.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1575	1425	1125	1275	720	720	720	732	90.5%	113.3%	100.0%	101.7%	571	3.8	3.5	7.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2250	2115	0	0	1800	1644	0	0	94.0%	-	91.3%	-	173	21.7	0.0	21.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1350	1245	900	997.5	720	732	720	732	92.2%	110.8%	101.7%	101.7%	559	3.5	3.1	6.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Molly	300 - GENERAL MEDICINE		1575	1552.5	1350	1365	1080	1080	720	720	98.6%	101.1%	100.0%	100.0%	801	3.3	2.6	5.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1575	1567.5	1575	1545	1080	1068	720	780	99.5%	96.1%	98.9%	108.3%	832	3.2	2.8	6.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1350	1350	675	727.5	1080	1020	0	48	100.0%	107.8%	94.4%	-	426	5.6	1.8	7.4

The overall Trust fill rate was 103.66% in April 2017. The average CHPPD rate was 9.0.

Appendix 2**Red shift and red flag event definitions****Red shift**

Red shifts are defined as shifts where the nurse staffing levels were below the agreed establishment level.

Red flag events

NICE guidance for safe nursing staffing describes red flag events as follows:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. This is often referred to as 'intentional rounding' and involves checks on aspects of care such as the following:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- Less than 2 registered nurses present on a ward during any shift.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

Appendix 3

Current Band 5, 6 and 7 registered nurse/midwife and HCA vacancies – May 2017

Table 1 – Band 5, 6 and 7 registered nurse vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
Adam Bede	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	13.89	0.03	(0.64)	(0.61)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	2.05	(1.31)	0.00	(1.31)
	5	14.46	13.69	(0.77)	(1.00)	(1.77)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.22	14.09	(4.13)	(1.00)	(5.13)
Mary Garth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	14.01	0.15	(1.44)	(1.29)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	10.96	2.56	0.00	2.56
	5	34.8	20.92	(13.88)	(1.64)	(15.52)
Alexandra	7	1	1	0.00	0.00	0.00
	6	1	2	1.00	0.00	1.00
	5	21.27	16.37	(4.90)	(2.00)	(6.90)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	17.22	12.48	(4.74)	(1.00)	(5.74)
Victoria	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
	5	16.5	13.08	(3.42)	0.00	(3.42)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	12.18	10.86	(1.32)	0.00	(1.32)
Felix Holt	7	1	1	0.00	0.00	0.00
	6	4.8	4.6	(0.20)	0.00	(0.20)
	5	11.74	11	(0.74)	(1.00)	(1.74)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	17.97	(0.36)	(1.00)	(1.36)
Total		230	196.77	35.97	10.72	46.51

Table 2 – Health Care Assistant vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
Adam Bede	3	0	1	0	0.00	0.00
	2	12.1	9.37	(2.73)	(2.44)	(5.17)
Elizabeth	3	0	0.8	0.00	0.00	0.00
	2	13.78	13.7	(0.08)	0.00	(0.08)
Mary Garth	3	0	0	0.00	0.00	0.00
	2	12.1	11.92	(0.18)	(2.96)	(3.14)
AMU	3	1	1	0.00	0.00	0.00
	2	35.4	30.48	(4.92)	(2.64)	(7.56)
Alexandra	3	3.6	3.6	0.00	0.00	0.00
	2	13.54	13.08	(0.46)	0.00	(0.46)
Nason	3	1.9	1	(0.90)	0.00	(0.90)
	2	16.14	13.36	(2.78)	(4.80)	(7.58)
Victoria	3	2.4	3.8	1.40	0.00	1.40
	2	2.64	1.8	(0.84)	0.00	(0.84)
Bob Jakin	3	0.8	0	(0.80)	0.00	(0.80)
	2	17.34	16.04	(1.30)	(4.00)	(5.30)
Felix Holt	3	1.93	1.93	0.00	0.00	0.00
	2	11.85	11.2	(0.65)	0.00	(0.65)
Melly	3	1.83	2.23	0.40	0.00	0.40
	2	13.63	12.84	(0.79)	(2.00)	(2.79)
Total		161.98	149.15	16.43	18.84	35.27

Appendix 3 continued

The latest nursing and midwifery vacancy levels in other clinical areas are outlined below.

Table 3 – Band 5, 6 and 7 registered nurse vacancies in other clinical areas, including A&E, Theatres, ITU, Maternity and SCBU

Ward/clinical area	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A&E	7	6	6	0.00	0.00	0.00
	6	11.8	11.8	0.00	0.00	0.00
	5	48.95	34.09	(14.86)	(8.80)	(23.66)
ITU	7	11.03	11.36	0.33	0.00	0.33
	6	7.72	6.28	(1.44)	0.00	(1.44)
	5	16.96	16.32	(0.64)	0.00	(0.64)
Maternity	7	13.2	12.2	(1.00)	0.00	(1.00)
	6	55.38	51.61	(3.77)	0.00	(3.77)
	5	7.6	8.4	0.80	0.00	0.80
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	8.05	(0.05)	0.00	(0.05)
	5	12.03	11.38	(0.65)	0.00	(0.65)
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	13.53	12.86	(0.67)	0.00	(0.67)
	5	51.45	41.5	(9.95)	0.00	(9.95)
Total		268.32	236.42	33.03	8.8	41.83

Table 4 – Health Care Assistant vacancies in other clinical areas, including A&E, Theatres, ITU, Maternity and SCBU

Ward/clinical area	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A&E	3	4.4	3.4	(1.00)	0	(1.00)
	2	7.8	8.36	0.56	-0.96	(0.40)
ITU	3	0	0	0.00	0	0.00
	2	0.6	0.6	0.00	0	0.00
Maternity	3	6.79	5.75	(1.04)	0	(1.04)
	2	9.24	8.89	(0.35)	0	(0.35)
SCBU	3	0	0	0.00	0	0.00
	2	2.47	2.44	(0.03)	0	(0.03)
Theatres	3	2.43	2.42	(0.01)	0	(0.01)
	2	28	27.36	(0.64)	0	(0.64)
Total		61.73	59.22	3.07	0.96	4.03