

Meeting: Board
Date: 5th November 2018

Agenda Item: 10

Monthly Report on Nurse Staffing Levels September 2018

Key Risks

<p>Clinical: The delivery of safe, high quality care is a fundamental to objective of the Trust. This paper reports on the shift by shift information required as part of the “Hard Truths”.</p>	<p>Business: Failure to deliver on safe, high quality care may impact on the hospital of choice.</p>
<p>Environmental:</p>	<p>Finance and Performance: Failure to deliver on safe, high quality care may impact on the hospital of choice. High agency spend used to fill nursing vacancies will</p>
<p>Reputation: Failure to deliver high quality care may impact on reputation.</p>	<p>Legal: None</p>
<p>Resource Required:</p>	

Cross Reference to Trust Strategic Priorities and Objectives: Clinical and Service Excellence

Legal and Regulatory Implications/Equality and Diversity issues: None

Trust Values and Behaviours consideration and impact: Kind –Respectful and compassionate: Professional – Follows and shares best Practice.

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Sponsors: Diane Sarkar, Chief Nursing Officer; Maggie Bayley, Director of Nursing

RECOMMENDATION

The Board is asked to discuss the findings of the report and mitigations to address staffing shortfalls and incidents relating to patient safety and quality.

REQUESTED ACTION

To note the contents

MONTHLY REPORT ON NURSE STAFFING LEVELS SEPTEMBER 2018

1. SUMMARY

This paper provides an overview of the nurse staffing levels for planned and actual staffing levels in September 2018. The Trust's position on the mandatory submission for nursing fill rates to the Department of Health via UNIFY, is included in the appendix and key areas of risk and the mitigation taken at divisional level is detailed. An overview by division of their staffing position for trained and untrained staff and the turnover is included. Risks and incidents that have been attributed to staffing levels are also reviewed.

2. BACKGROUND

The Trust is required to submit data monthly to Unify, detailing ward nursing and midwifery staffing fill rates and bed days; this information is also displayed on the Trust website.

The staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as purple will have used staffing additional to their ward establishment with possible reasons including:

- increased capacity,
- one to one specialing

3. STAFFING LEVELS/VACANCIES

KEY (Vacancy Rating)	
12%	Above 12%
10%	Between 8-12%
8%	Below 8%

TREND % VACANCY	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Registered	21.8%	21.9%	23.5%	24.3%	25.4%	25.6%
Non-registered	11.9%	11.4%	14.5%	14.9%	16.0%	16.3%
TOTAL	18.9%	18.7%	20.8%	21.5%	22.6%	22.9%

- All nursing vacancies have increased from 511 wte (22.6%) to 517 (22.9%)
- Registered nurse ward vacancies are 265wte (38%)
- Half of the registered nurse vacant posts are in the medicine division wards – at up to 52%
- Both registered and non-registered vacancies have increased slightly due to turnover
- Non-registered vacancies are at 16.3%, the highest since January 2018

Table 1 below demonstrates the position of vacancies for all nursing staff and broken into registered and unregistered staff.

Table 1: ALL NURSING – Registered and Non-Registered

AREA	Funded	In Post	Vacant	%	Last Month
WARDS	1128.13	772.66	355.47	31.5%	30.9%
THEATRES	419.35	349.09	70.26	16.8%	17.6%
ALL OTHER	710.09	619.02	91.07	12.8%	12.4%
TOTAL	2257.57	1740.77	516.80	22.9%	22.6%
LAST REPORT TOTAL	2255.90	1745.34	510.56	22.6%	

Registered Only

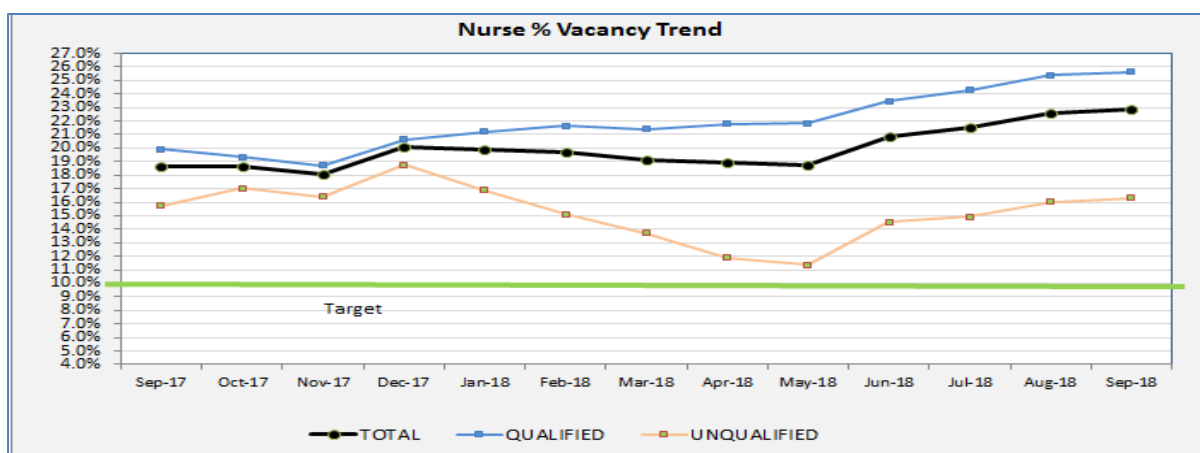
AREA	Funded	In Post	Vacant	%	%
WARDS	708.26	442.95	265.31	37.5%	36.8%
THEATRES	319.03	252.66	66.37	20.8%	20.7%
ALL OTHER	564.05	487.56	76.49	13.6%	13.7%
TOTAL	1591.34	1183.17	408.17	25.6%	25.4%
LAST REPORT TOTAL	1590.06	1186.10	403.96	25.4%	

Non-Registered

AREA	Funded	In Post	Vacant	%	%
WARDS	419.87	329.74	90.13	21.5%	20.9%
THEATRES	100.32	96.44	3.88	3.9%	7.6%
ALL OTHER	146.04	131.43	14.61	10.0%	7.7%
TOTAL	666.23	557.61	108.62	16.3%	16.0%
LAST REPORT TOTAL	665.84	559.25	106.59	16.0%	

Recruitment to HCA vacancies undertaken Trust wide initially proved successful however the attrition rate was extremely high due reaching out to a wider potential workforce who had limited or no prior experience in working in healthcare.

Whilst open days are continuing, all wards have been requested to continue local recruitment so that parallel pipelines occur. Targeted recruitment is being planned for this group of staff with a planned role specific induction week within the next two months.



4. TURNOVER

Table two below demonstrates that month on month turnover has increased for the trust from 19.53% last month, to 19.99%, with the highest turnover seen within Women and Children's services of unregistered staff and corporate services for registered nurses.

Table 2

Nurse and HCA Turnover by Division - 12 Months to 30th September 2018

Data extracted from ESR. Primary Assignments only. Does not include leavers who retain a bank assignment.

Nurse or HCA	DIVISION	Average WTE	Leavers not retaining Bank WTE	Leavers retaining Bank Headcount	Total Leavers	Turnover
HCA's	CORPORATE	0.00	0.00	0	0.00	-
HCA's	DIVISION 1 - MED & EMER CARE	177.43	16.73	28	44.73	25.21%
HCA's	DIVISION 2 - SURGICAL	109.01	15.07	19	34.07	31.25%
HCA's	DIVISION 3 - CLINICAL SUPPORT	91.07	8.07	8	16.07	17.64%
HCA's	DIVISION 4 - W & C	58.60	10.27	10	20.27	34.59%
HCA's	DIVISION 5 - ST ANDREWS	39.28	1.60	2	3.60	9.16%
HCA's	OPERATIONAL SUPPORT	15.94	2.00	1	3.00	18.82%
HCA's Trust Total		491.33	53.73	68	121.73	24.78%
Nurses and Midwives	CORPORATE	30.25	8.20	4	12.20	40.33%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	263.10	18.61	43	61.61	23.42%
Nurses and Midwives	DIVISION 2 - SURGICAL	183.71	15.00	22	37.00	20.14%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	298.46	21.03	28	49.03	16.43%
Nurses and Midwives	DIVISION 4 - W & C	237.86	18.07	31	49.07	20.63%
Nurses and Midwives	DIVISION 5 - ST ANDREWS	137.52	4.57	19	23.57	17.14%
Nurses and Midwives	OPERATIONAL SUPPORT	27.45	1.07	2	3.07	11.17%
Nurses and Midwives Trust Total		1178.36	86.55	149	235.55	19.99%

5. FILL RATES

Fill rates are calculated from what the expected level of staffing is expected shift by shift by what was actually provided. This data is produced monthly from the HealthRoster team and submitted to unify in response to Lord Carter recommendations. The following data (table 3 and 4) illustrates fill rates at both a trust level and divisional level of expected staff levels including temporary staff within these figures. Full data set is taken from Unify report (Appendix A).

5.1 Overall Trust Position

Table 3 demonstrates that fill rates have remained favourable throughout the last 5 months with both registered and unregistered shifts being filled above 95% of the time. Incidence over 100% indicate that staffing additional to establishment have been used for specialing due to the complex case mix of patients. It should be noted that 20wte enhanced support workers (ESA) are funded and placed on a central budget, however this is not reflected in the unify submission currently and we are working with finance to find a solution that will bring down the over 100% fill rate by feeding the financial information into the submission. As part of the bi-annual staffing review (Safer Nursing Care Tool) we are also undertaking an audit of the use of specialing for one week to enable scrutiny of usage and the ability to plan future actions required to address issues highlighted.

Table 3

Month	RN day	RN night	HCA	HCA night
May	98.6%	97.7%	100.2%	111.7%
June	99.6%	101.6%	98.2%	111.7%
July	97.9%	99.3%	95.7%	114%
August	97.7%	99.5%	96.3%	116.1%
September	96.6%	99.1%	97.5%	117.2%

5.2 Overall Fill Rate RAG Rating for the Divisions / Directorates for Month

Table 4 demonstrates that each division has been consistently above 95% in all areas for the past five months.

Surgery have seen an over establishment of Registered Nurses on both days and nights for the last five months. This has been due to increased planned activity and an infection control issue:

- Additional Registered nurses to care for patient with CPE on Rayne ward (Isolation)
- Unplanned admissions to Billericay ward increasing the number of patients with complex airway management and increased admission through Mayflower ward

Table 4

Registered Nurses						
	July 2018		August 2018		September	
	Day	Night	Day	Night	Day	Night
Medicine	96.0%	99.0%	94.8%	97.7%	97.6%	100.7%
Surgery	105.8%	105.9%	105.3%	105.1%	101.5%	102.8%
Women & Children's	90.2%	90.5%	91.3%	94.1%	88.0%	90.8%

Table 5 below illustrates that the unregistered/HCA staff within medicine are consistently over establishment which is attributed to the adhoc need for specialising patients' and one to one care. Surgery and Women's and children mimic this trend on night shifts only. This trend is consistent with partner sites in the MSB. Acknowledging this trend the MSB Deputy Directors of Nursing will be coordinating an audit into current practice to assess the appropriateness of these requests.

Table 5

	Health Care Support Workers					
	July 2018		August 2018		Sept 2018	
	Day	Night	Day	Night	Day	Night
Medicine	100.0%	118.0%	99.2%	118.6%	104.2%	122.5%
Surgery	95.7%	116.4%	98.0%	123.3%	95.3%	122.6%
Women & Children's	84.0%	101.2%	85.7%	98.0%	88.2%	99.4%

5.3 Fill Rate Variance Report by Ward

Table 6 below demonstrates a breakdown of areas and associated RAG ratings of those wards that triggered amber or red fill rates from the unify submission (Appendix 1). Mitigation and assurance to address these shortfalls, has been provided by the Associate Directors of Nursing.

Division 1 (medicine and emergency care) and had no areas of significant shortfall in this period (Appendix 1).

Table 6

Division	Ward name	Day		Night		Mitigation
		Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RMs (%)	Average fill rate - care staff (%)	
2	John Ray	97.6%	89.6%	94.3%	96.8%	Bed base reduced on John Ray since Courtauld ward relocated to Braintree. MSK division supporting shortfall as required
4	Birthing	67.4%	-	85.2%	-	Staffing reviewed daily by ADoN at safety huddle. Staff deployed to areas of shortfall depending on activity and demand
	Neonatal Unit	79.0%	84.0%	77.4%	100.0%	
	St Peters	92.8%	82.1%	100.7%	100.0%	
	WJC	92.8%	81.8%	101.3%	100.0%	
	Gosfield	94.3%	84.3%	99.9%	100.0%	
5	Mayflower	117.4%	61.9%	105.6%	101.6%	No concerns raised by division for shortfall of care staff on dates
	Burns Adult	90.6%	89.5%	100.1%	90.0%	

As previously reported areas over establishment for HCAs has been attributed to additional duties for specials include care of patients under deprivation of liberty standards and requiring 1:1 supervision. This has been a specific issue on Rayne ward where the ward is funded for two HCA shifts per night, however is showing as a significant over establishment due to the number of specials. This will be monitored by the audit of specials taking place week commencing 5th November. An analysis of staffing requirements based on dependency will then be undertaken and recommendations made to re-set the establishment as required.

6. INCIDENT REPORTS AND RED FLAGS

In September 2018, 25 incidents were reported with the specific category 'Staffing Issues', 15 of these fell within red flag criteria.

In total 34 incidents reported in September fell within red flag criteria (i.e. events that have occurred where staffing shortfalls have been identified as a causative factor).

These incidences are recorded on Datix where staff can select the appropriate outcome of the short staffing. This includes delay in care rounding, more than 25% of expected nursing hours, delay in administration of medication for example.

Table 6

	July 2018	Aug 2018	Sept 2018
Incidents reported where the category was 'Staffing Issues'	30	21	25
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	9	14	15
Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)	18	31	34
Of those the degree of harm:			
Near miss	6	4	10
No injury	12	24	22
Minor (small skin tear/bruise)	0	3	2
Minimal (immediately recoverable)	0	0	0
Potential For Adverse Publicity	0	0	1

Staffing incidences with harm:

WEB68185: Medicine: Patient with delirium fell and sustained minor laceration to arm.

WEB69079: Medicine: Patient with cognitive impairment struck staff member.

WEB68679: Surgery: Staff member in supernumerary period required to care for bay of 4 patients due to high acuity.

7. INCIDENCES WITH HARM VERSUS VACANCY FACTOR

While fill rates remain positive in the majority of the inpatient areas, high vacancy rates will mean that high percentages of agency and bank staffing are used within these areas.

Incidences with moderate to severe harm have been reviewed for this period a percentage of registered staff. All areas that had an incident of moderate/severe have vacancy rate of over 30% (A vacancy rate of over 30% applies to the majority of inpatient areas).

A follow up meeting to the risk summit on Goldhanger ward was completed and it was agreed to increase the number of HCA staff on a day shift to assist with the complex patient group on this ward until the bed reconfiguration occurs. This has been positively received by the ward team. Table 7.1 demonstrates incidences of moderate harm or above and the respective areas.

Table 7

WARD	Vacancy %	Moderate harm
WARD E222 - GOLDHANGER	54%	1
WARD E125 - STROKE UNIT	51%	1
WARD C451 - LISTER	46%	1
WARD A207 - ESS	45%	1
WARD C250 - BADDOW	38%	1
WARD E320 - STOCK	34%	1

8. WARD SISTERS SUPERVISORY TIME

All in-patients area's ward sisters are 100% supervisory and not included in staffing numbers within the day to ensure robust governance and clinical supervision. However, as part of supporting nursing shortfall pressures and to reduce run rate, ward sisters are expected to provide at least two rostered clinical shifts.

The impact with lack of administration time that the Ward Sisters are taking may potentially result in a backlog of appraisals, RCA's and Datix being completed. This is being monitored by the ADoNs and reported to the Director of Nursing if there are areas of concern. In addition RCA documentation has been reviewed to improve efficiency in completion of paper work to reduce the administration burden on the ward sisters.

9. RECRUITMENT UPDATE

9.1 Local Recruitment

To ensure full grip and transparency of recruitment plans for divisions the Director of Nursing has continued weekly meetings with the Associate Directors of Nursing (ADoNs) Human Resources (HR) and Health Roster teams. This has resulted in proactive management of vacancies to ensure that recruitment processes are not delayed by systems and process. In addition roster compliance is reviewed and areas of noncompliance monitored to ensure that safer staffing practices are followed, promoting efficient working practices. In addition, areas of risk are highlighted and supportive plan discussed to ensure divisions are supported in the areas where vacancies remain low.

- 11.00 HCAs commenced employment in August 2018.
- 13.60 HCAs commenced employment in September 2018.
- 6.60 HCAs have confirmed start dates between October 2018 and November 2018.
- 3.66 HCAs have received conditional offer letters and are anticipated to start between November 2018 and December 2018.
- 5.11 Band 5 RGNs commenced employment in August 2018.

- 21.93 Band 5 RGNs commenced employment in September 2018.
- 32 Band 5 have confirmed start dates between October 2018 and December 2018.
- 18.54 RGNs have received conditional offer letters and are anticipated to start between November 2018 and January 2019.

9.2 International Recruitment

9.2.1 Medacs Recruitment Agency

57 Nurses are in the pipeline to commence employment at MEHT from outside of the EU. Table 9 below demonstrates the predicted start dates and the stage of process that is currently being completed.

Table 9

No. of nurses	Starting Date – Estimated	Progress
1	October	Landed and commenced in the Trust 22.10.18
2	November	NMC Decision letter – MEHT to apply for CoS 23.10.18
12	December	1 nurse NMC Pin (NNU) – MEHT awaiting documents to apply for CoS 11 in NMC decision process, awaiting letters
2	January 2019	In NMC decision process, awaiting letters
28	March 2019	Need to pass CBT (Part 1 NMC Competence)
10	April 2019	Needs to pass English IELTS/OET –have raised with agency as interviewed 2016/17
2	Unable to provide	Have not applied for English test – have raised with agency as interviewed 2016/17
Total : 57		

The 12 candidates that have not passed the English language test or yet to apply have been escalated as a concern to the recruitment agencies as these candidates were interviewed in 2016/17. Recruitment of nurses from overseas continues sporadically as suitable candidates are sourced. A larger more focussed approach is being considered by the MSB and the local implementation of this is being scoped with HR and the DoN.

10. SAFE CARE ROLL OUT

The roll out of the safe care module of HealthRoster is progressing well and is on track for completion in November 2018. Further engagement with the ADoNs and site teams are planned for October to understand the benefits of the outputs generated from this system to assess acuity and staffing needs on the wards in a real time and also to plan establishment setting for future staffing. The Deputy Director of Nursing and the health roster team have planned a peer review of a neighbouring trust already well established in using SafeCare to review the operational benefits of the system so that that the system is fully embedded and utilised here.

11. CONCLUSION AND FURTHER ACTIONS

Recruitment challenges remain and the escalating trend of vacancies continues. Overseas nurse recruitment has continued however due to changes in the application process less

nurses are completing the application process and commencing employment in the Trust. This is mainly affected by the high score required in the English language test.

Staffing is reviewed daily by Matrons and Associate Directors of Nursing and mitigation processes are activated when temporary staffing measure is not achieved.

11.1 Strategy & Actions

- Nurse recruitment action plan monitored through a fortnightly task and finish group with oversight from the Director of Nursing
- Retention plan for MEHT in place to address the NHSI retention wave 2 agenda with fortnightly task and finish group driving this work with oversight from the Director of Nursing
- Safer Care project continues to roll out to the divisions. Full roll out is expected to be completed by the end of November 2018. This will provide daily information to assist managing patient need and staffing levels.
- Director of Nursing continues to meet with all divisions weekly to review staffing issues, recruitment challenges/vacancies issues, and agency usage. Additional deep dive session have been held where there have been risks highlighted for example in Chemotherapy and plans developed to address gaps in staffing
- Weekly meetings with HR and Bank Partners to address staffing fill rates and take targeted action to mitigate risk
- Daily approval of agency usage has been ongoing since early September specifically with regards to above cap
- Risk assessments are being undertaken by all Divisions in line with a planned stop of above cap agencies in early November to manage and mitigate to maintain quality of care
- Safer Nursing Care acuity and dependency audit being undertaken for four weeks – started on 22.10.18
- Specialling audit being undertaken week commencing 5th November
- Targeted HCA recruitment and role specific induction to take place within two months

Appendix 1 September 2018

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RMs (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff	Overall
	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								
Phoenix	2839.75	2680.583	977.5	901.75	2137	2077	690	670	94.4%	92.3%	97.2%	97.1%	449	10.6	3.5	14.1
Heybridge	2173.25	2122.5	1271.25	1298.833	1379.5	1380.25	690	802.5	97.7%	102.2%	100.1%	116.3%	932	3.8	2.3	6.0
Rayne	2164.583	2236	1085	1276	1380	1390.333	690	1394.75	103.3%	117.6%	100.7%	202.1%	920	3.9	2.9	6.8
Goldhanger	1443.833	1413.833	1474	1442.667	1035	1081	687.5	937.25	97.9%	97.9%	104.4%	136.3%	797	3.1	3.0	6.1
Notley	1634	1613.667	1252	1119	1035	999	681.25	669.75	98.8%	89.4%	96.5%	98.3%	749	3.5	2.4	5.9
Lister	1072	1053	905.3333	1000.833	1035	1009	690	883.65	98.2%	110.5%	97.5%	128.1%	589	3.5	3.2	6.7
John Ray	1095.5	1068.833	1096	982	1012	954.75	689.25	667	97.6%	89.6%	94.3%	96.8%	500	4.0	3.3	7.3
ESS	2208.75	2277.25	1511.5	1596.5	1320	1422	1000	1297.25	103.1%	105.6%	107.7%	129.7%	912	4.1	3.2	7.2
EAU	1364.5	1320.25	924.0833	837.5833	1980	2070.667	1650	1698.5	96.8%	90.6%	104.6%	102.9%	800	4.2	3.2	7.4
GICU	5918	5845.917	354.25	354.25	4903.5	4831.5	105	105	98.8%	100.0%	98.5%	100.0%	422	25.3	1.1	26.4
Danbury	1809.75	1708.75	1470.483	1365.233	1034.25	1035	1035	1056.25	94.4%	92.8%	100.1%	102.1%	936	2.9	2.6	5.5
Terling	1823.25	1787.417	1453	1448.75	1378.75	1380	690	769.5	98.0%	99.7%	100.1%	111.5%	930	3.4	2.4	5.8
Baddow	1457.25	1409.25	1445.5	1634.5	1035	1011.5	684.5	877.75	96.7%	113.1%	97.7%	128.2%	766	3.2	3.3	6.4
Braxted	1436.667	1395.917	1439	1863.667	1035	1021.167	690	1269.833	97.2%	129.5%	98.7%	184.0%	777	3.1	4.0	7.1
Felsted	1558.5	1414.833	1106.5	1080	1035	1036.25	690	701.5	90.8%	97.6%	100.1%	101.7%	587	4.2	3.0	7.2
Stroke Unit	1820.483	1757.483	1462.5	1550.25	1377.5	1355.25	690	994.5833	96.5%	106.0%	98.4%	144.1%	670	4.6	3.8	8.4
Burns ITU	2803.5	2675.5	475	483	2299	2288.5	294	294	95.4%	101.7%	99.5%	100.0%	103	48.2	7.5	55.7
Burns Adult	1504.5	1363	758.5	679	630	630.5	630	567	90.6%	89.5%	100.1%	90.0%	176	11.3	7.1	18.4
Burns Children	2133.5	2018.333	1125.5	1052	1417.5	1394.5	336	483	94.6%	93.5%	98.4%	143.8%	46	74.2	33.4	107.6
Stock	2133.5	2018.333	1125.5	1052	1417.5	1394.5	336	483	94.6%	93.5%	98.4%	143.8%	683	5.0	2.2	7.2
Billericay	2027.5	2618.75	1010.5	1092.5	1260	1773	630	837	129.2%	108.1%	140.7%	132.9%	643	6.8	3.0	9.8
Birthing	1086.5	732.4167	0	0	720	613.3333	0	0	67.4%	-	85.2%	-	67	20.1	0.0	20.1
Neonatal Unit	1984	1567	287.5	241.5	1679	1299.5	333.5	333.5	79.0%	84.0%	77.4%	100.0%	205	14.0	2.8	16.8
Postnatal	1420.25	1196.667	943	850.5	1080	989.5833	720	717.5	84.3%	90.2%	91.6%	99.7%	741	3.0	2.1	5.1
Delivery Suite	2607.967	2348.467	719.75	715	2518.5	2275	718.5	719.5	90.0%	99.3%	90.3%	100.1%	221	20.9	6.5	27.4
St Peters	1680	1559.833	856	703	360	362.5	360	360	92.8%	82.1%	100.7%	100.0%	39	49.3	27.3	76.5
WJC	1482	1376	689.5	564	360	364.5	360	360	92.8%	81.8%	101.3%	100.0%	92	18.9	10.0	29.0
Mayflower	1454.5	1707.133	1225	758.6667	630	665.5	630	640.25	117.4%	61.9%	105.6%	101.6%	405	5.9	3.5	9.3
Gosfield	1129.983	1065.233	738.9667	623.2333	659.5	658.75	506	506	94.3%	84.3%	99.9%	100.0%	314	5.5	3.6	9.1
Writtle	1467.083	1434.583	1470.25	1334.25	1034.25	1069.75	690	690	97.8%	90.7%	103.4%	100.0%	702	3.6	2.9	6.5
SEW	1337.5	1283.25	833.5	815	1035	1023.75	689.25	689.25	95.9%	97.8%	98.9%	100.0%	525	4.4	2.9	7.3