

NURSE ESTABLISHMENT REVIEW (NATIONAL QUALITY BOARD)

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Paper M

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	09.02.21	Nursing and Midwifery Board - discussion
Executive Board		
Trust Board Committee	16.02.21	Executive People and Culture Board
Trust Board		

Executive Summary

This report provides the People, Process and Performance Committee with an update on the latest UHL nurse establishment review that was undertaken in September / October 2020. Nurse establishment reviews must be undertaken by Trusts twice a year and reported to Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards. The review must provide the Board with the assurance that the Trust has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements.

The establishments for all inpatient areas have been validated as part of the review:

- Agreed Nursing establishment by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

This review confirmed that nursing and midwifery roster templates are correct and budgets are aligned to planned establishment and enable effective rostering.

The review also confirmed that the wards planned establishments achieve the recommended nurse to patient ratios during the day (i.e. ratio of 1:8). Five wards did not achieve above the nurse to patient ratios during the night (i.e. a UHL determined ratio of 1:10) which were MSS Ward 24 GH and ASU LRI, RRCV Ward 28 Cardiology GH and Women's Ward 31 Gynae LGH. These areas manage surgical pathways and have mitigation in place for additional staff moves or reduction in capacity to ensure patient safety.

The review has acknowledged the cost pressures associated with opening two wards as extra winter capacity in October 2019 has seen funding from April 2020 (Ward 15 LRI and Ward 20 GH). The winter wards for 2020 to meet the Covid-19 and winter demand in capacity are recognised within the reviews and identified in funding through winter planning.

In Midwifery, it was confirmed that following the submission of a business case for additional investment in 2020 the funding for 20 midwives is now within the establishment. In the Alliance a reduced budget was highlighted and is being addressed through the CMG Board for appropriate action.

Women and Children services are planning an external review of services to benchmark and ensure they meet the Better births and Birth rate guidelines in Midwifery and in Children's to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards: both are predicted to require investment

Questions

Is the Committee assured that we have a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements so complying with the National Quality Board safe staffing guidance?

Conclusion

The establishment review has not highlighted any significant concerns or gaps in:

- Nursing establishments by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

With the exception of

- A small, but reduced number of wards (compared to the last review in 2019) not complying with nurse to patient ratios due to vacancies mitigated on a daily basis to ensure patient safety.
- The Trust continues to have planned winter wards at the LRI and the GH with staffing establishments funded by winter monies until March 31st 2021 (so not permanently funded).

Input Sought

We seek Committee confirmation that they are assured that UHL has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements

For Reference (edit as appropriate):

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Yes
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
More embedded research	Not applicable
Better corporate services	Not applicable
Quality strategy development	Not applicable

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? - Not Undertaken
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – Not applicable
- How did the outcome of the EIA influence your Patient and Public Involvement ? - Not applicable
- If an EIA was not carried out, what was the rationale for this decision? - Not Applicable

4. Risk and Assurance**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	Principal Risk 5 - Failure to recruit, develop and retain a workforce of sufficient quantity and skills
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	Risk 3148 Inability to recruit sufficient numbers of the right staff with the right skills Risk 3722 The expansion of the bed base, reduction of staff availability and national directive to increase critical care capacity due to Covid-19 pandemic
New Risk identified in paper: What type and description?		N/A
None		

5. Scheduled date for the **next paper** on this topic: May 2021
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

1.0 NATIONAL GUIDANCE

1.1 It is a requirement that NHS providers continue to have the right people, with the right skills, in the right place at the right time to achieve safer nursing and midwifery staffing in line with the requirements of the National Quality Board (NQB, 2016) that states providers:

- Must deploy sufficient suitable qualified, competent, skilled and experienced staff to meet treatment needs of patients safely and effectively.
- Should have a systematic approach to determining the number of staff and range of skills required and keep them safe at all times
- Must use an approach that the reflects current legislation

- 1.2 It should be noted that the paediatric establishment review in the Children's Hospital utilised the Royal College of Nursing (RCN 2013) and the NQB Safe, Sustainable Staffing (2018), both of which provide guidance / recommendations for nurse staffing levels and nurse to paediatric ratios.

2.0 METHODOLOGY FOR THE NURSE ESTABLISHMENT REVIEW

- 2.1 Throughout September and October 2020, a 'confirm and challenge' process with each Clinical Management Group Head of Nursing was undertaken by the Corporate Nursing Directorate using the tools and guidance within the Safer Nursing Care Tool (SNCT), NICE Guidance (2014) Safe Staffing for Nursing in Adult Acute Wards and Developing Workforce Safeguards to inform the process. This was in line with the Setting and Reviewing Nurse Staffing and Established Standard Operating Procedure as approved in October 2020. Due to COVID-19 online teams meetings were completed by the Chief Nurse to review the outcomes of the 'confirm and challenge' process and to gain assurance that the nursing establishments were correct.
- 2.2 Appendix one presents the following data for every ward / unit that has been validated with each Clinical Management Groups (CMGs):
- Agreed Nursing establishment by band
 - Numbers of staff per shift, per band
 - Skill mix ratios per shift (day and night)
 - Nurse to patient ratios day and night
 - Narrative providing assurance to data

3.0 REVIEW OF CMG NURSE ESTABLISHMENTS

- 3.1 Roster templates and alignment to budget / establishment
- 3.2 The establishment reviews for all CMGs highlighted that roster templates continue to be aligned to budgets and enable effective rostering. All roster change requested are checked against budget in processing.
- 3.3 The Heads of Nursing (HON) provided assurance that Nursing Associates (NA) have been integrated into the establishments at UHL and have planned alignment to budgets for 2020/ 20201. HON provided assurance that NA's support the registered nurse to patient ratio and confirmed that on any planned or actual shift the NA will always be as a minimum the third registered professional.
- 3.4 UHL is compliant with the recommended registered 'nurse to patient' ratios at 1:8 day (national requirement) and at 1:10 (UHL requirement) evidenced in the planned data from health roster.
- 3.5 The establishment reviews confirmed and demonstrated specialty and individual skill mix ratios in line with NQB guidance of nurse to patient ratio. Narrative information is collated for Appendix 1 and assurance.

3.6 Roster management

- 3.7 All CMG's provided assurance that Carter efficiencies are appropriately managed in line with the roster key performance indicators and no remedial actions were required. The HON identified wards that needed focused support for new ward managers overseeing rosters or where there were potential roster efficiency opportunities.
- 3.8 The bi-annual 'Confirm and Challenge' of Carter metrics meetings increased to monthly from December 2020 to realise further benefits and roster efficiencies across the nursing teams. These meetings are being led by the Assistant Chief Nurse and Lead Nurse for Rostering with the CMG Head of Nursing.
- 3.9 At the time of the review, the RN vacancy position was challenged due to the increase in funded establishments for winter wards, COVID surge combined with the interruption to international recruitment and potential delays in the newly qualified nursing supply (due to interruptions in training due to COVID). The consequence of increased vacancies to support additional capacity has resulted in an increased reliance on the temporary nursing workforce to achieve the nursing establishments and delivery of safe care.
- 3.10 All CMGs have been reminded that any required changes to rota templates, planned establishments, are to be requested through a new version of the establishment change document, to ensure full oversight and approval by the Chief Nurse (see appendix 2).

5.0 CONCLUSION

- 5.1 The establishment review has not highlighted any significant concerns or gaps in nursing establishments and where service changes and increased establishments are required in 2021 they are to be taken to the through the CMG business planning board with a Quality Impact Assessments. New investment has been funded and seen in the establishment budgets for the 2019/2020 winter wards of Ward 15 at the LRI and Ward 20 at the GH. For Midwifery, it was confirmed that following the submission of a business case for additional investment, funding for 20 midwives is now within the establishment (from November 2020).
- 5.2 Retention of nursing and retirement projections were highlighted as a potential risk to the nursing workforce in the next 5 years with particular reference to clinical nurse specialists and then the consequential movement of ward based senior nurses into these positions. It was agreed that at future reviews attrition information to be included alongside the citing of any departmental risks and plans to mitigate.
- 5.3 The Covid-19 pandemic has resulted in a very difficult 12 months for staffing with risks identified to the planned establishment. The expansion of bed bases and the increased capacity in critical care has resulted in the dilution of registered nursing skill mix in adult wards and in critical care. The increased sickness, reliance on reduced temporary staff have further impacted on staffing fill across all registered and health care assistants on shift and the variations reported in UHL care hours per patient day. This is managed on a daily basis by the senior nursing team and matrons: reviewing SafeCare, acuity, skill mix alongside professional judgement to ensure staff are moved across the Trust to ensure safety is maintained.

- 5.4 The establishment reviews have identified in Midwifery the budget has not been realised following previous business cases this is being raised through the CMG board. In the Alliance a reduced budget is apparent and the risk is also being escalated through the CMG Board for appropriate action.
- 5.5 Women and Children services are to ensure an external review takes place of services to benchmark to ensure they meet the respective guidelines for Midwives in line with Better births and Birth rate guidelines and in Children's to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards: both are predicted to require investment
- 5.6 The Committee is asked to note the report and recommendations within that provides assurance that UHL is compliant with national safe staffing guidance

6.0 **APPENDIX 1**

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
GI Surgery/Medicine/Urology														
LGH-W/d 20 Surgery	1	1	2	2	0	0	3	2	1	0	5.67	8.50	57/43	50/50
LGH-W/d 22 Female surgery	2	2	1	2	1	1	1	2	1	0	6.67	10.00	75/25	50/50
LGH-W/d 23 Surgery Admissions (Day)	1	1	1	0	1	1	1	0	0	0	7.50	0.00	50/50	N/A
LGH-W/d 26 Urology Surgery	2	2	1	3	2	2	1	2	0	0	8.33	8.33	50/50	60/40
LGH-W/d 27 Surgery (& SACU)	2	2	3	3	1	1	2	3	1	1	4.60	7.67	63/37	50/50
LGH-W/d 28 Surgery/Urology Admission	1	1	3	4	1	1	2	2	1	1	6.25	6.25	57/43	50/50
LGH-Pre-assessment W/d 28a (Day)	0	0	6	0	0	0	6*	0	0	0	0.00	0.00	50/50	N/A
LGH-W/d 29 Surgery Admission	2	2	2	3	1	1	2	2	1	1	6.75	9.00	57/43	60/40
LRI-W/d 16 SAU (Previously W/d 8)	3	2	3	5	3	2	2	4	1	1	5.00	6.00	55/45	55/45
LRI-W/d 21 Surgery (Previously 22)	4	4	2	4	4	3	2	3	0	0	4.33	6.50	50/50	57/43
LRI-W/d 42 Gastro Med	2	2	2	3	2	2	1	2	1	1	7.00	9.33	57/43	60/40
LRI-W/d 43 Gastro Med/Hepat	2	1	3	3	0	0	3	2	0	0	5.60	9.33	63/37	60/40
Specialist Medicine														
LGH-Brain Injury Unit	1	1	2	2	1	1	1	2	0	0	3.00	4.50	60/40	50/50
LGH-NRU Neuro Rehab	1	1	2	2	1	1	2	2	1	0	5.33	8.00	50/50	50/50
LGH-W/d 1 Day Case	1	0	6	0	1	0	2	0	1	0	0.00	0.00	70/30	N/A
LGH-W/d 3 Stroke Rehab	1	1	2	2	0	0	3	2	0	0	5.00	7.50	50/50	50/50
LRI-Hampton Suite	2	2	1	2	2	2	2	3	0	0	8.00	12.00	60/40	40/60
LRI-Infectious Diseases Unit	2	2	1	2	1	1	1	2	1	0	6.00	9.00	60/40	50/50
LRI-Stroke W/ds 25/26	2	2	5	5	2	2	3	4	1	1	5.14	7.20	58/42	55/45
LRI-W/d 23 Specialist Med	1	1	4	3	3	3	2	2	0	0	5.60	9.33	50/50	60/40
LRI-W/d 24 Specialist Med	1	1	4	3	1	1	4	2	1	1	5.40	9.00	50/50	60/40
LRI-W/d 29 Older People	2	2	4	3	2	1	3	2	1	1	4.83	9.67	55/45	60/40
LRI-W/d 30 Older people	2	2	3	3	1	1	3	2	0	0	5.80	9.67	55/45	60/40
LRI-W/d 31 Older People	2	2	3	3	2	2	3	2	0	0	6.00	10.00	50/50	60/40
LRI-W/d 33 (Medicine)	2	2	4	3	2	2	3	3	1	1	4.67	9.33	55/45	50/50
LRI-W/d 34 (Medicine)	2	2	3	3	2	2	3	3	0	0	5.20	8.67	50/50	50/50
LRI-W/d 36 Older People	1	1	4	3	1	1	4	2	1	1	5.60	9.33	50/50	60/40
LRI-W/d 38 Diabetes/Endocrine	2	2	3	3	1	1	3	2	1	1	5.60	9.33	55/45	60/40
ITAPS														
GH-TU - Glenfield (General and Cardiac In	16	16	4	21	4	4	0	2	0	0	1.10	1.05	83/17	91/9
(Gen.Surgery,Urology,Gynae,Ortho & Renal Transplant)	13	13	0	13	2	2	1	0	1	1	1.15	1.15	82/18	100/0
LRI-TU (Gen.Surgery,Haematology,Med,f	24	24	0	24	2	2	0	1	1	1	0.88	0.88	92/8	96/4

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
MSS														
LGH-W/d 14 Elective Ortho	1	1	2	2	0	0	3	2	1	0	6.00	9.00	50/50	50/50
LGH-W/d 16 (Prev LRI-W/d 22)	0	0	4	2	0	0	2	2	0	0	5.00	10.00	57/43	50/50
LGH-W/d 18 Elective Ortho	1	1	4	0	1	1	1	0	0	0	3.40	N/A	71/39	N/A
LGH-W/d 19 Elective Ortho (Closed)	0	0	4	2	0	0	3	2	1	0	5.00	10.00	57/43	50/50
LRI-W/d 17 Spinal/Trauma Ortho	2	2	3	3	1	1	4	3	1	1	4.80	8.00	50/50	50/50
LRI-W/d 18 Trauma Ortho Admissions	1	1	4	3	0	0	5	3	1	1	5.60	9.33	55/45	50/50
LRI-W/d 32 Trauma Ortho	2	2	3	3	1	1	3	3	1	1	4.80	8.00	55/45	50/50
GH-W/d 24 Breast + Gen Surgery	0	0	5	2	1	0	1	1	0	0	4.40	11.00	71/29	66/34
LRI-ASU	0	2	3	2	0	0	2	1	1	0	10.00	15.00	75/25	N/A
LRI-Kinmonth Unit Head, Neck, ENT Surg	0	0	4	2	1	0	1	0	0	0	3.50	7.00	63/37	50/50
LRI-W/d 9 Spec Surg Admission	1	1	3	2	0	0	2	2	0	0	4.25	8.50	66/34	50/50
RRCY														
GH-Coronary Care Unit	0	0	7	6	0	0	2	2	1	1	2.71	3.17	77/23	75/25
GH-CDU	3	3	13	16	2	2	9	8	1	1	3.75	3.75	59/41	66/34
GH-Modular Respiratory Ward/20 (prev G	4	4	4	7	4	4	0	3	0	0	3.50	4.00	66/34	70/30
GH-W/d 15 Respiratory (prev 27)	2	1	3	3	1	1	3	2	1	1	0.00	0.00	55/45	60/40
GH-W/d 16 Respiratory	1	1	4	4	1	1	2	2	0	0	6.00	7.50	62/38	66/34
GH-W/d 17 Respiratory	1	1	6	5	1	1	3	3	1	1	4.29	6.00	55/45	62/38
GH-W/d 23	1	1	6	5	0	0	5	4	1	1	4.71	6.60	58/42	55/45
GH-W/d 26 Thoracic Surgery	0	0	5	4	0	0	3	1	1	1	5.00	6.25	62/38	80/20
GH-W/d 27 Cardiology (moved to GH 20)	0	0	4	4	0	0	2	1	0	0	3.50	3.50	66/34	80/20
GH-W/d 28 Cardiology	1	1	4	3	1	1	3	2	1	0	6.20	10.33	55/45	60/40
GH-W/d 29 Respiratory	1	1	3	3	0	0	3	1	0	0	6.25	8.33	57/43	75/25
GH-W/d 31 Cardiac Surgery	1	1	6	5	1	2	3	1	1	1	4.71	6.60	58/42	83/17
GH-W/d 32 Cardiology Procedures	0	0	4	2	1	0	2	0	1	0	4.75	9.50	57/43	100/0
GH-W/d 33 Cardiology	1	1	4	3	1	1	2	2	1	1	5.80	9.67	63/37	60/40
GH-W/d 33A Cardiology	0	0	3	2	0	0	2	2	0	0	6.67	10.00	60/40	50/50
LGH-W/d 10 CAPD Renal	5	5	0	2	4	3	0	2	1	0	3.60	9.00	55/45	50/50
LGH-W/d 15 High Dependency Renal	4	4	0	3	1	1	0	1	1	1	2.25	3.00	80/20	75/25
LGH-W/d 15 Nephrology Renal	4	4	0	2	2	2	0	2	0	0	4.25	8.50	66/34	50/50
LGH-W/d 17 Renal Transplant	3	3	3	2	2	2	0	1	0	0	2.33	7.00	60/40	66/34
Vomens														
LGH-Delivery Suite	14	13	1	14	6	6	0	5	0	0	4.07	4.36	71/29	74/26
LGH-NICU Neo-Natal Intensive Care	0	0	3	3	0	0	0	0	0	0	4.00	4.00	100/0	100/0
LGH-W/d 11	2	1	4	0	2	2	2	0	0	0	2.00	0.00	50/50	N/A
LGH-W/d 31 Gynae	1	1	5	2	0	0	2	1	1	0	3.83	11.50	71/29	66/34
LGH-GSU	0	0	0	0	5	5	0	0	0	0	0.00	0.00	0/100	N/A
LRI-Delivery Suite	14	14	2	16	3	3	0	3	0	0	4.06	4.06	84/16	84/16
LRI-W/d 5	0	0	4	4	3	3	0	2	0	0	6.50	6.50	57/43	66/34
LRI-W/d 6	0	0	4	4	2	2	0	2	0	0	6.50	6.50	66/34	66/34
LRI-W/d 8 GAU & EPAU	0	0	3	2	0	0	3	1	0	0	4.00	6.00	50/50	66/34
LRI-Neo-Natal Unit	0	0	15	15	0	0	1	0	0	0	2.00	2.00	94/6	100/0

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
Childrens														
GH-Paed ITU - Children's Cardiac Intensive	0	0	9	9	0	0	1	1	1	0	0.78	0.78	90/10	90/10
GH-Wd 30 Childrens Cardiology (1-3)	3	3	0	3	1	1	0	1	1	0	5.67	5.67	66/34	80/20
LRI-Childrens Day Care Unit	0	0	4	0	5	0	0	0	1	0	0.00	0.00	44/56	N/A
LRI-Childrens Intensive Care Unit (1-1)	0	0	7	7	1	1	0	1	1	0	0.86	0.86	88/12	88/12
LRI-Wd 10 Childrens Surgery (1-4)	1	1	4	2	1	1	2	1	1	0	4.00	10.00	63/37	75/25
LRI-Wd 11 Childrens Med (1-3)	2	2	2	3	1	1	1	2	1	0	4.50	6.00	63/37	63/37
LRI-Wd 12 Childrens Med (HDU 1-2, Resp)	2	2	3	5	1	1	0	1	1	0	2.40	2.40	71/29	83/17
LRI-Wd 14 Childrens Med (1-3)	3	3	0	3	3	3	0	1	1	0	6.00	6.00	57/43	66/34
LRI-Wd 19 Childrens Surgery (1-4)	7	4	0	2	4	3	0	1	1	0	2.29	8.00	70/30	75/25
LRI-Wd 27 Childrens Onc & Haem (1:3)	5	5	0	3	2	2	0	1	1	0	2.40	4.00	71/29	80/20
EM														
LRI-A & E Paeds	0	0	12	16	0	0	2	2	1	1	N/A	N/A	86/14	88/12
LRI-AFU	2	2	2	3	0	0	4	3	1	1	4.00	5.33	50/50	50/50
LRI-AMU & Wd 7 Annex	4	4	12	16	4	5	14	14	0	0	4.38	4.38	50/50	53/47
LRI-ED	7	7	18	31	1	1	9	13	1	1	N/A	N/A	68/32	70/30
LRI-EDU	1	1	2	3	0	0	2	1	0	0	4.00	4.00	60/40	60/40
LRI-EFU	2	2	2	3	0	0	3	3	0	0	4.00	5.33	50/50	50/50
LRI-GPAU	0	0	2	4	0	0	1	0	0	0	N/A	N/A	66/34	80/20
LRI-SSU Emergency Admissions	2	2	3	3	4	2	3	3	0	0	5.60	9.33	45/55	50/50
ALLIANCE														
Alliance Endoscopy	14	14	0	0	6	6	0	0	0	0	N/A	N/A	70/30	N/A
Coalville OPD	3	2	0	0	2	2	0	0	0	0	N/A	N/A	60/40	N/A
Hinckley & District OPD	4	4	0	0	3	3	0	0	0	0	N/A	N/A	57/43	N/A
Hinckley Surgical Unit	0	0	ndant	0	0	0	4	0	1	0	N/A	N/A	71/29	N/A
Loughborough OPD			5	0	6	6	0	0	1	0	N/A	N/A	50/50	N/A
Loughborough Surgical Unit			3	0	2	2	0	0	0	0	N/A	N/A	83/17	N/A
Market Harbrough & Fielding Palmer OPD			2	0	3	3	0	0	0	0	N/A	N/A	50/50	N/A
Melton & Rutland OPD			3	0	7	7	0	0	1	0	N/A	N/A	36/64	N/A
Melton Surgical Unit			4	0	0	0	1	0	0	0	N/A	N/A	80/20	N/A