

**Clinical Commissioning Group  
Governing Body  
Paper Summary Sheet  
Date of Meeting: 24 January 2017**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>Quarterly Workforce Report SCW CSU – Q1 and 2 2016/17</b>
<b>Author:</b>	Report: Heather Muldoon, Human Resources Business Partner, SCW CSU Summary Sheet: Rob Hayday, Associate Director of Performance
<b>Lead Director/GP from CCG:</b>	David Noyes, Director of Planning, Performance and Corporate Services
<b>Executive summary:</b>	<p>This report is designed to update the CCG on workforce activities up to the end of Q2 and provide workforce data. The Q2 Report was originally provided by the CSU at the end of October 2016 in line with the agreed timetable. Its publication to the Governing Body has been delayed due to some developments requiring attention, redeployment of key personnel and the governing body meeting timetable.</p> <p>The report covers the period from 1 April 2016 to 30 September 2016.</p> <p>Key points raised from this report include:</p> <ul style="list-style-type: none"> <li>• A small movement in headcount from 124 at the start of Q1 to 123 at the end of Q2 with fluctuations in this period as shown in section 2.</li> <li>• 23 new additions were made to ESR (staff database) of which 12 were staff and the remainder were associated with the activity to contract GP members.</li> <li>• Staff turnover in the 6 month period is recorded as 14.65%% due to 18 leavers, which is reasonable for an organisation of the size of the CCG and represents the relatively stable nature of the workforce.</li> <li>• Statutory &amp; Mandatory training compliance levels have improved slightly during the period although they remain low. Data is shown in section 3. It should be noted that in December 2016 a new Learning Management System (LMS) was launched for use across the CCG. This LMS facilitates access to mandatory training and enhances provision of timely reporting form managers to monitor and address compliance. This report does not contain data taken from the new LMS or details of the development. These will follow in the next iteration of this report.</li> <li>• Recorded sickness rates across the organisation have fluctuated although overall remain low at 1.27% by the end of the period. All long term sickness cases are being managed proactively with HR. Details are included in section 4.</li> <li>• The overall position for staff reported as having objectives set for 16/17 is 35%. The appraisal process itself has been reviewed as part of the overall approach to Talent Management. The new approach and documentation was re-launched throughout the CCG in April. Details are contained in section 6.</li> <li>• Section 10 contains an update on the activities of the Staff Partnership Form which has become established</li> </ul>

<b>Evidence in support of arguments:</b>	HR Workforce Profile Report and Core Training Report
<b>Who has been involved/contributed:</b>	David Noyes and Rob Hayday in commenting on draft workforce data.
<b>Cross Reference to Strategic Objectives:</b>	Crosses all strategic objectives
<b>Engagement and Involvement:</b>	No direct patient or public involvement or staff side engagement and consultation required
<b>Communications Issues:</b>	n/a
<b>Financial Implications:</b>	Managing establishment and workforce within budget restrictions is a requirement; this report gives a high level overview of the current workforce position and areas for development.
<b>Review arrangements:</b>	n/a
<b>Risk Management:</b>	The implementation of Objective-setting and appraisals, absence management and statutory and mandatory training across the organisation ensures legal compliance and minimises risk to the organisation and its staff members.
<b>National Policy/ Legislation:</b>	n/a
<b>Equality &amp; Diversity:</b>	This report provides a breakdown of Equality and Diversity Data for the organisation in relation to race, disability and gender.
<b>Other External Assessment:</b>	n/a
<b>What specific action re the paper do you wish the Governing Body to take at the meeting?</b>	The Governing Body are asked to review and discuss the report.

## Wiltshire CCG, 6 month Workforce Report – April to September 2016

### 1. Introduction

This is the first version of this narrative style report produced on a six monthly basis (moved from quarterly).

This report has been prepared for Wiltshire CCG and represents the HR report for the period 1<sup>st</sup> April to 30<sup>th</sup> September 2016. Attached to this narrative report at Appendix 1 is the CCGs demographic data and Appendix 2 the Appraisal completion report. All the reports outline key statistical data and the narrative also provides some updates to the CCG on current workforce activities within the organisation. The next report covering October to March 2017 will be produced by 30<sup>th</sup> April 2017.

### 2. Staff Movements

Table 1 below provides a summary of staff movements during the period. Establishment levels have fluctuated marginally over the period and are showing a headcount at the end of the period of 123 staff in post.

Table 1	2016 / 04	2016 / 05	2016 / 06	2016 / 07	2016 / 08	2016 / 09
Headcount	124	120	124	121	125	123
FTE	106.77	102.76	101.91	99.51	103.17	101.02
Leavers Headcount	3	5	3	4	2	1
Leavers FTE	2.31	4.20	2.40	3.64	2.00	1.00
Starters Headcount	7	1	7	2	6	0
Starters FTE	4.00	0.09	2.30	2.00	5.50	
Maternity	2	2	2	2	3	3
Turnover Rate (Headcount)	2.42%	4.17%	2.42%	3.31%	1.60%	0.81%
Turnover Rate (FTE)	2.16%	4.09%	2.36%	3.66%	1.94%	0.99%
Leavers (12m)	28	30	32	31	31	29
Turnover Rate (12m)	23.53%	25.21%	26.82%	25.91%	25.73%	23.93%
Leavers FTE (12m)	23.82	25.42	27.42	26.06	26.59	24.59
Turnover Rate FTE (12m)	22.87%	24.48%	26.51%	25.28%	25.76%	23.81%

Table 2 shows the headcount at 30<sup>th</sup> September 2016 and represents a 6.5% increase from 115 staff to 123 compared to the same period last year.

Table 2	2015 / 09	2015 / 12	2016 / 03	2016 / 06	2016 / 09
Headcount	115	119	121	124	123
FTE	100.58	103.74	105.43	101.91	101.02

Recruitment to all new posts continues to be managed in a planned and controlled approach with both finance and director approval to ensure the workforce costs remain within the allocated running costs. Staff working on a temporary/agency basis who are not on the payroll are not reflected in these establishment figures.

## 2.1. New Staff

23 new members of staff commenced employment during the period to the following posts:

Sarum GP Exec Member with portfolio Locality Lead	4
WWKYD GP Executive Member	2
GP Governing Body Member	4
Lay Member - Registered Nurse	1
Commissioning Project Manager	1
Communications Manager	1
Project Support Manager	1
CHC Nurse Assessor	1
Quality Manager	2
Directorate Business Manager	1
FNC/CHC Administrator	1
Commissioning Manager	1
Board Administrator	1
Estates Advisor	1
Booking Co-Ordinator	1

## Turnover and Stability

### Labour Turnover Rate

Starters Headcount	23
Starters FTE	13.89
Avg Headcount	122.83
Leavers Headcount	18
LTR Headcount %	14.65
Avg FTE	102.52
Leavers FTE	15.55
LTR FTE %	14.77

Staff turnover in the 6 month period is recorded as 14.65% due to 18 leavers, which is reasonable for an organisation of this size and represents the relatively stable nature of the workforce.

The reasons for leaving were voluntary resignations for Promotion, Better work life balance, better reward package, end of fixed-term contract, retirement and not known. One Pharmacist also transferred under TUPE from the CCG to a GP Practice.

### Labour Turnover Rate – Rolling 12 Months

Starters Headcount	38
Starters FTE	27.20
Avg Headcount	121.17
Leavers Headcount	29
LTR Headcount %	23.93
Avg FTE	103.27
Leavers FTE	24.59
LTR FTE %	23.43

The rolling 12 month turnover rate at 30<sup>th</sup> September was 23.93%.

**Benchmarking** – the rolling 12 month CCG national average for turnover at 31<sup>st</sup> March 2016\* increased to 15.01% from 12.89% at 31<sup>st</sup> December 2015. For the same period, Wiltshire CCG reported a 12 month turnover rate of 23.93%. Whilst the CCG rolling turnover rate remains higher than the national average, it is not significantly out of line for an organisation of this size but will need to be monitored. *\*most recent data published by HSCIC*

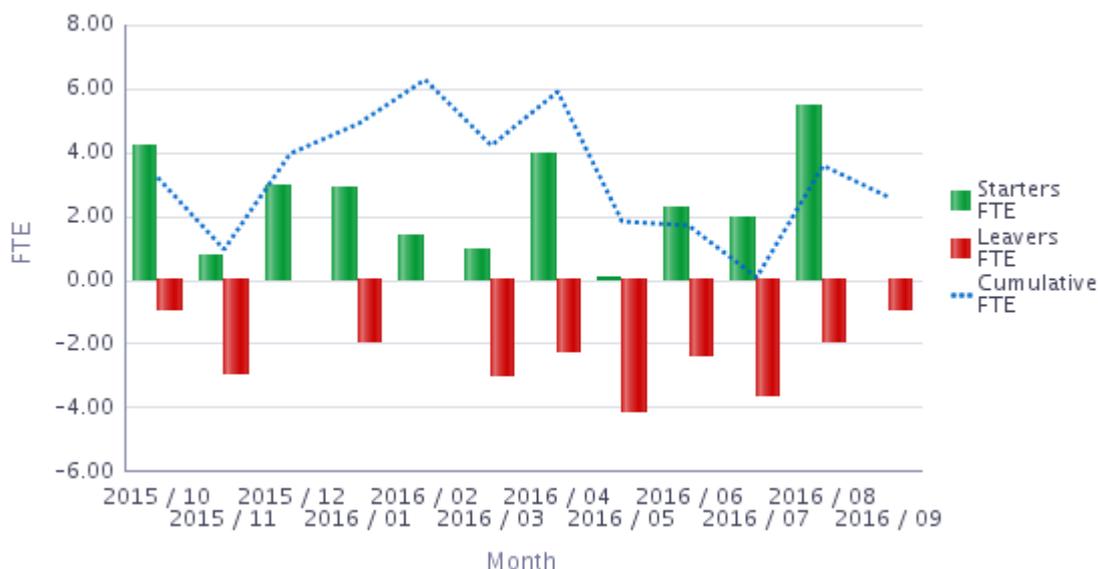
**Labour stability Rate** – rolling 12 months (1<sup>st</sup> Oct 15 – 30<sup>th</sup> Sept 16)

	Start	End	Remain	Index
Headcount	114	123	90	78.95%
Assignment Count	115	123	90	78.26%

114 Employees were in post at the start of the period, with 90 remaining at the end meaning 78.95% of employees were retained.

**Benchmarking** – the CCG national average for labour stability in the 12 months leading to 31<sup>st</sup> March 2016\* was 84.59%. *\*most recent data published by HSCIC*

Benchmarking against the national average will continue to be monitored alongside reasons for leaving to analyse whether there are any challenges or concerns arising linked to overall workforce stability.



This chart presents monthly starters and leavers for the last 12 months.

**Payroll to Budget**

The CCG has focused on implementing robust recruitment and authorisation processes to control staffing costs. Going forward consideration may be given to developing a reporting process that includes an analysis of actual pay against funded establishment to reconcile the overall position in relation to staffing costs, including temporary and agency costs, to assess on a month by month basis whether any corrective action is required in relation to workforce numbers/planning. HR and Finance would need to reconcile ESR and pay budgets to report this.

## Business Unit Structure

Table 3 below shows the CCG ESR structure by directorate and headcount. This is a direct report from ESR. It is recommended the directorate structures on ESR are regularly reviewed by managers to ensure they accurately reflect the organisation.

Table 3 Org L4	Headcount					
	2016 / 04	2016 / 05	2016 / 06	2016 / 07	2016 / 08	2016 / 09
983 Acute Commissioning - 788786	9	8	12	11	13	12
983 Business Development - 788761	1	1				
983 CEO/Board - 788771	8	8	8	8	8	7
983 Chair & Non-Execs - 788776	11	12	13	13	13	13
983 Communications - 788801	4	4	3	3	4	4
983 Community Services - 788781	6	6	5	6	7	7
983 Continuing Healthcare - 788901	24	24	23	20	20	20
983 Estates and Facilities - 788846				1	1	1
983 Exceptions & Prior Approvals - 788911	3	3	3	3	3	3
983 Finance - 788851	15	15	15	14	14	14
983 Information - 788766	3	3	3	3	3	3
983 Joint Commissioning - 788796	2	2	2	2	2	2
983 Primary and Urgent Care - 788791	13	11	13	14	13	13
983 Projects Management Office - 788946	2	2	2	2	2	2
983 Quality - 788926	13	12	13	11	11	11
983 Referral Support Service - 788906	8	8	8	9	8	8
983 Risk & Governance - 788936	2	1	1	1	3	3
<b>Grand Total</b>	<b>124</b>	<b>120</b>	<b>124</b>	<b>121</b>	<b>125</b>	<b>123</b>

### 3 Core Training

Provision for statutory and mandatory training is via the Skills for Health e-learning platform and IG Toolkit. The summary of compliance rates per module to **30<sup>th</sup> September 2016** is shown in the table below. The table also shows the compliance rates against the previous quarters to demonstrate progress.

#### % Compliance versus previous quarter

Module	Q1	Q2	% difference
Fire Safety*	40%	47%	↑ 7%
Health, Safety & Welfare	50%	56%	↑ 6%
E&D	41%	48%	↑ 7%
Moving & Handling**	21%	31%	↑ 10%
Safeguarding Adults	59%	65%	↑ 6%
Safeguarding Children	45%	63%	↑ 18%
Information Governance	44%	70%	↑ 26%

Compliance with completion of Statutory and mandatory training remains low across the organisation although during Quarter 2 it has improved. Core Training completion should be enhanced through the provision of timely data to managers through the use of the NHS South, Central and West Commissioning Support Unit, ConsultHR Service

Consult OD Learning Management System.

### Non-Core Training

Two workshops took place on 9<sup>th</sup> and 22<sup>nd</sup> September at Southgate House to introduce the Evidence and Evaluation Toolkits developed by the AHSN and CLARHC West. The workshops demonstrated how the toolkits can be effectively used by individuals to develop research skills and produce robust evaluation plans. Both workshops were well attended by Wiltshire CCG staff and feedback has suggested that they were positively received. In particular, the information provided on the use of the RUH Academy Library to obtain evidence has been highlighted.

## 4 Attendance Management

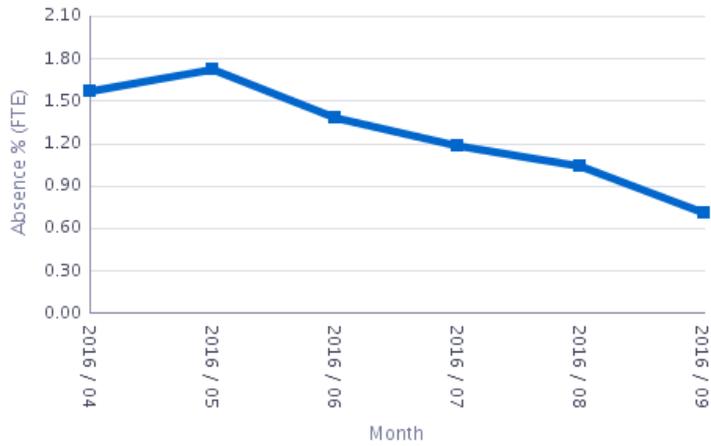
### 4.1 Absence Rates

The absence rate for the period was 1.27%.

Absence % (FTE)	Absence Days	Abs (FTE)	Avail (FTE)
1.27%	241	239.97	18,847.33

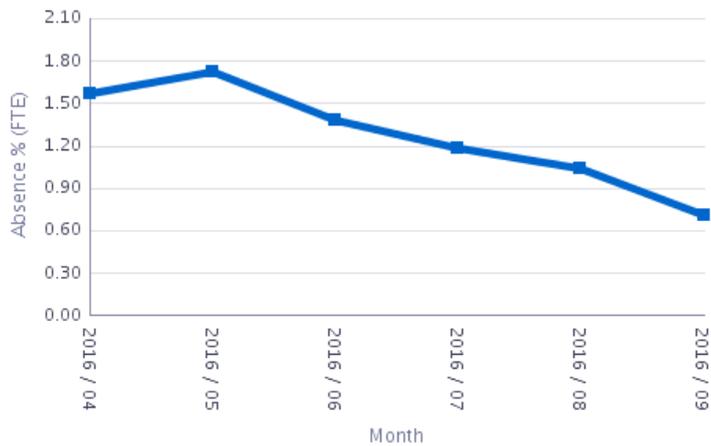
Recorded sickness rates across the organisation have fluctuated although overall remains low. All long term sickness cases are being managed proactively with HR.

Month	Absence % (FTE)	Abs (FTE)	Avail (FTE)
2016 / 04	1.56%	50.00	3,196.13
2016 / 05	1.73%	55.67	3,223.84
2016 / 06	1.38%	42.59	3,075.59
2016 / 07	1.18%	37.00	3,137.69
2016 / 08	1.04%	33.00	3,158.15
2016 / 09	0.71%	21.72	3,055.93



#### 4.2 Monthly Absence Rates

The monthly absence rates for the last 6 months are shown in the graph below.



The full year's data (below) has also been provided to benchmark against the data published by the Health and Social Care Information Centre (HSCIC) showing the CCG national average; this demonstrates that Wiltshire's sickness absence rates were lower than the CCG national average in all of the 9 months. If the national average remains relatively stable it is anticipated that the CCGs absence rates will continue to remain below the national average.

Month	Absence % (FTE)	CCG National Average (HSCIC data)
2015 / 10	1.99%	2.62%
2015 / 11	1.30%	2.65%
2015 / 12	1.69%	2.89%
2016 / 01	2.18%	2.98%
2016 / 02	1.97%	2.99%
2016 / 03	1.90%	2.92%
2016 / 04	1.56%	2.74%
2016 / 05	1.73%	2.57%
2016 / 06	1.38%	2.60%
2016 / 07	1.18%	Due 31st Oct 16
2016 / 08	1.04%	Due 30th Nov 16
2016 / 09	0.71%	Due 31st Dev 16

## Short Term versus Long Term Absence

The table below shows the breakdown between short term and long term absence during the period. The % of absence attributed to short term absence was considerably less than long term absence over the period, consideration should be given to whether all short term absence is reported and captured correctly.

Month	Available FTE	LT FTE Lost	ST FTE Lost	Long Term Absence FTE %	Short Term Absence FTE %	LT Days Lost	ST Days Lost	LT Occurrences	ST Occurrences
2016/04	3,196.13	50.00	0.00	1.56%	0.00%	50		2	0
2016/05	3,223.84	46.00	9.67	1.43%	0.30%	46	10	2	8
2016/06	3,075.59	30.00	12.59	0.98%	0.41%	30	13	1	10
2016/07	3,137.69	31.00	6.00	0.99%	0.19%	31	6	1	4
2016/08	3,158.15	12.00	21.00	0.38%	0.66%	12	21	1	8
2016/09	3,055.93	18.00	3.72	0.59%	0.12%	18	4	1	2

### 4.3 Top 10 Absence Reasons by Absence Days

The table below presents the top 10 reasons for absence during the period and can be used to inform areas to target with Health and Wellbeing initiatives. The reasons for absence will continue to be monitored during 16/17 to identify any trends or areas where further intervention may be required.

Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	4	4	175	72.6
S99 Unknown causes / Not specified	2	2	19	7.9
S25 Gastrointestinal problems	5	5	11	4.6
S13 Cold, Cough, Flu - Influenza	6	7	10	4.1
S16 Headache / migraine	6	6	8	3.3
S11 Back Problems	1	1	4	1.7
S12 Other musculoskeletal problems	3	3	4	1.7
S21 Ear, nose, throat (ENT)	2	2	4	1.7
S20 Burns, poisoning, frostbite, hypothermia	1	1	2	0.8
S30 Pregnancy related disorders	1	1	2	0.8
S19 Heart, cardiac & circulatory problems	1	1	1	0.4
S98 Other known causes - not elsewhere classified	1	1	1	0.4

### 4.4 Estimated Cost of Absence

	Estimated Cost
Apr - Sep 16	£33,457
12 months to Sep 16	£76,035

The estimated cost of absence in the six months was £33,457, and for the 12 months to September 16 was £76,035.

## 5 Disciplinary, Capability and Grievance issues

The CSU has not been providing HR support to any formal cases over this period.

## 6 Appraisals

An appraisal and objective-setting process has been established and communicated within the CCG and work to ensure that all staff have annual objectives in place for this financial year has been a subject of focus over recent months.

To support this process, a methodology for managers to report on completion of appraisals was developed with the HR Manager so that this information can be recorded and reported on by ConsultHR each quarter as part of this Workforce Report.

This reporting mechanism enables the CCG to monitor the completion of performance reviews, together with objective-setting and the development of individual Personal Development Plans for all employees. The detailed analysis of appraisal activity over the last year is attached at Appendix 4, and a summary can be seen below.

### Performance Reviews/ Objectives Completed

	Number of staff *	Percentage of total number of Wiltshire CCG staff
Performance reviewed in last 6 months	41	31%
Performance reviewed in last 12 months	48	36%
Objective setting for 2016/17 completed	41	35%

*\*This number reflects those staff who reported having had an appraisal or performance review in this period. Activity levels may be higher if there has been a degree of under-reporting.*

## **7 National Policy**

### **Agenda for Change Pay Award**

On the 8<sup>th</sup> March 2016 the government published its response to the NHS Pay Review Bodies' recommendations. The government accepted all the recommendations of the pay review body covering Agenda for Change colleagues. As a result a 1 per cent consolidated increase to all pay points, including to high cost area supplement (HCAS) minimum and maximum payments was awarded from 1<sup>st</sup> April 2016.

### **New £95k cap for exit payments**

In May 2016 the Enterprise Bill received Royal Assent, becoming the Enterprise Act 2016. Amongst other measures, the Act sets a cap of £95,000 on the maximum amount which public sector employees can receive in exit payments.

The new measures place a £95,000 limit on the value of the exit payments. Exit payments may include a cash lump sum or employer funded contributions to obtain early access to a pension. The cap also applies to both voluntary and compulsory redundancy.

The cap applies to all public sector authorities, namely those mentioned in The Office for National Statistics List which includes the NHS. The cap is expected to be implemented sometime in the winter/spring once Regulations have been drafted but we will await further guidance from NHS Employers.

## **8 CCG Demographics**

The CCG Demographics report at Appendix 2 shows in more detail the breakdown of the staffing within the CCG. This is useful information to demonstrate that the make-up of the workforce is being reviewed and can provide information on an annual basis to meet equality requirements.

Staff retain the right not to disclose certain details and ESR will continue to be updated as and when new disclosures from staff are made.

## **9 Policy Development**

As part of the HR service specification, South, Central and West Commissioning Support Unit (SCWCSU) are responsible for the provision of all CCG HR policies and a HR Policy Register is in place to monitor and track live policies with scheduled review dates.

A new National Whistleblowing Policy was published in April 2016 for WCCG to consider.

Work continues on reducing the number of legacy HR policies following an audit earlier this year. A number of legacy policies have been approved for deletion and a further two 'batches' are to be

considered by the Staff Partnership Forum and Audit and Assurance Committee in October and December 2016. Core HR policies were reviewed on the 3-year anniversary of the CCG being formed, in accordance with agreed schedules.

## **10 Staff Partnership Forum**

The Staff Partnership Forum has become established and provides an opportunity for effective joint discussion on issues of mutual interest and fosters maximum involvement of all staff in effective communications, engagement and consultation on working practices and employment.

Agenda items have included reviewing a number of legacy HR policies as part of the policy review cycle. Having been reviewed by SPF the following policies have been agreed by the CCG's Audit and Assurance Committee: Organisational Change Policy and Secondment Policy.

## **11 CCG Governing Body**

Following the resignation and departure of the Accountable Officer and the Chief Finance Officer, arrangements to recruit a replacement Accountable Officer have been commenced and in the meantime to alternative interim arrangements to support the organisation have been progressed. As an interim measure Tracey Cox, BaNES Accountable officer has agreed to support the CCG as AO on a part-time basis, as additional support the organisation has seconded Mark Harris into the interim post of Chief Operating Officer and the recruitment to the Chief Finance officer has been completed with the appointment of Steve Perkins, (previously Deputy CFO).

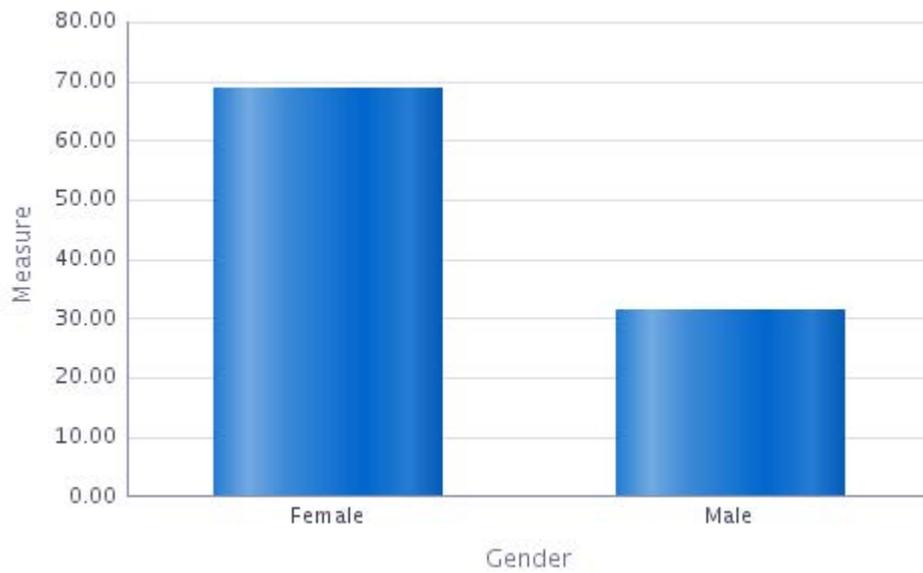
## **Appendices**

Appendix 1 – CCG Demographics Performance Dashboard

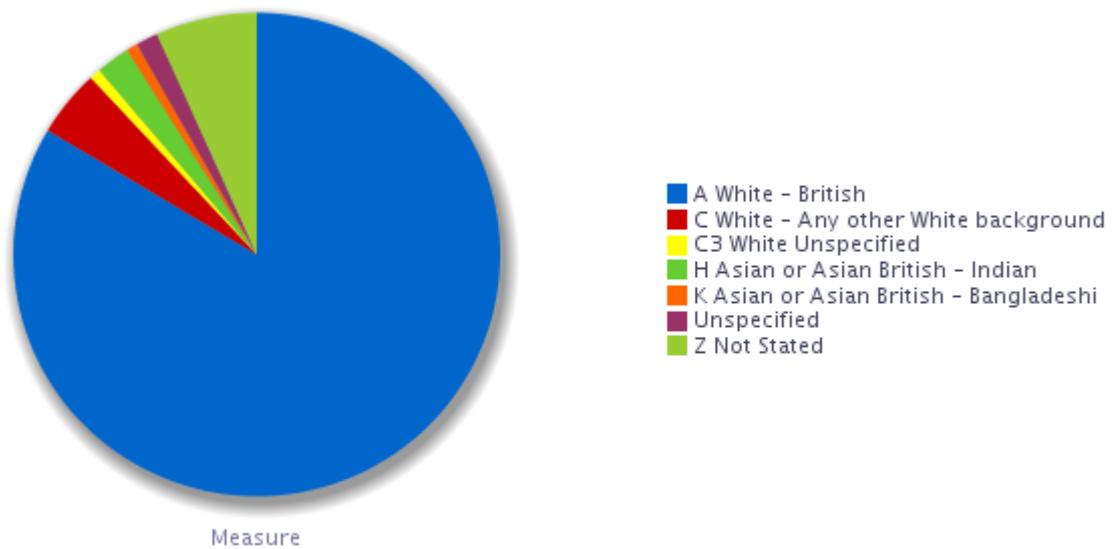
Appendix 2 - Appraisal Completion Report

## Gender

Gender	Headcount	%	FTE
Female	92	68.7	77.33
Male	42	31.3	23.69
<b>Grand Total</b>	<b>134</b>	<b>100.0</b>	<b>101.02</b>

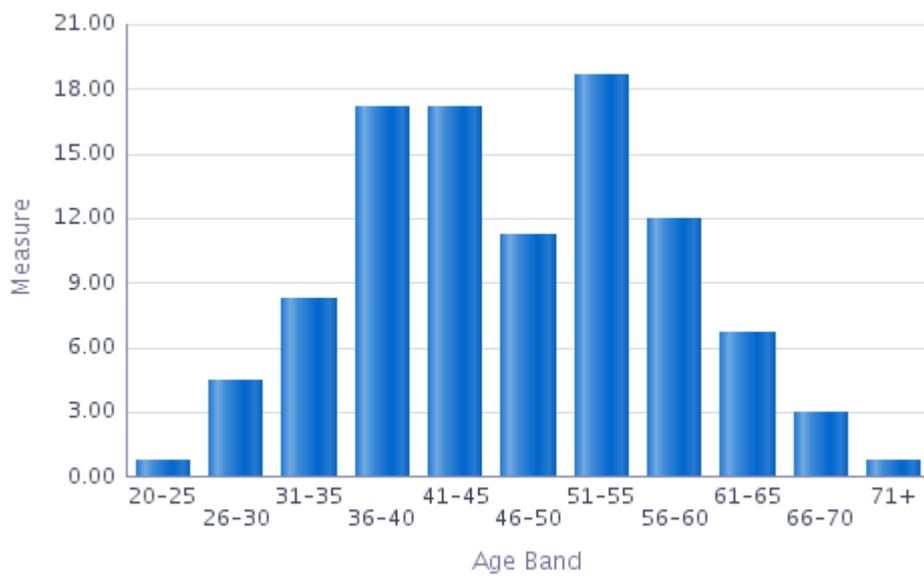


## Ethnicity



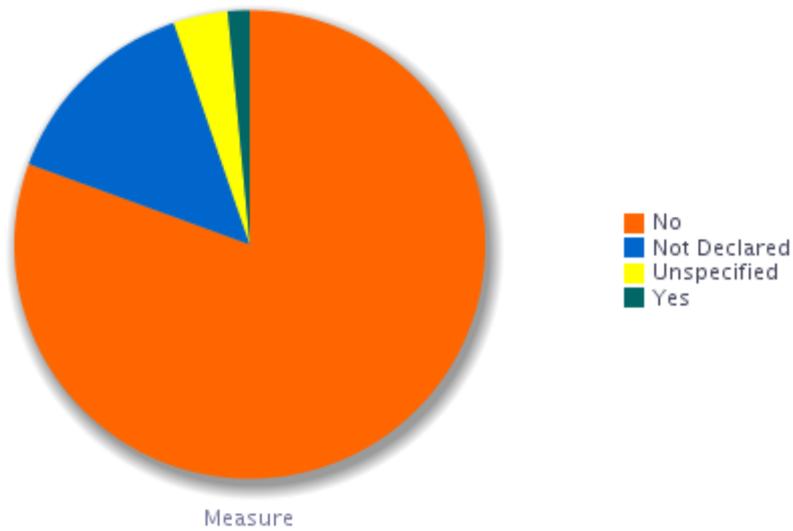
Ethnic Group	Headcount	%	FTE
A White - British	112	83.6	91.42
C White - Any other White background	6	4.5	3.18
C3 White Unspecified	1	0.7	0.96
H Asian or Asian British - Indian	3	2.2	1.30
K Asian or Asian British - Bangladeshi	1	0.7	0.30
Unspecified	2	1.5	0.30
Z Not Stated	9	6.7	3.55
<b>Grand Total</b>	<b>134</b>	<b>100.0</b>	<b>101.02</b>

## Age Profile



Age Band	Headcount	%	FTE
20-25	1	0.75	1.00
26-30	6	4.48	5.60
31-35	11	8.21	8.51
36-40	23	17.16	17.27
41-45	23	17.16	17.57
46-50	15	11.19	12.58
51-55	25	18.66	20.08
56-60	16	11.94	9.21
61-65	9	6.72	7.79
66-70	4	2.99	1.40
71+	1	0.75	0.00
	<b>134</b>	<b>100.00</b>	<b>101.02</b>

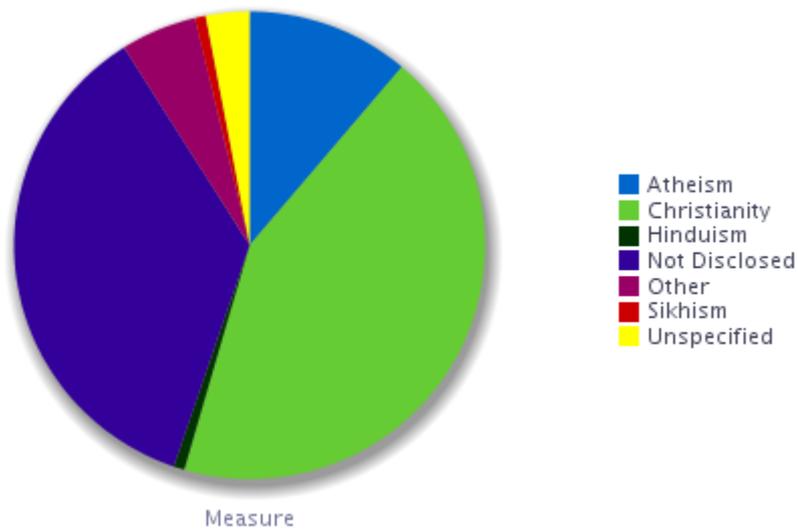
## Disability



Disability Flag	Headcount	%	FTE
No	108	80.6	86.65
Not Declared	19	14.2	11.26
Unspecified	5	3.7	1.50
Yes	2	1.5	1.60
<b>Grand Total</b>	<b>134</b>	<b>100.0</b>	<b>101.02</b>

## Religion and Belief

Religious Belief	Headcount	%	FTE
Atheism	15.0	11.19	11.81
Christianity	58.0	43.28	48.75
Hinduism	1.0	0.75	0.30
Not Disclosed	48.0	35.82	31.73
Other	7.0	5.22	5.93
Sikhism	1.0	0.75	1.00
Unspecified	4.0	2.99	1.50
<b>Grand Total</b>	<b>134.0</b>	<b>100.00</b>	<b>101.02</b>



### Sexual Orientation

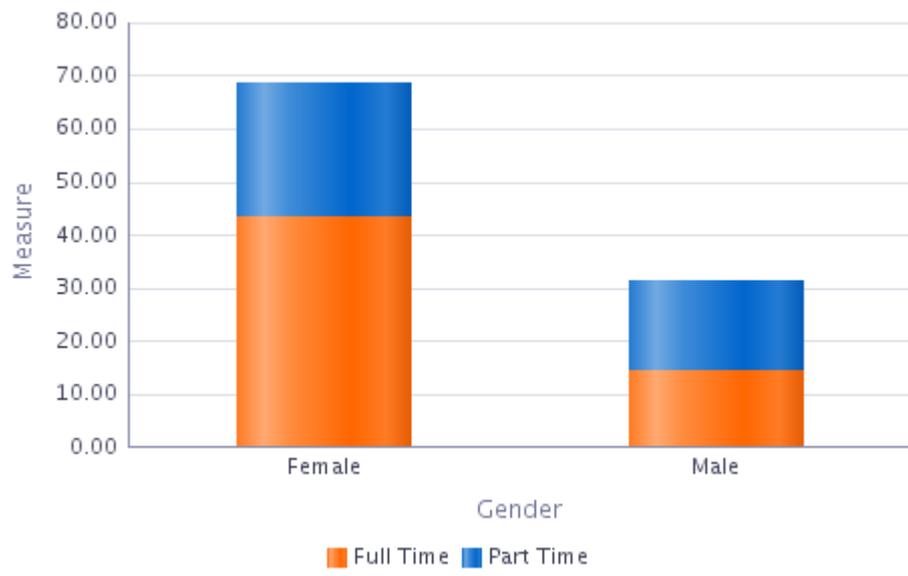
Sexual Orientation	Headcount	%	FTE
Heterosexual	98.0	73.13	77.21
Not Disclosed	32.0	23.88	22.30
Unspecified	4.0	2.99	1.50
<b>Grand Total</b>	<b>134.0</b>	<b>100.00</b>	<b>101.02</b>

### Length of service at Wiltshire CCG

Length of Service Band	Headcount	%	FTE
<1 Year	42	31.34	23.00
1<5 Years	92	68.66	78.02
	<b>134</b>	<b>100.00</b>	<b>101.02</b>

### Full Time / Part Time

	Female	Male
Part Time	25.37	17.16
Full Time	43.28	14.18



## Wiltshire Clinical Commissioning Group - Appraisal Report

Directorate	Organisation	Total Staff	Total Staff by Directorate
Executive	CEO/Board	7	21
	Chair & Non-Execs	14	
Acute Commissioning	Acute Commissioning	12	23
	Exceptions & Prior Approvals	3	
	Referral Support Service	8	
Community Services & Joint Commissioning	Community Services	14	16
	Joint Commissioning	2	
Primary & Urgent Care	Primary & Urgent Care	14	14
Corporate Services	Communications	4	9
	Project Management Office	2	
	Risk & Governance	3	
Quality	Continuing Healthcare	21	32
	Quality	11	
Finance	Finance	14	19
	Business Development	1	
	Estates and Facilities	1	
	Information	3	
<b>Total Staff</b>		<b>134</b>	<b>134</b>

Note - headcount does not include bank staff or interim staff

Review undertaken in last 6 months (as at 30.09.16)			Review undertaken in last 12 months (as at 30.09.16)		
Percentage of staff received a review in last 6 months	by team	by Directorate	Percentage of staff received a review in last 12 months	by team	by Directorate
0%	0	0	0%	0	0
	0			0	
70%	6	16	70%	6	16
	3			3	
	7			7	
13%	2	2	19%	3	3
	0			0	
36%	5	5	50%	7	7
89%	3	8	89%	3	8
	2			2	
	3			3	
0%	0	0	9%	3	3
	0			0	
53%	8	10	58%	9	11
	0			0	
	0			0	
	2			2	
<b>31%</b>	<b>41</b>		<b>36%</b>	<b>48</b>	

<b>Objectives 2016/17 completed</b>	
<b>Number of team</b>	<b>% of team</b>
0	0%
0	0%
6	50%
3	100%
7	88%
2	14%
0	0%
5	36%
3	75%
2	100%
3	100%
0	0%
0	0%
14	100%
0	0%
0	0%
2	67%
<b>47</b>	<b>35%</b>