

## Board of Directors

Date:	26 June 2019	Attachment Number:	10
Title of Report:	<b>Monthly Nursing and Midwifery Staffing Report</b>		
Purpose of the report and the key issues for consideration/decision:	<p>This report provides information on the Operational Group level trend data for the nurse specific performance indicators of falls, pressure ulcers and medication related incidents, and forms the monthly nursing and midwifery staffing report for May 2019 in response to the publication of <i>Hard Truths: Putting Patients First</i> (Department of Health, 2014), providing information on the planned versus actual nursing and midwifery staffing fill rates along with the care hours per patient day (CHPPD) by ward.</p> <p><b>The key issues for consideration are:</b></p> <p><b>Fill Rates:</b> A similar picture to previous months with 9 areas out of the 17 areas are reporting fill rates below the 90% threshold for Registered Nurses on day shifts. These are the result of vacancies and the number of escalation beds open during this period, particularly in the medical wards. To mitigate this there has been an increased use of healthcare support workers, therefore the fill rates for unregistered staff exceeds 100% in most clinical areas. The registered nursing associates are counted in the unregistered numbers in line with the reporting requirements for NHSI, this is interim until the collection tool has been refined to reflect the new role.</p> <p><b>Midwifery ratios:</b> 1:30 which is higher than our previous rates, this will return to 1:28 over the next month as vacancies are recruited to and the 4% sickness rate reduces. There have been 2 unit diversion during May as a result of heightened unit activity.</p> <p><b>RN Vacancies:</b> The registered nurse vacancy figure is now at 52wte. This is of significant concern; the approved business case for international recruitment is being progressed. Recruitment activity continues to take place with successful Open Evenings held in March and May which resulted in 20 job offers made. This vacancy figure does not include these nurses that are in pipeline, they will take up post once their training has completed in September.</p> <p><b>Safety:</b> The number of patients who requiring enhanced supervision has been high for the month and this continues, however the ward teams are maintaining safe care and the nursing metrics (falls and pressure ulcers) remain stable.</p> <p><b>People:</b> Concern remains about the resilience of the staff and the sustainability of this position in the longer term, particularly in the Integrated Care Group. There continues to be occasions when staff are moved from their base wards to other areas who require increased support.</p> <p>The recruitment pipeline, a review of the core bed base and the implementation of electric beds are helping support and improve morale.</p>		

	<b>Escalation beds:</b> There has continued to be the need for additional beds during May. The additional beds are in wards 14, 19 and 1. This has been necessary to respond to the activity and equates to 25 additional beds. A review of core versus escalation beds is being led by the Chief Operating Officer.																			
<b>Prepared by:</b>	Karen Walker, Deputy Director of Nursing																			
<b>Presented by:</b>	Jill Asbury, Director of Nursing																			
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>x</td> <td><b>Empower &amp; Engage Staff</b></td> <td>x</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>x</td> <td></td> <td></td> </tr> </table>				<b>Financial Sustainability</b>	x	<b>Empower &amp; Engage Staff</b>	x	<b>Quality of Care</b>	x										
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<b>Quality of Care</b>	x																			
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td></td> <td><b>Yes</b></td> <td>x</td> <td><b>If Yes, Score</b></td> <td>20</td> </tr> </table>				<b>No</b>		<b>Yes</b>	x	<b>If Yes, Score</b>	20										
<b>No</b>		<b>Yes</b>	x	<b>If Yes, Score</b>	20															
<b>Which CQC Standards apply to this report:</b>	Person Centred Care																			
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td></td> <td><b>Equality &amp; Diversity</b></td> <td></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td></td> <td><b>Patient Experience</b></td> <td>x</td> </tr> <tr> <td><b>Human Resources</b></td> <td>x</td> <td><b>Terms of Authorisation</b></td> <td></td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>x</td> <td><b>Other:</b></td> <td></td> </tr> </table>				<b>Finance Revenue &amp; Capital</b>		<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>		<b>Patient Experience</b>	x	<b>Human Resources</b>	x	<b>Terms of Authorisation</b>		<b>Governance &amp; Risk Management (BAF)</b>	x	<b>Other:</b>	
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<b>Governance &amp; Risk Management (BAF)</b>	x	<b>Other:</b>																		
<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td></td> <td><b>Receive for information</b></td> <td>x</td> <td><b>Decision</b></td> <td></td> </tr> </table>				<b>Approve</b>		<b>Discuss</b>		<b>Receive for information</b>	x	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td></td> <td><b>Date:</b></td> <td></td> </tr> </table>					<b>Date:</b>														
	<b>Date:</b>																			
<b>Recommendations:</b>	The Board is asked to receive and note the contents of this paper.																			

# Nursing and Midwifery Staffing Report

## May 2019

### 1. Context

This monthly report aims to triangulate the data between patient outcomes, with a specific focus on the nurse specific indicators (NSI's) of pressure ulcers, falls and medication related incidences resulting in harm alongside nurse staffing, with a view to determining trends and whether there is a correlation between the two.

To this end the paper includes information at Group level, for the Integrated Care and Surgical Groups, on the nurse specific indicators described above. (Hard Truths staffing data reporting is only required for the in-patient wards and not for departments or facilities that are not providing 24 hour services).

It should be noted that actual and planned staffing, CHPPD and fill rates do not denote acuity and dependency or bed occupancy. The ward teams consistently risk assess and flex staffing resources to ensure safety is maintained and this is explored more fully in section 5.

It is important to note that the registered nursing associates, of which there are 5 working in the adult wards, are not counted in the registered nursing numbers for the purpose of data submission. NHSI have advised that they be counted in the non-registered numbers at this moment in time until the data collection tool has been amended to reflect this new role.

### 2.0 Integrated Care Group

The report describes how ward staffing in the Integrated Care Group (ICG) during May continued to be challenging. The causative factors remain vacancies and the number of escalation beds in use. The number of escalation beds in use did ease for short periods of time during May however this was not sustained. A review of core versus escalation beds is being led by the Chief Operating Officer, following this a review of nurse staffing across the affected wards will be undertaken to ensure appropriate staffing levels are planned.

The overall monthly Safer Staffing numbers for registered nurses indicate that during May 6 wards in ICG reported fill rates of below 90% for day shifts. In most areas the fill rates for unregistered staff were above 100% as additional healthcare support workers have been used to support the deficit in RN numbers at times when bank / agency RN staff were unavailable. There were no night shifts during May with 1 RN on duty in ICG.

Additional HCSWs have, and continue to be booked, to meet the enhanced supervision requirements of patients needing this level of support. There has been an increase in numbers of patients presenting with these needs in recent weeks and this is triggering a need for the additional staff. The Corporate Nursing team are reviewing how these patients are assessed and supported.

The number of patient falls reported in the ICG is comparable to previous months and is within normal variation. There was 1 patient who sustained a fracture following a fall and the post falls review indicates that all appropriate risk assessments had been completed. The number of category 2 pressure ulcers reported is comparable to previous months and is within normal variation. 2 patients have developed significant pressure damage and the tissue viability team have assessed the care and provided additional support and advice to the team.

## 2.1 Patient Outcomes and Patient Experience for Integrated Care Group (metrics excludes community services)

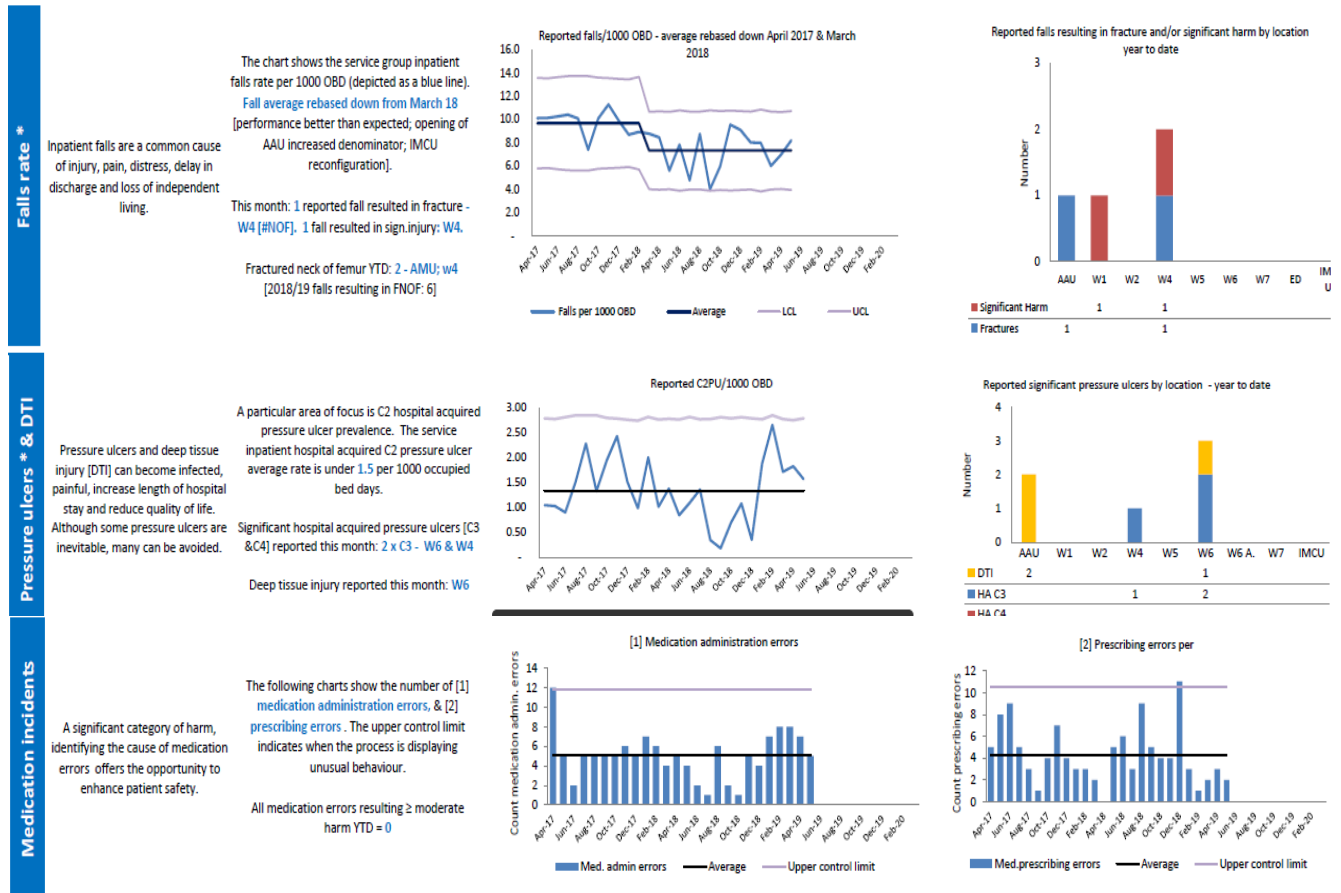


Figure 1

Please note that the patient outcomes are within those expected for normal variation, all have Ward Development Plans and these include plans to make improvements where required.

## 3.0 Surgical Group

The wards in the Surgical Group continue to report challenges for staffing, with 3 areas reporting fill rates below the 90% threshold for day shifts. This is mainly due to the number of vacancies and maternity leave in ward areas. Escalation beds have been opened in ward 14 and this is expected to continue for the foreseeable future. In May there was 1 night shift where a ward was staffed with just 1 RN, this nurse was supported by a registered nursing associate and additional healthcare support workers. This was as a result of last minute sickness and an inability to fill the shift via normal temporary staffing routes. Staff did not report any detriment to patient care.

The number of falls reported in by the wards in the surgical group is comparable to previous months and within normal variation. There was one fall which resulted in a fracture. This was a previously independent patient and the post falls review has demonstrated that all falls risk assessments had been completed. Similar to ICG, the teams have reported an increased number of patients requiring enhanced supervision and this has been delivered by increasing the numbers of staff via the bank.

The low number of category 2 pressure ulcers reported during April has been maintained into May, however 1 patient did develop a significant pressure ulcer which is being investigated.

### 3.1 Patient Outcomes and Patient Experience for the Surgical Group



**Figure 2**  
Please note that the patient outcomes are within those expected for normal variation, however, it should not be assumed that this implies complacency within the ward teams, all have Ward Development Plans and these include plans to make improvements where required.

### 4.0 Women and Children’s Services

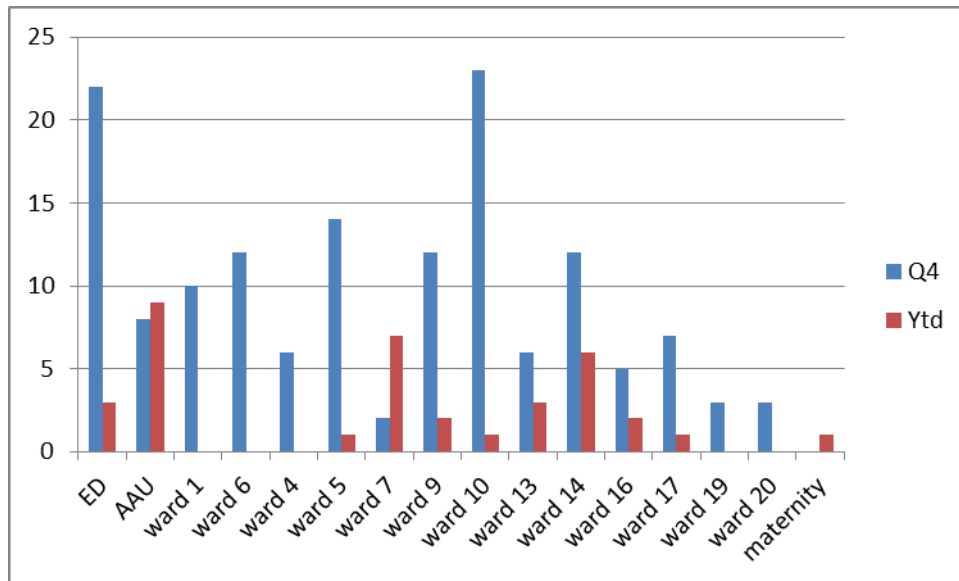
Children’s Unit fill rates have continued to improve over the last couple of months; during May there were 12 day shifts where the fill rate fell below 90%, however the patient activity did not exceed 15 patients during these periods of time. The fill rates on the ward continue to be achieved by the use of skilled temporary staff to meet the needs of specific patients with complex needs.

In maternity midwifery staffing was good with fill rates and planned / actual plans achieving almost 100% in all areas on day and night shifts. The midwife to birth ratio is 1:30 which is an appropriate ratio for the nature of the service, i.e. not a tertiary service. The team have reported achieving 91.6% of one-one care in labour during May compared to 97.7% of one-to-one care in labour during April. This has been as a result of midwifery vacancies and short term sickness. There have been two diversions from the maternity unit during May, which was due to high unit activity at the time. RCA’s are undertaken following each diversion to ensure any learning informs futures occasions where a similar decision may need to be made.

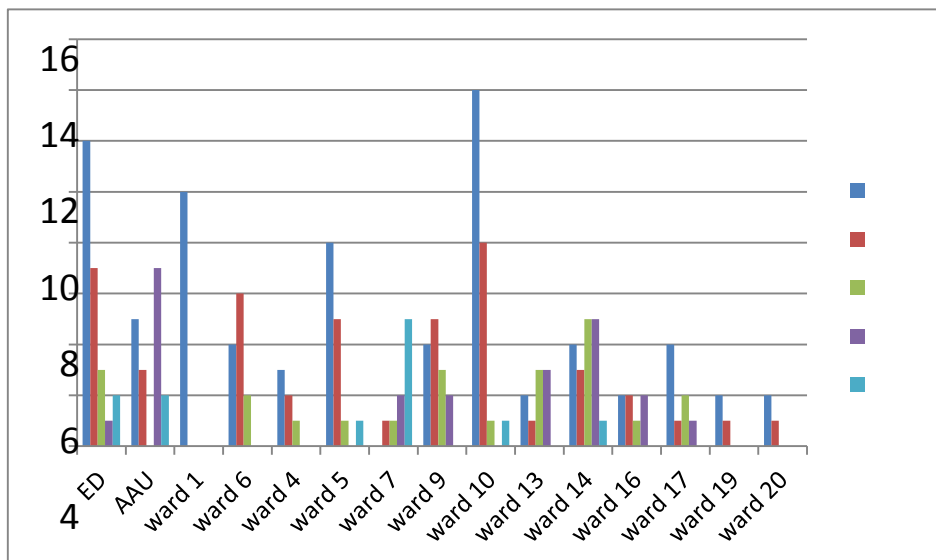
The service has 3.0 wte vacancies and a sickness rate of 4%, this has contributed to the reduction in performance, the service expects this to improve over the next month as vacancies are filled and sickness resolves.

## 5.0 Pressures Experienced by the Nursing Teams

The nursing staff are encouraged to use the incident reporting process for reporting any concerns they have in relation to nurse staffing levels and how this may impact on nursing care. Graph 1 demonstrates the number of AEFs submitted per ward during the months of 2019 where nurse staffing levels were a cause for concern to the ward staff. There has been a further reduction in May. On reviewing the content of the AEFs, the description provided by the staff is that the staff shortage is as a result of staff movement, where staff are moved to other areas in response to patient need or surge beds. There are no AEFs reporting harm to patients that correlate with these staffing AEFs.



**Graph 1 The number of AEFs submitted during Quarter 4 and YTD 2019 for staffing issues**



**Graph 2 – The breakdown per ward**

The matrons and senior nurses monitor the AEFs for any correlation between patient harm and the staffing issues being escalated. Another metric used is the Safety Thermometer Data. This is a point prevalence study which is carried out each month and is presented to Trust Board in the Patient Safety Scorecard. Table 1 is the data relating to new harms only.

Measure	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19
Sample size	415	410	464	429	433	422	432	409	456	469	479	455
Pressure ulcers new	8	6	1	5	2	5	3	6	6	8	5	1
Falls with harm	0	1	2	1	1	3	1	2	2	5	9	2
Catheters and new UTIs	2	2	3	3	4	4	2	1	4	4	3	2
New VTE's	1	0	1	0	0	1	3	2	2	0	1	1
Total new harms	10	9	7	8	6	13	9	11	14	17	18	6
% of Patients developed new harm in our care	2.4%	2.2%	1.5%	1.9%	1.4%	3.1%	2.1%	2.7%	3%	3.6%	3.8%	1.3%

**Table 1 – Safety Thermometer Data Extract**

### 5.1 Actions Taken to Support the Nursing Teams

- Daily staffing meetings are held each morning with the Matron of the Day, followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours
- Additional health care assistants are being utilised to support the registered nurse gaps
- Nursing Associates are now able to pick up bank shifts which may help support registered nurse gaps
- Matrons continue to undertake late shifts until 22.00hrs during the week
- Shifts have been released to agencies until mid July.
- There have been occasions when a ward has been staffed overnight with just 1 registered nurse; this is below our planned levels. AEFs are submitted when this does occur. (This has been referred to in the previous sections of the report). Table 2 provides the information of occurrence.

Number of nights with 1 RN reported by the wards	Dec 2018	Jan 2019	Feb 2019	Mar 2019	April 2019	May 2019
Integrated Care Group	1	1	0	1	0	0
Surgical Group	10	2	1	1	3	1

**Table 2 – Night Shifts with 1 RN**

### 6.0 Care Hours per Patient Day (CHPPD)

CHPPD continues to be collected and presented on the Unify database.

We continue to benchmark our position against the information available in the Model Hospital data.

### 7.0 Workforce developments

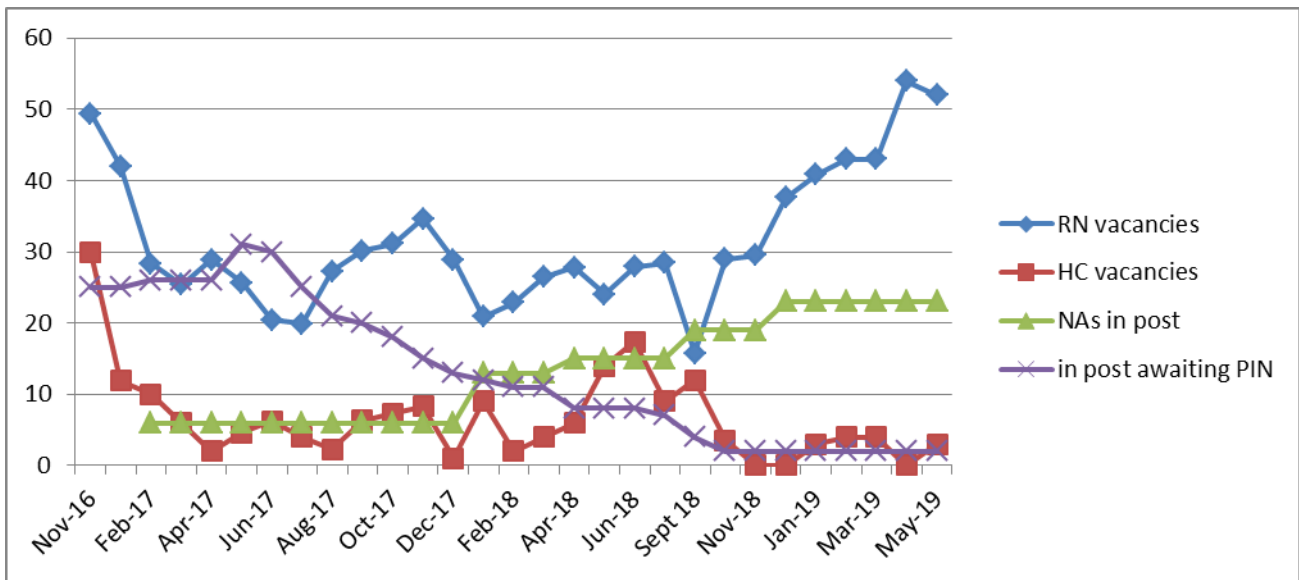
There continues to be progress with developments in the nursing workforce which are outlined in this section. The introduction of 'stay interviews' with our new starters has been launched by the recently appointed Pastoral nurse and early indications are that this is being well received by our new starters. The exit questionnaires have been revised and will be referred to as 'leaving conversations' going forward. The team are exploring the implementation of weekly drop in sessions to discuss any career options, transfer to other ward considerations etc.

## 7.1 Recruitment

A local recruitment event was held in early March which was a success with 15 job offers made, followed up with an event held in May with a further 6 job offers made. Recruiting newly registered nursing associates is also in the recruitment plan.

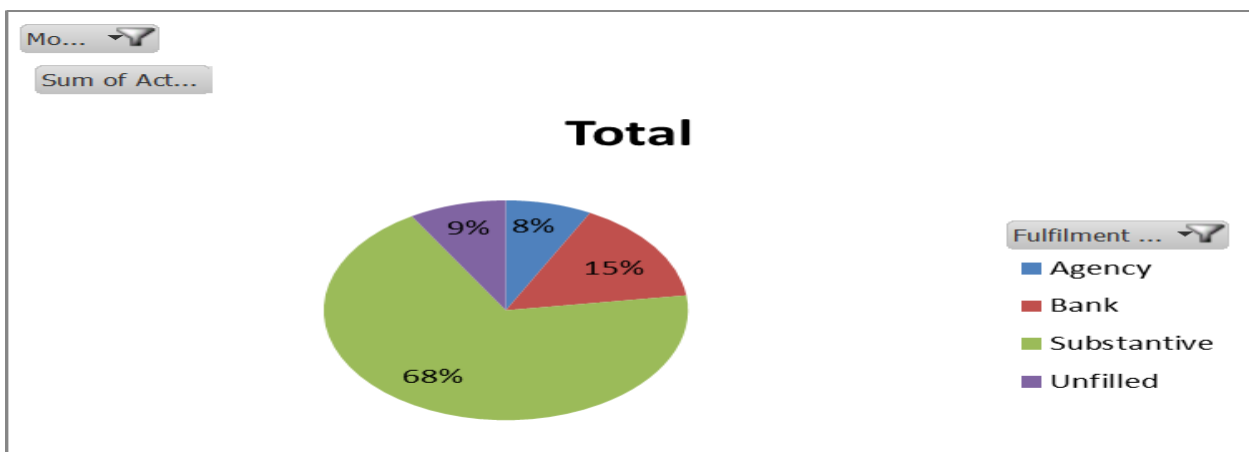
### Vacancy Tracker:

The graph below shows the wte vacancies assuming the 2 international nurses will pass their international English language test (IELTS) and take up their positions as registered nurses. The number of registered nurse vacancies outlined in this table does not reflect the number of nurses in pipeline yet to start. Recent recruitment events resulted in a total of 20 job offers made, with approximately 18 to take up post from September 2019 on completion of training. There has been an increase in nurse vacancies, this is reflected in Graph 3. A number of nurses have left the Trust to take up career opportunities external, and there has also been some movement to senior nursing posts in the Trust, such as sister posts and to the Telehealth team. There are a small number of healthcare support workers, these posts are in the specialist areas, such as maternity, outpatients and children's services. Recruitment plans are in place.



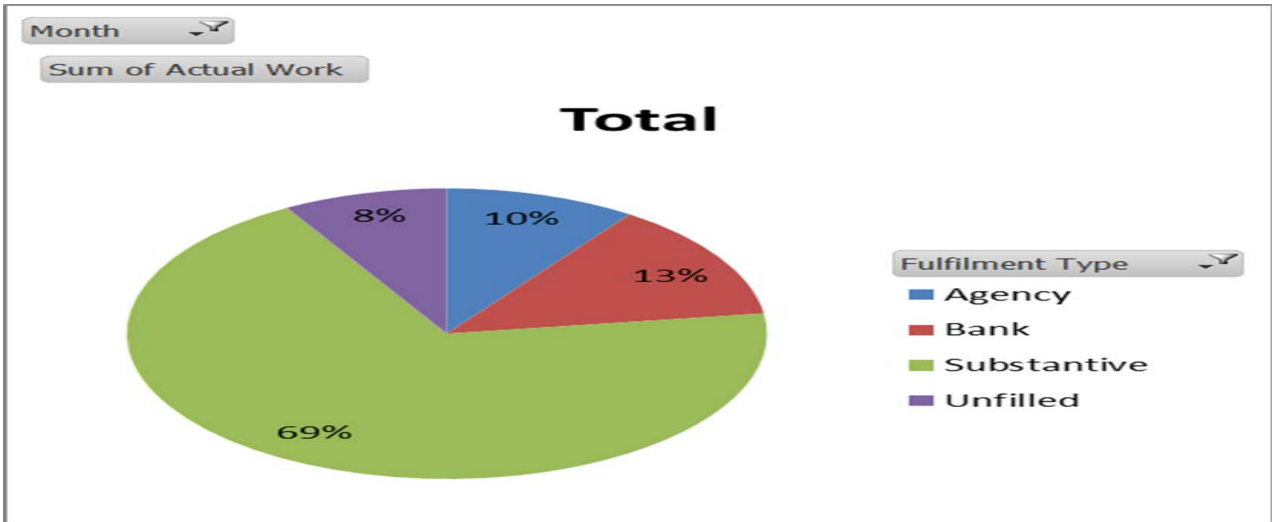
**Graph 3 – Number of wte vacancies in the acute nursing teams.**

There are currently 2 nurses in post who are working towards achieving the necessary standard to register with the NMC.

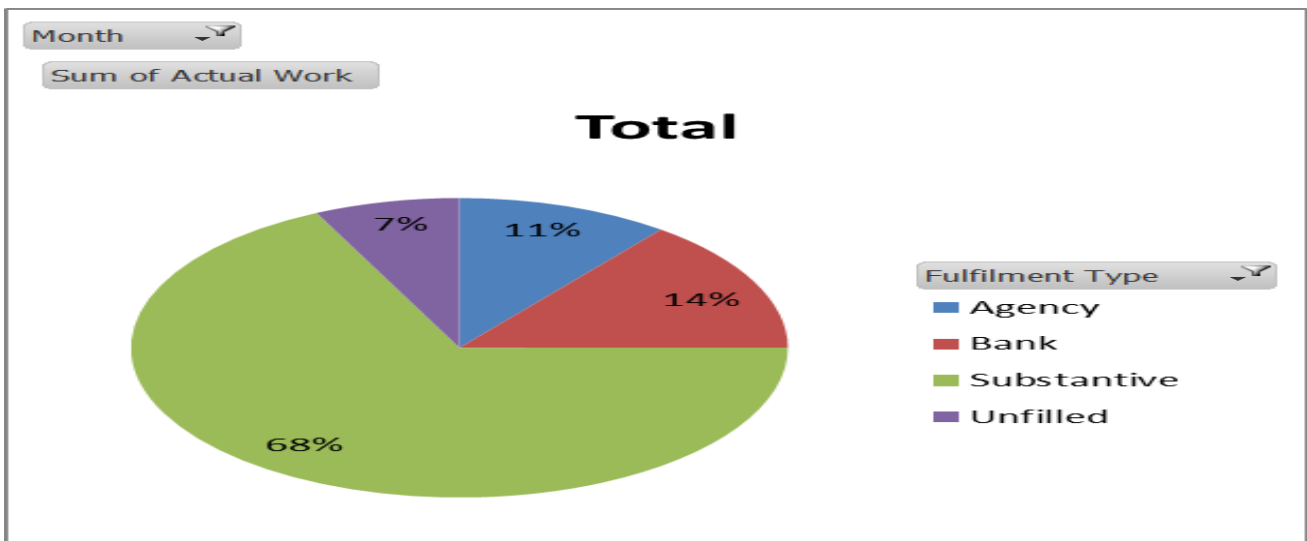


**Graph 4 – Temporary staff use data for March 2019**

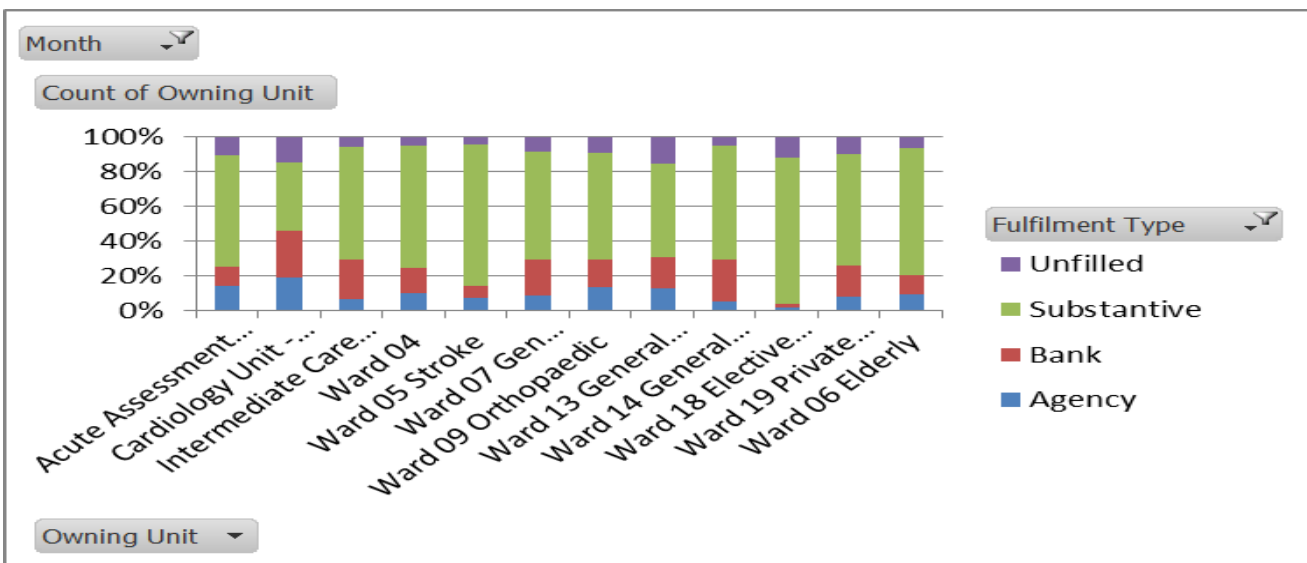




Graph 5 – Temporary staff use data for April 2019



Graph 6 – Temporary staff use data for May 2019



Graph 7 – Temporary staff by ward for May 2019.

The use of temporary staff is demonstrated in graphs 6 and 7 for the month of May 2019. There is a slight increase in agency usage and the unfilled % is slightly decreasing. This may be as a result of a change in bank

booking process by releasing the shifts to agency at an earlier time. The fill rate by substantive staff is comparable to the previous 2 months as shown in graphs 4 and 5.

## **7.2 Nursing Associates**

The Trust continues to support the Nursing Associate role and has 23 in training. The next outturn for internal students to register is January 2020. The next cohort will take up training contracts in September and recruitment into these posts is underway.

## **8.0 Overseas Recruitment update**

At May Trust Board the business case for international recruitment was approved. A weekly task and finish has been established and work is underway to source an agency to work with the Trust on delivering this business case, of recruiting 70 nurses from overseas.

## **8.1 Grow Your Own Approach**

Alternative routes to supporting current employees into nurse training are in place.

### Open University

There are 2 students in post working in the Trust who are undergoing the Open University programme. There are plans to support another 3 healthcare support workers from September with this same programme of study. This approach takes 4 years to become registered nurses.

### Bolton University Programme

There is a programme of study being provided for Trust employees by Bolton University. This programme is aimed at healthcare workers from overseas who are registered nurses in their birth countries. There are approximately 10 candidates from our own nursing teams who would fit this criteria. The programme of study is day release to attend the university, the students are supported to obtain the necessary English and maths to enable them to become registered nurses with the NMC. This study programme takes between 12 – 18 months.

### Apprenticeship Scheme

There are 2 cohorts of apprentice healthcare support workers starting the programme during 2019, the first cohort started in April and the second take up post early July. Previous cohorts of apprentices have filled healthcare support worker vacancies, and a number of them have gone on to further their career in either nurse training or the nursing associate programme of study.

## **9. Conclusions**

During May nurse staffing has remained under pressure. The teams have managed to hold the quality of care that they provide to patients as demonstrated in the metrics. Additional healthcare support workers are being used and more nursing associates are being trained. The senior nursing team are working with finance, supplies and HR to progress the business case for international recruitment as a priority.

## **10. Recommendations**

The Board is asked to note the key points set out in this paper and the actions in place to mitigate any risks to the quality of patient care and the actions that are taking place to support the registered nursing workforce.

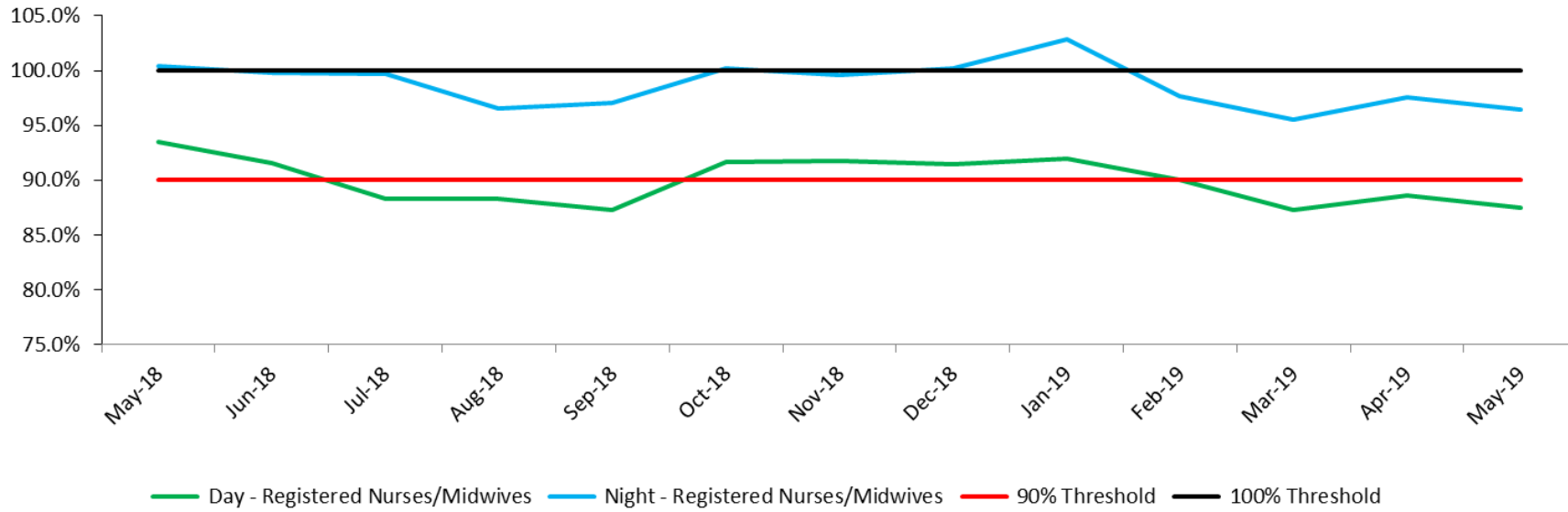
# Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: RCF Airedale NHS Foundation Trust  
 Period: May\_2019-20

Please provide the URL to the page on your trust website where your staffing information is available  
 (Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)					Day		Night		Allied Health Professionals		
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied health professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
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	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												
RCF22	AIREDALE GENERAL HOSPITAL	Acute Assessment Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,139.0	1,864.5	2,495.5	3,002.5	2,139.0	2,038.5	2,495.5	2,808.0					1,118	3.5	5.2			8.7	87.2%	120.3%	95.3%	112.5%		
RCF22	AIREDALE GENERAL HOSPITAL	Labour Suite	501 - OBSTETRICS		2,184.0	2,026.5	372.0	372.0	2,232.0	2,066.5	372.0	372.0					288	14.2	2.6			16.8	92.8%	100.0%	92.6%	100.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Neonatal Unit	422 - NEONATOLOGY		1,062.0	1,062.0	72.0	72.0	1,080.0	1,080.0	36.0	36.0					249	8.6	0.4			9.0	100.0%	100.0%	100.0%	100.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 01	320 - CARDIOLOGY		1,426.0	1,148.5	1,069.5	1,191.0	1,414.5	1,150.5	1,023.5	1,040.0					396	5.8	5.6			11.4	80.5%	111.4%	81.3%	101.6%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	976.5	898.0	1,720.5	1,782.0	697.5	697.2	1,395.0	1,529.0					913	1.7	3.6			5.4	92.0%	103.6%	100.0%	109.6%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1,209.0	971.0	1,906.5	1,740.9	697.5	697.5	1,139.3	1,386.8					701	2.4	4.5			6.8	80.3%	91.3%	100.0%	121.7%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,348.5	976.0	1,348.5	1,872.8	697.5	708.8	1,046.3	1,492.6					921	1.8	3.7			5.5	72.4%	138.9%	101.6%	142.7%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,185.8	1,043.5	976.5	1,442.8	697.5	708.8	697.5	1,200.9					769	2.3	3.4			5.7	88.0%	147.8%	101.6%	172.2%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1,767.0	1,446.0	1,348.5	1,866.5	697.5	697.5	1,046.3	1,517.8					820	2.6	4.1			6.7	81.8%	138.4%	100.0%	145.1%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 10	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,162.5	856.8	1,860.0	1,423.7	496.0	439.5	1,426.0	1,449.0					925	1.4	3.1			4.5	73.7%	76.5%	88.6%	101.6%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1,348.5	1,126.5	976.5	1,453.5	697.5	686.3	697.5	1,260.0					882	2.1	3.1			5.1	83.5%	148.8%	98.4%	180.6%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1,162.5	1,110.5	1,007.5	1,396.0	697.5	697.5	697.5	1,081.6					826	2.2	3.0			5.2	95.5%	138.6%	100.0%	155.1%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 16	192 - CRITICAL CARE MEDICINE		1,782.5	1,828.5	575.0	575.0	1,782.5	1,759.5	-	-					155	23.1	3.7			26.9	102.6%	100.0%	98.7%	-		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 17	420 - PAEDIATRICS		1,488.0	1,403.0	372.0	528.0	1,116.0	1,116.0	372.0	372.0					357	7.1	2.5			9.6	94.3%	141.9%	100.0%	100.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 18	110 - TRAUMA & ORTHOPAEDICS		837.0	522.0	744.0	691.5	348.8	348.8	348.8	360.0					205	4.2	5.1			9.4	62.4%	92.9%	100.0%	103.2%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 19	303 - CLINICAL HAEMATOLOGY	100 - GENERAL SURGERY	976.5	921.3	465.0	873.0	697.5	703.0	-	515.5					507	3.2	2.7			5.9	94.3%	187.7%	100.8%	-		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	744.0	752.0	372.0	354.0	744.0	740.0	372.0	294.0					346	4.3	1.9			6.2	101.1%	95.2%	99.5%	79.0%		
		<b>Total</b>			<b>22,799.3</b>	<b>19,956.5</b>	<b>17,681.5</b>	<b>20,637.1</b>	<b>16,932.8</b>	<b>16,335.7</b>	<b>13,165.0</b>	<b>16,715.0</b>					<b>10,378</b>					<b>7.1</b>	<b>87.5%</b>	<b>116.7%</b>	<b>96.5%</b>	<b>127.0%</b>		

### Registered Nurses/Midwives



### Care Staff

