**The Dudley Group**
NHS Foundation Trust

### Paper for submission to Board of Directors 5<sup>th</sup> July 2018

| TITLE: | Safe Staffing Nursing and Midwifery Workforce Update | | |
|---|---|---|---|
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| CLINICAL STRATEGIC AIMS |
|---|
| Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way. |

**CORPORATE OBJECTIVE:**

SO1 – Deliver a great patient experience          SO2 – Safe and caring services

SO3 – Drive service improvements, innovation and transformation

SO4 – Be the place people choose to work          SO6 – Plan for a viable future

**SUMMARY OF KEY ISSUES:**

**Safer Staffing**

➢ Note progression against staffing reviews

➢ Care hours per patient day (CHPPD) remains within the nationally agreed variation of 6.3 and 16.8.

➢ Fill rates for May 2018 greater than 95% based on old establishments.

➢ Introduction of new establishment data to be introduced from July 2018. Note the phased approach to achieving 95% fill rates over the next nine months.

➢ Twelve staffing incidents raised during May 2018 all reported as 'no harm'.

➢ Note change in process from manual calculation of nursing workforce to utilising Allocate to collate data. This may take a couple of months to embed as the system is reliant on staff to accurately reflect staff on duty via the Allocate system.

**Agency Controls**

▪ This month has seen an increase in agency usage based on last month. However, the data states that generally bank and agency usage is requested in line with actual vacancies.The use of agency clinical support workers remaining nil in line with current agency controls.

▪ All bank and agency requests continue to be assessed daily by the Associate Chief Nurses to ensure continued patient safety and financial balance. A breakdown of the main areas using agency staff is included.

▪ Use of non-framework agency remains an Executive only authorisation.

**Recruitment and Retention update**

▪ Recruitment events continue

▪ Details of all of the recruitment and retention initiatives are included in the paper.

**IMPLICATIONS OF PAPER:**

| RISK | Yes | **Risk Description:** <br> • Nurse Recruitment – unable to recruit to vacancies in nursing establishments to meet NICE guidance for nurse staffing ratios <br> • Finance – Unable to remain within divisional Budget due to spend on Temporary Staff. | |
|---|---|---|---|
| | **Risk Register:** Y | **Risk Score:** 20 | |
| **COMPLIANCE and/or LEGAL REQUIREMENTS** | **CQC** | Y | **Details:** Safe and effective care |
| | **Monitor** | Y | **Details:** Agency capping targets |
| | **Other** | N | **Details:** |

**ACTION REQUIRED OF COMMITTEE:**

| Decision | Approval | Discussion | Other |
|---|---|---|---|
| | | √ | |

**RECOMMENDATIONS FOR THE COMMITTEE:** To receive the report and note the contents.

**Staffing Reviews**

**Table 1** details the progress made against staffing reviews. The recently review of community nursing (during the day) was completed and has been shared with the CCG before it is taken to the newly formed Transition Board of the Multispecialty Community Provider (MCP). The review of nights in the community is near completion. The staffing review for the Emergency Department (ED) has been finalised. A draft paper on EAU/FAU has now been completed and is to be reviewed by the Executives.

| Area | Position |
|---|---|
| General Medical/Surgical Wards | Complete |
| Critical Care | Complete |
| Neonatal Unit | Complete |
| Paediatrics (C2) | Executive Directors requested further amendments |
| Emergency Department | Complete |
| Acute Medical Unit | Completed, draft updated and awaiting Executive review |
| Outpatients Department | Completed, presented to Executive Directors and will be considered as part of the planned OPD review |
| Medical Day Case | Complete |
| Renal Unit | Complete |
| Frailty Assessment Unit (FAU) | Completed, draft updated and awaiting Executive review |
| Community Nursing (Days) | Complete, shared with the CCG and to be presented at the newly formed Transition Board of the MCP |
| Community Nursing (Nights) | In progress, near completion |
| Specialist Nurses | In draft, to be presented to Executive Directors in July 2018 |

**Table 1**

**Safer Staffing**

The Safer Staffing Summary (Appendix 1) shows the actual and planned hours for qualified staff and unqualified staff for both day and night shifts for each area of the Trust based on the historical establishments for May 2018 (wards that have been fully or partially closed in the month are omitted). As well as showing the actual and planned hours the report shows the fill rate. The totals for the Trust are also indicated. In addition, the last four columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement which is used to inform the National Model Hospital data.

The report shows that the overall fill rates for the trust is greater than 95% during May 2018 against historic establishments with a significant reliance on temporary staff (bank and agency). A number of factors influence fill rates such as occupancy and acuity. For example if occupancy is low then it would make financial sense not to book additional temporary staff, this would reflect as a low fill rate against planned establishment. Triangulation of data against staffing incidents and quality dashboard KPIs provides the assurance that safe, quality care is being delivered to our patients.

**Table 2** shows that fill rates reduced from November/December 2017 onwards with a rise from last month. It should be noted:

- On occasion, the fill rate is over 100%. This tends to occur with C2, the paediatric ward as the planned hours are derived from the dependency tool used for each shift. Each shift the planned hours are determined by the acuity of the children actually on the ward.
- Also, sometimes there are occasions when the fill rate of unqualified staff exceeds 100%. This occurs when it is recognised that there will be a reduction in qualified staff (e.g. C5 (Respiratory) and the Medical High Dependency Unity (MHDU)).
- The low fill rate in some areas e.g. Coronary Care Unit/Post Coronary Care Unit and wards C5/C6 (Urology) reflects the problems in recruiting staff to these areas.

**Table 2. Percentage fill rates April 2017 to the present**

|  | **Qualified Day** | **Unqualified Day** | **Qualified Night** | **Unqualified Night** |
|---|---|---|---|---|
| **April** | 97% | 96% | 98% | 98% |
| **May** | 97% | 97% | 99% | 98% |
| **June** | 96% | 96% | 98% | 99% |
| **July** | 96% | 97% | 98% | 100% |
| **August** | 96% | 97% | 97% | 101% |
| **September** | 96% | 97% | 98% | 100% |
| **October** | 96% | 97% | 97% | 99% |
| **November** | 95% | 97% | 96% | 101% |
| **December** | 95% | 93% | 95% | 96% |
| **January 2018** | 95% | 94% | 97% | 97% |
| **February 2018** | 93% | 94% | 96% | 96% |
| **March 2018** | 92% | 92% | 96% | 96% |
| **April 2018** | 97% | 96% | 98% | 98% |
| **May 2018** | 95% | 97% | 97% | 97% |

**Care Hours per Patient Day (CHPPD) (Appendix 1)**

Following the publication of the Carter Review (2016), NHS Improvement has issued guidance which requires all Trusts to report Care Hours per Patient Day. From May 2016 CHPPD has become the principle measure of nursing and care support deployment. CHPPD provides a single consistent metric of nursing and healthcare support worker deployment on inpatient wards and units. Care hours per patient day (CHPPD) remains within the nationally agreed variation of 6.3 CHPPD and 16.8 CHPPD (Carter Review, 2016).

**Summary situation of staffing compared to the old and new establishments and potential recruitment over the next year**

A summary table (Appendix 2) has been included which allows the reader to view the historic and new budgeted establishments compared to the staff actually in post together with all operational vacancies for qualified staff. The use of Bank and Agency staff is also charted as are the sickness and maternity rates. All of these measures are in WTE. The data details that during May 2018 a total of 216.62 wte was used in bank and agency against a vacancy of 298.34 wte. In addition there is a 30.34 wte operational deficit against maternity leave. Generally the data shows that areas are booking appropriately bank and agency against vacancies.

Lead Nurses and Matrons continue to be given the opportunity to discuss staffing challenges, whilst maintaining patient safety and sustaining financial balance. Timely filling of bank shifts continues to be a challenge however the Associate Chief Nurses are reviewing this daily to avoid late requests for staff that cannot be filled.

Appendix 2 details the predicted recruitment numbers (against a forecasted 8% leaving rate).

This overview chart provides the ability to see at a glance the following:

➢ Vacancies compared to historic and new establishments
➢ Vacancies compared to Bank and Agency Usage
➢ Maternity rates which are fully funded
➢ Overall sickness rates (funding is up to 3% of establishment)
➢ Recruitment rates based on expected joiners from jobs offered minus an estimated 8% leaver rate per month

*Please note: Some areas do not log sickness and maternity on Allocate and so these cannot be displayed for these areas.*


**b) Proposal to start charting fill rates against new establishments and move from paper based system to Allocate**

The fill rates in this report are calculated by comparing the historical planned shifts with the actual staffing. This data originates from senior nurses manually adding into an excel spreadsheet the numbers of qualified staff and care support workers (CSWs) working each shift. Internal audits have found on more than one occasion inaccurate data input which in part is due to staff not competing the spreadsheets on a daily basis but sometimes leaving input to the end of the week or even after a longer period of time.

Now that the new higher establishments took effect after the beginning of April and significant efforts are being made to recruit up to them, the decision has been made by the Executives to commence calculating the fill rates based on these new establishments from August 1$^{st}$ (i.e. with July's data) .
A plan has been agreed to achieve higher fill rates in a phased approach:

➢ 80% fill rates in all areas July 2018
➢ 85% fill rates by October 2018
➢ 90% fill rates by April 2019

At the same time, a more accurate source of the fill rate data can also be commenced. When the fill rate data was initially started to be collected on a national basis, it was thought that it could be extracted from the Allocate system, which holds the daily rotas of all staff but this was not possible for two main reasons:

➢ Well-being workers who were assigned to work in different areas shift by shift dependent on need were on their own specific rota on Allocate and could not be placed on the rotas of the different wards they worked on.
➢ When the number of staff needed on a ward was different to that of the establishment, say, due to a surgical ward having many empty beds that day or a medical ward needing a number of extra CSWs for 1:1 care the Allocate planned numbers could not be changed.

The Allocate software has now been updated and wellbeing workers are now allocated to specific wards on a long term basis and so the source of the data for this report can now come direct from the Allocate software, which is fully accurate as it is the basis for staff pay.

The extra manual system of spreadsheets could now stop, which will be welcomed by busy nursing staff.  As important, the data will also be more accurate.  In this report (Appendix 3) is the chart of May's fill rates from the Allocate system which gives an indication of the rates moving forward based on the new establishments.  It can be seen that the overall registered nurse/midwife fill rates for May are just over 80%, recognising this is not the case for every ward.

**Staffing Incidents May 2018**

The T**ables 3 and 4** below detail the number of clinical incidents during May 2018 that related to staffing. In total there were 12 incidents. The neonatal unit generated the most incidents; whilst the unit is fully recruited the staff appointed are going through the normal recruitment process. Of the 12 incidents raised they were all recorded as no harm caused to the patient. The Chief Nurse and Head of Children's Services and appropriate others have daily oversight over NNU staffing.
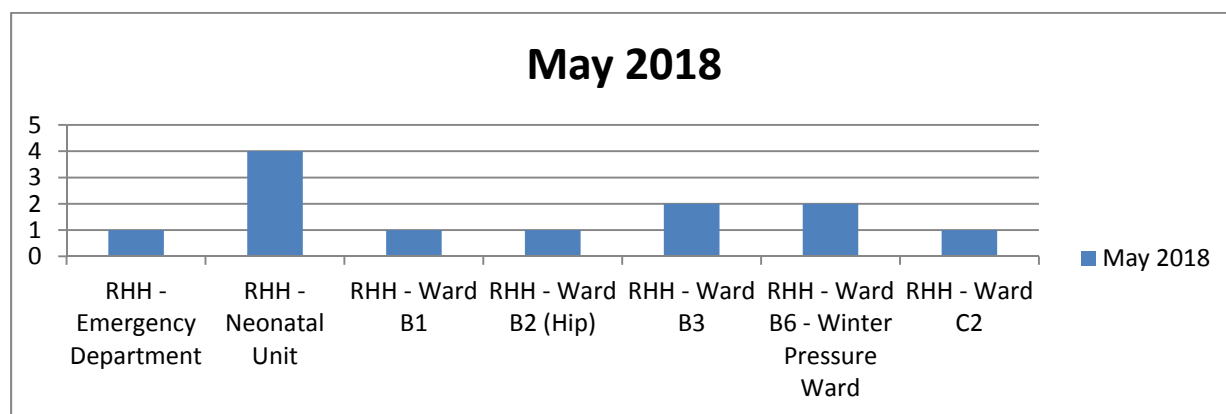


Table 3

| (WRK) Inadequate Staff for Workload - ABSENCE | No Harm/near miss | 2 | 2 |
|---|---|---|---|
| (WRK) Inadequate Staff for Workload - BANK Shift unfilled | No Harm/near miss | 3 | 3 |
| (WRK) Inadequate Staff for Workload - RAISED Dependency | No Harm/near miss | 2 | 2 |
| (WRK) Inadequate Staff for Workload - SICKNESS | No Harm/near miss | 1 | 1 |
| (WRK) Incorrect SKILL MIX for Workload | No Harm/near miss | 1 | 1 |
| (WRK) Less than 2 Registered Nurses on ward per shift | No Harm/near miss | 2 | 2 |
| (WRK) Neonatal staffing below minimum standard for dependency levels. | No Harm/near miss | 1 | 1 |
| Total | | 12 | 12 |

Table 4

**Agency Controls**

All bank and agency requests continue to be risk assessed by the Associate Chief Nurses to ensure continued patient safety and financial balance supporting the overall reduction in agency use. Requests for non-framework agency can only be made in exceptional circumstances and authorised only by an Executive Director.

The table below shows the five main areas using agency staff over the past four weeks. ED remains the highest user of registered nurse agency staff. The timely filling of bank shifts continues to be challenging and some framework agency staff have been used to maintain patient safety across the hospital.

**Top 5 Areas of Nursing Agency usage**

| W/C 21/5/18 | | W/C 28/5/18 | | W/C 4/6/18 | | W/C 11/6/18 | |
|---|---|---|---|---|---|---|---|
| ED | 60 | ED | 60 | Critical Care | 44 | ED | 60 |
| B3 | 41 | B3 | 41 | ED | 38 | B3 | 39 |
| Critical Care | 40 | Critical Care | 40 | B3 | 32 | A2 | 32 |
| A2 | 29 | A2 | 29 | AMU | 20 | Critical Care | 25 |
| C8 | 20 | C8 | 20 | C8 | 16 | AMU | 20 |

The graph below shows the overall agency usage; this month has seen an increase of 142 shifts based on the previous four week period. The use of agency clinical support workers (CSWs) remains nil in line with current agency controls. On average, 335 shifts per week have been filled . This is with a vacancy situation of 298.34 wte across all areas and bands. It should be noted that the contingency ward has remained open and this has had an impact on the increased requirement for nursing staff. The controls against agency usage for CSW staff have been maintained with zero shifts during this period.

**Nurse Agency Usage Figures (Registered, unregistered and total)**
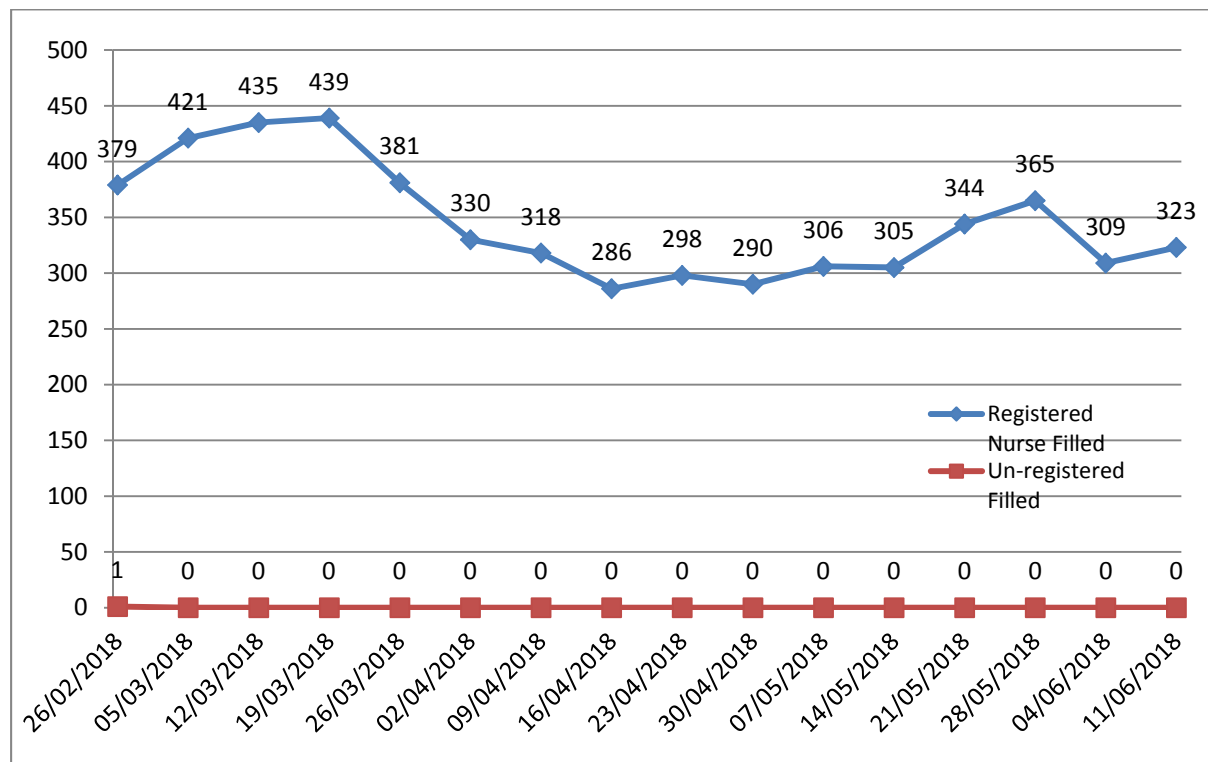
**Recruitment Update**

The Trust has hosted a further two recruitment events in May/June, one Trust wide and one area specific (C1 - Renal/Diabetes). The total numbers of events run to date is 11 Trust wide and 2 area specific.

The event held on the 5th June saw 10 conditional offers made (1 experienced nurse, 1 experienced ODP and 8 student nurses). The current number of graduate nurses due to commence within the Trust on the September preceptorship programme is 83 wte (this includes Dudley students and externally recruited students).

The monthly Trust events have continued to prove successful however the area/ward specific events have attracted fewer numbers. This may be due to the fact that it is a single speciality. The Divisions are reviewing the time of recruitment events and considering offering opportunities out of hours.

A suggestion would be to host a Dudley Group 'jobs fair' giving individual areas a stand to showcase their speciality. If this was to go ahead, consideration would need to be given to the location and day/time. The event could be run from the Clinical Education Centre on a Saturday allowing all rooms to be used for the event. All areas would need to support the event and would be required to interview for their own areas. Due to the University term coming to an end and the summer holidays fast approaching, it seems a good time to step back from the monthly events during July and August and plan for a large scale event in September.

Dublin Jobs Fair

Consideration is to be given to attending the jobs fairs in Dublin at an approximate cost of £3,950. The jobs fair will take place in October 2018 a paper is being presented to the Executive team at the beginning of July 2018.

Overseas Trained Nurses

Work is ongoing around the possibility of supporting overseas trained nurses who hold a live pin and are currently working as clinical support workers in the UK, through the IELTS, CBT and OSCE program. The University of Wolverhampton would be able to support the Trust in running an IELTS preparation course.  There are no further updates as yet regarding the numbers of current substantive and bank staff within the Trust who may fall into this category.

Exit Interviews

Unfortunately due to Government Data Protection legislation, the Trust is no longer able to use Survey Monkey. The online exit questionnaire is therefore not currently available. The recruitment and retention lead is working with the workforce information team to resolve this. There have been no requests for a face to face exit meeting this month.

# Appendix 1 – CHPPD

| Safer Staffing Summary | May | | | Days in Month | 31 | | | | | | | | | Actual CHPPD | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Day RN Day RM Plan | Day RN Day RM Actual | Day CSW Day MSW Plan | Day CSW Day MSW Actual | Night RN Night RM Plan | Night RN Night RM Actual | Night CSW Night MSW Plan | Night CSW Night MSW Actual | Qual Day | UnQual Day | Qual N | UnQual N | Sum 24:00 Occ | Registered | Care staff | Total |
| Evergreen | | | | | | | | | | | | | | | | |
| A2 | 248 | 242 | 217 | 203 | 155 | 179 | 186 | 191 | 98% | 94% | 115% | 103% | 1,240 | 4.07 | 3.73 | 7.81 |
| A3 | | | | | | | | | | | | | | | | |
| A4 | | | | | | | | | | | | | | | | |
| B1 | 120 | 116 | 62 | 62 | 78 | 74 | 60 | 60 | 97% | 100% | 94% | 99% | 570 | 3.89 | 2.55 | 6.44 |
| B2(H) | 127 | 117 | 221 | 218 | 97 | 96 | 191 | 181 | 92% | 99% | 99% | 95% | 871 | 2.86 | 5.50 | 8.36 |
| B2(T) | 93 | 96 | 124 | 124 | 62 | 67 | 93 | 93 | 103% | 100% | 108% | 100% | 689 | 2.84 | 3.78 | 6.62 |
| B3 | 214 | 196 | 192 | 187 | 187 | 167 | 158 | 152 | 92% | 97% | 89% | 96% | 1,100 | 3.87 | 3.69 | 7.56 |
| B4 | 214 | 206 | 248 | 239 | 186 | 157 | 187 | 183 | 96% | 96% | 84% | 98% | 1,423 | 2.98 | 3.56 | 6.54 |
| B5 | 191 | 185 | 150 | 142 | 187 | 177 | 95 | 94 | 97% | 95% | 95% | 99% | 749 | 5.55 | 3.78 | 9.33 |
| B6 | | | | | | | | | | | | | | | | |
| C1 | 187 | 172 | 324 | 319 | 157 | 143 | 215 | 211 | 92% | 98% | 91% | 98% | 1,457 | 2.54 | 4.37 | 6.90 |
| C2 | 175 | 227 | 62 | 59 | 169 | 179 | 31 | 29 | 130% | 95% | 106% | 94% | 673 | 7.07 | 1.39 | 8.47 |
| C3 | 258 | 234 | 373 | 370 | 184 | 159 | 380 | 372 | 91% | 99% | 86% | 98% | 1,539 | 3.06 | 5.79 | 8.85 |
| C4 | 155 | 150 | 65 | 64 | 93 | 116 | 93 | 68 | 97% | 98% | 125% | 73% | 670 | 4.54 | 2.32 | 6.86 |
| C5 | 248 | 185 | 248 | 258 | 186 | 168 | 187 | 188 | 75% | 104% | 90% | 101% | 1,439 | 2.94 | 3.67 | 6.61 |
| C6 | 93 | 81 | 68 | 68 | 62 | 62 | 75 | 76 | 87% | 100% | 100% | 101% | 551 | 3.04 | 3.14 | 6.18 |
| C7 | 186 | 175 | 142 | 135 | 124 | 122 | 138 | 138 | 94% | 95% | 98% | 100% | 1,090 | 3.26 | 3.01 | 6.27 |
| C8 | 215 | 198 | 231 | 225 | 186 | 172 | 224 | 221 | 92% | 97% | 92% | 99% | 1,298 | 3.34 | 4.12 | 7.47 |
| CCU_PCCU | 217 | 178 | 30 | 32 | 157 | 152 | 31 | 28 | 82% | 107% | 97% | 90% | 642 | 6.17 | 1.12 | 7.29 |
| Critical Care | 351 | 353 | 68 | 66 | 350 | 350 | - | - | 101% | 97% | 100% | | 349 | 23.65 | 2.17 | 25.83 |
| EAU | 279 | 252 | 341 | 326 | 279 | 267 | 341 | 327 | 90% | 96% | 96% | 96% | 1,224 | 5.09 | 6.40 | 11.49 |
| Maternity | 549 | 557 | 217 | 197 | 527 | 524 | 155 | 143 | 101% | 91% | 99% | 92% | 456 | 22.95 | 8.73 | 31.68 |
| MHDU | 130 | 128 | 34 | 35 | 125 | 120 | - | 1 | 98% | 103% | 96% | | 242 | 12.03 | 1.55 | 13.58 |
| NNU | 190 | 179 | - | - | 187 | 175 | - | - | 94% | | 94% | | 445 | 9.13 | 0.00 | 9.13 |
| TOTAL | 4,439 | 4,225 | 3,417 | 3,327 | 3,738 | 3,625 | 2,840 | 2,756 | 95% | 97% | 97% | 97% | 18,717 | 4.82 | 3.87 | 8.70 |

| Med & Surg Divisions Qualified Nursing WTE | | New Establishment | | | For Info : Pressures / Temporary Staffing | | | | Known Recruitment Minus Estimated Leavers @ 8% | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Div | Team | Budget (Qual Nurses) | Contracted Staff in Post (Incl New Supernumerary) | Vacancy | Sickness | Maternity | Bank | Agency | J | J | A | S | O | N | D | J | F | M | A | M |
| Med/Int Care | Wards - Medicine | 383.33 | 252.51 | 130.82 | 15.66 | 4.03 | 35.09 | 40.85 | 1 | (2) | (2) | (2) | 10 | (2) | 5 | (2) | (2) | (1) | (2) | (2) |
| Surgery | Wards - Surgery | 290.36 | 212.81 | 77.55 | 7.63 | 10.80 | 20.33 | 22.71 | 3 | (1) | (1) | (1) | 3 | (1) | 7 | (1) | (1) | 1 | (1) | (1) |
| Med/Int Care | Specialist Areas Medicine | 225.92 | 194.29 | 31.63 | 1.62 | 1.92 | 1.00 | 5.99 | (1) | (2) | (1) | (2) | 11 | (2) | (9) | (2) | (2) | 1 | (2) | (2) |
| Surgery | Specialist Areas Surgery | 35.53 | 38.22 | (2.69) | 0.00 | 0.00 | 0.00 | 0.67 | (1) | (1) | (1) | (1) | 10 | (1) | (9) | (1) | (1) | 1 | (1) | (1) |
| Med/Int Care | ED | 93.84 | 75.91 | 17.93 | 4.34 | 3.47 | 5.27 | 18.07 | 1 | (0) | 1 | (0) | 4 | (0) | (0) | (0) | (0) | 1 | (0) | (0) |
| Surgery | Theatres | 167.30 | 145.81 | 21.49 | 0.70 | 0.89 | 13.83 | 13.58 | 0 | (1) | (1) | (1) | 1 | (1) | (1) | (1) | (1) | (1) | (1) | (1) |
| Surgery | Critical Care | 75.95 | 60.53 | 15.42 | 3.09 | 3.57 | 4.68 | 10.74 | 1 | (0) | (0) | (0) | 1 | (0) | (0) | (0) | (0) | (0) | (0) | (0) |
| Surgery | Midwifery | 154.54 | 153.34 | 1.20 | 3.19 | 5.66 | 3.20 | 0.00 | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) | (1) |
| Med/Int Care | Community Nursing | 152.34 | 149.94 | 2.40 | | | 5.88 | 0.00 | 0 | (1) | (1) | (1) | 4 | (1) | (1) | (1) | (1) | (1) | (1) | (1) |
| Med/Int Care | All Other Med / Int Care Teams | 63.68 | 62.73 | 0.95 | | | 7.14 | 0.00 | | | | | | | | | | | | |
| Surgery | All Other Surgery Teams | 63.29 | 61.85 | 1.44 | | | 7.01 | 0.58 | | | | | | | | | | | | |
| Total | | 1,706.08 | 1,407.94 | 298.14 | 36.23 | 30.34 | 103.43 | 113.19 | 4 | (9) | (7) | (9) | 42 | (10) | (9) | (9) | (9) | 0 | (9) | (9) |

**APPENDIX 3- Fill rates for May 2018 against new establishment (data taken from Allocate)**

| Name | Day Reg Fill Rate | Night Reg Fill Rate | Day Unreg Fill Rate | Night Unreg Fill Rate |
|---|---|---|---|---|
| A2 | 89% | 94% | 92% | 96% |
| AMU Dept | 92% | 94% | 94% | 95% |
| B1 Nursing Unit | 91% | 77% | 104% | 102% |
| B2 Hip | 76% | 83% | 96% | 98% |
| B2 Trauma | 80% | 72% | 99% | 100% |
| B3 Emergency Surgery | 69% | 79% | 95% | 99% |
| B4A Elective Surgery | 83% | 73% | 94% | 97% |
| B4B Elective Surgery | 83% | 87% | 93% | 97% |
| B5 Ward | 83% | 92% | 90% | 95% |
| C1 Rehab, Renal, Endocrinology | 70% | 79% | 90% | 93% |
| C2 - Paediatrics | 91% | 99% | 95% | 97% |
| C3 Older People Dept | 73% | 84% | 83% | 103% |
| C4 Haematology/Oncology Dept | 96% | 94% | 102% | 108% |
| C5A Respiratory Dept | 69% | 91% | 104% | 98% |
| C5B Respiratory Dept | 79% | 83% | 98% | 103% |
| C6 Urology and Plastic Surgery | 86% | 100% | 81% | 92% |
| C7 Gastro Dept | 81% | 78% | 81% | 96% |
| C8 Stroke Rehab Dept | 67% | 64% | 92% | 98% |
| Coronary Care Unit Dept | 72% | 71% | 89% | 87% |
| HDU Dept | 85% | 81% | 100% | 50% |
| Maternity MSW & Admin | - | - | 88% | 90% |
| Maternity RM | 97% | 98% | - | - |
| Neonatal Unit Dept | 76% | 95% | 100% | 100% |
| Critical Care (ITU) | 83% | 81% | 73% | 0% |
| **Grand Total** | **82%** | **85%** | **91%** | **97%** |

Key: Red: Less than 80%