

Meeting Title	Board of Directors		
Date	9 May 2019	Agenda item	Bo.5.19.44

## NURSE STAFFING DATA PUBLICATION REPORT FEBRUARY 2019

Presented by	Karen Dawber, Chief Nurse		
Author	Jo Hilton, Assistant Chief Nurse		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper reports on the nurse staffing data for February 2019, identifying the actual staffing levels in place against what was planned.		
Key control	Yes		
Action required	To note		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	
	Workforce Committee	27.03.19	
	Quality Committee	27.03.19	

### Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for February 2019, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS Trusts are now required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS Choices.

Nurse staffing fill rates appears on the corporate risk register, with a range of actions in place to mitigate the risk of having insufficient staff to provide safe care on the wards and departments. There is a robust oversight and escalation process in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles; additionally the use of the Safecare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of these safety huddles and is also used by the Clinical Site Team out of hours. There is a comprehensive recruitment and retention plan in place.

### Analysis

The fill rates for registered nurses on days and nights are consistently the same each month within 5% variation from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen, however during February there has been an increase in fill rates at BRI with a corresponding decrease in SLH. This is the case for both nights and days at both sites.

With respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. During February 2019, there were 19 Datix incidents reported related to nursing and midwifery on inpatient areas, which is a significant increase of 12 from the previous month. Four of the incidents have been reported as 'low harm' due to delays in administration of care including medications. For the remaining 15 incidents although there were no examples of harm as a result of staffing, in many instances staff had reported on these occasions, as they recognised that the staffing levels meant that there was potential for it to be unsafe.

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There was one occasion where there were less than 2 registered nurses on a shift, reported as incidents where a registered agency nurse went home at 3.45 am and cover was not available until 7am leaving 3 hours 15 minutes with 1 registered nurse and 3 health care assistants at Westbourne Green community hospital. As a result of this there was no harm identified to patients or delays in care received.

#### Recommendation

The committee are asked to note the content of this report.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	✓	
Quality implications	✓	
Resource implications		✓
Legal/regulatory implications		✓
Diversity and Inclusion implications		✓

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> (Risk assessment framework, quality governance framework, code of governance , annual reporting manual) yes
<b>Care Quality Commission Domain:</b> <i>safe, effective, caring</i>
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b>

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
✓	✓				

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## 1 PURPOSE/ AIM

This paper reports on the nurse staffing data for February 2019, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

## 2 BACKGROUND/CONTEXT

This paper provides nurse staffing data which is in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS Trusts are now required to provide monthly retrospective data in inpatient nurse staffing levels via UNIFY, to enable NHS England to publish Trust reports on NHS Choices. The model hospital portal data from NHS improvement is included in the report.

## 3 Results

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Feb 19	BRI	87.6%	93.5%	94.0%	107.3%
Feb 19	SLH	94.6%	97.7%	100.5%	100.8%

## 4 RISK ASSESSMENT

Nurse Staffing is identified as a risk on the corporate risk register.

With respect to the overall management of nurse staffing and patient safety a robust oversight and escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During February 2019, there were 19 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

A summary of the themes of these reports is included in the full report in the appendix. In each of these incidents appropriate escalation had taken place and where possible actions were taken to mitigate harm by redeploying resource available from across the Trust.

The use of the Safecare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of the safety huddles by

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the matrons and is used by the Clinical Site Team out of hours. The matrons and site team continue to report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.

There was one occasion where there was only one registered nurse on duty for a period of almost four hours on the Westbourne green community hospital ward.

<b>5</b>	<b>RECOMMENDATIONS</b>
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The Committee are asked to note the content of this report.

<b>6</b>	<b>Appendices</b>
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The Committee are asked to note the heat map in appendix 1.

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## APPENDIX 1- NURSE STAFFING DATA PUBLICATION REPORT FEBRUARY 2019

### 1. Introduction

This paper reports on the nurse staffing data for February 2019, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

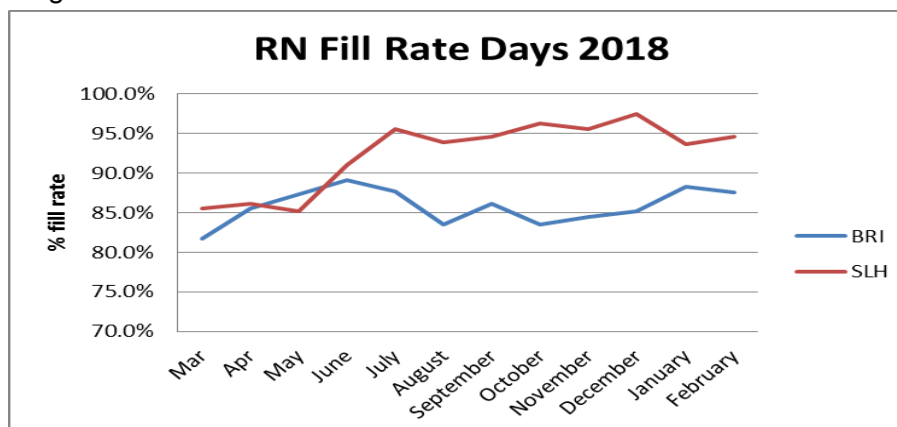
### 2. Results for February 2019

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in February 2019, by hospital site. It should be noted that community hospitals (CH) appear in the figures for St Luke's Hospital (SLH) as required by the submission of the Unify tool.

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Feb 19	BRI	87.6%	93.5%	94.0%	107.3%
Feb 19	SLH	94.6%	97.7%	100.5%	100.8%

Table 1

The percentage fill rates for day shifts for registered nurses for March 2018 to February 2019 are shown in figure 1 below.



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Figure 1

The percentage fill rates for night shifts for registered nurses for March 2018 to February 2019 are shown in figure 2 below:

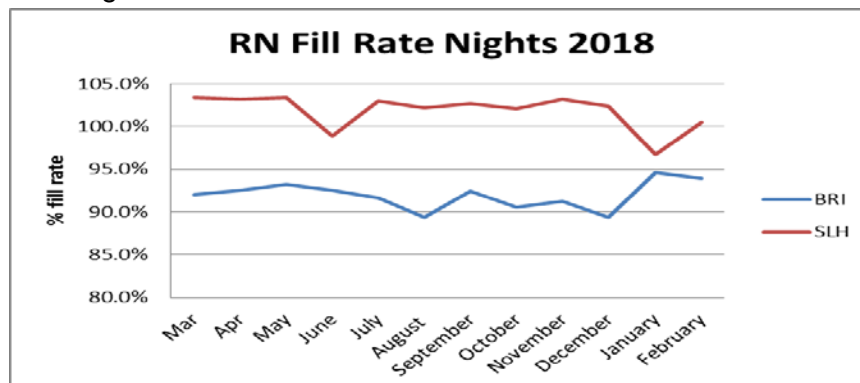


Figure 2

Annex 1 is a summary of inpatient wards in the Trust, including the data submitted to Unify regarding staffing and information about patient experience and harms.

The fill rates for registered nurses on days and nights are consistently the same each month within 3% variation from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen, however during February there has been an increase in fill rates at SLH with a corresponding decrease in BRI. This is the case for both nights and days at both sites.

### 3. Trends and Themes

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During February 2019, there were 19 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

A summary of the previous months' Datix reports related to nurse and midwifery staffing is below, in table 2.

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Month	Number of incident reports	Month	Number of incident reports
August 2017	9	June 2018	25
September 2017	33	July 2018	31
October 2017	21	August 2018	17
November 2017	16	September 2018	18
December 2017	23	October 2018	10
January 2018	16	November 2018	9
February 2018	25	December 2018	20
March 2018	44	January 2019	7
April 2018	20	February 2019	19
May 2018	13		

Table 2

This data is also shown in figure 3, and shows variation from month to month since February 2018.

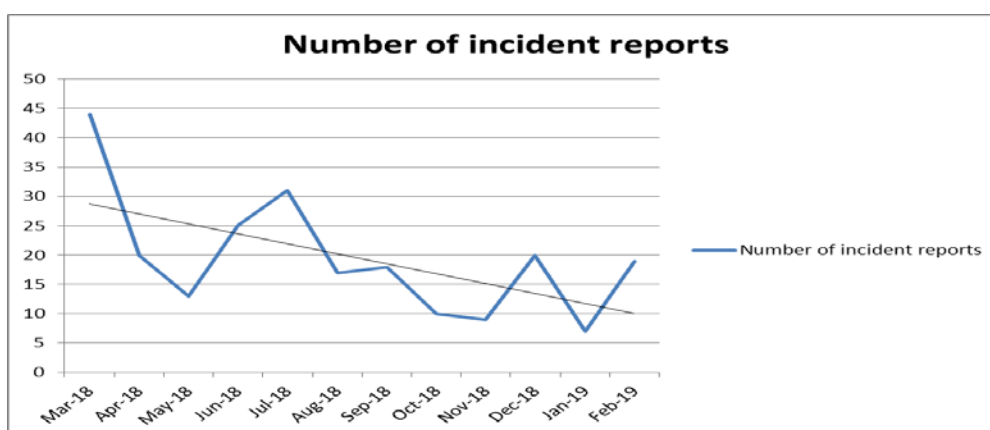


Figure 3

The number of Datix incident reports made during February 2019 has increased by 12 from the previous number reported for January 2019. Of the 19 incidents reported in February, 4 have been graded as low harm the remaining 15 have been graded as no harm. For the 4 low harm reported incidents, this is where the Nurse in charge at the time felt the patient demand exceeded the staff available to manage the acuity of patients and where there have been delays in administering medications, enteral feeding regimes, or supporting admissions.

Of the incidents reported in February 2019, 4 were within Maternity Services. These are all related to a lower number of midwives than planned due to short term sickness and where cover has been met from across the division.

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There has been 1 incident reported from the Neonatal unit, where the acuity of the babies was raised and support was not available from the paediatric areas or maternity areas.

In the Division of Anaesthesia, Diagnostics and Surgery, 8 incident reports was submitted for February. These are where a nurse has been moved to support another area and left the ward with less staffing than planned. Four of the incident reports are from ward 8 and 11 where the 3<sup>rd</sup> Registered Nurse on duty is moved to support staffing in other areas leaving 2 registered nurses on duty. From the information on the Safecare system and from the information on the Datix system this is not sufficient to meet the acuity and dependency of the patients on these wards. The Head of Nursing and Matron continue to put alternative plans in place to manage the support of other areas to reduce the impact on wards 8 and 11.

The remaining 6 incidents were reported from the Division of Medicine and Integrated Care. Four incidents were reported from ward 6, where acuity was felt to be high and the staffing numbers not deemed adequate at the time of the assessment. On these occasions there have been 2 registered nurse scaring for 29 patients. These incidents have been reported as no harm and further work is being undertaken with the matron and head of nursing to address the staffing concerns. The matron has assessed the areas and provided support to ensure the patients do not suffer delay in cares as a result of reduced staffing. The remaining incident reports related to occasions where staff felt that the staffing numbers were insufficient to meet demand or the skill mix was deemed not suitable. During February 1 incident has been reported from Westbourne Green Community Hospital where a Registered Nurse from an agency had to leave the ward at 03.45am. This was escalated at the time to the site team but support was unavailable until the day staff arrived at 7am. This meant there was a period of just over 3 hours of 1 registered nurse with 3 HCAs on the ward. A full investigation of this incident is taking place by the sister and ward manager. This incident was recorded as low harm at the point of recording and there is no evidence of patient or harm or delays in care as a result.

In each of these incidents appropriate escalation had taken place and where possible actions were taken to mitigate harm by redeploying resource available from across the Trust. Following investigation, none of the incidents have identified any actual harm.

The use of the Safecare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of the safety huddles by the matrons and is used by the Clinical Site Team out of hours. The matrons and the Clinical Site Team report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.



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Although there were no examples of harm as a result of staffing, in many instances staff had reported as they recognised that the staffing levels meant that there was potential for it to be unsafe and cited delays in administration of medications.

It should be noted that a significant amount of senior nursing time (heads of nursing, matrons and clinical site team members) both in and out of hours, continues to be required to maintain this position.

#### **4. Exception report**

The fill rates by ward, as shown in annex 1, have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (December 2019 to February 2019), to identify any areas where there have been 3 consecutive months rated as red (<80% fill rate) or where the fill rate is less than 70% in the current month for registered nurses. Mitigation of actions taken in these areas is included below. Annex 1 also includes the patient experience and harm data per inpatient ward displayed with the staffing fill rate information. The ward sisters, matrons and heads of nursing (and Clinical Site Team out of hours) continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staff to maintain safety.

##### **Less than 70% fill rate in the month:**

There is 1 inpatient area with registered nurse/midwife fill rates <70% in February 2019, ward 31 for registered nurse night fill rates, as detailed below.

- Ward 31 – The planned staffing on the night shift is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the 3<sup>rd</sup> RN isn't always available, therefore the majority of nights on Ward 31 are 2 RN and 4 HCA. The RN unfilled shifts are covered with additional HCA cover as with previous months. This staffing has been maintained in the establishment reviews as the Safecare acuity data continues to suggest this is required.

##### **Less than 80% fill rate for 3 consecutive months:**

There are 4 inpatient areas that have been <80% (red) for 3 consecutive months December 2018 to February 2019. These are:

- Ward 6. Over the last 3 months ward 6 have had less than 80% RN fill rates on day shifts. This continues to remain under review with a number of actions taken to manage the chronic staffing vacancy on the ward. The new ward manager is now in post, a number of actions have been taken by the Senior sister, Matron and head of

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nursing. Where temporary staff are utilised a block booking system is utilised to manage the continuity of patient care where possible.

- Ward 21 registered nurse day shifts. The patient acuity increases throughout the day on ward 21. Due to vacancies, sickness and maternity leave gaps the staffing is prioritised later in the day to manage the rise in acuity at that time. Early shifts run on less than planned, night shift fill rate is usually as it should be. There has been significant work undertaken by the Charge nurse in the management of attendance and therefore expected an improved fill rate in subsequent months.
- Ward 28 – over the last 4 months there has been a lower fill rate of nurses however the average occupancy for this period was significantly reduced, meaning that although the fill rate was low, there were significant numbers of empty beds which allowed safety to be maintained. The ward matron reviews the staffing on ward 27 and ward 28 to deploy a suitable skill mix to each area according to patient demand and acuity.
- Ward 31 as above.

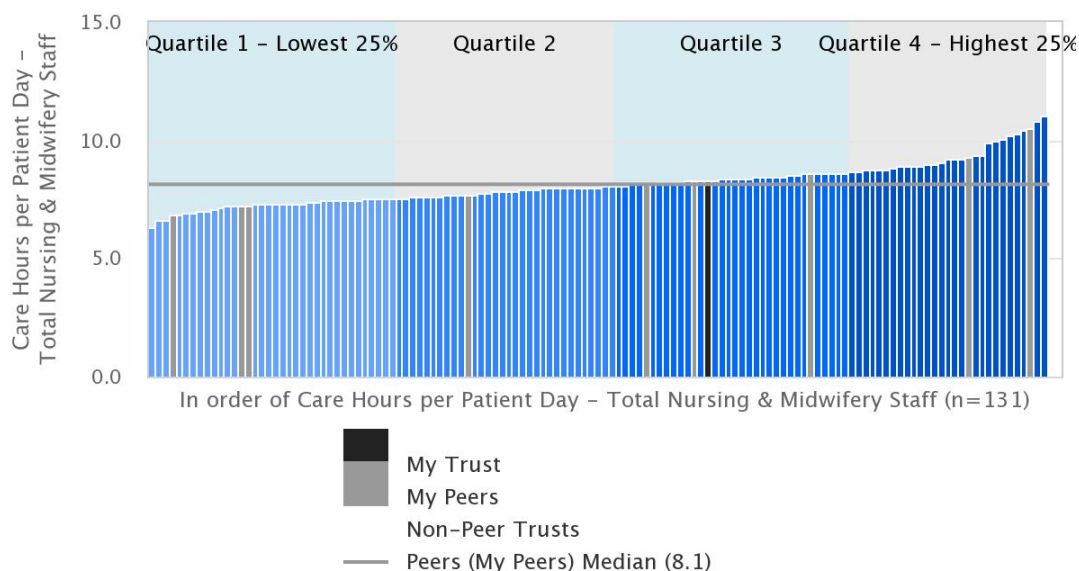
## 5. Model Hospital Comparison data

From December 2018 onwards, this report has included a review of the data from the model hospital portal (NHS improvement). Going forward this information will be included monthly as the portal is being updated more frequently by NHS improvement, although there is still a slight delay in availability; this data is from November 2018.

The data shown in the graph below gives the total Care Hours per Patient Day, which for Bradford Teaching Hospitals NHS Trust is 8.3. The National average is 8.

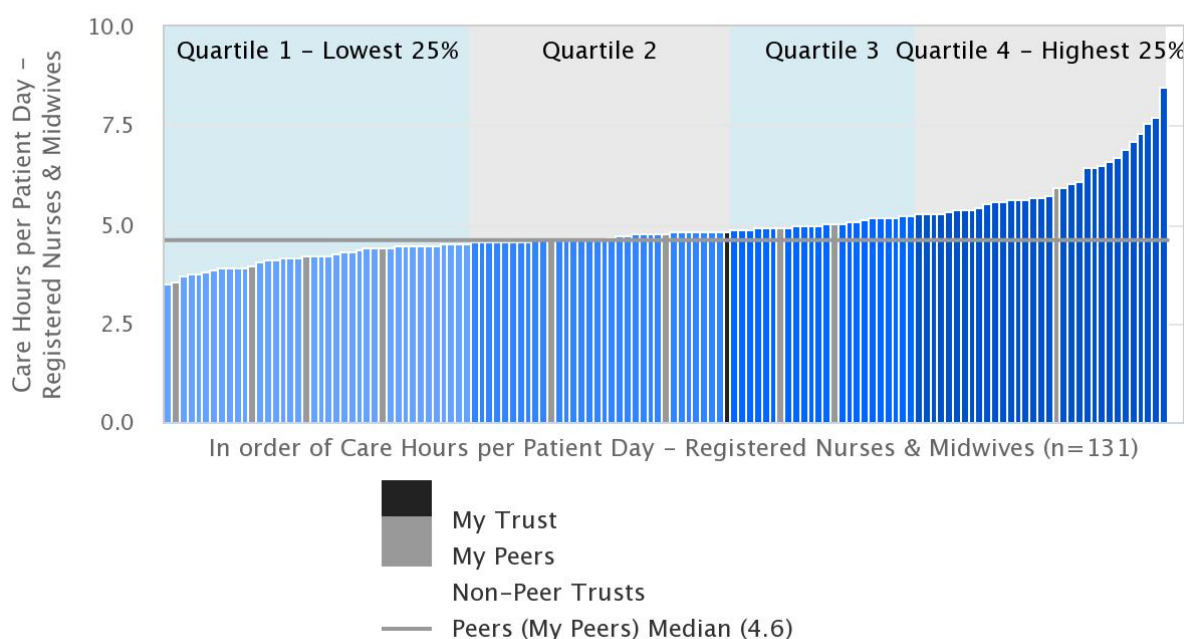
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### Care Hours per Patient Day – Total Nursing & Midwifery Staff, National Distribution



The Model Hospitals shows that Registered Nursing and Midwifery Care Hours per Patient day for the Trust is 4.8. The National Average is 4.8.

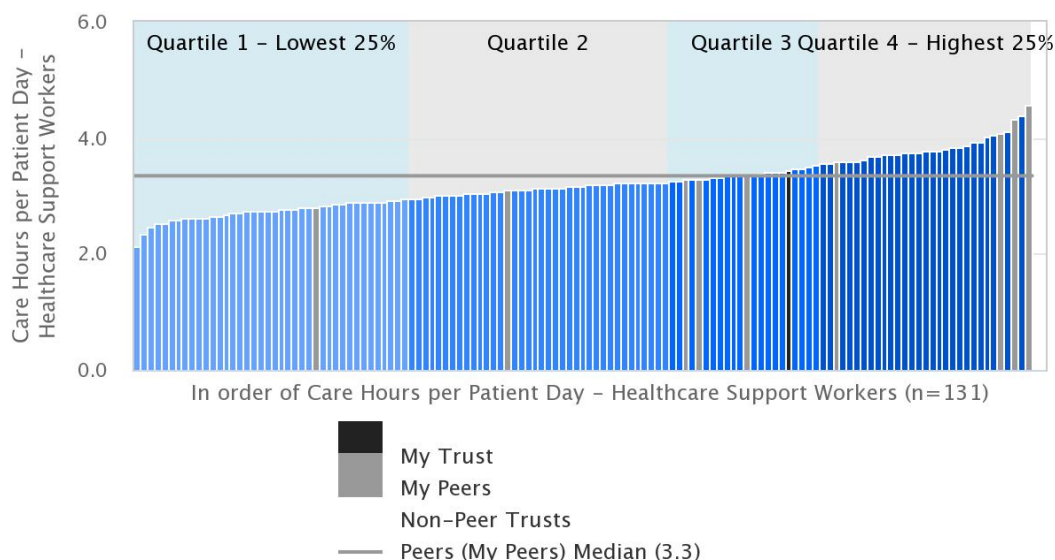
### Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



The Healthcare Support Worker Care Hours per Patient Day for the Trust is 3.4. The National Average is 3.2.

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### Care Hours per Patient Day – Healthcare Support Workers, National Distribution



## 6. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses/ midwives and care staff for February 2019. Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety. There is increased use of the SafeCare tool to support decision making in relation to staffing, to ensure that it is based on the best available evidence in relation to acuity and dependency as well as planned staffing numbers.

The CHPPD data that the Trust is reporting is broadly in line with the national average. A significant amount of work has taken place to ensure the quality of the data submitted in recent months supporting the accuracy of the CHPPD reports for Bradford Teaching Hospitals NHS Foundation Trust.

Where areas have identified a risk regarding staffing, mitigation has been put in place and monitored; more detail is included in this paper for further openness and transparency. Overall the fill rates remain within 0.5-3 % difference from previous months. There is little change in the areas reporting less than 70 % fill rate in month or fewer than 80% fill rate for 3 consecutive months.

Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce.

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Annex 1

Inpatient Heat Map - February 2019

Ward Name	Patient feedback			Harms								Absence and Turnover		Staffing								Ward Accreditation Score		
				Falls with harm			Pressure Ulcers			Infection control				Day		Night		Care Hours Per Patient Day (CHPPD)						
	Compliments	Complaints	FFT recommended %	No harm or ungraded	Low	Moderate and Severe	Category 2	Category 3	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	Labour Turnover Rate FTE %	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall			
AMU 1	1	0	100	4	0	0	0	1	0	0	0	6.5	0.0	90.3	80.3	91.1	107.1	587	4.5	4.1	8.5	↑	Jul-18	
AMU 4	0	0	96	1	2	0	0	0	0	0	0	6.8	18.6	93.3	99.2	117.9	124.5	437	6.1	5.6	11.7	↑	Jul-18	
ICU	1	0	100	0	0	0	3	0	0	0	0	6.3	3.4	97.5	94.2	98.9	96.6	389	24.9	2.7	27.5			
WARD 03	0	1	86	3	2	0	2	0	0	0	0	1.9	10.5	96.6	85.7	99.8	94.6	764	3.3	4.7	8.0	↔	Feb-18	
WARD 06	1	0	96	7	0	0	1	0	0	0	0	5.5	11.7	74.5	105.8	82.0	121.6	897	4.1	7.5	11.6	↓	Feb-19	
WARD 07	0	0	94	0	0	0	0	1	0	0	0	8.1	0.0	99.7	104.4	100.0	141.2	353	4.2	3.6	7.8	↑	Jan-18	
WARD 08	0	0	93	2	0	0	1	0	0	0	0	3.3	7.3	92.8	96.2	89.3	139.7	781	3.0	2.3	5.3	↑	May-18	
WARD 09	0	1	98	4	1	0	0	0	0	0	1	9.4	18.6	83.9	95.1	134.4	101.4	662	3.4	3.3	6.7	↔	Jun-18	
WARD 11	7	3	91	1	0	0	0	1	0	0	0	4.4	0.0	91.3	91.5	93.8	124.5	679	3.6	2.3	5.9	↔	Mar-18	
WARD 12	0	0	100	0	0	0	0	0	0	0	0	5.0	17.6	81.9	128.2	88.7	115.6	376	6.0	3.0	8.9	↓	Mar-18	

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WARD 14	0	1	100	2	0	0	0	0	0	0	0	8.4	6.0	76.7	137.3	100.0	109.3	489	3.4	2.5	5.9	↔	Oct-18
WARD 15	0	0	96	2	3	0	0	0	0	0	0	2.8	0.0	83.4	96.8	100.0	100.0	508	3.2	3.6	6.8	↑	Mar-19
WARD 17	0	0	93	5	4	0	0	1	0	0	0	-	-	79.7	50.0	92.1	89.3	279	5.0	5.0	10.1		
WARD 18	4	2	98	0	0	0	0	0	0	0	0	12.7	17.5	89.0	146.6	92.4	153.0	542	4.6	2.4	6.9	↔	Apr-18
WARD 20	0	0	100	0	0	0	0	0	0	0	0	1.9	14.0	84.7	115.8	97.7	117.7	763	4.6	1.7	6.4	↔	Mar-18
WARD 21	2	1	89	0	0	0	1	0	0	0	0	5.4	27.3	79.6	107.3	95.2	102.5	669	4.8	2.9	7.7	↔	May-18
WARD 22	0	1	100	1	0	0	2	0	0	0	0	2.9	5.5	84.3	83.2	96.1	104.7	665	5.5	3.2	8.6	↔	Mar-18
WARD 23	0	0	98	1	2	0	1	0	0	0	0	9.7	14.5	85.7	99.7	91.9	117.8	822	4.8	3.7	8.5	↔	Feb-18
WARD 24	0	0	100	1	2	0	0	0	0	0	0	4.9	9.9	99.3	101.9	100.0	99.7	343	4.1	3.1	7.2	↑	Jan-19
WARD 26	8	1	100	4	2	1	1	0	0	0	0	5.6	14.6	94.8	123.2	89.2	144.7	833	3.1	3.4	6.6	↔	Apr-18
WARD 27	9	1	100	2	1	0	1	1	0	0	0	6.9	35.7	85.2	123.4	88.2	184.0	656	3.4	3.1	6.4	↔	Sep-18
WARD 28	4	0	100	0	1	0	1	0	0	0	0	5.8	16.4	71.6	62.9	100.0	70.7	351	5.6	2.8	8.4	↑	Nov-17
WARD 29	0	0	100	6	5	0	2	3	0	0	0	5.8	0.0	84.8	105.2	88.2	109.5	905	2.5	4.4	6.9	↔	May-18
Paediatrics	2	0	100	0	0	0	0	0	0	0	0	7.6	10.5	88.1	80.4	88.4	47.3	934	8.1	1.5	9.6	↑	Nov-17
WARD 31	0	1	82	2	5	0	1	1	0	0	0	3.2	11.6	82.5	111.4	63.4	132.0	868	2.2	5.1	7.3	↓	Mar-18
WARD 33	0	0	100	0	0	0	0	0	0	0	0	7.8	0.0	87.4	110.4	100.0	95.1	357	4.3	3.7	8.1	↓	Nov-18
BIRTHING CENTRE	0	0	100	0	0	0	0	0	0	0	0	2.6	0.0	96.6	89.6	97.7	123.1	99	21.5	7.0	28.4	↔	Jun-18
LABOUR WARD	0	0	100	0	0	0	0	0	0	0	0	3.9	5.2	101.6	-	99.1	-	295	14.7	0.0	14.7	↔	Jun-18
NNU	0	0	100	0	0	0	0	0	0	0	0	5.8	3.8	90.8	55.3	92.8	71.0	837	9.5	0.8	10.3		
WARD M3	0	0	-	0	0	0	0	0	0	0	0	7.2	15.0	88.6	72.9	97.9	90.5	711	3.6	1.3	4.9	↓	Aug-18
WARD M4	0	0	-	0	0	0	0	0	0	0	0	4.1	16.4	92.9	69.8	100.1	98.5	552	4.3	2.3	6.5	↔	Aug-18
WBG	0	0	0	0	0	0	1	0	0	0	0	11.3	29.2	99.3	93.7	99.4	103.6	521	2.8	3.4	6.2	↑	May-18
WWP	0	0	100	4	0	0	1	0	0	0	0	6.4	26.8	100.8	93.8	104.1	106.5	503	3.0	3.5	6.5	↔	Feb-18
WARD F5	0	0	100	6	1	0	0	2	0	0	0	4.5	7.4	99.6	95.6	100.1	99.1	793	1.8	4.0	5.8	↔	Mar-18
WARD F6	0	0	97	3	1	0	1	1	0	0	0	8.8	20.6	90.2	100.8	100.0	97.5	712	2.4	4.5	6.9	↓	Jan-18