

Our reference: **CHSFOI24-25.28**

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Service (CHS) on Monday 22 April 2025, with a revised scope received **Monday 5 May 2025**.

This application requested access to:

'1. Regarding the internal audit or performance review on patient discharge delays and hospital bed availability:

I am specifically seeking a copy of the most recent internal audit or internal performance review document conducted between 1 January 2024 and 31 March 2024 that focuses on issues relating to delays in patient discharge and the availability of hospital beds across ACT public hospitals. If no single document addresses both topics, I am happy to receive separate documents that cover each aspect individually.

2. Regarding strategies to improve ED throughput and reduce bottlenecks:

Thank you for confirming that CHS holds information relevant to this point. I would like to request documents showing strategies planned or implemented between 1 January 2024 and 31 March 2024 to improve emergency department throughput and reduce system bottlenecks, including any benchmarks or evaluation criteria.

3. Regarding complaints related to emergency care delays:

I understand that CHS is unable to report directly on ED care delays, and that information involving personal health details is outside the scope of the FOI Act. However, I would still appreciate summary-level information or aggregated reports, if available, showing the number of complaints received between 1 January 2024 and 31 March 2024 specifically related to emergency department delays, and any general (non-personalised) Directorate responses or policy actions taken in response to recurring issues'

As the Principal Officer of Canberra Health Services, I am authorised to make a decision on access or amendment to government information in the possession or control of Canberra Health Services. CHS was required to provide a decision on your access application by **Wednesday 18 June 2025**.

I have identified **24** documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to **13** documents; and
- grant partial access to **11** documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to the documents at references 1-5, 7-9, 15, 21-24.

Partial Access

I have decided to grant partial access to the documents at references 6, 10-14, 16-19 and 20. These documents contain redactions that have been made to personal information, being mobile numbers of ACT-Government employees and identifying information of non-ACT Government Employees.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the redacted information under the test set out in section 17 of the Act. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

In relation to Question 3

Between January 2024 and March 2024, there were 14 complaints that related to ED wait times (noting there were other clinical components to each complaint as well):

- North Canberra Hospital – 11 complaints
- Canberra Hospital – 3 complaints

Of these 14 complaints:

- 3 related to patients not understanding how the ED triage system operates and observed patients who arrived after them being seen first.
- 6 patients waited less than four hours.
- 2 written responses were provided to address concerns, however included information specific to the patient; all other complaints were resolved via phone contact.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal

Allara House

15 Constitution Avenue

GPO Box 370

Canberra City ACT 2601

Telephone: (02) 6207 1740

<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Dave Peffer

Chief Executive Officer

Canberra Health Services

18 June 2025

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>1. Regarding the internal audit or performance review on patient discharge delays and hospital bed availability: I am specifically seeking a copy of the most recent internal audit or internal performance review document conducted between 1 January 2024 and 31 March 2024 that focuses on issues relating to delays in patient discharge and the availability of hospital beds across ACT public hospitals. If no single document addresses both topics, I am happy to receive separate documents that cover each aspect individually.</i> <i>2. Regarding strategies to improve ED throughput and reduce bottlenecks: Thank you for confirming that CHS holds information relevant to this point. I would like to request documents showing strategies planned or implemented between 1 January 2024 and 31 March 2024 to improve emergency department throughput and reduce system bottlenecks, including any benchmarks or evaluation criteria.</i>	CHSFOI24-25.28

	<i>3. Regarding complaints related to emergency care delays: I understand that CHS is unable to report directly on ED care delays, and that information involving personal health details is outside the scope of the FOI Act. However, I would still appreciate summary-level information or aggregated reports, if available, showing the number of complaints received between 1 January 2024 and 31 March 2024 specifically related to emergency department delays, and any general (non-personalised) Directorate responses or policy actions taken in response to recurring issues.</i>	
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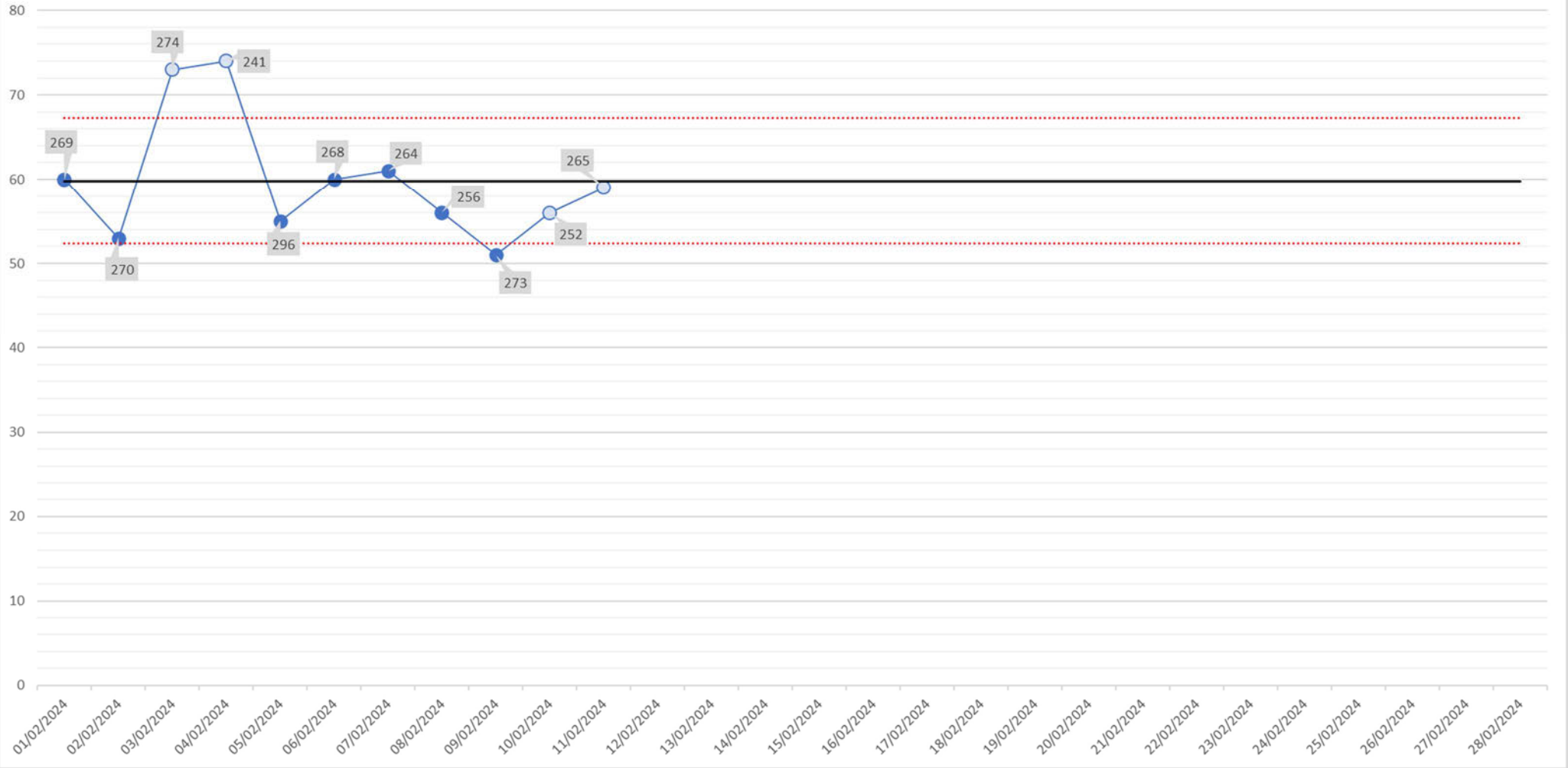
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	01 - 05	Emergency Department Metrics Data	14 February 2024	Full Release		YES
2.	06 - 07	Flex Beds and Contracted Care Long Run Chart - 19 February	19 February 2024	Full Release		YES
3.	08 - 09	Flex Beds and Contracted Care Long Run Chart - 26 February	26 February 2024	Full Release		YES
4.	10 - 20	Emergency Department Audit	February 2024	Full Release		YES
5.	21	NEAT Metric Performance Progress Report	05 January 2024	Full Release		YES
6.	21 - 26	Weekend Operational Capacity Plan	05 January 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
7.	27 - 29	Emergency Department NEAT Improvement	09 January 2024	Full Release		YES

8.	30 - 32	Project Plan - Emergency Department NEAT Improvement	09 January 2024	Full Release		YES
9.	33 - 34	Emergency Care Portfolio Minutes	10 January 2024	Full Release		YES
10.	35 - 39	Weekend Operational Capacity Plan	19 January 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
11.	40 - 44	Weekend Operational Capacity Plan	25 January 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
12.	45 - 49	Weekend Operational Capacity Plan	02 February 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
13.	50 - 54	Weekend Operational Capacity Plan	09 February 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
14.	55 - 59	Weekend Operational Capacity Plan	16 February 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
15.	60 - 67	NEAT Metric Performance Progress Report	28 February 2024	Full Release		YES
16.	68 - 72	Weekend Operational Capacity Plan	01 March 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
17.	73 - 77	Weekend Operational Capacity Plan	10 March 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
18.	78 - 82	Weekend Operational Capacity Plan	22 March 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
19.	83 - 87	Weekend Operational Capacity Plan	18 April 2024	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
20.	88 - 90	AHHM Portfolio - Issues Register	Multiple	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
21.	91 - 139	Working NEAT Progress Report	January - March 2024	Full Release		YES
22.	140 - 141	Bed Huddle Dashboard	N/A	Full Release		YES
23.	142 - 143	Template - Rapid Response Review 24 hour Breach	N/A	Full Release		YES

24.	144 - 193	North Canberra Hospital Performance Framework	February 2024	Full Release		YES
Total Number of Documents						
24						

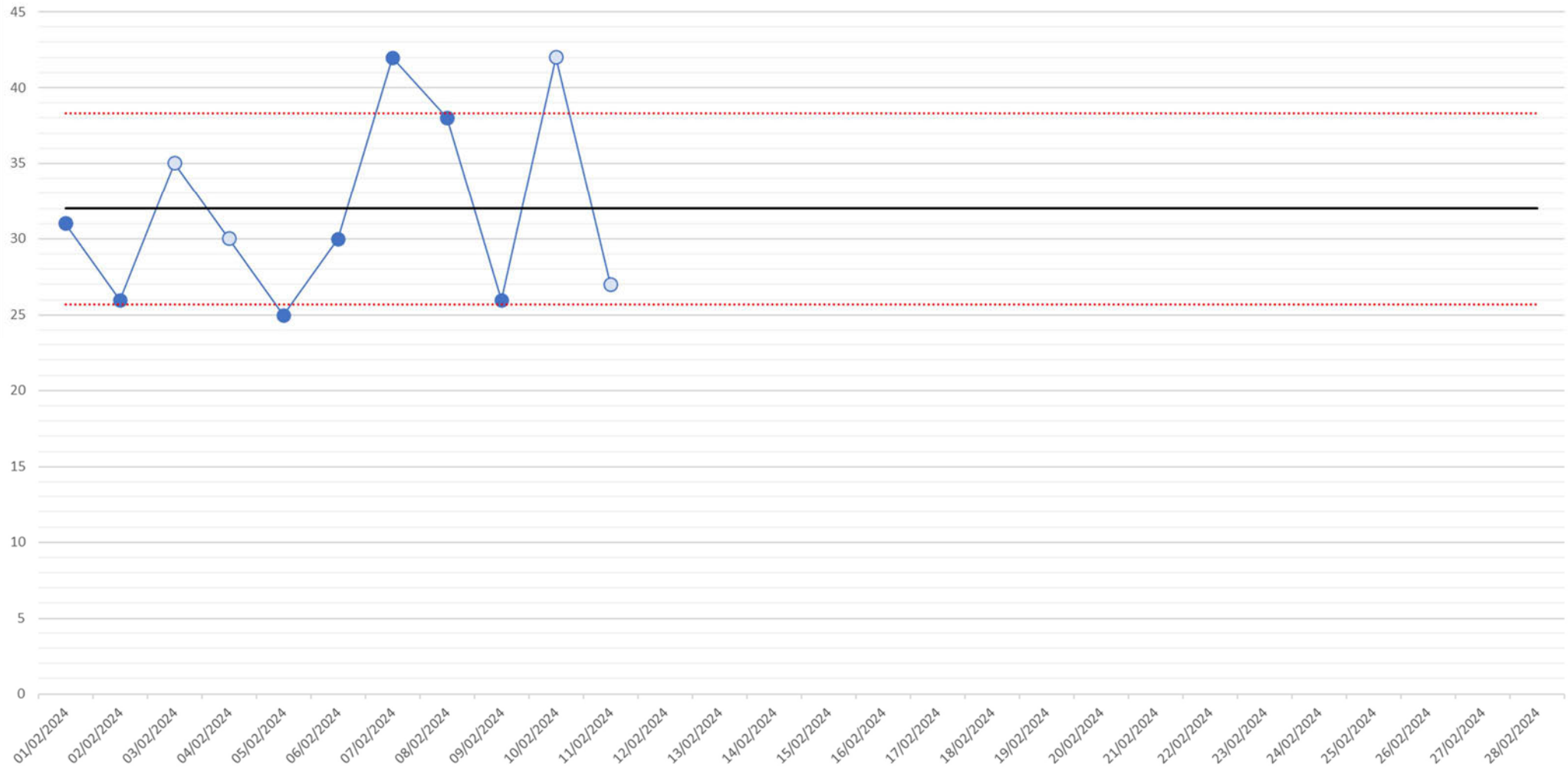
Daily NEAT

NEAT % control line UCL LCL



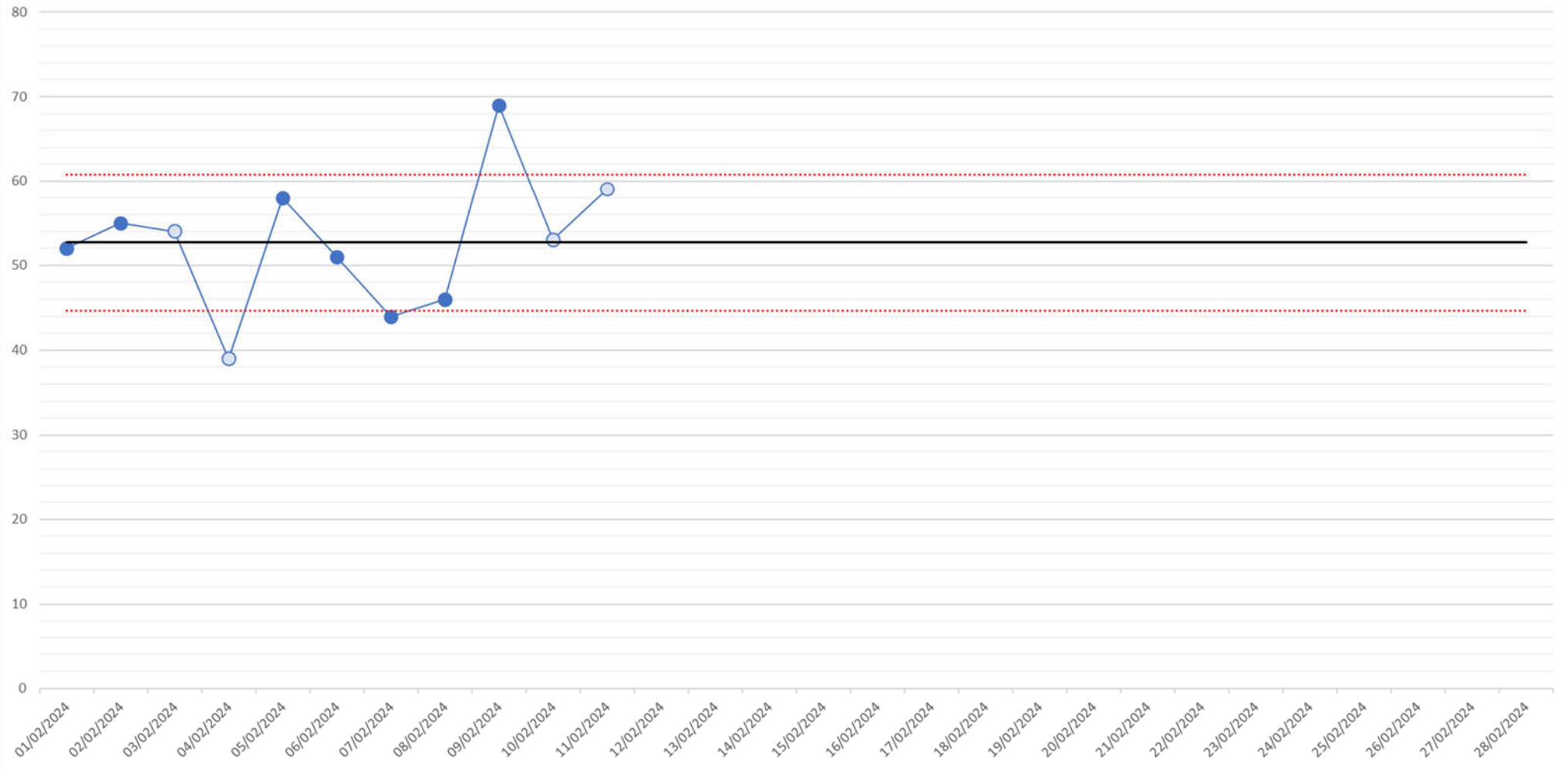
Admit NEAT

NEAT % control line UCL LCL



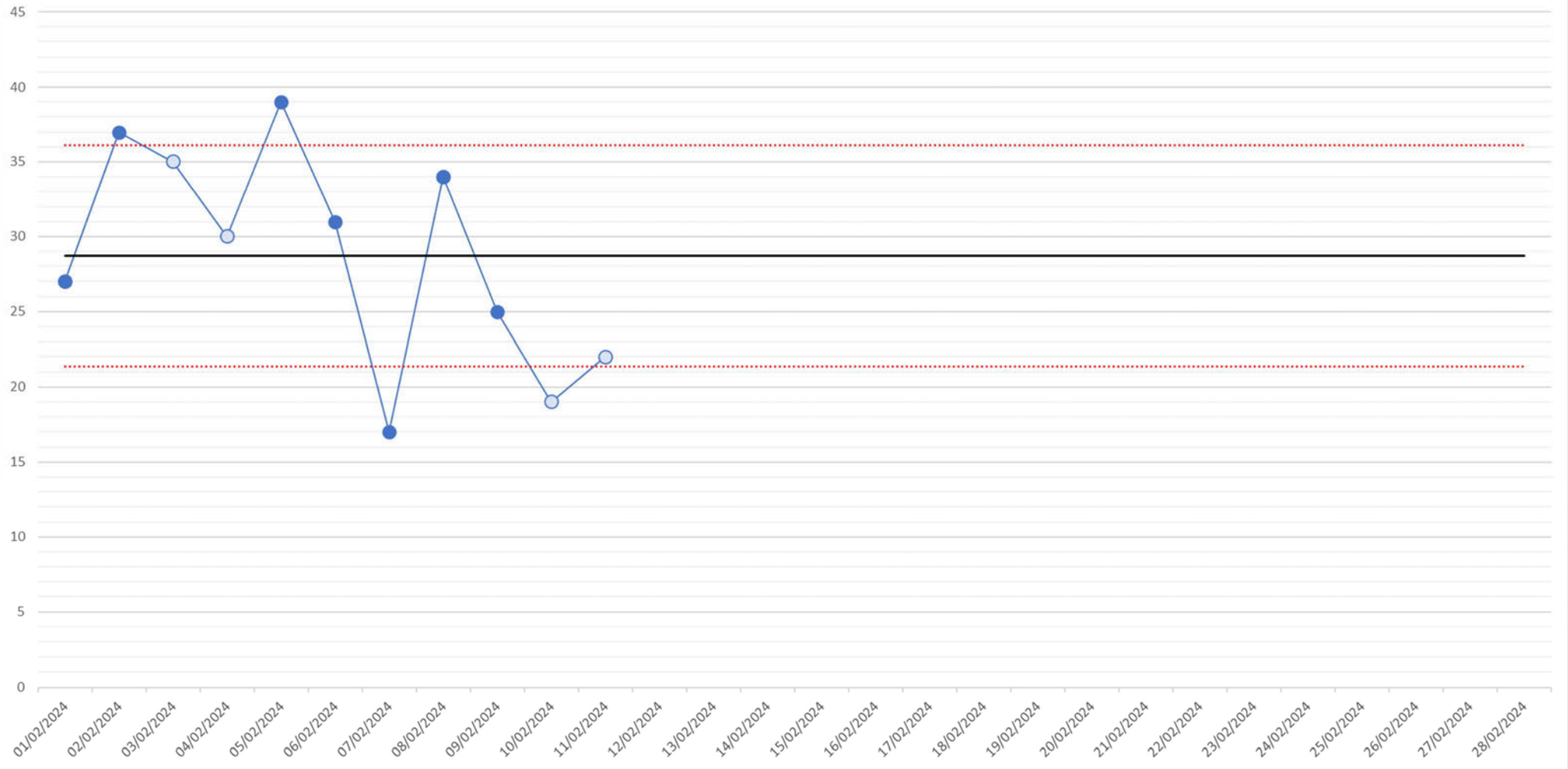
% patients Bed Booked > 3.5hrs

● % Bed Ready to Depart >30min — control line UCL LCL



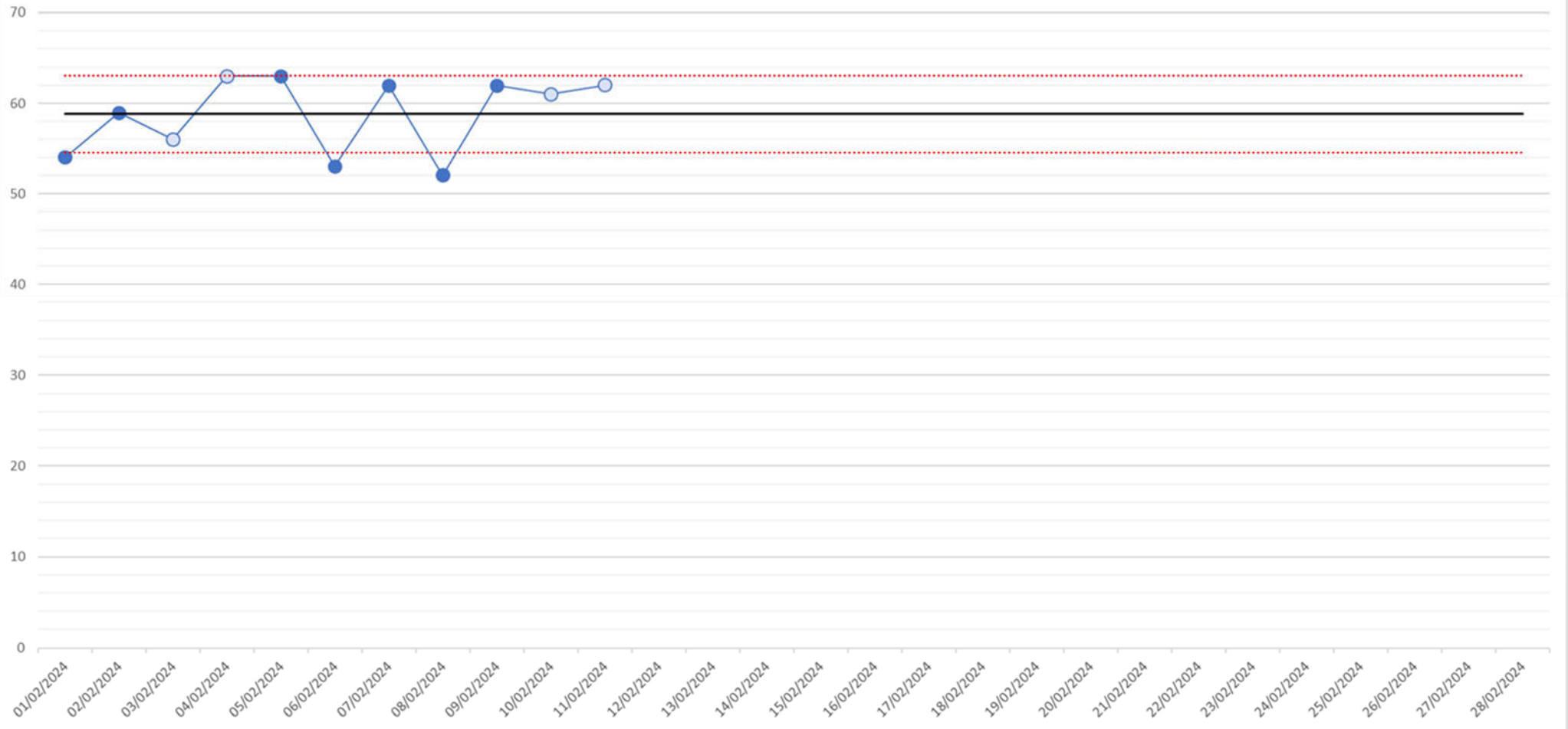
% Patients with Bed Request to Bed Ready > 1hr

● % Bed Ready to Depart >30min — control line UCL LCL

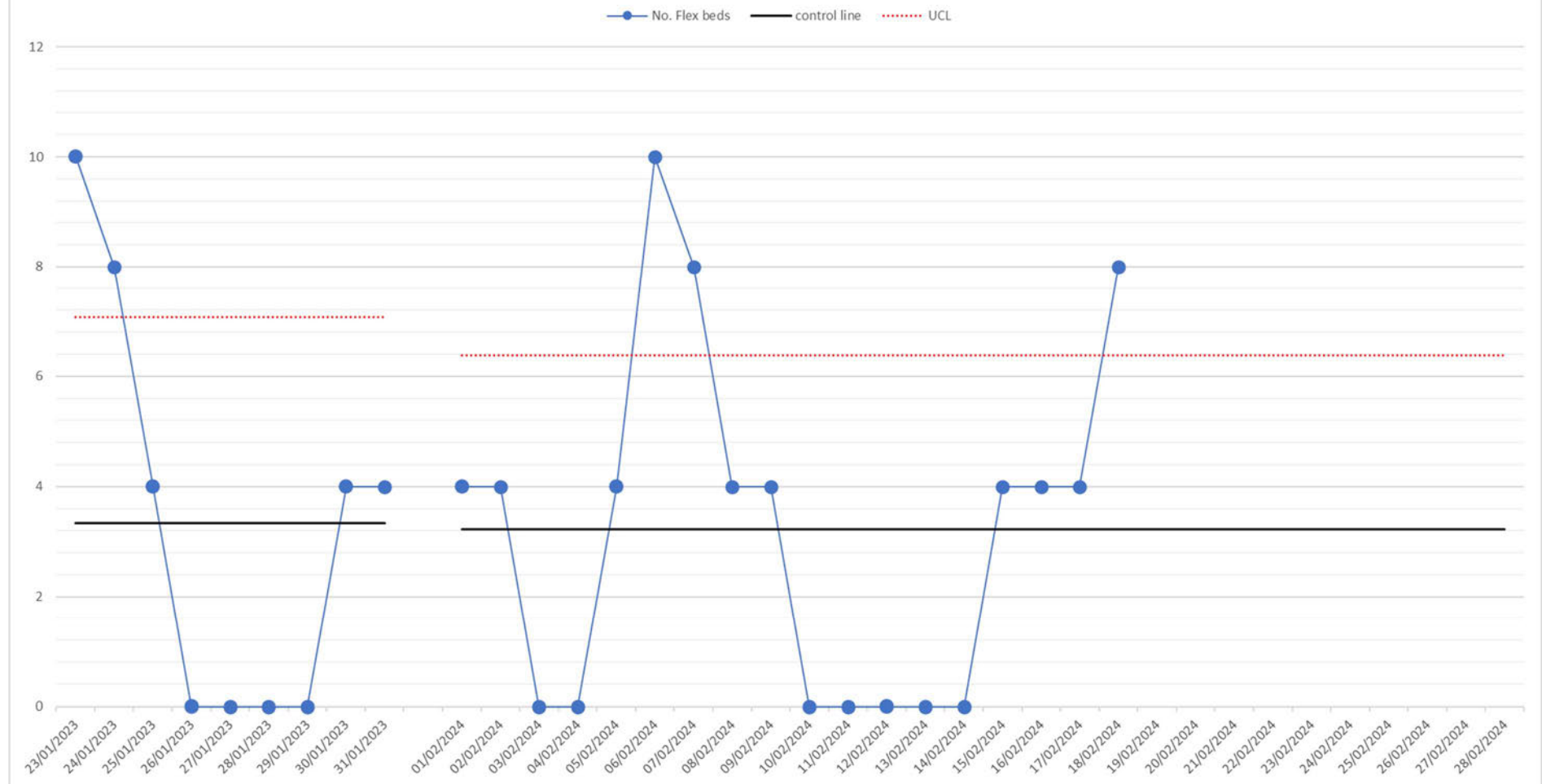


Inpatient Bed Ready to ED Departure % > 30 mins

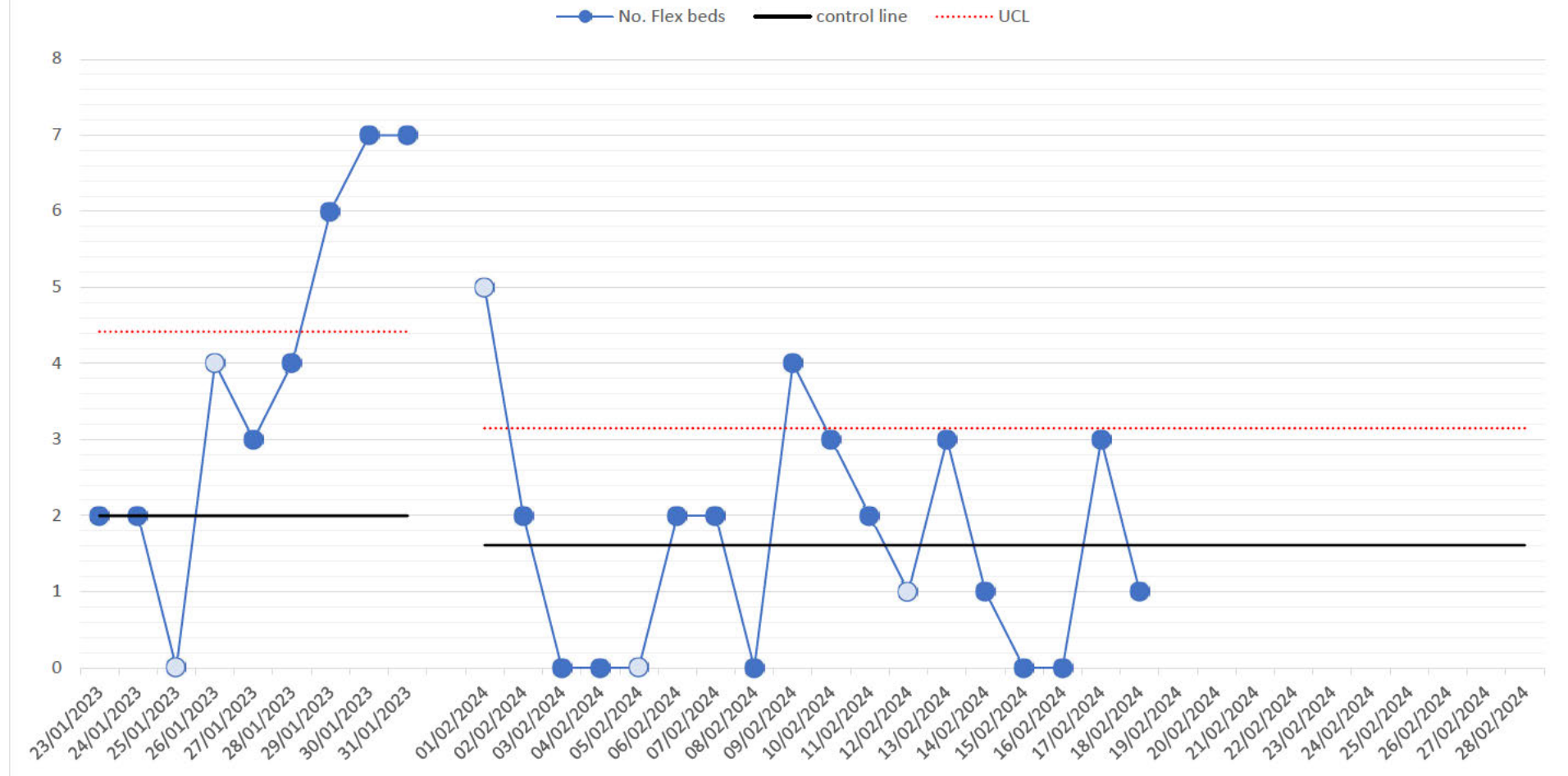
● % Bed Ready to Depart >30min — control line UCL LCL



Number of Flex beds in Use

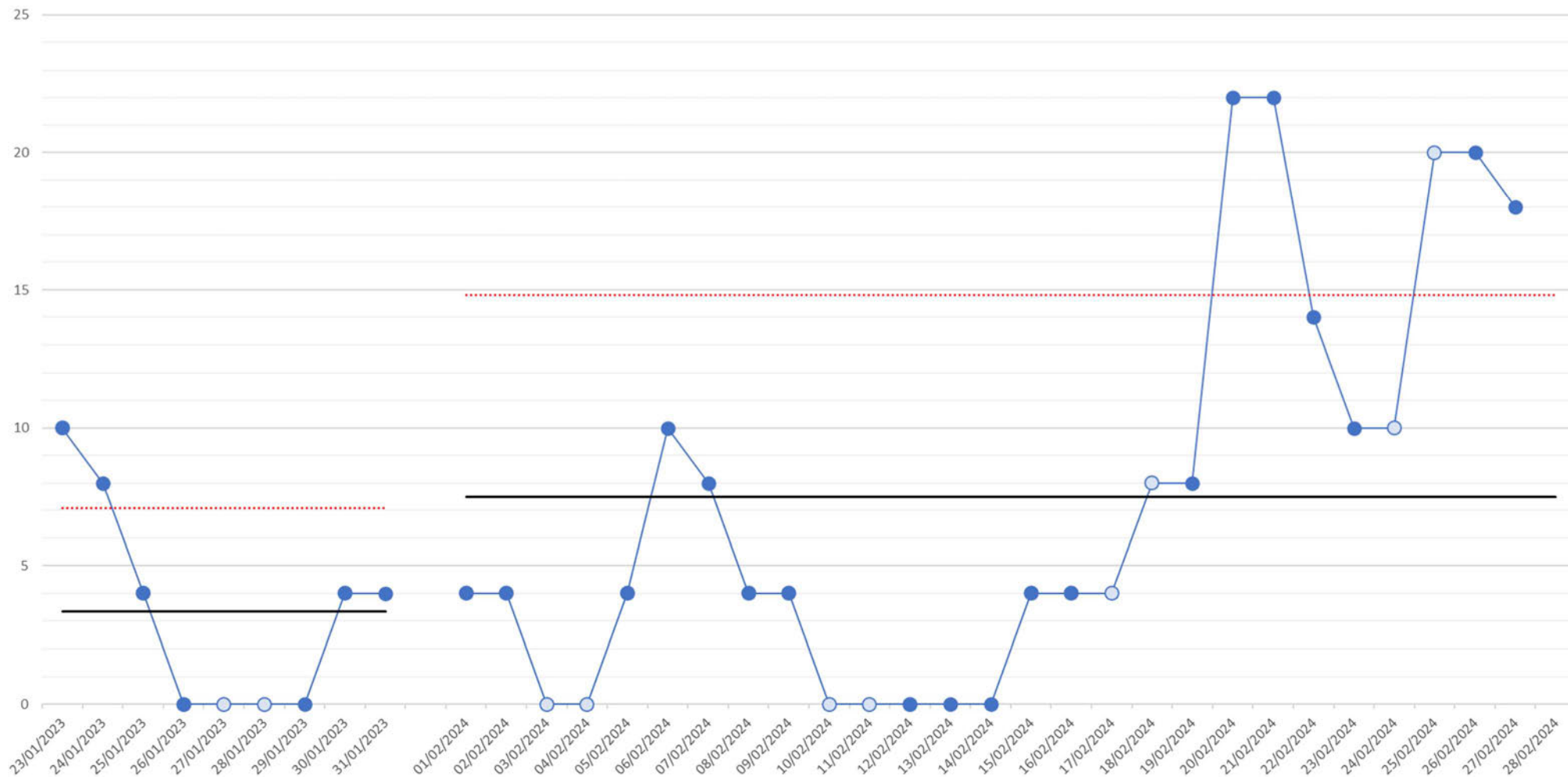


Number of Patients in Contracted Care



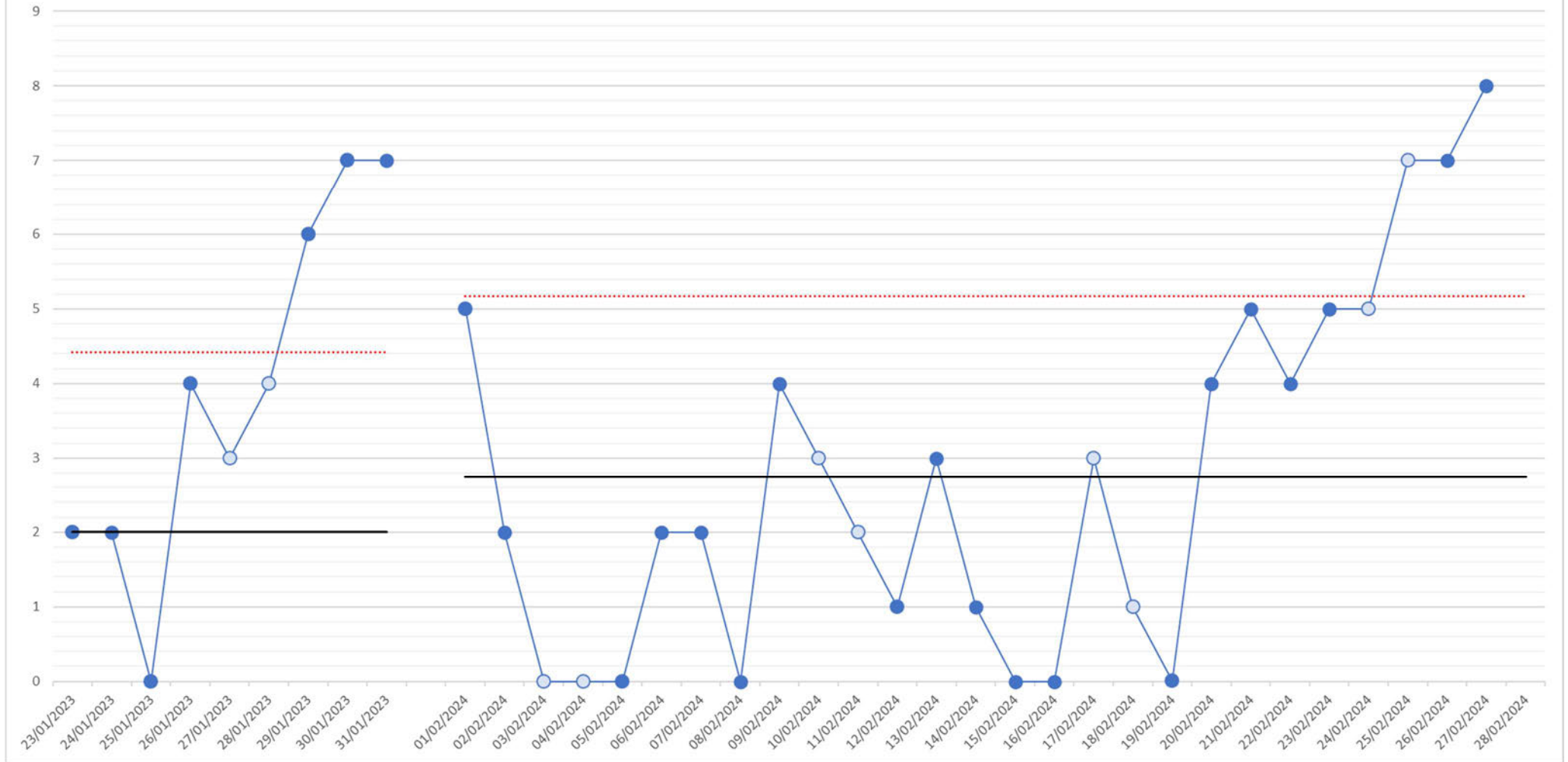
Number of Flex beds in Use

—●— No. Flex beds — control line UCL



Number of Patients in Contracted Care

—●— No. Flex beds — control line - - - - - UCL



Arrival Date	Arrival Time	Ready to Depart Hrs
04/02/2024	3:34:08 PM	1.0
02/02/2024	6:23:39 PM	1.0
02/02/2024	4:00:25 PM	1.0
02/02/2024	12:28:05 PM	1.0
01/02/2024	10:07:00 PM	1.1
05/02/2024	11:56:23 AM	1.1
02/02/2024	1:24:52 PM	1.1
05/02/2024	9:34:30 AM	1.1
05/02/2024	11:45:40 AM	1.1
01/02/2024	3:13:14 PM	1.1
05/02/2024	2:17:00 PM	1.2
05/02/2024	3:38:29 PM	1.2
01/02/2024	9:08:13 AM	1.2
04/02/2024	4:31:24 PM	1.2
05/02/2024	11:20:53 AM	1.2
05/02/2024	1:46:00 PM	1.3
03/02/2024	9:26:56 PM	1.3
02/02/2024	12:22:53 PM	1.3
04/02/2024	3:32:49 AM	1.3
04/02/2024	2:46:11 PM	1.3
02/02/2024	1:52:54 PM	1.3
03/02/2024	7:47:34 PM	1.3
01/02/2024	12:42:00 PM	1.3
05/02/2024	10:36:16 AM	1.3
02/02/2024	6:45:07 PM	1.3
02/02/2024	12:48:50 PM	1.4
05/02/2024	6:34:18 PM	1.4
03/02/2024	9:26:23 AM	1.4
01/02/2024	10:32:34 AM	1.4
02/02/2024	2:24:41 PM	1.4
05/02/2024	3:06:58 PM	1.4
04/02/2024	8:27:54 AM	1.4
04/02/2024	4:11:02 PM	1.5
05/02/2024	7:58:00 PM	1.5
04/02/2024	2:07:03 PM	1.5
04/02/2024	5:47:19 PM	1.5
03/02/2024	5:17:42 PM	1.5
02/02/2024	7:28:45 PM	1.6
05/02/2024	10:25:44 AM	1.6
02/02/2024	3:39:10 PM	1.6
01/02/2024	10:08:00 AM	1.6
04/02/2024	12:44:38 AM	1.6
02/02/2024	4:31:53 PM	1.6
04/02/2024	10:56:34 PM	1.7
01/02/2024	2:17:00 PM	1.7
05/02/2024	9:26:49 PM	1.7
03/02/2024	1:37:00 PM	1.7
01/02/2024	8:38:00 PM	1.8
01/02/2024	10:01:52 AM	1.8

02/02/2024	5:12:24 PM	1.8
02/02/2024	10:03:47 AM	1.8
01/02/2024	9:54:00 AM	1.8
03/02/2024	9:58:00 AM	1.8
02/02/2024	1:12:52 PM	1.8
05/02/2024	9:57:26 PM	1.8
04/02/2024	9:49:28 PM	1.9
04/02/2024	8:17:00 AM	1.9
05/02/2024	3:48:54 PM	2.0
01/02/2024	11:50:16 PM	2.0
04/02/2024	10:36:27 AM	2.0
05/02/2024	9:05:17 PM	2.0
05/02/2024	4:46:00 PM	2.0
05/02/2024	9:53:06 AM	2.1
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02/02/2024	4:35:39 PM	2.3
05/02/2024	10:58:34 PM	2.3
05/02/2024	2:50:00 PM	2.3
02/02/2024	5:21:01 PM	2.6
02/02/2024	1:48:42 PM	2.6
04/02/2024	8:04:02 PM	2.6
05/02/2024	5:21:11 PM	2.8
03/02/2024	3:30:00 PM	2.8
01/02/2024	3:19:17 PM	2.9
02/02/2024	12:22:58 PM	3.0
05/02/2024	10:52:30 PM	3.1
03/02/2024	5:11:54 PM	3.2
04/02/2024	6:24:39 PM	3.2
01/02/2024	9:59:00 PM	3.2
05/02/2024	5:13:03 PM	3.2
02/02/2024	7:05:09 PM	3.3
05/02/2024	9:22:44 PM	3.4
02/02/2024	5:29:07 PM	3.5
02/02/2024	12:11:55 PM	3.5
05/02/2024	5:54:37 PM	3.5
03/02/2024	11:25:23 PM	3.7
02/02/2024	10:51:33 AM	3.7
02/02/2024	12:56:09 PM	3.8
01/02/2024	12:14:00 AM	3.8
02/02/2024	11:08:26 AM	3.9
05/02/2024	12:43:43 PM	3.9
05/02/2024	5:29:18 PM	4.0
02/02/2024	10:51:37 AM	4.1
04/02/2024	7:02:15 PM	4.5
05/02/2024	12:08:15 AM	4.6
04/02/2024	6:02:24 PM	5.2
04/02/2024	9:24:18 PM	6.1
04/02/2024	11:10:01 AM	6.5
02/02/2024	2:57:52 PM	6.6

Arrival Date	Arrival Time	Ready to Depart
01/02/2024	12:55:33 PM	0.7
01/02/2024	2:36:00 PM	0.8
01/02/2024	10:51:49 AM	0.8
01/02/2024	7:38:56 PM	0.8
01/02/2024	1:25:29 PM	0.9
01/02/2024	7:03:24 AM	0.9
01/02/2024	11:15:00 AM	0.8
01/02/2024	1:02:00 PM	0.6
01/02/2024	12:51:13 PM	0.8
01/02/2024	10:07:00 PM	1.1
01/02/2024	3:13:14 PM	1.1
01/02/2024	9:08:13 AM	1.2
01/02/2024	12:42:00 PM	1.3
01/02/2024	10:32:34 AM	1.4
01/02/2024	10:08:00 AM	1.6
01/02/2024	2:17:00 PM	1.7
01/02/2024	8:38:00 PM	1.8
01/02/2024	10:01:52 AM	1.8
01/02/2024	9:54:00 AM	1.8
01/02/2024	11:50:16 PM	2.0
01/02/2024	3:19:17 PM	2.9
01/02/2024	9:59:00 PM	3.2
01/02/2024	12:14:00 AM	3.8
02/02/2024	3:13:52 PM	0.6
02/02/2024	10:31:20 PM	0.6
02/02/2024	10:26:50 AM	0.6
02/02/2024	12:11:00 AM	0.6
02/02/2024	2:10:18 PM	0.7
02/02/2024	2:39:42 PM	0.8
02/02/2024	6:08:51 PM	1.0
02/02/2024	7:10:17 PM	1.0
02/02/2024	4:21:06 PM	1.0
02/02/2024	2:37:37 PM	1.0
02/02/2024	4:07:27 PM	0.8
02/02/2024	2:45:47 PM	1.0
02/02/2024	12:38:44 PM	1.0
02/02/2024	6:23:39 PM	1.0
02/02/2024	4:00:25 PM	1.0
02/02/2024	12:28:05 PM	1.0
02/02/2024	1:24:52 PM	1.1
02/02/2024	12:22:53 PM	1.3
02/02/2024	1:52:54 PM	1.3
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02/02/2024	3:39:10 PM	1.6
02/02/2024	4:31:53 PM	1.6
02/02/2024	5:12:24 PM	1.8
02/02/2024	10:03:47 AM	1.8
02/02/2024	1:12:52 PM	1.8
02/02/2024	4:35:39 PM	2.3
02/02/2024	5:21:01 PM	2.6
02/02/2024	1:48:42 PM	2.6

	Breach	Total	%
01/02/2024	36	67	53.73%
02/02/2024	46	78	58.97%
03/02/2024	27	48	56.25%
04/02/2024	35	56	62.50%
05/02/2024	48	76	63.16%
06/02/2024	39	74	52.70%
07/02/2024	48	77	62.34%
08/02/2024	32	61	52.46%
09/02/2024	42	68	61.76%
10/02/2024	38	62	61.29%
11/02/2024	46	74	62.16%

02/02/2024	12:22:58 PM	3.0
02/02/2024	7:05:09 PM	3.3
02/02/2024	5:29:07 PM	3.5
02/02/2024	12:11:55 PM	3.5
02/02/2024	10:51:33 AM	3.7
02/02/2024	12:56:09 PM	3.8
02/02/2024	11:08:26 AM	3.9
02/02/2024	10:51:37 AM	4.1
02/02/2024	2:57:52 PM	6.6
03/02/2024	2:59:00 PM	0.7
03/02/2024	10:57:00 PM	0.7
03/02/2024	7:26:00 PM	0.8
03/02/2024	5:33:30 PM	0.9
03/02/2024	1:29:00 PM	0.9
03/02/2024	8:51:38 PM	1.0
03/02/2024	5:06:12 PM	1.0
03/02/2024	3:54:35 PM	0.6
03/02/2024	9:46:35 PM	0.8
03/02/2024	3:03:00 PM	0.8
03/02/2024	7:43:56 AM	0.8
03/02/2024	9:26:56 PM	1.3
03/02/2024	7:47:34 PM	1.3
03/02/2024	9:26:23 AM	1.4
03/02/2024	5:17:42 PM	1.5
03/02/2024	1:37:00 PM	1.7
03/02/2024	9:58:00 AM	1.8
03/02/2024	3:30:00 PM	2.8
03/02/2024	5:11:54 PM	3.2
03/02/2024	11:25:23 PM	3.7
04/02/2024	1:15:32 AM	0.6
04/02/2024	1:21:04 AM	0.7
04/02/2024	11:25:27 PM	0.7
04/02/2024	5:41:53 PM	0.9
04/02/2024	12:42:47 PM	1.0
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04/02/2024	4:31:24 PM	1.2
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04/02/2024	8:27:54 AM	1.4
04/02/2024	4:11:02 PM	1.5
04/02/2024	2:07:03 PM	1.5
04/02/2024	5:47:19 PM	1.5
04/02/2024	12:44:38 AM	1.6
04/02/2024	10:56:34 PM	1.7
04/02/2024	9:49:28 PM	1.9
04/02/2024	8:17:00 AM	1.9
04/02/2024	10:36:27 AM	2.0
04/02/2024	3:19:08 PM	2.1
04/02/2024	8:04:02 PM	2.6
04/02/2024	6:24:39 PM	3.2
04/02/2024	7:02:15 PM	4.5

04/02/2024	6:02:24 PM	5.2
04/02/2024	9:24:18 PM	6.1
04/02/2024	11:10:01 AM	6.5
05/02/2024	2:01:56 PM	0.6
05/02/2024	3:21:59 PM	0.7
05/02/2024	2:58:03 PM	0.7
05/02/2024	4:53:20 PM	0.9
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05/02/2024	9:41:23 PM	0.6
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05/02/2024	5:05:19 PM	0.9
05/02/2024	1:23:27 PM	0.9
05/02/2024	11:56:23 AM	1.1
05/02/2024	9:34:30 AM	1.1
05/02/2024	11:45:40 AM	1.1
05/02/2024	2:17:00 PM	1.2
05/02/2024	3:38:29 PM	1.2
05/02/2024	11:20:53 AM	1.2
05/02/2024	1:46:00 PM	1.3
05/02/2024	10:36:16 AM	1.3
05/02/2024	6:34:18 PM	1.4
05/02/2024	3:06:58 PM	1.4
05/02/2024	7:58:00 PM	1.5
05/02/2024	10:25:44 AM	1.6
05/02/2024	9:26:49 PM	1.7
05/02/2024	9:57:26 PM	1.8
05/02/2024	3:48:54 PM	2.0
05/02/2024	9:05:17 PM	2.0
05/02/2024	4:46:00 PM	2.0
05/02/2024	9:53:06 AM	2.1
05/02/2024	10:58:34 PM	2.3
05/02/2024	2:50:00 PM	2.3
05/02/2024	5:21:11 PM	2.8
05/02/2024	10:52:30 PM	3.1
05/02/2024	5:13:03 PM	3.2
05/02/2024	9:22:44 PM	3.4
05/02/2024	5:54:37 PM	3.5
05/02/2024	12:43:43 PM	3.9
05/02/2024	5:29:18 PM	4.0
05/02/2024	12:08:15 AM	4.6

Arrival Date	Arrival Time	BB Timing Hrs
01/02/2024	4:25:43 PM	4.3
01/02/2024	10:30:59 PM	3.7
01/02/2024	3:57:27 AM	6.5
01/02/2024	11:07:00 AM	5.3
01/02/2024	2:07:21 PM	3.7
01/02/2024	5:54:46 PM	4.4
01/02/2024	10:02:00 PM	4.3
01/02/2024	5:51:00 PM	3.7
01/02/2024	1:04:29 AM	6.7
01/02/2024	5:52:02 PM	3.4
01/02/2024	4:37:33 PM	3.6
01/02/2024	5:40:43 PM	5.6
01/02/2024	8:51:41 PM	3.5
01/02/2024	6:43:03 PM	4.0
01/02/2024	8:08:12 PM	3.7
01/02/2024	3:02:35 PM	10.5
01/02/2024	9:28:00 AM	6.6
01/02/2024	7:39:00 AM	5.3
01/02/2024	10:31:00 AM	4.2
01/02/2024	9:25:00 AM	6.9
01/02/2024	1:02:00 PM	6.4
01/02/2024	12:51:13 PM	4.2
01/02/2024	12:27:00 PM	3.9
01/02/2024	12:42:00 PM	4.0
01/02/2024	1:25:29 PM	4.5
01/02/2024	2:36:00 PM	6.2
01/02/2024	7:02:36 PM	6.2
01/02/2024	7:03:24 AM	7.5
01/02/2024	3:06:50 PM	8.0
01/02/2024	3:19:17 PM	3.7
01/02/2024	3:13:14 PM	3.9
01/02/2024	10:07:00 PM	4.4
01/02/2024	12:42:00 PM	4.5
01/02/2024	10:08:00 AM	4.6
01/02/2024	10:32:34 AM	5.4
01/02/2024	9:59:00 PM	6.6
01/02/2024	11:50:16 PM	6.8
02/02/2024	7:18:00 AM	3.7
02/02/2024	7:16:14 PM	3.6
02/02/2024	4:26:42 PM	3.5
02/02/2024	8:41:49 PM	4.1
02/02/2024	2:09:19 PM	6.2
02/02/2024	6:21:00 AM	3.8
02/02/2024	5:40:21 PM	10.0
02/02/2024	9:59:05 PM	4.1
02/02/2024	7:27:49 PM	7.4
02/02/2024	7:04:15 PM	7.2
02/02/2024	2:45:47 PM	5.1
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02/02/2024	11:35:10 AM	4.2

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02/02/2024	43	78	55.13%
03/02/2024	26	48	54.17%
04/02/2024	22	56	39.29%
05/02/2024	44	76	57.89%
06/02/2024	38	74	51.35%
07/02/2024	34	77	44.16%
08/02/2024	28	61	45.90%
09/02/2024	47	68	69.12%
10/02/2024	33	62	53.23%
11/02/2024	44	74	59.46%

02/02/2024	2:37:37 PM	4.3
02/02/2024	3:52:14 PM	4.4
02/02/2024	12:43:00 AM	4.5
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02/02/2024	4:00:25 PM	4.0
02/02/2024	4:31:53 PM	4.2
02/02/2024	1:24:52 PM	4.5
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05/02/2024	9:05:17 PM	7.3
05/02/2024	10:25:44 AM	8.4
05/02/2024	5:29:18 PM	8.9

Arrival Date Arrival Time Req to Ready Hrs

01/02/2024	12:55:33 PM	2.5
01/02/2024	9:09:00 PM	2.0
01/02/2024	10:51:49 AM	2.5
01/02/2024	7:38:56 PM	4.1
01/02/2024	12:02:51 PM	2.3
01/02/2024	1:10:00 PM	1.3
01/02/2024	12:27:00 PM	1.4
01/02/2024	12:42:00 PM	1.7
01/02/2024	1:25:29 PM	2.4
01/02/2024	7:02:36 PM	1.4
01/02/2024	3:06:50 PM	9.4
01/02/2024	2:07:21 PM	1.3
01/02/2024	9:59:00 PM	1.6
01/02/2024	2:17:00 PM	3.0
02/02/2024	3:13:52 PM	4.0
02/02/2024	3:07:46 PM	6.0
02/02/2024	12:11:39 PM	1.9
02/02/2024	10:31:20 PM	4.4
02/02/2024	5:31:39 PM	4.7
02/02/2024	6:08:00 AM	5.6
02/02/2024	4:13:06 PM	2.2
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03/02/2024	5:06:12 PM	2.3
03/02/2024	10:10:00 PM	3.2
03/02/2024	10:57:00 PM	2.0

	Breach	Total	%
01/02/2024	18	67	26.87%
02/02/2024	29	78	37.18%
03/02/2024	17	48	35.42%
04/02/2024	17	56	30.36%
05/02/2024	30	76	39.47%
06/02/2024	23	74	31.08%
07/02/2024	13	77	16.88%
08/02/2024	21	61	34.43%
09/02/2024	17	68	25.00%
10/02/2024	12	62	19.35%
11/02/2024	16	74	21.62%

03/02/2024	2:10:33 PM	1.1
03/02/2024	9:26:56 PM	1.4
03/02/2024	11:25:23 PM	1.6
04/02/2024	3:58:44 PM	4.0
04/02/2024	11:25:27 PM	4.0
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04/02/2024	1:21:04 AM	1.9
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04/02/2024	6:07:56 PM	1.4
04/02/2024	11:32:16 PM	2.3
04/02/2024	4:36:00 AM	1.4
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04/02/2024	9:49:28 PM	1.8
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05/02/2024	9:09:06 PM	2.4
05/02/2024	12:47:55 PM	5.5
05/02/2024	11:45:57 AM	7.7
05/02/2024	2:01:56 PM	3.1
05/02/2024	6:39:01 PM	4.1
05/02/2024	10:14:55 PM	8.6
05/02/2024	6:26:26 PM	1.4
05/02/2024	4:53:20 PM	1.1
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05/02/2024	4:46:00 PM	4.4

Report NEAT metric performance progress tracking.
Department Emergency Department
Owner Rebekah Ogilvie
Date 05/01/2024

05/01/202412/01/202419/01/202426/01/202402/02/202409/02/202416/02/202423/02/202401/03/202408/03/2024											
Metric	Target	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Overall NEAT	80%	68%									
Admitted NEAT	50%	40%									
Admitted Bed Req to Physical Depart	60 mins	71									

Date	Week	Main Reason for Variance (ie. Delay, Above Expected Performance, etc.)
05/01/2024	1	CT Delays, ED delays medical team throughput evenings and overnight, 'Treatment/Disposition decision not made' as the highest reason for ED delays
12/01/2024	2	
19/01/2024	3	
26/01/2024	4	
02/02/2024	5	
09/02/2024	6	
16/02/2024	7	
23/02/2024	8	



The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 05 January - 08 January 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates based on current EDDs
 - Tier 1 and 2 Exec on Call onsite daily for early escalation
 - AH CNC active rounding and liaison with medical teams
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required
- Nursing staffing GREEN for the organisation
 - Available Relief Pool: 7 RN/EN, 14 AINs per shift
- Pathology shoot 113 experiencing intermittent outages.
 - Facilities Management working on problem, but may not be resolved until Monday
 - After Hours Team will action Courier Services where required.

2. EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- No current weather warnings
- Street Machine Summernats held over four days at Exhibition Park in Canberra, commencing 4th Jan 2024.
 - The event features competition driving events, an elite hall, show and shine, drifting, trade show and exhibition, concerts, cruising, burnouts and more, with Summernats being the finals showdown for the National Burnout Master for the year.

3. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHM/PFM	Saturday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHMM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHMM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity



ACT
Government

**Canberra Health
Services**

Weekend Operational Capacity Plan

Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Saturday through Monday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
Surgery	Emergency theatre access	Saturday x 4-5 Sunday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Friday through Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A



ACT
Government

**Canberra Health
Services**

Weekend Operational Capacity Plan

	Use of NCH beds to ensure AMHU capacity	Friday through Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric day Stay Unit if required	Friday through Monday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds	0730-1230 Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
Diagnostics and Patient Support Services	Pharmacy fully staffed with identified OT if required	Friday through Monday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Friday through Monday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Friday through Monday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Friday through Monday	Executive Director NMPSS	Internal	Ward Services	N/A

4. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

5. WEEKEND CONTACTS

Position	Name
Hospital Commander	Andrew Slattery
Executive On-Call	Maria Harman
After Hours Hospital Manager (24 hours)	██████████
Patient Flow Manager (0700-1930)	██████████

Improvement Program Benefits Statement

Problem Statement

Emergency Department Admit NEAT is underperforming and an improvement program for the patient treatment timeline and ED Admit NEAT reporting metric that is not delivering on its targets is identified by the COO as requiring focus for effectively continuously improving and reviewing this performance is needed.

Currently our intended results for Admit NEAT are delivered at estimated at 35% effectiveness, resulting in worsening delays within the overall patient flow in ED and into connected pull departments (ie. AMU and Wards).

Goal

Improve the average performance of the Admit NEAT from 35% to 45% delivered within 3 months. End state goal of meeting an average in line with the baseline target set for NSW of 50% by June 30, 2024.

Planning Definitions

- Approach How will we succeed? Our strategies are the general methods we intend to use to reach our vision. *No matter what the level, a strategy answers the question "how?"*
- Benefit A clear and concise statement communicating the benefit of initiating and delivering the end product and desired outcome of the program to meet the needs of the organization.
- Brief What is most important right now to reach our long-term strategic objectives? An overview of the project providing a full and firm justification for initiating a work group or project to start up the work process.
- Budget Allocation of finance to meet our costs to deliver the project.
- Controls Enable the integration program to be managed in an effective and efficient manner that is consistent with the scale, risks, complexity and importance of each project.
- Deliverables Actions that are specific, measurable, attainable, realistic and time bound. These are outcomes expressing a result expected in the organization.
- Goals What must we focus on to achieve our vision? What are the "big rocks"? Long-term statements that address all areas of our organization including financial, stakeholder, operations and employee Learning and Development.
- Governance A set of functions, processes, procedures and responsibilities that define the establishment, management and control of the program.
- Mission What is our purpose? Why do we exist? What do we do? The Mission Statement describes our organization's purpose or reason for existing.
- Schedule Who must do what, by when?
- Scope Determining a list of specific project goals, deliverables, tasks, milestones, quality expectation and ultimately costs. It is what needs to be achieved and the work that must be done to deliver a project.
- Timeline Completion date for the project.
- Values How will we behave? Our Values Statement clarifies what KL stands for, believes in, and the behaviours we expect to see as a result.
- Vision Where are we going? A Vision Statement defines our desired future state and provides direction for where we are going as an organization.

BRIEF *Emergency Department NEAT Improvement*

PROJECT	Emergency Department NEAT Improvement			
MISSION	Increase the average monthly performance of NEAT Admit KPI by 10% from 35% to 45% within 3 months.			
DELIVERABLES	Responsible operational supervisor driving the process and routines a at suitable standard.			
	AMU pilot standards for cleaning processes, turnaround times and responsible roles (inc. critical decision makers).			
	AMU pilot “phone handover” standards for transport readiness, communication between ED, AMU and critical Ward departments, and compliance to the routines.			
	Improvement in progress reporting and actioning to improve critical operational and success measuring KPIs utilising the COO Operations Centre and ED Portfolio Team.			
	Problem and issues register, evaluated, scored, and prioritised.			
	Constraint point management (inc. accountable person).			
VISION	To begin a process of improvement that doesn’t stop once an issue is resolved, but where the cycle continues for improved ED and overall system flow performance.			
GOVERNANCE	COO baseline project and improvement documentation and routines.			
CONTROLS	Documentation - one page brief, 8 week plan, and progress report (variances).			
	Routine – weekly portfolio stream meeting.			
OWNER	Grant Howard			
LEAD	Rebekah Ogilvie			
TEAM	Samuel Scanlan	Leanne Done	Andrew Slattery	Jo Lewis (AMU CNC)
	Anna Nakauyaca	Lindsay Ottaway	Nathan Roussos	Josie ... (ED Project Officer)
SCOPE	Emergency Department			
	Wards (those identified as critical)			
	Patient Flow and AMU support			
BUDGET	Not defined			
TIMELINE	8 weeks			
SCHEDULE	Start Up Plan Implementation – January 2, 2024.			

Emergency Department NEAT Improvement

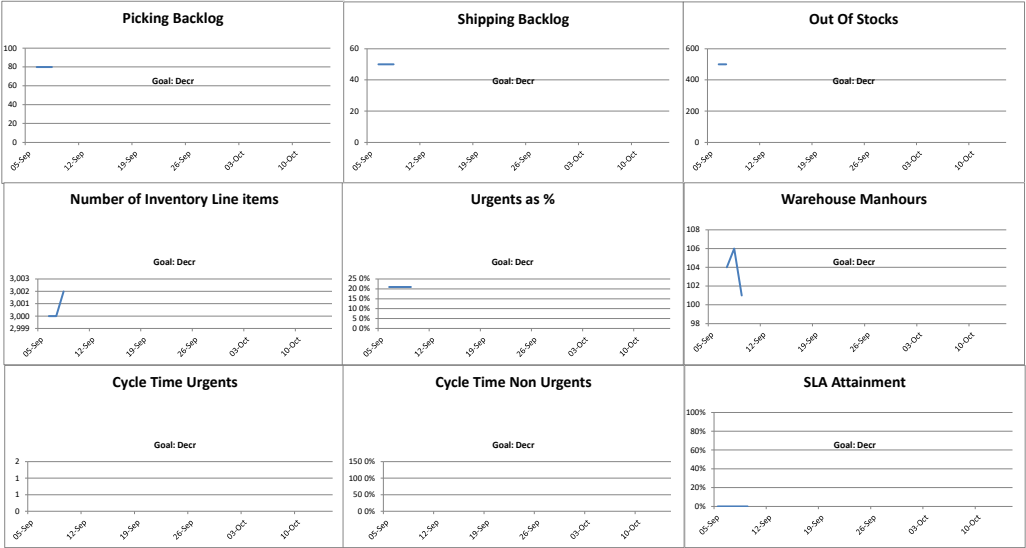
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	Due	6	14	11	11	10	8	11	11
	Complete	5	0	0	0	0	0	0	0
	Overdue	0	0	0	0	0	0	0	0

PROJECT METRICS

	Week1					Week2					Week3					Week4					Week5					Week6					Week7					Week8					
	05-Sep Mon	06-Sep Tue	07-Sep Wed	08-Sep Thu	09-Sep Fri	10-Sep Mon	11-Sep Tue	12-Sep Wed	13-Sep Thu	14-Sep Fri	15-Sep Mon	16-Sep Tue	17-Sep Wed	18-Sep Thu	19-Sep Fri	20-Sep Mon	21-Sep Tue	22-Sep Wed	23-Sep Thu	24-Sep Fri	25-Sep Mon	26-Sep Tue	27-Sep Wed	28-Sep Thu	29-Sep Fri	30-Sep Mon	01-Oct Tue	02-Oct Wed	03-Oct Thu	04-Oct Fri	05-Oct Mon	06-Oct Tue	07-Oct Wed	08-Oct Thu	09-Oct Fri	10-Oct Mon	11-Oct Tue	12-Oct Wed	13-Oct Thu	14-Oct Fri	
Warehouse Manhours			104	106	101																																				
Order % as Urgents		21%	21%	21%	21%																																				
Total Inventory Line Items		3000	3000	3002																																					
Out Of Stock Items		500	500																																						
"To Ship" Backlog		50	50	50																																					
"To Pick" Backlog		80	80	80																																					
Achieved Cycle Time-Regulars																																									
Achieved Cycle Time-Urgents																																									
SLA attainment %	0%	0%	0%	0%	0%																																				

PROJECT METRICS





MINUTES

I/We wish to acknowledge the Ngunnawal people as traditional custodians of the land we are meeting on and recognise any other people or families with connection to the lands of the ACT and region. I/We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. I/We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

Subject	Emergency Care Portfolio and Capacity Committee			
Date	13 th December 2023			
Time	4:30pm-5:30pm			
Location	Webex, CHS, B28 Level 1 Meeting Room 1			
Chair	Rebekah Ogilvie (RO), Director of Nursing, Patient Flow			
Secretariat	Gabrielle Delaney (GD) EA Patient Flow			
Members	Title / Department	Name	Attendance	Apologies
	Director of Nursing, Patient Flow	Rebekah Ogilvie (RO)	✓	
	Chief Operating Officer	Grant Howard (GH)	✓	
	Senior Business Manager, Medicine	Nathan Roussos (NR)	✓	
	Clinical Director, Emergency Department	Samuel Scanlan (SS)	✓	
	Clinical Director, AMU	Anna Nakauyaca (AN)	✓	
	Clinical Director, ICU	Manoj Singh (MS)		✓
	Assistant Director of Nursing, Patient Flow	Leanne Done (LD)	✓	
	Director of Nursing, Medicine	Kellie Noffke (KN)		✓
	Executive Director of Medicine	Andrew Slattery (AS)	✓	

AGENDA ITEM 1: ACKNOWLEDMENT OF COUNTRY

- N/A

AGENDA ITEM 2: ENDORSEMENT OF PREVIOUS MEETING MINUTES

- N/A

AGENDA ITEM 3: BUSINESS

	ITEM	RESPONSIBLE
3.1	Data review	
3.1.1	NEAT progress report	
3.2	Admit NEAT – 8 Week Cycle	
3.2.1	8 week plan refinement, referencing AMU review and current project template drafts for decisions to start implementation	
3.2.2		
3.3		
3.3.1		
3.4	OTHER BUSINESS	All
3.4.1		
3.4.2		

AGENDA ITEM 4: ACTIONS

ITEM	ACTION	STATUS / UPDATE
1.		
2.		

Next Meeting:

- Meeting members have been reworked to align with operational reporting framework. Looking to determine what priorities come out of this meeting and then pulling the important representatives for those groups into this whole group as needed.
- Focus on admitted neat, what can we do to try and get a sustained admitted neat.
- AMU, ICU, Paediatrics and Mental Health the most crucial in that space. The volume through each of these areas are variable, however both Mental Health and ICU do have groups of patients that have long lengths of stay, will increase valuable treatment space by moving some of these patients along. Paediatrics is growing in space and demand.
- Looking to do 8-week cycles for each issue/action item.
- Admitted neat- there is a flow on effect from AMU due to model of care change. Not achieving many discharges before 10am. Break down admitted neat into destinations and see if there are different delays to different areas. And are the numbers big enough to warrant doing something about it?
- Volume of ED treatment time hours,
- Paediatrics - issue with timeframe is due to ED decision making, too many registrars' default to the Paediatrics registrars for the admission as opposed to them making the direct admission. Direct admission rates are much lower than adult groups. Looking at upskilling registrars in Paediatrics. Some Paediatrics registrars are also quite junior.
- AMU- weekend staffing. Trying to model a 7-day week service. Currently Consultants during normal business hours on Saturdays and Sundays but trying to consider extending hours of operations to match the weekend vs day shifts.
- Hat data? Has improved significantly, Still working on admitted neat. Looking to reduce bed blocks and the amount of time on pause, particularly over the weekend.
- SPC Charts.
- Badger/ CHS Data warehouse



The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 19th January – 21st January 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates based on current EDDs
 - Tier 1 and 2 Exec on Call onsite daily for early escalation
 - AH CNC active rounding and liaison with medical teams
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required
- Nursing staffing GREEN for the organisation
 - Available Relief Pool: 7 RN/EN, 14 AINs per shift

EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- No current weather warnings
- JuicyFest: 19th January, Stage 88, Commonwealth Park.
 - JuicyFest is the biggest Hip-Hop and R&B music festival in the Southern Hemisphere.

2. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHM/PFM	Saturday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHMM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHMM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity



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Weekend Operational Capacity Plan

Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Saturday through Monday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
Surgery	Emergency theatre access	Saturday x 4-5 Sunday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Friday through Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A



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Weekend Operational Capacity Plan

	Use of NCH beds to ensure AMHU capacity	Friday through Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric day Stay Unit if required	Friday through Monday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds	0730-1230 Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
Diagnostics and Patient Support Services	Pharmacy fully staffed with identified OT if required	Friday through Monday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Friday through Monday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Friday through Monday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Friday through Monday	Executive Director NMPSS	Internal	Ward Services	N/A

3. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

4. WEEKEND CONTACTS

Position	Name
Hospital Commander	Katie McKenzie
Executive On-Call	Sonny Ward
After Hours Hospital Manager (24 hours)	██████████
Patient Flow Manager (0700-1930)	██████████



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January 26 Long Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 25th January – 29th January 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Saturday and Sunday based on current EDDs
 - Tier 1 and 2 Exec on Call onsite daily for early escalation
 - AH CNC active rounding and liaison with medical teams
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required
- Nursing staffing GREEN for the organisation
 - Available Relief Pool: 7 RN/EN, 14 AINs per shift

EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- No current weather warnings
- Friday 26 January:
 - Sovereignty Day rally, Ngannawal land
 - 9.30am at Garema Place before a rally highlighting “236 years of unfinished business; land rights – restitution – justice – liberation”.
 - Australia Day
 - 10.30am - 2pm at Regatta Point Precinct

January 26 Long Weekend Operational Capacity Plan

2. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHM/PFM	Friday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Thursday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Thursday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHMM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHMM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity

January 26 Long Weekend Operational Capacity Plan

Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Friday through Sunday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
Surgery	Emergency theatre access	Friday through Sunday x 4	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy)	Friday through Sunday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A



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January 26 Long Weekend Operational Capacity Plan

Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Friday through Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity	Friday through Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric day Stay Unit if required	Friday through Monday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230	Friday (AMU, 6B, 10A, 9A and 9B) Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required	Friday through Monday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Friday through Monday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional MRI list for WIP management	Saturday Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Friday through Monday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Friday through Monday	Executive Director NMPSS	Internal	Ward Services	N/A

January 26 Long Weekend Operational Capacity Plan

3. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

4. WEEKEND CONTACTS

Position	Name
Hospital Commander	Lisa Gilmore (Thursday) Jo Morris (Friday-Sunday)
Executive On-Call	Rebekah Ogilvie
After Hours Hospital Manager (24 hours)	██████████
Patient Flow Manager (0700-1930)	██████████



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Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 2nd February – 5th February 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Saturday and Sunday based on current EDDs
 - Tier 1 and 2 Exec on Call onsite daily for early escalation
 - AH CNC active rounding and liaison with medical teams
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required
- Nursing staffing GREEN for the organisation
 - Available Relief Pool: 7 RN/EN, 14 AINs per shift

EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- No current weather warnings
- No major events

2. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHHM/PFM	Saturday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHHM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHHM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity
Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity



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Services**

Weekend Operational Capacity Plan

	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Saturday - Sunday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
Surgery	Emergency theatre access	Saturday - Sunday x 4	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy)	Saturday - Sunday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A
Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A



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**Canberra Health
Services**

Weekend Operational Capacity Plan

	Use of NCH beds to ensure AMHU capacity	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric day Stay Unit if required	Saturday - Sunday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230	Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional MRI list for WIP management	Saturday Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Saturday - Sunday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Saturday - Sunday	Executive Director NMPSS	Internal	Ward Services	N/A

3. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

4. WEEKEND CONTACTS

Position	Name
Hospital Commander	Chris Mead
Executive On-Call	Sue Pilkington
After Hours Hospital Manager (24 hours)	██████████
Patient Flow Manager (0700-1930)	██████████



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Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 9th February – 12th February 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Saturday and Sunday based on current EDDs
 - Tier 1 and 2 Exec on Call onsite daily for early escalation
 - AH CNC active rounding and liaison with medical teams
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required
- Nursing staffing GREEN for the organisation
 - Available Relief Pool: 6 RN/EN, 15 AINs per shift

EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- No current weather warnings
- No major events

2. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHHM/PPM	Saturday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHHM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHHM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity
Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity



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Services**

Weekend Operational Capacity Plan

	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Saturday - Sunday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
	Senior Clinical Flow Manager on site	Saturday – Sunday	Executive Director DON	Internal	BAU	N/A
Surgery	Emergency theatre access	Saturday - Sunday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy)	Saturday - Sunday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A



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**Canberra Health
Services**

Weekend Operational Capacity Plan

Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric day Stay Unit if required	Saturday - Sunday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230	Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional MRI list for WIP management	Saturday Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Saturday - Sunday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Saturday - Sunday	Executive Director NMPSS	Internal	Ward Services	N/A

3. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

4. WEEKEND CONTACTS

Position	Name
Hospital Commander	Melissa O'Brien
Executive On-Call	Kelly Lang
After Hours Hospital Manager (24 hours)	[REDACTED]
Patient Flow Manager (0700-1930)	[REDACTED]



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**Canberra Health
Services**

Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 16th February – 19th February 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Saturday and Sunday based on current EDDs
 - Tier 1 and 2 Exec on Call onsite daily for early escalation
 - AH CNC active rounding and liaison with medical teams
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required
- Nursing staffing GREEN for the organisation
 - Available Relief Pool: 6 RN/EN, 15 AINs per shift

EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- Severe Thunderstorm Warning for heavy rainfall in parts of Illawarra, Central Tablelands, Southern Tablelands and Central West Slopes and Plains Forecast Districts
- National Multicultural Festival is an iconic 3-day event that brings together more than 170 multicultural communities to share their culture, history and heritage through food, art, song and dance at various locations across Canberra.
 - [Festival program - National Multicultural Festival](#)

2. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHHM/PFM	Saturday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHHM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHHM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity
Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity



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	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Saturday - Sunday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
	Senior Clinical Flow Manager on site	Saturday – Sunday	Executive Director DON	Internal	BAU	N/A
Surgery	Emergency theatre access	Saturday - Sunday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy)	Saturday - Sunday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A



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Weekend Operational Capacity Plan

Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric day Stay Unit if required	Saturday - Sunday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230	Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional MRI list for WIP management	Saturday Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Saturday - Sunday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Saturday - Sunday	Executive Director NMPSS	Internal	Ward Services	N/A



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Weekend Operational Capacity Plan

3. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

4. WEEKEND CONTACTS

Position	Name
Hospital Commander	Katie McKenzie
Executive On-Call	Maria Harman
After Hours Hospital Manager (24 hours)	[REDACTED]
Patient Flow Manager (0700-1930)	[REDACTED]

Report

Department

Owner

Date

NEAT metric performance progress tracking.
Emergency Department
Rebekah Ogilvie
12/02/2024

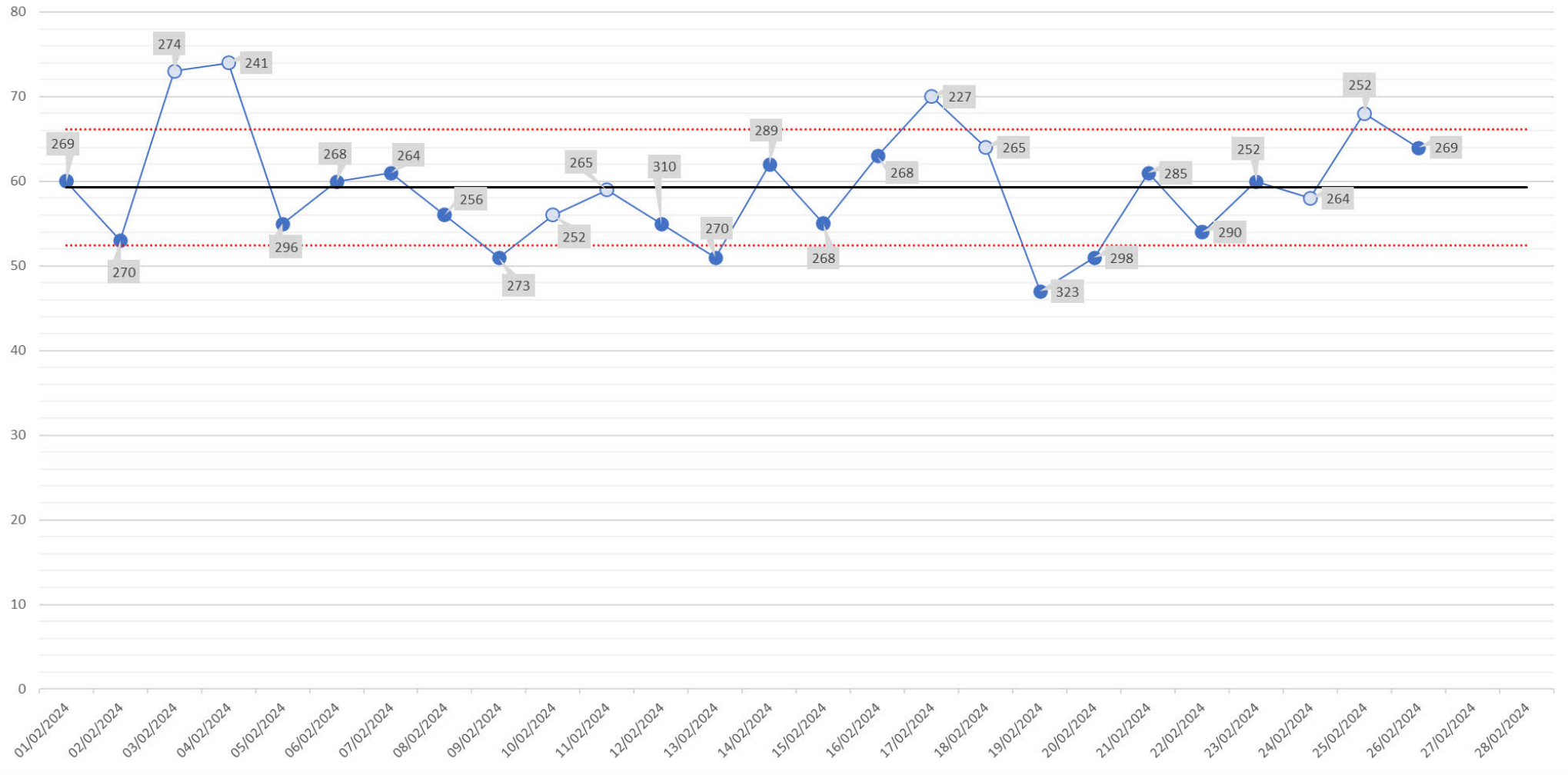
		05/01/2024	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024
Metric	Target	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Overall NEAT (%)	80%	68%	68%	72%	71%	62%	57%	51%	59%		
Admitted NEAT (%)	50%	40%	37%	37%	40%	30%	33%	27%	30%		
Admitted Bed Req to Physical Depart (min)	60	71	79	77	76	92	76	101	94		

Source: ED Operational Dashboard (EPIC)

Date	Week	Main Reason for Variance (ie. Delay, Above Expected Performance, etc.)
05/01/2024	1	7/1/24 - Admit NEAT 47% with High SoT 83.4% - 253:55 Day
12/01/2024	2	Relatively low activity week (all <255) -
19/01/2024	3	2 days with SoT >80% against low activity - 24/1/24 Admit NEAT 48% (239:52)
26/01/2024	4	3 days > 285
02/02/2024	5	1 day 296
09/02/2024	6	3 days >285
16/02/2024	7	4 days > 285
23/02/2024	8	25-02-2024 Admit NEAT was 45%, a high SoT 74% and low Seen to Bed Req 128 min for the past 7 days, 5 Consultants rostered 5pm-12am shift instead of the usual 3 planned.

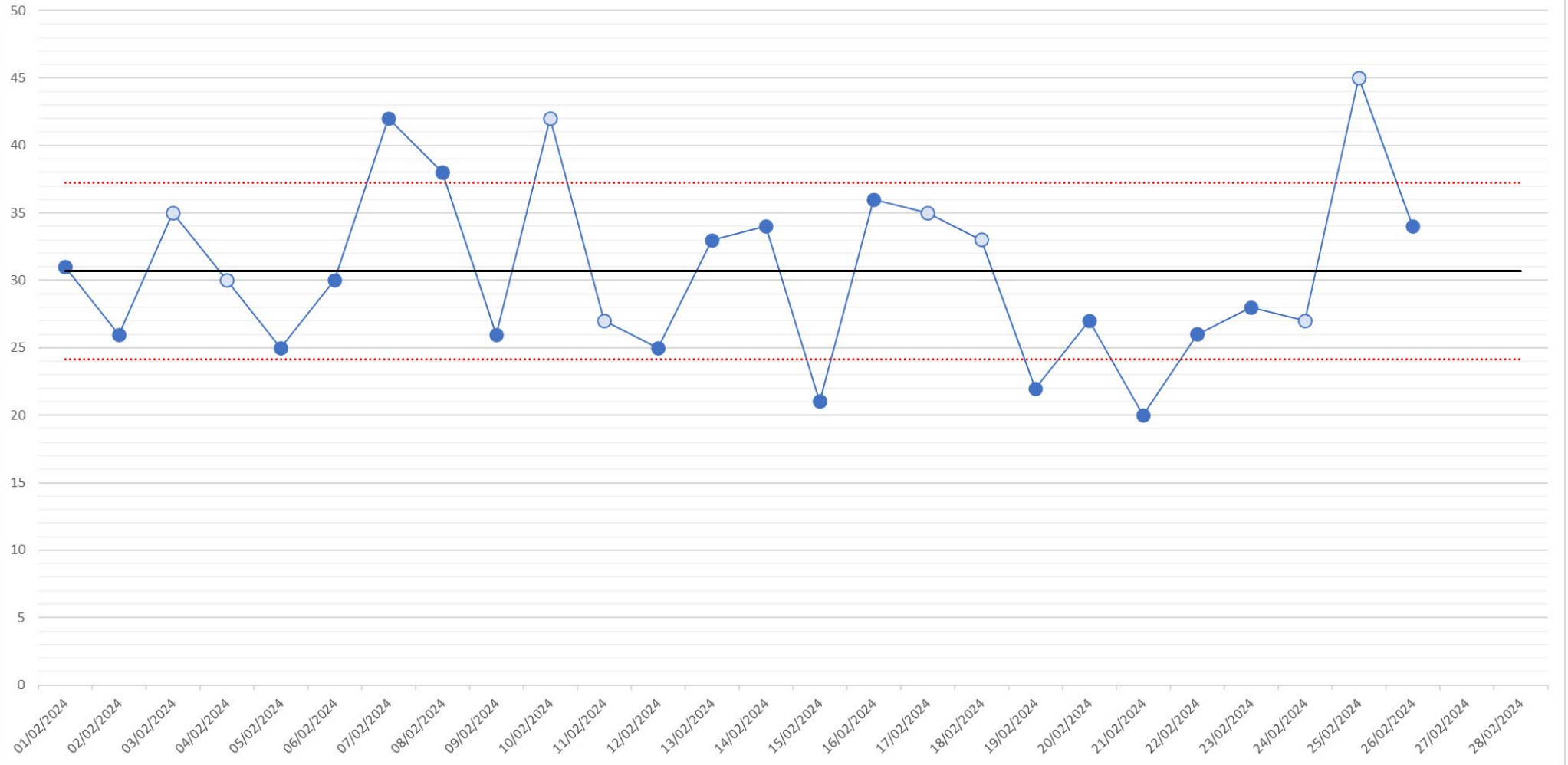
Daily NEAT

NEAT % control line UCL LCL



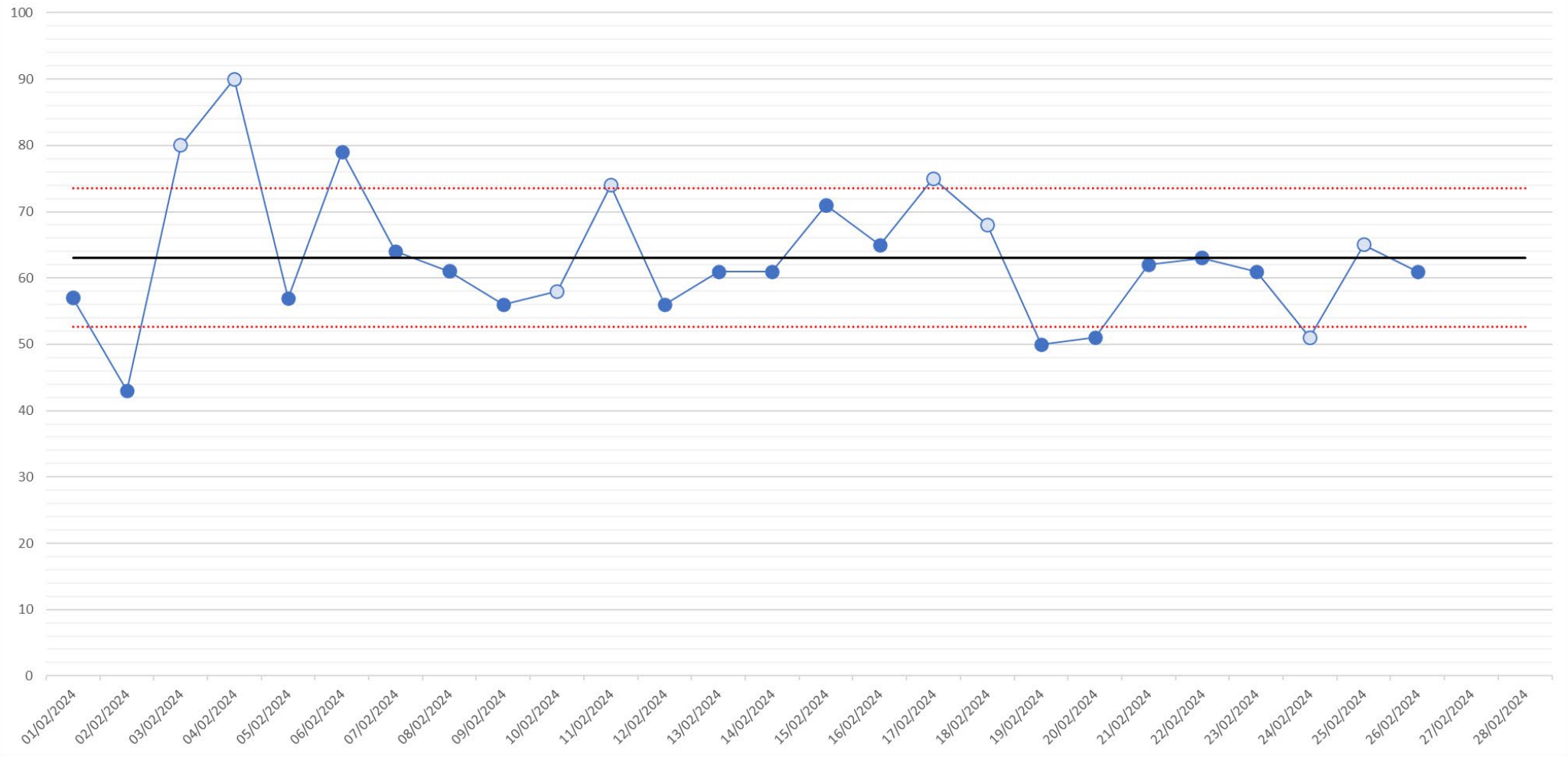
Admit NEAT

NEAT % control line UCL LCL



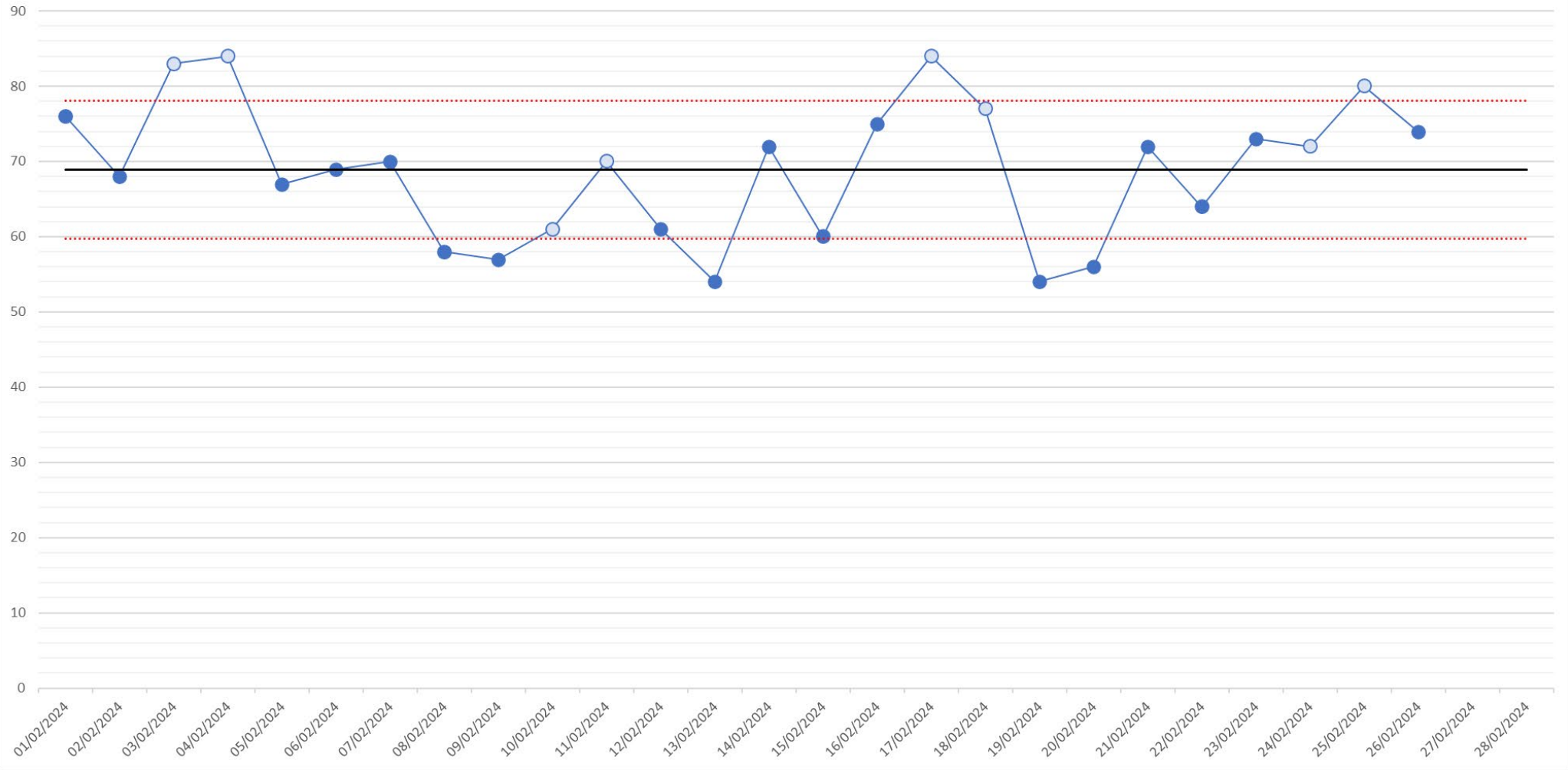
EMU NEAT

NEAT % control line UCL LCL



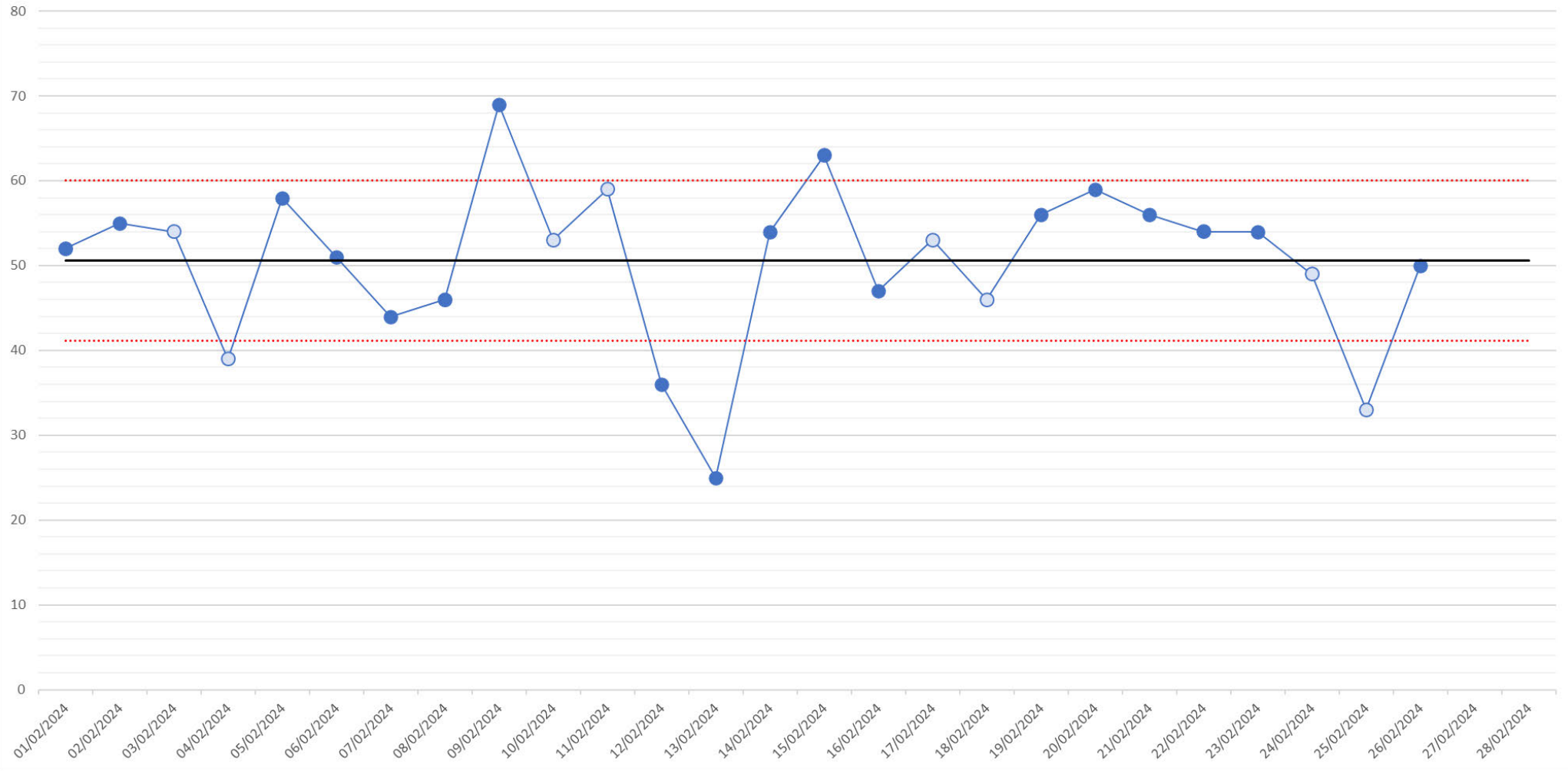
Discharge NEAT

NEAT % control line UCL LCL



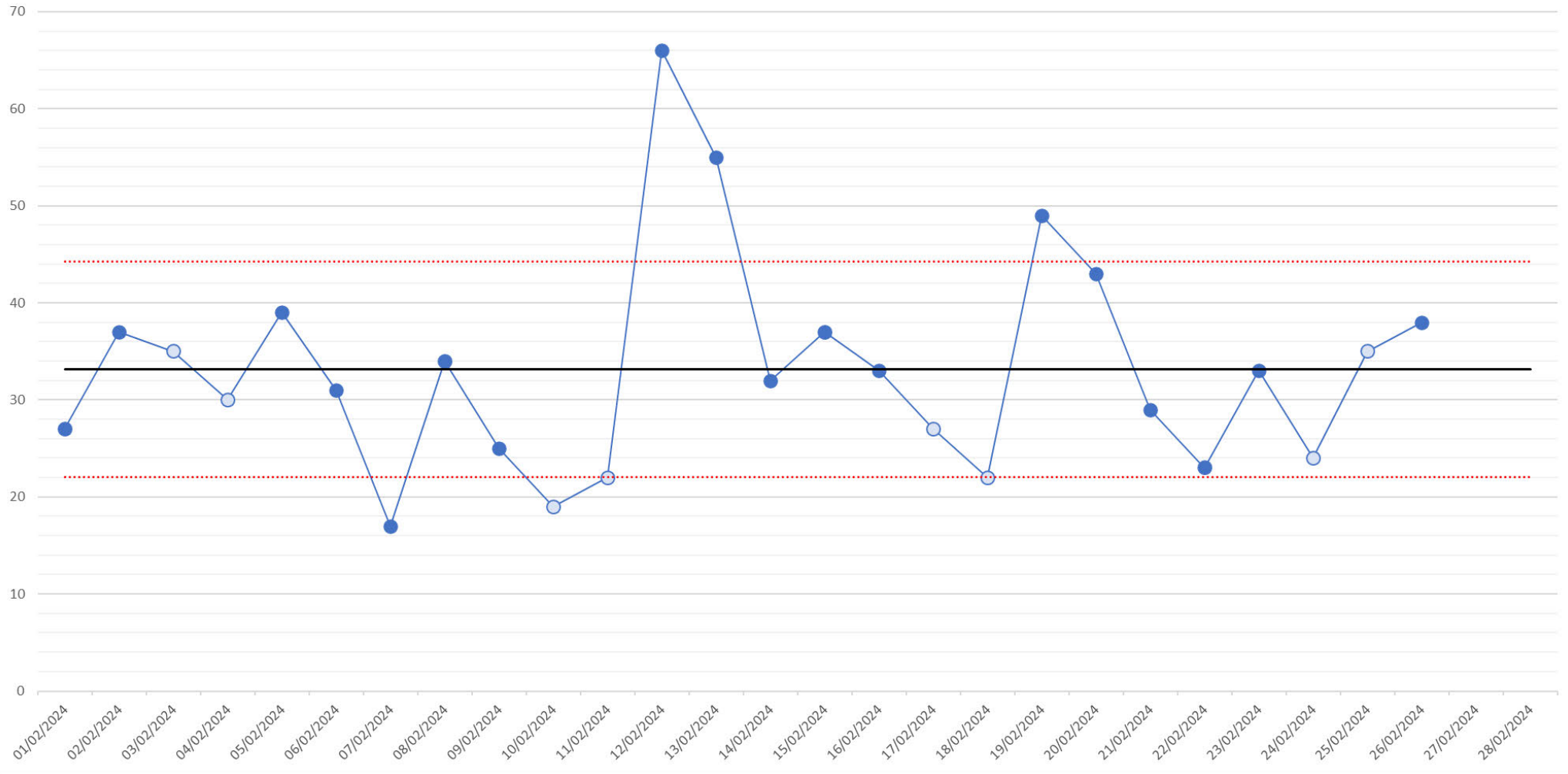
% Bed Blocked Patients - Bed Booked > 3.5hrs

● % Bed Ready to Depart >30min — control line UCL LCL



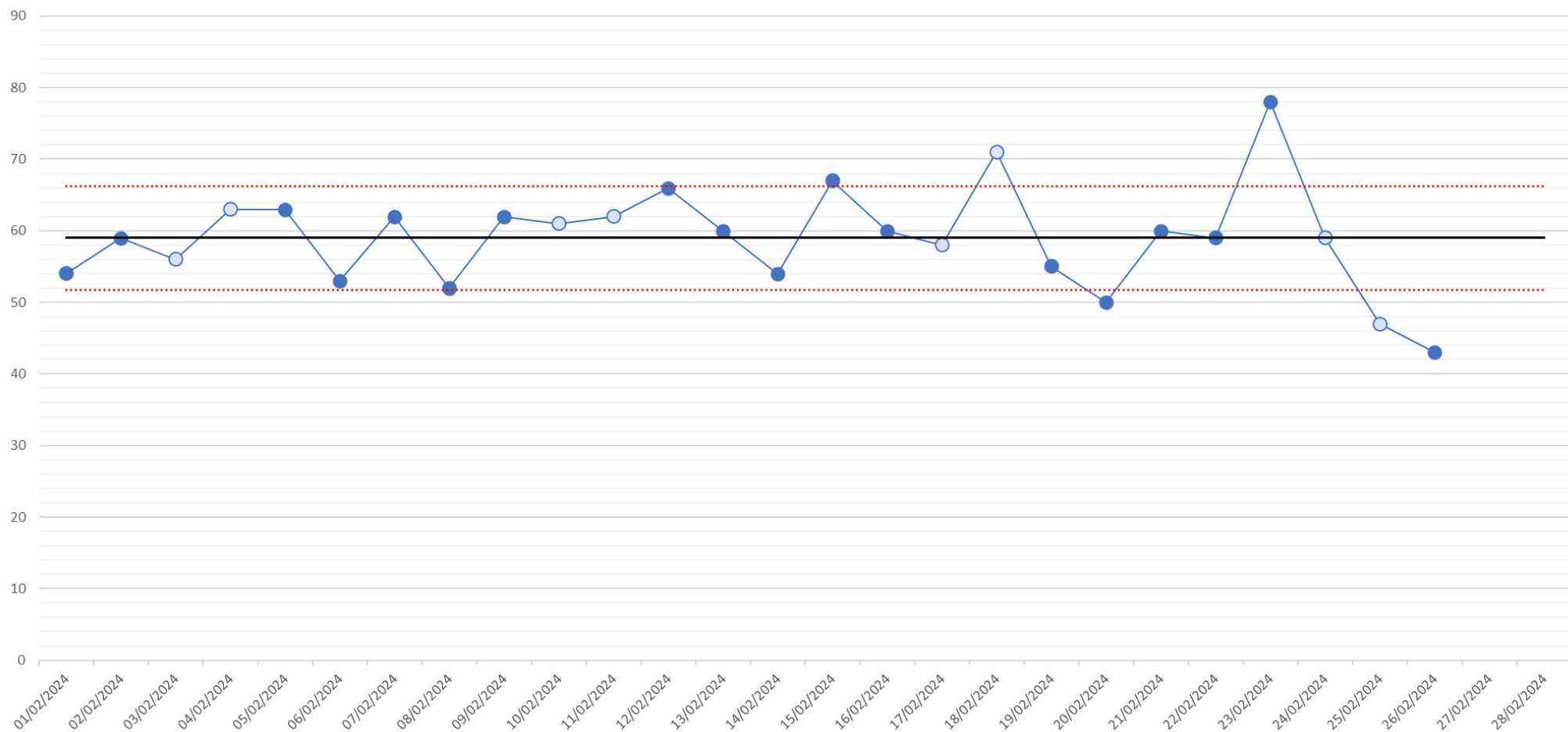
% Bed Blocked Patients with Bed Request to Bed Ready > 1hr

—●— % Bed Ready to Depart >30min — control line UCL LCL



Inpatient Bed Ready to ED Departure % > 30 mins

● % Bed Ready to Depart >30min — control line UCL LCL



The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 1st – 4th March 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Sunday based on current EDDs.
 - Tier 1 and 2 Exec on Call onsite daily for early escalation.
 - AH CNC active rounding and liaison with medical teams.
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required.
- NCH Perfusion CT non-operational until COB Monday 4th March.
 - ED/ICU/Neurology services aware of potential increase in ambulance presentations and IHT activity.
 - Relevant clinical services have been notified.

EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- Resolved Heat Wave Warning 1st March 2024.
 - Severe heatwave conditions have eased, however low intensity heatwave conditions will persist for the next few days.
- Enlighten Festival 1-11 March 2024 – National Triangle.
 - Food and Drink (Bar Berra, Bentspoke Beer Garden, Enlighten Food Park)
 - Live entertainment
 - Roving Street Performers

2. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHM/PHM	Saturday-Sunday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges	If required	AHMM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant)	If required	Exec on Call AHMM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity



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Weekend Operational Capacity Plan

Emergency Department	Ensure optimum use of short stay EMU beds	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Opportunistic Cath Lab list for inpatient awaiting interventions on back of Cath Lab activation if demand requires	Saturday - Sunday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
	Senior Clinical Flow Manager on site	Saturday – Sunday	Executive Director DON	Internal	BAU	N/A
Surgery	Emergency theatre access	Saturday - Sunday x 4	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre	Saturday - Sunday	Executive on Call Executive Director	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons	N/A



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Weekend Operational Capacity Plan

	access (including endoscopy)		Operating Room Coordinator (ORC)		Registrars	
Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric Day Stay Unit if required	Saturday - Sunday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230	Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required	Saturday - Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional MRI list for WIP management	Saturday Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead	Saturday - Sunday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required	Saturday - Sunday	Executive Director NMPSS	Internal	Ward Services	N/A



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**Canberra Health
Services**

Weekend Operational Capacity Plan

3. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Sunday.
- Pre allocation of transfers to UVCH to ACDL on Sunday night, for early transfer to ACDL on Monday morning.
- Additional CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

4. WEEKEND CONTACTS

Position	Name
Hospital Commander	Rebekah Ogilvie
Executive On-Call	Nadia Burkolter
After Hours Hospital Manager (24 hours)	[REDACTED]
Patient Flow Manager (0700-1930)	[REDACTED]



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Canberra Day Long Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 8th – 12th March 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Sunday and Monday based on current EDDs.
 - Tier 1 and 2 Exec on Call onsite daily for early escalation.
 - AH CNC active rounding and liaison with medical teams.
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required.

2. EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- Environmental
 - Nil current weather warnings.
- Social Events
 - Friday 8th – Monday 11th March: Enlighten Festival – National Triangle.
 - Saturday 9th March: A-league Women: Canberra United vs Western Sydney Wanderers FC – McKellar Park.
 - Saturday 9th March: ACT Brumbies vs Western Force – GIO Stadium.
 - Monday 11th – Sunday 17th March: National Sheep Dog Trial Championships – Hall Showground.

Canberra Day Long Weekend Operational Capacity Plan

3. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHM/PHM.	Saturday-Monday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days.	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand.	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options.	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges.	If required	AHMM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant).	If required	Exec on Call AHMM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity

Canberra Day Long Weekend Operational Capacity Plan

Emergency Department	Ensure optimum use of short stay EMU beds.	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability.	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document.	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Cath Lab list scheduled for inpatient awaiting interventions, with opportunistic list Monday if required.	Sunday, Monday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
	Senior Clinical Flow Manager on site.	Saturday – Monday	Executive Director DON	Internal	BAU	N/A
Surgery	Emergency theatre access.	Saturday - Monday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy).	Saturday - Monday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A

Canberra Day Long Weekend Operational Capacity Plan

Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU.	Saturday - Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity.	Saturday - Monday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric into ward 2C if required.	Saturday - Monday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230.	Saturday (Full) and Sunday/Monday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient Flow Huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required.	Saturday - Monday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required.	Saturday - Monday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional IP MRI list scheduled 0900-1700.	Saturday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead.	Saturday - Monday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required.	Saturday - Monday	Executive Director NMPSS	Internal	Ward Services	N/A



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Canberra Day Long Weekend Operational Capacity Plan

4. RECOVERY PLAN

- Where possible, no Tuesday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Tuesday 10am discharge identified and provided to Patient Flow Manager on Monday.
- Pre allocation of transfers to UCH to ACDL on Sunday night, for early transfer to ACDL on Tuesday morning.
- Additional CHS wide huddle 1130am Tuesday to assess effectiveness of recovery strategies if required.

5. WEEKEND CONTACTS

Position	Name
Hospital Commander	Melissa O'Brien
Executive On-Call	Rebekah Ogilvie
After Hours Hospital Manager (24 hours)	[REDACTED]
Patient Flow Manager (0700-1930)	[REDACTED]



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**Canberra Health
Services**

Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 22nd – 25th March 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Saturday and Sunday based on current EDDs.
 - Tier 1 and 2 Exec on Call onsite daily for early escalation.
 - AH CNC active rounding and liaison with medical teams.
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required.

2. EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- Environmental
 - Nil current weather warnings.
- Social Events
 - Friday 22nd March: ACT Brumbies vs Moana Pasifika – GIO Stadium.

3. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHHM/PFM.	Saturday-Monday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days.	Friday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand.	Friday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options.	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges.	If required	AHHM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant).	If required	Exec on Call AHHM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity



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**Canberra Health
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Weekend Operational Capacity Plan

Emergency Department	Ensure optimum use of short stay EMU beds.	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability.	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document.	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Cath Lab - opportunistic list if required.	Saturday, Sunday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
	Senior Clinical Flow Manager on site.	Saturday – Monday	Executive Director DON	Internal	BAU	N/A
Surgery	Emergency theatre access.	Saturday - Sunday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy).	Saturday - Sunday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A



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**Canberra Health
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Weekend Operational Capacity Plan

Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU.	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity.	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	High acuity demand – HDU to surge into Red Corridor if required	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric into ward 2C if required.	Saturday - Sunday	Executive Director DON	Patient flow huddles	Nursing	N/A
	Paeds Day Unit operational to facilitate MRI list	Saturday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230.	Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient flow huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required.	Saturday - Sunday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required.	Saturday - Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional IP MRI list scheduled 0900-1700.	Saturday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead.	Saturday - Sunday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required.	Saturday - Sunday	Executive Director NMPSS	Internal	Ward Services	N/A

4. RECOVERY PLAN

- Where possible, no Monday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Monday 10am discharge identified and provided to Patient Flow Manager on Monday.
- Pre allocation of transfers to UCH to ACDL on Sunday night, for early transfer to ACDL on Monday morning.
- CHS wide huddle 1130am Monday to assess effectiveness of recovery strategies if required.

5. WEEKEND CONTACTS

Position	Name
Hospital Commander	Rebekah Ogilvie
Executive On-Call	Maria Harman
After Hours Hospital Manager (24 hours)	[REDACTED]
Patient Flow Manager (0700-1930)	[REDACTED]



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**Canberra Health
Services**

Easter Long Weekend Operational Capacity Plan

The following contains sensitive information – NOT FOR DISTRIBUTION

This plan affects 28th – 2nd April 2024

1. RISKS/MITIGATIONS

- Potential for low rate of discharge rates Saturday, Sunday and Monday
 - Tier 1 and 2 Exec on Call onsite daily for early escalation.
 - AH CNC active rounding and liaison with medical teams.
 - Twice daily liaison with National Capital Private Hospital and North Canberra Hospital for potential public to private purchase or public to public transfer where required.

2. EXTERNAL ENVIRONMENTAL/SOCIAL IMPACTS

- Environmental
 - Nil current weather warnings.
- Social Events
 - Sunday 31st March: Easter bunny visits and egg hunts galore.

Easter Long Weekend Operational Capacity Plan

3. ACTIONS

Division	Planned Actions	When	Positions Responsible	Communication Plan	Resources (people, tools, supplies)	Criteria for escalation / de-escalation
Executive	Executive onsite capacity huddles with clinical teams in ED, OT, ICU, AMU and AHHM/PFM.	Friday -Monday 0800 to 1000	Tier 1 & 2 EOC	Patient Flow Huddles	BAU	N/A
All Divisions	All EDDs up to date for next 5 days.	Thursday 1500 hours	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Discharges planned and transport confirmed to match historical demand.	Thursday 1500 hours	ADON Flow	Patient flow huddles	BAU	N/A
	Consider HITH or early supported discharge options.	Ongoing	VMO's Staff Specialists Registrars CNCs/Team Leaders	Patient flow huddles	BAU	N/A
	Use of +1 over census policy to decant admissions from ED to wards with confirmed discharges.	If required	AHHM Patient Flow Manager	Patient flow huddles	BAU	Allocated admission but unavailable within next hour
	Staged opening of surge capacity (divisional demand dependant).	If required	Exec on Call AHHM Patient Flow Manager	Patient flow huddles	Pool Nurse Availability	Available bed capacity



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Emergency Department	Ensure optimum use of short stay EMU beds.	Ongoing	Nursing and Medical navigators	Internal	BAU	Available bed capacity
	Report any ED processing delays - team reviews / radiology/ bed availability.	Ongoing	Nursing and Medical navigators	AHHM and Patient Flow pathway	BAU	N/A
	Activate the Maintaining Safe and Efficient Emergency Department Service Provision: Guidance Document.	If required	Exec on Call AHHM Nursing and Medical Navigators	AHHM and Exec on Call pathway	BAU	Available staff and bed capacity
Intensive Care Unit	Daily liaison with Calvary & other facilities to enquire about capacity and referrals.	Ongoing	ICU CCC ICU Consultant	Patient flow huddles	BAU	N/A
Medicine	Cath Lab – Scheduled inpatient list.	Saturday and Monday	PFM Exec on Call CCU Team Lead	AHHM and Exec on Call pathway	BAU	N/A
	Senior Clinical Flow Manager on site.	Saturday – Monday	Executive Director DON	Internal	BAU	N/A
Surgery	Emergency theatre access.	Saturday - Sunday x 5	Executive Director DON	Patient flow huddles	Anaesthetics Nursing Surgeons Registrars	N/A
	On call additional emergency theatre access (including endoscopy).	Saturday - Sunday	Executive on Call Executive Director Operating Room Coordinator (ORC)	AHHM and Exec on Call pathway	Anaesthetics Nursing Surgeons Registrars	N/A



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Easter Long Weekend Operational Capacity Plan

Mental Health	12B to surge to 14 beds if required, then reopening of MHSSU.	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	Use of NCH beds to ensure AMHU capacity.	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
	High acuity demand – HDU to surge into Red Corridor if required	Saturday - Sunday	Executive on Call Executive Director DON	Patient flow huddles	Nursing	N/A
Paediatrics	Surge Paediatric into day ward if required.	Saturday - Sunday	Executive Director DON	Patient flow huddles	Nursing	N/A
Diagnostics and Patient Support Services	Morning phlebotomy rounds 0730-1230.	Saturday (Full) and Sunday (AMU, 6B, 10A, 9A and 9B)	Executive Group Manager Pathology Phlebotomists	Patient flow huddles	Pathology	N/A
	Pharmacy fully staffed with identified OT if required.	Saturday - Sunday	Executive Group Manager Pharmacy	Internal	Pharmacy	N/A
	Medical imaging fully staffed with identified OT if required.	Saturday - Sunday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional IP MRI list scheduled 0800-1600.	Friday - Monday	Executive Group Manager Medical Imaging	Internal	Medical Imaging	N/A
	Additional IP USS list scheduled 0900-1630.	Friday, Saturday and Monday	Executive Group Manager Medical Imaging	Internal	Medical imaging	N/A
	Allied Health fully staffed, including AMU Clinical Lead.	Saturday - Sunday	Executive Director Allied Health	Internal	Allied Health	N/A
	Ward Services fully staffed with identified OT if required.	Saturday - Sunday	Executive Director NMPSS	Internal	Ward Services	N/A



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Services**

Easter Long Weekend Operational Capacity Plan

4. RECOVERY PLAN

- Where possible, no Tuesday morning meetings to ensure clinicians are on the floor and not pulled away unnecessarily.
- Decompression of ICU, NICU, AMU and ED will need to be prioritised.
- Each adult ED accessible area to have 1-2 Tuesday 10am discharge identified and provided to Patient Flow Manager on Monday.
- Pre allocation of transfers to UCH to ACDL on Sunday night, for early transfer to ACDL on Tuesday morning.
- CHS wide huddle 1130am Tuesday to assess effectiveness of recovery strategies if required.

5. WEEKEND CONTACTS

Position	Name
Hospital Commander	Grant Howard
Executive On-Call	Lisa Gilmore (Friday), Katie McKenzie (Saturday and Sunday), Maria Harman (Monday)
After Hours Hospital Manager (24 hours)	[REDACTED]
Patient Flow Manager (0700-1930)	[REDACTED]

[illegible]

Risk Matrix

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Low+	Medium+	High	Very High	Extreme
Likely	Low-	Medium-	Medium+	High	Very High
Possible	Negligible	Low+	Medium-	Medium+	High
Unlikely	Negligible	Low-	Low+	Medium-	Medium+
Rare	Negligible	Negligible	Negligible	Low-	Low+
	No Interest	Interest	Concern	Distress	Outrage
	Reaction				

Category	Probability
Almost Certain	80%
Likely	65%
Possible	40%
Unlikely	25%
Rare	10%

Category	Time
Insignificant	10%
Minor	25%
Moderate	40%
Major	65%
Catastrophic	80%

Report
Department
Owner
Date

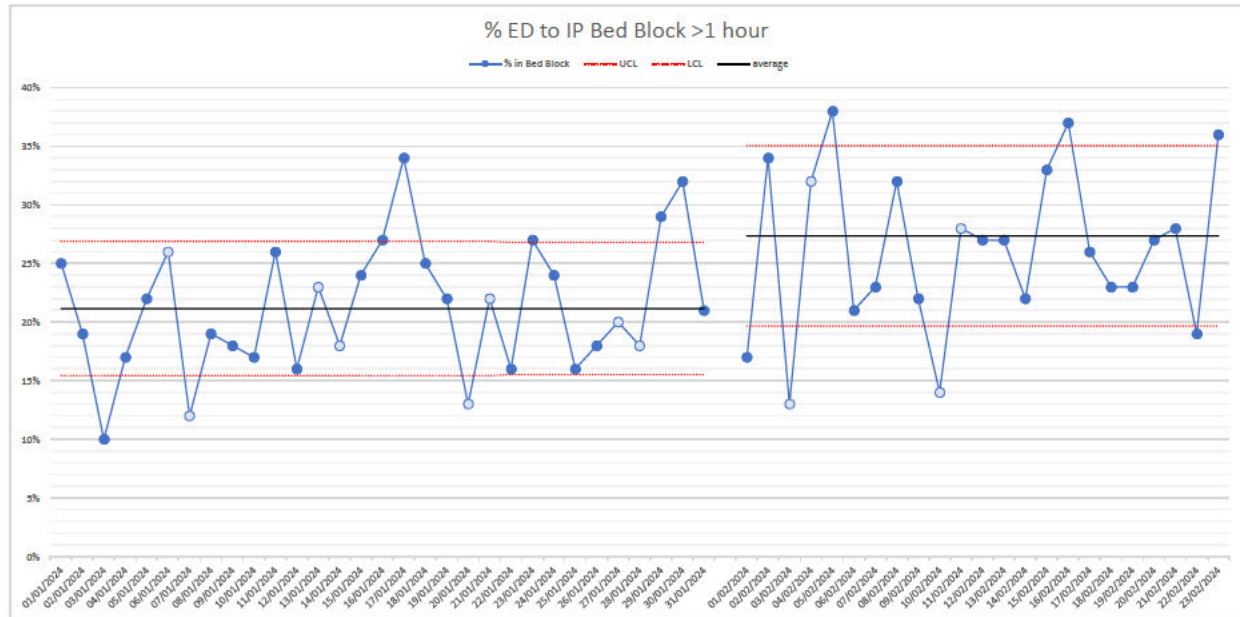
NEAT metric performance progress tracking.
Emergency Department
Rebekah Ogilvie
12/02/2024

		05/01/2024	12/01/2024	19/01/2024	26/01/2024	02/02/2024	09/02/2024	16/02/2024	23/02/2024	01/03/2024	08/03/2024
Metric	Target	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Overall NEAT (%)	80%	68%	68%	72%	71%	62%	57%	51%	59%		
Admitted NEAT (%)	50%	40%	37%	37%	40%	30%	33%	27%	30%		
Admitted Bed Req to Physical Depart (min)	60	71	79	77	76	92	76	101	94		

Source: ED Operational Dashboard (EPIC)

Date	Week	Main Reason for Variance (ie. Delay, Above Expected Performance, etc.)
05/01/2024	1	7/1/24 - Admit NEAT 47% with High SoT 83.4% - 253:55 Day
12/01/2024	2	Relatively low activity week (all <255) -
19/01/2024	3	2 days with SoT >80% against low activity - 24/1/24 Admit NEAT 48% (239:52)
26/01/2024	4	3 days > 285
02/02/2024	5	1 day 296
09/02/2024	6	3 days >285
16/02/2024	7	4 days > 285
23/02/2024	8	25-02-2024 Admit NEAT was 45%, a high SoT 74% and low Seen to Bed Req 128 min for the past 7 days, 5 Consultants rostered 5pm-12am shift instead of the usual 3 planned.

Date	% in Bed Block	control line	UCL	LCL	SD	average
01/01/2024	25%	21%	27%	15%	6%	21%
02/01/2024	19%	21%	27%	15%	6%	21%
03/01/2024	10%	21%	27%	15%	6%	21%
04/01/2024	17%	21%	27%	15%	6%	21%
05/01/2024	22%	21%	27%	15%	6%	21%
06/01/2024	26%	21%	27%	15%	6%	21%
07/01/2024	12%	21%	27%	15%	6%	21%
08/01/2024	19%	21%	27%	15%	6%	21%
09/01/2024	18%	21%	27%	15%	6%	21%
10/01/2024	17%	21%	27%	15%	6%	21%
11/01/2024	26%	21%	27%	15%	6%	21%
12/01/2024	16%	21%	27%	15%	6%	21%
13/01/2024	23%	21%	27%	15%	6%	21%
14/01/2024	18%	21%	27%	15%	6%	21%
15/01/2024	24%	21%	27%	15%	6%	21%
16/01/2024	27%	21%	27%	15%	6%	21%
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23/01/2024	27%	21%	27%	16%	6%	21%
24/01/2024	24%	21%	27%	16%	6%	21%
25/01/2024	16%	21%	27%	16%	6%	21%
26/01/2024	18%	21%	27%	16%	6%	21%
27/01/2024	20%	21%	27%	16%	6%	21%
28/01/2024	18%	21%	27%	16%	6%	21%
29/01/2024	29%	21%	27%	16%	6%	21%
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31/01/2024	21%	21%	27%	16%	6%	21%
01/02/2024	17%	27%	35%	20%	8%	27%
02/02/2024	34%	27%	35%	20%	8%	27%
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04/02/2024	32%	27%	35%	20%	8%	27%
05/02/2024	38%	27%	35%	20%	8%	27%
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10/02/2024	14%	27%	35%	20%	8%	27%
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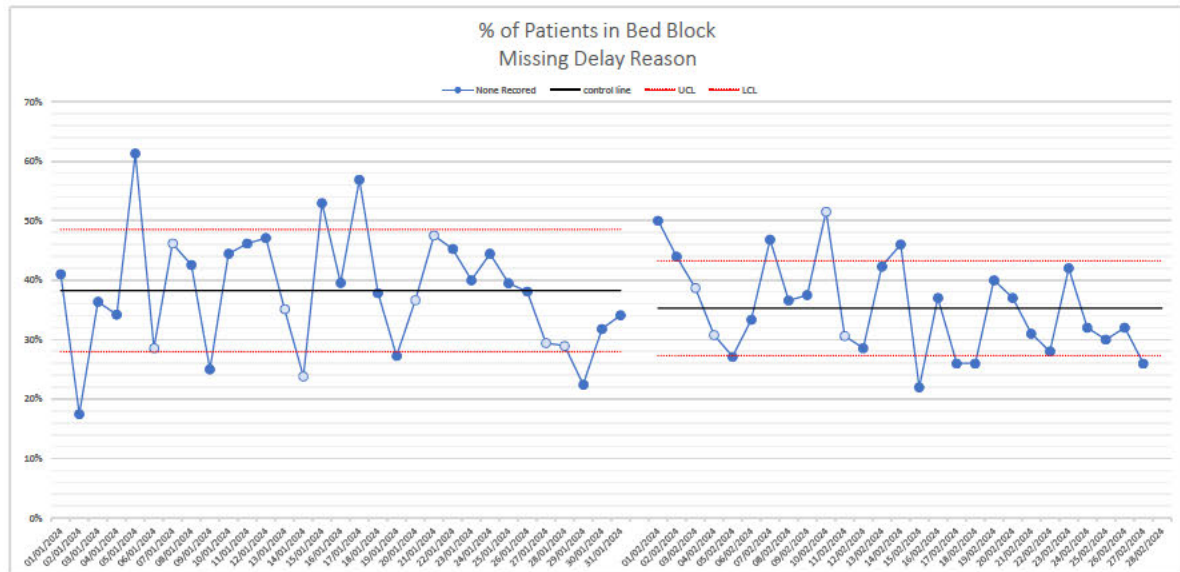


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17/09/2024	0%	0	0	0	0	0
18/09/2024	0%	0	0	0	0	0
19/09/2024	0%	0	0	0	0	0
20/09/2024	0%	0	0	0	0	0
21/09/2024	0%	0	0	0	0	0
22/09/2024	0%	0	0	0	0	0
23/09/2024	0%	0	0	0	0	0
24/09/2024	0%	0	0	0	0	0
25/09/2024	0%	0	0	0	0	0
26/09/2024	0%	0	0	0	0	0
27/09/2024	0%	0	0	0	0	0
28/09/2024	0%	0	0	0	0	0
29/09/2024	0%	0	0	0	0	0
30/09/2024	0%	0	0	0	0	0

Date	None Recored	control line	UCL	LCL	SD	average
01/01/2024	41%	38%	49%	28%	10%	38%
02/01/2024	18%	38%	49%	28%	10%	38%
03/01/2024	36%	38%	49%	28%	10%	38%
04/01/2024	34%	38%	49%	28%	10%	38%
05/01/2024	61%	38%	49%	28%	10%	38%
06/01/2024	29%	38%	49%	28%	10%	38%
07/01/2024	46%	38%	49%	28%	10%	38%
08/01/2024	43%	38%	49%	28%	10%	38%
09/01/2024	25%	38%	49%	28%	10%	38%
10/01/2024	44%	38%	49%	28%	10%	38%
11/01/2024	46%	38%	49%	28%	10%	38%
12/01/2024	47%	38%	49%	28%	10%	38%
13/01/2024	35%	38%	49%	28%	10%	38%
14/01/2024	24%	38%	49%	28%	10%	38%
15/01/2024	53%	38%	49%	28%	10%	38%
16/01/2024	40%	38%	49%	28%	10%	38%
17/01/2024	57%	38%	49%	28%	10%	38%
18/01/2024	38%	38%	49%	28%	10%	38%
19/01/2024	27%	38%	49%	28%	10%	38%
20/01/2024	37%	38%	49%	28%	10%	38%
21/01/2024	48%	38%	49%	28%	10%	38%
22/01/2024	45%	38%	49%	28%	10%	38%
23/01/2024	40%	38%	49%	28%	10%	38%
24/01/2024	44%	38%	49%	28%	10%	38%
25/01/2024	39%	38%	49%	28%	10%	38%
26/01/2024	38%	38%	49%	28%	10%	38%
27/01/2024	29%	38%	49%	28%	10%	38%
28/01/2024	29%	38%	49%	28%	10%	38%
29/01/2024	22%	38%	49%	28%	10%	38%
30/01/2024	32%	38%	49%	28%	10%	38%
31/01/2024	34%	38%	49%	28%	10%	38%
01/02/2024	50%	35%	43%	27%	8%	35%
02/02/2024	44%	35%	43%	27%	8%	35%
03/02/2024	39%	35%	43%	27%	8%	35%
04/02/2024	31%	35%	43%	27%	8%	35%
05/02/2024	27%	35%	43%	27%	8%	35%
06/02/2024	33%	35%	43%	27%	8%	35%
07/02/2024	47%	35%	43%	27%	8%	35%
08/02/2024	37%	35%	43%	27%	8%	35%
09/02/2024	38%	35%	43%	27%	8%	35%
10/02/2024	52%	35%	43%	27%	8%	35%
11/02/2024	31%	35%	43%	27%	8%	35%
12/02/2024	29%	35%	43%	27%	8%	35%
13/02/2024	42%	35%	43%	27%	8%	35%
14/02/2024	46%	35%	43%	27%	8%	35%
15/02/2024	22%	35%	43%	27%	8%	35%
16/02/2024	37%	35%	43%	27%	8%	35%
17/02/2024	26%	35%	43%	27%	8%	35%
18/02/2024	26%	35%	43%	27%	8%	35%
19/02/2024	40%	35%	43%	27%	8%	35%
20/02/2024	37%	35%	43%	27%	8%	35%
21/02/2024	31%	35%	43%	27%	8%	35%
22/02/2024	28%	35%	43%	27%	8%	35%
23/02/2024	42%	35%	43%	27%	8%	35%
24/02/2024	32%	35%	43%	27%	8%	35%
25/02/2024	30%	35%	43%	27%	8%	35%
26/02/2024	32%	35%	43%	27%	8%	35%
27/02/2024	26%	35%	43%	27%	8%	35%
28/02/2024		35%	43%	27%	8%	35%
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0



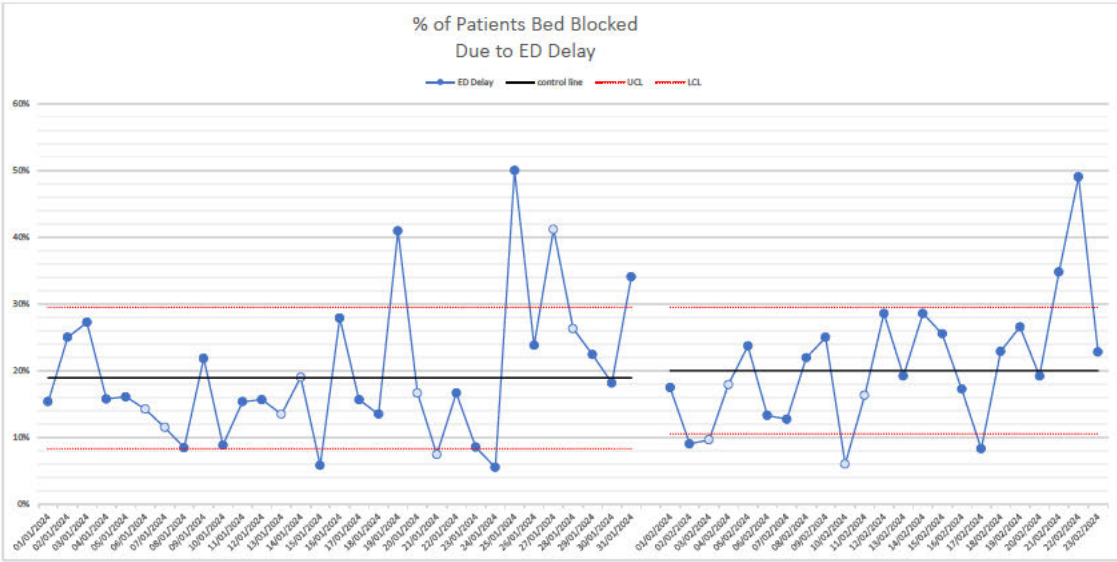
% not recorded	No. BB	
16	39	41%
7	40	18%
12	33	36%
13	38	34%
19	31	61%
8	28	29%
12	26	46%
20	47	43%
8	32	25%
20	45	44%
24	52	46%
24	51	47%
13	37	35%
5	21	24%
18	34	53%
17	43	40%
29	51	57%
14	37	38%
6	22	27%
11	30	37%
19	40	48%
19	42	45%
14	35	40%
16	36	44%
15	38	39%
8	21	38%
10	34	29%
11	38	29%
11	49	22%
14	44	32%
15	44	34%
20	40	50%
29	66	44%
12	31	39%
12	39	31%
16	59	27%
15	45	33%
22	47	47%
15	41	37%
15	40	38%
17	33	52%
15	49	31%
16	56	29%
22	52	42%
49		
47		
36		
48		
64		
52		
46		
51		
57		
46		
43		
36		

20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
12/04/2024	0	0	0	0	0	0
13/04/2024	0	0	0	0	0	0
14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
29/04/2024	0	0	0	0	0	0
30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
04/05/2024	0	0	0	0	0	0
05/05/2024	0	0	0	0	0	0
06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
08/05/2024	0	0	0	0	0	0
09/05/2024	0	0	0	0	0	0
10/05/2024	0	0	0	0	0	0
11/05/2024	0	0	0	0	0	0
12/05/2024	0	0	0	0	0	0
13/05/2024	0	0	0	0	0	0
14/05/2024	0	0	0	0	0	0
15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
17/05/2024	0	0	0	0	0	0
18/05/2024	0	0	0	0	0	0
19/05/2024	0	0	0	0	0	0
20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
24/05/2024	0	0	0	0	0	0
25/05/2024	0	0	0	0	0	0
26/05/2024	0	0	0	0	0	0
27/05/2024	0	0	0	0	0	0
28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0
01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0

06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
12/06/2024	0	0	0	0	0	0
13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
15/06/2024	0	0	0	0	0	0
16/06/2024	0	0	0	0	0	0
17/06/2024	0	0	0	0	0	0
18/06/2024	0	0	0	0	0	0
19/06/2024	0	0	0	0	0	0
20/06/2024	0	0	0	0	0	0
21/06/2024	0	0	0	0	0	0
22/06/2024	0	0	0	0	0	0
23/06/2024	0	0	0	0	0	0
24/06/2024	0	0	0	0	0	0
25/06/2024	0	0	0	0	0	0
26/06/2024	0	0	0	0	0	0
27/06/2024	0	0	0	0	0	0
28/06/2024	0	0	0	0	0	0
29/06/2024	0	0	0	0	0	0
30/06/2024	0	0	0	0	0	0
01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
03/07/2024	0	0	0	0	0	0
04/07/2024	0	0	0	0	0	0
05/07/2024	0	0	0	0	0	0
06/07/2024	0	0	0	0	0	0
07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
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17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
19/07/2024	0	0	0	0	0	0
20/07/2024	0	0	0	0	0	0
21/07/2024	0	0	0	0	0	0
22/07/2024	0	0	0	0	0	0
23/07/2024	0	0	0	0	0	0
24/07/2024	0	0	0	0	0	0
25/07/2024	0	0	0	0	0	0
26/07/2024	0	0	0	0	0	0
27/07/2024	0	0	0	0	0	0
28/07/2024	0	0	0	0	0	0
29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0
15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0
21/08/2024	0	0	0	0	0	0
22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0

24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
26/08/2024	0	0	0	0	0	0
27/08/2024	0	0	0	0	0	0
28/08/2024	0	0	0	0	0	0
29/08/2024	0	0	0	0	0	0
30/08/2024	0	0	0	0	0	0
31/08/2024	1	0	0	0	0	0
01/09/2024	0	0	0	0	0	0
02/09/2024	0	0	0	0	0	0
03/09/2024	0	0	0	0	0	0
04/09/2024	0	0	0	0	0	0
05/09/2024	0	0	0	0	0	0
06/09/2024	0	0	0	0	0	0
07/09/2024	0	0	0	0	0	0
08/09/2024	0	0	0	0	0	0
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11/09/2024	0	0	0	0	0	0
12/09/2024	0	0	0	0	0	0
13/09/2024	0	0	0	0	0	0
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17/09/2024	0	0	0	0	0	0
18/09/2024	0	0	0	0	0	0
19/09/2024	0	0	0	0	0	0
20/09/2024	0	0	0	0	0	0
21/09/2024	0	0	0	0	0	0
22/09/2024	0	0	0	0	0	0
23/09/2024	0	0	0	0	0	0
24/09/2024	0	0	0	0	0	0
25/09/2024	0	0	0	0	0	0
26/09/2024	0	0	0	0	0	0
27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Date	ED Delay	control line	UCL	LCL	SD	average
01/01/2024	15%	19%	30%	8%	11%	19%
02/01/2024	25%	19%	30%	8%	11%	19%
03/01/2024	27%	19%	30%	8%	11%	19%
04/01/2024	16%	19%	30%	8%	11%	19%
05/01/2024	16%	19%	30%	8%	11%	19%
06/01/2024	14%	19%	30%	8%	11%	19%
07/01/2024	12%	19%	30%	8%	11%	19%
08/01/2024	9%	19%	30%	8%	11%	19%
09/01/2024	22%	19%	30%	8%	11%	19%
10/01/2024	9%	19%	30%	8%	11%	19%
11/01/2024	15%	19%	30%	8%	11%	19%
12/01/2024	16%	19%	30%	8%	11%	19%
13/01/2024	14%	19%	30%	8%	11%	19%
14/01/2024	19%	19%	30%	8%	11%	19%
15/01/2024	6%	19%	30%	8%	11%	19%
16/01/2024	28%	19%	30%	8%	11%	19%
17/01/2024	16%	19%	30%	8%	11%	19%
18/01/2024	14%	19%	30%	8%	11%	19%
19/01/2024	41%	19%	30%	8%	11%	19%
20/01/2024	17%	19%	30%	8%	11%	19%
21/01/2024	8%	19%	30%	8%	11%	19%
22/01/2024	17%	19%	30%	8%	11%	19%
23/01/2024	9%	19%	30%	8%	11%	19%
24/01/2024	6%	19%	30%	8%	11%	19%
25/01/2024	50%	19%	30%	8%	11%	19%
26/01/2024	24%	19%	30%	8%	11%	19%
27/01/2024	41%	19%	30%	8%	11%	19%
28/01/2024	26%	19%	30%	8%	11%	19%
29/01/2024	22%	19%	30%	8%	11%	19%
30/01/2024	18%	19%	30%	8%	11%	19%
31/01/2024	34%	19%	30%	8%	11%	19%
01/02/2024	18%	20%	30%	11%	9%	20%
02/02/2024	9%	20%	30%	11%	9%	20%
03/02/2024	10%	20%	30%	11%	9%	20%
04/02/2024	18%	20%	30%	11%	9%	20%
05/02/2024	24%	20%	30%	11%	9%	20%
06/02/2024	13%	20%	30%	11%	9%	20%
07/02/2024	13%	20%	30%	11%	9%	20%
08/02/2024	22%	20%	30%	11%	9%	20%
09/02/2024	25%	20%	30%	11%	9%	20%
10/02/2024	6%	20%	30%	11%	9%	20%
11/02/2024	16%	20%	30%	11%	9%	20%
12/02/2024	29%	20%	30%	11%	9%	20%
13/02/2024	19%	20%	30%	11%	9%	20%
14/02/2024	29%	20%	30%	11%	9%	20%
15/02/2024	26%	20%	30%	11%	9%	20%
16/02/2024	17%	20%	30%	11%	9%	20%
17/02/2024	8%	20%	30%	11%	9%	20%
18/02/2024	23%	20%	30%	11%	9%	20%
19/02/2024	27%	20%	30%	11%	9%	20%
20/02/2024	19%	20%	30%	11%	9%	20%
21/02/2024	35%	20%	30%	11%	9%	20%
22/02/2024	49%	20%	30%	11%	9%	20%
23/02/2024	23%	20%	30%	11%	9%	20%
24/02/2024	15%	20%	30%	11%	9%	20%
25/02/2024	21%	20%	30%	11%	9%	20%
26/02/2024	25%	20%	30%	11%	9%	20%
27/02/2024	4%	20%	30%	11%	9%	20%
28/02/2024		20%	30%	11%	9%	20%
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0



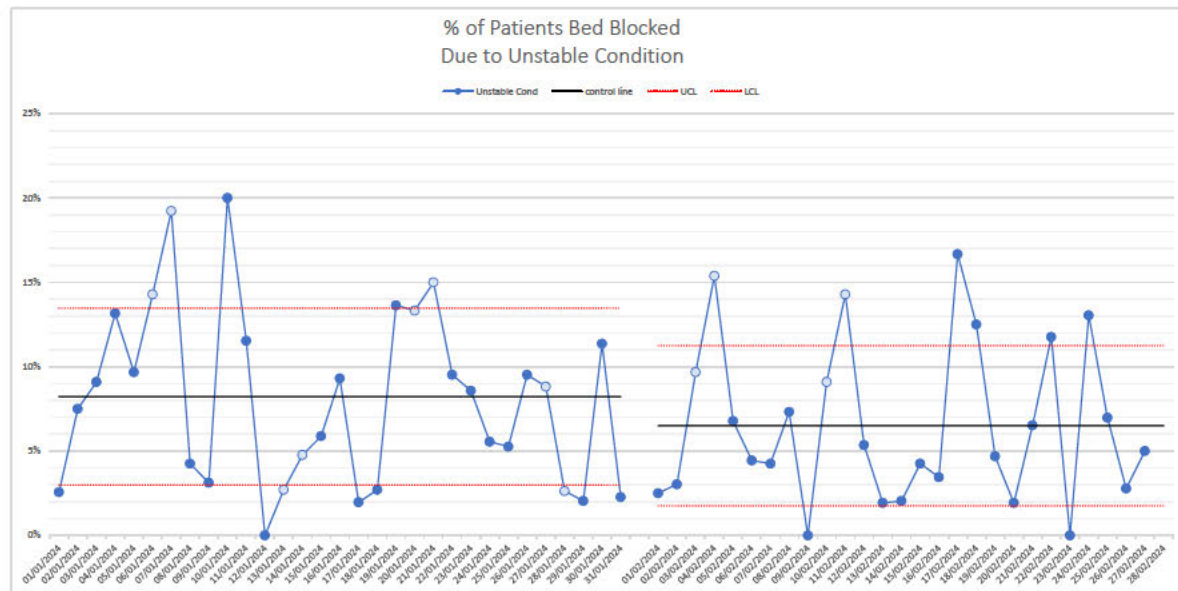
No.ED Delay	No. BB	%
6	39	15%
10	40	25%
9	33	27%
6	38	16%
5	31	16%
4	28	14%
3	26	12%
4	47	9%
7	32	22%
4	45	9%
8	52	15%
8	51	16%
5	37	14%
4	21	19%
2	34	6%
12	43	28%
8	51	16%
5	37	14%
9	22	41%
5	30	17%
3	40	8%
7	42	17%
3	35	9%
2	36	6%
19	38	50%
5	21	24%
14	34	41%
10	38	26%
11	49	22%
8	44	18%
15	44	34%
7	40	18%
6	66	9%
3	31	10%
7	39	18%
14	59	24%
6	45	13%
6	47	13%
9	41	22%
10	40	25%
2	33	6%
8	49	16%
16	56	29%
10	52	19%
14	49	29%
12	47	26%
10	58	17%
3	36	8%
11	48	23%
17	64	27%
10	52	19%
16	46	35%
25	51	49%
13	57	23%
7	46	15%
9	43	21%
9	36	25%

21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
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15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
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20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
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28/04/2024	0	0	0	0	0	0
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02/05/2024	0	0	0	0	0	0
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29/05/2024	0	0	0	0	0	0
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04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0

08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
12/06/2024	0	0	0	0	0	0
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17/06/2024	0	0	0	0	0	0
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19/06/2024	0	0	0	0	0	0
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01/07/2024	0	0	0	0	0	0
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30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
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08/08/2024	0	0	0	0	0	0
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10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0
15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0
21/08/2024	0	0	0	0	0	0
22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0
24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
26/08/2024	0	0	0	0	0	0

27/08/2024	0	0	0	0	0	0
28/08/2024	0	0	0	0	0	0
29/08/2024	0	0	0	0	0	0
30/08/2024	0	0	0	0	0	0
31/08/2024	1	0	0	0	0	0
01/09/2024	0	0	0	0	0	0
02/09/2024	0	0	0	0	0	0
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12/09/2024	0	0	0	0	0	0
13/09/2024	0	0	0	0	0	0
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15/09/2024	0	0	0	0	0	0
16/09/2024	0	0	0	0	0	0
17/09/2024	0	0	0	0	0	0
18/09/2024	0	0	0	0	0	0
19/09/2024	0	0	0	0	0	0
20/09/2024	0	0	0	0	0	0
21/09/2024	0	0	0	0	0	0
22/09/2024	0	0	0	0	0	0
23/09/2024	0	0	0	0	0	0
24/09/2024	0	0	0	0	0	0
25/09/2024	0	0	0	0	0	0
26/09/2024	0	0	0	0	0	0
27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Date	Unstable Cond	control line	UCL	LCL	SD	average
01/01/2024	3%	8%	13%	3%	5%	8%
02/01/2024	8%	8%	13%	3%	5%	8%
03/01/2024	9%	8%	13%	3%	5%	8%
04/01/2024	13%	8%	13%	3%	5%	8%
05/01/2024	10%	8%	13%	3%	5%	8%
06/01/2024	14%	8%	13%	3%	5%	8%
07/01/2024	19%	8%	13%	3%	5%	8%
08/01/2024	4%	8%	13%	3%	5%	8%
09/01/2024	3%	8%	13%	3%	5%	8%
10/01/2024	20%	8%	13%	3%	5%	8%
11/01/2024	12%	8%	13%	3%	5%	8%
12/01/2024	0%	8%	13%	3%	5%	8%
13/01/2024	3%	8%	13%	3%	5%	8%
14/01/2024	5%	8%	13%	3%	5%	8%
15/01/2024	6%	8%	13%	3%	5%	8%
16/01/2024	9%	8%	13%	3%	5%	8%
17/01/2024	2%	8%	13%	3%	5%	8%
18/01/2024	3%	8%	13%	3%	5%	8%
19/01/2024	14%	8%	13%	3%	5%	8%
20/01/2024	13%	8%	13%	3%	5%	8%
21/01/2024	15%	8%	13%	3%	5%	8%
22/01/2024	10%	8%	13%	3%	5%	8%
23/01/2024	9%	8%	13%	3%	5%	8%
24/01/2024	6%	8%	13%	3%	5%	8%
25/01/2024	5%	8%	13%	3%	5%	8%
26/01/2024	10%	8%	13%	3%	5%	8%
27/01/2024	9%	8%	13%	3%	5%	8%
28/01/2024	3%	8%	13%	3%	5%	8%
29/01/2024	2%	8%	13%	3%	5%	8%
30/01/2024	11%	8%	13%	3%	5%	8%
31/01/2024	2%	8%	13%	3%	5%	8%
01/02/2024						
02/02/2024	3%	7%	11%	2%	5%	7%
03/02/2024	3%	7%	11%	2%	5%	7%
04/02/2024	10%	7%	11%	2%	5%	7%
05/02/2024	15%	7%	11%	2%	5%	7%
06/02/2024	7%	7%	11%	2%	5%	7%
07/02/2024	4%	7%	11%	2%	5%	7%
08/02/2024	7%	7%	11%	2%	5%	7%
09/02/2024	0%	7%	11%	2%	5%	7%
10/02/2024	9%	7%	11%	2%	5%	7%
11/02/2024	14%	7%	11%	2%	5%	7%
12/02/2024	5%	7%	11%	2%	5%	7%
13/02/2024	2%	7%	11%	2%	5%	7%
14/02/2024	2%	7%	11%	2%	5%	7%
15/02/2024	4%	7%	11%	2%	5%	7%
16/02/2024	3%	7%	11%	2%	5%	7%
17/02/2024	17%	7%	11%	2%	5%	7%
18/02/2024	13%	7%	11%	2%	5%	7%
19/02/2024	5%	7%	11%	2%	5%	7%
20/02/2024	2%	7%	11%	2%	5%	7%
21/02/2024	7%	7%	11%	2%	5%	7%
22/02/2024	12%	7%	11%	2%	5%	7%
23/02/2024	0%	7%	11%	2%	5%	7%
24/02/2024	13%	7%	11%	2%	5%	7%
25/02/2024	7%	7%	11%	2%	5%	7%
26/02/2024	3%	7%	11%	2%	5%	7%
27/02/2024	5%	7%	11%	2%	5%	7%
28/02/2024		7%	11%	2%	5%	7%
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0



No Unstable	No. BB	%
1	39	3%
3	40	8%
3	33	9%
5	38	13%
3	31	10%
4	28	14%
5	26	19%
2	47	4%
1	32	3%
9	45	20%
6	52	12%
0	51	0%
1	37	3%
1	21	5%
2	34	6%
4	43	9%
1	51	2%
1	37	3%
3	22	14%
4	30	13%
6	40	15%
4	42	10%
3	35	9%
2	36	6%
2	38	5%
2	21	10%
3	34	9%
1	38	3%
1	49	2%
5	44	11%
1	44	2%

1	40	3%
2	66	3%
3	31	10%
6	39	15%
4	59	7%
2	45	4%
2	47	4%
3	41	7%
0	40	0%
3	33	9%
7	49	14%
3	56	5%
1	52	2%
1	49	2%
2	47	4%
2	58	3%
6	36	17%
6	48	13%
3	64	5%
1	52	2%
3	46	7%
6	51	12%
0	57	0%
6	46	13%
3	43	7%
1	36	3%

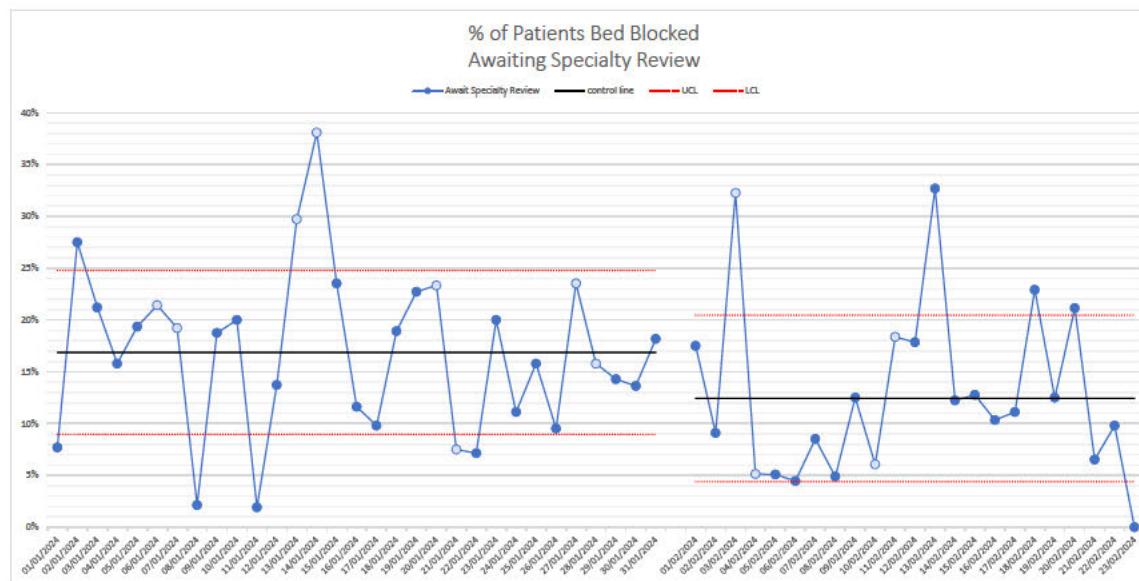
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
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13/04/2024	0	0	0	0	0	0
14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
29/04/2024	0	0	0	0	0	0
30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
04/05/2024	0	0	0	0	0	0
05/05/2024	0	0	0	0	0	0
06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
08/05/2024	0	0	0	0	0	0
09/05/2024	0	0	0	0	0	0
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11/05/2024	0	0	0	0	0	0
12/05/2024	0	0	0	0	0	0
13/05/2024	0	0	0	0	0	0
14/05/2024	0	0	0	0	0	0
15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
17/05/2024	0	0	0	0	0	0
18/05/2024	0	0	0	0	0	0
19/05/2024	0	0	0	0	0	0
20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
24/05/2024	0	0	0	0	0	0
25/05/2024	0	0	0	0	0	0
26/05/2024	0	0	0	0	0	0
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28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0

01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
12/06/2024	0	0	0	0	0	0
13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
15/06/2024	0	0	0	0	0	0
16/06/2024	0	0	0	0	0	0
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20/06/2024	0	0	0	0	0	0
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22/06/2024	0	0	0	0	0	0
23/06/2024	0	0	0	0	0	0
24/06/2024	0	0	0	0	0	0
25/06/2024	0	0	0	0	0	0
26/06/2024	0	0	0	0	0	0
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28/06/2024	0	0	0	0	0	0
29/06/2024	0	0	0	0	0	0
30/06/2024	0	0	0	0	0	0
01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
03/07/2024	0	0	0	0	0	0
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05/07/2024	0	0	0	0	0	0
06/07/2024	0	0	0	0	0	0
07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
13/07/2024	0	0	0	0	0	0
14/07/2024	0	0	0	0	0	0
15/07/2024	0	0	0	0	0	0
16/07/2024	0	0	0	0	0	0
17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
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22/07/2024	0	0	0	0	0	0
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30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
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11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0

15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
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22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0
24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
26/08/2024	0	0	0	0	0	0
27/08/2024	0	0	0	0	0	0
28/08/2024	0	0	0	0	0	0
03/01/2024	9%	8%	13%	3%	5%	8%
04/01/2024	13%	8%	13%	3%	5%	8%
05/01/2024	10%	8%	13%	3%	5%	8%
06/01/2024	14%	8%	13%	3%	5%	8%
07/01/2024	19%	8%	13%	3%	5%	8%
08/01/2024	4%	8%	13%	3%	5%	8%
09/01/2024	3%	8%	13%	3%	5%	8%
10/01/2024	20%	8%	13%	3%	5%	8%
11/01/2024	12%	8%	13%	3%	5%	8%
12/01/2024	0%	8%	13%	3%	5%	8%
13/01/2024	3%	8%	13%	3%	5%	8%
14/01/2024	5%	8%	13%	3%	5%	8%
15/01/2024	6%	8%	13%	3%	5%	8%
16/01/2024	9%	8%	13%	3%	5%	8%
17/01/2024	2%	8%	13%	3%	5%	8%
18/01/2024	3%	8%	13%	3%	5%	8%
19/01/2024	14%	8%	13%	3%	5%	8%
20/01/2024	13%	8%	13%	3%	5%	8%
21/01/2024	15%	8%	13%	3%	5%	8%
22/01/2024	10%	8%	13%	3%	5%	8%
23/01/2024	9%	8%	13%	3%	5%	8%
24/01/2024	6%	8%	13%	3%	5%	8%
25/01/2024	5%	8%	13%	3%	5%	8%
26/01/2024	10%	8%	13%	3%	5%	8%
27/01/2024	9%	8%	13%	3%	5%	8%
28/01/2024	3%	8%	13%	3%	5%	8%
29/01/2024	2%	8%	13%	3%	5%	8%
30/01/2024	11%	8%	13%	3%	5%	8%
31/01/2024	2%	8%	13%	3%	5%	8%
01/02/2024	3%	7%	11%	2%	5%	7%
02/02/2024	3%	7%	11%	2%	5%	7%
03/02/2024	10%	7%	11%	2%	5%	7%
04/02/2024	15%	7%	11%	2%	5%	7%

3	33	9%
5	38	13%
3	31	10%
4	28	14%
5	26	19%
2	47	4%
1	32	3%
9	45	20%
6	52	12%
0	51	0%
1	37	3%
1	21	5%
2	34	6%
4	43	9%
1	51	2%
1	37	3%
3	22	14%
4	30	13%
6	40	15%
4	42	10%
3	35	9%
2	36	6%
2	38	5%
2	21	10%
3	34	9%
1	38	3%
1	49	2%
5	44	11%
1	44	2%
1	40	3%
2	66	3%
3	31	10%
6	39	15%

Date	Awak Specialty R control line	UCL	LCL	SD	average
01/01/2024	8%	17%	25%	9%	8%
02/01/2024	28%	17%	25%	9%	8%
03/01/2024	21%	17%	25%	9%	8%
04/01/2024	16%	17%	25%	9%	8%
05/01/2024	19%	17%	25%	9%	8%
06/01/2024	21%	17%	25%	9%	8%
07/01/2024	19%	17%	25%	9%	8%
08/01/2024	2%	17%	25%	9%	8%
09/01/2024	19%	17%	25%	9%	8%
10/01/2024	20%	17%	25%	9%	8%
11/01/2024	2%	17%	25%	9%	8%
12/01/2024	14%	17%	25%	9%	8%
13/01/2024	30%	17%	25%	9%	8%
14/01/2024	38%	17%	25%	9%	8%
15/01/2024	24%	17%	25%	9%	8%
16/01/2024	12%	17%	25%	9%	8%
17/01/2024	10%	17%	25%	9%	8%
18/01/2024	19%	17%	25%	9%	8%
19/01/2024	23%	17%	25%	9%	8%
20/01/2024	23%	17%	25%	9%	8%
21/01/2024	8%	17%	25%	9%	8%
22/01/2024	7%	17%	25%	9%	8%
23/01/2024	20%	17%	25%	9%	8%
24/01/2024	11%	17%	25%	9%	8%
25/01/2024	16%	17%	25%	9%	8%
26/01/2024	10%	17%	25%	9%	8%
27/01/2024	24%	17%	25%	9%	8%
28/01/2024	16%	17%	25%	9%	8%
29/01/2024	14%	17%	25%	9%	8%
30/01/2024	14%	17%	25%	9%	8%
31/01/2024	18%	17%	25%	9%	8%
01/02/2024	18%	12%	20%	4%	8%
02/02/2024	9%	12%	20%	4%	8%
03/02/2024	32%	12%	20%	4%	8%
04/02/2024	5%	12%	20%	4%	8%
05/02/2024	5%	12%	20%	4%	8%
06/02/2024	4%	12%	20%	4%	8%
07/02/2024	9%	12%	20%	4%	8%
08/02/2024	5%	12%	20%	4%	8%
09/02/2024	13%	12%	20%	4%	8%
10/02/2024	6%	12%	20%	4%	8%
11/02/2024	18%	12%	20%	4%	8%
12/02/2024	18%	12%	20%	4%	8%
13/02/2024	33%	12%	20%	4%	8%
14/02/2024	12%	12%	20%	4%	8%
15/02/2024	13%	12%	20%	4%	8%
16/02/2024	10%	12%	20%	4%	8%
17/02/2024	11%	12%	20%	4%	8%
18/02/2024	23%	12%	20%	4%	8%
19/02/2024	13%	12%	20%	4%	8%
20/02/2024	21%	12%	20%	4%	8%
21/02/2024	7%	12%	20%	4%	8%
22/02/2024	10%	12%	20%	4%	8%
23/02/2024	0%	12%	20%	4%	8%
24/02/2024	13%	12%	20%	4%	8%
25/02/2024	7%	12%	20%	4%	8%
26/02/2024	17%	12%	20%	4%	8%
27/02/2024	5%	12%	20%	4%	8%
28/02/2024		12%	20%	4%	8%
01/03/2024	0	0	0	0	0
02/03/2024	0	0	0	0	0
03/03/2024	0	0	0	0	0
04/03/2024	0	0	0	0	0
05/03/2024	0	0	0	0	0
06/03/2024	0	0	0	0	0
07/03/2024	0	0	0	0	0
08/03/2024	0	0	0	0	0
09/03/2024	0	0	0	0	0
10/03/2024	0	0	0	0	0
11/03/2024	0	0	0	0	0
12/03/2024	0	0	0	0	0
13/03/2024	0	0	0	0	0
14/03/2024	0	0	0	0	0
15/03/2024	0	0	0	0	0
16/03/2024	0	0	0	0	0
17/03/2024	0	0	0	0	0
18/03/2024	0	0	0	0	0



No Waiting	No. BB	%
3	39	8%
11	40	28%
7	33	21%
6	38	16%
6	31	19%
6	28	21%
5	26	19%
1	47	2%
6	32	19%
9	45	20%
1	52	2%
7	51	14%
11	37	30%
8	21	38%
8	34	24%
5	43	12%
5	51	10%
7	37	19%
5	22	23%
7	30	23%
3	40	8%
3	42	7%
7	35	20%
4	36	11%
6	38	16%
2	21	10%
8	34	24%
6	38	16%
7	49	14%
6	44	14%
8	44	18%
7	40	18%
6	66	9%
10	31	32%
2	39	5%
3	59	5%
2	45	4%
4	47	9%
2	41	5%
5	40	13%
2	33	6%
9	49	18%
10	56	18%
17	52	33%
6	49	12%
6	47	13%
6	58	10%
4	36	11%
11	48	23%
8	64	13%
11	52	21%
3	46	7%
5	51	10%
0	57	0%
6	46	13%
3	43	7%
6	36	17%

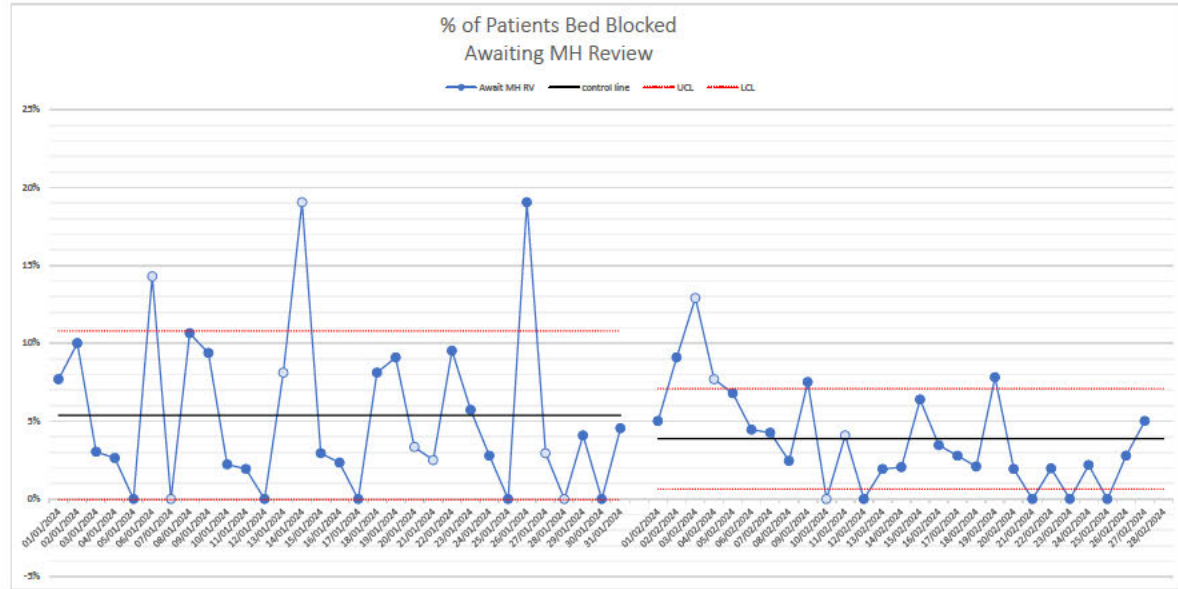
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20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
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28/03/2024	0	0	0	0	0	0
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31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
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05/04/2024	0	0	0	0	0	0
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07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
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10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
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15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
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22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
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26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
29/04/2024	0	0	0	0	0	0
30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
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29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0
01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0

04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
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13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
15/06/2024	0	0	0	0	0	0
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18/06/2024	0	0	0	0	0	0
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02/07/2024	0	0	0	0	0	0
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07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
13/07/2024	0	0	0	0	0	0
14/07/2024	0	0	0	0	0	0
15/07/2024	0	0	0	0	0	0
16/07/2024	0	0	0	0	0	0
17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
19/07/2024	0	0	0	0	0	0
20/07/2024	0	0	0	0	0	0
21/07/2024	0	0	0	0	0	0
22/07/2024	0	0	0	0	0	0
23/07/2024	0	0	0	0	0	0
24/07/2024	0	0	0	0	0	0
25/07/2024	0	0	0	0	0	0
26/07/2024	0	0	0	0	0	0
27/07/2024	0	0	0	0	0	0
28/07/2024	0	0	0	0	0	0
29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0
15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0

21/08/2024	0	0	0	0	0	0
22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0
24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
26/08/2024	0	0	0	0	0	0
27/08/2024	0	0	0	0	0	0
28/08/2024	0	0	0	0	0	0
29/08/2024	0	0	0	0	0	0
30/08/2024	0	0	0	0	0	0
03/01/2024	21%	17%	25%	9%	8%	17%
04/01/2024	16%	17%	25%	9%	8%	17%
05/01/2024	19%	17%	25%	9%	8%	17%
06/01/2024	21%	17%	25%	9%	8%	17%
07/01/2024	19%	17%	25%	9%	8%	17%
08/01/2024	2%	17%	25%	9%	8%	17%
09/01/2024	19%	17%	25%	9%	8%	17%
10/01/2024	20%	17%	25%	9%	8%	17%
11/01/2024	2%	17%	25%	9%	8%	17%
12/01/2024	14%	17%	25%	9%	8%	17%
13/01/2024	30%	17%	25%	9%	8%	17%
14/01/2024	38%	17%	25%	9%	8%	17%
15/01/2024	24%	17%	25%	9%	8%	17%
16/01/2024	12%	17%	25%	9%	8%	17%
17/01/2024	10%	17%	25%	9%	8%	17%
18/01/2024	19%	17%	25%	9%	8%	17%
19/01/2024	23%	17%	25%	9%	8%	17%
20/01/2024	23%	17%	25%	9%	8%	17%
21/01/2024	8%	17%	25%	9%	8%	17%
22/01/2024	7%	17%	25%	9%	8%	17%
23/01/2024	20%	17%	25%	9%	8%	17%
24/01/2024	11%	17%	25%	9%	8%	17%
25/01/2024	16%	17%	25%	9%	8%	17%
26/01/2024	10%	17%	25%	9%	8%	17%
27/01/2024	24%	17%	25%	9%	8%	17%
28/01/2024	16%	17%	25%	9%	8%	17%
29/01/2024	14%	17%	25%	9%	8%	17%
30/01/2024	14%	17%	25%	9%	8%	17%
31/01/2024	18%	17%	25%	9%	8%	17%
01/02/2024	18%	12%	20%	4%	8%	12%
02/02/2024	9%	12%	20%	4%	8%	12%

7	33	21%
6	38	16%
6	31	19%
6	28	21%
5	26	19%
1	47	2%
6	32	19%
9	45	20%
1	52	2%
7	51	14%
11	37	30%
8	21	38%
8	34	24%
5	43	12%
5	51	10%
7	37	19%
5	22	23%
7	30	23%
3	40	8%
3	42	7%
7	35	20%
4	36	11%
6	38	16%
2	21	10%
8	34	24%
6	38	16%
7	49	14%
6	44	14%
8	44	18%
7	40	18%
6	66	9%

Date	Await MH RV	control line	UCL	LCL	SD	average
01/01/2024	8%	5%	11%	0%	5%	5%
02/01/2024	10%	5%	11%	0%	5%	5%
03/01/2024	3%	5%	11%	0%	5%	5%
04/01/2024	3%	5%	11%	0%	5%	5%
05/01/2024	0%	5%	11%	0%	5%	5%
06/01/2024	14%	5%	11%	0%	5%	5%
07/01/2024	0%	5%	11%	0%	5%	5%
08/01/2024	11%	5%	11%	0%	5%	5%
09/01/2024	9%	5%	11%	0%	5%	5%
10/01/2024	2%	5%	11%	0%	5%	5%
11/01/2024	2%	5%	11%	0%	5%	5%
12/01/2024	0%	5%	11%	0%	5%	5%
13/01/2024	8%	5%	11%	0%	5%	5%
14/01/2024	19%	5%	11%	0%	5%	5%
15/01/2024	3%	5%	11%	0%	5%	5%
16/01/2024	2%	5%	11%	0%	5%	5%
17/01/2024	0%	5%	11%	0%	5%	5%
18/01/2024	8%	5%	11%	0%	5%	5%
19/01/2024	9%	5%	11%	0%	5%	5%
20/01/2024	3%	5%	11%	0%	5%	5%
21/01/2024	3%	5%	11%	0%	5%	5%
22/01/2024	10%	5%	11%	0%	5%	5%
23/01/2024	6%	5%	11%	0%	5%	5%
24/01/2024	3%	5%	11%	0%	5%	5%
25/01/2024	0%	5%	11%	0%	5%	5%
26/01/2024	19%	5%	11%	0%	5%	5%
27/01/2024	3%	5%	11%	0%	5%	5%
28/01/2024	0%	5%	11%	0%	5%	5%
29/01/2024	4%	5%	11%	0%	5%	5%
30/01/2024	0%	5%	11%	0%	5%	5%
31/01/2024	5%	5%	11%	0%	5%	5%
01/02/2024						
02/02/2024	5%	4%	7%	1%	3%	4%
03/02/2024	9%	4%	7%	1%	3%	4%
04/02/2024	13%	4%	7%	1%	3%	4%
05/02/2024	8%	4%	7%	1%	3%	4%
06/02/2024	7%	4%	7%	1%	3%	4%
07/02/2024	4%	4%	7%	1%	3%	4%
08/02/2024	2%	4%	7%	1%	3%	4%
09/02/2024	8%	4%	7%	1%	3%	4%
10/02/2024	0%	4%	7%	1%	3%	4%
11/02/2024	4%	4%	7%	1%	3%	4%
12/02/2024	0%	4%	7%	1%	3%	4%
13/02/2024	2%	4%	7%	1%	3%	4%
14/02/2024	2%	4%	7%	1%	3%	4%
15/02/2024	6%	4%	7%	1%	3%	4%
16/02/2024	3%	4%	7%	1%	3%	4%
17/02/2024	3%	4%	7%	1%	3%	4%
18/02/2024	2%	4%	7%	1%	3%	4%
19/02/2024	8%	4%	7%	1%	3%	4%
20/02/2024	2%	4%	7%	1%	3%	4%
21/02/2024	0%	4%	7%	1%	3%	4%
22/02/2024	2%	4%	7%	1%	3%	4%
23/02/2024	0%	4%	7%	1%	3%	4%
24/02/2024	2%	4%	7%	1%	3%	4%
25/02/2024	0%	4%	7%	1%	3%	4%
26/02/2024	3%	4%	7%	1%	3%	4%
27/02/2024	5%	4%	7%	1%	3%	4%
28/02/2024		4%	7%	1%	3%	4%
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0



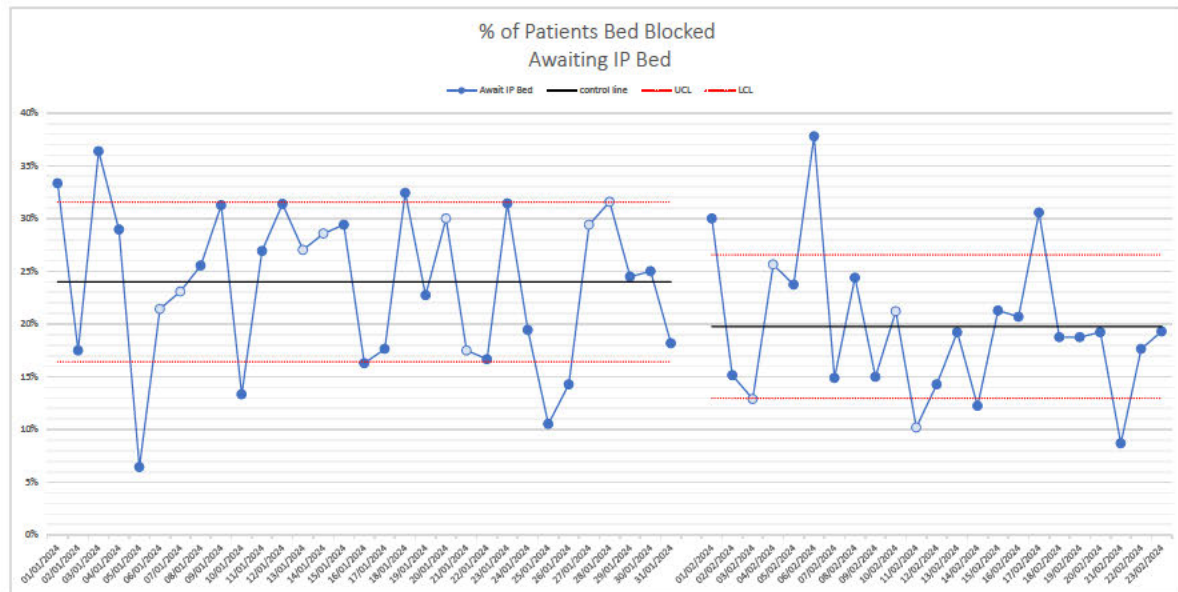
No Waiting	No. BB	%
3	39	8%
4	40	10%
1	33	3%
1	38	3%
0	31	0%
4	28	14%
0	26	0%
5	47	11%
3	32	9%
1	45	2%
1	52	2%
0	51	0%
3	37	8%
4	21	19%
1	34	3%
1	43	2%
0	51	0%
3	37	8%
2	22	9%
1	30	3%
1	40	3%
4	42	10%
2	35	6%
1	36	3%
0	38	0%
4	21	19%
1	34	3%
0	38	0%
2	49	4%
0	44	0%
2	44	5%
2	40	5%
6	66	9%
4	31	13%
3	39	8%
4	59	7%
2	45	4%
2	47	4%
1	41	2%
3	40	8%
0	33	0%
2	49	4%
0	56	0%
1	52	2%
1	49	2%
3	47	6%
2	58	3%
1	36	3%
1	48	2%
5	64	8%
1	52	2%
0	46	0%
1	51	2%
0	57	0%
1	46	2%
0	43	0%
1	36	3%

17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
12/04/2024	0	0	0	0	0	0
13/04/2024	0	0	0	0	0	0
14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
29/04/2024	0	0	0	0	0	0
30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
04/05/2024	0	0	0	0	0	0
05/05/2024	0	0	0	0	0	0
06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
08/05/2024	0	0	0	0	0	0
09/05/2024	0	0	0	0	0	0
10/05/2024	0	0	0	0	0	0
11/05/2024	0	0	0	0	0	0
12/05/2024	0	0	0	0	0	0
13/05/2024	0	0	0	0	0	0
14/05/2024	0	0	0	0	0	0
15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
17/05/2024	0	0	0	0	0	0
18/05/2024	0	0	0	0	0	0
19/05/2024	0	0	0	0	0	0
20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
24/05/2024	0	0	0	0	0	0
25/05/2024	0	0	0	0	0	0
26/05/2024	0	0	0	0	0	0
27/05/2024	0	0	0	0	0	0
28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0

01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
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07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
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13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
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16/06/2024	0	0	0	0	0	0
17/06/2024	0	0	0	0	0	0
18/06/2024	0	0	0	0	0	0
19/06/2024	0	0	0	0	0	0
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25/06/2024	0	0	0	0	0	0
26/06/2024	0	0	0	0	0	0
27/06/2024	0	0	0	0	0	0
28/06/2024	0	0	0	0	0	0
29/06/2024	0	0	0	0	0	0
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01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
03/07/2024	0	0	0	0	0	0
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28/07/2024	0	0	0	0	0	0
29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0

15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0
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22/08/2024	0	0	0	0	0	0
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30/08/2024	0	0	0	0	0	0
31/08/2024	1	0	0	0	0	0
01/09/2024	0	0	0	0	0	0
02/09/2024	0	0	0	0	0	0
03/09/2024	0	0	0	0	0	0
04/09/2024	0	0	0	0	0	0
05/09/2024	0	0	0	0	0	0
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11/09/2024	0	0	0	0	0	0
12/09/2024	0	0	0	0	0	0
13/09/2024	0	0	0	0	0	0
14/09/2024	0	0	0	0	0	0
15/09/2024	0	0	0	0	0	0
16/09/2024	0	0	0	0	0	0
17/09/2024	0	0	0	0	0	0
18/09/2024	0	0	0	0	0	0
19/09/2024	0	0	0	0	0	0
20/09/2024	0	0	0	0	0	0
21/09/2024	0	0	0	0	0	0
22/09/2024	0	0	0	0	0	0
23/09/2024	0	0	0	0	0	0
24/09/2024	0	0	0	0	0	0
25/09/2024	0	0	0	0	0	0
26/09/2024	0	0	0	0	0	0
27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Date	Await IP Bed	control line	UCL	LCL	SD	average
01/01/2024	33%	24%	32%	16%	8%	24%
02/01/2024	18%	24%	32%	16%	8%	24%
03/01/2024	36%	24%	32%	16%	8%	24%
04/01/2024	29%	24%	32%	16%	8%	24%
05/01/2024	6%	24%	32%	16%	8%	24%
06/01/2024	21%	24%	32%	16%	8%	24%
07/01/2024	23%	24%	32%	16%	8%	24%
08/01/2024	26%	24%	32%	16%	8%	24%
09/01/2024	31%	24%	32%	16%	8%	24%
10/01/2024	13%	24%	32%	16%	8%	24%
11/01/2024	27%	24%	32%	16%	8%	24%
12/01/2024	31%	24%	32%	16%	8%	24%
13/01/2024	27%	24%	32%	16%	8%	24%
14/01/2024	29%	24%	32%	16%	8%	24%
15/01/2024	29%	24%	32%	16%	8%	24%
16/01/2024	16%	24%	32%	16%	8%	24%
17/01/2024	18%	24%	32%	16%	8%	24%
18/01/2024	32%	24%	32%	16%	8%	24%
19/01/2024	23%	24%	32%	16%	8%	24%
20/01/2024	30%	24%	32%	16%	8%	24%
21/01/2024	18%	24%	32%	16%	8%	24%
22/01/2024	17%	24%	32%	16%	8%	24%
23/01/2024	31%	24%	32%	16%	8%	24%
24/01/2024	19%	24%	32%	16%	8%	24%
25/01/2024	11%	24%	32%	16%	8%	24%
26/01/2024	14%	24%	32%	16%	8%	24%
27/01/2024	29%	24%	32%	16%	8%	24%
28/01/2024	32%	24%	32%	16%	8%	24%
29/01/2024	24%	24%	32%	16%	8%	24%
30/01/2024	25%	24%	32%	16%	8%	24%
31/01/2024	18%	24%	32%	16%	8%	24%
01/02/2024						
02/02/2024	30%	20%	27%	13%	7%	20%
03/02/2024	15%	20%	27%	13%	7%	20%
04/02/2024	13%	20%	27%	13%	7%	20%
05/02/2024	26%	20%	27%	13%	7%	20%
06/02/2024	24%	20%	27%	13%	7%	20%
07/02/2024	38%	20%	27%	13%	7%	20%
08/02/2024	15%	20%	27%	13%	7%	20%
09/02/2024	24%	20%	27%	13%	7%	20%
10/02/2024	15%	20%	27%	13%	7%	20%
11/02/2024	21%	20%	27%	13%	7%	20%
12/02/2024	10%	20%	27%	13%	7%	20%
13/02/2024	14%	20%	27%	13%	7%	20%
14/02/2024	19%	20%	27%	13%	7%	20%
15/02/2024	12%	20%	27%	13%	7%	20%
16/02/2024	21%	20%	27%	13%	7%	20%
17/02/2024	21%	20%	27%	13%	7%	20%
18/02/2024	31%	20%	27%	13%	7%	20%
19/02/2024	19%	20%	27%	13%	7%	20%
20/02/2024	19%	20%	27%	13%	7%	20%
21/02/2024	19%	20%	27%	13%	7%	20%
22/02/2024	9%	20%	27%	13%	7%	20%
23/02/2024	18%	20%	27%	13%	7%	20%
24/02/2024	19%	20%	27%	13%	7%	20%
25/02/2024	20%	20%	27%	13%	7%	20%
26/02/2024	30%	20%	27%	13%	7%	20%
27/02/2024	19%	20%	27%	13%	7%	20%
28/02/2024	13%	20%	27%	13%	7%	20%
01/03/2024						
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0



No. waiting	No. BB	%
13	39	33%
7	40	18%
12	33	36%
11	38	29%
2	31	6%
6	28	21%
6	26	23%
12	47	26%
10	32	31%
6	45	13%
14	52	27%
16	51	31%
10	37	27%
6	21	29%
10	34	29%
7	43	16%
9	51	18%
12	37	32%
5	22	23%
9	30	30%
7	40	18%
7	42	17%
11	35	31%
7	36	19%
4	38	11%
3	21	14%
10	34	29%
12	38	32%
12	49	24%
11	44	25%
8	44	18%
12	40	30%
10	66	15%
4	31	13%
10	39	26%
14	59	24%
17	45	38%
7	47	15%
10	41	24%
6	40	15%
7	33	21%
5	49	10%
8	56	14%
10	52	19%
6	49	12%
10	47	21%
12	58	21%
11	36	31%
9	48	19%
12	64	19%
10	52	19%
4	46	9%
9	51	18%
11	57	19%
9	46	20%
13	43	30%
7	36	19%

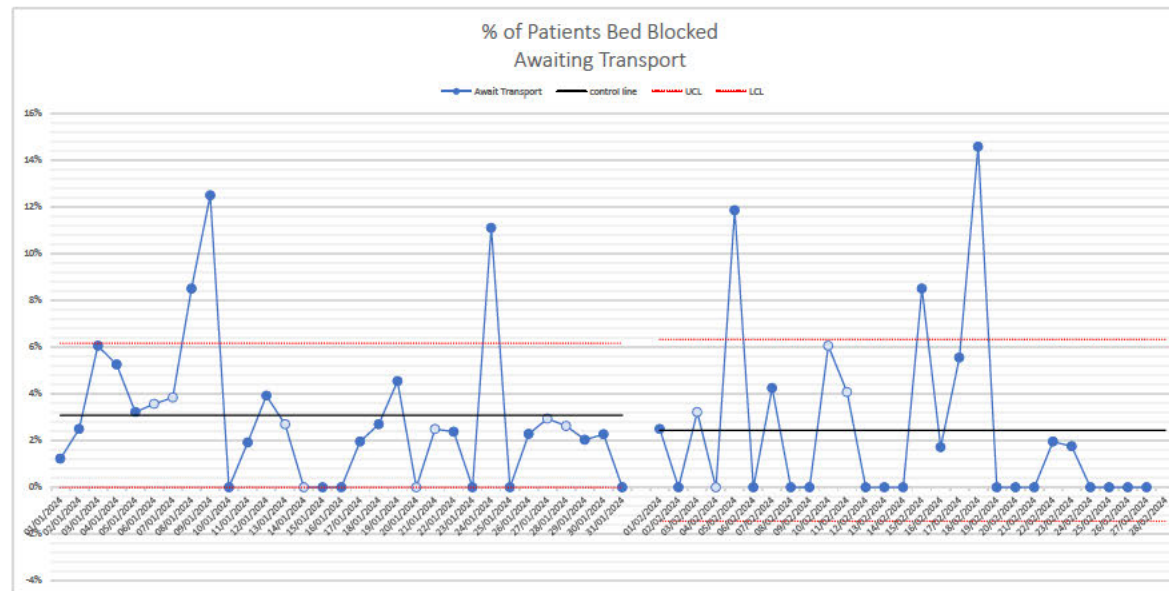
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
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10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
12/04/2024	0	0	0	0	0	0
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14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
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29/04/2024	0	0	0	0	0	0
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01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
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14/05/2024	0	0	0	0	0	0
15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
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18/05/2024	0	0	0	0	0	0
19/05/2024	0	0	0	0	0	0
20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
24/05/2024	0	0	0	0	0	0
25/05/2024	0	0	0	0	0	0
26/05/2024	0	0	0	0	0	0
27/05/2024	0	0	0	0	0	0
28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0

01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
12/06/2024	0	0	0	0	0	0
13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
15/06/2024	0	0	0	0	0	0
16/06/2024	0	0	0	0	0	0
17/06/2024	0	0	0	0	0	0
18/06/2024	0	0	0	0	0	0
19/06/2024	0	0	0	0	0	0
20/06/2024	0	0	0	0	0	0
21/06/2024	0	0	0	0	0	0
22/06/2024	0	0	0	0	0	0
23/06/2024	0	0	0	0	0	0
24/06/2024	0	0	0	0	0	0
25/06/2024	0	0	0	0	0	0
26/06/2024	0	0	0	0	0	0
27/06/2024	0	0	0	0	0	0
28/06/2024	0	0	0	0	0	0
29/06/2024	0	0	0	0	0	0
30/06/2024	0	0	0	0	0	0
01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
03/07/2024	0	0	0	0	0	0
04/07/2024	0	0	0	0	0	0
05/07/2024	0	0	0	0	0	0
06/07/2024	0	0	0	0	0	0
07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
13/07/2024	0	0	0	0	0	0
14/07/2024	0	0	0	0	0	0
15/07/2024	0	0	0	0	0	0
16/07/2024	0	0	0	0	0	0
17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
19/07/2024	0	0	0	0	0	0
20/07/2024	0	0	0	0	0	0
21/07/2024	0	0	0	0	0	0
22/07/2024	0	0	0	0	0	0
23/07/2024	0	0	0	0	0	0
24/07/2024	0	0	0	0	0	0
25/07/2024	0	0	0	0	0	0
26/07/2024	0	0	0	0	0	0
27/07/2024	0	0	0	0	0	0
28/07/2024	0	0	0	0	0	0
29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0

15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0
03/01/2024	36%	24%	32%	16%	8%	24%
04/01/2024	29%	24%	32%	16%	8%	24%
05/01/2024	6%	24%	32%	16%	8%	24%
06/01/2024	21%	24%	32%	16%	8%	24%
07/01/2024	23%	24%	32%	16%	8%	24%
08/01/2024	26%	24%	32%	16%	8%	24%
09/01/2024	31%	24%	32%	16%	8%	24%
10/01/2024	13%	24%	32%	16%	8%	24%
11/01/2024	27%	24%	32%	16%	8%	24%
12/01/2024	31%	24%	32%	16%	8%	24%
13/01/2024	27%	24%	32%	16%	8%	24%
14/01/2024	29%	24%	32%	16%	8%	24%
15/01/2024	29%	24%	32%	16%	8%	24%
16/01/2024	16%	24%	32%	16%	8%	24%
17/01/2024	18%	24%	32%	16%	8%	24%
18/01/2024	32%	24%	32%	16%	8%	24%
19/01/2024	23%	24%	32%	16%	8%	24%
20/01/2024	30%	24%	32%	16%	8%	24%
21/01/2024	18%	24%	32%	16%	8%	24%
22/01/2024	17%	24%	32%	16%	8%	24%
23/01/2024	31%	24%	32%	16%	8%	24%
24/01/2024	19%	24%	32%	16%	8%	24%
25/01/2024	11%	24%	32%	16%	8%	24%
26/01/2024	14%	24%	32%	16%	8%	24%
27/01/2024	29%	24%	32%	16%	8%	24%
28/01/2024	32%	24%	32%	16%	8%	24%
29/01/2024	24%	24%	32%	16%	8%	24%
30/01/2024	25%	24%	32%	16%	8%	24%
31/01/2024	18%	24%	32%	16%	8%	24%
01/02/2024	30%	20%	27%	13%	7%	20%
02/02/2024	15%	20%	27%	13%	7%	20%
03/02/2024	13%	20%	27%	13%	7%	20%
04/02/2024	26%	20%	27%	13%	7%	20%
05/02/2024	24%	20%	27%	13%	7%	20%
06/02/2024	38%	20%	27%	13%	7%	20%
07/02/2024	15%	20%	27%	13%	7%	20%
08/02/2024	24%	20%	27%	13%	7%	20%
09/02/2024	15%	20%	27%	13%	7%	20%
10/02/2024	21%	20%	27%	13%	7%	20%
11/02/2024	10%	20%	27%	13%	7%	20%
12/02/2024	14%	20%	27%	13%	7%	20%

12	33	36%
11	38	29%
2	31	6%
6	28	21%
6	26	23%
12	47	26%
10	32	31%
6	45	13%
14	52	27%
16	51	31%
10	37	27%
6	21	29%
10	34	29%
7	43	16%
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12	37	32%
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9	30	30%
7	40	18%
7	42	17%
11	35	31%
7	36	19%
4	38	11%
3	21	14%
10	34	29%
12	38	32%
12	49	24%
11	44	25%
8	44	18%
12	40	30%
10	66	15%
4	31	13%
10	39	26%
14	59	24%
17	45	38%
7	47	15%
10	41	24%
6	40	15%
7	33	21%
5	49	10%
8	56	14%

Date	Await Transport	control line	UCL	LCL	SD	average
01/01/2024	1%	3%	6%	0%	3%	3%
02/01/2024	3%	3%	6%	0%	3%	3%
03/01/2024	6%	3%	6%	0%	3%	3%
04/01/2024	5%	3%	6%	0%	3%	3%
05/01/2024	3%	3%	6%	0%	3%	3%
06/01/2024	4%	3%	6%	0%	3%	3%
07/01/2024	4%	3%	6%	0%	3%	3%
08/01/2024	9%	3%	6%	0%	3%	3%
09/01/2024	13%	3%	6%	0%	3%	3%
10/01/2024	0%	3%	6%	0%	3%	3%
11/01/2024	2%	3%	6%	0%	3%	3%
12/01/2024	4%	3%	6%	0%	3%	3%
13/01/2024	3%	3%	6%	0%	3%	3%
14/01/2024	0%	3%	6%	0%	3%	3%
15/01/2024	0%	3%	6%	0%	3%	3%
16/01/2024	0%	3%	6%	0%	3%	3%
17/01/2024	2%	3%	6%	0%	3%	3%
18/01/2024	3%	3%	6%	0%	3%	3%
19/01/2024	5%	3%	6%	0%	3%	3%
20/01/2024	0%	3%	6%	0%	3%	3%
21/01/2024	3%	3%	6%	0%	3%	3%
22/01/2024	2%	3%	6%	0%	3%	3%
23/01/2024	0%	3%	6%	0%	3%	3%
24/01/2024	11%	3%	6%	0%	3%	3%
25/01/2024	0%	3%	6%	0%	3%	3%
26/01/2024	2%	3%	6%	0%	3%	3%
27/01/2024	3%	3%	6%	0%	3%	3%
28/01/2024	3%	3%	6%	0%	3%	3%
29/01/2024	2%	3%	6%	0%	3%	3%
30/01/2024	2%	3%	6%	0%	3%	3%
31/01/2024	0%	3%	6%	0%	3%	3%
01/02/2024	3%	2%	6%	-1%	4%	2%
02/02/2024	0%	2%	6%	-1%	4%	2%
03/02/2024	3%	2%	6%	-1%	4%	2%
04/02/2024	0%	2%	6%	-1%	4%	2%
05/02/2024	12%	2%	6%	-1%	4%	2%
06/02/2024	0%	2%	6%	-1%	4%	2%
07/02/2024	4%	2%	6%	-1%	4%	2%
08/02/2024	0%	2%	6%	-1%	4%	2%
09/02/2024	0%	2%	6%	-1%	4%	2%
10/02/2024	6%	2%	6%	-1%	4%	2%
11/02/2024	4%	2%	6%	-1%	4%	2%
12/02/2024	0%	2%	6%	-1%	4%	2%
13/02/2024	0%	2%	6%	-1%	4%	2%
14/02/2024	0%	2%	6%	-1%	4%	2%
15/02/2024	9%	2%	6%	-1%	4%	2%
16/02/2024	2%	2%	6%	-1%	4%	2%
17/02/2024	6%	2%	6%	-1%	4%	2%
18/02/2024	15%	2%	6%	-1%	4%	2%
19/02/2024	0%	2%	6%	-1%	4%	2%
20/02/2024	0%	2%	6%	-1%	4%	2%
21/02/2024	0%	2%	6%	-1%	4%	2%
22/02/2024	2%	2%	6%	-1%	4%	2%
23/02/2024	0%	2%	6%	-1%	4%	2%
24/02/2024	0%	2%	6%	-1%	4%	2%
25/02/2024	0%	2%	6%	-1%	4%	2%
26/02/2024	0%	2%	6%	-1%	4%	2%
27/02/2024	0%	2%	6%	-1%	4%	2%
28/02/2024	0%	2%	6%	-1%	4%	2%
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0



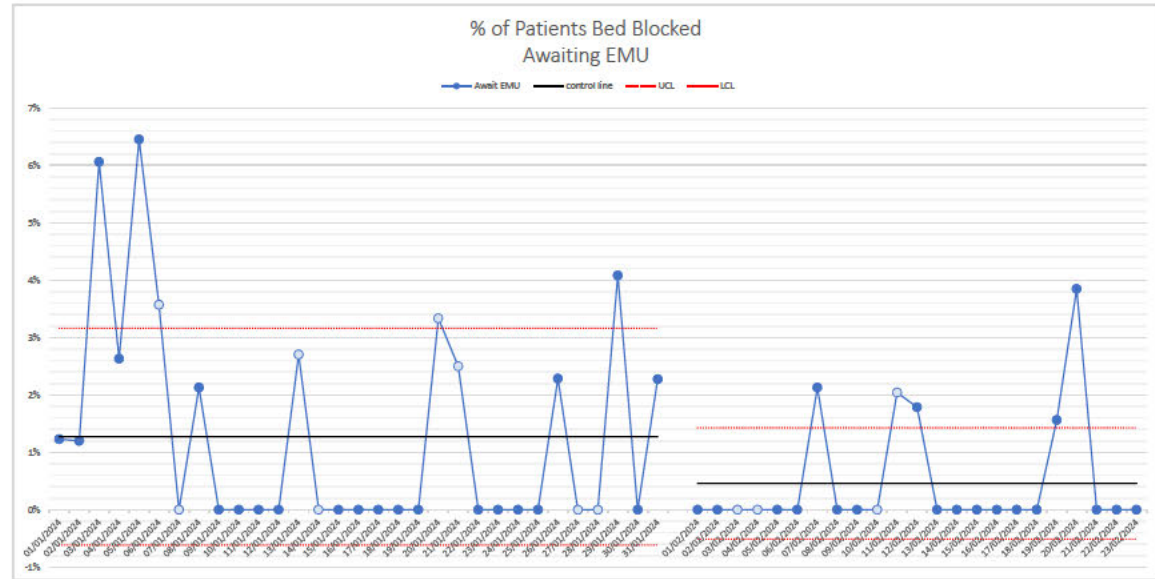
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2	33	6%
2	38	5%
1	31	3%
1	28	4%
1	26	4%
4	47	9%
4	32	13%
0	45	0%
1	52	2%
2	51	4%
1	37	3%
0	21	0%
0	34	0%
0	43	0%
1	51	2%
1	37	3%
1	22	5%
0	30	0%
1	40	3%
1	42	2%
0	35	0%
4	36	11%
0	38	0%
0	21	2%
1	34	3%
1	38	3%
1	49	2%
1	44	2%
0	44	0%
1	40	3%
0	66	0%
1	31	3%
0	39	0%
7	59	12%
0	45	0%
2	47	4%
0	41	0%
0	40	0%
2	33	6%
2	49	4%
0	56	0%
0	52	0%
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4	47	9%
1	58	2%
2	36	6%
7	48	15%
0	64	0%
0	52	0%
0	46	0%
1	51	2%
1	57	2%
0	46	0%
0	43	0%
0	36	0%

17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
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30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
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02/05/2024	0	0	0	0	0	0
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06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
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09/05/2024	0	0	0	0	0	0
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11/05/2024	0	0	0	0	0	0
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20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
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25/05/2024	0	0	0	0	0	0
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28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0

01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
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30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
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11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0

15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0
21/08/2024	0	0	0	0	0	0
22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0
24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
26/08/2024	0	0	0	0	0	0
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30/08/2024	0	0	0	0	0	0
31/08/2024	1	0	0	0	0	0
01/09/2024	0	0	0	0	0	0
02/09/2024	0	0	0	0	0	0
03/09/2024	0	0	0	0	0	0
04/09/2024	0	0	0	0	0	0
05/09/2024	0	0	0	0	0	0
06/09/2024	0	0	0	0	0	0
07/09/2024	0	0	0	0	0	0
08/09/2024	0	0	0	0	0	0
09/09/2024	0	0	0	0	0	0
10/09/2024	0	0	0	0	0	0
11/09/2024	0	0	0	0	0	0
12/09/2024	0	0	0	0	0	0
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15/09/2024	0	0	0	0	0	0
16/09/2024	0	0	0	0	0	0
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18/09/2024	0	0	0	0	0	0
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26/09/2024	0	0	0	0	0	0
27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Date	Await EMU	control line	UCL	LCL	SD	average
01/01/2024	1%	1%	3%	-1%	2%	1%
02/01/2024	1%	1%	3%	-1%	2%	1%
03/01/2024	6%	1%	3%	-1%	2%	1%
04/01/2024	3%	1%	3%	-1%	2%	1%
05/01/2024	6%	1%	3%	-1%	2%	1%
06/01/2024	4%	1%	3%	-1%	2%	1%
07/01/2024	0%	1%	3%	-1%	2%	1%
08/01/2024	2%	1%	3%	-1%	2%	1%
09/01/2024	0%	1%	3%	-1%	2%	1%
10/01/2024	0%	1%	3%	-1%	2%	1%
11/01/2024	0%	1%	3%	-1%	2%	1%
12/01/2024	0%	1%	3%	-1%	2%	1%
13/01/2024	3%	1%	3%	-1%	2%	1%
14/01/2024	0%	1%	3%	-1%	2%	1%
15/01/2024	0%	1%	3%	-1%	2%	1%
16/01/2024	0%	1%	3%	-1%	2%	1%
17/01/2024	0%	1%	3%	-1%	2%	1%
18/01/2024	0%	1%	3%	-1%	2%	1%
19/01/2024	0%	1%	3%	-1%	2%	1%
20/01/2024	3%	1%	3%	-1%	2%	1%
21/01/2024	3%	1%	3%	-1%	2%	1%
22/01/2024	0%	1%	3%	-1%	2%	1%
23/01/2024	0%	1%	3%	-1%	2%	1%
24/01/2024	0%	1%	3%	-1%	2%	1%
25/01/2024	0%	1%	3%	-1%	2%	1%
26/01/2024	2%	1%	3%	-1%	2%	1%
27/01/2024	0%	1%	3%	-1%	2%	1%
28/01/2024	0%	1%	3%	-1%	2%	1%
29/01/2024	4%	1%	3%	-1%	2%	1%
30/01/2024	0%	1%	3%	-1%	2%	1%
31/01/2024	2%	1%	3%	-1%	2%	1%
01/02/2024	0%	0%	1%	-1%	1%	0%
02/02/2024	0%	0%	1%	-1%	1%	0%
03/02/2024	0%	0%	1%	-1%	1%	0%
04/02/2024	0%	0%	1%	-1%	1%	0%
05/02/2024	0%	0%	1%	-1%	1%	0%
06/02/2024	0%	0%	1%	-1%	1%	0%
07/02/2024	2%	0%	1%	-1%	1%	0%
08/02/2024	0%	0%	1%	-1%	1%	0%
09/02/2024	0%	0%	1%	-1%	1%	0%
10/02/2024	0%	0%	1%	-1%	1%	0%
11/02/2024	2%	0%	1%	-1%	1%	0%
12/02/2024	2%	0%	1%	-1%	1%	0%
13/02/2024	0%	0%	1%	-1%	1%	0%
14/02/2024	0%	0%	1%	-1%	1%	0%
15/02/2024	0%	0%	1%	-1%	1%	0%
16/02/2024	0%	0%	1%	-1%	1%	0%
17/02/2024	0%	0%	1%	-1%	1%	0%
18/02/2024	0%	0%	1%	-1%	1%	0%
19/02/2024	2%	0%	1%	-1%	1%	0%
20/02/2024	4%	0%	1%	-1%	1%	0%
21/02/2024	0%	0%	1%	-1%	1%	0%
22/02/2024	0%	0%	1%	-1%	1%	0%
23/02/2024	0%	0%	1%	-1%	1%	0%
24/02/2024	0%	0%	1%	-1%	1%	0%
25/02/2024	0%	0%	1%	-1%	1%	0%
26/02/2024	0%	0%	1%	-1%	1%	0%
27/02/2024	1%	0%	1%	-1%	1%	0%
28/02/2024	0%	0%	1%	-1%	1%	0%
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0



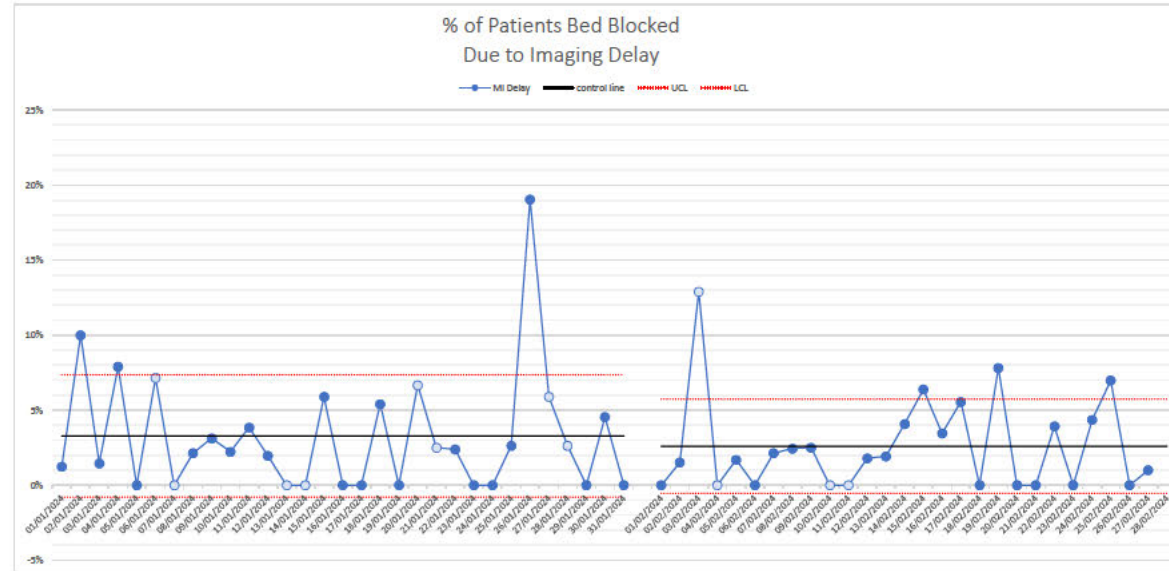
No. Waiting	No. BB	%
0	39	1%
0	40	1%
2	33	6%
1	38	3%
2	31	6%
1	28	4%
0	26	0%
1	47	2%
0	32	0%
0	45	0%
0	52	0%
0	51	0%
1	37	3%
0	21	0%
0	34	0%
0	43	0%
0	51	0%
0	37	0%
0	22	0%
1	30	3%
1	40	3%
0	42	0%
0	35	0%
0	36	0%
0	38	0%
0	21	2%
0	34	0%
0	38	0%
2	49	4%
0	44	0%
1	44	2%
0	40	0%
0	66	0%
0	31	0%
0	39	0%
0	59	0%
0	45	0%
1	47	2%
0	41	0%
0	40	0%
0	33	0%
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1	56	2%
0	52	0%
0	49	0%
0	47	0%
0	58	0%
0	36	0%
0	48	0%
1	64	2%
2	52	4%
0	46	0%
0	51	0%
0	57	0%
0	46	0%
0	43	0%
0	36	0%

19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
12/04/2024	0	0	0	0	0	0
13/04/2024	0	0	0	0	0	0
14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
29/04/2024	0	0	0	0	0	0
30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
04/05/2024	0	0	0	0	0	0
05/05/2024	0	0	0	0	0	0
06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
08/05/2024	0	0	0	0	0	0
09/05/2024	0	0	0	0	0	0
10/05/2024	0	0	0	0	0	0
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15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
17/05/2024	0	0	0	0	0	0
18/05/2024	0	0	0	0	0	0
19/05/2024	0	0	0	0	0	0
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24/05/2024	0	0	0	0	0	0
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30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0
01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0

04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
12/06/2024	0	0	0	0	0	0
13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
15/06/2024	0	0	0	0	0	0
16/06/2024	0	0	0	0	0	0
17/06/2024	0	0	0	0	0	0
18/06/2024	0	0	0	0	0	0
19/06/2024	0	0	0	0	0	0
20/06/2024	0	0	0	0	0	0
21/06/2024	0	0	0	0	0	0
22/06/2024	0	0	0	0	0	0
23/06/2024	0	0	0	0	0	0
24/06/2024	0	0	0	0	0	0
25/06/2024	0	0	0	0	0	0
26/06/2024	0	0	0	0	0	0
27/06/2024	0	0	0	0	0	0
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30/06/2024	0	0	0	0	0	0
01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
03/07/2024	0	0	0	0	0	0
04/07/2024	0	0	0	0	0	0
05/07/2024	0	0	0	0	0	0
06/07/2024	0	0	0	0	0	0
07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
13/07/2024	0	0	0	0	0	0
14/07/2024	0	0	0	0	0	0
15/07/2024	0	0	0	0	0	0
16/07/2024	0	0	0	0	0	0
17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
19/07/2024	0	0	0	0	0	0
20/07/2024	0	0	0	0	0	0
21/07/2024	0	0	0	0	0	0
22/07/2024	0	0	0	0	0	0
23/07/2024	0	0	0	0	0	0
24/07/2024	0	0	0	0	0	0
25/07/2024	0	0	0	0	0	0
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29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0
15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0

21/08/2024	0	0	0	0	0	0
22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0
24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
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28/08/2024	0	0	0	0	0	0
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30/08/2024	0	0	0	0	0	0
31/08/2024	1	0	0	0	0	0
01/09/2024	0	0	0	0	0	0
02/09/2024	0	0	0	0	0	0
03/09/2024	0	0	0	0	0	0
04/09/2024	0	0	0	0	0	0
05/09/2024	0	0	0	0	0	0
06/09/2024	0	0	0	0	0	0
07/09/2024	0	0	0	0	0	0
08/09/2024	0	0	0	0	0	0
09/09/2024	0	0	0	0	0	0
10/09/2024	0	0	0	0	0	0
11/09/2024	0	0	0	0	0	0
12/09/2024	0	0	0	0	0	0
13/09/2024	0	0	0	0	0	0
14/09/2024	0	0	0	0	0	0
15/09/2024	0	0	0	0	0	0
16/09/2024	0	0	0	0	0	0
17/09/2024	0	0	0	0	0	0
18/09/2024	0	0	0	0	0	0
19/09/2024	0	0	0	0	0	0
20/09/2024	0	0	0	0	0	0
21/09/2024	0	0	0	0	0	0
22/09/2024	0	0	0	0	0	0
23/09/2024	0	0	0	0	0	0
24/09/2024	0	0	0	0	0	0
25/09/2024	0	0	0	0	0	0
26/09/2024	0	0	0	0	0	0
27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Date	MI Delay	control line	UCL	LCL	SD	average
01/01/2024	1%	0	0	0	0	0
02/01/2024	10%	0	0	0	0	0
03/01/2024	1%	0	0	0	0	0
04/01/2024	8%	0	0	0	0	0
05/01/2024	0%	0	0	0	0	0
06/01/2024	7%	0	0	0	0	0
07/01/2024	0%	0	0	0	0	0
08/01/2024	2%	0	0	0	0	0
09/01/2024	3%	0	0	0	0	0
10/01/2024	2%	0	0	0	0	0
11/01/2024	4%	0	0	0	0	0
12/01/2024	2%	0	0	0	0	0
13/01/2024	0%	0	0	0	0	0
14/01/2024	0%	0	0	0	0	0
15/01/2024	6%	0	0	0	0	0
16/01/2024	0%	0	0	0	0	0
17/01/2024	0%	0	0	0	0	0
18/01/2024	5%	0	0	0	0	0
19/01/2024	0%	0	0	0	0	0
20/01/2024	7%	0	0	0	0	0
21/01/2024	3%	0	0	0	0	0
22/01/2024	2%	0	0	0	0	0
23/01/2024	0%	0	0	0	0	0
24/01/2024	0%	0	0	0	0	0
25/01/2024	3%	0	0	0	0	0
26/01/2024	19%	0	0	0	0	0
27/01/2024	6%	0	0	0	0	0
28/01/2024	3%	0	0	0	0	0
29/01/2024	0%	0	0	0	0	0
30/01/2024	5%	0	0	0	0	0
31/01/2024	0%	0	0	0	0	0
01/02/2024	0%	0	0	0	0	0
02/02/2024	2%	0	0	0	0	0
03/02/2024	13%	0	0	0	0	0
04/02/2024	0%	0	0	0	0	0
05/02/2024	2%	0	0	0	0	0
06/02/2024	0%	0	0	0	0	0
07/02/2024	2%	0	0	0	0	0
08/02/2024	2%	0	0	0	0	0
09/02/2024	3%	0	0	0	0	0
10/02/2024	0%	0	0	0	0	0
11/02/2024	0%	0	0	0	0	0
12/02/2024	2%	0	0	0	0	0
13/02/2024	2%	0	0	0	0	0
14/02/2024	4%	0	0	0	0	0
15/02/2024	6%	0	0	0	0	0
16/02/2024	3%	0	0	0	0	0
17/02/2024	6%	0	0	0	0	0
18/02/2024	0%	0	0	0	0	0
19/02/2024	8%	0	0	0	0	0
20/02/2024	0%	0	0	0	0	0
21/02/2024	0%	0	0	0	0	0
22/02/2024	4%	0	0	0	0	0
23/02/2024	0%	0	0	0	0	0
24/02/2024	4%	0	0	0	0	0
25/02/2024	7%	0	0	0	0	0
26/02/2024	0%	0	0	0	0	0
27/02/2024	1%	0	0	0	0	0
28/02/2024	0%	0	0	0	0	0
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0



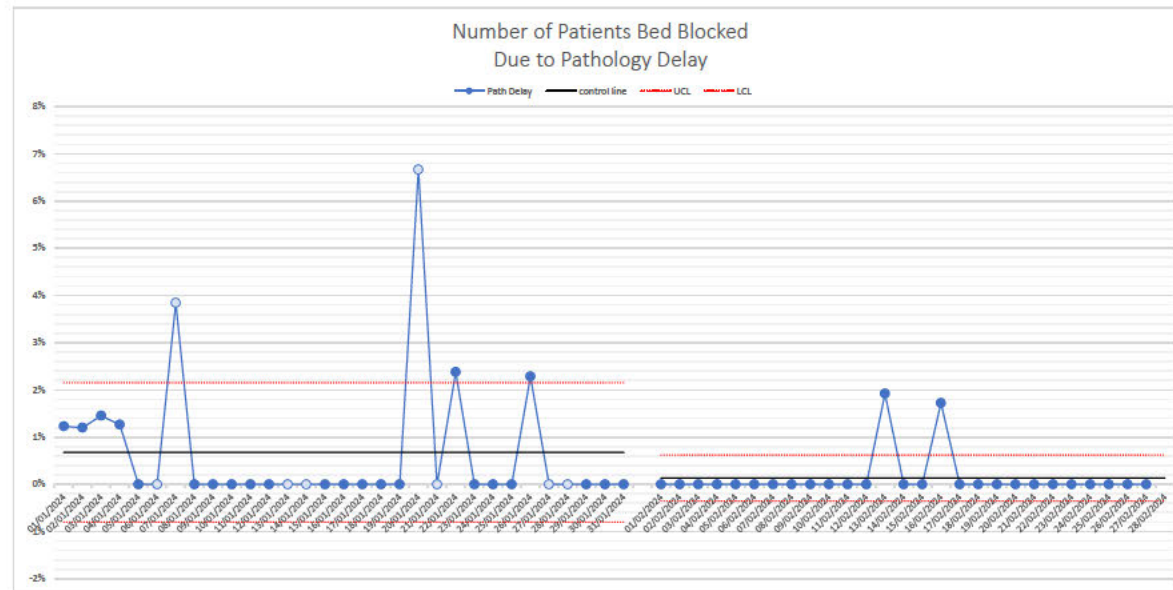
No Waiting	No. BB	%
0	39	1%
4	40	10%
0	33	1%
3	38	8%
0	31	0%
2	28	7%
0	26	0%
1	47	2%
1	32	3%
1	45	2%
2	52	4%
1	51	2%
0	37	0%
0	21	0%
2	34	6%
0	43	0%
0	51	0%
2	37	5%
0	22	0%
2	30	7%
1	40	3%
1	42	2%
0	35	0%
0	36	0%
1	38	3%
4	21	19%
2	34	6%
1	38	3%
0	49	0%
2	44	5%
0	44	0%
0	40	0%
1	66	2%
4	31	13%
0	39	0%
1	59	2%
0	45	0%
1	47	2%
1	41	2%
1	40	3%
0	33	0%
0	49	0%
1	56	2%
1	52	2%
2	49	4%
3	47	6%
2	58	3%
2	36	6%
0	48	0%
5	64	8%
0	52	0%
0	46	0%
2	51	4%
0	57	0%
2	46	4%
3	43	7%
0	36	0%

20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
12/04/2024	0	0	0	0	0	0
13/04/2024	0	0	0	0	0	0
14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
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25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
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30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
04/05/2024	0	0	0	0	0	0
05/05/2024	0	0	0	0	0	0
06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
08/05/2024	0	0	0	0	0	0
09/05/2024	0	0	0	0	0	0
10/05/2024	0	0	0	0	0	0
11/05/2024	0	0	0	0	0	0
12/05/2024	0	0	0	0	0	0
13/05/2024	0	0	0	0	0	0
14/05/2024	0	0	0	0	0	0
15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
17/05/2024	0	0	0	0	0	0
18/05/2024	0	0	0	0	0	0
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20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
24/05/2024	0	0	0	0	0	0
25/05/2024	0	0	0	0	0	0
26/05/2024	0	0	0	0	0	0
27/05/2024	0	0	0	0	0	0
28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0
01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0

06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
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13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
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29/06/2024	0	0	0	0	0	0
30/06/2024	0	0	0	0	0	0
01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
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04/07/2024	0	0	0	0	0	0
05/07/2024	0	0	0	0	0	0
06/07/2024	0	0	0	0	0	0
07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
13/07/2024	0	0	0	0	0	0
14/07/2024	0	0	0	0	0	0
15/07/2024	0	0	0	0	0	0
16/07/2024	0	0	0	0	0	0
17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
19/07/2024	0	0	0	0	0	0
20/07/2024	0	0	0	0	0	0
21/07/2024	0	0	0	0	0	0
22/07/2024	0	0	0	0	0	0
23/07/2024	0	0	0	0	0	0
24/07/2024	0	0	0	0	0	0
25/07/2024	0	0	0	0	0	0
26/07/2024	0	0	0	0	0	0
27/07/2024	0	0	0	0	0	0
28/07/2024	0	0	0	0	0	0
29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0
15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
18/08/2024	0	0	0	0	0	0
19/08/2024	0	0	0	0	0	0
20/08/2024	0	0	0	0	0	0
21/08/2024	0	0	0	0	0	0
22/08/2024	0	0	0	0	0	0
23/08/2024	0	0	0	0	0	0

24/08/2024	0	0	0	0	0	0
25/08/2024	0	0	0	0	0	0
26/08/2024	0	0	0	0	0	0
27/08/2024	0	0	0	0	0	0
28/08/2024	0	0	0	0	0	0
29/08/2024	0	0	0	0	0	0
30/08/2024	0	0	0	0	0	0
31/08/2024	1	0	0	0	0	0
01/09/2024	0	0	0	0	0	0
02/09/2024	0	0	0	0	0	0
03/09/2024	0	0	0	0	0	0
04/09/2024	0	0	0	0	0	0
05/09/2024	0	0	0	0	0	0
06/09/2024	0	0	0	0	0	0
07/09/2024	0	0	0	0	0	0
08/09/2024	0	0	0	0	0	0
09/09/2024	0	0	0	0	0	0
10/09/2024	0	0	0	0	0	0
11/09/2024	0	0	0	0	0	0
12/09/2024	0	0	0	0	0	0
13/09/2024	0	0	0	0	0	0
14/09/2024	0	0	0	0	0	0
15/09/2024	0	0	0	0	0	0
16/09/2024	0	0	0	0	0	0
17/09/2024	0	0	0	0	0	0
18/09/2024	0	0	0	0	0	0
19/09/2024	0	0	0	0	0	0
20/09/2024	0	0	0	0	0	0
21/09/2024	0	0	0	0	0	0
22/09/2024	0	0	0	0	0	0
23/09/2024	0	0	0	0	0	0
24/09/2024	0	0	0	0	0	0
25/09/2024	0	0	0	0	0	0
26/09/2024	0	0	0	0	0	0
27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Date	Path Delay	control line	UCL	LCL	SD	average
01/01/2024	1%	0	0	0	0	0
02/01/2024	1%	0	0	0	0	0
03/01/2024	1%	0	0	0	0	0
04/01/2024	1%	0	0	0	0	0
05/01/2024	0%	0	0	0	0	0
06/01/2024	0%	0	0	0	0	0
07/01/2024	4%	0	0	0	0	0
08/01/2024	0%	0	0	0	0	0
09/01/2024	0%	0	0	0	0	0
10/01/2024	0%	0	0	0	0	0
11/01/2024	0%	0	0	0	0	0
12/01/2024	0%	0	0	0	0	0
13/01/2024	0%	0	0	0	0	0
14/01/2024	0%	0	0	0	0	0
15/01/2024	0%	0	0	0	0	0
16/01/2024	0%	0	0	0	0	0
17/01/2024	0%	0	0	0	0	0
18/01/2024	0%	0	0	0	0	0
19/01/2024	0%	0	0	0	0	0
20/01/2024	7%	0	0	0	0	0
21/01/2024	0%	0	0	0	0	0
22/01/2024	2%	0	0	0	0	0
23/01/2024	0%	0	0	0	0	0
24/01/2024	0%	0	0	0	0	0
25/01/2024	0%	0	0	0	0	0
26/01/2024	2%	0	0	0	0	0
27/01/2024	0%	0	0	0	0	0
28/01/2024	0%	0	0	0	0	0
29/01/2024	0%	0	0	0	0	0
30/01/2024	0%	0	0	0	0	0
31/01/2024	0%	0	0	0	0	0
01/02/2024	0%	0	0	0	0	0
02/02/2024	0%	0	0	0	0	0
03/02/2024	0%	0	0	0	0	0
04/02/2024	0%	0	0	0	0	0
05/02/2024	0%	0	0	0	0	0
06/02/2024	0%	0	0	0	0	0
07/02/2024	0%	0	0	0	0	0
08/02/2024	0%	0	0	0	0	0
09/02/2024	0%	0	0	0	0	0
10/02/2024	0%	0	0	0	0	0
11/02/2024	0%	0	0	0	0	0
12/02/2024	0%	0	0	0	0	0
13/02/2024	2%	0	0	0	0	0
14/02/2024	0%	0	0	0	0	0
15/02/2024	0%	0	0	0	0	0
16/02/2024	2%	0	0	0	0	0
17/02/2024	0%	0	0	0	0	0
18/02/2024	0%	0	0	0	0	0
19/02/2024	0%	0	0	0	0	0
20/02/2024	0%	0	0	0	0	0
21/02/2024	0%	0	0	0	0	0
22/02/2024	0%	0	0	0	0	0
23/02/2024	0%	0	0	0	0	0
24/02/2024	0%	0	0	0	0	0
25/02/2024	0%	0	0	0	0	0
26/02/2024	0%	0	0	0	0	0
27/02/2024	0%	0	0	0	0	0
28/02/2024	0%	0	0	0	0	0
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0



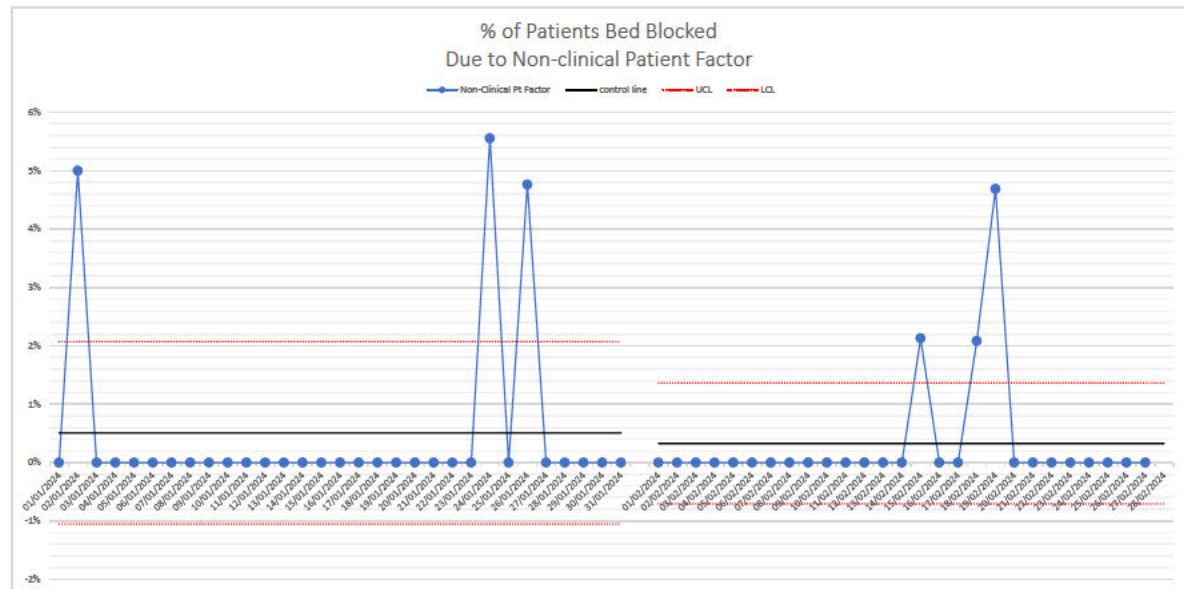
	No. BB	%
0	39	1%
0	40	1%
0	33	1%
0	38	1%
0	31	0%
0	28	0%
1	26	4%
0	47	0%
0	32	0%
0	45	0%
0	52	0%
0	51	0%
0	37	0%
0	21	0%
0	34	0%
0	43	0%
0	51	0%
0	37	0%
0	22	0%
2	30	7%
0	40	0%
1	42	2%
0	35	0%
0	36	0%
0	38	0%
0	21	2%
0	34	0%
0	38	0%
0	49	0%
0	44	0%
0	44	0%
0	40	0%
0	66	0%
0	31	0%
0	39	0%
0	59	0%
0	45	0%
0	47	0%
0	41	0%
0	40	0%
0	33	0%
0	49	0%
0	56	0%
1	52	2%
0	49	0%
0	47	0%
1	58	2%
0	36	0%
0	48	0%
0	64	0%
0	52	0%
0	46	0%
0	51	0%
0	57	0%
0	46	0%
0	43	0%
0	36	0%

17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
24/03/2024	0	0	0	0	0	0
25/03/2024	0	0	0	0	0	0
26/03/2024	0	0	0	0	0	0
27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0
12/04/2024	0	0	0	0	0	0
13/04/2024	0	0	0	0	0	0
14/04/2024	0	0	0	0	0	0
15/04/2024	0	0	0	0	0	0
16/04/2024	0	0	0	0	0	0
17/04/2024	0	0	0	0	0	0
18/04/2024	0	0	0	0	0	0
19/04/2024	0	0	0	0	0	0
20/04/2024	0	0	0	0	0	0
21/04/2024	0	0	0	0	0	0
22/04/2024	0	0	0	0	0	0
23/04/2024	0	0	0	0	0	0
24/04/2024	0	0	0	0	0	0
25/04/2024	0	0	0	0	0	0
26/04/2024	0	0	0	0	0	0
27/04/2024	0	0	0	0	0	0
28/04/2024	0	0	0	0	0	0
29/04/2024	0	0	0	0	0	0
30/04/2024	0	0	0	0	0	0
01/05/2024	0	0	0	0	0	0
02/05/2024	0	0	0	0	0	0
03/05/2024	0	0	0	0	0	0
04/05/2024	0	0	0	0	0	0
05/05/2024	0	0	0	0	0	0
06/05/2024	0	0	0	0	0	0
07/05/2024	0	0	0	0	0	0
08/05/2024	0	0	0	0	0	0
09/05/2024	0	0	0	0	0	0
10/05/2024	0	0	0	0	0	0
11/05/2024	0	0	0	0	0	0
12/05/2024	0	0	0	0	0	0
13/05/2024	0	0	0	0	0	0
14/05/2024	0	0	0	0	0	0
15/05/2024	0	0	0	0	0	0
16/05/2024	0	0	0	0	0	0
17/05/2024	0	0	0	0	0	0
18/05/2024	0	0	0	0	0	0
19/05/2024	0	0	0	0	0	0
20/05/2024	0	0	0	0	0	0
21/05/2024	0	0	0	0	0	0
22/05/2024	0	0	0	0	0	0
23/05/2024	0	0	0	0	0	0
24/05/2024	0	0	0	0	0	0
25/05/2024	0	0	0	0	0	0
26/05/2024	0	0	0	0	0	0
27/05/2024	0	0	0	0	0	0
28/05/2024	0	0	0	0	0	0
29/05/2024	0	0	0	0	0	0
30/05/2024	0	0	0	0	0	0
31/05/2024	0	0	0	0	0	0

01/06/2024	0	0	0	0	0	0
02/06/2024	0	0	0	0	0	0
03/06/2024	0	0	0	0	0	0
04/06/2024	0	0	0	0	0	0
05/06/2024	0	0	0	0	0	0
06/06/2024	0	0	0	0	0	0
07/06/2024	0	0	0	0	0	0
08/06/2024	0	0	0	0	0	0
09/06/2024	0	0	0	0	0	0
10/06/2024	0	0	0	0	0	0
11/06/2024	0	0	0	0	0	0
12/06/2024	0	0	0	0	0	0
13/06/2024	0	0	0	0	0	0
14/06/2024	0	0	0	0	0	0
15/06/2024	0	0	0	0	0	0
16/06/2024	0	0	0	0	0	0
17/06/2024	0	0	0	0	0	0
18/06/2024	0	0	0	0	0	0
19/06/2024	0	0	0	0	0	0
20/06/2024	0	0	0	0	0	0
21/06/2024	0	0	0	0	0	0
22/06/2024	0	0	0	0	0	0
23/06/2024	0	0	0	0	0	0
24/06/2024	0	0	0	0	0	0
25/06/2024	0	0	0	0	0	0
26/06/2024	0	0	0	0	0	0
27/06/2024	0	0	0	0	0	0
28/06/2024	0	0	0	0	0	0
29/06/2024	0	0	0	0	0	0
30/06/2024	0	0	0	0	0	0
01/07/2024	0	0	0	0	0	0
02/07/2024	0	0	0	0	0	0
03/07/2024	0	0	0	0	0	0
04/07/2024	0	0	0	0	0	0
05/07/2024	0	0	0	0	0	0
06/07/2024	0	0	0	0	0	0
07/07/2024	0	0	0	0	0	0
08/07/2024	0	0	0	0	0	0
09/07/2024	0	0	0	0	0	0
10/07/2024	0	0	0	0	0	0
11/07/2024	0	0	0	0	0	0
12/07/2024	0	0	0	0	0	0
13/07/2024	0	0	0	0	0	0
14/07/2024	0	0	0	0	0	0
15/07/2024	0	0	0	0	0	0
16/07/2024	0	0	0	0	0	0
17/07/2024	0	0	0	0	0	0
18/07/2024	0	0	0	0	0	0
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20/07/2024	0	0	0	0	0	0
21/07/2024	0	0	0	0	0	0
22/07/2024	0	0	0	0	0	0
23/07/2024	0	0	0	0	0	0
24/07/2024	0	0	0	0	0	0
25/07/2024	0	0	0	0	0	0
26/07/2024	0	0	0	0	0	0
27/07/2024	0	0	0	0	0	0
28/07/2024	0	0	0	0	0	0
29/07/2024	0	0	0	0	0	0
30/07/2024	0	0	0	0	0	0
31/07/2024	0	0	0	0	0	0
01/08/2024	0	0	0	0	0	0
02/08/2024	0	0	0	0	0	0
03/08/2024	0	0	0	0	0	0
04/08/2024	0	0	0	0	0	0
05/08/2024	0	0	0	0	0	0
06/08/2024	0	0	0	0	0	0
07/08/2024	0	0	0	0	0	0
08/08/2024	0	0	0	0	0	0
09/08/2024	0	0	0	0	0	0
10/08/2024	0	0	0	0	0	0
11/08/2024	0	0	0	0	0	0
12/08/2024	0	0	0	0	0	0
13/08/2024	0	0	0	0	0	0
14/08/2024	0	0	0	0	0	0

15/08/2024	0	0	0	0	0	0
16/08/2024	0	0	0	0	0	0
17/08/2024	0	0	0	0	0	0
28/02/2024		0	0	0	0	0
01/03/2024	0	0	0	0	0	0
02/03/2024	0	0	0	0	0	0
03/03/2024	0	0	0	0	0	0
04/03/2024	0	0	0	0	0	0
05/03/2024	0	0	0	0	0	0
06/03/2024	0	0	0	0	0	0
07/03/2024	0	0	0	0	0	0
08/03/2024	0	0	0	0	0	0
09/03/2024	0	0	0	0	0	0
10/03/2024	0	0	0	0	0	0
11/03/2024	0	0	0	0	0	0
12/03/2024	0	0	0	0	0	0
13/03/2024	0	0	0	0	0	0
14/03/2024	0	0	0	0	0	0
15/03/2024	0	0	0	0	0	0
16/03/2024	0	0	0	0	0	0
17/03/2024	0	0	0	0	0	0
18/03/2024	0	0	0	0	0	0
19/03/2024	0	0	0	0	0	0
20/03/2024	0	0	0	0	0	0
21/03/2024	0	0	0	0	0	0
22/03/2024	0	0	0	0	0	0
23/03/2024	0	0	0	0	0	0
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27/03/2024	0	0	0	0	0	0
28/03/2024	0	0	0	0	0	0
29/03/2024	0	0	0	0	0	0
30/03/2024	0	0	0	0	0	0
31/03/2024	0	0	0	0	0	0
01/04/2024	0	0	0	0	0	0
02/04/2024	0	0	0	0	0	0
03/04/2024	0	0	0	0	0	0
04/04/2024	0	0	0	0	0	0
05/04/2024	0	0	0	0	0	0
06/04/2024	0	0	0	0	0	0
07/04/2024	0	0	0	0	0	0
08/04/2024	0	0	0	0	0	0
09/04/2024	0	0	0	0	0	0
10/04/2024	0	0	0	0	0	0
11/04/2024	0	0	0	0	0	0

Date	Non-Clinical Pt Fa control line	UCL	LCL	SD	average
01/01/2024	0%	0	0	0	0
02/01/2024	5%	0	0	0	0
03/01/2024	0%	0	0	0	0
04/01/2024	0%	0	0	0	0
05/01/2024	0%	0	0	0	0
06/01/2024	0%	0	0	0	0
07/01/2024	0%	0	0	0	0
08/01/2024	0%	0	0	0	0
09/01/2024	0%	0	0	0	0
10/01/2024	0%	0	0	0	0
11/01/2024	0%	0	0	0	0
12/01/2024	0%	0	0	0	0
13/01/2024	0%	0	0	0	0
14/01/2024	0%	0	0	0	0
15/01/2024	0%	0	0	0	0
16/01/2024	0%	0	0	0	0
17/01/2024	0%	0	0	0	0
18/01/2024	0%	0	0	0	0
19/01/2024	0%	0	0	0	0
20/01/2024	0%	0	0	0	0
21/01/2024	0%	0	0	0	0
22/01/2024	0%	0	0	0	0
23/01/2024	0%	0	0	0	0
24/01/2024	6%	0	0	0	0
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30/01/2024	0%	0	0	0	0
31/01/2024	0%	0	0	0	0
01/02/2024	0%	0	0	0	0
02/02/2024	0%	0	0	0	0
03/02/2024	0%	0	0	0	0
04/02/2024	0%	0	0	0	0
05/02/2024	0%	0	0	0	0
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09/02/2024	0%	0	0	0	0
10/02/2024	0%	0	0	0	0
11/02/2024	0%	0	0	0	0
12/02/2024	0%	0	0	0	0
13/02/2024	0%	0	0	0	0
14/02/2024	0%	0	0	0	0
15/02/2024	2%	0	0	0	0
16/02/2024	0%	0	0	0	0
17/02/2024	0%	0	0	0	0
18/02/2024	2%	0	0	0	0
19/02/2024	5%	0	0	0	0
20/02/2024	0%	0	0	0	0
21/02/2024	0%	0	0	0	0
22/02/2024	0%	0	0	0	0
23/02/2024	0%	0	0	0	0
24/02/2024	0%	0	0	0	0
25/02/2024	0%	0	0	0	0
26/02/2024	0%	0	0	0	0
27/02/2024	0%	0	0	0	0
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13/03/2024	0	0	0	0	0
14/03/2024	0	0	0	0	0
15/03/2024	0	0	0	0	0
16/03/2024	0	0	0	0	0



No pts	No. BB	%
0	39	0%
2	40	5%
0	33	0%
0	38	0%
0	31	0%
0	28	0%
0	26	0%
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0	51	0%
0	57	0%
0	46	0%
0	43	0%
0	36	0%

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31/05/2024	0	0	0	0	0	0

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13/08/2024	0	0	0	0	0	0
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27/09/2024	0	0	0	0	0	0
28/09/2024	0	0	0	0	0	0
29/09/2024	0	0	0	0	0	0
30/09/2024	0	0	0	0	0	0

Region	Component	Column	Info bubble	Links to report	Report Criteria	Notes
Expected Demand						
	ED Volume & Expected Admits	IDB 31024091	This component shows four key pieces of information for the current state of the ED: - Current ED census - Number of ED patients with a bed request - Number of ED patients that have been Ready to Move for more than 6 hours - Number of ED patients marked Ready to Move and have a bed ready, which is driven by the Bed Ready bed request status	HRX - ADT CCC Expected Admits from ED [592187]	This components data is populated by report build using Find Bed Template Criteria Only occupied beds ADT unit type (Bed Unit) is equal to Emergency Department Location restrictor will look at revenue linked log in DEP	There is an error in this background report with the inclusion of EMU bed books. These should be excluded. The RTM >6 hours tile is incongruent with the background report. At time of review, tile indicating 2 patients with RTM >6 hours, but report indicating 0
	OR Volume & Expected Admits	IDB 3102410702	This component shows four key pieces of information for the current state of the specified perioperative department: - Number of cases scheduled today - Number of patients with a case today that have a bed request - Number of those bed requests that have been Ready to Move for more than 6 hours - Number of those bed requests marked Ready to Move and have a bed ready, which is driven by the Bed Ready bed request status	HRX - ADT CCC OR Expected Admits [647904]	This components data is populated by report build using Find Surgery Cases Template Criteria Patient Class is Surgery Admit Patients in DEP TCH Theatres, NCH Theatre, TCH Endoscopy, NCH Endoscopy Scheduling Status not in Cancelled, Void or Completed Location restrictor will look at revenue linked log in DEP	Important to note this expected volume is Booked Elective and Emergency Cases Report includes WYC
	Cath/GI Volume & Expected Admits	IDB - 3102410702	This component shows four key pieces of information for the current state of the specified perioperative department: - Number of cases scheduled today - Number of patients with a case today that have a bed request - Number of those bed requests that have been Ready to Move for more than 6 hours - Number of those bed requests marked Ready to Move and have a bed ready, which is driven by the Bed Ready bed request status	HRX - ADT CCC OR Expected Admits [647904]	This components data is populated by report build using Find Surgical Cases Template Criteria Surgery Date - T OR T-1 Locations - TCH Theatre OR NCH Theatre OR NCH Endoscopy OR TCH Endoscopy Patient Classes - Surgery Admit Scheduling Status - Not equal to Voided AND Not equal to Cancelled AND Not equal to Completed Location restrictor will look at revenue linked log in DEP	
	TC Volume & Expected Admits	IDB - 310100009042	This component shows four key pieces of information for the current state of the specified perioperative department: - Number of cases scheduled today - Number of patients with a case today that have a bed request - Number of those bed requests that have been Ready to Move for more than 6 hours - Number of those bed requests marked Ready to Move and have a bed ready, which is driven by the Bed Ready bed request status	HRX - ADT CCC Expected Admits from Transfer Centre [592943]	This components data is populated by report build using Find Tmasfer Center Activity Template Criteria All open requests - Yes Pending and accepted requests 1. Transfer type - Inpatient transfer OR Post-Acute transfer OR STEMI OR Stroke 2. Request type - Transfer - Incoming OR Transfer - Cross facility OR direct admit 3. Patient Class - Inpatient LOGIC - 2 AND (1 OR 3)	
	Direct Admissions	IDB - 31024092	This component shows the number of expected direct admissions by returning the bed requests with an expected admission date of yesterday or today.	HRX - ADT CCC Expected Direct Admissions [592985]	This components data is populated by report build using Find Pending Events Template Criteria Allow a record only once - Yes Event Type - Admission Bed Request Status - Approved OR Assigned OR Bed Ready OR Pre-assigned OR Ready to Plan OR Rejected OR Requested Completed - Not equal to Yes Expected admission Date - T OR T-1 Location restrictor will look at revenue linked log in DEP	Report includes WYC
Occupancy						
	Occupancy	IDB 31010000912	This component displays a breakdown of the current occupancy of your organization. This should be thought of as four distinct sections: 1. The current state of occupancy for your organization - Total Beds - Open Beds - Occupied Beds - Unavailable Beds - Occupancy % 2. The number of patients expected to come into your organization - Expected Admissions - Expected Transfers In 3. The number of patients expected to leave your organization - Expected Transfers Out - Expected Discharges - Discharge Order Today 4. Based on the first three sections, the number of beds expected to be open - Expected Open Beds	Code Template - ADT - CAPACITY MANAGEMENT - COMPONENT DISPLAY [270812]		Revision of Occupancy breakdown required: - An Adult ED Accessible Bed should be defined as the Acute Beds (all inpatient wards excluding the below) - Behavioural Beds should be those that are governed by MHJHADS (including WDU as a specific specialty) - CC should be defined as ICU, CCU, NICU, SCN - WYC should be defines as inpatient wards within WYC - Unassigned Level of care should be defined as Short Stay areas - EDSU, MAU, HITH, Con Care, +/- EMU (if included here, consider removing from ED Census) - None should be defined as Discaster areas such as IMT Report currently excludes WYC - should be included in all
	Occupancy Breakdown	IDB 31010000913	This component displays a breakdown of the current occupancy of your organization. This should be thought of as four distinct sections: 1. The current state of occupancy for your organization - Total Beds - Open Beds - Occupied Beds - Unavailable Beds - Occupancy % 2. The number of patients expected to come into your organization - Expected Admissions - Expected Transfers In 3. The number of patients expected to leave your organization - Expected Transfers Out - Expected Discharges - Discharge Order Today 4. Based on the first three sections, the number of beds expected to be open - Expected Open Beds	Code Template - ADT - CAPACITY MANAGEMENT - COMPONENT DISPLAY [270812]		
		Total Beds			In current code template unable to add further column information	
		Open Beds			In current code template unable to add further column information	
		Occupied Beds			In current code template unable to add further column information	
		Unavailable Beds			In current code template unable to add further column information	
		Occupancy %			In current code template unable to add further column information	
		Exp Adm			In current code template unable to add further column information	
		Exp Tx In			In current code template unable to add further column information	
		Exp Tx Out			In current code template unable to add further column information	
		Exp Disch			In current code template unable to add further column information	
		Disch Order			In current code template unable to add further column information	
		Expected Open Beds			In current code template unable to add further column information	
	Forecasted Occupancy Based on Past Occupancy	IDB 3102436501	This graph shows you the trending for occupancy over the past nine days. The next four days are then forecasted based on the median occupancy for the same day of the week for the past 14 weeks. The forecasted data is shown as the dotted line. The shading behind the line represents the confidence intervals for the data.	Metric ADT - Capacity Management - Occupied Beds Snapshot [24365]	Linked to Expected Value Metric - Exec Expected Number of Occupied Beds [34183]	Would be advantageous to have this tile at the top if able Report currently excludes WYC

[illegible]

Emergency Department Rapid Response Meeting (Breach)



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Services**

This template is designed to assist documentation of Emergency Department (ED) Rapid Response Reviews, requested following significant patient flow delay from the ED and identified in the ED Breach Report.

Delays to timely patient flow from Emergency Departments are known to harm patients, including increased subsequent admission length of stay (LOS) and mortality. Delays have a flow on effect and may also impede timely care for new patients presenting to the ED.

The ideal patient journey requires clinical teams to work together and prioritise getting the right patient to the right place for their care that is supported by the right resources.

Criteria for Rapid Response Review (RRR)

- ED/EMU (LOS) $\geq$ 24h

RRR attendance requirements

- Representative must include:
 - ED Director/Deputy Director (Team Leader), ED ADON/CNC, ED Operations Manager, Clinical or Unit Director (or proxy) for unit involved (may be > 1)
 - Divisional Clinical Director, Director of Nursing (as required).
- Due to the time-sensitive nature of invitations, it is recognised that all participants must be provided with both written and verbal communication to alert to meeting request. Clinical service delivery is acknowledged, and meeting times will be scheduled based on majority availability, but always within 24hrs of incident.

Before the first meeting:

The team leader gathers information from all available sources and constructs a timeline for review by the RRR team at the first meeting.

Date of Meeting: XX/XX/XX – case review conducted

Attendance:

Breach Details	Concerns
Summary of Incident	
Define Patient Flow Issue (2:1:1 model)	ED Clinical assessment and stabilisation, decision to admit/refer patient on within 2 hours: Specialty review consultation and requesting bed availability within 1 hour:

Emergency Department Rapid Response Meeting (Breach)



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	Disposition to ward, another hospital, community service or discharged home within 1 hour:
Other identified delays ☐ Radiology ☐ Pathology ☐ Patient deterioration (unable to transfer) ☐ Assessment of harm to patient	Comment:

In below table review each CPD separately and identify/ brainstorm contributory factors (examples provided).

Care Delivery Problem (CDP)	Contributory Factors	Actions/ Recommendations	Action Officer
Team Factors			

What could have been done differently to avoid this breach?	Summary/ reflective comments

Acknowledgement of Country



Canberra Health Services acknowledges the Traditional Custodians of the land, the Ngunnawal people. We acknowledge and respect their continuing culture and contribution to the life of this city and region.



Accessibility

Call (02) 5124 0000



Call 131 450

canberrahealthservices.act.gov.au/accessibility

Performance framework

North Canberra Hospital

February 2024



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Introduction

A performance framework serves as a roadmap for healthcare organisations, guiding them towards their vision and strategic objectives.

The CHS vision is to Create Exceptional Health Care Together, a goal that we believe is achievable through dedication, innovation and a relentless focus on quality.

The strategic priorities to realise this vision are:

Personal Health Services: Our commitment is to deliver high-quality, patient-centred care that is accessible to all. We strive to continuously improve our services and outcomes, ensuring that every patient receives the best possible care.

A Great Place to Work: We aim to create a work environment that fosters growth, rewards effort, and provides opportunities for professional development. By investing in our people, we believe we can enhance their ability to provide exceptional care.

A Leading Specialist Provider: We aim to be leaders in specialist care, offering a wide range of services that cater to the needs of our patients. Our focus is on innovation and excellence in every specialist service we provide.

A Partner to Improve People's Health: We seek to establish and nurture partnerships with other healthcare providers and stakeholders. Through collaboration, we can leverage shared resources and expertise to deliver comprehensive, coordinated care.

North Canberra Hospital (NCH), as part of Canberra Health Services (CHS), has identified 5 strategic initiatives that align with the priorities, but are specific to the challenges and opportunities for our hospital. One of the initiatives is to develop a performance framework. Further initiatives include:

- patient flow
- attraction and retention
- learning and development
- engagement: consumer, clinical and stakeholder partnerships
- service planning in preparation for the new northside hospital

This performance framework will guide our actions and decisions, helping us to track our progress, identify areas for improvement and ensure that we are always moving closer to our vision. It is not just a plan, but a commitment to our patients, staff and community, to strive for excellence in everything we do.

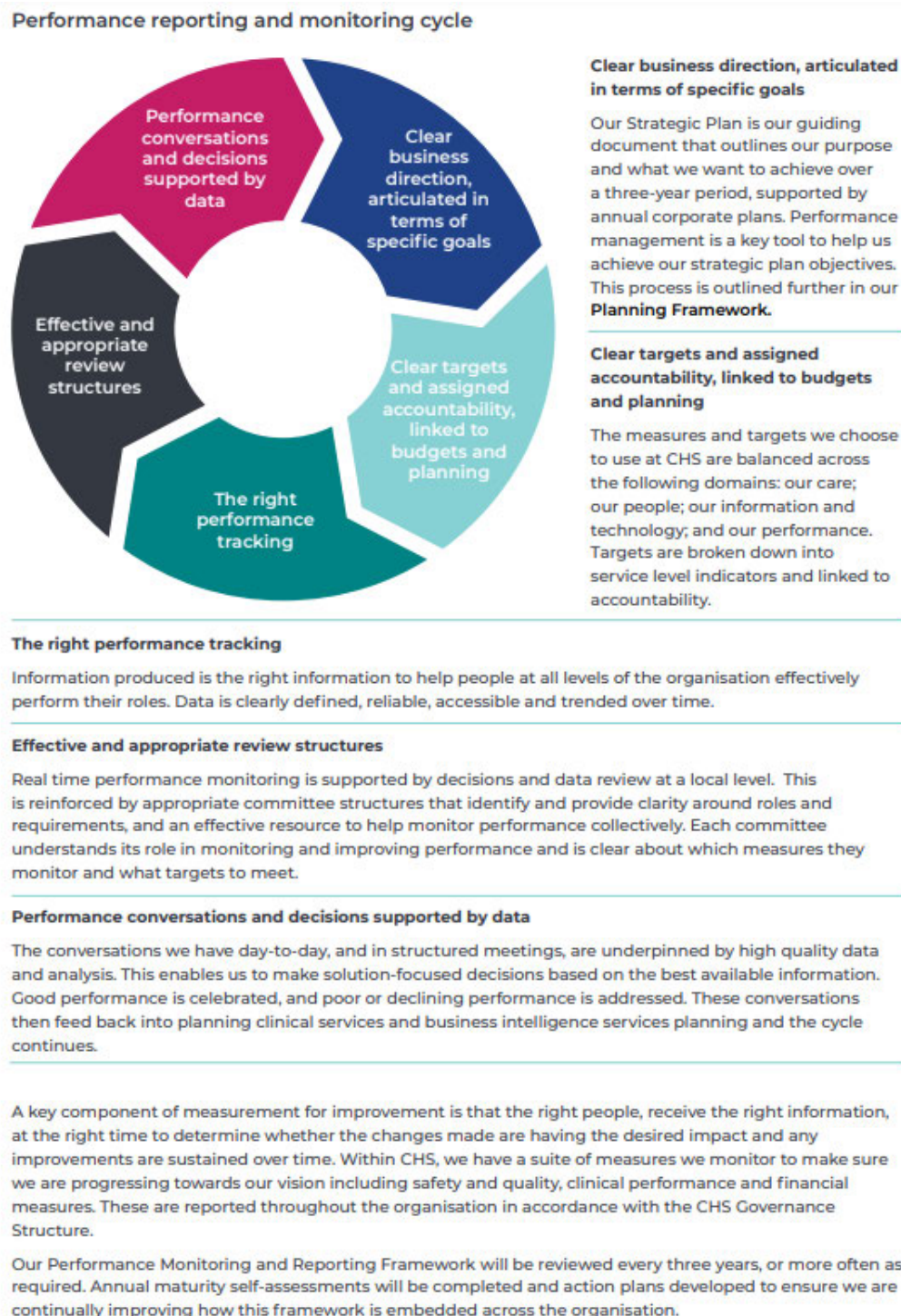
In this document, we will:

- demonstrate internal and external reporting relationships
- define key performance indicators for North Canberra Hospital
- identify data sources, and collection and data visualisation methodology
- define accountability for regular performance review and improvement
- determine how performance data and improvement plans are communicated clearly, and transparently to all our stakeholders: staff, consumers and the wider community.

The performance framework will be a living document that evolves with the needs and goals of our organisation. We will continually adapt our ways of working and performance measures to changes in the healthcare environment, while providing a clear and consistent framework for measuring and improving performance.

Performance reporting and monitoring cycle

This framework draws from the overarching CHS Performance Reporting and Monitoring Cycle supporting a consistent organisational approach.



Whole of service reporting relationships

North Canberra Hospital Whole of Service Governance Structure requires consistent reporting pathways to support effective use of this information.

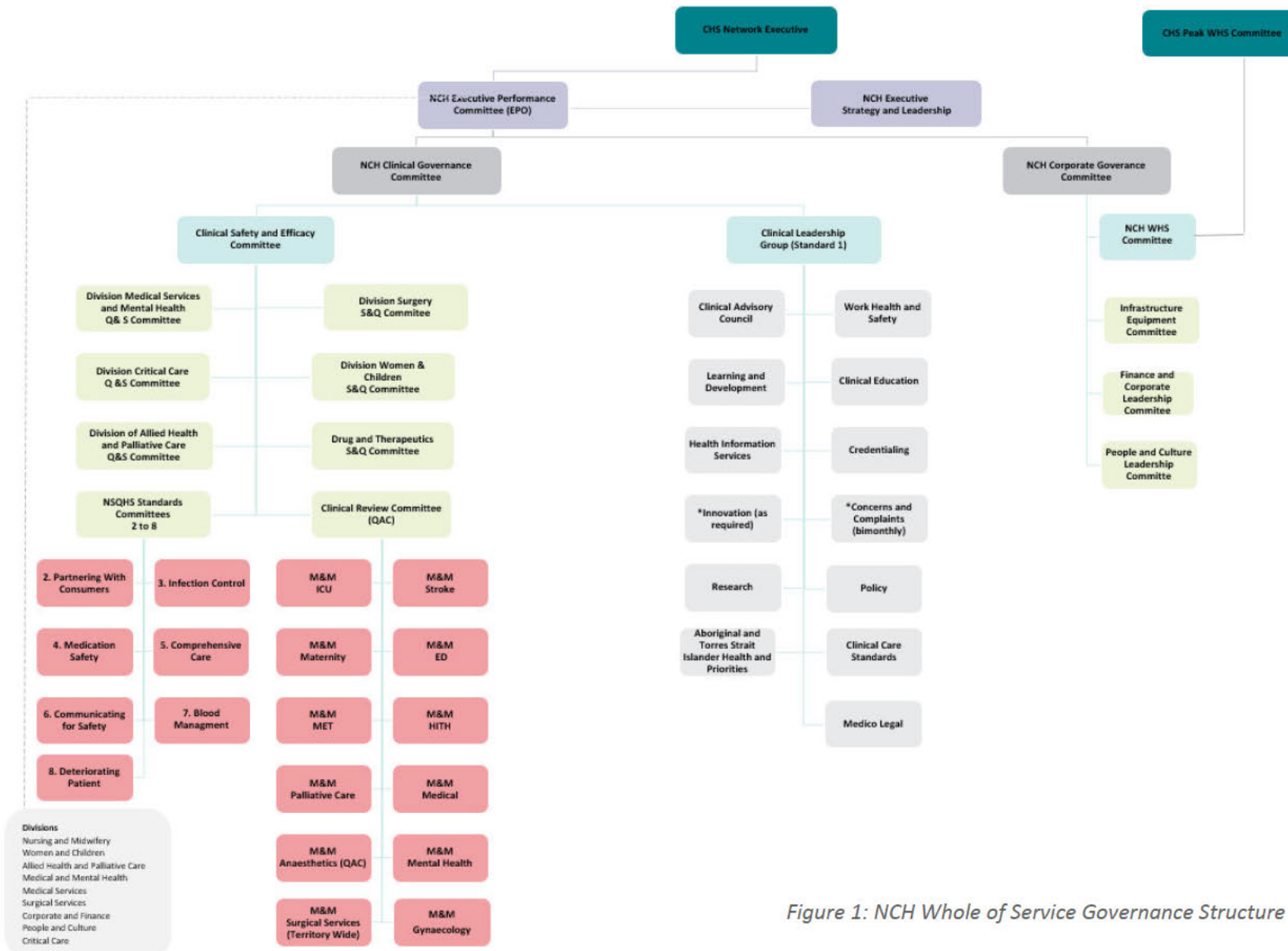


Figure 1: NCH Whole of Service Governance Structure

Strategic implications for reporting

Whilst information is provided for specific purposes across NCH, importantly it is consistent across intersecting areas and functions supporting delivery of the overarching vision. This means that data, indicators or measures need to be aggregated or disaggregated, derived and constructed and re-used consistently.

This supports a measurable baseline of performance that is consistent across and between areas of work or review. The NCH reporting relationships describes this relationship between different areas and agents within NCH and CHS.

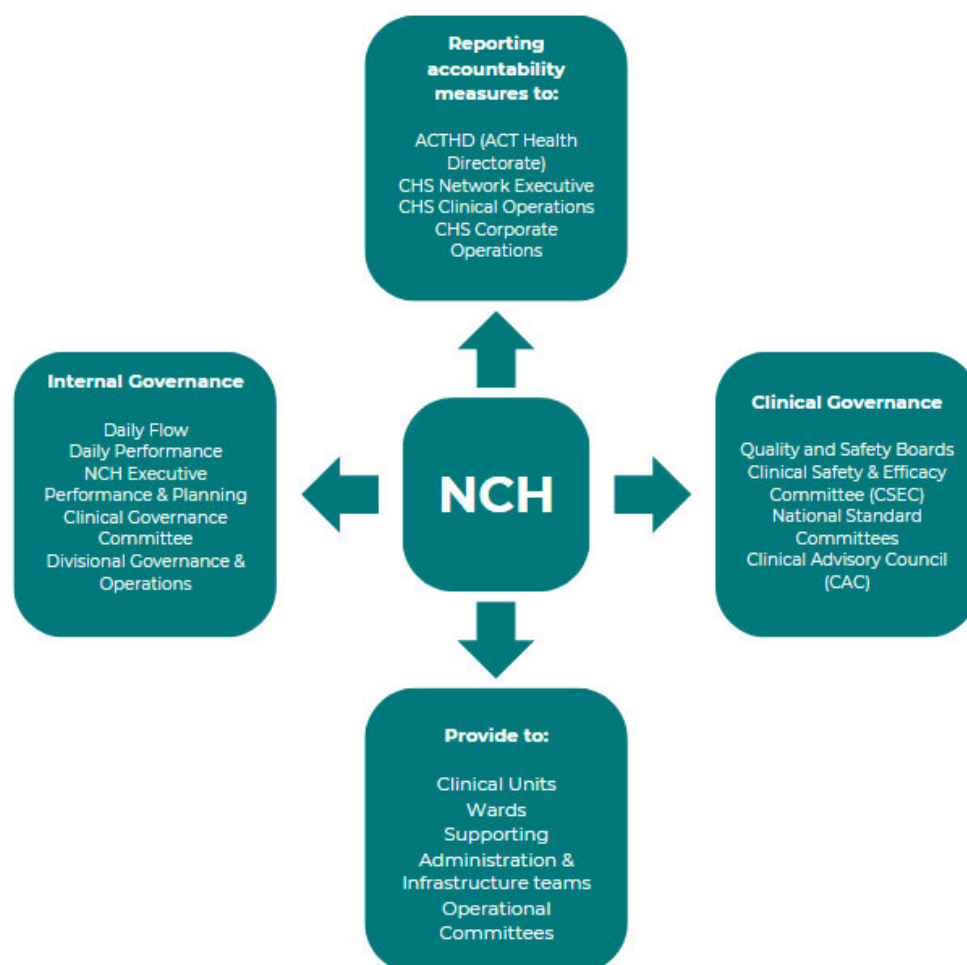


Figure 2: North Canberra Hospital Reporting Relationships (Internal Report Flows)

The strategic priorities supporting our vision and the initiatives that underpin our focus - Strategy and Planning are central to our approach, supported by Reporting and Accountability activities facilitated by our Performance Framework as shown in Figure 3.

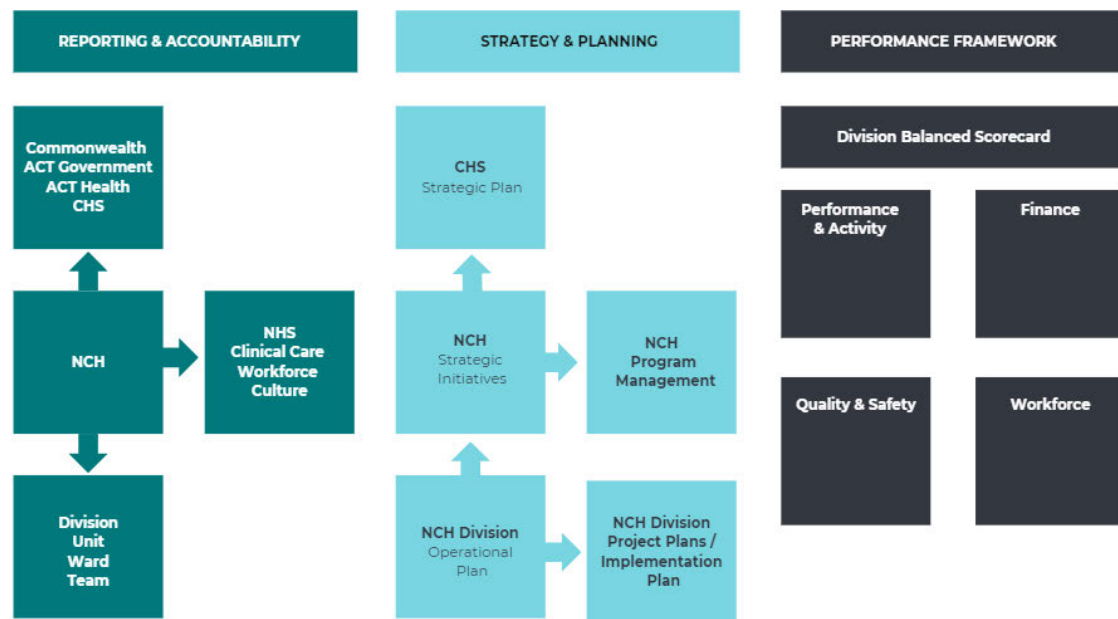


Figure 3: NCH Functional Reporting Relationships

This approach is managed from top to bottom by ensuring that data is used in operating systems (eg DHR, TM1, Riskman etc.) for record level interrogation, data capture and operational and business activity in wards, units and management. Whilst higher level measures are reported or derived for use in the performance framework to support strategic decisions, monitoring and review. An exemplar of this approach is demonstrated with the DHR information flow below (Figure 4).

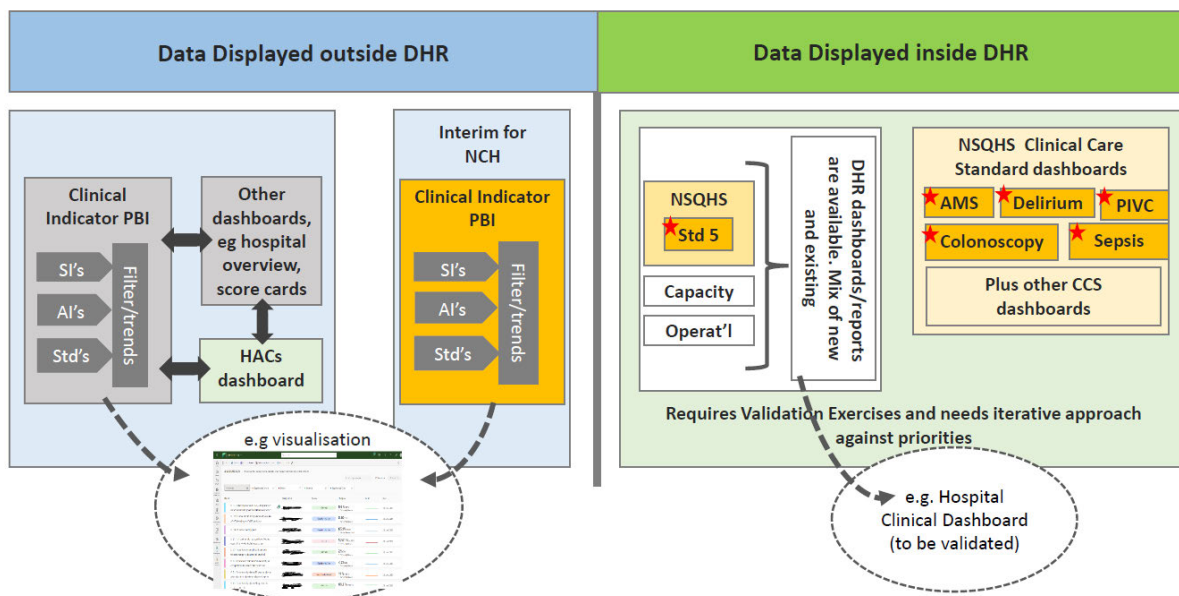


Figure 4: DHR Internal/External Data Relationship

Key reporting requirements

Our reports to key committees/avenues demonstrate the NCH performance against applicable KPI's and service measures (detailed in Section – Key Performance Indicators and further in Attachment 2). The committee structures outlined in NCH whole of governance structure (Figure 1) demonstrates the important committee relationships impacting reporting requirements.

Accountability indicators

CHS reports on progress of its strategic objectives and indicators to the ACT Health and Government. NCH data will be incorporated into overall CHS reporting (Accountability Indicators are expanded in the Key Performance Indicator section). High level Indicators include:

<i>Objective 1: Maximising the Quality of Hospital Services</i>	
1.1	Quality of Care provided to patients (Patient Experience Survey)
1.2	Number of people admitted to hospital per 10 000 patient days who acquire SAB infection
1.3	Hand Hygiene Rate
<i>Objective 3: Timely access to inpatient beds for mental health consumers</i>	
3.1	Proportion of mental health patients whose emergency department length of stay is greater than 24 hours
<i>Objective 4: Reducing the impact of occupational violence on our staff</i>	
4.1	The reduction in occasions of staff absence caused by occupational violence
<i>Objective 5: Improving quality of care for inpatients at Canberra Health Services for patients 80 years or older</i>	
5.1	Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with "Goals of Care" registered during admission
<i>Objective 6: Improving partnerships with primary health care providers</i>	
6.1	Proportion of patients who present at Emergency Department who have a registered primary health care provider recorded

Reporting to CHS

CHS Network Executive

At present the Chief Operations Officer (COO) attends NCH Performance and Operations and NCH Strategy and Planning Meetings.

CHS Corporate Executive

Measures include:

Finance, Policy, Risk, IT project update, Budget initiatives

CHS Clinical Operations - Attachment 1

Measures Include:

Emergency Care: NEAT, Delay to admit, Stranded patients, Placement delays

Planned Care: Outpatient measures, NEST

Reporting to the Community

NCH Webpage and Consumer Facing Quality Boards (located on NCH Wards)

Information includes: ACTS of Quality and Safety/Theme of the Monthly/Consumer Feedback/Patient Experience and performance data.

Internal governance reports

Internal Performance and Accountability Reporting is demonstrated in respect to (Figure 3) organisational reporting structures. In these structures the NCH teams, units and committees have responsibility to report on activity relevant to their work. Executive and senior management use the aggregated data to manage performance on daily, weekly and monthly cycles (different data is available within these cycles as below).

Report cycles

Daily reports

Available on the DHR Executive Dashboard to assist in daily flow and bed management:



Figure 5: Example Daily Dashboard drawing from DHR activity

Weekly reports

Available on SharePoint for discussion at Friday Executive Operational Meeting to plan for weekend and activity for next week.

Weekly Scorecard					North Canberra Hospital						Clare Holland House	
Week Ending: 31/11/2036												
Patient Enters Service		Week 10	Week 9	Week 8	Week 7	Period Total	Period Average	Comp. Total	Comp. Period Average	Week Trend	Period Comp	
Physical Admissions		483	430	427	391	1731	432.75	2621	655.25			
Care Type Change Admissions		10	11	8	10	39	9.75	43	10.75			
Total Admissions		493	441	435	401	1770	442.5	2664	666			
Admissions - by type												
Births		30	36	42	32	140	35	120	30			
Surgical Admissions		185	144	114	132	575	143.75	705	176.25			
Medical Admissions		210	176	187	167	740	185	785	196.25			
Obstetric Admissions		34	45	52	42	173	43.25	159	39.75			
Other Admissions		34	40	40	28	142	35.5	895	223.75			
Patient Exits Service		Week 10	Week 9	Week 8	Week 7	Period Total	Period Average	Comp. Total	Comp. Average	Week Trend	Period Comp	
Physical Separations		473	452	393	420	1738	434.5	2621	655.25			
Care Type Change Separations		10	11	8	10	39	9.75	43	10.75			
Total Separations		483	463	401	430	1777	444.25	2664	666			
Separations - Day Only/Overnight												
Day Only Separations		220	161	156	158	695	173.75	1362	340.5			
Overnight Separations		263	302	245	272	1082	270.5	1302	325.5			
Average Length of Stay (Days)		Week 10	Week 9	Week 8	Week 7	Period Total	Period Average	Comp. Total	Comp. Average	Week Trend	Period Comp	
Medical ALOS		6.43	5.99	6.54	7.30	2,657	6.54	2,687	5.73			
Surgical ALOS		2.14	2.41	1.66	2.00	585	2.07	769	2.52			
Obstetric ALOS		2.48	2.30	2.48	2.60	373.00	2.45	317	2.44			
Other ALOS		23.53	9.56	22.19	12.69	2,188	16.33	2,247	7.18			
Count of long stay discharges		40	46	35	56	177	44.25	195	19.50			

Figure 6: Example Weekly Scorecard drawing from DHR activity

Monthly reports

The NCH Performance Framework domains frame the organisational and divisional monthly scorecards and are carried through to other levels of reporting including Divisional and operational units.



Figure 7: NCH Performance Framework Domains

Specific activity is called out in relation to committee activity and a standardised approach for committee reporting is supported. The divisions also use a standardised approach specific to the divisional requirements and also with disaggregated data complementary to the daily, weekly and monthly cycles.

Report levels

Clinical governance

Reports are provided from:

1. Clinical Safety and Efficacy Committee ((CSEC)see Clinical Governance section below)
2. Clinical Leadership Group (CLG)

Corporate governance

Reports are provided from:

1. Finance
2. IT and Data Governance
3. Facilities
4. Audit and Risk (future state)

Divisions

1. Formal reports from the Divisions to the NCH Executive Performance and Operations. Reports will be done in a Balanced Scorecard format reflecting the NCH Performance Framework Domains (Figure 7).
2. Formal reports are provided from the Divisions to Clinical Safety and Efficacy Council (CSEC). The Scorecard will be utilised for this purpose.
3. Divisional Scorecards will be tabled at Divisional Governance meetings (Standard Divisional Template) and reflect the NCH Performance Framework Domains.

Clinical governance associated reports

Reports are provided to governance committees ensuring monitoring, review and alignment:

Clinical Safety and Efficacy Council (CSEC)

Reports from:

1. Divisions (Divisional Scorecard)
2. National Standard Committees (Standards 2-8), including Clinical Care Standards
3. Clinical Review Committee (Morbidity and Mortality focus)

Clinical Advisory Council (CAC)

CAC receives a bespoke report from NCH Executive Committees for clinician awareness and input. The bespoke report identifies Strategic initiatives and excerpts from the NCH organisational level dashboard specific to Performance and Activity, Quality and Safety and Workforce quadrants, plus high level Budget.

Consumer Partnership – strategic and operational

1. *NCH Peak Consumer Body* - Standard 2 indicators report focus and additional specific measures as relevant.
2. *Partnering with Consumers group* - Standard 2 indicators report focus (noting further development of Aboriginal and Torres Strait Islander people's indicators to be included).
3. *Targeted Consumer Focus Groups* – Time limited targeted response focused on specific indicators and tasks/incidents.
4. *Communication with Consumers* – Ward based Quality Boards and Consumer facing information (website) – supports contemporaneous and consistent data and messaging.

Reports provided to clinical areas

Clinical units and wards

A balanced scorecard reflecting indicators of specific area and related to the overarching NCH Performance Framework Domains is used at this level. Clinical incident data related to the Unit/Ward requiring management includes:

1. HACs (Hospital Acquired Complications)
2. Harm score 1 and 2 incidents.

Additionally, consumer feedback provides an opportunity to improve consumer experience related to the unit and wards activity and includes:

1. Compliments
2. Complaints
3. Closure rate > 35 days (Rate/OBD Occupied Bed Days) and outstanding cases.

Additional indicators/measures are demonstrated from the overarching Finance and Workforce domains specific to the Unit/Ward requiring operational focus and management and includes:

1. Budget/FTE
2. Leave management
3. Mandatory Training (completion/outstanding).

Accountability

Performance against the indicators (and measures) is monitored regularly to track our progress and identify areas for improvement. Indicators are ranked by importance to our organisation's obligations and objectives, which is used to inform the response level and provides context:

Tier 1	Accountability or Strategic Indicators, or/and Accreditation performance priorities
Tier 2	Mandatory or Organisational level (Vision, Goals, or Strategic Service level) measures
Tier 3	Operational service objectives, local or specialty specific measures

Review and Monitoring

We are committed to regular and responsive review of results with targeted efforts to address issues and progress improvement activity. The effectiveness of our response is measured using the RAGB (Red, Amber, Green, Blue) indicators to ensure visibility of our progress, risk tolerance and to track results overtime. Reporting is linked to performance review and operational management.

Performing /On Track	At or better than target/threshold
In progress but with issues	Within tolerance range however, needs close watch and ongoing effort
Under-performing / Delayed/Unlikely to Deliver	Performance is outside the agreed tolerance range or sentinel events have been identified
Sustained	Sustained effort demonstrated for greater than 3 intervals with expectation that performance is stable and strategies effective

Key performance indicators (KPIs)

NCH Performance Framework Monthly Report – organisational level

Organisational level indicators are aligned with the respective Performance Framework Domains (Figure 7), including appropriate Priority scoring and RAGB.

Performance and Activity		Finance	
Subject	Description/indicator/measure	Subject	Description/indicator/measure
Activity	Admission by type (+AITSI)/LOS / Discharge Summary Completion	Budget performance	Monthly YTD (per monthly reports) \$nn/% (% Variance flag)
	Planned vs unplanned admissions /HITH utilisation/ MET Call Rates		Budget vs Actual
Emergency Department	NEAT/ FACEM (6 hour)/MH NEAT/Access Targets	Financial Activity	FTE (nn * \$) Scheduled FTE/Budget FTE/Actual FTE
	Admissions >24 hrs / Mental Health Admission > 24 hrs	(ref Accountability Indicators)	% to establishment base (noting variance)
	Seen on time percentages for category 1 to 4		Agency use (Premium Labour) nn + \$ (Div/Area)
Surgery	NEST - removals from wait list in clinically appropriate timeframes (per category)	Operational Activity	Operational activity by NWAUs (Admitted/ Non Admitted/Emergency)
	Average overdue wait times for surgery / ESWL (target vs complete & cumulative)		
	Unplanned return to theatre		Relative Stay Index (organisational/AITSI)
Readmissions	Rate - avoidable readmissions		
Non-Admitted	Activity (referral completion within time rates)		Coding % (forecasting algorithm where incomplete)
Quality and Safety		Workforce	
Subject	Description/indicator/measure	Subject	Description/indicator/measure
HACs	As per HAC dashboard	Staff	Retention rate/turnover rate
Harm/Incidents	Incidents and classifications (inc Incidents Harm Score 1 & 2)		Excess Leave
	Sentinel events/Investigations into incidents/ Medication incident rates		PDP completion/Mandatory Training Completion Rate (Div/Area)
	Falls (number/rate/harm score)/Pressure Injuries (nr/rate/harm score)	PPA	Promoting Professional Accountability Outcomes measures/rates
Compliments	Rate of complaints per 1000 bed days/Complaint Classification	WHS	Work related injuries/same shift reporting/WHS workplace inspections
& Complaints	Number of Complaints acknowledged in 5 days/Closed in <= 35 days		WHS investigations completed by manager rates *Div/unit
	Feedback regarding quality of treatment	Occupational Violence	OV incidents /OV Absences
Mortality	Hospital diagnosed Standardised mortality rate / Deaths related to low mortality DRGs		LTIFR (Lost Time Injury Frequency Rate)/LTI (Lost Time Injury) by time defined
Benchmarking	Health Round Table Data - key indicators displayed as advised	Locum Engagement	Locum engagement by FACEM/SRMO/JRMO/other
Clinical Care Standards	SABSI (linked to Standard 3 dashboard) /Hand Hygiene		Additional information may be pulled through from Workforce Dashboard
	Key indicators pertinent to standard 1 e.g. AMS (top 5)/Registered Goals of Care		Organisational Indicators related to Standards (per Standards Dashboards inc)

Strategic and accountability measures

This table demonstrates current strategic indicators (SI) and accountability indicators (AI) work progressing with indicators to be reported at Strategic levels.

Strategic Objective	Indicator	2023-24 Targets
Strategic Objective 1: Maximising the Quality of Hospital Services		
Strategic 1.1	Patient Experience Survey - Proportion of respondents rating their overall care as good or very good	>85%
Strategic 1.2	The number of people admitted to hospitals per 10,000 patient days who acquire a SAB infection during their stay	<1.0 per 10,000
Strategic 1.3	The estimated hand hygiene rate -It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period	80%
Strategic Objective 3: Timely access to inpatient beds for mental health consumers		
Strategic 3.1	Proportion of mental health patients whose emergency department length of stay is greater than 24 hours	0%
Strategic Objective 4: Reducing the impacts of occupational violence on our staff		
Strategic 4.1	Occasions of staff absence caused by an occupational violence incident (lost time incident frequency rate due to occupational violence)	5.8 per million hours worked
Strategic Objective 5: Improving quality of care for inpatients at Canberra Health Services for patients 80 years and older		
Strategic 5.1	Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with "Goals of Care" registered during admission	100%
Accountability Indicators 1.1 - Acute Services		
Accountability 1.1	a. Number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions	<45
	b. Number of avoidable readmissions for selected conditions per 10,000 hospital admissions	<125
	c. Percentage of emergency department presentations whose length of stay in the emergency department is four hours or less	≥90%
	g. Category 1 - Resuscitation patients seen immediately	100%
	h. Category 2 - Emergency patients seen within 10 minutes	80%
	i. Category 3 - Urgent patients seen within 30 minutes	75%
	j. Category 4 - Semi-Urgent patients seen within 60 minutes	70%
	k. Category 5 - Non-Urgent patients seen within 120 minutes	70%
	l. All presentations	-
	e. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 patient days	<7 per 1,000 per patient days
	f. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit	<17%

LHN Accountability Indicators		
	a. Number of elective surgeries performed	15,500
	b. Percentage of Category 1 elective surgery patients admitted for surgery within clinically recommended timeframes (30 days)	100%
	c. Percentage of Category 2 elective surgery patients admitted for surgery within clinically recommended timeframes (90 days)	80%
	d. Percentage of Category 3 elective surgery patients admitted for surgery within clinically recommended timeframes (365 days)	93%
	j. Total in Scope NWAUs	187,173

Aboriginal and Torres Strait Islander peoples measures

The focus on ensuring our Aboriginal and Torres Strait Islander peoples are appropriately identified and supported is embedded in a number of initiatives. These indicators are included in the organisational and Divisional scorecards, however, are called out here to ensure visibility.

Aboriginal and Torres Strait Islander Indicators		
Partnership Std 2	Aboriginal and Torres Strait Islander peoples representation (partnership approach)	Month
Patient Activity	Patient Numbers for defined period identifying as Aboriginal and/or Torres Strait Island people	Month
	Admissions	Month
	Readmissions	Month
	Discharge against Medical Advise	Month
	Did not Attend (Non-Admitted cohort)	Month
	Collection of Status (rate)	Annual
Workforce	Aboriginal and Torres Strait Islander peoples representation	Month
Other	Developing measures in regard to Aboriginal and Torres Strait Islander Health Improvement to be included in Framework as established	

Divisional level indicators and measures – standard divisional template

The Divisional level scorecard bridges the strategic and operational levels. It links to the organisational level scorecard at a level disaggregated to the Division which demonstrates the common suite of Divisional indicators and also speaks to the specialities related to each Division identified separately.

Performance and Activity		Finance	
Subject	Description/indicator/measure	Subject	Description/indicator/measure
Activity	Admissions by type (+AITSI) , LOS	Budget performance	Monthly YTD (per monthly reports) \$nn/% (5% variance flag)
	Planned vs unplanned admissions		Budget vs Actual
	Unplanned Readmissions (+AITIS)	Financial Activity	FTE (nn * \$) Scheduled FTE/Budget FTE/Actual FTE
	HITH utilisation	(ref Accountability Indicators)	% to establishment base (noting variance)
Non Admitted activity	Non-Admitted presentations /DNA (+AITSI)		Agency use (Premium Labour) nn + \$ (Div/Area)
	Activity (referral completion within time rates)	Operational Activity	Operational activity by NWAUs (Admitted/ Non Admitted/Emergency)
Other	MET call rates		Relative Stay Index (organisational /AITSI)
	Discharge Summary completion		Coding % (forecasting algorithm where incomplete)
Quality and Safety		Workforce	
Subject	Description/indicator/measure	Subject	Description/indicator/measure
HACs	As per HAC dashboard	Staff	Retention rate/turnover rate
Harm/Incidents	Incidents and classifications (incl Incidents - Harm Score 1 & 2)		Excess Leave
(See Q&S data catalogue)	Sentinel events / Investigations into Incidents		PDP completion/Mandatory Training Completion Rate (Div/Area)
	Medication incident rates	PPA	Promoting Professional Accountability outcomes
	Falls (number/rate/harm score) / Pressure Injuries (nr/rate/harm score)	WHS	work related injuries /same shift reporting/WHS workplace inspections comp
Compliments	Rate of complaints per 1000 bed days / Complaint Classification		WHS investigations completed by manager/Outstanding WHS investigations
& Complaints	Number of Complaints acknowledged in 5 days /Closed in <= 35 days	Occupational Violence	OV incidents / OV absences
	Feedback regarding quality of treatment		LTIFR (Lost Time Injury Frequency Rate)/LTI (Lost Time Injury) by time defined
Benchmarking	Health Round Table Data - key indicators displayed as advised	Locum Engagement	Locum engagement by FACEM/SRMO/JRMO/other
Clinical Care Standards	SABSI (linked to Std 3 dashboard)/Hand Hygiene		Additional information may be pulled through from Workforce Dashboard
	Key indicators pertinent to standard 1 e.g. AMS (Top 5) /Registered Goals of Care		Organisational Indicators related to Standards (per Standard Dashboards)

Specific Divisional level indicators and measures

Divisional level indicators and measures demonstrate disaggregated measures monitored in the organisational dashboard as well as measures specific to Division specialities.

Women and Children
Source of clinical indicators is the Quality and Safety Data Catalogue, which is a work in progress (Note: Metadata issue explored in Attachment 2 – NCH PFW Requirements)
The table shows broad descriptions rather than the specific indicators specification
See Scorecards and Organisational tabs for examples of data that may be drawn down or over to divisional level
Division Specific
Birth Activity
Caesarean Section Rate
Third and Fourth degree perineal tears (rates)
Stillbirth rate
Benchmarking data (HRT, WHA, etc)
Pertinent Accountability indicators
Pertinent Standard Accountability Indicators
Surgery
Divisional Specific
Elective Surgery
NEST - removals from wait list in clinically appropriate timeframes (per category)
Waitlist - Average overdue wait times for surgery
Waitlist - Dental
ESWL (target vs complete and cumulative) -TWSS activity
Unplanned return to theatre - NCH Activity
Utilisation
Theatre utilisation
DSU utilisation
Pre-Admission utilisation
NAPs activity (surgery)
ACORN
Benchmarking
Pertinent Accountability indicators
Pertinent Standard Accountability Indicators
Mental Health
Divisional Specific
NEAT MH
Seclusion and restraint reporting - Inpatient
Pertinent Standard Accountability Indicators

Medicine
Divisional Specific
Mortality rates
Deaths related to low mortality DRGs
Pertinent Accountability indicators
Pertinent Standard Accountability Indicators
Palliative Care
Divisional Specific
Deaths in community
Benchmarking - PCOC
Pertinent Accountability indicators
Pertinent Standard Accountability Indicators
ICU and CCU
Divisional Specific
Rate of ventilator associated Pneumonia
Mortality rates
Benchmarking - ANZICs
Pertinent Accountability indicators
Pertinent Standard Accountability Indicators
Emergency
Divisional Specific
NEAT
Admissions >24 hrs
Mental Health Admission > 24hrs
Seclusion and restraint episodes (Mental Health)
Seen on time percentages for category 1 to 4
Pertinent Accountability indicators
Pertinent Standard Accountability Indicators

NSQHS Standard level indicators reporting to Standards Committees

(Clinical Leadership Council – Standard 1 and Clinical Safety and Efficacy Committee (CSEC) – Standards 2- 8)

Listed below are indicators for reporting. Please note, the list reflects current developments with measures to be further detailed and additional included in the Performance Framework reporting layer as developed.

Standard 1 - Clinical Governance				
Key Performance Indicators	Data Definition	Data measure	Display/Report style	Frequency
Total Clinical Incidents	An event or circumstance that resulted, or could have resulted (near miss) in unintended and/or unnecessary harm to a person/ consumer	Numerator: Total number of clinical incidents notified within the reporting period Denominator: Per 1000 Occupied Bed Days	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill down Adhoc by request
All incidents	Harm Score 1, 2, as % of all clinical incidents	Numerator: Total Number of clinical incidents confirmed as HS 1 or HS 2 in the reporting period Denominator: Total number of clinical incidents HS 1-4 in the reporting period	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill down Adhoc by request
Investigation status for serious harm incidents	Harm score 1 and 2, and zero tolerance incidents have investigation completed within 70 days of incident being logged	Percentage of Harm score 1 and zero tolerance incidents with investigation completed within 70 days	Riskman dashboard	Monthly for indicator quarterly for drill down Adhoc by request
Investigation status for Harm score 3 & 4 incidents	Harm score 3-4 incidents have investigation completed within 45 days of incident being logged	Percentage of Harm score 3-4 incidents with investigation completed within 45 days	Riskman dashboard	Monthly for indicator quarterly for drill down Adhoc by request
Complaints resolved ≤ 35 days	% of formal complaints closed within 35 working days	Formal complaints closed (within 35 days) divided by formal complaints	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill

				down Adhoc by request
Open Disclosure completed for Harm Score 1&2	% of Harm score 1 & 2 incidents with open disclosure completed	Harm score 1 & 2 incidents with Open Disclosure completed/ total Harm score 1 & 2 incidents	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill down Adhoc by request
Clinical Management documentation incidents	examples include; delay accessing clinical record, document misfiled, incomplete documentation, missing/unavailable clinical record	Numerator: Total number of clinical management documentation incidents Denominator: Per 1000 Occupied Bed Days	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill down Adhoc by request
Hospital Acquired complications	As per Commission definitions	Numerator: Total Number of healthcare associated complications*10,000 Denominator: Total episodes	HRT HAC report or: run chart with median and goal line, data labels or data table with actual number of incidents	Quarterly or: monthly as staffing permits
HRT National Standards suite	As per HRT report	As per HRT report	HRT report with analysis by SME	Quarterly
Mandatory training % compliance	Percentage of staff who have completed their specified mandatory training	Numerator: Number of staff who have completed their mandatory training Denominator: Total number of staff required to complete mandatory training	run chart with median and goal line, data labels or data table with actual number of incidents	Quarterly
Percentage of Policy and Procedure documents overdue for review	Number of policy and clinical guidance documents overdue for review as a percentage of all policy and clinical guidance documents.	Numerator: Number of clinical policies and procedures where 'Status' is 'Overdue for Review' Denominator: Number of policy and clinical guidance documents		Quarterly
Performance Development Plan % compliance	Percentage of staff who have completed their performance development plan	Numerator: Number of staff who have completed their performance development plan Denominator: Total number of staff required to complete performance development plan		Quarterly
Infrastructure, equipment, facilities incidents	TBA	TBA	TBA	TBA

Patient experience survey/net promoter score	TBA	TBA	TBA	TBA
Documentation of open disclosure	Open Disclosure initiation/completion			
Clinical Incident measures	Per Clinical Incident Management Policy Appendix C			
Environmental Audits				
Credentialing				
Aboriginal and Torres Strait Islander Measures				
Client demographic matching service delivery				

Standard 2 - Partnering with Consumers

Key Performance Indicators	Data Definition	Data measure	Display/Report style	Frequency
Patient Experience Survey	Patient rating of overall care	Numerator: Number of people who respond with a 4 or 5 to question..... Denominator: Number of surveys completed in the reporting month	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill down Adhoc by request
Percentage of complaints resolved within 35 days	Percentage of complaints where a response was sent to the complainant addressing their issue/s within 35 days of the date the complaint was received.	Numerator: Number of complaints received in the reporting month where 'Resolved Within 35 Days' is 'Yes' Denominator: Number of complaints received in the reporting month	run chart with median and goal line, data labels or data table with actual number of incidents	Monthly for indicator quarterly for drill down Adhoc by request
Interpreter usage	TBA	Number and types of interpreters used	TBA	Quarterly
CALD Demographic of patient population accessing the service	TBA	Number and types of CALD consumers accessing our service	TBA	Quarterly

Patient Experience Report	Overall rating of patient care	The total number of people that answered "good" or "very good"	Bar graph with 4 different ratings (Poor, Average, Good, Very good)	Monthly, adhoc
Complaints	Number of complaints for the month	The total number of complaints received	Pareto Distribution	Monthly, adhoc
Patient Feedback	Positive Feedback	The total number of positively framed feedback		Monthly, adhoc
Consent	Consent audit results	Total consent rates (missing/completed)	Audit results by area	Monthly, adhoc
Pt involvement in goal setting and care planning				
PREMS	Patient Reported Experience Measures	multiple defined within tool	Dashboard	Monthly for indicator, quarterly for drill down, Adhoc by request
PROMs	Patient Reported Outcome Measures	multiple defined within tool	Dashboard	

Standard 3 - Preventing and Controlling Infections

Lowest reporting level	Highest reporting level (within threshold)	Frequency of Measure (minimum at standard reporting)	Indicator Name
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	2a-The proportion of antimicrobial prescriptions that are in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines
Unit/Working group/CCS level	Divisional/ Standard Level	Operational & Clinical Governance	8a-The proportion of patients for whom the perioperative prophylactic antimicrobial is prescribed in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines
Unit/Working group/CCS level	Divisional/ Standard Level	Clinical Governance	8c-The proportion of patients who are administered prophylactic antimicrobials within the recommended time peri operatively

Unit/Working group/CCS level	Divisional/ Standard Level	Operational & Clinical Governance	8d-The proportion of patients who were prescribed prolonged antimicrobials following a surgery or procedure that is discordant with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines
Unit/Working group/CCS level	Divisional/ Standard Level	Operational & Clinical Governance	1 - Proportion of patients with PICU in situ that has not been used for a therapeutic purpose since it was inserted
Unit/Working group/CCS level	Divisional/ Standard Level	Clinical Governance	2 - Proportion of patients with a PIVC in situ than can identify the reason for the device
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	3 - Evidence of a locally approved policy that ensures healthcare professionals are competent in PICU insertion, monitoring and removal. The policy should specify the: competency a clinician must demonstrate to insert a PIVC, including for more complex and technology-assisted insertions, competency a clinician must demonstrate to monitor and remove PIVCs, Organisation's process to assess and monitor the ongoing competency of clinician, including for more complex insertions, organisations process to assess adherence to the policy
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	4a: Evidence of local arrangements that provide systematic support for decisions related to the selection of an appropriate PIVC device
Unit/Working group/CCS level	Divisional/ Standard Level	Operational & Clinical Governance	4b: Proportion of patients with a PIVC in situ over an area of flexion. Note: This indicator is specified to include patients with a PIVC in situ for 24 hours or longer.
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	5a: Evidence of a locally approved policy that defines the local protocol to support PIVC insertion on first attempt. The protocol should specify the: ■ Risk assessment process that should be used to identify patients where insertion of a PIVC may be more complex ■ Situations when staff should escalate PIVC insertion to more experienced staff and the process to follow ■ Clinical situations when more than one attempt is appropriate ■ Organisation's process to assess adherence and outcomes of the policy
Unit/Working group/CCS level	Divisional/ Standard Level	Clinical Governance	5b: Proportion of patients who report their PIVC was inserted on the first attempt.
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	7a: Evidence of a locally approved policy that defines the documentation for PIVC insertion, maintenance, removal, and regular review. The policy should specify: ■ The information that must be documented in the medical record for every PIVC inserted, including, indication for insertion, maintenance and removal ■ How often documentation should occur ■ The organisation's process to assess adherence to the policy
Unit/Working group/CCS level	Divisional/ Standard Level	Clinical Governance	7b: Proportion of patients with a PIVC in situ with the indication for insertion documented in their medical record.

Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	3a-Proportion of patients with sepsis who had blood cultures taken prior to starting antimicrobials
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	3b-Proportion of patients with signs and symptoms of infection-related organ dysfunction who started their first dose of an empirical antimicrobial within 60 minutes of recognition
Unit/Working group/CCS level	Facility level	Facility level	Healthcare - Associated Infection
Unit/Working group/CCS level	Facility level	Facility level	Hand Hygiene Rate
Unit/Working group/CCS level	Facility level		Harm Score (HS) 1
Unit/Working group/CCS level	Divisional/Standard Level		Healthcare associated SAB
Unit/Working group/CCS level	Facility level		Hand hygiene compliance
Unit/Working group/CCS level	Facility level		healthcare-associated Staphylococcus aureus bloodstream infection (HCA-SABSI rate)
Unit/Working group/CCS level	Facility level		AMS policy compliance
Unit/Working group/CCS level	Facility level		SI 1.2 The number of people admitted to hospitals per 10,000 patient days who acquire a SAB infection during their stay
Unit/Working group/CCS level	Facility level		SI 1.3 The estimated hand hygiene rate -It is calculated by dividing the number of observed hand hygiene 'moments' where proper hand hygiene was practiced in a specified audit period, by the total number of observed hand hygiene 'moments' in the same audit period

Standard 4 - Medication Safety

Lowest reporting level	Highest reporting level (within threshold)	Frequency of Measure (minimum at standard reporting)	Indicator Name
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	2b-The proportion of prescriptions for restricted antimicrobials that are in accordance with the locally endorsed approval policy

Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	3a-The proportion of patients with an adverse reaction to an antimicrobial with comprehensive documentation of the reaction in their healthcare record
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	6a-The proportion of prescriptions for which the indication for prescribing the antimicrobial is documented
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	6b-The proportion of prescriptions for which the duration, stop date or review date for the antimicrobial is documented
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	7a-The proportion of prescriptions for which an antimicrobial review and updated treatment decision is documented within 48 hours from the first prescription
Unit/Working group/CCS level	Divisional/Standard Level		3a - Proportion of patients separated from hospital with a supply or prescription of opioid analgesics where a Real Time Prescription Monitoring program or prescription shopping program was checked prior to separation
Unit/Working group/CCS level	Divisional/Standard Level		3b - Proportion of patients who were newly prescribed opioid analgesics who were co-prescribed central nervous system depressant medicines while in hospital
Unit/Working group/CCS level	Divisional/Standard Level		4a - Evidence of a locally approved policy that defines the process for managing admitted patients identified as being at increased risk of opioid-related harm who are prescribed an opioid analgesic
Unit/Working group/CCS level	Divisional/Standard Level		5a - Proportion of patients that separated from hospital with a supply or prescription of opioid analgesics who also received a supply or prescription of paracetamol and non-steroidal anti-inflammatory medicines
Unit/Working group/CCS level	Divisional/Standard Level		5b - Proportion of opioid-naïve surgical patients separated from hospital with a supply or prescription of opioid analgesics where the supply or prescription was for a modified-release formulation
Unit/Working group/CCS level	Divisional/Standard Level		6a - Proportion of admitted patients who received opioid analgesics who were administered naloxone for respiratory depression
Unit/Working group/CCS level	Divisional/Standard Level		6b - Proportion of admitted patients who received opioid analgesics who also received laxatives to prevent opioid-induced constipation
Unit/Working group/CCS level	Divisional/Standard Level		7a - Proportion of admitted patients who received opioid analgesics where the intended number of days of treatment was documented in their medical record
Unit/Working group/CCS level	Divisional/Standard Level		8a - Proportion of overnight admitted patients separated from hospital with a supply or prescription of opioid analgesics that exceeded the opioid analgesic inpatient dose given during the 24 hrs prior to separation
Unit/Working group/CCS level	Divisional/Standard Level		9a - Evidence of a locally approved policy to support the transfer of care of patients who separate from hospital with a supply or prescription of opioid analgesics
Unit/Working group/CCS level	Divisional/Standard Level		9b - Proportion of admitted patients separated from hospital with a supply or prescription of opioid analgesics where the supply or prescription exceeded 7 days of treatment
Unit/Working group/CCS level	Divisional/Standard Level		9c - Proportion of patients separated from the emergency department with a supply or prescription of opioid analgesics where the supply or prescription exceeded 3 days of treatment
Unit/Working group/CCS level	Divisional/Standard Level		9d - Proportion of patients separated from hospital with a supply or prescription of opioid analgesics whose medication management plan was given to the patient or carer on separation

Unit/Working group/CCS level	Divisional/Standard Level		9e - Proportion of patients separated from hospital with a supply or prescription of opioid analgesics whose medication management plan was sent to the general practitioner on separation
Unit/Working group/CCS level	Divisional/Standard Level		5a-Local arrangements to ensure that patients with knee osteoarthritis are prescribed or recommended medications to manage symptoms in accordance with the current Therapeutic guidelines: Rheumatology
Unit/Working group/CCS level	Divisional/Standard Level		5b-Proportion of patients with knee osteoarthritis prescribed oral non-steroidal anti-inflammatory drugs (NSAIDs) with documented assessment of risks
Unit/Working group/CCS level	Divisional/Standard Level		5c-Proportion of patients prescribed opioids for longer than three months for the management of pain associated with knee osteoarthritis
Unit/Working group/CCS level	Divisional/Standard Level		Proportion of patients separated from hospital on venous thromboembolism (VTE) prophylaxis with a care plan documenting prescribed medicine(s), dose, and duration of treatment
Unit/Working group/CCS level	Facility level	Facility level	Medication Complications
Unit/Working group/CCS level	Facility level		Total Medication incidents total (HS 1-4)
Unit/Working group/CCS level	Facility level		Medication Incidents
			Total Medication incidents total (HS 1-4)
			Total Medication incidents total (HS 1-2)
			Total Medication incidents by harm score (HS 3-4)
			High risk medication incidents
			HAC-Medication Complications
			HAC-VTE
			Controlled Medicines Error (Schedule Drug Error on Riskman)
			Consumer feedback
			Compliance with P&P
			Allergies and reaction documented
			Medicines list used at transitions of care
			Safe n Secure storage and distribution of medicines
			High risk medicine dispensing/storage

			Cold chain/ fridge temps
			Governance of Policies and Procedures
			BCMA
			Pharmacy interventions
			Patient education on medications
			BPMH
			Medication review and reconciliation
			Discharge reconciliation
			Reporting of new ADRs
			Provision of a medication list
			Missed or late medication administration
			Discharge processing time
			Medication dose alerts, warnings and overrides for high risk medications
			Proportion of patients reviewed by a pharmacist. Proportion of patients identified as "high risk" from clinical score (>10)

Standard 5 - Comprehensive Care

Lowest reporting level	Highest reporting level (within threshold)	Frequency of Measure (minimum at standard reporting)	Indicator Name
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	1b-Proportion of admitted patients aged 65 years or older or 45 years or older for Aboriginal and Torres Strait Islander people who were screened for cognitive impairment using a validated tool within 24 hours of presentation to hospital
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	2a-Evidence of a locally approved policy to ensure interventions are implemented to prevent delirium for at-risk patients

Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	5a- Proportion of patients with delirium who had a comprehensive assessment that includes relevant multidisciplinary consultation to investigate the cause(s) of delirium
TBC	TBC	Clinical Governance	5b-Proportion of patients with delirium who received multicomponent interventions to treat and manage delirium
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	6a-Proportion of patients with delirium who were assessed for risk of functional decline, dehydration, malnutrition, falls, and pressure injuries
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	6b-Proportion of patients with delirium who experienced dehydration, malnutrition, a fall resulting in fracture or other intracranial injury, or a pressure injury during their hospital stay
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	7a-Proportion of patients with delirium who were prescribed antipsychotic medicines in hospital
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	8a-Proportion of patients with current or resolved delirium who had an individualised comprehensive care plan on discharge
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	8b-Proportion of patients aged 65 years or older or 45 years or older for Aboriginal and Torres Strait Islander people who experienced delirium in hospital and were readmitted for delirium within 10 days
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	8a: Proportion of patients with a PIVC in situ who have their PIVC insertion site inspected for complications at least every 8 hours.
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	8b: Proportion of patients with a PIVC in situ with a clean, dry and secure PIVC dressing.
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	9: Proportion of patients with a PIVC in situ who have been assessed in the last 24 hours to determine the ongoing need for their PIVC.
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	10: Proportion of patients with a PIVC in situ that has not been used for a therapeutic purpose in 24 hours.
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	2a - Proportion of patients who received opioid analgesics who had pain and functional assessments prior to being prescribed opioid analgesics
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	6b-Proportion of patients with knee osteoarthritis with evidence of pain and function assessments within the previous 12 months
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	2a-Proportion of women assessed for clinical risk factors for foetal growth restriction at their first antenatal appointment at the hospital and the outcomes of the risk assessment documented in their medical record
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	Indicator 4a: Proportion of women who sustained a perineal tear during birth who received a genito-anal examination to assess the grade of the perineal tear after birth
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	Proportion of patients admitted to hospital assessed for venous thromboembolism risk within 24 hours of admission
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	HACs (Hospital Acquired Complications)

Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	Unplanned readmission rate 28 days
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	End of Life Documents
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	Fall prevention compliance
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	Pressure Injury Prevention Compliance
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	SI 5.1 Proportion of patients 80 years or older at admission for an inpatient episode of care at Canberra Health Services with "Goals of Care" registered during admission
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	AI 1.1d. Proportion of mental health clients contacted by a Canberra Health Services' community facility within 7 days post discharge from inpatient services
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	AI 1.1e. The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit per 1,000 patient days
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	AI 1.1f. Proportion of clients who return to hospital within 28 days of discharge from an ACT acute psychiatric mental health inpatient unit

Standard 6 - Communicating for Safety Standard

Lowest reporting level	Highest reporting level (within threshold)	Frequency of Measure (minimum at standard reporting)	Indicator Name
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	Clinical handover incidents (inc Audit data)
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	All clinical incidents/near misses where no harm was caused by health care rather than the patient's underlying condition or illness.
Unit/Working group/CCS level	Facility level	Clinical Governance	Patient Identification incidents
Unit/Working group/CCS level	Facility level	Clinical Governance	Surgical Safety Checklist Audit (ACORN)

Standard 7 - Blood Management

Lowest reporting level	Highest reporting level (within threshold)	Frequency of Measure (minimum at standard reporting)	Indicator Name
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	4a-Proportion of admitted patients who screened positive for cognitive impairment on presentation to hospital who were then assessed for delirium using a validated tool
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	Blood transfusion related incident
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	Total Clinical Incidents
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	Blood Product audit

Standard 8 - Recognising and Responding to the Deteriorating Patient

Lowest reporting level	Highest reporting level (within threshold)	Frequency of Measure (minimum at standard reporting)	Indicator Name
Unit/Working group/CCS level	Divisional/Standard Level	Operational & Clinical Governance	1a-Proportion of patients with suspected sepsis who had blood lactate levels taken as a part of screening for sepsis
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	2a-Evidence of a locally approved sepsis clinical pathway
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	2b-Evidence of local arrangements that support the delivery of care described in the local sepsis clinical pathway
Unit/Working group/CCS level	Facility level	Operational & Clinical Governance	2c-Proportion of patients with sepsis who were treated according to the locally approved sepsis clinical pathway
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	4a-Evidence of local arrangements to support multidisciplinary care coordination and clinical communication for patients with sepsis
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	6a-Proportion of patients with sepsis who had a diagnosis of sepsis recorded in their discharge summary
Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	7a-Proportion of patients with sepsis who had an unplanned readmission to any hospital within 30 days of discharge

Unit/Working group/CCS level	Unit/Working group/CCS level	Clinical Governance	8a-Proportion of patients with sepsis who died during their admitted patient episode of care
Unit/Working group/CCS level	Divisional/Standard Level	Clinical Governance	5a-Evidence of local arrangements to enable timely assessment and appropriate care for women presenting with concerns about changes in foetal movements
Unit/Working group/CCS level	Facility level		MET Call Rate
Unit/Working group/CCS level	Facility level	Clinical Governance	Serious Incidents
Unit/Working group/CCS level	Facility level		Delayed MET
Unit/Working group/CCS level	Facility level		Vital sign completion

Attachment 1 – Clinical Executive Reporting

The CHS reporting approach (excerpt below) is complemented by the NCH Organisational Performance Framework reporting. The intent is to continue alignment of design and content to achieve a consistent and commonly understood and applied approach.

Service	Service Line	Department	Measure	daily	weekly	monthly	Qtr	Annual	Notes
Emergency	Emergency	ED	Seen on time	y	y	y	y	y	
			NEAT (4hr)	y	y	y	y	y	
	Medicine	Acute Med Unit	FACEM (6hr)	y	y	y	y	y	
			Delay to admit (>1hr)	y	y	y	y	y	More than an hour delay from bed request
			Pause episodes		y	y	y	y	
	Emergency Surgery	Theatre	80% within 24 hrs	y	y	y	y	y	Substitute Number waiting accepted
			100 % within 48hrs	y	y	y	y	y	Substitute Number waiting accepted
	Exit Block	Rehabilitation	Assessment wait	y	y	y	y	y	Time from referral to seen
			Number waiting for assessment	y	y	y	y	y	
			Delay to transfer (days waiting)	y	y	y	y	y	Time from acceptance of referral to transfer to UCH - whole days
		Stranded Patients TCH	Number stranded TCH (< 5 a day)	y	y	y	y	y	Patients on maintenance care type
			Delay to be placed (> 1 week)	y	y	y	y	y	Time from change in care type to placement
		Stranded Patients UCH	Number stranded UCH (< 5 a day)	y	y	y	y	y	Patients on maintenance care type
			Delay to be placed (> 1 week)	y	y	y	y	y	Time from change in care type to placement
Planned Care	Non-cancer	Referral acceptance - CHI	Referral acceptance - > same day	y	y	y	y	y	
		Referral acknowledgement - CHI	Referral acknowledgement within 5 days		y	y	y	y	Method to be confirmed
		Referral Triage - All services	100% Referral Triage < 5 working days		y	y	y	y	
		First specialist assessment Cat 1	Within time		y	y	y	y	
		First specialist assessment Cat 2	Within time		y	y	y	y	
		First specialist assessment Cat 3	Within time		y	y	y	y	
		First Specialist Assessment cancellation	< 5%			y	y	y	Service initiated cancellations. From the point pt made aware of appt
		Surgery procedure or other Cat 1	within time		y	y	y	y	
		Surgery procedure or other Cat 2	within time		y	y	y	y	
		Surgery procedure or other Cat 3	Referral acceptance - > same day		y	y	y	y	
		Surgery procedure or other cancellation	<5%		y	y	y	y	Service initiated cancellations. From the point pt made aware of appt
Mental Health	Inpatient Services		Inpatient readmit within 28 days			y	y	y	
			Follow up after inpatient discharge within 7 days			y	y	y	
	Community Adult		Wait to be seen after referral (% within time)		y	y	y	y	
	Community CAMHS		Wait to be seen after referral (% within time)		y	y	y	y	
	AMC Primary Care		Wait to be seen after referral (% within time)		y	y	y	y	

Attachment 2 – NCH Performance Framework Requirements

Project Report

North Canberra Hospital Performance Framework Requirements

Date: 29 November 2023



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Performance Framework Requirements

Purpose and Scope

This document outlines the NCH Performance Framework report requirements defining key metric requirements, design considerations and build plans. It is complementary to the;

- Performance Framework statement document describing the use and application of the Framework and
- Metadata Registry (NCH Data Catalogue) covering metrics required for build.

The Project objective is to develop the North Canberra Health (NCH) Performance Framework (CPF). The NCH Performance Framework provides 'floor to board' line of sight across the organisation and enables teams to view consistent data at different levels. Views will be context specific (Unit/Group /Division/Executive levels) and provide alignment to strategic objectives and pillars/domains. Design and build is to be aligned with current and parallel CHS/NCH developments to leverage effort and ensure consistency in design and content are maintained.

Background

The strategic need for a 'floor to Board' Performance Framework aligned with changes in organisational landscape and with the opportunities provided with the Digital Health Record (DHR) program has been identified as a priority. This piece of work is intended to leverage developments in the data ecosystem and establish in parallel the direction for current and future accountability and performance metrics.

The need to provide a consistent approach supporting operational activity aligned with the strategic direction of the organisation and/or business area/s requires a clear framework articulating agreed pillars or domains with consistent use of terminology for a shared understanding and effort.

Governance

The NCH Executive Strategy Committee provides strategic oversight of the NCH Performance Framework. Strategic and significant change from the pathway mapped out in this requirements document will require further approval from this body. Operational and technical change will be managed in local data change control process (per the Performance and Reporting team) with approval from the appropriate Division Executive where business requirements impacted. Annual change review will be reported advising change control summary at least once per calendar year and otherwise where significant change is required or deployed.

Data Governance

The NCH Performance Framework should be subject to NCH data governance mechanisms as an organisational information asset. The management of data assets operating within a robust data

governance framework ensures accountable data usage, data quality and reliable integrity. This ensures data is consistent, known and supports data as a trusted resource for use as a management tool. The data governance framework is an adjunct piece of work and is a critical requirement for the NCH Performance Framework to operate as a sustainable BAU (business as usual) asset.

Change Controls and Maintenance

Change controls will be established to ensure regular update and maintenance of reporting requirements ensuring these (dashboards/report builds) are replicable and auditable. Appropriate authorisation of change requirements will be established to ensure business imperatives are considered in the change process ie Dashboard changes addressed with respective Executives and Metadata changes verified by Subject Matter Experts and approved through committee/workgroup governance process. Technical requirements will be managed consistent with current process by the Performance and Reporting lead in conjunction with the ICT team leads.

Data Integrity and Verification

The NCH Data Quality policy provides guidance regarding baseline data quality requirements supported by data governance infrastructure. Additional integrity requirements are supported with Metadata verification and change control mechanisms. Unverified metadata is flagged for Business leads to consider in analysis and decision making. The degree of data quality is clarified where possible for similar reasons.

Metadata Verification and Management

Metadata requirements are supported by an interim NCH Data Catalogue. This provides the information required for report and visualisation layer to demonstrate data meaning, calculations and links to sources. Metadata verification relies on national resources (eg AIHW and Commission) as the default position with local verification provided by local subject matter experts regarding variation or local context. Key Performance Indicators /Metrics are controlled by Metadata governance processes aligned with overarching Information Governance processes.

Foundations/Environment

Data sources

A range of data sources (Attachment A) are currently being stabilised following transition. There are a number of data pipelines that are absent or incomplete to populate either Power BI or Badger. In many instances source data at the element level is problematic (eg data migration challenges) or the data may not be collected in the form that is required for reporting (eg DHR clinical activity or Riskman configuration changes). Work is progressing on all levels to remediate these issues however; the quantum impact for the Performance Framework is that, in some areas, data is absent for the report layer. Current strategy adopted by the team is to surface what is available, reference developing solutions with placeholders until available or use a surrogate a data element or metric in the interim if appropriate. Data lag is evident in a number of areas where further consolidation or process occurs, notably Coded data operates with a 28 day lag, Finance with a similar window

subject to reconciliation cycles, and a number of others. In general where this occurs the data is presented in the next monthly report. Dashboard builds should indicate the last time the source system was/were updated to ensure visibility of data lag.

Report Capability

Power BI provides the utility to turn unrelated sources of data into coherent, visual and interactive insights and is pivotal in consolidation and delivery of data derived from various sources including Badger (DHR clinical data) and Share Point. Share Point is being used increasingly as a means to capture and organise information about business activities for NCH. The opportunity to report and visualise data from this application is providing a means to generate information for previously manual processes (eg Committee activity). Additionally, Executives can utilise custom Share Point views to gain operational intelligence.

Metadata layer

Whilst ACT Health at a jurisdiction level, does not demonstrate a well socialised centralised metadata registry, it has recently stood up a consolidated Share Point catalogue that provides the early inception for a registry platform [Metadata Catalogue - Home \(sharepoint.com\)](https://sharepoint.com). In most Health Departments in other jurisdictions there is some centralised organisational level control facility supporting a single source of definition and use that is integrated with data flows, is verified and readily visible for users to access. It should be noted that these registries consolidate national, jurisdictional and agency data definitions providing local context and meaning. An example of this utility is the NSW meta data registry which publically hosts a central toolkit used to describe the meaning, calculation and use of data metrics used by the jurisdiction and health care facilities in its services <https://metadata.nsw.gov.au/steward/nsw-department-of-health/browse>.

ACT Health has a number of incomplete artefacts located within a variety of locations that ostensibly have limited value in providing a mechanism for consistent data meaning management. The limited availability of this mechanism for this project created a significant challenge as a metadata or data catalogue was necessary for selection in reporting and visualisation of business requirements.

The absence of appropriate verification or governance of identified resources demonstrates potential variance in calculation from the intended or assumed/actual metric values. For the Executive's purposes, this might be demonstrated in unusual or unexpected variance or behaviour. An interim working data catalogue was stood up for use in this project and will require further verification/effort to transition as an enterprise metadata registry is developed and deployed [link to be inserted for NCH Data Catalogue].

Alignment

NCH technical innovations are developing at a rapid rate (eg PowerApps and others). Ensuring alignment with the Performance Framework, or modifying the Framework to accommodate and leverage these data developments is critical. Data flows with the Framework can be leveraged reducing or eliminating redundant effort and ensuring consistent messaging threads, data reporting and analysis from floor to board to support effective actionable insight.

Approach/Implementation

Scoping

The design requirements have been explored in a number of workshops with provisional design demonstrated with key executives to gain initial input on the design features. Initial design concepts were also gained from the experience of other organisations, CHS leads and subject matter experts and previous work developed by NCH teams (Attachment B - contributor list).

Design

The design stage for the NCH Performance Framework has involved a number of workshops and SME meetings. Consolidation of input identified clear design and management principles which would drive a consistent and sustainable approach to managing current and future development and iteration. Some specific principles addressed current environment challenges and over time could be expected to reduce as solutions evolve and the environment matures.

Design Principles

Consistency

- One version of truth – Approved Data Sources are used
 - Processed clinical data is sourced from Badger (Note - Mapping tables are not stored on Badger currently). Externally reported data solutions are evolving to address gaps.
 - Other approved sources of truth including Kronos, CHRIS21, TM1, HRIMS, RedCAP, Riskman and others are known and managed.
- Standard look and feel is applied - same banners, same functions, same placement – Same family.
- Consistency of definition aligned to National agency (including MeTEOR), ACT level, CHS definitions where they exist with definitional information accessible as relevant to data/metrics presented.

Flexibility

- Being consistent shouldn't mean that the dashboards are fixed in stone until they become obsolete and will need to;
 - Reflect changes in requirements, definitions, standards, links – change process approach to manage beta view alongside live product
 - Annual review cycle at minimum and otherwise where notified or change evident.
- The Performance Framework outputs should evolve to ensure relevant and the audience engaged, including;
 - Alignment to theme months (eg Inpatient Diabetes Management)
 - Alignment to seasonal challenges (eg Winter Bed Management)
 - Alignment to annual events (eg World Physiotherapy Day)

Storytelling

- Daily reporting will have a “message of the day” to communicate the story behind the numbers being shown (ie daily DOP updates surfaced)
- Monthly reporting will have an analysis narrative eg “Analysis by Mick”, or commentary option for any of the outliers (eg days in Code Yellow, event tracking)

- Qualitative information captured appropriately at right level eg consumer feedback or Nurse Ratio shift comments are incorporated where appropriate
- Ongoing storage of analysis supports longitudinal audit and understanding of outputs over time (eg history tracking or explicit knowledge management).

Integration

- Communication with Share Point to automate news stories, feedback and qualitative results
- Leverage consumer feedback semantics or other unstructured data sources

Re-use

- Where possible outputs are linked to existing reporting or existing data definitions (eg leveraging current knowledge capital).

Complement DHR Reporting

- Daily reporting runs 12 hours (overnight) behind – current reporting is pointed to in D
- Appropriate DHR dashboard links are to be provided for today's reporting needs
- Redirect to DHR when output requirements are at the detailed patient level.

Simplicity

- Less is more. Our reporting should be designed for our intended audience.
- We don't want our dashboards to look like flight cockpits so we need to ensure the information level is right (fit for purpose) and intuitive.
- That said, we have some seasoned data pilots. So, we need to figure out an "expert mode" for them (balancing complexity supported without compromising broad view).
- Understanding different data needs and supporting those requiring greater complexity in further builds

Just do it (don't let Perfect get in the way of Good)

- Significant gaps evident in current reporting
- The practical approach is to deploy reporting on the stats currently available and where data is not available note with placeholders or generate a surrogate (similar metric) if possible
- Then plug the most significant gap and move on (controlled process – linked to DevOps issue management).
- Spending six months debating the nuances of care commenced is a conversation best left to the relevant working group.

Understanding our limits

- Recognise that still getting to grips with measuring actuals and baseline data - building predictive activity or forecasting tools will be addressed in later build iterations
- Base monthly delivery plan (and deliverables) around our available skilled resource and competing demands.

Performance Framework Domains

Four core domains were identified to frame the key performance indicators and drive design considerations (Figure 1). A range of KPIs are aligned within each domain. These domains function primarily at the Monthly Report Cycle level and provide a drill down to divisional level (Divisional structure – Attachment C). Additional metrics will be incorporated at that level specified supporting KPI disaggregated to Divisional level and additional relevant metrics for the Division requirements.

Figure 1: NCH Performance Framework Domains



Information Output Map

Data is consistent across Report cycles ensuring disaggregation or drill down is related to the total aggregated values where appropriate. The table below identifies the report/output relationships.

Organisational Level	Division / Defined Group specialisation	Unit/Ward/Group or Sub-group
Monthly Reporting Branch 	Aggregated data level (monthly cycle) Division level (ref: Attach C Division map) note boundaries are not absolute as multiple relevant metrics across areas Group Specialisation – Specified Standards level e.g. Clinical Incident by Division/by professional group//Drill down detail e.g. HAC	Disaggregated data level (monthly cycle) Filtered // Drilldown detail Unit/Ward level disaggregated data consistent with level up Sub Group – Specified Standards level e.g. Clinical Incident by professional group
Weekly Branch 	Aggregated data level (weekly cycle) Daily Branch data aggregation – i.e. accumulated activity	Disaggregated data level (weekly cycle) Selected display i.e. specified unit/ward level
Daily Branch 	Aggregated data level (daily cycle) Daily activity data (day lag)	Disaggregated data level (daily cycle) Selected display i.e. specified unit/ward level

Information Output Map

The following artefacts demonstrate further detail addressed in the design consultation.

Monthly Reporting Branch

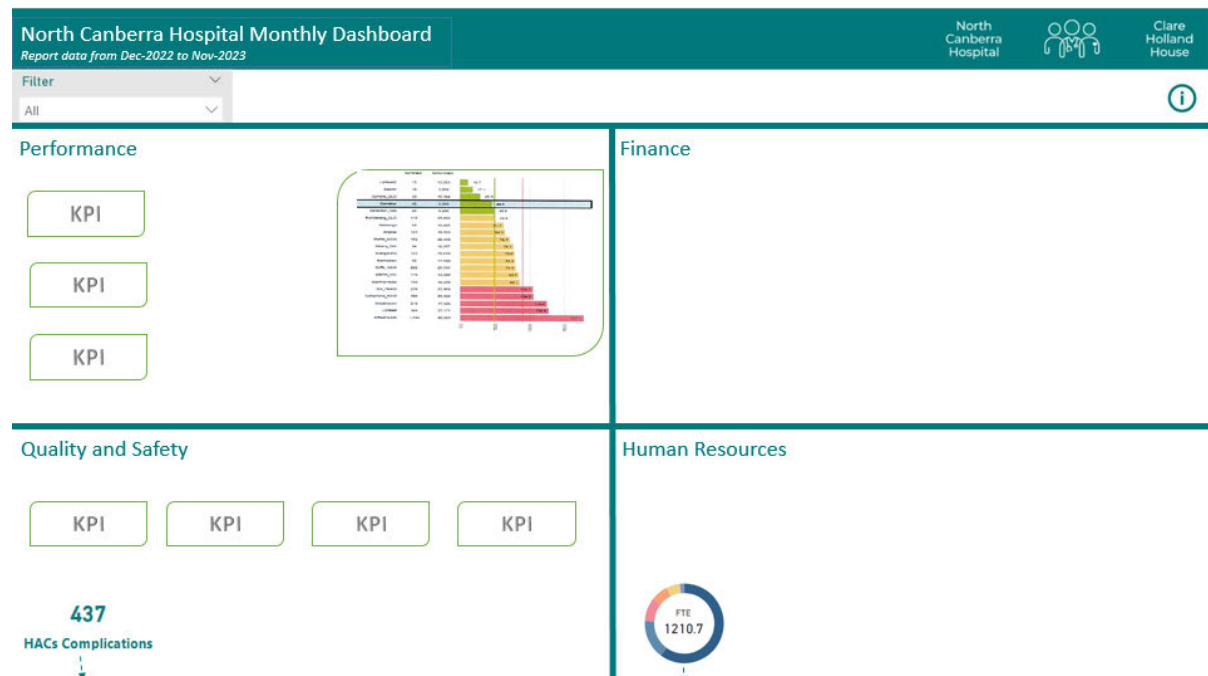


Figure 2: Monthly Reporting Branch

The Monthly Reporting Branch demonstrates capability to drill down to HACs Dashboard from Monthly report from Quality and Safety domain.

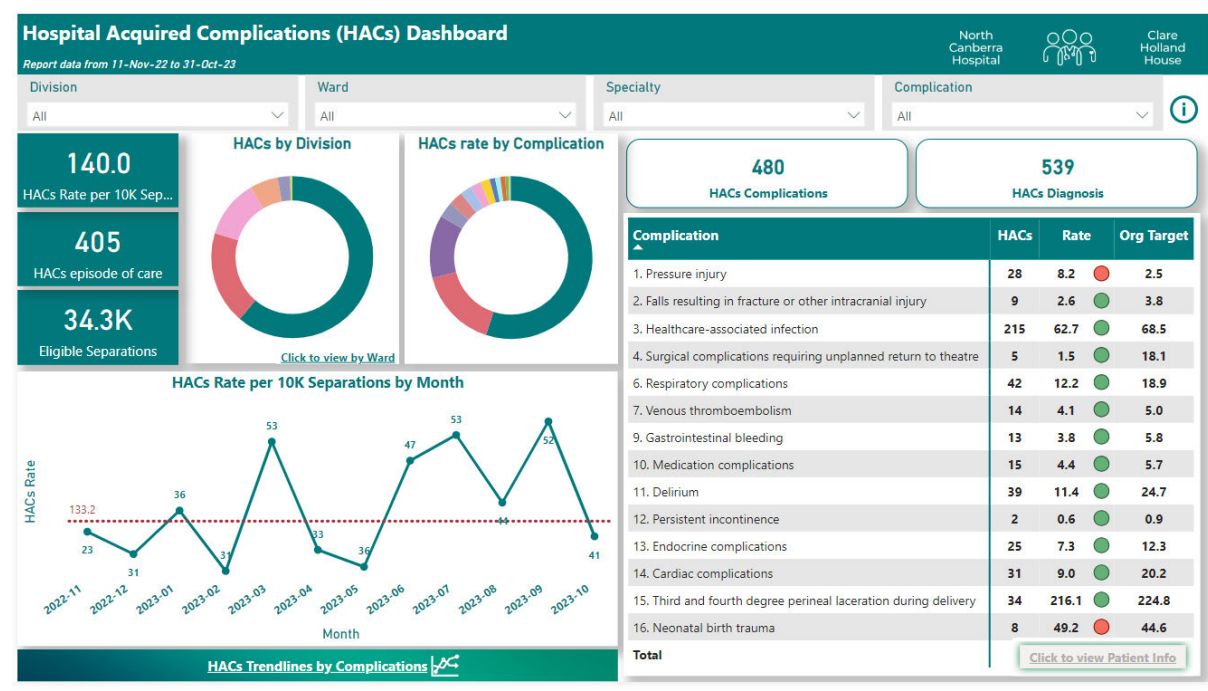


Figure 3: HACs Monthly Reporting dashboard

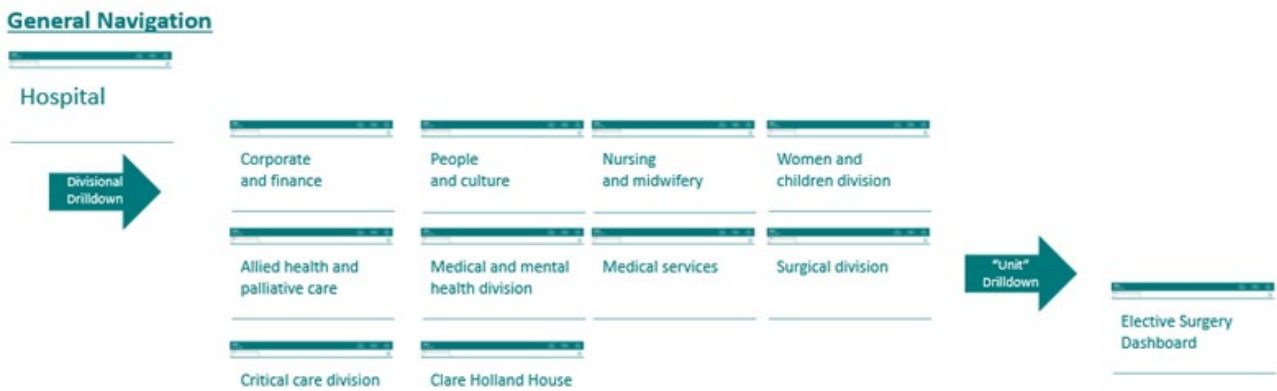
The capability to drill down to People Dashboard from Monthly report (Workforce domain) provides option for further detail.

http://prdmdb05/Reports/powerbi/Managers%20Toolbox/Workforce_Dashboard



Figure 4: Workforce Monthly Reporting dashboard

The Divisional drill down from Monthly Report Branch (Divisional split detailed Attachment C)



Weekly Reporting Branch

Weekly Scorecard							North Canberra Hospital				Clare Holland House	
Week Ending: 31/11/2036												
Patient Enters Service	Week 10	Week 9	Week 8	Week 7	Period Total	Period Average	Comp. Total	Comp. Period Average	Week Trend	Period Comp		
Physical Admissions	483	430	427	391	1731	432.75	2621	655.25				
Care Type Change Admissions	10	11	8	10	39	9.75	43	10.75				
Total Admissions	493	441	435	401	1770	442.5	2664	666				
Admissions - by type												
Births	30	36	42	32	140	35	120	30				
Surgical Admissions	185	144	114	132	575	143.75	705	176.25				
Medical Admissions	210	176	187	167	740	185	785	196.25				
Obstetric Admissions	34	45	52	42	173	43.25	159	39.75				
Other Admissions	34	40	40	28	142	35.5	895	223.75				
Patient Exits Service	Week 10	Week 9	Week 8	Week 7	Period Total	Period Average	Comp. Total	Comp. Average	Week Trend	Period Comp		
Physical Separations	473	452	393	420	1738	434.5	2621	655.25				
Care Type Change Separations	10	11	8	10	39	9.75	43	10.75				
Total Separations	483	463	401	430	1777	444.25	2664	666				
Separations - Day Only/Overnight												
Day Only Separations	220	161	156	158	695	173.75	1362	340.5				
Overnight Separations	263	302	245	272	1082	270.5	1302	325.5				
Average Length of Stay (Days)	Week 10	Week 9	Week 8	Week 7	Period Total	Period Average	Comp. Total	Comp. Average	Week Trend	Period Comp		
Medical ALOS	6.43	5.99	6.54	7.30	2,657	6.54	2,687	5.73				
Surgical ALOS	2.14	2.41	1.66	2.00	585	2.07	769	2.52				
Obstetric ALOS	2.48	2.30	2.48	2.60	373.00	2.45	317	2.44				
Other ALOS	23.53	9.56	22.19	12.69	2,188	16.33	2,247	7.18				
Count of long stay discharges	40	46	35	56	177	44.25	195	19.50				

Figure 5: Weekly Reporting Scorecard

Daily Reporting Dashboard

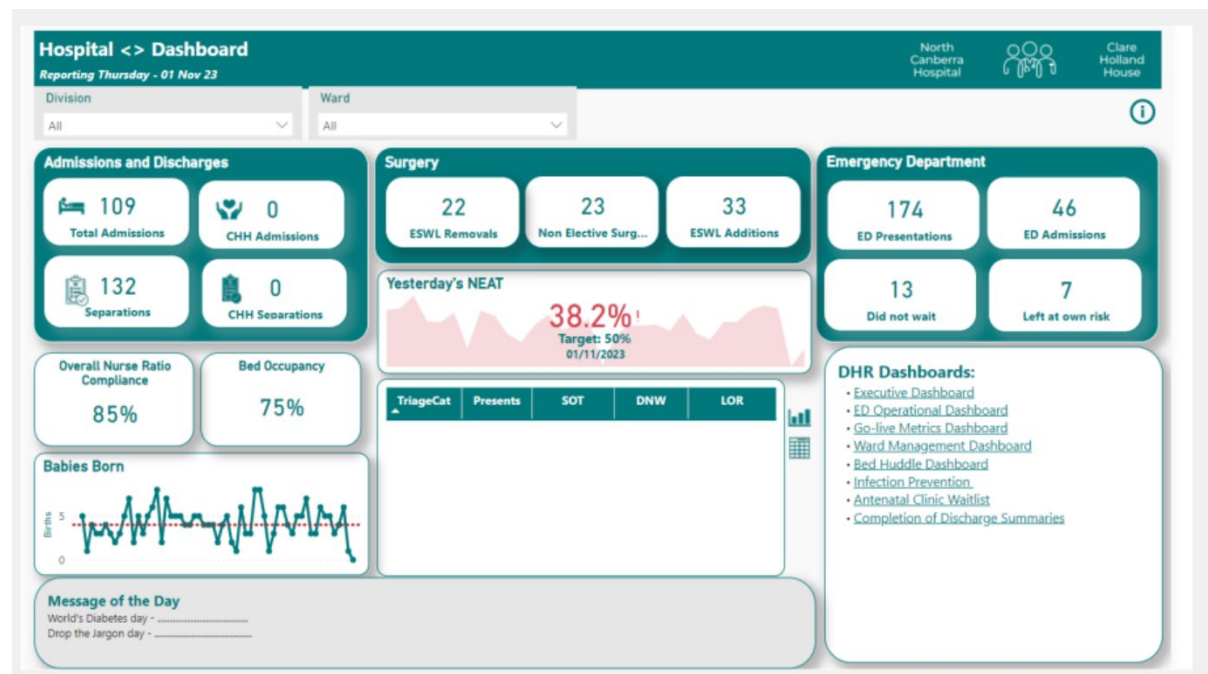


Figure 6: Daily Reporting dashboard

Build and Deployment - Work Packages

Build Priority within Framework

Overarching or aggregated level outputs are aligned with a hierarchy approach to ensure continuity of metrics and to eliminate redundant effort eg higher order outputs built early with specialisation or disaggregate splits following. These levels can be designed in the same work package but specialisation design and build without reference to the organisational aggregated output is not recommended.

Build – Stage 1

An iterative design to build approach has been undertaken due to constraints with resources and data challenges. Phased approach identified as below;

Month	Branch/Window		
	Daily	Weekly	Monthly
Nov-2023	Initial Release		
Dec-2023	Handover - BI Resource	Initial Release	
Jan-2024	Agreed biggest gaps. Plug biggest gaps.	Agreed biggest gaps. Plug biggest gaps.	Agreed biggest gaps. Plug biggest gaps.
...	Rinse-and-Repeat	Rinse-and-Repeat	Rinse-and-Repeat

Build – Stage 2

Continuance of work in January 2024 would encompass the following steps;

- Review and update Metric requirements adding additional required
- Expand further Divisional/Unit/Group/Specialization requirements aligned with Patient Journey to ensure balanced approach (reducing silo potentials)
- Establish additional data pipelines for data sources
- Address baseline data collection issues
- Consolidation governance requirements and change control process
- Rollout next release/s and
- Plan further developments continuing to leverage organizational developments and limit redundant effort.

Evaluation – Stage 1

Undertaken annual evaluation of Performance Framework and address recommendations.

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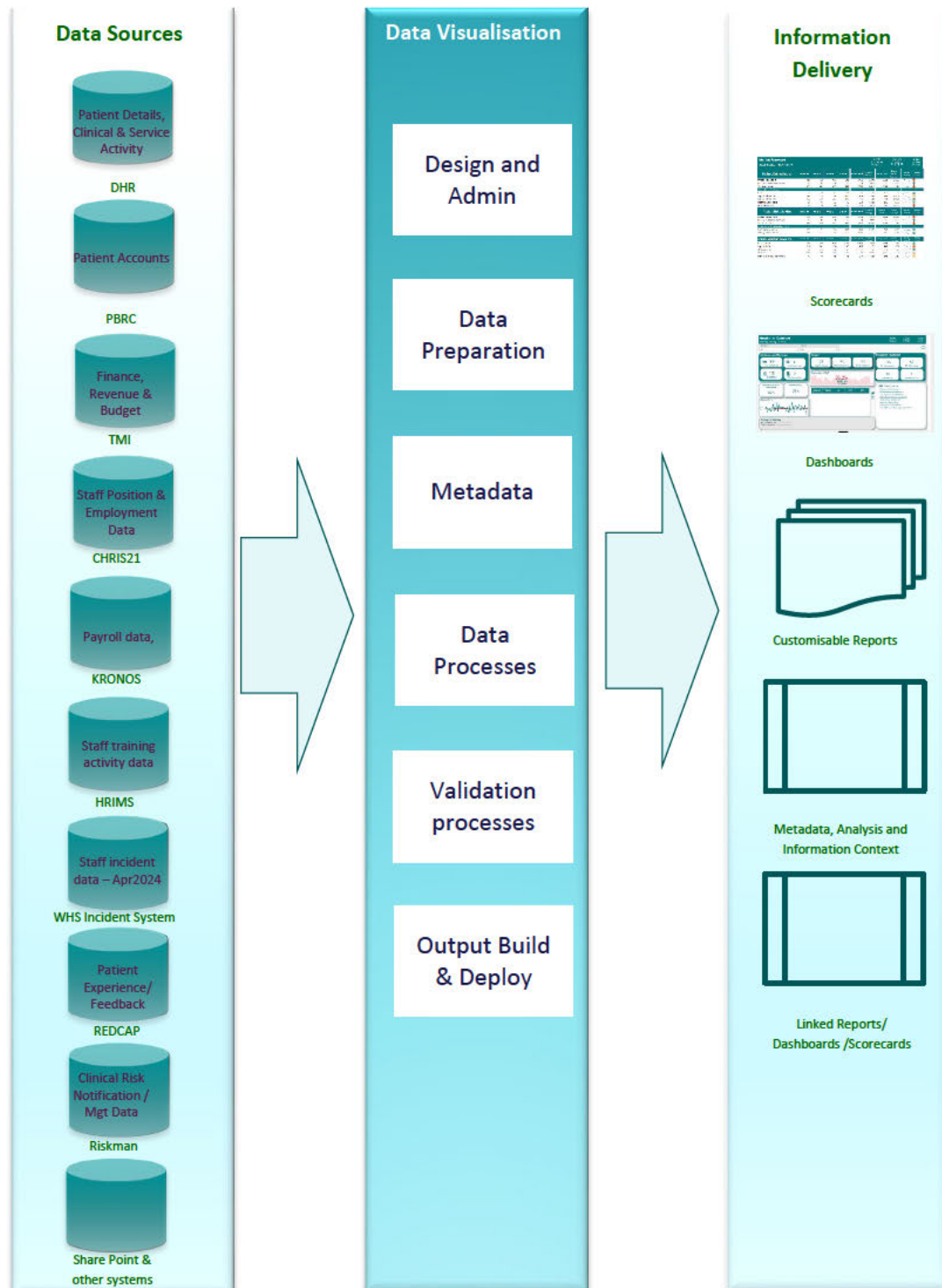
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Attachment A – Data Flow/Relationship



Attachment B – Contributor List

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Attachment C – Division Map

Division	Division Split	Specialisation	Core Dataset/s
Nursing and Midwifery		Patient Flow (DOP)	Clinical Activity
		Patient Flow (staff & agency)	Staff Activity
		Infection Control	Clinical Activity
		L&D (Nursing)	Staff Training
Women and Children		Maternity	Clinical Activity
		Gynaecology	Clinical Activity
Allied Health and Palliative Care	CHH	Palliative Care	Clinical Activity
	Allied Health	Medical Imaging	Clinical Activity
		Nutrition and Dietetics	Clinical Activity
		Occupational Therapy	Clinical Activity
		Pharmacy	Clinical Activity
		Physiotherapy	Clinical Activity
		Speech pathology	Clinical Activity
		Social Work and Psychology	Clinical Activity
		Aboriginal and Torres Strait Islander Liaison service	Service Activity
		Pastoral care	Service Activity
		L&D (Allied Health)	Staff Training
Medical and Mental Health	Medical	Inpatient	Clinical Activity
	Mental Health	Inpatient/Outpatient	Clinical Activity
Medical Services	Clinical Governance	Complaints and Consumer Feedback	PROMS/PREMS
	Medical	Clinical Risk	Risk data
		Clinical Performance	
		Accreditation	Standards
		Outpatient/Ambulatory Care	Clinical Activity
		Medical Admin	Staff Activity
		L&D (Medical)	Staff Training
Surgical		Surgical Bookings (ESWL)	Clinical Activity
		Surgical Specialities	Clinical Activity
		Aneasthetic services	
		Perioperative services	
Critical Care		ED	Clinical Activity
		ICU/CCU	Clinical Activity
Corporate and Finance	DHR		Critical Support function
	Facilities	Assets	Asset Management Data
	Finance	Budget	Financial Data
		Financial Activity	Financial Data
		Patient Accounts	Patient Accounts
	HIS	Coding Status	Morbidity/Mortality Data
People and Culture	Workforce	HR	Staff Activity
		WHS	Staff Incident
		L&D (All)	Staff Training

Acknowledgement of Country



Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.



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