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Task No: 1

 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

Task No: 2

 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

Task No: 3

 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

Task No: 4

 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

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Task No: **5**
 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

Task No: **6**
 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

Task No: **7**
 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.

Task No: **8**
 Time Started <sup>H H : M M</sup>  
 : 

 Time Finished <sup>H H : M M</sup>  
 : 

 Time taken  
 – nearest 15 min <sup>H H : M M</sup>  
 : 

<input type="checkbox"/> New work	<input type="checkbox"/> Handover work	<input type="checkbox"/> Legacy work	<input type="checkbox"/> Non-clinical patient related work
<input type="checkbox"/> Medical ward patient	<input type="checkbox"/> Medical outlier	<input type="checkbox"/> Non-medical in-patient	<input type="checkbox"/> Emergency Department / A&E patient
How quickly were you able to attend this task?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Acceptable delay	<input type="checkbox"/> Excessive delay
Could this task have been done by another clinician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CMT	<input type="checkbox"/> Yes - F1-2
		<input type="checkbox"/> Yes - Nurse Prac.	<input type="checkbox"/> Yes - P.A.