



Government of **Western Australia**
Department of **Health**
Chief Nursing and Midwifery Office

Nursing Hours per Patient Day

Annual Report

Chief Nursing and Midwifery Office

1 July 2022 – 30 June 2023

Document History

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2.0	06/12/2023	J. Ng	Feedback from PNA compiled into Draft V2.0
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6.0	09/04/2024	S. Tamaliunas	Draft V6.0 provided to A/ Chief Nursing and Midwifery Officer for final review.
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Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that should be applied with clinical judgement and clinical need. In collaboration with Health Service Providers (HSPs), two reports are produced by the Chief Nursing Midwifery Office (CNMO) each financial year; namely the NHpPD Interim Report - 1 July to 31 December and the NHpPD Annual Report - 1 July to 30 June. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles, and in accordance with the:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020 (ANF Agreement); and
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022 (UWU Agreement).

Of significance, the World Health Organisation (WHO) declared COVID-19 a global pandemic on 11 March 2020. WA commenced enforcement of border restrictions limiting international and interstate travel from 29 March 2020. Restrictions were reversed in March 2022 as Australia moved towards business as usual nationally. A COVID-19 surge of increased infection within the community was anticipated from March 2022, necessitating extraordinary measures to support workforce capacity. To ensure a skilled and adaptable workforce responsive to the challenges of health care delivery, health service providers (HSPs) reviewed and enacted strategies to ensure safe and appropriate patient flow within the health services.

System agility across WA Health was evident as HSPs pivot, mobilising the workforce and changing clinical functionality as part of the pandemic response, to deliver world class healthcare in challenging circumstances. However due to the impact of COVID-19, HSPs experienced increased staff sickness and furlough which challenged the workforce across the system. As such, a degree of caution is advised when comparing NHpPD data with previous reports.

In addition, due to different patient administration systems and the complex nature of extrapolating and reporting data, consideration of these factors is necessary when interpreting and analysing the NHpPD data in this report. Some data have been provided by HSPs and are noted under each HSP data table (where applicable).

The data within this report is reflective of both the Metropolitan HSPs and WA Country Health Service (WACHS) including Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and Small Hospitals (SH). The body of the report includes specific commentary associated with Emergency Departments and NHpPD benchmark reclassifications. Statistics and information for all areas including variance explanations from nursing and midwifery managers and directors for areas that reported below their NHpPD target hours are provided in the Appendices.

In summary, a total of 200 wards were reported:

- 69% (n = 138) of wards reported are above their NHpPD targets,
- 21% (n = 43) reported ≤ 0 and 10% below their identified NHpPD targets, and
- 10% (n = 19) were $\geq 10\%$ below their identified NHpPD target.

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Introduction

The Nursing Hours per Patient Day (NHpPD) Annual Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2022 to 30 June 2023. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles, and in accordance with the:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020 (ANF Agreement); and
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022 (UWU Agreement).

The Health Service Act 2016 (HS Act), together with its subsidiary legislation became law in Western Australia on 1 July 2016. The HS Act provided new and contemporary governance arrangements for the WA health system, clarifying the roles and responsibilities at each level of the system and introducing robust accountability mechanisms. Consequently, the Director General is established as the System Manager; and Health Service Providers (HSPs) are established as statutory authorities, therefore responsible and accountable for the provision of health services to their respective areas.

This Annual Report has been collated by the Chief Nursing and Midwifery Office (CNMO) on behalf of the Director General, subsequent to:

- Schedule A – Exceptional Matters Order, Section 7.2.2 of the ANF Agreement; and
- Schedule A – Workload Management, Exceptional Matters Order, Section 7.2.2 of the UWU Agreement.

Stakeholder engagement is required for each reporting period to adjust and update reporting systems to match reconfigured services. A contemporary and integrated WA NHpPD workload management model, that aligns with the principles of evidenced-based safe staffing, is imperative to achieve optimal staffing that best supports WA Health's nurses and midwives. This in turn enables staff to provide safe, high quality and sustainable health care.

All NHpPD classified inpatient areas within the WA health system are reported. Where wards are not yet classified and the CNMO have been notified of new inpatient areas, data is reported with a notation made under the respective HSPs data table.

Nursing Hours per Patient Day Reporting

Context for reporting

The NHpPD report provides information on the staffing of wards and units which have been allocated a benchmark of target hours. The report is released six (6) monthly to the Australian Nursing Federation Industrial Union of Workers Perth (ANF) and United Workers Union (UWU) by the Department of Health Chief Executive Officer, Director General as the lead of the System Manager, in accordance with section 19(2) of the HS Act.

This report shows progress against the NHpPD targets and reports on areas that have not met their benchmark target. All NHpPD Reports are available on the NHpPD webpage located through the CNMO website (www.nursing.health.wa.gov.au).

Reporting tools

Historically, NHpPD data has been collated centrally through a reporting tool supported by Health Support Services (HSS). HSS is WA Health's shared service centre, providing a suite of technology, workforce and financial services for Western Australia's public health services. Whilst the NHpPD HSS tool provides an overview of NHpPD across WA Health, it does not provide data in real time for staffing services.

To meet the requirements of HSPs, local tools that are more agile have been developed by local business intelligence units. The "PULSE Tool" developed by the Data and Digital Innovation (DDI) division within East Metropolitan Health Service (EMHS) is currently used by several HSPs. South Metropolitan Health Service (SMHS) use a Power BI NHpPD Dashboard. The fundamental business rules apply in all tools, however local resources such as the PULSE Tool and Power BI dashboards provide more timely data. For example, the measurement of occupancy is calculated every minute in the PULSE Tool, while the HSS Tool only provides fifteen-minute snap shots.

The centralised tool, used for metropolitan hospitals, is not used by WACHS. RRCs, IDHs and nominated small hospitals report NHpPD through manual upload into the Nursing Workload Monitoring System. There are 40 inpatient areas reporting nursing hours, providing monthly detailed events, hours and circumstances to WACHS Central Office.

The CNMO continues to collaborate with HSS and HSPs identifying and repairing data anomalies, as well as testing the NHpPD HSS Tool to ascertain its capability against the PULSE Tool. Health services with reconfigured wards may take time to translate into the NHpPD HSS Tool as the CNMO and HSS navigate RoStar cost centre number and administration unit updates. For example, when discrepancies in the NHpPD HSS Tool are identified by North Metropolitan Health Service-Mental Health, accordingly the sites data is utilised and reported.

COVID-19

The World Health Organisation (WHO) declared COVID-19 a pandemic on 11 March 2020. COVID-19 is a severe acute respiratory syndrome and WA Health admitted their first known COVID-19 patients from the Diamond Princess cruise ship (repatriated from Japan) in February 2020.

COVID safe strategies, including vaccinations and border closures, were put in place to protect the community from March 2020. The uncertainties of COVID-19 remained as new variants arose through gene mutations. However, the WA State of Emergency ended in November 2022 and WA transitioned back to business as usual while living with COVID-19 in the community. To

ensure a skilled and adaptable workforce, HSPs remained vigilant with reviewing and enacting pandemic response strategies to ensure safe patient flow within the health services.

Over this NHpPD reporting period, 1 July 2022 to 30 June 2023, the WA health system dealt with rising COVID-19 infection, staff sickness and absenteeism from staff furlough. Multiple ward configurations across the state HSPs were enacted to plan and manage surge of infections and subsequent hospitalisations.

This annual report provides reporting for services during the impact of COVID-19; identifying ward closures, wards opening, reconfigurations, and amended NHpPD. Some services have reverted to pre COVID-19 status. However, some have maintained ward closures with some wards permanently reconfigured to manage service delivery.

Reporting structure

Only wards reporting $\geq 10\%$ below their target nursing hours are reported within the body of the report. In addition, variance reports clarifying the action taken to relieve or alleviate the workload are included in the Appendices.

The structure of this report will be laid out as per the headings below:

- Overall NHpPD data for the Metropolitan HSPs, WA Country Health RRC and IDHS
- Metropolitan Health Service Data
- WA Country Health Service Data
- WA Health Emergency Department Data

In addition, new benchmark classification and reclassification of NHpPD category and target hours approved during this reporting period are set out under the following sub-heading, Benchmarks and Reclassification.

NHpPD Overall Data for the Metropolitan HSPs, WA Country Health RRC and IDHS

From 1 July 2022 to 30 June 2023, a total of 200 wards were reported. Of these, 40% (n=80) wards across WA Health showed they were 10% above their NHpPD targets, with 10% (n=19) wards reporting \geq 10% below target.

An overview of the NHpPD data for the Metropolitan HSPs, WACHS RRC and IDHS is provided in Table 1 below. This includes the associated percentage, both above and below, the NHpPD target.

Table 1. NHpPD data across Metropolitan HSPs, WA Country Health RRC and IDHS

Reporting Period 1 July 2022 – 30 June 2023				
NHpPD reporting	Number of Wards			Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (and represented as total %)
	Metropolitan HSPs (= n)	RRC (= n)	IDHS (= n)	
Above 10%	43	20	17	80 (40%)
Above 5 - 10%	18	5	3	26 (13%)
Above 0 - 5%	28	4	0	32 (16%)
Below 0 - 5%	27	1	1	29 (14%)
Below 5 - 10%	13	1	0	14 (7%)
Below 10% or more	17	0	2	19 (10%)
Total Wards	146	31	23	200

All ward specific data relevant to these sites are provided in Appendix 1-3. Areas that reported between 0 to 10% below their target have provided comments regarding the action taken to alleviate the workload. The formal variance report and wards reporting less than 10% below target are detailed in Appendix 4-5.

Metropolitan Health Service negative variance summary

Of the 146 wards in the metropolitan HSPs, 17 wards (11.6%) showed a percentage variance of ≥10% below their allocated NHpPD target (Table 2). Formal variance reports for these areas are provided in Appendix 4 (see Table 36, 37, and 39 to 53).

Table 2. Metropolitan HSP inpatient areas that are 10% or more below target

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	AVE	Variance	% Variance
Rockingham General	Mental Health Adult HDU (Closed)	A+	11.81	7.32	-4.49	-61.33
Fiona Stanley	4B (Burns)	A+	11.91	9.56	-2.35	-19.73
Fiona Stanley	4D (Cardiology)	A	7.50	6.34	-1.16	-18.29
Sir Charles Gairdner	Intensive Care - High Dependency Unit	ICU	31.60	27.29	-4.31	-15.79
Fiona Stanley	6C (General Medicine)	B / HDU	8.00	7.00	-1.00	-14.28
Fiona Stanley	5D (Respiratory & High Dependency Unit)	B+ / HDU	7.95	6.98	-0.98	-14.04
Rockingham General	Multi Stay Surgical Unit	C	5.75	5.05	-0.70	-13.86
Fiona Stanley	Coronary Care Unit	CCU	14.16	12.44	-1.72	-13.82
Fiona Stanley	4C (Cardiovascular Surgery)	A	7.50	6.60	-0.90	-13.63
Fiona Stanley	7D + Bone Marrow Transplant Unit	A / HDU	9.00	7.95	-1.05	-13.20
Graylands	Murchison East	A	7.50	6.55	-0.95	-12.66
Royal Perth	6G (General Surgery/Vascular)	A+	8.54	7.67	-0.87	-11.34
Sir Charles Gairdner	G52 (Neurosurgery)	B+ / HDU	9.51	8.55	-0.96	-11.22
Fremantle	B8N (Surgical specialties/PCU)	A	7.50	6.75	-0.75	-11.11
Sir Charles Gairdner	HPH Woods Ward (General Medical)	B	6.50	5.85	-0.65	-11.11
Fiona Stanley	3B (Neonatal Medicine)	HDU	12.00	10.83	-1.18	-10.89
Rockingham General	Intensive Care Unit	ICU	23.70	21.40	-2.30	-10.74

In addition, 40 wards within the metropolitan HSPs showed negative variance between 0 and -10% below the NHpPD target hours (Table 3). Variance explanations for these areas are provided in Appendix 5 (see Table 54).

Table 3. Metropolitan HSP inpatient areas reporting between 0 to -10% below target

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	AVE	Variance	% Variance
Fiona Stanley	7A (Colorectal/ Upper Gastrointestinal/ General Surgical)	A	7.5	6.82	-0.68	-9.97
Perth Children's	3A (Paediatric Critical Care)	ICU	32.26	29.5	-2.76	-9.36
Fiona Stanley	7B (Acute Surgical Unit)	A	7.5	6.89	-0.61	-8.85
Osborne Park	1 (Maternity)	D & Del	8.97	8.25	-0.72	-8.72
NMHS-Mental Health	Selby (Older Adult MH)	A	7.53	6.96	-0.58	-8.33
Fiona Stanley	4A (Orthopaedics)	B+	6.5	6.02	-0.48	-7.97
Rockingham General	Older Adult Mental Health	A	7.5	7.04	-0.46	-6.53
Fiona Stanley	SRC - Ward A (Neuro Rehabilitation)	C	5.75	5.4	-0.35	-6.48
Graylands	Montgomery (Hospital Extended Care)	A+	8.66	8.19	-0.47	-5.73
Sir Charles Gairdner	G53 (Surgical / Orthopaedics)	B+	6.8	6.43	-0.37	-5.44
Fremantle	4.1 (Secure MH)	HDU	12	11.38	-0.62	-5.44
Fiona Stanley	Intensive Care Unit	ICU	28.42	27.02	-1.4	-5.18
Sir Charles Gairdner	G73 (Medical Specialties)	B+	6.8	6.47	-0.33	-5.1
Osborne Park	4 (Rehabilitation)	C	5.75	5.48	-0.27	-4.92
Rockingham General	Aged Care Rehabilitation Unit	C	5.75	5.48	-0.27	-4.92
Fiona Stanley	5C (Nephrology & General Medical)	B+	6.5	6.2	-0.3	-4.84
Sir Charles Gairdner	G61 (Surgical)	A	7.5	7.17	-0.33	-4.6
Royal Perth	5AB (Acute Surgical Unit)	A	7.5	7.18	-0.32	-4.45
Sir Charles Gairdner	G66 (Surgical/ Neurosurgery)	B+	7	6.73	-0.27	-4.01
Royal Perth	5G (Orthopaedics)	A+	7.52	7.25	-0.27	-3.72
Fremantle	B9N (General Medical & Geriatric Medicine)	C	5.75	5.57	-0.18	-3.23

Hospital	Ward	Category	Target	AVE	Variance	% Variance
Fiona Stanley	6B (Neurology)	B+	6.49	6.29	-0.2	-3.17
Bentley	10A, 10B, & 10C (Older Adult Mental Health)	A	7.5	7.28	-0.22	-3.02
Fiona Stanley	6D (Acute Care of the Elderly)	B+	6.49	6.3	-0.19	-3.01
Osborne Park	7 (DRM Rehabilitation)	C	5.75	5.6	-0.15	-2.61
Osborne Park	3 (Aged Care & Rehabilitation)	D	5	4.88	-0.12	-2.4
Sir Charles Gairdner	G54 (Respiratory Medicine)	A	7.5	7.34	-0.16	-2.17
Royal Perth	Coronary Care Unit	A+	11.1	10.87	-0.23	-2.11
Sir Charles Gairdner	G51 (Medical Specialities)	B+	6.75	6.63	-0.12	-1.8
Sir Charles Gairdner	G62 (Surgical)	A	7.5	7.38	-0.13	-1.76
Fremantle	4.3 (Older Adult MH)	A	7.5	7.38	-0.12	-1.62
Fremantle	B7S (Aged Care)	C	5.75	5.69	-0.06	-1.05
Royal Perth	9A (Medical)	B+	6.65	6.59	-0.06	-0.91
Perth Children's	4A (Adolescents)	A+	9	8.92	-0.08	-0.89
Royal Perth	9C (Respiratory/ Nephrology)	B & HDU	6.85	6.79	-0.06	-0.88
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.7	-0.05	-0.88
Perth Children's	4B (Specialist Medical)	A+	8.7	8.65	-0.05	-0.57
Fremantle	5.1 (Adult MH)	B	6	5.98	-0.02	-0.33
Sir Charles Gairdner	G71 (Pandemic Response/Surgical Assessment Unit)	B+	6.75	6.73	0.02	-0.29
Royal Perth	5H (Neurosurgical)	A-	7.3	7.28	-0.02	-0.27

WA Country Health Service negative variance summary

WACHS facilities are delineated as follows:

- Regional Resource Centres (RRC);
- Integrated District Health Services (IDHS); and
- Small Hospitals (SH)

Regional Resource Centres

RRCs are the regional referral centre for diagnostic, secondary-level acute (abbreviated as 2°) and procedural (surgical) services, emergency and outpatient services, specialist services (e.g., maternity, mental health) and the coordination of outreach specialist services. WACHS operate six RRCs in Albany, Broome, Bunbury, Geraldton, Kalgoorlie, and South Hedland.

Of the total 30 RRC inpatient areas reporting, there were no wards reporting $\geq 10\%$ below their NHpPD target, and only two areas showed a negative variance between 0 to -10% below the NHpPD target hours (Table 4). Variance explanations for these two areas are provided in Appendix 5 (see Table 54).

Table 4. Metropolitan HSP inpatient areas reporting between 0 to -10% below target

Nursing Hours per Patient Day					
Hospital	Category	Target	AVE	Variance	% Variance
Bunbury	Mental Health	A & C	6.16	6.02	-0.14
Bunbury	Sub-Acute Restorative Unit	C & B	5.85	5.34	-0.51

Integrated District Health Services

IDHS provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by general practitioners/obstetricians and midwives) and aged care services (where required). In addition, IDHS coordinate acute, primary and mental health services at the district level.

As per the *WA Health Clinical Services Framework 2014-2024*, 15 IDHS are located at:

- Busselton
- Carnarvon
- Collie
- Derby
- Esperance
- Katanning
- Kununurra
- Margaret River
- Merredin
- Moora
- Narrogin
- Newman
- Karratha
- Northam
- Warren (Manjimup)

Five additional hospitals (not classified as IDHS) are reported within the IDHS NHpPD. These are:

- Denmark
- Plantagenet (Mount Barker)
- Fitzroy Crossing
- Halls Creek
- Harvey

Of the total 22 IDHS locations reporting on NHpPD, two hospitals reported $\geq 10\%$ below the NHpPD target hours (Table 5). Formal variance reports for these areas are provided in Appendix 4 (see Table 35 and 38).

Table 5. IDHS inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Hospital	Category	Target	AVE	Variance	% Variance
Denmark inpatients	E & Del	4.56	2.52	-2.04	-44.73
Moora inpatients	E & F	4.30	3.61	-0.69	-19.11

In addition, one ward within IDHS locations showed a negative variance between 0 and -10% below the target NHpPD hours (Table 6) and a variance explanation for this area is provided in Appendix 5 (see Table 54).

Table 6. Metropolitan HSP inpatient areas reporting between 0 to -10% below target

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	AVE	Variance	% Variance
Narrogin	Narrogin inpatients	D & Del	5.16	4.99	-0.17	-3.40

Small Hospitals

Small Hospitals (SH) provide emergency department and acute inpatient care (smaller bed numbers) with many of the sites providing residential aged care and ambulatory care. There are a total of 47 SH sites that maintain a 2:2:2 roster and report against workload each month. The 2:2:2 roster pattern of staffing is based on WACHS' safe staffing principles which are specific to SH.

Safe and sustainable, nursing and midwifery staffing ensures that the services have the right number of staff, with the correct expertise and skills, at the right time and place in order to deliver high-quality person-centred care. The Safe Sustainable Staffing project focus is comprised of two components: direct care roles, for the provision of hands-on patient care; and indirect care roles, including positions such as Clinical Nurse/Midwifery Manager, expert advisory and specialty leadership roles such as Clinical Nurse/Midwifery Consultant and Clinical Nurse/Midwifery Specialist.

For all sites, additional staffing was supplied for leave relief (of all types), acuity and activity support, escorts and transfers, and roster shortages.

As per the *WA Health Clinical Services Framework 2014-2024*, there are 42 SH located at:

- **Goldfields** (3): Laverton, Leonora, Norseman
- **Great Southern** (3): Gnowangerup, Kojonup, Ravensthorpe
- **Kimberley** (1): Wyndham
- **Mid-West** (8): Dongara, Exmouth, Kalbarri, Meekatharra, Morawa, Mullewa, Northampton, North Midlands
- **Pilbara** (4): Onslow, Roebourne, Paraburdoo, Tom Price

- **Southwest** (5): Augusta, Boyup Brook, Donnybrook, Nannup, Pemberton
- **Wheatbelt** (18): Beverley, Boddington, Bruce Rock, Corrigin, Dalwallinu, Dumbleyung, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Quairading, Southern Cross, Wagin, Wongan, Wyalkatchem, York

Sites also considered SH, not included in the *WA Health Clinical Services Framework 2014-2024*, but reported within SH NHpPD safe staffing principles, are:

- **Great Southern** (2): Denmark, Plantagenet
- **Kimberley** (2): Halls Creek, Fitzroy Crossing
- **Southwest** (1): Bridgetown

WA Health Emergency Department Data

The Emergency Department (ED) models of care vary across WA. Some EDs have both paediatric and adult areas with various nursing roles introduced to support the provision of patient care. Some of these roles include Nurse Navigator, Nurse Practitioner (NP) and Psychiatric Liaison Nurse. Historically, these have not been included when reporting on nursing workload within the ED.

ED is unpredictable in nature. As a result, staffing is fluid, dependant on the number of presentations, the acuity (based on the Australasian Triage Score) and complexity. Consequently, ED data is reported against the recommended full time equivalent (FTE) staffing and the number of ED presentations.

The principal data management system for ED is collected centrally through the Emergency Department Data Collection (EDDC) unit. As such, data for this section has been drawn from EDDC.

The nursing workload ED data report for the metropolitan and WA Country Health Service have been reported as recommended FTE for the total number of presentations from 1 July 2022 to 30 June 2023. This is demonstrated in Table 4 below.

It should be noted that during the COVID-19 pandemic with EDs being the front line of health services, measures were put in place to maintain safety and patient flow. EDs across the state were geographically split into separate areas to triage patients with influenza-like-illness (ILI) and/or COVID-19 risk, away from the central ED hub. Further, following the *SAC 1 Clinical Incident Investigation Report: Unexpected death in the PCH Emergency Department*¹, it was acknowledged that additional staff had been deployed to enhance the triage process to ensure safety within the Emergency Department, in particular the 24/7 Waiting Room Nurse.

¹ Unexpected death in the PCH Emergency (RCA, 2021): [SAC 1 Clinical Incident Investigation Report \(health.wa.gov.au\)](https://health.wa.gov.au) – internal document

Table 7. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - Reporting Period 1 July 2022 – 30 June 2023			
Hospital	Recommend ed FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from HSPs
Metropolitan Health Sites			
Armadale	111.63	68,221	No unresolved workload grievances.
Fiona Stanley	217.40	109,557	No workload grievances lodged.
King Edward Memorial	10.95	12,594	No workload grievances lodged.
Perth Children's	90.06	72,826	No workload grievances lodged.
Rockingham General	88.28	62,601	No workload grievances lodged.
Royal Perth	123.79	74,678	No unresolved workload grievances.
Sir Charles Gairdner	122.07	72,269	No workload grievances lodged.
WA Country Health Service			
Albany	32.39	32,643	No unresolved workload grievances.
Broome	24.02	26,903	
Bunbury	63.36	44,749	
Hedland	23.27	27,067	
Kalgoorlie	24.64	26,148	
Geraldton	41.97	36,629	

Comments were sought from HSPs regarding workloads or grievances and feedback is provided within Table 7

Benchmark Classification and Reclassifications

The initial benchmarking process was undertaken between 2000 and 2001. All Metropolitan HSPs, WA Country RRC, IDHS and SH were consulted at the time to identify categories for clinical areas. All inpatient wards and units were subsequently allocated a benchmark NHpPD category.

In addition, sites may request for reclassification of a current NHpPD category, or classification of a new area/ward. Reclassifications generally occur when the complexity, acuity or relative proportions of ward activity to “occupied bed days” change. In such instances, submission of a business case is required to have an area classified or reclassified, and the associated category and NHpPD target hours changed.

The governance for classification and reclassification is undertaken through the State Workload Review Committee (SWRC). For classification of new or changed wards, HSPs submit a business case outlining proposed activity, acuity and complexity, rationale for proposing the requested NHpPD target hours, as well as benchmarking to similar services already established in the WA health setting or in similar settings nationally. Wards that have not been able to accumulate the retrospective data to support requested target hours are initially supported with provisional classification. A business case resubmission is required within 12-months addressing the need for more data on activity, throughput, case mix, benchmarking, occupancy, turnover, average length of stay, complexity, and acuity of case mix.

From 1 July 2022 to 30 June 2023, new benchmark classifications and reclassifications approved during this reporting period are demonstrated below (Table 8).

Table 8. Benchmark classification and reclassification approvals

Hospital	Ward (Speciality)	Previous NHpPD Category	Revised NHpPD Category
Royal Perth	Mental Health Unit	New Ward	A+ (11.82)
Royal Perth	5G (Orthopaedics)	B (6.64)	A+ (7.52)
Fiona Stanley	3C (Maternity)	B (6.00)	A (7.5)
Royal Perth	10C (Haematology, Endocrinology, Immunology, Rheumatology, Dermatology, and Microbiology (Infectious Diseases))	B (6.00)	B+ (6.8)
Graylands	Ellis (Acute Mental Health)	A+ (8.66)	A+ (10.54)
Royal Perth	Acute Surgical Unit	New Ward	A (7.5)
Perth Children’s	4B (Specialist Medical)	A (8.3)	A+ (8.7)
Fiona Stanley	6D (Geriatric/ General Medicine)	B (6.00)	B+ (6.49)
Osborne Park	3 (Aged Care & Rehabilitation)	D (5.00)	A (7.5)
Osborne Park	5 (Acute Care of the Older Adult)	C (5.75)	B (6.5) - Provisional

Graylands	Murchison East	D (5.00)	A (7.50)
Graylands	Murchison West	A (7.5)	A (8.00)
Graylands	Montgomery (Hospital Extended Care or HEC)	A+ (8.51)	A+ (8.66)
Sir Charles Gairdner	G41 (Cardiology/ Medical Specialties)	B+ (6.5)	A+ (7.5)

Appendix 1: Metropolitan Health Services

All ward specific NHpPD data and information across Metropolitan HSPs (related to Table 1) are detailed in Appendix 1.

Child and Adolescent Health Service (CAHS)

CAHS - NHpPD Data

All ward specific NHpPD data for CAHS Perth Children's Hospital is demonstrated in Table 9 (below).

The variance (percentages) for this hospital range between -9.36% below and 31.63% above the respective ward target.

Table 9. CAHS - Perth Children's Hospital (PCH)

CAHS - PCH	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
1A (Oncology and Haematology)	HDU	12.00	12.36	0.36	3.01
1B (Burns, Orthopaedic, Plastics)	A+	7.70	8.76	1.06	13.77
2A (General Medical)	A+	9.04	9.41	0.37	3.93
2B (Long Stay Surgical)	A+	9.60	10.11	0.51	5.04
3A (Paediatric Critical Care)	ICU	32.26	29.50	-2.76	-9.36
3C (Multiday Surgical)	A	7.50	10.97	3.47	31.63
4A (Adolescents)	A+	9.00	8.92	-0.08	-0.89
4B (Specialist Medical)	A+	8.70	8.65	-0.05	-0.57
5A (Mental Health)	HDU	12.00	15.83	3.83	24.19

East Metropolitan Health Service (EMHS)

EMHS – NHpPD Data

All ward specific NHpPD data for EMHS – Armadale Hospital is demonstrated in Table 10 (below).

The ward variance (in percentages) for this hospital range between 2.80% and 59.15% above the respective ward target.

Table 10. EMHS – Armadale Hospital (AH)

EMHS – AH	NHpPD – Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Anderton (Palliative) (Kalamunda Hospital)	D+	5.50	5.82	0.32	5.49
Banksia (Older Aged Mental Health)	A+	8.00	9.21	1.21	13.14
Campbell (Paediatrics)	B	6.00	11.31	5.31	46.94
Canning (Medical)	B	6.00	6.81	0.81	11.89
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.14	0.14	2.80
Colyer (Surgical)	C	5.75	6.21	0.46	7.40
Intensive Care Unit	ICU	23.70	31.25	7.55	24.16
Karri (Mental Health)	A+	8.00	8.38	0.38	4.53
Maud Bellas (Maternity)	B	6.00	9.49	3.49	36.77
Medical Admissions Unit	A+	7.50	7.74	0.24	3.10
Special Care Nursery	B	6.00	14.69	8.69	59.15
Moodjar/Yorgum (Mental Health)	A+	7.50	9.13	1.63	17.85

Note: The Same Day Unit has been removed from future NHpPD reporting due to the incompatibility with NHpPD formula i.e., activity of a day surgery unit has high patient turnover, multiple bed occupancy and does not provide 24-hour care.

EMHS – NHpPD Data

All ward specific NHpPD data for EMHS - Bentley Hospital is demonstrated in Table 11 (below).

The variance (percentages) for this hospital range between -3.02% below and 44.38% above the respective ward target.

Table 11. EMHS - Bentley Hospital (BH)

EMHS - BH	NHpPD – Reporting [^]				
Ward	Category	Target	AVE	Variance	% Variance
John Milne Centre *	D	5.00	8.99	3.99	44.38
1 (Rehabilitation Assessment and Care Service) **	D+	5.50	5.98	0.48	8.72
3 (Surgical Step Down)	D	5.75	7.40	1.65	22.29
4 (Aged Care Rehabilitation)	D	5.00	5.29	0.29	5.48
5 (Subacute and Stroke Rehabilitation)	C	5.75	6.01	0.26	4.32
6 (Secure Unit)	A+	11.20	13.05	1.85	14.17
7 (Adult Acute)	A-	7.30	7.99	0.69	8.63
8 (Adult Acute)	B	6.00	6.93	0.93	13.41
10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.28	-0.22	-3.02
11 (Mental Health Youth Unit)	HDU	12.00	15.59	3.59	23.02
12 (Rehabilitation Assessment and Care Service) ***	D+	5.75	5.92	0.17	2.96
Transitional Care Unit (Mental Health) ****	D	5.0	6.62	1.62	24.47

[^] Pulse data used for all NHpPD reporting over this period

* Ward closed November 2022.

** Ward 1 opened for inpatient care May 2022, classification to be formalised by the State Workload Review Committee (NHpPD HSS Tool Data used).

*** Ward 12 opened November 2022, classification to be formalised by the State Workload Review Committee (NHpPD HSS Tool Data used).

**** Transitional Care Unit phased opening; stage 1 - August 2022, and stage 2 - November 2022, classification to be formalised by the State Workload Review Committee (NHpPD HSS Tool Data used).

EMHS – NHpPD Data

All ward specific NHpPD data for EMHS – Royal Perth Hospital is demonstrated in Table 12 (below).

The variance (percentages) for this hospital range between -11.34% below and 46.71% above the respective ward target.

Table 12. EMHS – Royal Perth Hospital (RPH)

EMHS – RPH	NHpPD – Reporting [^]				
Ward	Category	Target	AVE	Variance	% Variance
Acute Medical Unit	A-	7.30	7.61	0.31	4.07
Coronary Care Unit	A+	11.10	10.87	-0.23	-2.11
Intensive Care Unit	ICU & HDU	26.67	30.88	4.21	13.63
Mental Health Unit *	A+	11.82	12.85	1.04	8.09
Mental Health Emergency Centre **	A	10.60	15.32	4.72	30.80
State Major Trauma Unit	A & HDU	10.00	10.32	0.32	3.10
2K (Mental Health)	B	6.00	6.28	0.28	4.46
3H (Orthopaedics)	C	5.75	7.67	1.92	25.03
4A (DO23/47 Surgical)	B	6.00	11.26	5.26	46.71
5AB (Acute Surgical Unit)	A	7.50	7.18	-0.32	-4.45
5G (Orthopaedics)	A+	7.52	7.25	-0.27	-3.72
5H (Neurosurgical)	A-	7.30	7.28	-0.02	-0.27
6G (General Surgery/Vascular)	A+	8.54	7.67	-0.87	-11.34
6H (Ear Nose Throat / Plastics/ Maxillofacial)	B+	6.20	6.87	0.67	9.75
7A (Geriatric Medicine)	C	5.75	5.89	0.14	2.37
8A (Neurology/ Gastrointestinal)	B	6.00	6.33	0.33	5.21
9A (Medical) ***	B+	6.65	6.59	-0.06	-0.91
9C (Respiratory/ Nephrology)	B & HDU	6.85	6.79	-0.06	-0.88
10A (General Medicine)	B	6.00	6.47	0.47	7.26
10C (Immunology)	B+	6.80	7.12	0.32	4.49

[^] Pulse data used for all NHpPD reporting over this period

* MHU temporarily closed December 2022, and reopened April 2023

** MHEC opened for inpatient care October 2019, classification to be formalised by the State Workload Review Committee (NHpPD HSS Tool Data used).

*** Ward 9A opened July 2022, classification to be formalised by the State Workload Review Committee (NHpPD HSS Tool Data used).

North Metropolitan Health Service (NMHS)

NMHS – NHpPD Data

All ward specific NHpPD data for NMHS – Sir Charles Gairdner Hospital is demonstrated in Table 13 (below).

The variance (percentages) for this site range between -15.79% below and 18.75% above the respective ward target.

Table 13. NMHS - Sir Charles Gairdner Hospital (SCGH)

Ward	NHpPD – Reporting				
	Category	Target	AVE	Variance	% Variance
Coronary Care Unit (Medical Specialties)	CCU	14.16	14.83	0.67	4.51
C16 (Acute Medical/Delirium)	B	6.00	6.08	0.08	1.31
C17 (GEM/Medical) *	C	5.75	6.43	0.68	10.57
G41 (Medical Specialties /Cardiology)	A+	7.50	8.00	1.50	18.75
G51 (Medical Specialties)	B+	6.75	6.63	-0.12	-1.80
G52 (Neurosurgery)	B+ & HDU	9.51	8.55	-0.96	-11.22
G53 (Surgical /Orthopaedics)	B+	6.80	6.43	-0.37	-5.44
G54 (Respiratory Medicine)	A	7.50	7.34	-0.16	-2.17
G61 (Surgical)	A	7.50	7.17	-0.33	-4.60
G62 (Surgical)	A	7.50	7.38	-0.13	-1.76
G63 (Medical Specialties)	B+	6.80	6.91	0.11	1.59
G64 (Ear Nose Throat/Plastics/Ophthalmology/Surgical)	A	7.50	7.65	0.15	1.96
G66 (Surgical/Neurosurgery)	B+	7.00	6.73	-0.27	-4.01
G71 (Pandemic Response/Surgical Assessment Unit (SAU)) **	B+	6.75	6.73	0.02	-0.29
G72 (Medical Assessment Unit)	A	7.50	7.69	0.19	2.47
G73 (Medical Specialties)	B+	6.80	6.47	-0.33	-5.10
G74 (Medical)	B+	7.00	7.18	0.18	2.50
Intensive Care - High Dependency Unit	ICU	31.60	27.29	-4.31	-15.79
HPH Woods Ward (General Medical) ***	B	6.5	5.85	-0.65	-11.11

* Ward C17 was opened in June 2023

** Ward G71 provided Pandemic Response care from July to December 2022, then was reconfigured to Surgical SAU from January 2023.

*** Woods Ward (based at Holly Wood Private Hospital, funded by NMHS) opened as a General Medical ward with patients moved from SCGH G71 from July 2022. NHpPD not formally Classified though the State-Wide Review Committee as ward initially opened temporarily as a pandemic response.

NMHS - NHpPD Data

All ward specific NHpPD data for NMHS – Osborne Park Hospital is demonstrated in Table 14 (below).

The variance (percentages) for this site range between -4.92% below and 31.30% above the respective ward target.

Table 14. NMHS - Osborne Park Hospital (OPH)

NMHS - OPH	NHpPD – Reporting				
Ward	Category	Target	AVE	Variance	% Variance
2 (Stroke Rehabilitation)	C	5.75	5.88	0.13	2.21
3 (Aged Care & Rehabilitation)	D	5.0	4.88	-0.12	-2.40
4 (Rehabilitation)	C	5.75	5.48	-0.27	-4.92
5 (Acute Care of the Older Adult)	B	6.5	7.50	1.00	13.33
6 (Geriatric, Acute and Rehabilitation Medicine) (GARM)	C	5.75	6.52	0.77	11.80
6 (Surgical)	C	5.75	8.37	2.62	31.30
7 (DRM Rehabilitation)	C	5.75	5.60	-0.15	-2.61

Note:

- Ward 4 reconfigured July 2022, previously the Ward 5 GEM patient cohort
- Ward 5 reconfigured July 2022, previously the Ward 7 patient cohort
- Ward 7 reconfigured July 2022, previously the Ward 4 Rehabilitation patient cohort

NMHS - Women's and Newborn Health Service - NHpPD Data

All ward specific NHpPD data for NMHS - Women's and Newborn Health Service (WNHS) at King Edward Memorial Hospital is demonstrated in Table 15 (below).

The variance (percentages) for this site range between 1.31% and 41.20% above the respective ward target.

Table 15. NMHS - WNHS - King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
3 (Maternity)	A	7.50	7.91	0.41	5.18
4 (Maternity)*	A	7.50	-	-	-
5 (Maternity)	A	7.50	8.24	0.74	8.98
6 (Gynaecology/ Oncology)	A	7.50	8.62	1.12	12.99
Adult Special Care Unit	HDU	12.00	20.41	8.41	41.20
Mother & Baby Unit	HDU	12.00	12.16	0.16	1.31

* Ward 4 (Maternity) remains closed.

Osborne Park Hospital Ward 1 is managed under the governance of the NMHS-Women's and Newborns Health Service (WNHS) and the NHpPD data is demonstrated in Table 16.

Table 16. NMHS - WNHS – Osborne Park Hospital (OPH)

NMHS – WNHS - OPH	NHpPD – Reporting				
Ward	Category	Target	AVE	Variance	% Variance
1 (Maternity)	D & Del	8.97	8.25	-0.72	-8.72

NMHS - Mental Health - NHpPD Data

All ward specific NHpPD data for NMHS - Mental Health (MH), Graylands Hospital is demonstrated in Table 17 (below).

The variance (percentages) for this site range between -12.66% below and 38.08% above the respective ward target.

Table 17. NMHS - MH - Graylands Hospital

Graylands Hospital *	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Casson (Acute)	A+	8.51	10.23	1.73	16.91
Dorrington (Acute Open)	A	7.50	7.83	0.33	4.21
Ellis (Acute)	A+	10.54	12.71	2.17	17.07
Montgomery (Hospital Extended Care)	A+	8.66	8.19	-0.47	-5.73
Murchison East	A	7.50	6.55	-0.95	-12.66
Murchison West	A	8.00	12.92	4.92	38.08
Pinch (Acute Secure)	A+	15.00	23.32	8.32	35.68
Smith (Acute Secure)	A+	8.66	9.03	0.37	4.09

* Discrepancies occurring between the NHpPD HSS Tool and HSP calculations. Data presented is provided directly by the HSP, NMHS – Mental Health.

NMHS - Mental Health - NHpPD Data

All other NMHS Mental Health ward specific NHpPD data is demonstrated in Table 18 (below).

The variance (percentages) for these wards range between -8.33% below and 39.91% above the respective ward target.

Table 18. NMHS - Mental Health

NMHS – MH *	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Frankland Centre (State Forensic MH)	A+	9.3	9.79	0.49	5.00
Selby (Older Adult MH)	A	7.53	6.96	-0.58	-8.33
Osborne Park (Older Adult MH)	A	7.80	8.29	0.49	5.91
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	12.56	2.02	16.08
SCGH MH Observation Area	A+	12.75	21.22	8.47	39.91

* Discrepancies occurring between the NHpPD HSS Tool and HSP calculations. Data presented is provided directly by the HSP, NMHS – Mental Health.

South Metropolitan Health Service (SMHS)

SMHS - COVID Strategy

All SMHS sites adjusted staffing levels according to the demands in managing COVID-19 strategies.

SMHS - NHpPD Data

All ward specific NHpPD data for SMHS - Fiona Stanley Hospital (FSH) is demonstrated in Table 19 (below).

The variance (percentages) for FSH wards range between -19.73% below and 25.09% above the respective wards' target.

Table 19. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH		NHpPD - Reporting			
Ward	Category	Target	AVE	Variance	% Variance
Coronary Care Unit	CCU	14.16	12.44	-1.72	-13.82
Short Stay Unit	C	5.75	6.24	0.49	7.85
Intensive Care Unit	ICU	28.42	27.02	-1.40	-5.18
3A (Paediatrics Medical/ Surgical)	B	6.00	8.01	2.01	25.09
3B (Neonatal Medicine)	HDU	12.00	10.83	-1.18	-10.89
3C (Maternity)	A	7.50	7.73	0.23	2.97
4A (Orthopaedics)	B+	6.50	6.02	-0.48	-7.97
4B (Burns)	A+	11.91	9.56	-2.35	-19.73
4C (Cardiovascular Surgery)	A	7.50	6.60	-0.90	-13.63
4D (Cardiology)	A	7.50	6.34	-1.16	-18.29
5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.53	0.31	3.63
5C (Nephrology & General Medical)	B+	6.50	6.20	-0.30	-4.84
5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	6.98	-0.98	-14.04
6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	9.77	1.91	19.54
6B (Neurology)	B+	6.49	6.29	-0.20	-3.17

Wards	Category	Target	AVE	Variance	% Variance
6C (General Medicine)	B & HDU	8.00	7.00	-1.00	-14.28
6D (Acute Care of the Elderly)	B+	6.49	6.30	-0.19	-3.01
7A (Colorectal/ Upper Gastrointestinal/ General Surgical)	A	7.50	6.82	-0.68	-9.97
7B (Acute Surgical Unit)	A	7.50	6.89	-0.61	-8.85
7C (Oncology)	B	6.00	6.36	0.36	5.66
7D + Bone Marrow Transplant Unit	A & HDU	9.00	7.95	-1.05	-13.20
Mental Health Unit (MHU) - Ward A (MH Assessment)	HDU	12.00	14.22	2.22	15.61
MHU - Ward B (MH Youth) *	HDU	12.00	13.09	1.09	9.08
MHU – Mother & Baby Unit	HDU	12.00	14.11	2.11	14.95
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.50	7.92	0.42	5.30
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.70	-0.05	-0.88
SRC - Ward A (Neuro Rehabilitation)	C	5.75	5.40	-0.35	-6.48
SRC - Ward B (Acquired Brain Injury)	B	6.00	6.53	0.53	8.11

* Data for MHU-Ward B (Mental Health Youth Unit) obtained from SMHS Power BI NHpPD Dashboard.

SMHS – NHpPD Data

All ward specific NHpPD data for SMHS - Fremantle Hospital (FH) is demonstrated in Table 20 (below).

The variance (percentages) for these wards range between -11.11% below and 17.38% above the respective ward target.

Table 20. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
4.1 (Secure MH)	HDU	12.00	11.38	-0.62	-5.44
4.2 (Adult MH)	B	6.00	6.17	0.17	2.75
4.3 (Older Adult MH)	A	7.50	7.38	-0.12	-1.62
5.1 (Adult MH)	B	6.00	5.98	-0.02	-0.33
B7N (Orthopaedics Geriatrics & Geriatric Medicine)	C	5.75	6.96	1.21	17.38
B7S (Aged Care)	C	5.75	5.69	-0.06	-1.05
B8N (Surgical Specialties/PCU)	A	7.50	6.75	-0.75	-11.11
B9N (General Medical & Geriatric Medicine)	C	5.75	5.57	-0.18	-3.23
B9S (General Medicine)	C	5.75	5.84	0.09	1.54

SMHS - NHpPD Data

All ward specific NHpPD data for SMHS - Rockingham General Hospital (RGH) is demonstrated in Table 21 (below).

The variance (percentages) for these wards range between -61.33% below and 41.86% above the respective NHpPD wards' target.

Table 21. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Aged Care Rehabilitation Unit	C	5.75	5.48	-0.27	-4.92
Intensive Care Unit	ICU	23.70	21.40	-2.30	-10.74
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU)	B	6.00	6.97	0.97	13.91
Medical Ward	B	6.00	6.00	0.00	0.00
Mental Health Adult (Open)	B	6.00	9.72	3.72	38.27
Mental Health Adult HDU (Closed)	A+	11.81	7.32	-4.49	-61.33
Multi Stay Surgical Unit	C	5.75	5.05	-0.70	-13.86
Obstetric Ward	B	6.00	7.89	1.89	23.95
Older Adult Mental Health	A	7.50	7.04	-0.46	-6.53
Older Adult Mental Health (Open)	B	6.00	10.29	4.29	41.69
Paediatrics Ward	B	6.00	10.32	4.32	41.86
Murray District Hospital	E	4.69	7.88	3.19	40.48

Appendix 2: WA Country Health Service

All ward specific NHpPD data and information across WACHS (related to *Table 1*) are detailed in Appendix 2.

WA Country Health Service (WACHS)

WACHS - Regional Resource Centres (RRC) - NHpPD Data

All ward specific NHpPD data for WACHS - RRC - Goldfields is demonstrated in Table 22 (below). The variance (percentages) range between 22.47% and 71.84% above the respective NHpPD wards' target.

Table 22. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Paediatric Ward	D	5.00	17.76	12.76	71.84
Dialysis Unit	2°	2.18	3.01	0.83	27.57
High Dependency Unit	HDU	12.00	19.06	7.06	37.04
Maternity Unit and Special Care Nursery	D & Del	10.28	13.26	2.98	22.47
Medical Ward	C	5.75	8.12	2.37	29.18
Mental Health Unit	A & B & C	7.71	18.37	10.66	58.02
Surgical Unit	C	5.75	8.19	2.44	29.79

All ward specific NHpPD data for WACHS - RRC – Great Southern is demonstrated in Table 23 (below). The variance (percentages) range between 3.69% and 38.65% above the respective NHpPD wards' target.

Table 23. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Dialysis Unit	2°	2.18	2.75	0.57	20.72
High Dependency Unit	HDU	12.00	19.56	7.56	38.65
Maternity	D+	9.95	13.71	3.76	27.42
Medical & Paediatrics	C & D	5.50	6.77	1.27	23.09
Mental Health Inpatients	HDU & A	8.93	9.26	0.33	3.69
Subacute	D	5.00	5.49	0.49	8.92
Surgical	C	5.75	7.26	1.51	20.79

All ward specific NHpPD data for WACHS - RRC - Kimberley is demonstrated in Table 24 (below). The variance (percentages) ranges from 1.24% to 22.89% above the respective NHpPD wards' target.

Table 24. WACHS - RRC - Kimberley

Broome Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
General	B	6.33	8.21	1.88	22.89
High Dependency Unit	HDU				
Maternity	B & Del				
Paediatric	B				
Psychiatric Ward*	A+	10.38	10.51	0.13	1.24

All ward specific NHpPD data for WACHS - RRC - Midwest is demonstrated in Table 25 (below). The variance (percentages) range between 24.76% and 55.08% above the respective NHpPD wards' target.

Table 25. WACHS - RRC - Midwest

Geraldton Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
General Ward	C	5.75	8.13	2.38	29.27
High Dependency Unit	HDU	12.00	15.95	3.95	24.76
Maternity Unit	D & Del	8.55	13.26	4.71	55.08
Renal Dialysis Unit	2°	2.18	3.01	0.83	27.57

All ward specific NHpPD data for WACHS - RRC – Pilbara is demonstrated in Table 26 (below). The variance (percentages) range between 3.19% and 58.77% above the respective NHpPD wards' target.

Table 26. WACHS - RRC - Pilbara

Hedland Health Campus	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Dialysis Unit	2°	2.18	2.57	0.39	15.17
General	B	6.37	6.58	0.21	3.19
High Dependency Unit	HDU				
Paediatrics	D	5.00	12.13	7.13	58.77
Maternity Unit and Special Care Nursery	B	9.45	13.34	3.89	29.16

All ward specific NHpPD data for WACHS - RRC - South West is demonstrated in Table 27 (below). The variance (percentages) range between -9.55% below and 9.63% above the respective NHpPD wards' target.

Table 27. WACHS - RRC - South West

Bunbury Regional Hospital	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Maternity Ward	B & Del	10.22	11.31	1.09	9.63
Medical	B	6.00	6.27	0.27	4.30
Mental Health	A & C	6.16	6.02	-0.14	-2.32
Paediatrics	B	6.00	6.60	0.60	9.09
Psychiatric Intensive Care Unit	HDU	12.00	13.13	1.13	8.60
Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.34	-0.51	-9.55
Surgical	A & B	6.23	6.64	0.41	6.17

Appendix 3: WA Country Health Service

All ward specific NHpPD data and information across WACHS (related to Table 1) are detailed in Appendix 3.

WA Country Health Service (WACHS)

WACHS - Integrated District Health Services (IDHS) - NHpPD Data

All ward specific NHpPD data for WACHS - IDHS are demonstrated in Table 28 through to Table 34 (below). The variance (percentages) range between -44.73% below and 63.31% above the respective NHpPD wards' target

Table 28. WACHS - IDHS - Goldfields

Goldfields	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Esperance inpatients	E & Del	4.88	5.67	0.79	13.93

Table 29. WACHS - IDHS - Great Southern

Great Southern	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Denmark ^	E & Del	4.56	2.52	-2.04	-44.73
Katanning inpatients	F	4.94	5.66	0.72	12.72
Plantagenet (Mt Barker) ^	E & Del	4.68	4.94	0.26	5.26

^ In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 30. WACHS - IDHS - Kimberley

Kimberley	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Derby inpatients	D & Del	5.34	7.61	2.27	29.82
Fitzroy inpatients ^*	D	5.27	8.71	3.44	39.49
Halls Creek inpatients ^	D	5.24	7.88	2.64	33.50
Kununurra inpatients	D & Del	5.32	7.31	1.99	27.22

^ In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 31. WACHS - IDHS - Mid-West

Mid-West	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Carnarvon inpatients	E & D & Del	5.20	6.53	1.33	20.36

Table 32. WACHS - IDHS - Pilbara

Pilbara	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Newman inpatients*	D	5.00	12.69	7.69	60.59
Karratha Health Campus inpatients	D & Del	5.80	6.79	0.99	14.58

Table 33. WACHS - IDHS - Southwest

Southwest	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Busselton – Ward 1	C	5.75	6.79	1.04	18.08
Busselton – Ward 2	C & D	5.34	6.16	0.82	15.35
Busselton – Hospice	-	1:1:1	-	-	-
Busselton – Maternity Ward	-	2:2:2	-	-	-
Collie inpatients	E & Del	4.72	5.08	0.36	7.63
Harvey inpatients ^	E & F	4.54	5.30	0.76	14.33
Margaret River inpatients	E & Del	4.72	6.83	2.11	30.89
Warren inpatients	E & Del	4.71	6.17	1.46	23.66

^ In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*

Table 34. WACHS - IDHS - Wheatbelt

Wheatbelt	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Merredin inpatients	F	4.23	11.53	7.30	63.31
Moora inpatients	E & F	4.30	3.61	-0.69	-19.11
Narrogin inpatients	D & Del	5.16	4.99	-0.17	-3.40
Northam inpatients	E & Del	4.73	5.02	0.29	6.13

Appendix 4: Formal Variance Reports

This section provides formal variance reports from sites where areas have reported a variance of $\geq 10\%$ below their allocated NHpPD target. Reports are described in Table 35 to 53 (below) and presented from highest % variance to lowest.

Table 35. Formal Variance Report - Denmark Hospital

Target NHpPD Hours: 4.56	Reported NHpPD Hours: 2.52	Variance: -2.04	% Variance: -44.73%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Nursing staff are supported by patient care assistants to ensure safe patient care Senior indirect care nursing positions assist with provision of care at peak times Clinical needs assessed on a shift-by-shift basis and shift replacement provided according to acuity as well as patient and resident needs. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> On call roster is utilised to provide additional staff as required Clinical Nurse Manager provides clinical care at peak times and as required 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Monitoring nursing hours The NHpPD for Denmark includes the residential aged care unit which is staffed by patient care assistants and the site will be reviewing the NHpPD classification in accordance with patient acuity and activity. 		

Table 36. Formal Variance Report - Rockingham General Hospital - Mental Health Adult HDU (Closed)

Target NHpPD Hours: 11.81	Reported NHpPD Hours: 7.32	Variance: -4.49	% Variance: -61.33%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • All areas within the Unit are staffed to profile within the roster structure and in line with the classification of NHpPD. • The 30 bed Mental Health Unit is divided into four clinical units with four separate cost centres and four rosters. • Variations in NHpPD occur as a result of moving staff around the unit to ensure aspects such as: appropriate gender mix to reflect patient population such as sexual safety; challenging patients and skill mix of staff are managed. These factors must be considered to ensure safety of patients as well as staff safety. • The frequent movement of staff within the whole unit (to meet the requirements listed above) is not captured accurately within RoStar, particularly when changes occur after hours or on public holidays. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The unit is always staffed to the target profile as a minimum. • Additional staff are rostered based on acuity or risk. • Security staff are rostered as required. • The Nurse Unit Manager meet regularly with the Roster Clerk to align staff to the correct rosters as much as possible. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The Nurse Unit Manager will continue to work with the Roster Clerk to improve roster alignment, noting that staffing to profile occurs within the Unit 		

Table 37. Formal Variance Report - Fiona Stanley Hospital - Ward 4B (Burns Unit)

Target NHpPD Hours: 11.91	Reported NHpPD Hours: 9.56	Variance: -2.35	% Variance: -19.73%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The negative variance has occurred because the Adult Burns activity has been below the allocated bed occupancy allowance and target NHpPD hours. • Burns Unit beds allocated to care for surgical patients not requiring the classified 11.91 NHpPD target hours. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		

Table 38. Formal Variance Report - Moora Hospital

Target NHpPD Hours: 4.30	Reported NHpPD Hours: 3.61	Variance: -0.69	% Variance: -19.11%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The Clinical Nurse Manager utilises the NHpPD model to the Moora patient population in planning nursing workforce needs and skill requirements, additionally reporting to the Health Service Manager (HSM) to advertise and recruit to the necessary FTE. • Projected vacancies are updated by the HSM to the centralised WACHS Workforce office, reviewed on a daily basis by the workforce coordinators and executive teams. • The workforce spreadsheet is tabled and discussed at the Daily 10 meeting each morning. • Patient care assistants (PCA) are rostered to compliment and support nursing staff on each shift within the residential aged care (RAC) areas. • Assistant in Nursing (AIN) utilised to support basic ward duties under the direction of nursing staff, in accordance with the Assistant in Nursing (AIN) Policy. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The Western Management Team meet monthly and the HSM meet weekly to identify and address workforce, staffing and resourcing issues. • Nursing FTE management, graduate placement and agency usage are also discussed with escalation of issues to Operations Manager. • The rostering of PCA/AIN has been imbedded into the organisational structure of multi-purpose sites, of which Moora hospital is one. This staffing mix meets clinical needs of the Moora community. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The hospital is staffed according to clinical needs. • A clinical assessment is made on each shift by the Clinical Nurse Manager with additional staff being rostered where required. • Hospital wide strategies are developed to address identified periods of predicted or significant staffing shortages. These include - monitoring and managing leave; block booking agency relief staff and utilising PCA and AIN in areas that require basic care support and maintain safety in times of high patient acuity. 		

Table 39. Formal Variance Report - Fiona Stanley Hospital - Ward 4D (Cardiology)

Target NHpPD Hours: 7.50	Reported NHpPD Hours: 6.34	Variance: -1.16	% Variance: -18.29%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 4D was substantively recruited during this period to its 2022/23 target FTE along with permanently recruiting 50% of their current parental leave. • Urgent secondments to areas such as cardiac rehab, complex care and clinical facilitator/educator positions had impacted ward and created deficits in rostering and actual FTE despite being permanently recruited to target. • Challenges in backfilling sick leave during this period further impacted ward deficits. • Occupancy increase over last year has increased target FTE for 2023/24. • 4D are actively recruiting to fill all deficits, permanent and fixed term. • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care positions (e.g., Nurse Unit Manager (NUM) and Nurse Educators) are utilised to support the clinical area but are not included in the NHpPD 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • NUM actively works with staff having care conversations when sick leave is high or frequent. • NUM backfills establishment deficits and vacant positions (from secondments) with fixed term contracts when able. • Continued support from senior indirect care positions on ward when required. • Ensured no rostered deficits on late shifts and night shift when less support around. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • In-patient CNS recently appointed permanently to ensure senior clinical leadership on ward. • Active review of rosters regularly to back fill deficits in advance with casual or part time staff wanting extras. • Continue monitoring and support for staff with high sick leave requirements. • Recruitment activities continue. • Monitor and set up staffing plan on receipt of Parental Leave requests; backfill in advance to ensure NHpPD target hours are met. 		

Table 40. Formal Variance Report - Sir Charles Gairdner Hospital - Intensive Care / High Dependency Unit

Target NHpPD Hours: 31.60	Reported NHpPD Hours: 27.29	Variance: -4.31	% Variance: -15.79%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The workload of ICU is monitored and reviewed as per patient acuity. • On average, 30 per cent of ICU inpatients have not required 1:1 nursing to patient ratio (NPR) nursing care, requiring only High Dependency Unit 1:2 NPR care. • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care positions (e.g., Nurse Unit Manager (NUM) and Nurse Educator, Staff Development Nurse, Clinical Coach, Research Nurse, Equipment Nurse) are utilised to support the clinical area but are not included in the NHpPD. • Bed flexibility is monitored shift by shift. • Reclassification of NHpPD for ICU required as a ICU/HDU merged – not yet progressed. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Use of appropriately skilled clinical staff from other areas. • Use of appropriately skilled casual and agency staff. • Improvement measures in place to plan for flow between ICU and other areas, stop access block. • Management of FTE shortfall and recruitment of appropriately skilled staff. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Planned upskilling courses for Registered Nurses transitioning to ICU (previous upskilling program and uptake successful). • Current recruitment processes in place to recruit appropriate CNs and RNs to ICU. • Implementation of ACP AIN pathway to decrease time for graduating nurses to specialise to ICU and enable larger intake of grad nurses to ICU. • Development of business case to increase funded beds/nursing FTE. 		

Table 41. Formal Variance Report - Fiona Stanley Hospital - Ward 6C (General Medicine)

Target NHpPD Hours: 8.00	Reported NHpPD Hours: 7.00	Variance: -1.00	% Variance: -14.28%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • HDU beds under occupancy at times, so HDU area staffed to profile based on occupancy. • Staffing deficits due to inability to backfill unplanned sick leave. • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care positions (e.g., Nurse Unit Manager (NUM) and Nurse Educator) are utilised to support the clinical area but are not included in the NHpPD. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Ward has utilised Assistant in Nursing to support basic ward duties under the direction of nursing staff, in accordance with the Assistant in Nursing (AIN) Policy. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Ongoing recruitment to permanent and casual pool to support backfill of roster and shift deficits. • Ongoing staffing to occupancy based on HDU requirements. 		

Table 42. Formal Variance Report - Fiona Stanley Hospital - Ward 5D (Respiratory & High Dependency Unit)

Target NHpPD Hours: 7.95	Reported NHpPD Hours: 6.98	Variance: -0.98	% Variance: -14.04%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 5D were under recruited during this period, due to a planned seasonal patient cohort adjustment. • Unplanned/unexpected long-term illness of several staff impacting roster deficits and recruitment. • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care nursing positions (e.g., Nurse Unit Manager (NUM), Clinical Nurse Specialist (CNS) and Nurse Educator) are utilised to support the clinical area but are not included in the NHpPD. • NUM ensures PM and night shift roster and deficits are covered so senior indirect care nursing positions are on shift to assist clinically during the weekdays. • Active recruitment in place to fill roster and shift deficits. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • NUM has backfilled staff vacancies (due to long term illness) with fixed term contracts. • Continue support from senior indirect care nursing team (NUM, CNS and Educator) on ward when required. • Ensured no rostered deficits on late shifts and night shift when less support around. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Actively reviewing and planning for winter profile recruitment now to ensure ward can meet target FTE. 		

Table 43. Formal Variance Report - Rockingham General Hospital - Multi Stay Surgical Unit

Target NHpPD Hours: 5.75	Reported NHpPD Hours: 5.05	Variance: -0.70	% Variance: -13.86%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Recruitment to backfill permanent staff on maternity leave and staff relieving in other positions). • Offering alternate/flexible hours to alleviate shift shortages; 12-hour roster patterns being explored. • Utilisation of hospital pool staff and casual staff to fill sickness. • Utilisation of both Nurse West and other agency staff to fill sickness. • In instances of shift shortfalls, accessing casual or agency nurses when possible. • EOI for transfers within the hospital in development 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Contracts completed for Acting CN's to support junior staff and assist with ward leadership • Increase of Assistant in Nursing (AIN) FTE approval completed • Restructure with total beds open all year (change from previous with winter to summer variations) • Recruitment pools in progress 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Recruit to vacant CN FTE (1.2) to increase the number of experienced clinical leaders on ward to support junior staff. • Retention of Graduate nurses. • Increase in FTE approved for the hospital's permanent pool, to reduce reliance on agency for unplanned leave and shift deficits. • Continued monitoring at Ward, Directorate and Nursing Executive level. • Recruitment strategy for AIN support in place 		

Table 44. Formal Variance Report - Fiona Stanley Hospital - Coronary Care Unit

Target NHpPD Hours: 14.16	Reported NHpPD Hours: 12.44	Variance: -1.72	% Variance: -13.82%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • CCU staff to acuity and reduce staffing numbers each shift if acuity does not require the allocated staff. • During this period CCU had lower acuity and staff were therefore redistributed to other areas or sick leave was not backfilled. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required. • CCU is recruited to target FTE and will be able to staff shifts should/when CCU acuity changes. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Current CN recruitment occurring to appoint senior staff to ensure skill mix on each shift is appropriate. 		

Table 45. Formal Variance Report - Fiona Stanley Hospital - Ward 4C (Cardiovascular)

Target NHpPD Hours: 7.50	Reported NHpPD Hours: 6.60	Variance: -0.90	% Variance: -13.63%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 4C is recruited to target FTE and has over recruited to accommodate maternity leave. • Unable to back fill sick leave, in instances of shift shortfalls, and not being able to access casual or agency nurses. • Senior indirect-care nursing positions (e.g., Nurse Unit Manager (NUM) and Clinical Nurse Specialist (CNS)) are utilised to support the clinical area but are not included in the NHpPD. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • NUM actively works with staff having care conversations when sick leave is high or frequent. • NUM backfills where able long term sick leave with fixed term contracts. • Continue support from SRN team (NUM, CNS and Educator) on ward when required. • Ensured no rostered deficits on late shifts and night shift when less support around. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • In-patient CNS recently appointed permanently to ensure senior clinical leadership on ward. • Active review of rosters regularly to back fill deficits in advance with casual or part time staff wanting extras. • Continue monitoring and support for staff with high sick leave requirements. • Recruitment continued - maternity leave backfilled in advance to ensure at target FTE. 		

Table 46. Formal Variance Report - Fiona Stanley Hospital - Ward 7D (Bone Marrow Transplant Unit)

Target NHpPD Hours: 9.00	Reported NHpPD Hours: 7.95	Variance: -1.05	% Variance: -13.20%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 7D has an allocation of 8 HDU beds - these have not been required with only an average of 1-3 HDU beds being in use during this period. • Ward staff rostered to actual bed occupancy - ward acuity during this time reduces the number of nurses required each shift. • Nurses are redistributed to other areas or sick leave is not backfilled to ensure the required number of nurses for the acuity of the ward are on shift. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required. • The ward is recruited to maximum establishment, to meet roster requirements if HDU bed occupancy increases. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		

Table 47. Formal Variance Report - Graylands Hospital – Murchison East

Target NHpPD Hours: 7.5	Reported NHpPD Hours: 6.55	Variance: -0.95	% Variance: -12.66%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Transfer of Forensic community patients that were using Murchison East beds back to Forensic services • Increase in National Disability Insurance Scheme (NDIS) support for transition to community care which increased the number of patients discharged from the ward, decreasing bed occupancy. Nursing staff were re-allocated to the acute stream when required. • Acuity on the ward decreased and nursing staff were re-allocated to more acute areas within the hospital. Assistants in Nursing supported the clinical environment to help maintain safety, when needed. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The current Hospital Extended Care Stream (HECS) model is being evaluated in order to progress the referral process to fill empty beds, thus increasing the requirement for increased staffing. • Care Awaiting Placement referrals are being promoted withing both Graylands and North Metropolitan Health to increase occupancy which will increase the use of nursing staff and reduce/eliminate the negative variance. • Assessment by senior nursing roles three times a day to redistribute resources as required, based on clinical need. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • NHpPD has been reassessed and improved staffing frameworks in place across Graylands Hospital. • Murchison East nursing staff are re-allocated to other wards where required based on acuity and activity. 		

Table 48. Formal Variance Report - Royal Perth Hospital - Ward 6G (General Surgery/Vascular)

Target NHpPD Hours: 8.54	Reported NHpPD Hours: 7.67	Variance: -0.87	% Variance: -11.34%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nursing shortfalls, due to sickness or unplanned leave, unable to be replaced by Workforce Allocation Officer (WAO) or Nurse Unit Manager (NUM). • Patient specials managed within the ward profile. • Profile based FTE requirement for 6G, includes a 'Flow Nurse' on AM and PM shifts to assist with overall patient flow, admissions, discharges, assist ward in clinical duties, support staff etc. If there is a staffing deficit, this role is not utilised, involving a reduction in NHpPD, however without involving additional patient workloads/exploiting nursing staff. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • NUM, in hours, will source additional staff, both internal and external to the ward to fill shortfalls, including use of Shift Match and staff group pages. • WAO out of hours, will source casual pool or agency staff to cover deficits. • NUM and SDN will support staff when there are staffing deficits. • Recruitment pool ongoing to fill vacant Nursing positions. • NHpPD monitored minimum of monthly, for examining Nursing workload. • Use of exclusion codes. • Identify and monitor AIN usage supplementing Nursing deficits to support direct patient care, within their scope. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Effective and efficient rostering • Risk assessments of acuity and skill mix • As above in response to Clause 7.2.2.3 		

Table 49. Formal Variance Report - Sir Charles Gairdner Hospital - Ward G52 (Neurosurgery)

Target NHpPD Hours: 9.51	Reported NHpPD Hours: 8.55	Variance: -0.96	% Variance: -11.22%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Long term SCGOPHCG RN Recruitment Pool open for nurses to apply • Staff employed external to the recruitment pool process. • Undergraduate nursing students close to finishing their qualification approached and offered employment pathways designed specifically for the newly qualified nurse (NQN) on graduation. • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care positions (e.g., Nurse Educator, Staff Development Nurse, Clinical Facilitator) are utilised to support the clinical area but are not included in the NHpPD. • Ward has utilised Student Assistant in Nursing to support basic ward duties under the direction of nursing staff, in accordance with the Assistant in Nursing (AIN) Policy. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Extra hours offered • Overtime offered • Use of centralised pool 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Continued recruitment strategy via recruitment pool 		

Table 50. Formal Variance Report - Fremantle Hospital - Ward B8N (Surgical Specialties/PCU)

Target NHpPD Hours: 7.50	Reported NHpPD Hours: 6.75	Variance: -0.75	% Variance: -11.11%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The negative variance has occurred because the elective surgery and Post-anaesthetic Care Unit acuity for this period has been below the allocated beds, therefore not requiring the NHpPD 7.5 target hours. • Activity and occupancy were consistent. • Ward staffed to meet lower patient acuity, due to the variation in patient cohort and occupancy. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		

Table 51. Formal Variance Report - Sir Charles Gairdner Hospital - Woods Ward (General Medical) (Hollywood Private Hospital)

Target NHpPD Hours: 6.50	Reported NHpPD Hours: 5.85	Variance: -0.65	% Variance: -11.11%
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Ward displaced to Hollywood Private Hospital due to decision to create Pandemic Ward. • Ward staff split between new Woods Ward and Pandemic Ward • Additional measures used to employ additional staff include centralised recruitment pool • Offer of extra hours and additional shifts • Flexible work arrangements 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Use of casual, relief and agency staff to support workforce vacancy • Distribution of workload to team style nursing • Recruitment of staff via central pool • Recruit graduates to permanent positions • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care nursing positions are utilised to support the clinical area but are not included in the NHpPD. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Long term SCGOPHCG RN Recruitment Pool open for nurses to apply • Ongoing recruitment and retention strategies for staff working within the area • Transition graduate to permanent employment (typically high numbers for the organisation) • Improved support systems across sites – after hours support and senior nursing support 		

Table 52. Formal Variance Report - Fiona Stanley Hospital – Ward 3B (Neonatal Medicine)

Target NHpPD Hours: 12.00	Reported NHpPD Hours: 10.83	Variance: -1.18	% Variance: -10.89
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The negative variance has occurred because the neonatal unit acuity and occupancy for this period has been below the allocated beds and NHpPD target hours, not requiring the NHpPD 12.00 target hours. • Activity and occupancy were consistent over the reported 12 months. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Nil required 		

Table 53. Formal Variance Report – Rockingham General Hospital – Intensive Care Unit

Target NHpPD Hours: 23.70	Reported NHpPD Hours: 21.40	Variance: -2.30	% Variance: -10.74
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Staffing deficits due to inability to backfill unplanned sick leave • In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care positions (e.g., Staff Development Nurse) are utilised to support the clinical area but are not included in the NHpPD. • Ward ready patients nursed at higher ratio i.e., 4:1 and the Nurse Unit Manager also utilised to accept new patient admissions until profile staff able to take over patient care. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Upskilling of ward staff and pool nurses on top of fixed term rotational positions • Formal increase FTE with ongoing recruitment in progress – reaching out to other ICU’s within WA to share staffing resources • Non-clinical positions such as SDN and NUM utilised clinically to cover staffing deficits when unable to resource balance from ward areas - these do not appear in the reported calculations • Utilisation of AIN’s if clinically appropriate to support the registered workforce 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Internal EOI process to rotate and upskill staff in critical care / ICU so can be pulled to backfill short notice deficits • Ongoing recruitment internally / external / overseas • Utilisation of non-clinical roles to ensure patient and staff safety 		

Appendix 5: Wards reporting 0 to -10% below target

Feedback from sites reporting wards that are between 0 to -10% *below* their respective NHpPD target are described in Table 54 (below). This table is presented from highest % variance below target to lowest.

Table 54. Variance Reports on areas reporting between 0 to -10% below target

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Fiona Stanley	7A (Colorectal/ Upper Gastrointestinal/ General Surgical)	A	7.50	6.82	-0.68	-9.97	The ward has been unable to attract and recruit nursing staff to fill shift deficits, with occupancy fluctuating dependant on elective surgery activity.
Bunbury Regional	Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.34	-0.51	-9.55	Negative variance due to graduate nurses withdrawing from program at late notice. Service deployed staff from other areas to supplement shortfalls, maintain ongoing recruitment activities, and plan to increase graduate nurse intake to fill vacancies.
Perth Children's	3A (Paediatric Critical Care)	ICU	32.26	29.50	-2.76	-9.36	Beds are staffed appropriately according to demand – there are large variances in demands for HDU and ICU beds in the paediatric setting, with an impact on NHPPD data. Assessment for reclassification is currently underway.
Fiona Stanley	7B (Acute Surgical Unit)	A	7.50	6.89	-0.61	-8.85	The ward has been unable to attract and recruit nursing staff to fill shift staffing deficits, with occupancy fluctuating dependant on elective surgery activity.
Osborne Park	1 (Maternity)	D & Del	8.97	8.25	-0.72	-8.72	Business continuity plans developed to ensure nurses/midwives from both direct care and indirect care positions are available to assist where required. Strategies to fill shift short falls include active recruitment to fill staff vacancies, the provision of flexible contracts, and actively seeking to increase the midwifery casual pool. To support the midwifery staff, support staff/assistants used on occasion to assist in the provision of basic tasks and delegated care.
Selby Lodge	Selby (Older Adult MH)	A	7.53	6.96	-0.58	-8.33	Negative variance due to an increase in ward acuity requiring deployment of ward staff into observation roles, leaving a staffing shortfall. Senior indirect care positions (e.g., CNS) used to support the clinical area, but are not included in NHpPD reporting. Difficult to backfill shift deficits due to unplanned COVID/sick leave, also challenged by competing for casual or agency nurse backfill due to higher acuity and risk care within other NMHS-Mental Health Service areas.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Fiona Stanley	4A (Orthopaedics)	B+	6.50	6.02	-0.48	-7.97	Fluctuations in occupancy related to elective surgery, with difficulty backfilling unplanned sick/personal leave. Active recruitment in progress to backfill establishment vacancies.
Rockingham General	Older Adult Mental Health	A	7.50	7.04	-0.46	-6.53	All areas within the Unit are staffed to profile within the roster structure and in line with the classification of NHpPD. The 30 bed Mental Health Unit is divided into four clinical units with four separate cost centres and four rosters. Variations in NHpPD occur because of staff deployed around the unit to manage patient care and safety; the roster may not accurately reflect this.
Fiona Stanley	SRC - Ward A (Neuro Rehabilitation)	C	5.75	5.40	-0.35	-6.48	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill unplanned sick leave. Active recruitment strategies in place. In instances of shift shortfalls, senior indirect care positions (e.g., Nurse Unit Manager and Nurse Educators) are utilised to support the clinical area but are not included in the NHpPD.
Graylands	Montgomery (Hospital Extended Care)	A+	8.66	8.19	-0.47	-5.73	Negative variance due to some periods of ward closure due to COVID, reduced activity and bed occupancy. As Montgomery patient cohort require assistance with basic self-care, to support the nursing staff shortfall, support staff/assistants in nursing utilised to assist nurses in the provision of direct patient care.
Sir Charles Gairdner	G53 (Surgical /Orthopaedics)	B+	6.80	6.43	-0.37	-5.44	Staffing deficits due to inability to backfill unplanned sick leave. Senior nurses in indirect patient care positions (e.g. SDN and Clinical Facilitator) utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Fremantle	4.1 (Secure MH)	HDU	12.00	11.38	-0.62	-5.44	Ward NHpPD target hours were reclassified from A+ to HDU category. Shift shortfalls unable to be backfilled due to unplanned absences. Active recruitment is in place.
Fiona Stanley	Intensive Care Unit	ICU	28.42	27.02	-1.40	-5.18	Negative variance due to ICU area experiencing high turnover of staff resulting in a significant vacancy of staff from required establishment. The ICU was funding to open additional beds which increased the target of recruitable FTE. In addition to the increase of funded ICU beds, the bed occupancy within the unit was routinely "over census".
Sir Charles Gairdner	G73 (Medical Specialties)	B+	6.80	6.47	-0.33	-5.10	G73 was staffed to profile & occupancy, however unable to backfill shift deficits caused by unplanned sick leave, leaving the ward short staffed and below profile whilst occupancy maintained. Senior nurses in indirect patient

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							care positions (e.g., CNS, SDN and Clinical Facilitators) utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD report.
Rockingham General	Aged Care Rehabilitation Unit	C	5.75	5.48	-0.27	-4.92	Negative variance due to nursing staff having to be used for patient escorts, with an inability to backfill unplanned sick/personal leave.
Osborne Park	4 (Rehabilitation)	C	5.75	5.48	-0.27	-4.92	Ward 4 (formerly ward 5) opened August 2022: Subsequent vacancies due to new ward establishment advertised for recruitment. Senior nurses in indirect patient care positions (e.g., SDN and CNS) utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Fiona Stanley	5C (Nephrology & General Medical)	B+	6.50	6.20	-0.30	-4.84	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick/personal leave. Active recruitment strategies in place. In instances of shortfalls senior nurses in indirect patient care positions utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Sir Charles Gairdner	G61 (Surgical)	A	7.50	7.17	-0.33	-4.60	Ward staff rostered to occupancy. Negative variance caused by shift staffing deficits due to difficulty backfilling unplanned sick leave.
Royal Perth	5AB (Acute Surgical Unit)	A	7.50	7.18	-0.32	-4.45	Negative variance due to unplanned staff turnover, a subsequent increase in vacant positions, sick/personal leave (including COVID leave) and an inability to cover all deficits with casual pool or agency nurses. Service continues to monitor shift shortfalls and actively recruit to fill vacancies, supporting increased workforce demands.
Sir Charles Gairdner	G66 (Surgical/Neurosurgery)	B+	7.00	6.73	-0.27	-4.01	Staffing deficits due to inability to backfill unplanned sick leave. Ongoing recruitment processes in place, fixed term contracts on offer with a view to retaining the junior nurses completing their 12-month graduate program.
Royal Perth	5G (Orthopaedics)	A+	7.52	7.25	-0.27	-3.72	Negative variance as not able to backfill shift deficits due to unplanned leave/sick leave, and limited availability of casual pool staff. Ward staff rostered to actual bed occupancy. Nurse specials and high acuity managed within the staffing profile. Service continues to monitor shift shortfalls and actively recruit to fill vacancies to support increased workforce demands.
Narrogin	Narrogin inpatients	D & Del	5.16	4.99	-0.17	-3.40	Backfilling shift deficits at short notice to cover unplanned leave is difficult, therefore senior nurses (counted as

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							indirect care positions) used to support clinical staff to cover shortfalls, however this support is not included in NHpPD reporting
Fremantle	B9N (General Medical & Geriatric Medicine)	C	5.75	5.57	-0.18	-3.23	Staffing deficits due to inability to backfill sick leave. Ongoing staff turnover and recruitment processes in place. In instances of shortfalls NUM and nurse educators are deployed.
Fiona Stanley	6B (Neurology)	B+	6.49	6.29	-0.20	-3.17	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shortfalls senior nurses in indirect patient care positions (e.g., NUM, CNS) utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Bentley	10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.28	-0.22	-3.02	Ward staff rostered to bed occupancy and patient acuity, and care managed within the staffing profile. Strategies implemented to meet staff short fall include utilisation of support staff/assistants in nursing to assist nurses in the provision of direct patient care. Service continues to monitor and coordinate shift shortfall and match recruitment plans with areas with true vacancy and increased workforce demands.
Fiona Stanley	6D (Acute Care of the Elderly)	B+	6.49	6.30	-0.19	-3.01	Staffing deficits due to inability to backfill sick leave. Ongoing staff turnover and recruitment processes in place. In instances of shortfalls senior nurses in indirect patient care positions (e.g., NUM, Nurse Educator) utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Osborne Park	7 (DRM Rehabilitation)	C	5.75	5.60	-0.15	-2.61	Staffed to profile and occupancy however unable to backfill unplanned personal leave, leaving ward staffing short. Senior nurses in indirect care positions (e.g., SDN and CNS) used to assist with staffing shortages and the provision of direct patient care but are not included in NHpPD reporting.
Osborne Park	3 (Aged Care & Rehabilitation)	D	5.00	4.88	-0.12	-2.40	Ward staffing challenged due to establishment nurses on secondment and extended sick leave. Some shift deficits covered by staff on fixed term contracts, with active attraction and recruitment strategies in place to fill vacancies. Senior nurses in indirect care positions (e.g., SDN and CNS) used to assist with staffing shortages and

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							the provision of direct patient care but are not included in NHpPD reporting.
Bunbury Regional	Mental Health	A + C	6.16	6.02	-0.14	-2.32	Increase in unplanned personal leave, shifts backfilled by non-direct care clinical staff. Recruitment campaign has successfully recruited 3.0 FTE permanently, and recruitment pools remain open to continually attract EN and RN.
Sir Charles Gairdner	G54 (Respiratory Medicine)	A	7.50	7.34	-0.16	-2.17	Challenges recruiting to temporary vacancies due higher than usual numbers of staff on secondment opportunities. Service continues to advertise and recruit suitable applicants and offer opportunities to nurses on Casual Pool.
Royal Perth	Coronary Care Unit	A+	11.10	10.87	-0.23	-2.11	Negative variance due to increase in sick/personal leave (including COVID leave) and inability to cover deficits with casual pool or agency nurses due to specialist nature of work. Service continues to monitor shift shortfall and match recruitment planning to workforce demands.
Sir Charles Gairdner	G51 (Medical Specialities)	B+	6.75	6.63	-0.12	-1.80	Staffed to profile and occupancy however unable to backfill shift deficits due to unplanned sick leave. Senior nurses in indirect patient care positions (e.g., SDN and Clinical Facilitator) utilised to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Sir Charles Gairdner	G62 (Surgical)	A	7.50	7.38	-0.13	-1.76	Staffing deficits due to inability to backfill unplanned sick leave. Ongoing recruitment processes in place, fixed term contracts on offer with a view to retaining the junior nurses completing their 12-month graduate programs.
Fremantle	4.3 (Older Adult MH)	A	7.50	7.38	-0.12	-1.62	Ward experiencing chronic staffing challenges due to the heavy nature of the work and patient cohort in a mixed ward. Difficult to backfill shift deficits due to unplanned sick leave. Casuals staff are relied on to backfill sick leave and roster shortfall, however they prefer to work short shifts (6hrs); Active recruitment strategies in place. To support the nursing staff, support staff/assistants used on occasion to assist in the provision of basic tasks and delegated care.
Fremantle	B7S (Aged Care)	C	5.75	5.69	-0.06	-1.05	Staffing deficits due to inability to backfill unplanned sick leave. Recruitment processes in place due to ongoing staff turnover. In instances of shift shortfalls senior nurses in indirect patient care positions (i.e., NUM and SDN), utilised

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							to support staff shortages and the provision of direct patient care but are not included in NHpPD reporting.
Royal Perth	9A (Medical) ***	B+	6.65	6.59	-0.06	-0.91	Ward was the designated COVID Contact ward from July-Sep 2022. The COVID demand was not as high as anticipated, and the ward decreased from 32 to 22 beds in October 2022. Service continues to monitor shift shortfalls and actively recruit to fill vacancies to support increased workforce demands.
Perth Children's	4A (Adolescents)	A+	9.00	8.92	-0.08	-0.89	Ward primarily runs on 12-hour shifts which reduces the total hours/day from a 26hrs per day shift cover to 24hrs per day shift coverage. Safe patient care provided.
Royal Perth	9C (Respiratory/ Nephrology)	B & HDU	6.85	6.79	-0.06	-0.88	Ongoing recruitment strategies in place to fill vacancies. Staffing deficits are due to vacant positions, non-productive FTE, and sick leave. Limited availability of casual/pool staff to fill unplanned shift deficits. Service continues to monitor and coordinate shift shortfall and match recruitment plans to meet workforce demand.
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.70	-0.05	-0.88	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shift shortfalls, senior indirect care positions (e.g., Nurse Unit Manager and Nurse Educators) are utilised to support the clinical area, but are not included in the NHpPD
Perth Children's	4B (Specialist Medical)	A+	8.70	8.65	-0.05	-0.57	Ward is staffed according to acuity. Minor fluctuations due to shorter shifts replacing sick/COVID leave
Fremantle	5.1 (Adult MH)	B	6.00	5.98	-0.02	-0.33	Staffing rostered to occupancy. Had been unable to backfill shift deficits due to unplanned sick leave and inability to access casual pool or agency nurses. Recruitment underway.
Sir Charles Gairdner	G71 (Pandemic Response/Surgical Assessment Unit (SAU))	B+	6.75	6.73	0.02	-0.29	Ward's patient cohort and ward configuration changed from 'Pandemic Response' to 'Surgical Assessment Unit' from January 2023. Staffing rostered to planned occupancy. Unable to backfill some shift deficits due to unplanned sick leave and inability to access casual pool or agency nurses.
Royal Perth	5H (Neurosurgical)	A-	7.30	7.28	-0.02	-0.27	Negative variance as not able to backfill shift deficits due to unplanned leave/sick leave, and limited availability of casual pool staff. Ward staff rostered to actual bed occupancy. Nurse specials and high acuity managed within the staffing profile. Service continues to monitor shift

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							shortfalls and actively recruit to fill vacancies to support increased workforce demands.

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