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 2021 – 30 June 2022

Document History

Version	Version Date	Author	Description
1.0	17 November 2022	M. Book	Draft V1.0 compiled off HSP verified NHpPD and variance reports, Sent to Principal Nursing Advisor (PNA) and Chief Nursing and Midwifery Officer (CNMO) for feedback.
2.0	25 November 2022	L. Vilé R. Redknap	Feedback from PNA and CNMO compiled into Draft V2.0.
3.0	1 December 2022	M. Book	Draft V3.0 sent to State-wide Industrial Relations (SWIR) & Health Service Providers (HSPs) for review and action on outstanding items within the document.
4.0	8 December 2022	M. Book	Feedback from SWIR & HSPs compiled into Draft V4.0 Minor data discrepancies detected in some % Variance calculations; all % Variance data re-calculated manually and revised as required. Sent to PNA and CNMO for further review
5.0	8 December 2022	L. Vilé R. Redknap	Feedback from PNA and CNMO compiled into Draft V5.0. Draft Report V5.0 sent to Nursing Workload Consultative Process (NWCP) Committee 8 December 2022, for review out of session, with feedback to be returned by COB 14 December 2022.
6.0	16 December 2022	M. Book & NWCP Committee	Draft V5.0 reviewed by NWCP Committee. Minor adjustment of NMHS-WNHS data for Ward 6 translated into V6.0. No feedback received from United Workers Union or Australian Nursing Federation Industrial Union of Workers Perth. Final report published to the Chief Nursing and Midwifery Office website.

Executive Summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that should be applied in association with clinical judgement and clinical need. Each financial year, two reports are produced by the Chief Nursing Midwifery Office (CNMO) in collaboration with Health Service Providers; the NHpPD Interim Report for the period 1 July to 31 December and the NHpPD Annual Report for the period 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 and Ethnic Health Workers Industrial Agreement 2020 (UWU Agreement).

Reform within WA Health continues which requires attention and includes, but is not limited to, the implementation of the Health Services Act 2016 (HS Act), and the Sustainable Health Review (SHR) 2019. The Workload Management Models Review project, is a deliverable of the ANF Agreement and the UWU Agreement. This review researched and evaluated workload models, and the potential impact on the WA health system if the nurse-to-patient legislation, currently operating in Queensland and Victoria, were to be introduced in Western Australia (WA). The findings from this project further informed an independent review of the NHpPD workloads management model to inform the future direction of safe staffing models in WA Health.

It should be noted that challenges associated with alignment of cost centres, change in Patient Administration Systems (PAS) and enhancements of the central reporting tool presently exists. As such, consideration of these factors is necessary when interpreting and analysing the NHpPD data in this report.

Of significance, the World Health Organisation (WHO) made the assessment and declared COVID-19 a pandemic on 11 March 2020. Further, due to the planned opening of the WA border in early 2022, a COVID-19 surge was anticipated, 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, as well as supporting and preparing the WA nursing and midwifery workforce.

The WA health system is dynamic; demands for health services, including its agility to pivot, have grown substantially over time. Given the status of COVID-19 and impact on service delivery, some areas have changed their functionality since the last annual report. A degree of caution is advised when comparing NHpPD data with previous reports.

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 formal variance reports from managers and directors for areas that reported between 0-10% below their NHpPD target are provided in the Appendices.

In summary, a total of 189 wards were reported:

- 77% (n = 145) of these wards were ≥ 0 and 10% above their identified NHpPD targets;
- 19% (n = 36) reported ≤ 0 and 10% below their identified NHpPD targets; and
- 4% (n = 8) were ≥ 10% below their identified NHpPD target.

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TABLES

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 2021 to 30 June 2022. 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 and Ethnic Health Workers Industrial Agreement 2020 (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 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.

This report acknowledges the Sustainable Health Review, strategy 7[1], recommendation 24[2], point 2[3]. It is recognised that, while undertaking this report, challenges still exist when extrapolating data. 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.

Every effort has been made to report on all areas, there are some however that are not reported. In such instances, supporting comments from frontline leaders has been included within the relevant tables.

[1] Culture and workforce to support new models of care
[2] Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability.
[3] Independent capability/skills review completed to ensure that the Department of Health and Health Service Providers are ready and able to deliver on Government priorities and identify opportunities for improvement.

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 target. 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 WA Health Chief Executive Officer, as 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. The "PULSE Tool" developed by the Data and Digital Innovation (DDI) division within East Metropolitan Health Service (EMHS) is currently used by several HSPs. The fundamental business rules apply in both tools and of note, the PULSE Tool provides 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 within 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.

There are instances where variations have been highlighted when collating data. A degree of caution is required in these situations. 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, North Metropolitan Health Service-Mental Health (NMHS-MH) identify discrepancies in the NHpPD HSS Tool, therefore their own data is utilised.

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.

The Australian Health Sector Emergency Response Plan was enacted nationally on 27 February 2020, and on 15 March 2020, the WA State Government declared a state of emergency along with a formal public health emergency.

The uncertainty surrounding this pandemic has impacted many areas of nursing and midwifery. The WA Health preparedness strategy meant HSPs have redesigned service delivery by ward reconfiguration, quarantining of wards for COVID-19 related care and elective surgery cancellation. To ensure a skilled and adaptable workforce remains responsive to the challenges of COVID-19, HSPs remain vigilant with reviewing and enacting immediate strategies to ensure safe and appropriate patient flow within the health services. This also includes supporting and continually preparing the WA nursing and midwifery workforce.

Initially during early 2020, the State health COVID-19 preparedness phase created increased activity in some service delivery. In 2021 the state border controls remained in place. Strategies implemented state-wide included but were not limited to competence in donning and doffing personal protective equipment (PPE), N-95 mask fit testing and training. Staffing contingencies such as critical care upskilling, clinical refreshers, and recruitment of additional newly qualified nurses and midwives were instigated and continue to date. Further, due to the planned opening of the WA border in early 2022, a COVID-19 surge was anticipated, necessitating extraordinary measures to support workforce capacity.

Over the course of this reporting period, 1 July 2021 to 30 June 2022, the WA health system has put in place strategies for growing and maintaining a solid contact tracing contingency as well as designing and recruiting a workforce for the state-wide COVID-19 vaccination program. Movement of staff between areas have impacted workforce availability for inpatient care. Multiple ward configurations across the state HSPs occurred in preparation for borders opening early 2022, with an expected surge of infections and subsequent hospitalisations.

This Annual Report provides reporting for services during the impact of COVID-19; identifying ward closures, reconfigurations, and amended NHpPD targets - as part of the COVID-19 preparedness strategy. Some services have reverted to pre COVID-19 status. However, some have maintained temporary reconfiguration and/or ward closures. HSPs that undertook significant change have provided data and feedback to describe their reconfigurations and preparedness strategy. This is provided in the Appendices attached to this report.

Reporting structure

Only wards reporting ≥10% below their target nursing hours will be 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 benchmarks and reclassifications approved during this reporting period is set out under the following header:

- Benchmarks and Reclassification

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

Over the last annual reporting period from 1 July 2021 to 30 June 2022, a total of 189 wards were reported and of these, 87 wards (46%) across WA Health showed they were 10% above their NHpPD targets, with 8 wards (4%) of the total ≥ 10% below target.

A total of 145 (77%) reported over the target NHpPD, while 44 (23%) reported below the set NHpPD 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 2021 – 30 June 2022 2021				
NHpPD reporting	**Number of Wards**			**Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (also represented as total %)**
	Metropolitan HSPs (= n)	**RRC (= n)**	**IDHS (= n)**	
Above 10%	56	19	12	87 (46%)
Above 5 - 10%	13	5	1	19 (10%)
Above 0 - 5%	32	4	3	39 (21%)
Below 0 - 5%	23	2	1	26 (14%)
Below 5 - 10%	10	0	0	10 (5%)
Below 10% or more	7	0	1	8 (4%)
Total Wards	141	30	18	189

All ward specific data relevant to these sites are provided in Appendix 1, 2 and 3 respectively. Areas that reported between 0 to 10% below their target have provided comments regarding the action taken to relieve or alleviate the workload. The formal variance report and wards reporting less than 10% below target are detailed in Appendix 4 and 5 respectively.

Metropolitan Health Service Data

Of the 141 wards in the Metropolitan HSPs, 7 wards showed a percentage variance of ≥10% below their allocated NHpPD target (Table 2).

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

Nursing Hours per Patient Day Reporting						
Hospital	**Ward**	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Fiona Stanley	6C (General Medicine)	B & HDU	8.00	7.14	-0.86	-10.75
Osborne Park	5 (GEM & Rehab)	C	5.75	5.11	-0.64	-11.13
Rockingham General	Multi Stay Surgical Unit	C	5.75	5.06	-0.69	-12.00
Fiona Stanley	4B (Burns)	A+ (Burns)	11.91	10.26	-1.66	-13.90
Fiona Stanley	7D + BMTU	A & HDU	9.00	7.64	-1.36	-15.11
Sir Charles Gairdner	Intensive Care – High Dependency Unit	ICU	31.60	26.09	-5.51	-17.43
Rockingham General	Aged Care Rehab Unit	C	5.75	3.49	-2.27	-39.47

Formal variance reports for the above areas (Table 2) are provided in Appendix 4 (see Table 31, 32, 33, 34, 35, 36 and 38).

WA Country Health Service Data

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 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 inpatients areas reporting for this period, there were no hospitals reporting ≥10% below their NHpPD target for this reporting period.

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 20 IDHS locations reporting on NHPPD for this period, 3 Great Southern hospitals did not report NHPPD (due to COVID-19), and 1 hospital reported ≥10% below their NHpPD target (Table 3).

Table 3.IDHS inpatient wards that are 10% or more below target

Nursing Hours per Patient Day					
Hospital	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Moora inpatients	E+F (Moora)	4.30	3.11	-0.99	-23.02

Formal variance reports for the above (Table 4) are provided in Appendix 4 (see Table 37).

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 is a total of 47 SH sites that maintain a 2:2:2 roster and report against workload each month. Staffing is based on safe staffing principles.

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

As per the *WA Health Clinical Services Framework 2014-2024,* there are 42 SH which are 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 considered SH, not included in the *WA Health Clinical Services Framework 2014-2024*, but reported within SH NHpPD are:

- **Great Southern:** Denmark, Plantagenet
- **Kimberley:** Halls Creek, Fitzroy Crossing
- **Southwest:** 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 2021 to 30 June 2022. This is demonstrated in Table 4 below.

It should also be noted that during the COVID-19 pandemic and EDs being the front line of health services, measures have been put in place to maintain safety and patient flow. EDs across the state are 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*[4], 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.

Comments were sought from HSPs regarding workloads or grievances and are provided as Feedback within Table 4.

Table 4. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2021 to 30 June 2022			
Hospital	**Recommended FTE based on EDDC data**	**Number of ED presentations based on EDDC data**	**Feedback from HSPs**
Metropolitan Health Sites			
Armadale	82.05	66,452	Nil unresolved workload grievances.
Fiona Stanley	197.82	113,443	Nil unresolved workload grievances. The 24/7 CARE Call Waiting Room nurse adds an additional 11.35 FTE.
King Edward Memorial	10.4	12,025	Nil unresolved workload grievances.

[4] Unexpected death in the PCH Emergency: SAC 1 Clinical Incident Investigation Report (health.wa.gov.au) – internal document

Perth Children's	76.73	69,748	Nil unresolved workload grievances.
Rockingham General	83.00	61,835	Nil unresolved workload grievances. Difficulties experienced with staffing due to increase in COVID-19 screening and patient presentations.
Royal Perth	121.50	72,150	Nil unresolved workload grievances.
Sir Charles Gairdner	114.58	70,967	Nil unresolved workload grievances.
WA Country Health Service			
Albany	29.63	31,224	Nil issues reported to WACHS Central Office.
Broome	21.85	25,049	
Bunbury	60.31	43,105	
Hedland	22.33	27,620	
Kalgoorlie	24.41	25,306	
Geraldton	38.32	35,284	

Benchmarks and Reclassification

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 NHpPD category. This can occur when the complexity or relative proportions of ward activity, or a relative number of deliveries to Occupied Bed Days changes. In such instances, submission of a business case is therefore required to have an area reclassified and the associated category changed. The governance for reclassification is undertaken through the State Workload Review Committee (SWRC).

Throughout the COVID-19 pandemic, some health services have pivoted, some services reconfigured with additional services being commissioned, and some required NHpPD reclassification in order to maintain safety and efficiency. Wards that have not been able to accumulate the retrospective data to support requested target hours are supported with provisional reclassification. This requires a resubmission 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 2021 to 30 June 2022, new benchmarks and reclassifications approved during this reporting period are demonstrated below (Table 5).

Table 5. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD Category	Revised NHpPD Category
Royal Perth	Ward 5G	B (6.64)	A+ (7.52) 12 months provisional
Royal Perth	Ward 6G	A (7.52)	A+ (8.54)
Busselton	Ward 1 - Acute Medical/Surgical	Not classified	C (5.75) 12 months provisional
Busselton	Ward 2 - Sub-acute/rehabilitation/ hospice/palliative care	Not classified	C/D (5.51) 12 months provisional
Busselton	Maternity Ward & Birth Suite	Not classified	2:2:2
Bentley	Ward 3 - Surgical Stepdown Ward	D (5.00)	C (5.75)
Fremantle	Ward 4.1 Mental Health	A+ (11.2)	HDU (12.00)

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 - Perth Children's Hospital - COVID Strategy

In January 2022 Wards 2A and 4B swapped patient cohorts, as 2A had the ability to become a negative pressure ward to manage COVID-19 patients. This was in addition to enacting strategies across PCH wards and the Emergency Department from April 2020 throughout the pandemic to mitigate the risks associated with managing patients with COVID-19.

CAHS - Perth Children's Hospital – NHpPD Data

All ward specific NHpPD data for CAHS Perth Children's Hospital is demonstrated in Table 6 (below).

The variance (percentages) for this hospital range between -1.77% below and 58.66% above the respective ward target.

Table 6. CAHS - Perth Children's Hospital (PCH)

CAHS - PCH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 1A (Oncology and Haematology)	HDU	12.00	12.10	0.10	0.83
Ward 1B (Burns Orthopaedic Plastics)	A+	7.70	8.91	1.21	15.71
Ward 2A (General Medical)	A+	9.04	9.51	0.47	5.21
Ward 2B (Long Stay Surgical)	A+	9.60	10.15	0.55	5.72
Ward 3A (Paediatric Critical Care)	ICU	32.26	32.32	0.06	0.19
Ward 3C (Multiday Surgical)	A	7.50	11.90	4.40	58.66
Ward 4A (Adolescents)	A+	9.00	8.84	-0.16	-1.77
Ward 4B (Specialist Medical)	A+	8.30	8.55	0.25	2.97
Ward 5A (Mental Health)	HDU	12.00	13.37	1.37	11.42

East Metropolitan Health Service (EMHS)

EMHS – NHpPD Data

All ward specific NHpPD data for EMHS - Armadale Hospital is demonstrated in Table 7 (below).

The ward variance (in percentages) for this hospital range between 0.66% and 2335.16% above the respective ward target.

Table 7. EMHS - Armadale Hospital (AH)

EMHS - AH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Anderton Ward (Palliative) (Kalamunda Hospital)	D+	5.50	6.19	0.69	12.45
Banksia Ward (Older Aged Mental Health)	A+	8.00	9.20	1.20	15.00
Campbell (Paediatrics)	B	6.00	13.00	7.00	116.66
Canning Ward (Medical)	B	6.00	6.79	0.79	13.16
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.08	0.08	1.60
Colyer (Surgical)	C	5.75	5.82	0.07	1.21
Intensive Care Unit	ICU	23.70	32.54	8.84	37.29
Karri Ward (Mental Health)	A+	8.00	8.58	0.58	7.25
Maud Bellas Ward (Maternity)	B	6.00	9.22	3.22	53.66
Medical Admissions Unit	A+	7.50	7.55	0.05	0.66
Same Day Unit	B	6.00	146.11	140.11	2335.16
Special Care Nursery	B	6.00	13.57	7.57	126.17
Moodjar/Yorgum (Mental Health)	A+	7.50	9.17	1.67	22.27

EMHS – NHpPD Data

All ward specific NHpPD data for EMHS - Bentley Hospital is demonstrated in Table 8 (below).

The variance (percentages) for this hospital range between -6.33% below and 30.66% above the respective ward target.

Table 8. EMHS - Bentley Hospital (BH)

EMHS - BH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
John Milne Centre	D	5.00	8.58	3.58	71.60
Ward 3 (Surgical Step Down)	D	5.75	7.24	1.49	25.91
Ward 4 (Aged Care Rehab)	D	5.00	4.95	-0.05	-1.00
Ward 5 (Subacute and Stroke Rehabilitation)	C	5.75	6.29	0.54	9.39
Ward 6 (Secure Unit)	A+	11.20	13.35	2.15	19.20
Ward 7 (Adult Acute)	A-	7.30	6.85	-0.45	-6.16
Ward 8 (Adult Acute)	B	6.00	5.62	-0.38	-6.33
Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.25	-0.25	-3.33
Ward 11 (Mental Health Youth Unit)	HDU	12.00	15.68	3.68	30.66

EMHS – NHpPD Data

All ward specific NHpPD data for EMHS - Royal Perth Hospital is demonstrated in Table 9 (below).

The variance (percentages) for this hospital range between -9.01% below and 126.00% above the respective ward target.

Table 9. EMHS - Royal Perth Hospital (RPH)

EMHS - RPH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Acute Medical Unit	A-	7.30	8.05	0.75	10.27
Coronary Care Unit	A+	11.10	11.32	0.22	1.98
Intensive Care Unit	ICU/HDU	26.67	32.66	5.99	22.45
State Major Trauma Unit	A + HDU	10.00	10.18	0.18	1.80
Ward 2K (Mental Health)	B	6.00	6.01	0.01	0.16
Ward 3H (Orthopaedics)	C	5.75	7.22	1.47	25.56
Ward 4A (DO23/47 Surgical)	B	6.00	13.86	7.86	126.00
Ward 5AB (Acute Surgical Unit)	A	7.50	7.54	0.04	0.53
Ward 5G (Orthopaedic)	A+	7.52	7.15	-0.37	-4.92
Ward 5H (Neurosurgical)	A-	7.30	7.30	0.10	1.37
Ward 6G (Gen Surg/Vascular)	A+	8.54	7.77	-0.77	-9.01
Ward 6H (Ear Nose Throat /Plastics/Maxillofacial)	B+	6.20	6.67	0.47	7.58
Ward 7A (Geriatric Medicine)	C	5.75	5.92	0.17	2.95
Ward 8A (Neurology/ Gastrointestinal)	B	6.00	6.13	0.13	2.16
Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	7.10	0.25	3.64
Ward 10A (General Medicine)	B	6.00	6.40	0.40	6.66
Ward 10C (Immunology)	B	6.00	6.96	0.96	16.00

North Metropolitan Health Service (NMHS)

NMHS – NHpPD Data

All ward specific NHpPD data for NMHS – Sir Charles Gairdner Hospital is demonstrated in Table 10 (below).

The variance (percentages) for this site range between -17.43% below and 20.92% above the respective ward target.

Table 10. NMHS - Sir Charles Gairdner Hospital (SCGH)

NMHS - SCGH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Coronary Care Unit (Med Specs)	CCU	14.16	15.24	1.08	7.62
Ward C14 (YAR) *	C	5.75	6.60	0.85	14.78
Ward C16 (Acute Medical/Delirium) **	B	6.00	6.85	0.85	14.16
Ward C17 (Geriatric Evaluation and Management (GEM)/Medical) ***	C	5.75	5.58	-0.17	-2.95
Ward G41 (Medical Specialties /Cardiology)	B+	6.50	7.86	1.36	20.92
Ward G51 (Medical Specialities)	B+	6.75	6.62	-0.13	-1.92
Ward G52 (Neurosurgery)	B + HDU	9.51	8.64	-0.87	-9.15
Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.61	-0.19	-2.79
Ward G54 (Respiratory Medicine)	A	7.50	6.89	-0.61	-8.13
Ward G61 (Surgical)	A	7.50	7.04	-0.46	-6.13
Ward G62 (Surgical)	A	7.50	7.28	-0.22	-2.93
Ward G63 (Medical Specialties)	B+	6.80	6.99	0.19	2.79
Ward G64 (Ear Nose Throat/ Plastics/Ophthalmology/Surgical)	A	7.50	7.67	0.17	2.26
Ward G66 (Surgical/Neurosurgery)	B+	7.00	7.04	-0.28	-4.00
Ward G71 (GEM/Medical)	B+	6.50	7.63	1.13	17.38
Ward G72 (Medical Assessment Unit)	A	7.50	8.03	0.53	7.06
Ward G73 (Medical Specialties)	B+	6.80	7.59	0.79	11.61
Ward G74 (Medical)	B+	7.00	7.57	0.57	8.14
Intensive Care - High Dependency (ex-G54) Unit ****	ICU	31.60	26.09	-5.51	-17.43

* Ward C14 opened in December 2020 to accommodate C16 renovations, and closed in November 2021
** Ward C16 was closed for refurbishment, and reopened in November 2021
*** Ward G17 was closed
**** Ward G45 High Dependency Unit merged to one reporting entity with Intensive Care Unit August 2021

NMHS - NHpPD Data

All ward specific NHpPD data for NMHS – Osborne Park Hospital is demonstrated in Table 11 (below).

The variance (percentages) for this site range between -11.13% below and 23.3% above the respective ward target.

Table 11. NMHS - Osborne Park Hospital (OPH)

NMHS - OPH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 1 Maternity *	D+Del	8.97	-	-	-
Ward 2 Rehabilitation **	C	5.75	6.10	0.35	6.08
Ward 3 Aged Care & Rehabilitation	D	5.00	6.10	-0.12	-2.40
Ward 4 Rehabilitation	C	5.75	5.56	-0.19	-3.30
Ward 5 Geriatric Evaluation and Management (GEM) & Rehabilitation	C	5.75	5.11	-0.64	-11.13
Ward 6 Geriatric and Rehabilitation Medicine (GARM) ***	C	5.75	7.09	1.34	23.30
Ward 6 Surgical***	C	5.75	6.10	0.35	6.08

* Ward 1 management shifted to NMHS-WNHS July 2021; NHpPD data was not reported for this period. No workload grievances reported.
** Ward 2 opened on 10/05/2021 however was not activated in the NHpPD HSS Tool. PULSE data used for this report. Ward has since been activated in the HSS Tool for future reporting.
*** Ward 6 GARM opened on 11/10/2021 as a separate reporting entity, in addition to Ward 6 Surgical.

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

All ward specific NHpPD data for NMHS - Women's and Newborn Health Service (WNHS), King Edward Memorial Hospital is demonstrated in Table 12 (below).

The variance (percentages) for this site range between 11.60% and 165.86% above the respective ward target.

Table 12. NMHS - WNHS - King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 3 (Maternity)	A	7.50	8.37	0.87	11.60
Ward 4 (Maternity)*	A	7.50	-	-	-
Ward 5 (Maternity)	A	7.50	8.66	1.16	15.46
Ward 6 (Gynaecology/ Oncology)**	A	7.50	8.29	0.79	10.56
Adult Special Care Unit	HDU	12.00	19.15	7.15	59.58
Mother & Baby Unit	HDU	12.00	14.04	2.04	17.00

* Ward 4 (Maternity) remains closed.

** Ward 6 (Gynaecology/ Oncology) relocated to Ward 4 temporarily from April to June. Data from the NHPPD HSS Tool over these three months was inaccurate therefore removed. Ward 6 has relocated back to original geographical location.

NMHS - Mental Health - NHpPD Data

All ward specific NHpPD data for NMHS - Mental Health (MH), Graylands Hospital is demonstrated in Table 13 (below).

The variance (percentages) for this site range between 4.13% below and 62.12% above the respective ward target.

Table 13. NMHS - MH - Graylands Hospital

Graylands Hospital *	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dorrington (Acute Open)	A	7.50	7.82	0.31	4.13
Ellis (Acute) **	A	7.50	9.13	1.63	21.73
Montgomery (Hospital Extended Care) ***	A+	8.66	11.22	2.56	29.56
Murchison East	D	5.00	5.96	0.96	19.20
Murchison West	A	7.50	10.03	2.53	33.73
Smith (Acute Secure) ****	A+	8.66	14.04	5.38	62.12
Susan Casson (Acute) *****	A+	8.51	11.31	2.80	32.90
Yvonne Pinch (Acute Secure)	A+	15.00	23.46	8.46	56.40

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

** Ellis Hospital Extended Care (HEC) closed January 2022 and re-opened again in April 2022 as Acute Open.

*** Montgomery closed for anti-ligature works during November 2021 and reopened as HEC January 2022.

**** Smith (Acute) closed for anti-ligature works November 2021 and will reopen as HEC July 2022.

***** Susan Casson ward services changed to Acute Care on 23 June 2021, due to building upgrade works in progress. It will remain an Acute Open ward due to realignment of services.

NMHS - Mental Health - NHpPD Data

All other NMHS Mental Health ward specific NHpPD data is demonstrated in Table 14 (below).

The variance (percentages) for these wards range between -3.11% below and 93.26% above the respective ward target.

Table 14. NMHS - Mental Health

* NMHS - MH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Selby (Older Adult MH)	A	7.53	7.30	-0.23	-3.11
Osborne Park (Older Adult MH)	A	7.8	10.27	2.47	31.72
SCGH MH Observation Area	A+	12.75	12.50	1.96	15.37
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	22.58	9.83	93.26
Frankland Centre (State Forensic MH)	A+	9.3	9.40	0.10	1.07

* 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 15 (below).

The variance (percentages) for FSH wards range between -15.11% below and 38.75% above the respective wards' target.

Table 15. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Coronary Care Unit	CCU	14.16	13.68	-0.48	-3.38
Short Stay Unit	C	5.75	5.88	0.13	2.30
Intensive Care Unit	ICU	28.42	28.85	0.43	1.51
Ward 3A (Paediatrics Medical/ Surgical)	B	6.00	8.33	2.33	38.75
Ward 3B (Neonatal Medicine)	HDU	12.00	11.57	-0.43	-3.56
Ward 3C (Maternity)	B	6.00	7.71	1.71	28.53
Ward 4A (Orthopaedics)	B+	6.50	6.37	-0.13	-2.01
Ward 4B (Burns)	A+ (Burns)	11.91	10.26	-1.66	-13.90
Ward 4C (Cardiovascular Surgery)	A	7.50	7.13	-0.38	-5.00
Ward 4D (Cardiology)	A	7.50	7.01	-0.49	-6.53
Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.18	-0.04	-0.49
Ward 5C (Nephrology & General Medical)	B+	6.50	6.65	0.15	2.24
Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.74	-0.21	-2.69
Ward 6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	9.93	2.07	26.31
Ward 6B (Neurology)	B+	6.49	6.53	0.04	0.61

Wards	Category	Target	AVE	Variance	% Variance
Ward 6C (General Medicine)	B & HDU	8.00	7.14	-0.86	-10.75
Ward 6D (Acute Care of the Elderly)	B	6.00	6.06	0.06	1.00
Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	A	7.50	6.83	-0.68	-9.06
Ward 7B (Acute Surgical Unit)	A	7.50	6.97	-0.53	-7.06
Ward 7C (Oncology)	B	6.00	6.27	0.27	4.50
Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	7.64	-1.36	-15.11
Ward Mental Health Unit (MHU) - Ward A (MH Assessment)	HDU	12.00	13.24	1.24	10.33
Ward MHU - Ward B (MH Youth)	HDU	12.00	12.03	0.02	0.16
Ward MHU – Mother & Baby Unit	HDU	12.00	13.77	1.77	14.75
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.50	8.60	1.10	14.66
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	6.03	0.28	4.86
SRC - Ward A (Neuro rehabilitation)	C	5.75	5.62	-0.13	-2.26
SRC - Ward B (Acquired Brain Injury)	B	6.00	6.48	0.48	8.00

SMHS – NHpPD Data

All ward specific NHpPD data for SMHS - Fremantle Hospital (FH) is demonstrated in Table 16 (below).

The variance (percentages) for these wards range between -4.80% below and 31.48% above the respective ward target.

Table 16. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 4.1 (Secure MH)	A+	11.20	11.19	-0.01	-0.08
Ward 4.2 (Adult MH)	B	6.00	6.29	0.29	4.83
Ward 4.3 (Older Adult MH)	A	7.50	7.41	-0.09	-1.20
Ward 5.1 (Adult MH)	B	6.00	6.07	0.07	1.16
Ward B7N (Ortho Geriatrics & Geriatric Medicine)	C	5.75	6.44	0.69	12.00
Ward B7S (Aged Care)	C	5.75	5.60	-0.15	-2.60
Ward B8N (Surgical Specialties/PCU)	A	7.50	7.14	-0.36	-4.80
Ward B9N (General Medical & Geriatric Medicine)	C	5.75	5.86	0.11	1.91
Ward B9S (General Medicine)	C	5.75	5.83	0.07	1.21
Restorative Unit	C	5.75	7.56	1.81	31.48

SMHS - NHpPD Data

All ward specific NHpPD data for SMHS - Rockingham General Hospital (RGH) is demonstrated in Table 17 (below).

The variance (percentages) for these wards range between -39.47% below and 89.55% above the respective NHpPD wards' target.

Table 17. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Aged Care Rehabilitation Unit	C	5.75	3.49	-2.27	-39.47
Intensive Care Unit	ICU	23.70	21.58	-2.12	-8.94
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU)	B	6.00	8.44	2.44	40.66
Medical Ward	B	6.00	6.00	0.00	0.00
Mental Health Adult (Open)	B	6.00	8.96	2.96	49.33
Mental Health Adult HDU (Closed)	A+	11.81	12.66	0.85	7.19
Multi Stay Surgical Unit	C	5.75	5.06	-0.69	-12.00
Obstetric Unit	B	6.00	6.09	0.09	1.50
Older Adult Mental Health	A	7.50	9.58	2.08	27.73
Older Adult Mental Health (Open)	B	6.00	9.05	3.05	50.83
Paediatrics Ward	B	6.00	10.49	4.49	74.83
Murray District Hospital	E	4.69	8.82	4.20	89.55

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 18 (below). The variance (percentages) range between 14.26% to 267.23% above the respective NHpPD wards' target.

Table 18. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Paediatric Ward	D	5.00	18.26	13.36	267.23
Dialysis Unit	2°	2.18	2.54	0.36	16.51
High Dependency Unit	HDU	12.00	17.67	5.67	47.25
Maternity Unit and Special Care Nursery	D+Del	10.28	11.94	1.66	16.14
Medical Ward	C	5.75	7.17	1.42	24.69
Mental Health Unit	A, B, C	7.71	19.36	11.65	151.10
Surgical Unit	C	5.75	6.57	0.82	14.26

All ward specific NHpPD data for WACHS - RRC – Great Southern is demonstrated in Table 19 (below). The variance (percentages) range between 2.91% below and 41.40% above the respective NHpPD wards' target.

Table 19. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dialysis Unit	2°	2.18	2.75	0.57	26.14
High Dependency Unit	HDU	12.00	16.25	4.25	35.41
Maternity	D+	9.95	14.07	4.12	41.40
Medical & Paediatrics	C + D	5.50	6.34	0.47	8.54
Mental Health Inpatients	HDU & A	8.93	9.19	0.26	2.91
Subacute	D	5.00	5.29	0.29	5.80
Surgical	C	5.75	6.85	1.10	19.13

All ward specific NHpPD data for WACHS - RRC - Kimberley is demonstrated in Table 20 (below). The variance (percentages) range between 11.27% and 29.85% above the respective NHpPD wards' target.

Table 20. WACHS - RRC - Kimberley

Broome Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General	B	6.33	8.22	1.89	29.85
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Psychiatric Ward	A+	10.38	11.55	1.17	11.27

All ward specific NHpPD data for WACHS - RRC - Midwest is demonstrated in Table 21 (below). The variance (percentages) range between 16.05% and 32.91% above the respective NHpPD wards' target

Table 21. WACHS - RRC - Midwest

Geraldton Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General Ward	C	5.75	7.35	1.60	27.82
High Dependency Unit	HDU	12.00	15.95	3.95	32.91
Maternity Unit	D+Del	8.55	10.55	2.00	23.39
Renal Dialysis Unit	2°	2.18	2.53	0.35	16.05

All ward specific NHpPD data for WACHS - RRC - Pilbara is demonstrated in Table 22 (below). The variance (percentages) range between 0.45% under and 11.77% above the respective NHpPD wards' target

Table 22. WACHS - RRC - Pilbara

Hedland Health Campus	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dialysis Unit	2°	2.18	2.19	0.01	0.45
General & Paediatric *	B	6.37	6.50	0.75	11.77
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	B	9.45	9.94	0.49	5.18

* Paediatric ward merged into the General Ward activity from this reporting period onwards

All ward specific NHpPD data for WACHS - RRC - South West is demonstrated in Table 23 (below). The variance (percentages) range between -7.69% below and 10.71% above the respective NHpPD wards' target

Table 23. WACHS - RRC - Southwest

Bunbury Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Maternity Ward	B+Del	10.22	10.25	0.03	0.29
Medical	B	6.00	5.81	-0.19	-3.16
Mental Health	A + C	6.16	6.82	0.66	10.71
Paediatrics	B	6.00	6.56	0.56	9.33
Psychiatric Intensive Care Unit		12.00	13.51	1.15	9.58
Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.40	-0.45	-7.69
Surgical	A&B	6.23	6.46	0.23	3.69

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 24 through to Table 30 (below). The variance (percentages) range between -23.02% under and 156.16% above the respective NHpPD wards' target

Table 24. WACHS - IDHS - Goldfields

Goldfields	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Esperance inpatients	E+Del	4.88	5.65	0.77	15.77

Table 25. WACHS - IDHS - Great Southern

Great Southern	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Denmark ^*	E+Del	4.56	-	-	-
Katanning inpatients *	F	4.94	-	-	-
Plantagenet (Mt Barker) ^*	E+Del	4.68	-	-	-

^ In addition to the 15 stated IDHS described within the *WA Health CSF 2014-2024*
* NHPPD not reported due to COVID-19 activity

Table 26. WACHS - IDHS - Kimberley

Kimberley	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Derby inpatients	D+Del	5.34	6.26	0.92	17.22
Fitzroy inpatients ^	D	5.27	13.5	8.23	156.16
Halls Creek inpatients ^	D	5.24	6.67	1.43	27.29
Kununurra inpatients	D+Del	5.32	6.67	1.35	25.37

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

Table 27. WACHS - IDHS - Mid-West

Mid-West	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Carnarvon inpatients	E+D+Del	5.20	7.75	2.75	52.88

Table 28. WACHS - IDHS - Pilbara

Pilbara	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Newman inpatients	D	5.00	7.15	1.35	27.00
Karratha Health Campus inpatients	D+Del	5.8	6.91	1.16	20.00

Table 29. WACHS - IDHS - Southwest

Southwest	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Busselton – Ward 1 *	C (prov)	5.75	6.4	0.89	15.47
Busselton – Ward 2 *	C/D (prov)	5.51	4.98	0.26	4.72
Busselton – Maternity Ward	-	2:2:2	-	-	-
Collie inpatients	E+Del	4.72	4.98	0.26	5.50
Harvey inpatients ^	E+F	4.54	4.72	0.18	3.96
Margaret River inpatients	E+Del	4.72	6.91	2.19	46.39
Warren inpatients	E+Del	4.71	5.3	0.59	12.52

* Busselton ward 1 & 2 recently classified and have only been reporting NHPPD for 4 months; data is been calculated over these 4 months

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

Table 30. WACHS - IDHS - Wheatbelt

Wheatbelt	NHpPD - Reporting				
Ward	**Category**	Target	**AVE**	Variance	% Variance
Merredin inpatients	F	4.23	10.45	6.22	147.04
Moora inpatients	E+F	4.30	3.11	-0.99	-23.02
Narrogin inpatients	D+Del	5.16	5.21	0.05	0.96
Northam inpatients	E+Del	4.73	4.69	-0.04	-0.84

Appendix 4: Formal Variance Reports

This section provides formal variance reports from sites where areas have reported a variance of ≥10% below their allocated NHpPD target - described in Table 31 - 38 (below). This table is presented from highest % variance to lowest.

Table 31. Formal Variance Report - Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 6C (General Medicine)**	
Target NHpPD: 8.00	**Reported NHpPD: 7.14**	**Variance: -0.86**	**% Variance: -10.75**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Ward 6C has an 8-bed area providing care for patients with an eating disorder. • This cohort of patients attracts a high dependency NHpPD profile of 1 nurse caring for 2 patients. • In instances where there are no eating disorder patients the ward aligns with a category B. • This NHPPD variance signifies the eating disorder inpatient beds were not occupied to full capacity.		
Clause 7.2.2.3 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.	• The eating disorder inpatient admission occurrence variable. • The workload is assessed on a shift by shift basis by the Nurse Unit Manager with workforce resources allocated accordingly.		
Clause 7.2.2.4 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.	• Not applicable.		

Table 32. Formal Variance Report - Osborne Park Hospital

Hospital: Osborne Park		**Ward: 5 (GEM & Rehabilitation)**	
Target NHpPD: 5.75	**Reported NHpPD: 5.11**	**Variance: -0.64**	**% Variance: -11.13**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Nursing staff have been unavailable to fill shifts left by personal leave, furlough due to COVID-19 or roster shortages. • Available backfill means the use of shorter casual/agency shifts to fill vacancies.		
Clause 7.2.2.3 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.	• Vacancy has improved in the second half of this reporting period. In July-December 2021, the average vacancy rate was 11.04 FTE. In January-June 2022, the average vacancy rate was 5.007 FTE. • Continues to improve in the latter half of 2022.		
Clause 7.2.2.4 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.	• Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.		

Table 33. Formal Variance Report - Rockingham General Hospital

Hospital: Rockingham General		**Ward: Multi Stay Surgical Unit**	
Target NHpPD: 5.75	**Reported NHpPD: 5.06**	**Variance: -0.69**	**% Variance: -12.00**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Negative variance due to long term sick leave, unplanned leave and inability to back fill with casual or agency staff. • Active recruitment underway to backfill positions that are vacant and offer short term contracts to cover long term sick leave. • Casual pool in place which is regularly reviewed for suitable staff. • Increase in graduate nurse positions.		
Clause 7.2.2.3 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.	• Increase in graduate placements secured. • Staff working part time have been offered increase in hours. • AINs providing support to nursing staff. • Active recruitment underway to backfill positions that are vacant and offer short term contracts to cover long term sick leave. • Active recruitment for increase in RN permanent relieving pool.		
Clause 7.2.2.4 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.	• Ongoing roster review. • Centralised recruitment process for suitable staff with ongoing recruitment pools. • Recruitment through pool process, so vacancies can be filled quickly.		

Table 34. Formal Variance Report - Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 4B (Burns)**	
Target NHpPD: 11.91	**Reported NHpPD: 10.26**	**Variance: -1.66**	**% Variance: -13.90**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• 10 bedded State Burns Unit. • Large proportion of beds not occupied by major burns patients thus not requiring the NHpPD category of nurse to patient ratio. • No impact upon nursing care.		
Clause 7.2.2.3 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.	• No action required.		
Clause 7.2.2.4 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.	• No action required.		

Table 35. Formal Variance Report - Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 7D and Bone Marrow Transplant Unit**	
Target NHpPD: 9.00	**Reported NHpPD: 7.64**	**Variance: -1.36**	**% Variance: -15.11**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Classification to include HDU in 2020 for the A and BMT beds. • Recent recruitment to establishment has proven difficult with only recently achieving full FTE for the new classification. • Reduced acuity and reduced BMT patients requiring the higher classification has occurred post the COVID pandemic, resulting in the need for the increase to be dynamically adjusted to reduce usage when not required, and staff as needed for the higher activity.		
Clause 7.2.2.3 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.	• Current recruitment for specific specialty nursing is complete, with final FTE target reached in August. • Expectation for completion in end of August to staff to target of 9 NHpPD has occurred as planned.		
Clause 7.2.2.4 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.	• Review and finalise nursing model of care in ward 7D. • Aim to maintain target NHpPD.		

Table 36. Formal Variance Report - Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		**Ward: Intensive Care Unit**	
Target NHpPD: 31.60	**Reported NHpPD: 26.09**	**Variance: - 5.51**	**% Variance: - 17.43**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• The SCGH ICU is historically under NHpPD targets due to outgoing transfers bed blocked by wards, and by patients therefore not requiring ICU level care despite being in an ICU location. • The unit has been understaffed and had difficulties in recruiting appropriately skilled nursing staff. Transient nursing staff have not been available to fill shifts left by personal leave, furlough from COVID-19 or roster shortages. • Available backfill means the use of shorter casual/agency shifts to fill vacancies. • Ward G45 HDU merged to one reporting entity with ICU in August 2021. • GHDU historically over NHpPD targets due to best practice suggesting high dependency care should be based on a 2 nurse to 1 patient ratio. • SCGH GHDU is a 7-bed area, therefore resource allocation will never fit this configuration. • Merge of ICU and GHDU areas in to one service was based on historical demand on services. • Formal reclassification is underway with Chief Nursing and Midwifery Office but not yet complete.		
Clause 7.2.2.3 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.	• Merge of HDU into ICU complete: 02/08/2021; HDU no longer exists beyond this point. • Reclassification documentation in progress. • Patient flow efforts continue to be scrutinised and optimised. • If the reclassification process is successful, ICU is in fact meeting the nursing hour requirements		
Clause 7.2.2.4 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.	• ICU Escalation Plan prepared for COVID surge activity. • Upskilling of GHDU staff to ICU competency in progress. • Continued efforts to attract Registered Nurses to ICU through formal upskilling programs to maintain necessary FTE and facilitate purposeful specialised succession planning. • FTE changes underway to accommodate facilitate safe and adequate service provision in new critical care structure. • Reviewing nursing profile for adequate resourcing.		

Table 37. Formal Variance Report - Moora Hospital

Hospital: Moora		**Ward: Moora Inpatients**	
Target NHpPD: 4.30	**Reported NHpPD: 3.11**	**Variance: -0.99**	**% Variance: -23.02**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Patient care assistants (PCA) are rostered to compliment and support nursing staff on each shift.		
Clause 7.2.2.3 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.	• The rostering of PCA has been practiced at Moora for many years, the staffing mix meets clinical needs of the hospital		
Clause 7.2.2.4 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.	• As above.		

Table 38. Formal Variance Report - Rockingham General Hospital

Hospital: Rockingham General		**Ward: Acute Care Rehabilitation Unit**	
Target NHpPD: 5.75	**Reported NHpPD: 3.49**	**Variance: -2.27**	**% Variance: -39.47**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• HSP have questioned the validity of the NHPPD HSS Tool data for this area, and HSP only able to check PULSE data from May 2022, not covering this reporting period. • There have been shifts where the requested nursing profile has not been met due to staff furlough, long term sick leave, unplanned leave and inability to back fill with casual or agency staff. • Have accessed the casual pool to fill staffing deficits. • Have secured endorsement to increase FTE for permanent pool staff. • AINs have been utilised to support nursing staff. • Use of non-clinical staff such as Staff Development Nurse and Nurse Unit Manager. • Increase in graduate nurse position uptake.		
Clause 7.2.2.3 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.	• Active recruitment underway to backfill vacant positions, offering fixed term contracts to cover long term sick leave. • Active recruitment for permanent pool. • Graduate recruitment process completed for January intake.		
Clause 7.2.2.4 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.	• Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.		

Appendix 5: Wards reporting less than 10% below target

Feedback from sites reporting wards that are between 0 to -10% *below* their respective NHpPD target are described in Table 39 (below). This table is presented from highest % variance below target to lowest.

Table 39. Variance Reports on areas reporting between 0 to -10% below target

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Fremantle	4.1 (Secure MH)	A+	11.20	11.19	-0.01	-0.08	Acuity is assessed each shift to manage staffing workloads, the NHPPD target hours are distributed to manage safety. If acuity increases and a "nurse special" is implemented, an extra AM and PM nurse is provided.
Fiona Stanley	5A (AMU) & 5B (+HDU)	A & HDU	8.22	8.18	-0.04	-0.49	High Acuity Care Area (HACA) activity is variable hence the negative variance. HACA beds are funded for 8. There are instances where there can be zero to 8 HACA patients with workforce allocation adjusted accordingly.
Wheatbelt	Northam inpatients	E+Del	4.73	4.69	-0.04	-0.84	Unplanned leave, unable to backfill with casual or agency staff, CNM & SDN work clinically to support staff and are not included in the numbers.
Bentley	4 (Aged Care Rehab)	D	5.00	4.95	-0.05	-1.00	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce. The daily impact of shift shortfalls may lead to inpatient bed closures. Key strategies have been implemented to meet staff shortages, these are: service implementation of a talent acquisition team targeting external recruitment to meet our general and specialised skilled requirements. increased graduate nurse intakes and retention of post graduate program nurses, adjusted roster patterns, and utilisation of support staff/assistants in nursing to assist nurses in the provision of patient care.
Fremantle	4.3 (Older Adult MH)	A	7.50	7.41	-0.09	-1.20	When acuity is high and a "nurse special" is implemented, this is supplied and managed from planned staffing profile. Acuity is assessed each shift to manage staffing workloads. Casuals are pre booked to fill known staff shortages.
Perth Children's	4A (Adolescents)	A+	9.00	8.84	-0.16	-1.77	Ward primarily runs 12-hour shifts which reduces the total hours/day from a 26hrs per day shift cover

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							to 24hrs per day shift coverage. Safe patient care provided.
Sir Charles Gairdner	G51 (Medical speciality)	B+	6.75	6.62	-0.13	-1.92	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. Use of shorter casual/agency shifts to fill vacancies. Recruitment efforts continue through casual pool and targeted advertisements to achieve and maintain adequate FTE for service provision.
Fiona Stanley	4A (Orthopaedics)	B+	6.50	6.37	-0.13	-2.01	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN pool size being reviewed to ensure can meet demand.
Fiona Stanley	SRC - Ward A (Neuro Rehabilitation)	C	5.75	5.62	-0.13	-2.26	Nursing profile is supported by Assistants in Nursing to support adequate patient care.
Osborne Park	3 (Aged Care & Rehabilitation)	D	5.00	6.10	-0.12	-2.40	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. Available backfill means the use of shorter casual/agency shifts to fill vacancies. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Fremantle	B7S (Aged Care)	C	5.75	5.60	-0.15	-2.60	Variance aligns with workforce supply and demand. Active strategies in place to recruit to establishment target. In instances where there are shift shortfalls, Nurse Unit Manager and/or Staff Development Nurse deployed to assist on the floor.
Fiona Stanley	5D +Resp HDU	B+ & HDU	7.95	7.74	-0.21	-2.69	General NHpPD incorporates a winter and summer nursing profile to match seasonal respiratory demand. NHpPD is managed with a flex dependant on the number of HDU versus Category B beds in use: 3 beds as standard in summer, up to 6 beds in winter, and beds are staffed accordingly. Additional staffing requirements are assessed on a shift by shift basis, managed by the Nurse Unit Manager & Shift Coordinator. Shift deficits are offered to staff in advance, or casual/agency staff utilised who provide a short shift cover (6 hours as opposed to 8 hours).

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Sir Charles Gairdner	G53 (Surgical /Orthopaedics)	B+	6.80	6.61	-0.19	-2.79	Shift deficits due to resignations and unplanned leave due to COVID
Sir Charles Gairdner	G62 (Surgical)	A	7.50	7.28	-0.22	-2.93	Shift deficits due to resignations and unplanned leave due to COVID
Sir Charles Gairdner	C17 GEM (Medical)	C	5.75	5.58	-0.17	-2.95	Shift deficits due to resignations and unplanned leave due to COVID
Selby Lodge	Selby Acute	A	7.53	7.30	-0.23	-3.11	Unplanned leave at short notice, with reduced number of casual relief staff not available to fill staff deficit.
Bunbury	Medical	B	6.00	5.81	-0.194	-3.16	Loss of substantive staff due to establishment of new Ambulatory Care Unit and the Inpatient Surge Facility (Medical B), despite ongoing recruitment via currently active open pools and rapid onboarding where possible. A reduction in total applicant numbers has reduced availability for employment. Higher than normal unplanned leave at short notice including COVID-19 furloughing at times unable to be fully backfilled. Mitigation measures include use of casual, agency and deployed staff where available. Overtime and double shifts utilised where safe to do so.
Osborne Park	4 (Rehabilitation)	C	5.75	5.56	-0.19	-3.30	Nursing staff have been unavailable to fill personal leave or roster shortage shift deficits. Available backfill means the use of shorter casual/agency shifts to fill vacancies. Using targeted recruitment efforts through use of casual pool and advertisements to achieve and maintain adequate FTE for service provision.
Bentley	10A (MH Older Adult)	A	7.50	7.25	-0.25	-3.33	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce. The daily impact of shift shortfalls may lead to inpatient bed closures. Key strategies have been implemented to meet staff shortages, these are: service implementation of a talent acquisition team targeting external recruitment to meet our general and specialised skilled requirements. increased graduate nurse intakes and retention of post graduate program nurses, adjusted roster patterns,

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							and utilisation of support staff/assistants in nursing to assist nurses in the provision of direct patient care.
Fiona Stanley	Coronary Care Unit	CCU	14.16	13.68	-0.48	-3.38	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort and acuity of cardiology demand. NHpPD are dynamic in this area due to patient condition. Staffing reduced due to reduced demand at times or when beds are used for general patients requiring A cat NHpPD not CCU. Variance is within the agreed 10% variance.
Fiona Stanley	3B (Neonatal Medicine)	HDU	12.00	11.57	-0.43	-3.56	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Sir Charles Gairdner	G66 (Surgical/Neurosurgery)	B+	7.00	7.04	-0.28	-4.00	Nursing staff have been unavailable to fill personal leave or roster shortage shift deficits. Available backfill means the use of shorter casual/agency shifts to fill vacancies. Using targeted recruitment efforts through use of casual pool and advertisements to achieve and maintain adequate FTE for service provision.
Fremantle	B8N (Surgical Specialties /PCU)	A	7.50	7.14	-0.36	-4.80	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN pool size being reviewed to ensure can meet demand.
Royal Perth	5G (Orthopaedics)	A+ (prov)	7.52	7.15	-0.37	-4.92	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce. The daily impact of shift shortfalls may lead to inpatient bed closures. Key strategies have been implemented to meet staff shortages, these are: service implementation of a talent acquisition team targeting external recruitment to meet our general and specialised skilled requirements. increased graduate nurse intakes and retention of post graduate program nurses, adjusted roster patterns, and utilisation of support staff/assistants in nursing

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							to assist nurses in the provision of direct patient care.
Fiona Stanley	4C (Cardio/Vascular Surgery)	A	7.50	7.13	-0.38	-5.00	Patient needs are assessed on a shift by shift basis. Variability in NHpPD requirements is dependent on patient cohort including volume of patients transferred from ICU. Additional staffing requirements are assessed and managed daily by NUM & Shift Coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6-hour shift allocation. Utilisation of some non-NHpPD staff to support when rostered staff to area are moved to cover other areas at higher risk due to staffing shortages in current staffing crisis.
Sir Charles Gairdner	G61 (Surgical)	A	7.50	7.04	-0.46	-6.13	Shift deficits due to resignations and unplanned leave due to COVID.
Bentley	7 (Adult Acute)	A-	7.30	6.85	-0.45	-6.16	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce. The daily impact of shift shortfalls may lead to inpatient bed closures. Key strategies have been implemented to meet staff shortages, these are: service implementation of a talent acquisition team targeting external recruitment to meet our general and specialised skilled requirements. increased graduate nurse intakes and retention of post graduate program nurses, adjusted roster patterns, and utilisation of support staff/assistants in nursing to assist nurses in the provision of direct patient care.
Bentley	8 (Adult Acute)	B	6.00	5.62	-0.38	-6.33	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce. Key strategies have been implemented to meet staff shortages, these are: service implementation of a talent acquisition team targeting external recruitment to

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							meet our general and specialised skilled requirements. increased graduate nurse intakes and retention of post graduate program nurses, adjusted roster patterns, and utilisation of support staff/assistants in nursing to assist nurses in the provision of direct patient care.
Fiona Stanley	4D (Cardiology)	A	7.50	7.01	-0.49	-6.53	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort including volume of patients transferred from ICU. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6-hour shift allocation. Utilisation of some non-NHpPD staff to support when rostered staff to area are moved to cover other areas at higher risk due to staffing shortages in current staffing crisis.
Fiona Stanley	7B ASU	A	7.50	6.97	-0.53	-7.06	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Bunbury	Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.40	-0.45	-7.69	Higher than normal unplanned leave including COVID-19 furlough, workers compensation and extended personal leave at times unable to be fully backfilled. Mitigation measures include use of casual, agency and deployed staff where available. Overtime and double shifts utilised where safe to do so. Resignations contributed to shortfall. Ongoing recruitment via currently active open pools and rapid onboarding where possible. A reduction in total applicant numbers has reduced availability for employment. An additional graduate recruited and commencing in September.
Sir Charles Gairdner	G54 (Respiratory Medicine)	A	7.50	6.89	-0.61	-8.13	Nursing staff have been unavailable to fill personal leave or roster shortage shift deficits. Available backfill means the use of shorter casual/agency shifts to fill vacancies. Using targeted recruitment efforts through use of casual pool and

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							advertisements to achieve and maintain adequate FTE for service provision.
Rockingham General	Intensive Care Unit	ICU	23.70	21.58	-2.12	-8.94	Staffing profile was adjusted to meet the activity requirements based on acuity of patients not requiring ICU/HDU level of care. Utilisation of non-clinical staff such as SDN & NUM to supplement nursing deficits which is not calculated in NHpPD reporting.
Royal Perth	6G (Vascular/Gen Surg)	A+	8.54	7.77	-0.77	-9.01	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce. Key strategies have been implemented to meet staff shortages, these are: service implementation of a talent acquisition team targeting external recruitment to meet our general and specialised skilled requirements. increased graduate nurse intakes and retention of post graduate program nurses, adjusted roster patterns, and utilisation of support staff/assistants in nursing to assist nurses in the provision of direct patient care.
Fiona Stanley	7A (Colorectal, Upper GI, General Surgery)	A	7.50	6.83	-0.68	-9.06	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Sir Charles Gairdner	G52 (Neurosurgery)	B + HDU	9.51	8.64	-0.87	-9.15	Negative variance related to reduced utilisation of two HDU bays thus a reduced nursing profile.

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