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

Nursing Hours per Patient Day

Interim Report

Chief Nursing and Midwifery Office

1 July 2022 – 31 December 2022

Document History

Version	Version Date	Author	Description
1.0	26/06/2023	M. Book	Draft V1.0 compiled of HSP verified NHpPD and variance reports, sent to Principal Nursing Advisor (PNA) and Chief Nursing and Midwifery Officer (CNMO) for feedback.
1.1	27/06/2023	M. Book	% Variance values audited. Revised draft V1.1 compiled, sent to PNA and CNMO for feedback.
2.0	10/07/2023	J. Ng R. Redknap	Feedback from PNA and CNMO compiled into Draft V2.0.
3.0	11/07/2023	M. Eaton	Draft V3.0 sent to System-Wide Industrial Relations (SWIR) & Health Service Providers (HSPs) for review and action on outstanding items within the document.
4.0	07/08/2023	M. Eaton J. Ng R. Redknap	Feedback from SWIR & HSPs compiled into Draft V4.0 Minor data discrepancies detected in some % variance calculations; and revised as required to draft V5.0. Provided to Nursing Workload Consultative Process (NWCP) Committee for review.
5.0	23/08/2023	M. Eaton & NWCP Committee	Draft V5.0 reviewed by NWCP Committee. No further amendments. Final report published on the Department of Health, 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 Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022 (UWU Agreement).

Reform within WA Health continues to require attention and includes, but is not limited to, the implementation of the Sustainable Health Review (SHR) 2019. Further, the Workload Management Models Review, a deliverable of the ANF Agreement and the UWU Agreement, researched and evaluated workload models, and the impact of nurse-to-patient ratio model. The findings from this project informed an independent review of the NHpPD workloads management model and the future direction of safe staffing models in WA Health.

At the time of compiling this report, WA Health is undertaking work in preparation for the introduction of the nurse midwife/ to patient ratio model into Western Australia (WA) public health services. Noting, NHpPD reporting will continue until the phased implementation of the nurse/midwife to patient ratio model is complete.

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 exist. 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. The WA hard border restrictions were later lifted in March 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. During this reporting period, HSPs experienced high staff sickness and furlough which challenged staffing levels across the system.

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. Therefore, 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 191 wards were reported:

- 67% (n = 128) of these wards were ≥ 0 and 10% above their identified NHpPD targets;
- 24% (n = 45) reported ≤ 0 and 10% below their identified NHpPD targets; and
- 9% (n = 18) were ≥ 10% below their identified NHpPD target.

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TABLES

Introduction

The Nursing Hours per Patient Day (NHpPD) Interim Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2022 to 31 December 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 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 areas.

This Interim 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 uncertainty surrounding the pandemic impacted many areas of nursing and midwifery. The WA Health preparedness strategy meant HSPs redesigned service delivery through ward reconfiguration, quarantining of wards for COVID-19 related care and elective surgery

cancellation. To ensure a skilled and adaptable workforce, HSPs remained 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.

The WA hard border closure was lifted on 3 March 2022. Over this reporting period, 1 July 2022 to 31 December 2022, the WA health system dealt with rising COVID-19 infection, staff sickness and absenteeism from staff furlough. Clinical staff who had set up and supported the Vaccination Program were encouraged to return to inpatient care areas. Multiple ward configurations across the state HSPs were enacted to manage an expected surge of infections and subsequent hospitalisations. The WA State of Emergency and Public Health State of Emergency declared on 15 March 2020 came to an end on 4 November 2022, meaning all businesses to revert back to adopting their own policies and work health and safety arrangements.

This Interim 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, and some have permanently reconfigured wards to manage service delivery.

Reporting structure

Only wards reporting ≥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 benchmarks and reclassifications approved during this reporting period are 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 interim reporting period from 1 July 2022 to 31 December 2022, a total of 191 wards were reported and of these, 80 wards (42%) across WA Health showed they were 10% above their NHpPD targets, with 18 wards (9%) of the total ≥ 10% below target.

A total of 128 (67%) reported over the target NHpPD, while 63 (33%) 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 2022 – 31 December 2022				
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%	46	21	13	80 (42%)
Above 5 - 10%	15	1	2	18 (9%)
Above 0 - 5%	26	2	2	30 (16%)
Below 0 - 5%	28	1	1	30 (16%)
Below 5 - 10%	15	0	0	15 (8%)
Below 10% or more	15	1	2	18 (9%)
Total Wards	145	26	20	191

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 146 wards in the Metropolitan HSPs, 15 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**
Rockingham	Mental Health Adult HDU (Closed)	A+	11.81	8.61	-3.20	-27.10
Fiona Stanley	Ward 7C (Oncology)	B	7.50	6.14	-1.36	-18.13
Fiona Stanley	Ward 4B (Burns)	A+ (Burns)	11.91	10.04	-1.88	-15.79
Sir Charles Gairdner	Intensive Care - High Dependency (ex-G45) Unit	ICU	31.60	26.86	-4.74	-14.99
Perth Children's	Ward 3A (Paediatric Critical Care)	ICU	32.26	27.52	-4.74	-14.69
Fiona Stanley	Ward 6C (General Medicine)	B & HDU	8.00	6.85	-1.15	-14.38
Fiona Stanley	Ward 4D (Cardiology)	A	7.50	6.43	-1.07	-14.27
Rockingham	Multi Stay Surgical Unit	C	5.75	4.97	-0.78	-13.57
Osborne Park	Ward 1 Maternity	D+Del	8.97	7.77	-1.20	-13.38
Royal Perth	Ward 9A (Medical)	B+	6.65	5.82	-0.83	-12.48
Fiona Stanley	Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	7.92	-1.08	-12.00
Sir Charles Gairdner	Ward G52 (Neurosurgery)	B + HDU	9.51	8.46	-1.05	-11.04
Fiona Stanley	Ward 3B (Neonatal Medicine)	HDU	12.00	10.70	-1.30	-10.83
NMHS – Mental Health	Selby (Older Adult MH)	A	7.53	6.76	-0.77	-10.22
Fiona Stanley	Coronary Care Unit	CCU	14.16	12.73	-1.43	-10.10

Formal variance reports for the above areas (Table 2) are provided in Appendix 4 (see Table 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 48 and 49).

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 inpatient areas reporting, three Hedland wards and one Broome ward did not report NHPPD for this period, due to COVID-19 and workforce challenges. One ward at Bunbury Hospital reported ≥10% below their NHpPD target (Table 3).

Table 3. RRC inpatient ward 10% or more below target

Nursing Hours per Patient Day					
Hospital	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.25	-0.60	-10.27

Formal variance reports for the above (Table 3) are provided in Appendix 4 (see Table 47).

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, the Fitzroy and Newman inpatient wards did not report NHPPD for this period, due to COVID-19 and workforce challenges. Two hospitals reported ≥10% below their NHpPD target (Table 4).

Table 4. 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	4.30	3.56	-0.74	-17.21
Denmark	E+Del	4.56	2.75	-1.81	-39.69

Formal variance reports for the above (Table 4) are provided in Appendix 4 (see Table 32 and 35).

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 2022 to 30 June 2022. This is demonstrated in Table 4 below.

It should also 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*[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 5.

Table 5. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - Reporting Period 1 July 2022 – 31 December 2022			
Hospital	**Recommended FTE based on EDDC data**	**Number of ED presentations based on EDDC data**	**Feedback from HSPs**
Metropolitan Health Sites			
Armadale	86.29	34,491	Nil unresolved workload grievances
Fiona Stanley	214.27	55,186	Nil unresolved workload grievances
King Edward Memorial	16.49	6,351	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	89.30	37,554	Nil unresolved workload grievances
Rockingham General	86.87	31,176	Nil unresolved workload grievances
Royal Perth	118.38	36,699	Nil unresolved workload grievances
Sir Charles Gairdner	117.58	35,875	Nil unresolved workload grievances
WA Country Health Service			
Albany	30.42	16,199	Nil unresolved workload grievances
Broome	22.06	12,897	
Bunbury	63.34	21,641	
Hedland	22.95	13,320	
Kalgoorlie	24.58	12,481	
Geraldton	41.18	18,051	

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 2022 to 31 December 2022, new benchmarks and reclassifications approved during this reporting period are demonstrated below (Table 6).

Table 6. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD Category	Revised NHpPD Category
Royal Perth	Mental Health Unit	New Ward	A+ (11.82)
Royal Perth	Ward 5G	B (6.64)	A+ (7.52)
Fiona Stanley	Ward 3C (Maternity)	B (6.00)	A (7.5)
Royal Perth	Ward 10C (Haematology, Endocrinology, Immunology, Rheumatology, Dermatology, and Microbiology (Infectious Diseases)	B (6.00)	B+ (6.8)

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 7 (below).

The variance (percentages) for this hospital range between -14.69% below and 47.07% above the respective ward target.

Table 7. CAHS - Perth Children's Hospital (PCH)

CAHS - PCH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 1A (Oncology and Haematology)	HDU	12.00	12.08	0.08	0.67
Ward 1B (Burns, Orthopaedic, Plastics)	A+	7.70	8.43	0.73	9.48
Ward 2A (General Medical)	A+	9.04	8.95	-0.09	-1.00
Ward 2B (Long Stay Surgical)	A+	9.60	9.90	0.30	3.13
Ward 3A (Paediatric Critical Care)	ICU	32.26	27.52	-4.74	-14.69
Ward 3C (Multiday Surgical)	A	7.50	11.03	3.53	47.07
Ward 4A (Adolescents)	A+	9.00	8.36	-0.64	-7.11
Ward 4B (Specialist Medical)	A+	8.30	8.36	0.06	0.72
Ward 5A (Mental Health)	HDU	12.00	16.24	4.24	35.33

East Metropolitan Health Service (EMHS)

EMHS – NHpPD Data

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

The ward variance (in percentages) for this hospital range between -2.25% below and 141.66% above the respective ward target.

Table 8. EMHS – Armadale Hospital (AH)

EMHS – AH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Anderton Ward (Palliative) (Kalamunda Hospital)	D+	5.50	5.89	0.39	7.09
Banksia Ward (Older Aged Mental Health)	A+	8.00	9.18	1.18	14.75
Campbell (Paediatrics)	B	6.00	10.26	4.26	71.00
Canning Ward (Medical)	B	6.00	6.72	0.72	12.00
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.11	0.11	2.20
Colyer (Surgical)	C	5.75	6.13	0.38	6.61
Intensive Care Unit	ICU	23.70	30.60	6.90	29.11
Karri Ward (Mental Health)	A+	8.00	7.82	-0.18	-2.25
Maud Bellas Ward (Maternity)	B	6.00	9.60	3.60	60.00
Medical Admissions Unit	A+	7.50	7.62	0.12	1.60
Special Care Nursery	B	6.00	14.50	8.50	141.66
Moodjar/Yorgum (Mental Health)	A+	7.50	8.30	0.80	10.66

(Pulse data used for all NHpPD reporting over this period)

Note: Same Day Unit 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-hourcare.

EMHS – NHpPD Data

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

The variance (percentages) for this hospital range between -4.27% below and 160.35% above the respective ward target.

Table 9. EMHS - Bentley Hospital (BH)

EMHS - BH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
John Milne Centre	D	5.00	7.49	2.49	49.80
Ward 1 (RACS) *	D+	5.50	5.82	0.32	5.82
Ward 3 (Surgical Step Down)	D	5.75	7.26	1.51	26.26
Ward 4 (Aged Care Rehabilitation)	D	5.00	5.00	0.00	-0.00
Ward 5 (Subacute and Stroke Rehabilitation)	C	5.75	6.21	0.46	8.00
Ward 6 (Secure Unit)	A+	11.20	14.41	3.21	28.66
Ward 7 (Adult Acute)	A-	7.30	7.55	0.25	3.42
Ward 8 (Adult Acute)	B	6.00	6.58	0.58	9.66
Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.19	-0.32	-4.20
Ward 11 (Mental Health Youth Unit)	HDU	12.00	15.53	3.53	29.41
Ward 12 (RACS) **	D+	5.75	14.97	9.22	160.35
Transitional Care Unit (Mental Health) ***	D	5.0	6.18	1.18	23.60

(Pulse data used for all NHpPD reporting over this period)

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

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

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

EMHS – NHpPD Data

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

The variance (percentages) for this hospital range between -12.48% below and 98.33% above the respective ward target.

Table 10. EMHS – Royal Perth Hospital (RPH)

EMHS – RPH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Acute Medical Unit	A-	7.30	7.55	0.25	3.42
Coronary Care Unit	A+	11.10	11.00	-0.11	-0.99
Intensive Care Unit	ICU/HDU	26.67	31.09	4.42	16.57
Mental Health Unit *	A+	11.82	13.35	1.54	13.03
Mental Health Emergency Centre **	A	10.60	15.11	4.51	42.54
State Major Trauma Unit	A + HDU	10.00	10.46	0.46	4.58
Ward 2K (Mental Health)	B	6.00	6.07	0.07	1.16
Ward 3H (Orthopaedics)	C	5.75	7.66	1.91	33.21
Ward 4A (DO23/47 Surgical)	B	6.00	11.90	5.90	98.33
Ward 5AB (Acute Surgical Unit)	A	7.50	7.25	-0.26	-3.70
Ward 5G (Orthopaedic)	A+	7.52	7.15	-0.38	-5.05
Ward 5H (Neurosurgical)	A-	7.30	7.32	0.02	0.27
Ward 6G (General Surgery/Vascular)	A+	8.54	7.73	-0.81	-9.48
Ward 6H (Ear Nose Throat /Plastics/Maxillofacial)	B+	6.20	6.95	0.75	12.09
Ward 7A (Geriatric Medicine)	C	5.75	5.91	0.16	2.78
Ward 8A (Neurology/ Gastrointestinal)	B	6.00	6.32	0.32	5.33
Ward 9A (Medical) ***	B+	6.65	5.82	-0.83	-12.48
Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	6.74	-0.11	-1.61
Ward 10A (General Medicine)	B	6.00	6.49	0.49	8.16
Ward 10C (Immunology)	B	6.00	7.13	0.33	5.50

(Pulse data used for all NHpPD reporting over this period)

* MHU temporarily closed December 2022

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

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

North Metropolitan Health Service (NMHS)

NMHS – NHpPD Data

All ward specific NHpPD data for NMHS – Sir Charles Gairdner Hospital is demonstrated in Table 11 (below).

The variance (percentages) for this site range between -14.99% below and 24.71% above the respective ward target.

Table 11. NMHS - Sir Charles Gairdner Hospital (SCGH)

NMHS - SCGH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Coronary Care Unit (Medical Specialties)	CCU	14.16	14.31	0.15	1.05
Ward C16 (Acute Medical/Delirium)	B	6.00	5.94	-0.07	-1.16
Ward G41 (Medical Specialties /Cardiology)	B+	6.50	7.69	1.19	18.30
Ward G51 (Medical Specialities)	B+	6.75	6.37	-0.38	-5.63
Ward G52 (Neurosurgery)	B + HDU	9.51	8.46	-1.05	-11.04
Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.52	-0.28	-4.11
Ward G54 (Respiratory Medicine)	A	7.50	7.28	-0.22	-2.93
Ward G61 (Surgical)	A	7.50	6.96	-0.54	-7.18
Ward G62 (Surgical)	A	7.50	7.09	-0.41	-5.46
Ward G63 (Medical Specialties)	B+	6.80	6.78	-0.02	-0.29
Ward G64 (Ear Nose Throat/ Plastics/Ophthalmology/Surgical)	A	7.50	7.56	0.05	0.66
Ward G66 (Surgical/Neurosurgery)	B+	7.00	6.73	1.73	24.71
Ward G71 (GEM/Medical)	B+	6.50	6.62	-0.13	-1.98
Ward G72 (Medical Assessment Unit)	A	7.50	7.81	0.31	4.13
Ward G73 (Medical Specialties)	B+	6.80	6.33	-0.47	-6.91
Ward G74 (Medical)	B+	7.00	7.37	0.37	5.29
Intensive Care - High Dependency (ex-G45) Unit	ICU	31.60	26.86	-4.74	-14.99

NMHS - NHpPD Data

All ward specific NHpPD data for NMHS – Osborne Park Hospital is demonstrated in Table 12 (below).

The variance (percentages) for this site range between -13.38% below and 46.61% above the respective ward target.

Table 12. NMHS - Osborne Park Hospital (OPH)

NMHS - OPH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 1 Maternity *	D+Del	8.97	7.77	-1.20	-13.38
Ward 2 Rehabilitation	C	5.75	5.84	0.09	1.56
Ward 3 Aged Care & Rehabilitation	D	5.00	4.93	-0.08	-1.60
Ward 4 Rehabilitation	C	5.75	5.62	-0.13	-2.26
Ward 5 Geriatric Evaluation and Management (GEM) & Rehabilitation	C	5.75	9.18	2.68	46.61
Ward 6 Geriatric, Acute and Rehabilitation Medicine (GARM)	C	5.75	6.41	0.66	11.47
Ward 6 Surgical	C	5.75	7.61	1.86	32.34
Ward 7 DRM Rehabilitation	C	5.75	5.68	-0.07	-1.21

* Ward 1 Maternity is managed under the governance of the NMHS-Women's and Newborns Health Service (WNHS)

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), King Edward Memorial Hospital is demonstrated in Table 13 (below).

The variance (percentages) for this site range between 2.17% and 72.08% above the respective ward target.

Table 13. NMHS - WNHS - King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 3 (Maternity)	A	7.50	7.85	0.35	4.67
Ward 4 (Maternity)*	A	7.50	-	-	-
Ward 5 (Maternity)	A	7.50	8.17	0.67	8.93
Ward 6 (Gynaecology/ Oncology)	A	7.50	8.77	1.27	16.93
Adult Special Care Unit	HDU	12.00	20.65	8.65	72.08
Mother & Baby Unit	HDU	12.00	12.26	0.26	2.17

* Ward 4 (Maternity) remains closed.

NMHS - Mental Health - NHpPD Data

All ward specific NHpPD data for NMHS - Mental Health (MH), Graylands Hospital is demonstrated in Table 14 (below).

The variance (percentages) for this site range between -5.89% below and 76.53% above the respective ward target.

Table 14. NMHS - MH - Graylands Hospital

Graylands Hospital *	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dorrington (Acute Open)	A	7.50	7.82	0.32	4.26
Ellis (Acute)	A	7.50	11.08	3.58	47.73
Montgomery (Hospital Extended Care)	A+	8.66	8.15	-0.51	-5.89
Murchison East	D	5.00	6.61	1.61	32.20
Murchison West	A	7.50	13.24	5.74	76.53
Smith (Acute Secure)	A+	8.66	8.34	-0.32	-3.69
Susan Casson (Acute)	A+	8.51	10.21	1.70	19.97
Yvonne Pinch (Acute Secure)	A+	15.00	21.41	6.41	42.73

* 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 15 (below).

The variance (percentages) for these wards range between -10.22 below and 69.72% above the respective ward target.

Table 15. NMHS - Mental Health

* NMHS - MH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Frankland Centre (State Forensic MH)	A+	9.3	9.54	0.24	2.58
Selby (Older Adult MH)	A	7.53	6.76	-0.77	-10.22
Osborne Park (Older Adult MH)	A	7.8	8.10	0.30	3.84
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	12.57	2.03	19.26
SCGH MH Observation Area	A+	12.75	21.64	8.89	69.72

* 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 16 (below).

The variance (percentages) for FSH wards range between -18.13% below and 24.33% above the respective wards' target.

Table 16. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Coronary Care Unit	CCU	14.16	12.73	-1.43	-10.10
Short Stay Unit	C	5.75	6.17	0.42	7.30
Intensive Care Unit	ICU	28.42	27.48	-0.94	-3.31
Ward 3A (Paediatrics Medical/ Surgical)	B	6.00	7.46	1.46	24.33
Ward 3B (Neonatal Medicine)	HDU	12.00	10.70	-1.30	-10.83
Ward 3C (Maternity) *	A	7.50	7.78	0.28	3.73
Ward 4A (Orthopaedics)	B+	6.50	6.06	-0.44	-6.77
Ward 4B (Burns)	A+ (Burns)	11.91	10.04	-1.88	-15.79
Ward 4C (Cardiovascular Surgery)	A	7.50	6.80	-0.71	-9.47
Ward 4D (Cardiology)	A	7.50	6.43	-1.07	-14.27
Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.04	-0.18	-2.19
Ward 5C (Nephrology & General Medical)	B+	6.50	6.07	-0.43	-6.62
Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.18	-0.77	-9.69
Ward 6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	9.62	1.76	22.39
Ward 6B (Neurology)	B+	6.49	6.25	-0.24	-3.70

Wards	Category	Target	AVE	Variance	% Variance
Ward 6C (General Medicine)	B & HDU	8.00	6.85	-1.15	-14.38
Ward 6D (Acute Care of the Elderly)	B	6.00	6.33	0.33	5.50
Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	A	7.50	6.77	-0.73	-9.73
Ward 7B (Acute Surgical Unit)	A	7.50	7.01	-0.50	-6.67
Ward 7C (Oncology)	B	7.50	6.14	-1.36	-18.13
Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	7.92	-1.08	-12.00
Ward Mental Health Unit (MHU) - Ward A (MH Assessment)	HDU	12.00	14.61	2.61	21.75
Ward MHU - Ward B (MH Youth)	HDU	12.00	12.62	0.62	5.17
Ward MHU – Mother & Baby Unit	HDU	12.00	14.45	2.45	20.42
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.50	8.10	0.60	8.00
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.65	-0.10	-1.74
SRC - Ward A (Neuro rehabilitation)	C	5.75	5.32	-0.43	-7.48
SRC - Ward B (Acquired Brain Injury)	B	6.00	6.36	0.36	6.00

* Ward 3C (maternity setting) reclassification lodged and endorsed in December 2022

SMHS – NHpPD Data

All ward specific NHpPD data for SMHS - Fremantle Hospital (FH) is demonstrated in Table 17 (below).

The variance (percentages) for these wards range between -9.33% below and 17.91% above the respective ward target.

Table 17. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 4.1 (Secure MH)	A+	11.20	11.32	0.12	1.07
Ward 4.2 (Adult MH)	B	6.00	6.17	0.17	2.83
Ward 4.3 (Older Adult MH)	A	7.50	7.34	-0.16	-2.13
Ward 5.1 (Adult MH)	B	6.00	5.90	-0.11	-1.83
Ward B7N (Orthopaedics Geriatrics & Geriatric Medicine)	C	5.75	6.78	1.03	17.91
Ward B7S (Aged Care)	C	5.75	5.49	-0.26	-4.52
Ward B8N (Surgical Specialties/PCU)	A	7.50	6.80	-0.70	-9.33
Ward B9N (General Medical & Geriatric Medicine)	C	5.75	5.59	-0.17	-2.96
Ward B9S (General Medicine)	C	5.75	5.65	-0.11	-1.91

SMHS - NHpPD Data

All ward specific NHpPD data for SMHS - Rockingham General Hospital (RGH) is demonstrated in Table 18 (below).

The variance (percentages) for these wards range between -27.10% below and 166.10% above the respective NHpPD wards' target.

Table 18. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Aged Care Rehabilitation Unit	C	5.75	5.53	-0.22	-3.82
Intensive Care Unit	ICU	23.70	21.67	-2.03	-8.57
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU)	B	6.00	7.10	1.10	18.33
Medical Ward	B	6.00	6.05	0.05	0.83
Mental Health Adult (Open)	B	6.00	9.18	3.18	53.00
Mental Health Adult HDU (Closed)	A+	11.81	8.61	-3.20	-27.10
Multi Stay Surgical Unit	C	5.75	4.97	-0.78	-13.57
Obstetric Unit	B	6.00	8.02	2.02	33.67
Older Adult Mental Health	A	7.50	7.65	0.15	2.00
Older Adult Mental Health (Open)	B	6.00	9.84	3.84	64.00
Paediatrics Ward	B	6.00	10.82	4.82	80.33
Murray District Hospital	E	4.69	12.48	7.79	166.10

* Data from NHPPD HSS tool inaccurate for RGH ACRU from July to December 2022, therefore PULSE data used.

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 19 (below). The variance (percentages) range between 17.31% and 226.38% above the respective NHpPD wards' target.

Table 19. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Paediatric Ward	D	5.00	16.32	11.32	226.38
Dialysis Unit	2°	2.18	3.31	1.13	51.83
High Dependency Unit	HDU	12.00	18.14	6.14	51.16
Maternity Unit and Special Care Nursery	D+Del	10.28	12.06	1.78	17.31
Medical Ward	C	5.75	7.99	2.24	38.95
Mental Health Unit	A, B, C	7.71	12.53	4.82	62.51
Surgical Unit	C	5.75	8.57	2.82	49.04

All ward specific NHpPD data for WACHS - RRC – Great Southern is demonstrated in Table 20 (below). The variance (percentages) range between 5.37% and 52.75% above the respective NHpPD wards' target.

Table 20. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dialysis Unit	2°	2.18	2.78	0.60	27.52
High Dependency Unit	HDU	12.00	18.33	6.33	52.75
Maternity	D+	9.95	15.09	5.14	51.65
Medical & Paediatrics	C + D	5.50	6.63	0.76	13.81
Mental Health Inpatients	HDU & A	8.93	9.41	0.48	5.37
Subacute	D	5.00	5.65	0.65	13.00
Surgical	C	5.75	7.37	1.62	28.17

All ward specific NHpPD data for WACHS - RRC - Kimberley is demonstrated in Table 21 (below).

Table 21. WACHS - RRC - Kimberley

Broome Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General	B	6.33	7.29	0.96	15.16
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Psychiatric Ward*	A+	10.38	-	-	-

* NHPPD Data missing for the Psychiatric ward due to the Clinical Nurse Manager (CNM) supporting clinical shifts and an inability to maintain consistent workload reporting. Active recruitment strategies are in place to enable CNM to return to leadership role and maintain workload reporting. No workload grievances were reported for these wards.

All ward specific NHpPD data for WACHS - RRC - Midwest is demonstrated in Table 22 (below). The variance (percentages) range between 25.22% and 47.13% above the respective NHpPD wards' target

Table 22. WACHS - RRC - Midwest

Geraldton Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General Ward	C	5.75	8.46	2.71	47.13
High Dependency Unit	HDU	12.00	15.83	3.83	31.91
Maternity Unit	D+Del	8.55	11.20	2.65	30.99
Renal Dialysis Unit	2°	2.18	2.73	0.55	25.22

All ward specific NHpPD data for WACHS - RRC - Pilbara (in Table 23 below), is missing due to the Clinical Nurse Manager (CNM) supporting clinical shifts and an inability to maintain consistent workload reporting. Active recruitment strategies are in place to enable CNM to return to leadership role and maintain workload reporting. No workload grievances were reported for these wards.

Table 23. WACHS - RRC - Pilbara

Hedland Health Campus	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dialysis Unit	2°	2.18	-	-	-
General & Paediatric	B	6.37	-	-	-
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	B	9.45	-	-	-

All ward specific NHpPD data for WACHS - RRC - South West is demonstrated in Table 24 (below). The variance (percentages) range between -10.27% and 19.77% above the respective NHpPD wards' target

Table 24. WACHS - RRC – South West

Bunbury Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Maternity Ward	B+Del	10.22	12.24	2.02	19.77
Medical	B	6.00	6.14	0.14	2.33
Mental Health	A + C	6.16	6.13	-0.03	-0.48
Paediatrics	B	6.00	6.64	0.64	10.66
Psychiatric Intensive Care Unit	HDU	12.00	13.28	1.28	10.66
Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.25	-0.60	-10.27
Surgical	A&B	6.23	6.51	0.28	4.49

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 25 through to Table 31 (below). The variance (percentages) range between -30.04% below and 155.79% above the respective NHpPD wards' target

Table 25. WACHS - IDHS - Goldfields

Goldfields	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Esperance inpatients	E+Del	4.88	5.34	0.46	9.42

Table 26. WACHS - IDHS - Great Southern

Great Southern	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Denmark ^	E+Del	4.56	2.75	-1.37	-30.22
Katanning inpatients	F	4.94	5.11	0.17	3.36
Plantagenet (Mt Barker) ^	E+Del	4.68	5.09	0.41	8.67

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

Table 27. WACHS - IDHS - Kimberley

Kimberley	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Derby inpatients	D+Del	5.34	7.50	2.16	40.36
Fitzroy inpatients ^*	D	5.27	-	-	-
Halls Creek inpatients ^	D	5.24	8.01	2.77	52.86
Kununurra inpatients	D+Del	5.32	7.46	2.14	40.16

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

* NHPPD Data missing for Fitzroy due to the Clinical Nurse Manager (CNM) supporting clinical shifts and an inability to maintain consistent workload reporting. Active recruitment strategies are in place so CNM can return to leadership role and maintain workload reporting. No workload grievances were reported for these wards.

Table 28. WACHS - IDHS - Mid-West

Mid-West	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Carnarvon inpatients	E+D+Del	5.20	10.10	4.90	94.29

Table 29. WACHS - IDHS - Pilbara

Pilbara	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Newman inpatients*	D	5.00	-	-	-
Karratha Health Campus inpatients	D+Del	5.80	7.19	1.39	23.96

* NHPPD Data missing for Newman due to the Clinical Nurse Manager (CNM) supporting clinical shifts and an inability to maintain consistent workload reporting. Active recruitment strategies are in place so CNM can return to leadership role and maintain workload reporting. No workload grievances were reported for these wards.

Table 30. WACHS - IDHS - Southwest

Southwest	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Busselton – Ward 1	C (prov)	5.75	6.80	1.05	18.32
Busselton – Ward 2	C/D (prov)	5.51	6.36	0.85	15.42
Busselton – Maternity Ward	-	2:2:2	-	-	-
Collie inpatients	E+Del	4.72	5.46	0.74	15.69
Harvey inpatients ^	E+F	4.54	5.73	1.19	26.13
Margaret River inpatients	E+Del	4.72	6.67	1.95	41.41
Warren inpatients	E+Del	4.71	5.75	1.04	22.09

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

Table 31. WACHS - IDHS - Wheatbelt

Wheatbelt	NHpPD - Reporting				
Ward	**Category**	Target	**AVE**	Variance	% Variance
Merredin inpatients	F	4.23	10.82	6.59	155.82
Moora inpatients	E+F	4.30	3.56	-0.71	-16.47
Narrogin inpatients	D+Del	5.16	4.90	-0.26	-5.04
Northam inpatients	E+Del	4.73	4.77	0.04	0.79

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 32 - 49 (below). This table is presented from highest % variance to lowest.

Table 32. Formal Variance Report - Denmark Hospital

Hospital: Denmark		**Ward: Inpatients**	
Target NHpPD: 4.56	**Reported NHpPD: 2.75**	**Variance: -1.37**	**% Variance: -33.22**
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 supported by Patient Care Assistants to ensure safe patient care. • Senior nursing staff in non-direct clinical roles provide care at peak times. • Clinical needs assessed on a shift-by-shift basis and staff provided according to acuity and patient needs.		
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.	• On call roster implemented to provide staff for peak periods. • Clinical nurse manager provided clinical care at peak times.		
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.	• Monitoring nursing hours. • Health site reviewing NHpPD to be reclassified in accordance with patient acuity and mix.		

Table 33. Formal Variance Report - Rockingham General Hospital

Hospital: Rockingham General		Ward: Mental Health Adult HDU (Closed)	
Target NHpPD: 11.81	**Reported NHpPD: 8.61**	**Variance: -3.20**	**% Variance: -27.10**
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.	• All areas within the mental health 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 separate 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 populations, 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. • However, the frequent movement of staff within the whole unit (to meet the requirements listed above) is not always captured accurately within ROSTAR, particularly when changes occur after hours/public holidays.		
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.	• As indicated above, the unit is always staffed to the identified profile as a minimum. Additional staff are rostered based on acuity of risk, and security staff are also rostered as required. • The Nurse Unit Manager meets regularly with the Roster Clerk to align staff to the correct rosters as much as possible.		
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.	• 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 34. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 7C (Oncology)**	
Target NHpPD: 7.50	**Reported NHpPD: 6.14**	**Variance: -1.36**	**% Variance: -18.13**
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.	• Additional staffing requirements assessed on a shift-by-shift basis. • Unplanned leave backfilled with casual and agency when available.		
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.	• Staffing profile adjusted with utilisation of non-NHpPD staff used throughout to increase staffing profile such as Nurse Educators and Clinical Nurse Consultants. • Utilisation of ward buddy staff to assist with reduced staffing when acuity permits, and risk assessment deems this necessary.		
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.	• Increase recruitment levels and reduce short shifts where possible.		

Table 35. Formal Variance Report - Moora Hospital

Hospital: Moora		**Ward: Inpatients**	
Target NHpPD: 4.30	**Reported NHpPD: 3.65**	**Variance: -0.71**	**% Variance: -16.47**
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.	• Clinical Nurse Manager (CNM) supported by the secondment of a senior CN. The CNM role identifies and addresses nursing workforce and resources requirements, planning nursing workforce needs and skill requirements, advertising to recruit. • Projected vacancies are reviewed daily by the workforce coordinators and Executive teams. • During periods of high acuity or activity, strategies are employed to address increased staffing requirements. Including additional nursing hours/shifts, short term contracts; utilising Assistant in Nursing (AIN) and Patient care assistants (PCA) across both Acute and Residential Aged Care. • AIN agency utilised to assist across all clinical areas.		
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 Western Management Team meet monthly and the Health Service Managers 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 Moora hospital MPS, the staffing mix meets clinical needs of the Moora community.		
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.	• The hospital is staffed according to clinical needs, which is made on shift-by-shift basis by CNM with additional staff rostered if 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 AIN and PCA to support high acuity areas or basic care provision. • External advertising focusing on recruitment of nurses with specific clinical skills and expertise to meet the needs of the specialty area, specifically, Moora requires the speciality of Triage competence for the Emergency Department.		

Table 36. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 4B (Burns)	
Target NHpPD: 11.91	**Reported NHpPD: 10.04**	**Variance: -1.88**	**% Variance: -15.79**
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 negative variance has occurred because the Adult Burns activity has been below the allocated NHpPD target hours. • The surplus 4B beds have been allocated to surgical patients not requiring the targeted 11.91 NHpPD.		
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.	• Nil 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.	• Nil required.		

Table 37. Formal Variance Report – Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		Ward: Intensive Care – High Dependency Unit	
Target NHpPD: 31.60	**Reported NHpPD: 26.86**	**Variance: -4.74**	**% Variance: -14.99**
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 workload of ICU is monitored and reviewed as per patient acuity; 30 per cent of patients do not require 1:1 nursing care and only require High Dependency Unit (HDU) level care i.e. 1 nurse for 2 patient care. • At times when agency and casual staff have not been available to cover shortages and as such, other clinical support staff such as Clinical coaches, research nurse, equipment nurse and the Staff Development Nurse (SDN) may take patient loads. • Bed flexibility is monitored daily (shift by shift). • Reclassification of NHpPD for ICU as a merged ICU/HDU.		
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.	• 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.		
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.	• Planned upskilling courses for Registered Nurses to transition to ICU nursing competence. • Current recruitment processes in place to recruit more experienced RNs to ICU. • Implementation of an accelerated AIN pathway to decrease time for newly qualified nurses to specialise into ICU and support a larger intake of nurses to ICU once qualified. • Development of business case to increase funded beds/nursing FTE to support skill mix.		

Table 38. Formal Variance Report – Perth Children's Hospital

Hospital: Perth Children's		Ward: 3A (Paediatric Critical Care - PCC)	
Target NHpPD: 32.26	**Reported NHpPD: 27.52**	**Variance: -4.74**	**% Variance: -14.69**
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 bed days in PCC has been higher throughout August – November 2022 than previously. • The mix of ICU/HDU patients fluctuates resulting in varying staffing level requirements. • This combined effect has resulted in lower NHpPD results overall. • 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. • Ongoing recruitment strategies have been implemented to fill additional vacancies resulting from increasing bed capacity. • Additional training to support for PICU casual pool with upskilling programs has occurred and a significant increase in senior support roles has occurred.		
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.	• Ongoing recruitment, training and support program continues to facilitate opening of additional beds in Ward 3A. • Beds continue to be opened as nursing staffing allows. • Staffing according to patient acuity and demand, and is monitored and adjusted on a shift-by-shift basis.		
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.	• Close monitoring of occupancy and demand according to patient acuity continues.		

Table 39. Formal Variance Report - Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 6C (General Medicine)	
Target NHpPD: 8.00	**Reported NHpPD: 6.85**	**Variance: -1.15**	**% Variance: -14.38**
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 diagnosed with eating disorders. • This patient cohort require a high dependency profile of 1:2. • In instances where there are no eating disorder patients the ward aligns with a category B. • The variance will align to where there were zero or less than 8 eating disorder patients. • There were a reduced number of eating disorder patients over this reporting period.		
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.	• Inpatient care for the eating disorder patient cohort is 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.	• Without a dedicated eating disorder unit, managing the patient with an eating disorder will continue to require workforce adjustments depending on demand.		

Table 40. Formal Variance Report - Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 4D (Cardiology)	
Target NHpPD: 7.5	**Reported NHpPD: 6.43**	**Variance: -1.07**	**% Variance: -14.27**
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.	• Speciality recruitment ongoing. • Staff availability once the activity increases are addressed. • Active work in relation to absenteeism is ongoing with a focus on supporting staff.		
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.	• Significant unplanned leave resulting in multiple 6 hr shifts being employed, reducing the NHpPD as there is less overlap between shifts. • Reduced activity due to activity in the Catheter Lab being reduced due to impacts of COVID-19. • There has been a reduction in presentation of acute A category patients that don't require monitoring in Ward 4D.		
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 of profile and have changed this to improve staffing in collaboration with the ward staff.		

Table 41. Formal Variance Report - Rockingham General Hospital

Hospital: Rockingham General		Ward: Multi Stay Surgical Unit	
Target NHpPD: 5.75	**Reported NHpPD: 4.95**	**Variance: -0.78**	**% Variance: -13.57**
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.	• Increase in newly qualified nurse employment and placements. • Part time staff offered an increase in hours. • Assistants in Nursing (AINs) providing basic care support to nursing staff. • Ongoing Roster review.		
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.	• 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 regularly reviewed with suitable staff allocated.		
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 outlier processes to improve staff satisfaction. • Recruitment via pool process to enable timely filling of vacancies. Increase in FTE RN permanent pool to improve cover of unplanned leave.		

Table 42. Formal Variance Report – Osborne Park Hospital

Hospital: Osborne Park		**Ward: 1 (Maternity)**	
Target NHpPD: 8.97	**Reported NHpPD: 7.77**	**Variance: -1.20**	**% Variance: -13.38**
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.	• Across 2022 the midwifery workforce was impacted by reduced overall workforce availability with limited ability to further recruit in response to the reduction in productive hours. • Adverts for recruitment were continuously advertised across the period, alongside flexibility around fixed shift contracts which has resulted in an increased casual pool. • The Workforce business continuity plans (BCPs) were activated to ensure nurses/midwives from both clinical and non-clinical positions were available to assist the activity where required. Note – these staff are not captured in NHpPD reporting. • Diversion pathways activated when staffing levels insufficient for patient occupancy and/or acuity.		
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.	• Casual pool staff numbers have increased from six midwives to >15 available across all shifts. • Last 6 months processes have been improved in monitoring increased activity with improved oversight of incoming inductions of labour (IOLs)/Elective work. • Centralised rapid recruitment process implemented to onboard staff.		
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 of the required FTE, activity and recruitment continues, and processes are being put into place for improved monitoring to ensure a timely response to any ongoing NHpPD. • Further review of accuracy of NHpPD data input is required to reflect actual resourcing providing clinical care. • AIN maternity strategy being implemented across both WNHS' sites to support midwifery teams.		

Table 43. Formal Variance Report – Royal Perth Hospital

Hospital: Royal Perth		**Ward: 9A (Medical)**	
Target NHpPD: 6.65	**Reported NHpPD: 5.82**	**Variance: -0.83**	**% Variance: -12.48**
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.	Actions taken include: • The Talent Acquisition Team and organisation recruitment management measures, which has HR and Senior Nursing governance continues with external recruitment to target existing and specialty workforce demands. • Continued retention of graduate nurses through strategic graduate nurse programs (recruited through GradConnect) remains a priority focus. In addition to the graduates is the WA Health AIN Policy with expanded criteria to recruit more AIN's into HSPs to complement the nursing workforce. There is also a drive to recruit enrolled nurses into the hospitals and work to their full scope of practice. • Adjusted roster patterns to accommodate vacant shifts for PM & ND shifts as these are the most challenging shift deficits to cover with use of non-direct nurses to bolster AM shift cover. • Recruitment is improving with offers of permanent positions for Registered, Enrolled Nurses, and Assistants in Nursing to provide as much of a stabilised, skilled workforce as possible.		
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.	• Access to nursing & midwifery workforce is improving although availability of the skilled nursing specialty workforce continues to prove challenging in a competitive nursing workforce labour market. • The impact overall to daily shift shortfalls remains, leading to occasional bed closures in the in-patient areas across the organisation, in addition to vacancy, non-productive FTE has demonstrated an added burden to providing full staff profiling. • WA Health HSP bed expansion strategies have been implemented across EMHS during this reporting period (July 2022 to December 2022), resulting in additional demand for a skilled workforce in newly established inpatient areas adding further pressure to a limited workforce, in particular the Midwifery, Mental Health Speciality and Perioperative areas.		
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.	• Continue to monitor and coordinate shift shortfall and match recruitment plans with areas with true vacancy and increased workforce demands.		

Table 44. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 7D (Bone Marrow Transplant Unit)**	
Target NHpPD: 9.00	**Reported NHpPD: 7.92**	**Variance: -1.08**	**% 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.	• Reduced acuity in November and December with a reduction of Bone Marrow Transplant inpatients. • Staffing flexed to reflect acuity and activity. • The impacts of COVID-19 with high levels of unplanned sick leave have resulted in risk assessment and movement of staff to the area of need.		
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 ward is fully recruited, with a rotation developed between the inpatient wards and cancer centre to adjust and move FTE as acuity and activity flux between the differing areas.		
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.	• Maintain recruitment levels. • Education and upskilling to manage risk.		

Table 45. Formal Variance Report – Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		**Ward: G52 (Neurosurgery)**	
Target NHpPD: 9.51	**Reported NHpPD: 8.46**	**Variance: -1.05**	**% Variance: -11.04**
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 variance in Ward G52 NHpPD is the consequence of the clinical uplift in FTE aiming to recruit to 11 beds in the Neurosurgery High Dependency Unit (HDU) of which we have been unable to fill due to COVID and world-wide nursing shortages. • There has been ongoing recruitment within the ward and hospital wide pool. • The nursing hours required for Ward G52 are adjusted with the number of neurosurgery patients requiring HDU. • The NHpPD are allocated to Ward G52 for 11 HDU beds, however average occupancy is currently at 9 beds. The state service for Neurosurgery located at SCGH requires the ability to flex up HDU capacity in ward G52 to accommodate serges in patient presentations for urgent clinical treatment.		
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 workload is adjusted to accommodate the available nursing workforce. • When the nursing workforce is not available to open the 11 HDU beds, the HDU beds available are reduced to 9 ameliorating the clinical and workforce risks. • Recruitment strategies remain active to improve the vacancies on Ward G52. • Currently the ward is fully permanently recruited however the temporary vacancy caused by parental leave and secondments is 6.7 FTE. This has improved from 10.5 FTE in January 2023. • During the last 12 months an additional Assistant in Nursing was provided to Ward G52 to reduce the NHpPD deficit. • During the last 12 months Ward G52 has been provided afterhours clinical facilitator support to improve the education of newly qualified registered nurses. This FTE was not included in the NHpPD but will have reduced the workload and improved clinical safety.		
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.	• SCGH will open additional HDU beds in Ward G66 to increase in acute neuro-interventional (NIISwa) patients access and reduce the demand for Ward G52 HDU bed access. • SCGH will commence an Afterhours CNS for Ward G52 on 29 May 2023. This will support the nursing workforce and reduce clinical risk. • Ward G52 will increasingly be required to accommodate 11 HDU patients and ongoing recruitment continues to reduce the NHpPD deficit.		

Table 46. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 3B (Neonatal Medicine)**	
Target NHpPD: 12.00	**Reported NHpPD: 10.70**	**Variance: -1.30**	**% Variance: -10.83**
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 negative variance has occurred because the Neonatal unit acuity for this period has been below the allocated NHpPD target hours, and not requiring the targeted 12.00 NHpPD. • Activity and occupancy were consistent.		
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.	• Nil 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.	• Nil required.		

Table 47. Formal Variance Report – Bunbury Hospital

Hospital: Bunbury		Ward: Sub-Acute Restorative Unit (SARU)	
Target NHpPD: 5.85	**Reported NHpPD: 5.25**	**Variance: -0.60**	**% Variance: -10.27**
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.	• Utilising all casual staff available. • Using six regular agency nursing staff to fill shift deficits. • Offering overtime when required. • Annual leave capped below 2.0 FTE. • Onboarding new staff through recruitment pools including International Nurses - this is a long-term strategy though as can take upwards of 12 months. • Recruitment Pools managed closely to employ new EN and RN staff. • Deployment of staff from other areas to fill gaps on a shift-by-shift basis.		
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.	• Difficulty recruiting staff to backfill unexpected leave/ resignation, with ward operating on minimum staff with no back fill available for personal leave, furlough, or sick calls. • Staff movement to fill another new Ward which has recently opened and then increased beds. • A Clinical Nurse (CN) seconded to back fill the vacant Clinical Nurse Manager (CNM) role. • A staff member on workers compensation is trialling another clinical area.		
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.	• Continue onboarding new staff through recruitment pools. • Engaged candidate management to ensure on-boarding is prompt. • Retaining the six regular agency nursing staff to fill shift deficits whilst waiting on the recruitment process. • CNM and other non-direct care roles work on the floor when required – however this does not get reflected in the NHpPD Data. • Promoting “Well Being” initiatives to ensure ward is attractive to work on and stabilise attrition to other areas.		

Table 48. Formal Variance Report – Selby Hospital

Hospital: Selby		Ward: Older Adult Mental Health	
Target NHpPD: 7.53	**Reported NHpPD: 6.67**	**Variance: -0.77**	**% Variance: -10.22**
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.	• Significant staff shortages during the peak of COVID-19 infections; shift deficits due to reduction in staff availability, unable to backfill sick leave with agency/casual/relief staffing. • Selby accessing the Graylands Recruitment Pool with a view to employing 1 full-time RN position and 1 part-time position. • There have also been a number of workers compensation claims during that time frame, and this has impacted on the staffing levels. The acuity was high with a significant number of 1:1 specials requiring nurses to be reallocated to meet the special requirements. • The Shift Coordinator utilised as part of the ward complement as well as utilising the Afterhours Nurse Manager, Nurse Manager, Community staff and Coordinator of Nursing as backfill. • The Treating Team asked to review and re-assess the patient acuity daily. • Allied Health also assisted by doing group activities and assisting patients on the ward so that nursing staff could be relieved for their breaks.		
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.	• Actively recruiting nursing staff casually with success. • AINs utilised for basic care and support under the direction of nursing staff. • Discussions with senior management and the Head of Service in regard to nurse specials - it was agreed to have them capped to a maximum of 4.		
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 via pool process so vacancies can be filled quickly and new staff onboarded. • We are still recruiting staff casually and plan to offer fixed term contracts to encourage staff retention.		

Table 49. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: Coronary Care Unit	
Target NHpPD: 14.16	**Reported NHpPD: 12.73**	**Variance: -1.43**	**% Variance: -10.10**
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.	• No main changes required, as shifts staffed appropriately.		
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.	• Negative variance is due to utilisation and increase of 12-hour shifts with a reduction of 8-hour shifts. • Staffing dynamic and driven by acuity. • Reduced patient activity during December.		
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.	• Will review ongoing staffing impacts from move to 12-hour shifts versus 8-hour shifts.		

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 50 (below). This table is presented from highest % variance below target to lowest.

Table 50. Variance Reports on areas reporting between 0 to -10% below target

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Fiona Stanley	Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	A	7.50	6.77	-0.73	-9.73	Unable to backfill leave including sick leave, COVID leave, parental leave and special leave.
Fiona Stanley	Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.18	-0.77	-9.69	Increased resignations at short notice resulting in short (6-hour) shifts utilised with pool and agency backfill. NHpPD is managed with flexibility dependant on the number of HDU vs Category B beds in use - 3 as standard in summer, up to 6 in winter and this is staffed as required. Additional staffing requirements are assessed on a shift-by-shift basis, covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6-hour shift allocation.
Royal Perth	Ward 6G (Gen Surg/Vascular)	A+	8.54	7.73	-0.81	-9.48	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.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Fiona Stanley	Ward 4C (Cardiovascular Surgery)	A	7.50	6.80	-0.71	-9.47	Patient needs are assessed on a shift-by-shift basis, with a variability in NHpPD requirements dependant on patient cohort, including patients transferred in from ICU. Additional staffing requirements are covered by own staff if known in advance, or casual /agency staff if at short notice which results in shorter (6-hour) shift backfill. Non-NHpPD staff (Staff Development Nurse and Clinical Nurse Specialist) support when shift deficits are not able to be backfilled.
Fremantle	Ward B8N (Surgical Specialties/PCU)	A	7.50	6.80	-0.70	-9.33	Negative variance is due to fluctuating occupancy and workforce supply challenges due to the inability to replace unplanned/COVID leave.
Rockingham	Intensive Care Unit	ICU	23.70	21.67	-2.03	-8.57	Unable to backfill sick leave due to workforce shortages. Shift shortages supplemented with Staff Development Nurse and Nurse Unit Manager to support the team, however, this is not reflected in the NHpPD reporting.
Fiona Stanley	SRC - Ward A (Neuro rehabilitation)	C	5.75	5.32	-0.43	-7.48	Ward establishment recruited to NHpPD targets. Negative variance is caused by staffing deficits due to reduced availability of backfill unplanned leave. RN/EN pool being reviewed to ensure ability to meet demand.
Sir Charles Gairdner	Ward G61 (Surgical)	A	7.50	6.96	-0.54	-7.18	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target. Experiencing an increased vacancy rate and are actively recruiting to fill contracted staff deficits.
Perth Children's	Ward 4A (Adolescents)	A+	9.00	8.36	-0.64	-7.11	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, RN & EN worked overtime and were complimented by AINs.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Sir Charles Gairdner	Ward G73 (Medical Specialties)	B+	6.80	6.33	-0.47	-6.91	Significant staff shortages during the peak of COVID-19 infections; shift deficits due to reduction in staff availability, unable to backfill sick leave with agency/casual/relief staffing. Staff Development Nurse and Clinical Nurse Specialist regularly took patient load to assist, however this is not included within NHpPD reporting. Casual workforce recruitment strategy reviewed and increased to meet the hospital demand.
Fiona Stanley	Ward 4A (Orthopaedics)	B+	6.50	6.06	-0.44	-6.77	Unable to backfill sick leave, covid leave, special leave and parental leave due to workforce shortages.
Fiona Stanley	Ward 7B (Acute Surgical Unit)	A	7.50	7.01	-0.50	-6.67	Unable to backfill sick leave, covid leave, special leave and parental leave due to workforce shortages.
Fiona Stanley	Ward 5C (Nephrology & General Medical)	B+	6.50	6.07	-0.43	-6.62	Additional staffing requirements assessed on a shift-by-shift basis, covered by own staff if known in advance, or casual /agency staff if at short notice which results in shorter (6-hour) shift backfill. Unplanned leave not always able to be backfilled.
Graylands	Montgomery (Hospital Extended Care)	A+	8.66	8.15	-0.51	-5.89	High levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, supplemented Clinical Nurse Specialist to support the team, however this is not reflected in the NHpPD reporting.
Sir Charles Gairdner	Ward G51 (Medical Specialities)	B+	6.75	6.37	-0.38	-5.63	Significant staff shortages during the peak of COVID-19 infections; shift deficits due to reduction in staff availability, unable to backfill sick leave with agency/casual/relief staffing. Staff Development Nurse and Clinical Nurse Specialist regularly took patient load to assist, however this is not included within NHpPD reporting. Casual workforce recruitment strategy reviewed and increased to meet the hospital demand.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Sir Charles Gairdner	Ward G62 (Surgical)	A	7.50	7.09	-0.41	-5.46	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target. Experiencing an increased vacancy rate and are actively recruiting to fill contracted staff deficits.
Royal Perth	Ward 5G (Orthopaedic)	A+	7.52	7.15	-0.38	-5.05	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.
Wheatbelt	Narrogin inpatients	D+Del	5.16	4.90	-0.26	-5.04	Clinical Nurse Manager (CNM) supporting clinical shifts when unable to backfill shift deficits. Assistant in Nursing used to support basic patient care. No workload grievances were reported for these wards.
Fremantle	Ward B7S (Aged Care)	C	5.75	5.49	-0.26	-4.52	Variance due to restricted workforce supply. Active recruitment strategies in place. In instances of shortfalls the Nurse Unit Manager and Staff Development nurses are deployed, however this is not reflected in the NHPPD data.
Bentley	Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.19	-0.32	-4.27	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							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.
Sir Charles Gairdner	Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.52	-0.28	-4.11	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target. Experiencing an increased vacancy rate and are actively recruiting to fill contracted staff deficits.
Rockingham	Aged Care Rehabilitation Unit	C	5.75	5.53	-0.22	-3.82	Unable to backfill sick leave due to workforce shortages. Shift shortages supplemented with Staff Development Nurse and Nurse Unit Manager to support the team, however this is not reflected in the NHpPD reporting.
Fiona Stanley	Ward 6B (Neurology)	B+	6.49	6.25	-0.24	-3.70	Patient needs are assessed on a shift-by-shift basis, with a variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are covered by own staff if known in advance, or casual /agency staff if at short notice which results in shorter (6-hour) shift backfill. Non-NHpPD staff (Staff Development Nurse and Clinical Nurse Specialist) support when shift deficits are not able to be backfilled.
Graylands	Smith (Acute Secure)	A+	8.66	8.34	-0.32	-3.69	High levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, supplemented Clinical Nurse

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							Specialist to support the team, however this is not reflected in the NHpPD reporting.
Royal Perth	Ward 5AB (Acute Surgical Unit)	A	7.50	7.25	-0.26	-3.47	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.
Fiona Stanley	Intensive Care Unit	ICU	28.42	27.48	-0.94	-3.31	The ICU was funded for an additional 7 beds in August 2022, however recruitment to staff the additional occupancy has been difficult, impacted with attrition rate higher than normal (avg 20 FTE resigned in the last 9 months). Active recruitment with onboarding of 25 FTE between April and August 2022. Internal recruitment drive with increased 1st and 2nd year graduate placements in ICU also.
Fremantle	Ward B9N (General Medical & Geriatric Medicine)	C	5.75	5.59	-0.17	-2.96	Variance due to restricted workforce supply. Active recruitment strategies in place. In instances of shortfalls the Nurse Unit Manager and Staff Development nurses are deployed, however this is not reflected in the NHPPD data.
Sir Charles Gairdner	Ward G54 (Respiratory Medicine)	A	7.50	7.28	-0.22	-2.93	Significant staff shortages during the peak of COVID-19 infections; shift deficits due to reduction in staff availability, unable to backfill sick leave with agency/casual/relief staffing.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							Staff Development Nurse and Clinical Nurse Specialist regularly took patient load to assist, however this is not included within NHpPD reporting. Casual workforce recruitment strategy reviewed and increased to meet the hospital demand.
Osborne Park	Ward 4 Rehabilitation	C	5.75	5.62	-0.13	-2.26	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, supplemented with high levels of AIN support, as well as RN & EN working overtime.
Armadale	Karri Ward (Mental Health)	A+	8.00	7.82	-0.18	-2.25	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.
Fiona Stanley	Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.04	-0.18	-2.19	High Acuity Care Area (HACA) activity is variable; HACA beds are funded for 8. There are instances where there can be zero to 8 HACA patients with workforce allocation adjusted accordingly.
Fremantle	Ward 4.3 (Older Adult MH)	A	7.50	7.34	-0.16	-2.13	Increased levels of patient aggression towards staff on the ward causing an increase in staff injuries, fatigue and burnout - three staff out on Workers Compensation leave.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							Experiencing difficulty attracting casual staff to cover resultant staffing shortfall.
Sir Charles Gairdner	Ward G71 (GEM/Medical)	B+	6.50	6.62	-0.13	-1.98	Significant staff shortages during the peak of COVID-19 infections; shift deficits due to reduction in staff availability, unable to backfill sick leave with agency/casual/relief staffing. Staff Development Nurse and Clinical Nurse Specialist regularly took patient load to assist, however this is not included within NHpPD reporting. Casual workforce recruitment strategy reviewed and increased to meet the hospital demand.
Fremantle	Ward B9S (General Medicine)	C	5.75	5.65	-0.11	-1.91	Variance due to restricted workforce supply. Active recruitment strategies in place. In instances of shortfalls the Nurse Unit Manager and Staff Development nurses are deployed, however this is not reflected in the NHPPD data.
Fremantle	Ward 5.1 (Adult MH)	B	6.00	5.90	-0.11	-1.83	Unable to backfill sick leave, covid leave, special leave and parental leave due to workforce shortages. Currently recruiting and employing substantively against parental leave positions.
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.65	-0.10	-1.74	Ward establishment recruited to NHpPD targets. Negative variance is caused by staffing deficits due to reduced availability of backfill unplanned leave. RN/EN pool being reviewed to ensure ability to meet demand.
Osborne Park	Ward 3 Aged Care & Rehabilitation	D	5.00	4.93	-0.08	-1.60	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, RN & EN worked overtime and were complimented by AINs.
Royal Perth	Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	6.74	-0.11	-1.61	Access to experienced skilled nursing workforce continues to prove challenging in a competitive nursing workforce labour market, including availability of the casual workforce.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							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.
Osborne Park	Ward 7 DRM Rehabilitation	C	5.75	5.68	-0.07	-1.21	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, RN & EN worked overtime and were complimented by AINs.
Sir Charles Gairdner	Ward C16 (Acute Medical/Delirium)	B	6.00	5.94	-0.07	-1.16	Difficulty recruiting staff, high levels of unplanned leave due to impacts of COVID-19 restricting ability to staff to NHpPD target, RN & EN worked overtime and were complimented by AINs.
Perth Children's	Ward 2A (General Medical)	A+	9.04	8.95	-0.09	-1.00	Ward is staffed according to acuity. Minor fluctuations due to shorter shifts replacing sick/COVID leave.
Royal Perth	Coronary Care Unit	A+	11.10	11.00	-0.11	-0.95	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

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							program nurses, adjusted roster patterns, and utilisation of support staff/assistants in nursing to assist nurses in the provision of direct patient care.
Bunbury	Mental Health	A + C	6.16	6.13	-0.03	-0.48	Increased acuity and requirements for nurse-special care (1:1) requiring transfer of nurses to areas with higher activity, creating deficits in other lower acuity areas. Unable to backfill unplanned leave/shift deficits at short notice.
Sir Charles Gairdner	Ward G63 (Medical Specialties)	B+	6.80	6.78	-0.02	-0.29	Significant staff shortages during the peak of COVID-19 infections; shift deficits due to reduction in staff availability, unable to backfill sick leave with agency/casual/relief staffing. Staff Development Nurse and Clinical Nurse Specialist regularly took patient load to assist, however this is not included within NHpPD reporting. Casual workforce recruitment strategy reviewed and increased to meet the hospital demand.
Bentley	Ward 4 (Aged Care Rehab)	D	5.00	5.00	0.00	-0.03	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.

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