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 2021 – 31 December 2021

Document History

Version	Version Date	Author	Description
1.0	5 May 2022	M. Book	Draft V1.0 compiled of verified NHpPD and variance reports - sent to PNA and CNMO for feedback
2.0	15 June 2022	J. Ng R. Redknap M. Book	Feedback from PNA and CNMO compiled into Draft V2.0 and sent to SWIR & WAHNMAC for review and comment
3.0	7 July 2022	M. Book	Feedback from HSPs compiled into Draft V3.0 Draft V3.0 resent to SWIR & WAHNMAC, PNA & CNMO for final review
4.0	5 August 2022	J. Ng R. Redknap M. Book	Feedback from HSPs, SWIR, PNA and CNMO compiled into V4.0 Draft Report sent to Nursing Workload Consultative Process (NWCP) Committee prior to meeting
5.0	19 October 2022	M. Book J. Ng R. Redknap	Correction to WACHS Bunbury Maternity data, with follow-on amendments to Table 1, 25 and 47 Final Report uploaded to the CNM Office website.

Executive Summary

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

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

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

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

Of significance, the World Health Organisation (WHO) made the assessment and declared COVID-19 a pandemic on 11 March 2020. Further, due to the planned opening of the WA border in early 2022, a COVID-19 surge was anticipated, necessitating extraordinary measures to support workforce capacity. To ensure a skilled and adaptable workforce responsive to the challenges of health care delivery, health service providers (HSPs) reviewed and enacted strategies to ensure safe and appropriate patient flow within the health services, as well as supporting and preparing the WA nursing and midwifery workforce.

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

The data within this report is reflective of both the Metropolitan HSPs and WA Country Health Service (WACHS) including Regional Resource Centres (RRC), Integrated District Health Services (IDHS) and Small Hospitals (SH). The body of the report includes specific commentary associated with Emergency Departments and NHpPD benchmark reclassifications. Statistics and information for all areas including formal variance reports from managers and directors for areas reported between 0-10% below their NHpPD target are provided in the Appendices.

In summary, a total of 193 wards were reported:

- 69% (n = 133) of these wards were ≥ 0 and 10% above their identified NHpPD targets;
- 24% (n = 46) reported ≤ 0 and 10% below their identified NHpPD targets; and
- 7% (n = 14) 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 2021 to 31 December 2021. This is consistent with the Western Australian Department of Health (WA Health) continued application of NHpPD principles, and in accordance with the:

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

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

This 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, 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. RRC, IDH and nominated small hospitals report NHpPD through manual upload into the Nursing Workload Monitoring System. 42 sites report nursing hours, used monthly detailing 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. North Metropolitan Health Service-Mental Health (NMHS-MH) identify minor discrepancies in the NHpPD HSS Tool, therefore their own data is utilised.

COVID-19

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

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

The uncertainty surrounding this pandemic has impacted many areas of nursing and midwifery. The WA Health preparedness strategy meant HSPs have redesigned service delivery by ward

reconfiguration, quarantining of wards for COVID-19 related care and elective surgery cancellation. To ensure a skilled and adaptable workforce remains responsive to the challenges of COVID-19, HSPs remain vigilant with, reviewing and enacting immediate strategies to ensure safe and appropriate patient flow within the health services. This also includes supporting and continually preparing the WA nursing and midwifery workforce.

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

Over the course of this reporting period, 1 July to 31 December 2021, the WA health system has put in place strategies for growing and maintaining a solid contact tracing contingency as well as designing and recruiting a workforce for the state-wide COVID-19 vaccination program. Movement of staff between areas have impacted workforce availability for inpatient care. Multiple ward configurations across the state HSPs occurred in preparation for borders opening early 2022, with an expected surge of infections and subsequent hospitalisations.

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

Reporting structure

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

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

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

In addition, new benchmarks and reclassifications approved during this reporting period is set out under the following header:

- Benchmarks and Reclassification

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

A total of 193 wards were reported and of these, 74 wards (38%) across WA Health showed they were 10% above their NHpPD targets and 14 wards (7%) of the total were ≥ 10% below target.

A total of 133 (69%) reported over the target NHpPD, while 60 (31%) reported below the set NHpPD target.

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

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

Reporting Period 1 July 2021 – 31 December 2021				
NHpPD reporting	**Number of Wards**			**Total number of wards for Metropolitan HSPs and WACHS RRC & IDHS (also represented as total %)**
	Metropolitan HSPs	**RRC**	**IDHS**	
Above 10%	45	18	11	74 (38%)
Above 5 - 10%	18	3	2	23 (12%)
Above 0 - 5%	29	4	4	37 (19%)
Below 0 - 5%	26	2	1	29 (16%)
Below 5 - 10%	15	0	1	16 (8%)
Below 10% or more	9	2	3	14 (7%)
Total Wards	142	29	22	193

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 142 wards in the Metropolitan HSPs, 9 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 General	Mental Health Adult HDU (closed)	A+	11.81	8.96	-2.85	-24.12
Fiona Stanley	Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	7.41	-1.59	-17.65
Sir Charles Gairdner	Intensive Care Unit (Medical)	ICU	31.60	26.18	-5.42	-17.16
Fiona Stanley	Ward 4B (Burns)	A+(Burns)	11.91	10.13	-1.78	-14.92
Royal Perth	Ward 6G (Gen Surg/Vascular)	A+	8.54	7.45	-1.09	-12.74
Osborne Park	Ward 5 Geriatric Evaluation and Management (GEM) & Rehabilitation	C	5.75	5.07	-0.68	-11.83
Rockingham General	Multi Stay Surgical Unit	C	5.75	5.08	-0.67	-11.59
Bentley	Ward 8 (Adult Acute)	B	6.00	5.33	-0.67	-11.17
Fiona Stanley	Ward 6C (General Medicine)	B & HDU	8.00	7.13	-0.87	-10.88

Formal variance reports for the above areas (Table 2) are provided in Appendix 4 (see Table 35, 37, 38, 39, 41, 42, 43, 44, and 45).

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 31 RRC locations, 2 hospitals reported ≥10% below their NHpPD target (Table 3).

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

Nursing Hours per Patient Day						
Hospital	**Ward**	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Broome	Psychiatric Ward	A+	10.38	8.95	-1.43	-13.74
Bunbury	Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.25	-0.60	-10.31

Formal variance reports for the above (Table 3) are provided in Appendix 4 (see Table 40 and 46).

Integrated District Health Services

- Provides diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by GP/obstetricians and midwives) and aged care services (where required)
- Coordinates 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 and
- 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 and
- Harvey

Of the total 20 IDHS locations, 3 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**
Carnarvon inpatients	E+D+Del (Carnarvon)	5.20	2.35	-2.58	-54.78
Moora inpatients	E+F (Moora)	4.30	3.10	-1.20	-27.87
Denmark	E+Del (Denmark)	4.56	3.25	-0.87	-21.17

Formal variance reports for the above (Table 4) are provided in Appendix 4 (see Table 33, 34 and 36).

Small Hospitals

Small Hospitals (SH) provide emergency department and acute inpatient care (smaller bed numbers) with many of the sites providing residential aged care and ambulatory care. There are 42 SH sites that maintain a 2:2:2 roster and report monthly in respect of workload. Staffing is based on safe staffing principles.

As per the *WA Health Clinical Services Framework 2014-2024,* the 42 SH 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 but reported within the IDHS NHpPD are:

- **Great Southern:** Denmark, Plantagenet
- **Kimberley:** Halls Creek, Fitzroy Crossing
- **Southwest:** Bridgetown

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

WA Health Emergency Department Data

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

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

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

The nursing workload ED data report for the Metropolitan and WA Country Health Service have been reported as recommended FTE for the total number of presentations from 1 July 2021 to 31 December 2021. This is demonstrated in Table 5 below.

It should also be noted that during the COVID-19 pandemic and ED being the front line of health services, measures have been put in place to maintain safety and patient flow. EDs across the state are geographically split into separate areas to triage patients with influenza-like- illness (ILI) and/or COVID-19 risk, away from the central ED hub. Further, following the *SAC 1 Clinical Incident Investigation Report: Unexpected death in the PCH Emergency Department*[4], it was acknowledged that additional staff had been deployed to enhance the triage process to ensure safety within the Emergency Department.

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 - 1 July 2021 to 31 December 2021			
Hospital	**Recommended FTE based on EDDC data**	**Number of ED presentations based on EDDC data**	**Feedback from Health Service Providers (HSPs)**
Metropolitan Health Sites			
Armadale	78.61	35,063	Nil unresolved workload grievances
Fiona Stanley	168.2	59,557	Waiting room nurse directive has seen a WR nurse implemented 24/7 for both adult and children's ED with FTE not part of NHpPD. Nil workforce grievances.

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

King Edward Memorial	14.86	5,405	No workplace grievances this period.
Perth Children's	83.49	38,330	No workplace grievances this period. Establishment review has increased staffing profile and increase in support roles; active recruitment continues.
Rockingham	94.44	32,699	Grievances raised related to workload on shifts where a replacement for sick/unplanned leave was unable to be found; support provided by non-clinical roles.
Royal Perth	114.60	37,625	Nil unresolved workload grievances
Sir Charles Gairdner	117.19	37,797	Nil unresolved workload grievances
WA Country Health Service			
Albany	30.09	16,411	Nil issues reported to WACHS Central Office
Broome	22.89	13,521	
Bunbury	59.29	22,360	
Hedland	22.29	14,637	
Kalgoorlie	25.11	13,292	
Geraldton	39.62	19,035	

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, and some required NHpPD reclassification in order to maintain safety and efficiency. Wards that have not been able to accumulate the retrospective data to support requested target hours are supported with provisional reclassification. This requires a resubmission within 12 months addressing the need for more data on activity, throughput, case mix, benchmarking, occupancy, turnover, average length of stay, complexity and acuity of case mix.

From 1 July 2021 to 31 December 2021, 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	Ward 5G	B (6.64)	A+ (7.52) 12 months provisional
Royal Perth	Ward 6G	A (7.52)	A+ (8.54)
Busselton	Ward 1 - Acute Medical/Surgical	Not classified	C (5.75) 12 months provisional
Busselton	Ward 2 - Sub-acute/rehabilitation/ hospice/palliative care	Not classified	C/D (5.51) 12 months provisional
Busselton	Maternity Ward & Birth Suite	Not classified	2:2:2
Bentley	Ward 3 - Surgical Stepdown Ward	D (5.00)	C (5.75)

Appendix 1: Metropolitan Health Services

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

Child and Adolescent Health Service (CAHS)

CAHS - Perth Children's Hospital - COVID Strategy

Effective April 2020 due to the COVID-19 pandemic ward, reconfigurations and reclassifications within Perth Children's Hospital were implemented. CAHS enacted strategies to ensure safe and appropriate patient flow within the health service. Additionally, during this period, new patient streams within the emergency department were developed to mitigate risks associated with managing patients with COVID-19 infections.

CAHS - Perth Children's Hospital – 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 -5.39% below and 42.22% 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	11.35	-0.65	-5.39
Ward 1B (Burns Orthopaedic Plastics)	A+	7.7	8.48	0.78	10.13
Ward 2A (Medical Surgical)	A+	8.30	8.13	0.17	-2.07
Ward 2B (Long Stay Surgical)	A+	9.60	9.80	0.20	2.10
Ward 3A (Paediatric Critical Care)	ICU	32.26	31.72	-0.54	-1.68
Ward 3C (Multiday Surgical)	A	7.50	10.67	3.17	42.22
Ward 4A (Adolescents)	A+	9.00	8.80	-0.20	-2.24
Ward 4B (Medical Short Stay)	A+	9.04	9.46	0.42	4.59
Ward 5A (Mental Health)	HDU	12.00	12.17	0.17	1.40

East Metropolitan Health Service

East Metropolitan Health Service – NHpPD Data

Following the COVID-19 outbreak in March/April 2020, casual availability became significantly depleted as nurses sought alternative appointments. This resulted in an overall daily shift shortfall across many organisations within EMHS.

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 0.07% and 2149.08% above the respective ward target.

Table 8. EMHS - Armadale Hospital (AH)

EMHS - Armadale Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Anderton Ward (Palliative) (Kalamunda Hospital)	D+	5.50	5.85	0.35	6.33
Banksia Ward (Older Aged Mental Health)	A+	8.00	8.97	0.97	12.10
Campbell (Paediatrics)	B	6.00	11.17	5.17	86.08
Canning Ward (Medical)	B	6.00	6.70	0.70	11.64
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.00	0.00	0.07
Colyer (Surgical)	C	5.75	5.83	0.08	1.45
Intensive Care Unit	ICU	23.70	29.38	5.68	23.97
Karri Ward (Mental Health)	A+	8.00	8.44	0.44	5.50
Maud Bellas Ward (Maternity)	B	6.00	9.31	3.31	55.17
Medical Admissions Unit	A+	7.50	7.58	0.08	1.11
Same Day Unit	B	6.00	134.95	128.95	2149.08
Special Care Nursery	B	6.00	13.50	7.50	124.92
Moodjar/Yorgum (Mental Health)	A+	7.50	8.81	1.31	17.42

East Metropolitan Health Service – 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 -11.17% below and 21.67% above the respective ward target.

Table 9. EMHS - Bentley Hospital (BH)

EMHS - Bentley Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
John Milne Centre	D	5.00	5.62	0.62	12.40
Ward 3 (Surgical Step Down)	D	5.75	6.77	1.02	17.80
Ward 4 (Aged Care Rehab)	D	5.00	4.63	-0.37	-7.33
Ward 5 (Subacute and Stroke Rehabilitation)	C	5.75	5.85	0.10	1.71
Ward 6 (Secure Unit)	A+	11.20	12.28	1.08	9.63
Ward 7 (Adult Acute)	A-	7.30	6.82	-0.48	-6.58
Ward 8 (Adult Acute)	B	6.00	5.33	-0.67	-11.17
Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.03	-0.47	-6.24
Ward 11 (Mental Health Youth Unit)	HDU	12:00	14.60	2.60	21.67

East Metropolitan Health Service – 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 -12.74% below and 134.11% 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	7.74	0.44	6.07
Coronary Care Unit	A+	11.10	10.79	-0.31	-2.84
Intensive Care Unit	ICU/HDU	26.67	30.49	3.82	14.30
State Major Trauma Unit	A + HDU	10.00	10.01	0.01	0.07
Ward 2K (Mental Health)	B	6.00	6.05	0.04	0.75
Ward 3H (Orthopaedics)	C	5.75	6.97	1.22	21.19
Ward 4A (DO23/47 Surgical)	B	6.00	14.05	8.05	134.11
Ward 5AB (Acute Surgical Unit) *	A	7.5	7.18	-0.13	-4.18
Ward 5G (Orthopaedic)	A+ (prov)	7.52	7.00	-0.52	-6.87
Ward 5H (Neurosurgical)	A-	7.30	7.34	0.04	0.59
Ward 6G (Gen Surg/Vascular)	A+	8.54	7.45	-1.09	-12.74
Ward 6H (Ear Nose Throat /Plastics/Maxillofacial)	B+	6.20	6.67	0.47	7.58
Ward 7A (Geriatric Medicine)	C	5.75	5.91	0.16	2.72
Ward 8A (Neurology/ Gastrointestinal)	B	6.00	6.10	0.09	1.58
Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	6.72	-0.13	-1.87
Ward 10A (General Medicine)	B	6.00	6.26	0.26	4.28
Ward 10C (Immunology)	B	6.00	6.24	0.24	3.94

* Previously Ward 5AB was not reporting within the HSS Tool. PULSE data has been used for this report.

North Metropolitan Health Service

North Metropolitan Health Service – COVID Strategy

Due to the COVID pandemic, North Metropolitan Health Service (NMHS), Sir Charles Gairdner Hospital (SCGH) and Osborne Park Hospital (OPH) configured wards as part of a preparedness and COVID-19 management strategy. An overview of changes and actions implemented for relevant wards across this HSP is described in Table 11 (below).

Table 11. NMHS overview of strategies ongoing during the COVID-19 pandemic

Date	Area/service	Action
July 2021 to Dec 2021	ICU / HDU	ICU / HDU areas combined into one Unit. Staffing to be revised to reflect this and a revision of FTE required to support the newly combined areas. No requirement to close beds or make changes to NHpPD targets, or workload activity during this period, however COVID preparedness management plan continues to be in place to enact changes as required.
July 2021 to Dec 2021	ED	ED observations ward has geographically been split into two areas due to COVID classification requirements for patients. Due to the split in geographical location additional staffing has been required. • Observation ward: lower ground area (Green – non COVID patients); • Observation ward: Ground floor – Confirmed or Suspect COVID positive patients (Red/Amber) ED Staff are still required to sieve patients on entering ED due to COVID and we are in line with WA government requirements, resulting in additional nurses in triage Additional permanent FTE allocated to ED due to ongoing COVID preparedness

North Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for NMHS - SCGH is demonstrated in Table 12 (below).

The variance (percentages) for this site range between -17.16% below and 58.25% above the respective ward target.

Table 12. NMHS – Sir Charles Gairdner Hospital (SCGH)

NMHS – SCGH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Coronary Care Unit (Med Specs)	CCU	14.16	15.12	0.52	3.53
Ward C14 (YAR) *	C	5.75	6.6	0.85	14.78
Ward C16 (Acute Medical/Delirium) **	B	6.00	9.50	3.50	58.25
Ward C17 (Geriatric Evaluation and Management (GEM)/Medical)	C	5.75	5.58	-0.17	-3.01
Ward G41 (Medical Specialties /Cardiology)	B+	6.50	7.54	1.04	15.92
Ward G45 High Dependency Unit (Medical) ***	HDU	12.00	15.50	3.50	29.17
Ward G51 (Medical Specialities)	B+	6.75	6.73	-0.02	-0.32
Ward G52 (Neurosurgery)	B + HDU	9.51	8.72	-0.79	-8.31
Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.70	-0.10	-1.52
Ward G54 (Respiratory Medicine)	A	7.50	7.50	0.00	0.00
Ward G61 (Surgical)	A	7.50	7.10	-0.40	-5.36
Ward G62 (Surgical)	A	7.50	7.30	-0.20	-2.64
Ward G63 (Medical Specialties)	B+	6.80	7.12	0.32	4.63
Ward G64 (Ear Nose Throat/ Plastics/Ophthalmology/Surgical)	A	7.50	7.68	0.18	2.40
Ward G66 (Surgical/Neurosurgery)	B+	7.00	6.71	-0.29	-4.12
Ward G71 (GEM/Medical)	B+	6.50	7.63	1.13	17.31
Ward G72 (Medical Assessment Unit)	A	7.50	7.98	0.48	6.44
Ward G73 (Medical Specialties)	B+	6.80	6.58	-0.23	-3.31
Ward G74 (Medical)	B+	7.00	7.47	0.47	6.64
Intensive Care Unit (Medical)	ICU	31.60	26.18	-5.42	-17.16

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

North Metropolitan Health Service - NHpPD Data

All ward specific NHpPD data for NMHS - OPH is demonstrated in Table 13 (below).

The variance (percentages) for this site range between -11.83% below and 39.39% above the respective ward target.

Table 13. NMHS – Osborne Park Hospital (OPH)

NMHS-OPH	NHpPD – Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 1 Maternity *	D+Del	8.97	-	-	-
Ward 2 Rehabilitation **	C	5.75	5.44	-0.31	-5.39
Ward 3 Aged Care & Rehabilitation	D	5.00	4.67	-0.34	-6.70
Ward 4 Rehabilitation	C	5.75	5.49	-0.26	-4.52
Ward 5 Geriatric Evaluation and Management (GEM) & Rehabilitation	C	5.75	5.07	-0.68	-11.83
Ward 6 Geriatric and Rehabilitation Medicine (GARM) ***	C	5.75	6.13	0.38	6.60
Ward 6 Surgical***	C	5.75	8.02	2.27	39.39

* Ward 1 - management shifted to NMHS-WNHS; NHpPD data was not been reported for this period. No workload grievances reported.

** Ward 2 opened on 10/05/2021 however was not activated in the NHpPD HSS Tool. PULSE data used for this report. Ward has since been activated in the HSS Tool for future reporting.

*** Ward 6 GARM opened on 11/10/2021 as a separate reporting entity, in addition to Ward 6 Surgical.

North Metropolitan Health Service - 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 (KEMH) is demonstrated in Table 14 (below).

The variance (percentages) for this site range between 6.76% and 58.39% above the respective ward target.

Table 14. NMHS - WNHS - King Edward Memorial Hospital (KEMH)

WNHS - KEMH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 3 (Maternity)	B+	6.75	8.69	1.19	15.87
Ward 4 (Maternity) *	B+	6.75	-	-	-
Ward 5 (Maternity)	B+	6.75	8.77	1.27	16.96
Ward 6 (Gynaecology/ Oncology)	A	7.50	8.01	0.51	6.76
Adult Special Care Unit	HDU	12.00	19.01	7.01	58.39
Mother & Baby Unit	HDU	12.00	13.19	1.19	9.94

* Ward 4 (Maternity) remains closed.

North Metropolitan Health Service - Mental Health - NHpPD Data

All ward specific NHpPD data for NMHS - Mental Health (MH), Graylands Hospital is demonstrated in Table 15 (below).

The variance (percentages) for this site range between 2.16% below and 63.18% above the respective ward target.

Table 15. NMHS - MH - Graylands Hospital

Graylands Hospital *	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dorrington (Acute Open)	A	7.50	7.66	0.16	2.16
Ellis (Hospital Extended Care)	A	7.50	8.11	0.61	8.11
Montgomery (Acute Secure) **	A+	8.66	10.24	1.58	18.29
Murchison East	D	5.00	5.39	0.39	7.80
Murchison West	A	7.50	8.85	1.35	18.00
Smith (Acute Secure) ***	A+	8.66	8.66	2.66	44.33
Susan Casson (Acute Open) ****	A+	8.51	11.66	3.15	36.98
Yvonne Pinch (Acute Secure)	A+	15.00	24.48	9.48	63.18

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

** Montgomery closed for anti-ligature works during November-December 2021

*** Smith closed for anti-ligature works during September-November 2021

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

North Metropolitan Health Service - Mental Health - NHpPD Data

All other NMHS Mental Health ward specific NHpPD data is demonstrated in Table 16 (below).

The variance (percentages) for these wards range between -3.85% below and 78.92% above the respective ward target.

Table 16. NMHS - Mental Health

* NMHS - MH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Selby (Older Adult MH)	A	7.53	7.24	-0.29	-3.85
Osborne Park (Older Adult MH)	A	7.8	10.21	2.41	30.83
SCGH MH Observation Area	A+	12.75	22.81	10.06	78.92
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	13.05	2.51	23.85
Frankland Centre (State Forensic MH)	A+	9.3	10.93	1.63	17.47

* 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

South Metropolitan Health Service - COVID Strategy

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

South Metropolitan Health Service - NHpPD Data

All ward specific NHpPD data for SMHS - Fiona Stanley Hospital (FSH) is demonstrated in Table 17 (below).

The variance (percentages) for FSH wards range between -17.65% below and 29.69% above the respective wards' target.

Table 17. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Coronary Care Unit	CCU	14.16	13.70	-0.46	-3.26
Short Stay Unit	C	5.75	5.87	0.11	2.00
Intensive Care Unit	ICU	28.42	29.33	0.91	3.20
Ward 3A (Paediatrics Medical/ Surgical)	B	6.00	7.77	1.77	29.42
Ward 3B (Neonatal Medicine)	HDU	12.00	11.30	-0.70	-5.85
Ward 3C (Maternity)	B	6.00	7.78	1.78	29.69
Ward 4A (Orthopaedics)	B+	6.50	6.24	-0.26	-3.97
Ward 4B (Burns)	A+ (Burns)	11.91	10.13	-1.78	-14.92
Ward 4C (Cardiovascular Surgery)	A	7.50	7.21	-0.29	-3.93
Ward 4D (Cardiology)	A	7.50	7.15	-0.35	-4.69
Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.40	0.18	2.15
Ward 5C (Nephrology & General Medical)	B+	6.50	6.54	0.04	0.62
Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.63	-0.32	-3.98
Ward 6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	9.88	2.02	25.64

Wards	Category	Target	AVE	Variance	% Variance
Ward 6B (Neurology)	B+	6.49	6.48	-0.01	-0.23
Ward 6C (General Medicine)	B & HDU	8.00	7.13	-0.87	-10.88
Ward 6D (Acute Care of the Elderly)	B	6.00	5.96	-0.04	-0.64
Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	A	7.50	6.86	-0.64	-8.56
Ward 7B (Acute Surgical Unit)	A	7.50	6.96	-0.54	-7.16
Ward 7C (Oncology)	B	6.00	6.29	0.29	4.83
Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	7.41	-1.59	-17.65
Ward Mental Health Unit (MHU) - Ward A (MH Assessment)	HDU	12.00	13.22	1.22	10.13
Ward MHU - Ward B (MH Youth)	HDU	12.00	11.34	-0.66	-5.50
Ward MHU – Mother & Baby Unit	HDU	12.00	13.14	1.14	9.51
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.50	8.04	0.54	7.13
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	6.12	0.37	6.41
SRC - Ward A (Neuro rehabilitation)	C	5.75	5.46	-0.29	-5.10
SRC - Ward B (Acquired Brain Injury)	B	6.00	6.47	0.47	7.86

South Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for SMHS - Fremantle Hospital (FH) is demonstrated in Table 18 (below).

The variance (percentages) for FH wards range between -1.86% below and 23.48% above the respective ward target.

Table 18. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Ward 4.1 (Secure MH)	A+	11.20	11.22	0.02	0.13
Ward 4.2 (Adult MH)	B	6.00	6.58	0.58	9.64
Ward 4.3 (Older Adult MH)	A	7.50	7.68	0.18	2.44
Ward 5.1 (Adult MH)	B	6.00	6.15	0.15	2.47
Ward B7N (Ortho Geriatrics & Geriatric Medicine)	C	5.75	7.10	1.35	23.48
Ward B7S (Aged Care)	C	5.75	5.64	-0.11	-1.86
Ward B8N (Surgical Specialties/PCU)	A	7.50	7.36	-0.14	-1.84
Ward B9N (General Medical & Geriatric Medicine)	C	5.75	5.96	0.21	3.71
Ward B9S (General Medicine)	C	5.75	5.95	0.20	3.45
Restorative Unit	C	5.75	6.27	0.51	9.07

South Metropolitan Health Service - NHpPD Data

All ward specific NHpPD data for SMHS - Rockingham General Hospital (RGH) is demonstrated in Table 19 (below).

The variance (percentages) for RGH wards range between -24.12% below and 64.72% above the respective NHpPD wards' target.

Table 19. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Aged Care Rehabilitation Unit	C	5.75	5.62	-0.14	-2.35
Intensive Care Unit	ICU	23.70	21.44	-2.26	-9.54
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU)	B	6.00	9.88	3.88	64.72
Medical Ward	B	6.00	6.00	0.00	0.00
Mental Health Adult (Open)	B	6.00	9.14	3.14	52.36
Mental Health Adult HDU (Closed)	A+	11.81	8.96	-2.85	-24.12
Multi Stay Surgical Unit	C	5.75	5.08	-0.67	-11.59
Obstetric Unit	B	6.00	6.19	0.19	3.22
Older Adult Mental Health	A	7.50	8.50	1.00	13.33
Older Adult Mental Health (Open)	B	6.00	9.47	3.47	57.81
Paediatrics Ward	B	6.00	9.79	3.79	63.19
Murray District Hospital	E	4.69	4.77	0.08	1.74

Appendix 2: WACHS reporting of Regional Resource Centres

WACHS - Regional Resource Centres (RRC) - NHpPD Data

All ward specific NHpPD data for WACHS - RRC - Goldfields is demonstrated in Table 20 (below).
The variance (percentages) range between 11.16% to 250.17% above the respective NHpPD wards' target.

Table 20. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Paediatric Ward	D	5.00	17.51	12.51	250.17
Dialysis Unit	2°	2.18	2.42	0.24	11.16
High Dependency Unit	HDU	12.00	18.13	6.13	51.06
Maternity Unit and Special Care Nursery	D+Del	10.28	12.54	2.26	22.00
Medical Ward	C	5.75	6.99	1.24	21.51
Mental Health Unit	A, B, C	7.71	18.47	10.76	139.54
Surgical Unit	C	5.75	6.48	0.73	12.67

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

The variance (percentages) range between 1.36% below and 35.13% above the respective NHpPD wards' target.

Table 21. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dialysis Unit	2°	2.18	2.79	0.61	28.06
High Dependency Unit	HDU	12.00	14.82	2.82	23.05
Maternity	D+	9.95	13.45	3.50	35.13
Medical & Paediatrics	C + D	5.50	5.95	0.08	1.36
Mental Health Inpatients	HDU & A	8.93	9.35	0.42	4.72
Subacute	D	5.00	5.22	0.22	4.47
Surgical	C	5.75	6.69	0.94	16.38

All ward specific NHpPD data for WACHS - RRC - Kimberley is demonstrated in Table 22 (below).

The variance (percentages) range between -13.74% and 24.07% above the respective NHpPD wards' target.

Table 22. WACHS - RRC - Kimberley

Broome Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General	B	6.33	7.85	1.52	24.07
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Psychiatric Ward	A+	10.38	8.95	-1.43	-13.74

All ward specific NHpPD data for WACHS - RRC - Midwest is demonstrated in Table 23 (below).

The variance (percentages) range between 10.32% and 34.26% above the respective NHpPD wards' target

Table 23. WACHS - RRC - Midwest

Geraldton Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General Ward	C	5.75	7.60	1.85	32.14
High Dependency Unit	HDU	12.00	16.11	4.11	34.26
Renal Dialysis Unit	2°	2.18	2.41	0.23	10.32

All ward specific NHpPD data for WACHS - RRC - Pilbara is demonstrated in Table 24 (below).

The variance (percentages) range between -2.98% under and 11.91% above the respective NHpPD wards' target

Table 24. WACHS – RRC – Pilbara

Hedland Health Campus	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Paediatric Ward *	D	5.00	-	-	-
Dialysis Unit	2°	2.18	2.12	0.06	-2.98
General	B	6.37	6.44	0.69	11.91
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	B	9.45	9.96	0.51	5.42

* Paediatric ward merged into the General Ward activity

All ward specific NHpPD data for WACHS - RRC - South West is demonstrated in Table 25 (below).

The variance (percentages) range between -10.31% below and 14.50% above the respective NHpPD wards' target

Table 25. WACHS – RRC – Southwest

Bunbury Regional Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Maternity Ward	B+Del	10.22	10.25	0.03	0.29
Medical	B	6.00	5.79	-0.21	-3.56
Mental Health	A + C	6.16	6.91	0.75	12.18
Paediatrics	B	6.00	6.47	0.47	7.81
Psychiatric Intensive Care Unit	HDU	12.00	13.74	1.74	14.50
Sub-Acute Restorative Unit (SARU)	C & B	5.85	5.25	-0.60	-10.31
Surgical	A&B	6.23	6.56	0.32	5.22

Appendix 3: WACHS reporting of Integrated District Health Services

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

All ward specific NHpPD data for WACHS - IDHS are demonstrated in Table 26 through to Table 32 (below).

The variance (percentages) range between -54.78% under and 63.00% above the respective NHpPD wards' target

Table 26. WACHS - IDHS - Goldfields

Goldfields	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Esperance inpatients	E+Del	4.88	5.31	0.43	8.81

Table 27. WACHS - IDHS - Great Southern

Great Southern	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Denmark *	E+Del	4.56	3.25	-0.87	-21.17
Katanning inpatients	E	4.94	5.17	0.23	4.69
Plantagenet (Mt Barker) *	E+Del	4.68	5.18	0.5	10.72

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

Table 28. WACHS - IDHS - Kimberley

Kimberley	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Derby inpatients	D+Del	5.34	6.1	0.76	14.29
Fitzroy inpatients *	D	5.27	8.59	3.32	63.00
Halls Creek inpatients *	D	5.24	6.67	1.43	27.29
Kununurra inpatients	D+Del	5.32	6.13	0.81	15.29

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

Table 29. WACHS - IDHS - Mid-West

Mid-West	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Carnarvon inpatients	E+D+Del	5.20	2.35	-2.85	-54.78

Table 30. WACHS - IDHS - Pilbara

Pilbara	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Newman inpatients	D	5.00	7.37	2.37	47.36
Karratha Health Campus inpatients	D+Del	5.8	6.32	0.52	8.99

Table 31. WACHS - IDHS - Southwest

Southwest	NHpPD - Reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Busselton – Ward 1 *	C (prov)	5.75	6.39	0.64	11.13
Busselton – Ward 2 **	C/D (prov)	5.51	6.47	0.96	17.47
Busselton – Maternity Ward	-	2:2:2	-	-	-
Collie inpatients	E+Del	4.72	4.79	-0.73	-13.16
*Harvey inpatients	E+F	4.54	4.5	-0.04	-0.92
Margaret River inpatients	E+Del	4.72	6.87	2.15	45.55
Warren inpatients	E+Del	4.71	4.89	0.17	3.72

* Ward 1 & 2 have recently been classified, and reporting NHpPD for 4 months (Sept – Dec).

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

Table 32. WACHS - IDHS - Wheatbelt

Wheatbelt	**NHpPD - Reporting**				
Ward	**Category**	Target	**AVE**	Variance	% Variance
Merredin inpatients	F	4.23	5	0.77	18.24
Moora inpatients	E+F	4.30	3.1	-1.2	-27.87
Narrogin inpatients	D+Del	5.16	5.23	0.07	1.36
Northam inpatients	E+Del	4.73	4.27	-0.46	-9.78

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 33 - 45 (below). This table is presented from highest % variance to lowest.

Table 33. Formal Variance Report – Carnarvon Hospital

Hospital: Carnarvon		**Ward: Inpatients**	
Target NHpPD: 5.20	**Reported NHpPD: 2.35**	**Variance: -2.85**	**% Variance: -54.78**
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.	• Over-time plays a part in this variance. Rosters have been adapted to meet the needs of the wards on an ad hoc basis (as per ward requirements on the day). Short term roster changes, i.e. 12 hour shifts with staff permission have been implemented to meet the clinical needs and roster gaps. The General ward has been advertising continuously for the last 6- 12months with little success in attracting long term permanent staff. Stability of staff remains an issue.		
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.	• Progress for obtaining ongoing staff remains problematic. Staff recruitment drive is almost continuous. COVID has put extra pressure on this environment. • Non-clinical duties are now on hold until appropriate staff levels are sourced. Audits are being undertaken by non-nursing staff where 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.	• In the current climate of workforce critical shortages, the future plans are to keep seeking assistance through workforce data reports. Continuous recruitment drive, continuous use of agency nurses until otherwise permanency is obtained.		

Table 34. Formal Variance Report - Moora Hospital

Hospital: Moora		**Ward: Inpatients**	
Target NHpPD: 4.30	**Reported NHpPD: 3.10**	**Variance: -1.20**	**% Variance: -27.87**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Patient care assistants (PCA) are rostered to compliment and support nursing staff on each shift.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• The rostering of PCA has been practiced at Moora for many years, the staffing mix meets clinical needs of the hospital		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• As above.		

Table 35. Formal Variance Report – Rockingham General Hospital

Hospital: Rockingham General		**Ward: Mental Health Adult High Dependency Unit**	
Target NHpPD: 11.81	**Reported NHpPD: 8.96**	**Variance: -2.85**	**% Variance: -24.12**
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 unit are staffed to profile within the roster structure and in line with the classification of NHpPD. • The 30 bed Mental Health Unit is divided into four clinical units with four separate cost centres and four rosters. • Variations in NHpPD occur as a result of moving staff around the unit to ensure aspects such as: appropriate gender mix to reflect patient population sexual safety, challenging patients and skill mix of staff are managed. These factors have to 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 or risk, and security staff are also rostered as required • The Nurse Unit Manager is meeting 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 36. Formal Variance Report – Denmark Hospital

Hospital: Denmark		**Ward: Inpatients**	
Target NHpPD: 4.56	**Reported NHpPD: 3.25**	**Variance: -0.87**	**% Variance: -21.17**
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, 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 provide 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, site reviewing NHpPD to be reclassified in accordance with patient acuity and mix.		

Table 37. Formal Variance Report – Fiona Stanley Hospital

<table>
<tr><th colspan="2">Hospital: Fiona Stanley</th><th colspan="2">Ward: 7D & Bone Marrow Transplant Unit</th></tr>
<tr><th>Target NHpPD: 9.00</th><th>Reported NHpPD: 7.41</th><th>Variance: -1.59</th><th>% Variance: -17.65</th></tr>
<tr><td>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.</td><td colspan="3">• Ward reclassified, requiring significant uplift to reach NHpPD. Ward area staffing require significant upskilling to work within the Haematology ward safely.
• NHpPD target moved from A BMT and B (6.57) to HDU and A (9.00)
• NHpPD targets for pre-reclassification used until recruitment is complete. The ward is above the original NHpPD target</td></tr>
<tr><td>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.</td><td colspan="3">• Recruitment for 7D had continued at pace since the approvals for the increase.
• Please see below FTE growth July – December 2021:
<table><tr><th>4-Jul-21</th><th>18-Jul-21</th><th>1-Aug-21</th><th>15-Aug-21</th><th>29-Aug-21</th><th>12-Sep-21</th><th>26-Sep-21</th><th>10-Oct-21</th><th>24-Oct-21</th><th>7-Nov-21</th><th>21-Nov-21</th><th>5-Dec-21</th></tr><tr><td>34.44</td><td>38.04</td><td>33.82</td><td>35.05</td><td>36.35</td><td>33.91</td><td>34.59</td><td>36.55</td><td>37.52</td><td>38.09</td><td>42.26</td><td>42.11</td></tr></table>• Daily review of roster and patient acuity is ongoing to ensure appropriate nursing hours
• Nursing model is reflective of recruitment progression with gradual transition for full HDU patient cohort to be managed within 7D</td></tr>
<tr><td>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.</td><td colspan="3">• Recruitment pressures and lack of available workforce has hindered this process
• Recruitment has been based on ensuring appropriate education, training and skill set for all recruited staff commencing within 7D
• Target FTE to maintain required NHpPD should be reached by the end of January.</td></tr>
</table>

Table 38. Formal Variance Report – Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		**Ward: Intensive Care Unit - Medical**	
Target NHpPD: 31.60	**Reported NHpPD: 26.18**	**Variance: -5.42**	**% Variance: -17.16**
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.	• ICU historically under NHpPD targets due to external beds blocked by wards, and patients not requiring ICU level care, despite being in an ICU location. In addition to this, the unit has been understaffed and had difficulties in recruiting appropriately skilled nursing staff. Transient nursing staff have not been available to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. • General High Dependency Unit (GHDU) historically over NHpPD targets due to best practice suggesting high dependency care should be based on a 2 nurse:1 patient ratio. SCGH GHDU is a 7-bed area, therefore resource allocation will never fit this configuration. • Merge of ICU and GHDU areas in to one service was based on historical demand on services. New NHpPD based on 20 beds at ICU classification (31.6) and 10 beds at HDU classification (12). This has altered the NHpPD target to 25.07 hours per bed per day across the service. *Calculated by (20 x 31.6=632) + (10 x 12=120) 752 / 30= 25.07 nursing hours/patient day*		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Merge of HDU into ICU complete: 2 August 2021. GHDU no longer exists beyond this point • CNMO notified of change July 2021 • Reclassification documentation in progress • Patient flow efforts continue to be scrutinised and optimised		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• ICU Escalation Plan prepared for COVID surge activity • Upskilling of GHDU staff to ICU competency in progress • Continued efforts to attract Registered Nurses to ICU through formal upskilling programs to maintain necessary FTE and facilitate purposeful specialised succession planning • FTE changes underway to accommodate and facilitate safe and adequate service provision in new critical care structure • Reviewing nursing profile for adequate resourcing		

Table 39. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 4B - Burns**	
Target NHpPD: 11.91	**Reported NHpPD: 10.13**	**Variance: -1.78**	**% Variance: -14.92**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• 10 bedded State Burns Unit • Large proportion of beds not occupied by major burns patients, thus not requiring the NHpPD category of nurse to patient ratio • No impact upon nursing care		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• No action required		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• No action required		

Table 40. Formal Variance Report – Broome Hospital

Hospital: Broome		**Ward: Psychiatric**	
Target NHpPD: 10.38	**Reported NHpPD: 8.95**	**Variance: -1.43**	**% Variance: -13.74**
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.	• Staff have been supported by the deployment of the Staff Development Nurse (SDN) and Clinical Nurse Specialist (CNS) to assist with direct patient care in instances where the rostered nursing staff profile were sub-optimal due to unplanned personal leave amongst the nursing cohort.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• The rostering officer has reviewed all published rosters to deploy the SDN and CNS into nursing numbers for direct patient care where a deficit in nursing numbers can be anticipated.		
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 service has ongoing recruitment via advertised recruitment pool. There are 3 nurses recruited with a start date 14 February 2022. Shortfalls listed with Agency. Ongoing deployment of SDN and CNS to cover deficits.		

Table 41. Formal Variance Report – Royal Perth Hospital

Hospital: Royal Perth		**Ward: 6G - General Surgical-Vascular**	
Target NHpPD: 8.54	**Reported NHpPD: 7.45**	**Variance: -1.09**	**% Variance: -12.74**
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.	• NHpPD was classified at 7.52 hours until 1 September 2021. • NHpPD reclassification was undertaken and approved at 8.54 hrs from 2 September 2021. This would influence the NHpPD calculation variance. Therefore, this ward was reporting for two months at a reduced NHpPD target which contributed to the negative variance. • NHpPD variance is also influenced in bed capacity versus available skilled workforce.		
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.	Multiple workforce recruitment measures continue to be undertaken at local, national and international level to address skilled staff shortage throughout the organisation whilst manoeuvring COVID state border restrictions which has impacted available skilled nurses. • Recruitment pools • Skill mix revision • AIN utilisation to support nursing staff (not included in NHPPD calculations)		
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.	• Through the work of Talent Acquisition Teams and organisational recruitment management measures (which have HR and senior nursing governance), recruitment is improving with offers of permanent positions for registered nurses, enrolled nurses, and assistants in nursing to provide a supported, stabilised and skilled workforce as much as possible.		

Table 42. Formal Variance Report – Osborne Park Hospital

Hospital: Osborne Park		**Ward: 5 - Geriatric Evaluation and Management (GEM) & Rehabilitation**	
Target NHpPD: 5.75	**Reported NHpPD: 5.07**	**Variance: -0.68**	**% Variance: -11.83**
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.	• Nursing staff have been unavailable to fill shifts due to personal leave or roster shortages. • Unplanned absenteeism was only able to be partially filled due to unavailability of staff or staff who were unable to attend for the entire shift. This then leaves a deficit in replacement hours to hours of absenteeism and results in an under-supply of nursing hours.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Vacancy rate has improved.		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.		

Table 43. Formal Variance Report – Rockingham General Hospital

Hospital: Rockingham General		**Ward: Multi Stay Surgical Unit**	
Target NHpPD: 5.75	**5.08**	**Variance: -0.67**	**% Variance: -11.59**
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.	• Factors influencing the variance in NHpPD for the reporting period include: ○ Change in funded bed numbers from a summer (24 beds) / winter (30 beds) strategy to an all year strategy of 27 funded beds at 85% occupancy ○ Associated recruitment drive to facilitate change in funded bed numbers ○ Emergency extended unplanned leave, increased POOL nurse FTE to backfill unplanned leave ○ Higher than expected activity of medical patients including a sustained increase in 1:1 specialling patient's due to identified risks		
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.	• Actions taken to ensure safety of patients and workload of nurses include: ○ Recruitment to approved FTE budget ○ Utilisation of non-clinical staff including the Staff Development Nurse (SDN), Nurse Unit Manager (NUM) and after-hours Clinical Nurse Specialists (CNS) ○ Extension of the Day Procedure Unit to include a 23-hour admission area ○ Recruiting of additional relief POOL FTE		
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.	• Developed strategies to ensure the NHpPD target does not continue to remain below target include: ○ Maintaining FTE at budget ○ Maintaining safe leave provisions ○ Utilisation of agency and casual staffing when patient numbers are above FTE budget ○ Recruitment of additional graduate nurses ○ Increase in relief POOL FTE currently under recruitment process ○ Increase in AIN FTE to support specialling requirements.		

Table 44. Formal Variance Report – Bentley Hospital

Hospital: Bentley		**Ward: 8 – Acute Adult Mental Health**	
Target NHpPD: 6.00	**Reported NHpPD: 5.33**	**Target NHpPD: -0.67**	**Reported NHpPD: -11.17**
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.	• NHpPD variance is influenced in bed capacity versus available skilled workforce. This was acknowledged as a state-wide issue. • Non-Direct staff (e.g. SDN, AIN) were also used to bolster roster deficits which would not be included in the NHPPD calculations.		
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.	• Multiple workforce recruitment measures have been and continue to be undertaken at local, national and international level to address skilled staff shortage throughout the organisation whilst manoeuvring COVID state border restrictions which has impacted available skilled nurses. • Recruitment pools • Skill mix revision • AIN utilisation to support patient care (not included in NHPPD calculations)		
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.	• Through the work of Talent Acquisition teams and organisation recruitment management measures which has HR and Senior Nursing governance, recruitment is improving with offers of permanent positions for Registered, Enrolled Nurses, and Assistants in Nursing to provide as much of a stabilized, skilled workforce as possible.		

Table 45. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: 6C – General Medicine**	
Target NHpPD: 8.00	**Reported NHpPD: 7.13**	**Variance: -0.87**	**% Variance: -10.88**
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 was reclassified to acknowledge the complexity of the eating disorder patient cohort with a 1:2 profile implemented for 8 beds. • Nurse Unit Managers and non-clinical staff will support teams where profile is unavailable. • Active recruitment pools are advertised and used to recruit to vacancies.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Patient needs are assessed on a shift-by-shift basis. • Regular review of NHpPD and staffing increased to meet acuity. • Regular monitoring of NHpPD undertaken.		
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.	• A Corporate Nursing Model has been established to centrally manage and stabilise workforce recruitment and availability. This strategy will support the front-line managers to manage supply and demand through agile recruitment support.		

Table 46. Formal Variance Report – Bunbury Hospital

Hospital: Bunbury		**Ward: Sub Acute Restorative Unit**	
Target NHpPD: 5.85	**Reported NHpPD: 5.25**	**Variance: -0.60**	**% Variance: -10.31**
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.	• Rostering and workload reviewed each shift • CNM and SDN working clinically when required to relieve workload pressures • AIN utilised as a complementary workforce on an ongoing basis (both substantive and casual) to assist nursing workload • Casual and agency nurses utilised on an ongoing basis whilst recruitment of permanent and fixed term staff occurs • Overtime utilised where appropriate • Staff deployed from other areas of the hospital when 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.	• Any available and suitable nurses are being offered contracts • Casual employees are being converted to contracts where possible • 2 x graduate nurses commencing in March 2022.		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Initial NHpPD classification granted in 2021 required additional staffing to meet target. Recruitment ongoing but difficult in current environment of nation-wide shortages. • Unexpected loss of substantive staff due to COVID-19 vaccination mandate and workers compensation has led to additional staffing requirements. • Recruitment ongoing – pools currently open and active, including promotion for international RN and sponsorship opportunities. • Leave management occurring at regional level via Tier 3 approval for all leave in excess of 1 week		

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

Table 47. Variance Reports on areas reporting between 0 to -10% below target

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Northam	Inpatients	E+Del (Northam)	4.73	4.27	-0.46	-9.78	Unplanned leave at short notice, reduced number of casual staff available. Ward assessed each shift, non-direct care staff support ward as required. Increased graduates employed for 2022 to increase available staff
Rockingham General	Intensive Care Unit	ICU	23.70	21.44	-2.26	-9.54	Staffing shortage due to increase in occupancy and sick leave. Unable to cover the deficits with agency or casual nurses. Inability to have access nurse to allow admissions while maintaining NHpPD. Risk mitigation strategies include SDN and NUM covering on the floor, this is not captured in the NHpPD figures.
Fiona Stanley	Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	A	7.50	6.86	-0.64	-8.56	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Sir Charles Gairdner	Ward G52 (Neurosurgery)	B + HDU	9.51	8.72	-0.79	-8.31	G52 is comprised of ward beds (18) plus HDU beds (9). Due to demand on service, HDU beds increase at times to 11. It is imperative to maintain the nursing hours of the HDU beds as well as the clinical expertise required to care for these patients. There has been no change in nursing staff profiles at these times due to the unavailability of additional nursing workforce so available resources have had to be prioritised. In order to safely care for HDU patients, nursing staff have been taken from the ward beds to maintain clinical standards in the HDU beds and this has resulted in a lower average of nursing hours across the entire ward. In addition, nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. Continued recruitment

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Bentley	Ward 4 (Aged Care Rehab)	D	5.00	4.63	-0.37	-7.33	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Fiona Stanley	Ward 7B (Acute Surgical Unit)	A	7.50	6.96	-0.54	-7.16	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Royal Perth	Ward 5G (Orthopaedic)	A+ (prov)	7.52	7.00	-0.52	-6.87	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Osborne Park	Ward 3 Aged Care & Rehabilitation	D	5.00	4.67	-0.34	-6.70	Unplanned absenteeism was only able to be partially filled due to unavailability of staff or staff who were unable to attend for the entire shift. This then leaves a deficit in replacement hours to hours of absenteeism and results in an under-supply of nursing hours.
Bentley	Ward 7 (Adult Acute)	A-	7.30	6.82	-0.48	-6.58	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Bentley	Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.03	-0.47	-6.24	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Fiona Stanley	Ward 3B (Neonatal Medicine)	HDU	12.00	11.30	-0.70	-5.85	Staffing needs fluctuate related to acuity of admissions. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Fiona Stanley	Ward MHU - Ward B (MH Youth)	HDU	12.00	11.34	-0.66	-5.50	NHpPD review has occurred and FTE adjusted, recruitment completed and NHpPD has improved since this reporting period.
Perth Children's	Ward 1A (Oncology & Haematology)	HDU (12)	12.00	11.35	-0.65	-5.39	1A's acuity and activity were high for extended periods during these 6 months with an increased transplant cohort and ongoing recruitment to the 24 beds. Staffing levels were lower on some shifts however the use of portfolio CN staff and SDNs occurred to ensure patient safety was not compromised. This is not easily accounted for in the rostered NHpPD.
Osborne Park	Ward 2 (Rehabilitation)	C	5.75	5.44	-0.31	-5.39	NHpPD reporting set up 13/01/2022, delays from HSS in setting up admin units prevented real time reporting through CNMO NHpPD tool. Data available on PULSE shows target NHpPD 5.75, actual NHpPD 5.44 (5.39% variance). Unplanned absenteeism was only able to be partially filled due to unavailability of staff or staff who were unable to attend for the entire shift. This then leaves a deficit in replacement hours to hours of absenteeism and results in an under-supply of nursing hours. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Sir Charles Gairdner	Ward G61 (Surgical)	A	7.50	7.10	-0.40	-5.36	Unplanned absenteeism was only able to be partially filled due to unavailability of staff or staff who were unable to attend for the entire shift. This then leaves a deficit in replacement hours to hours of absenteeism and results in an under-supply of nursing hours.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Fiona Stanley	SRC - Ward A (Neuro Rehabilitation)	C	5.75	5.46	-0.29	-5.10	Backfill of unplanned deficit was not sufficient to maintain target NHpPD profiles, challenged by increase in resignations/transfers whilst ward was at high occupancy.
Fiona Stanley	Ward 4D (Cardiology)	A	7.50	7.15	-0.35	-4.69	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort, dependant on cardiology demand 4D is often used to outlie less acute medical patients that would otherwise be on a 'B' category wards. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6-hour shift allocation.
Osborne Park	Ward 4 Rehabilitation	C	5.75	5.49	-0.26	-4.52	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Royal Perth	Ward 5AB (Acute Surgical Unit)	A	7.50	7.18	-0.13	-4.18	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Sir Charles Gairdner	Ward G66 (Surgical/Neurosurgery)	B+	7.00	6.71	-0.29	-4.12	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Fiona Stanley	Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.63	-0.32	-3.98	General NHpPD incorporates a winter and summer allocation to match seasonal respiratory demand. NHpPD are managed with a flex dependant on the number of HDU vs Cat B beds in

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							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, managed by the NUM & Shift Coordinator. Shifts are covered by own staff if known in advance, or casual/agency staff if at short notice which results in 6-hour shift allocation. Closure of beds at short notice to accommodate the COVID-19 surge plan effects NHpPD - separate report completed.
Fiona Stanley	Ward 4A (Orthopaedics)	B+	6.50	6.24	-0.26	-3.97	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Fiona Stanley	Ward 4C (Cardiovascular Surgery)	A	7.50	7.21	-0.29	-3.93	Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
NMHS - Mental Health	Selby (Older Adult MH)	A	7.53	7.24	-0.29	-3.85	Unplanned leave and cancellations resulting in difficulties to backfill. Total number of patients also fluctuates sometimes, contributing to the negative variance.
Bunbury Regional	Medical	B	6.00	5.79	-0.21	-3.56	CNM, CNS and SDN working clinically when required to relieve workload of nurses. Utilising AIN when available and suitable for companioning of cognitively impaired patients and to assist nursing staff to reduce workload. Recruitment pool open and active. Increased numbers of graduate nurses commencing in 2022 to build workforce locally. No workload grievances.
Sir Charles Gairdner	Ward G73 (Medical Specialties)	B+	6.80	6.58	-0.23	-3.31	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Fiona Stanley	Coronary Care Unit	CCU	14.16	13.70	-0.46	-3.26	From 24 July- 8 August 2021 CCU had reduced bed base of between 12-14 down from an average of 20, during a COVID surge. Patient needs are assessed on a shift by shift basis, variability in

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							NHpPD requirements dependant on patient cohort and acuity of cardiology demand. NHpPD are dynamic in this area due to patient condition. Staffing reduced due to reduced demand at times.
Sir Charles Gairdner	Ward C17 (Geriatric Evaluation and Management (GEM)/Medical)	C	5.75	5.58	-0.17	-3.01	Nursing staff have been unavailable to fill shifts deficits due to personal leave and/or roster shortages. Have continued recruitment efforts via a recruitment pool and targeted advertisements to maintain adequate FTE for service provision. Ward closed for renovation 17/12/2021.
Hedland Health Campus	Dialysis	Secondary Renal	2.18	2.12	0.06	-2.98	Negative variance due to unplanned leave. CNM works clinically to support staff as required. Graduate nurses employed directly to unit; ongoing recruitment continues.
Royal Perth	Coronary Care Unit	A+	11.10	10.79	-0.31	-2.84	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Sir Charles Gairdner	Ward G62 (Surgical)	A	7.50	7.30	-0.20	-2.64	Nursing staff have been unavailable to fill shifts deficits due to personal leave and/or roster shortages. Have continued recruitment efforts via a recruitment pool and targeted advertisements to maintain adequate FTE for service provision.
Rockingham General	Aged Care Rehabilitation Unit	C	5.75	5.62	-0.14	-2.35	Staffing shortage due to increase in occupancy and sick leave. Unable to cover the deficits with agency or casual nurses. Risk mitigation strategies include SDN and NUM covering on the floor, this is not captured in the NHPPD figures. Difficulty sourcing qualified staff. Additional AINs utilised supervised by RNs. Increased additional intake of graduate nurses for 2021 and 2022 to support ward areas.
Perth Children's	4A (Adolescents)	A+ (9.00)	9.00	8.80	-0.20	-2.24	Staff work a 12-hour roster. Sick leave and roster shortages replaced with shorter shifts, reducing nursing hours. Use of AINs for non-nursing related patient safety observations for Eating Disorder cohort.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
Perth Children's	Ward 2A (Medical Surgical)	A+ (8.30)	8.30	8.13	-0.17	-2.07	Ward is staffed according to acuity. Minor fluctuations due to shorter shifts replacing sick leave.
Royal Perth	Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	6.72	-0.13	-1.87	Due to the COVID-19 pandemic and subsequent border restrictions the EMHS have been challenged in actively recruiting, casual nurse availability and available skilled staff has depleted. As a result, there are daily shift shortfalls leading to bed closures. Roster patterns have been adjusted and casual/agency utilisation increased to accommodate vacant shifts.
Fremantle	Ward B7S (Aged Care)	C	5.75	5.64	-0.11	-1.86	Negative variance in NHpPD result of FTE shortage. Staffing profile adjusted shift by shift to meet ward activity variance, with educators and Nurse Unit Managers providing support as required. Recruitment pools are open to try and source additional staff to fill deficits.
Fremantle	Ward B8N (Surgical Specialties/PCU)	A	7.50	7.36	-0.14	-1.84	Ward staffed to occupancy. Staffing deficits due to reduction in staff available to backfill sick leave. RN/EN Pool size being reviewed to ensure can meet demand.
Perth Children's	3A (Paediatric Critical Care)	ICU (32.26)	32.26	31.72	-0.54	-1.68	Majority of results reflect adequate staffing. November showed a small decrease in NHpPD reflective of higher than usual vacancy rates resulting in some difficulty filling shifts with regular floor staff. Patient safety was not compromised. Active ongoing recruitment efforts have addressed staffing issues and vacancy rates are constantly monitored.
Sir Charles Gairdner	Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.70	-0.10	-1.52	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Harvey	General/Aged Care	E+F (Harvey)	4.54	4.5	-0.04	-0.92	CNM working clinically when required to relieve workload of nurses. PCA utilised when available and suitable to assist nursing staff to reduce

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance Explanation
							workload. Ongoing employment of graduates. No workload grievances.
Fiona Stanley	Ward 6D (Acute Care of the Elderly)	B	6.00	5.96	-0.04	-0.64	Reduced availability of casual workforce to fill deficits. Reduced workforce to recruit from active recruitment pools. Active recruitment pools are advertised and used to recruit to vacancies
Sir Charles Gairdner	Ward G51 (Medical Specialities)	B+	6.75	6.73	-0.02	-0.32	Nursing staff have been unavailable to fill shifts left by personal leave or roster shortages. When backfill has been available, the replacement shift length has been less than the absence. Continued recruitment efforts through use of pool and targeted advertisements to maintain adequate FTE for service provision.
Fiona Stanley	Ward 6B (Neurology)	B+	6.49	6.48	-0.01	-0.23	B+ category secured for Tracheostomy and 1:1 patient increase. This is reviewed daily and staffing managed flexibly dependent on the patient cohort.

This document can be made available in alternative formats on request for a person with disability.