



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

Nursing Hours per Patient Day

Annual Report

Chief Nursing and Midwifery Office
1 July 2020 – 30 June 2021

NHPPD Annual Report V4.0

Document History

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2.0	04/10/2021	J. Ng R. Redknap	Draft sent to IR & WAHNMAC for review and comment
3.0	29/10/2021	M. Book	Feedback from IR & HSPs compiled into Draft V3 sent to PNA & CNMO
4.0	08/11/2021	M. Book	Nil changes recommended for the report during NWCP Committee meeting. 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 – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2020 (UWU Agreement).

Reform within Western Australia Department of Health (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 will inform an independent review of the NHpPD workloads management model.

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. To ensure a skilled and adaptable workforce responsive to the challenges of health care delivery, health service providers (HSPs) reviewed and enacted immediate 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 and demands for health services have grown substantially over time. Given the current COVID-19 pandemic, some areas have changed their functionality since the last annual report. A degree of caution is advised when comparing NHpPD data with previous reports. Every effort has been made to cover all areas, however some may not be reported due to the mitigating reasons outlined above.

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 also 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 190 wards were reported:

- 70% (n = 132) of these wards were ≥ 0 and 10% above their identified NHpPD targets;
- 23% (n = 45) reported ≤ 0 and 10% below their identified NHpPD targets; and
- 7% (n = 13) were $\geq 10\%$ below target.

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Introduction

The Nursing Hours per Patient Day (NHpPD) Annual Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2020 to 30 June 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 – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2020 (UWU Agreement).

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

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

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

This report acknowledges the Sustainable Health Review, strategy 7¹, recommendation 24², point 2³. 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 (ANFIUWP) 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.

The Workload Management Models Independent Review project is a deliverable in the ANF Agreement and UWU Agreement. The purpose of this review is to research and evaluate 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. This body of work has not impacted the NHpPD workload methodology and reporting.

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 required to review and enact 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.

To date, fortunately, there has not been a notable COVID-19 surge in WA. The preparedness phase created increased activity in other aspects of service delivery in early 2020. COVID-19 personal protective equipment (PPE) competence in donning and doffing, staffing contingencies such as critical care upskilling, clinical refreshers, and recruitment of additional newly qualified nurse and midwives were examples of strategies implemented state-wide.

Over the course of this reporting period, 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.

This Annual Report provides reporting for services during the impact of COVID-19; identifying ward closures, reconfigurations, 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 $\geq 10\%$ 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

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

A total of 190 wards were reported and of these, 76 wards (40%) across WA Health showed they were 10% above their NHpd targets and 13 wards (7%) of the total were \geq 10% below target.

A total of 132 (70%) reported over the target NHpd, while 58 (30%) reported below the set NHpd target.

An overview of the NHpd 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 NHpd target.

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

Reporting Period 1 July 2020 – 30 June 2021				
NHpd 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%	47	19	10	76 (40%)
Above 5 - 10%	14	2	2	18 (10%)
Above 0 - 5%	31	4	3	38 (20%)
Below 0 - 5%	27	4	2	33 (17%)
Below 5 - 10%	10	1	1	12 (6%)
Below 10% or more	10	1	2	13 (7%)
Total Wards	139	31	20	190

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 139 wards in the Metropolitan HSPs, 10 wards showed a percentage variance of $\geq 10\%$ below their allocated NHpPD target (Table 2).

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

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	AVE	Variance	% Variance
Fiona Stanley	Ward 7B (Acute Surgical Unit)	A	7.50	6.72	-0.78	-10.47
Fiona Stanley	Ward 3B (Neonatal medicine)	HDU	12.00	10.69	-1.31	-10.95
Perth Children's	* Ward 2B (Long Stay Surgical)	A+	9.60	8.39	-1.22	-12.66
Fremantle	Ward 4.3 (Older Adult MH)	A	7.50	6.55	-0.95	-12.68
Sir Charles Gairdner	Intensive Care Unit (Medical)	ICU	31.60	26.93	-4.67	-14.77
Fiona Stanley	Ward 4B (Burns)	A+(Burns)	11.91	10.09	-1.82	-15.25
Rockingham General	Mental Health Adult HDU (closed)	A+	11.81	9.76	-2.05	-17.36
Fiona Stanley	Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical)	A	7.50	5.97	-1.53	-20.44
Fiona Stanley	Ward 6C (General Medicine)	B & HDU	8.00	6.22	-1.78	-22.21
Fiona Stanley	Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	6.46	-2.54	-28.25

Formal variance reports for the above areas (Table 2) are provided in Appendix 4 (see Table 34, 36, 37, 39, 40, 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.

One RRCs reported $\geq 10\%$ below their NHpPD target. Of the total 31 RRC locations, 1 hospital reported $\geq 10\%$ 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
Hedland Health Campus	Maternity	B	9.45	7.76	-1.69	-17.84

A formal variance report for the above (Table 3) is provided in Appendix 4 (see Table 38).

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, 2 hospitals reported $\geq 10\%$ 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 Hospital	E+F	4.3	2.45	-1.85	-43.00
Denmark Hospital	E+Del	4.56	3.38	-1.18	-25.79

A formal variance report for the above (Table 4) is provided in Appendix 4 (see Table 33 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 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
- **South West** (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
- **South West:** 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 2020 to 30 June 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. Comments were sought from HSPs regarding workloads or grievances and are provided under feedback within Table 5.

Table 5. Emergency Department nursing workload requirements.

Emergency Department nursing workload requirements - 1 July 2020 to 30 June 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	74.16	64,508	Nil unresolved workload grievances
Fiona Stanley	158.45	110,892	No formal ANF grievances
King Edward Memorial	13.61	12,271	No workload grievances identified
Perth Children's	71.32	68,348	Workload grievances reported over the interim period relating to staffing and workload have been addressed with an additional FTE to increase: <ul style="list-style-type: none"> - Triage Support - Implement Triage Rapid Access Model - Increase Staff Development Nurses - Increase Staffing Profiles - Increase Waiting Room Observations

Rockingham	84.27	60,692	One ANF grievance, resolved
Royal Perth	107.61	73,088	Nil unresolved workload grievances
Sir Charles Gairdner	111.02	73,917	Identified workload grievances resolved with increased in FTE and additional SDN support
WA Country Health Service			
Albany	28.39	31,421	Nil unresolved workload grievances
Broome	20.18	25,034	
Bunbury	52.63	43,021	
Hedland	19.65	28,069	
Kalgoorlie	23.69	26,822	
Geraldton	34.45	36,351	

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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).

From 1 July 2020 to 30 June 2021, new benchmarks and reclassifications approved during this reporting period is demonstrated below (Table 6).

Table 6. Benchmark and reclassification approvals

Hospital	Ward	Previous NHpPD category	Revised NHpPD category
Bentley	Ward 7 Locked Adult Acute Mental Health	B (6.00)	A- (7.3)
Bunbury	SARU (Sub-Acute Restorative Unit)	Not classified	C & B (5.85)
Fiona Stanley	Ward 4A (Orthopaedics)	B (6.00)	B+ (6.5)
Fiona Stanley	Ward 6C (General Medical)	B (6.00)	B & HDU (8.00)
Fiona Stanley	Ward 7A (General Surgical)	B (6.00)	A (7.5)
Fiona Stanley	Ward 7D (Haematology & BMT)	B+ (6.61)	A & HDU (9.00)
Fremantle	Ward 4.3 (Acute MH)	B (6.00)	A (7.5)
King Edward Memorial	Day Surgery Unit	Not classified	D (5.00)
Rockingham General	Medical Ward	C (5.75)	B (6.00)
Perth Children's	Paediatric Critical Care	ICU (23.76)	ICU (32.26)
Perth Children's	Ward 2A	A (7.5)	A+ (8.3)
Perth Children's	Ward 4B	A (7.5)	A+ (9.04)
Perth Children's	Ward 3C (Short Stay)	Not classified correctly	A (7.5)
Sir Charles Gairdner	Ward G73	B (6.0)	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 - Perth Children's Hospital - COVID Strategy

Effective April 2020 due to the COVID-19 pandemic, multiple ward configurations and reclassifications within Perth Children's Hospital were implemented. CAHS enacted these strategies to ensure safe and appropriate patient flow within the health service. Services have been reconfigured and formalised through Reclassification of NHpPD targets over the last 12 months, see Table 6.

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 -12.66% below and 44.09% above the respective ward target.

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

CAHS PCH Nursing Hours per Patient Day - 1 July 2020 – 30 June 2021					
Ward	Category	Target	AVE	Variance	% Variance
Ward 1A (Oncology and Haematology)	HDU	11.3	11.02	-0.98	-8.20
Ward 1B (Burns Orthopaedic Plastics)	A+	9.00	8.12	0.42	5.44
Ward 2A (Respiratory)	A+	8.30	7.96	-0.34	-4.13
* Ward 2B (Long Stay Surgical)	A+	9.60	8.39	-1.22	-12.66
Ward 3A (Paediatric Critical Care)	ICU	32.26	34.83	2.57	7.97
** Ward 3C (Multiday Surgical)	A	7.50	10.81	3.31	44.09
Ward 4A (Adolescents)	A+	9.00	8.71	-0.30	-3.28
Ward 4B (General Paediatrics)	A+	9.04	9.29	0.25	2.72
Ward 5A (Mental Health)	HDU	12.00	12.54	0.54	4.53

* Ward 2B underwent constant change and reconfiguration of services over this reporting period. See explanation within the Formal Variance Report in Appendix 4, Table 43.

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% and 687.68% 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)	D+	5.50	6.32	0.82	14.95
Banksia Ward (Older Aged Mental Health)	A+	8.00	8.72	0.72	8.95
Campbell (Paediatrics)	B	6.00	15.54	9.54	158.94
Canning Ward (Medical)	B	6.00	6.91	0.91	15.14
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.09	0.09	1.73
Colyer (Surgical)	C	5.75	5.75	0.000	0.00
Intensive Care Unit	ICU	23.70	31.63	7.93	33.44
Karri Ward (Mental Health)	A+	8.00	8.30	0.30	3.78
Maud Bellas Ward (Maternity)	B	6.00	8.16	2.16	36.03
Medical Admissions Unit	A+	6.00	7.84	0.34	4.49
Same Day Unit	B	6.00	47.26	41.26	687.68
Special Care Nursery	B	6.00	15.41	9.41	156.83
Moodjar/Yorgum (Mental Health)	A+	7.50	8.22	0.72	9.56

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 -2.69% below and 65.10% 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	8.26	3.26	65.10
Ward 3 (Medical/Surgical)	D	5.00	6.62	1.62	32.30
Ward 4 (Aged Care Rehab)	D	5.00	5.78	0.78	15.60
Ward 5 (Subacute and Stroke Rehabilitation)	C	5.75	5.78	0.03	0.55
Ward 6 (Secure Unit)	A+	11.20	12.06	0.86	7.65
Ward 7 (Adult Acute)	A-	7.30	7.29	-0.01	-0.08
Ward 8 (Adult Acute)	B	6.00	5.84	-0.16	-2.69
Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.42	-0.08	-1.04
Ward 11 (Mental Health Youth Unit)	HDU	12:00	15.43	3.43	28.62

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 -5.92% below and 144.71% above the respective ward target.

Table 10. EMHS - Royal Perth Hospital (RPH)

EMHS - Royal Perth Hospital	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Acute Medical Unit	A-	7.30	7.35	0.05	0.64
Coronary Care Unit	A+	11.10	15.42	4.32	38.89
Intensive Care Unit	ICU/HDU	26.67	31.70	5.03	18.85
State Major Trauma Unit	A + HDU	10.00	10.22	0.22	2.22
Ward 2K (Mental health)	B	6.00	6.57	0.57	9.47
Ward 3H (Orthopaedics)	C	5.75	6.49	0.74	12.90
Ward 4A (DO23/47 Surgical)	B	6.00	14.68	8.68	144.71
Ward 5G (Orthopaedic)	B+	6.60	6.49	-0.11	-1.62
Ward 5H (Neurosurgical)	A-	7.30	6.88	-0.42	-5.72
Ward 6G (Gen Surg/Vascular)	A	7.50	7.06	-0.44	-5.92
Ward 6H (Ear Nose Throat /Plastics/Maxillofacial)	B+	6.20	6.55	0.35	5.66
Ward 7A (Geriatric Medicine)	C	5.75	7.62	1.87	32.45
Ward 8A (Neurology/ Gastrointestinal)	B	6.00	6.12	0.12	2.04
Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	6.88	0.03	0.44
Ward 10A (General Medicine)	B	6.00	6.11	0.11	1.75
Ward 10C (Immunology)	B	6.00	6.50	0.50	8.40

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 2020 to June 2021	ICU / HDU	<p>No requirement to close 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.</p> <p>Plan to review and combine (flex beds) for ICU / HDU patients into one Unit. Staffing will be revised to reflect this and planned increase in FTE to assist.</p>
July 2020 to June 2021	ED	<p>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.</p> <ul style="list-style-type: none"> • Observation ward: lower ground area (Green – non COVID patients); • Observation ward: Ground floor - Confirmed or Suspect COVID positive patients (Red/Amber) <p>ED Staff are still required to sieve patients on entering ED due to COVID. The ED service is in line with WA government requirements, resulting in additional nurses in triage.</p> <p>Additional permanent FTE allocated to ED due to ongoing COVID preparedness.</p>

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 -14.77% below and 53.24% 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	14.84	0.68	4.83
Ward C16 (Acute Medical/ Delirium) *	B	6.00	6.36	0.36	6.06
Ward C17 (Geriatric Evaluation and Management (GEM)/Medical)	C	5.75	5.64	-0.11	-1.91
Ward G41 (Medical Specialties /Cardiology)	B+	6.50	7.37	0.87	13.33
Ward G45 HDU (Medical)	HDU	12.00	18.39	6.39	53.24
Ward G51 (Medical specialities)	B+	6.75	6.79	0.04	0.58
Ward G52 (Neurosurgery)	B + HDU	9.51	9.10	-0.41	-4.34
Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.80	0.00	0.05
Ward G54 (Respiratory Medicine)	A	7.50	7.63	0.13	1.78
Ward G61 (Surgical)	A	7.50	7.28	-0.22	-2.97
Ward G62 (Surgical)	A	7.50	7.46	-0.04	-0.54
Ward G63 (Medical Specialties)	B+	6.80	6.86	0.06	0.83
Ward G64 (Ear Nose Throat/ Plastics/ophthalmology/Surgical)	A	7.50	7.53	0.03	0.43
Ward G66 (surgical/Neurosurgery)	B+	7.00	7.04	0.04	0.58
Ward G71 (GEM/Medical)	B+	6.50	7.52	1.02	15.69
Ward G72 (Medical Assessment Unit)	A	7.50	8.26	0.76	10.13
Ward G73 (Medical Specials)	B+	6.80	6.47	-0.33	-4.89
Ward G74 (Medical)	B+	7.00	7.43	0.43	6.17
Intensive Care Unit (Medical)	ICU	31.60	26.93	-4.67	-14.77

* Ward C16 has been closed since 18th December 2020 for refurbishment - planned to reopen mid-September 2021

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 -6.43% below and 32.91% above the respective ward target.

Table 13. NMHS - Osborne Park Hospital (OPH)

NMHS-OPH	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Maternity Ward	D+Del	8.97	8.79	-0.18	-2.01
Ward 3 Aged Care & Rehab	D	5.00	4.90	-0.11	-2.10
Ward 4 Rehabilitation	C	5.75	6.03	0.28	4.88
Ward 5 GEM & Rehabilitation	C	5.75	5.38	-0.37	-6.43
Ward 6 Surgical	C	5.75	7.64	1.89	32.91

North Metropolitan Health Service – Women and Newborn Health Service - NHpPD Data

All ward specific NHpPD data for NMHS, Women and Newborn Health Service (WNHS), King Edward Memorial Hospital (KEMH) is demonstrated in Table 14 (below).

The variance (percentages) for this site range between 1.64% and 68.49% 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	8.41	0.91	12.12
Ward 4 (Maternity) *	B+	6.75	-	-	-
Ward 5 (Maternity)	B+	6.75	8.46	0.96	12.73
Ward 6 (Gynaecology/ Oncology)	A	7.50	7.62	0.12	1.64
Adult Special Care Unit	HDU	12.00	20.22	8.22	68.49
Mother Baby Unit	HDU	12.00	13.86	1.86	15.51

* 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 -0.47% below and 60.59% 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	7.47	-0.03	-0.47
Ellis (Hospital extended care)	A	7.50	8.33	0.83	11.12
Montgomery (Acute secure)	A+	8.66	9.77	1.11	12.83
Murchison East	D	5.00	5.37	0.37	7.37
Murchison West	A	7.50	8.39	0.89	11.89
Smith (Acute secure)	A+	8.66	10.42	1.76	20.30
Susan Casson (Acute open) **	A+	8.51	13.67	5.16	60.59
Yvonne Pinch (Acute secure)	A+	15.00	19.32	4.32	28.78

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

** Susan Casson ward services were changed to Acute Care on 23 June 2021, due to building upgrade works in progress.

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 -4.33% below and 31.66% 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	7.20	-0.33	-4.33
Osborne Park (Older Adult MH)	A	7.8	9.26	1.46	18.70
SCGH MH Observation Area	A+	12.75	16.79	4.04	31.66
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	11.12	0.58	5.53
Frankland Centre (State Forensic MH)	A+	9.3	10.74	1.44	15.47

* Discrepancies occurring between the NHpPD HSS Tool and health service provider calculations. Data presented is provided directly by the health service provider, 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. Changes made in early 2020, as mentioned in previous NHpPD reports, have been maintained for ICU, Ward 2A and the Medical Assessment Unit. There have been no additional strategies implemented.

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 -28.25% below and 37.85% above the respective wards' target.

Table 17. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
	Ward	Category	Target	AVE	Variance
Coronary Care Unit	CCU	14.16	13.62	-0.54	-3.78
Short Stay Unit	C	5.75	5.84	0.09	1.58
Intensive Care Unit	ICU	28.42	28.85	0.43	1.50
Ward 3A (Paediatrics Medical/ Surgical)	B	6.00	8.27	2.27	37.85
Ward 3B (Neonatal medicine)	HDU	12.00	10.69	-1.31	-10.95
Ward 3C (Maternity)	B	6.00	6.30	0.30	5.00
Ward 4A (Orthopaedics)	B+	6.50	6.23	-0.27	-4.14
Ward 4B (Burns)	A+(Burns)	11.91	10.09	-1.82	-15.25
Ward 4C (Cardio Vascular surgery)	A	7.50	7.09	-0.14	-5.46
Ward 4D (Cardiology)	A	7.50	7.08	-0.42	-5.59
Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.08	-0.14	-1.70
Ward 5C (Nephrology & General Medical)	B+	6.50	6.57	0.07	1.03
Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.29	-0.66	-8.27

Wards	Category	Target	AVE	Variance	% Variance
Ward 6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	9.56	1.70	21.65
Ward 6B (Neurology)	B+	6.49	6.69	0.19	3.00
Ward 6C (General Medicine)	B & HDU	8.00	6.22	-1.78	-22.21
Ward 6D (Acute care of the elderly)	B	6.00	5.99	0.00	0.00
Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical)	A	7.50	5.97	-1.53	-20.44
Ward 7B (Acute Surgical Unit)	A	7.50	6.72	-0.78	-10.47
Ward 7C (Oncology)	B	6.00	5.94	-0.06	-0.96
Ward 7D + Bone Marrow Transplant Unit	A & HDU	9.00	6.46	-2.54	-28.25
Ward Mental Health Unit (MHU) - Ward A (Mental Health Assessment)	HDU	12.00	13.24	1.24	10.37
Ward MHU - Ward B (MH Adolescent)	HDU	12.00	11.71	-0.29	-2.40
Ward MHU – Mother Baby Unit	HDU	12.00	13.37	1.37	11.44
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.50	8.50	1.00	13.34
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	6.25	0.50	8.65
SRC - Ward A (Neuro rehab)	C	5.75	5.31	-0.44	-7.72
SRC - Ward B (Acquired Brain Injury)	B	6.00	5.68	-0.32	-5.31

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 -12.68% below and 21.57% 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	11.29	0.09	0.80
Ward 4.2 (Adult MH)	B	6.00	6.38	0.38	6.28
Ward 4.3 (Older Adult MH)	A	7.50	6.55	-0.95	-12.68
Ward 5.1 (Adult MH)	B	6.00	6.02	0.02	0.26
Ward B7N (Ortho Geriatrics & Geriatric Med) *	C	5.75	5.92	0.17	2.90
Ward B7S (Aged Care)	C	5.75	5.57	-0.18	-3.16
Ward B8N (Surgical Specialties/PCU)	A	7.50	7.59	0.09	1.16
Ward B9N (General Medical & Geriatric Medicine)	C	5.75	6.99	1.24	21.57
Ward B9S (General Medicine)	C	5.75	5.75	0.00	0.00
Restorative Unit	C	5.75	5.63	-0.12	-2.14

* B7N closed in April 2021, therefore NHpPD not reported for May and June.

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 -17.36% below and 104.43% 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	5.63	-0.12	-2.10
Intensive Care Unit	ICU	23.70	24.05	0.34	1.46
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU)	B	6.00	11.11	5.11	85.18
Medical Ward	B	6.00	5.84	-0.16	-2.64
Mental Health Adult (open)	B	6.00	8.64	2.64	44.00
Mental Health Adult HDU (closed)	A+	11.81	9.76	-2.05	-17.36
Multi Stay Surgical Unit	C	5.75	5.21	-0.54	-9.45
Obstetric Unit	B	6.00	6.04	0.04	0.71
Older Adult Mental Health	A	7.50	9.47	1.97	26.22
Older Adult Mental Health (open ward)	B	6.00	9.15	3.15	52.43
Paediatrics Ward	B	6.00	12.27	6.27	104.43
Murray District Hospital	E	4.69	5.31	0.62	13.27

Appendix 2: WACHS reporting of Regional Resource Centres

WACHS - Regional Resource Centres (RRC) – NHpPD Data

All wards specific NHpPD data for WACHS – RRC – Goldfields is demonstrated in Table 20 (below).

The variance (percentages) range between 13.01% to 264.50% 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	18.23	13.23	264.50
Dialysis Unit	2°	2.18	2.62	0.44	19.99
High Dependency Unit	HDU	12.00	18.37	6.37	53.08
Maternity Unit and Special Care Nursery	D+Del	10.28	11.62	1.34	13.01
Medical Ward	C	5.75	7.00	1.25	21.71
Mental Health Unit	A, B, C	7.71	14.69	6.98	90.55
Surgical Unit	C	5.75	6.72	0.97	16.90

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

The variance (percentages) range between -0.85% below and 42.02% 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	2.92	0.74	34.10
High Dependency Unit	HDU	12.00	16.61	4.67	38.88
Maternity	D+	9.95	14.13	4.18	42.02
Medical & Paediatrics	C + D	5.50	5.82	-0.05	-0.85
Mental Health Inpatients	HDU	6.28	9.81	0.88	9.90
Subacute	D	5.00	5.11	0.11	2.28
Surgical	C	5.75	6.99	1.24	21.62

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

The variance (percentages) range between 0.03% and 20.83% 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	7.65	1.32	20.83
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Psychiatric Ward	A+	10.38	10.38	0.00	0.03

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

The variance (percentages) range between 20.99% and 30.49% 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	7.43	1.68	29.14
High Dependency Unit	HDU	12.00	15.66	3.66	30.49
Renal Dialysis Unit	2°	2.18	2.64	0.46	20.99

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

The variance (percentages) range between -17.84% under and 116.57% 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	10.83	5.83	116.57
Dialysis Unit	2°	2.18	2.11	-0.07	-3.36
General	B	6.37	6.36	-0.01	-0.14
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	B	9.45	7.76	-1.69	-17.84

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

The variance (percentages) range between -6.51% below and 16.36% 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	9.56	-0.67	-6.51
Medical	B	6.00	6.03	0.03	0.50
Mental Health	A + C	6.16	6.24	0.08	1.27
Paediatrics	B	6.00	6.93	0.93	15.57
Psychiatric Intensive Care Unit	HDU	12.00	13.96	1.96	16.36
Sub-Acute Restorative Unit (SARU) *	C & B	5.85	5.32	-0.53	-4.40
Surgical	A&B	6.23	6.60	0.37	5.90

* SARU data calculated from January to June 2021, as Unit was only classified and recording data within these dates, for a period of six months.

Appendix 3: WACHS reporting of Integrated District Health Services

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

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

The variance (percentages) range between -43.00% under and 140.92% 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	5.87	0.99	20.29

Table 27. WACHS - IDHS - Great Southern

Great Southern	NHpPD Reporting				
Ward	Category	Target	AVE	Variance	% Variance
*Denmark	E+Del	4.56	3.38	-1.18	-25.79
Katanning inpatients	F	4.94	5.9	0.96	19.4
*Plantagenet (Mt Barker)	E+Del	4.68	4.28	-0.4	-8.56

* 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	6.63	1.29	24.16
*Fitzroy inpatients	D	5.27	8.06	2.79	52.93
*Halls Creek inpatients	D	5.24	7.03	1.79	34.18
Kununurra inpatients	D+Del	5.32	5.92	0.6	11.31

* 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	6.41	1.21	23.17

Table 30. WACHS - IDHS - Pilbara

Pilbara	NHpPD reporting				
Ward	Category	Target	AVE	Variance	% Variance
Newman inpatients	D	5.00	7.37	2.37	47.45
Karratha Health Campus inpatients	D+Del	5.8	6.07	0.27	4.64

Table 31. WACHS - IDHS - Southwest

Southwest	NHpPD reporting				
Ward	Category	Target	AVE	Variance	% Variance
Busselton inpatients	D+Del	5.26	6.31	1.05	19.87
Collie inpatients	E+Del	4.72	4.96	0.24	5.10
*Harvey inpatients	E+F	4.54	4.44	-0.10	-2.22
Margaret River inpatients	E+Del	4.72	5.8	1.08	22.95
Warren inpatients	E+Del	4.71	5.2	0.49	10.44

* 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	10.19	5.96	140.92
Moora inpatients	E+F	4.3	2.45	-1.85	-43.00
Narrogin inpatients	D+Del	5.16	5.13	-0.03	-0.57
Northam inpatients	E+Del	4.73	4.28	-0.45	-9.62

Appendix 4: Formal Variance Reports

This section provides formal variance reports from sites where areas have reported a variance of $\geq 10\%$ below their allocated NHpPD target - described in Table 33 - 45 (below). This table is presented from highest % variance to lowest.

Table 33. Formal Variance Report - Moora Hospital

Hospital: Moora		Ward: General	
Target NHpPD: E + F (4.30)	Reported NHpPD: 2.45	Variance: -1.85	% Variance: - 43.00
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Patient Care Assistants (PCA) are rostered in addition to nursing staff on each shift 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The rostering of PCA has been practiced at Moora for many years. The staffing mix meets clinical needs of the hospital 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The hospital is staffed according to clinical needs. A clinical assessment is made on each shift by the Nurse Manager with additional staff being rostered where required. 		

Table 34. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 7D + Bone Marrow Transplant Unit	
Target NHpPD: A & HDU (9.00)	Reported NHpPD: 6.46	Variance: -2.54	% Variance: -28.25
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Currently using the 2020 classification of 6.75 NHpPD for the A and BMT beds • Recent reclassification approved in March 2021 to 9 nursing hours for new category and profile not yet updated. • Current process for maintaining safety is the transfer of patients to critical care areas as required. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Current recruitment for specific specialty nursing requirements underway. • Expectation for completion in end of August where FSH will be able to staff to their target of 9 NHpPD. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Review and finalise nursing model of care in ward 7D • Aim to recruit to new profile and maintain target NHpPD 		

Table 35. Formal Variance Report - Denmark Hospital

Hospital: Denmark		Ward: General	
Target NHpPD: E + Del (4.56)	Reported NHpPD: 3.88	Variance: -1.18	% Variance: -25.79
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Nursing staff support by Patient Care Assistants to ensure safe patient care, nursing staff in non-clinical roles provide care in peak times. Clinical need assessed on a shift by shift and staff provided according to acuity and patient needs. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> On call roster implemented to provide staff for peak periods, Clinical Nurse Manger provided clinical care in peak times 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Monitor nursing hours, roster under review, reviewing strategies to ensure safe staffing. 		

Table 36. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 6C (General Medicine)	
Target NHpPD: B & HDU (8.00)	Reported NHpPD: 6.22	Variance: -1.78	% Variance: -22.21
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Reduced availability of casual workforce 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Patient needs are assessed on a shift by shift basis. • Regular review of NHpPD and staffing increased to meet acuity. • Monitoring ward deficits every 24 hours to 2 weeks • Regular monitoring of NHpPD undertaken. • Additional staff would be deployed on a shift by shift basis predominantly filled with casual staff or within Service line 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Implementing new high dependency NHpPD classification to meet patient case-mix requirement • Corporate Nursing Team created to manage fast-track bulk recruitment processes to stabilise workforce availability. 		

Table 37. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 7A (Colorectal/ Upper Gastrointestinal/ Gen Surg)	
Target NHpPD: A (7.5)	Reported NHpPD: 5.97	Variance: -1.53	% Variance: -20.44
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Reclassification of ward from B to A with budget-built progressing with recruitment 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Unit is monitored and safely staffed at all times to meet requirements of patient cohort using NHpPD 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Recruitment has commenced to meet increased FTE requirement due to NHpPD reclassification. 		

Table 38. Formal Variance Report – Hedland Health Campus

Hospital: Hedland Health Campus		Ward: Maternity	
Target NHpPD: B (9.45)	Reported NHpPD: 7.76	Variance: -1.69	% Variance: -17.84
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> The Clinical Midwifery manager was utilised on the floor during periods of high acuity, which is not reflected in the NHpPD reporting. During the reported period there was higher than average personal leave, unable to replace staff with short term contracts and casual staff due to boarder restrictions. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Reviewing FTE requirements and establishing a Visiting Midwifery Service to reduce the workflow through the department. Staff offered ADO's or other leave during times of lower acuity to reduce fatigue. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> All vacant positions are being recruited to, there has been delays in new staff commencing due to ongoing boarder restrictions with other states. 		

Table 39. Formal Variance Report – Rockingham General Hospital

Hospital: Rockingham General		Ward: Mental Health Adult HDU (closed)	
Target NHpPD: A+ (11.81)	Reported NHpPD: 9.76	Variance: -2.05	% Variance: -17.36
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Adult HDU is staffed with 2 nurses each shift in line with the classification of NHpPD at all times, the variance reported is a resource balancing issue. • Staff movement occurs frequently within the four areas of the MH unit in order to maintain appropriate mix of staff according to clinical requirements. • Staff movement is not always captured accurately within ROSTAR particularly when changes occur after hours /public holidays, this then leads to inaccuracies within NHpPD reporting. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • As indicated above – the unit is 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 – and this is reflected in the improvement of the NHpPD data for May and June 2021. 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The Nurse Unit Manager will continue to work with the Roster Clerk to improve roster alignment, noting that staffing to profile occurs within the Unit 		

Table 40. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 4B (Burns)	
Target NHpPD: A+ (11.91)	Reported NHpPD: 10.09	Variance: -1.82	% Variance: -15.25
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> State wide admitting service with undetermined numbers of admissions and acuity also provide ICU outreach hence NHpPD adjusted 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Unit is monitored and safely staffed at all times to meet requirements of patient cohort using NHpPD 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Continue to monitor and use flexibility of NHpPD 		

Table 41. Formal Variance Report – Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		Ward: Intensive Care Unit (Medical)	
Target NHpPD: ICU (31.60)	Reported NHpPD: 26.93	Variance: -4.67	% Variance: -14.77
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The workload of ICU is monitored and reviewed as per patient acuity. There have been instances whereby patients do not require 1:1 nursing care and only require High Dependency Unit (HDU) level care. • At times agency and casual staff have not been available to cover shortages and as such, other clinical support staff such as Staff Development Nurse (SDN) may take patient loads. • Bed flexibility is monitored daily (shift by shift) and is in combination with the general HDU beds. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Use of appropriately skilled clinical staff from other areas • Use of appropriately skilled casual and agency staff • Improvement measures in place to plan for flow between ICU and HDU areas • Management of FTE shortfall and recruitment of appropriately skilled staff 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Merge project in progress combining the ICU and HDU, and reclassification of NHpPD in progress to refine bed numbers for each of the pods to meet patient requirements • Upskilling HDU staff to manage care of ICU patients • Planning upskilling courses for Registered Nurses transitioning to ICU (previous upskilling program and uptake successful) • Development of business case to increase funded beds/nursing FTE. 		

Table 42. Formal Variance Report – Fremantle Hospital

Hospital: Fremantle Hospital		Ward: 4.3 (Older Adult MH)	
Target NHpPD: A (7.5)	Reported NHpPD: 6.55	Variance: -0.95	% Variance: -12.68
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • W43 has recently been successful in the re classification of the NHpPD from a B to an A as of April 2021. • The target now is 7.50 which the ward has remained within this target since the reclassification. • The ward has been managing higher than normal acuity resulting in two beds being closed for a period of a week. 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • The ward has been successful in a recent application for a reclassification to a classification 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • 10 bedded older adult ward to be opened specifically for BPSD patients on the Fremantle site in 2023. 		

Table 43. Formal Variance Report – Perth Children’s Hospital

Hospital: Perth Children’s		Ward: 2B (Long Stay Surgical)	
Target NHpPD: A+ (9.6)	Reported NHpPD: 8.39	Variance: -1.22	% Variance: -12.68
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> • Ward reconfigurations in response to COVID-19 have affected the accuracy of reporting for this ward. For the reporting period July 2020 to June 2021, several changes occurred with the cohort of specialty paediatric nursing care, and the area has been staffed accordingly. At the commencement of 2020, Ward 2B was originally a 24 bed Paediatrics Medical and Respiratory ward - classified at A+ with 8.30 NHpPD target hours. • In response to COVID-19 the ward was divided into two separate units to incorporate the transfer of 12 low acuity (nursery) neonatal beds from KEMH to PCH to address social distancing requirements from the 15th April 2020 <ul style="list-style-type: none"> ○ 12 beds – medical / respiratory (1 - 12) ○ 12 beds - low acuity neonates (13 - 24) • No change in the NHpPD Target Hours was actioned. The ward was maintained as single 24 bed ward in WebPAS, NHpPD reporting only captured staffing on RoStar for the 12 bed medical unit. KEMH staff allocated to the Neonate beds were maintained in their own RoStar, and not captured in the 2B RoStar. This resulted in the noted reduction in NHpPD in the system. • In August 2020, the Neonates beds returned back to KEMH, then 12 Long Stay Surgical beds from 3C transferred to 2B. Bed configurations were: <ul style="list-style-type: none"> ○ 12 beds – Medical and Respiratory (1 - 12) ○ 12 beds – Long Stay Surgical (13 - 24) • No change in NHpPD target for either unit actioned. Ward still classified at 8.30 NHpPD and Ward maintained as single ward in WebPAS. NHpPD reporting only capturing staffing on RoStar for 12 bed medical unit hence noted reduction in NHpPD in the system. 2B Surgical staff were not captured. • Effective November 2020, Ward 2B Medical and Respiratory ceased operation: <ul style="list-style-type: none"> ○ This cohort of patients were distributed to Ward 4B General Paediatrics and Ward 2A Specialty Medical. ○ Ward 2B Long Stay Surgical patients stayed and expanded to 16 beds. 		

	<ul style="list-style-type: none"> ○ Surgical specialities that were previously held on 4B (including Surgical ENT cases for tracheostomies) now occupy Ward 2B. ○ This cohort of patients is managed on a NHpPD of 9.6. <p>Since this date, Ward 2B additionally accepts overflow patients from General Medical wards, increasing up to 22 beds. NHpPD has been set for 16 bed occupancy, and fluctuations in staffing is adjusted to manage and accommodate for the flex of bed occupancy.</p>
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> ● No implication to workload on 2B as Nurse staffing was in line with agreed NHpPD for patient populations being admitted to unit ● From December 2020 to June 2021 the average NHpPD is 9.71
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> ● PCH bed reconfiguration occurred 23 November 2020 resulting in 2B transitioning to a 16 bed surgical long stay unit (including complex airway / surgical Tracheostomy) ● Submission of Reclassification request for review and adjustment of NHpPD for this new unit. ● Ward 2B Surgical maintained at 9.6 NHpPD.

Table 44. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 3B (Neonatal medicine)	
Target NHpPD: HDU (12.00)	Reported NHpPD: 10.69	Variance: -1.31	% Variance: -10.95
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> This variance occurs and fluctuates dependant of level on gestational age of babies from term down to 27 weeks admitted to the unit the higher the age the less NHpPD ratio required 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Unit is monitored and safely staffed at all times to meet requirements of patient cohort using NHpPD 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Continue to monitor and use flexibility of NHpPD 		

Table 45. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		Ward: 7B (Acute Surgical Unit)	
Target NHpPD: A	Reported NHpPD: 7.50	Variance: -0.78	% Variance: -10.47
<p>Clause 7.2.2.2</p> <p>Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Acuity and occupancy fluctuate with admission stream from ED and mix of patient acuity 		
<p>Clause 7.2.2.3</p> <p>Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Unit is monitored and safely staffed at all times to meet requirements of patient cohort using NHpPD 		
<p>Clause 7.2.2.4</p> <p>Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.</p>	<ul style="list-style-type: none"> Monitor patient flow and acuity to staff to NHpPD 		

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

Table 46. Variance Reports on areas reporting less than 10% below target

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Wheatbelt	Northam inpatients	E+Del (Northam)	4.73	4.28	-0.45	-9.62	Unplanned leave at short notice, reduced number of short-term relief staff available due to boarder restrictions. Ward assessed on a shift by shift basis and non-clinical staff support ward
Rockingham General	Multi Stay Surgical Unit	C	5.75	5.21	-0.54	-9.45	Staffing profile was adjusted to meet activity requirements based on patient activity and acuity. On occasion, the ward was staffed at a decreased level due to lack of casuals and agency to fill unplanned leave /increase in demand; Non-clinical staff (SDN/NUM) assisted on floor to fill gaps wherever possible; Strategy to increase Permanent RN pool is in progress
Great Southern	*Plantagenet (Mt Barker)	E+Del (Plantagenet)	4.68	4.28	-0.40	-8.56	Unplanned leave at short notice, staffing reviewed on a shift by shift basis, CNM works clinical shifts to support staff. Ongoing recruitment to fill vacant positions
Fiona Stanley	Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.29	-0.66	-8.27	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 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, 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
Perth Children's	Ward 1A (Oncology and Haematology)	HDU	11.30	11.02	-0.98	-8.20	Ward staffed according to acuity. For a component of this period 4 beds were allocated for endocrinology patients, reducing overall acuity. Bed capacity permanently increased to 24 beds April 2021 with establishment revised accordingly.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Fiona Stanley	SRC - Ward A (Neuro rehab)	C	5.75	5.31	-0.44	-7.72	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options
Bunbury Regional Hospital	Maternity Ward	B+ Del	10.22	9.56	-0.67	-6.51	Strategies used to support nursing and midwifery staff include, utilising Clinical Midwifery Specialist, Staff Development Midwife and Midwifery Unit Manager
Osborne Park	Ward 5 GEM & Rehabilitation	C	5.75	5.38	-0.37	-6.43	Unable to fill some sick calls; double shifts required at times. Use of shorter casual/agency shifts to fill vacancies
Royal Perth	Ward 6G (Gen Surg/Vascular)	A	7.50	7.06	-0.44	-5.92	Coordinated daily roster of non-direct nurses to provide nursing care to patients; job titles for this group of staff would be excluded from NHpPD calculations. Adjusted roster patterns to accommodate vacant shifts for AM shifts; External recruitment of > 220 headcount of nurses including 90+ casual nurses
Royal Perth	Ward 5H (Neurosurgical)	A-	7.30	6.88	-0.42	-5.72	Coordinated daily roster of non-direct nurses to provide nursing care to patients; job titles for this group of staff would be excluded from NHpPD calculations. Adjusted roster patterns to accommodate vacant shifts for AM shifts; External recruitment of > 220 headcount of nurses including 90+ casual nurses
Fiona Stanley	Ward 4D (Cardiology)	A	7.50	7.08	-0.42	-5.59	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
Fiona Stanley	Ward 4C (Cardio Vascular surgery)	A	7.50	7.09	-0.14	-5.46	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort and ICU step down requirements; Additional staffing requirements are

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
							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
Fiona Stanley	SRC - Ward B (Acquired Brain Injury)	B	6.00	5.68	-0.32	-5.31	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options
Sir Charles Gairdner	Ward G73 (Medical Specials)	B+	6.80	6.47	-0.33	-4.89	Ward reclassified in November 2020 from 6.4 to 6.8. Shortages covered by shorter 6 & 7 hours shifts. Some shortages unable to be filled; and/or therefore covered using Staff Development nurse and Clinical Facilitators with Students (not included in NHpPD numbers)
Bunbury Regional Hospital	Sub-Acute Restorative Unit	C&B	5.85	5.32	-0.53	-4.40	Unplanned leave and a reduction of casual and relief staff available due to border restrictions within WA. Recruitment to fill some vacant positions is ongoing.
Sir Charles Gairdner	Ward G52 (Neurosurgery)	B + HDU	9.51	9.10	-0.41	-4.34	Ward Swing High Dependency beds not required nor staffed as such. 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.
NM Mental Health Services	Selby (Older Adult MH)	A	7.53	7.20	-0.33	-4.33	Unplanned sick leave, resulting in difficulties to backfill. Total number of patients also fluctuates, contributing to the negative variance.
Fiona Stanley	Ward 4A (Orthopaedics)	B+	6.50	6.23	-0.27	-4.14	Area reclassified to a higher NHpPD in January 2021, and budget is currently being built with a 2021/22 recruitment strategy

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Perth Children's	Ward 2A (Respiratory)	A+	8.30	7.96	-0.34	-4.13	Reclassified to 8.3 effective 24th November 2020, so average NHpPD will be lower for the first 5 months of the financial year.
Fiona Stanley	Coronary Care Unit	CCU	14.16	13.62	-0.54	-3.78	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort and acuity of cardiology demand. NHpPD are dynamic in this are due to patient condition. Ward staffing reduced due to lack of demand at times.
Hedland Health Campus	DIALYSIS WARD	Secondary Renal	2.18	2.11	-0.07	-3.36	Unplanned leave at short notice, CNM works clinical shift to support staff, ongoing recruitment to fill vacant FTE
Perth Children's	Ward 4A (Adolescents)	A+	9.00	8.71	-0.30	-3.28	Staffed according to acuity. 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 supervision for Eating Disorders cohort.
Fremantle	Ward B7S (Aged Care)	C	5.75	5.57	-0.18	-3.16	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options
Sir Charles Gairdner	Ward G61 (Surgical)	A	7.50	7.28	-0.22	-2.97	Over census and high acuity patients contained within staffing profile. Shortages unable to be filled due to lack of available agency/casual staff. SDN and Clinical Facilitator used as available and not included within NHpPD numbers.
Bentley	Ward 8 (Adult Acute)	B	6.00	5.84	-0.16	-2.69	Coordinated daily roster of non-direct nurses to provide nursing care to patients; job titles for this group of staff would be excluded from NHpPD calculations. Adjusted roster patterns to accommodate vacant shifts for AM shifts; External recruitment of > 220 headcount of nurses including 90+ casual nurses.
Rockingham General	Medical Ward	B	6.00	5.84	-0.16	-2.64	Reclassified in February, recruitment in progress. Staffing profile was adjusted to meet activity requirements based on patient activity and acuity. On occasion, the ward was staffed at a decreased level due to lack of casuals/agency to fill unplanned leave; Non-Clinical staff (SDN/NUM) assisted on floor to fill gaps wherever possible;

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
							Strategy to increase Permanent RN pool is in progress
Fiona Stanley	Ward MHU - Ward B (MH Adolescent)	HDU	12.00	11.71	-0.29	-2.40	Ward was under allocating FTE against their NHpPD target, now rectifying by increasing FTE. Ward supported by CNS role.
Southwest	*Harvey inpatients	E+F (Harvey)	4.54	4.44	-0.10	-2.22	Unplanned leave at short notice, reduced numbers of short-term relief staff available, ward assessed on each shift, clinical support by SDN/CNM
Fremantle	Restorative Unit	C	5.75	5.63	-0.12	-2.14	Staffing profile adjusted shift by shift to meet ward activity variance. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options
Osborne Park	Ward 3 Aged Care & Rehab	D	5.00	4.90	-0.11	-2.10	No available backfill for sick leave and unplanned absences. When backfill has been available, the replacement shift length has been less than the absence.
Rockingham General	Aged Care Rehabilitation Unit	C	5.75	5.63	-0.12	-2.10	Staffing profile was adjusted to meet activity requirements based on patient activity and acuity; On occasion, the ward was staffed at a decreased level due to lack of casuals and agency to fill unplanned leave /increase in demand; Non-Clinical staff (SDN/NUM) assist on floor to fill gaps wherever possible; Strategy to increase Permanent RN pool is in progress
Osborne Park	Maternity Ward	D+Del	8.97	8.79	-0.18	-2.01	Unavailability of staff to fill shortages. Recruitment underway.
Sir Charles Gairdner	Ward C17 (Geriatric Evaluation and Management (GEM)/Medical)	C	5.75	5.64	-0.11	-1.91	Unable to fill all nursing shortages due to resignations. Limited availability of agency and casual nursing staff leaving the ward working below their nursing profile. Where possible nursing staff in non-productive roles assist when their workload permits but are unable to complete the whole shift, leaving a deficit in nursing hours.
Fiona Stanley	Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.08	-0.14	-1.70	Staffing profile adjusted shift by shift to meet ward activity variance and high dependency requirement. On occasion backfill for unplanned leave has been unavailable despite use of casual and agency staff options
Royal Perth	Ward 5G (Orthopaedic)	B+	6.60	6.49	-0.11	-1.62	Coordinated daily roster of non-direct nurses to provide nursing care to patients; job titles for this

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
							group of staff would be excluded from NHpPD calculations. Adjusted roster patterns to accommodate vacant shifts for AM shifts; External recruitment of > 220 headcount of nurses including 90+ casual nurses.
Bentley	Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.42	-0.08	-1.04	Coordinated daily roster of non-direct nurses to provide nursing care to patients; job titles for this group of staff would be excluded from NHpPD calculations. Adjusted roster patterns to accommodate vacant shifts for AM shifts; External recruitment of > 220 headcount of nurses including 90+ casual nurses.
Fiona Stanley	Ward 7C (Oncology)	B	6.00	5.94	-0.06	-0.96	Ward 7C has more short shifts than many of the other wards to allow for flexibility at the nurse's request. This results in a 6-hr shift and reduces the NHpPD with less overlap of staff between am and pm shift. This will likely change in the next few months as staff request to return to their 8 hr shifts
Albany inpatients	MEDICAL & CHILDRENS	C&D (Albany)	5.87	5.82	-0.05	-0.85	Unplanned leave at short notice unable to backfill, Staff development nurse and ward manager work on the ward to support staff
Wheatbelt	Narrogin inpatients	D+Del (Narrogin)	5.16	5.13	-0.03	-0.57	Unplanned leave at short notice, clinical nurse manger takes clinical load to support the nursing staff
Sir Charles Gairdner	Ward G62 (Surgical)	A	7.50	7.46	-0.04	-0.54	Over census and high acuity patients contained within staffing profile. Shortages unable to be filled due to lack of available agency/casual staff. SDN and Clinical Facilitator used as available and not included within NHpPD numbers.
Graylands	Dorrington (Acute open)	A	7.50	7.47	-0.03	-0.47	Minor inpatients fluctuation affecting the planned levels of staffing and availability
Hedland Health Campus	General	B	6.37	6.36	-0.01	-0.14	Unplanned leave at short notice, staffing reviewed each shift, SDN and CNM work clinical shift to support staff
	High Dependency Unit	HDU					

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