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 2020 – 31 December 2020

Document History

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1.0	17/03/2021	M. Book J. Ng	Draft report compiled of NHpPD reporting and Variance reports sent to CNMO
2.0	22/03/2021	R. Redknap J. Ng	Draft sent to IR & WAHNMAC for review and comment
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7.0	01/07/2021	M. Book J. Ng T. Barrett R. Redknap	Amendment to V6.0 report made to Perth Children's Hospital Emergency Department Feedback (Page 9)
8.0	22/07/2021	M. Book J. Ng R. Redknap	Amendment to V7.0 report made to Emergency Department note under the ED Data table – removed (Page 9)

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 2018 (ANF Agreement); and
- WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2018 (UV 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 UV 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. At the time of this report, this body of work has not impacted the NHpPD workload methodology. It should be noted however, for the purposes of this interim report, that challenges associated with alignment of cost centres, change in Patient Administration Systems (PAS) and enhancements of the central reporting tool exist. 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 191 wards were reported:

- 68% (n = 130) of these wards were ≥ 0 and 10% above their identified NHpPD targets;
- 27% (n = 52) reported ≤ 0 and 10% below their identified NHpPD targets; and
- 5% (n = 9) were ≥ 10% below 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 2020 to 31 December 2020. 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 2018 (ANF Agreement); and
- WA Health System – United Voice – Enrolled Nurses, Assistants in Nursing, Aboriginal and Ethnic Health Workers Industrial Agreement 2018 (UV 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 UV 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. Change in the patient administration system (WebPAS), enhancements of the central reporting tool, and reconfiguring of services and RoStar amendments should be considered when interpreting and analysing NHpPD data. Additionally, 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.

The Workload Management Models Review project is a deliverable in the ANF Agreement and UV 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 and clinical refreshers were examples of strategies implemented state-wide. WA Health have now procured a reliable supply and stock of PPE to ensure the safety of its workforce.

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 Interim 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 ≥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 191 wards were reported and of these, 76 wards (40%) across WA Health showed they were 10% above their NHpPD targets and 9 wards (5%) of the total were ≥ 10% below target.

A total of 130 (68%) reported over the target NHpPD, while 61 (32%) 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 2020 – 31 December 2020				
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%	46	20	10	76 (40%)
Above 5 - 10%	16	2	2	20 (10%)
Above 0 - 5%	31	3	0	34 (18%)
Below 0 - 5%	28	3	5	36 (19%)
Below 5 - 10%	15	1	0	16 (8%)
Below 10% or more	5	1	3	9 (5%)
Total Wards	**141**	**30**	**20**	**191**

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

Metropolitan Health Service Data

Of the 142 wards in the Metropolitan HSPs, 5 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**	**YTD**	**Variance**	**% Variance**
Perth Children's	Ward 2B (Long Stay Surgical)	A+	9.60	6.78	-2.82	-29.36
Rockingham General	Mental Health Adult HDU (closed)	A+	11.81	9.25	-2.56	-21.66
Sir Charles Gairdner	Intensive Care Unit (Medical)	ICU	31.60	26.57	-5.04	-15.93
Fiona Stanley	Ward 4B (Burns)	A+(Burns)	11.91	10.14	-1.78	-14.90
Fiona Stanley	Ward 3B (Neonatal medicine)	HDU	12.00	10.33	-1.67	-13.92

Formal variance reports for the above areas (Table 2) are provided in Appendix 4 (see Table 36, 37, 41, 42 and 43).

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 ≥10% below their NHpPD target. Of the total 30 RRC locations, 1 hospital 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**	**YTD**	**Variance**	**% Variance**
Hedland Health Campus	Maternity	B	9.45	7.51	-1.94	-20.54

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, 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**	**YTD**	**Variance**	**% Variance**
Moora	E+F	4.3	2.43	-1.87	-43.45
Carnarvon	E+D+Del	5.20	4.30	-0.9	-17.22
Denmark	E+Del	4.56	3.44	-0.68	-16.56

A formal variance report for the above (Table 4) is provided in Appendix 4 (see Table 35, 39 and 40).

Small Hospitals

Small Hospitals (SH) provide emergency department and acute inpatient care (smaller bed numbers) with many of the sites providing residential aged care and ambulatory care. There are 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. Dumbleyung was the only SH with no requirement to staff in excess of roster.

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 31 December 2020. 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 were put in place to maintain safety and patient flow. EDs across the state were geographically split into separate areas to triage patients with influenza-like- illness (ILI) and/or COVID-19 risk, away from the central ED hub. 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 31 December 2020			
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	70.44	32,632	One reported workload grievance was resolved
Fiona Stanley	142.56*	56,155	*FTE requirements based on calendar year presentations (Jan to Dec 2020). Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Senior Registered Nurses to fill deficits when practical.
King Edward Memorial	8.42	6,090	Activity increased, and staffing levels were maintained during this time. No workload grievances reported.

Perth Children's	72.34	35,355	Workload grievances reported over the Interim reporting period were all resolved, with further actions planned.
Rockingham	75.71	30,185	Workload grievances reported over the Interim reporting period were all resolved
Royal Perth	102.43	36,988	Workload grievances reported over the Interim reporting period were all resolved
Sir Charles Gairdner	108.31	68,981	Nil to report
WA Country Health Service			
Albany	31.42	15,219	Nil to report
Broome	21.67	12,112	
Bunbury	49.07	21,543	
Hedland	23.11	13,542	
Kalgoorlie	28.45	13,990	
Geraldton	37.84	18,089	

Benchmarks and Reclassification

An 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 31 December 2020, 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
Perth Children's	Ward 2A	A (7.5)	A+ (8.3)
Perth Children's	Ward 4B	A (7.5)	A+ (9.04)
Sir Charles Gairdner	Ward G73	B (6.0)	B+ (6.8)
Bunbury	SARU (Sub-Acute Restorative Unit)	Not classified	C & B (5.85)

Workforce Excellence

The *WA Health Nursing and Midwifery Strategic Priorities 2018-2021* were launched in April 2018 incorporating the strategic priorities of Workforce Excellence, Optimise Activity and Enhance Care Continuum. All projects and bodies of work on scope within the CNM Office are also aligned to the *Sustainable Health Review (2019)*, and in accordance with the *Health Services Act 2016*, as part of delivering services to the WA Health system in the System Manager role.

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 and described in full in the last NHpPD Annual Report.

CAHS enacted these strategies to ensure safe and appropriate patient flow within the health service. The changes made were to remain in place until October 2020 where it was planned that a transition to a new configuration would occur. Three submissions for reclassification of NHpPD have been submitted to the SWRC in November and December 2020.

- Ward 2A (Medical/Respiratory) & 4B (General Paediatrics) have been approved.
- Ward 3A (Paediatric Critical Care) is pending decision.

An overview of changes and actions implemented for relevant wards across this HSP is described in Table 7 (below). It should be noted that no work load grievances were received for the duration of this report timeline.

Table 7. CAHS overview of strategies during the COVID-19 pandemic

Date (2020)	Hospital / Ward	Action
1 July – 6 August	2B (Medical / Respiratory)	Bed capacity reduced to 12 beds
	2B (Low Acuity Neonates)	Transfer of 12 bed low acuity Neonatal unit from KEMH to address social distancing requirements
3 August – 4 October	Winter Bed Plan	Increase multiday bed capacity from 136 to 158 to address anticipated winter activity
	1A (Oncology/Haematology)	Bed capacity increased from 20 to 24
	1B (Burns/Orthopaedics/Plastics)	Bed capacity increased from 20 to 24
	2B Surgical Long Stay Unit	Transition of Surgical Long Stay from 3C/1B to 2B = 12 beds
	4A (Adolescents)	Addition of 4 mental health surge-outreach beds
23 November	PCH Acute Multiday Capacity	Implementation of endorsed acute multiday bed reconfiguration from 147 to 140 beds
	2B (Medical / Respiratory)	12 beds closed and patient population transitioned to 2A/4B
	2B (Long Stay Surgical)	Increase bed capacity from 12 to 16

CAHS - Perth Children's Hospital – NHpPD Data

All ward specific NHpPD data for CAHS Perth Children's Hospital is demonstrated in Table 8 (below).

The variance (percentages) for this hospital range between -29.36% below and 59.13% above the respective ward target.

Table 8. CAHS - Perth Children's Hospital (PCH)

CAHS PCH Nursing Hours per Patient Day - 1 July 2020 – 31 December 2020					
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Ward 1A (Oncology and Haematology)	HDU	11.3	11.17	-0.83	-6.93
Ward 1B (Burns Orthopaedic Plastics)	A+	9.00	8.36	0.66	8.51
Ward 2A (Respiratory)	A	7.50	8.16	0.66	8.78
* Ward 2B (Long Stay Surgical)	A+	9.60	6.78	-2.82	-29.36
Ward 3A (Paediatric Critical Care)	ICU	23.76	37.81	14.05	59.13
** Ward 3C (Multiday Surgical)	B	6.00	8.29	0.79	10.53
Ward 4A (Adolescents)	A+	9.00	8.77	-0.23	-2.57
Ward 4B (General Paediatrics)	A+	9.60	8.30	-0.74	-8.17
Ward 5A (Mental Health)	HDU	12.00	12.28	0.28	2.31

* Ward 2B data in above table is relevant from August to November 2020. Ward underwent constant change and reconfiguration of services over this reporting period. See explanation within the Formal Variance Report in Appendix 4, Table 36.

** NHpPD data for Ward 3C is not reporting accurately in the NHpPD HSS Tool. At the time of the report, PCH had submitted a reclassification request for this area. PULSE data has been utilised in Table 8.

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 9 (below). The ward variance (in percentages) for this hospital range between -1.45% under and 836.81% above the respective ward target.

Table 9. EMHS - Armadale Hospital (AH)

EMHS - Armadale Hospital	NHpPD Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Anderton Ward (Palliative)	D+	5.50	6.84	1.34	24.30
Banksia Ward (Older Aged Mental Health)	A+	8.00	9.01	1.01	12.60
Campbell (Paediatrics)	B	6.00	14.61	8.61	143.44
Canning Ward (Medical)	B	6.00	7.27	1.27	21.14
Carl Streich (Rehabilitation and Aged Care)	D	5.00	5.11	0.11	2.10
Colyer (Surgical)	C	5.75	5.67	-0.08	-1.45
Intensive Care Unit	ICU	23.70	31.96	8.26	34.85
Karri Ward (Mental Health)	A+	8.00	8.27	0.27	3.40
Maud Bellas Ward (Maternity)	B	6.00	8.62	2.62	43.72
Medical Admissions Unit	A+	6.00	7.81	0.31	4.16
Same Day Unit	B	6.00	56.21	50.21	836.81
Special Care Nursery	B	6.00	15.42	9.42	156.97
Moodjar/Yorgum (Mental Health)	A+	7.50	7.99	0.49	6.56

East Metropolitan Health Service – NHpPD Data

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

The variance (percentages) for this hospital range between -1.96% below and 81.57% above the respective ward target.

Table 10. EMHS - Bentley Hospital (BH)

EMHS - Bentley Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
John Milne Centre	D	5.00	9.08	4.08	81.57
Ward 3 (Medical/Surgical)	D	5.00	6.54	1.54	30.73
Ward 4 (Aged Care Rehab)	D	5.00	5.86	0.86	17.13
Ward 5 (Subacute and Stroke Rehabilitation)	C	5.75	5.68	-0.07	-1.16
Ward 6 (Secure Unit)	A+	11.20	11.39	0.19	1.70
Ward 7 (Adult Acute)	B	6.00	7.32	1.32	21.92
Ward 8 (Adult Acute)	B	6.00	5.94	-0.07	-1.08
Ward 10A (Mental Health Older Adult – including 10B and 10C)	A	7.50	7.35	-0.15	-1.96
Ward 11 (Mental Health Youth Unit)	HDU	12:00	16.06	4.06	33.82

East Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for EMHS, Royal Perth Hospital is demonstrated in Table 11 (below).

The variance (percentages) for this hospital range between -6.18% below and 163.14% above the respective ward target.

Table 11. EMHS - Royal Perth Hospital (RPH)

EMHS - Royal Perth Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Acute Medical Unit	A-	7.30	7.14	-0.16	-2.21
Coronary Care Unit	A+	11.10	15.17	4.07	36.64
Intensive Care Unit	ICU/HDU	26.67	31.73	5.06	18.99
State Major Trauma Unit	A + HDU	10.00	10.18	0.18	1.82
Ward 2K (Mental health)	B	6.00	7.11	1.11	18.53
Ward 3H (Orthopaedics)	C	5.75	6.38	0.63	11.01
Ward 4A (Day of Surgery)	B	6.00	15.79	9.79	163.14
Ward 5G (Orthopaedic)	B+	6.60	6.35	-0.25	-3.79
Ward 5H (Neurosurgical)	A-	7.30	6.85	-0.45	-6.12
Ward 6G (Gen Surg/Vascular)	A	7.50	7.04	-0.46	-6.18
Ward 6H (Ear Nose Throat /Plastics/Maxillofacial)	B+	6.20	6.44	0.23	3.79
Ward 7A (Geriatric Medicine)	C	5.75	5.45	-0.30	-5.19
Ward 8A (Neurology/ Gastrointestinal)	B	6.00	5.94	-0.07	-1.08
Ward 9C (Respiratory/ Nephrology)	B + HDU	6.85	6.98	0.13	1.92
Ward 10A (General Medicine)	B	6.00	6.04	0.04	0.58
Ward 10C (Immunology)	B	6.00	6.38	0.38	6.25

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 12 (below).

Table 12. NMHS overview of strategies ongoing during the COVID-19 pandemic

Date (2020)	Hospital / Ward	Action
July to December	Intensive Care Unit & Coronary Care Unit	No requirement to close or make changes to NHpPD targets, or workload activity during this period. COVID preparedness management plan continues to be in place to enact changes as required.
July to December	Emergency Department	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 Zone – non COVID patients); • Observation ward: Ground floor - Confirmed or Suspect COVID positive patients (Red and Amber Zones) Staffing levels remained consistent to pre-COVID levels, though patient presentations decreased. ED's presentation steadily increased per month since COVID restrictions eased in June/July 2020. ED staff are still required to "Sieve" patients on entering ED due to COVID and NMHS are in line with WA government requirements, resulting in additional nurses in triage.

North Metropolitan Health Service – NHpPD Data

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

The variance (percentages) for this site range between -15.93% below and 51.25% above the respective ward target.

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

NMHS - SCGH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Coronary Care Unit (Med Specs)	CCU	14.16	14.31	0.15	1.07
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	5.70	-0.05	-0.81
Ward G41 (Medical Specialties /Cardiology)	B+	6.50	7.10	0.60	9.23
Ward G45 HDU (Medical)	HDU	12.00	18.15	6.15	51.25
Ward G51 (Medical specialities)	B+	6.75	6.81	0.06	0.89
Ward G52 (Neurosurgery)	B + HDU	9.51	8.85	-0.66	-6.96
Ward G53 (Surgical /Orthopaedics)	B+	6.80	6.82	0.02	0.34
Ward G54 (Respiratory Medicine)	A	7.50	7.73	0.22	3.00
Ward G61 (Surgical)	A	7.50	7.29	-0.21	-2.80
Ward G62 (Surgical)	A	7.50	7.47	-0.03	-0.38
Ward G63 (Medical Specialties)	B+	6.80	6.82	0.02	0.27
Ward G64 (Ear Nose Throat/ Plastics/ophthalmology/Surgical)	A	7.50	7.47	-0.04	-0.47
Ward G66 (surgical/Neurosurgery)	B+	7.00	7.02	0.02	0.21
Ward G71 (GEM/Medical)	B+	6.50	8.00	1.50	23.10
Ward G72 (Medical Assessment Unit)	A	7.50	8.38	0.88	11.69
Ward G73 (Medical Specials)	B	6.80	6.35	-0.45	-6.64
Ward G74 (Medical)	B+	7.00	7.49	0.49	7.00
Intensive Care Unit (Medical)	ICU	31.60	26.57	-5.04	-15.93

North Metropolitan Health Service – NHpPD Data

All ward specific NHpPD data for NMHS, OPH is demonstrated in Table 14 (below).

The variance (percentages) for this site range between -4.32% below and 30.81% above the respective ward target.

Table 14. NMHS - Osborne Park Hospital (OPH)

NMHS-OPH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Birth Suite/Maternity	D+Del	8.97	9.83	0.86	9.55
Ward 3 Aged Care & Rehab	D	5.00	4.90	-0.10	-2.07
Ward 4 Rehabilitation	C	5.75	6.38	0.63	10.93
Ward 5 GEM & Rehabilitation	C	5.75	5.50	-0.25	-4.32
Ward 6 Surgical	C	5.75	7.52	1.77	30.81

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 15 (below).

The variance (percentages) for this site range between 12.53% and 71.94% above the respective ward target.

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

WNHS - KEMH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Ward 3 (Maternity)	B+	6.75	8.33	1.58	23.46
Ward 4 (Maternity) *	B+	6.75	-	-	-
Ward 5 (Maternity)	B+	6.75	8.26	1.51	22.42
Ward 6 (Gynaecology/ Oncology) **	A	7.50	8.44	0.94	12.53
Adult Special Care Unit	HDU	12.00	20.63	8.63	71.94
Mother Baby Unit	HDU	12.00	14.19	2.19	18.25

* Ward 4 (Maternity) remained closed to enable capacity and preparedness for COVID-19 patients.

** Ward 6 (Gynaecology/Oncology) remained closed for July 2020 and re-opened in August 2020.

North Metropolitan Health Service – Mental Health - NHpPD Data

All ward specific NHpPD data for NMHS, Mental Health (MH), Graylands Hospital is demonstrated in Table 16 (below).

The variance (percentages) for this site range between -0.56% below and 58.40% above the respective ward target.

Table 16. NMHS - MH - Graylands Hospital

*Graylands Hospital	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Dorrington (Acute open)	A	7.5	7.46	-0.04	-0.56
Ellis (Hospital extended care)	A	7.5	8.19	0.69	9.20
Montgomery (Acute secure)	A+	8.66	9.61	0.94	10.91
Murchison East	D	5.0	5.29	0.29	5.83
Murchison West	A	7.5	8.01	0.51	6.78
Smith (Acute secure)	A+	8.66	10.10	1.44	16.65
Susan Casson (Hospital extended care)	A+	8.51	13.48	4.97	58.40
Yvonne Pinch (Acute secure)	A+	15.00	17.51	2.51	16.72

* 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.

North Metropolitan Health Service – Mental Health - NHpPD Data

All other NMHS Mental Health ward specific NHpPD data is demonstrated in Table 17 (below).

The variance (percentages) for these wards range between -2.66% below and 39.99% above the respective ward target.

Table 17. NMHS - Mental Health

* NMHS - MH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Selby (Older Adult MH)	A	7.53	7.33	-0.20	-2.66
Osborne Park (Older Adult MH)	A	7.8	8.48	0.68	8.68
SCGH MH Observation Area	A+	12.75	17.85	5.10	39.99
SCGH Mental Health Unit (Tanimi, Karajini & Jurabi)	A+	10.54	11.50	0.96	9.06
Frankland Centre (State Forensic MH)	A+	9.3	10.84	1.54	16.54

* 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.

An overview of changes and actions implement for relevant wards across SMHS is described in Table 18 (below).

Table 18. SMHS overview of strategies during the COVID-19 pandemic

Date (2020)	Hospital / Ward	Action
July to December	Rockingham General – Medical Assessment Unit	In-patient beds utilised for Emergency Department Influenza-like Illness streamed patients
November	Rockingham General – Emergency Department	Permanent increase in FTE approved. Difficulty in meeting new staffing profiles resulting in staff lodging several workload grievances.

South Metropolitan Health Service – NHpPD Data

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

The variance (percentages) for FSH wards range between -14.90% below and 38.19% above the respective wards' target.

Table 19. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Coronary Care Unit	CCU	14.16	13.83	-0.33	-2.37
Short Stay Unit	C	5.75	5.89	0.14	2.41
Intensive Care Unit	ICU	28.42	28.79	037	1.31
Ward 3A (Paediatrics Medical/ Surgical)	B	6.00	8.29	2.29	38.19
Ward 3B (Neonatal medicine)	HDU	12.00	10.33	-1.67	-13.92
Ward 3C (Maternity)	B	6.00	6.00	0.00	0.00
Ward 4A (Orthopaedics)	B	6.00	6.22	0.22	3.72
Ward 4B (Burns)	A+(Burns)	11.91	10.14	-1.78	-14.90
Ward 4C (Cardio Vascular surgery)	A	7.50	7.06	-0.44	-5.91
Ward 4D (Cardiology)	A	7.50	7.14	-0.36	-4.80
Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.02	-0.20	-2.41
Ward 5C (Nephrology & General Medical)	B+	6.50	6.59	0.09	1.38
Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.44	-0.51	-6.37
Ward 6A (Surgical Specialties & High Dependency Unit)	B+ & HDU	7.86	9.03	1.17	14.84
Ward 6B (Neurology)	B+	6.49	6.63	0.14	2.08
Ward 6C (General Medicine)	B	6.00	6.15	0.15	2.56
Ward 6D (Acute care of the elderly)	B	6.00	5.96	-0.05	-0.75

Wards	Category	Target	YTD	Variance	% Variance
Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	B	6.00	5.96	-0.04	-0.64
Ward 7B (Acute Surgical Unit)	A	7.50	6.76	-0.74	-9.84
Ward 7C (Oncology)	B	6.00	6.00	0.00	0.00
Ward 7D + Bone Marrow Transplant Unit	B+	6.61	6.41	-0.20	-3.03
Ward Mental Health Unit (MHU) - Ward A (Mental Health Adolescent)	HDU	12.00	12.72	0.72	6.01
Ward MHU - Ward B (MH Assessment)	HDU	12.00	12.06	0.06	0.53
Ward MHU – Mother Baby Unit	HDU	12.00	13.20	1.20	9.96
State Rehabilitation Centre (SRC) - Ward 1A (Spinal Unit)	A	7.5	8.47	0.97	12.98
SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.42	-0.33	-5.77
SRC - Ward A (Neuro rehab)	C	5.75	5.34	-0.41	-7.19
SRC - Ward B (Acquired Brain Injury)	B	6.00	5.56	-0.44	-7.36

South Metropolitan Health Service – NHpPD Data

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

The variance (percentages) for FH wards range between -9.33% below and 9.08% above the respective ward target.

Table 20. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Ward 4.1 (Secure MH)	A+	11.2	11.29	0.09	0.77
Ward 4.2 (Adult MH)	B	6.00	6.16	0.16	2.67
Ward 4.3 (Older Adult MH)	B	6.00	6.55	0.55	9.08
Ward 5.1 (Adult MH)	B	6.00	6.10	0.10	1.61
Ward B7N (Ortho Geriatrics & Geriatric Med)	C	5.75	5.66	-0.09	-1.54
Ward B7S (Aged Care)	C	5.75	5.54	-0.21	-3.68
Ward B8N (Surgical Specialties/PCU)	A	7.5	6.80	-0.70	-9.33
Ward B9N (General Medical & Geriatric Medicine) *	C	5.75	5.64	-0.11	-1.97
Ward B9S (General Medicine)	C	5.75	5.68	-0.07	-1.19
Restorative Unit	C	5.75	5.64	-0.11	-1.91

South Metropolitan Health Service – NHpPD Data

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

The variance (percentages) for RGH wards range between -21.66% below and 128.69% above the respective NHpPD wards' target.

Table 21. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Aged Care Rehabilitation Unit	C	5.75	5.64	-0.11	-1.94
Intensive Care Unit	ICU	23.70	24.58	0.88	3.73
Medical Assessment Unit (MAU)/ Short Stay Unit (SSU) *	B	6.00	11.74	5.74	95.72
Medical Ward	C	5.75	5.77	0.02	0.38
Mental Health Adult (open)	B	6.00	8.37	2.37	39.44
Mental Health Adult HDU (closed)	A+	11.81	9.25	-2.56	-21.66
Multi Stay Surgical Unit	C	5.75	5.41	-0.34	-5.88
Obstetric Unit	B	6.00	6.28	0.28	4.61
Older Adult Mental Health	A	7.50	9.95	2.45	32.71
Older Adult Mental Health (open ward)	B	6.00	9.42	3.42	56.94
Paediatrics Ward	B	6.00	13.72	7.72	128.69
Murray District Hospital	E	4.69	5.61	0.92	19.58

* MAU/SSU was utilised as non-admitted Influenza-like Illness (ILI) stream for Emergency Department. Staffing this ward for these months disrupted occupancy and staff cost centre numbers, which affected the reporting of NHpPD.

The Neonate specialty is not a reportable Ward Category in the current NHpPD Guiding Principles, therefore, this area has been removed from RGH NHpPD reporting and for future reports.

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 22 (below).

The variance (percentages) range between 19.24% to 290.23% above the respective NHpPD wards' target.

Table 22. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Paediatric Ward	D	5.00	19.51	14.51	290.23
Dialysis Unit	2°	2.18	2.90	0.72	33.09
High Dependency Unit	HDU	12.00	19.86	7.86	65.47
Maternity Unit and Special Care Nursery	D+Del	10.28	12.96	1.98	19.24
Medical Ward	C	5.75	7.09	1.34	23.31
Mental Health Unit	A,B,C	7.71	14.30	6.59	85.44
Surgical Unit	C	5.75	7.11	1.36	23.69

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

The variance (percentages) range between -0.61% below and 46.49% above the respective NHpPD wards' target.

Table 23. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Dialysis Unit	2°	2.18	3.01	0.83	38.20
High Dependency Unit	HDU	12.00	17.58	5.58	46.49
Maternity	D+	9.95	14.33	4.38	44.01
Medical/Paediatric/Surgical	C + D	5.50	5.83	-0.04	-0.61
Mental Health Inpatients	HDU	6.28	9.53	0.60	6.69
Subacute	D	5.00	5.20	0.20	3.94
Surgical	C	5.75	7.04	1.29	22.52

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

The variance (percentages) range between 12.80% and 23.68% above the respective NHpPD wards' target.

Table 24. WACHS - RRC - Kimberley

Broome Regional Hospital	NHpPD Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
General	B	6.33	7.83	1.50	23.68
High Dependency Unit	HDU				
Maternity	B+Del				
Paediatric	B				
Psychiatric Ward	A+	10.38	11.71	1.33	12.80

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

The variance (percentages) range between 11.08% and 29.75% above the respective NHpPD wards' target

Table 25. WACHS - RRC - Midwest

Geraldton Regional Hospital	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
General Ward	C	5.75	7.18	1.43	24.75
High Dependency Unit	HDU	12.00	15.57	3.57	29.75
Renal Dialysis Unit	2°	2.18	0.42	0.24	11.08

All wards specific NHpPD data for WACHS – RRC – Pilbara is demonstrated in Table 26 (below).

The variance (percentages) range between -20.54% under and 7.42% above the respective NHpPD wards' target

Table 26. WACHS - RRC - Pilbara

Hedland Health Campus	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Paediatric Ward	D	5.00	12.42	7.42	148.35
Dialysis Unit	2°	2.18	2.90	-0.90	-4.33
General	B	6.37	6.25	0.50	8.61
High Dependency Unit	HDU				
Maternity Unit and Special Care Nursery	B	9.45	7.51	-1.94	-20.54

All wards specific NHpPD data for WACHS – RRC – South West is demonstrated in Table 27 (below).

The variance (percentages) range between -6.84% below and 22.48% above the respective NHpPD wards' target

Table 27. WACHS - RRC - Southwest

Bunbury Regional Hospital	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Maternity Ward	B+Del	10.22	9.52	-0.70	-6.84
Medical	B	6.00	6.03	0.03	0.48
Mental Health	A + C	6.16	6.10	-0.06	-1.05
Paediatrics	B	6.00	7.19	1.19	19.58
Psychiatric Intensive Care Unit	HDU	12.00	14.70	2.70	22.48
Surgical	A&B	6.23	6.54	0.31	4.99

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 28 through to Table 34 (below).

The variance (percentages) range between -43.45% under and 155.23% above the respective NHpPD wards' target

Table 28. WACHS - IDHS - Goldfields

Goldfields	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Esperance inpatients	E+Del	4.88	6.00	1.12	22.88

Table 29. WACHS - IDHS - Great Southern

Great Southern	NHpPD Reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
*Denmark	E+Del	4.56	3.44	-0.68	-16.56
Katanning inpatients	E	4.94	5.83	0.89	18.11
*Plantagenet (Mt Barker)	E+Del	4.68	4.52	-0.16	-3.44

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

Table 30. WACHS - IDHS - Kimberley

Kimberley	*NHpPD Reporting*				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Derby inpatients	D+Del	5.34	6.88	1.54	28.91
*Fitzroy inpatients	D	5.27	8.49	3.22	61.01
*Halls Creek inpatients	D	5.24	8.72	3.48	66.36
Kununurra inpatients	D+Del	5.32	5.78	0.46	8.58

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

Table 31. WACHS - IDHS - Mid-West

Mid-West	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Carnarvon inpatients	E+D+Del	5.20	4.3	-0.9	-17.22

Table 32. WACHS - IDHS - Pilbara

Pilbara	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Newman inpatients	D	5.00	8.55	3.55	71.01
Karratha Health Campus inpatients	D+Del	5.8	5.72	-0.08	-1.4

Table 33. WACHS - IDHS - Southwest

Southwest	NHpPD reporting				
Ward	**Category**	**Target**	**YTD**	**Variance**	**% Variance**
Busselton inpatients	D+Del	5.26	6.42	1.16	22.1
Collie inpatients	E+Del	4.72	5.07	0.35	7.43
*Harvey inpatients	E+F	4.54	4.48	-0.06	-1.38
Margaret River inpatients	E+Del	4.72	6.41	1.69	35.81
Warren inpatients	E+Del	4.71	5.51	0.8	17.09

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

Table 34. WACHS - IDHS - Wheatbelt

Wheatbelt	NHpPD reporting				
Ward	**Category**	Target	YTD	Variance	% Variance
Merredin inpatients	F	4.23	10.8	6.7	155.23
Moora inpatients	E+F	4.3	2.43	-1.87	-43.45
Narrogin inpatients	D+Del	5.16	5.1	-0.06	-1.09
Northam inpatients	E+Del	4.73	4.62	-0.11	-2.4

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 36 - 44 (below). This table is presented from highest % variance to lowest.

Table 35. Formal Variance Report - Moora Hospital

Hospital: Moora		**Ward: General / Aged Care**	
Target NHpPD: 4.3	**Reported NHpPD: 2.43**	**Variance: -1.87**	**% Variance: -43.45**
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's) are rostered on each shift in addition to nursing staff		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• The rostering of PCA's 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.	• 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 when required.		

Table 36. Formal Variance Report – Perth Children's Hospital

Hospital: Perth Children's		**Ward: Long Stay Surgical (2B)**	
Target NHpPD: 9.60	**Reported NHpPD: 6.78**	**Variance: -2.82**	**% Variance: -29.36%**

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 reconfigurations in response to COVID-19 have affected the accuracy of reporting for this ward. During the reporting period of July to December 2020, several changes occurred:
	• At the start of 2020, Ward 2B was originally a 24 bed Paediatrics Medical and Respiratory ward classified at A+, 8.3 NHpPD.
	• 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. Bed configurations were:
	  ○ 12 beds – Medical and Respiratory (1 - 12)
	  ○ 12 beds – Low Acuity Neonates (13 - 24)
	• No change to the ward 2B NHpPD target was actioned and the ward was maintained as a 24 bed ward in WebPAS. NHpPD only captured PCH staffing in RoStar for the 12 Medical and Respiratory beds. 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 as data was only extracted from PCH WebPAS and RoStar.
	• In August 2020, the Neonates beds returned back to KEMH, then 12 Long Stay Surgical beds from 3C transferred to 2B. Bed configurations were:
	  ○ 12 beds – Medical and Respiratory (1 - 12)
	  ○ 12 beds – Long Stay Surgical (13 - 24)
	• No change to the ward 2B NHpPD target was actioned and the ward was maintained as a 24 bed ward in WebPAS. NHpPD only captured PCH staffing in RoStar for the 12 Medical and Respiratory beds. The 3C Surgical staff were not captured in the 2B RoStar.
	Again, this resulted in the noted reduction in NHpPD in the system as data was only extracted from PCH WebPAS and RoStar
	• Local data captured staffing the 12 Long Stay Surgical beds indicate that adequate staffing was maintained on Ward 2B surgical at this time, reporting an average NHpPD of 12.83 NHpPD. Ward 2B Medical and Respiratory staffing was also maintained at a suitable level.		

	• Effective 23 November, Ward 2B Medical and Respiratory ceased operation:
	  ○ 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.
	  ○ 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.
	• 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.

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 implication to workload on 2B as Nurse staffing was in line with agreed NHpPD for patient populations being admitted to unit
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.	• 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 37. Formal Variance Report - Rockingham General Hospital

Hospital: Rockingham General		**Ward: Mental Health Adult HDU (Closed)**	
Target NHpPD: 11.81	**Reported NHpPD: 9.25**	**Variance: -2.56**	**% Variance: -21.66**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• The staffing profile for the Mental Health Adult Closed Unit is 2 staff per shift. This profile is always maintained either through moving staff within the unit or the use of mental health casual or Nurse West staff. • A review of the roster indicates that appropriate resource balancing information was not evident in ROSTAR – thus leading to a recorded deficit in NHpPD		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Patient safety is always a priority and the unit is always staffed with qualified nursing staff to meet the minimum profile of 2 nursing staff per shift. • Staffing skill mix was addressed and registered nurses were reallocated from other parts of the unit to ensure that the appropriate staffing was maintained in the Adult Closed Unit • The current Nurse Unit Manager has initiated weekly meetings with the Roster Clerk to verify and adjust the roster to ensure that resource balancing occurs, and appropriate coding is used to reflect the status of the staff – e.g. appropriate coding is used for non-clinical staff if utilised to cover shifts.		
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 unit will always be staffed to the profile • The NUM will ensure that accurate data is recorded in ROSTER to reflect the allocation of staff to the unit		

Table 38. Formal Variance Report – Hedland Health Campus

Hospital: Hedland		**Ward: Maternity**	
Target NHpPD: 9.45	**Reported NHpPD: 7.51**	**Variance: -1.94**	**% Variance: -20.54**
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.	• During the reporting period, there was lower than average birth numbers. • During the reporting period there were two Student midwives employed working a combined 0.8FTE on supernumerary. Time and capacity are not reflected in the NHpPD figures. They were able to assist with the clinical workload. • The Clinical Midwifery manager was utilised on the clinical floor during periods of higher acuity - again not reflected in the NHpPD figures • During the reported period there were higher than average levels of personal leave and COVID related leave, including inability to have clinical staff returning from the Eastern States and inability to fill vacancy shortfalls.		
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.	• Currently readjusting FTE unit requirements and establishing a Visiting Midwifery Service to reduce the workflow through the department. This has been delayed due to COVID. • Staff are offered ADOs or other leave during times of lower acuity to reduce fatigue levels or given the opportunity to go on call.		
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.	• All vacant positions are being actively recruited too to ensure stability in the workforce. • The reduction of staff choosing to travel interstate is reducing the risk of COVID related unplanned leave.		

Table 39. Formal Variance Report - Carnarvon Hospital

Hospital: Carnarvon		**Ward: Combined**	
Target NHpPD: 5.2	**Reported NHpPD: 4.3**	**Variance: -0.9**	**% Variance: -17.22**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Recruitment commenced for RN Pool to help mitigate against COVID travel restrictions from negatively impacting supply of agency nurses, which resulted in increased workload at time. • Calculation of increased FTE requirements to facilitate COVID Pathway response (to flex up and down, depending on admissions). • Increase use of PCAs to assist nursing staff on Combined Ward, as part of COVID Pathway response (guided by admissions).		
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.	• Division of combined RN/RM JDF to increase the number of RNs available to be on-boarded. • Successful creation of RN recruitment pool for General Ward, to stabilise workforce and reduce reliance on agency • Increased numbers of ENs on-boarded • Flexible use of casuals (limited number available locally)		
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.	• Monitor admissions with COVID symptoms and flex workforce accordingly • Flex workforce for periods of high admissions generally • Maintain RN recruitment pool • Prioritise agency from WA or States with no border restrictions		

Table 40. Formal Variance Report - Denmark Hospital

Hospital: Denmark		**Ward: General**	
Target NHpPD: 4.56	**Reported NHpPD: 3.44**	**Variance: -0.68**	**% Variance: -16.56**
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.	• Recruitment has been undertaken and all positions are appointed to full FTE • Recruitment of full-time fixed term Nurse Practitioner since October 2020; these hours are not included in NHpPD • Additional clinical support provided by Personal Care Assistants • Requests for Agency Nursing staff submitted.		
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.	• Collation of trend data to establish if a 20% increase in nursing FTE can be facilitated over this period in future years during the Christmas/New Year period at DHS. • Recommend utilising a Nurse Practitioner for additional nursing support December 2021 and January 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.	• Denmark Health Service (DHS) reports on NHpPD as a combined unit of acute, ED and Residential Aged Care Facility (RACF) – this is unique in the Great Southern region as all other sites report separately. • Reclassification assessment of the NHpPD target hours for DHS will be undertaken based on the previous two financial years.		

Table 41. Formal Variance Report – Sir Charles Gairdner Hospital

Hospital: Sir Charles Gairdner		**Ward: Intensive Care Unit (Medical)**	
Target NHpPD: 31.60	**Reported NHpPD: 26.57**	**Variance: -5.04**	**% Variance: -15.93**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• The workload of ICU is monitored and reviewed as per patient acuity. 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		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Use of appropriately skilled clinical staff from other areas • Use of appropriately skilled casual and agency staff • Improvement measures in place to plan for flow between ICU and HDU areas • Management of FTE shortfall and recruitment of appropriately skilled staff		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Plans are in progress to combine the ICU and HDU and refine bed numbers for each of the pods to meet patient NHpPD requirements • Identification of upskilling HDU staff to manage care of ICU patients – use of staff who were upskilled as part of COVID-19 preparedness • Conducting upskilling courses for Registered Nurses transitioning to ICU (previous upskilling program and uptake successful		

Table 42. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: Burns (4B)**	
Target NHpPD: 11.91	**Reported NHpPD: 10.14**	**Variance: -1.78**	**% Variance: -14.90**
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• 10 bedded State burns unit • Large proportion of beds not occupied by major burns patients thus not requiring the NHpPD category of nurse to patient ratio • No impact upon nursing care		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• No action required		
Clause 7.2.2.4 Outline this health sites future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• No action required		

Table 43. Formal Variance Report – Fiona Stanley Hospital

Hospital: Fiona Stanley		**Ward: Neonatal Medicine (3B)**	
Target NHpPD: 12.00	**Reported NHpPD: 10.33**	**Variance: -1.67**	**% Variance: -13.92**
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.	• Reduced bed occupancy for month of December 2020 decreasing demand for nursing staff • 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		

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

Table 44. Variance Reports on areas reporting less than 10% below target

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
Fiona Stanley	Ward 7B (Acute Surgical Unit)	A	7.50	6.76	-0.74	-9.84	Patient needs assessed on a shift by shift basis and variability in NHpPD are dependent on patient cohort. Global pandemic, inability to fill workforce deficits due to reduce availability of casual and agency workforce. Senior nursing staff deployed to support ward workforce when deficits cannot be sourced.
Fremantle	Ward B8N (Surgical Specialties/PCU)	A	7.50	6.80	-0.70	-9.33	Ward closed for two weeks over Christmas break therefore affecting NHpPD.
Perth Children's	Ward 4B (General Paediatrics)	A+	9.60	8.30	-0.74	-8.17	Ward only reclassified in 28th Oct 2020 to 9.04. Prior to this ward was classified at 7.5 NHpPD. Ward is staffed according to acuity. Ward has been less acute in November and December than initially predicted, requiring less staff.
Fiona Stanley	SRC - Ward B (Acquired Brain Injury)	B	6.00	5.56	-0.44	-7.36	Staffing profiles are adjusted to meet activity and acuity on the ward. This has maintained tight planned profiles adjusted to need. Over the second half of 2020 there have been challenges in backfill for unplanned leave and this has resulted in the negative variance. Staffing recruitment is underway to ensure maximal establishment FTE to support unplanned leave component.
Fiona Stanley	SRC - Ward A (Neuro rehab)	C	5.75	5.34	-0.41	-7.19	Staffing profiles are adjusted to meet activity and acuity on the ward. This has maintained tight planned profiles adjusted to need. Over the second half of 2020 there have been challenges in backfill for unplanned leave and this has resulted in the negative variance. Staffing recruitment is underway to ensure maximal establishment FTE to support unplanned leave component.
Sir Charles Gairdner	Ward G52 (Neurosurgery)	B + HDU	9.51	8.85	-0.66	-6.96	Ward Swing High Dependency beds not required nor staffed as such. Staffing matched to patient acuity

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
Perth Children's	Ward 1A (Oncology and Haematology)	HDU	11.30	11.17	-0.83	-6.93	Ward staffed according to acuity. Internally staffed to 11.25 NHpPD as addition of 4 specialist beds reduced overall acuity, 16 beds at 12 NHpPD and 4 beds at 7.5 NHpPD. Yet to be formally reclassified.
Bunbury Regional Hospital	Maternity Ward	B+ Del	10.22	9.52	-0.70	-6.84	Unexpected increase in midwifery activity at times. Unexpected increase in activity in SCN activity at times. Unexpected increase in unplanned leave unable to be backfilled on occasion. Staffing reviewed on a shift by shift basis. All available resources deployed to ensure safe clinical care including CMS, SDN, NUM and casual RN. Midwife recruitment pool open and pro-actively managed. Eight student midwives offered contracts on graduation and an additional CMS for support.
Sir Charles Gairdner	Ward G73 (Medical Specials)	B	6.80	6.35	-0.45	-6.64	Ward reclassified in November 2020 from 6.0 to 6.8. Shortages covered by shorter 6 & 7 hours shifts. Some shortages unable to be filled and therefore covered using Staff Development nurse and Clinical Facilitators with Students (not included in NHpPD numbers)
Fiona Stanley	Ward 5D (Respiratory & High Dependency Unit)	B+ & HDU	7.95	7.44	-0.51	-6.37	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 versus Category B beds in use - 3 as standard in summer, up to 6 in winter. 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.
Royal Perth	Ward 6G (Gen Surg/Vascular)	A	7.50	7.04	-0.46	-6.18	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. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). The

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
							HSP also undertook external recruitment of > 220 headcount of nurses including 90+ more casual nurses.
Royal Perth	Ward 5H (Neurosurgical)	A-	7.30	6.85	-0.45	-6.12	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. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). The HSP also undertook external recruitment of > 220 headcount of nurses including 90+ more casual nurses.
Fiona Stanley	Ward 4C (Cardio Vascular surgery)	A	7.50	7.06	-0.44	-5.91	Patient needs are assessed on a shift by shift basis, variability in NHpPD requirements dependant on patient cohort. Additional staffing requirements are assessed and managed daily by NUM & Shift coordinator. Additional staffing requirements are covered by own ward staff if given enough advanced notice, or casual/agency staff if at short notice which results in 6 hour shift allocation. Over the COVID-19 period, some deficits have been unable to be covered due to lack of staff availability. Have stayed within the 10% variation.
Rockingham General	Multi Stay Surgical Unit	C	5.75	5.41	-0.34	-5.88	Recruitment undertaken to fill roster gaps. Unable to access NurseWest/ agency staff, resulting in multiple occurrences of SDN and NUM backfilling roster gaps across November and December. Higher than expected activity, occupancy increased to 98% in November and 92% in December.
Fiona Stanley	SRC - Ward 2A (Multi-trauma Rehabilitation)	C	5.75	5.42	-0.33	-5.77	Staffing profiles are adjusted to meet activity and acuity on the ward. This has maintained tight planned profiles adjusted to need. Over the second half of 2020 there have been challenges in backfill for unplanned leave and this has resulted in the negative variance. Staffing recruitment is

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
							underway to ensure maximal establishment FTE to support unplanned leave component.
Royal Perth	Ward 7A (Geriatric Medicine)	C	5.75	5.45	-0.30	-5.19	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. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). The HSP also undertook external recruitment of > 220 headcount of nurses including 90+ more casual nurses.
Fiona Stanley	Ward 4D (Cardiology)	A	7.50	7.14	-0.36	-4.80	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 patients that would otherwise be on a 'B' category ward. 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. Over the COVID-19 period, some deficits have been unable to be covered due to lack of staff availability. Have stayed within the 10% variation.
Hedland Health Campus	DIALYSIS WARD	Secondary Renal	2.18	2.09	-0.09	-4.33	Nurse to patient ratio 1:4. Shifts with minimum staff numbers, 6 nurses, result to under target. Shifts with allocated coordinator to cover both, 6 nurses and coordinator, result to meeting target. 5 occasions of unplanned leave resulted in inability to cover entire shift, 1 occasion over projected occupied bed days
Osborne Park	Ward 5 Rehabilitation	C	5.75	5.50	-0.25	-4.32	Unable to fill some sick calls and double shifts required at times. Use of shorter casual/agency shifts to fill vacancies
Royal Perth	Ward 5G (Orthopaedic)	B+	6.60	6.35	-0.25	-3.79	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

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
							shortfall across many organisations. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). The HSP also undertook external recruitment of > 220 headcount of nurses including 90+ more casual nurses.
Fremantle	Ward B7S (Aged Care)	C	5.75	5.54	-0.21	-3.68	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Great Southern	*Plantagenet Hospital (Mt Barker)	E+Del (Plantagenet)	4.68	4.52	-0.16	-3.44	Under target within expected range in regard to changes in OBD each month. Additional clinical support provided by the CNM/SDN.
Fiona Stanley	Ward 7D + Bone Marrow Transplant Unit	B+	6.61	6.41	-0.20	-3.03	Management of the 8 BMTU beds, with a reduction is staff in accordance with patient acuity within those beds. 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. A request for reclassification of ward has been submitted, due to increased acuity and demand for HDU bed base and changes to patient cohort.
Sir Charles Gairdner	Ward G61 (Surgical)	A	7.50	7.29	-0.21	-2.80	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
Selby Lodge	Selby (Older Adult MH)	A	7.53	7.33	-0.20	-2.66	Staff shortages due to unplanned sick leave and workers compensation leave, at short notice.
Perth Children's	Ward 4A (Adolescents)	A+	9.00	8.77	-0.23	-2.57	Staffed according to acuity. Staff work a 12-hour roster. Sick leave and roster shortages replaced with shorter shifts, reducing nursing hours.
Fiona Stanley	Ward 5A (Acute Medical Unit) & 5B (High Dependency Unit)	A & HDU	8.22	8.02	-0.20	-2.41	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
							leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Wheatbelt	Northam Hospital	E+Del (Northam)	4.73	4.62	-0.11	-2.40	Increased use of AIN's (7 days/24 hrs cover) to support patients with high risk for falls and work as part of the unit team (not accounted for under NHpPD). CNM and CN/AM assisting in clinical cover during recruitment phase (Sept-Dec pre-staff commencing + casual and agency n/a) supporting unplanned leave cover
Fiona Stanley	Coronary Care Unit	CCU	14.16	13.83	-0.33	-2.37	Staffing adjusted to match reduction in cardiology demand- utilising the beds for general patients requiring A cat NHpPD not CCU. Increased use of 12 hr shifts reducing shift change over hours. Have stayed within the 10% variation.
Royal Perth	Acute Medical Unit	A-	7.30	7.14	-0.16	-2.21	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. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). The HSP also undertook external recruitment of > 220 headcount of nurses including 90+ more casual nurses.
Osborne Park	Ward 3 Aged Care & Rehab	D	5.00	4.90	-0.10	-2.07	Unable to fill some sick calls - use of casual/agency shorter shifts and used AIN to assist with specials when unable to replace with RN
Fremantle	Ward B9N (General Medical & Geriatric Medicine) *	C	5.75	5.64	-0.11	-1.97	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Bentley	WARD 10A (Mental Health Older Adult, Incl. 10B & 10C)	A	7.50	7.35	-0.15	-1.96	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. The HSP

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
							coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). For Mental Health Areas, increased use of AINs were used to cover adjusted roster patterns to accommodate vacant shifts for AM shifts.
Rockingham General	Aged Care Rehabilitation Unit	C	5.75	5.64	-0.11	-1.94	Increase in staff on maternity leave and workers compensation. Inability to source nurse west agency/casual staff due to reduced availability during Global Pandemic. Non Clinical Staff utilised wherever possible (NUM, SDN). AIN have been utilised as additional support when all other avenues have been exhausted. Recruitment undertaken to fill roster gaps, short term contracts offered to back fill staff on workers compensation.
Fremantle	Restorative Unit	C	5.75	5.64	-0.11	-1.91	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Fremantle	Ward B7N (Ortho Geriatrics & Geriatric Med)	C	5.75	5.66	-0.09	-1.54	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Armadale	Colyer Surgical (Surgical)	C	5.75	5.67	-0.08	-1.45	Following the COVID-19 outbreak in Mar/Apr 2020, casual availability became significantly depleted as nurses sought alternative appointments. This resulted in an overall daily shift shortfall across many organisations. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations).
Pilbara	Karratha Health Campus	D+Del (Karratha)	5.80	5.72	-0.08	-1.40	Inability to cover unplanned leave and short notice and recruit to parental leave positions, non-clinical staff cover shifts to provide support to nursing staff, they are not counted in the NHpPD

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
Southwest	*Harvey Hospital	E+F (Harvey)	4.54	4.48	-0.06	-1.38	Unexpected increase in sick leave unable to be backfilled on occasions Unexpected increase in activity at times Staffing reviewed on a shift by shift basis
Fremantle	Ward B9S (General Medicine)	C	5.75	5.68	-0.07	-1.19	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Bentley	WARD 5 (Subacute and Stroke rehabilitation)	C	5.75	5.68	-0.07	-1.16	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
							shortfalls. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations).
Wheatbelt	Narrogin Hospital	D+Del(Narrogin)	5.16	5.10	-0.06	-1.09	Unplanned sick leave, leave covered by Nurse Manager working clinical shifts, staff doing overtime shifts. Admissions to ward reduced for January
Bentley	Adult Acute Ward 8 (Adult Acute)	B	6.00	5.94	-0.07	-1.08	Following the COVID-19 outbreak in Mar/Apr 2020, casual availability became significantly depleted as nurses sought alternative appointments. This resulted in an overall daily shift shortfall across many organisations. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations).
Royal Perth	Ward 8A (Neurology/ Gastrointestinal)	B	6.00	5.94	-0.07	-1.08	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. The HSP coordinated daily roster of non-direct nurses to provide nursing care to patients (this group of staff were excluded from NHpPD calculations). The HSP also undertook external recruitment of > 220

Hospital	Ward	Category	Target	YTD	Variance	% Variance	Variance explanation
							headcount of nurses including 90+ more casual nurses.
Bunbury Regional Hospital	Mental Health	A&C (Bunbury)	6.16	6.10	-0.06	-1.05	Unexpected increase in unplanned leave (including personal and Workers Compensation leave) unable to be backfilled on occasions Unexpected increase in activity at times Staffing reviewed on a shift by shift basis
Sir Charles Gairdner	Ward C17 (Geriatric Evaluation and Management (GEM)/Medical)	C	5.75	5.70	-0.05	-0.81	Unable to fill some nursing shortages - use of Staff Development Nurse and AIN to assist with shortfall where nurses not available.
Fiona Stanley	Ward 6D (Acute care of the elderly)	B	6.00	5.96	-0.05	-0.75	Global pandemic, inability to fill workforce deficits due to reduced availability of casual/agency workforce. Directives for staff to stay home when unwell, resulting in higher instances of unplanned leave. Utilising Assistant in Nursing, Senior Registered Nurses to fill deficits.
Fiona Stanley	Ward 7A (Colorectal/ Upper Gastrointestinal/ General Surgical	B	6.00	5.96	-0.04	-0.64	Staffing is within the 5% variance, there has been no impact upon patient care.
Albany Health Campus	MEDICAL & CHILDRENS	C&D (Albany)	5.50	5.83	-0.04	-0.61	Ward under target on one occasion only. Additional clinical support provided with AINs and CNM.
Graylands	Dorrington (Acute open)	A	7.50	7.46	-0.04	-0.56	Staff shortages due to unplanned sick leave and workers compensation leave, at short notice.
Sir Charles Gairdner	Ward G64 (Ear Nose Throat/ Plastics/ophthalmology/Surgical)	A	7.50	7.47	-0.04	-0.47	Unable to fill 1:1specials and required to contain within normal NHpPD profile
Sir Charles Gairdner	Ward G62 (Surgical)	A	7.50	7.47	-0.03	-0.38	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

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