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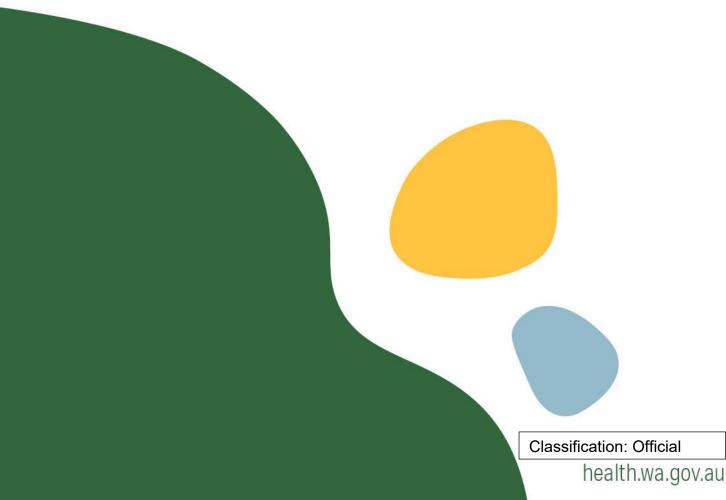
Nursing Hours per Patient Day Interim Report

Chief Nursing and Midwifery Office
1 July 2023 – 31 December 2023

Document history

Version	Version Date	Author	Description
1.0	07/06/2024	M. Book	Draft V1.0 – compilation of HSP verified NHpPD and variance reports, sent to Principal Nursing Advisor (PNA) for review and feedback.
2.0	04/09/2024	R. Redknap L. Vilé	Feedback from PNA and CNMO compiled into Draft V2.0
3.0	20/09/2024	L. Vilé	Draft V3.0 sent to System-Wide Industrial Relations (SWIR) & Health Service Providers (HSPs) for review and action on outstanding items within the document.
4.0	02/12/2024	M. Eaton	Data discrepancies detected and revised as required. Feedback from SWIR & HSPs compiled for final data verification and validation.
5.0	13/12/2024	L. Vilé	Draft V5.0 provided to PNA for review. Addition of tables to body of report, outlining areas reporting between 0 to -10 below NHpPD target hours.
6.0	30/01/2025	M. Eaton	Draft V6.0 provided to PNA and A/ Chief Nursing and Midwifery Officer for final review. Draft report sent to members of the Nursing Workload Consultative Process (NWCP) Committee for review ahead of Committee meeting.
7.0	21/05/2025	M. Eaton	NWCP Committee meeting held 15/05/2025. No changes made to report, endorsed and forwarded to the Minister for Health's Office before publication on Chief Nursing and Midwifery Office website.

Executive summary

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

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020 (ANF Agreement); and
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022 (UWU Agreement).

The World Health Organization (WHO) declared COVID-19 a pandemic in March 2020, which impacted on WA's health system and workforce. The WA State of Emergency ended in November 2022, signalling a transition back to business as usual. However, the impact of the pandemic, including global healthcare workforce pressures, continues to be felt across the health sector. In addition, the sustained presence of COVID-19 in the community further challenges the workforce, with HSPs still experiencing staff sickness, unplanned furlough and the requirement for staff to follow strict return-to-work advice. To ensure patient and staff safety, HSPs remain vigilant, reviewing and enacting strategies to maintain a skilled and adaptable workforce and ensure safe patient flow. System agility is evident as HSPs pivot, mobilising the workforce and changing clinical functionality to improve service delivery.

Due to different patient administration systems and the complex nature of extrapolating and reporting data, consideration of these dynamic factors is necessary when interpreting and analysing the data in this report. Some data is provided by HSPs and is noted under each HSP data table (where applicable).

The data within this report reflects 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 report includes specific commentary on emergency departments and NHpPD benchmark reclassifications. Statistics and information for all areas, including variance explanations from nursing and midwifery managers and directors for areas that reported below their NHpPD target hours, are provided in the appendices.

In summary, a total of 203 wards were reported for this period, of which:

- 69% (n = 141) were above target
- 24% (n = 49) were ≤ 0 and 10% below target
- 7% (n = 13) were ≥ 10% below target.

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Introduction

The NHpPD Interim Report provides a summary of the workload of nursing and midwifery staff within the public health care system from 1 July 2023 to 31 December 2023. This is consistent with the WA Health continued application of NHpPD principles, and in accordance with the:

- WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2020 (ANF Agreement); and
- WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2022 (UWU Agreement).

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

This Annual Report has been collated by the 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.

Stakeholder engagement is required for each reporting period to adjust and update reporting systems. A WA NHpPD workload management model that aligns with evidence-based safe staffing principles is imperative to enable staff to provide safe, high quality and sustainable health care.

All NHpPD classified inpatient areas within the WA health system are reported. Where wards are not yet classified and the CNMO has been notified of new inpatient areas, data is reported with a notation made under the respective HSP data table.

Nursing Hours per Patient Day Reporting

Context for reporting

The report provides information on the staffing of wards and units which have been allocated a benchmark of target hours. The report is released six-monthly to the Australian Nursing Federation Industrial Union of Workers Perth (ANF) and United Workers Union (UWU) by the Department of Health Director General as the System Manager, in accordance with section 19(2) of the Act.

This report shows progress against the NHpPD targets and reports on areas that have not met their target. All NHpPD reports are available through the CNMO website (www.nursing.health.wa.gov.au).

Reporting tools

Historically, NHpPD data has been collated centrally through a reporting tool developed and supported by Health Support Services (HSS). While this tool provides an overview of NHpPD across WA Health, it does not provide data in real time.

Some HSPs have developed NHpPD reporting tools to meet the unique requirements of their health service. The PULSE tool developed by East Metropolitan Health Service (EMHS) is currently used by several HSPs. South Metropolitan Health Service (SMHS) uses a Power BI dashboard. The fundamental business rules apply in all tools, however local resources such as the PULSE tool and Power BI dashboards provide more timely data. For example, the measurement of occupancy is calculated every minute in the PULSE tool, while the HSS tool only provides 15-minute snapshots.

The HSS tool is not used by WACHS. Within WACHS, RRC, IDH and nominated SH report NHpPD through manual upload into the nursing workload monitoring system. There are 40 inpatient areas which provide monthly detailed events, hours and circumstances to WACHS Central Office.

COVID-19

WHO declared COVID-19 a pandemic on 11 March 2020. Strategies including vaccinations and border closures were put in place from March 2020. The WA State of Emergency ended in November 2022, signalling a transition back to business as usual while living with COVID-19 in the community. To ensure a skilled and adaptable workforce, HSPs remain vigilant, enacting strategies to ensure safe patient flow.

Reporting structure

Only wards reporting below their target nursing hours are covered within the body of the report.

Variance reports, identifying reasons why areas may have staffed below target hours, and clarifying the action taken to relieve or resolve the workload issue(s), are included in the appendices.

The report shows:

- Overall NHpPD data for metropolitan HSPs, and WACHS RRC and IDHS
- Metropolitan health service data
- WACHS data
- WA Health emergency department data.

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

- Benchmark classification and reclassification of NHpPD target hours.

NHpPD overall data for the metropolitan HSPs, WA Country Health RRC and IDHS

From 1 July 2023 to 31 December 2023, 203 wards were reported, of which:

- 69% (n = 141) were above target
- 24% (n = 49) were ≤ 0 and 10% below target
- 7% (n = 13) were ≥ 10% below target.

An overview of the NHpPD data for the metropolitan HSPs, and WACHS RRC and IDHS is provided in Table 1 below.

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

Reporting period 1 July 2023 – 31 December 2023				
NHpPD reporting	**Number of wards**			**Total number of wards** Metropolitan HSPs, WACHS RRC & WACHS IDHS
	Metropolitan HSPs	**RRC**	**IDHS**	
10% or more above target	59	18	14	**91**
0 - 10% above target	41	7	3	**51**
0 - 10% below target	43	5	0	**48**
10% or more below target	8	1	4	**13**
Total Wards	**151**	**31**	**21**	**203**

- Appendices 1, 2 and 3 provide ward-specific data relevant to metropolitan HSPs, WACHS RRC and WACHS IDHS respectively.
- Appendix 4 provides variance reports from sites where areas have reported a variance of ≥10% below target.
- Appendix 5 provides feedback from sites reporting wards that are between 0 to 10% below target.

Metropolitan health service negative variance summary

Of the 151 wards in metropolitan HSPs, 8 wards showed a percentage variance of ≥10% below target (Table 2), and 43 wards showed a percentage variance 0-10% below target (Table 3).

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

Nursing Hours per Patient Day Reporting						
Hospital	Ward	Category	Target	AVE	Variance	% Variance
Rockingham	Mental Health Adult HDU (Closed)	A+	11.81	6.57	-5.24	-44.36
Fiona Stanley	4B (Burns)	A+	11.91	9.36	-2.55	-21.44
Fiona Stanley	4D (Cardiology)	A	7.50	6.26	-1.24	-16.53
Fiona Stanley	4C (Cardiovascular Surgery)	A	7.50	6.27	-1.23	-16.40
Fiona Stanley	Coronary Care Unit	CCU	14.16	12.23	-1.93	-13.63
Fremantle	B8N (Surgical Specialties/PCU)	A	7.50	6.59	-0.91	-12.13
Fiona Stanley	3B (Neonatal Medicine)	HDU	12.00	10.56	-1.44	-12.00
Fiona Stanley	7D + Bone Marrow Transplant Unit	A & HDU	9.00	8.01	-0.99	-11.00

- Variance reports for the areas listed in Table 2 are provided in Appendix 4 (see Tables 35, 39, 41, 42, and 44-47).

A total of 43 metropolitan wards showed a negative variance between 0-10% below target (Table 3). Explanations for these variances are provided in Appendix 5 (see Table 48).

Table 3. Metropolitan HSP inpatient areas reporting between 0-10% below target.

Nursing Hours per Patient Day Reporting						
Hospital	**Ward**	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Royal Perth	6G (general surgery/vascular)	A+	8.54	7.73	-0.81	-9.48
Rockingham	Intensive care unit	ICU	23.70	21.46	-2.24	-9.45
Rockingham	Aged care rehabilitation unit	C	5.75	5.24	-0.51	-8.87
Rockingham	Multi-stay surgical unit	C	5.75	5.29	-0.46	-8.00
Sir Charles Gairdner	G52 (neurosurgery)	B+ & HDU	9.51	8.77	-0.74	-7.80
Osborne Park	3 (geriatric, acute and rehabilitation medicine) (GARM)	C	5.75	5.32	-0.43	-7.54
Fiona Stanley	6C (general medicine)	B & HDU	8.00	7.41	-0.59	-7.38
Fiona Stanley	7A (colorectal/ upper gastrointestinal/ general surgical	A	7.50	6.97	-0.53	-7.07
Fiona Stanley	7B (acute surgical unit)	A	7.50	6.98	-0.52	-6.93
Fiona Stanley	Intensive care unit	ICU	28.42	26.59	-1.83	-6.43
Sir Charles Gairdner	Intensive care - high dependency unit	ICU	31.60	29.63	-1.98	-6.25
Fiona Stanley	4A (orthopaedics)	B+	6.50	6.11	-0.39	-6.00
Fremantle	4.3 (older adult mental health)	A	7.50	7.06	-0.44	-5.86
Fiona Stanley	SRC - ward A (neuro rehabilitation)	C	5.75	5.42	-0.33	-5.74
Fremantle	B8S (orthopaedics geriatrics rehabilitation)	C	5.75	5.43	-0.32	-5.56
Royal Perth	5AB (acute surgical unit)	A	7.50	7.09	-0.41	-5.51
Rockingham	Older adult mental health	A	7.50	7.11	-0.39	-5.20
Armadale	Anderton (palliative) (Kalamunda Hospital)	D+	5.50	5.24	-0.26	-4.76
Osborne Park	4 (rehabilitation)	C	5.75	5.48	-0.27	-4.75
Royal Perth	Mental health unit	A+	11.81	11.28	-0.53	-4.46

Hospital	Ward	Category	Target	AVE	Variance	% Variance
Fremantle	4.1 (secure mental health)	HDU	12.00	11.49	-0.51	-4.25
Rockingham	Moordibirdup	B	6.00	5.78	-0.22	-3.66
Fiona Stanley	5D (respiratory & high dependency unit)	B+ & HDU	7.95	7.66	-0.29	-3.64
Rockingham	Medical ward	B	6.00	5.79	-0.21	-3.50
Fremantle	B9N (general medical & geriatric medicine)	C	5.75	5.57	-0.18	-3.13
Fiona Stanley	6D (acute care of the elderly)	B+	6.49	6.32	-0.17	-2.62
Osborne Park	7 (DRM rehabilitation)	C	5.75	5.61	-0.15	-2.52
Royal Perth	5G (orthopaedics)	A+	7.52	7.35	-0.17	-2.26
Osborne Park	5 (acute care of the older adult)	B	6.50	6.37	-0.13	-2.00
Royal Perth	Coronary care unit	A+	11.10	10.89	-0.22	-1.94
Royal Perth	5H (neurosurgical)	A-	7.30	7.19	-0.11	-1.46
Fremantle	5.1 (adult mental health)	B	6.00	5.91	-0.09	-1.50
Fremantle	D4 (neurology rehabilitation)	C	5.75	5.67	-0.08	-1.39
Bentley	10A (mental health older adult – including 10B and 10C)	A	7.50	7.40	-0.10	-1.29
Royal Perth	10C (immunology)	B+	6.80	6.71	-0.09	-1.37
Sir Charles Gairdner	C16 (acute medical/delirium)	B+	6.50	6.42	-0.08	-1.23
Fiona Stanley	6B (neurology)	B+	6.49	6.41	-0.08	-1.23
Fiona Stanley	5C (nephrology & general medical)	B+	6.50	6.43	-0.07	-1.07
Sir Charles Gairdner	C17 (GEM/medical)	C	5.75	5.70	-0.05	-0.87
Bentley	1 (rehabilitation assessment and care service)	C+	5.85	5.80	-0.05	-0.94
Sir Charles Gairdner	G73 (medical specialties)	B+	6.80	6.75	-0.05	-0.71
Rockingham	Obstetric ward	B	6.00	5.96	-0.04	-0.66
Royal Perth	9A (medical)	B+	6.65	6.64	-0.02	-0.23

WA Country Health Service negative variance summary

WACHS facilities are delineated as follows:

- Regional resource centres (RRC)
- Integrated district health services (IDHS)
- Small hospitals (SH).

Regional resource centres

RRC are the referral centres for diagnostic, secondary-level acute (abbreviated as 2°) and procedural (surgical) services, emergency and outpatient services, specialist services such as maternity and mental health, and the coordination of outreach specialist services. WACHS operates RRC in Albany, Broome, Bunbury, Geraldton, Kalgoorlie, and South Hedland.

Of the total 31 RRC inpatient areas reporting, one ward reported ≥10% below target (Table 5). A variance report for this area is provided in Appendix 4 (see Table 38).

Table 4. RRC inpatient areas that are 10% or more below target.

Nursing Hours per Patient Day						
Region	**Ward**	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Kalgoorlie	Dialysis Unit	2°	2.90	2.14	-0.76	-26.20

Five areas showed a negative variance between 0-10% below the NHpPD target hours (Table 5). Variance explanations for these areas are provided in Appendix 5 (see Table 48).

Table 5. RRC inpatient areas reporting between 0-10% below target.

Nursing Hours per Patient Day						
Region	**Ward**	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Bunbury	Sub-Acute Restorative Unit	C & B	5.85	5.54	-0.31	-5.38
Albany	Subacute	D	5.38	5.23	-0.15	-2.79
Albany	Dialysis Unit	2°	2.90	2.82	-0.08	-2.75
Hedland	General & High Dependency Unit	B & HDU	6.37	6.23	-0.14	-2.19
Bunbury	Mental Health	A & C	6.16	6.07	-0.09	-1.46

Integrated district health services

IDHS provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by general practitioners/obstetricians and midwives) and aged care services (where required). In addition, IDHS coordinate acute, primary and mental health services at the district level.

As per the *WA Health Clinical Services Framework 2014-2024[1]*, 15 IDHS are located at:

- Busselton
- Carnarvon
- Collie
- Derby
- Esperance
- Katanning
- Kununurra
- Margaret River

- Merredin
- Moora
- Narrogin
- Newman
- Karratha
- Northam
- Warren (Manjimup)

Five additional hospitals (not classified as IDHS) are reported within the IDHS NHpPD. These are:

- Denmark
- Plantagenet (Mount Barker)
- Fitzroy Crossing
- Halls Creek
- Harvey

Of the total 21 IDHS locations, four hospitals reported ≥10% below target (Table 6). Variance reports for these areas are provided in Appendix 4 (see Tables 36, 37, 40 and 43). Zero inpatient areas within IDHS locations showed a negative variance between 0-10% below target for this reporting period.

Table 6. IDHS inpatient wards that are 10% or more below target.

Nursing Hours per Patient Day					
Hospital	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Denmark	E & Del	4.56	2.86	-1.70	-37.28
Moora inpatients	E & F	4.30	3.07	-1.23	-28.60
Narrogin inpatients	D & Del	5.16	4.10	-1.06	-20.54
Plantagenet (Mt Barker)	E & Del	4.68	3.98	-0.70	-14.95

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[1] WA Health Clinical Services Framework 2014–2024

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 47 SH sites that maintain a 2:2:2 roster and report against workload each month. The 2:2:2 roster pattern is based on WACHS' safe staffing principles, which are specific to SH within their regions.

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

As per the *WA Health Clinical Services Framework 2014-2024,* there are 42 SH located at:

- **Goldfields** (3): Laverton, Leonora, Norseman
- **Great Southern** (3): Gnowangerup, Kojonup, Ravensthorpe
- **Kimberley** (1): Wyndham
- **Mid-West** (8): Dongara, Exmouth, Kalbarri, Meekatharra, Morawa, Mullewa, Northampton, North Midlands
- **Pilbara** (4): Onslow, Roebourne, Paraburdoo, Tom Price
- **Southwest** (5): Augusta, Boyup Brook, Donnybrook, Nannup, Pemberton
- **Wheatbelt** (18): Beverley, Boddington, Bruce Rock, Corrigin, Dalwallinu, Dumbleyung, Goomalling, Kellerberrin, Kondinin, Kununoppin, Lake Grace, Narembeen, Quairading, Southern Cross, Wagin, Wongan, Wyalkatchem, York

Sites considered SH, not included in the *WA Health Clinical Services Framework 2014-2024*, but reported within SH NHpPD are:

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

WA Health emergency department data

The emergency department (ED) models of care vary across WA Health. Some EDs have both paediatric and adult areas with various nursing roles supporting patient care, such as Nurse Navigator, Nurse Practitioner (NP) and Psychiatric Liaison Nurse. Historically, these have not been included when reporting on ED nursing workload.

ED workload is unpredictable. 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.

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

The ED nursing workload data report for metropolitan HSPs and WACHS have been reported as recommended FTE for the total number of presentations from 1 July 2023 – 31 December 2023 (see Table 7).

Nurse/midwife to patient ratios

In July 2023, Perth Children's Hospital (PCH) commenced implementation of minimum nurse/ midwife to patient ratios (NMTPR) within its ED. PCH maintained ED reporting as per previous NHpPD reports – that is, by reporting ED presentations and recommended FTE, as provided in Table 7. Monitoring frameworks remain pending at the time of this report.

Table 7. Emergency department nursing workload requirements

Emergency department nursing workload requirements - Reporting period 1 July 2023 – 31 December 2023			
Hospital	Recommended FTE based on EDDC data	Number of ED presentations based on EDDC data	Feedback from HSPs
Metropolitan Health Sites			
Armadale	98.08	35,132	No unresolved workload grievances
Fiona Stanley	222.08	56,725	No workload grievances
King Edward Memorial	13.17	6,086	No workload grievances
Perth Children's	92.82	36,118	No workload grievances
Rockingham General	88.51	31,404	No workload grievances
Royal Perth	131.55	39,200	No workload grievances
Sir Charles Gairdner	123.62	37,830	No workload grievances
WA Country Health Service			
Albany	33.98	16,929	No workload grievances
Broome	26.79	14,548	
Bunbury	65.49	24,052	
Hedland	25.97	14,389	
Kalgoorlie	25.59	13,961	
Geraldton	44.41	18.704	

Benchmarks and reclassification

The initial benchmarking process across WA Health was undertaken between 2000 and 2001. All metropolitan HSPs, and WACHS RRC, IDHS and SH, were consulted to identify categories for clinical areas. All inpatient wards and units were subsequently allocated a category.

Sites may request reclassification of a current NHpPD category, or classification of a new area/ward. Reclassifications generally occur when there are changes to the complexity, acuity or relative proportions of ward activity.

The governance for classification and reclassification is undertaken through the State Workload Review Committee (SWRC). For classification of new or changed wards, HSPs submit a business case outlining proposed activity, acuity and complexity, rationale for proposing the requested target hours, as well as benchmarking against similar services in WA Health, or nationally. Wards that have not been able to accumulate the retrospective data to support requested target hours are initially given provisional classification. A business case resubmission is required within 12 months, addressing the need for more data on activity, throughput, case mix, benchmarking, occupancy, turnover, average length of stay, complexity, and acuity of case mix.

Table 8 demonstrates the number of new classifications and reclassifications approved by the SWRC from 1 July 2023 to 31 December 2023.

Table 8. Benchmark and reclassification approvals.

Hospital	Ward (Speciality)	Previous NHpPD Category	Revised NHpPD Category
Perth Children's	1B – Specialist Surgical	A (7.7)	A+ (8.57)
Albany	E - Subacute, Medical and General Rehabilitation	D (5.00)	C (5.75)
Albany	A - Surgical	C (5.75)	B+ (6.50)
Albany	Dialysis	G (2.18)	G (2.90)
Perth Children's	4A - Adolescents	B (7.00)	A+ (9.00)
Bentley	1 - Rehabilitation Assessment	None – new ward	C+ (5.85)
Bentley	12 - Rehabilitation Assessment	None – new ward	C+ (5.88)
Busselton	1 - Rehabilitation Assessment	C (5.75) Provisional	C (5.75)
Busselton	2 - Rehabilitation and Medical	C/D (5.51)	C/D (5.34)
Kalgoorlie	Dialysis	G (2.18)	G (2.90)
Kalgoorlie	Medical	C (5.75)	B (6.00)
Esperance	General	E + Del (4.88)	C + Del (5.75)
Albany	Acute Psychiatric Unit	A+ (8.93)	A+ (10.00)

Sir Charles Gairdner	C16	B (6.00)	B+ (6.50)
Northam	General	D/E (4.73)	D (5.00)
Geraldton	General	C (5.75)	B+ (6.59)

Appendix 1: Metropolitan health services

Appendix 1 details the data and information specific to metropolitan HSPs (as referenced in Table 1).

Child and Adolescent Health Service (CAHS)

All ward-specific NHpPD data for CAHS Perth Children's Hospital is shown in Table 9. The variance for this hospital ranges between 0.83% and 52.13% above the respective ward target.

Table 9. CAHS - Perth Children's Hospital (PCH)

CAHS - PCH	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
1A (oncology and haematology)	HDU	12.00	13.73	1.73	14.41
1B (burns, orthopaedic, plastics)	A+	8.57	9.95	1.38	16.10
2A (general medical)	A+	9.04	10.92	1.88	20.79
2B (long-stay surgical)	A+	9.60	9.68	0.08	0.83
3A (paediatric critical care)	ICU	32.26	33.12	0.86	2.66
3C (multiday surgical)	A	7.50	11.41	3.91	52.13
4A (adolescents)	A+	9.00	9.69	0.69	7.66
4B (specialist medical)	A+	8.70	8.82	0.12	1.38
5A (mental health)	HDU	12.00	14.78	2.78	23.16

East Metropolitan Health Service (EMHS)

All ward-specific data for EMHS – Armadale Hospital is shown in Table 10.

The variance for this hospital ranges between -4.76% below and 175.39% above the respective ward target.

Table 10. EMHS – Armadale Hospital (AH)

EMHS – AH	NHpPD – Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Anderton (palliative) (Kalamunda Hospital)	D+	5.50	5.24	-0.26	-4.76
Banksia (older adult mental health)	A+	8.00	9.51	1.51	18.83
Campbell (paediatrics)	B	6.00	10.20	4.20	69.97
Canning (medical)	B	6.00	6.80	0.80	13.28
Carl Streich (rehabilitation and aged care)	D	5.00	5.07	0.07	1.37
Colyer (surgical)	C	5.75	6.42	0.67	11.62
Intensive care unit	ICU	23.70	31.42	7.72	32.58
Karri (mental health)	A+	8.00	9.02	1.02	12.73
Maud Bellas (maternity)	B	6.00	7.68	1.68	28.00
Medical admissions unit	A+	7.50	7.72	0.22	2.98
Special care nursery	B	6.00	16.52	10.52	175.39
Moodjar/Yorgum (mental health)	A+	7.50	9.29	1.79	23.82

EMHS – NHpPD data

All ward-specific data for EMHS - Bentley Hospital is shown in Table 11.

The variance for this hospital ranges between -1.29% below and 66.50% above the respective ward target.

Table 11. EMHS - Bentley Hospital (BH)

EMHS – BH ^	NHpPD – reporting				
Ward	Category	Target	AVE	Variance	% Variance
1 (rehabilitation assessment and care service)	C+	5.85	5.80	-0.05	-0.94
3 (surgical step-down)	C	5.75	8.25	2.50	43.45
4 (aged care rehabilitation)	D	5.00	5.59	0.59	11.77
5 (subacute and stroke rehabilitation)	C	5.75	5.95	0.20	3.54
6 (secure unit)	A+	11.20	12.22	1.02	9.09
7 (adult acute)	A-	7.30	7.70	0.40	5.53
8 (adult acute)	B	6.00	6.97	0.97	16.14
9 (mental health – RPH ward 2K)*	B	6.00	9.99	3.99	66.50
10A (mental health older adult – including 10B and 10C)	A	7.50	7.40	-0.10	-1.29
11 (mental health youth unit)	HDU	12.00	13.40	1.40	11.65
12 (rehabilitation assessment and care service)	C+	5.88	6.09	0.21	3.64
Transitional care unit (mental health) **	D	5.00	6.16	1.16	23.23

^   Data and Digital Innovation (DDI) data used for all NHpPD reporting over this period.

*   Ward 9 opened December 2023 with Royal Perth Hospital Ward 2K patient cohort.

**   NHpPD HSS application data used. The transitional care unit opened in stages from August to November 2022, with classification still yet to be formalised by the SWRC.

EMHS – NHpPD data

All ward-specific data for EMHS – Royal Perth Hospital is shown in Table 12.

The variance for this hospital ranges between -9.48% below and 79.50% above the respective ward target.

Table 12. EMHS – Royal Perth Hospital (RPH)

EMHS – RPH ^	NHpPD – Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Acute medical unit	A-	7.30	7.54	0.24	3.33
Coronary care unit	A+	11.10	10.89	-0.22	-1.94
Intensive care unit	ICU & HDU	26.67	31.11	4.44	16.63
Mental health unit	A+	11.81	11.28	-0.53	-4.46
Mental health emergency centre	A	10.60	12.83	2.23	21.04
State major trauma unit	A & HDU	10.00	10.79	0.79	7.90
2K (mental health) *	B	6.00	7.25	1.25	20.87
3H (orthopaedics)	C	5.75	7.80	2.05	35.62
4A (DO23/47 surgical)	B	6.00	10.77	4.77	79.50
5AB (acute surgical unit)	A	7.50	7.09	-0.41	-5.51
5G (orthopaedics)	A+	7.52	7.35	-0.17	-2.26
5H (neurosurgical)	A-	7.30	7.19	-0.11	-1.46
6G (general surgery/vascular)	A+	8.54	7.73	-0.81	-9.48
6H (ear nose throat / plastics/ maxillofacial)	B+	6.20	7.04	0.84	13.52
7A (geriatric medicine)	C	5.75	5.81	0.06	1.07
8A (neurology/ gastrointestinal)	B	6.00	6.11	0.11	1.89
9A (medical) **	B+	6.65	6.64	-0.02	-0.23
9C (respiratory/ nephrology)	B & HDU	6.85	7.18	0.33	4.87
10A (general medicine)	B	6.00	6.57	0.57	9.44
10C (immunology)	B+	6.80	6.71	-0.09	-1.37

^ Data and Digital Innovation (DDI) data used for all NHpPD reporting over this period.

* Ward 2K closed for refurbishment December 2023 and service relocated to Bentley Hospital.

** Ward 9A opened July 2022, classification to be formalised by the SWRC.

North Metropolitan Health Service (NMHS)

All ward-specific data for NMHS – Sir Charles Gairdner Hospital is shown in Table 13.

The variance for this site ranges between -7.80% below and 34.42% above the respective ward target.

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

NMHS - SCGH	NHpPD – Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Coronary care unit (medical specialties)	CCU	14.16	16.07	1.91	13.47
C14 (acute general medical)	B	6.50	6.91	0.41	6.33
C16 (acute medical/delirium)	B+	6.50	6.42	-0.08	-1.23
C17 (GEM/medical)	C	5.75	5.70	-0.05	-0.96
G41 (medical specialties /cardiology)	A+	7.50	10.08	2.58	34.42
G51 (medical specialities)	B+	6.75	6.87	0.11	1.70
G52 (neurosurgery)*	B+ & HDU	9.51	8.77	-0.74	-7.80
G53 (surgical /orthopaedics)	B+	6.80	6.98	0.18	2.67
G54 (respiratory medicine)	A	7.50	7.73	0.23	3.04
G61 (surgical)	A	7.50	7.60	0.10	1.33
G62 (surgical)	A	7.50	7.75	0.25	3.33
G63 (medical specialties)	B+	6.80	7.31	0.51	7.55
G64 (ear nose throat/ plastics/ophthalmology/surgical)	A	7.50	8.17	0.67	8.87
G66 (surgical/neurosurgery)	B+	7.00	7.60	0.60	8.55
G71 (pandemic response/surgical assessment unit)	B+	6.75	7.53	0.78	11.58
G72 (medical assessment unit)	A	7.50	8.38	0.88	11.69
G73 (medical specialties)	B+	6.80	6.75	-0.05	-0.71
G74 (medical)	B+	7.00	8.12	1.12	15.95
Intensive care - high dependency unit	ICU	31.60	29.63	-1.98	-6.25
HPH Woods Ward (general medical) **	B+	6.50	7.64	1.14	17.56

*   NMHS Business Intelligence and Performance (BIP) NHpPD data used for Ward 52.
**   Woods Ward (based at Hollywood Private Hospital, funded by NMHS) opened as a general medical ward with patients moved from SCGH G71 from July 2022. NHpPD not formally classified though the SWRC as ward initially opened temporarily to support the COVID-19 pandemic response.

NMHS - NHpPD data

All ward-specific NHpPD data for NMHS – Osborne Park Hospital is shown in Table 14.

The variance for this site ranges between -7.54% below and 49.07% above the respective ward target.

Table 14. NMHS - Osborne Park Hospital (OPH)

NMHS - OPH	NHpPD – reporting				
Ward	Category	Target	AVE	Variance	% Variance
2 (stroke rehabilitation)	C	5.75	5.91	0.16	2.81
3 (geriatric, acute and rehabilitation medicine - GARM)	C	5.75	5.32	-0.43	-7.54
4 (rehabilitation)	C	5.75	5.48	-0.27	-4.75
5 (acute care of the older adult)	B	6.50	6.37	-0.13	-2.00
6 (geriatric, acute and rehabilitation medicine - GARM)*	C	5.75	-	-	-
6 (surgical)	C	5.75	8.57	2.82	49.07
7 (DRM rehabilitation)	C	5.75	5.61	-0.15	-2.52

*   Ward 6 (GARM) closed June 2023.

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

All ward-specific NHpPD data for NMHS - Women's and Newborn Health Service (WNHS) at King Edward Memorial Hospital is shown in Table 15.

The variance for this site ranges between 6.80% and 68.75% above the respective ward target.

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

WNHS - KEMH	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
3 (maternity)	A	7.50	8.03	0.53	7.06
4 (maternity)*	B+	6.75	-	-	-
5 (maternity)	A	7.50	8.01	0.51	6.80
6 (gynaecology/ oncology)	A	7.50	8.80	1.30	17.33
Adult special care unit	HDU	12.00	20.25	8.25	68.75
Mother & baby unit	HDU	12.00	14.08	2.08	17.33

* Ward 4 (maternity) remains closed.

Osborne Park Hospital Ward 1 is managed under the governance of NMHS WNHS, with the NHpPD data demonstrated in Table 16.

Table 16. NMHS - WNHS – Osborne Park Hospital (OPH)

NMHS – WNHS - OPH	NHpPD – reporting				
Ward	Category	Target	AVE	Variance	% Variance
1 (Maternity)	D & Del	8.97	9.64	0.67	7.47

NMHS - mental health - NHpPD data

All ward-specific data for NMHS - Mental Health (MH), Graylands Hospital is shown in Table 17.

The variance for this site ranges between 3.93% and 180.25% above the respective ward target.

Table 17. NMHS - MH - Graylands Hospital

Graylands Hospital *	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Casson (acute)	A+	8.51	9.43	0.92	10.81
Dorrington (acute open)	A	7.50	8.47	0.97	12.93
Ellis (acute)	A+	10.54	15.26	4.72	44.78
Montgomery (hospital extended care)	A+	8.66	9.00	0.34	3.93
Murchison East	B	6.00	7.19	1.19	19.83
Murchison West	A	8.00	15.56	7.56	94.50
Pinch (acute secure)	A+	15.00	26.24	11.24	74.93
Smith (acute secure)	A+	8.66	24.27	15.61	180.25

*   Data presented is provided directly by the HSP, NMHS – Mental Health.

NMHS - mental health - NHpPD data

All other NMHS mental health ward-specific data is shown in Table 18.

The variance for these wards range between 1.39% and 54.98% above the respective ward target.

Table 18. NMHS - mental health

NMHS – MH *	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Frankland Centre (state forensic)	A+	9.30	9.43	0.13	1.39
Selby (older adult)	A	7.53	8.08	0.55	7.30
Osborne Park (older adult)	A	7.80	7.92	0.12	1.54
SCGH mental health unit (Tanimi, Karajini & Jurabi)	A+	10.54	12.18	1.64	15.55
SCGH mental health observation area	A+	12.75	19.76	7.01	54.98

*   Data presented is provided directly by NMHS – mental health.

South Metropolitan Health Service (SMHS)

All ward-specific data for SMHS - Fiona Stanley Hospital (FSH) is shown in Table 19.

The variance for FSH wards range between -21.44% below and 132.41% above the respective ward target.

Table 19. SMHS - Fiona Stanley Hospital (FSH)

SMHS - FSH	NHpPD - Reporting				
Ward	Category	Target	AVE	Variance	% Variance
Coronary care unit	CCU	14.16	12.23	-1.93	-13.63
Short-stay unit	C	5.75	6.78	1.03	17.91
Short-stay acute medical unit *	A	7.50	12.01	4.51	60.13
Intensive care unit	ICU	28.42	26.59	-1.83	-6.43
3A (paediatrics medical/ surgical)	B	6.00	8.40	2.40	40.00
3B (neonatal medicine)	HDU	12.00	10.56	-1.44	-12.00
3C (maternity)	A	7.50	7.84	0.34	4.53
4A (orthopaedics)	B+	6.50	6.11	-0.39	-6.00
4B (burns)	A+	11.91	9.36	-2.55	-21.44
4C (cardiovascular surgery)	A	7.50	6.27	-1.23	-16.40
4D (cardiology)	A	7.50	6.26	-1.24	-16.53
5A (acute medical unit) & 5B (high dependency unit)	A & HDU	8.22	8.66	0.44	5.35
5C (nephrology & general medical)	B+	6.50	6.43	-0.07	-1.07
5D (respiratory & high dependency unit)	B+ & HDU	7.95	7.66	-0.29	-3.64
6A (surgical specialties & high dependency unit)	B+ & HDU	7.86	10.45	2.59	32.95

Ward	Category	Target	AVE	Variance	% Variance
6B (neurology)	B+	6.49	6.41	-0.08	-1.23
6C (general medicine)	B & HDU	8.00	7.41	-0.59	-7.38
6D (acute care of the elderly)	B+	6.49	6.32	-0.17	-2.62
7A (colorectal/ upper gastrointestinal/ general surgical)	A	7.50	6.97	-0.53	-7.07
7B (acute surgical unit)	A	7.50	6.98	-0.52	-6.93
7C (oncology)	B	6.00	6.22	0.22	3.67
7D + bone marrow transplant unit	A & HDU	9.00	8.01	-0.99	-11.00
Mental health unit (MHU) - Ward A (assessment)	HDU	12.00	13.57	1.57	13.08
MHU - Ward B (youth)	HDU	12.00	27.89	15.89	132.41
MHU – mother & baby unit	HDU	12.00	14.88	2.88	24.00
State Rehabilitation Centre (SRC) - Ward 1A (spinal unit)	A	7.50	8.01	0.51	6.80
SRC - ward 2A (multi-trauma rehabilitation)	C	5.75	5.81	0.06	1.04
SRC - ward A (neuro rehabilitation)	C	5.75	5.42	-0.33	-5.74
SRC - ward B (acquired brain injury)	B	6.00	6.87	0.87	14.50

*Short-stay acute medical unit opened December 2022, classification to be formalised though the SWRC.

SMHS – NHpPD data

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

The variance for these wards ranges between -12.13% below and 29.66% above the respective ward target.

Table 20. SMHS - Fremantle Hospital (FH)

SMHS - FH	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
4.1 (secure mental health)	HDU	12.00	11.49	-0.51	-4.25
4.2 (adult mental health)	B	6.00	6.26	0.26	4.33
4.3 (older adult mental health)	A	7.50	7.06	-0.44	-5.86
5.1 (adult mental health)	B	6.00	5.91	-0.09	-1.50
B3 (orthopaedics geriatrics rehabilitation)	B	6.00	7.78	1.78	29.66
B7N (orthopaedics geriatrics & geriatric medicine)	C	5.75	6.35	0.60	10.43
B7S (aged care)	C	5.75	5.82	0.07	1.22
B8N (surgical specialties/PCU)	A	7.50	6.59	-0.91	-12.13
B8S (orthopaedics geriatrics rehabilitation) *	C	5.75	5.43	-0.32	-5.56
B9N (general medical & geriatric medicine)	C	5.75	5.57	-0.18	-3.13
B9S (general medicine)	C	5.75	6.02	0.27	4.69
D4 (neurology rehabilitation) **	C	5.75	5.67	-0.08	-1.39

*   Ward B8S opened March 2021, classification to be formalised though the SWRC.

**   Ward D4 opened May 2023, classification to be formalised though the SWRC.

SMHS - NHpPD data

All ward-specific NHpPD data for SMHS - Rockingham General Hospital (RGH) is shown in Table 21.

The variance for these wards ranges between -44.36 % below and 66.33% above the respective ward target.

Table 21. SMHS - Rockingham General Hospital (RGH)

SMHS - RGH	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Aged care rehabilitation unit	C	5.75	5.24	-0.51	-8.87
Intensive care unit	ICU	23.70	21.46	-2.24	-9.45
Medical assessment unit (MAU)/ Short Stay Unit (SSU)	B	6.00	7.74	1.74	29.00
Medical ward	B	6.00	5.79	-0.21	-3.50
Mental health adult (open)	B	6.00	9.98	3.98	66.33
Mental health adult high dependency unit (closed)	A+	11.81	6.57	-5.24	-44.36
Moordibirdup*	B	6.00	5.78	-0.22	-3.66
Multi-stay surgical unit	C	5.75	5.29	-0.46	-8.00
Obstetric ward	B	6.00	5.96	-0.04	-0.66
Older adult mental health	A	7.50	7.11	-0.39	-5.20
Older adult mental health (open)	B	6.00	9.12	3.12	52.00
Paediatrics ward	B	6.00	9.62	3.62	60.33
Murray District Hospital	E	4.69	4.92	0.23	4.90

* Ward Moordibirdup opened August 2022, classification to be formalised though the SWRC.

Appendix 2: WA Country Health Service – RRC

Appendix 2 details the data and information specific to regional resource centres within WACHS (as referenced in Table 1).

WACHS - regional resource centres - NHpPD data

All ward-specific data for WACHS - RRC - Goldfields is shown in Table 22. The variance ranges between -26.20% below and 218.73% above the respective ward target.

Table 22. WACHS - RRC - Goldfields

Kalgoorlie Regional Hospital	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Paediatric ward	D	5.00	15.94	10.94	218.73
Dialysis unit*	2°	2.90	2.14	-0.76	-26.20
High dependency unit	HDU	12.00	16.60	4.60	38.33
Maternity unit and special care nursery	D & Del	10.28	12.05	1.77	17.21
Medical Ward	B	6.00	6.79	0.79	13.17
Mental Health Unit	A & B & C	7.71	20.96	13.25	171.85
Surgical Unit	C	5.75	7.54	1.79	31.13

* NHpPD for dialysis unit was classified from 2.18 to 2.90 on 12 December 2023.

All ward-specific NHpPD data for WACHS - RRC - Great Southern is shown in Table 23. The variance ranges between -2.79% below and 63.92% above the respective ward target.

Table 23. WACHS - RRC - Great Southern

Albany Health Campus	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Dialysis unit	2°	2.90	2.82	-0.08	-2.75
High dependency unit	HDU	12.00	19.67	7.67	63.92
Maternity	D+	9.95	12.39	2.44	24.52
Medical & paediatrics	C & D	5.50	6.36	0.86	15.63
Mental health inpatients	A+	10.00	10.39	0.39	3.90
Subacute	D	5.38	5.23	-0.15	-2.79
Surgical	C	6.50	7.05	0.55	8.46

All ward-specific data for WACHS - RRC - Kimberley is shown in Table 24. The variance ranges from 23.54% to 34.49% above the respective ward target.

Table 24. WACHS - RRC - Kimberley

Broome Regional Hospital	NHpPD - reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General	B				
High dependency unit	HDU	6.33	7.82	1.49	23.54
Maternity	B & Del				
Paediatric	B				
Psychiatric ward	A+	10.38	13.96	3.58	34.49

All ward-specific data for WACHS - RRC - Midwest is shown in Table 25. The variance ranges between 2.00% and 29.24% above the respective ward target.

Table 25. WACHS - RRC - Midwest

Geraldton Regional Hospital	NHpPD - reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
General	C	5.75	6.58	0.83	14.43
High dependency unit	HDU	12.00	12.24	0.24	2.00
Maternity unit	D & Del	8.55	11.05	2.50	29.24
Renal dialysis unit	2°	2.18	2.33	0.15	6.88

All ward-specific data for WACHS - RRC - Pilbara is shown in Table 26. The variance ranges between -2.19% below and 143.00% above the respective ward target.

Table 26. WACHS - RRC - Pilbara

Hedland Health Campus	NHpPD - reporting				
Ward	**Category**	**Target**	**AVE**	**Variance**	**% Variance**
Dialysis unit	2°	2.18	2.95	0.77	35.32
General	B				
High dependency unit	HDU	6.37	6.23	-0.14	-2.19
Paediatrics	D	5.00	12.15	7.15	143.00
Maternity unit and special care nursery	B	9.45	12.15	2.70	28.57

All ward-specific data for WACHS - RRC - South West is shown in Table 27. The variance ranges between -5.30% below and 13.17% above the respective ward target.

Table 27. WACHS - RRC - South West

Bunbury Regional Hospital	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Maternity	B & Del	10.22	10.58	0.36	3.52
Medical	B	6.00	6.17	0.17	2.83
Mental health	A & C	6.16	6.07	-0.09	-1.46
Paediatrics	B	6.00	6.79	0.79	13.17
Psychiatric intensive care unit	HDU	12.00	13.37	1.37	11.42
Sub-acute restorative unit	C & B	5.85	5.54	-0.31	-5.30
Surgical	A & B	6.23	6.64	0.41	6.58

Appendix 3: WA Country Health Service – IHPD

Appendix 3 details the data and information specific to integrated district health services within WACHS (as referenced in Table 1).

WACHS - Integrated district health services (IDHS) - NHpPD data

All ward-specific data for WACHS - IDHS are shown in Tables 28-34. The variance ranges between -37.28% below and 298.20% above the respective ward target.

Table 28. WACHS - IDHS - Goldfields

Goldfields	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Esperance inpatients	E & Del	4.88	6.78	1.90	38.93

Table 29. WACHS - IDHS - Great Southern

Great Southern	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Denmark ^	E & Del	4.56	2.86	-1.70	-37.28
Katanning inpatients	F	4.94	8.04	3.10	62.75
Plantagenet (Mt Barker) ^	E & Del	4.68	3.98	-0.70	-14.95

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

Table 30. WACHS - IDHS - Kimberley

Kimberley	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Derby inpatients	D & Del	5.34	6.58	1.24	23.22
Fitzroy inpatients ^	D	5.27	8.68	3.41	64.74
Halls Creek inpatients ^	D	5.24	6.05	0.81	15.45
Kununurra inpatients	D & Del	5.32	8.01	2.69	50.56

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

Table 31. WACHS - IDHS - Mid-West

Mid-West	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Carnarvon inpatients	E & D & Del	5.20	7.15	1.95	37.50

Table 32. WACHS - IDHS - Pilbara

Pilbara	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Newman inpatients	D	5.00	19.91	14.91	298.20
Karratha Health Campus inpatients	D & Del	5.80	6.81	1.01	17.41

Table 33. WACHS - IDHS - South West

Southwest	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Busselton – ward 1	C	5.75	6.92	1.17	20.34
Busselton – ward 2	C & D	5.34	5.47	0.13	2.43
Collie inpatients	E & Del	4.72	5.03	0.31	6.57
Harvey inpatients ^	E & F	4.54	5.28	0.74	16.29
Margaret River inpatients	E & Del	4.72	6.87	2.15	45.55
Warren inpatients	E & Del	4.71	5.75	1.04	22.08

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

Table 34. WACHS - IDHS - Wheatbelt

Wheatbelt	NHpPD - reporting				
Ward	Category	Target	AVE	Variance	% Variance
Merredin inpatients	F	4.23	8.24	4.01	94.80
Moora inpatients	E & F	4.30	3.07	-1.23	-28.60
Narrogin inpatients	D & Del	5.16	4.10	-1.06	-20.54
Northam inpatients	E & Del	5.00	5.15	0.15	3.00

Appendix 4: Variance reports

Appendix 4 provides variance reports from sites where areas have reported a variance of ≥10% below target - described in Tables 35-47. All tables are presented from highest percentage variance to lowest.

Table 35. Variance report - Rockingham General Hospital - Adult mental health unit HDU (closed ward)

Target NHpPD hours: 11.81	Reported NHpPD hours: 6.57	Variance: -5.24	% Variance: -44.36%
Clause 7.2.2.2[2] Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	- All areas within the mental health unit are staffed to profile within the roster structure and in line with the classification of NHpPD. - The 30-bed mental health unit is divided into four clinical units with four separate cost centres and four separate rosters. - Variations in NHpPD occur as a result of allocating staff to prioritise patient and staff safety. This includes allocating staff to: - provide an appropriate mix of clinical skill and experience - ensure an appropriate gender mix to reflect patient populations - manage sexual safety - manage potentially challenging patients. - The frequent movement of staff (to meet the requirements listed above) is not always captured accurately within ROSTAR, particularly when changes occur after hours/public holidays.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	- As indicated above, the unit is always staffed to the identified profile as a minimum. Additional staff are rostered based on acuity of risk, and security staff are also rostered as required. - The nurse unit manager meets regularly with the roster clerk to align staff to the correct rosters wherever possible.		

- [2] All clauses referred to relate to:
  - Schedule A – Exceptional Matters Order, Section 7.2.2 of the ANF Agreement (2020); and
  - Schedule A – Workload Management, Exceptional Matters Order, Section 7.2.2 of the UWU Agreement (2022).

Clause 7.2.2.4	• The nurse unit manager continues to work with the rostering clerk to improve roster alignment, noting that staffing to profile occurs within the unit.
Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	

Table 36. Variance report - Denmark Hospital – general ward

Target NHpPD hours: 4.56	Reported NHpPD hours: 2.86	Variance: -1.70	% Variance: -37.28%
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	- Nursing staff are supported by Patient Care Assistants (PCAs) to ensure safe patient care. - Senior nursing staff in non-direct roles provide care at peak times. - Clinical needs assessed on a shift-by-shift basis and staff provided according to acuity and patient and resident needs.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	- On-call roster is utilised to provide additional staff as required. - Clinical nurse manager (CNM) provides clinical support and patient care at peak times and as required; however this is not reflected in the reporting.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	- Continue to monitor nursing hours based on occupancy of beds. - Health site reviewing NHpPD to be reclassified in accordance with patient acuity and mix.		

Table 37. Variance report - Moora Hospital

Target NHpPD hours: 4.30	Reported NHpPD hours: 3.07	Variance: -1.23	% Variance: -28.60%
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Clinical Nurse Manager (CNM) supported by the secondment of a senior Clinal Nurse. The CNM role identifies and addresses nursing workforce and resource requirements, plans nursing workforce needs and skill requirements, and is advertising to recruit. • Projected vacancies are reviewed daily by the workforce coordinators and executive teams. • During periods of high acuity or activity, strategies are employed to address increased staffing requirements. These include additional nursing hours/shifts, short-term contracts, and utilising Assistants in Nursing (AINs) and PCAs across both acute and residential aged care. • AIN agency utilised to assist across all clinical areas.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• The western management team meets monthly, and the health service managers meet weekly to identify and address workforce, staffing and resourcing issues. • Nursing FTE management, graduate placement and agency usage are also discussed with escalation to the operations manager where required. • The rostering of PCAs/AINs has been imbedded into the organisational structure of Moora Hospital. • The staffing mix meets the clinical needs of the Moora community.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• The hospital is staffed according to clinical needs, which is decided on a shift-by-shift basis by the CNM, with additional staff rostered if required. • Hospital-wide strategies are developed to address identified periods of predicted or significant staffing shortages. These include monitoring and managing leave, block-booking agency relief staff and utilising AINs and PCAs to support high acuity areas or basic care provision. • External advertising focusing on recruitment of nurses with specific clinical skills and expertise to meet the needs of the specialty area. Moora Hospital requires the speciality of triage competence for the emergency department.		

Table 38. Variance report - Kalgoorlie Hospital - dialysis

Target NHpPD hours: 2.90	Reported NHpPD hours: 2.14	Variance: -0.76	% Variance: -26.20%
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.	• Shift deficits due to inability to backfill unplanned leave including furlough requirements due to COVID-19 infection. • Ward reclassified from target of 2.18 to 2.90 on December 2023. • Actively seeking to recruit nurses through the advertised WACHS renal recruitment pool. • Actively seeking to upskill WACHS nurses through a WACHS collaboration with metropolitan health services.		
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.	• Service experiencing delays in filling vacancies through recruitment and agency due to the specialist nature of the area. • As reclassification occurred in December 2023, the service will be able to recruit adequate FTE and reduce the nurse to chair ratio and model of care. • There has been an increase of substantive FTE through the WACHS renal upskilling program. • Benefitted from converting fixed term contracts to permanent contacts through the *Commissioners Instruction 39* (CI39): *Interim arrangement to fill public sector vacancies* process. • Agency and recruitment nurses returning to backfill vacancies and for longer periods. • Utilising the shift coordinator role with reduced caseload to support agency and junior nurses.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• To increase skill level and experienced pool of renal nurses within WACHS. • Maintain recruitment strategies to attract and retain renal nurses within the Goldfields region.		

Table 39. Variance report - Fiona Stanley Hospital - ward 4B - burns

Target NHpPD hours: 11.91	Reported NHpPD hours: 9.36	Variance: -2.55	% Variance: -21.44%
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• The negative variance has occurred because the adult burns activity has been below the allocated target hours. • The surplus 4B (burns unit) beds have been allocated to surgical patients not requiring the targeted 11.91 NHpPD.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Nil required		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Nil required		

Table 40. Variance report - Narrogin Hospital

Target NHpPD hours: 5.16	Reported NHpPD hours: 4.10	Variance: -1.06	% 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.	- Shift deficits due to inability to backfill unplanned leave. - Rosters are reviewed per shift by nurse managers - staff are moved from other wards/areas to assist as required, including use of staff from Oncology and Operating Theatre for example, to assist with busier days. - Shift vacancies are entered into ShiftMatch (a system used to manage dynamic workforce requirements) and are escalated to Wheatbelt workforce managers for assistance to provide adequate shift deficit cover. - CNM supporting clinical shifts when unable to backfill shift deficits. - AINs used to support basic patient care. - No workload grievances were reported.		
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.	- Recruitment of casual registered nurses to support periods of higher acuity. - Shift vacancies are entered into ShiftMatch and are escalated to Wheatbelt workforce managers for assistance to provide adequate shift deficit cover.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	CNM and Wheatbelt workforce managers are monitoring workforce staffing to ensure staff movements within the site are captured and that non-clinical hours are collected more accurately.		

Table 41. Variance report - Fiona Stanley Hospital - Ward 4D - cardiology

Target NHpPD hours: 7.50	Reported NHpPD hours: 6.26	Variance: -1.24	% Variance: -16.53%
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.	4D was substantively recruited to its 2022/23 target FTE. - Occupancy increase over last year has increased target FTE for 2023/24. - Active recruitment began to fill to the new revised target FTE in November 2023. - Experienced challenges in backfilling unplanned leave during this period. - In instances of shift shortfalls, and not being able to access casual or agency nurses, senior indirect care positions such as nurse unit managers (NUM) and nurse educators (NE) are utilised to support the clinical area, however, are not included in the NHpPD reporting.		
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.	- NUM actively works with staff, having care conversations when personal leave is high or frequent. - NUM backfills establishment deficits and vacant positions (from secondments) with fixed-term contracts when able. Actively recruiting to fill all deficits, permanent and fixed term. - Continued support from senior indirect care positions on ward when required. - Ensured no rostered deficits on late shifts and night shifts when less support is available.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	- Active and regular review of rosters to backfill deficits in advance, using casual or part time staff wanting extra shifts. - Continue monitoring and support for staff with high personal leave requirements. - Monitor and future plan on receipt of parental leave requests and backfill in advance to ensure target FTE is maintained.		

Table 42. Variance report - Fiona Stanley Hospital - Ward 4C - cardiovascular surgery

Target NHpPD hours: 7.50	Reported NHpPD hours: 6.27	Variance: -1.23	% Variance: -16.40%
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.	4C is recruited to its target FTE. - Experienced challenges in backfilling unplanned leave during this period. - NUM, NE and clinical nurse specialist (CNS) support and provide patient care as required before acuity and safety of patients is deemed a risk, however, are not included in the reporting.		
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.	- NUM actively works with staff having care conversations when personal leave is high or frequent. - NUM backfills long term personal leave with fixed term contracts, where able. - Continue support from senior registered nurse (SRN) team (NUM, CNS and NE) on ward when required. - Ensured no rostered deficits on late shifts and night shift when less support is available.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	- Active and regular review of rosters to backfill deficits in advance, using casual or part time staff wanting extra shifts. - Continue monitoring and support for staff with high personal leave requirements. - Continue to monitor recruitment. - Maternity leave backfilled in advance to ensure at target FTE.		

Table 43. Variance report - Plantagenet (Mt Barker) Hospital

Target NHpPD hours: 4.68	Reported NHpPD hours: 3.98	Variance: -0.70	% Variance: -14.95%
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.	- CNM and staff development nurse (SDN) support clinical shifts when unable to backfill shift deficits. - AINs used to support basic patient care. - Additional on-call support to allow coverage for surge or unplanned activity, including transfers.		
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.	- Approval of on-call roster capacity, 7 days per week for afternoon shift, as well as morning shifts at the weekend and on public holidays. - CNM and SDN support clinical shifts at peak activity periods and as required. - SDN redeployed as required to cover shift deficits and unplanned leave.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	- Continue monitoring NHpPD. - Open-ended recruitment advertisements for clinical nurses, registered nurse and enrolled nurses.		

Table 44. Variance report - Fiona Stanley Hospital - Coronary Care Unit

Target NHpPD hours: 14.16	Reported NHpPD hours: 12.23	Variance: -1.93	% Variance: -13.63%
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 needs are assessed on a shift-by-shift basis, with a variability in NHpPD requirements dependant on patient cohort and acuity. • During this reporting period the coronary care unit (CCU) had lower acuity, and staff were therefore redistributed to other areas or unplanned personal leave was not backfilled. • CCU FTE establishment was under-recruited for a short time in this reporting period, due to resignations and secondments.		
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.	• CCU is actively recruiting as they are under their targeted FTE. This will enable them to staff all shifts including when acuity is high. No current issues identified.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Nil required as area able to staff to acuity of patients during this period. • Pro-active monitoring of FTE and planned leave, secondments and resignations continue.		

Table 45. Variance report - Fremantle Hospital - ward B8N - surgical specialties/PCU

Target NHpPD hours: 7.50	Reported NHpPD hours: 6.59	Variance: -0.91	% Variance: -12.13%
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	- B8N consists of 30 beds in total 26 surgical beds – (category B/ 6.00 NHpPD) 4 PCU beds – (category HDU/ 12.00 NHpPD) - The B8N PCU beds have at times not been clinically required, and/or under capacity. The ward staffs to acuity, therefore when there are less acute patients the number of nurses required each shift are reduced. These nurses are redistributed to other areas, or sick leave is not backfilled. Staffing is managed to ensure the correct number of nurses are on shift to meet the acuity and care needs of patients on the ward on any given day.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Nil required.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Nil required.		

Table 46. Variance report - Fiona Stanley Hospital - ward 3B - neonatal medicine

Target NHpPD hours: 12.00	Reported NHpPD hours: 10.56	Variance: -1.44	% Variance: -12.00%
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Patient needs are assessed on a shift-by-shift basis, with a variability in requirements dependant on patient cohort and acuity. • The negative variance has occurred because the patient acuity for this period has been below the care required, therefore not requiring the targeted 12.00 NHpPD hours of care. • Activity and bed occupancy was consistent.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Nil required.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Nil required.		

Table 47. Variance report - Fiona Stanley Hospital - ward 7D - bone marrow transplant unit

Target NHpPD hours: 9.00	Reported NHpPD hours: 8.01	Variance: -0.99	% Variance: -11.00%
Clause 7.2.2.2 Please detail the measures that this health site has implemented, including specific steps, to relieve the workload of nursing staff for this clinical area.	• Patient needs are assessed on a shift-by-shift basis, with a variability in NHpPD requirements dependant on patient cohort and acuity. • Ward 7D has an allocation of 8 high dependency unit (HDU) beds and these have not been required at all times. • Nurses are redistributed to other areas within the hospital or unplanned personal leave is not backfilled to ensure the required number of nurses are rostered for the acuity of the ward.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of nursing staff for this clinical area.	• Nil required - the ward has the correct establishment of nurses to fill rostered shifts should the HDU beds be required.		
Clause 7.2.2.4 Outline this health site's future plans or intentions in relation to proposals to address the question of workloads of nursing staff for this clinical area.	• Nil required.		

Appendix 5: Wards reporting 0 to 10% below target

Appendix 5 provides feedback from sites reporting wards that are between 0 to 10% below their target, as described in Table 48. This table is presented from highest percentage variance below target to lowest.

Table 48. Variance reports on areas reporting between 0 to 10% below target.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Royal Perth	6G (general surgery/vascular)	A+	8.54	7.73	-0.81	-9.48	Ward experiencing shift deficits due to vacant positions and an inability to backfill staff due to unplanned leave. Limited availability of casual staff to fill unplanned shift deficits. The service continues to monitor and coordinate shift shortfall and match recruitment plans with areas experiencing staff vacancies and increased workforce demands.
Rockingham	Intensive care unit	ICU	23.70	21.46	-2.24	-9.45	Staff profile is managed dependant on patient acuity and bed occupancy. Shift shortages supplemented with SDN and NUM to support the team, however this is not reflected in the reporting.
Rockingham	Aged care rehabilitation unit	C	5.75	5.24	-0.51	-8.87	NHpPD average in negative variance due to inability to fill unplanned leave and maternity leave. Shift shortages supplemented with SDN and NUM to support the team, however this is not reflected in the reporting.
Rockingham	Multi-stay surgical unit	C	5.75	5.29	-0.46	-8.00	Negative variance due to inability to backfill long term leave and unplanned leave. Recruitment in progress for permanent relief pool.
Sir Charles Gairdner	G52 (neurosurgery)	B+ & HDU	9.51	8.77	-0.74	-7.80	Ongoing recruitment via hospital wide advertised recruitment pool, including targeted neuro-surgical nursing recruitment. Shift shortages

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
							supplemented with SDN to support the team, however this is not reflected in the reporting. Use of supernumerary clinical facilitator (SCGH employee) taking patient load with support of nursing students also not reflected in variance. Additional AIN deployed to support nursing staff and clinical environment.
Osborne Park	3 (geriatric, acute and rehabilitation medicine) (GARM)	C	5.75	5.32	-0.43	-7.54	Difficulty recruiting staff to reclassified target hours/changed profile and establishment. Unable to backfill unplanned shift deficits such as personal leave. Utilisation of SDN to support ward staff, however this is not reflected in the reporting.
Fiona Stanley	6C (general medicine)	B & HDU	8.00	7.41	-0.59	-7.38	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.
Fiona Stanley	7A (colorectal/ upper gastrointestinal/ general surgical	A	7.50	6.97	-0.53	-7.07	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the NHpPD data.
Fiona Stanley	7B (acute surgical unit)	A	7.50	6.98	-0.52	-6.93	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Fiona Stanley	Intensive care unit	ICU	28.42	26.59	-1.83	-6.43	ICU Pod 4 staffed to accommodate unplanned admissions with staffing adjusted to meet acuity and activity. Have recruited staff with the vacancy reduced from 10 to 5 FTE over this period.
Sir Charles Gairdner	Intensive care - high dependency unit	ICU	31.60	29.63	-1.98	-6.25	Despite ongoing recruitment efforts, the ICU still experienced staff deficits and vacancies, with an inability to backfill parental leave and secondments, an increase in unplanned leave with the inability to provide shift backfilling. Other staff (including staff development, clinical coaches, area managers, equipment nurses) utilised to support the clinical areas, however this is not reflected in the data.
Fiona Stanley	4A (orthopaedics)	B+	6.50	6.11	-0.39	-6.00	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.
Fremantle	4.3 (older adult mental health)	A	7.50	7.06	-0.44	-5.86	Ward staff rostered to bed occupancy. Shift deficits due to inability to backfill unplanned leave. Active recruitment strategies in place. CNS utilised to support the clinical areas, but position is not reflected in the data.
Fiona Stanley	SRC - ward A (neurorehabilitation)	C	5.75	5.42	-0.33	-5.74	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas but are not reflected in the data.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Fremantle	B8S (orthopaedics geriatrics rehabilitation)	C	5.75	5.43	-0.32	-5.56	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.
Royal Perth	5AB (acute surgical unit)	A	7.50	7.09	-0.41	-5.51	Ward experiencing a high turnover of staff. Shift deficits are due to vacant positions, increased personal leave, and inability to backfill unplanned leave. Limited availability of casual/pool staff to fill unplanned deficits. Ongoing active recruitment to fill vacancies.
Bunbury	Sub-acute restorative unit (SARU)	C & B	5.85	5.54	-0.31	-5.38	Recruitment via central pools ongoing. Difficulty attracting permanent staff. Agency staff utilised to backfill ongoing vacancies. Newly qualified nurse (graduate) intakes increased. Staff resigning on short notice, increasing unplanned staffing deficit challenges. CNM utilised to support the clinical areas but are not reflected in the data.
Rockingham	Older adult mental health	A	7.50	7.11	-0.39	-5.20	All areas are staffed to profile within the roster structure and in line with the classification of NHpPD. The 30-bed mental health unit is divided into four clinical units and variations in NHpPD occur as a result of moving staff to manage patient acuity and safety.
Armadale	Anderton (palliative) (Kalamunda Hospital)	D+	5.50	5.24	-0.26	-4.76	Bed occupancy variation leading into the weekend impacting the data. Ward adequately staffed to patient needs. The service is currently pending a review of the patient admissions protocol.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Osborne Park	4 (rehabilitation)	C	5.75	5.48	-0.27	-4.75	An inability to recruit to establishment staffing profile despite ongoing recruitment efforts. Staff seconded to cover senior roles and unable to backfill shift deficits. Senior nurses taking patient load when required, though this is not reflected in the data.
Royal Perth	mental health unit	A+	11.81	11.28	-0.53	-4.46	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as urgent leave or personal leave, with limited availability of casual and pool staff to fill unplanned shift deficits. The service continues to monitor and coordinate shift shortfall and match recruitment plans with areas experiencing staff vacancies and increased workforce demands.
Fremantle	4.1 (secure mental health)	HDU	12.00	11.49	-0.51	-4.25	Ward staff rostered to bed occupancy. Shift deficits due to inability to backfill unplanned personal leave. Active recruitment strategies in place. NUM and SDN utilised to support clinical area, but are not reflected in the data.
Rockingham	Moordibirdup*	B	6.00	5.78	-0.22	-3.66	Shift deficits due to inability to backfill unplanned leave. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.
Fiona Stanley	5D (respiratory & high dependency unit)	B+ & HDU	7.95	7.66	-0.29	-3.64	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.
Rockingham	Medical ward	B	6.00	5.79	-0.21	-3.50	Shift deficits due to inability to backfill unplanned leave. Active recruitment strategies in place.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Fremantle	B9N (general medical & geriatric medicine)	C	5.75	5.57	-0.18	-3.13	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas but are not counted in the figures.
Albany	Subacute	D	5.38	5.23	-0.15	-2.79	Shift deficits due to an inability to backfill. Active recruitment strategies in place. Senior roles supporting the clinical area, although this is not reflected in the data.
Albany	Dialysis unit	2°	2.90	2.82	-0.08	-2.75	Service experiencing delays in filling vacancies through recruitment pools and agency staff due to the specialist nature of the area. Utilising the shift coordinator role with reduced caseload to support agency and junior nurses.
Fiona Stanley	6D (acute care of the elderly)	B+	6.49	6.32	-0.17	-2.62	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas but are not reflected in the data.
Osborne Park	7 (DRM rehabilitation)	C	5.75	5.61	-0.15	-2.52	Not recruited to profile despite ongoing recruitment efforts. Staff seconded to cover senior roles and unable to backfill shift deficits. SRN taking patient load when required, though this is not reflected in the data.
Royal Perth	5G (orthopaedics)	A+	7.52	7.35	-0.17	-2.26	Ward experiencing a high turnover of staff. Shift deficits are due to vacant positions and high personal leave, and inability to backfill the unplanned leave. Limited availability of

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
							casual/pool staff to fill unplanned deficits. Ongoing recruitment to fill vacancies.
Hedland	General & high dependency unit	B & HDU	6.37	6.23	-0.14	-2.19	Active recruitment in process to fill staff deficit. Contracts in the process of being finalised with staff ready to start. Shift shortfalls backfilled with casual or agency staff as well as with overtime shifts.
Osborne Park	5 (acute care of the older adult)	B	6.50	6.37	-0.13	-2.00	Not recruited to profile despite ongoing recruitment efforts. Unable to backfill shift deficits due to staff seconded to cover senior roles. Senior nursing roles taking patient load when required, though this is not reflected in the data.
Royal Perth	Coronary care unit (CCU)	A+	11.10	10.89	-0.22	-1.94	Occasional specialised nursing support outsourced from CCU to the cardiac catheter laboratory. Ward has experienced an increase in personal calls (including COVID-19) with an inability to backfill the unplanned leave with pool or agency staff. The service continues to monitor and coordinate shift shortfall and match recruitment plans with areas experiencing staff vacancies and increased workforce demands.
Royal Perth	5H (neurosurgical)	A-	7.30	7.19	-0.11	-1.46	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as urgent leave or personal leave, with limited availability of casual and pool staff to fill unplanned shift deficits. The service continues to monitor and coordinate shift shortfall and match recruitment plans with areas experiencing staff vacancies and increased workforce demands.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Fremantle	5.1 (adult mental health)	B	6.00	5.91	-0.09	-1.50	Ward staff rostered to bed occupancy. Shift deficits due to inability to backfill unplanned/personal leave. Active recruitment strategies in place. NUM and SDN utilised to support the clinical areas but are not reflected in the data.
Bunbury	Mental health	A & C	6.16	6.07	-0.09	-1.46	Minor variation due to staff being moved to support the psychiatric intensive care unit and acute psychiatric unit to manage patient acuity and staff safety. Senior nursing roles utilised to support the clinical environment when required, though this is not reflected in the data.
Fremantle	D4 (neurology rehabilitation) ***	C	5.75	5.67	-0.08	-1.39	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas but are not reflected in the data.
Bentley	10A (mental health older adult – including 10B and 10C)	A	7.50	7.40	-0.10	-1.29	Higher acuity in the mental health wards may occasionally result in ward 10 having to outsource skilled mental health nurses to support those areas. When this occurs, support provided to nurses by AINs. AIN support is not reflected in the data. Targeted recruitment in mental health areas is improving shift shortfalls, which are coordinated and managed according to workforce demands across the service.
Royal Perth	10C (immunology)	B+	6.80	6.71	-0.09	-1.37	Higher than usual unplanned leave with limited availability to backfill shift deficits with casual pool staff due to hospital wide demands. Ward is

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
							fully recruited with ongoing work to upskill staff in complex oncology and haematology inpatient management.
Sir Charles Gairdner	C16 (acute medical/delirium)	B+	6.50	6.42	-0.08	-1.23	Ward profile change to increase NHpPD in November. Inability to staff to profile at times despite recruitment efforts. Inability to provide backfill for absenteeism at times, though supported by SRN/SDN where possible, but not reflected in the data. Additional AINs rostered where able to provide support to nursing staff.
Fiona Stanley	6B (neurology)	B+	6.49	6.41	-0.08	-1.23	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical areas, but are not reflected in the data.
Fiona Stanley	5C (nephrology & general medical)	B+	6.50	6.43	-0.07	-1.07	Ward staff rostered to bed occupancy. Unable to backfill unplanned shift deficits such as personal leave. The service has active recruitment strategies in place. NUM and NEs utilised to support the clinical area, but are not reflected in the data.
Sir Charles Gairdner	C17 (GEM/medical)	C	5.75	5.70	-0.05	-0.96	Due to ward re-opening in July 2023, some staff elected to remain on host ward. Inability to cover shortfall despite recruitment efforts. Inability to cover vacancies and high staff turnover. Utilised AINs to provide support to nursing staff with basic duties in the clinical environment.

Hospital	Ward	Category	Target	AVE	Variance	% Variance	Variance explanation
Bentley	1 (rehabilitation assessment and care service)	C+	5.85	5.80	-0.05	-0.94	Ward experiencing a high turnover of staff. Shift deficits are due to vacant positions and high personal leave, and inability to backfill the unplanned leave. Limited availability of casual/pool staff to fill unplanned deficits. Ongoing recruitment to fill vacancies.
Sir Charles Gairdner	G73 (medical specialties)	B+	6.80	6.75	-0.05	-0.71	G73 was staffed to occupancy/ NHpPD, although high levels of unplanned leave with the inability to provide backfill cover. Senior nurse positions utilised to support the clinical area but are not reflected in the data.
Rockingham	Obstetric ward	B	6.00	5.96	-0.04	-0.66	Negative variance due to inability to backfill long-term and unplanned leave.
Royal Perth	9A (medical)	B+	6.65	6.64	-0.02	-0.23	Ward experiencing a high turnover of staff. Shift deficits are due to vacant positions and high personal leave, and inability to backfill the unplanned leave. Limited availability of casual staff to fill unplanned shift deficits. Ongoing recruitment to fill vacancies.

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