Government of **Western Australia**
Department of **Health**

Nursing Hours per Patient Day Report

Chief Nursing and Midwifery Office
1 January to 30 June 2024

Document history

Classification: Official

Version	Version date	Author	Description
1.0	31/07/2025	M. Eaton, Senior Nursing Advisor, CNMO	Draft V1.0 – compilation of HSP verified NHpPD and variance reports, sent to Principal Nursing Advisor (PNA) for review and feedback.
2.0	18/08/2025	L. Vilé, Principal Nursing Advisor, CNMO	Feedback from PNA and CNMO compiled into Draft V2.0.
3.0	07/11/2025	A. Childs, Senior Nursing Officer, CNMO	Draft V3.0 sent to State-wide Industrial Relations (SWIR) & Health Service Providers (HSPs) for review and action on outstanding items within the document.
4.0	13/11/2025	A. Childs, Senior Nursing Officer, CNMO	Feedback from SWIR & HSPs compiled into Draft V4.0 Sent to PNA and CNMO for further review
5.0	08/01/2026	M. Eaton, Senior Nursing Advisor, CNMO	Feedback from PNA and CNMO compiled into Draft V5.0.
6.0	05/02/2026	M. Eaton, Senior Nursing Advisor, CNMO	Draft V5.0 was reviewed and endorsed by the Nursing and Midwifery Workloads Process Consultative Committee and finalised as V6.0 for publication on the Chief Nursing and Midwifery Office website.
7.0	20/04/2026	D. Tindale Communications Consultant, Communications	Reviewed for corporate style and format

Executive summary

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that determines the nursing and midwifery resources required to provide safe patient care. It is applied using clinical judgement and according to clinical need in collaboration with Health Service Providers (HSPs). The Chief Nursing and Midwifery Office (CNMO) produces 2 NHpPD reports annually:

- Reporting period 1 – 1 January to 30 June
- Reporting period 2 – 1 July to 31 December.

The reporting schedule aligns with the continued application of NHpPD principles by the Western Australian Department of Health (WA Health), and is in accordance with the following industrial agreements:

- *WA Health System – Australian Nursing Federation – Registered Nurses, Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurses – Industrial Agreement 2024 (ANF Agreement)*
- *WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2024 (UWU Agreement).*

Variations in administrative systems utilised for patient data, and the complexity of data extrapolation and reporting, must be considered when interpreting and analysing the data. Where applicable, data provided directly by HSPs is noted under each HSP's data table.

This report includes data from metropolitan HSPs and the WA Country Health Service (WACHS), including:

- Regional Resource Centres (RRC)
- Integrated District Health Services (IDHS)
- Small Hospitals (SH).

It also includes specific commentary on:

- Emergency departments
- NHpPD benchmark reclassifications.

Appendices provide detailed 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.

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

- 74.3 per cent (n = 151) were above their NHpPD targets
- 19.2 per cent (n = 39) were ≤ 0 and 10 percent below their identified NHpPD targets
- 6.4 per cent (n = 13) were ≥ 10 per cent below their identified NHpPD target.

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Introduction

WA Health is committed to implementing, monitoring and reporting workload management models which align with the principles of evidence-based safe staffing, and which enable nurses and midwives to provide safe, high quality and sustainable health care.

Nursing Hours per Patient Day (NHpPD) is a workload monitoring and measurement system that determines the nursing and midwifery resources required to provide safe patient care. It is applied using clinical judgement and according to clinical need.

In collaboration with Health Service Providers (HSPs), the Chief Nursing and Midwifery Office (CNMO) produce 6-monthly NHpPD reports which reflect metropolitan HSP and WA Country Health Service (WACHS) NHpPD data sets. 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 2024*
- *WA Health System – United Workers Union (WA) – Enrolled Nurses, Assistants in Nursing, Aboriginal Health Workers, Ethnic Health Workers and Aboriginal Health Practitioners Industrial Agreement 2024.*

Context for reporting

This report provides information on the reported staffing levels of wards and units which have been allocated a benchmark of NHpPD target hours. All NHpPD classified inpatient areas within the WA health system are reported. New inpatient areas, including those which have not yet been classified, are reported, with a notation made under the respective HSP's data table.

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 also included.

In May 2025, the Nursing Workload Consultative Process Committee endorsed changes to the development of NHpPD reports. These changes include transitioning from interim and annual reports to a six-monthly reporting cycle, with data presented in tables that allow for comparison across previous reporting periods to support trend analysis.

Due to the complexities involved in retrieving six-monthly data from previous annual reviews, only one prior reporting period, namely July to December 2023, has been included for comparison in this report. It is anticipated that future reports will incorporate additional reporting periods, enabling more comprehensive comparisons over time.

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 provides 15-minute snapshots.

WA Country Health Service

The centralised HSS tool used for metropolitan hospitals is not used by the WA Country Health Service (WACHS) since it does not provide accurate NHpPD reporting for WACHS sites. As a result, WACHS has developed a dedicated Business Intelligence (BI) Tool that effectively reports NHpPD by drawing data directly from RoStar and WebPAS. This BI Tool generates automated monthly reports for all wards across WACHS, ensuring greater accuracy, consistency, and timeliness of workforce reporting.

Regional Resource Centres

Regional Resource Centres (RRCs) are the regional referral centre for diagnostic, secondary-level acute (abbreviated as 2°) 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 Port Hedland.

Integrated District Health Services

Integrated District Health Services (IDHS) provide diagnostic, emergency, acute inpatient and minor procedural services, low-risk maternity services (by general practitioners/obstetricians, consultant 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 2025-2035*[1], 13 IDHS are located at:

- Busselton
- Carnarvon
- Derby
- Esperance
- Katanning
- Kununurra
- Margaret River
- Merredin
- Moora
- Narrogin
- Newman
- Karratha
- Northam

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

- Collie
- Denmark
- Plantagenet (Mount Barker)
- Fitzroy Crossing
- Halls Creek
- Harvey
- Warren (Manjimup).

Small hospitals

Small Hospitals (SH) sites provide emergency department and acute inpatient care (smaller bed numbers) with many of the sites providing residential aged care and ambulatory care. There are a total of 53 SH sites that maintain a 2:2:2 roster and report

[1] WA Health Clinical Services Framework 2025-2035

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

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

As per the *WA Health Clinical Services Framework 2025-2035,* there are 53 SH located at:

- **Goldfields** (3): Laverton, Leonora, Norseman
- **Great Southern** (5): Denmark, Gnowangerup, Kojonup, Plantagenet, Ravensthorpe
- **Kimberley** (3): Fitzroy Crossing, Halls Creek, Wyndham
- **Midwest** (8): Dongara, Exmouth, Kalbarri, Meekatharra, Morawa-Perenjori, Mullewa, Northampton, North Midlands
- **Pilbara** (4): Onslow, Paraburdoo, Roebourne, Tom Price
- **South West** (9): Augusta, Boyup Brook, Bridgetown, Collie, Donnybrook, Harvey, Nannup, Pemberton, Warren
- **Wheatbelt - Coastal and Western** (6): Beverley, Dalwallinu, Goomalling, Jurien Bay, Wongan Hills, York
- **Wheatbelt - Eastern** (8): Bruce Rock, Cunderdin, Kellerberrin, Kununoppin, Narembeen, Quairading, Southern Cross, Wyalkatchem-Koorda
- **Wheatbelt Southern** (7): Boddington, Corrigin, Dumbleyung, Kondinin, Lake Grace, Pingelly, Wagin.

Data overview of applicable WA Health wards

From 1 January to 30 June 2024, a total of 203 wards were reported, of which:

- 74.3 per cent (n = 151) were above their NHpPD targets
- 19.2 per cent (n = 39) were ≤ 0 and 10 per cent below their identified NHpPD targets
- 6.4 per cent (n = 13) were ≥ 10 per cent below their identified NHpPD 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, WACHS RRC and IDHS

Reporting Period 1 January – 30 June 2024				
NHpPD reporting	**Number of Wards**			**Total wards**
	Metropolitan HSPs	**RRC**	**IDHS**	
10% or more above target	59	17	18	**94**
0 - 10% above target	50	4	3	**57**
0 - 10% below target	35	3	1	**39**
10% or more below target	7	6	0	**13**
Total wards	**151**	**30**	**22**	**203**

Sections 1, 2 and 3 provide ward-specific data relevant to metropolitan HSPs, WACHS RRC and WACHS IDHS respectively.

Section 4 provides variance reports from sites where areas have reported a variance

of ≥10 per cent below target.

Section 5 provides feedback from sites reporting wards that are between 0 and 10 per cent below target.

WA Health Emergency Department data

Emergency Department (ED) workload is unpredictable in nature. As a result, staffing is fluid, dependant on the number of presentations, patient 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 the EDDC.

Table 2. ED Nursing Workload Requirements

ED nursing workload requirements - Reporting Period 1 Jan - 30 Jun 2024				
Metropolitan Health Sites				
Hospital	**Recommended FTE**	**Actual FTE**	**Number of ED presentations**	**HSP feedback**
Armadale	97.82	104.43	34,950	No workload grievances
Fiona Stanley	194.79	204.03	111,870	No workload grievances
King Edward Memorial	13.21	15	7,028	No workload grievances
Rockingham General	87.53	79.4	31,030	No workload grievances
Royal Perth	134.16	133.21	39,609	No workload grievances
Sir Charles Gairdner	139.05	162.99	39,200	No workload grievances
WA Country Health Service				
Albany	34.29	34.25	17,279	No workload grievances
Broome	24.92	24.94	12,976	
Bunbury	66.32	57.5	22,896	
Hedland	23.96	23.93	14,094	
Kalgoorlie	23.88	24.62	13,047	
Geraldton	41.99	41.95	18,140	

Note: During this reporting period, Perth Children's Hospital ED transitioned to the nurse/midwife to patient ratios workload model.

Classification and reclassification

Sites may request for classification of a new area/ward or reclassification of a current NHpPD category when there are changes to the complexity, acuity or relative proportions of ward activity. Table 3 below provides details of wards that underwent NHpPD classification or reclassification during the reporting period.

Table 3. Wards that underwent classification or reclassification

Hospital	Ward (speciality)	Previous NHpPD category	Revised NHpPD category
Armadale	Rehabilitation unit	D (5.0)	C (5.75
Fremantle	B3 - Short stay surgical unit	Unclassified	B (6.00)
Royal Perth	Mental health emergency centre	Unclassified	A+ (10.6)
Sir Charles Gairdner	G71 – Acute medical / surgical	B+ (6.75)	A (7.5)

Section 1: Metropolitan Health Services

This section details the NHpPD data and information specific to metropolitan HSPs. NHpPD average hours and percentage variance per ward for the reporting period January to June 2024 is provided[2].

The previous 6 months data (July to December 2023) is provided to enable comparison across reporting periods.

Table 4 provides a key to assist in interpreting the NHpPD data.

Table 4. Key

Classification category and target hours
Current reporting period
10 per cent or more above
0 to 10 per cent above target
0 -to 10 per cent below target
10 per cent or more below target

[2] Of note: variance percentages are calculated on averaged data using more than 2 decimal places. Rounding to 2 decimals may cause minor discrepancies.

Child and Adolescent Health Service (CAHS)

Perth Children's Hospital

All ward specific NHpPD data for CAHS Perth Children's Hospital is demonstrated in Table 5.

Table 5. CAHS – Perth Children's Hospital (PCH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
1A (oncology and haematology)	HDU	12.00	13.73	**14.41**	14.93	**24.42**
1B (burns, orthopaedic, plastics)	A+	8.57	9.95	**16.10**	10.48	**22.27**
2A (general medical)	A+	9.04	10.92	**20.79**	11.05	**22.20**
2B (long-stay surgical)	A+	9.60	9.68	0.83	9.28	**-3.37**
3A (paediatric critical care)	ICU	32.26	33.12	2.66	35.59	**10.31**
3CSS (short stay)	A	7.50	11.41	**52.13**	12.84	**71.16**
4A (adolescents)	A+	9.00	9.69	7.66	9.55	6.13
4B (specialist medical)	A+	8.70	8.82	1.38	9.45	**13.88**
5A (mental health)	HDU	12.00	14.78	**23.16**	19.00	**58.35**

East Metropolitan Health Service (EMHS)

Armadale Hospital

All ward specific NHpPD data for EMHS – Armadale Hospital is demonstrated in Table 6.

Table 6. EMHS – Armadale Hospital (AH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**AVE HRS**	**% variance**
Anderton (palliative) (Kalamunda Hospital)	D+	5.50	5.24	-4.76	5.39	-1.94
Banksia (older adult mental health)	A+	8.00	9.51	18.83	9.63	20.40
Campbell (paediatrics)	B	6.00	10.20	69.97	14.50	141.58
Canning (medical)	B	6.00	6.80	13.28	6.70	11.69
Colyer (surgical)	C	5.75	6.42	11.62	6.52	13.42
Intensive care unit	ICU	23.70	31.42	32.58	31.02	30.89
Karri (mental health)	A+	8.00	9.02	12.73	9.69	21.13
Maud Bellas (maternity)	B	6.00	7.68	28.00	6.97	16.22
Medical admissions unit	A+	7.50	7.72	2.98	7.85	4.60
Rehabilitation (rehabilitation assessment and care service)*	C	5.75	5.07	1.37	5.29	-7.94
Special care nursery	B	6.00	16.52	175.39	15.93	165.53
Yorgum (mental health high dependency unit)	A+	7.50	9.29	23.82	9.24	23.13

*This service was renamed (from the Carl Streich ward) and reclassified from category D (5.0) to category C (5.75) in March 2024.

Bentley Hospital

All ward specific NHpPD data for EMHS - Bentley Hospital is demonstrated in Table 7.

Table 7. EMHS – Bentley Hospital (BH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
1 (rehabilitation assessment and care service)	C+	5.85	5.80	-0.94	5.73	-2.05
3 (surgical step down)	C	5.75	8.25	43.45	8.50	47.74
4 (aged care rehabilitation)	D	5.00	5.59	11.77	5.81	16.17
5 (subacute and stroke rehabilitation)	C	5.75	5.95	3.54	5.94	3.28
6 (secure unit)	A+	11.20	12.22	9.09	11.66	4.11
7 (acute adult mental health)	A-	7.30	7.70	5.53	7.32	0.23
8 (acute adult mental health)	B	6.00	6.97	16.14	6.26	4.39
9 (ex RPH Ward 2K – mental health)	B	6.00	9.99	66.50	8.68	44.69
10 (mental health older adult)	A	7.50	7.40	-1.29	7.55	0.71
11 (mental health youth unit)	HDU	12.00	13.40	11.65	14.15	17.94
12 (rehabilitation assessment and care service)	C+	5.88	6.09	3.64	6.12	4.14
Transitional care unit	D	5.00	6.16	23.23	5.98	19.63

Royal Perth Hospital

All ward specific NHpPD data for EMHS – Royal Perth Hospital is demonstrated in Table 8.

Table 8. EMHS – Royal Perth Hospital (RPH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
2K (mental health)**	B	6.00	7.25	**20.87**	-	-
3H (orthopaedics)	C	5.75	7.80	**35.62**	7.42	**28.96**
4A (DO23/47 surgical)^	B	6.00	10.77	**79.50**	10.71	**78.50**
5AB (acute surgical unit)	A	7.50	7.09	-5.51	7.44	-0.82
5G (orthopaedics)	A+	7.52	7.35	-2.26	7.65	1.68
5H (neurosurgical)	A-	7.30	7.19	-1.46	7.45	2.03
6G (general surgery/vascular)	A+	8.54	7.73	-9.48	7.98	-6.60
6H (ear nose throat/ plastics/maxillofacial)	B+	6.20	7.04	**13.52**	7.11	**14.65**
7A (geriatric medicine)	C	5.75	5.81	1.07	5.86	1.97
8A (neurology/ gastrointestinal)	B	6.00	6.11	1.89	6.13	2.19
9A (medical)***	B+	6.65	6.64	-0.23	6.64	-0.10
9C (respiratory/ nephrology)	B and HDU	6.85	7.18	4.87	7.22	5.45
10A (general medicine)	B	6.00	6.57	9.44	6.22	3.69
10C (immunology)	B+	6.80	6.71	-1.37	7.05	3.63
Acute medical unit	A-	7.30	7.54	3.33	7.29	-0.14
Coronary care unit	A+	11.10	10.89	-1.94	18.72	**68.63**
Intensive care unit	ICU and HDU	26.67	31.11	**16.63**	29.93	**12.22**
Mental health unit	A+	11.81	11.28	-4.46	11.60	-1.75
Mental health emergency centre*	A+	10.60	12.83	**21.04**	12.87	**21.43**
State major trauma unit	A and HDU	10.00	10.79	7.90	10.29	2.87

* Mental health emergency centre was classified to category A+ (10.6) in May 2024
** 2K RPH (mental health) remained closed during this reporting period, with patient cohort at Bentley Hospital
***Ward 9A opened July 2022, classification to be formalised by the WA Health State Workload Review Committee
^ In March 2024, Ward 4A at RPH underwent reconfiguration. The NHpPD average has been calculated using data from January and February 2024. No workload grievances were received during this reporting period. Commentary from EMHS regarding rostering during this period is provided in Table 44.

North Metropolitan Health Service (NMHS)

Sir Charles Gairdner Hospital

All ward specific NHpPD data for NMHS – Sir Charles Gairdner Hospital is demonstrated in Table 9.

Table 9. NMHS – Sir Charles Gairdner Hospital (SCGH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Coronary care unit	CCU	14.16	16.07	**13.47**	16.62	**17.36**
C14 (acute general medical)	B	6.50	6.91	6.33	6.83	5.05
C16 (acute medical/delirium)	B+	6.50	6.42	**-1.23**	6.68	2.74
C17 (GEM/medical)	C	5.75	5.70	**-0.96**	5.79	0.70
G41 (medical specialties/ cardiology)	A+	7.50	10.08	**34.42**	9.29	**23.84**
G51 (medical specialities)	B+	6.75	6.87	1.70	6.89	2.12
G52 (neurosurgery)	B+ and HDU	9.51	8.77	**-7.80**	9.24	**-2.82**
G53 (surgical /orthopaedics)	B+	6.80	6.98	2.67	7.18	5.54
G54 (respiratory medicine)	A	7.50	7.73	3.04	7.76	3.49
G61 (surgical)	A	7.50	7.60	1.33	7.66	2.13
G62 (surgical)	A	7.50	7.75	3.33	7.63	1.67
G63 (medical specialties)	B+	6.80	7.31	7.55	7.30	7.35
G64 (ear nose throat/ plastics/ophthalmology/surgical)	A	7.50	8.17	8.87	8.27	**10.22**
G66 (surgical/neurosurgery)	B+	7.00	7.60	8.55	7.85	**12.12**
G71 (surgical assessment unit)*	A	7.50	7.53	**11.58**	7.65	1.98
G72 (medical assessment unit)	A	7.50	8.38	**11.69**	8.57	**14.27**
G73 (medical specialties)	B+	6.80	6.75	**-0.71**	7.13	4.88
G74 (medical)	B+	7.00	8.12	**15.95**	8.20	**17.17**
Hollywood Private Hospital Woods Ward (general medical)	B+	6.50	7.64	**17.56**	7.22	**11.13**
Intensive care unit	ICU	31.60	29.63	**-6.25**	28.72	**-9.10**

*G71 was reclassified from B+ (6.75) to A (7.5) in June 2024

Osborne Park Hospital

All ward specific NHpPD data for NMHS – Osborne Park Hospital is demonstrated in Table 10.

Table 10. NMHS – Osborne Park Hospital (OPH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
2 (stroke rehabilitation)	C	5.75	5.91	2.81	6.19	7.62
3 (geriatric, acute and rehabilitation medicine: GARM)	C	5.75	5.32	-7.54	5.41	-5.94
4 (rehabilitation)	C	5.75	5.48	-4.75	5.62	-2.35
5 (acute care of the older adult)	B	6.50	6.37	-2.00	6.28	-3.46
6 (surgical)	C	5.75	8.57	49.07	8.11	41.07
7 (DRM rehabilitation)	C	5.75	5.61	-2.52	5.74	-0.23

Women's and Newborn Health Service - King Edward Memorial Hospital

All ward specific NHpPD data for NMHS - Women's and Newborn Health Service (WNHS) at King Edward Memorial Hospital (KEMH) is demonstrated in Table 11.

Table 11. WNMHS – KEMH			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
3 (maternity)	A	7.50	8.03	7.06	7.88	5.11
5 (maternity)	A	7.50	8.01	6.80	7.84	4.49
6 (gynaecology/oncology)	A	7.50	8.80	17.33	8.61	14.78
Adult special care unit	HDU	12.00	20.25	68.75	20.29	69.10
Mother and baby unit	HDU	12.00	14.08	17.33	14.64	21.97

Osborne Park Hospital

Osborne Park Hospital (OPH) Ward 1 is managed under the governance of NMHS WNHS, with the NHpPD data demonstrated in Table 12.

Table 12. WNHS – OPH			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
1 (maternity)	D and Del	8.97	9.64	7.47	9.85	9.83

NMHS - Mental Health – Graylands Hospital

All ward specific NHpPD data for NMHS - Mental Health (MH), Graylands Hospital is demonstrated in Table 13.

Table 13. NMHS – Mental Health, Graylands Hospital			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Casson (acute)	A+	8.51	9.43	**10.81**	9.62	**13.02**
Dorrington (acute open)	A	7.50	8.47	**12.93**	7.97	6.31
Ellis (acute)	A+	10.54	15.26	**44.78**	13.10	**24.29**
Montgomery (hospital extended care)	A+	8.66	9.00	3.93	9.29	7.22
Murchison East	B	6.00	7.19	**19.83**	6.03	0.56
Murchison West	A	8.00	15.56	**94.50**	14.09	**76.10**
Pinch (acute secure)	A+	15.00	26.24	**74.93**	21.97	**46.46**

NMHS - Mental Health – Other wards

All other NMHS mental health wards' NHpPD data is demonstrated in Table 14.

Table 14. NMHS – Mental Health			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Frankland Centre (state forensic)	A+	9.30	9.43	1.39	10.14	9.07
Osborne Park (older adult)	A	7.80	7.92	1.54	9.98	**27.99**
SCGH mental health unit (Tanimi, Karajini and Jurabi)	A+	10.54	12.18	**15.55**	11.52	9.28
SCGH mental health observation area	A+	12.75	19.76	**54.98**	20.70	**62.34**
Selby (older adult)	A	7.53	8.08	7.30	9.33	**23.95**

South Metropolitan Health Service (SMHS)

Fiona Stanley Hospital

All ward specific NHpPD data for SMHS - Fiona Stanley Hospital (FSH) is demonstrated in Table 15.

Table 15. SMHS – Fiona Stanley Hospital (FSH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
3A (paediatrics medical/ surgical)	B	6.00	8.40	**40.00**	8.72	**45.25**
3B (neonatal medicine)	HDU	12.00	10.56	**-12.00**	10.67	**-11.13**
3C (maternity)	A	7.50	7.84	4.53	7.98	6.38
4A (orthopaedics)	B+	6.50	6.11	-6.00	6.10	-6.10
4B (burns)	A+ (burns)	11.91	9.36	**-21.44**	9.68	**-18.74**
4C (cardiovascular surgery)	A	7.50	6.27	**-16.40**	6.54	**-12.82**
4D (cardiology)	A	7.50	6.26	**-16.53**	6.68	**-11.00**
5A (acute medical unit) & 5B (high dependency unit)	A and HDU	8.22	8.66	5.35	8.98	9.23
5C (nephrology & general medical)	B+	6.50	6.43	-1.07	6.45	-0.74
5D (respiratory & high dependency unit)	B+ and HDU	7.95	7.66	-3.64	8.18	2.83
6A (surgical specialties & high dependency unit)	B+ and HDU	7.86	10.45	**32.95**	9.71	**23.54**
6B (neurology)	B+	6.49	6.41	-1.23	6.26	-3.60
6C (general medicine)	B and HDU	8.00	7.41	-7.38	7.41	-7.33
6D (acute care of the elderly)	B+	6.49	6.32	-2.62	6.34	-2.26
7A (colorectal/upper gastrointestinal/general surgical)	A	7.50	6.97	-7.07	7.18	-4.33
7B (acute surgical unit)	A	7.50	6.98	-6.93	7.32	-2.38
7C (oncology)	B	6.00	6.22	3.67	6.24	4.06
7D+ bone marrow transplant unit	A and HDU	9.00	8.01	**-11.00**	8.08	**-10.22**

Table 15. SMHS – Fiona Stanley Hospital (FSH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Coronary care unit	CCU	14.16	12.23	**-13.63**	12.74	**-10.03**
Intensive care unit	ICU	28.42	26.59	**-6.43**	27.66	**-2.69**
Mental health unit (MHU) – Ward A (assessment)	HDU	12.00	13.57	**13.08**	13.82	**15.18**
MHU – Ward B (youth)	HDU	12.00	27.89	**132.41**	13.63	**13.61**
MHU – mother and baby unit	HDU	12.00	14.88	**24.00**	14.26	**18.85**
Short-stay unit	C	5.75	6.78	**17.91**	6.83	**18.75**
Short-stay acute medical unit	A	7.50	12.01	**60.13**	12.11	**61.44**
State Rehabilitation Centre (SRC) - Ward 1A (spinal unit)	A	7.50	8.01	6.80	8.82	**17.62**
SRC - ward 2A (multi-trauma rehabilitation)	C	5.75	5.81	1.04	5.75	0.06
SRC - ward A (neuro rehabilitation)	C	5.75	5.42	**-5.74**	5.69	**-1.04**
SRC - ward B (acquired brain injury)	B	6.00	6.87	**14.50**	6.45	7.44

Fremantle Hospital

All ward specific NHpPD data for SMHS – Fremantle Hospital (FH) is demonstrated in Table 16.

Table 16. SMHS – Fremantle Hospital (FH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
4.1 (secure mental health)	HDU	12.00	11.49	-4.25	11.49	-4.29
4.2 (adult mental health)	B	6.00	6.26	4.33	6.29	4.83
4.3 (older adult mental health)	A	7.50	7.06	-5.86	7.13	-5.00
5.1 (adult mental health)	B	6.00	5.91	-1.50	5.84	-2.75
B3 (short stay surgical)	B	6.00	7.78	**29.66**	7.70	**28.33**
B7N (orthopaedics geriatrics and geriatric medicine)	C	5.75	6.35	**10.43**	6.66	**15.88**
B7S (aged care)	C	5.75	5.82	1.22	5.74	-0.17
B8N (surgical specialties/post operative care unit)	A	7.50	6.59	**-12.13**	6.98	-6.98
B8S (orthopaedics geriatric rehabilitation)	C	5.75	5.43	-5.56	5.71	-0.78
B9N (general medical and geriatric medicine)	C	5.75	5.57	-3.13	5.75	-0.03
B9S (general medicine)	C	5.75	6.02	4.69	5.82	1.19
D4 (neurology rehabilitation)	C	5.75	5.67	-1.39	5.72	-0.58
D5 (acute geriatrics) *	B	6.00	-	-	6.30	4.92

*Ward D5 was established in January 2024 and is yet to be formally classified, therefore no prior comparison data is available.

Rockingham General Hospital

All ward specific NHpPD data for SMHS – Rockingham General Hospital (RGH) is demonstrated in Table 17.

Table 17. SMHS – Rockingham General Hospital (RGH)			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Aged care rehabilitation unit	C	5.75	5.24	-8.87	5.71	-0.64
Intensive care unit	ICU	23.70	21.46	-9.45	24.32	2.61
Medical ward	B	6.00	5.79	-3.50	6.14	2.36
Mental health adult (open)	B	6.00	9.98	**66.33**	10.26	**70.94**
Mental health adult high dependency unit (closed)	A+	11.81	6.57	-44.36	6.86	**-41.89**
Moordibirdup	B	6.00	5.78	-3.66	6.02	0.33
Multi-stay surgical unit	C	5.75	5.29	-8.00	5.43	-5.54
Obstetric ward	B	6.00	5.96	-0.66	6.04	0.67
Older adult mental health	A	7.50	7.11	-5.20	6.79	-9.51
Older adult mental health (open)	B	6.00	9.12	**52.00**	8.89	**48.08**
Paediatrics ward	B	6.00	9.62	**60.33**	10.18	**69.58**
Murray District Hospital	E	4.69	4.92	4.90	4.93	5.12
Short Stay Unit (SSU)	B	6.00	7.74	**29.00**	7.92	**31.92**

Section 2: WA Country Health Service – Regional Resource Centres

Section 2 details the NHpPD data and information specific to WACHS RRC (as referenced in Table 1, page 7)[3].

Goldfields – Kalgoorlie Regional Hospital

All ward specific NHpPD data for WACHS Goldfields – Kalgoorlie Regional Hospital is demonstrated in Table 18.

Table 18. Goldfields – Kalgoorlie Regional Hospital			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Dialysis unit	2°	2.90	2.14	-26.20	2.36	-18.62
High dependency unit	HDU	12.00	16.60	38.33	19.26	60.50
Maternity unit and special care nursery	D and Del	10.28	12.05	17.21	12.71	23.64
Medical Ward	B	6.00	6.79	13.17	7.60	26.67
Mental Health Unit	A and B and C	7.71	20.96	171.85	16.19	109.99
Paediatric ward	D	5.00	15.94	218.73	18.75	275.00
Surgical Unit	C	5.75	7.54	31.13	6.33	10.09

[3] Of note: variance percentages are calculated on averaged data using more than two decimal places. Rounding to two decimals may cause minor discrepancies.

Great Southern – Albany Health Campus

All ward specific NHpPD data for WACHS Great Southern – Albany Health Campus is demonstrated in Table 19.

Table 19. Great Southern – Albany Health Campus			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Dialysis unit	2°	2.90	2.82	-2.75	2.11	-27.24
High dependency unit	HDU	12.00	19.67	63.92	19.07	58.92
Maternity	D+	9.95	12.39	24.52	8.95	-10.05
Medical and paediatrics	C and D	5.50	6.36	15.63	6.55	19.09
Mental health inpatients	A+	10.00	10.39	3.90	12.28	22.80
Subacute	D	5.38	5.23	-2.79	4.94	-14.09
Surgical	C	6.50	7.05	8.46	6.63	2.00

Kimberley – Broome Regional Hospital

All ward specific NHpPD data for WACHS Kimberley – Broome Regional Hospital is demonstrated in Table 20.

Table 20. Kimberley – Broome Regional Hospital			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
General	B	6.33	7.82	23.54	8.99	42.02
High dependency unit	HDU					
Maternity	B and Del					
Paediatric	B					
Psychiatric ward	A+	10.38	13.96	34.49	11.11	7.03

Midwest – Geraldton Regional Hospital

All ward specific NHpPD data for WACHS Midwest – Geraldton Regional Hospital is demonstrated in Table 21.

Table 21. Midwest – Geraldton Regional Hospital			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
General	C	5.75	6.58	14.43	7.61	15.48
High dependency unit	HDU	12.00	12.24	2.00	8.74	-27.17
Maternity unit	D and Del	8.55	11.05	29.24	10.45	22.22
Renal dialysis unit	2°	2.18	2.33	6.88	2.14	-1.83

Pilbara – Hedland Health Campus

All ward specific NHpPD data for WACHS Pilbara – Hedland Health Campus is demonstrated in Table 22.

Table 22. Pilbara – Hedland Health Campus			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Dialysis unit	2°	2.18	2.95	35.32	2.13	-2.29
General & paediatric	B	6.37	6.23	-2.19	7.52	18.05
High dependency unit	HDU					
Maternity unit and special care nursery	B	9.45	12.15	28.57	16.88	78.62
Paediatrics*	D	5.00	12.15	143.00	-	-

*Hedland paediatrics ward reported separately for July-December 2023; however, data is now combined with the general and paediatric ward.

South West – Bunbury Regional Hospital

All ward specific NHpPD data for WACHS South West – Bunbury Regional Hospital is demonstrated in Table 23.

Table 23. South West – Bunbury Regional Hospital			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Maternity	B and Del	10.22	10.58	3.52	12.52	**22.50**
Medical	B	6.00	6.17	2.83	6.59	9.83
Mental health	A and C	6.16	6.07	**-1.46**	6.31	2.44
Paediatrics	B	6.00	6.79	**13.17**	9.82	**63.67**
Psychiatric intensive care unit	HDU	12.00	13.37	**11.42**	11.60	**-3.33**
Sub-acute restorative unit	B and C	5.85	5.54	**-5.30**	5.17	**-11.62**
Surgical	A and B	6.23	6.64	6.58	7.44	**19.42**

Section 3: WA Country Health Service – Integrated District Health Services

Section 3 details the NHpPD data and information specific to WACHS IDHS (as referenced in Table 1, page 7).

WACHS – IDHS – Goldfields

All ward specific NHpPD data for WACHS IDHS – Goldfields is demonstrated in Table 24.

Table 24. IDHS – Goldfields			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Esperance inpatients	E and Del	4.88	6.78	38.93	7.52	30.78

WACHS – IDHS – Great Southern

All ward specific NHpPD data for WACHS IDHS – Great Southern is demonstrated in Table 25.

Table 25. IDHS – Great Southern			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Denmark ^	E and Del	4.56	2.86	-37.28	15.14	232.02
Katanning inpatients	F	4.94	8.04	62.75	9.48	91.90
Plantagenet (Mt Barker) ^	E and Del	4.68	3.98	-14.95	13.88	196.58

^ In addition to the 13 stated IDHS described within the *WA Health Clinical Services Framework 2014-2024*

WACHS – IDHS – Kimberley

All ward specific NHpPD data for WACHS IDHS – Kimberley is demonstrated in Table 26.

Table 26. IDHS – Kimberley			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Derby inpatients	D and Del	5.34	6.58	23.22	6.7	25.47
Fitzroy inpatients ^	D	5.27	8.68	64.74	14.82	181.21
Halls Creek inpatients ^	D	5.24	6.05	15.45	16.22	209.54
Kununurra inpatients	D and Del	5.32	8.01	50.56	8.46	59.02

^ In addition to the 13 stated IDHS described within the *WA Health Clinical Services Framework 2014-2024*

WACHS – IDHS – Midwest

All ward specific NHpPD data for WACHS IDHS – Midwest is demonstrated in Table 27.

Table 27. IDHS - Midwest			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Carnarvon inpatients	E and D and Del	5.20	7.15	**37.50**	12.63	**142.88**
Carnarvon inpatients*	Dialysis	2.18	-	-	2.64	**21.10**

*The Carnarvon inpatients dialysis unit was newly established in 2024 and is awaiting formal classification. **WACHS – IDHS – Pilbara**

All ward specific NHpPD data for WACHS IDHS – Pilbara is demonstrated in Table 28.

Table 28. IDHS – Pilbara			**July to December 2023**		**Jan - Jun 2024**	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Newman inpatients	D	5.00	19.91	**298.20**	17.56	**251.20**
Karratha Health Campus inpatients	D and Del	5.80	6.81	**17.41**	8.23	**41.90**

WACHS – IDHS – South West

All ward specific NHpPD data for WACHS IDHS – South West is demonstrated in Table 29.

Table 29. IDHS – South West			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Busselton – ward 1	C	5.75	6.92	**20.34**	6.32	9.91
Busselton – ward 2	C and D	5.34	5.47	2.43	5.26	**-1.50**
Collie inpatients^	E and Del	4.72	5.03	6.57	5.22	**10.59**
Harvey inpatients ^	E and F	4.54	5.28	**16.29**	6.24	**37.44**
Margaret River inpatients	E and Del	4.72	6.87	**45.55**	6.83	**44.70**
Warren inpatients^	E and Del	4.71	5.75	**22.08**	6.19	**31.42**

^ In addition to the 13 stated IDHS described within the *WA Health Clinical Services Framework 2014-2024*

WACHS – IDHS – Wheatbelt

All ward specific NHpPD data for WACHS IDHS – Wheatbelt is demonstrated in Table 30.

Table 30. IDHS – Wheatbelt			July to December 2023		January to June 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**
Merredin inpatients	F	4.23	8.24	**94.80**	19.88	**369.98**
Moora inpatients	E and F	4.30	3.07	**-28.60**	4.68	8.84
Narrogin inpatients	D and Del	5.16	4.10	**-20.54**	6.56	**27.13**
Northam inpatients	E and Del	5.00	5.15	3.00	5.28	5.60

Section 4: Formal variance reports

Section 4 provides formal variance reports from sites where areas have reported a variance of ≥10 per cent below their allocated NHpPD target. Tables 31 to 43 are presented from highest to lowest percentage variance.

Table 31. RGH – Adult Mental Health Unit HDU (Closed ward)	**Target NHpPD hours: 11.81**	**Reported NHpPD hours: 6.86**	**% variance: -41.89**
Clause 7.2.2.2[4] Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• All areas within the unit are staffed to profile within the roster structure and in line with the classification of NHpPD. • The 30 bed Mental Health Unit is divided into 4 clinical units with 4 separate cost centres and 4 rosters. • Variations in NHpPD occur as a result of moving staff around the unit to ensure aspects such as appropriate gender mix to reflect patient population, such as sexual safety, and ensuring challenging patients and staff skill mix are managed. These factors must be considered to ensure safety of patients and staff. • However, the frequent movement of staff within the whole unit (to meet the requirements listed above) is not always captured accurately within RoStar, particularly when changes occur after hours/public holidays.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of these employees.	• As indicated above, the unit is always staffed to the identified profile as a minimum. Additional staff are rostered based on acuity or risk and security staff are also rostered as required. • The Nurse Unit Manager meets regularly with the roster clerk to align staff to the correct rosters as much as possible.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• The Nurse Unit Manager will continue to work with the Roster Clerk to improve roster alignment, noting that staffing to profile occurs within the Unit.		

[4] All clauses refer to:
- Schedule A – Exceptional Matters Order, Section 7.2.2 of the ANF Agreement (2024); and
- Schedule A – Workload Management, Exceptional Matters Order, Section 7.2.2 of the UWU Agreement (2024).

Table 32. Albany Health Campus – Dialysis Unit	**Target NHpPD hours: 2.90**	**Reported NHpPD hours: 2.11**	**% variance: -27.24**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• NHpPD changed from 2.18 to 2.9 during this period, with time taken for establishment to reflect this. • Successful recruitment of an overseas nurse was delayed due to visa delays.		
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 these employees.	• Centralised recruitment pool, referring nurses with dialysis skills to the region. • Clinical Nurse Manager continues to provide hands on clinical care to support staff and ensure patient safety.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Currently awaiting staff arrival: 3 fixed term staff expected within the next 3 months. • Plans for newly qualified staff to complete rotations in the dialysis unit. • Upskilling experienced nurses from other areas, as required.		

Table 33. Geraldton Regional Hospital – HDU	**Target NHpPD hours: 12.00**	**Reported NHpPD hours: 8.74**	**% variance: -27.17**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• Casual pool and agency staff have been strategically deployed to provide flexible, short-term coverage, effectively supporting workload demands during peak periods. • Additional shifts have been offered to current nursing staff, enabling increased coverage while maintaining continuity of care. • Existing nursing teams have successfully managed workload pressures through enhanced delegation strategies and prioritisation of clinical tasks.		
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 these employees.	• The clinical area has experienced ongoing difficulty in attracting suitably qualified and experienced specialised nursing staff to join the team. • Recruitment efforts coordinated through centralised channels have not yielded successful outcomes, contributing to prolonged vacancies and staffing gaps.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• A comprehensive review of nursing roles is underway to ensure alignment with best practice and optimal scope of practice. • Initiatives have been launched to recruit and upskill staff from other departments, aiming to build internal capacity and address specialised workforce shortages through structured development pathways.		

Table 34. FSH – 4B (Burns)	**Target NHpPD hours: 11.91**	**Reported NHpPD hours: 9.68**	**% variance: -18.74**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• 4B average occupancy of burns patients in this period is 5.84 of the 10 available burns beds. Outliers are Category B+ or A patients who don't require the same NHpPD allocation. The ward staffs to acuity, therefore when less burns patients are admitted the number of nurses required each shift is reduced. Nurses are redistributed to other areas, or sick leave is not backfilled, to ensure the required number of nurses for the acuity of the ward are on shift.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of these employees.	• Nil required as ward has recruited to the requirement to enable staffing of all burns beds, if required.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Nil required.		

Table 35. Kalgoorlie Regional Hospital – Dialysis Unit	**Target NHpPD hours: 2.90**	**Reported NHpPD hours: 2.36**	**% variance: -18.62**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• Altered nursing profile to 5 staff on morning and 4 staff on afternoon shift. • Adjusted staffing levels in alignment with patient numbers. For example, reduced nursing hours are required when a patient is in Perth, hospitalised, or at an alternative location. • Lower patient numbers during year secondary to patients deceased.		
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 these employees.	• Increase of substantive FTE through WACHS renal upskilling and fixed term contracts made permanent through CI39 process. • Agency nurse utilisation during this period has now decreased secondary to recruitment through WACHS renal pool. • Two non-dialysis nurses recruited and trained thought the Haemodialysis Intensive Pathway to work in Kalgoorlie. • One non-dialysis registered nurse recruited and provided local training and support. • Reclassification and Safe and Sustainable FTE review able to increase nurse to chair ratio.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Further increase of experienced renal nurses from the WACHS renal pool. • Submission of briefing note for approval and sign off chair expansion to 14 chairs.		

Table 36. Albany Health Campus – subacute	**Target NHpPD hours: 5.38**	**Reported NHpPD hours: 4.94**	**% variance: -14.09**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• The variance is due to our NHpPD classification being raised from 5.0 to 5.75. • We are starting to roster a fourth nurse during the afternoon shifts, Monday to Friday, where rostering and acuity allows. This was waiting to be confirmed by executive. • Assistants in Nursing employed to support nursing staff and provide basic patient 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 these employees.	• Rostering of the fourth staff member had not yet commenced. • FTE has been assessed for increase. • Assistants in Nursing rostered on morning and afternoon shifts to support nurses in providing basic nursing care.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Continue to monitor NHpPD and report it monthly to the Great Southern Patient Safety and Quality meetings. • Continue active recruitment with central office registered and enrolled nurse recruitment pools.		

Table 37. FSH – 4C (Cardiovascular surgery)	**Target NHpPD hours: 7.50**	**Reported NHpPD hours: 6.54**	**% variance: -12.82**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• 4C has been under recruited to target FTE during this period due to resignations and secondments. • Challenges in backfilling sick leave during this period. • Nurse Unit Manager, Clinical Educator and Clinical Nurse Specialist are available to, and do, work clinically if required.		
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 these employees.	• Nurse Unit Manager actively recruiting to ensure at-target FTE. • Nurse Unit Manager actively works with staff having care conversations when sick leave is high or frequent. • Nurse Unit Manager 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 shift when less support available.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Active, regular review of rosters to backfill deficits in advance with casual or part time staff wanting extra shifts. • Continue monitoring and support for staff with high sick leave requirements. • Monitor and plan for parental leave and backfill in advance to ensure target FTE is maintained.		

Table 38. Bunbury Regional Hospital – Subacute Restorative Unit	**Target NHpPD hours: 5.85**	**Reported NHpPD hours: 5.17**	**% variance: -11.62**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• Utilisation of senior nurses within indirect care positions as support for clinical care staff. • Assistants in Nursing utilised to support nursing staff where clinically appropriate. • Active and ongoing recruitment occurring to fill vacancies within the region.		
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 these employees.	• Active recruitment occurring to fill vacancies; however poor response to contracts offered and late-stage withdrawals from contracts have resulted in ongoing recruitment requirements and delay in permanent onboarding. • Newly qualified nurses offered ongoing contracts post completion of graduate programs. • Additional support through the progression of international recruitment. • Additional support offered through agency contracts utilised to support roster deficits in the short-term.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Active recruitment from pools for vacant positions. • Review of NHpPD target to be undertaken to determine current relevance due to recently changed service model and patient type mix. • Continued monitoring at ward, directorate, and regional levels.		

Table 39. FSH – 3B (Neonatal medicine)	**Target NHpPD hours: 12.00**	**Reported NHpPD hours: 10.67**	**% variance: -11.13**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• The ward is staffed against occupancy of 18 beds at High Dependency Unit category. Average occupancy of 17.98 of 18 beds in this period. Total bed availability is up 22, depending on acuity. Unit is staffed to occupancy and acuity therefore when less High Dependency Unit (Level 5 Neonatal Intensive Care Unit) patients are admitted, the number of nurses required each shift is reduced. Ward can also flex profile to absorb increased occupancy that is lower acuity (for example, Level 4 Neonatal Intensive Care Unit).		
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 these employees.	• Nil required. Ward has recruited to the requirement to enable staffing of all High Dependency Unit beds, if required. Ward maintains specialist qualified casual pool to mitigate against unplanned vacancy.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Nil required.		

Table 40. FSH – 4D (cardiology)	**Target NHpPD hours: 7.50**	**Reported NHpPD hours: 6.68**	**% variance: -11.00**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• Challenges in backfilling leave during this period. • 4D is recruited to target FTE. • Nurse Unit Manager, Clinical Educator and Clinical Nurse Specialist are available to, and do, work clinically if required.		
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 these employees.	• Nurse Unit Manager actively works with staff having care conversations when sick leave is high or frequent. • Nurse Unit Manager backfills for periods of long-term leave through fixed term contracts, where possible. • Continued support from senior registered nurse team (Nurse Unit Manager, Clinical Nurse Specialist and Educator) on ward, when required. • Ensuring no rostered deficits on late shifts and night shift when less senior nursing support is present.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Active and regular review of rosters to backfill deficits in advance with casual or part time staff wanting extra shifts. • Continue monitoring and support for staff with high sick leave requirements. • Continue to undertake and backfill maternity leave in advance to ensure at-target FTE.		

Table 41. FSH – 7D and Bone Marrow Transplant Unit	**Target NHpPD hours: 9.00**	**Reported NHpPD hours: 8.08**	**% variance: -10.22**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	7D has allocation of 8 High Dependency Unit beds but these have not always been utilised. The ward staffs to acuity therefore when less High Dependency Unit patients are admitted, the number of nurses required each shift is reduced. Nurses are redistributed to other areas or unplanned leave is not backfilled maintaining the required number of nurses for the acuity of the ward on shift.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of these employees.	Nil required. Ward has recruited to the requirement to enable staffing of all High Dependency Unit beds, if required.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	Nil required.		

Table 42. Albany Health Campus maternity	**Target NHpPD hours: 9.95**	**Reported NHpPD hours: 8.95**	**% variance: -10.05**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• Attempts to backfill non-direct clinical positions. • All shortfall requests placed with WACHS casual pool and NurseWest.		
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 these employees.	• When a shortfall is identified, part time and casual staff are approached to fill the shortfall. • When the shortfall is unfilled from part time and casual staff, a request for staff is made to the WACHS central casual pool and NurseWest.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• WACHS has commenced centralised recruitment pools for all levels of midwives. • WACHS participates in the Paid Registered Nurse Student Midwifery Model. • WACHS has a centralised casual pool, with nurses/midwives deployed to areas of greatest need.		

Table 43. FSH – Coronary Care Unit	**Target NHpPD hours: 14.16**	**Reported NHpPD hours: 12.74**	**% variance: -10.03**
Clause 7.2.2.2 Outline measures that this health site has taken to address and/or relieve the workload of the relevant employees, including specific steps taken.	• Coronary Care Unit (CCU) staffed to the acuity of patients. Staffing numbers reduced each shift if acuity does not require the allocated staff. During this period, CCU had lower acuity and, at times occupancy, and staff were redistributed to other areas or sick leave was not backfilled.		
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 these employees.	• Nil required.		
Clause 7.2.2.4 Provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.	• Nil required.		

Section 5: Wards reporting 0 to 10 per cent below target

Section 5 provides feedback from sites reporting wards that are between 0 to 10 per cent below their respective NHpPD target. Feedback presented in Table 44 is in order from highest to lowest percentage variance.

Table 44. Variance reports on areas between 0 to 10 per cent below target

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
RGH	Older adult mental health	A	7.50	6.79	-9.51	We have 4 wards in our unit, resulting in multi ward staffing complexities. This is a 4-bed ward staffed to profile 2:2:2. Administration errors may have contributed to RoStar entries being incorrect.
SCGH	Intensive care unit	ICU	31.60	28.72	-9.10	Fixed term and some substantive vacancy existed with ongoing recruitment against vacant FTE. At times, the Intensive Care Unit (ICU) has been unable to backfill unplanned absence. Clinical support staff in ICU, such as Staff Development Nurse, research and equipment nurse and area managers, assist with shortages, however, are not included within NHpPD.
AH	Rehabilitation (rehab assess and care service)	C	5.75	5.29	-7.94	Limited availability to backfill staff with casual, agency or overtime due to hospital wide demand. Staff Development Nurse and Nurse Unit Manager worked clinically to provide additional staff support and patient care.
FSH	6C (general medicine)	B and HDU	8.00	7.41	-7.33	Clinical acuity increased, requiring above base profile. Rostered establishment deficits and unplanned leave not backfilled due to lack of available agency/pool staff.
FH	B8N (surgical specialties/post operative care unit)	A	7.50	6.98	-6.98	Unfilled roster/unplanned leave deficits unable to be backfilled with casual/agency staff.
RPH	6G (general surgery/vascular)	A+	8.54	7.98	-6.60	Limited ability to fill shifts with casual, overtime or agency staff due to hospital-wide demands. The speciality and number of patient complexities have

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
						changed due to opening of ward 5B. Will review usage in the next 12 months.
FSH	4A (orthopaedics)	B+	6.50	6.10	-6.10	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
OPH	3 (geriatric, acute and rehabilitation medicine - GARM)	C	5.75	5.41	-5.94	Substantive vacancy existed on Ward 3 during this period, which was being recruited to. Occasionally, unplanned absence was unable to be backfilled. Staff Development Nurse was used to assist with these shortages, however not included within NHpPD.
RGH	Multi-stay surgical unit	C	5.75	5.43	-5.54	Increased activity due to unexpected, prolonged need for medical outlier beds combined with unplanned leave and non-productive leave and inability to secure casual/agency staff. Non-clinical staff used where possible.
FH	4.3 (older adult mental health)	A	7.50	7.13	-5.00	Insufficient experienced staff to meet the ward's NHpPD due to: • increase staff on workers compensation • staff not willing to do extra shifts • increase in staff phoning in sick, and limited availability in the casual and permanent pool. Open recruitment has been maintained to build up the permanent and casual pools to address the short falls.
FSH	7A (colorectal/ upper gastrointestinal/ general surgical)	A	7.50	7.18	-4.33	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
FH	4.1 (secure mental health)	HDU	12.00	11.49	-4.29	Staff unavailable due to school holidays, and casuals covering 6 hours of an 8-hour shift. There has been an increase in acuity for several patients, which has required 3:1 specials (2 security and 1 nurse). At times there have been 2 specials at

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
						once requiring a registered nurse (as this is a high dependency unity). The ward also experienced an outbreak of COVID-19 that impacted both staff and patients, which is reflected in the NHpPD being under target. If required, the clinical nurse specialist on the ward is utilised, and/or the staff development nurses are requested to work on the ward with a patient load.
FSH	6B (neurology)	B+	6.49	6.26	-3.60	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
OPH	5 (acute care of the older adult)	B	6.50	6.28	-3.46	Substantive vacancy on Ward 5 during this period was being recruited to. Occasionally, unplanned absence was unable to be backfilled. Staff Development Nurse was used to assist with these shortages, however not included within NHpPD.
PCH	2B (long stay surgical)	A+	9.60	9.28	-3.37	Ward is staffed according to acuity. Minor fluctuations due to shorter shifts replacing sick/COVID-19 leave.
Bunbury Regional Hospital	Psychiatric intensive care unit	HDU	12.00	11.60	-3.33	Staffing is shared between Psychiatric Intensive Care Unit (PICU) and Acute Psychiatric Unit (APU). In months where NHpPD variance has been under target for PICU, these have been reflected with NHpPD variance over target for APU. This is likely due to variations in RoStar coding for staff movement on a shift-by-shift basis between units resulting in administrative data imbalances. No grievances lodged during this period.
SCGH	G52 (neurosurgery)	B+ and HDU	9.51	9.24	-2.82	Substantive and fixed term vacancy existed on G52 with ongoing recruitment using the hospital wide recruitment pool and newly qualified nurse retention in progress.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
						Challenges experienced recruiting to temporary vacancy due to higher-than-normal staff on secondment, maternity leave and unplanned long term personal leave or leave without pay.
FH	5.1 (adult mental health)	B	6.00	5.84	-2.75	School holidays shortfall; not able to always find cover for 12-hour shifts. Increased patient acuity; unable to find extra staff for 1:1 specials.
FSH	Intensive care unit	ICU	28.42	27.66	-2.69	ICU is staffed to accommodate unplanned admissions. Staffing adjusted to meet activity. National and international recruitment drive in late 2024/early 2025 now fully recruited.
FSH	7B (acute surgical unit)	A	7.50	7.32	-2.38	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
OPH	4 (rehabilitation)	C	5.75	5.62	-2.35	Substantive vacancy on Ward 4 during this period was being recruited to . Ward 4 experienced higher than normal staff on workers compensation. Occasionally, unplanned absence was unable to be backfilled. Staff Development Nurse was used to assist with these shortages, however not included within NHpPD.
Hedland Health Campus	Dialysis unit	2°	2.18	2.13	-2.29	Unable to fill unexpected leave at short notice. Recent recruitment process is addressing shortage, with new staff due to commence over the next few months.
FSH	6D (acute care of the elderly)	B+	6.49	6.34	-2.26	Clinical acuity increased, requiring above-base profile. Rostered establishment deficits and unplanned leave not backfilled due to lack of agency/pool staff. Recruitment plan actioned.
BH	1 (rehabilitation assessment and care service)	C+	5.85	5.73	-2.05	Limited availability to fill staff deficits with casual, overtime or agency due to hospital-wide demands. Staff Development Nurse and Nurse Unit Manager

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
						worked clinically to provide additional staff support and patient care.
AH	Anderton (palliative) (Kalamunda Hospital)	D+	5.50	5.39	-1.94	Staff Development Nurse and Nurse Unit Manager worked clinically to provide additional staff support and patient care.
Geraldton Regional Hospital	Renal dialysis unit	2°	2.18	2.14	-1.83	Shortages due to non-availability of specialised nurses in the region.
RPH	Mental health unit	A+	11.81	11.60	-1.75	Higher than usual unplanned and non-productive leave with limited availability to fill shifts with mental health (MH) experienced staff. Replacement of MH staff continues to be an ongoing issue. Ongoing recruitment pool has been actioned.
IDHS – South West	Busselton – ward 2	C and D	5.34	5.26	-1.50	Staffing deficits due to inability to backfill unplanned leave. In instances of shortfalls unable to be filled with casual staff or redeployment, senior nurses in indirect care positions utilised to support clinical care. Assistants in Nursing utilised to support nursing staff where clinically appropriate. No workload grievances lodged.
FSH	SRC – ward A (neuro rehabilitation)	C	5.75	5.69	-1.04	Assistants in Nursing utilised to support nursing staff where clinically appropriate. Deficit resultant from unplanned leave and challenges backfilling the profile.
RPH	5AB (acute surgical unit)	A	7.50	7.44	-0.82	Higher than usual unplanned leave and non-productive (secondment, parental leave) with limited availability to fill shifts with casual, overtime or agency staff due to hospital-wide demands. During this period, ward 5A and ward 5B were transitioning to split into 2 wards, therefore there was staff movement between 2 wards and recruitment was ongoing.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
FH	B8S (orthopaedics geriatrics rehabilitation)	C	5.75	5.71	-0.78	Unfilled roster/unplanned leave deficits unable to be filled by casual/agency staff.
FSH	5C (nephrology and general medical)	B+	6.50	6.45	-0.74	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill sick leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
RGH	Aged care rehabilitation unit	C	5.75	5.71	-0.64	Occasional deficits due to unplanned sickness mitigated by utilising casual and agency staff, additional shifts, overtime or reallocation of staff from Rockingham General Hospital to manage shortfalls, if necessary.
FH	D4 (neurology rehabilitation)	C	5.75	5.72	-0.58	Unfilled roster/unplanned leave deficits unable to be backfilled with casual/agency staff.
OPH	7 (DRM rehabilitation)	C	5.75	5.74	-0.23	Fixed term vacancy existed on Ward 7 due to more than usual nurses on workers compensation, despite recruitment efforts.
FH	B7S (aged care)	C	5.75	5.74	-0.17	Unfilled roster/unplanned leave deficits unable to be filled by casual/agency staff.
RPH	Acute medical unit	A-	7.30	7.29	-0.14	Ward experiencing a high turnover of patients and staff. Shift deficits due to vacant positions, high personal leave, and inability to backfill unplanned leave. Limited availability of casual staff to fill unplanned shift deficits. Ongoing recruitment to fill vacancies.
RPH	9A (medical)	B+	6.65	6.64	-0.10	Higher than usual unplanned and non-productive (secondment, parental and workers compensation) leave, with limited availability to fill shifts with casual, overtime or agency staff due to hospital-wide demands.
FH	B9N (general medical and geriatric medicine)	C	5.75	5.75	-0.03	Unfilled roster/unplanned leave deficits unable to be backfilled with casual/agency staff

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
RPH	4A (surgical)	B	6.00	10.71	78.50	The ward was transitioning to be split into 3 wards (4A, 4B and Day Surgery Unit), which affected the accuracy of NHpPD staffing and bed data.

Conclusion

This report covers the NHpPD reporting period of 1 January to 30 June 2024. A total of 203 wards were reported, of which:

- 74.3 per cent (n = 151) were above their NHpPD targets
- 19.2 per cent (n = 39) were ≤ 0 and 10 per cent below their identified NHpPD targets
- 6.4 per cent (n = 13) were ≥ 10 per cent below their identified NHpPD target.

This report was endorsed by the WA Health Nursing and Midwifery Workload Consultative Process Committee prior to publication.

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