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

Nursing Hours per Patient Day Report

Chief Nursing and Midwifery Office
1 July to 31 December 2024

Classification: Official

Document history

Version	Version Date	Author	Description
1.0	28/8/2025	M. Eaton, Senior Nursing Advisor, CNMO	Compilation of HSP verified NHpPD data and variance reports, sent to Principal Nursing Advisor (PNA) for review and feedback.
2.0	18/08/2025	Lisa 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	Edited for department style

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), 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 210 wards were reported for this period, of which:

- 72 per cent (n = 151) were above target
- 21 per cent (n = 45) were ≤ 0 and 10 per cent below target
- 7 per cent (n = 14) were ≥ 10 per cent below target.

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Introduction

WA Health is committed to implementing, monitoring and reporting workload management models aligned with the principles of evidence-based safe staffing, 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) produces 6-monthly NHpPD reports that 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 staffing of wards and units that 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 6-monthly reporting cycle, with data presented in tables that allow for comparison across previous reporting periods to support trend analysis.

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.

Nurse/midwife to patient ratios

WA Health has committed to introducing Nurse/Midwife to Patient Ratios (ratios) via a phased approach over a minimum of 2 years under the *WA Health System – Australian Nursing Federation – Registered Nurse/Midwives, Enrolled (Mental Health) and Enrolled (Mothercraft) Nurse – Industrial Agreement 2024* (Agreement). Ratios are calculated as the minimum

number of nurses/midwives working on a ward/unit in relation to the number of patients under their care. Minimum ratios are applied for every shift (morning, afternoon and night).

The implementation of ratios commenced with a successful pilot at Perth Children's Hospital (PCH) Emergency Department in July 2023. Following this, on 7 October 2024, ratios were implemented in medical and surgical areas at North Metropolitan Health Service (NMHS), listed in table 1 below. NHpPD will continue to be monitored and reported until all WA Health wards/units transition to ratios. Once ratios are implemented, NHpPD will no longer be used as the primary workload methodology for nurses/midwives in the WA health system.

Table 1. Wards transitioned from NHpPD to ratios

HSP	Hospital	Ward	Transition date
CAHS	Perth Children's Hospital	Emergency Department	July 2023
NMHS	Osborne Park Hospital	6	7 October 2024*
	Sir Charles Gairdner Hospital	C16	
		C17	
		G53	
		G61	
		G66	
		G73	
		G74	
		Woods Ward	

*NHpPD data for these wards are reported from 1 July to 30 September 2024.

WA Country Health Service

The centralised HSS tool used for metropolitan hospitals is not used by 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 operates 6 RRCs located 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 practitioner 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 Hospital (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 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.

[1] WA Health Clinical Services Framework 2025-2035

Data overview of applicable WA Health wards

From 1 July to 31 December 2024, a total of 210 wards were reported, of which:

- 72 per cent (n = 151) were above their NHpPD targets
- 21 per cent (n = 45) were ≤ 0 and 10 per cent below their identified NHpPD targets
- 7 per cent (n = 14) were ≥ 10 per cent below their identified NHpPD target.

An overview of the NHpPD data for metropolitan HSPs, WACHS RRC and IDHS is provided in Table 2 below.

Table 2. NHpPD data across metropolitan HSPs, WACHS RRC and IDHS

Reporting period 1 July to 31 December 2024				
NHpPD reporting	Number of wards			Total wards
	Metropolitan HSPs	RRC	IDHS	
10% or more above target	55	17	19	**91**
0 - 10% above target	52	5	3	**60**
0 - 10% below target	42	3	0	**45**
10% or more below target	9	5	0	**14**
Total Wards	**158**	**30**	**22**	**210**

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 3. ED nursing workload requirements

ED nursing workload requirements – Reporting period 1 July to 31 December 2024				
Metropolitan health sites				
Hospital	**Recommended FTE**	**Actual FTE**	**Number of ED presentations**	**HSP feedback**
Armadale	109.63	103.91	34,949	No workload grievances.
Fiona Stanley	199.25	167.64	56,701	No workload grievances. Roster and unplanned leave deficits not filled. Recruitment drive undertaken to employ to budgeted productive FTE 200.
King Edward Memorial	13.17	14.1	6,806	No workload grievances.
Peel Health Campus	85.53	65.62	23179	No workplace grievances. Following transition to WA Health, a workforce review was undertaken. Recruitment drive undertaken to fulfill FTE deficits.
Rockingham General	94.09	82.06	31,227	No workload grievances.
Royal Perth	144.05	132.63	39,209	No workload grievances.
Sir Charles Gairdner	137.71	166.97	38,951	4 workload grievances, lodged which were addressed through the SCGH workload consultative committee.
WA Country Health Service				
Albany	36.72	36.67	17,552	No workload grievances.
Broome	25.45	25.53	13,076	
Bunbury	71.06	61.97	24,122	
Hedland	26	25.28	14,311	

Kalgoorlie	28.11	28.1	14,599	
Geraldton	46.04	46.55	18,624	

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 4 below provides details of wards that underwent NHpPD classification or reclassification during the reporting period.

Table 4. Wards that underwent classification or reclassification

Hospital	Ward (speciality)	Previous NHpPD category	Revised NHpPD category
Bentley	Transitional Care Unit	Unclassified	D (5.00)
Broome	General ward	B Del (6.33)	B+ (6.5)
Cockburn Health	Ward 1	Unclassified	B (6.0)
Cockburn Health	Ward 2	Unclassified	B (6.0)
Cockburn Health	Ward 3	Unclassified	B (6.0)
Fiona Stanley	5D – Respiratory	B+ and HDU (7.95)	A+ and HDU (9.00)
Fiona Stanley	7C – Oncology	B (6.0)	B+ (6.5)
Fremantle	D5 – General Medical	B (6.00)	C (5.75)
Fremantle	D4 – Neuro Rehabilitation	Unclassified	C (5.75)
Fremantle	B8S – orthopaedics, geriatrics, rehabilitation	C (5.75)	C (5.75)
Osborne Park	5 – Acute care of the older adult	B (6.5) provisional	B (6.5)
Peel Health Campus	Cove – private medical/surgical	Unclassified	C (5.75)
Peel Health Campus	Barker – public medical/surgical	Unclassified	C (5.75)
Peel Health Campus	Bennett – maternity including birth suites	Unclassified	C (5.75)
Peel Health Campus	Sarich – Paediatrics	Unclassified	C (5.75)
Peel Health Campus	Whelan – Acute medical/rehab/palliative care	Unclassified	C (5.75)
Perth Children's	Paediatric critical care	ICU/HDU (32.26) provisional	ICU/HDU (31.6)
Perth Children's	3C Short stay	A (7.5) provisional	A (7.5)

Hospital	Ward (speciality)	Previous NHpPD category	Revised NHpPD category
Perth Children's	2A – General paediatric and respiratory.	A+ (9.06)	A+ (9.8)
Rockingham	Moordibirdup	Unclassified	B (6.00)
Royal Perth	9A – Medical	Unclassified	B+ (6.14)
Sir Charles Gairdner	G63 – Acute medical/surgical	B+ (6.8)	A (7.5)
Sir Charles Gairdner	Woods Ward	Unclassified	B+ (6.5)
Sir Charles Gairdner	C16	B (6.5) provisional	B+ (6.74)

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 is provided for the reporting period July to December 2024[2].

Data from two previous reporting periods (July to December 2023 and January to June 2024) is provided to enable comparison across reporting periods.

Table 5 provides a key to assist in interpreting the NHpPD data.

Table 5. 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 6.

Table 6. CAHS – Perth Children's Hospital (PCH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
1A (oncology and haematology)	HDU	12.00	13.73	**14.41**	14.93	**24.42**	13.62	**13.46**
1B (burns, orthopaedic, plastics)	A+	8.57	9.95	**16.10**	10.48	**22.27**	9.70	**13.15**
2A (general medical)*	A+	9.80	10.92	**20.79**	11.05	**22.20**	10.90	**11.24**
2B (long-stay surgical)	A+	9.60	9.68	0.83	9.28	**-3.37**	8.31	**-13.45**
3A (paediatric critical care) **	ICU	31.6	33.12	2.66	35.59	**10.31**	31.36	**-0.76**
3CSS (short stay)***	A	7.50	11.41	**52.13**	12.84	**71.16**	11.32	**50.98**
4A (adolescents)	A+	9.00	9.69	7.66	9.55	6.13	9.23	2.52
4B (specialist medical)	A+	8.70	8.82	1.38	9.45	**13.88**	8.67	**-0.34**
5A - (mental health)	HDU	12.00	14.78	**23.16**	19.00	**58.35**	17.46	**45.50**

*2A General medical was reclassified from A+ (9.06) to A+ (9.8) in September 2024.
**3A Paediatric critical care was reclassified from ICU/HDU (32.26) to ICU/HDU (31.6).
***3CSS Short Stay was classified from A (7.5) provisional to A (7.5) in July 2024.

East Metropolitan Health Service (EMHS)

Armadale Hospital

All ward specific NHpPD data for EMHS – Armadale Hospital is demonstrated in Table 7.

Table 7. EMHS – Armadale Hospital (AH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Anderton (palliative) (Kalamunda Hospital)	D+	5.50	5.24	-4.76	5.39	-1.94	5.41	-1.67
Banksia (older adult mental health)	A+	8.00	9.51	18.83	9.63	20.40	9.86	23.29
Campbell (paediatrics)	B	6.00	10.20	69.97	14.50	141.58	10.50	74.94
Canning (medical)	B	6.00	6.80	13.28	6.70	11.69	6.50	8.39
Colyer (surgical)	C	5.75	6.42	11.62	6.52	13.42	6.43	11.80
Intensive care unit	ICU	23.70	31.42	32.58	31.02	30.89	28.53	20.36
Karri (mental health)	A+	8.00	9.02	12.73	9.69	21.13	9.29	16.06
Maud Bellas (maternity)	B	6.00	7.68	28.00	6.97	16.22	6.96	15.92
Medical admissions unit	A+	7.50	7.72	2.98	7.85	4.60	7.68	2.36
Rehabilitation (rehabilitation assessment and care service)	C	5.75	5.07	1.37	5.29	-7.94	5.82	1.13
Special care nursery	B	6.00	16.52	175.39	15.93	165.53	14.61	143.50
Yorgum (mental health high dependency unit)	A+	7.50	9.29	23.82	9.24	23.13	10.01	33.40

Bentley Hospital

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

Table 8. EMHS – Bentley Hospital (BH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
1 (rehabilitation assessment and care service)	C+	5.85	5.80	-0.94	5.73	-2.05	5.70	-2.59
3 (surgical step down)	C	5.75	8.25	43.45	8.50	47.74	8.06	40.17
4 (aged care rehabilitation)	D	5.00	5.59	11.77	5.81	16.17	5.30	5.93
5 (subacute and stroke rehabilitation)	C	5.75	5.95	3.54	5.94	3.28	5.81	1.10
6 (secure unit)	A+	11.20	12.22	9.09	11.66	4.11	11.57	3.26
7 (acute adult mental health)	A-	7.30	7.70	5.53	7.32	0.23	7.58	3.86
8 (acute adult mental health)	B	6.00	6.97	16.14	6.26	4.39	6.29	4.78
9 (ex RPH Ward 2K – mental health)	B	6.00	9.99	66.50	8.68	44.69	7.43	23.78
10 (mental health older adult)	A	7.50	7.40	-1.29	7.55	0.71	7.36	-1.87
11 (mental health youth unit)	HDU	12.00	13.40	11.65	14.15	17.94	15.11	25.89
12 (rehabilitation assessment and care service)	C+	5.88	6.09	3.64	6.12	4.14	5.93	0.77
Transitional care unit*	D	5.00	6.16	23.23	5.98	19.63	5.82	16.33

*Transitional Care Unit was formally classified to D (5.0) in July 2024.

Royal Perth Hospital

All ward specific NHpPD data for EMHS – Royal Perth Hospital is demonstrated in Table 9.

Table 9. EMHS – Royal Perth Hospital (RPH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**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**	7.32	**27.25**
4A (surgical)**	B	6.00	10.77	**79.50**	10.71	**78.50**	6.37	6.08
5AB (acute surgical unit)	A	7.50	7.09	-5.51	7.44	-0.82	7.50	0.00
5G (orthopaedics)	A+	7.52	7.35	-2.26	7.65	1.68	7.80	3.68
5H (neurosurgical)	A-	7.30	7.19	-1.46	7.45	2.03	7.74	5.96
6G (general surgery/vascular)	A+	8.54	7.73	-9.48	7.98	-6.60	8.03	-5.99
6H (ear nose throat/plastics/maxillofacial)	B+	6.20	7.04	**13.52**	7.11	**14.65**	6.98	**12.50**
7A (geriatric medicine)	C	5.75	5.81	1.07	5.86	1.97	5.79	0.67
8A (neurology/ gastrointestinal)	B	6.00	6.11	1.89	6.13	2.19	6.12	2.03
9A (medical)***	B+	6.14	6.64	-0.23	6.64	-0.10	6.61	7.68
9C (respiratory/ nephrology)	B and HDU	6.85	7.18	4.87	7.22	5.45	6.66	0.12
10A (general medicine)	B	6.00	6.57	9.44	6.22	3.69	6.76	**12.72**
10C (immunology)	B+	6.80	6.71	-1.37	7.05	3.63	6.57	-3.38
Acute medical unit	A-	7.30	7.54	3.33	7.29	-0.14	7.48	2.42
Coronary care unit	A+	11.10	10.89	-1.94	18.72	**68.63**	17.22	**55.09**
Intensive care unit	ICU and HDU	26.67	31.11	**16.63**	29.93	**12.22**	29.81	**11.75**
Mental health unit	A+	11.81	11.28	-4.46	11.60	-1.75	10.94	-7.34
Mental health emergency centre	A+	10.60	12.83	**21.04**	12.87	**21.43**	12.93	**21.93**
State major trauma unit	A and HDU	10.00	10.79	7.90	10.29	2.87	10.13	1.30

*Ward 2K closed for refurbishment December 2023 and service temporarily relocated to Bentley Hospital. Service to return to RPH in July 2025.
** Ward 4A was previously reported as Ward 4A (DO23/47 surgical). In March 2024, Ward 4A at RPH underwent reconfiguration. The NHpPD average has been calculated using data from November and December 2024. No workload grievances were received during this reporting period. Commentary from EMHS regarding rostering during this period is provided in Table 48.
***Ward 9A (medical) was reclassified from B+ (6.65) to B+ (6.14) in July 2024.

North Metropolitan Health Service (NMHS)

Sir Charles Gairdner Hospital

All ward specific NHpPD data for NMHS – Sir Charles Gairdner Hospital is demonstrated in Table 10.

Table 10. NMHS – Sir Charles Gairdner Hospital (SCGH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Coronary care unit	CCU	14.16	16.07	**13.47**	16.62	**17.36**	16.39	**15.73**
C14 (acute general medical)	B	6.50	6.91	6.33	6.83	5.05	6.84	5.18
C16 (acute medical/delirium)*	B+	6.74	6.42	-1.23	6.68	2.74	6.30	-6.58
C17 (GEM/medical)	C	5.75	5.70	-0.96	5.79	0.70	5.59	-2.84
G41 (medical specialties /cardiology)	A+	7.50	10.08	**34.42**	9.29	**23.84**	9.52	**26.87**
G51 (medical specialities)	B+	6.75	6.87	1.70	6.89	2.12	6.87	1.73
G52 (neurosurgery)	B+ and HDU	9.51	8.77	-7.80	9.24	-2.82	9.58	0.77
G53 (surgical /orthopaedics)	B+	6.80	6.98	2.67	7.18	5.54	6.98	2.60
G54 (respiratory medicine)	A	7.50	7.73	3.04	7.76	3.49	7.75	3.31
G61 (surgical)	A	7.50	7.60	1.33	7.66	2.13	7.79	-0.31
G62 (surgical)	A	7.50	7.75	3.33	7.63	1.67	7.79	3.84
G63 (medical specialties)**	A	7.50	7.31	7.55	7.30	7.35	7.48	-0.31
G64 (ear nose throat/ plastics/ophthalmology/surgical)	A	7.50	8.17	8.87	8.27	**10.22**	7.89	5.22
G66 (surgical/neurosurgery)	B+	7.00	7.60	8.55	7.85	**12.12**	7.67	9.52
G71 (surgical assessment unit)	A	7.50	7.53	**11.58**	7.65	1.98	7.67	2.31
G72 (medical assessment unit)	A	7.50	8.38	**11.69**	8.57	**14.27**	8.31	**10.76**
G73 (medical specialties)	B+	6.80	6.75	-0.71	7.13	4.88	6.66	-2.06
G74 (medical)	B+	7.00	8.12	**15.95**	8.20	**17.17**	7.85	**12.10**
Hollywood Private Hospital Woods Ward (general medical)***	B+	6.50	7.64	**17.56**	7.22	**11.13**	6.37	-2.05
Intensive care unit	ICU	31.60	29.63	-6.25	28.72	-9.10	27.39	**-13.31**

*C16 was reclassified from B (6.5) provisional to B+ (6.74) in October 2024.
**G63 Acute medical/surgical was reclassified from B+ (6.8) to A (7.5) in July 2024.
***Woods Ward was formally classified to B+ (6.5) in July 2024.

Osborne Park Hospital

All ward specific NHpPD data for NMHS – Osborne Park Hospital is demonstrated in Table 11.

Table 11. NMHS – Osborne Park Hospital (OPH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
2 (stroke rehabilitation)	C	5.75	5.91	2.81	6.19	7.62	6.28	9.19
3 (geriatric, acute and rehabilitation medicine: GARM)	C	5.75	5.32	-7.54	5.41	-5.94	5.46	-5.13
4 (rehabilitation)	C	5.75	5.48	-4.75	5.62	-2.35	5.58	-2.93
5 (acute care of the older adult)*	B	6.50	6.37	-2.00	6.28	-3.46	6.14	-5.54
6 (surgical)	C	5.75	8.57	49.07	8.11	41.07	7.86	36.70
7 (DRM rehabilitation)	C	5.75	5.61	-2.52	5.74	-0.23	5.75	0.03

* 5 (acute care of the older adult) was reclassified from B (6.5) provisional to B (6.5) in August 2024.

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 12.

Table 12. WNHS – KEMH			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
3 (maternity)	A	7.50	8.03	7.06	7.88	5.11	8.02	6.89
5 (maternity)	A	7.50	8.01	6.80	7.84	4.49	7.84	4.51
6 (gynaecology/oncology)	A	7.50	8.80	17.33	8.61	14.78	8.12	8.24
Adult special care unit	HDU	12.00	20.25	68.75	20.29	69.10	20.07	67.21
Mother and baby unit	HDU	12.00	14.08	17.33	14.64	21.97	13.00	8.31

Osborne Park Hospital (OPH) Ward 1 is managed under the governance of NMHS WNHS, with the NHpPD data demonstrated in Table 13.

Table 13. WNHS – OPH			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
1 (maternity)	D and Del	8.97	9.64	7.47	9.85	9.83	10.37	15.61

NMHS - Mental Health – Graylands Hospital

All ward specific NHpPD data for NMHS – Mental Health (MH), Graylands Hospital is demonstrated in Table 14.

Table 14. NMHS - Mental Health, Graylands Hospital			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Casson (acute)	A+	8.51	9.43	**10.81**	9.62	**13.02**	10.06	**18.19**
Dorrington (acute open)	A	7.50	8.47	**12.93**	7.97	6.31	7.45	**-0.67**
Ellis (acute)	A+	10.54	15.26	**44.78**	13.10	**24.29**	14.03	**33.10**
Montgomery (hospital extended care)*	A+	8.66	9.00	3.93	9.29	7.22	9.52	9.88
Murchison East	B	6.00	7.19	**19.83**	6.03	0.56	6.00	0.00
Murchison West	A	8.00	15.56	**94.50**	14.09	**76.10**	13.52	**68.98**
Pinch (acute secure)	A+	15.00	26.24	**74.93**	21.97	**46.46**	20.59	**37.23**

*Montgomery (hospital extended care) underwent a transition during the month of July, as part of the ward transitioned to Dyandra under forensic mental health inpatient services. Average data is based on the range of August to December 2024.

NMHS – Mental Health – other wards

All other NMHS mental health wards' NHpPD data is demonstrated in Table 15.

Table 15. NMHS – Mental Health			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Frankland Centre (state forensic)	A+	9.30	9.43	1.39	10.14	9.07	10.68	**14.84**
Osborne Park (older adult)	A	7.80	7.92	1.54	9.98	**27.99**	10.37	**32.95**
SCGH mental health unit (Tanimi, Karajini and Jurabi)	A+	10.54	12.18	**15.55**	11.52	9.28	24.69	**93.63**
SCGH mental health observation area	A+	12.75	19.76	**54.98**	20.70	**62.34**	11.73	**11.29**
Selby (older adult)	A	7.53	8.08	7.30	9.33	**23.95**	9.06	**20.34**

South Metropolitan Health Service (SMHS)

Cockburn Health

All ward specific NHpPD data for SMHS – Mental Health – Cockburn Health is demonstrated in Table 16.

Table 16. SMHS – Mental Health – Cockburn			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
1 – Kogolup*	B	6.00	-	-	-	-	5.50	-8.42
2 – Jilbup*	B	6.00	-	-	-	-	8.19	36.56
3 – Walliabup*	B	6.00	-	-	-	-	-	-

* All wards were classified to category B (6.00) in October 2024. Ward 1 opened in August 2024. Ward 2 opened in October 2024. Ward 3 has been classified but was not open during this reporting period.

Fiona Stanley Hospital

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

Table 17. SMHS – Fiona Stanley Hospital (FSH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
3A (paediatrics medical/ surgical)	B	6.00	8.40	40.00	8.72	45.25	8.51	41.89
3B (neonatal medicine)	HDU	12.00	10.56	-12.00	10.67	-11.13	10.77	-10.28
3C (maternity)	A	7.50	7.84	4.53	7.98	6.38	7.67	2.27
4A (orthopaedics)	B+	6.50	6.11	-6.00	6.10	-6.10	6.32	-2.74
4B (burns)	A+ (burns)	11.91	9.36	-21.44	9.68	-18.74	10.20	-14.36
4C (cardiovascular surgery)	A	7.50	6.27	-16.40	6.54	-12.82	6.41	-14.49
4D (cardiology)	A	7.50	6.26	-16.53	6.68	-11.00	7.03	-6.29
5A (acute medical unit) and 5B (high dependency unit)	A and HDU	8.22	8.66	5.35	8.98	9.23	8.94	8.72
5C (nephrology and general medical)	B+	6.50	6.43	-1.07	6.45	-0.74	6.52	0.26

Table 17. SMHS – Fiona Stanley Hospital (FSH)			July to December 2023		January to June 2024		July to December 2024	
5D (respiratory and high dependency unit)*	A+ and HDU	9.00	7.66	-3.64	8.18	2.83	8.27	-8.13
6A (surgical specialties and high dependency unit)	B+ and HDU	7.86	10.45	32.95	9.71	23.54	9.42	19.89
6B (neurology)	B+	6.49	6.41	-1.23	6.26	-3.60	6.22	-4.13
6C (general medicine)	B and HDU	8.00	7.41	-7.38	7.41	-7.33	7.55	-5.60
6D (acute care of the elderly)	B+	6.49	6.32	-2.62	6.34	-2.26	6.29	-3.08
7A (colorectal/upper gastrointestinal/general surgical)	A	7.50	6.97	-7.07	7.18	-4.33	7.06	-5.89
7B (acute surgical unit)	A	7.50	6.98	-6.93	7.32	-2.38	7.17	-4.40
7C (oncology)**	B+	6.50	6.22	3.67	6.24	4.06	6.51	0.10
7D and bone marrow transplant unit	A and HDU	9.00	8.01	-11.00	8.08	-10.22	7.92	-11.98
Coronary care unit	CCU	14.16	12.23	-13.63	12.74	-10.03	12.79	-9.66
Intensive care unit	ICU	28.42	26.59	-6.43	27.66	-2.69	27.53	-3.13
Mental health unit (MHU) – Ward A (assessment)	HDU	12.00	13.57	13.08	13.82	15.18	15.53	29.44
MHU – Ward B (youth)	HDU	12.00	27.89	132.41	13.63	13.61	13.63	13.60
MHU – mother and baby unit	HDU	12.00	14.88	24.00	14.26	18.85	15.67	30.54
Short-stay unit	C	5.75	6.78	17.91	6.83	18.75	7.17	24.75
Short-stay acute medical unit	A	7.50	12.01	60.13	12.11	61.44	9.71	29.42
State Rehabilitation Centre (SRC) – Ward 1A (spinal)	A	7.50	8.01	6.80	8.82	17.62	8.31	10.84
SRC – Ward 2A (multi-trauma rehabilitation)	C	5.75	5.81	1.04	5.75	0.06	5.70	-0.87
SRC – Ward A (neuro rehabilitation)	C	5.75	5.42	-5.74	5.69	-1.04	5.40	-6.09
SRC – Ward B (acquired brain injury)	B	6.00	6.87	14.50	6.45	7.44	6.54	8.92

* 5D (respiratory and HDU) was reclassified from B+ and HDU (7.95) to A+ and HDU (9.00) in July 2024.
**7C oncology was reclassified from B (6.0) to B+ (6.5) in October 2024.

Fremantle Hospital

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

Table 18. SMHS – Fremantle Hospital (FH)			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average**	**% variance**
4.1 (secure mental health)	HDU	12.00	11.49	-4.25	11.49	-4.29	12.21	1.71
4.2 (adult mental health)	B	6.00	6.26	4.33	6.29	4.83	6.28	4.61
4.3 (older adult mental health)	A	7.50	7.06	-5.86	7.13	-5.00	7.31	-2.58
5.1 (adult mental health)	B	6.00	5.91	-1.50	5.84	-2.75	6.04	0.58
B3 (short stay surgical)	B	6.00	7.78	**29.66**	7.70	**28.33**	7.61	**26.75**
B7N (orthopaedics geriatrics and geriatric medicine)	C	5.75	6.35	**10.43**	6.66	**15.88**	6.12	6.46
B7S (aged care)	C	5.75	5.82	1.22	5.74	-0.17	5.81	0.99
B8N (surgical specialties/post operative care unit)	A	7.50	6.59	**-12.13**	6.98	-6.98	7.61	1.44
B8S (orthopaedics geriatric rehabilitation)*	C	5.75	5.43	-5.56	5.71	-0.78	6.11	6.23
B9N (general medical and geriatric medicine)	C	5.75	5.57	-3.13	5.75	-0.03	5.72	-0.49
B9S (general medicine)	C	5.75	6.02	4.69	5.82	1.19	5.68	-1.22
D4 (neurology rehabilitation) **	C	5.75	5.67	-1.39	5.72	-0.58	6.24	8.52
D5 (acute geriatrics) ***	C	5.75	-	-	6.30	4.92	5.91	2.78

*B8S (orthopaedics, geriatrics and geriatric medicine) was formally classified to C (5.75) in September 2024.
**D4 (neurology rehabilitation) was formally classified to C (5.75) in July 2024.
***Ward D5 was reclassified from B (6.0) provisional to category C (5.75) in July 2024.

Peel Health Campus

All ward specific NHpPD data for SMHS – Peel Health Campus (PHC)[+] is demonstrated in Table 19.

Table 19. SMHS – PHC			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Barker (Surgical)*	C	5.75	-	-	-	-	5.59	-2.77
Bennett (Maternity)*	C	5.75	-	-	-	-	17.10	197.34
Cove (General medical)*	C	5.75	-	-	-	-	5.39	-6.20
Sarich (Paediatric)*	C	5.75	-	-	-	-	8.68	50.98
Whelan (General medical, rehab and oncology)*	C	5.75	-	-	-	-	5.14	-10.54

[+] *PHC became a public hospital under the SMHS on 13 August 2024.*
* *All wards were classified to category C (5.75) in October 2024.*

Rockingham General Hospital

All ward specific NHpPD data for SMHS – Rockingham General Hospital (RGH) is demonstrated in Table 20.

Table 20. SMHS – RGH			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**AVE HRS**	**% variance**
Aged care rehabilitation unit	C	5.75	5.24	-8.87	5.71	-0.64	5.65	-1.77
Intensive care unit	ICU	23.70	21.46	-9.45	24.32	2.61	23.11	-2.51
Medical ward	B	6.00	5.79	-3.50	6.14	2.36	5.82	-2.94
Mental health adult (open)	B	6.00	9.98	66.33	10.26	70.94	11.63	93.83
Mental health adult high dependency unit (closed)	A+	11.81	6.57	-44.36	6.86	-41.89	5.47	-53.66
Moordibirdup*	B	6.00	5.78	-3.66	6.02	0.33	5.81	-3.19
Multi-stay surgical unit	C	5.75	5.29	-8.00	5.43	-5.54	5.20	-9.51
Obstetric ward	B	6.00	5.96	-0.66	6.04	0.67	6.14	2.31
Older adult mental health	A	7.50	7.11	-5.20	6.79	-9.51	4.86	-35.27

Table 20. SMHS – RGH			July to December 2023		January to June 2024		July to December 2024	
Older adult mental health (open)	B	6.00	9.12	**52.00**	8.89	**48.08**	7.83	**30.47**
Paediatrics ward	B	6.00	9.62	**60.33**	10.18	**69.58**	10.17	**69.56**
Murray District Hospital	E	4.69	4.92	4.90	4.93	5.12	5.22	**11.30**
Short Stay Unit (SSU)	B	6.00	7.74	**29.00**	7.92	**31.92**	6.36	6.06

* Moordibirdup was formally classified to category B (6.00) in July 2024.

Section 2: WA Country Health Service – Regional Resource Centres (RRC)

Section 2 details the NHpPD data and information specific to RRC within WA Country Health Service (WACHS) (as referenced in Table 2, page 9)[3].

Goldfields – Kalgoorlie Regional Hospital

All ward specific NHpPD data for WACH Goldfields – Kalgoorlie Regional Hospital is demonstrated in Table 21.

Table 21. Goldfields – Kalgoorlie Regional Hospital			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Dialysis unit	2°	2.90	2.14	**-26.20**	2.36	**-18.62**	2.40	**-17.24**
High dependency unit	HDU	12.00	16.60	**38.33**	19.26	**60.50**	18.44	**53.67**
Maternity unit and special care nursery	D and Del	10.28	12.05	**17.21**	12.71	**23.64**	12.67	**23.25**
Medical Ward	B	6.00	6.79	**13.17**	7.60	**26.67**	7.61	**26.83**
Mental Health Unit	A and B and C	7.71	20.96	**171.85**	16.19	**109.99**	13.95	**80.93**
Paediatric ward	D	5.00	15.94	**218.73**	18.75	**275.00**	15.00	**200.00**
Surgical Unit	C	5.75	7.54	**31.13**	6.33	**10.09**	7.31	**27.13**

[3] Of note: variance percentages are calculated on averaged data using more than 2 decimal places. Rounding to 2 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 22.

Table 22. Great Southern – Albany Health Campus			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Dialysis unit	2°	2.90	2.82	-2.75	2.11	-27.24	2.14	-26.21
High dependency unit	HDU	12.00	19.67	63.92	19.07	58.92	16.18	34.83
Maternity	D+	9.95	12.39	24.52	8.95	-10.05	9.77	-1.81
Medical and paediatrics	C and D	5.50	6.36	15.63	6.55	19.09	6.38	16.00
Mental health inpatients	A+	10.00	10.39	3.90	12.28	22.80	14.84	48.40
Subacute	D	5.38	5.23	-2.79	4.94	-14.09	5.09	-11.48
Surgical	C	6.50	7.05	8.46	6.63	2.00	6.73	3.54

Kimberley – Broome Regional Hospital

All ward specific NHpPD data for WACHS Kimberley – Broome Regional Hospital is demonstrated in Table 23.

Table 23. Kimberley – Broome Regional Hospital			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
General*	B+	6.33	7.82	23.54	8.99	42.02	9.46	45.54
High dependency unit	HDU							
Maternity	B and Del							
Paediatric	B							
Psychiatric ward	A+	10.38	13.96	34.49	11.11	7.03	10.45	0.67

*General ward reclassified from B Del (6.33) to B+ (6.50) in October 2024. General ward data will be separated from other Broome wards commencing January 2025.

Midwest - Geraldton Regional Hospital

All ward specific NHpPD data for WACHS Midwest – Geraldton Regional Hospital is demonstrated in Table 24.

Table 24. Midwest – Geraldton Regional Hospital			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
General	C	5.75	6.58	**14.43**	7.61	**15.48**	7.11	7.89
High dependency unit	HDU	12.00	12.24	2.00	8.74	**-27.17**	9.18	**-23.50**
Maternity unit	D and Del	8.55	11.05	**29.24**	10.45	**22.22**	11.32	**32.40**
Renal dialysis unit	2°	2.18	2.33	6.88	2.14	**-1.83**	2.04	**-6.42**

Pilbara - Hedland Health Campus

All ward specific NHpPD data for WACHS Pilbara – Hedland Health Campus is demonstrated in Table 25.

Table 25. Pilbara – Hedland Health Campus			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Dialysis unit	2°	2.18	2.95	**35.32**	2.13	**-2.29**	2.53	**16.06**
General and Paediatric	B	6.37	6.23	**-2.19**	7.52	**18.05**	7.50	**17.74**
High dependency unit	HDU							
Maternity unit and special care nursery	B	9.45	12.15	**28.57**	16.88	**78.62**	16.05	**69.84**
Paediatrics	D	5.00	12.15	**143.00**	-	**-**	-	**-**

South West - Bunbury Regional Hospital

All ward specific NHpPD data for WACHS South West – Bunbury Regional Hospital is demonstrated in Table 26.

Table 26. South West – Bunbury Regional Hospital			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Maternity	B and Del	10.22	10.58	3.52	12.52	**22.50**	14.85	**45.30**
Medical	B	6.00	6.17	2.83	6.59	**9.83**	6.19	3.17
Mental health	A and C	6.16	6.07	**-1.46**	6.31	**2.44**	6.62	7.47
Paediatrics	B	6.00	6.79	**13.17**	9.82	**63.67**	8.60	**43.33**
Psychiatric intensive care unit	HDU	12.00	13.37	**11.42**	11.60	**-3.33**	11.37	**-5.25**
Sub-acute restorative unit	B and C	5.85	5.54	**-5.30**	5.17	**-11.62**	5.12	**-12.48**
Surgical	A and B	6.23	6.64	6.58	7.44	**19.42**	7.24	**16.21**

Section 3: WA Country Health Service – Integrated District Health Services (IDHS)

Section 3 details the NHpPD data and information specific to IDHS within WACHS (as referenced in Table 2, page 9).

WACHS – IDHS – Goldfields

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

Table 27. IDHS - Goldfields			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Esperance inpatients	E and Del	4.88	6.78	38.93	7.52	30.78	8.02	39.48

WACHS – IDHS – Great Southern

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

Table 28. IDHS – Great Southern			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Denmark ^	E and Del	4.56	2.86	-37.28	15.14	232.02	10.94	149.56
Katanning inpatients	F	4.94	8.04	62.75	9.48	91.90	9.3	88.26
Plantagenet (Mt Barker) ^	E and Del	4.68	3.98	-14.95	13.88	196.58	14.54	200.00

^ 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 29.

Table 29. IDHS – Kimberley			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Derby inpatients	D and Del	5.34	6.58	23.22	6.7	25.47	7.2	34.83
Fitzroy inpatients ^	D	5.27	8.68	64.74	14.82	181.21	16.52	213.47
Halls Creek inpatients ^	D	5.24	6.05	15.45	16.22	209.54	20.93	299.43
Kununurra inpatients	D and Del	5.32	8.01	50.56	8.46	59.02	7.54	41.73

^ 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 30.

Table 30. IDHS – Midwest			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Carnarvon inpatients	E and D and Del	5.20	7.15	**37.50**	12.63	**142.88**	14.03	**169.81**
Carnarvon inpatients*	Dialysis	2.18	-	-	2.64	**21.10**	3.43	**57.34**

*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 31.

Table 31. IDHS - Pilbara			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Newman inpatients	D	5.00	19.91	**298.20**	17.56	**251.20**	11.61	**132.20**
Karratha Health Campus inpatients	D and Del	5.80	6.81	**17.41**	8.23	**41.90**	7.12	**22.76**

WACHS – IDHS – South West

All ward specific NHpPD data for WACHS IDHS – South West is demonstrated in Table 32.

Table 32. IDHS – South West			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Busselton – Ward 1	C	5.75	6.92	**20.34**	6.32	9.91	6.53	**13.57**
Busselton – Ward 2	C and D	5.34	5.47	2.43	5.26	**-1.50**	5.55	3.93
Collie inpatients^	E and Del	4.72	5.03	6.57	5.22	**10.59**	5.73	**21.40**
Harvey inpatients ^	E and F	4.54	5.28	**16.29**	6.24	**37.44**	6.34	**39.65**
Margaret River inpatients	E and Del	4.72	6.87	**45.55**	6.83	**44.70**	5.71	**20.97**
Warren inpatients^	E and Del	4.71	5.75	**22.08**	6.19	**31.42**	5.91	**25.48**

^ 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 33.

Table 33. IDHS – Wheatbelt			July to December 2023		January to June 2024		July to December 2024	
Ward	**Category**	**Target hours**	**Average hours**	**% variance**	**Average hours**	**% variance**	**Average hours**	**% variance**
Merredin inpatients	F	4.23	8.24	**94.80**	19.88	**369.98**	10.5	**148.23**
Moora inpatients	E and F	4.30	3.07	**-28.60**	4.68	8.84	5.59	**30.00**
Narrogin inpatients	D and Del	5.16	4.10	**-20.54**	6.56	**27.13**	5.58	8.14
Northam inpatients	E and Del	5.00	5.15	3.00	5.28	5.60	5.44	8.80

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 34 to 47 are presented from highest to lowest percentage variance.

Table 34. RGH - Adult Mental Health Unit HDU (closed ward)	**Target NHpPD hours: 11.81**	**Reported NHpPD hours: 5.47**	**% variance: -53.66**
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 because of moving staff around the unit to ensure aspects such as appropriate gender mix to reflect patient population, 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)
- Schedule A – Workload Management, Exceptional Matters Order, Section 7.2.2 of the UWU Agreement (2024).

Table 35. RGH – Older Adult Mental Health	**Target NHpPD hours: 7.5**	**Reported NHpPD hours: 4.86**	**% variance: -35.27**
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.	• 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 because of moving staff around the unit to ensure aspects such as appropriate gender mix to reflect patient population, 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 Program Lead will continue to work with the Nurse Unit Manager and Business Manager SMHS to improve roster alignment, ensuring all staff are on the correct roster. There are plans to move forward with the Nurse Director and Business Manager South Metropolitan Mental Health Service, around alignment of the dashboard, profiles and to review current staffing against current classifications. Since the last report, and in addition to our adult Clinical Nurse Specialist, we are currently trialling a Clinical Nurse Specialist for the older adult setting working full-time Monday to Friday to assist on the ward, as needed. We are also trialling an after-hours Clinical Nurse Specialist working Thursday to Sunday who is used in numbers as needed.		

Table 36. Albany Health Campus – Dialysis Unit	**Target NHpPD hours: 2.90**	**Reported NHpPD hours: 2.14**	**% variance: -26.21**
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.	• We are starting to roster a fourth nurse on in the afternoon shifts, Monday to Friday, where rostering and acuity allows. This has been consistent since September 2024. • Assistants in Nursing are additional staff supplied to the unit to assist the nursing staff with basic nursing care.		
Clause 7.2.2.3 Provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of these employees.	• Rostering of the fourth staff member has commenced. • FTE has been increased • Recruitment is ongoing. The ward has had staff fluctuations, with 3 senior staff acting in higher duties.		
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.	• Monitor NHpPD. • As per last meeting with Director of Nursing, rostering nurses on weekend afternoons has commenced.		

Table 37. Geraldton Regional Hospital – HDU	**Target NHpPD hours: 12.0**	**Reported NHpPD hours: 9.18**	**% variance: -23.50**
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.	• Staff have been cross trained across multiple clinical areas, enabling greater flexibility in deployment and reducing reliance on external staffing resources. • Upskilling of newly qualified registered nurse and enrolled nurse completed.		
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.	• Towards the end of the year, targeted upskilling programs were successfully completed for newly qualified enrolled nurse staff, enhancing their clinical competencies and readiness for expanded responsibilities within the department. • Recruitment and onboarding of a Clinical Nurse Manager for the department has been finalised, with the Clinical Nurse Manager scheduled to commence in the first quarter of 2025. This role is expected to provide strategic leadership and support to the nursing team. • A structured upskilling plan has been confirmed for newly qualified registered nurses, focusing on clinical development, mentorship and integration into specialised care roles. • Recruitment for Clinical Nurse positions have commenced, aimed at strengthening the department's clinical expertise and supporting workload management through advanced practice roles.		
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.	• Ongoing provision of additional shifts to current staff to maintain continuity of care and manage workload fluctuations. • Finalised appointment of a Clinical Nurse Manager starting Q1 2025 to provide leadership and support in workload management. • Successful upskilling of newly qualified enrolled nurse staff ongoing, structured development pathway confirmed for newly qualified registered nurses to enhance clinical capacity. • Recruitment for Clinical Nurse roles initiated to strengthen the team's expertise and support specialised care delivery		

Table 38. Kalgoorlie Regional Hospital – Dialysis	**Target NHpPD hours: 2.90**	**Reported NHpPD hours: 2.40**	**% variance: -17.24**
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.	• Altered nursing profile to 5/4 am to pm shift. • Adjusted staffing levels in alignment with patient numbers. For example, when a patient is in Perth, hospitalised, or at alternative location. • Lower patient numbers during the year due to patient deaths.		
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 conversion of fixed term contracts to permanent through the expanded CI39 process, which enables nurses in regional areas to be offered a permanent position without going through a competitive recruitment process[5]. • Agency nurse utilisation during this period has now decreased, due 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 for expansion to 14 chairs.		

[5] Commissioner's Instruction 39: Interim Arrangements to Fill Public Sector Vacancies

Table 39. FSH – 4C (Cardiovascular surgery)	**Target NHpPD hours: 7.50**	**Reported NHpPD hours: 6.41**	**% variance: -14.49**
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 was recruited to target FTE. • Challenges in backfilling sick leave during this period with the Nurse Unit Manager, Clinical Educator and Clinical Nurse Specialist available to 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 ward remains at target FTE. • Nurse Unit Manager actively working with staff having care conversations when high absenteeism has been noted. • Nurse Unit Manager backfills establishment deficits and vacant positions (from secondments) with fixed term contracts, when appropriate. 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.	• Regularly review rosters to back-fill deficits in advance with casual or part time staff wanting extra shifts. • Continued monitoring and support for staff with high levels of absenteeism. • Monitor and plan for staff taking extended leave and backfill in advance to ensure target FTE is maintained.		

Table 40. FSH – 4B (Burns)	**Target NHpPD hours: 11.91**	**Reported NHpPD hours: 10.20**	**% variance: -14.36**
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 4.85 of the 10 available burns beds. Outliers are Category B+ or A patients who don't require same NHpPD allocation. The ward staffs to acuity therefore, when there are less burns patients, the number of nurses required each shift is reduced. Nurses are redistributed to other areas or unplanned 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. 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 41. PCH – 2B long stay surgical	**Target NHpPD hours: 9.60**	**Reported NHpPD hours: 8.31**	**% variance: -13.45**
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 current NHpPD allocation for Ward 2B is based on the following assumptions: • 2.8 tracheostomy beds at 26 NHpPD, equating to a NHpPD component of 3.03, and • 21.2 standard beds at 7.5 NHpPD, equating to a NHpPD component of 6.625. • Total NHpPD allocation: 3.03 + 6.625 = 9.66 NHpPD. However, based on actual occupancy data from July to December 2024, tracheostomy patient acuity was as follows: • 0.24 tracheostomy bed at 26 NHpPD = NHpPD component 0.26 • 23.76 standard beds at 7.5 NHpPD = NHpPD component 7.42. • Total actual NHpPD requirement: 0.26 + 7.42 = 7.68 NHpPD. The recorded average NHpPD for the same period was 8.30, indicating a positive variance of +8.18 per cent from the calculated requirement. The negative variance occurred because unit acuity for the period July to December 2024 was significantly below the allocated NHpPD target hours. Throughout the winter period, the ward experienced reduced surgical activity and an increase in medical outliers who were close to discharge. This cohort required fewer NHpPD resources. When surgical activity increased later in the period, the tracheostomy cohort remained significantly lower than normal, continuing to reduce the overall NHpPD requirement.		
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.	• Not 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.	• Not required		

Table 42. SCGH – ICU	**Target NHpPD hours: 31.60**	**Reported NHpPD hours: 27.39**	**% variance: -13.31**
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 workload of the Intensive Care Unit (ICU) is monitored and reviewed as per patient acuity. Approximately 30 per cent of patients do not require 1:1 nursing care and only require High Dependency Unit (HDU) level care (1:2 level of nursing care). • At times when agency and casual staff have not been available to cover shortages, other clinical support staff, such as area manager team members, research nurse, equipment nurse and the staff development nurse, may take patient loads. • Bed flexibility is monitored shift by shift by the senior registered nurse group.		
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.	• Use of appropriately skilled clinical staff from other areas. • Use of appropriately skilled casual and agency staff. • Improvement measures in place to plan for flow between ICU and other areas, stop access block. • Management of FTE shortfall and recruitment of appropriately skilled staff.		
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.	• Planned upskilling courses for registered nurses transitioning to ICU (previous upskilling program and uptake successful). Running 4 courses per year in the ICU. • Continuation of Assistant in Nursing pathway to decrease time for graduating nurses to specialise to ICU and enable larger intake of graduate nurses to ICU. • Increase intake of graduate nurses from 2 to 6 every 6 months. • Recruitment processes are in place to recruit registered nurses and clinical nurses to the ICU. Development of business case to increase funded beds/nursing FTE from 25 to 28 to 30 beds and recruit appropriately.		

Table 43. Bunbury Regional Hospital – Subacute restorative unit	**Target NHpPD hours: 5.85**	**Reported NHpPD hours: 5.12**	**% variance: -12.48**
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.	• In instances of shortfalls unable to be filled in the immediate term with casual / deployed / agency staff; senior nurses in indirect care positions utilised to support clinical care. • Assistants in Nursing utilised to support nursing staff, where clinically appropriate.		
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 withdrawals from contracts at late stage have resulted in ongoing recruitment requirements and delay in permanent onboarding. • Awaiting arrival of several international recruits. • Graduates offered ongoing contracts after completion of graduate programs. • Fixed term and agency contracts utilised to support roster deficits in the short-term. • No workload grievances lodged.		
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 recruitment pools to 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 44. FSH – 7D and Bone marrow transplant unit	**Target NHpPD hours: 9.00**	**Reported NHpPD hours: 7.92**	**% variance: -11.98**
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 (HDU) beds and these have not been always required. The ward staffs to acuity therefore when less HDU patients they reduce their number of nurses required each shift. 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 ward has recruited to the requirement to enable staffing of all HDU beds if required. • Nurse Unit Manager actively works to remain recruited to target FTE.		
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 45. Albany Health Campus – Subacute	**Target NHpPD hours: 5.38**	**Reported NHpPD hours: 5.09**	**% variance: -11.48**
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.	• Commencement of rosters with a fourth nurse on afternoon shifts, Monday to Friday, where rostering and acuity allows. This has been consistent since September 2024. • Assistants in Nursing are additional staff supplied to the ward to assist the nursing staff with basic nursing cares		
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 has commenced. • FTE has been increased. • Recruitment is ongoing. The ward has had staff fluctuations due to 3 senior staff acting in higher positions.		
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.	• Monitor NHpPD. • As per last meeting with Director of Nursing, will start rostering nurses on weekend afternoons too.		

Table 46. PHC – Whelan (general medical, rehabilitation and oncology)	**Target NHpPD hours: 5.75**	**Reported NHpPD hours: 5.14**	**% variance: -10.54**
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.	• Review of NHpPD and bed base has been undertaken and increase in staffing profile. Will reflect next reporting cycle. • Assistants in Nursing utilised to support nursing staff where clinically appropriate. Use of non-clinical to support clinical staff. • Use of NurseWest staff where required. • Increase in Peel Health Campus casual pool use.		
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.	• Review of NHpPD and bed base has been undertaken and increase in staffing profile will be reflected in the next reporting cycle. • Increased recruitment of casual nurses. • Assistant in Nursing FTE uplifted to support nursing staff, where clinically appropriate.		
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.	• Continued recruitment of permanent staff. • Continued recruitment of casual pool to address unplanned leave. • Plan to introduce a permanent pool of nursing staff to backfill unplanned leave.		

Table 47. FSH – 3B (neonatal medicine)	**Target NHpPD hours: 12.00**	**Reported NHpPD hours: 10.77**	**% variance: -10.28**
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 (HDU) category. Average occupancy for this period is 16.26 of 18 beds. Total bed availability is up 22 depending on acuity. Unit is staffed to occupancy and acuity therefore when less HDU (Level 5 Neonatal Intensive Care Unit) patients they reduce their number of nurses required each shift or can flex profile to absorb increased occupancy that is lower acuity (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 HDU 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.		

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 48 is in order from highest to lowest percentage variance.

Table 48. Variance reports on areas between 0 to 10 per cent below target

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
FSH	CCU	CCU	14.16	12.79	-9.66	Ward staff rostered to occupancy. Coronary Care Unit rosters to acuity when low-acuity staff are redeployed and/or unplanned leave is not backfilled. In instances of shortfalls, Nurse Unit Manager, Clinical Nurse Specialist and nurse educators are deployed.
RGH	Multi-stay surgical	C	5.75	5.20	-9.51	Increased activity due to unexpected, prolonged need for medical outlier beds combined with unplanned leave, non-productive leave and inability to secure casual or agency staff. Non-clinical staff utilised, where able.
Cockburn	1 – Kogolup	B	6.00	5.50	-8.42	Eating disorder patients on ward therefore increased use NHpPD to manage safely. Unfilled shifts resulting in use of casual/agency staff.
FSH	5D (respiratory and HDU)	A+ and HDU	9.00	8.27	-8.13	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill unplanned leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed. High Dependency Unit beds of 8 not always filled - ward then staffs to acuity and staff redeployed or sick leave not backfilled if not required.
RPH	Mental health unit	A+	11.81	10.94	-7.34	Higher than usual unplanned leave and non-productive, with limited availability to fill shifts with casual pool staff due to hospital-wide demands.
SCGH	C16 (acute medical/delirium)	B+	6.74	6.30	-6.58	Ward C16 is rostered to occupancy, however unable to backfill unplanned leave. Staff Development Nurse and Clinical Nurse Specialist are used to assist with staffing shortages but not included within NHpPD.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
						Substantive and fixed-term vacancy exists with ongoing recruitment in progress to fill vacancy and retain newly qualified nurses.
Geraldton	Dialysis	2°	2.18	2.04	-6.42	Unable to backfill FTE due to non-availability of speciality nurses. Potential employees declined offers due to regional locations.
FSH	4D (cardiology)	A	7.50	7.03	-6.29	Ward staff rostered to occupancy. Staffing deficits due to inability to backfill unplanned leave. Active recruitment strategies in place. In instances of shortfalls Nurse Unit Manager and nurse educators are deployed.
PHC	Cove (general medical)	C	5.75	5.39	-6.20	Review of NHpPD and bed base has been undertaken and increase in staffing profile. Will reflect next reporting cycle. Assistant in Nursing workforce provided to support nursing staff in delivery of care whilst recruitment is underway.
FSH	SRC - ward A (neuro rehabilitation)	C	5.75	5.40	-6.09	Assistant in Nursing workforce available to this ward supporting nursing staff where clinically appropriate. Deficit resultant from unplanned leave and challenges backfilling the profile.
RPH	6G (general surgery/vascular)	A+	8.54	8.03	-5.99	Limited availability to backfill staff with casuals, overtime, support and agency staff due to hospital-wide demands. Speciality and number of patient complexities changed due to opening of ward 5B. Usage for the next 6 to 12 months will be reviewed.
FSH	7A (colorectal/upper GI/general surgery)	A	7.50	7.06	-5.89	Ward staff rostered to occupancy. Staffing deficits exist due to inability to backfill unplanned leave. Active recruitment strategies are in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
FSH	6C (general medical)	B and HDU	8.00	7.55	-5.60	Unfilled roster and unplanned leave deficits not filled from casual pool/agency.
OPH	5 (acute care of the older adult)	B	6.50	6.14	-5.54	Substantive vacancy existed 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.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
Bunbury	Psychiatric ICU	HDU	12.00	11.37	-5.25	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 workload grievances lodged.
OPH	3 (geriatric, acute and rehab medicine - GARM)	C	5.75	5.46	-5.13	A substantive vacancy was present during this period, with recruitment underway. Unplanned absences could not always be backfilled. Staff Development Nurse was used to assist with these shortages but not included within NHpPD.
FSH	7B (acute surgical unit)	A	7.50	7.17	-4.40	Ward staff rostered to occupancy. Staffing deficits were due to inability to backfill unplanned leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
FSH	6B (neurology)	B+	6.49	6.22	-4.13	Ward staff rostered to occupancy. Staffing deficits were due to inability to backfill unplanned leave. Active recruitment strategies in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
RPH	10C (immunology)	B+	6.80	6.57	-3.38	Higher than usual unplanned leave and non-productive with limited availability to fill shifts with casual pool staff due to hospital wide demands.
RGH	Moordibirdup	B	6.00	5.81	-3.19	Non-clinical shift staff utilised.
FSH	ICU	ICU	28.42	27.53	-3.13	Intensive Care Unit pod 4 is staffed to accommodate unplanned admissions and staffing adjusted to meet activity. National and international recruitment drive in late 2024/early 2025 now fully recruited.
FSH	6D (acute care of the elderly)	B+	6.49	6.29	-3.08	Unfilled roster and unplanned leave deficits not filled from casual pool/agency.
RGH	Medical	B	6.00	5.82	-2.94	Non-clinical shift staff utilised.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
OPH	4 (rehab)	C	5.75	5.58	-2.93	Substantive vacancy present on Ward 4 during this period was actively being recruited to. Ward 4 experienced a higher-than-normal staff on unplanned leave. Occasionally, unplanned absences were unable to be backfilled. Staff Development Nurse used to assist with these shortages but not included within NHpPD.
SCGH	C17 (GEM/ medical)	C	5.75	5.59	-2.84	Ward C17 is rostered according to occupancy, however, unplanned leave cannot always be backfilled. Staff development nurse and clinical nurse specialist are used to assist with staffing shortages but not included within NHpPD. A substantive and fixed-term vacancy exists, with ongoing recruitment underway to fill the role and retain newly qualified nurses. Ward transitioned to Nurse/Midwife to Patient Ratios in October 2024.
PHC	Barker (surgical)	C	5.75	5.59	-2.77	Following transition to SMHS, a review of NHpPD and bed base has been undertaken and increases in staffing profile have been approved. This will be reflected in the next reporting cycle. Assistant in Nursing workforce provided to support nursing staff in delivery of care whilst recruitment is underway. Use of non-clinical to support clinical staff. Ongoing recruitment.
FSH	4A (orthopaedics)	B+	6.50	6.32	-2.74	Ward staff are rostered to occupancy. Staffing deficits due to inability to backfill unplanned leave. Active recruitment strategies are in place. In instances of shortfalls, Nurse Unit Manager and nurse educators are deployed.
BH	1 (rehabilitation assessment and care service	C+	5.85	5.70	-2.59	Limited availability to backfill staff with casual, overtime and agency staff due to hospital-wide demands.
FH	4.3 (older adult mental health)	A	7.50	7.31	-2.58	Ward 4.3 has challenges due to the heavy nature of the work (for example, behavioural and psychological symptoms of

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
						dementia in a mixed ward), causing staff fatigue/burnout. As a result, ward relies on casual staff to cover any staffing shortfalls, however: • Casual staff work shorter shifts to cover shortfalls, resulting in reduced NHpPD. • Ward often struggles to attract casual staff to cover resultant/any shortfalls leading to ward often working short. Despite this the ward remains safe as it has Assistants in Nursing who support nurses across all shifts. Ongoing recruitment. • Recent introduction in Service 5 of a permanent nursing pool. • Increase in graduate nurse numbers. • Awaiting V-Block opening. Once V-Block opens, service will be able to separate the cognitively impaired clients from functional clients.
RGH	ICU	ICU	23.70	23.11	-2.51	Non-clinical shift staff utilised. Increase in bed capacity.
SCGH	G73 (medical specialties)	B+	6.80	6.66	-2.06	G73 currently has substantive and fixed term vacancies with recruitment underway to fill them. G73 has been rostered to vacancy but has been unable to fill unplanned leave. Ward transitioned to Nurse/Midwife to Patient Ratios in October 2024.
SCGH	Hollywood Private Hospital Woods Ward	B+	6.50	6.37	-2.05	Ward had some substantive vacancy with recruitment in progress to fill. Some fixed term vacancy also existed with ongoing recruitment in progress to retain newly qualified nurses. Unable to backfill some unplanned absence with Staff Development Nurse and senior registered nurses often assisting with staffing shortages, however not included within NHpPD.
BH	10 (mental health older adult)	A	7.50	7.36	-1.87	Replacement of mental health staff continues to be an ongoing issue as specialised staffing need. Ongoing recruitment pool has been actioned.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
Albany	Maternity	D+	9.95	9.77	-1.81	Unable to backfill short term unexpected leave. Staff working additional hours and manager working on the floor, when required.
RGH	Aged care rehab unit	C	5.75	5.65	-1.77	Non-clinical roles, such as staff development nurses and clinical nurse specialists, used to cover unplanned leave.
Kalamunda Hospital	Anderton (palliative)	D+	5.50	5.41	-1.67	There was limited availability to backfill staff with casuals, overtime and agency staff due to the location and other hospital demands. Support staff, such as the staff development nurse, nurse unit manager and Assistants in Nursing were utilised to fill deficits.
FH	B9S (gen med)	C	5.75	5.68	-1.22	Unfilled roster and unplanned leave deficits not filled from casual pool/agency. Uplift in budget FTE from service reconfiguration - 24 to 30 beds. Requiring recruitment drive.
FSH	SRC - ward 2A (multi-trauma rehab)	C	5.75	5.70	-0.87	Assistant in Nursing workforce available to supporting nursing staff. Deficit resultant from unplanned leave and challenges backfilling the profile.
PCH	3A paediatric crit care	ICU	31.60	31.36	-0.76	The organisation monitors shift shortfall. Staffing deficits are backfilled with casual or agency staff. Supernumerary staff are also utilised to support the clinical area but are not reflected in the data.
Graylands	Dorrington (acute open)	A	7.50	7.45	-0.67	The minor variance was due to short-term staffing fluctuations in September. This was resolved as vacant shifts were filled.
FH	B9N (general medical and geriatric medicine)	C	5.75	5.72	-0.49	Unfilled roster and unplanned leave deficits unable to be filled from casual pool/agency. Uplift in budget FTE from service reconfiguration - 24 to 30 beds.
PCH	4B specialist medical	A+	8.70	8.67	-0.34	Ward is staffed according to acuity. Minor fluctuations were due to shorter shifts replacing unplanned leave.
SCGH	C61 (surgical)	A	7.50	7.79	-0.31	Substantive and recruitable vacancy exists. Active recruitment during this period resulted in significant improvement, however some vacancy still existed. Transitioned to Nurse/Midwife to Patient Ratios in October 2024.

Hospital	Ward	Category	Target	Average	% variance	Variance explanation
SCGH	G63 (medical specialties)	A	7.50	7.48	-0.31	Ward G63 had no vacancy and is rostered to occupancy, but there are times where unplanned leave cannot be backfilled.
RPH	4A (surgical)	B	6.00	6.37	6.08	The ward was in transition to splitting into 3 wards (4A, 4B and DSU) which affected the accuracy for NHpPD staffing and bed data. Accurate data only reflected from November 2024.

Conclusion

This report covers the reporting period of 1 July to 31 December 2024. A total of 210 wards were reported, of which:

- 72 per cent (n = 151) were above target
- 21 per cent (n = 45) were ≤ 0 and 10 per cent below target
- 7 per cent (n = 14) were ≥ 10 per cent below target.

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

All queries can be addressed to the Chief Nursing and Midwifery Office via nm.workforce@health.wa.gov.au.

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